



# List of Covered Drugs or "Drug List"

2025 Formulary

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

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

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

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



**Note to members:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Can the Part D Formulary change?

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

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

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

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

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

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

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

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

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

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

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

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

## How do I use the Part D Formulary?

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

### Medical Condition

The formulary begins on page 13. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension, and Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 13, then look under the category name for your drug.

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

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 86. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

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

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

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

## Are there any restrictions on my coverage?

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

These requirements and limits may include:

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

## For more information

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

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

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

## Your plan's Part D Formulary

The formulary that begins on page 13 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 86.

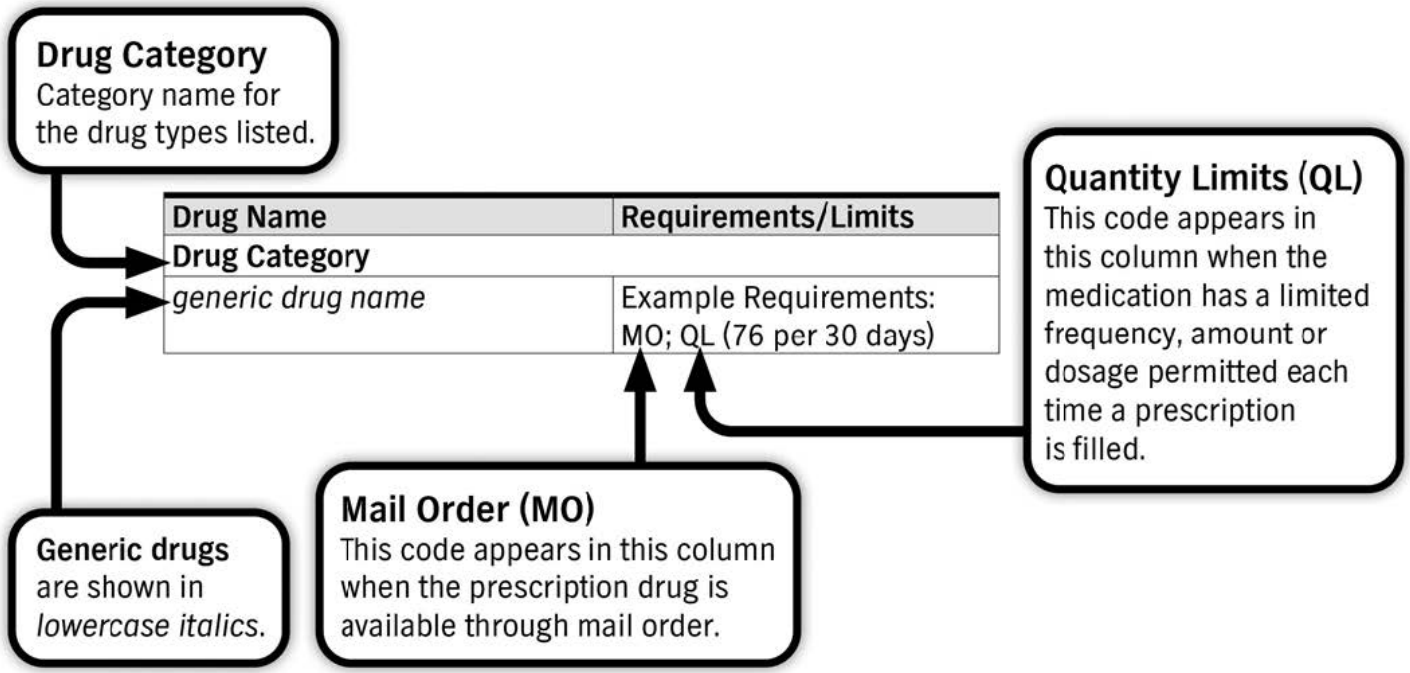
The **first column** of the chart lists the drug name. Brand name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lowercase italics (e.g., *enalapril*).

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

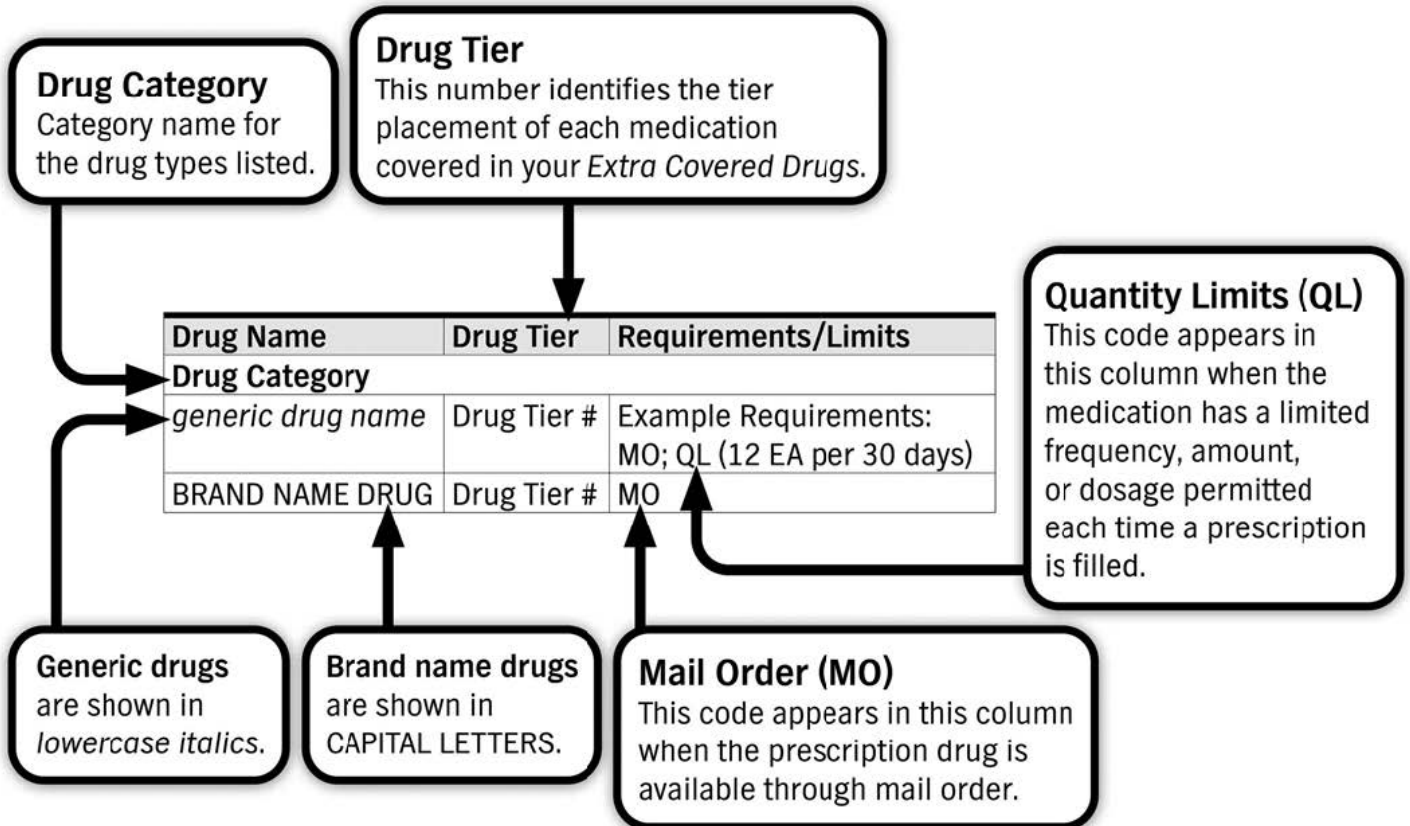
Tier Number	Tier Label
1	Generics
2	Preferred Drugs
3	Non-Preferred Drugs, including Specialty Drugs

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

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



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



## Select Generics for 2025

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

### Legend

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

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

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

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

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

### Endocrine And Metabolic Disorder Agents

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days)
<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days)
<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days)
<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days)

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

## Covered Medications by Therapeutic Category - Part D Eligible Drugs

### Legend

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

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

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

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

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

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

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

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

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

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

### Part D Eligible Drugs

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

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

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate oral solution</i>	1	QL (900 per 30 days); NEDS
<i>morphine sulfate oral tablet</i>	1	QL (180 per 30 days); NEDS
<i>nabumetone oral</i>	1	MO
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet delayed release</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet</i>	1	MO
<i>oxycodone hcl oral capsule</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral solution</i>	1	QL (900 per 30 days); NEDS
<i>oxycodone hcl oral tablet</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (180 per 30 days); NEDS
<i>pentazocine-naloxone hcl</i>	1	PA; QL (360 per 30 days); NEDS
<i>piroxicam oral</i>	1	MO
<i>probenecid oral</i>	1	MO
<i>salsalate oral</i>	1	MO
<i>sulindac oral tablet 150 mg</i>	1	MO
<i>sulindac oral tablet 200 mg</i>	1	MO
<i>tolmetin sodium oral capsule</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tolmetin sodium oral tablet 600 mg</i>	1	MO
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	3	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	1	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl er</i>	1	PA; QL (30 per 30 days); NEDS
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen</i>	1	QL (40 per 5 days); NEDS
<b>Antineoplastics</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	3	PA; QL (120 per 30 days); S
<i>abiraterone acetate oral tablet 500 mg</i>	3	PA; QL (60 per 30 days); S
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	B/D PA
AKEEGA	3	PA; QL (60 per 30 days); S
ALECENSA	3	PA; QL (240 per 30 days); LA; S
ALUNBRIG ORAL TABLET 180 MG	3	PA; QL (30 per 30 days); LA; S
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (180 per 30 days); LA; S
ALUNBRIG ORAL TABLET 90 MG	3	PA; QL (60 per 30 days); LA; S
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA; QL (30 per 180 days); LA; S
<i>anastrozole oral</i>	1	QL (30 per 30 days); MO
AUGTYRO	3	PA; QL (240 per 30 days); S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AVASTIN	3	PA; LA; S
AYVAKIT	3	PA; QL (30 per 30 days); LA; S
<i>azacitidine</i>	3	PA; LA; S
BALVERSA ORAL TABLET 3 MG	3	PA; QL (90 per 30 days); LA; S
BALVERSA ORAL TABLET 4 MG	3	PA; QL (60 per 30 days); LA; S
BALVERSA ORAL TABLET 5 MG	3	PA; QL (30 per 30 days); LA; S
BAVENCIO	3	PA; LA; S
<i>bendamustine hcl intravenous solution</i>	3	B/D PA; S
BENDEKA	3	B/D PA; S
BESREMI	3	PA; LA; S
<i>bexarotene oral</i>	3	PA; QL (300 per 30 days); S
<i>bicalutamide</i>	1	QL (30 per 30 days)
<i>bleomycin sulfate</i>	1	B/D PA
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>	3	PA; S
<i>bortezomib injection solution reconstituted 2.5 mg</i>	3	PA
BOSULIF ORAL CAPSULE 100 MG	3	PA; QL (180 per 30 days); LA; S
BOSULIF ORAL CAPSULE 50 MG	3	PA; QL (30 per 30 days); LA; S
BOSULIF ORAL TABLET 100 MG	3	PA; QL (120 per 30 days); S
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; QL (30 per 30 days); S
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; QL (180 per 30 days); LA; S
BRUKINSA	3	PA; QL (120 per 30 days); LA; S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CABOMETYX	3	PA; QL (30 per 30 days); LA; S
CALQUENCE	3	PA; QL (60 per 30 days); LA; S
CAPRELSA ORAL TABLET 100 MG	3	PA; QL (90 per 30 days); LA; S
CAPRELSA ORAL TABLET 300 MG	3	PA; QL (30 per 30 days); LA; S
<i>carboplatin intravenous solution</i>	1	B/D PA
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	1	B/D PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA; QL (56 per 28 days); LA; S
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA; QL (112 per 28 days); LA; S
COMETRIQ (60 MG DAILY DOSE)	3	PA; QL (84 per 28 days); LA; S
COPIKTRA	3	PA; QL (60 per 30 days); LA; S
COTELLIC	3	PA; QL (90 per 30 days); LA; S
<i>cyclophosphamide intravenous solution 500 mg/2.5ml</i>	3	S
<i>cyclophosphamide oral capsule</i>	2	B/D PA
CYRAMZA	3	PA; LA; S
DARZALEX	3	PA; LA; S
DARZALEX FASPRO	3	PA; S
DAURISMO ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); LA; S
DAURISMO ORAL TABLET 25 MG	3	PA; QL (60 per 30 days); LA; S
<i>decitabine</i>	3	S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>doxorubicin hcl intravenous solution</i>	3	B/D PA	FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	PA
<i>doxorubicin hcl intravenous solution reconstituted</i>	1	B/D PA	<i>fluorouracil intravenous</i>	1	B/D PA
<i>doxorubicin hcl liposomal</i>	3	PA; S	FOTIVDA	3	PA; QL (21 per 28 days); S
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	2	PA	FRUZAQLA ORAL CAPSULE 1 MG	3	PA; QL (84 per 28 days); LA; S
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	3	PA	FRUZAQLA ORAL CAPSULE 5 MG	3	PA; QL (21 per 28 days); LA; S
ELITEK	3	PA; S	<i>fulvestrant intramuscular solution prefilled syringe</i>	3	PA
EMCYT	3		GAVRETO	3	PA; QL (120 per 30 days); LA; S
EMPLICITI	3	PA; LA; S	GAZYVA	3	PA; LA; S
ENHERTU	3	PA; S	<i>gefitinib</i>	3	PA; QL (60 per 30 days); S
ERBITUX	3	PA; S	<i>gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml</i>	3	B/D PA
ERIVEDGE	3	PA; QL (30 per 30 days); LA; S	<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml</i>	1	B/D PA
ERLEADA ORAL TABLET 240 MG	3	PA; QL (30 per 30 days); LA; S	<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm</i>	1	B/D PA
ERLEADA ORAL TABLET 60 MG	3	PA; QL (120 per 30 days); LA; S	<i>gemcitabine hcl intravenous solution reconstituted 200 mg</i>	3	B/D PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	3	PA; QL (30 per 30 days); S	GILOTRIF	3	PA; QL (30 per 30 days); LA; S
<i>erlotinib hcl oral tablet 25 mg</i>	3	PA; QL (90 per 30 days); S	GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	3	PA
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	1	B/D PA	GLEOSTINE ORAL CAPSULE 100 MG	3	PA; S
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	PA; S	HERCEPTIN HYLECTA	3	B/D PA; S
<i>everolimus oral tablet soluble</i>	3	PA; S			
<i>exemestane</i>	1	QL (60 per 30 days); MO			
EXKIVITY	3	PA; QL (120 per 30 days); LA; S			
FIRMAGON (240 MG DOSE)	3	PA; S			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	B/D PA; S
<i>hydroxyurea oral</i>	1	
IBRANCE	3	PA; QL (21 per 28 days); LA; S
ICLUSIG	3	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 50 MG	3	PA; QL (60 per 30 days); LA; S
<i>imatinib mesylate oral tablet 100 mg</i>	3	PA; QL (90 per 30 days); S
<i>imatinib mesylate oral tablet 400 mg</i>	3	PA; QL (60 per 30 days); S
IMBRUVICA ORAL CAPSULE 140 MG	3	PA; QL (90 per 30 days); LA; S
IMBRUVICA ORAL CAPSULE 70 MG	3	PA; QL (30 per 30 days); LA; S
IMBRUVICA ORAL SUSPENSION	3	PA; QL (216 per 27 days); LA; S
IMBRUVICA ORAL TABLET 140 MG	3	PA; QL (90 per 30 days); LA; S
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	3	PA; QL (30 per 30 days); LA; S
IMFINZI	3	PA; LA; S
INLYTA ORAL TABLET 1 MG	3	PA; QL (180 per 30 days); LA; S
INLYTA ORAL TABLET 5 MG	3	PA; QL (120 per 30 days); LA; S
INQOVI	3	PA; QL (5 per 28 days); LA; S
INREBIC	3	PA; QL (120 per 30 days); LA; S
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	1	
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	1	B/D PA
IWILFIN	3	PA; QL (240 per 30 days); S
JAKAFI	3	PA; QL (60 per 30 days); LA; S
JAYPIRCA ORAL TABLET 100 MG	3	PA; QL (60 per 30 days); S
JAYPIRCA ORAL TABLET 50 MG	3	PA; QL (30 per 30 days); S
JEVTANA	3	PA; S
KADCYLA	3	PA; S
KEYTRUDA INTRAVENOUS SOLUTION	3	PA; S
KISQALI (200 MG DOSE)	3	PA; QL (21 per 28 days); S
KISQALI (400 MG DOSE)	3	PA; QL (42 per 28 days); S
KISQALI (600 MG DOSE)	3	PA; QL (63 per 28 days); S
KISQALI FEMARA (200 MG DOSE)	3	PA; QL (49 per 28 days); S
KISQALI FEMARA (400 MG DOSE)	3	PA; QL (70 per 28 days); S
KISQALI FEMARA (600 MG DOSE)	3	PA; QL (91 per 28 days); S
KRAZATI	3	PA; QL (180 per 30 days); S
KYPROLIS	3	PA; LA; S
<i>lapatinib ditosylate</i>	3	PA; QL (180 per 30 days); S
<i>lenalidomide oral capsule 10 mg</i>	3	PA; QL (60 per 30 days); LA; S
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	3	PA; QL (30 per 30 days); LA; S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lenalidomide oral capsule 5 mg</i>	3	PA; QL (150 per 30 days); LA; S	LUMAKRAS ORAL TABLET 320 MG	3	PA; QL (90 per 30 days); S
LENVIMA (10 MG DAILY DOSE)	3	PA; QL (30 per 30 days); LA; S	LUPRON DEPOT (1-MONTH)	3	PA; QL (1 per 28 days); S
LENVIMA (12 MG DAILY DOSE)	3	PA; QL (90 per 30 days); LA; S	LUPRON DEPOT (3-MONTH)	3	PA; QL (1 per 84 days); S
LENVIMA (14 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S	LUPRON DEPOT (4-MONTH)	3	PA; QL (1 per 112 days); S
LENVIMA (18 MG DAILY DOSE)	3	PA; QL (90 per 30 days); LA; S	LUPRON DEPOT (6-MONTH)	3	PA; QL (1 per 168 days); S
LENVIMA (20 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S	LYNPARZA ORAL TABLET	3	PA; QL (120 per 30 days); LA; S
LENVIMA (24 MG DAILY DOSE)	3	PA; QL (90 per 30 days); LA; S	LYSODREN	3	S
LENVIMA (4 MG DAILY DOSE)	3	PA; QL (30 per 30 days); LA; S	LYTGOBI (12 MG DAILY DOSE)	3	PA; S
LENVIMA (8 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S	LYTGOBI (16 MG DAILY DOSE)	3	PA; S
<i>letrozole oral</i>	1	QL (30 per 30 days); MO	LYTGOBI (20 MG DAILY DOSE)	3	PA; S
<i>leucovorin calcium injection solution 100 mg/10ml</i>	1		MATULANE	3	LA; S
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg</i>	1	B/D PA	<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	1	PA
<i>leucovorin calcium oral</i>	1		<i>megestrol acetate oral tablet</i>	1	PA
LEUKERAN	3	S	MEKINIST ORAL SOLUTION RECONSTITUTED	3	PA; QL (1200 per 30 days); S
<i>leuprolide acetate (3 month)</i>	3	PA	MEKINIST ORAL TABLET 0.5 MG	3	PA; QL (90 per 30 days); LA; S
<i>leuprolide acetate injection</i>	1	PA	MEKINIST ORAL TABLET 2 MG	3	PA; QL (30 per 30 days); LA; S
LONSURF	3	PA; S	MEKTOVI	3	PA; QL (180 per 30 days); LA; S
LORBRENA ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); LA; S	<i>mercaptopurine oral</i>	1	
LORBRENA ORAL TABLET 25 MG	3	PA; QL (90 per 30 days); LA; S	<i>mesna</i>	1	
LUMAKRAS ORAL TABLET 120 MG	3	PA; QL (240 per 30 days); LA; S	MESNEX ORAL	3	S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>mitomycin intravenous solution reconstituted 5 mg</i>	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 5 MG	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	3	B/D PA; S
NERLYNX	3	PA; QL (180 per 30 days); LA; S
<i>nilutamide</i>	3	QL (30 per 30 days); S
NINLARO	3	PA; QL (3 per 28 days); S
NUBEQA	3	PA; QL (120 per 30 days); LA; S
ODOMZO	3	PA; QL (30 per 30 days); LA; S
OGSIVEO ORAL TABLET 100 MG, 150 MG	3	PA; QL (60 per 30 days); S
OGSIVEO ORAL TABLET 50 MG	3	PA; QL (180 per 30 days); S
OJEMDA ORAL SUSPENSION RECONSTITUTED	3	PA; QL (96 per 28 days); S
OJEMDA ORAL TABLET	3	PA; QL (24 per 28 days); S
OJJAARA	3	PA; QL (30 per 30 days); LA; S
ONUREG	3	PA; QL (14 per 28 days); LA; S
OPDIVO	3	PA; LA; S
ORGOVYX	3	PA; QL (30 per 28 days); LA; S
ORSERDU ORAL TABLET 345 MG	3	PA; QL (30 per 30 days); S
ORSERDU ORAL TABLET 86 MG	3	PA; QL (90 per 30 days); S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>oxaliplatin intravenous solution</i>	1	B/D PA
<i>oxaliplatin intravenous solution reconstituted</i>	3	B/D PA; S
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	1	B/D PA
<i>paclitaxel protein-bound part</i>	3	PA; S
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	1	B/D PA
<i>pazopanib hcl</i>	3	PA; QL (120 per 30 days); S
PEMAZYRE	3	PA; QL (30 per 30 days); LA; S
PERJETA	3	PA; S
PHESGO	3	PA; S
PIQRAY (200 MG DAILY DOSE)	3	PA; QL (28 per 28 days); S
PIQRAY (250 MG DAILY DOSE)	3	PA; QL (56 per 28 days); S
PIQRAY (300 MG DAILY DOSE)	3	PA; QL (56 per 28 days); S
POMALYST	3	PA; QL (21 per 28 days); LA; S
POTELIGEO	3	B/D PA; LA; S
PURIXAN	3	PA; S
QINLOCK	3	PA; QL (90 per 30 days); S
RETEVMO ORAL CAPSULE 40 MG	3	PA; QL (180 per 30 days); S
RETEVMO ORAL CAPSULE 80 MG	3	PA; QL (120 per 30 days); S
RETEVMO ORAL TABLET 120 MG, 160 MG	3	PA; QL (60 per 30 days); S
RETEVMO ORAL TABLET 40 MG	3	PA; QL (180 per 30 days); S

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RETEVMO ORAL TABLET 80 MG	3	PA; QL (120 per 30 days); S
REZLIDHIA	3	PA; QL (60 per 30 days); LA; S
RIABNI	3	B/D PA; S
RITUXAN HYCELA	3	B/D PA; LA; S
RITUXAN INTRAVENOUS SOLUTION	3	B/D PA; LA; S
<i>romidepsin intravenous solution reconstituted</i>	3	S
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; QL (150 per 30 days); LA; S
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; QL (90 per 30 days); LA; S
ROZLYTREK ORAL PACKET	3	PA; QL (360 per 30 days); LA; S
RUBRACA	3	PA; QL (120 per 30 days); LA; S
RYBREVANT	3	PA; S
RYDAPT	3	PA; QL (240 per 30 days); S
RYLAZE	3	PA; S
SARCLISA	3	PA; S
SCEMBLIX ORAL TABLET 100 MG	3	PA; QL (120 per 30 days); S
SCEMBLIX ORAL TABLET 20 MG	3	PA; QL (60 per 30 days); S
SCEMBLIX ORAL TABLET 40 MG	3	PA; QL (300 per 30 days); S
SOLTAMOX	3	MO; S
<i>sorafenib tosylate</i>	3	PA; QL (120 per 30 days); S
SPRYCEL	3	PA; QL (30 per 30 days); S
STIVARGA	3	PA; QL (84 per 28 days); LA; S
<i>sunitinib malate</i>	3	PA; QL (30 per 30 days); S
TABLOID	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TABRECTA	3	PA; QL (120 per 30 days); S
TAFINLAR ORAL CAPSULE	3	PA; QL (120 per 30 days); LA; S
TAFINLAR ORAL TABLET SOLUBLE	3	PA; QL (900 per 30 days); S
TAGRISSEO	3	PA; QL (30 per 30 days); LA; S
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	3	PA; QL (30 per 30 days); S
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA; QL (30 per 30 days); LA; S
<i>tamoxifen citrate oral</i>	1	MO
TASIGNA	3	PA; QL (112 per 28 days); S
TAZVERIK	3	PA; QL (240 per 30 days); LA; S
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	3	PA; QL (20 per 21 days); LA; S
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	3	PA; QL (28 per 28 days); LA; S
TECVAYLI	3	PA; S
TEPMETKO	3	PA; QL (60 per 30 days); LA; S
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; QL (30 per 30 days); S
THALOMID ORAL CAPSULE 150 MG, 200 MG	3	PA; QL (60 per 30 days); S
TIBSOVO	3	PA; QL (60 per 30 days); LA; S
TICE BCG	2	B/D PA
<i>toremifene citrate</i>	3	QL (30 per 30 days)
<i>tretinoin oral</i>	3	S
TRODELVY	3	PA; S
TRUQAP	3	PA; QL (64 per 28 days); S

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUSELTIQ (100MG DAILY DOSE)	3	PA; QL (21 per 28 days); LA; S	VONJO	3	PA; QL (120 per 30 days); LA; S
TRUSELTIQ (125MG DAILY DOSE)	3	PA; QL (42 per 28 days); LA; S	WELIREG	3	PA; QL (90 per 30 days); LA; S
TRUSELTIQ (50MG DAILY DOSE)	3	PA; QL (42 per 28 days); LA; S	XALKORI ORAL CAPSULE	3	PA; QL (120 per 30 days); LA; S
TRUSELTIQ (75MG DAILY DOSE)	3	PA; QL (63 per 28 days); LA; S	XALKORI ORAL CAPSULE SPRINKLE 150 MG	3	PA; QL (180 per 30 days); LA; S
TUKYSA	3	PA; QL (120 per 30 days); LA; S	XALKORI ORAL CAPSULE SPRINKLE 20 MG	3	PA; QL (240 per 30 days); LA; S
TURALIO ORAL CAPSULE 125 MG	3	PA; QL (120 per 30 days); LA; S	XALKORI ORAL CAPSULE SPRINKLE 50 MG	3	PA; QL (120 per 30 days); LA; S
VANFLYTA	3	PA; QL (56 per 28 days); S	XOSPATA	3	PA; QL (90 per 30 days); LA; S
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	3	PA; S	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA; QL (8 per 28 days); LA; S
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 per 30 days); LA	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (4 per 28 days); LA; S
VENCLEXTA ORAL TABLET 100 MG	3	PA; QL (180 per 30 days); LA; S	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (8 per 28 days); LA; S
VENCLEXTA ORAL TABLET 50 MG	3	PA; QL (30 per 30 days); LA; S	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA; QL (4 per 28 days); LA; S
VENCLEXTA STARTING PACK	3	PA; LA; S	XPOVIO (60 MG TWICE WEEKLY)	3	PA; QL (24 per 28 days); LA; S
VERZENIO	3	PA; QL (56 per 28 days); LA; S	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (8 per 28 days); LA; S
<i>vinblastine sulfate intravenous solution</i>	1	B/D PA	XPOVIO (80 MG TWICE WEEKLY)	3	PA; QL (32 per 28 days); LA; S
<i>vincristine sulfate intravenous</i>	1	B/D PA	XTANDI ORAL CAPSULE	3	PA; QL (120 per 30 days); LA; S
<i>vinorelbine tartrate</i>	1	B/D PA	XTANDI ORAL TABLET 40 MG	3	PA; QL (120 per 30 days); S
VITRAKVI ORAL CAPSULE 100 MG	3	PA; QL (60 per 30 days); LA; S	XTANDI ORAL TABLET 80 MG	3	PA; QL (60 per 30 days); S
VITRAKVI ORAL CAPSULE 25 MG	3	PA; QL (180 per 30 days); LA; S	YERVOY	3	PA; S
VITRAKVI ORAL SOLUTION	3	PA; QL (300 per 30 days); LA; S			
VIZIMPRO	3	PA; QL (30 per 30 days); LA; S			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZEJULA ORAL TABLET 100 MG	3	PA; QL (90 per 30 days); S
ZEJULA ORAL TABLET 200 MG, 300 MG	3	PA; QL (30 per 30 days); S
ZELBORAF	3	PA; QL (240 per 30 days); LA; S
ZEPZELCA	3	PA; S
ZOLINZA	3	PA; QL (120 per 30 days); S
ZYDELIG	3	PA; QL (60 per 30 days); LA; S
ZYKADIA ORAL TABLET	3	PA; QL (90 per 30 days); LA; S
<b>Blood Products And Modifiers</b>		
<i>anagrelide hcl</i>	1	MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 40 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	3	PA; S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	3	PA
<i>aspirin-dipyridamole er</i>	1	ST; QL (60 per 30 days); MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BRILINTA	2	QL (60 per 30 days); MO
<i>cilostazol</i>	1	MO
CINRYZE	3	PA; LA; S
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	QL (1 per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	QL (30 per 30 days); MO
<i>dabigatran etexilate mesylate</i>	3	QL (60 per 30 days); MO
<i>dipyridamole oral</i>	1	PA; MO
DROXIA	2	MO
ELIQUIS	2	QL (60 per 30 days); MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (74 per 180 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	QL (168 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	1	QL (56 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	1	QL (44.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	1	QL (16.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	1	QL (22.4 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	1	QL (33.6 per 28 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/	3	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	3	QL (24 per 30 days); S
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	3	QL (12 per 30 days); S
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	3	QL (18 per 30 days); S
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ 4ML	3	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/ 3.8ML	3	S
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/ 0.72ML, 7500 UNIT/0.3ML	3	S
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/ 0.2ML, 5000 UNIT/0.2ML	3	
FULPHILA	3	PA; QL (1.2 per 28 days); S
GRANIX	3	PA; S
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	2	B/D PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	B/D PA
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	1	B/D PA
<i>icatibant acetate</i>	3	PA; S
<i>jantoven</i>	1	MO
<i>l-glutamine oral packet</i>	3	PA; S
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	PA; S
NEULASTA ONPRO	3	PA; QL (1.2 per 28 days); S
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (1.2 per 28 days); S
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	PA; S
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	PA; S
NIVESTYM INJECTION SOLUTION	3	PA; S
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	PA
<i>pentoxifylline er</i>	1	MO
<i>plerixafor</i>	3	PA
<i>prasugrel hcl</i>	1	QL (30 per 30 days); MO
PROCRIT INJECTION SOLUTION 10000 UNIT/	3	PA

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>aliskiren fumarate</i>	1	MO
<i>amiloride hcl oral</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone hcl intravenous</i>	1	B/D PA
<i>amiodarone hcl oral</i>	1	MO
<i>amlodipine besy-benazepril hcl</i>	1	QL (30 per 30 days); MO
<i>amlodipine besylate oral</i>	1	MO
<i>amlodipine besylate-valsartan</i>	1	QL (30 per 30 days); MO
<i>amlodipine-atorvastatin</i>	1	QL (30 per 30 days); MO
<i>amlodipine-olmesartan</i>	1	QL (30 per 30 days); MO
<i>amlodipine-valsartan-hctz</i>	1	QL (30 per 30 days); MO
<i>atenolol oral</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>atorvastatin calcium oral</i>	1	QL (30 per 30 days); MO
<i>benazepril hcl oral</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	QL (30 per 30 days); MO
<i>betaxolol hcl oral</i>	1	MO
<i>bisoprolol fumarate oral</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	MO
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60 per 30 days); MO
<i>candesartan cilexetil oral tablet 32 mg</i>	1	QL (30 per 30 days); MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	1	QL (30 per 30 days); MO
<i>captopril oral tablet 100 mg</i>	1	QL (120 per 30 days); MO
<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	QL (90 per 30 days); MO
<i>captopril-hydrochlorothiazide</i>	1	QL (60 per 30 days); MO
CARTIA XT	1	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate er</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>cholestyramine oral</i>	1	MO
<i>clonidine</i>	1	QL (4 per 28 days); MO
<i>clonidine hcl oral</i>	1	MO
<i>colesevelam hcl</i>	1	MO
<i>colestipol hcl</i>	1	MO
CORLANOR ORAL SOLUTION	3	PA; QL (560 per 28 days); MO
<i>digox oral tablet 125 mcg</i>	1	QL (30 per 30 days); MO
<i>digox oral tablet 250 mcg</i>	1	PA; QL (60 per 30 days); MO
<i>digoxin oral solution</i>	1	MO
<i>digoxin oral tablet 125 mcg</i>	1	QL (30 per 30 days); MO
<i>digoxin oral tablet 250 mcg</i>	1	PA; QL (60 per 30 days); MO
<i>digoxin oral tablet 62.5 mcg</i>	2	QL (30 per 30 days); MO
<i>dilt-xr</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ezetimibe	1	QL (30 per 30 days); MO
ezetimibe-simvastatin	1	PA; QL (30 per 30 days); MO
felodipine er	1	MO
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate oral capsule 134 mg, 200 mg, 50 mg, 67 mg	1	MO
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	MO
fenofibrate oral tablet 40 mg	3	MO
fenofibric acid oral capsule delayed release	1	MO
flecainide acetate	1	MO
fluvastatin sodium	1	QL (60 per 30 days); MO
fluvastatin sodium er	1	QL (30 per 30 days); MO
fosinopril sodium	1	MO
fosinopril sodium-hctz oral tablet 10-12.5 mg	1	QL (60 per 30 days); MO
fosinopril sodium-hctz oral tablet 20-12.5 mg	1	QL (120 per 30 days); MO
furosemide injection	1	
furosemide oral solution 10 mg/ml	1	MO
furosemide oral solution 8 mg/ml	1	MO
furosemide oral tablet	1	MO
gemfibrozil oral	1	MO
guanfacine hcl oral	1	PA; MO
hydralazine hcl injection	1	
hydralazine hcl oral	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydrochlorothiazide oral	1	MO
icosapent ethyl	2	MO
indapamide oral	1	MO
irbesartan	1	QL (30 per 30 days); MO
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (60 per 30 days); MO
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (30 per 30 days); MO
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	2	QL (180 per 30 days); MO
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO
isosorbide dinitrate oral tablet 40 mg	3	MO; S
isosorbide mononitrate	1	MO
isosorbide mononitrate er	1	MO
isradipine	1	MO
ivabradine hcl	3	PA; QL (60 per 30 days); MO
labetalol hcl intravenous solution	1	
labetalol hcl oral	1	MO
lisinopril oral	1	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	1	QL (30 per 30 days); MO
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	1	QL (120 per 30 days); MO
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	1	QL (60 per 30 days); MO
losartan potassium oral tablet 100 mg	1	QL (30 per 30 days); MO

