



List of covered drugs

2023 Formulary

Anthem Medicare Preferred (PPO) with Senior Rx Plus

with a \$0 copay for Select Generics

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This *Formulary* was updated on September 1, 2022.

For more recent information or other pharmacy-related benefits questions, please contact Pharmacy Member Services at **1-833-285-4630**, or for TTY users, **711**, 24 hours a day, 7 days a week.

For all other questions, please contact Member Services at **1-844-963-0436**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com**.

Note to members:

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

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

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

This document includes a list of the covered Part D drugs for your plan which is current as of 1/1/2023. For an updated *Formulary*, please review the *Formulary* online at **www.anthem.com**, or call Pharmacy Member Services. Our contact information, along with the date we last updated the *Formulary*, appears on the front and back covers.

You must generally use network pharmacies to use your prescription drug benefit. Your benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year. You will receive notice when necessary.

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

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

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

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

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

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

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

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

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

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

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

Can the *Part D* Formulary (*Drug List*) change?

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

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 *Formulary* that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year, except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the *Drug List* for the new benefit year for any changes to drugs.

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

This *Formulary* is current as of 1/1/2023. To get updated information about the drugs covered by your plan, please refer to your *Formulary* online at www.anthem.com, or call Pharmacy Member Services. Our contact information appears on the front and back covers.

How do I use the *Part D Formulary*?

There are two ways to find your drug within the *Formulary*:

Medical Condition

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

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 113. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

These requirements and limits may include:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Your plan's *Part D Formulary*

The *Formulary* that begins on page 11 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 113.

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

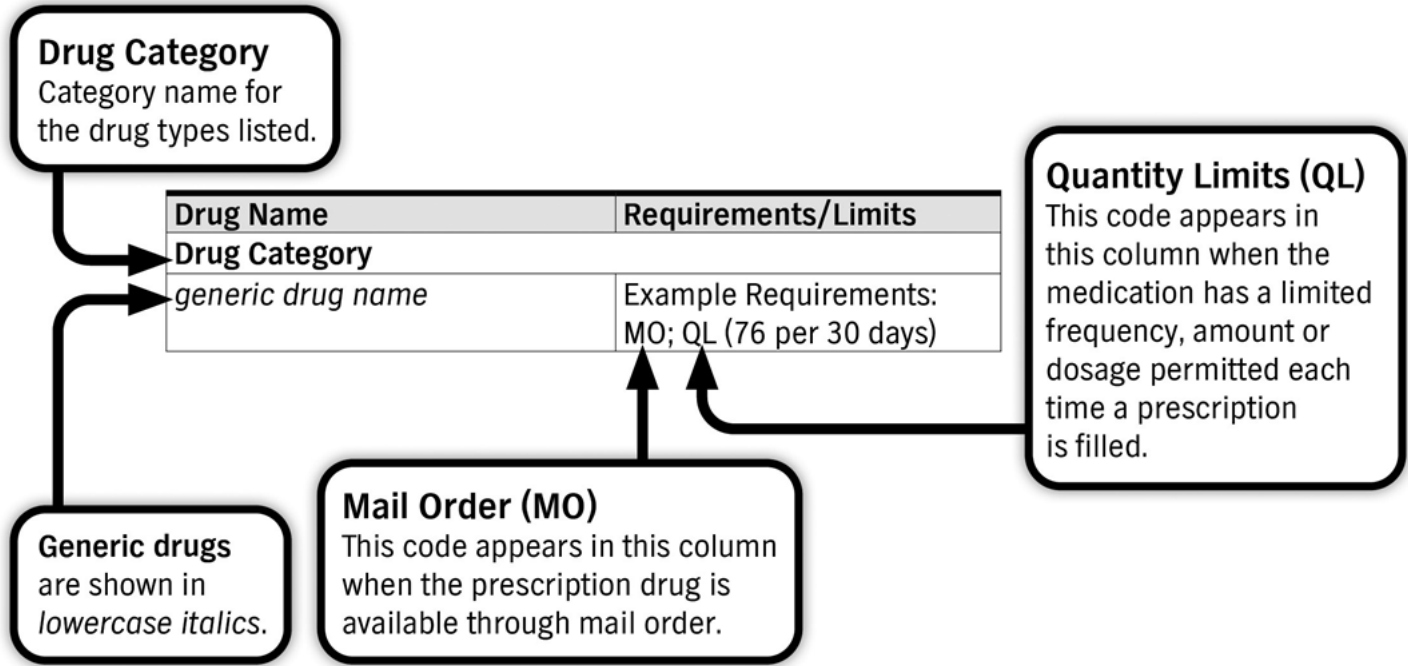
The **second column** of the chart identifies the tier placement of each medication covered in your *Formulary*. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find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

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

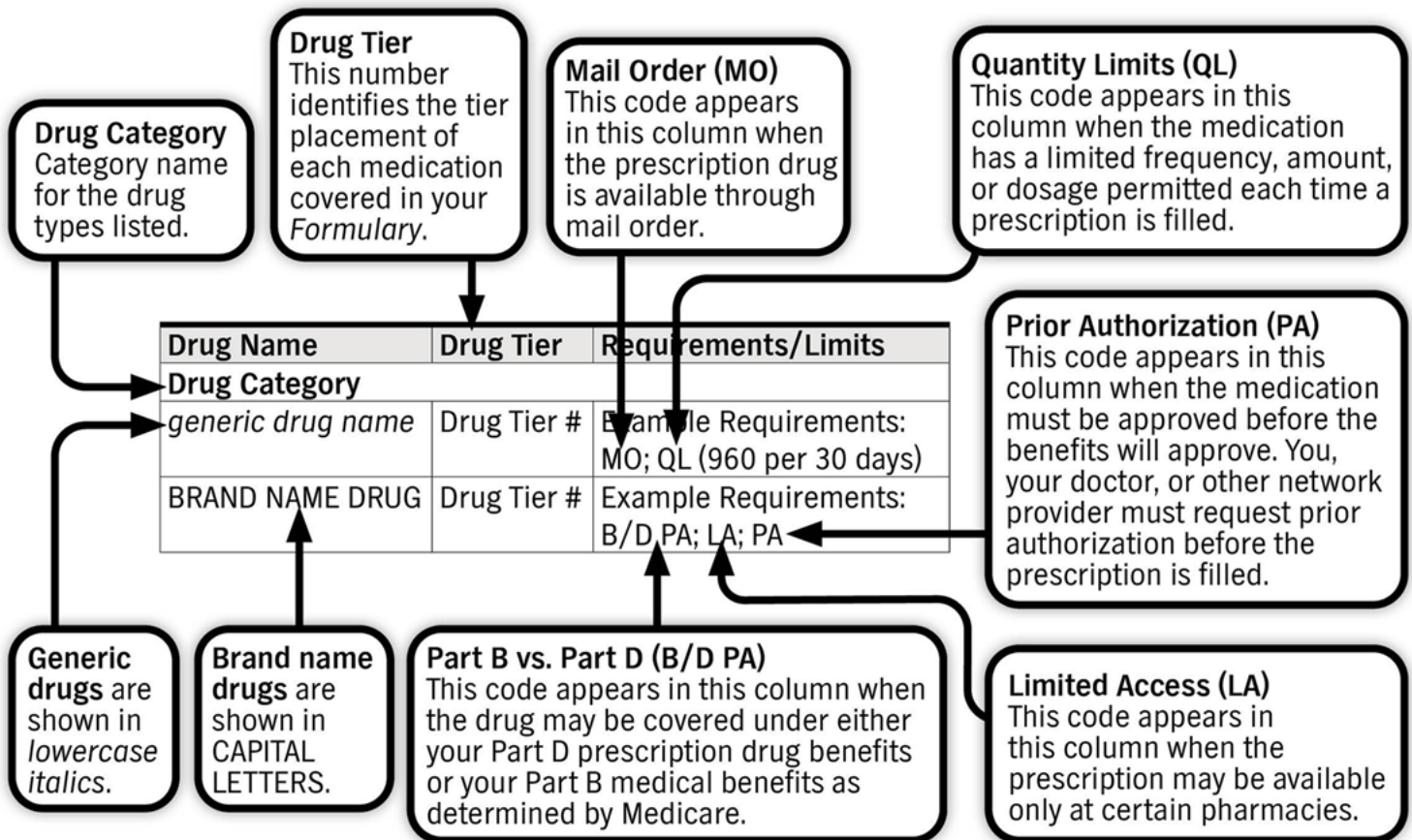
The benefits chart in your *Evidence of Coverage* will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of \$4,660. Please check your benefits chart and *Evidence of Coverage* online at **www.anthem.com**, for complete details on the cost you must pay for drugs covered by your drug plan.

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

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



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



Select Generics for 2023

You may fill up to a 100-day supply of Select Generics if prescribed by your provider. These drugs are covered under your Anthem Medicare Preferred (PPO) with Senior Rx Plus plan at a **\$0 copay**.

Legend

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

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

Drug Name	Requirements /Limits	Drug Name	Requirements /Limits
Blood Glucose Regulators		<i>metformin hcl 500 mg tab</i>	MO; QL (150 per 30 days)
<i>glimepiride 1 mg tab</i>	MO; QL (240 per 30 days)	<i>metformin hcl 850 mg tab</i>	MO; QL (90 per 30 days)
<i>glimepiride 2 mg tab</i>	MO; QL (120 per 30 days)	<i>metformin hcl er 500 mg tab er 24h</i>	MO; QL (120 per 30 days)
<i>glimepiride 4 mg tab</i>	MO; QL (60 per 30 days)	<i>metformin hcl er 750 mg tab er 24h</i>	MO; QL (60 per 30 days)
<i>glipizide 10 mg tab</i>	MO; QL (120 per 30 days)	<i>pioglitazone hcl 15 mg tab</i>	MO; QL (90 per 30 days)
<i>glipizide 5 mg tab</i>	MO; QL (240 per 30 days)	<i>pioglitazone hcl 30 mg tab</i>	MO; QL (45 per 30 days)
<i>glipizide er 10 mg tab er 24h</i>	MO; QL (60 per 30 days)	<i>pioglitazone hcl 45 mg tab</i>	MO; QL (30 per 30 days)
<i>glipizide er 2.5 mg tab er 24h</i>	MO; QL (240 per 30 days)	Cardiovascular Agents	
<i>glipizide er 5 mg tab er 24h</i>	MO; QL (120 per 30 days)	<i>amlodipine besy-benazepril hcl</i>	MO
<i>glipizide xl 10 mg tab er 24h</i>	MO; QL (60 per 30 days)	<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	MO
<i>glipizide xl 2.5 mg tab er 24h</i>	MO; QL (240 per 30 days)	<i>atenolol-chlorthalidone</i>	MO
<i>glipizide xl 5 mg tab er 24h</i>	MO; QL (120 per 30 days)	<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	MO
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	MO; QL (240 per 30 days)	<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	MO
<i>glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab</i>	MO; QL (120 per 30 days)	<i>benazepril-hydrochlorothiazide</i>	MO
<i>metformin hcl 1000 mg tab</i>	MO; QL (60 per 30 days)	<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	MO
		<i>bisoprolol-hydrochlorothiazide</i>	MO
		<i>carvedilol</i>	MO
		<i>chlorthalidone</i>	MO

Drug Name	Requirements /Limits
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	MO
<i>enalapril-hydrochlorothiazide</i>	MO
<i>fosinopril sodium</i>	MO
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	MO
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	MO
<i>irbesartan</i>	MO
<i>irbesartan-hydrochlorothiazide</i>	MO
<i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	MO
<i>lisinopril-hydrochlorothiazide</i>	MO
<i>losartan potassium 25 mg tab, 50 mg tab, 100 mg tab</i>	MO
<i>losartan potassium-hctz</i>	MO
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	MO

Drug Name	Requirements /Limits
<i>metoprolol tartrate 25 mg tab, 50 mg tab, 100 mg tab</i>	MO
<i>olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab</i>	MO
<i>pravastatin sodium</i>	MO
<i>quinapril hcl</i>	MO
<i>ramipril</i>	MO
<i>rosuvastatin calcium</i>	MO
<i>simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	MO
<i>trandolapril</i>	MO
<i>valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab</i>	MO
<i>valsartan-hydrochlorothiazide</i>	MO
Metabolic Bone Disease Agents	
<i>alendronate sodium 35 mg tab, 70 mg tab</i>	MO; QL (4 per 28 days)
<i>alendronate sodium 5 mg tab, 10 mg tab</i>	MO; QL (30 per 30 days)

Covered Medications by Therapeutic Category - Part D Eligible Drugs

Legend

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

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

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

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

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

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

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

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

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

S - Specialty: Specialty drugs cost \$830 or more for a 30-day supply. Most plans limit Specialty drug fills to a 30-day supply. You can find out if Specialty drug fills are limited to a 30-day supply by checking the benefits chart in the front of your *Evidence of Coverage* which can be found online at www.anthem.com, or call the Pharmacy Member Services number listed on the front and back covers.