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nifedipine er osmotic release</i>	1	MO
<i>nifedipine oral</i>	1	PA; MO
<i>nimodipine oral</i>	1	
<i>nisoldipine er</i>	1	MO
NITRO-BID	2	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	MO; S
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual solution</i>	1	MO
NORPACE CR	3	PA; MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days); MO
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	QL (60 per 30 days); MO
<i>olmesartan medoxomil-hctz</i>	1	QL (30 per 30 days); MO
<i>olmesartan-amlodipine-hctz</i>	1	QL (30 per 30 days); MO
<i>omega-3-acid ethyl esters</i>	1	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine hcl oral</i>	3	S
<i>pindolol</i>	1	MO
<i>pitavastatin calcium</i>	3	QL (30 per 30 days); MO
<i>pravastatin sodium</i>	1	QL (30 per 30 days); MO
<i>prazosin hcl oral</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prevalite</i>	1	MO
<i>propafenone hcl</i>	1	MO
<i>propafenone hcl er</i>	3	MO
<i>propranolol hcl er</i>	1	MO
<i>propranolol hcl intravenous</i>	1	
<i>propranolol hcl oral solution</i>	1	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>propranolol hcl oral tablet 60 mg</i>	1	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	QL (60 per 30 days); MO
<i>quinidine sulfate oral</i>	1	MO
<i>ramipril</i>	1	MO
<i>ranolazine er</i>	1	PA; QL (60 per 30 days); MO
REPATHA	2	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
<i>rosuvastatin calcium oral</i>	1	QL (30 per 30 days); MO
<i>simvastatin oral tablet</i>	1	QL (30 per 30 days); MO
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG	1	MO
SORINE ORAL TABLET 80 MG	1	MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	1	MO
<i>sotalol hcl (af) oral tablet 80 mg</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	1	MO
<i>sotalol hcl oral tablet 80 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	1	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>spironolactone-hctz</i>	1	MO
<i>telmisartan oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days); MO
<i>telmisartan oral tablet 80 mg</i>	1	QL (60 per 30 days); MO
<i>telmisartan-amlodipine</i>	1	QL (30 per 30 days); MO
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	1	QL (30 per 30 days); MO
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>terazosin hcl oral</i>	1	MO
TIADYLT ER	1	MO
<i>timolol maleate oral</i>	1	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil hcl er</i>	1	QL (30 per 30 days); MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet</i>	1	MO
<i>valsartan oral tablet 160 mg</i>	1	QL (60 per 30 days); MO
<i>valsartan oral tablet 320 mg</i>	1	QL (30 per 30 days); MO
<i>valsartan oral tablet 40 mg, 80 mg</i>	1	QL (90 per 30 days); MO
<i>valsartan-hydrochlorothiazide</i>	1	QL (30 per 30 days); MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alprazolam er</i>	1	QL (90 per 30 days)
ALPRAZOLAM INTENSOL	2	QL (300 per 30 days)
<i>alprazolam oral</i>	1	QL (90 per 30 days)
<i>alprazolam xr</i>	1	QL (90 per 30 days)
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO
<i>amitriptyline hcl oral</i>	1	MO
<i>amoxapine</i>	1	PA; MO
<i>amphetamine sulfate oral tablet 10 mg</i>	3	PA; QL (180 per 30 days); MO
<i>amphetamine sulfate oral tablet 5 mg</i>	3	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphetamine er</i>	1	PA; QL (30 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	PA; QL (60 per 30 days); MO
<i>apomorphine hcl subcutaneous</i>	3	PA; QL (60 per 30 days); S
APTIOM	3	ST; MO; S
<i>aripiprazole oral solution</i>	1	QL (900 per 30 days); MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1	MO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1	QL (30 per 30 days); MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aripiprazole oral tablet dispersible 10 mg</i>	3	QL (90 per 30 days); MO	AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	PA; QL (4 per 28 days); S
<i>aripiprazole oral tablet dispersible 15 mg</i>	3	QL (60 per 30 days); MO	AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	PA; QL (4 per 28 days); S
ARISTADA INITIO	3	QL (4.8 per 365 days); S	BAC	1	PA; QL (180 per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	3	QL (3.9 per 60 days); MO; S	<i>baclofen oral tablet 10 mg, 15 mg, 5 mg</i>	1	QL (90 per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	3	QL (1.6 per 28 days); MO; S	<i>baclofen oral tablet 20 mg</i>	1	QL (120 per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	3	QL (2.4 per 28 days); MO; S	<i>benztropine mesylate injection</i>	1	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	3	QL (3.2 per 28 days); MO; S	<i>benztropine mesylate oral</i>	1	PA; MO
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (30 per 30 days); MO	BETASERON SUBCUTANEOUS KIT	3	PA; QL (15 per 30 days); S
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (60 per 30 days); MO	BOTOX	3	PA
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	3	QL (60 per 30 days); MO	BRIVIACT INTRAVENOUS	3	
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	QL (240 per 30 days); MO	BRIVIACT ORAL SOLUTION	3	QL (600 per 30 days); MO; S
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	1	QL (120 per 30 days); MO	BRIVIACT ORAL TABLET	3	QL (60 per 30 days); MO; S
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 per 30 days); MO	<i>bromocriptine mesylate oral</i>	1	MO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 per 30 days); MO	<i>buprenorphine hcl injection</i>	1	
AUVELITY	3	PA; QL (60 per 30 days); MO; S	<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	QL (240 per 30 days); NEDS
			<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	QL (60 per 30 days); NEDS
			<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (60 per 30 days); NEDS
			<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (480 per 30 days); NEDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	QL (240 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (120 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (480 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (120 per 30 days); NEDS
<i>bupropion hcl er (smoking det)</i>	1	QL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	QL (120 per 30 days); MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1	QL (60 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (30 per 30 days); MO
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (135 per 30 days); MO
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180 per 30 days); MO
<i>bupropion hcl oral</i>	1	
<i>butalbital-apap-caffeine oral capsule</i>	1	PA; QL (180 per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	PA; QL (180 per 30 days)
CAPLYTA	3	QL (30 per 30 days); MO; S
<i>carbamazepine er</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbamazepine oral</i>	1	MO
<i>carbidopa oral</i>	1	MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	MO
<i>carisoprodol oral tablet 350 mg</i>	1	
<i>chlordiazepoxide hcl</i>	1	QL (120 per 30 days)
<i>chlordiazepoxide-amitriptyline</i>	1	PA; MO
<i>chlorpromazine hcl injection</i>	2	
<i>chlorpromazine hcl oral concentrate</i>	3	MO
<i>chlorpromazine hcl oral tablet</i>	1	MO
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA
<i>citalopram hydrobromide oral solution</i>	1	QL (600 per 30 days); MO
<i>citalopram hydrobromide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	QL (60 per 30 days); MO
<i>citalopram hydrobromide oral tablet 40 mg</i>	1	QL (30 per 30 days); MO
<i>clobazam oral suspension</i>	1	PA; QL (480 per 30 days); MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobazam oral tablet 10 mg</i>	1	PA; QL (120 per 30 days); MO	<i>clozapine oral tablet dispersible 200 mg</i>	3	QL (120 per 30 days); S
<i>clobazam oral tablet 20 mg</i>	1	PA; QL (60 per 30 days); MO	<i>clozapine oral tablet dispersible 25 mg</i>	1	QL (1080 per 30 days)
<i>clomipramine hcl oral</i>	1	PA; MO	<i>cyclobenzaprine hcl oral</i>	1	PA
<i>clonazepam oral tablet 0.5 mg</i>	1	QL (1200 per 30 days)	<i>dalfampridine er</i>	2	PA; QL (60 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	1	QL (600 per 30 days)	<i>dantrolene sodium oral</i>	1	
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 per 30 days)	<i>desipramine hcl oral</i>	1	PA; MO
<i>clonazepam oral tablet dispersible 0.125 mg</i>	1	QL (4800 per 30 days)	<i>desvenlafaxine er</i>	3	QL (30 per 30 days); MO
<i>clonazepam oral tablet dispersible 0.25 mg</i>	1	QL (2400 per 30 days)	<i>desvenlafaxine succinate er</i>	1	MO
<i>clonazepam oral tablet dispersible 0.5 mg</i>	1	QL (1200 per 30 days)	<i>dexmethylphenidate hcl</i>	1	QL (60 per 30 days); MO
<i>clonazepam oral tablet dispersible 1 mg</i>	1	QL (600 per 30 days)	<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	QL (30 per 30 days); MO
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 per 30 days)	<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	1	QL (60 per 30 days); MO
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1	QL (120 per 30 days); MO	<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 per 30 days); MO
<i>clorazepate dipotassium</i>	1		<i>dextroamphetamine sulfate oral solution</i>	1	QL (1920 per 30 days); MO
<i>clozapine oral tablet 100 mg</i>	1	QL (270 per 30 days)	<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (180 per 30 days); MO
<i>clozapine oral tablet 200 mg</i>	1	QL (120 per 30 days)	<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (90 per 30 days); MO
<i>clozapine oral tablet 25 mg</i>	1	QL (1080 per 30 days)	DIACOMIT ORAL CAPSULE 250 MG	3	PA; QL (360 per 30 days); LA; S
<i>clozapine oral tablet 50 mg</i>	1	QL (540 per 30 days)	DIACOMIT ORAL CAPSULE 500 MG	3	PA; QL (180 per 30 days); LA; S
<i>clozapine oral tablet dispersible 100 mg</i>	1	QL (270 per 30 days)	DIACOMIT ORAL PACKET 250 MG	3	PA; QL (360 per 30 days); LA; S
<i>clozapine oral tablet dispersible 12.5 mg</i>	1	QL (2160 per 30 days)			
<i>clozapine oral tablet dispersible 150 mg</i>	1	QL (180 per 30 days)			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIACOMIT ORAL PACKET 500 MG	3	PA; QL (180 per 30 days); LA; S
<i>diazepam injection</i>	1	
DIAZEPAM INTENSOL	1	QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>diazepam rectal</i>	1	
<i>dihydroergotamine mesylate injection</i>	3	PA
<i>dihydroergotamine mesylate nasal</i>	3	PA; QL (8 per 28 days); S
DILANTIN ORAL CAPSULE 30 MG	3	PA; MO
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	3	PA; QL (14 per 7 days); S
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	3	PA; QL (60 per 30 days); S
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	3	PA; S
<i>disulfiram oral</i>	1	MO
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	MO
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	MO
<i>divalproex sodium oral tablet delayed release</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days); MO
<i>donepezil hcl oral tablet 23 mg</i>	1	ST; QL (30 per 30 days); MO
<i>donepezil hcl oral tablet dispersible</i>	1	QL (30 per 30 days); MO
<i>doxepin hcl oral capsule</i>	1	PA; MO
<i>doxepin hcl oral concentrate</i>	1	PA; MO
<i>doxepin hcl oral tablet</i>	1	PA; QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	QL (60 per 30 days); MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	QL (30 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	1	QL (180 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (120 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	1	QL (90 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	1	QL (60 per 30 days); MO
DYSPORT	3	PA
<i>eletriptan hydrobromide</i>	1	QL (9 per 30 days)
EMGALITY	2	PA; QL (2 per 28 days); MO
EMGALITY (300 MG DOSE)	2	PA; QL (3 per 28 days); MO
EMSAM	3	PA; QL (30 per 30 days); MO; S
<i>entacapone</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPIDIOLEX	3	PA; LA; S
EPITOL	1	MO
EPRONTIA	3	PA; MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	3	QL (480 per 30 days); MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	3	QL (240 per 30 days); MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	3	QL (180 per 30 days); MO
<i>ergoloid mesylates oral</i>	1	PA; MO
ERGOMAR	3	S
<i>ergotamine-caffeine</i>	1	
<i>escitalopram oxalate oral solution</i>	1	QL (600 per 30 days); MO
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QL (60 per 30 days); MO
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>escitalopram oxalate oral tablet 5 mg</i>	1	QL (120 per 30 days); MO
ESGIC ORAL CAPSULE	1	PA; QL (180 per 30 days)
<i>estazolam</i>	1	QL (30 per 30 days)
<i>eszopiclone</i>	1	QL (30 per 30 days)
<i>ethosuximide oral</i>	1	MO
FANAPT ORAL TABLET 1 MG	3	PA; QL (720 per 30 days); S
FANAPT ORAL TABLET 10 MG, 12 MG	3	PA; QL (60 per 30 days); S
FANAPT ORAL TABLET 2 MG	3	PA; QL (360 per 30 days); S
FANAPT ORAL TABLET 4 MG	3	PA; QL (180 per 30 days); S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FANAPT ORAL TABLET 6 MG	3	PA; QL (120 per 30 days); S
FANAPT ORAL TABLET 8 MG	3	PA; QL (90 per 30 days); S
FANAPT TITRATION PACK	3	PA
<i>felbamate oral suspension</i>	3	MO; S
<i>felbamate oral tablet</i>	1	MO
FETZIMA	3	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	3	PA
<i> fingolimod hcl</i>	3	PA; QL (30 per 30 days)
FINTEPLA	3	PA; LA; S
FIRDAPSE	3	PA; QL (240 per 30 days); LA; S
<i>fluoxetine hcl oral capsule 10 mg</i>	1	MO
<i>fluoxetine hcl oral capsule 20 mg</i>	1	QL (120 per 30 days); MO
<i>fluoxetine hcl oral capsule 40 mg</i>	1	QL (60 per 30 days); MO
<i>fluoxetine hcl oral capsule delayed release</i>	1	QL (4 per 28 days); MO
<i>fluoxetine hcl oral solution</i>	1	QL (600 per 30 days); MO
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl injection</i>	1	
<i>fluphenazine hcl oral</i>	1	MO
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	1	QL (90 per 30 days); MO
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	1	QL (60 per 30 days); MO
<i>fluvoxamine maleate oral tablet 100 mg</i>	1	QL (90 per 30 days); MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	1	MO
<i>frovatriptan succinate</i>	1	QL (12 per 30 days)
FYCOMPA ORAL SUSPENSION	3	PA; QL (720 per 30 days); MO; S
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	3	PA; QL (30 per 30 days); MO; S
FYCOMPA ORAL TABLET 2 MG	3	PA; QL (30 per 30 days); MO
<i>gabapentin oral capsule 100 mg</i>	1	QL (1080 per 30 days); MO
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 per 30 days); MO
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 per 30 days); MO
<i>gabapentin oral solution</i>	1	QL (2160 per 30 days); MO
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 per 30 days); MO
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 per 30 days); MO
<i>galantamine hydrobromide er</i>	1	QL (30 per 30 days); MO
<i>galantamine hydrobromide oral solution</i>	1	QL (200 per 30 days); MO
<i>galantamine hydrobromide oral tablet</i>	1	QL (60 per 30 days); MO
GILENYA ORAL CAPSULE 0.25 MG	3	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	3	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	3	PA; QL (12 per 28 days); S

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	3	QL (1 per 28 days); S	lamotrigine oral tablet dispersible	1	MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	3	QL (1.5 per 28 days); S	lamotrigine starter kit-blue	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 28 days)	lamotrigine starter kit-orange	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	3	QL (0.5 per 28 days); S	levetiracetam er oral tablet extended release 24 hour 500 mg	1	QL (180 per 30 days); MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	3	QL (0.88 per 84 days); S	levetiracetam er oral tablet extended release 24 hour 750 mg	1	QL (120 per 30 days); MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	3	QL (1.32 per 84 days); S	levetiracetam intravenous	1	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	3	QL (1.75 per 84 days); S	levetiracetam oral	1	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	3	QL (2.63 per 84 days); S	LIBERVANT	3	QL (10 per 30 days)
KESIMPTA	3	PA; QL (1.2 per 30 days); S	lithium	2	MO
lacosamide intravenous	3	S	lithium carbonate er	1	MO
lacosamide oral solution	3	QL (1200 per 30 days); MO	lithium carbonate oral capsule 150 mg, 300 mg	1	MO
lacosamide oral tablet	3	QL (60 per 30 days); MO	lithium carbonate oral capsule 600 mg	1	MO
lamotrigine er	3	MO	lithium carbonate oral tablet	1	MO
lamotrigine oral tablet	1	MO	lorazepam injection	1	
lamotrigine oral tablet chewable	1	MO	LORAZEPAM INTENSOL	1	QL (150 per 30 days)
			lorazepam oral concentrate	1	QL (150 per 30 days)
			lorazepam oral tablet 0.5 mg, 1 mg	1	QL (90 per 30 days)
			lorazepam oral tablet 2 mg	1	QL (150 per 30 days)
			loxapine succinate oral	1	MO
			lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	3	QL (30 per 30 days); MO
			lurasidone hcl oral tablet 80 mg	3	QL (60 per 30 days); MO

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LYBALVI	3	PA; QL (30 per 30 days); MO; S	extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg		
MARPLAN	3	MO			
MAYZENT ORAL TABLET 0.25 MG	3	PA; QL (120 per 30 days); LA; S	methylphenidate hcl er (osm) oral tablet extended release 36 mg	1	PA; QL (60 per 30 days); MO
MAYZENT ORAL TABLET 1 MG, 2 MG	3	PA; QL (30 per 30 days); LA; S	methylphenidate hcl er oral tablet extended release	1	PA; QL (90 per 30 days); MO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA; LA; S	methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	1	PA; QL (30 per 30 days); MO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA; LA	methylphenidate hcl er oral tablet extended release 24 hour 36 mg	1	PA; QL (60 per 30 days); MO
memantine hcl er	1	PA; QL (30 per 30 days); MO	methylphenidate hcl oral solution 10 mg/5ml	1	PA; QL (900 per 30 days); MO
memantine hcl oral solution 2 mg/ml	1	PA; QL (300 per 30 days); MO	methylphenidate hcl oral solution 5 mg/5ml	1	PA; QL (1800 per 30 days); MO
memantine hcl oral tablet 10 mg	1	PA; QL (60 per 30 days); MO	methylphenidate hcl oral tablet	1	PA; QL (90 per 30 days); MO
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	1	PA; QL (60 per 30 days)	midazolam hcl oral	1	
memantine hcl oral tablet 5 mg	1	PA; QL (90 per 30 days); MO	MIGERGOT	3	S
meprobamate	1	PA	mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	1	MO
methocarbamol oral tablet 500 mg, 750 mg	1		mirtazapine oral tablet 45 mg	1	QL (30 per 30 days); MO
methsuximide	3	MO	mirtazapine oral tablet dispersible	1	QL (30 per 30 days); MO
methylphenidate hcl er (cd)	1	PA; QL (30 per 30 days); MO	modafinil oral tablet 100 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	1	PA; QL (30 per 30 days); MO	modafinil oral tablet 200 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	1	PA; QL (60 per 30 days); MO	molindone hcl	1	MO
methylphenidate hcl er (osm) oral tablet	1	PA; QL (30 per 30 days); MO	naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
			naloxone hcl injection solution cartridge	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PERSERIS	3	QL (1 per 28 days); MO; S	<i>pyridostigmine bromide er</i>	1	
<i>phenelzine sulfate oral</i>	1	MO	<i>pyridostigmine bromide oral solution</i>	3	
<i>phenobarbital oral elixir</i>	1	PA; QL (3000 per 30 days); MO	<i>pyridostigmine bromide oral tablet</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA; QL (120 per 30 days); MO	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 per 30 days); MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	2	PA; QL (210 per 30 days); MO	<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	QL (60 per 30 days); MO
PHENYTEK	3	PA; MO	<i>quetiapine fumarate oral tablet 100 mg</i>	1	QL (240 per 30 days); MO
PHENYTOIN INFATABS	1	MO	<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (150 per 30 days); MO
<i>phenytoin oral</i>	1	MO	<i>quetiapine fumarate oral tablet 200 mg</i>	1	QL (120 per 30 days); MO
<i>phenytoin sodium extended</i>	1	MO	<i>quetiapine fumarate oral tablet 25 mg</i>	1	QL (960 per 30 days); MO
<i>pimozide</i>	1	MO	<i>quetiapine fumarate oral tablet 300 mg</i>	1	QL (80 per 30 days); MO
<i>pramipexole dihydrochloride</i>	1	MO	<i>quetiapine fumarate oral tablet 400 mg</i>	1	QL (60 per 30 days); MO
<i>pramipexole dihydrochloride er</i>	3	MO	<i>quetiapine fumarate oral tablet 50 mg</i>	1	QL (480 per 30 days); MO
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	3	PA; QL (30 per 30 days); MO	<i>ramelteon</i>	1	QL (30 per 30 days)
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	3	PA; QL (60 per 30 days); MO	<i>rasagiline mesylate oral</i>	1	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO	REGONOL INTRAVENOUS	2	
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 per 30 days); MO	RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	1	PA; QL (30 per 30 days); MO
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days); MO	REXULTI	3	PA; QL (30 per 30 days); MO; S
<i>pregabalin oral solution</i>	1	QL (900 per 30 days); MO	<i>riluzole</i>	1	
<i>primidone oral</i>	1	MO	<i>risperidone microspheres er intramuscular</i>	3	QL (2 per 28 days)
<i>protriptyline hcl</i>	1	PA; MO			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg		
risperidone microspheres er intramuscular suspension reconstituted er 50 mg	3	QL (2 per 28 days); S
risperidone oral solution	1	QL (480 per 30 days); MO
risperidone oral tablet 0.25 mg	1	QL (1920 per 30 days); MO
risperidone oral tablet 0.5 mg	1	QL (960 per 30 days); MO
risperidone oral tablet 1 mg	1	QL (480 per 30 days); MO
risperidone oral tablet 2 mg	1	QL (240 per 30 days); MO
risperidone oral tablet 3 mg, 4 mg	1	QL (120 per 30 days); MO
risperidone oral tablet dispersible 0.25 mg	1	QL (1920 per 30 days); MO
risperidone oral tablet dispersible 0.5 mg	1	QL (960 per 30 days); MO
risperidone oral tablet dispersible 1 mg	1	QL (480 per 30 days); MO
risperidone oral tablet dispersible 2 mg	1	QL (240 per 30 days); MO
risperidone oral tablet dispersible 3 mg	1	QL (150 per 30 days); MO
risperidone oral tablet dispersible 4 mg	1	QL (120 per 30 days); MO
rivastigmine	1	QL (30 per 30 days); MO
rivastigmine tartrate	1	QL (60 per 30 days); MO
rizatriptan benzoate	1	QL (12 per 30 days)
ropinirole hcl	1	MO
ropinirole hcl er	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
ROWEEPRA ORAL TABLET 500 MG	1	MO
rufinamide oral suspension	3	PA; QL (2400 per 30 days); MO; S
rufinamide oral tablet 200 mg	3	PA; QL (480 per 30 days); MO
rufinamide oral tablet 400 mg	3	PA; QL (240 per 30 days); MO; S
RYTARY	3	ST; MO
SAVELLA	3	PA; QL (60 per 30 days); MO
SAVELLA TITRATION PACK	3	PA
SECUADO	3	PA; QL (30 per 30 days); MO; S
selegiline hcl oral	1	MO
sertraline hcl oral concentrate	1	QL (300 per 30 days); MO
sertraline hcl oral tablet 100 mg	1	QL (60 per 30 days); MO
sertraline hcl oral tablet 25 mg	1	QL (240 per 30 days); MO
sertraline hcl oral tablet 50 mg	1	QL (120 per 30 days); MO
sodium oxybate	3	PA; QL (540 per 30 days); LA; S
SPRAVATO (56 MG DOSE)	3	PA; QL (16 per 28 days)
SPRAVATO (84 MG DOSE)	3	PA; QL (24 per 28 days); S
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	3	PA; QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	3	PA; QL (120 per 30 days); MO
SUBVENITE	1	PA; MO
sumatriptan nasal	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan succinate oral</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	QL (6 per 30 days)
SUNOSI	3	PA; QL (30 per 30 days); MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	3	PA; QL (60 per 30 days); MO; S
SYMPAZAN ORAL FILM 5 MG	3	PA; QL (30 per 30 days); MO; S
<i>tasimelteon</i>	3	PA; QL (30 per 30 days); S
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	3	QL (30 per 30 days)
<i>teriflunomide</i>	3	PA; QL (30 per 30 days); S
<i>tetrabenazine oral tablet 12.5 mg</i>	3	PA; QL (240 per 30 days); S
<i>tetrabenazine oral tablet 25 mg</i>	3	PA; QL (120 per 30 days); S
<i>thioridazine hcl oral</i>	1	MO
<i>thiothixene oral</i>	1	MO
<i>tiagabine hcl</i>	1	MO
<i>tizanidine hcl oral tablet</i>	1	
<i>tolcapone</i>	3	PA; QL (180 per 30 days); MO; S
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg</i>	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>topiramate er oral capsule extended release 24 hour 100 mg</i>	3	QL (30 per 30 days); MO; S
<i>topiramate er oral capsule extended release 24 hour 25 mg, 50 mg</i>	3	QL (30 per 30 days); MO
<i>topiramate oral</i>	1	MO
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone hcl oral tablet 300 mg</i>	1	MO
<i>triazolam oral tablet 0.25 mg</i>	1	QL (30 per 30 days)
<i>trifluoperazine hcl oral</i>	1	MO
<i>trihexyphenidyl hcl oral solution</i>	1	PA; MO
<i>trihexyphenidyl hcl oral tablet</i>	1	MO
<i>trimipramine maleate oral</i>	1	MO
TRINTELLIX	3	QL (30 per 30 days); MO
UBRELVY ORAL TABLET 100 MG	3	PA; QL (16 per 30 days); S
UBRELVY ORAL TABLET 50 MG	3	PA; QL (20 per 30 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	3	QL (0.28 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	3	QL (0.35 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	3	QL (0.42 per 56 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	3	QL (0.56 per 56 days); S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	3	QL (0.7 per 56 days); S	<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (90 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	3	QL (0.14 per 28 days); S	<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1	QL (30 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	3	QL (0.21 per 28 days); S	VERSACLOZ	3	QL (600 per 30 days)
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	1		<i>vigabatrin oral packet</i>	3	PA; QL (150 per 25 days); LA; S
<i>valproic acid oral capsule</i>	1	MO	<i>vigabatrin oral tablet</i>	3	PA; QL (180 per 30 days); LA; S
<i>valproic acid oral solution 250 mg/5ml</i>	1	MO	VIGADRONE ORAL PACKET	3	PA; QL (150 per 25 days); LA; S
VALTOCO 10 MG DOSE	3		VIGADRONE ORAL TABLET	3	PA; QL (180 per 30 days); S
VALTOCO 15 MG DOSE	3		VIGPODER	3	PA; QL (150 per 25 days); S
VALTOCO 20 MG DOSE	3		VIIBRYD ORAL TABLET	3	ST; QL (30 per 30 days); MO
VALTOCO 5 MG DOSE	3		<i>vilazodone hcl</i>	3	QL (30 per 30 days); MO
<i>varenicline tartrate (starter)</i>	3	PA	VRAYLAR ORAL CAPSULE	3	PA; QL (30 per 30 days); MO; S
<i>varenicline tartrate oral tablet 0.5 mg</i>	3	PA; QL (60 per 30 days)	VUMERITY	3	PA; QL (120 per 30 days); LA; S
<i>varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)</i>	3	PA; QL (56 per 28 days)	XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	PA; QL (56 per 28 days); MO; S
<i>varenicline tartrate(continue)</i>	3	PA; QL (56 per 28 days)	XCOPRI (350 MG DAILY DOSE)	3	PA; QL (56 per 28 days); MO; S
<i>venlafaxine besylate er</i>	3	QL (60 per 30 days); MO	XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	3	PA; QL (30 per 30 days); MO; S
<i>venlafaxine hcl</i>	1	QL (90 per 30 days); MO	XCOPRI ORAL TABLET 150 MG, 200 MG	3	PA; QL (60 per 30 days); MO; S
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (30 per 30 days); MO	XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	3	PA; QL (56 per 365 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (180 per 30 days); MO	XCOPRI ORAL TABLET THERAPY PACK 14 X 150	3	PA; QL (56 per 365 days); S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG		
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	2	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	3	PA
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (240 per 30 days); MO
<i>ziprasidone hcl oral capsule 40 mg</i>	1	QL (120 per 30 days); MO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	QL (60 per 30 days); MO
<i>ziprasidone mesylate</i>	3	QL (6 per 3 days)
<i>zolmitriptan oral</i>	1	QL (9 per 30 days)
<i>zolpidem tartrate er</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate oral tablet</i>	1	QL (30 per 30 days)
ZONISADE	3	PA; MO
<i>zonisamide oral</i>	1	MO
ZTALMY	3	QL (1100 per 30 days); S
ZURZUVAE	3	S
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	3	QL (2 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	3	QL (2 per 28 days); S
<b>Dermatological Agents</b>		
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	1	
<i>acitretin</i>	3	PA
<i>acyclovir external cream</i>	1	QL (5 per 30 days)
<i>acyclovir external ointment</i>	1	PA; QL (30 per 30 days)
<i>adapalene external cream</i>	1	PA
<i>adapalene external gel</i>	1	PA
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide external cream</i>	1	
<i>amcinonide external ointment</i>	2	
<i>ammonium lactate external</i>	1	
AMNESTEEM	1	
<i>azelaic acid external</i>	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate external</i>	1	
<i>bexarotene external</i>	3	PA; QL (60 per 30 days); S
<i>calcipotriene external cream</i>	1	QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcipotriene external ointment</i>	1	QL (120 per 30 days)	<i>clobetasol propionate external cream</i>	1	QL (120 per 30 days)
<i>calcipotriene external solution</i>	1	QL (60 per 30 days)	<i>clobetasol propionate external foam</i>	1	QL (100 per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	1	QL (400 per 28 days)	<i>clobetasol propionate external gel</i>	1	QL (60 per 30 days)
CALCITRENE	1	QL (120 per 30 days)	<i>clobetasol propionate external lotion</i>	1	
<i>calcitriol external</i>	1	QL (800 per 28 days)	<i>clobetasol propionate external ointment</i>	1	QL (120 per 30 days)
<i>cevimeline hcl</i>	1	MO	<i>clobetasol propionate external shampoo</i>	1	
<i>chlorhexidine gluconate mouth/throat</i>	1		<i>clobetasol propionate external solution</i>	1	QL (50 per 30 days)
CICLODAN EXTERNAL SOLUTION	1		<i>clocortolone pivalate</i>	1	
<i>ciclopirox external</i>	1		CLODAN EXTERNAL SHAMPOO	1	
<i>ciclopirox olamine external cream</i>	1	QL (90 per 30 days)	<i>clotrimazole external cream</i>	1	
<i>ciclopirox olamine external suspension</i>	1		<i>clotrimazole external solution</i>	1	
CLARAVIS	1		<i>clotrimazole mouth/throat troche</i>	1	QL (150 per 30 days)
CLINDACIN	1	QL (100 per 30 days)	<i>clotrimazole-betamethasone</i>	1	QL (120 per 30 days)
<i>clindamycin phosphobenzoyl perox external gel 1-5 %, 1.2-5 %</i>	1		CROTAN	3	
<i>clindamycin phosphate external gel</i>	1		<i>dapsone external</i>	3	
<i>clindamycin phosphate external lotion</i>	1	QL (120 per 30 days)	DENTA 5000 PLUS	1	MO
<i>clindamycin phosphate external solution</i>	1	QL (120 per 30 days)	DENTAGEL	1	MO
<i>clindamycin phosphate external swab</i>	1		<i>desonide external cream</i>	1	
<i>clindamycin-tretinoin</i>	1	PA	<i>desonide external lotion</i>	1	
<i>clobetasol propionate e</i>	1	QL (120 per 30 days)	<i>desonide external ointment</i>	1	
<i>clobetasol propionate emulsion</i>	1	QL (100 per 30 days)	<i>desoximetasone external cream</i>	1	QL (100 per 30 days)
			<i>desoximetasone external gel</i>	1	
			<i>desoximetasone external liquid</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>desoximetasone external ointment</i>	1		<i>fluocinonide external cream 0.05 %</i>	1	QL (240 per 30 days)
<i>diclofenac sodium external gel 3 %</i>	1	PA; QL (100 per 30 days)	<i>fluocinonide external cream 0.1 %</i>	1	QL (120 per 30 days)
<i>diflorasone diacetate external</i>	1	QL (60 per 30 days)	<i>fluocinonide external gel</i>	1	QL (240 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	3	PA; QL (4.56 per 28 days); S	<i>fluocinonide external ointment</i>	1	QL (240 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	3	PA; QL (8 per 28 days); S	<i>fluocinonide external solution</i>	1	QL (240 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	3	PA; QL (1.34 per 28 days); S	<i>fluorouracil external cream 5 %</i>	1	QL (40 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	3	PA; QL (4.56 per 28 days); S	<i>fluorouracil external solution</i>	1	QL (10 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA; QL (8 per 28 days); S	<i>flurandrenolide external cream</i>	3	S
<i>econazole nitrate external</i>	1	QL (90 per 30 days)	<i>flurandrenolide external lotion</i>	3	
<i>ery</i>	1		<i>fluticasone propionate external</i>	1	
<i>erythromycin external gel</i>	1		<i>gentamicin sulfate external</i>	1	QL (30 per 30 days)
<i>erythromycin external solution</i>	1		<i>halobetasol propionate external cream</i>	1	
<i>fluocinolone acetonide body</i>	1	QL (120 per 30 days)	<i>halobetasol propionate external ointment</i>	1	
<i>fluocinolone acetonide external</i>	1	QL (120 per 30 days)	HALOG EXTERNAL OINTMENT	3	
<i>fluocinolone acetonide scalp</i>	1	QL (120 per 30 days)	<i>hydrocortisone (perianal) external cream 1 %</i>	1	
<i>fluocinonide emulsified base</i>	1	QL (240 per 30 days)	<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
			<i>hydrocortisone butyr lipo base</i>	3	S
			<i>hydrocortisone butyrate external cream</i>	1	
			<i>hydrocortisone butyrate external lotion</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
imiquimod external cream 5 %	1	QL (24 per 28 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	1	
isotretinoin oral capsule 25 mg	3	S
JUST RIGHT 5000 DENTAL PASTE	1	MO
ketoconazole external cream	1	QL (120 per 30 days)
ketoconazole external foam	3	QL (100 per 30 days)
ketoconazole external shampoo 2 %	1	QL (120 per 30 days)
KETODAN EXTERNAL FOAM	3	QL (100 per 30 days)
KLAYESTA	1	
KOURZEQ	1	
luliconazole	3	
mafenide acetate external	1	
malathion external	1	
methoxsalen rapid	3	S
metronidazole external	1	
mometasone furoate external	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
mupirocin calcium	1	QL (30 per 30 days)
mupirocin external	1	QL (120 per 30 days)
MYORISAN	1	
naftifine hcl external cream	1	
nitroglycerin rectal	3	QL (30 per 30 days)
NYAMYC	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin-triamcinolone	1	QL (120 per 30 days)
NYSTOP	1	
ORALONE	1	
oxiconazole nitrate	3	QL (60 per 30 days)
OXISTAT EXTERNAL LOTION	3	
PANDEL	3	
PANRETIN	3	S
penciclovir	3	QL (5 per 30 days)
PERIOGARD	1	
permethrin external cream	1	
pilocarpine hcl oral	1	MO
pimecrolimus	1	PA; QL (100 per 30 days)
podofilox external solution	1	
PREVIDENT	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 KIDS	3	MO
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 PLUS	3	MO
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
PROCTO-MED HC EXTERNAL	1	
PROCTOSOL HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
RECTIV	3	QL (30 per 30 days)
SANTYL	3	QL (30 per 30 days)
<i>selenium sulfide external lotion</i>	1	
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>silver sulfadiazine external</i>	1	
<i>sodium fluoride 5000 plus</i>	1	MO
<i>sodium fluoride 5000 ppm dental cream</i>	1	MO
<i>sodium fluoride 5000 ppm dental gel</i>	1	MO
<i>sodium fluoride dental cream</i>	1	MO
<i>sodium fluoride dental gel 1.1 %</i>	1	MO
<i>sodium fluoride mouth/throat</i>	1	MO
<i>spinosad</i>	3	
SSD (SILVER SULFADIAZINE)	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON EXTERNAL CREAM	3	
<i>tacrolimus external ointment</i>	1	PA; QL (100 per 30 days)
<i>tazarotene external cream 0.1 %</i>	1	PA
<i>tazarotene external gel</i>	3	PA
<i>tretinoin external cream</i>	1	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.05 %</i>	3	PA; QL (45 per 30 days)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	3	PA; QL (50 per 30 days)
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	3	PA; QL (50 per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	1	
<i>triamcinolone acetonide external cream</i>	1	QL (454 per 30 days)
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide mouth/throat</i>	1	
TRIDERM EXTERNAL CREAM	1	QL (454 per 30 days)
VALCHLOR	3	PA; LA; S
ZENATANE	1	
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
<i>carglumic acid oral tablet soluble</i>	3	PA; LA; S
CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
CLINIMIX E/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX E/DEXTROSE (5/15)	2	B/D PA
CLINIMIX E/DEXTROSE (5/20)	2	B/D PA
<i>clinimix e/dextrose (8/10)</i>	2	B/D PA
<i>clinimix e/dextrose (8/14)</i>	2	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX/DEXTROSE (5/15)	2	B/D PA
CLINIMIX/DEXTROSE (5/20)	2	B/D PA
<i>clinimix/dextrose (6/5)</i>	2	B/D PA
<i>clinimix/dextrose (8/10)</i>	2	B/D PA
<i>clinimix/dextrose (8/14)</i>	2	B/D PA
CLINISOL SF	3	B/D PA
CLINOLIPID	1	B/D PA
<i>dextrose 5%/electrolyte #48</i>	2	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose intravenous solution 10 %, 5 %, 50 %, 70 %</i>	1	
<i>dextrose intravenous solution 250 mg/ml</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	1	MO
INTRALIPID INTRAVENOUS EMULSION 20 %	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PA
ISOLYTE-P IN D5W	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	1	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	
<i>kcl-lactated ringers-d5w</i>	2	
KLOR-CON 10	1	MO
KLOR-CON M10	1	MO
KLOR-CON M15	1	MO
KLOR-CON M20	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO
KLOR-CON/EF <i>lactated ringers intravenous</i>	1	MO
<i>levocarnitine oral solution</i>	1	B/D PA; MO
<i>levocarnitine oral tablet</i>	2	B/D PA; MO
<i>levocarnitine sf</i>	1	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	2	
<i>multiple electro type 1 ph 5.5</i>	2	
<i>multiple electro type 1 ph 7.4</i>	2	
NUTRILIPID	3	B/D PA
PLENAMINE	3	B/D PA
<i>pnv-dha</i>	3	
<i>potassium chloride cryster</i>	1	MO
<i>potassium chloride er</i>	1	MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	3	
<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i>	1	
<i>potassium chloride oral packet</i>	3	MO
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
PREMASOL INTRAVENOUS SOLUTION 10 %	2	B/D PA
<i>prenatal oral tablet 27-1 mg</i>	3	
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	3	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	3	
PROSOL	2	B/D PA
<i>ringers</i>	1	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %</i>	1	
<i>sodium chloride (pf)</i>	1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	MO
<i>sodium fluoride oral tablet chewable</i>	1	MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TRAVASOL	2	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	B/D PA
<b>Endocrine And Metabolic Disorder Agents</b>		
<i>acarbose oral</i>	1	QL (90 per 30 days); MO
<i>alendronate sodium oral solution</i>	1	QL (300 per 28 days); MO
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days); MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days); MO	<i>deferiprone oral tablet 500 mg</i>	3	PA; LA; S
AURYXIA	3	PA; MO; S	<i>diazoxide oral</i>	3	MO
BYDUREON BCISE	2	PA; QL (4 per 28 days)	<i>doxercalciferol intravenous</i>	1	B/D PA
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (2.4 per 30 days)	<i>doxercalciferol oral</i>	3	B/D PA; MO
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (1.2 per 30 days)	FARXIGA	2	QL (30 per 30 days); MO
<i>calcitonin (salmon) injection</i>	3	B/D PA; S	FERRIPROX ORAL SOLUTION	3	PA; LA; S
<i>calcitonin (salmon) nasal</i>	1	QL (4 per 30 days); MO	FOSAMAX PLUS D	3	QL (4 per 28 days); MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	B/D PA	<i>glimepiride oral tablet 1 mg</i>	1	QL (240 per 30 days); MO
<i>calcitriol oral</i>	1	B/D PA; MO	<i>glimepiride oral tablet 2 mg</i>	1	QL (120 per 30 days); MO
<i>calcium acetate (phos binder)</i>	1	MO	<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days); MO
<i>calcium acetate oral tablet 667 mg</i>	1	MO	<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO
CHEMET	3		<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>cinacalcet hcl oral tablet 30 mg</i>	1	B/D PA; QL (60 per 30 days)	<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO
<i>cinacalcet hcl oral tablet 60 mg</i>	3	B/D PA; QL (60 per 30 days)	<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>cinacalcet hcl oral tablet 90 mg</i>	3	B/D PA; QL (120 per 30 days); S	<i>glipizide oral tablet 2.5 mg</i>	1	MO
CYCLOSET	3	ST; QL (180 per 30 days); MO	<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days); MO
<i>deferasirox oral tablet 90 mg</i>	2	PA	<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO
<i>deferasirox oral tablet soluble 125 mg</i>	3	PA	<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	3	PA; S			
<i>deferiprone oral tablet 1000 mg</i>	3	PA; S			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO	HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days); MO	HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO	HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
GLUCAGEN HYPOKIT	2		HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	MO
<i>glucagon emergency injection kit</i>	2		HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 per 30 days); MO	HUMULIN 70/30	2	MO
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 per 30 days); MO	HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 per 30 days); MO	HUMULIN N	2	MO
<i>glyburide oral tablet 1.25 mg</i>	1	QL (480 per 30 days); MO	HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
<i>glyburide oral tablet 2.5 mg</i>	1	QL (240 per 30 days); MO	HUMULIN R	2	MO
<i>glyburide oral tablet 5 mg</i>	1	QL (120 per 30 days); MO	HUMULIN R U-500 (CONCENTRATED)	3	PA; MO; S
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (240 per 30 days); MO	HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; MO; S
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO	<i>ibandronate sodium intravenous</i>	1	B/D PA
GLYXAMBI	2	QL (30 per 30 days); MO	<i>ibandronate sodium oral</i>	1	QL (1 per 28 days); MO
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3		<i>insulin lispro (1 unit dial)</i>	2	MO
HUMALOG INJECTION	2	MO	<i>insulin lispro injection</i>	2	MO
HUMALOG JUNIOR KWIKPEN	2	MO	<i>insulin lispro junior kwikpen</i>	2	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO	<i>insulin lispro prot &amp; lispro</i>	2	MO