Part D Eligible Drugs

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
Analgesics			<i>acetaminophen-codeine</i> 300-15 mg tab, 300-30 mg tab, 300-60 mg tab	1	QL (180 per 30 days); NEDS
<i>acetaminophen-codeine</i> #2	1	QL (180 per 30 days); NEDS	ACTIQ	4	PA; QL (120 per 30 days); NEDS; S
<i>acetaminophen-codeine</i> #3	1	QL (180 per 30 days); NEDS	<i>apap-caff-dihydrocodeine</i> 320.5-30-16 mg cap	3	QL (180 per 30 days); NEDS
<i>acetaminophen-codeine</i> #4	1	QL (180 per 30 days); NEDS	ARTHROTEC	3	MO
<i>acetaminophen-codeine</i> 120-12 mg/5ml solution	1	QL (900 per 30 days); NEDS			

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

Drug Name	Drug Tier	Requirements /Limits
<i>ascomp-codeine</i>	1	PA; QL (180 per 30 days); NEDS
BELBUCA 600 MCG FILM, 750 MCG FILM, 900 MCG FILM	4	PA; QL (60 per 30 days); NEDS; S
BELBUCA 75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM	3	PA; QL (60 per 30 days); NEDS
BELLADONNA ALKALOIDS-OPIUM	4	S
<i>buprenorphine 10 mcg/hr patch wk, 15 mcg/hr patch wk</i>	3	PA; QL (4 per 28 days); NEDS
<i>buprenorphine 5 mcg/hr patch wk, 20 mcg/hr patch wk</i>	1	PA; QL (4 per 28 days); NEDS
<i>buprenorphine 7.5 mcg/hr patch wk</i>	3	PA; NEDS
<i>butalbital-apap-caff-cod</i>	1	PA; QL (180 per 30 days); NEDS
<i>butalbital-asa-caff-codeine</i>	1	PA; QL (180 per 30 days); NEDS
<i>butalbital-aspirin-cafeine 50-325-40 mg cap</i>	1	PA; QL (180 per 30 days)
BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB	2	PA; QL (180 per 30 days)
<i>butorphanol tartrate 1 mg/ml solution</i>	1	QL (240 per 30 days); NEDS
<i>butorphanol tartrate 10 mg/ml solution</i>	1	QL (5 per 30 days); NEDS
<i>butorphanol tartrate 2 mg/ml solution</i>	1	QL (120 per 30 days); NEDS
BUTRANS 20 MCG/HR PATCH WK	4	PA; QL (4 per 28 days); NEDS; S
BUTRANS 5 MCG/HR PATCH WK, 10 MCG/HR PATCH WK, 15 MCG/HR PATCH WK	3	PA; QL (4 per 28 days); NEDS
BUTRANS 7.5 MCG/HR PATCH WK	3	PA; NEDS
CALDOLOR	3	
CAMBIA	4	PA; QL (9 per 30 days); S

Drug Name	Drug Tier	Requirements /Limits
<i>carisoprodol-aspirin-codeine</i>	3	PA
<i>cataflam</i>	4	MO; S
CELEBREX	3	MO
<i>celecoxib 50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap</i>	1	MO
<i>codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab</i>	2	QL (180 per 30 days); NEDS
CONZIP	3	PA; QL (30 per 30 days); NEDS
DAYPRO	3	MO
DEMEROL	3	PA; QL (120 per 30 days); NEDS
<i>diclofenac epolamine</i>	3	PA; QL (60 per 30 days)
<i>diclofenac potassium 25 mg cap</i>	4	S
<i>diclofenac potassium 25 mg tab</i>	4	MO; S
<i>diclofenac potassium 50 mg tab</i>	1	MO
<i>diclofenac sodium 1 % gel</i>	1	QL (1000 per 30 days)
<i>diclofenac sodium 1.5 % solution</i>	1	QL (300 per 30 days)
<i>diclofenac sodium 2 % solution</i>	4	QL (224 per 28 days); S
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal 500 mg tab</i>	1	MO
DILAUDID 0.2 MG/ML SOLUTION, 1 MG/ML SOLUTION, 2 MG TAB, 2 MG/ML SOLUTION, 4 MG TAB, 8 MG TAB	3	QL (180 per 30 days); NEDS
DILAUDID 1 MG/ML LIQUID	3	QL (720 per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements /Limits
<i>duramorph</i>	1	QL (180 per 30 days); NEDS
<i>ec-naproxen</i>	1	MO
ELYXYB	3	PA; QL (43.2 per 30 days)
<i>endocet</i>	1	QL (180 per 30 days); NEDS
<i>etodolac</i>	1	MO
<i>etodolac er</i>	1	MO
FELDENE	3	MO
<i>fenoprofen calcium 400 mg cap</i>	3	MO
<i>fenoprofen calcium 600 mg tab</i>	1	MO
<i>fentanyl 12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr</i>	1	PA; QL (15 per 30 days); NEDS
<i>fentanyl 37.5 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr</i>	3	PA; QL (15 per 30 days); NEDS
<i>fentanyl 87.5 mcg/hr patch 72hr</i>	4	PA; QL (15 per 30 days); NEDS; S
FENTANYL CITRATE (PF) 50 MCG/ML SOLUTION, 100 MCG/2ML SOLN CART, 100 MCG/2ML SOLUTION	3	NEDS
<i>fentanyl citrate (pf) 50 mcg/ml solution, 250 mcg/5ml solution, 500 mcg/10ml solution, 1000 mcg/20ml solution, 2500 mcg/50ml solution</i>	4	NEDS; S
<i>fentanyl citrate 100 mcg tab, 200 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab</i>	4	PA; QL (120 per 30 days); NEDS; S
FENTANYL CITRATE 100 MCG/2ML SOLN PRSYR	3	NEDS
<i>fentanyl citrate 200 mcg loz handle, 400 mcg loz handle</i>	3	PA; QL (120 per 30 days); NEDS

Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl citrate 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle</i>	4	PA; QL (120 per 30 days); NEDS; S
FENTANYL CITRATE PF	3	NEDS
FENTORA	4	PA; QL (120 per 30 days); NEDS; S
FIORICET/CODEINE	4	PA; QL (180 per 30 days); NEDS; S
FLECTOR	3	PA; QL (60 per 30 days)
<i>flurbiprofen 100 mg tab</i>	1	MO
<i>hydrocodone bitartrate er 10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 30 mg cap er 12h, 40 mg cap er 12h, 50 mg cap er 12h</i>	3	PA; QL (60 per 30 days); NEDS
<i>hydrocodone bitartrate er 100 mg tb24 deter, 120 mg tb24 deter</i>	4	PA; QL (30 per 30 days); NEDS; S
<i>hydrocodone bitartrate er 20 mg tb24 deter, 30 mg tb24 deter, 40 mg tb24 deter, 60 mg tb24 deter, 80 mg tb24 deter</i>	3	PA; QL (30 per 30 days); NEDS
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution</i>	1	QL (2700 per 30 days); NEDS
<i>hydrocodone-acetaminophen 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab</i>	1	QL (180 per 30 days); NEDS
<i>hydrocodone-ibuprofen</i>	1	QL (50 per 10 days); NEDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	QL (720 per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone hcl 1 mg/ml solution, 2 mg tab, 2 mg/ml solution, 4 mg tab, 8 mg tab</i>	1	QL (180 per 30 days); NEDS
<i>hydromorphone hcl 4 mg/ml solution</i>	1	QL (60 per 30 days); NEDS
<i>hydromorphone hcl er</i>	3	PA; QL (30 per 30 days); NEDS
HYDROMORPHONE HCL PF 1 MG/ML SOLUTION	2	QL (180 per 30 days); NEDS
<i>hydromorphone hcl pf 10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution</i>	1	QL (120 per 30 days); NEDS
HYDROMORPHONE HCL PF 2 MG/ML SOLUTION	1	QL (180 per 30 days); NEDS
HYDROMORPHONE HCL PF 4 MG/ML SOLUTION	2	QL (60 per 30 days); NEDS
HYSINGLA ER 20 MG TB24 DETER, 30 MG TB24 DETER, 40 MG TB24 DETER	3	PA; QL (30 per 30 days); NEDS
HYSINGLA ER 60 MG TB24 DETER, 80 MG TB24 DETER, 100 MG TB24 DETER, 120 MG TB24 DETER	4	PA; QL (30 per 30 days); NEDS; S
<i>ibu</i>	1	MO
<i>ibuprofen 100 mg/5ml suspension</i>	1	
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MO
INDOCIN 25 MG/5ML SUSPENSION	3	PA; MO
INDOCIN 50 MG SUPPOS	4	MO; S
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	PA; MO
<i>indomethacin er</i>	1	PA; MO
KADIAN 10 MG CAP ER 24H	3	PA; QL (60 per 30 days); NEDS
KADIAN 50 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H, 200 MG CAP ER 24H	4	PA; QL (60 per 30 days); NEDS; S
<i>ketoprofen 25 mg cap</i>	4	MO; S

Drug Name	Drug Tier	Requirements /Limits
<i>ketoprofen er</i>	1	MO
<i>ketorolac tromethamine 10 mg tab, 15 mg/ml solution, 30 mg/ml solution, 60 mg/2ml solution</i>	1	PA
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	4	QL (5 per 30 days); S
LAZANDA 100 MCG/ACT SOLUTION, 400 MCG/ACT SOLUTION	4	PA; QL (30 per 30 days); NEDS; S
<i>levorphanol tartrate 2 mg tab, 3 mg tab</i>	4	QL (180 per 30 days); NEDS; S
LICART	3	PA; QL (30 per 30 days)
LODINE	4	MO; S
<i>lofena</i>	4	MO; S
LORTAB	3	QL (2025 per 30 days); NEDS
<i>meclofenamate sodium 50 mg cap, 100 mg cap</i>	1	MO
<i>mefenamic acid 250 mg cap</i>	1	MO
<i>meloxicam 5 mg cap, 10 mg cap</i>	3	ST; MO
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	1	MO
<i>meperidine hcl 25 mg/ml solution, 50 mg/ml solution, 100 mg/ml solution</i>	3	PA; QL (120 per 30 days); NEDS
<i>meperidine hcl 50 mg tab</i>	4	PA; QL (180 per 30 days); NEDS; S
<i>meperidine hcl 50 mg/5ml solution</i>	3	PA; QL (900 per 30 days); NEDS
<i>methadone hcl 10 mg/ml conc</i>	1	QL (180 per 30 days); NEDS
METHADONE HCL 10 MG/ML SOLUTION	1	QL (20 per 30 days); NEDS
<i>methadone hcl 5 mg tab, 10 mg tab</i>	1	PA; QL (180 per 30 days); NEDS
<i>methadone hcl 5 mg/5ml solution, 10 mg/5ml solution</i>	1	QL (900 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
<i>methadone hcl intensol</i>	1	QL (180 per 30 days); NEDS
METHADOSE 10 MG/ML CONC	2	QL (180 per 30 days); NEDS
METHADOSE SUGAR-FREE	2	QL (180 per 30 days); NEDS
MOBIC	3	MO
<i>morphine sulfate (concentrate) 20 mg/ml solution, 100 mg/5ml solution</i>	1	QL (180 per 30 days); NEDS
<i>morphine sulfate (pf) 0.5 mg/ml solution, 1 mg/ml solution</i>	1	QL (180 per 30 days); NEDS
MORPHINE SULFATE (PF) 1 MG/ML SOLUTION, 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/ML SOLUTION	2	QL (180 per 30 days); NEDS
MORPHINE SULFATE (PF) 2 MG/ML SOLUTION INJ	3	QL (180 per 30 days); NEDS
MORPHINE SULFATE (PF) 2 MG/ML SOLUTION IV	2	QL (180 per 30 days); NEDS
MORPHINE SULFATE (PF) 8 MG/ML SOLUTION	3	QL (180 per 30 days); NEDS
<i>morphine sulfate 1 mg/ml solution, 15 mg tab, 30 mg tab</i>	1	QL (180 per 30 days); NEDS
<i>morphine sulfate 10 mg/5ml solution, 20 mg/5ml solution</i>	1	QL (900 per 30 days); NEDS
<i>morphine sulfate 2 mg/ml solution, 4 mg/ml solution</i>	2	QL (180 per 30 days); NEDS
<i>morphine sulfate 5 mg suppos, 8 mg/ml solution, 10 mg suppos, 20 mg suppos, 30 mg suppos</i>	3	QL (180 per 30 days); NEDS
<i>morphine sulfate 50 mg/ml solution</i>	1	QL (60 per 30 days); NEDS