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	1	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	2	B/D PA
<i>paricalcitol oral</i>	1	B/D PA; MO
<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days); MO
<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days); MO
<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days); MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 per 30 days); MO
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 per 30 days); MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (1 per 180 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 per 30 days); MO
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days); MO
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 per 28 days); MO
<i>risedronate sodium oral tablet 30 mg</i>	1	QL (30 per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 per 28 days); MO
<i>risedronate sodium oral tablet 5 mg</i>	1	QL (30 per 30 days); MO
<i>risedronate sodium oral tablet delayed release</i>	1	QL (4 per 28 days); MO
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 per 365 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>sevelamer carbonate oral packet 0.8 gm</i>	3	QL (540 per 30 days); MO
<i>sevelamer carbonate oral packet 2.4 gm</i>	3	QL (180 per 30 days); MO
<i>sevelamer carbonate oral tablet</i>	1	QL (540 per 30 days); MO
<i>sevelamer hcl oral tablet 400 mg</i>	1	ST; MO
<i>sevelamer hcl oral tablet 800 mg</i>	3	ST; MO
<i>sodium polystyrene sulfonate oral powder</i>	1	
SOLQUA	2	QL (15 per 25 days); MO
SPS	1	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (11 per 30 days); MO; S
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (6 per 30 days); MO; S
SYNJARDY	2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	2	QL (30 per 30 days); MO
<i>teriparatide</i>	3	PA; QL (3 per 28 days); S
<i>teriparatide (recombinant)</i>	3	PA; QL (3 per 28 days); S
<i>tolvaptan oral tablet 15 mg</i>	3	PA; QL (30 per 30 days); S
<i>tolvaptan oral tablet 30 mg</i>	3	PA; QL (60 per 30 days); S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
TOUJEO MAX SOLOSTAR	2	QL (12 per 30 days); MO	HOUR 10-1000 MG, 10-500 MG, 5-500 MG		
TOUJEO SOLOSTAR	2	QL (13.5 per 30 days); MO	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
TRADJENTA	2	QL (30 per 30 days); MO	<i>zoledronic acid intravenous concentrate</i>	1	PA
TRESIBA	2	QL (30 per 30 days); MO	<i>zoledronic acid intravenous solution</i>	1	PA
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	QL (30 per 30 days); MO	<b>Gastrointestinal Agents</b>		
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	2	QL (18 per 30 days); MO	<i>alosetron hcl oral tablet 0.5 mg</i>	3	PA; QL (60 per 30 days); MO
<i>trientine hcl</i>	3	PA; S	<i>alosetron hcl oral tablet 1 mg</i>	3	PA; QL (60 per 30 days); MO; S
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	2	QL (30 per 30 days); MO	<i>aprepitant oral</i>	1	B/D PA; QL (15 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	2	QL (60 per 30 days); MO	<i>aprepitant oral capsule 125 mg</i>	3	B/D PA; QL (5 per 30 days); S
TRULICITY	2	PA; QL (2 per 28 days)	<i>aprepitant oral capsule 40 mg</i>	1	B/D PA; QL (1 per 28 days)
TYMLOS	3	PA; QL (1.56 per 28 days); S	<i>aprepitant oral capsule 80 &amp; 125 mg</i>	1	B/D PA; QL (15 per 30 days)
VELPHORO	3	QL (180 per 30 days); MO; S	<i>aprepitant oral capsule 80 mg</i>	1	B/D PA; QL (10 per 30 days)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3	QL (30 per 30 days); MO; S	<i>balsalazide disodium</i>	1	
VELTASSA ORAL PACKET 8.4 GM	3	QL (90 per 30 days); MO; S	<i>budesonide er oral tablet extended release 24 hour</i>	3	PA
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (9 per 30 days)	<i>budesonide oral</i>	1	
XGEVA	3	PA; QL (5.1 per 28 days); S	<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24	2	QL (30 per 30 days); MO	<i>cimetidine oral tablet 200 mg</i>	1	
			<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	MO
			CLENPIQ	3	
			COMPRO	1	
			<i>constulose</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
GAVILYTE-N WITH FLAVOR PACK	1	
<i>generlac</i>	1	MO
<i>glycopyrrolate injection solution</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	1	
<i>granisetron hcl oral</i>	1	B/D PA; QL (30 per 30 days)
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	MO
<i>hyoscyamine sulfate oral tablet dispersible</i>	1	MO
<i>hyoscyamine sulfate sublingual</i>	1	MO
<i>lactulose encephalopathy</i>	1	MO
<i>lactulose oral solution</i>	1	MO
<i>lansoprazole oral capsule delayed release 15 mg</i>	1	MO
<i>lansoprazole oral capsule delayed release 30 mg</i>	1	QL (30 per 30 days); MO
LINZESS	2	QL (30 per 30 days); MO
<i>loperamide hcl oral capsule</i>	1	
<i>lubiprostone</i>	1	QL (60 per 30 days); MO
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mesalamine er oral capsule extended release</i>	3	MO
<i>mesalamine er oral capsule extended release 24 hour</i>	1	MO
<i>mesalamine oral capsule delayed release</i>	1	MO
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	1	
<i>mesalamine rectal</i>	1	
<i>mesalamine-cleanser</i>	1	
<i>methscopolamine bromide oral</i>	1	
<i>metoclopramide hcl injection</i>	1	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>misoprostol oral</i>	1	MO
MOVANTIK	2	QL (30 per 30 days)
<i>na sulfate-k sulfate-mg sulf</i>	2	
<i>nizatidine oral capsule</i>	1	MO
<i>omeprazole oral capsule delayed release</i>	1	MO
<i>ondansetron hcl injection</i>	1	
<i>ondansetron hcl oral solution</i>	1	B/D PA; QL (450 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; QL (90 per 30 days)
<i>ondansetron oral tablet dispersible 16 mg</i>	1	B/D PA; QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	B/D PA; QL (90 per 30 days)
<i>opium</i>	1	
<i>pantoprazole sodium intravenous</i>	1	
<i>pantoprazole sodium oral tablet delayed release</i>	1	MO
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbic acid</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
PLENVU	3	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	1	
<i>prochlorperazine maleate oral</i>	1	MO
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl oral solution</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	PA
PROMETHEGAN	1	PA
<i>rabeprazole sodium oral tablet delayed release</i>	1	QL (30 per 30 days); MO
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	3	PA; QL (18 per 30 days); S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	3	PA; QL (12 per 30 days); S
SANCUSO	3	PA; QL (4 per 28 days); S
<i>scopolamine</i>	1	QL (10 per 28 days)
<i>sucralfate oral</i>	1	MO
<i>sulfasalazine oral</i>	1	MO
SUPREP BOWEL PREP KIT	2	
<i>trimethobenzamide hcl oral</i>	1	
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VOWST	3	PA; QL (12 per 30 days); S
XERMELO	3	PA; QL (90 per 30 days); LA; S

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

<i>betaine</i>	3	LA; S
CREON	2	MO
<i>cromolyn sodium oral</i>	1	MO
CYSTAGON	2	PA; LA
FABRAZYME	3	PA; LA; S
JAVYGTOR	3	PA; S
LUMIZYME	3	PA; LA; S
<i>miglustat</i>	3	PA; LA; S
NAGLAZYME	3	PA; LA; S
<i>nitisinone</i>	3	PA; S
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA; LA; S
RAVICTI	3	PA; QL (525 per 30 days); LA; S
<i>sapropterin dihydrochloride oral packet</i>	3	PA; S

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

**Genitourinary Agents**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>flavoxate hcl</i>	1	MO
GEMTESA	3	QL (30 per 30 days); MO
<i>metronidazole vaginal</i>	1	
<i>miconazole 3 vaginal suppository</i>	1	
<i>mirabegron er</i>	3	QL (30 per 30 days); MO
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 per 30 days); MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1	QL (60 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1	QL (30 per 30 days); MO
<i>oxybutynin chloride oral solution</i>	1	QL (600 per 30 days); MO
<i>oxybutynin chloride oral tablet 2.5 mg</i>	1	QL (90 per 30 days); MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	QL (120 per 30 days); MO
OXYTROL	3	ST; QL (8 per 28 days); MO
<i>penicillamine oral tablet</i>	3	S
<i>potassium citrate er</i>	1	
<i>silodosin</i>	1	MO
<i>solifenacin succinate</i>	1	QL (30 per 30 days); MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 per 30 days); MO
<i>tamsulosin hcl</i>	1	MO
<i>terconazole</i>	1	
<i>tiopronin oral tablet</i>	3	PA; S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>tolterodine tartrate</i>	1	QL (60 per 30 days); MO
<i>tolterodine tartrate er</i>	1	QL (30 per 30 days); MO
<i>trospium chloride</i>	1	QL (60 per 30 days); MO
<i>trospium chloride er</i>	1	QL (30 per 30 days); MO
VANDAZOLE	1	
<b>Hormonal Agents</b>		
ACTHAR	3	PA; LA; S
ACTHAR GEL	3	PA; S
AFIRMELLE	1	MO
ALTAVERA	1	MO
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	MO
AMETHIA	1	MO
AMETHYST	1	MO
APRI	1	MO
ARANELLE	1	MO
ARMOUR THYROID	2	PA; MO
ASHLYNA	1	MO
AUBRA EQ	1	MO
AUROVELA 1.5/30	1	MO
AUROVELA 1/20	1	MO
AUROVELA 24 FE	1	MO
AUROVELA FE 1.5/30	1	MO
AUROVELA FE 1/20	1	MO
AVIANE	1	MO
AYUNA	1	MO
AZURETTE	1	MO
BALZIVA	1	MO
BIJUVA	2	PA; MO
BLISOVI 24 FE	1	MO
BLISOVI FE 1.5/30	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
BLISOVI FE 1/20	1	MO
<i>briellyn</i>	1	MO
<i>cabergoline</i>	1	
CAMILA	1	MO
CAMRESE	1	MO
CAMRESE LO	1	MO
CHARLOTTE 24 FE	1	MO
CHATEAL EQ	1	MO
CLIMARA PRO	2	PA; QL (4 per 28 days); MO
COMBIPATCH	2	PA; QL (8 per 28 days); MO
CRINONE	3	PA
CRYSELLE-28	1	MO
CYRED EQ	1	MO
<i>danazol oral</i>	1	
DASETTA 1/35	1	MO
DASETTA 7/7/7	1	MO
DAYSEE	1	MO
DEBLITANE	1	MO
DELYLA	1	MO
DEPO-ESTRADIOL	2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	1	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	1	MO
<i>desmopressin ace spray refrig</i>	1	MO
<i>desmopressin acetate injection</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>desmopressin acetate oral</i>	1	MO
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	MO
<i>desogestrel-ethinyl estradiol</i>	1	MO
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet therapy pack</i>	1	
<i>dexamethasone sod phos +rfid</i>	1	
<i>dexamethasone sod phosphate pf injection solution</i>	1	
<i>dexamethasone sodium phosphate injection</i>	1	
DOLISHALE	1	MO
DOTTI	1	PA; QL (8 per 28 days); MO
<i>drospiren-eth estrad-levomefol</i>	1	MO
<i>drospirenone-ethinyl estradiol</i>	1	MO
DUAVEE	3	PA; QL (30 per 30 days); MO
EGRIFTA SV	3	PA; LA; S
ELINEST	1	MO
ELURYNG	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
EMZAHH	1	MO
ENILLORING	1	MO
ENPRESSE-28	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ERRIN	1	MO
ESTARYLLA	1	MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/ 0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	2	PA; MO
<i>estradiol transdermal patch twice weekly</i>	1	PA; QL (8 per 28 days); MO
<i>estradiol transdermal patch weekly</i>	1	PA; QL (4 per 28 days); MO
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 20 mg/ ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING	3	QL (1 per 90 days); MO
<i>ethynodiol diac-eth estradiol</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	MO
EUTHYROX	1	MO
EVAMIST	2	PA; MO
FALMINA	1	MO
FEMRING	3	QL (1 per 90 days); MO
FEMYNOR	1	MO
FINZALA	1	MO
<i>fludrocortisone acetate oral</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
FYAVOLV	1	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	3	PA; S
GENOTROPIN SUBCUTANEOUS CARTRIDGE	3	PA; S
HAILEY 1.5/30	1	MO
HAILEY 24 FE	1	MO
HAILEY FE 1.5/30	1	MO
HAILEY FE 1/20	1	MO
HALOETTE	1	MO
HEATHER	1	MO
HIDEX 6-DAY	1	
HUMATROPE INJECTION CARTRIDGE	3	PA; S
ICLEVIA	1	MO
IMVEXXY MAINTENANCE PACK	2	QL (18 per 28 days); MO
IMVEXXY STARTER PACK	2	QL (18 per 28 days); MO
INCASSIA	1	MO
INCRELEX	3	PA; LA; S
INTROVALE	1	MO
ISIBLOOM	1	MO
JAIMIESS	1	MO
JASMIEL	1	MO
JENCYCLA	1	MO
JINTELI	1	PA; MO
JOLESSA	1	MO
JULEBER	1	MO
JUNEL 1.5/30	1	MO
JUNEL 1/20	1	MO
JUNEL FE 1.5/30	1	MO
JUNEL FE 1/20	1	MO
JUNEL FE 24	1	MO

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
KAITLIB FE	1	MO
KALLIGA	1	MO
KARIVA	1	MO
KELNOR 1/35	1	MO
KELNOR 1/50	1	MO
KURVELO	1	MO
KYLEENA	2	
<i>lanreotide acetate</i>	3	PA; S
LARIN 1.5/30	1	MO
LARIN 1/20	1	MO
LARIN 24 FE	1	MO
LARIN FE 1.5/30	1	MO
LARIN FE 1/20	1	MO
LAYOLIS FE	1	MO
LEENA	1	MO
LESSINA	1	MO
LEVO-T	1	MO
LEVONEST	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50- 30/75-40/ 125-30 mcg</i>	1	MO
<i>levonorgest-eth est &amp; eth est</i>	1	MO
<i>levonorgest-eth estrad 91-day</i>	1	MO
<i>levonorgestrel-ethinyl estrad</i>	1	MO
LEVORA 0.15/30 (28)	1	MO
<i>levothyroxine sodium oral tablet</i>	1	MO
LEVOXYL	1	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
<i>liothyronine sodium intravenous</i>	3	S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>liothyronine sodium oral</i>	1	MO
LO-ZUMANDIMINE	1	MO
LOESTRIN 1.5/30 (21)	1	MO
LOESTRIN FE 1.5/30	1	MO
LOESTRIN FE 1/20	1	MO
LOJAIMIESS	1	MO
LORYNA	1	MO
LOW-OGESTREL	1	MO
LUPRON DEPOT-PED (1- MONTH) INTRAMUSCULAR KIT 7.5 MG	3	PA; QL (1 per 28 days); S
LUTERA	1	MO
LYLEQ	1	MO
LYZA	1	MO
<i>marlissa</i>	1	MO
MEDROL ORAL TABLET 2 MG	2	
<i>medroxyprogesterone acetate intramuscular</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	MO
MENEST	3	PA; MO
<i>methimazole oral</i>	1	MO
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	1	
MIBELAS 24 FE	1	MO
MICROGESTIN 1.5/30	1	MO
MICROGESTIN 1/20	1	MO
MICROGESTIN 24 FE	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MICROGESTIN FE 1.5/30	1	MO
MICROGESTIN FE 1/20	1	MO
<i>mifepristone oral tablet 300 mg</i>	3	PA; LA; S
MILI	1	MO
MILLIPRED ORAL TABLET	3	
MIMVEY	1	PA; MO
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	2	
MONO-LINYAH	1	MO
NECON 0.5/35 (28)	1	MO
NEXPLANON	2	
NIKKI	1	MO
NORA-BE	1	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; S
<i>norelgestromin-eth estradiol</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	MO
<i>norethin-eth estradiol-fe</i>	1	MO
<i>norethindron-ethinyl estrad-fe</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	1	MO
<i>norethindrone acetate oral</i>	1	MO
<i>norethindrone oral</i>	1	MO
<i>norethindrone-eth estradiol</i>	1	PA; MO
<i>norgestim-eth estrad triphasic</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
NORLYDA	1	MO
NORLYROC	1	MO
NORTREL 0.5/35 (28)	1	MO
NORTREL 1/35 (21)	1	MO
NORTREL 1/35 (28)	1	MO
NORTREL 7/7/7	1	MO
NP THYROID	1	PA; MO
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; LA; S
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; LA; S
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; LA; S
NYLIA 1/35	1	MO
NYLIA 7/7/7	1	MO
OCELLA	1	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA
<i>octreotide acetate injection solution 1000 mcg/ml</i>	3	PA
<i>octreotide acetate injection solution 500 mcg/ml</i>	3	PA; S
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	3	PA; S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; LA; S
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LA; S
ORSYTHIA	1	MO
OSPHENA	2	MO
<i>oxandrolone oral tablet 10 mg</i>	1	PA; QL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; QL (240 per 30 days)
PHILITH	1	MO
PIMTREA	1	MO
PORTIA-28	1	MO
<i>prednicarbate external ointment</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	
PREDNISON INTENSOL	2	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet 1 mg</i>	1	
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
PREMARIN ORAL	2	PA; MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	PA; MO
PREMPRO	2	PA; MO
<i>progesterone oral</i>	1	MO
<i>propylthiouracil oral</i>	1	MO
<i>raloxifene hcl</i>	1	QL (30 per 30 days); MO
RECLIPSEN	1	MO
RIVELSA	1	MO
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	3	PA; LA; S
SANDOSTATIN LAR DEPOT	3	PA; S
SETLAKIN	1	MO
SHAROBEL	1	MO
SIGNIFOR	3	PA; LA; S
SIMLIYA	1	MO
SIMPESSE	1	MO
SKYLA	2	
SOMATULINE DEPOT	3	PA; S
SOMAVERT	3	PA; LA; S
SPRINTEC 28	1	MO
SRONYX	1	MO
SYEDA	1	MO
SYNAREL	3	PA; S
SYNTHROID	2	MO
TAPERDEX 6-DAY	1	
TARINA 24 FE	1	MO
TARINA FE 1/20 EQ	1	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular solution</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
200 mg/ml, 200 mg/ml (1 ml)		
testosterone enanthate intramuscular solution	1	PA; MO
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	1	PA; QL (150 per 30 days); MO
testosterone transdermal gel 10 mg/act (2%)	1	PA; QL (120 per 30 days); MO
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	1	PA; QL (300 per 30 days); MO
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	1	PA; QL (112.5 per 30 days); MO
testosterone transdermal solution	1	PA; QL (180 per 30 days); MO
TILIA FE	1	MO
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	2	MO
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	2	MO
TRI FEMYNOR	1	MO
TRI-ESTARYLLA	1	MO
TRI-LEGEST FE	1	MO
TRI-LINYAH	1	MO
TRI-LO-ESTARYLLA	1	MO
TRI-LO-MARZIA	1	MO
TRI-LO-MILI	1	MO
TRI-LO-SPRINTEC	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
TRI-MILI	1	MO
TRI-NYMYO	1	MO
TRI-SPRINTEC	1	MO
TRI-VYLIBRA	1	MO
TRI-VYLIBRA LO	1	MO
triamcinolone acetonide injection suspension 40 mg/ml	1	
TRIVORA (28)	1	MO
TURQOZ	1	MO
TYBLUME ORAL TABLET CHEWABLE	1	MO
TYDEMY	1	MO
UNITHROID	1	MO
VELIVET	1	MO
VIENVA	1	MO
viorele	1	MO
VOLNEA	1	MO
VYFEMLA	1	MO
VYLIBRA	1	MO
WERA	1	MO
WYMZYA FE	1	MO
XULANE	1	MO
yuvafem	1	MO
ZAFEMY	1	MO
ZOVIA 1/35 (28)	1	MO
ZUMANDIMINE	1	MO
<b>Immunological Agents</b>		
ABRYSVO	2	
ACTHIB	2	
ACTIMMUNE	3	PA; LA; S
ADACEL	2	
ARCALYST	3	PA; S
AREXVY	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
azathioprine oral tablet 50 mg	1	B/D PA	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	3	PA; QL (4.08 per 28 days); S
bcg vaccine injection solution reconstituted	2		ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	3	PA; QL (8 per 28 days); S
BENLYSTA	3	PA; S	ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; QL (8 per 28 days); S
BEXSERO	2		ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	B/D PA
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF- MCG/0.5	2		ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D PA
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2		ENVARUSUS XR	3	B/D PA
COSENTYX (300 MG DOSE)	3	PA; QL (8 per 28 days); LA; S	everolimus oral tablet 0.25 mg	1	B/D PA
COSENTYX SENSOREADY (300 MG)	3	PA; QL (8 per 28 days); LA; S	everolimus oral tablet 0.5 mg, 1 mg	3	B/D PA; S
COSENTYX SENSOREADY PEN	3	PA; QL (8 per 28 days); LA; S	everolimus oral tablet 0.75 mg	3	B/D PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA; QL (8 per 28 days); LA; S	GAMUNEX-C	3	PA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA; QL (2 per 28 days); S	GARDASIL 9	2	
cyclosporine modified	1	B/D PA	GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D PA
cyclosporine oral capsule	1	B/D PA	GENGRAF ORAL SOLUTION	1	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2		HAVRIX	2	
diphtheria-tetanus toxoids dt	2		HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D PA
ENBREL MINI	3	PA; QL (8 per 28 days); S	HIBERIX INJECTION	2	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	PA; QL (4 per 28 days); S	HUMIRA (2 PEN) SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/ 0.4ML, 40 MG/0.8ML	3	PA; QL (4 per 28 days); S
			HUMIRA (2 PEN) SUBCUTANEOUS PEN-	3	PA; QL (2 per 28 days); S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
INJECTOR KIT 80 MG/ 0.8ML		
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/ 0.2ML	3	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/ 0.8ML	3	PA; QL (4 per 28 days); S
HUMIRA PEN-PEDIATRIC UC START	3	PA; QL (8 per 365 days); S
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/ 0.8ML	3	PA; QL (6 per 365 days); S
HUMIRA-PSORIASIS/UEVIT STARTER	3	PA; QL (6 per 365 days); S
HYPERRAB	3	S
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
INFANRIX	2	
<i>infliximab</i>	3	PA; S
IPOL	2	
IXCHIQ	2	
IXIARO	2	
JYLAMVO	3	ST
JYNNEOS	2	B/D PA
<i>kedrab injection</i>	2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>leflunomide oral</i>	1	QL (30 per 30 days); MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
M-M-R II INJECTION	2	
MENACTRA INTRAMUSCULAR SOLUTION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted</i>	1	
<i>methotrexate sodium oral</i>	1	
MRESVIA	2	
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA
<i>mycophenolate mofetil oral suspension reconstituted</i>	3	B/D PA
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA
<i>mycophenolate sodium</i>	1	B/D PA
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	B/D PA
MYHIBBIN	3	B/D PA; S
NULOJIX	3	PA; S
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/ 100ML	3	PA; S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
OTEZLA ORAL TABLET	3	PA; QL (60 per 30 days); S	ROTATEQ ORAL SOLUTION	2	
OTEZLA ORAL TABLET THERAPY PACK	3	PA; S	SANDIMMUNE ORAL SOLUTION	3	B/D PA
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2		SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2		<i>sirolimus oral solution</i>	3	B/D PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	S	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	B/D PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	S	<i>sirolimus oral tablet 2 mg</i>	3	B/D PA
PENBRAYA	2		SKYRIZI INTRAVENOUS	3	PA; QL (10 per 28 days); S
PENTACEL	2		SKYRIZI PEN	3	PA; QL (6 per 365 days); S
PREHEVBRIO	2	B/D PA	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	3	PA; QL (1.2 per 56 days); S
PRIORIX	2		SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	3	PA; QL (2.4 per 56 days); S
PROGRAF INTRAVENOUS	3	B/D PA; S	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (6 per 365 days); S
PROGRAF ORAL PACKET	3	B/D PA	STELARA INTRAVENOUS	3	PA; LA; S
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2		STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (1 per 28 days); LA; S
QUADRACEL	2		STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (1 per 28 days); S
RABAVERT	2		<i>tacrolimus oral</i>	1	B/D PA
RECOMBIVAX HB	2	B/D PA	TDVAX	2	
REMICADE	3	PA; S	TENIVAC	2	
REZUROCK	3	PA; LA; S	TICOVAC	2	
RIDAURA	3	MO; S	TREXALL	3	ST
RINVOQ	3	PA; QL (30 per 30 days); S			
RINVOQ LQ	3	PA; QL (360 per 30 days); S			
ROTARIX	2				