Drug Name	Drug Tier	Requirements /Limits
<i>morphine sulfate er 10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h, 100 mg cap er 24h</i>	3	PA; QL (60 per 30 days); NEDS
<i>morphine sulfate er 100 mg tab er, 200 mg tab er</i>	1	PA; QL (60 per 30 days); NEDS
<i>morphine sulfate er 15 mg tab er, 30 mg tab er, 60 mg tab er</i>	1	PA; QL (90 per 30 days); NEDS
<i>morphine sulfate er beads</i>	3	PA; QL (30 per 30 days); NEDS
<i>morphine sulfate iv soln pf 10 mg/ml</i>	1	QL (180 per 30 days); NEDS
MS CONTIN 100 MG TAB ER, 200 MG TAB ER	4	PA; QL (60 per 30 days); NEDS; S
MS CONTIN 15 MG TAB ER, 30 MG TAB ER	3	PA; QL (90 per 30 days); NEDS
MS CONTIN 60 MG TAB ER	4	PA; QL (90 per 30 days); NEDS; S
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	MO
NALFON	3	MO
NALOCET	4	QL (180 per 30 days); NEDS; S
NAPRELAN 375 MG TAB ER 24H, 750 MG TAB ER 24H	3	ST; MO
NAPRELAN 500 MG TAB ER 24H	4	ST; MO; S
<i>naproxen 125 mg/5ml suspension</i>	1	MO
<i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr</i>	1	MO
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	1	MO
<i>naproxen sodium er</i>	3	ST; MO
NUCYNTA 100 MG TAB	4	QL (181 per 30 days); NEDS; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NUCYNTA 50 MG TAB	3	QL (181 per 30 days); NEDS	OXYCONTIN 10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER	3	PA; QL (60 per 30 days); NEDS
NUCYNTA 75 MG TAB	3	QL (242 per 30 days); NEDS	OXYCONTIN 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER	4	PA; QL (60 per 30 days); NEDS; S
NUCYNTA ER 100 MG TAB ER 12H, 150 MG TAB ER 12H, 200 MG TAB ER 12H, 250 MG TAB ER 12H	4	PA; QL (60 per 30 days); NEDS; S	<i>oxymorphone hcl</i>	3	QL (180 per 30 days); NEDS
NUCYNTA ER 50 MG TAB ER 12H	3	PA; QL (60 per 30 days); NEDS	<i>oxymorphone hcl er 40 mg tab er 12h</i>	4	PA; QL (60 per 30 days); NEDS; S
<i>oxaprozin</i>	1	MO	<i>oxymorphone hcl er 5 mg tab er 12h, 7.5 mg tab er 12h, 10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h</i>	3	PA; QL (60 per 30 days); NEDS
OXAYDO 5 MG TAB	3	QL (180 per 30 days); NEDS	PENNSAID	4	QL (224 per 28 days); S
OXAYDO 7.5 MG TAB	4	QL (180 per 30 days); NEDS; S	<i>pentazocine-naloxone hcl</i>	1	PA; QL (360 per 30 days); NEDS
<i>oxycodone hcl 5 mg cap, 5 mg tab, 10 mg tab, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc</i>	1	QL (180 per 30 days); NEDS	PERCOCET 2.5-325 MG TAB	3	QL (180 per 30 days); NEDS
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL (900 per 30 days); NEDS	PERCOCET 5-325 MG TAB, 7.5-325 MG TAB, 10-325 MG TAB	4	QL (180 per 30 days); NEDS; S
<i>oxycodone hcl er 10 mg tb12 deter, 15 mg tb12 deter, 20 mg tb12 deter, 30 mg tb12 deter, 40 mg tb12 deter, 60 mg tb12 deter</i>	3	PA; QL (60 per 30 days); NEDS	<i>piroxicam 10 mg cap, 20 mg cap</i>	1	MO
<i>oxycodone hcl er 80 mg tb12 deter</i>	4	PA; QL (60 per 30 days); NEDS; S	PROLATE 10-300 MG/5ML SOLUTION	4	QL (900 per 30 days); NEDS; S
OXYCODONE-ACE-TAMINOPHEN 10-300 MG/5ML SOLUTION	4	QL (900 per 30 days); NEDS; S	PROLATE 5-300 MG TAB, 7.5-300 MG TAB, 10-300 MG TAB	4	QL (180 per 30 days); NEDS; S
OXYCODONE-ACE-TAMINOPHEN 2.5-300 MG TAB, 5-300 MG TAB, 7.5-300 MG TAB, 10-300 MG TAB	4	QL (180 per 30 days); NEDS; S	<i>relafen</i>	1	MO
<i>oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab</i>	1	QL (180 per 30 days); NEDS	RELAFEN DS	4	MO; S
<i>oxycodone-acetaminophen 5-325 mg/5ml solution</i>	3	QL (900 per 30 days); NEDS	ROXICODONE 30 MG TAB	4	QL (180 per 30 days); NEDS; S
			ROXICODONE 5 MG TAB, 15 MG TAB	3	QL (180 per 30 days); NEDS
			<i>salsalate 500 mg tab, 750 mg tab</i>	1	MO
			SEGLENTIS	3	QL (120 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SPRIX	4	QL (5 per 30 days); S	<i>lidocaine 5 % patch</i>	1	PA; QL (90 per 30 days)
SUBLOCADE	4	NEDS; S	<i>lidocaine hcl (pf) 0.5 % solution, 2 % solution, 4 % solution</i>	3	
SUBSYS	4	PA; QL (120 per 30 days); NEDS; S	<i>lidocaine hcl (pf) 1 % solution, 1.5 % solution</i>	1	
<i>sulindac 150 mg tab</i>	1	MO	<i>lidocaine hcl 0.5 % solution, 1 % solution, 2 % solution</i>	1	
<i>sulindac 200 mg tab</i>	1	MO	<i>lidocaine hcl 4 % solution</i>	1	PA; QL (300 per 30 days)
<i>tramadol hcl 100 mg tab</i>	3	QL (120 per 30 days); NEDS	<i>lidocaine hcl urethral/mucosal</i>	1	
<i>tramadol hcl 50 mg tab</i>	1	QL (240 per 30 days); NEDS	<i>lidocaine viscous hcl</i>	1	
<i>tramadol hcl er (biphasic)</i>	1	PA; QL (30 per 30 days); NEDS	<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	QL (30 per 30 days)
<i>tramadol hcl er 100 mg cap er 24h, 200 mg cap er 24h, 300 mg cap er 24h</i>	3	PA; QL (30 per 30 days); NEDS	LIDODERM	3	PA; QL (90 per 30 days)
<i>tramadol hcl er 100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h</i>	1	PA; QL (30 per 30 days); NEDS	NAYZILAM	3	
<i>tramadol-acetaminophen</i>	1	QL (40 per 5 days); NEDS	PLIAGLIS 7-7 % CREAM	3	
<i>trezix</i>	3	QL (180 per 30 days); NEDS	SYNERA	3	
ULTRACET	3	QL (40 per 5 days); NEDS	ZTLIDO	3	PA; QL (90 per 30 days)
ULTRAM	3	QL (240 per 30 days); NEDS	Anti-Addiction/Substance Abuse Treatment Agents		
VIVLODEX	3	ST; MO	<i>acamprosate calcium</i>	1	MO
XTAMPZA ER 27 MG CP12 DETER, 36 MG CP12 DETER	4	PA; QL (60 per 30 days); NEDS; S	APO-VARENICLINE 0.5 MG TAB	3	PA; QL (60 per 30 days)
XTAMPZA ER 9 MG CP12 DETER, 13.5 MG CP12 DETER, 18 MG CP12 DETER	3	PA; QL (60 per 30 days); NEDS	APO-VARENICLINE 1 MG TAB	3	PA; QL (56 per 28 days)
ZIPSOR	4	S	BUPRENEX	4	QL (90 per 30 days); NEDS; S
ZORVOLEX	3	MO	<i>buprenorphine hcl 0.3 mg/ml solution</i>	1	QL (90 per 30 days); NEDS
Anesthetics			<i>buprenorphine hcl 2 mg sl tab</i>	1	QL (240 per 30 days); NEDS
<i>glydo</i>	1		<i>buprenorphine hcl 8 mg sl tab</i>	1	QL (60 per 30 days); NEDS
<i>lidocaine 5 % ointment</i>	1	PA; QL (150 per 30 days)	<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	QL (60 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film, 2-0.5 mg sl tab</i>	1	QL (360 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl 4-1 mg film</i>	1	QL (180 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl 8-2 mg film, 8-2 mg sl tab</i>	1	QL (90 per 30 days); NEDS
<i>bupropion hcl er (smoking det)</i>	1	QL (60 per 30 days)
CHANTIX 0.5 MG TAB	3	PA; QL (60 per 30 days)
CHANTIX 1 MG TAB	3	PA; QL (56 per 28 days)
CHANTIX CONTINUING MONTH PAK	3	PA; QL (56 per 28 days)
CHANTIX STARTING MONTH PAK	3	PA
<i>disulfiram 250 mg tab, 500 mg tab</i>	1	MO
KLOXXADO	3	
LUCEMYRA	4	QL (224 per 14 days); S
<i>naloxone hcl 0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution</i>	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	2	
<i>naltrexone hcl 50 mg tab</i>	1	
NARCAN	2	
NICOTROL	3	
NICOTROL NS	3	QL (120 per 30 days)
SUBOXONE 12-3 MG FILM	3	QL (60 per 30 days); NEDS
SUBOXONE 2-0.5 MG FILM	3	QL (360 per 30 days); NEDS
SUBOXONE 4-1 MG FILM	3	QL (180 per 30 days); NEDS
SUBOXONE 8-2 MG FILM	3	QL (90 per 30 days); NEDS

Drug Name	Drug Tier	Requirements /Limits
<i>varenicline tartrate 0.5 mg tab</i>	3	PA; QL (60 per 30 days)
<i>varenicline tartrate 0.5 mg x 11 & 1 mg x 42 misc</i>	3	PA
<i>varenicline tartrate 1 mg tab</i>	3	PA; QL (56 per 28 days)
VIVITROL	4	S
ZIMHI	3	QL (1 per 28 days)
ZUBSOLV 0.7-0.18 MG SL TAB	3	QL (690 per 30 days); NEDS
ZUBSOLV 1.4-0.36 MG SL TAB	3	QL (360 per 30 days); NEDS
ZUBSOLV 11.4-2.9 MG SL TAB	3	QL (30 per 30 days); NEDS
ZUBSOLV 2.9-0.71 MG SL TAB	3	QL (120 per 30 days); NEDS
ZUBSOLV 5.7-1.4 MG SL TAB	3	QL (90 per 30 days); NEDS
ZUBSOLV 8.6-2.1 MG SL TAB	3	QL (60 per 30 days); NEDS
Antibacterials		
<i>acetic acid 0.25 % solution, 2 % solution</i>	1	
ACTICLATE	3	
AEMCOLO	3	PA; QL (12 per 3 days)
ALTABAX	3	
<i>amikacin sulfate 1 gm/4ml solution, 500 mg/2ml solution</i>	1	
<i>amoxicillin 125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin-pot clavulanate</i> 200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab	1		BAXDELA	4	S
<i>amoxicillin-pot clavulanate</i> <i>er</i>	1		BESIVANCE	3	
<i>ampicillin</i>	1		BICILLIN C-R	2	
<i>ampicillin sodium 1 gm</i> <i>recon soln, 10 gm recon</i> <i>soln, 125 mg recon soln, 250</i> <i>mg recon soln, 500 mg</i> <i>recon soln</i>	1		BICILLIN C-R 900/300	2	
<i>ampicillin sodium 2 gm</i> <i>recon soln for inj</i>	1		BICILLIN L-A	3	
<i>ampicillin sodium 2 gm</i> <i>recon soln for iv</i>	1		<i>cefaclor 125 mg/5ml recon</i> <i>susp, 250 mg cap, 250</i> <i>mg/5ml recon susp, 375</i> <i>mg/5ml recon susp, 500 mg</i> <i>cap</i>	1	
<i>ampicillin-sulbactam</i> <i>sodium</i>	1		CEFACTOR ER	2	
AMZEEQ	3		<i>cefadroxil 1 gm tab, 250</i> <i>mg/5ml recon susp, 500 mg</i> <i>cap, 500 mg/5ml recon</i> <i>susp</i>	1	
ARIKAYCE	4	B/D PA; LA; S	<i>cefazolin sodium 1 gm</i> <i>recon soln, 2 gm recon soln,</i> <i>10 gm recon soln, 500 mg</i> <i>recon soln</i>	1	
AUGMENTIN 500-125 MG TAB	3		CEFAZOLIN SODIUM 100 GM RECON SOLN, 300 GM RECON SOLN	2	
AUGMENTIN ES-600	3		CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, 1-4 GM/50ML-% SOLUTION, 2-3 GM-%(50ML) RECON SOLN, 2-4 GM/100ML-% SOLUTION	2	
AVYCAZ	4	S	<i>cefdinir 125 mg/5ml recon</i> <i>susp, 250 mg/5ml recon</i> <i>susp, 300 mg cap</i>	1	
AZACTAM	3		<i>cefepime hcl 1 gm recon</i> <i>soln, 2 gm recon soln</i>	1	
<i>azithromycin 1 gm packet,</i> <i>100 mg/5ml recon susp,</i> <i>200 mg/5ml recon susp,</i> <i>500 mg recon soln, 500 mg</i> <i>tab, 600 mg tab</i>	1		CEFEPIME HCL 1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION, 100 GM RECON SOLN	2	
<i>azithromycin 250 mg tab</i>	1		<i>cefixime 100 mg/5ml recon</i> <i>susp, 200 mg/5ml recon</i> <i>susp, 400 mg cap</i>	1	
<i>aztreonam</i>	1		CEFOTAN	3	
<i>bacitracin 50000 unit recon</i> <i>soln</i>	1		<i>cefotetan disodium</i>	1	
BACTRIM	3				
BACTRIM DS	3				

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

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Drug Name	Drug Tier	Requirements /Limits
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil 50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab</i>	1	
<i>cefprozil 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab</i>	1	
<i>ceftazidime 1 gm recon soln, 2 gm recon soln, 6 gm recon soln</i>	1	
<i>ceftriaxone sodium 1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln</i>	1	
CEFTRIAXONE SODIUM 100 GM RECON SOLN	2	
<i>ceftriaxone sodium in dextrose</i>	1	
CEFTRIAXONE SODIUM-DEXTROSE	2	
<i>cefuroxime axetil 250 mg tab</i>	1	
<i>cefuroxime axetil 500 mg tab</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab</i>	1	
<i>cephalexin 250 mg/5ml recon susp, 750 mg cap</i>	1	
CILOXAN 0.3 % OINTMENT, 0.3 % SOLUTION	3	
CIPRO 250 MG TAB, 250 MG/5ML (5%) RECON SUSP, 500 MG TAB, 500 MG/5ML (10%) RECON SUSP	3	
<i>ciprofloxacin hcl 0.3 % solution, 100 mg tab, 750 mg tab</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>clarithromycin 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab</i>	1	
<i>clarithromycin er</i>	1	
CLEOCIN 2 % CREAM, 75 MG CAP, 75 MG/5ML RECON SOLN, 100 MG SUPPOS, 150 MG CAP, 300 MG CAP	3	
CLEOCIN PHOSPHATE	3	
<i>clindacin etz 1 % swab</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate 1 % swab, 2 % cream, 9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 9000 mg/60ml solution</i>	1	
<i>clindamycin phosphate 900 mg/6ml solution</i>	3	
<i>clindamycin phosphate in d5w</i>	1	
CLINDESSE	3	
<i>colistimethate sodium (cba)</i>	1	
COLY-MYCIN M	4	S
CUBICIN	4	S
CUBICIN RF	4	S
DALVANCE	4	S
DAPTOMYCIN	4	S
<i>demeclocycline hcl</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID 40 MG/ML RECON SUSP, 200 MG TAB	4	PA; S
DORYX	4	S

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

Drug Name	Drug Tier	Requirements /Limits
DORYX MPC 120 MG TAB DR	3	
doxy 100	1	
doxycycline	3	
doxycycline hyclate 20 mg tab, 50 mg cap, 50 mg tab dr, 75 mg tab, 75 mg tab dr, 100 mg cap, 100 mg recon soln, 100 mg tab, 150 mg tab	1	
doxycycline hyclate 50 mg tab, 100 mg tab dr, 150 mg tab dr, 200 mg tab dr	3	
doxycycline hyclate 80 mg tab dr	4	S
doxycycline monohydrate 150 mg cap	3	
doxycycline monohydrate 25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab	1	
e.e.s. 400	1	
E.E.S. GRANULES	4	S
ertapenem sodium	3	
ery-tab	1	
ERYPED 200	4	S
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE	3	
erythrocin stearate	1	
erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	1	
erythromycin base 250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr	1	
erythromycin ethylsuccinate 200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp	1	
erythromycin lactobionate	3	
erythromycin stearate	1	

Drug Name	Drug Tier	Requirements /Limits
FIRVANQ	3	QL (1200 per 30 days)
FLAGYL 375 MG CAP	3	
FORTAZ	3	
fosfomycin tromethamine	1	
gentamicin in saline 0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, 1.2-0.9 mg/ml-% solution, 1.6-0.9 mg/ml-% solution	1	
gentamicin in saline 2-0.9 mg/ml-% solution	2	
gentamicin sulfate 0.1 % cream, 0.1 % ointment	1	QL (30 per 30 days)
gentamicin sulfate 10 mg/ml solution, 40 mg/ml solution	1	
HIPREX	3	
imipenem-cilastatin	1	
INVANZ	4	S
KLARON	3	
levofloxacin 25 mg/ml solution	1	
levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	1	
levofloxacin in d5w	1	
LINCOCIN	3	
lincomycin hcl 300 mg/ml solution	1	
linezolid 100 mg/5ml recon susp	4	PA; QL (1800 per 30 days); S
linezolid 600 mg tab	3	PA; QL (56 per 28 days)
linezolid 600 mg/300ml solution	1	
linezolid in sodium chloride	3	
MACROBID	3	
MACRODANTIN	3	
me/naphos/mb/hyo1	3	
meropenem	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
MERREM 1 GM RECON SOLN	3		<i>nafcillin sodium 1 gm recon soln for inj</i>	3	
<i>methenamine hippurate</i>	1		<i>nafcillin sodium 1 gm recon soln, 2 gm recon soln</i>	3	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	1		<i>nafcillin sodium 10 gm recon soln</i>	4	S
METROCREAM	3		<i>neomycin sulfate 500 mg tab</i>	1	
METROGEL	3		<i>neomycin-polymyxin b gu</i>	1	
METROLOTION	3		<i>nitrofurantoin</i>	4	S
<i>metronidazole 0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab, 500 mg/100ml solution</i>	1		<i>nitrofurantoin macrocrystal 25 mg cap, 50 mg cap, 100 mg cap</i>	1	
<i>metronidazole 0.75 % gel (topical)</i>	1		<i>nitrofurantoin monohyd macro</i>	1	
<i>metronidazole 0.75 % gel vaginal</i>	1		NORITATE	4	S
METRONIDAZOLE 500 MG/100ML SOLUTION	2		NUVESSA	3	
MINOCIN 100 MG RECON SOLN	4	S	NUZYRA	4	S
<i>minocycline hcl 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab</i>	1		<i>ofloxacin 300 mg tab, 400 mg tab</i>	1	
<i>minocycline hcl er 115 mg tab er 24h</i>	4	S	ORACEA	3	
<i>minocycline hcl er 45 mg tab er 24h, 55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 90 mg tab er 24h, 105 mg tab er 24h, 135 mg tab er 24h</i>	3		<i>oxacillin sodium 1 gm recon soln, 2 gm recon soln</i>	1	
MINOLIRA 105 MG TAB ER 24H	3		<i>oxacillin sodium 10 gm recon soln</i>	3	
MINOLIRA 135 MG TAB ER 24H	4	S	OXACILLIN SODIUM IN DEXTROSE	2	
<i>mondoxyne nl 100 mg cap</i>	1		<i>paromomycin sulfate 250 mg cap</i>	1	
MONUROL	3		PENICILLIN G POT IN DEXTROSE	3	
<i>moxifloxacin hcl 400 mg tab</i>	1		<i>penicillin g potassium</i>	1	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	3		PENICILLIN G PROCAINE	2	
<i>moxifloxacin hcl in nacl</i>	1		<i>penicillin g sodium</i>	1	
			<i>penicillin v potassium 125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab</i>	1	
			<i>pfizerpen</i>	1	
			<i>piperacillin sod-tazobactam soln</i>	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>polymyxin b sulfate 500000 unit recon soln</i>	1		<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	1	
PRIMAXIN IV	3		TIGECYCLINE	4	S
<i>rosadan 0.75 % cream, 0.75 % gel</i>	1		<i>tinidazole 250 mg tab, 500 mg tab</i>	1	
SEYSARA 100 MG TAB	3		<i>tobramycin sulfate 1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution</i>	1	
SEYSARA 60 MG TAB, 150 MG TAB	4	S	<i>trimethoprim 100 mg tab</i>	1	
SIVEXTRO 200 MG RECON SOLN	4	PA; S	TYGACIL	4	S
SIVEXTRO 200 MG TAB	4	PA; QL (6 per 28 days); S	UNASYN	3	
SOLODYN 115 MG TAB ER 24H	4	S	UROGESIC-BLUE	3	
SOLODYN 55 MG TAB ER 24H, 65 MG TAB ER 24H, 80 MG TAB ER 24H, 105 MG TAB ER 24H	3		VABOMERE	4	S
SOLOSEC	3		VANCOCIN	4	PA; QL (240 per 30 days); S
<i>streptomycin sulfate 1 gm recon soln</i>	4	S	<i>vancomycin hcl 1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg recon soln</i>	1	
<i>sulfacetamide sodium (acne)</i>	1		VANCOMYCIN HCL 1.25 GM RECON SOLN, 1.5 GM RECON SOLN, 500 MG/100ML SOLUTION, 750 MG RECON SOLN, 750 MG/150ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION	2	
<i>sulfadiazine 500 mg tab</i>	2		<i>vancomycin hcl 125 mg cap</i>	1	PA; QL (240 per 30 days)
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, 400-80 mg/5ml solution</i>	1		<i>vancomycin hcl 250 mg cap</i>	3	PA; QL (240 per 30 days)
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1		VANCOMYCIN HCL 250 MG/5ML RECON SOLN	3	PA; QL (1200 per 30 days)
SUPRAX 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP	3		VANCOMYCIN HCL IN DEXTROSE 1-5 GM/200ML-% SOLUTION, 500-5 MG/100ML-% SOLUTION, 750-5 MG/150ML-% SOLUTION	2	
<i>targadox</i>	3				
<i>tazicef 1 gm recon soln, 2 gm recon soln, 6 gm recon soln</i>	1				
TEFLARO	4	S			