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
TRUMENBA	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXCHORA	2	
XATMEP	3	ST
YF-VAX	2	
<b>Infectious Disease Agents</b>		
<i>abacavir sulfate oral solution</i>	1	QL (960 per 30 days)
<i>abacavir sulfate oral tablet</i>	1	QL (60 per 30 days)
<i>abacavir sulfate- lamivudine</i>	1	QL (30 per 30 days)
ABELCET	3	B/D PA
<i>acyclovir oral</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA
<i>adefovir dipivoxil</i>	1	PA
<i>albendazole oral</i>	3	
<i>amikacin sulfate injection solution 1 gm/ 4ml, 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	

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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
azithromycin oral tablet 250 mg, 250 mg (6 pack)	1	
azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	1	
aztreonam	1	
BARACLUDE ORAL SOLUTION	3	PA; S
BICILLIN C-R	2	
BICILLIN C-R 900/300	2	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BIKTARVY ORAL TABLET 30-120-15 MG	3	QL (30 per 30 days); MO; S
BIKTARVY ORAL TABLET 50-200-25 MG	3	QL (30 per 30 days); S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/ 2ML	3	QL (4 per 28 days); S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/ 3ML	3	QL (6 per 28 days); S
cefaclor er	2	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted 250 mg/ 5ml	1	
cefadroxil	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	1	
cefazolin sodium injection solution reconstituted 100 gm, 300 gm	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
cefazolin sodium intravenous solution reconstituted 1 gm	1	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	2	
cefazolin sodium- dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	2	
cefazolin sodium- dextrose intravenous solution reconstituted 1- 4 gm-%(50ml), 2-3 gm- %(50ml)	2	
cefdinir	1	
cefepime hcl injection solution reconstituted 1 gm	1	
cefepime hcl intravenous solution	2	
cefepime hcl intravenous solution reconstituted 100 gm	2	
cefepime hcl intravenous solution reconstituted 2 gm	1	
cefixime	1	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1	
cefoxitin sodium intravenous	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1	
ceftazidime intravenous	1	
ceftriaxone sodium in dextrose	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>dicloxacillin sodium</i>	1	
DIFICID	3	PA; S
DOVATO	3	QL (30 per 30 days); S
DOXY 100	1	
<i>doxycycline</i>	3	
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
E.E.S. 400 ORAL TABLET	1	
EDURANT	3	QL (30 per 30 days); S
<i>efavirenz oral capsule 200 mg</i>	1	QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	QL (360 per 30 days)
<i>efavirenz oral tablet</i>	3	QL (30 per 30 days)
<i>efavirenz-emtricitabine-tenofovir</i>	3	QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	3	QL (30 per 30 days)
<i>emtricitabine</i>	1	QL (30 per 30 days)
<i>emtricitabine-tenofovir oral tablet 100-150 mg, 200-300 mg</i>	3	QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>emtricitabine-tenofovir oral tablet 133-200 mg, 167-250 mg</i>	3	QL (30 per 30 days); S
EMTRIVA ORAL SOLUTION	3	QL (850 per 30 days)
<i>entecavir</i>	1	PA
EPCLUSA ORAL PACKET 150-37.5 MG	3	PA; QL (30 per 30 days); S
EPCLUSA ORAL PACKET 200-50 MG	3	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 200-50 MG	3	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 400-100 MG	3	PA; QL (30 per 30 days); S
<i>ertapenem sodium</i>	3	
ERY-TAB	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1	
<i>erythromycin base oral</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	3	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin lactobionate</i>	3	
<i>erythromycin oral</i>	1	
<i>ethambutol hcl oral</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
etravirine oral tablet 100 mg	3	QL (120 per 30 days)	griseofulvin microsize oral	1	
etravirine oral tablet 200 mg	3	QL (60 per 30 days)	griseofulvin ultramicrosize	1	
EVOTAZ	3	QL (30 per 30 days); S	HARVONI	3	PA; QL (28 per 28 days); S
famciclovir oral tablet 125 mg, 250 mg	1	QL (60 per 30 days)	hydroxychloroquine sulfate oral tablet 200 mg	1	MO
famciclovir oral tablet 500 mg	1	QL (21 per 7 days)	imipenem-cilastatin	1	
FIRVANQ	3	QL (1200 per 30 days)	INTELENCE ORAL TABLET 25 MG	3	QL (480 per 30 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1		ISENTRESS HD	3	QL (60 per 30 days); S
fluconazole oral	1		ISENTRESS ORAL PACKET	3	QL (180 per 30 days); S
flucytosine oral	3	S	ISENTRESS ORAL TABLET	3	QL (120 per 30 days); S
fosamprenavir calcium	3	QL (120 per 30 days)	ISENTRESS ORAL TABLET CHEWABLE 100 MG	3	QL (180 per 30 days)
fosfomycin tromethamine	1		ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	QL (720 per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	QL (60 per 30 days); S	isoniazid injection	1	
ganciclovir sodium intravenous solution reconstituted	3	B/D PA; S	isoniazid oral syrup	1	MO
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	1		isoniazid oral tablet	1	MO
gentamicin in saline intravenous solution 2-0.9 mg/ml-%	2		itraconazole oral capsule	1	PA
gentamicin sulfate injection	1		ivermectin oral	1	PA
GENVOYA	3	QL (30 per 30 days); S	JULUCA	3	QL (30 per 30 days); S
			ketoconazole oral	1	
			LAGEVRIO	3	QL (40 per 90 days); S
			lamivudine oral solution	1	QL (960 per 30 days)
			lamivudine oral tablet 100 mg	1	
			lamivudine oral tablet 150 mg	1	QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamivudine oral tablet 300 mg</i>	1	QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	1	QL (60 per 30 days)
<i>ledipasvir-sofosbuvir</i>	3	PA; QL (28 per 28 days); S
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
LEXIVA ORAL SUSPENSION	3	QL (1800 per 30 days)
<i>lincomycin hcl injection</i>	1	
<i>linezolid in sodium chloride</i>	3	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	
<i>linezolid oral suspension reconstituted</i>	3	PA; QL (1800 per 30 days); S
<i>linezolid oral tablet</i>	3	PA; QL (56 per 28 days)
LIVTENCITY	3	PA; S
<i>lopinavir-ritonavir oral solution</i>	1	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	QL (120 per 30 days)
<i>maraviroc</i>	3	QL (120 per 30 days)
MAVYRET ORAL PACKET	3	PA; QL (180 per 30 days); S
MAVYRET ORAL TABLET	3	PA; QL (90 per 30 days); S
<i>mefloquine hcl</i>	1	MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	
<i>methenamine hippurate</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methenamine mandelate oral</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral</i>	1	
<i>micafungin sodium</i>	3	S
<i>minocycline hcl oral</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
<i>moxifloxacin hcl in nacl</i>	1	
<i>moxifloxacin hcl oral</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	3	S
<i>neomycin sulfate oral</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 per 30 days)
<i>nevirapine oral suspension</i>	1	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	1	QL (60 per 30 days)
<i>nitazoxanide oral</i>	3	QL (6 per 30 days)
<i>nitrofurantoin macrocrystal oral</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	3	S
NORVIR ORAL PACKET	3	QL (360 per 30 days)
NUZYRA ORAL	3	PA; S
<i>nystatin oral tablet</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ODEFSEY	3	QL (30 per 30 days); S	<i>piperacillin sod-tazobactam</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1		<i>polymyxin b sulfate injection</i>	1	
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (168 per 365 days)	<i>posaconazole oral</i>	3	PA; MO; S
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (84 per 365 days)	<i>praziquantel oral</i>	1	
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (1080 per 365 days)	PREVYMIS ORAL	3	PA; QL (30 per 30 days); S
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml</i>	2		PREZCOBIX	3	QL (30 per 30 days); S
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	3	S	PREZISTA ORAL SUSPENSION	3	QL (400 per 30 days); S
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1		PREZISTA ORAL TABLET 150 MG	3	QL (180 per 30 days)
<i>oxacillin sodium intravenous</i>	3		PREZISTA ORAL TABLET 75 MG	3	QL (300 per 30 days)
PAXLOVID (150/100)	1	QL (20 per 90 days)	PRIFTIN	2	
PAXLOVID (300/100)	1	QL (30 per 90 days)	<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>penicillin g pot in dextrose</i>	3		<i>pyrazinamide oral</i>	1	
<i>penicillin g potassium</i>	1		<i>pyrimethamine oral</i>	3	PA; S
<i>penicillin g sodium</i>	1		<i>quinine sulfate oral</i>	1	PA
<i>penicillin v potassium</i>	1		RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL (60 per 180 days)
<i>pentamidine isethionate inhalation</i>	1	B/D PA	RETROVIR INTRAVENOUS	2	
<i>pentamidine isethionate injection</i>	1		REYATAZ ORAL PACKET	3	QL (240 per 30 days)
PFIZERPEN	1		<i>ribavirin oral capsule</i>	1	
PIFELTRO	3	QL (30 per 30 days); S	<i>ribavirin oral tablet 200 mg</i>	1	
			<i>rifabutin</i>	1	
			<i>rifampin intravenous</i>	3	
			<i>rifampin oral</i>	1	
			<i>rimantadine hcl</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>ritonavir</i>	1	QL (360 per 30 days)
RUKOBIA	3	QL (60 per 30 days); MO; S
SELZENTRY ORAL SOLUTION	2	QL (1840 per 30 days)
SELZENTRY ORAL TABLET 25 MG	2	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	3	QL (60 per 30 days); S
SIRTURO	3	PA; LA; S
<i>sofosbuvir-velpatasvir</i>	3	PA; QL (30 per 30 days); S
<i>streptomycin sulfate intramuscular</i>	3	S
STRIBILD	3	QL (30 per 30 days); S
<i>sulfadiazine oral</i>	3	S
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/ 5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SUNLENCA ORAL	3	LA; S
SUNLENCA SUBCUTANEOUS	3	QL (3 per 168 days); MO; S
SYMTUZA	3	QL (30 per 30 days); S
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	1	
TEFLARO	3	S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>tenofovir disoproxil fumarate</i>	1	QL (30 per 30 days)
<i>terbinafine hcl oral</i>	1	
<i>tetracycline hcl oral capsule</i>	1	
<i>tigecycline</i>	3	S
<i>tinidazole oral</i>	1	
TIVICAY ORAL TABLET 10 MG	3	QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	3	QL (60 per 30 days); S
TIVICAY PD	3	QL (360 per 30 days); S
<i>tobramycin sulfate injection solution</i>	1	
<i>tobramycin sulfate injection solution reconstituted</i>	3	S
TRECTOR	3	
<i>trifluridine ophthalmic</i>	1	
<i>trimethoprim oral</i>	1	
TRIUMEQ	3	QL (30 per 30 days); S
TRIUMEQ PD	3	QL (180 per 30 days); S
TRIZIVIR	3	QL (60 per 30 days); S
TROGARZO	3	PA; QL (23.94 per 28 days); LA; S
TYBOST	2	QL (30 per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	1	QL (90 per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (60 per 30 days)
<i>valganciclovir hcl oral solution reconstituted</i>	3	S

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
valganciclovir hcl oral tablet	2		VIRACEPT ORAL TABLET 625 MG	3	QL (120 per 30 days); S
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	2		VIREAD ORAL POWDER	3	QL (240 per 30 days); S
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	2		VIREAD ORAL TABLET 150 MG, 250 MG	3	QL (30 per 30 days); S
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	2		VIREAD ORAL TABLET 200 MG	3	QL (30 per 30 days)
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg	1		voriconazole intravenous	3	PA
vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg	2		voriconazole oral suspension reconstituted	3	PA; QL (300 per 30 days); S
vancomycin hcl oral capsule 125 mg	1	PA; QL (240 per 30 days)	voriconazole oral tablet 200 mg	3	PA; QL (60 per 30 days); S
vancomycin hcl oral capsule 250 mg	3	PA; QL (240 per 30 days)	voriconazole oral tablet 50 mg	1	PA; QL (120 per 30 days)
vancomycin hcl oral solution reconstituted 25 mg/ml	3	PA; QL (1200 per 30 days)	VOSEVI	3	PA; QL (30 per 30 days); S
VEMLIDY	3	PA; QL (30 per 30 days); S	XIFAXAN ORAL TABLET 550 MG	3	PA; QL (84 per 28 days); MO; S
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	PA; S	XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
VIRACEPT ORAL TABLET 250 MG	3	QL (300 per 30 days); S	XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
			zidovudine oral capsule	1	QL (180 per 30 days)
			zidovudine oral syrup	1	QL (1920 per 30 days)
			zidovudine oral tablet	1	QL (60 per 30 days)
			ZIRGAN	3	
			ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	3	S
			<b>Miscellaneous Therapeutic Agents</b>		
			acetic acid irrigation	1	
			acetylcysteine intravenous	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>sterile water for irrigation</i>	2	
SYNAGIS	3	PA; S
TIS-U-SOL	1	
<b>Ophthalmic Agents</b>		
<i>acetazolamide er</i>	1	MO
<i>ak-poly-bac</i>	1	
ALOCRIL	3	
ALOMIDE	3	
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	MO
ALREX	3	
<i>apraclonidine hcl</i>	1	
<i>atropine sulfate ophthalmic ointment</i>	2	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	2	MO
<i>azelastine hcl ophthalmic</i>	1	
<i>bacitra-neomycin-polymyxin-hc</i>	1	
<i>bacitracin ophthalmic</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bepotastine besilate</i>	1	
<i>betaxolol hcl ophthalmic</i>	1	MO
BETOPTIC-S	3	MO
<i>bimatoprost ophthalmic</i>	1	MO
<i>brimonidine tartrate ophthalmic</i>	1	MO
<i>brimonidine tartrate-timolol</i>	2	MO
<i>brinzolamide</i>	2	MO
<i>bromfenac sodium (once-daily)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	3	
<i>carteolol hcl</i>	1	MO
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>cromolyn sodium ophthalmic</i>	1	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	MO
<i>cyclosporine ophthalmic</i>	2	QL (60 per 30 days); MO
CYSTARAN	3	LA; S
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	
<i>difluprednate</i>	2	
<i>dorzolamide hcl ophthalmic</i>	1	MO
<i>dorzolamide hcl-timolol mal</i>	1	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	MO
<i>epinastine hcl</i>	1	
<i>erythromycin ophthalmic</i>	1	QL (3.5 per 30 days)
FLAREX	3	
<i>fluorometholone ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
FML FORTE	3	
<i>gatifloxacin ophthalmic</i>	1	
GENTAK OPHTHALMIC OINTMENT	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
ILEVRO	3	

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
NEVANAC	2	
<i>ofloxacin ophthalmic</i>	1	
<i>olopatadine hcl ophthalmic</i>	1	
PHOSPHOLINE IODIDE	3	S
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	MO
POLYCIN	1	
<i>polymyxin b-trimethoprim</i>	1	
PRED MILD	3	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
<i>proparacaine hcl ophthalmic</i>	1	
RESTASIS	2	QL (60 per 30 days); MO
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	2	QL (5.5 per 28 days); MO
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	2	MO
<i>sulfacetamide sodium ophthalmic</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>tafluprost (pf)</i>	3	MO
<i>timolol maleate (once-daily)</i>	1	MO
TIMOLOL MALEATE OCUDOSE	1	MO

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>azelastine hcl nasal</i>	1	QL (30 per 25 days)
<i>azelastine-fluticasone</i>	1	QL (23 per 28 days)
<i>bosentan</i>	3	PA; QL (60 per 30 days); LA; S
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	2	QL (60 per 30 days); MO
<i>breyna</i>	1	QL (30.9 per 30 days); MO
BREZTRI AEROSPHERE	2	QL (10.7 per 30 days); MO
BRONCHITOL	3	PA; LA; S
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	B/D PA; QL (120 per 30 days); MO
<i>budesonide inhalation suspension 1 mg/2ml</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 oral solution</i>	1	PA
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA
<i>carbinoxamine maleate oral tablet 6 mg</i>	3	PA; S
CAYSTON	3	PA; LA; S
<i>cetirizine hcl oral solution</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA
COMBIVENT RESPIMAT	3	QL (8 per 30 days); MO
<i>cromolyn sodium inhalation</i>	1	B/D PA; MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
cyproheptadine hcl oral syrup	1	PA	powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act		
cyproheptadine hcl oral tablet	1		fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	1	QL (1 per 30 days); MO
desloratadine	1		formoterol fumarate inhalation	3	B/D PA; QL (120 per 30 days); MO
diphenhydramine hcl injection	1		hydroxyzine hcl intramuscular	1	
DULERA	3	QL (13 per 30 days); MO	hydroxyzine hcl oral syrup	1	QL (2880 per 28 days)
ELIXOPHYLLIN	2	MO	hydroxyzine hcl oral tablet 10 mg, 25 mg	1	QL (120 per 30 days)
epinephrine (anaphylaxis)	1		hydroxyzine hcl oral tablet 50 mg	1	QL (240 per 30 days)
epinephrine injection solution 0.3 mg/0.3ml	1	QL (2 per 28 days)	hydroxyzine pamoate oral	1	QL (120 per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL (2 per 28 days)	ipratropium bromide inhalation	1	B/D PA; MO
flunisolide nasal solution 25 mcg/act (0.025%)	1	QL (75 per 30 days)	ipratropium bromide nasal	1	QL (30 per 30 days); MO
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	2	QL (60 per 30 days); MO	ipratropium-albuterol	1	B/D PA; QL (540 per 30 days); MO
fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	2	QL (240 per 30 days); MO	KALYDECO ORAL TABLET	3	PA; QL (60 per 30 days); S
fluticasone propionate hfa inhalation aerosol 110 mcg/act	2	QL (12 per 30 days); MO	levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	B/D PA; QL (270 per 30 days); MO
fluticasone propionate hfa inhalation aerosol 220 mcg/act	2	QL (24 per 30 days); MO	levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	1	B/D PA; QL (540 per 30 days); MO
fluticasone propionate hfa inhalation aerosol 44 mcg/act	2	QL (11 per 30 days); MO	levalbuterol tartrate	1	QL (45 per 30 days); MO
fluticasone propionate nasal	1	QL (16 per 30 days)			
fluticasone-salmeterol inhalation aerosol	1	QL (60 per 30 days); MO			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levocetirizine dihydrochloride oral solution</i>	1	QL (300 per 30 days)	PULMICORT FLEXHALER	3	QL (2 per 30 days); MO
<i>levocetirizine dihydrochloride oral tablet</i>	1	QL (30 per 30 days)	PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	3	B/D PA; S
<i>mometasone furoate nasal</i>	1		QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (11 per 30 days); MO
<i>montelukast sodium oral</i>	1	MO	QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	QL (22 per 30 days); MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 per 28 days); LA; S	REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	3	PA; LA; S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 per 28 days); LA; S	<i>roflumilast</i>	3	PA; QL (30 per 30 days); MO
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA; QL (0.4 per 28 days); LA; S	SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (60 per 30 days); MO
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (3 per 28 days); LA; S	<i>sildenafil citrate intravenous</i>	3	PA; QL (1125 per 30 days); S
OFEV	3	PA; QL (60 per 30 days); S	<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (360 per 30 days)
<i>olopatadine hcl nasal</i>	1	QL (31 per 30 days)	SPIRIVA HANDIHALER	2	QL (30 per 30 days); MO
OMNARIS	3	ST; QL (13 per 30 days)	SPIRIVA RESPIMAT	2	QL (4 per 30 days); MO
OPSUMIT	3	PA; QL (30 per 30 days); LA; S	STIOLTO RESPIMAT	2	QL (4 per 30 days); MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	2	PA; LA	SYMBICORT	2	QL (30.6 per 30 days); MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; LA; S	<i>tadalafil (pah)</i>	3	PA; QL (60 per 30 days); S
ORKAMBI ORAL TABLET	3	PA; QL (120 per 30 days); S	<i>terbutaline sulfate injection</i>	1	
<i>pirfenidone oral tablet 267 mg</i>	3	PA; QL (270 per 30 days); S	<i>terbutaline sulfate oral</i>	1	MO
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	3	PA; QL (90 per 30 days); S	THEO-24	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>theophylline er</i>	1	MO
<i>theophylline oral</i>	1	MO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	3	B/D PA; QL (280 per 28 days); S
TRACLEER ORAL TABLET SOLUBLE	3	PA; QL (120 per 30 days); LA; S
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
<i>treprostinil</i>	3	PA; LA; S
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; QL (84 per 28 days); LA; S
TRIKAFTA ORAL THERAPY PACK	3	PA; QL (56 per 28 days); S
TUDORZA PRESSAIR	3	QL (1 per 30 days); MO
TYVASO	3	PA; QL (81.2 per 30 days); S
TYVASO REFILL KIT	3	PA; QL (81.2 per 30 days); S
TYVASO STARTER KIT	3	PA; QL (81.2 per 365 days); S
UPTRAVI ORAL	3	PA; QL (60 per 30 days); LA; S
UPTRAVI TITRATION	3	PA; LA; S
VENTAVIS	3	PA; QL (270 per 30 days); S
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 per 30 days); MO
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	3	PA; QL (8 per 28 days); LA; S

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	3	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	3	PA; QL (8 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (8 per 28 days); LA; S
<i>zafirlukast</i>	1	MO
ZETONNA	3	ST; QL (6.1 per 30 days)

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

## Legend

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

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

<b>A</b>		ADRIAMYCIN INTRAVENOUS SOLUTION
<i>abacavir sulfate oral solution</i> .....	70	RECONSTITUTED 50 MG ..... 16
<i>abacavir sulfate oral tablet</i> .....	70	ADVAIR HFA ..... 82
<i>abacavir sulfate-lamivudine</i> .....	70	AFIRMELLE ..... 60
ABELCET .....	70	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED		140 MG/ML ..... 31
SYRINGE 720 MG/2.4ML .....	31	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED		70 MG/ML ..... 31
SYRINGE 960 MG/3.2ML .....	31	<i>ak-poly-bac</i> ..... 79
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED		AKEEGA ..... 16
SYRINGE .....	31	<i>ala-cort external cream</i> ..... 45
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION		<i>albendazole oral</i> ..... 70
RECONSTITUTED ER .....	31	<i>albuterol sulfate hfa</i> ..... 82
<i>abiraterone acetate oral tablet 250 mg</i> .....	16	<i>albuterol sulfate inhalation nebulization solution</i>
<i>abiraterone acetate oral tablet 500 mg</i> .....	16	(2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml ..... 82
ABRYSVO .....	66	<i>albuterol sulfate inhalation nebulization solution</i>
<i>acamprosate calcium</i> .....	31	(5 mg/ml) 0.5%..... 82
<i>acarbose oral</i> .....	51	<i>albuterol sulfate inhalation nebulization solution</i>
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG ...	45	2.5 mg/0.5ml ..... 82
<i>acebutolol hcl oral</i> .....	26	<i>albuterol sulfate oral syrup</i> ..... 82
<i>acetaminophen-codeine oral solution</i> .....	13	<i>albuterol sulfate oral tablet</i> ..... 82
<i>acetaminophen-codeine oral tablet</i> .....	13	<i>alclometasone dipropionate</i> ..... 45
<i>acetazolamide er</i> .....	79	ALCOHOL SWABS ..... 79
<i>acetazolamide oral</i> .....	26	ALECENSA ..... 16
<i>acetic acid irrigation</i> .....	78	<i>alendronate sodium oral solution</i> ..... 51
<i>acetic acid otic</i> .....	81	<i>alendronate sodium oral tablet 10 mg</i> ..... 51
<i>acetylcysteine inhalation</i> .....	82	<i>alendronate sodium oral tablet 35 mg, 70 mg</i> ..... 52
<i>acetylcysteine intravenous</i> .....	78	<i>alendronate sodium oral tablet 10 mg, 5 mg</i> ..... 11
<i>acitretin</i> .....	45	<i>alendronate sodium oral tablet 35 mg, 70 mg</i> ..... 11
ACTHAR .....	60	<i>alfuzosin hcl er</i> ..... 59
ACTHAR GEL .....	60	<i>aliskiren fumarate</i> ..... 26
ACTHIB .....	66	<i>allopurinol oral tablet 100 mg, 300 mg</i> ..... 13
ACTIMMUNE .....	66	<i>almotriptan malate</i> ..... 31
<i>acyclovir external cream</i> .....	45	ALOCRIL ..... 79
<i>acyclovir external ointment</i> .....	45	ALOMIDE ..... 79
<i>acyclovir oral</i> .....	70	<i>alose tron hcl oral tablet 0.5 mg</i> ..... 56
<i>acyclovir sodium intravenous solution</i> .....	70	<i>alose tron hcl oral tablet 1 mg</i> ..... 56
ADACEL .....	66	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % ..... 79
<i>adapalene external cream</i> .....	45	<i>alprazolam er</i> ..... 31
<i>adapalene external gel</i> .....	45	ALPRAZOLAM INTENSOL ..... 31
<i>adefovir dipivoxil</i> .....	70	<i>alprazolam oral</i> ..... 31
ADEMPAS .....	82	<i>alprazolam xr</i> ..... 31
		ALREX ..... 79



ALTAVERA .....	60	<i>ampicillin sodium injection solution reconstituted</i>	
ALUNBRIG ORAL TABLET 180 MG .....	16	<i>1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i> .....	70
ALUNBRIG ORAL TABLET 30 MG .....	16	<i>ampicillin sodium intravenous</i> .....	70
ALUNBRIG ORAL TABLET 90 MG .....	16	<i>ampicillin-sulbactam sodium injection solution</i>	
ALUNBRIG ORAL TABLET THERAPY PACK .....	16	<i>reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i> .....	70
<i>alyacen 1/35</i> .....	60	<i>ampicillin-sulbactam sodium intravenous</i> .....	70
<i>alyacen 7/7/7</i> .....	60	<i>anagrelide hcl</i> .....	24
ALYQ .....	82	<i>anastrozole oral</i> .....	16
<i>amantadine hcl oral capsule</i> .....	31	ANORO ELLIPTA INHALATION AEROSOL POWDER	
<i>amantadine hcl oral solution</i> .....	31	BREATH ACTIVATED 62.5-25 MCG/ACT .....	82
<i>amantadine hcl oral tablet</i> .....	31	<i>apomorphine hcl subcutaneous</i> .....	31
<i>ambrisentan</i> .....	82	<i>apraclonidine hcl</i> .....	79
<i>amcinonide external cream</i> .....	45	<i>aprepitant oral</i> .....	56
<i>amcinonide external ointment</i> .....	45	<i>aprepitant oral capsule 125 mg</i> .....	56
AMETHIA .....	60	<i>aprepitant oral capsule 40 mg</i> .....	56
AMETHYST .....	60	<i>aprepitant oral capsule 80 &amp; 125 mg</i> .....	56
<i>amikacin sulfate injection solution 1 gm/4ml, 500</i>		<i>aprepitant oral capsule 80 mg</i> .....	56
<i>mg/2ml</i> .....	70	APRI .....	60
<i>amiloride hcl oral</i> .....	26	APTIOM .....	31
<i>amiloride-hydrochlorothiazide</i> .....	26	APTIVUS ORAL CAPSULE .....	70
<i>amiodarone hcl intravenous</i> .....	26	ARANELLE .....	60
<i>amiodarone hcl oral</i> .....	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100	
<i>amitriptyline hcl oral</i> .....	31	<i>MCG/ML, 200 MCG/ML, 40 MCG/ML</i> .....	24
<i>amlodipine besy-benazepril hcl</i> .....	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25	
<i>amlodipine besy-benazepril hcl oral capsule 10-20</i>		<i>MCG/ML, 60 MCG/ML</i> .....	24
<i>mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40</i>		ARANESP (ALBUMIN FREE) INJECTION SOLUTION	
<i>mg</i> .....	10	<i>PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML,</i>	
<i>amlodipine besylate oral</i> .....	26	<i>40 MCG/0.4ML</i> .....	24
<i>amlodipine besylate-valsartan</i> .....	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION	
<i>amlodipine-atorvastatin</i> .....	26	<i>PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML,</i>	
<i>amlodipine-olmesartan</i> .....	26	<i>200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML</i> .....	24
<i>amlodipine-valsartan-hctz</i> .....	26	ARANESP (ALBUMIN FREE) INJECTION SOLUTION	
<i>ammonium lactate external</i> .....	45	<i>PREFILLED SYRINGE 60 MCG/0.3ML</i> .....	24
AMNESTEEM .....	45	ARCALYST .....	66
<i>amoxapine</i> .....	31	AREXVY .....	66
<i>amoxicillin oral capsule</i> .....	70	<i>arformoterol tartrate</i> .....	82
<i>amoxicillin oral suspension reconstituted</i> .....	70	ARIKAYCE .....	70
<i>amoxicillin oral tablet</i> .....	70	<i>aripiprazole oral solution</i> .....	31
<i>amoxicillin oral tablet chewable 125 mg, 250</i>		<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5</i>	
<i>mg</i> .....	70	<i>mg</i> .....	31
<i>amoxicillin-pot clavulanate er</i> .....	70	<i>aripiprazole oral tablet 20 mg, 30 mg</i> .....	31
<i>amoxicillin-pot clavulanate oral</i> .....	70	<i>aripiprazole oral tablet dispersible 10 mg</i> .....	32
<i>amphetamine sulfate oral tablet 10 mg</i> .....	31	<i>aripiprazole oral tablet dispersible 15 mg</i> .....	32
<i>amphetamine sulfate oral tablet 5 mg</i> .....	31	ARISTADA INITIO .....	32
<i>amphetamine-dextroamphet er</i> .....	31	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064	
<i>amphetamine-dextroamphetamine oral tablet 10</i>		<i>MG/3.9ML</i> .....	32
<i>mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> .....	31	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441	
<i>amphetamine-dextroamphetamine oral tablet 30</i>		<i>MG/1.6ML</i> .....	32
<i>mg</i> .....	31	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662	
<i>amphotericin b intravenous</i> .....	70	<i>MG/2.4ML</i> .....	32
<i>amphotericin b liposome</i> .....	70	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882	
<i>ampicillin oral capsule 500 mg</i> .....	70	<i>MG/3.2ML</i> .....	32
		<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> ...	32

<i>armodafinil oral tablet 50 mg</i> .....	32	<i>azelastine hcl nasal</i> .....	82
ARMOUR THYROID .....	60	<i>azelastine hcl ophthalmic</i> .....	79
ARNUITY ELLIPTA .....	82	<i>azelastine-fluticasone</i> .....	82
ASCOMP-CODEINE .....	13	<i>azithromycin intravenous</i> .....	70
<i>asenapine maleate sublingual tablet sublingual</i> 10 mg .....	32	<i>azithromycin oral packet</i> .....	70
<i>asenapine maleate sublingual tablet sublingual</i> 2.5 mg .....	32	<i>azithromycin oral suspension reconstituted</i> .....	70
<i>asenapine maleate sublingual tablet sublingual</i> 5 mg .....	32	<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i> .....	71
ASHLYNA .....	60	<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i> .....	71
<i>aspirin-dipyridamole er</i> .....	24	<i>aztreonam</i> .....	71
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i> .....	70	AZURETTE .....	60
<i>atazanavir sulfate oral capsule 300 mg</i> .....	70	<b>B</b>	
<i>atenolol oral</i> .....	26	BAC .....	32
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> .....	10	<i>bacitra-neomycin-polymyxin-hc</i> .....	79
<i>atenolol-chlorthalidone</i> .....	26	<i>bacitracin ophthalmic</i> .....	79
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> .....	10	<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> .....	79
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> .....	32	<i>baclofen oral tablet 10 mg, 15 mg, 5 mg</i> .....	32
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i> .....	32	<i>baclofen oral tablet 20 mg</i> .....	32
<i>atorvastatin calcium oral</i> .....	26	<i>balsalazide disodium</i> .....	56
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> .....	10	BALVERSA ORAL TABLET 3 MG .....	17
<i>atovaquone oral</i> .....	70	BALVERSA ORAL TABLET 4 MG .....	17
<i>atovaquone-proguanil hcl</i> .....	70	BALVERSA ORAL TABLET 5 MG .....	17
<i>atropine sulfate ophthalmic ointment</i> .....	79	BALZIVA .....	60
<i>atropine sulfate ophthalmic solution 1 %</i> .....	79	BARACLUDE ORAL SOLUTION .....	71
ATROVENT HFA .....	82	BAVENCIO .....	17
AUBRA EQ .....	60	<i>bcg vaccine injection solution reconstituted</i> .....	67
AUGTYRO .....	16	BD PEN .....	79
AUROVELA 1.5/30 .....	60	BD PEN MINI .....	79
AUROVELA 1/20 .....	60	<i>benazepril hcl oral</i> .....	26
AUROVELA 24 FE .....	60	<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> .....	10
AUROVELA FE 1.5/30 .....	60	<i>benazepril-hydrochlorothiazide</i> .....	26
AUROVELA FE 1/20 .....	60	<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> .....	10
AURYXIA .....	52	<i>bendamustine hcl intravenous solution</i> .....	17
AUTOPEN .....	79	BENDEKA .....	17
AUVELITY .....	32	BENLYSTA .....	67
AVASTIN .....	17	<i>benzoyl peroxide-erythromycin</i> .....	45
AVIANE .....	60	<i>benztropine mesylate injection</i> .....	32
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT .....	32	<i>benztropine mesylate oral</i> .....	32
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT .....	32	<i>bepotastine besilate</i> .....	79
AYUNA .....	60	BESREMI .....	17
AYVAKIT .....	17	<i>betaine</i> .....	59
<i>azacitidine</i> .....	17	<i>betamethasone dipropionate aug</i> .....	45
<i>azathioprine oral tablet 50 mg</i> .....	67	<i>betamethasone dipropionate external</i> .....	45
<i>azelaic acid external</i> .....	45	<i>betamethasone valerate external</i> .....	45
		BETASERON SUBCUTANEOUS KIT .....	32
		<i>betaxolol hcl ophthalmic</i> .....	79
		<i>betaxolol hcl oral</i> .....	26
		<i>bethanechol chloride oral</i> .....	59
		BETOPTIC-S .....	79

<i>bexarotene external</i> .....	45	BRUKINSA .....	17
<i>bexarotene oral</i> .....	17	<i>budesonide er oral tablet extended release 24</i>	
BEXSERO .....	67	<i>hour</i> .....	56
<i>bicalutamide</i> .....	17	<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5</i>	
BICILLIN C-R .....	71	<i>mg/2ml</i> .....	82
BICILLIN C-R 900/300 .....	71	<i>budesonide inhalation suspension 1 mg/2ml</i> .....	82
BICILLIN L-A INTRAMUSCULAR SUSPENSION		<i>budesonide oral</i> .....	56
PREFILLED SYRINGE .....	71	<i>budesonide-formoterol fumarate</i> .....	82
BIJUVA .....	60	<i>bumetanide injection</i> .....	26
BIKTARVY ORAL TABLET 30-120-15 MG .....	71	<i>bumetanide oral</i> .....	26
BIKTARVY ORAL TABLET 50-200-25 MG .....	71	<i>buprenorphine hcl injection</i> .....	32
<i>bimatoprost ophthalmic</i> .....	79	<i>buprenorphine hcl sublingual tablet sublingual 2</i>	
<i>bisoprolol fumarate oral</i> .....	26	<i>mg</i> .....	32
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> .....	10	<i>buprenorphine hcl sublingual tablet sublingual 8</i>	
<i>bisoprolol-hydrochlorothiazide</i> .....	26	<i>mg</i> .....	32
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25</i>		<i>buprenorphine hcl-naloxone hcl sublingual film 12-</i>	
<i>mg, 2.5-6.25 mg, 5-6.25 mg</i> .....	10	<i>3 mg</i> .....	32
<i>bleomycin sulfate</i> .....	17	<i>buprenorphine hcl-naloxone hcl sublingual film 2-</i>	
BLISOVI 24 FE .....	60	<i>0.5 mg</i> .....	32
BLISOVI FE 1.5/30 .....	60	<i>buprenorphine hcl-naloxone hcl sublingual film 4-1</i>	
BLISOVI FE 1/20 .....	61	<i>mg</i> .....	33
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5		<i>buprenorphine hcl-naloxone hcl sublingual film 8-2</i>	
LF-MCG/0.5 .....	67	<i>mg</i> .....	33
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED		<i>buprenorphine hcl-naloxone hcl sublingual tablet</i>	
SYRINGE .....	67	<i>sublingual 2-0.5 mg</i> .....	33
<i>bortezomib injection solution reconstituted 1 mg,</i>		<i>buprenorphine hcl-naloxone hcl sublingual tablet</i>	
<i>3.5 mg</i> .....	17	<i>sublingual 8-2 mg</i> .....	33
<i>bortezomib injection solution reconstituted 2.5</i>		<i>buprenorphine transdermal patch weekly 10 mcg/</i>	
<i>mg</i> .....	17	<i>hr, 15 mcg/hr</i> .....	13
<i>bosentan</i> .....	82	<i>buprenorphine transdermal patch weekly 20 mcg/</i>	
BOSULIF ORAL CAPSULE 100 MG .....	17	<i>hr</i> .....	13
BOSULIF ORAL CAPSULE 50 MG .....	17	<i>buprenorphine transdermal patch weekly 5 mcg/</i>	
BOSULIF ORAL TABLET 100 MG .....	17	<i>hr, 7.5 mcg/hr</i> .....	13
BOSULIF ORAL TABLET 400 MG, 500 MG .....	17	<i>bupropion hcl er (smoking det)</i> .....	33
BOTOX .....	32	<i>bupropion hcl er (sr) oral tablet extended release</i>	
BRAFTOVI ORAL CAPSULE 75 MG .....	17	<i>12 hour 100 mg</i> .....	33
BREO ELLIPTA INHALATION AEROSOL POWDER		<i>bupropion hcl er (sr) oral tablet extended release</i>	
BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/		<i>12 hour 150 mg, 200 mg</i> .....	33
ACT, 50-25 MCG/INH .....	82	<i>bupropion hcl er (xl) oral tablet extended release</i>	
<i>breyana</i> .....	82	<i>24 hour 150 mg</i> .....	33
BREZTRI AEROSPHERE .....	82	<i>bupropion hcl er (xl) oral tablet extended release</i>	
<i>briellyn</i> .....	61	<i>24 hour 300 mg</i> .....	33
BRILINTA .....	24	<i>bupropion hcl oral tablet 100 mg</i> .....	33
<i>brimonidine tartrate ophthalmic</i> .....	79	<i>bupropion hcl oral tablet 75 mg</i> .....	33
<i>brimonidine tartrate-timolol</i> .....	79	<i>buspirone hcl oral</i> .....	33
<i>brinzolamide</i> .....	79	<i>butalbital-apap-caff-cod</i> .....	13
BRIVIACT INTRAVENOUS .....	32	<i>butalbital-apap-caffeine oral capsule</i> .....	33
BRIVIACT ORAL SOLUTION .....	32	<i>butalbital-apap-caffeine oral tablet 50-325-40</i>	
BRIVIACT ORAL TABLET .....	32	<i>mg</i> .....	33
<i>bromfenac sodium (once-daily)</i> .....	79	<i>butalbital-asa-caff-codeine</i> .....	13
<i>bromfenac sodium ophthalmic solution 0.07 %</i> ...	80	<i>butalbital-aspirin-caffeine oral capsule</i> .....	33
<i>bromocriptine mesylate oral</i> .....	32	<i>butorphanol tartrate injection</i> .....	13
BRONCHITOL .....	82	<i>butorphanol tartrate nasal</i> .....	14

BYDUREON BCISE .....	52	<i>carbinoxamine maleate oral tablet 6 mg</i> .....	82
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	52	<i>carboplatin intravenous solution</i> .....	17
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	52	CARDURA XL .....	59
<b>C</b>		<i>carglumic acid oral tablet soluble</i> .....	49
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML .....	71	<i>carisoprodol oral tablet 350 mg</i> .....	33
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML .....	71	<i>carteolol hcl</i> .....	80
<i>cabergoline</i> .....	61	CARTIA XT .....	27
CABOMETYX .....	17	<i>carvedilol</i> .....	27
<i>calcipotriene external cream</i> .....	45	<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> .....	10
<i>calcipotriene external ointment</i> .....	46	<i>carvedilol phosphate er</i> .....	27
<i>calcipotriene external solution</i> .....	46	CAYSTON .....	82
<i>calcipotriene-betameth diprop external ointment</i> .....	46	<i>cefaclor er</i> .....	71
<i>calcitonin (salmon) injection</i> .....	52	<i>cefaclor oral capsule</i> .....	71
<i>calcitonin (salmon) nasal</i> .....	52	<i>cefaclor oral suspension reconstituted 250 mg/5ml</i> .....	71
CALCITRENE .....	46	<i>cefadroxil</i> .....	71
<i>calcitriol external</i> .....	46	<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i> .....	71
<i>calcitriol intravenous solution 1 mcg/ml</i> .....	52	<i>cefazolin sodium injection solution reconstituted 100 gm, 300 gm</i> .....	71
<i>calcitriol oral</i> .....	52	<i>cefazolin sodium intravenous solution reconstituted 1 gm</i> .....	71
<i>calcium acetate (phos binder)</i> .....	52	<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i> .....	71
<i>calcium acetate oral tablet 667 mg</i> .....	52	<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i> .....	71
CALQUENCE .....	17	<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-(50ml), 2-3 gm-(50ml)</i> .....	71
CAMILA .....	61	<i>cefdinir</i> .....	71
CAMRESE .....	61	<i>cefepime hcl injection solution reconstituted 1 gm</i> .....	71
CAMRESE LO .....	61	<i>cefepime hcl intravenous solution</i> .....	71
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i> .....	26	<i>cefepime hcl intravenous solution reconstituted 100 gm</i> .....	71
<i>candesartan cilexetil oral tablet 32 mg</i> .....	26	<i>cefepime hcl intravenous solution reconstituted 2 gm</i> .....	71
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i> .....	27	<i>cefepime</i> .....	71
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i> .....	27	<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i> .....	71
CAPLYTA .....	33	<i>cefoxitin sodium intravenous</i> .....	71
CAPRELSA ORAL TABLET 100 MG .....	17	<i>cefpodoxime proxetil</i> .....	71
CAPRELSA ORAL TABLET 300 MG .....	17	<i>cefprozil</i> .....	71
<i>captopril oral tablet 100 mg</i> .....	27	<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i> .....	71
<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i> .....	27	<i>ceftazidime intravenous</i> .....	71
<i>captopril-hydrochlorothiazide</i> .....	27	<i>ceftriaxone sodium in dextrose</i> .....	71
<i>carbamazepine er</i> .....	33	<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i> .....	72
<i>carbamazepine oral</i> .....	33	<i>ceftriaxone sodium injection solution reconstituted 100 gm</i> .....	72
<i>carbidopa oral</i> .....	33	<i>ceftriaxone sodium intravenous</i> .....	72
<i>carbidopa-levodopa</i> .....	33		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> .....	33		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> .....	33		
<i>carbinoxamine maleate oral solution</i> .....	82		
<i>carbinoxamine maleate oral tablet 4 mg</i> .....	82		

ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-(50ml), 2-2.22 gm-(50ml) .....	72	ciprofloxacin hcl oral tablet 750 mg .....	72
cefuroxime axetil oral tablet 250 mg .....	72	ciprofloxacin hcl otic .....	81
cefuroxime axetil oral tablet 500 mg .....	72	ciprofloxacin in d5w .....	72
cefuroxime sodium injection solution reconstituted 750 mg .....	72	ciprofloxacin-dexamethasone .....	81
cefuroxime sodium intravenous solution reconstituted 1.5 gm .....	72	cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml .....	17
celecoxib oral capsule 100 mg, 200 mg, 50 mg ....	14	citalopram hydrobromide oral solution .....	33
celecoxib oral capsule 400 mg .....	14	citalopram hydrobromide oral tablet 10 mg .....	33
cephalexin oral capsule 250 mg, 500 mg .....	72	citalopram hydrobromide oral tablet 20 mg .....	33
cephalexin oral capsule 750 mg .....	72	citalopram hydrobromide oral tablet 40 mg .....	33
cephalexin oral suspension reconstituted 125 mg/5ml .....	72	CLARAVIS .....	46
cephalexin oral suspension reconstituted 250 mg/5ml .....	72	clarithromycin er .....	72
cephalexin oral tablet .....	72	clarithromycin oral .....	72
cetirizine hcl oral solution .....	82	clemastine fumarate oral tablet 2.68 mg .....	82
cevimeline hcl .....	46	CLENPIQ .....	56
CHARLOTTE 24 FE .....	61	CLEOCIN VAGINAL SUPPOSITORY .....	59
CHATEAL EQ .....	61	CLIMARA PRO .....	61
CHEMET .....	52	CLINDACIN .....	46
chlordiazepoxide hcl .....	33	clindamycin hcl oral .....	72
chlordiazepoxide-amitriptyline .....	33	clindamycin palmitate hcl .....	72
chlorhexidine gluconate mouth/throat .....	46	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 % .....	46
chloroquine phosphate oral .....	72	clindamycin phosphate external gel .....	46
chlorpromazine hcl injection .....	33	clindamycin phosphate external lotion .....	46
chlorpromazine hcl oral concentrate .....	33	clindamycin phosphate external solution .....	46
chlorpromazine hcl oral tablet .....	33	clindamycin phosphate external swab .....	46
chlorthalidone oral tablet 25 mg, 50 mg .....	27	clindamycin phosphate in d5w .....	72
chlorthalidone oral tablet 25 mg, 50 mg .....	10	clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/60ml .....	72
chlorzoxazone oral tablet 500 mg .....	33	clindamycin phosphate injection solution 900 mg/6ml .....	72
cholestyramine light .....	27	clindamycin phosphate vaginal .....	59
cholestyramine oral .....	27	clindamycin-tretinoin .....	46
CICLODAN EXTERNAL SOLUTION .....	46	CLINIMIX E/DEXTROSE (2.75/5) .....	49
ciclopirox external .....	46	CLINIMIX E/DEXTROSE (4.25/10) .....	50
ciclopirox olamine external cream .....	46	CLINIMIX E/DEXTROSE (4.25/5) .....	50
ciclopirox olamine external suspension .....	46	CLINIMIX E/DEXTROSE (5/15) .....	50
cidofovir intravenous .....	72	CLINIMIX E/DEXTROSE (5/20) .....	50
cilostazol .....	24	clinimix e/dextrose (8/10) .....	50
CIMDUO .....	72	clinimix e/dextrose (8/14) .....	50
cimetidine hcl oral solution 300 mg/5ml .....	56	CLINIMIX/DEXTROSE (4.25/10) .....	50
cimetidine oral tablet 200 mg .....	56	CLINIMIX/DEXTROSE (4.25/5) .....	50
cimetidine oral tablet 300 mg, 400 mg, 800 mg ...	56	CLINIMIX/DEXTROSE (5/15) .....	50
cinacalcet hcl oral tablet 30 mg .....	52	CLINIMIX/DEXTROSE (5/20) .....	50
cinacalcet hcl oral tablet 60 mg .....	52	clinimix/dextrose (6/5) .....	50
cinacalcet hcl oral tablet 90 mg .....	52	clinimix/dextrose (8/10) .....	50
CINRYZE .....	24	clinimix/dextrose (8/14) .....	50
CIPRO HC .....	81	CLINISOL SF .....	50
CIPRO ORAL SUSPENSION RECONSTITUTED .....	72	CLINOLIPID .....	50
ciprofloxacin hcl ophthalmic .....	80	clobazam oral suspension .....	33
ciprofloxacin hcl oral tablet 250 mg, 500 mg .....	72	clobazam oral tablet 10 mg .....	34
		clobazam oral tablet 20 mg .....	34
		clobetasol propionate e .....	46

<i>clobetasol propionate emulsion</i> .....	46	COMPLERA .....	72
<i>clobetasol propionate external cream</i> .....	46	COMPRO .....	56
<i>clobetasol propionate external foam</i> .....	46	<i>constulose</i> .....	56
<i>clobetasol propionate external gel</i> .....	46	COPIKTRA .....	17
<i>clobetasol propionate external lotion</i> .....	46	CORLANOR ORAL SOLUTION .....	27
<i>clobetasol propionate external ointment</i> .....	46	CORTIFOAM EXTERNAL .....	57
<i>clobetasol propionate external shampoo</i> .....	46	CORTISPORIN-TC .....	81
<i>clobetasol propionate external solution</i> .....	46	COSENTYX (300 MG DOSE) .....	67
<i>clocortolone pivalate</i> .....	46	COSENTYX SENSOREADY (300 MG) .....	67
CLODAN EXTERNAL SHAMPOO .....	46	COSENTYX SENSOREADY PEN .....	67
<i>clomipramine hcl oral</i> .....	34	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED	
<i>clonazepam oral tablet 0.5 mg</i> .....	34	SYRINGE 150 MG/ML .....	67
<i>clonazepam oral tablet 1 mg</i> .....	34	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED	
<i>clonazepam oral tablet 2 mg</i> .....	34	SYRINGE 75 MG/0.5ML .....	67
<i>clonazepam oral tablet dispersible 0.125 mg</i> .....	34	COTELLIC .....	17
<i>clonazepam oral tablet dispersible 0.25 mg</i> .....	34	CREON .....	59
<i>clonazepam oral tablet dispersible 0.5 mg</i> .....	34	CRINONE .....	61
<i>clonazepam oral tablet dispersible 1 mg</i> .....	34	<i>cromolyn sodium inhalation</i> .....	82
<i>clonazepam oral tablet dispersible 2 mg</i> .....	34	<i>cromolyn sodium ophthalmic</i> .....	80
<i>clonidine</i> .....	27	<i>cromolyn sodium oral</i> .....	59
<i>clonidine hcl er oral tablet extended release 12</i>		CROTAN .....	46
<i>hour</i> .....	34	CRYSELLE-28 .....	61
<i>clonidine hcl oral</i> .....	27	<i>cyclobenzaprine hcl oral</i> .....	34
<i>clopidogrel bisulfate oral tablet 300 mg</i> .....	24	<i>cyclopentolate hcl ophthalmic solution 1 %</i> .....	80
<i>clopidogrel bisulfate oral tablet 75 mg</i> .....	24	<i>cyclophosphamide intravenous solution 500 mg/</i>	
<i>clorazepate dipotassium</i> .....	34	<i>2.5ml</i> .....	17
<i>clotrimazole external cream</i> .....	46	<i>cyclophosphamide oral capsule</i> .....	17
<i>clotrimazole external solution</i> .....	46	CYCLOSET .....	52
<i>clotrimazole mouth/throat troche</i> .....	46	<i>cyclosporine modified</i> .....	67
<i>clotrimazole-betamethasone</i> .....	46	<i>cyclosporine ophthalmic</i> .....	80
<i>clozapine oral tablet 100 mg</i> .....	34	<i>cyclosporine oral capsule</i> .....	67
<i>clozapine oral tablet 200 mg</i> .....	34	<i>cyproheptadine hcl oral syrup</i> .....	83
<i>clozapine oral tablet 25 mg</i> .....	34	<i>cyproheptadine hcl oral tablet</i> .....	83
<i>clozapine oral tablet 50 mg</i> .....	34	CYRAMZA .....	17
<i>clozapine oral tablet dispersible 100 mg</i> .....	34	CYRED EQ .....	61
<i>clozapine oral tablet dispersible 12.5 mg</i> .....	34	CYSTAGON .....	59
<i>clozapine oral tablet dispersible 150 mg</i> .....	34	CYSTARAN .....	80
<i>clozapine oral tablet dispersible 200 mg</i> .....	34	<b>D</b>	
<i>clozapine oral tablet dispersible 25 mg</i> .....	34	<i>dabigatran etexilate mesylate</i> .....	24
COARTEM .....	72	<i>dalfampridine er</i> .....	34
<i>codeine sulfate oral tablet</i> .....	14	<i>danazol oral</i> .....	61
<i>colchicine oral</i> .....	14	<i>dantrolene sodium oral</i> .....	34
<i>colchicine-probenecid</i> .....	14	<i>dapsone external</i> .....	46
<i>colesevelam hcl</i> .....	27	<i>dapsone oral</i> .....	72
<i>colestipol hcl</i> .....	27	DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-	
<i>colistimethate sodium (cba)</i> .....	72	5 .....	67
COMBIPATCH .....	61	<i>daptomycin intravenous solution reconstituted 500</i>	
COMBIVENT RESPIMAT .....	82	<i>mg</i> .....	72
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &		<i>darifenacin hydrobromide er</i> .....	59
20 MG .....	17	<i>darunavir oral tablet 600 mg</i> .....	72
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG		<i>darunavir oral tablet 800 mg</i> .....	72
& 80 MG .....	17	DARZALEX .....	17
COMETRIQ (60 MG DAILY DOSE) .....	17	DARZALEX FASPRO .....	17

DASETTE 1/35 .....	61	dexamethasone sodium phosphate	
DASETTE 7/7/7 .....	61	ophthalmic .....	80
DAURISMO ORAL TABLET 100 MG .....	17	dexlansoprazole .....	57
DAURISMO ORAL TABLET 25 MG .....	17	dexmethylphenidate hcl .....	34
DAYSEE .....	61	dexmethylphenidate hcl er oral capsule extended	
DEBLITANE .....	61	release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg,	
decitabine .....	17	40 mg, 5 mg .....	34
deferasirox oral tablet 90 mg .....	52	dextroamphetamine sulfate er oral capsule	
deferasirox oral tablet soluble 125 mg .....	52	extended release 24 hour 10 mg, 5 mg .....	34
deferasirox oral tablet soluble 250 mg, 500 mg ...	52	dextroamphetamine sulfate er oral capsule	
deferiprone oral tablet 1000 mg .....	52	extended release 24 hour 15 mg .....	34
deferiprone oral tablet 500 mg .....	52	dextroamphetamine sulfate oral solution .....	34
DELSTRIGO .....	72	dextroamphetamine sulfate oral tablet 10 mg ...	34
DELYLA .....	61	dextroamphetamine sulfate oral tablet 5 mg .....	34
demeclocycline hcl oral .....	72	dextrose 5%/electrolyte #48 .....	50
DENTA 5000 PLUS .....	46	dextrose in lactated ringers .....	50
DENTAGEL .....	46	dextrose intravenous solution 10 %, 5 %, 50 %, 70	
DEPO-ESTRADIOL .....	61	% .....	50
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS		dextrose intravenous solution 250 mg/ml .....	50
SUSPENSION PREFILLED SYRINGE .....	61	dextrose-sodium chloride intravenous solution 10-	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION		0.2 % .....	50
100 MG/ML .....	61	dextrose-sodium chloride intravenous solution 10-	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION		0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9	
200 MG/ML .....	61	% .....	50
DESCOVY .....	72	DIACOMIT ORAL CAPSULE 250 MG .....	34
desipramine hcl oral .....	34	DIACOMIT ORAL CAPSULE 500 MG .....	34
desloratadine .....	83	DIACOMIT ORAL PACKET 250 MG .....	34
desmopressin ace spray refrig .....	61	DIACOMIT ORAL PACKET 500 MG .....	35
desmopressin acetate injection .....	61	diazepam injection .....	35
desmopressin acetate oral .....	61	DIAZEPAM INTENSOL .....	35
desmopressin acetate pf .....	61	diazepam oral concentrate .....	35
desmopressin acetate spray .....	61	diazepam oral solution 5 mg/5ml .....	35
desogestrel-ethinyl estradiol .....	61	diazepam oral tablet 10 mg .....	35
desonide external cream .....	46	diazepam oral tablet 2 mg .....	35
desonide external lotion .....	46	diazepam oral tablet 5 mg .....	35
desonide external ointment .....	46	diazepam rectal .....	35
desoximetasone external cream .....	46	diazoxide oral .....	52
desoximetasone external gel .....	46	diclofenac potassium oral tablet 50 mg .....	14
desoximetasone external liquid .....	46	diclofenac sodium er .....	14
desoximetasone external ointment .....	47	diclofenac sodium external gel 1 % .....	14
desvenlafaxine er .....	34	diclofenac sodium external gel 3 % .....	47
desvenlafaxine succinate er .....	34	diclofenac sodium external solution 1.5 % .....	14
DEXAMETHASONE INTENSOL .....	61	diclofenac sodium ophthalmic .....	80
dexamethasone oral elixir .....	61	diclofenac sodium oral .....	14
dexamethasone oral solution .....	61	diclofenac-misoprostol oral tablet delayed	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg,		release .....	14
1.5 mg .....	61	dicloxacillin sodium .....	73
dexamethasone oral tablet 2 mg, 4 mg, 6 mg .....	61	dicyclomine hcl oral capsule .....	57
dexamethasone oral tablet therapy pack .....	61	dicyclomine hcl oral solution .....	57
dexamethasone sod phos +rfid .....	61	dicyclomine hcl oral tablet .....	57
dexamethasone sod phosphate pf injection		DIFICID .....	73
solution .....	61	diflorasone diacetate external .....	47
dexamethasone sodium phosphate injection .....	61	diflunisal oral .....	14

difluprednate .....	80	DOVATO .....	73
digox oral tablet 125 mcg .....	27	doxazosin mesylate oral .....	27
digox oral tablet 250 mcg .....	27	doxepin hcl oral capsule .....	35
digoxin oral solution .....	27	doxepin hcl oral concentrate .....	35
digoxin oral tablet 125 mcg .....	27	doxepin hcl oral tablet .....	35
digoxin oral tablet 250 mcg .....	27	doxercalciferol intravenous .....	52
digoxin oral tablet 62.5 mcg .....	27	doxercalciferol oral .....	52
dihydroergotamine mesylate injection .....	35	doxorubicin hcl intravenous solution .....	18
dihydroergotamine mesylate nasal .....	35	doxorubicin hcl intravenous solution	
DILANTIN ORAL CAPSULE 30 MG .....	35	reconstituted .....	18
dilt-xr .....	27	doxorubicin hcl liposomal .....	18
diltiazem hcl er beads .....	27	DOXY 100 .....	73
diltiazem hcl er coated beads oral capsule		doxycycline .....	73
extended release 24 hour .....	27	doxycycline hyclate intravenous .....	73
diltiazem hcl er oral capsule extended release 12		doxycycline hyclate oral capsule .....	73
hour .....	27	doxycycline hyclate oral tablet 100 mg, 20 mg ....	73
diltiazem hcl er oral capsule extended release 24		doxycycline monohydrate oral capsule 100 mg, 50	
hour 120 mg, 180 mg, 240 mg .....	27	mg .....	73
diltiazem hcl er oral tablet extended release 24 hour		doxycycline monohydrate oral suspension	
180 mg, 240 mg, 300 mg, 360 mg, 420 mg .....	27	reconstituted .....	73
diltiazem hcl intravenous solution .....	27	doxycycline monohydrate oral tablet .....	73
diltiazem hcl intravenous solution		DRIZALMA SPRINKLE ORAL CAPSULE DELAYED	
reconstituted .....	27	RELEASE SPRINKLE 20 MG, 60 MG .....	35
diltiazem hcl oral .....	27	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED	
dimethyl fumarate oral capsule delayed release		RELEASE SPRINKLE 30 MG, 40 MG .....	35
120 mg .....	35	dronabinol .....	57
dimethyl fumarate oral capsule delayed release		drosipren-eth estrad-levomefol .....	61
240 mg .....	35	drosiprenone-ethinyl estradiol .....	61
dimethyl fumarate starter pack oral capsule		DROXIA .....	24
delayed release therapy pack .....	35	droxidopa oral capsule 100 mg .....	27
diphenhydramine hcl injection .....	83	droxidopa oral capsule 200 mg, 300 mg .....	27
diphenoxylate-atropine oral liquid .....	57	DUAVEE .....	61
diphenoxylate-atropine oral tablet 2.5-0.025		DULERA .....	83
mg .....	57	duloxetine hcl oral capsule delayed release	
diphtheria-tetanus toxoids dt .....	67	particles 20 mg .....	35
dipyridamole oral .....	24	duloxetine hcl oral capsule delayed release	
disopyramide phosphate oral .....	27	particles 30 mg .....	35
disulfiram oral .....	35	duloxetine hcl oral capsule delayed release	
divalproex sodium er oral tablet extended release		particles 40 mg .....	35
24 hour .....	35	duloxetine hcl oral capsule delayed release	
divalproex sodium oral capsule delayed release		particles 60 mg .....	35
sprinkle .....	35	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	
divalproex sodium oral tablet delayed release ...	35	200 MG/1.14ML .....	47
dofetilide .....	27	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	
DOLISHALE .....	61	300 MG/2ML .....	47
donepezil hcl oral tablet 10 mg, 5 mg .....	35	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED	
donepezil hcl oral tablet 23 mg .....	35	SYRINGE 100 MG/0.67ML .....	47
donepezil hcl oral tablet dispersible .....	35	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED	
dorzolamide hcl ophthalmic .....	80	SYRINGE 200 MG/1.14ML .....	47
dorzolamide hcl-timolol mal .....	80	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED	
dorzolamide hcl-timolol mal pf ophthalmic solution		SYRINGE 300 MG/2ML .....	47
2-0.5 % .....	80	duramorph .....	14
DOTTI .....	61	dutasteride oral .....	59