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN HCL IN NACL 1-0.9 GM/200ML-% SOLUTION, 500-0.9 MG/100ML-% SOLUTION, 750-0.9 MG/150ML-% SOLUTION	2		BANZEL 400 MG TAB	4	PA; QL (240 per 30 days); MO; S
VANDAZOLE	1		BRIVIACT 10 MG TAB	3	PA; QL (60 per 30 days); MO
VIBATIV	4	PA; S	BRIVIACT 10 MG/ML SOLUTION	4	PA; QL (600 per 30 days); MO; S
VIBRAMYCIN 25 MG/5ML RECON SUSP	4	S	BRIVIACT 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	4	PA; QL (60 per 30 days); MO; S
VIBRAMYCIN 50 MG/5ML SYRUP, 100 MG CAP	3		BRIVIACT 50 MG/5ML SOLUTION	3	PA
XIFAXAN 200 MG TAB	3	PA; QL (9 per 3 days)	<i>carbamazepine 100 mg chew tab, 100 mg/5ml suspension, 200 mg tab</i>	1	MO
XIFAXAN 550 MG TAB	4	PA; QL (84 per 28 days); MO; S	<i>carbamazepine er</i>	1	MO
XIMINO	4	S	CARBATROL	3	MO
ZERBAXA	4	S	CELONTIN	3	MO
ZINPLAVA	4	PA; S	<i>clobazam 10 mg tab</i>	1	PA; QL (120 per 30 days); MO
ZITHROMAX 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 250 MG TAB, 500 MG RECON SOLN, 500 MG TAB	3		<i>clobazam 2.5 mg/ml suspension</i>	1	PA; QL (480 per 30 days); MO
ZITHROMAX TRI-PAK	3		<i>clobazam 20 mg tab</i>	1	PA; QL (60 per 30 days); MO
ZITHROMAX Z-PAK	3		DEPAKOTE	3	MO
ZOSYN	3		DEPAKOTE ER	3	MO
ZYVOX 100 MG/5ML RECON SUSP	4	PA; QL (1800 per 30 days); S	DEPAKOTE SPRINKLES	3	MO
ZYVOX 200 MG/100ML SOLUTION	4	S	DIACOMIT 250 MG CAP, 250 MG PACKET	4	PA; LA; QL (360 per 30 days); S
ZYVOX 600 MG TAB	3	PA; QL (56 per 28 days)	DIACOMIT 500 MG CAP, 500 MG PACKET	4	PA; LA; QL (180 per 30 days); S
ZYVOX 600 MG/300ML SOLUTION	3		DIASTAT ACUDIAL	3	
Anticonvulsants			DIASTAT PEDIATRIC	3	
APTIOM	4	ST; MO; S	<i>diazepam 2.5 mg gel, 10 mg gel, 20 mg gel</i>	1	
BANZEL 200 MG TAB	4	PA; QL (480 per 30 days); MO; S	DILANTIN 30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION	3	MO
BANZEL 40 MG/ML SUSPENSION	4	PA; QL (2400 per 30 days); MO; S	DILANTIN INFATABS	3	MO
			<i>divalproex sodium 125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	MO
			<i>divalproex sodium er</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
EPIDIOLEX	4	PA; LA; S
<i>epitol</i>	1	MO
EPRONTIA	3	MO
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	1	MO
<i>felbamate 400 mg tab, 600 mg tab, 600 mg/5ml suspension</i>	1	MO
FELBATOL 400 MG TAB, 600 MG TAB, 600 MG/5ML SUSPENSION	4	MO; S
FINTEPLA	4	PA; LA; S
FYCOMPA 0.5 MG/ML SUSPENSION	3	QL (720 per 30 days); MO
FYCOMPA 2 MG TAB	3	QL (30 per 30 days); MO
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	4	QL (30 per 30 days); MO; S
<i>gabapentin 100 mg cap</i>	1	QL (1080 per 30 days); MO
<i>gabapentin 250 mg/5ml solution, 300 mg/6ml solution</i>	1	QL (2160 per 30 days); MO
<i>gabapentin 300 mg cap</i>	1	QL (360 per 30 days); MO
<i>gabapentin 400 mg cap</i>	1	QL (270 per 30 days); MO
<i>gabapentin 600 mg tab</i>	1	QL (180 per 30 days); MO
<i>gabapentin 800 mg tab</i>	1	QL (120 per 30 days); MO
GABITRIL 12 MG TAB	4	MO; S
GABITRIL 2 MG TAB, 4 MG TAB, 16 MG TAB	3	MO
KEPPRA 100 MG/ML SOLUTION	3	MO
KEPPRA 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB	4	MO; S
KEPPRA 500 MG/5ML SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
KEPPRA XR 500 MG TAB ER 24H	4	QL (180 per 30 days); MO; S
KEPPRA XR 750 MG TAB ER 24H	4	QL (120 per 30 days); MO; S
LACOSAMIDE 10 MG/ML SOLUTION	4	QL (1200 per 30 days); MO; S
<i>lacosamide 10 mg/ml solution</i>	3	QL (1200 per 30 days); MO
<i>lacosamide 200 mg/20ml solution</i>	4	QL (1200 per 30 days); S
<i>lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	3	QL (60 per 30 days); MO
LAMICTAL 25 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	4	MO; S
LAMICTAL 5 MG CHEW TAB, 25 MG CHEW TAB	3	MO
LAMICTAL ODT 100 MG TAB DISP, 200 MG TAB DISP	4	MO; S
LAMICTAL ODT 21 X 25 MG & 7 X 50 MG KIT, 25 & 50 & 100 MG KIT, 42 X 50 MG & 14X100 MG KIT	3	
LAMICTAL ODT 25 MG TAB DISP, 50 MG TAB DISP	3	MO
LAMICTAL STARTER 35 X 25 MG KIT, 42 X 25 MG & 7 X 100 MG KIT	3	
LAMICTAL STARTER 84 X 25 MG & 14X100 MG KIT	4	S
LAMICTAL XR 100 MG TAB ER 24H, 200 MG TAB ER 24H, 250 MG TAB ER 24H, 300 MG TAB ER 24H	4	MO; S
LAMICTAL XR 21 X 25 MG & 7 X 50 MG KIT, 25 & 50 & 100 MG KIT	3	
LAMICTAL XR 25 MG TAB ER 24H, 50 MG TAB ER 24H	3	MO
LAMICTAL XR 50 & 100 & 200 MG KIT	4	S

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
lamotrigine 25 & 50 & 100 mg kit	3		ONFI 2.5 MG/ML SUSPENSION	4	PA; QL (480 per 30 days); MO; S
lamotrigine 5 mg chew tab, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp	1	MO	ONFI 20 MG TAB	4	PA; QL (60 per 30 days); MO; S
lamotrigine er	3	MO	oxcarbazepine 150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab	1	MO
lamotrigine starter kit-blue	3		OXTELLAR XR 150 MG TAB ER 24H	3	QL (480 per 30 days); MO
lamotrigine starter kit-green	4	S	OXTELLAR XR 300 MG TAB ER 24H	3	QL (240 per 30 days); MO
lamotrigine starter kit-orange	3		OXTELLAR XR 600 MG TAB ER 24H	4	QL (120 per 30 days); MO; S
levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab	1	MO	phenobarbital 100 mg tab	1	PA; QL (120 per 30 days); MO
levetiracetam 500 mg/5ml solution	1		phenobarbital 15 mg tab	1	PA; QL (800 per 30 days); MO
levetiracetam er 500 mg tab er 24h	1	QL (180 per 30 days); MO	phenobarbital 16.2 mg tab	1	PA; QL (741 per 30 days); MO
levetiracetam er 750 mg tab er 24h	1	QL (120 per 30 days); MO	phenobarbital 20 mg/5ml elixir	1	PA; QL (3000 per 30 days); MO
levetiracetam in nacl 1000 mg/100ml solution, 1500 mg/100ml solution	1		phenobarbital 30 mg tab	1	PA; QL (400 per 30 days); MO
levetiracetam in nacl 500 mg/100ml solution	4	S	phenobarbital 32.4 mg tab	1	PA; QL (370 per 30 days); MO
MYSOLINE	4	MO; S	phenobarbital 60 mg tab	1	PA; QL (200 per 30 days); MO
NEURONTIN 100 MG CAP	3	QL (1080 per 30 days); MO	phenobarbital 64.8 mg tab	1	PA; QL (185 per 30 days); MO
NEURONTIN 250 MG/5ML SOLUTION	3	QL (2160 per 30 days); MO	phenobarbital 97.2 mg tab	1	PA; QL (123 per 30 days); MO
NEURONTIN 300 MG CAP	3	QL (360 per 30 days); MO	PHENYTEK	3	MO
NEURONTIN 400 MG CAP	4	QL (270 per 30 days); MO; S	phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension	1	MO
NEURONTIN 600 MG TAB	4	QL (180 per 30 days); MO; S	phenytoin infatabs	1	MO
NEURONTIN 800 MG TAB	4	QL (120 per 30 days); MO; S	phenytoin sodium extended	1	MO
ONFI 10 MG TAB	4	PA; QL (120 per 30 days); MO; S	primidone 50 mg tab, 250 mg tab	1	MO
			QUDEXY XR 100 MG CP24 SPRNK, 150 MG CP24 SPRNK, 200 MG CP24 SPRNK	4	MO; S