<i>dutasteride-tamsulosin hcl</i> .....	59	ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325	
DYSPORT .....	35	MG, 7.5-325 MG .....	14
<b>E</b>		ENGERIX-B INJECTION SUSPENSION 20 MCG/ML ...	67
E.E.S. 400 ORAL TABLET .....	73	ENGERIX-B INJECTION SUSPENSION PREFILLED	
<i>ec-naproxen</i> .....	14	SYRINGE .....	67
<i>econazole nitrate external</i> .....	47	ENHERTU .....	18
EDURANT .....	73	ENILLORING .....	62
<i>efavirenz oral capsule 200 mg</i> .....	73	<i>enoxaparin sodium injection solution 300 mg/</i>	
<i>efavirenz oral capsule 50 mg</i> .....	73	<i>3ml</i> .....	24
<i>efavirenz oral tablet</i> .....	73	<i>enoxaparin sodium injection solution prefilled</i>	
<i>efavirenz-emtricitab-tenofo df</i> .....	73	<i>syringe 100 mg/ml, 150 mg/ml</i> .....	24
<i>efavirenz-lamivudine-tenofovir</i> .....	73	<i>enoxaparin sodium injection solution prefilled</i>	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ .....	50	<i>syringe 120 mg/0.8ml, 80 mg/0.8ml</i> .....	24
EGRIFTA SV .....	61	<i>enoxaparin sodium injection solution prefilled</i>	
<i>eletriptan hydrobromide</i> .....	35	<i>syringe 30 mg/0.3ml</i> .....	24
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG .....	18	<i>enoxaparin sodium injection solution prefilled</i>	
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG .....	18	<i>syringe 40 mg/0.4ml</i> .....	24
ELINEST .....	61	<i>enoxaparin sodium injection solution prefilled</i>	
ELIQUIS .....	24	<i>syringe 60 mg/0.6ml</i> .....	24
ELIQUIS DVT/PE STARTER PACK ORAL TABLET		ENPRESSE-28 .....	62
THERAPY PACK .....	24	ENSKYCE ORAL TABLET 0.15-30 MG-MCG .....	62
ELITEK .....	18	<i>entacapone</i> .....	35
ELIXOPHYLLIN .....	83	<i>entecavir</i> .....	73
ELMIRON .....	59	ENTRESTO ORAL CAPSULE SPRINKLE .....	27
ELURYNG .....	61	ENTRESTO ORAL TABLET 24-26 MG .....	27
EMCYT .....	18	ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG .....	27
EMEND ORAL SUSPENSION RECONSTITUTED .....	57	<i>enulose</i> .....	57
EMGALITY .....	35	ENVARUSUS XR .....	67
EMGALITY (300 MG DOSE) .....	35	EPCLUSA ORAL PACKET 150-37.5 MG .....	73
EMPLICITI .....	18	EPCLUSA ORAL PACKET 200-50 MG .....	73
EMSAM .....	35	EPCLUSA ORAL TABLET 200-50 MG .....	73
<i>emtricitabine</i> .....	73	EPCLUSA ORAL TABLET 400-100 MG .....	73
<i>emtricitabine-tenofovir df oral tablet 100-150 mg,</i>		EPIDIOLEX .....	36
<i>200-300 mg</i> .....	73	<i>epinastine hcl</i> .....	80
<i>emtricitabine-tenofovir df oral tablet 133-200 mg,</i>		<i>epinephrine (anaphylaxis)</i> .....	83
<i>167-250 mg</i> .....	73	<i>epinephrine injection solution 0.3 mg/0.3ml</i> .....	83
EMTRIVA ORAL SOLUTION .....	73	<i>epinephrine injection solution auto-injector 0.15 mg/</i>	
EMZAHH .....	62	<i>0.3ml, 0.3 mg/0.3ml</i> .....	83
<i>enalapril maleate oral tablet</i> .....	27	EPITOL .....	36
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg,</i>		<i>eplerenone</i> .....	27
<i>5 mg</i> .....	10	EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000	
<i>enalapril-hydrochlorothiazide</i> .....	27	UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg,</i>		ML .....	24-25
<i>5-12.5 mg</i> .....	10	EPRONTIA .....	36
ENBREL MINI .....	67	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/		HOUR 100 MG .....	36
0.5ML .....	67	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED		HOUR 200 MG .....	36
SYRINGE 25 MG/0.5ML .....	67	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED		HOUR 300 MG .....	36
SYRINGE 50 MG/ML .....	67	ERBITUX .....	18
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-		<i>ergoloid mesylates oral</i> .....	36
INJECTOR .....	67	ERGOMAR .....	36

ergotamine-caffeine .....	36	etoposide intravenous solution 1 gm/50ml, 100 mg/ 5ml, 500 mg/25ml .....	18
ERIVEDGE .....	18	etravirine oral tablet 100 mg .....	74
ERLEADA ORAL TABLET 240 MG .....	18	etravirine oral tablet 200 mg .....	74
ERLEADA ORAL TABLET 60 MG .....	18	EUTHYROX .....	62
erlotinib hcl oral tablet 100 mg, 150 mg .....	18	EVAMIST .....	62
erlotinib hcl oral tablet 25 mg .....	18	everolimus oral tablet 0.25 mg .....	67
ERRIN .....	62	everolimus oral tablet 0.5 mg, 1 mg .....	67
ertapenem sodium .....	73	everolimus oral tablet 0.75 mg .....	67
ery .....	47	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg .....	18
ERY-TAB .....	73	everolimus oral tablet soluble .....	18
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG .....	73	EVOTAZ .....	74
ERYTHROCIN STEARATE ORAL TABLET 250 MG .....	73	exemestane .....	18
erythromycin base oral .....	73	EXKIVITY .....	18
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml .....	73	ezetimibe .....	28
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml .....	73	ezetimibe-simvastatin .....	28
erythromycin ethylsuccinate oral tablet .....	73	<b>F</b>	
erythromycin external gel .....	47	FABRAZYME .....	59
erythromycin external solution .....	47	FALMINA .....	62
erythromycin lactobionate .....	73	famciclovir oral tablet 125 mg, 250 mg .....	74
erythromycin ophthalmic .....	80	famciclovir oral tablet 500 mg .....	74
erythromycin oral .....	73	famotidine (pf) .....	57
escitalopram oxalate oral solution .....	36	famotidine intravenous solution 200 mg/20ml, 40 mg/4ml .....	57
escitalopram oxalate oral tablet 10 mg .....	36	famotidine oral suspension reconstituted .....	57
escitalopram oxalate oral tablet 20 mg .....	36	famotidine oral tablet 20 mg, 40 mg .....	57
escitalopram oxalate oral tablet 5 mg .....	36	famotidine premixed .....	57
ESGIC ORAL CAPSULE .....	36	FANAPT ORAL TABLET 1 MG .....	36
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg .....	57	FANAPT ORAL TABLET 10 MG, 12 MG .....	36
esomeprazole sodium intravenous solution reconstituted 40 mg .....	57	FANAPT ORAL TABLET 2 MG .....	36
ESTARYLLA .....	62	FANAPT ORAL TABLET 4 MG .....	36
estazolam .....	36	FANAPT ORAL TABLET 6 MG .....	36
estradiol oral .....	62	FANAPT ORAL TABLET 8 MG .....	36
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/ 0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/ 1.25gm .....	62	FANAPT TITRATION PACK .....	36
estradiol transdermal patch twice weekly .....	62	FARXIGA .....	52
estradiol transdermal patch weekly .....	62	febuxostat .....	14
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estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml .....	62	felbamate oral tablet .....	36
estradiol-norethindrone acet .....	62	felodipine er .....	28
ESTRING .....	62	FEMRING .....	62
eszopiclone .....	36	FEMYNOR .....	62
ethambutol hcl oral .....	73	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg .....	28
ethosuximide oral .....	36	fenofibrate oral capsule 134 mg, 200 mg, 50 mg, 67 mg .....	28
ethynodiol diac-eth estradiol .....	62	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg .....	28
etodolac er .....	14	fenofibrate oral tablet 40 mg .....	28
etodolac oral .....	14	fenofibric acid oral capsule delayed release .....	28
etonogestrel-ethinyl estradiol .....	62	fenoprofen calcium oral tablet .....	14
		fenofibrin acid oral capsule delayed release .....	28
		fenoprofen calcium oral tablet .....	14
		fentanyl citrate buccal .....	14

<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> .....	14	<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i> .....	83
FERRIPROX ORAL SOLUTION .....	52	<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i> .....	83
<i>fesoterodine fumarate er</i> .....	59	<i>fluticasone propionate external</i> .....	47
FETZIMA .....	36	<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i> .....	83
FETZIMA TITRATION .....	36	<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i> .....	83
<i>finasteride oral tablet 5 mg</i> .....	59	<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i> .....	83
<i> fingolimod hcl</i> .....	36	<i>fluticasone propionate nasal</i> .....	83
FINTEPLA .....	36	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> .....	83
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FIRDAPSE .....	36	<i>fluvastatin sodium</i> .....	28
FIRMAGON (240 MG DOSE) .....	18	<i>fluvastatin sodium er</i> .....	28
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG .....	18	<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i> .....	36
FIRVANQ .....	74	<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i> .....	36
FLAC .....	81	<i>fluvoxamine maleate oral tablet 100 mg</i> .....	36
FLAREX .....	80	<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i> ...	37
<i>flavoxate hcl</i> .....	60	FML FORTE .....	80
<i>flecainide acetate</i> .....	28	<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i> .....	25
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i> .....	74	<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i> .....	25
<i>fluconazole oral</i> .....	74	<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i> .....	25
<i>flucytosine oral</i> .....	74	<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i> .....	25
<i>fludrocortisone acetate oral</i> .....	62	<i>formoterol fumarate inhalation</i> .....	83
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i> ....	83	FOSAMAX PLUS D .....	52
<i>fluocinolone acetonide body</i> .....	47	<i>fosamprenavir calcium</i> .....	74
<i>fluocinolone acetonide external</i> .....	47	<i>fosfomycin tromethamine</i> .....	74
<i>fluocinolone acetonide otic</i> .....	81	<i>fosinopril sodium</i> .....	28
<i>fluocinolone acetonide scalp</i> .....	47	<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i> .....	10
<i>fluocinonide emulsified base</i> .....	47	<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i> .....	28
<i>fluocinonide external cream 0.05 %</i> .....	47	<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i> .....	28
<i>fluocinonide external cream 0.1 %</i> .....	47	FOTIVDA .....	18
<i>fluocinonide external gel</i> .....	47	FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML .....	25
<i>fluocinonide external ointment</i> .....	47	FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML .....	25
<i>fluocinonide external solution</i> .....	47	FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML ...	25
<i>fluorometholone ophthalmic</i> .....	80		
<i>fluorouracil external cream 5 %</i> .....	47		
<i>fluorouracil external solution</i> .....	47		
<i>fluorouracil intravenous</i> .....	18		
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<i>fluoxetine hcl oral capsule 20 mg</i> .....	36		
<i>fluoxetine hcl oral capsule 40 mg</i> .....	36		
<i>fluoxetine hcl oral capsule delayed release</i> .....	36		
<i>fluoxetine hcl oral solution</i> .....	36		
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<i>fluphenazine hcl injection</i> .....	36		
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<i>flurandrenolide external cream</i> .....	47		
<i>flurandrenolide external lotion</i> .....	47		
<i>flurbiprofen oral tablet 100 mg</i> .....	14		
<i>flurbiprofen sodium</i> .....	80		

FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML .....	25	<i>generlac</i> .....	57
<i>frovatriptan succinate</i> .....	37	GENGRAF ORAL CAPSULE 100 MG, 25 MG .....	67
FRUZAQLA ORAL CAPSULE 1 MG .....	18	GENGRAF ORAL SOLUTION .....	67
FRUZAQLA ORAL CAPSULE 5 MG .....	18	GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE .....	62
FULPHILA .....	25	GENOTROPIN SUBCUTANEOUS CARTRIDGE .....	62
<i>fulvestrant intramuscular solution prefilled syringe</i> .....	18	GENTAK OPHTHALMIC OINTMENT .....	80
<i>furosemide injection</i> .....	28	<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i> .....	74
<i>furosemide oral solution 10 mg/ml</i> .....	28	<i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i> .....	74
<i>furosemide oral solution 8 mg/ml</i> .....	28	<i>gentamicin sulfate external</i> .....	47
<i>furosemide oral tablet</i> .....	28	<i>gentamicin sulfate injection</i> .....	74
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> .....	10	<i>gentamicin sulfate ophthalmic solution</i> .....	80
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED .....	74	GENVOYA .....	74
FYAVOLV .....	62	GILENYA ORAL CAPSULE 0.25 MG .....	37
FYCOMPA ORAL SUSPENSION .....	37	GILOTRIF .....	18
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG .....	37	<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i> .....	37
FYCOMPA ORAL TABLET 2 MG .....	37	<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i> .....	37
<b>G</b>		GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML .....	37
<i>gabapentin oral capsule 100 mg</i> .....	37	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML .....	37
<i>gabapentin oral capsule 300 mg</i> .....	37	GLEOSTINE ORAL CAPSULE 10 MG, 40 MG .....	18
<i>gabapentin oral capsule 400 mg</i> .....	37	GLEOSTINE ORAL CAPSULE 100 MG .....	18
<i>gabapentin oral solution</i> .....	37	<i>glimepiride oral tablet 1 mg</i> .....	52
<i>gabapentin oral tablet 600 mg</i> .....	37	<i>glimepiride oral tablet 2 mg</i> .....	52
<i>gabapentin oral tablet 800 mg</i> .....	37	<i>glimepiride oral tablet 4 mg</i> .....	52
<i>galantamine hydrobromide er</i> .....	37	<i>glimepiride oral tablet1 mg</i> .....	11
<i>galantamine hydrobromide oral solution</i> .....	37	<i>glimepiride oral tablet2 mg</i> .....	11
<i>galantamine hydrobromide oral tablet</i> .....	37	<i>glimepiride oral tablet4 mg</i> .....	11
GAMUNEX-C .....	67	<i>glipizide er oral tablet extended release 24 hour 10 mg</i> .....	52
<i>ganciclovir sodium intravenous solution reconstituted</i> .....	74	<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i> .....	52
GARDASIL 9 .....	67	<i>glipizide er oral tablet extended release 24 hour 5 mg</i> .....	52
<i>gatifloxacin ophthalmic</i> .....	80	<i>glipizide er oral tablet extended release 24 hour10 mg</i> .....	11
GATTEX .....	57	<i>glipizide er oral tablet extended release 24 hour2.5 mg</i> .....	11
GAUZE STERILE PADS 2 .....	79	<i>glipizide er oral tablet extended release 24 hour5 mg</i> .....	11
GAVILYTE-C .....	57	<i>glipizide oral tablet 10 mg</i> .....	52
GAVILYTE-G .....	57	<i>glipizide oral tablet 2.5 mg</i> .....	52
GAVILYTE-N WITH FLAVOR PACK .....	57	<i>glipizide oral tablet 5 mg</i> .....	52
GAVRETO .....	18	<i>glipizide oral tablet10 mg</i> .....	11
GAZYVA .....	18	<i>glipizide oral tablet5 mg</i> .....	11
<i>gefitinib</i> .....	18	<i>glipizide xl oral tablet extended release 24 hour 10 mg</i> .....	52
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml</i> .....	18		
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml</i> .....	18		
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm</i> .....	18		
<i>gemcitabine hcl intravenous solution reconstituted 200 mg</i> .....	18		
<i>gemfibrozil oral</i> .....	28		
GEMTESA .....	60		

<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i> .....	52	<i>haloperidol oral</i> .....	37
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i> .....	53	HARVONI .....	74
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i> .....	11	HAVRIX .....	67
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i> .....	11	HEATHER .....	62
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i> .....	11	<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i> .....	25
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i> ....	53	<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i> .....	25
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i> .....	53	<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i> .....	25
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i> .....	11	<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i> .....	25
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i> .....	11	HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE .....	67
GLUCAGEN HYPOKIT .....	53	HERCEPTIN HYLECTA .....	18
<i>glucagon emergency injection kit</i> .....	53	HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG .....	19
<i>glyburide micronized oral tablet 1.5 mg</i> .....	53	HIBERIX INJECTION .....	67
<i>glyburide micronized oral tablet 3 mg</i> .....	53	HIDEX 6-DAY .....	62
<i>glyburide micronized oral tablet 6 mg</i> .....	53	HUMALOG INJECTION .....	53
<i>glyburide oral tablet 1.25 mg</i> .....	53	HUMALOG JUNIOR KWIKPEN .....	53
<i>glyburide oral tablet 2.5 mg</i> .....	53	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	53
<i>glyburide oral tablet 5 mg</i> .....	53	HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR .....	53
<i>glyburide-metformin oral tablet 1.25-250 mg</i> .....	53	HUMALOG MIX 75/25 .....	53
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> .....	53	HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR .....	53
<i>glycopyrrolate injection solution</i> .....	57	HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE .....	53
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i> .....	57	HUMATROPE INJECTION CARTRIDGE .....	62
GLYDO EXTERNAL PREFILLED SYRINGE .....	14	HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML .....	67
GLYXAMBI .....	53	HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML .....	67-68
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i> .....	57	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML .....	68
<i>granisetron hcl oral</i> .....	57	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML .....	68
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<i>griseofulvin microsize oral</i> .....	74	HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML .....	68
<i>griseofulvin ultramicrosize</i> .....	74	HUMIRA-PSORIASIS/UVEIT STARTER .....	68
<i>guanfacine hcl er</i> .....	37	HUMULIN 70/30 .....	53
<i>guanfacine hcl oral</i> .....	28	HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR .....	53
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML .....	53	HUMULIN N .....	53
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HAILEY FE 1.5/30 .....	62		
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<i>halobetasol propionate external cream</i> .....	47		
<i>halobetasol propionate external ointment</i> .....	47		
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HALOG EXTERNAL OINTMENT .....	47		
<i>haloperidol decanoate intramuscular</i> .....	37		
<i>haloperidol lactate injection</i> .....	37		
<i>haloperidol lactate oral</i> .....	37		

HUMULIN R U-500 (CONCENTRATED) .....	53	IBU .....	14
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS		<i>ibuprofen oral suspension</i> .....	14
SOLUTION PEN-INJECTOR .....	53	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> ...	14
<i>hydralazine hcl injection</i> .....	28	<i>icatibant acetate</i> .....	25
<i>hydralazine hcl oral</i> .....	28	ICLEVIA .....	62
<i>hydrochlorothiazide oral</i> .....	28	ICLUSIG .....	19
<i>hydrochlorothiazide oral capsule 12.5 mg</i> .....	10	<i>icosapent ethyl</i> .....	28
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50</i>		IDHIFA ORAL TABLET 100 MG .....	19
<i>mg</i> .....	10	IDHIFA ORAL TABLET 50 MG .....	19
<i>hydrocodone-acetaminophen oral solution 2.5-108</i>		IGALMI .....	79
<i>mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i> .....	14	ILEVRO .....	80
<i>hydrocodone-acetaminophen oral tablet 10-300</i>		<i>imatinib mesylate oral tablet 100 mg</i> .....	19
<i>mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-</i>		<i>imatinib mesylate oral tablet 400 mg</i> .....	19
<i>325 mg</i> .....	14	IMBRUVICA ORAL CAPSULE 140 MG .....	19
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-</i>		IMBRUVICA ORAL CAPSULE 70 MG .....	19
<i>200 mg, 7.5-200 mg</i> .....	14	IMBRUVICA ORAL SUSPENSION .....	19
<i>hydrocortisone (perianal) external cream 1 %</i> .....	47	IMBRUVICA ORAL TABLET 140 MG .....	19
<i>hydrocortisone (perianal) external cream 2.5 %</i> .....	47	IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560	
<i>hydrocortisone butyr lipo base</i> .....	47	MG .....	19
<i>hydrocortisone butyrate external cream</i> .....	47	IMFINZI .....	19
<i>hydrocortisone butyrate external lotion</i> .....	47	<i>imipenem-cilastatin</i> .....	74
<i>hydrocortisone butyrate external ointment</i> .....	48	<i>imipramine hcl oral</i> .....	37
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<i>hydrocortisone external cream 1 %, 2.5 %</i> .....	48	<i>mg</i> .....	37
<i>hydrocortisone external lotion 2.5 %</i> .....	48	<i>imiquimod external cream 5 %</i> .....	48
<i>hydrocortisone external ointment 1 %, 2.5 %</i> .....	48	IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/	
<i>hydrocortisone oral</i> .....	57	2ML .....	68
<i>hydrocortisone rectal enema</i> .....	57	IMOVAX RABIES INTRAMUSCULAR SUSPENSION	
<i>hydrocortisone valerate</i> .....	48	RECONSTITUTED .....	68
<i>hydrocortisone-acetic acid</i> .....	81	IMVEXXY MAINTENANCE PACK .....	62
<i>hydromorphone hcl injection solution 1 mg/ml, 2</i>		IMVEXXY STARTER PACK .....	62
<i>mg/ml, 4 mg/ml</i> .....	14	INCASSIA .....	62
<i>hydromorphone hcl oral liquid</i> .....	14	INCRELEX .....	62
<i>hydromorphone hcl oral tablet</i> .....	14	<i>indapamide oral</i> .....	28
<i>hydromorphone hcl pf injection solution 1 mg/ml, 4</i>		<i>indomethacin er</i> .....	14
<i>mg/ml</i> .....	14	<i>indomethacin oral capsule 25 mg, 50 mg</i> .....	14
<i>hydromorphone hcl pf injection solution 10 mg/ml,</i>		INFANRIX .....	68
<i>50 mg/5ml, 500 mg/50ml</i> .....	14	<i>infliximab</i> .....	68
<i>hydroxychloroquine sulfate oral tablet 200 mg</i> ...	74	INGREZZA ORAL CAPSULE 40 MG .....	37
<i>hydroxyurea oral</i> .....	19	INGREZZA ORAL CAPSULE 60 MG, 80 MG .....	37
<i>hydroxyzine hcl intramuscular</i> .....	83	INGREZZA ORAL CAPSULE SPRINKLE 40 MG .....	37
<i>hydroxyzine hcl oral syrup</i> .....	83	INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i> .....	83	MG .....	37
<i>hydroxyzine hcl oral tablet 50 mg</i> .....	83	INGREZZA ORAL CAPSULE THERAPY PACK .....	37
<i>hydroxyzine pamoate oral</i> .....	83	INLYTA ORAL TABLET 1 MG .....	19
<i>hyoscyamine sulfate oral tablet</i> .....	57	INLYTA ORAL TABLET 5 MG .....	19
<i>hyoscyamine sulfate oral tablet dispersible</i> .....	57	INPEN 100-BLUE-LILLY-HUMALOG .....	79
<i>hyoscyamine sulfate sublingual</i> .....	57	INPEN 100-BLUE-NOVOLOG-FIASP .....	79
HYPERRAB .....	68	INPEN 100-GREY-LILLY-HUMALOG .....	79
<b>I</b>		INPEN 100-GREY-NOVOLOG-FIASP .....	79
<i>ibandronate sodium intravenous</i> .....	53	INPEN 100-PINK-LILLY-HUMALOG .....	79
<i>ibandronate sodium oral</i> .....	53	INPEN 100-PINK-NOVOLOG-FIASP .....	79
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<i>insulin lispro (1 unit dial)</i> .....	53	ISENTRESS HD .....	74
<i>insulin lispro injection</i> .....	53	ISENTRESS ORAL PACKET .....	74
<i>insulin lispro junior kwikpen</i> .....	53	ISENTRESS ORAL TABLET .....	74
<i>insulin lispro prot &amp; lispro</i> .....	53	ISENTRESS ORAL TABLET CHEWABLE 100 MG .....	74
INSULIN PEN NEEDLE .....	79	ISENTRESS ORAL TABLET CHEWABLE 25 MG .....	74
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INTELENCE ORAL TABLET 25 MG .....	74	ISOLYTE-P IN D5W .....	50
INTRALIPID INTRAVENOUS EMULSION 20 % .....	50	ISOLYTE-S .....	50
INTRALIPID INTRAVENOUS EMULSION 30 % .....	50	ISOLYTE-S PH 7.4 .....	50
INTROVALE .....	62	<i>isoniazid injection</i> .....	74
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML .....	37	<i>isoniazid oral syrup</i> .....	74
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML .....	37	<i>isoniazid oral tablet</i> .....	74
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML .....	37	<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i> .....	28
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML .....	38	<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> .....	28
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML .....	38	<i>isosorbide dinitrate oral tablet 40 mg</i> .....	28
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML .....	38	<i>isosorbide mononitrate</i> .....	28
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML .....	38	<i>isosorbide mononitrate er</i> .....	28
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML .....	38	<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i> .....	48
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML .....	38	<i>isotretinoin oral capsule 25 mg</i> .....	48
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML .....	38	<i>isradipine</i> .....	28
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML .....	38	<i>itraconazole oral capsule</i> .....	74
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INVOKAMET XR .....	54	IWILFIN .....	19
INVOKANA .....	54	IXCHIQ .....	68
IOPIDINE OPHTHALMIC SOLUTION 1 % .....	80	IXIARO .....	68
IPOL .....	68	<b>J</b>	
<i>ipratropium bromide inhalation</i> .....	83	JAIMIESS .....	62
<i>ipratropium bromide nasal</i> .....	83	JAKAFI .....	19
<i>ipratropium-albuterol</i> .....	83	<i>jantoven</i> .....	25
<i>irbesartan</i> .....	28	JANUMET .....	54
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> .....	10	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG .....	54
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i> .....	28	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG .....	54
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i> .....	28	JANUVIA .....	54
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> .....	10	JARDIANCE .....	54
<i>irinotecan hcl intravenous solution 100 mg/5ml</i> .....	19	JASMIEL .....	62
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i> .....	19	JAVYGTOR .....	59
		JAYPIRCA ORAL TABLET 100 MG .....	19
		JAYPIRCA ORAL TABLET 50 MG .....	19
		JENCYCLA .....	62
		JENTADUETO .....	54
		JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG .....	54
		JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG .....	54
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JINTELI .....	62	KLOR-CON 10 .....	50
JOLESSA .....	62	KLOR-CON M10 .....	50
JULEBER .....	62	KLOR-CON M15 .....	50
JULUCA .....	74	KLOR-CON M20 .....	50
JUNEL 1.5/30 .....	62	KLOR-CON ORAL TABLET EXTENDED RELEASE .....	50
JUNEL 1/20 .....	62	KLOR-CON/EF .....	50
JUNEL FE 1.5/30 .....	62	KOSELUGO .....	79
JUNEL FE 1/20 .....	62	KOURZEQ .....	48
JUNEL FE 24 .....	62	KRAZATI .....	19
JUST RIGHT 5000 DENTAL PASTE .....	48	KURVELO .....	63
JYLAMVO .....	68	KYLEENA .....	63
JYNNEOS .....	68	KYPROLIS .....	19
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KADCYLA .....	19	<i>l</i> -glutamine oral packet .....	25
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KALLIGA .....	63	labetalol hcl oral .....	28
KALYDECO ORAL TABLET .....	83	lacosamide intravenous .....	38
KARIVA .....	63	lacosamide oral solution .....	38
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i> .....	50	lacosamide oral tablet .....	38
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%, 20-5-0.2 meq/l-%, 20-5-0.225 meq/l-%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%, 40-5-0.9 meq/l-%</i> .....	50	lactated ringers intravenous .....	50
<i>kcl-lactated ringers-d5w</i> .....	50	lactated ringers irrigation .....	79
kedrab injection .....	68	lactulose encephalopathy .....	57
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KESIMPTA .....	38	lamivudine oral tablet 100 mg .....	74
ketoconazole external cream .....	48	lamivudine oral tablet 150 mg .....	74
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ketoconazole external shampoo 2 % .....	48	lamivudine-zidovudine .....	75
ketoconazole oral .....	74	lamotrigine er .....	38
KETODAN EXTERNAL FOAM .....	48	lamotrigine oral tablet .....	38
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml .....	14	lamotrigine oral tablet chewable .....	38
ketorolac tromethamine intramuscular solution 60 mg/2ml .....	15	lamotrigine oral tablet dispersible .....	38
ketorolac tromethamine ophthalmic .....	80	lamotrigine starter kit-blue .....	38
ketorolac tromethamine oral .....	15	lamotrigine starter kit-orange .....	38
KEYTRUDA INTRAVENOUS SOLUTION .....	19	lanreotide acetate .....	63
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE .....	68	lansoprazole oral capsule delayed release 15 mg .....	57
KIONEX ORAL SUSPENSION .....	54	lansoprazole oral capsule delayed release 30 mg .....	57
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KISQALI (400 MG DOSE) .....	19	LANTUS .....	54
KISQALI (600 MG DOSE) .....	19	LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	54
KISQALI FEMARA (200 MG DOSE) .....	19	lapatinib ditosylate .....	19
KISQALI FEMARA (400 MG DOSE) .....	19	LARIN 1.5/30 .....	63
KISQALI FEMARA (600 MG DOSE) .....	19	LARIN 1/20 .....	63
KLAYESTA .....	48	LARIN 24 FE .....	63
		LARIN FE 1.5/30 .....	63
		LARIN FE 1/20 .....	63
		latanoprost ophthalmic .....	80
		LAYOLIS FE .....	63
		ledipasvir-sofosbuvir .....	75



LEENA .....	63	levonorgestrel-ethinyl estrad .....	63
leflunomide oral .....	68	LEVORA 0.15/30 (28) .....	63
lenalidomide oral capsule 10 mg .....	19	levothyroxine sodium oral tablet .....	63
lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg .....	19	LEVOXYL .....	63
lenalidomide oral capsule 5 mg .....	20	LEXIVA ORAL SUSPENSION .....	75
LENVIMA (10 MG DAILY DOSE) .....	20	LIBERVANT .....	38
LENVIMA (12 MG DAILY DOSE) .....	20	lidocaine external ointment 5 % .....	15
LENVIMA (14 MG DAILY DOSE) .....	20	lidocaine external patch 5 % .....	15
LENVIMA (18 MG DAILY DOSE) .....	20	lidocaine hcl (pf) injection solution 1 %, 1.5 % .....	15
LENVIMA (20 MG DAILY DOSE) .....	20	lidocaine hcl external solution .....	15
LENVIMA (24 MG DAILY DOSE) .....	20	lidocaine hcl injection solution 0.5 %, 1 %, 2 % .....	15
LENVIMA (4 MG DAILY DOSE) .....	20	lidocaine hcl mouth/throat .....	15
LENVIMA (8 MG DAILY DOSE) .....	20	lidocaine hcl urethral/mucosal .....	15
LESSINA .....	63	lidocaine viscous hcl .....	15
letrozole oral .....	20	lidocaine-prilocaine external cream .....	15
leucovorin calcium injection solution 100 mg/10ml .....	20	LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY .....	63
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg .....	20	lincomycin hcl injection .....	75
leucovorin calcium oral .....	20	linezolid in sodium chloride .....	75
LEUKERAN .....	20	linezolid intravenous solution 600 mg/300ml .....	75
LEUKINE INJECTION SOLUTION RECONSTITUTED ..	25	linezolid oral suspension reconstituted .....	75
leuprolide acetate (3 month) .....	20	linezolid oral tablet .....	75
leuprolide acetate injection .....	20	LINZESS .....	57
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml .....	83	liothyronine sodium intravenous .....	63
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml .....	83	liothyronine sodium oral .....	63
levalbuterol tartrate .....	83	liraglutide .....	54
levetiracetam er oral tablet extended release 24 hour 500 mg .....	38	lisinopril oral .....	28
levetiracetam er oral tablet extended release 24 hour 750 mg .....	38	lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg .....	10
levetiracetam intravenous .....	38	lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg .....	28
levetiracetam oral .....	38	lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg .....	28
LEVO-T .....	63	lisinopril-hydrochlorothiazide oral tablet 20-25 mg .....	28
levobunolol hcl ophthalmic solution 0.5 % .....	80	lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg .....	10
levocarnitine oral solution .....	50	lithium .....	38
levocarnitine oral tablet .....	50	lithium carbonate er .....	38
levocarnitine sf .....	50	lithium carbonate oral capsule 150 mg, 300 mg .....	38
levocetirizine dihydrochloride oral solution .....	84	lithium carbonate oral capsule 600 mg .....	38
levocetirizine dihydrochloride oral tablet .....	84	lithium carbonate oral tablet .....	38
levofloxacin in d5w .....	75	LIVTENCITY .....	75
levofloxacin intravenous .....	75	LO-ZUMANDIMINE .....	63
levofloxacin ophthalmic .....	80	LOESTRIN 1.5/30 (21) .....	63
levofloxacin oral solution .....	75	LOESTRIN FE 1.5/30 .....	63
levofloxacin oral tablet .....	75	LOESTRIN FE 1/20 .....	63
LEVONEST .....	63	LOJAIMIESS .....	63
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg .....	63	LOKELMA ORAL PACKET 10 GM .....	54
levonorgest-eth est & eth est .....	63	LOKELMA ORAL PACKET 5 GM .....	54
levonorgest-eth estrad 91-day .....	63	LONSURF .....	20
		loperamide hcl oral capsule .....	57
		lopinavir-ritonavir oral solution .....	75

<i>lopinavir-ritonavir oral tablet 100-25 mg</i> .....	75	LYZA .....	63
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> .....	75	<b>M</b>	
<i>lorazepam injection</i> .....	38	M-M-R II INJECTION .....	68
LORAZEPAM INTENSOL .....	38	<i>mafenide acetate external</i> .....	48
<i>lorazepam oral concentrate</i> .....	38	<i>magnesium sulfate injection solution 50 %, 50 %</i> <i>(10ml syringe)</i> .....	51
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> .....	38	<i>magnesium sulfate intravenous solution 2 gm/50ml,</i> <i>20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/</i> <i>1000ml</i> .....	51
LORBRENA ORAL TABLET 100 MG .....	20	<i>malathion external</i> .....	48
LORBRENA ORAL TABLET 25 MG .....	20	<i>mannitol intravenous solution 20 %, 25 %</i> .....	79
LORYNA .....	63	<i>maraviroc</i> .....	75
<i>losartan potassium oral tablet 100 mg</i> .....	28	<i>marlissa</i> .....	63
<i>losartan potassium oral tablet 25 mg, 50 mg</i> .....	29	MARPLAN .....	39
<i>losartan potassium oral tablet100 mg</i> .....	10	MATULANE .....	20
<i>losartan potassium oral tablet25 mg, 50 mg</i> .....	11	MATZIM LA .....	29
<i>losartan potassium-hctz</i> .....	29	MAVYRET ORAL PACKET .....	75
<i>losartan potassium-hctz oral tablet100-12.5 mg, 100-</i> <i>25 mg, 50-12.5 mg</i> .....	11	MAVYRET ORAL TABLET .....	75
LOTEMAX OPHTHALMIC OINTMENT .....	80	MAXIDEX .....	80
LOTEMAX SM .....	80	MAYZENT ORAL TABLET 0.25 MG .....	39
<i>loteprednol etabonate ophthalmic gel</i> .....	80	MAYZENT ORAL TABLET 1 MG, 2 MG .....	39
<i>loteprednol etabonate ophthalmic suspension 0.2</i> <i>%</i> .....	80	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG .....	39
<i>loteprednol etabonate ophthalmic suspension 0.5</i> <i>%</i> .....	80	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG .....	39
<i>lovastatin oral</i> .....	29	<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i> .....	57
<i>lovastatin oral tablet10 mg, 20 mg, 40 mg</i> .....	11	<i>meclofenamate sodium oral</i> .....	15
LOW-OGESTREL .....	63	MEDROL ORAL TABLET 2 MG .....	63
<i>loxapine succinate oral</i> .....	38	<i>medroxyprogesterone acetate intramuscular</i> .....	63
<i>lubiprostone</i> .....	57	<i>medroxyprogesterone acetate oral</i> .....	63
<i>luliconazole</i> .....	48	<i>mefenamic acid oral</i> .....	15
LUMAKRAS ORAL TABLET 120 MG .....	20	<i>mefloquine hcl</i> .....	75
LUMAKRAS ORAL TABLET 320 MG .....	20	<i>megestrol acetate oral suspension 40 mg/ml, 400</i> <i>mg/10ml, 800 mg/20ml</i> .....	20
LUMIGAN OPHTHALMIC SOLUTION 0.01 % .....	80	<i>megestrol acetate oral tablet</i> .....	20
LUMIZYME .....	59	MEKINIST ORAL SOLUTION RECONSTITUTED .....	20
LUPRON DEPOT (1-MONTH) .....	20	MEKINIST ORAL TABLET 0.5 MG .....	20
LUPRON DEPOT (3-MONTH) .....	20	MEKINIST ORAL TABLET 2 MG .....	20
LUPRON DEPOT (4-MONTH) .....	20	MEKTOVI .....	20
LUPRON DEPOT (6-MONTH) .....	20	<i>meloxicam oral tablet</i> .....	15
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG .....	63	<i>memantine hcl er</i> .....	39
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg,</i> <i>60 mg</i> .....	38	<i>memantine hcl oral solution 2 mg/ml</i> .....	39
<i>lurasidone hcl oral tablet 80 mg</i> .....	38	<i>memantine hcl oral tablet 10 mg</i> .....	39
LUTERA .....	63	<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10</i> <i>mg</i> .....	39
LYBALVI .....	39	<i>memantine hcl oral tablet 5 mg</i> .....	39
LYLEQ .....	63	MENACTRA INTRAMUSCULAR SOLUTION .....	68
LYNPARZA ORAL TABLET .....	20	MENEST .....	63
LYSODREN .....	20	MENQUADFI INTRAMUSCULAR SOLUTION .....	68
LYTGOBI (12 MG DAILY DOSE) .....	20	MENVEO .....	68
LYTGOBI (16 MG DAILY DOSE) .....	20	<i>mepiperidine hcl injection solution 25 mg/ml, 50 mg/</i> <i>ml</i> .....	15
LYTGOBI (20 MG DAILY DOSE) .....	20	<i>meprobamate</i> .....	39
LYUMJEV .....	54		
LYUMJEV KWIPEN .....	54		

mercaptapurine oral .....	20	methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg .....	39
meropenem intravenous solution reconstituted 1 gm, 500 mg .....	75	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg .....	39
mesalamine er oral capsule extended release ...	58	methylphenidate hcl er (osm) oral tablet extended release 36 mg .....	39
mesalamine er oral capsule extended release 24 hour .....	58	methylphenidate hcl er oral tablet extended release .....	39
mesalamine oral capsule delayed release .....	58	methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg .....	39
mesalamine oral tablet delayed release 1.2 gm ...	58	methylphenidate hcl er oral tablet extended release 24 hour 36 mg .....	39
mesalamine oral tablet delayed release 800 mg .....	58	methylphenidate hcl oral solution 10 mg/5ml .....	39
mesalamine rectal .....	58	methylphenidate hcl oral solution 5 mg/5ml .....	39
mesalamine-cleanser .....	58	methylphenidate hcl oral tablet .....	39
mesna .....	20	methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml .....	63
MESNEX ORAL .....	20	methylprednisolone oral .....	63
metformin hcl er oral tablet extended release 24 hour 500 mg .....	54	methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg .....	63
metformin hcl er oral tablet extended release 24 hour 750 mg .....	54	metoclopramide hcl injection .....	58
metformin hcl er oral tablet extended release 24 hour 500 mg .....	11	metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml .....	58
metformin hcl er oral tablet extended release 24 hour 750 mg .....	12	metoclopramide hcl oral tablet .....	58
metformin hcl oral tablet 1000 mg .....	54	metolazone .....	29
metformin hcl oral tablet 500 mg .....	54	metoprolol succinate er .....	29
metformin hcl oral tablet 850 mg .....	54	metoprolol tartrate intravenous solution 5 mg/5ml .....	29
metformin hcl oral tablet 1000 mg .....	12	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg .....	29
metformin hcl oral tablet 500 mg .....	12	metoprolol tartrate oral tablet 37.5 mg, 75 mg ....	29
metformin hcl oral tablet 850 mg .....	12	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg .....	11
METHADONE HCL INTENSOL .....	15	metoprolol-hydrochlorothiazide .....	29
methadone hcl oral concentrate .....	15	metronidazole external .....	48
methadone hcl oral solution .....	15	metronidazole intravenous solution 500 mg/100ml .....	75
methadone hcl oral tablet .....	15	metronidazole oral .....	75
methazolamide oral .....	80	metronidazole vaginal .....	60
methenamine hippurate .....	75	metyrosine .....	29
methenamine mandelate oral .....	75	mexiletine hcl oral .....	29
METHERGINE ORAL .....	79	MIBELAS 24 FE .....	63
methimazole oral .....	63	micafungin sodium .....	75
methocarbamol oral tablet 500 mg, 750 mg .....	39	miconazole 3 vaginal suppository .....	60
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml .....	68	MICROGESTIN 1.5/30 .....	63
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml .....	68	MICROGESTIN 1/20 .....	63
methotrexate sodium injection solution reconstituted .....	68	MICROGESTIN 24 FE .....	63
methotrexate sodium oral .....	68	MICROGESTIN FE 1.5/30 .....	64
methoxsalen rapid .....	48	MICROGESTIN FE 1/20 .....	64
methscopolamine bromide oral .....	58	midazolam hcl oral .....	39
methsuximide .....	39	midodrine hcl .....	29
methylergonovine maleate oral .....	79	mifepristone oral tablet 300 mg .....	64
methylphenidate hcl er (cd) .....	39	MIGERGOT .....	39
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg .....	39		

<i>miglitol</i> .....	54	<i>morphine sulfate oral tablet</i> .....	16
<i>miglustat</i> .....	59	MOUNJARO .....	54
MILI .....	64	MOVANTIK .....	58
MILLIPRED ORAL TABLET .....	64	<i>moxifloxacin hcl (2x day)</i> .....	80
MIMVEY .....	64	<i>moxifloxacin hcl in nacl</i> .....	75
<i>minocycline hcl oral</i> .....	75	<i>moxifloxacin hcl ophthalmic solution</i> .....	80
<i>minoxidil oral</i> .....	29	<i>moxifloxacin hcl oral</i> .....	75
<i>mirabegron er</i> .....	60	MRESVIA .....	68
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE		MULTAQ .....	29
20 MCG/DAY .....	64	<i>multiple electro type 1 ph 5.5</i> .....	51
<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i> .....	39	<i>multiple electro type 1 ph 7.4</i> .....	51
<i>mirtazapine oral tablet 45 mg</i> .....	39	<i>mupirocin calcium</i> .....	48
<i>mirtazapine oral tablet dispersible</i> .....	39	<i>mupirocin external</i> .....	48
<i>misoprostol oral</i> .....	58	MUTAMYCIN INTRAVENOUS SOLUTION	
<i>mitomycin intravenous solution reconstituted 5</i>		RECONSTITUTED 20 MG, 5 MG .....	21
<i>mg</i> .....	21	MUTAMYCIN INTRAVENOUS SOLUTION	
<i>modafinil oral tablet 100 mg</i> .....	39	RECONSTITUTED 40 MG .....	21
<i>modafinil oral tablet 200 mg</i> .....	39	<i>mycophenolate mofetil oral capsule</i> .....	68
<i>moexipril hcl</i> .....	29	<i>mycophenolate mofetil oral suspension</i>	
<i>molindone hcl</i> .....	39	<i>reconstituted</i> .....	68
<i>mometasone furoate external</i> .....	48	<i>mycophenolate mofetil oral tablet</i> .....	68
<i>mometasone furoate nasal</i> .....	84	<i>mycophenolate sodium</i> .....	68
MONDOXYNE NL ORAL CAPSULE 100 MG .....	75	<i>mycophenolic acid oral tablet delayed release</i>	
MONO-LINYAH .....	64	<i>mg, 360 mg</i> .....	68
<i>montelukast sodium oral</i> .....	84	MYHIBBIN .....	68
<i>morphine sulfate (concentrate) oral solution 100</i>		MYORISAN .....	48
<i>mg/5ml, 20 mg/ml</i> .....	15	MYRBETRIQ ORAL SUSPENSION RECONSTITUTED	
<i>morphine sulfate (pf) injection solution 0.5 mg/ml,</i>		ER .....	60
<i>1 mg/ml</i> .....	15	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24	
<i>morphine sulfate (pf) injection solution 10 mg/ml, 4</i>		HOUR .....	60
<i>mg/ml, 5 mg/ml</i> .....	15	<b>N</b>	
<i>morphine sulfate (pf) injection solution 8 mg/</i>		<i>na sulfate-k sulfate-mg sulf</i> .....	58
<i>ml</i> .....	15	<i>nabumetone oral</i> .....	16
<i>morphine sulfate (pf) intravenous solution 1 mg/ml,</i>		<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> .....	29
<i>2 mg/ml</i> .....	15	<i>nafcillin sodium injection solution reconstituted 1</i>	
<i>morphine sulfate (pf) intravenous solution 10 mg/</i>		<i>gm, 2 gm</i> .....	75
<i>ml</i> .....	15	<i>nafcillin sodium intravenous solution reconstituted</i>	
<i>morphine sulfate (pf) intravenous solution 8 mg/</i>		<i>10 gm</i> .....	75
<i>ml</i> .....	15	<i>naftifine hcl external cream</i> .....	48
<i>morphine sulfate er oral capsule extended release</i>		NAGLAZYME .....	59
<i>24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg,</i>		<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/</i>	
<i>80 mg</i> .....	15	<i>10ml</i> .....	39
<i>morphine sulfate er oral tablet extended release</i>		<i>naloxone hcl injection solution cartridge</i> .....	39
<i>100 mg, 200 mg</i> .....	15	<i>naloxone hcl injection solution prefilled</i>	
<i>morphine sulfate er oral tablet extended release</i>		<i>syringe</i> .....	40
<i>15 mg, 30 mg, 60 mg</i> .....	15	<i>naloxone hcl nasal</i> .....	40
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/</i>		<i>naltrexone hcl oral</i> .....	40
<i>ml</i> .....	15	NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY	
<i>morphine sulfate intravenous solution 10 mg/ml, 50</i>		PACK .....	40
<i>mg/ml</i> .....	15	NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24	
<i>morphine sulfate intravenous solution 4 mg/ml</i> ...	15	HOUR .....	40
<i>morphine sulfate intravenous solution 8 mg/ml</i> ...	15	<i>naproxen dr oral tablet delayed release 500</i>	
<i>morphine sulfate oral solution</i> .....	16	<i>mg</i> .....	16

<i>naproxen oral suspension</i> .....	16	<i>nitazoxanide oral</i> .....	75
<i>naproxen oral tablet</i> .....	16	<i>nitisinone</i> .....	59
<i>naproxen oral tablet delayed release</i> .....	16	NITRO-BID .....	29
<i>naproxen sodium oral tablet 275 mg, 550 mg</i> .....	16	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/ HR, 0.8 MG/HR .....	29
<i>naratriptan hcl</i> .....	40	<i>nitrofurantoin macrocrystal oral</i> .....	75
NARCAN .....	40	<i>nitrofurantoin monohyd macro</i> .....	75
NATACYN .....	80	<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/ 10ml</i> .....	75
<i>nateglinide oral tablet 120 mg</i> .....	54	<i>nitroglycerin intravenous</i> .....	29
<i>nateglinide oral tablet 60 mg</i> .....	54	<i>nitroglycerin rectal</i> .....	48
NAYZILAM .....	40	<i>nitroglycerin sublingual</i> .....	29
<i>nebivolol hcl</i> .....	29	<i>nitroglycerin transdermal patch 24 hour</i> .....	29
NECON 0.5/35 (28) .....	64	<i>nitroglycerin translingual solution</i> .....	29
<i>nefazodone hcl</i> .....	40	NIVESTYM INJECTION SOLUTION .....	25
NEO-POLYCIN .....	80	NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE .....	25
NEO-POLYCIN HC .....	80	<i>nizatidine oral capsule</i> .....	58
<i>neomycin sulfate oral</i> .....	75	NORA-BE .....	64
<i>neomycin-bacitracin zn-polymyx</i> .....	80	NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	64
<i>neomycin-polymyxin b gu</i> .....	79	<i>norelgestromin-eth estradiol</i> .....	64
<i>neomycin-polymyxin-dexameth</i> .....	80	<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> .....	64
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> .....	80	<i>norethin ace-eth estrad-fe oral tablet chewable</i> .....	64
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5- 10000-1</i> .....	81	<i>norethin-eth estradiol-fe</i> .....	64
<i>neomycin-polymyxin-hc otic</i> .....	81	<i>norethindron-ethinyl estrad-fe</i> .....	64
NERLYNX .....	21	<i>norethindrone acet-ethinyl est oral tablet</i> .....	64
NEULASTA ONPRO .....	25	<i>norethindrone acetate oral</i> .....	64
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .....	25	<i>norethindrone oral</i> .....	64
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML .....	25	<i>norethindrone-eth estradiol</i> .....	64
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE .....	25	<i>norgestim-eth estrad triphasic</i> .....	64
NEVANAC .....	81	<i>norgestimate-eth estradiol oral tablet 0.25-35 mg- mcg</i> .....	64
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i> .....	75	NORLYDA .....	64
<i>nevirapine oral suspension</i> .....	75	NORLYROC .....	64
<i>nevirapine oral tablet</i> .....	75	NORPACE CR .....	29
NEXPLANON .....	64	NORTREL 0.5/35 (28) .....	64
<i>niacin (antihyperlipidemic)</i> .....	29	NORTREL 1/35 (21) .....	64
<i>niacin er (antihyperlipidemic)</i> .....	29	NORTREL 1/35 (28) .....	64
<i>niacor</i> .....	29	NORTREL 7/7/7 .....	64
<i>nicardipine hcl intravenous</i> .....	29	<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i> .....	40
<i>nicardipine hcl oral</i> .....	29	<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i> .....	40
NICOTROL .....	40	<i>nortriptyline hcl oral solution</i> .....	40
NICOTROL NS .....	40	NORVIR ORAL PACKET .....	75
<i>nifedipine er</i> .....	29	NOVOPEN ECHO .....	79
<i>nifedipine er osmotic release</i> .....	29	NP THYROID .....	64
<i>nifedipine oral</i> .....	29	NUBEQA .....	21
NIKKI .....	64	NUCALA SUBCUTANEOUS SOLUTION AUTO- INJECTOR .....	84
<i>nilutamide</i> .....	21	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML .....	84
<i>nimodipine oral</i> .....	29		
NINLARO .....	21		
<i>nisoldipine er</i> .....	29		

NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML .....	84	olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg .....	40
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED .....	84	olanzapine oral tablet 20 mg .....	40
NUEDEXTA .....	40	olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg .....	40
NULOJIX .....	68	olanzapine oral tablet dispersible 20 mg .....	40
NUPLAZID ORAL CAPSULE .....	40	olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg .....	40
NUPLAZID ORAL TABLET 10 MG .....	40	olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg .....	40
NURTEC .....	40	olmesartan medoxomil oral tablet 20 mg, 40 mg .....	29
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	64	olmesartan medoxomil oral tablet 5 mg .....	29
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	64	olmesartan medoxomil oral tablet 20 mg, 40 mg .....	11
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	64	olmesartan medoxomil oral tablet 5 mg .....	11
NUZYRA ORAL .....	75	olmesartan medoxomil-hctz .....	29
NYAMYC .....	48	olmesartan-amlodipine-hctz .....	29
NYLIA 1/35 .....	64	olopatadine hcl nasal .....	84
NYLIA 7/7/7 .....	64	olopatadine hcl ophthalmic .....	81
nystatin external .....	48	omega-3-acid ethyl esters .....	29
nystatin mouth/throat .....	48	omeprazole oral capsule delayed release .....	58
nystatin oral tablet .....	75	OMNARIS .....	84
nystatin-triamcinolone .....	48	OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE .....	65
NYSTOP .....	48	OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED .....	65
○		ondansetron hcl injection .....	58
OCELLA .....	64	ondansetron hcl oral solution .....	58
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML .....	68	ondansetron hcl oral tablet 4 mg, 8 mg .....	58
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml .....	64	ondansetron oral tablet dispersible 16 mg .....	58
octreotide acetate injection solution 1000 mcg/ml .....	64	ondansetron oral tablet dispersible 4 mg, 8 mg .....	58
octreotide acetate injection solution 500 mcg/ml .....	64	ONUREG .....	21
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml .....	64	OPDIVO .....	21
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml .....	64	opium .....	58
ODEFSEY .....	76	OPSUMIT .....	84
ODOMZO .....	21	ORALONE .....	48
OFEV .....	84	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG .....	84
ofloxacin ophthalmic .....	81	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG .....	84
ofloxacin oral tablet 300 mg, 400 mg .....	76	ORGOVYX .....	21
ofloxacin otic .....	82	ORKAMBI ORAL TABLET .....	84
OGSIVEO ORAL TABLET 100 MG, 150 MG .....	21	orphenadrine citrate er .....	40
OGSIVEO ORAL TABLET 50 MG .....	21	ORSERDU ORAL TABLET 345 MG .....	21
OJEMDA ORAL SUSPENSION RECONSTITUTED .....	21	ORSERDU ORAL TABLET 86 MG .....	21
OJEMDA ORAL TABLET .....	21	ORSYTHIA .....	65
OJJAARA .....	21	oseltamivir phosphate oral capsule 30 mg .....	76
olanzapine intramuscular .....	40	oseltamivir phosphate oral capsule 45 mg, 75 mg .....	76
		oseltamivir phosphate oral suspension reconstituted .....	76
		OSPHENA .....	65

OTEZLA ORAL TABLET .....	69	<i>pamidronate disodium intravenous solution 6 mg/</i>	
OTEZLA ORAL TABLET THERAPY PACK .....	69	<i>ml</i> .....	55
<i>oxacillin sodium in dextrose intravenous solution 1</i>		PANDEL .....	48
<i>gm/50ml</i> .....	76	PANRETIN .....	48
<i>oxacillin sodium in dextrose intravenous solution 2</i>		<i>pantoprazole sodium intravenous</i> .....	58
<i>gm/50ml</i> .....	76	<i>pantoprazole sodium oral tablet delayed</i>	
<i>oxacillin sodium injection solution reconstituted 1</i>		<i>release</i> .....	58
<i>gm, 2 gm</i> .....	76	PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/	
<i>oxacillin sodium intravenous</i> .....	76	100ML .....	21
<i>oxaliplatin intravenous solution</i> .....	21	<i>paricalcitol oral</i> .....	55
<i>oxaliplatin intravenous solution reconstituted</i> .....	21	<i>paroxetine hcl er oral tablet extended release 24</i>	
<i>oxandrolone oral tablet 10 mg</i> .....	65	<i>hour 12.5 mg</i> .....	40
<i>oxandrolone oral tablet 2.5 mg</i> .....	65	<i>paroxetine hcl er oral tablet extended release 24</i>	
<i>oxaprozin oral tablet</i> .....	16	<i>hour 25 mg, 37.5 mg</i> .....	40
<i>oxazepam</i> .....	40	<i>paroxetine hcl oral suspension</i> .....	40
<i>oxcarbazepine</i> .....	40	<i>paroxetine hcl oral tablet 10 mg, 40 mg</i> .....	40
<i>oxiconazole nitrate</i> .....	48	<i>paroxetine hcl oral tablet 20 mg</i> .....	40
OXISTAT EXTERNAL LOTION .....	48	<i>paroxetine hcl oral tablet 30 mg</i> .....	40
<i>oxybutynin chloride er oral tablet extended release</i>		PAXLOVID (150/100) .....	76
<i>24 hour 10 mg, 15 mg</i> .....	60	PAXLOVID (300/100) .....	76
<i>oxybutynin chloride er oral tablet extended release</i>		<i>pazopanib hcl</i> .....	21
<i>24 hour 5 mg</i> .....	60	PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED	
<i>oxybutynin chloride oral solution</i> .....	60	SYRINGE .....	69
<i>oxybutynin chloride oral tablet 2.5 mg</i> .....	60	PEDVAX HIB INTRAMUSCULAR SUSPENSION .....	69
<i>oxybutynin chloride oral tablet 5 mg</i> .....	60	<i>peg 3350-kcl-na bicarb-nacl</i> .....	58
<i>oxycodone hcl oral capsule</i> .....	16	<i>peg-3350/electrolytes</i> .....	58
<i>oxycodone hcl oral concentrate 100 mg/5ml</i> .....	16	<i>peg-3350/electrolytes/ascorbat</i> .....	58
<i>oxycodone hcl oral solution</i> .....	16	<i>peg-kcl-nacl-nasulf-na asc-c</i> .....	58
<i>oxycodone hcl oral tablet</i> .....	16	PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/	
<i>oxycodone-acetaminophen oral tablet 10-325 mg,</i>		ML .....	69
<i>2.5-325 mg, 5-325 mg, 7.5-325 mg</i> .....	16	PEGASYS SUBCUTANEOUS SOLUTION PREFILLED	
OXYTROL .....	60	SYRINGE .....	69
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS		PEMAZYRE .....	21
SOLUTION PEN-INJECTOR 2 MG/1.5ML .....	54	PENBRAYA .....	69
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS		<i> penciclovir</i> .....	48
SOLUTION PEN-INJECTOR 2 MG/3ML .....	54	<i> penicillamine oral tablet</i> .....	60
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION		<i> penicillin g pot in dextrose</i> .....	76
PEN-INJECTOR 4 MG/3ML .....	54	<i> penicillin g potassium</i> .....	76
OZEMPIC (2 MG/DOSE) .....	54	<i> penicillin g sodium</i> .....	76
<b>P</b>		<i> penicillin v potassium</i> .....	76
<i> pacerone oral tablet 100 mg, 200 mg, 400 mg</i> ....	29	PENTACEL .....	69
<i> paclitaxel intravenous concentrate 100 mg/16.7ml,</i>		<i> pentamidine isethionate inhalation</i> .....	76
<i>150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i> .....	21	<i> pentamidine isethionate injection</i> .....	76
<i> paclitaxel protein-bound part</i> .....	21	<i> pentazocine-naloxone hcl</i> .....	16
<i> paliperidone er oral tablet extended release 24</i>		<i> pentoxifylline er</i> .....	25
<i> hour 1.5 mg, 3 mg</i> .....	40	<i> perindopril erbumine</i> .....	29
<i> paliperidone er oral tablet extended release 24</i>		PERIOGARD .....	48
<i> hour 6 mg</i> .....	40	PERJETA .....	21
<i> paliperidone er oral tablet extended release 24</i>		<i> permethrin external cream</i> .....	48
<i> hour 9 mg</i> .....	40	<i> perphenazine oral</i> .....	40
<i> pamidronate disodium intravenous solution 30 mg/</i>		<i> perphenazine-amitriptyline</i> .....	40
<i>10ml, 90 mg/10ml</i> .....	55	PERSERIS .....	41
		PFIZERPEN .....	76

<i>phenelzine sulfate oral</i> .....	41	<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i> .....	51
<i>phenobarbital oral elixir</i> .....	41	<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i> ...	51
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i> .....	41	<i>potassium chloride oral packet</i> .....	51
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i> .....	41	<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i> .....	51
<i>phenoxybenzamine hcl oral</i> .....	29	<i>potassium citrate er</i> .....	60
PHENYTEK .....	41	<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i> .....	51
PHENYTOIN INFATABS .....	41	POTELIGEO .....	21
<i>phenytoin oral</i> .....	41	<i>pramipexole dihydrochloride</i> .....	41
<i>phenytoin sodium extended</i> .....	41	<i>pramipexole dihydrochloride er</i> .....	41
PHESGO .....	21	<i>prasugrel hcl</i> .....	25
PHILITH .....	65	<i>pravastatin sodium</i> .....	29
PHOSPHOLINE IODIDE .....	81	<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> .....	11
PHYSIOLYTE .....	79	<i>praziquantel oral</i> .....	76
PIFELTRO .....	76	<i>prazosin hcl oral</i> .....	29
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> ...	81	PRED MILD .....	81
<i>pilocarpine hcl oral</i> .....	48	<i>prednicarbate external ointment</i> .....	65
<i>pimecrolimus</i> .....	48	<i>prednisolone acetate ophthalmic</i> .....	81
<i>pimozide</i> .....	41	<i>prednisolone oral solution</i> .....	65
PIMTREA .....	65	<i>prednisolone sodium phosphate ophthalmic</i> .....	81
<i>pindolol</i> .....	29	<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i> .....	65
<i>pioglitazone hcl oral tablet 15 mg</i> .....	55	<i>prednisolone sodium phosphate oral tablet dispersible</i> .....	65
<i>pioglitazone hcl oral tablet 30 mg</i> .....	55	PREDNISONO INTENSOL .....	65
<i>pioglitazone hcl oral tablet 45 mg</i> .....	55	<i>prednisone oral solution</i> .....	65
<i>pioglitazone hcl oral tablet 15 mg</i> .....	12	<i>prednisone oral tablet 1 mg</i> .....	65
<i>pioglitazone hcl oral tablet 30 mg</i> .....	12	<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> .....	65
<i>pioglitazone hcl oral tablet 45 mg</i> .....	12	<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i> .....	65
<i>pioglitazone hcl-glimepiride</i> .....	55	<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i> .....	65
<i>pioglitazone hcl-metformin hcl</i> .....	55	<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i> .....	41
<i>piperacillin sod-tazobactam</i> .....	76	<i>pregabalin er oral tablet extended release 24 hour 330 mg</i> .....	41
PIQRAY (200 MG DAILY DOSE) .....	21	<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> .....	41
PIQRAY (250 MG DAILY DOSE) .....	21	<i>pregabalin oral capsule 200 mg</i> .....	41
PIQRAY (300 MG DAILY DOSE) .....	21	<i>pregabalin oral capsule 225 mg, 300 mg</i> .....	41
<i>pirfenidone oral tablet 267 mg</i> .....	84	<i>pregabalin oral solution</i> .....	41
<i>pirfenidone oral tablet 534 mg, 801 mg</i> .....	84	PREHEVBRIO .....	69
<i>piroxicam oral</i> .....	16	PREMARIN ORAL .....	65
<i>pitavastatin calcium</i> .....	29	PREMARIN VAGINAL .....	65
PLENAMINE .....	51	PREMASOL INTRAVENOUS SOLUTION 10 % .....	51
PLENVU .....	58	PREMPHASE .....	65
<i>plerixafor</i> .....	25	PREMPRO .....	65
<i>pnv-dha</i> .....	51		
<i>podofilox external solution</i> .....	48		
POLYCIN .....	81		
<i>polymyxin b sulfate injection</i> .....	76		
<i>polymyxin b-trimethoprim</i> .....	81		
POMALYST .....	21		
PORTIA-28 .....	65		
<i>posaconazole oral</i> .....	76		
<i>potassium chloride crys er</i> .....	51		
<i>potassium chloride er</i> .....	51		
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i> .....	51		



<i>prenatal oral tablet 27-1 mg</i> .....	51	<i>propafenone hcl er</i> .....	30
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i> .....	51	<i>proparacaine hcl ophthalmic</i> .....	81
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID .....	51	<i>propranolol hcl er</i> .....	30
<i>prevalite</i> .....	30	<i>propranolol hcl intravenous</i> .....	30
PREVIDENT .....	48	<i>propranolol hcl oral solution</i> .....	30
PREVIDENT 5000 BOOSTER PLUS .....	48	<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> .....	30
PREVIDENT 5000 DRY MOUTH DENTAL GEL .....	48	<i>propranolol hcl oral tablet 60 mg</i> .....	30
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL ...	49	<i>propylthiouracil oral</i> .....	65
PREVIDENT 5000 KIDS .....	49	PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED .....	69
PREVIDENT 5000 ORTHO DEFENSE .....	49	PROSOL .....	51
PREVIDENT 5000 PLUS .....	49	<i>protriptyline hcl</i> .....	41
PREVIDENT 5000 SENSITIVE DENTAL GEL .....	49	PULMICORT FLEXHALER .....	84
PREVYMIS ORAL .....	76	PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML .....	84
PREZCOBIX .....	76	PURIXAN .....	21
PREZISTA ORAL SUSPENSION .....	76	<i>pyrazinamide oral</i> .....	76
PREZISTA ORAL TABLET 150 MG .....	76	<i>pyridostigmine bromide er</i> .....	41
PREZISTA ORAL TABLET 75 MG .....	76	<i>pyridostigmine bromide oral solution</i> .....	41
PRIFTIN .....	76	<i>pyridostigmine bromide oral tablet</i> .....	41
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i> .....	76	<i>pyrimethamine oral</i> .....	76
<i>primidone oral</i> .....	41	<b>Q</b>	
PRIORIX .....	69	QINLOCK .....	21
<i>probenecid oral</i> .....	16	QUADRACEL .....	69
<i>prochlorperazine</i> .....	58	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i> .....	41
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i> .....	58	<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i> .....	41
<i>prochlorperazine maleate oral</i> .....	58	<i>quetiapine fumarate oral tablet 100 mg</i> .....	41
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML .....	25-26	<i>quetiapine fumarate oral tablet 150 mg</i> .....	41
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML .....	26	<i>quetiapine fumarate oral tablet 200 mg</i> .....	41
PROCTO-MED HC EXTERNAL .....	49	<i>quetiapine fumarate oral tablet 25 mg</i> .....	41
PROCTOSOL HC EXTERNAL .....	49	<i>quetiapine fumarate oral tablet 300 mg</i> .....	41
PROCTOZONE-HC EXTERNAL .....	49	<i>quetiapine fumarate oral tablet 400 mg</i> .....	41
<i>progesterone oral</i> .....	65	<i>quetiapine fumarate oral tablet 50 mg</i> .....	41
PROGRAF INTRAVENOUS .....	69	<i>quinapril hcl</i> .....	30
PROGRAF ORAL PACKET .....	69	<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> .....	11
PROLASTIN-C INTRAVENOUS SOLUTION .....	59	<i>quinapril-hydrochlorothiazide</i> .....	30
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE .....	55	<i>quinidine sulfate oral</i> .....	30
PROMACTA ORAL PACKET 12.5 MG .....	26	<i>quinine sulfate oral</i> .....	76
PROMACTA ORAL PACKET 25 MG .....	26	QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT .....	84
PROMACTA ORAL TABLET 12.5 MG, 25 MG .....	26	QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT .....	84
PROMACTA ORAL TABLET 50 MG .....	26	<b>R</b>	
PROMACTA ORAL TABLET 75 MG .....	26	RABAVERT .....	69
<i>promethazine hcl injection</i> .....	58	<i>rabeprazole sodium oral tablet delayed release</i> .....	58
<i>promethazine hcl oral solution</i> .....	58	<i>raloxifene hcl</i> .....	65
<i>promethazine hcl oral tablet</i> .....	58	<i>ramelteon</i> .....	41
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> .....	58	<i>ramipril</i> .....	30
PROMETHEGAN .....	58		
<i>propafenone hcl</i> .....	30		