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
QUDEXY XR 25 MG CP24 SPRNK, 50 MG CP24 SPRNK	3	MO	TROKENDI XR 100 MG CAP ER 24H	4	QL (30 per 30 days); MO; S
<i>roweepra 500 mg tab</i>	1	MO	TROKENDI XR 200 MG CAP ER 24H	4	QL (60 per 30 days); MO; S
<i>rufinamide 200 mg tab</i>	3	PA; QL (480 per 30 days); MO	TROKENDI XR 25 MG CAP ER 24H, 50 MG CAP ER 24H	3	QL (30 per 30 days); MO
<i>rufinamide 40 mg/ml suspension</i>	4	PA; QL (2400 per 30 days); MO; S	<i>valproate sodium 100 mg/ml solution</i>	1	
<i>rufinamide 400 mg tab</i>	4	PA; QL (240 per 30 days); MO; S	<i>valproic acid 250 mg cap, 250 mg/5ml solution</i>	1	MO
SABRIL	4	PA; LA; QL (180 per 30 days); S	VALTOCO 10 MG DOSE	4	S
SPRITAM 250 MG TAB, 500 MG TAB, 1000 MG TAB	3	PA; QL (60 per 30 days); MO	VALTOCO 15 MG DOSE	3	
SPRITAM 750 MG TAB	3	PA; QL (120 per 30 days); MO	VALTOCO 20 MG DOSE	3	
<i>subvenite</i>	1	MO	VALTOCO 5 MG DOSE	3	
<i>subvenite starter kit-blue</i>	3		<i>vigabatrin</i>	4	PA; LA; QL (180 per 30 days); S
<i>subvenite starter kit-green</i>	3		<i>vigadrone</i>	4	PA; LA; QL (180 per 30 days); S
<i>subvenite starter kit-orange</i>	3		VIMPAT 10 MG/ML SOLUTION	4	QL (1200 per 30 days); MO; S
SYMPAZAN 10 MG FILM, 20 MG FILM	4	PA; QL (60 per 30 days); MO; S	VIMPAT 100 MG TAB, 150 MG TAB, 200 MG TAB	4	QL (60 per 30 days); MO; S
SYMPAZAN 5 MG FILM	3	PA; QL (30 per 30 days); MO	VIMPAT 200 MG/20ML SOLUTION	4	QL (1200 per 30 days); S
TEGRETOL 100 MG/5ML SUSPENSION, 200 MG TAB	3	MO	VIMPAT 50 MG TAB	3	QL (60 per 30 days); MO
TEGRETOL-XR	3	MO	XCOPRI (250 MG DAILY DOSE)	4	QL (56 per 28 days); MO; S
<i>tiagabine hcl</i>	1	MO	XCOPRI (350 MG DAILY DOSE)	4	QL (56 per 28 days); MO; S
TOPAMAX 25 MG TAB	3	MO	XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	3	QL (56 per 365 over time)
TOPAMAX 50 MG TAB, 100 MG TAB, 200 MG TAB	4	MO; S	XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK	4	QL (56 per 365 over time); S
TOPAMAX SPRINKLE	4	MO; S	XCOPRI 150 MG TAB, 200 MG TAB	4	QL (60 per 30 days); MO; S
<i>topiramate 15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	1	MO	XCOPRI 50 MG TAB, 100 MG TAB	4	QL (30 per 30 days); MO; S
<i>topiramate er</i>	3	MO	ZARONTIN 250 MG CAP, 250 MG/5ML SOLUTION	3	MO
TRILEPTAL 150 MG TAB	3	MO			
TRILEPTAL 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB	4	MO; S			

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Drug Name	Drug Tier	Requirements /Limits
ZONEGRAN	4	MO; S
<i>zonisamide 25 mg cap, 50 mg cap, 100 mg cap</i>	1	MO
ZTALMY	4	QL (1100 per 30 days); S
Antidementia Agents		
ADLARITY	3	ST; QL (4 per 28 days); MO
ARICEPT 23 MG TAB	3	ST; QL (30 per 30 days); MO
ARICEPT 5 MG TAB, 10 MG TAB	3	QL (30 per 30 days); MO
<i>donepezil hcl 23 mg tab</i>	1	ST; QL (30 per 30 days); MO
<i>donepezil hcl 5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp</i>	1	QL (30 per 30 days); MO
<i>ergoloid mesylates 1 mg tab</i>	1	PA; MO
EXELON	3	QL (30 per 30 days); MO
<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i>	1	QL (60 per 30 days); MO
<i>galantamine hydrobromide 4 mg/ml solution</i>	1	QL (200 per 30 days); MO
<i>galantamine hydrobromide er</i>	1	QL (30 per 30 days); MO
<i>memantine hcl 10 mg tab</i>	1	PA; QL (60 per 30 days); MO
<i>memantine hcl 2 mg/ml solution, 10 mg/5ml solution</i>	1	PA; QL (300 per 30 days); MO
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	1	PA; QL (60 per 30 days)
<i>memantine hcl 5 mg tab</i>	1	PA; QL (90 per 30 days); MO
<i>memantine hcl er</i>	1	PA; QL (30 per 30 days); MO
NAMENDA 10 MG TAB	3	PA; QL (60 per 30 days); MO
NAMENDA 5 MG TAB	3	PA; QL (90 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
NAMENDA TITRATION PAK	3	PA; QL (60 per 30 days)
NAMENDA XR	3	PA; QL (30 per 30 days); MO
NAMZARIC 7 & 14 & 21 & 28 -10 MG CP24 THPK	3	
NAMZARIC 7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H	3	MO
RAZADYNE ER	3	QL (30 per 30 days); MO
<i>rivastigmine</i>	1	QL (30 per 30 days); MO
<i>rivastigmine tartrate</i>	1	QL (60 per 30 days); MO
Antidepressants		
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	1	MO
<i>amoxapine</i>	1	PA; MO
ANAFRANIL 25 MG CAP, 50 MG CAP	4	PA; MO; S
ANAFRANIL 75 MG CAP	3	PA; MO
APLENZIN 174 MG TAB ER 24H	4	QL (90 per 30 days); MO; S
APLENZIN 348 MG TAB ER 24H	4	QL (45 per 30 days); MO; S
APLENZIN 522 MG TAB ER 24H	4	QL (30 per 30 days); MO; S
BRISDELLE	3	MO
<i>bupropion hcl 100 mg tab</i>	1	QL (135 per 30 days); MO
<i>bupropion hcl 75 mg tab</i>	1	QL (180 per 30 days); MO
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	1	QL (120 per 30 days); MO
<i>bupropion hcl er (sr) 150 mg tab er 12h, 200 mg tab er 12h</i>	1	QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	1	QL (90 per 30 days); MO	<i>escitalopram oxalate 20 mg tab</i>	1	QL (30 per 30 days); MO
<i>bupropion hcl er (xl) 300 mg tab er 24h, 450 mg tab er 24h</i>	1	QL (30 per 30 days); MO	<i>escitalopram oxalate 5 mg tab</i>	1	QL (120 per 30 days); MO
CELEXA 10 MG TAB	3	QL (120 per 30 days); MO	<i>escitalopram oxalate 5 mg/5ml solution</i>	1	QL (600 per 30 days); MO
CELEXA 20 MG TAB	3	QL (60 per 30 days); MO	FETZIMA	3	PA; QL (30 per 30 days); MO
CELEXA 40 MG TAB	3	QL (30 per 30 days); MO	FETZIMA TITRATION	3	PA
<i>chlordiazepoxide-amitriptyline</i>	1	PA; MO	<i>fluoxetine hcl (pmdd) 10 mg tab</i>	1	QL (45 per 30 days); MO
<i>citalopram hydrobromide 10 mg tab</i>	1	QL (120 per 30 days); MO	<i>fluoxetine hcl (pmdd) 20 mg tab</i>	3	QL (120 per 30 days); MO
<i>citalopram hydrobromide 10 mg/5ml solution</i>	1	QL (600 per 30 days); MO	<i>fluoxetine hcl 10 mg cap</i>	1	MO
<i>citalopram hydrobromide 20 mg tab</i>	1	QL (60 per 30 days); MO	<i>fluoxetine hcl 10 mg tab</i>	1	MO
<i>citalopram hydrobromide 40 mg tab</i>	1	QL (30 per 30 days); MO	<i>fluoxetine hcl 20 mg cap</i>	1	QL (120 per 30 days); MO
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PA; MO	<i>fluoxetine hcl 20 mg tab</i>	1	QL (120 per 30 days); MO
<i>desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	1	PA; MO	<i>fluoxetine hcl 20 mg/5ml solution</i>	1	QL (600 per 30 days); MO
DESVENLAFAXINE ER	3	QL (30 per 30 days); MO	<i>fluoxetine hcl 40 mg cap</i>	1	QL (60 per 30 days); MO
<i>desvenlafaxine succinate er</i>	1	MO	FLUOXETINE HCL 60 MG TAB	3	QL (30 per 30 days); MO
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	1	PA; MO	<i>fluoxetine hcl 90 mg cap dr</i>	1	QL (4 per 28 days); MO
EFFEXOR XR 150 MG CAP ER 24H	4	MO; S	<i>fluvoxamine maleate 100 mg tab</i>	1	QL (90 per 30 days); MO
EFFEXOR XR 37.5 MG CAP ER 24H, 75 MG CAP ER 24H	3	MO	<i>fluvoxamine maleate 25 mg tab, 50 mg tab</i>	1	MO
EMSAM	4	PA; QL (30 per 30 days); MO; S	<i>fluvoxamine maleate er 100 mg cap er 24h</i>	1	QL (90 per 30 days); MO
<i>escitalopram oxalate 10 mg tab</i>	1	QL (60 per 30 days); MO	<i>fluvoxamine maleate er 150 mg cap er 24h</i>	1	QL (60 per 30 days); MO
			FORFIVO XL	3	QL (30 per 30 days); MO
			<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	PA; MO
			<i>imipramine pamoate 125 mg cap, 150 mg cap</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>imipramine pamoate 75 mg cap, 100 mg cap</i>	3	PA; MO	<i>paroxetine hcl 40 mg tab</i>	1	QL (45 per 30 days); MO
LEXAPRO 10 MG TAB	3	QL (60 per 30 days); MO	<i>paroxetine hcl er 12.5 mg tab er 24h</i>	1	QL (30 per 30 days); MO
LEXAPRO 20 MG TAB	3	QL (30 per 30 days); MO	<i>paroxetine hcl er 25 mg tab er 24h, 37.5 mg tab er 24h</i>	1	QL (60 per 30 days); MO
LEXAPRO 5 MG TAB	3	QL (120 per 30 days); MO	<i>paroxetine mesylate</i>	3	MO
LYBALVI	4	QL (30 per 30 days); MO; S	PAXIL 10 MG TAB, 20 MG TAB	3	MO
MARPLAN	3	MO	PAXIL 10 MG/5ML SUSPENSION	3	QL (900 per 30 days); MO
<i>mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp</i>	1	QL (30 per 30 days); MO	PAXIL 30 MG TAB	3	QL (60 per 30 days); MO
<i>mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab</i>	1	MO	PAXIL 40 MG TAB	3	QL (45 per 30 days); MO
NARDIL	3	MO	PAXIL CR 12.5 MG TAB ER 24H	3	QL (30 per 30 days); MO
<i>nefazodone hcl 200 mg tab</i>	1	QL (90 per 30 days); MO	PAXIL CR 25 MG TAB ER 24H, 37.5 MG TAB ER 24H	3	QL (60 per 30 days); MO
<i>nefazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 250 mg tab</i>	1	QL (60 per 30 days); MO	<i>perphenazine-amitriptyline</i>	1	PA; MO
NORPRAMIN	3	PA; MO	PEXEVA 10 MG TAB, 40 MG TAB	3	QL (45 per 30 days); MO
<i>nortriptyline hcl 10 mg cap, 25 mg cap</i>	1	MO	PEXEVA 20 MG TAB	3	QL (30 per 30 days); MO
<i>nortriptyline hcl 10 mg/5ml solution, 50 mg cap, 75 mg cap</i>	1	MO	PEXEVA 30 MG TAB	3	QL (60 per 30 days); MO
<i>olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap</i>	1	QL (90 per 30 days); MO	<i>phenelzine sulfate 15 mg tab</i>	1	MO
<i>olanzapine-fluoxetine hcl 6-50 mg cap, 12-25 mg cap, 12-50 mg cap</i>	1	QL (30 per 30 days); MO	PRISTIQ	3	MO
PAMELOR	4	MO; S	<i>protriptyline hcl</i>	1	PA; MO
PARNATE	4	MO; S	PROZAC 10 MG CAP	3	MO
<i>paroxetine hcl 10 mg tab, 20 mg tab</i>	1	MO	PROZAC 20 MG CAP	3	QL (120 per 30 days); MO
<i>paroxetine hcl 10 mg/5ml suspension</i>	3	QL (900 per 30 days); MO	PROZAC 40 MG CAP	4	QL (60 per 30 days); MO; S
<i>paroxetine hcl 30 mg tab</i>	1	QL (60 per 30 days); MO	REMERON	3	MO
			REMERON SOLTAB	3	QL (30 per 30 days); MO
			<i>sertraline hcl 100 mg tab</i>	1	QL (60 per 30 days); MO
			SERTRALINE HCL 150 MG CAP, 200 MG CAP	3	QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>sertraline hcl 20 mg/ml conc</i>	1	QL (300 per 30 days); MO	WELLBUTRIN XL 150 MG TAB ER 24H	4	ST; QL (90 per 30 days); MO; S
<i>sertraline hcl 25 mg tab</i>	1	QL (240 per 30 days); MO	WELLBUTRIN XL 300 MG TAB ER 24H	4	ST; QL (30 per 30 days); MO; S
<i>sertraline hcl 50 mg tab</i>	1	QL (120 per 30 days); MO	ZOLOFT 100 MG TAB	3	QL (60 per 30 days); MO
SPRAVATO (56 MG DOSE)	4	PA; QL (16 per 28 days); S	ZOLOFT 20 MG/ML CONC	3	QL (300 per 30 days); MO
SPRAVATO (84 MG DOSE)	4	PA; QL (24 per 28 days); S	ZOLOFT 25 MG TAB	3	QL (240 per 30 days); MO
SYMBYAX 3-25 MG CAP, 6-25 MG CAP	3	QL (90 per 30 days); MO	ZOLOFT 50 MG TAB	3	QL (120 per 30 days); MO
<i>tranylcypromine sulfate</i>	1	MO	Antiemetics		
<i>trazodone hcl 300 mg tab</i>	1	MO	AKYNZEO 235-0.25 MG RECON SOLN, 235-0.25 MG/20ML SOLUTION	4	S
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab</i>	1	MO	AKYNZEO 300-0.5 MG CAP	4	QL (5 per 30 days); S
<i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cap</i>	1	MO	ANTIVERT	3	
TRINTELLIX	3	QL (30 per 30 days); MO	ANZEMET 50 MG TAB	3	B/D PA
<i>venlafaxine hcl 25 mg tab, 37.5 mg tab, 50 mg tab, 100 mg tab</i>	1	QL (90 per 30 days); MO	<i>aprepitant 125 mg cap</i>	1	B/D PA; QL (5 per 30 days)
<i>venlafaxine hcl 75 mg tab</i>	1	MO	<i>aprepitant 40 mg cap</i>	1	B/D PA; QL (1 per 28 days)
<i>venlafaxine hcl er 37.5 mg cap er 24h, 75 mg cap er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h</i>	1	MO	<i>aprepitant 80 & 125 mg cap, 80 & 125 mg misc</i>	1	B/D PA; QL (15 per 30 days)
<i>venlafaxine hcl er 37.5 mg tab er 24h, 225 mg tab er 24h</i>	1	QL (30 per 30 days); MO	<i>aprepitant 80 mg cap</i>	1	B/D PA; QL (10 per 30 days)
VIIBRYD	3	ST; QL (30 per 30 days); MO	BONJESTA	3	PA; QL (60 per 30 days)
VIIBRYD STARTER PACK	3	ST	CINVANTI	3	
<i>vilazodone hcl</i>	3	ST; QL (30 per 30 days); MO	<i>compro</i>	1	
WELLBUTRIN SR 100 MG TAB ER 12H	3	ST; QL (120 per 30 days); MO	DICLEGIS	3	PA; QL (120 per 30 days)
WELLBUTRIN SR 150 MG TAB ER 12H, 200 MG TAB ER 12H	3	ST; QL (60 per 30 days); MO	<i>doxylamine-pyridoxine</i>	3	PA; QL (120 per 30 days)
			<i>dronabinol</i>	1	B/D PA; QL (120 per 30 days)
			EMEND 125 MG/5ML RECON SUSP	3	B/D PA; QL (15 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
EMEND 40 MG CAP	3	B/D PA; QL (1 per 28 days)	<i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i>	1	MO
EMEND 80 MG CAP	3	B/D PA; QL (10 per 30 days)	<i>prochlorperazine</i>	1	
EMEND TRI-PACK	4	B/D PA; QL (15 per 30 days); S	<i>prochlorperazine edisylate 10 mg/2ml solution</i>	1	
<i>fosaprepitant dimeglumine</i>	3		<i>prochlorperazine maleate 5 mg tab, 10 mg tab</i>	1	MO
GIMOTI	4	S	<i>promethazine hcl 12.5 mg suppos, 25 mg suppos</i>	1	PA
<i>granisetron hcl 1 mg tab</i>	1	B/D PA; QL (30 per 30 days)	<i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	
<i>granisetron hcl 1 mg/ml solution, 4 mg/4ml solution</i>	1		<i>promethegan</i>	1	PA
MARINOL 10 MG CAP	4	B/D PA; QL (120 per 30 days); S	REGLAN	3	
MARINOL 2.5 MG CAP, 5 MG CAP	3	B/D PA; QL (120 per 30 days)	SANCUSO	4	PA; QL (4 per 28 days); S
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1		<i>scopolamine</i>	1	QL (10 per 28 days)
METOCLOPRAMIDE HCL 10 MG TAB DISP	3		SUSTOL	3	
<i>metoclopramide hcl 5 mg tab disp, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution</i>	1		SYNDROS	4	B/D PA; S
<i>metoclopramide hcl 5 mg tab, 10 mg tab</i>	1		TIGAN 100 MG/ML SOLUTION	3	
<i>ondansetron</i>	1	B/D PA; QL (90 per 30 days)	TRANSDERM SCOP (1.5 MG)	2	QL (10 per 28 days)
<i>ondansetron hcl 24 mg tab</i>	1	B/D PA; QL (30 per 30 days)	TRANSDERM-SCOP	2	QL (10 per 28 days)
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	1	B/D PA; QL (90 per 30 days)	<i>trimethobenzamide hcl 300 mg cap</i>	1	
<i>ondansetron hcl 4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution</i>	1		VARUBI (180 MG DOSE)	4	B/D PA; QL (4 per 28 days); S
<i>ondansetron hcl 4 mg/5ml solution</i>	1	B/D PA; QL (450 per 30 days)	Antifungals		
PALONOSETRON HCL 0.25 MG/2ML SOLUTION, 0.25 MG/5ML SOLN PRSYR, 0.25 MG/5ML SOLUTION	3		ABELCET	3	B/D PA
			AMBISOME	4	B/D PA; S
			<i>amphotericin b 50 mg recon soln</i>	1	B/D PA
			<i>amphotericin b liposome</i>	4	B/D PA; S
			ANCOBON	4	S
			CANCIDAS	4	B/D PA; S
			CASPOFUNGIN ACETATE 50 MG RECON SOLN	4	B/D PA; S

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Drug Name	Drug Tier	Requirements /Limits
CASPOFUNGIN ACETATE 70 MG RECON SOLN	3	B/D PA
ciclopirox olamine 0.77 % cream	1	QL (90 per 30 days)
ciclopirox olamine 0.77 % suspension	1	
clotrimazole 1 % cream, 1 % solution	1	
clotrimazole 10 mg troche	1	QL (150 per 30 days)
CRESEMBA	4	PA; S
DIFLUCAN 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	3	
econazole nitrate 1 % cream	1	QL (90 per 30 days)
ERAXIS	4	PA; S
ERTACZO	3	
EXELDERM 1 % CREAM, 1 % SOLUTION	3	
EXTINA	3	QL (100 per 30 days)
fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab	1	
FLUCONAZOLE IN SODIUM CHLORIDE 100-0.9 MG/50ML-% SOLUTION	3	
fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution	1	
flucytosine 250 mg cap, 500 mg cap	4	S
griseofulvin microsize 125 mg/5ml suspension, 500 mg tab	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	

Drug Name	Drug Tier	Requirements /Limits
itraconazole 10 mg/ml solution	4	S
itraconazole 100 mg cap	1	PA
JUBLIA	3	PA
KERYDIN	4	PA; QL (10 per 30 days); S
ketoconazole 2 % cream, 2 % shampoo	1	QL (120 per 30 days)
ketoconazole 2 % foam	3	QL (100 per 30 days)
ketoconazole 200 mg tab	1	
ketodan 2 % foam	1	QL (100 per 30 days)
LOPROX 0.77 % CREAM	3	QL (90 per 30 days)
LOPROX 0.77 % SUSPENSION	3	
luliconazole	3	ST
LUZU	3	ST
MENTAX	3	
MICAFUNGIN SODIUM	4	S
miconazole 3	1	
miconazole-zinc oxide-petrolat	3	
MYCAMINE	4	S
naftifine hcl	1	
NAFTIN 1 % GEL, 2 % GEL	3	
NOXAFIL 300 MG/16.7ML SOLUTION	3	MO
NOXAFIL 40 MG/ML SUSPENSION, 100 MG TAB DR	4	PA; MO; S
nyamyc	1	
nystatin 100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab	1	
nystop	1	
oxiconazole nitrate	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
OXISTAT 1 % CREAM	3	QL (60 per 30 days)
OXISTAT 1 % LOTION	3	
<i>posaconazole</i>	4	PA; MO; S
SPORANOX 10 MG/ML SOLUTION	3	
SPORANOX 100 MG CAP	3	PA
SPORANOX PULSEPAK	4	PA; S
<i>tavaborole</i>	3	PA; QL (10 per 30 days)
<i>terbinafine hcl 250 mg tab</i>	1	
<i>terconazole 0.4 % cream, 0.8 % cream, 80 mg suppos</i>	1	
TOLSURA	4	PA; S
VFEND 200 MG TAB	3	PA; QL (60 per 30 days)
VFEND 40 MG/ML RECON SUSP	4	PA; QL (300 per 30 days); S
VFEND 50 MG TAB	3	PA
VFEND IV	4	PA; S
<i>voriconazole 200 mg recon soln</i>	4	PA; S
<i>voriconazole 200 mg tab</i>	3	PA; QL (60 per 30 days)
<i>voriconazole 40 mg/ml recon susp</i>	4	PA; QL (300 per 30 days); S
<i>voriconazole 50 mg tab</i>	1	PA
VUSION	3	
XOLEGEL	3	

Antigout Agents

<i>allopurinol 100 mg tab, 300 mg tab</i>	1	MO
<i>colchicine 0.6 mg cap, 0.6 mg tab</i>	1	
<i>colchicine-probenecid</i>	1	MO
COLCRYS	3	
<i>febuxostat</i>	1	ST; MO
GLOPERBA	3	

Drug Name	Drug Tier	Requirements /Limits
KRYSTEXXA	4	PA; LA; QL (2 per 28 days); S
MITIGARE	3	
<i>probenecid</i>	1	MO
ULORIC	3	ST; MO
ZYLOPRIM	3	MO