<i>ramipril oral capsule</i> 1.25 mg, 10 mg, 2.5 mg, 5 mg .....	11	<i>risedronate sodium oral tablet</i> 150 mg .....	55
<i>ranolazine er</i> .....	30	<i>risedronate sodium oral tablet</i> 30 mg .....	55
<i>rasagiline mesylate oral</i> .....	41	<i>risedronate sodium oral tablet</i> 35 mg, 35 mg (12 pack), 35 mg (4 pack) .....	55
RAVICTI .....	59	<i>risedronate sodium oral tablet</i> 5 mg .....	55
RECLIPSEN .....	65	<i>risedronate sodium oral tablet delayed release</i> .....	55
RECOMBIVAX HB .....	69	<i>risperidone microspheres er intramuscular suspension reconstituted er</i> 12.5 mg, 25 mg, 37.5 mg .....	41–42
RECTIV .....	49	<i>risperidone microspheres er intramuscular suspension reconstituted er</i> 50 mg .....	42
REGONOL INTRAVENOUS .....	41	<i>risperidone oral solution</i> .....	42
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT .....	76	<i>risperidone oral tablet</i> 0.25 mg .....	42
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG .....	41	<i>risperidone oral tablet</i> 0.5 mg .....	42
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE) .....	58	<i>risperidone oral tablet</i> 1 mg .....	42
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML .....	59	<i>risperidone oral tablet</i> 2 mg .....	42
REMICADE .....	69	<i>risperidone oral tablet</i> 3 mg, 4 mg .....	42
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML .....	84	<i>risperidone oral tablet dispersible</i> 0.25 mg .....	42
<i>repaglinide oral tablet</i> 0.5 mg .....	55	<i>risperidone oral tablet dispersible</i> 0.5 mg .....	42
<i>repaglinide oral tablet</i> 1 mg .....	55	<i>risperidone oral tablet dispersible</i> 1 mg .....	42
<i>repaglinide oral tablet</i> 2 mg .....	55	<i>risperidone oral tablet dispersible</i> 2 mg .....	42
REPATHA .....	30	<i>risperidone oral tablet dispersible</i> 3 mg .....	42
REPATHA PUSHTRONEX SYSTEM .....	30	<i>risperidone oral tablet dispersible</i> 4 mg .....	42
REPATHA SURECLICK .....	30	<i>ritonavir</i> .....	77
RESTASIS .....	81	RITUXAN HYCELA .....	22
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % .....	81	RITUXAN INTRAVENOUS SOLUTION .....	22
RETEVMO ORAL CAPSULE 40 MG .....	21	<i>rivastigmine</i> .....	42
RETEVMO ORAL CAPSULE 80 MG .....	21	<i>rivastigmine tartrate</i> .....	42
RETEVMO ORAL TABLET 120 MG, 160 MG .....	21	RIVELSA .....	65
RETEVMO ORAL TABLET 40 MG .....	21	<i>rizatriptan benzoate</i> .....	42
RETEVMO ORAL TABLET 80 MG .....	22	ROCKLATAN .....	81
RETROVIR INTRAVENOUS .....	76	<i>roflumilast</i> .....	84
REXULTI .....	41	<i>romidepsin intravenous solution reconstituted</i> ...	22
REYATAZ ORAL PACKET .....	76	<i>ropinirole hcl</i> .....	42
REZLIDHIA .....	22	<i>ropinirole hcl er</i> .....	42
REZUROCK .....	69	<i>rosuvastatin calcium oral</i> .....	30
RHOPRESSA .....	81	<i>rosuvastatin calcium oral tablet</i> 10 mg, 20 mg, 40 mg, 5 mg .....	11
RIABNI .....	22	ROTARIX .....	69
<i>ribavirin oral capsule</i> .....	76	ROTATEQ ORAL SOLUTION .....	69
<i>ribavirin oral tablet</i> 200 mg .....	76	ROWEEPRA ORAL TABLET 500 MG .....	42
RIDAURA .....	69	ROZLYTREK ORAL CAPSULE 100 MG .....	22
<i>rifabutin</i> .....	76	ROZLYTREK ORAL CAPSULE 200 MG .....	22
<i>rifampin intravenous</i> .....	76	ROZLYTREK ORAL PACKET .....	22
<i>rifampin oral</i> .....	76	RUBRACA .....	22
<i>riluzole</i> .....	41	<i>rufinamide oral suspension</i> .....	42
<i>rimantadine hcl</i> .....	76	<i>rufinamide oral tablet</i> 200 mg .....	42
<i>ringers</i> .....	51	<i>rufinamide oral tablet</i> 400 mg .....	42
<i>ringers irrigation</i> .....	79	RUKOBIA .....	77
RINVOQ .....	69	RYBELSUS ORAL TABLET 14 MG, 7 MG .....	55
RINVOQ LQ .....	69	RYBELSUS ORAL TABLET 3 MG .....	55
		RYBREVANT .....	22

RYDAPT .....	22	<i>simvastatin oral tablet</i> .....	30
RYLAZE .....	22	<i>simvastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 5	
RYTARY .....	42	<i>mg</i> .....	11
<b>S</b>		<i>sirolimus oral solution</i> .....	69
SAIZEN INJECTION SOLUTION RECONSTITUTED 5		<i>sirolimus oral tablet 0.5 mg, 1 mg</i> .....	69
MG .....	65	<i>sirolimus oral tablet 2 mg</i> .....	69
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED		SIRTURO .....	77
SYRINGE .....	26	SKYLA .....	65
<i>salsalate oral</i> .....	16	SKYRIZI INTRAVENOUS .....	69
SANCUSO .....	59	SKYRIZI PEN .....	69
SANDIMMUNE ORAL SOLUTION .....	69	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180	
SANDOSTATIN LAR DEPOT .....	65	MG/1.2ML .....	69
SANTYL .....	49	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360	
<i>sapropterin dihydrochloride oral packet</i> .....	59	MG/2.4ML .....	69
<i>sapropterin dihydrochloride oral tablet</i> .....	59	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED	
SARCLISA .....	22	SYRINGE .....	69
SAVELLA .....	42	<i>sodium bicarbonate intravenous solution 4.2 %, 7.5</i>	
SAVELLA TITRATION PACK .....	42	<i>%, 8.4 %</i> .....	51
SCSEMBLIX ORAL TABLET 100 MG .....	22	<i>sodium chloride (pf)</i> .....	51
SCSEMBLIX ORAL TABLET 20 MG .....	22	<i>sodium chloride injection solution 2.5 meq/ml</i> .....	51
SCSEMBLIX ORAL TABLET 40 MG .....	22	<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i> .....	51
<i>scopolamine</i> .....	59	<i>sodium chloride irrigation solution 0.9 %</i> .....	79
SECUADO .....	42	<i>sodium fluoride 5000 plus</i> .....	49
<i>selegiline hcl oral</i> .....	42	<i>sodium fluoride 5000 ppm dental cream</i> .....	49
<i>selenium sulfide external lotion</i> .....	49	<i>sodium fluoride 5000 ppm dental gel</i> .....	49
SELZENTRY ORAL SOLUTION .....	77	<i>sodium fluoride dental cream</i> .....	49
SELZENTRY ORAL TABLET 25 MG .....	77	<i>sodium fluoride dental gel 1.1 %</i> .....	49
SELZENTRY ORAL TABLET 75 MG .....	77	<i>sodium fluoride mouth/throat</i> .....	49
SEREVENT DISKUS INHALATION AEROSOL POWDER		<i>sodium fluoride oral tablet 2.2 (1 f) mg</i> .....	51
BREATH ACTIVATED 50 MCG/ACT .....	84	<i>sodium fluoride oral tablet chewable</i> .....	51
<i>sertraline hcl oral concentrate</i> .....	42	<i>sodium oxybate</i> .....	42
<i>sertraline hcl oral tablet 100 mg</i> .....	42	<i>sodium phenylbutyrate oral powder 3 gm/tsp</i> .....	59
<i>sertraline hcl oral tablet 25 mg</i> .....	42	<i>sodium phenylbutyrate oral tablet</i> .....	59
<i>sertraline hcl oral tablet 50 mg</i> .....	42	<i>sodium polystyrene sulfonate oral powder</i> .....	55
SETLAKIN .....	65	<i>sofosbuvir-velpatasvir</i> .....	77
<i>sevelamer carbonate oral packet 0.8 gm</i> .....	55	<i>solifenacin succinate</i> .....	60
<i>sevelamer carbonate oral packet 2.4 gm</i> .....	55	SOLQUA .....	55
<i>sevelamer carbonate oral tablet</i> .....	55	SOLTAMOX .....	22
<i>sevelamer hcl oral tablet 400 mg</i> .....	55	SOMATULINE DEPOT .....	65
<i>sevelamer hcl oral tablet 800 mg</i> .....	55	SOMAVERT .....	65
<i>sf</i> .....	49	<i>sorafenib tosylate</i> .....	22
<i>sf 5000 plus</i> .....	49	SORINE ORAL TABLET 120 MG, 160 MG, 240 MG .....	30
SHAROBEL .....	65	SORINE ORAL TABLET 80 MG .....	30
SHINGRIX INTRAMUSCULAR SUSPENSION		<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i> .....	30
RECONSTITUTED 50 MCG/0.5ML .....	69	<i>sotalol hcl (af) oral tablet 80 mg</i> .....	30
SIGNIFOR .....	65	<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i> .....	30
<i>sildenafil citrate intravenous</i> .....	84	<i>sotalol hcl oral tablet 80 mg</i> .....	30
<i>sildenafil citrate oral tablet 20 mg</i> .....	84	<i>spinosad</i> .....	49
<i>silodosin</i> .....	60	SPIRIVA HANDIHALER .....	84
<i>silver sulfadiazine external</i> .....	49	SPIRIVA RESPIMAT .....	84
SIMBRINZA .....	81	<i>spironolactone oral tablet 100 mg, 50 mg</i> .....	30
SIMLIYA .....	65	<i>spironolactone oral tablet 25 mg</i> .....	30
SIMPESSE .....	65		

<i>spironolactone-hctz</i> .....	30	SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-	
SPRAVATO (56 MG DOSE) .....	42	INJECTOR .....	55
SPRAVATO (84 MG DOSE) .....	42	SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-	
SPRINTEC 28 .....	65	INJECTOR .....	55
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE		SYMPAZAN ORAL FILM 10 MG, 20 MG .....	43
1000 MG, 250 MG, 500 MG .....	42	SYMPAZAN ORAL FILM 5 MG .....	43
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE		SYMTUZA .....	77
750 MG .....	42	SYNAGIS .....	79
SPRYCEL .....	22	SYNAREL .....	65
SPS .....	55	SYNJARDY .....	55
SRONYX .....	65	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24	
SSD (SILVER SULFADIAZINE) .....	49	HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG .....	55
STELARA INTRAVENOUS .....	69	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24	
STELARA SUBCUTANEOUS SOLUTION 45 MG/		HOUR 25-1000 MG .....	55
0.5ML .....	69	SYNTHROID .....	65
STELARA SUBCUTANEOUS SOLUTION PREFILLED		<b>T</b>	
SYRINGE .....	69	TABLOID .....	22
<i>sterile water for irrigation</i> .....	79	TABRECTA .....	22
STIOLTO RESPIMAT .....	84	<i>tacrolimus external ointment</i> .....	49
STIVARGA .....	22	<i>tacrolimus oral</i> .....	69
<i>streptomycin sulfate intramuscular</i> .....	77	<i>tadalafil (pah)</i> .....	84
STRIBILD .....	77	<i>tadalafil oral tablet 2.5 mg, 5 mg</i> .....	60
SUBVENITE .....	42	TAFINLAR ORAL CAPSULE .....	22
<i>sucrafate oral</i> .....	59	TAFINLAR ORAL TABLET SOLUBLE .....	22
<i>sulfacetamide sodium (acne)</i> .....	49	<i>tafluprost (pf)</i> .....	81
<i>sulfacetamide sodium ophthalmic</i> .....	81	TAGRISSO .....	22
<i>sulfacetamide-prednisolone ophthalmic</i>		TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG .....	22
<i>solution</i> .....	81	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG,	
<i>sulfadiazine oral</i> .....	77	1 MG .....	22
<i>sulfamethoxazole-trimethoprim intravenous</i> .....	77	<i>tamoxifen citrate oral</i> .....	22
<i>sulfamethoxazole-trimethoprim oral suspension</i>		<i>tamsulosin hcl</i> .....	60
200-40 mg/5ml .....	77	TAPERDEX 6-DAY .....	65
<i>sulfamethoxazole-trimethoprim oral tablet</i> .....	77	TARINA 24 FE .....	65
SULFAMYLON EXTERNAL CREAM .....	49	TARINA FE 1/20 EQ .....	65
<i>sulfasalazine oral</i> .....	59	TASIGNA .....	22
<i>sulindac oral tablet 150 mg</i> .....	16	<i>tasimelteon</i> .....	43
<i>sulindac oral tablet 200 mg</i> .....	16	<i>tazarotene external cream 0.1 %</i> .....	49
<i>sumatriptan nasal</i> .....	42	<i>tazarotene external gel</i> .....	49
<i>sumatriptan succinate oral</i> .....	43	TAZICEF INJECTION SOLUTION RECONSTITUTED 1	
<i>sumatriptan succinate refill subcutaneous solution</i>		GM .....	77
<i>cartridge</i> .....	43	TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	
<i>sumatriptan succinate subcutaneous solution 6</i>		2 GM, 6 GM .....	77
<i>mg/0.5ml</i> .....	43	TAZVERIK .....	22
<i>sumatriptan succinate subcutaneous solution auto-</i>		TDVAX .....	69
<i>injector</i> .....	43	TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/	
<i>sunitinib malate</i> .....	22	20ML .....	22
SUNLENCA ORAL .....	77	TECENTRIQ INTRAVENOUS SOLUTION 840 MG/	
SUNLENCA SUBCUTANEOUS .....	77	14ML .....	22
SUNOSI .....	43	TECVAYLI .....	22
SUPREP BOWEL PREP KIT .....	59	TEFLARO .....	77
SYEDA .....	65	<i>telmisartan oral tablet 20 mg, 40 mg</i> .....	30
SYMBICORT .....	84	<i>telmisartan oral tablet 80 mg</i> .....	30
		<i>telmisartan-amlodipine</i> .....	30

telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg .....	30	timolol maleate pf ophthalmic solution 0.5 % .....	81
telmisartan-hctz oral tablet 80-12.5 mg .....	30	tinidazole oral .....	77
temazepam oral capsule 15 mg, 30 mg .....	43	tiopronin oral tablet .....	60
temazepam oral capsule 22.5 mg, 7.5 mg .....	43	TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG .....	66
TENIVAC .....	69	TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML .....	66
tenofovir disoproxil fumarate .....	77	TIS-U-SOL .....	79
TEPMETKO .....	22	TIVICAY ORAL TABLET 10 MG .....	77
terazosin hcl oral .....	30	TIVICAY ORAL TABLET 25 MG, 50 MG .....	77
terbinafine hcl oral .....	77	TIVICAY PD .....	77
terbutaline sulfate injection .....	84	tizanidine hcl oral tablet .....	43
terbutaline sulfate oral .....	84	TOBRADEX OPHTHALMIC OINTMENT .....	81
terconazole .....	60	TOBRADEX ST .....	81
teriflunomide .....	43	tobramycin inhalation nebulization solution 300 mg/5ml .....	85
teriparatide .....	55	tobramycin ophthalmic .....	81
teriparatide (recombinant) .....	55	tobramycin sulfate injection solution .....	77
testosterone cypionate intramuscular solution 100 mg/ml .....	65	tobramycin sulfate injection solution reconstituted .....	77
testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml) .....	65-66	tobramycin-dexamethasone .....	81
testosterone enanthate intramuscular solution ...	66	tolcapone .....	43
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%) .....	66	tolmetin sodium oral capsule .....	16
testosterone transdermal gel 10 mg/act (2%) .....	66	tolmetin sodium oral tablet 600 mg .....	16
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%) .....	66	tolterodine tartrate .....	60
testosterone transdermal gel 20.25 mg/1.25gm (1.62%) .....	66	tolterodine tartrate er .....	60
testosterone transdermal solution .....	66	tolvaptan oral tablet 15 mg .....	55
tetrabenazine oral tablet 12.5 mg .....	43	tolvaptan oral tablet 30 mg .....	55
tetrabenazine oral tablet 25 mg .....	43	topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg .....	43
tetracycline hcl oral capsule .....	77	topiramate er oral capsule extended release 24 hour 100 mg .....	43
THALOMID ORAL CAPSULE 100 MG, 50 MG .....	22	topiramate er oral capsule extended release 24 hour 25 mg, 50 mg .....	43
THALOMID ORAL CAPSULE 150 MG, 200 MG .....	22	topiramate oral .....	43
THEO-24 .....	84	toremifene citrate .....	22
theophylline er .....	85	torsemide oral .....	30
theophylline oral .....	85	TOUJEO MAX SOLOSTAR .....	56
thioridazine hcl oral .....	43	TOUJEO SOLOSTAR .....	56
thiothixene oral .....	43	TPN ELECTROLYTES INTRAVENOUS CONCENTRATE .....	51
TIADYL ER .....	30	TRACLEER ORAL TABLET SOLUBLE .....	85
tiagabine hcl .....	43	TRADJENTA .....	56
TIBSOVO .....	22	tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg .....	16
TICE BCG .....	22	tramadol hcl (er biphasic) oral tablet extended release 24 hour .....	16
TICOVAC .....	69	tramadol hcl er .....	16
tigecycline .....	77	tramadol hcl oral tablet 50 mg .....	16
TILIA FE .....	66	tramadol-acetaminophen .....	16
timolol maleate (once-daily) .....	81		
TIMOLOL MALEATE OCUDOSE .....	81		
timolol maleate ophthalmic gel forming solution .....	81		
timolol maleate ophthalmic solution 0.25 % .....	81		
timolol maleate ophthalmic solution 0.5 % .....	81		
timolol maleate oral .....	30		

<i>trandolapril</i> .....	30	<i>triamterene-hctz oral tablet</i> .....	30
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> .....	11	<i>triazolam oral tablet 0.25 mg</i> .....	43
<i>trandolapril-verapamil hcl er</i> .....	30	TRIDERM EXTERNAL CREAM .....	49
<i>tranexamic acid intravenous solution 1000 mg/10ml</i> .....	26	<i>trientine hcl</i> .....	56
<i>tranexamic acid oral</i> .....	26	<i>trifluoperazine hcl oral</i> .....	43
<i>tranylcypromine sulfate</i> .....	43	<i>trifluridine ophthalmic</i> .....	77
TRAVASOL .....	51	<i>trihexyphenidyl hcl oral solution</i> .....	43
<i>travoprost (bak free)</i> .....	81	<i>trihexyphenidyl hcl oral tablet</i> .....	43
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i> .....	43	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG .....	56
<i>trazodone hcl oral tablet 300 mg</i> .....	43	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG .....	56
TRECTOR .....	77	TRIKAFTA ORAL TABLET THERAPY PACK .....	85
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT .....	85	TRIKAFTA ORAL THERAPY PACK .....	85
<i>treprostinil</i> .....	85	<i>trimethobenzamide hcl oral</i> .....	59
TRESIBA .....	56	<i>trimethoprim oral</i> .....	77
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML .....	56	<i>trimipramine maleate oral</i> .....	43
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML .....	56	TRINTELLIX .....	43
<i>tretinoin external cream</i> .....	49	TRIUMEQ .....	77
<i>tretinoin external gel 0.01 %, 0.025 %</i> .....	49	TRIUMEQ PD .....	77
<i>tretinoin external gel 0.05 %</i> .....	49	TRIVORA (28) .....	66
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i> ..	49	TRIZIVIR .....	77
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i> .....	49	TRODELVY .....	22
<i>tretinoin oral</i> .....	22	TROGARZO .....	77
TREXALL .....	69	TROPHAMINE INTRAVENOUS SOLUTION 10 % .....	51
TRI FEMYNOR .....	66	<i>trospium chloride</i> .....	60
TRI-ESTARYLLA .....	66	<i>trospium chloride er</i> .....	60
TRI-LEGEST FE .....	66	TRULICITY .....	56
TRI-LINYAH .....	66	TRUMENBA .....	70
TRI-LO-ESTARYLLA .....	66	TRUQAP .....	22
TRI-LO-MARZIA .....	66	TRUSELTIQ (100MG DAILY DOSE) .....	23
TRI-LO-MILI .....	66	TRUSELTIQ (125MG DAILY DOSE) .....	23
TRI-LO-SPRINTEC .....	66	TRUSELTIQ (50MG DAILY DOSE) .....	23
TRI-MILI .....	66	TRUSELTIQ (75MG DAILY DOSE) .....	23
TRI-NYMYO .....	66	TUDORZA PRESSAIR .....	85
TRI-SPRINTEC .....	66	TUKYSA .....	23
TRI-VYLIBRA .....	66	TURALIO ORAL CAPSULE 125 MG .....	23
TRI-VYLIBRA LO .....	66	TURQOZ .....	66
<i>triamcinolone acetonide external aerosol solution</i> .....	49	TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE .....	70
<i>triamcinolone acetonide external cream</i> .....	49	TYBLUME ORAL TABLET CHEWABLE .....	66
<i>triamcinolone acetonide external lotion</i> .....	49	TYBOST .....	77
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i> .....	49	TYDEMY .....	66
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> .....	66	TYMLOS .....	56
<i>triamcinolone acetonide mouth/throat</i> .....	49	TYPHIM VI .....	70
<i>triamterene-hctz oral capsule 37.5-25 mg</i> .....	30	TYVASO .....	85
		TYVASO REFILL KIT .....	85
		TYVASO STARTER KIT .....	85
		<b>U</b>	
		UBRELVY ORAL TABLET 100 MG .....	43
		UBRELVY ORAL TABLET 50 MG .....	43
		UDENYCA .....	26
		UNITHROID .....	66

UPTRAVI ORAL .....	85	<i>vancomycin hcl intravenous solution reconstituted</i>	
UPTRAVI TITRATION .....	85	1 gm, 10 gm, 100 gm, 5 gm, 500 mg .....	78
<i>ursodiol oral capsule 300 mg</i> .....	59	<i>vancomycin hcl intravenous solution reconstituted</i>	
<i>ursodiol oral tablet</i> .....	59	1.25 gm, 1.5 gm, 750 mg .....	78
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		<i>vancomycin hcl oral capsule 125 mg</i> .....	78
SYRINGE 100 MG/0.28ML .....	43	<i>vancomycin hcl oral capsule 250 mg</i> .....	78
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		<i>vancomycin hcl oral solution reconstituted 25 mg/</i>	
SYRINGE 125 MG/0.35ML .....	43	<i>ml</i> .....	78
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VANDAZOLE .....	60
SYRINGE 150 MG/0.42ML .....	43	VANFLYTA .....	23
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VAQTA .....	70
SYRINGE 200 MG/0.56ML .....	43	<i>varenicline tartrate (starter)</i> .....	44
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		<i>varenicline tartrate oral tablet 0.5 mg</i> .....	44
SYRINGE 250 MG/0.7ML .....	44	<i>varenicline tartrate oral tablet 1 mg, 1 mg (56</i>	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		<i>pack)</i> .....	44
SYRINGE 50 MG/0.14ML .....	44	<i>varenicline tartrate(continue)</i> .....	44
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED		VARIVAX .....	70
SYRINGE 75 MG/0.21ML .....	44	VARIZIG INTRAMUSCULAR SOLUTION .....	70
<b>V</b>		VASCEPA .....	31
<i>valacyclovir hcl oral tablet 1 gm</i> .....	77	VAXCHORA .....	70
<i>valacyclovir hcl oral tablet 500 mg</i> .....	77	VECAMYL .....	31
VALCHLOR .....	49	VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400	
<i>valganciclovir hcl oral solution reconstituted</i> .....	77	MG/20ML .....	23
<i>valganciclovir hcl oral tablet</i> .....	78	VELIVET .....	66
<i>valproate sodium intravenous solution 100 mg/ml,</i>		VELPHORO .....	56
<i>500 mg/5ml</i> .....	44	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM .....	56
<i>valproic acid oral capsule</i> .....	44	VELTASSA ORAL PACKET 8.4 GM .....	56
<i>valproic acid oral solution 250 mg/5ml</i> .....	44	VEMLIDY .....	78
<i>valsartan oral tablet 160 mg</i> .....	30	VENCLEXTA ORAL TABLET 10 MG .....	23
<i>valsartan oral tablet 320 mg</i> .....	30	VENCLEXTA ORAL TABLET 100 MG .....	23
<i>valsartan oral tablet 40 mg, 80 mg</i> .....	30	VENCLEXTA ORAL TABLET 50 MG .....	23
<i>valsartan oral tablet160 mg</i> .....	11	VENCLEXTA STARTING PACK .....	23
<i>valsartan oral tablet320 mg</i> .....	11	<i>venlafaxine besylate er</i> .....	44
<i>valsartan oral tablet40 mg, 80 mg</i> .....	11	<i>venlafaxine hcl</i> .....	44
<i>valsartan-hydrochlorothiazide</i> .....	30	<i>venlafaxine hcl er oral capsule extended release</i>	
<i>valsartan-hydrochlorothiazide oral tablet160-12.5</i>		<i>24 hour 150 mg</i> .....	44
<i>mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5</i>		<i>venlafaxine hcl er oral capsule extended release</i>	
<i>mg</i> .....	11	<i>24 hour 37.5 mg</i> .....	44
VALTOCO 10 MG DOSE .....	44	<i>venlafaxine hcl er oral capsule extended release</i>	
VALTOCO 15 MG DOSE .....	44	<i>24 hour 75 mg</i> .....	44
VALTOCO 20 MG DOSE .....	44	<i>venlafaxine hcl er oral tablet extended release 24</i>	
VALTOCO 5 MG DOSE .....	44	<i>hour 225 mg</i> .....	44
<i>vancomycin hcl in dextrose intravenous solution 1-</i>		VENTAVIS .....	85
<i>5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-</i>		<i>verapamil hcl er oral capsule extended release 24</i>	
<i>%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i> .....	78	<i>hour</i> .....	31
<i>vancomycin hcl in nacl intravenous solution 1-0.9</i>		<i>verapamil hcl er oral tablet extended release 120</i>	
<i>gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/</i>		<i>mg</i> .....	31
<i>150ml-%</i> .....	78	<i>verapamil hcl er oral tablet extended release 180</i>	
<i>vancomycin hcl intravenous solution 1000 mg/</i>		<i>mg, 240 mg</i> .....	31
<i>200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/</i>		<i>verapamil hcl intravenous</i> .....	31
<i>350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/</i>		<i>verapamil hcl oral</i> .....	31
<i>150ml</i> .....	78	VERQUVO .....	31
		VERSACLOZ .....	44

VERZENIO .....	23	XARELTO ORAL SUSPENSION RECONSTITUTED .....	26
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED		XARELTO ORAL TABLET 10 MG, 20 MG .....	26
750 MG .....	78	XARELTO ORAL TABLET 15 MG, 2.5 MG .....	26
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR .....	56	XARELTO STARTER PACK .....	26
VIENVA .....	66	XATMEP .....	70
<i>vigabatrin oral packet</i> .....	44	XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY	
<i>vigabatrin oral tablet</i> .....	44	PACK 100 & 150 MG .....	44
VIGADRONE ORAL PACKET .....	44	XCOPRI (350 MG DAILY DOSE) .....	44
VIGADRONE ORAL TABLET .....	44	XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG .....	44
VIGPODER .....	44	XCOPRI ORAL TABLET 150 MG, 200 MG .....	44
VIIBRYD ORAL TABLET .....	44	XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG	
<i>vilazodone hcl</i> .....	44	& 14 X 25 MG .....	44
<i>vinblastine sulfate intravenous solution</i> .....	23	XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG	
<i>vincristine sulfate intravenous</i> .....	23	& 14 X200 MG, 14 X 50 MG & 14 X100	
<i>vinorelbine tartrate</i> .....	23	MG .....	44-45
<i>viorele</i> .....	66	XDEMZY .....	81
VIRACEPT ORAL TABLET 250 MG .....	78	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	
VIRACEPT ORAL TABLET 625 MG .....	78	100 UNIT, 50 UNIT .....	45
VIREAD ORAL POWDER .....	78	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	
VIREAD ORAL TABLET 150 MG, 250 MG .....	78	200 UNIT .....	45
VIREAD ORAL TABLET 200 MG .....	78	XERMELO .....	59
VITRAKVI ORAL CAPSULE 100 MG .....	23	XGEVA .....	56
VITRAKVI ORAL CAPSULE 25 MG .....	23	XIFAXAN ORAL TABLET 550 MG .....	78
VITRAKVI ORAL SOLUTION .....	23	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24	
VIZIMPRO .....	23	HOUR 10-1000 MG, 10-500 MG, 5-500 MG .....	56
VOLNEA .....	66	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24	
VONJO .....	23	HOUR 2.5-1000 MG, 5-1000 MG .....	56
<i>voriconazole intravenous</i> .....	78	XIIDRA .....	81
<i>voriconazole oral suspension reconstituted</i> .....	78	XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	
<i>voriconazole oral tablet 200 mg</i> .....	78	1 X 40 MG .....	78
<i>voriconazole oral tablet 50 mg</i> .....	78	XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	
VOSEVI .....	78	1 X 80 MG .....	78
VOWST .....	59	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
VPRIV .....	59	150 MG/ML, 300 MG/2ML .....	85
VRAYLAR ORAL CAPSULE .....	44	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
VUMERITY .....	44	75 MG/0.5ML .....	85
VYFEMLA .....	66	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED	
VYLIBRA .....	66	SYRINGE 150 MG/ML, 300 MG/2ML .....	85
VYZULTA .....	81	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED	
<b>W</b>		SYRINGE 75 MG/0.5ML .....	85
<i>warfarin sodium oral</i> .....	26	XOLAIR SUBCUTANEOUS SOLUTION	
WELIREG .....	23	RECONSTITUTED .....	85
WERA .....	66	XOSPATA .....	23
<i>wixela inhub inhalation aerosol powder breath</i>		XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET	
<i>activated 100-50 mcg/act, 250-50 mcg/act, 500-50</i>		THERAPY PACK 50 MG .....	23
<i>mcg/act</i> .....	85	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET	
WYMZYA FE .....	66	THERAPY PACK 40 MG .....	23
<b>X</b>		XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET	
XALKORI ORAL CAPSULE .....	23	THERAPY PACK 40 MG .....	23
XALKORI ORAL CAPSULE SPRINKLE 150 MG .....	23	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET	
XALKORI ORAL CAPSULE SPRINKLE 20 MG .....	23	THERAPY PACK 60 MG .....	23
XALKORI ORAL CAPSULE SPRINKLE 50 MG .....	23	XPOVIO (60 MG TWICE WEEKLY) .....	23



XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG .....	23	<i>zidovudine oral capsule</i> .....	78
XPOVIO (80 MG TWICE WEEKLY) .....	23	<i>zidovudine oral syrup</i> .....	78
XTANDI ORAL CAPSULE .....	23	<i>zidovudine oral tablet</i> .....	78
XTANDI ORAL TABLET 40 MG .....	23	ZIEXTENZO .....	26
XTANDI ORAL TABLET 80 MG .....	23	<i>ziprasidone hcl oral capsule 20 mg</i> .....	45
XULANE .....	66	<i>ziprasidone hcl oral capsule 40 mg</i> .....	45
<b>Y</b>		<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i> .....	45
YARGESA .....	59	<i>ziprasidone mesylate</i> .....	45
YERVOY .....	23	ZIRGAN .....	78
YF-VAX .....	70	<i>zoledronic acid intravenous concentrate</i> .....	56
<i>yuvafem</i> .....	66	<i>zoledronic acid intravenous solution</i> .....	56
<b>Z</b>		ZOLINZA .....	24
ZAFEMY .....	66	<i>zolmitriptan oral</i> .....	45
<i>zafirlukast</i> .....	85	<i>zolpidem tartrate er</i> .....	45
<i>zaleplon oral capsule 10 mg</i> .....	45	<i>zolpidem tartrate oral tablet</i> .....	45
<i>zaleplon oral capsule 5 mg</i> .....	45	ZONISADE .....	45
ZARXIO .....	26	<i>zonisamide oral</i> .....	45
ZEJULA ORAL TABLET 100 MG .....	24	ZOVIA 1/35 (28) .....	66
ZEJULA ORAL TABLET 200 MG, 300 MG .....	24	ZTALMY .....	45
ZELBORAF .....	24	ZUMANDIMINE .....	66
ZENATANE .....	49	ZURZUVAE .....	45
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT .....	59	ZYDELIG .....	24
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT .....	59	ZYKADIA ORAL TABLET .....	24
ZEPZELCA .....	24	ZYLET .....	81
ZETONNA .....	85	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG .....	45
		ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG .....	45
		ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML ..	78

# Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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This formulary was updated on September 1, 2024.

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

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