Antimigraine Agents

AIMOVIG 140 MG/ML SOLN A-INJ	2	PA; QL (1 per 28 days); MO
AIMOVIG 70 MG/ML SOLN A-INJ	2	PA; QL (2 per 28 days); MO
AJOVY	2	PA; QL (1.5 per 30 days); MO
<i>almotriptan malate</i>	1	QL (9 per 30 days)
AMERGE	3	QL (9 per 30 days)
CAFERGOT	4	S
D.H.E. 45	4	PA; S
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	4	PA; S
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	4	QL (8 per 28 days); S
<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
ERGOMAR	4	S
<i>ergotamine-caffeine</i>	1	
FROVA	4	QL (12 per 30 days); S
<i>frovatriptan succinate</i>	1	QL (12 per 30 days)
IMITREX 25 MG TAB, 50 MG TAB, 100 MG TAB	3	QL (9 per 30 days)
IMITREX 5 MG/ACT SOLUTION, 20 MG/ACT SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
IMITREX STATDOSE REFILL 4 MG/0.5ML SOLN CART	3	QL (6 per 30 days)
IMITREX STATDOSE REFILL 6 MG/0.5ML SOLN CART	4	QL (6 per 30 days); S
IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ	3	QL (6 per 30 days)
IMITREX STATDOSE SYSTEM 6 MG/0.5ML SOLN A-INJ	4	QL (6 per 30 days); S
MAXALT	3	QL (12 per 30 days)
MAXALT-MLT	3	QL (12 per 30 days)
<i>migergot</i>	4	S
MIGRANAL	4	QL (8 per 28 days); S
<i>naratriptan hcl</i>	1	QL (9 per 30 days)
NURTEC	3	PA; QL (16 per 30 days)
ONZETRA XSAIL	3	QL (8 per 30 days)
QULIPTA	4	PA; QL (30 per 30 days); MO; S
RELPAX	3	QL (9 per 30 days)
REYVOW 100 MG TAB	3	PA; QL (8 per 30 days)
REYVOW 50 MG TAB	3	PA; QL (4 per 30 days)
<i>rizatriptan benzoate</i>	1	QL (12 per 30 days)
<i>sumatriptan 5 mg/act solution, 20 mg/act solution</i>	1	
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate refill</i>	1	QL (6 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan-naproxen sodium</i>	3	QL (9 per 30 days)
TOSYMRA	3	
TREXIMET	4	QL (9 per 30 days); S
TRUDHESA	4	QL (8 per 28 days); S
UBRELVY	3	PA; QL (16 per 30 days)
ZEMBRACE SYMTOUCH	4	QL (4 per 30 days); S
<i>zolmitriptan 2.5 mg solution, 5 mg solution</i>	1	
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp</i>	1	QL (9 per 30 days)
ZOMIG 2.5 MG SOLUTION, 5 MG SOLUTION	3	
ZOMIG 2.5 MG TAB	3	QL (9 per 30 days)
ZOMIG 5 MG TAB	4	QL (9 per 30 days); S
ZOMIG ZMT 2.5 MG TAB DISP	3	QL (9 per 30 days)
ZOMIG ZMT 5 MG TAB DISP	4	QL (9 per 30 days); S
Antimyasthenic Agents		
MESTINON 60 MG TAB, 180 MG TAB ER	4	S
MESTINON 60 MG/5ML SOLUTION	3	
<i>pyridostigmine bromide 30 mg tab, 60 mg tab, 60 mg/5ml solution</i>	1	
<i>pyridostigmine bromide er</i>	1	
REGONOL	2	
Antimycobacterials		
<i>cycloserine 250 mg cap</i>	3	
<i>dapsone 25 mg tab, 100 mg tab</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1		ALUNBRIG 30 MG TAB	4	PA; LA; QL (180 per 30 days); S
<i>isoniazid 100 mg tab, 300 mg tab</i>	1	MO	ALUNBRIG 90 & 180 MG TAB THPK	4	PA; LA; QL (30 per 180 over time); S
<i>isoniazid 100 mg/ml solution</i>	1		ALUNBRIG 90 MG TAB	4	PA; LA; QL (60 per 30 days); S
<i>isoniazid 50 mg/5ml syrup</i>	1	MO	ALYMSYS	4	PA; S
MYAMBUTOL	3		<i>anastrozole 1 mg tab</i>	1	QL (30 per 30 days); MO
MYCOBUTIN	3		ARIMIDEX	4	QL (30 per 30 days); MO; S
PASER	3		AROMASIN	4	QL (60 per 30 days); MO; S
PRETOMANID	3		AVASTIN	4	PA; LA; S
PRIFTIN	2		AYVAKIT	4	PA; LA; QL (30 per 30 days); S
<i>pyrazinamide 500 mg tab</i>	1		<i>azacitidine</i>	4	PA; LA; S
<i>rifabutin</i>	1		BALVERSA 3 MG TAB	4	PA; LA; QL (90 per 30 days); S
RIFADIN 600 MG RECON SOLN	3		BALVERSA 4 MG TAB	4	PA; LA; QL (60 per 30 days); S
<i>rifampin 150 mg cap, 300 mg cap</i>	1		BALVERSA 5 MG TAB	4	PA; LA; QL (30 per 30 days); S
<i>rifampin 600 mg recon soln</i>	3		BAVENCIO	4	PA; LA; S
SIRTURO	4	PA; LA; S	BENDEKA	4	B/D PA; S
TRECTOR	3		<i>bexarotene 1 % gel</i>	4	PA; QL (60 per 30 days); S
Antineoplastics			<i>bexarotene 75 mg cap</i>	4	PA; QL (300 per 30 days); S
<i>abiraterone acetate 250 mg tab</i>	4	PA; QL (120 per 30 days); S	<i>bicalutamide</i>	1	QL (30 per 30 days)
<i>abiraterone acetate 500 mg tab</i>	4	PA; QL (60 per 30 days); S	<i>bleomycin sulfate</i>	1	B/D PA
ABRAXANE	4	PA; S	BORTEZOMIB 1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN	4	PA; S
<i>adriamycin 10 mg recon soln, 50 mg recon soln</i>	1	B/D PA	BOSULIF 100 MG TAB	4	PA; QL (120 per 30 days); S
<i>adriamycin 2 mg/ml solution</i>	1	B/D PA	BOSULIF 400 MG TAB, 500 MG TAB	4	PA; QL (30 per 30 days); S
AFINITOR	4	PA; S			
AFINITOR DISPERZ	4	PA; S			
ALECENSA	4	PA; LA; QL (240 per 30 days); S			
ALIMTA	4	PA; S			
ALKERAN 2 MG TAB	3	B/D PA			
ALUNBRIG 180 MG TAB	4	PA; LA; QL (30 per 30 days); S			

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Drug Name	Drug Tier	Requirements /Limits
BRAFTOVI	4	PA; LA; QL (180 per 30 days); S
BRUKINSA	4	PA; LA; QL (120 per 30 days); S
CABOMETYX	4	PA; LA; QL (30 per 30 days); S
CALQUENCE 100 MG CAP	4	PA; LA; S
CAPRELSA 100 MG TAB	4	PA; LA; QL (90 per 30 days); S
CAPRELSA 300 MG TAB	4	PA; LA; QL (30 per 30 days); S
<i>carboplatin</i>	1	B/D PA
CASODEX	4	QL (30 per 30 days); S
<i>cisplatin 50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution</i>	1	B/D PA
COMETRIQ (100 MG DAILY DOSE)	4	PA; LA; QL (56 per 28 days); S
COMETRIQ (140 MG DAILY DOSE)	4	PA; LA; QL (112 per 28 days); S
COMETRIQ (60 MG DAILY DOSE)	4	PA; LA; QL (84 per 28 days); S
COPIKTRA	4	PA; LA; QL (60 per 30 days); S
COTELLIC	4	PA; LA; QL (90 per 30 days); S
<i>cyclophosphamide 1 gm recon soln, 2 gm recon soln, 500 mg recon soln</i>	4	B/D PA; S
CYCLOPHOSPHAMIDE 1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 500 MG/2.5ML SOLUTION	4	S
<i>cyclophosphamide 25 mg cap, 50 mg cap</i>	2	B/D PA
CYCLOPHOSPHAMIDE 25 MG TAB, 50 MG TAB	4	B/D PA; S
CYRAMZA	4	PA; LA; S
DARZALEX	4	PA; LA; S
DARZALEX FASPRO	4	PA; S

Drug Name	Drug Tier	Requirements /Limits
DAURISMO 100 MG TAB	4	PA; LA; QL (30 per 30 days); S
DAURISMO 25 MG TAB	4	PA; LA; QL (60 per 30 days); S
<i>decitabine</i>	4	S
<i>docetaxel 160 mg/16ml solution</i>	3	
<i>docetaxel 20 mg/2ml solution</i>	4	S
<i>docetaxel 20 mg/ml conc</i>	3	B/D PA
<i>docetaxel 20 mg/ml conc, 80 mg/4ml conc, 160 mg/8ml conc</i>	4	B/D PA; S
DOCETAXEL 80 MG/4ML CONC	1	B/D PA
DOCETAXEL 80 MG/8ML SOLUTION	4	B/D PA; S
DOXIL	4	PA; S
<i>doxorubicin hcl 10 mg recon soln, 50 mg recon soln</i>	1	B/D PA
<i>doxorubicin hcl 2 mg/ml solution</i>	3	B/D PA
<i>doxorubicin hcl liposomal</i>	4	PA; S
DROXIA	2	MO
ELITEK	4	PA; S
EMCYT	4	S
EMPLICITI	4	PA; LA; S
ENHERTU	4	PA; S
ERBITUX	4	PA; S
ERIVEDGE	4	PA; LA; QL (30 per 30 days); S
ERLEADA	4	PA; LA; S
<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	4	PA; QL (30 per 30 days); S
<i>erlotinib hcl 25 mg tab</i>	4	PA; QL (90 per 30 days); S
<i>etoposide 1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
EULEXIN	4	S
<i>everolimus 2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab</i>	4	PA; S
<i>exemestane</i>	1	QL (60 per 30 days); MO
EXKIVITY	4	PA; LA; QL (120 per 30 days); S
FARESTON	4	QL (30 per 30 days); S
FASLODEX	4	PA; S
FEMARA	3	QL (30 per 30 days); MO
<i>fluorouracil 1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution</i>	1	B/D PA
<i>flutamide</i>	1	
FOTIVDA	4	PA; QL (21 per 28 days); S
<i>fulvestrant</i>	4	PA; S
GAVRETO	4	PA; LA; QL (120 per 30 days); S
GAZYVA	4	PA; LA; S
<i>gemcitabine hcl 1 gm recon soln, 2 gm recon soln</i>	1	B/D PA
<i>gemcitabine hcl 1 gm/10ml solution, 2 gm/20ml solution, 200 mg/2ml solution</i>	4	B/D PA; S
<i>gemcitabine hcl 1 gm/26.3ml solution, 200 mg/5.26ml solution</i>	1	
<i>gemcitabine hcl 2 gm/52.6ml solution</i>	4	S
<i>gemcitabine hcl 200 mg recon soln</i>	3	B/D PA
GILOTRIF	4	PA; LA; QL (30 per 30 days); S
GLEEVEC	4	PA; QL (60 per 30 days); S

Drug Name	Drug Tier	Requirements /Limits
HERCEPTIN	4	B/D PA; S
HERCEPTIN HYLECTA	4	B/D PA; S
HYDREA	3	
<i>hydroxyurea 500 mg cap</i>	1	
IBRANCE	4	PA; LA; QL (21 per 28 days); S
ICLUSIG	4	PA; LA; QL (30 per 30 days); S
IDHIFA 100 MG TAB	4	PA; LA; QL (30 per 30 days); S
IDHIFA 50 MG TAB	4	PA; LA; QL (60 per 30 days); S
<i>imatinib mesylate</i>	4	PA; QL (60 per 30 days); S
IMBRUVICA 140 MG CAP, 140 MG TAB	4	PA; LA; QL (90 per 30 days); S
IMBRUVICA 70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB	4	PA; LA; QL (30 per 30 days); S
IMFINZI	4	PA; LA; S
INLYTA 1 MG TAB	4	PA; LA; QL (180 per 30 days); S
INLYTA 5 MG TAB	4	PA; LA; QL (120 per 30 days); S
INQOVI	4	PA; LA; QL (5 per 28 days); S
INREBIC	4	PA; LA; QL (120 per 30 days); S
IRESSA	4	PA; LA; QL (30 per 30 days); S
<i>irinotecan hcl 100 mg/5ml solution</i>	3	
<i>irinotecan hcl 40 mg/2ml solution, 300 mg/15ml solution</i>	1	
<i>irinotecan hcl 500 mg/25ml solution</i>	1	B/D PA
JAKAFI	4	PA; LA; QL (60 per 30 days); S
JEVTANA	4	PA; S
KADCYLA	4	PA; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
KANJINTI	4	B/D PA; S	<i>letrozole 2.5 mg tab</i>	1	QL (30 per 30 days); MO
KEYTRUDA	4	PA; S	<i>leucovorin calcium 100 mg/10ml solution</i>	1	
KISQALI (200 MG DOSE)	4	PA; QL (21 per 21 days); S	<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	1	
KISQALI (400 MG DOSE)	4	PA; QL (42 per 21 days); S	<i>leucovorin calcium 50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln</i>	1	B/D PA
KISQALI (600 MG DOSE)	4	PA; QL (63 per 21 days); S	<i>leucovorin calcium 500 mg/50ml solution</i>	4	S
KISQALI FEMARA (400 MG DOSE)	4	PA; QL (70 per 28 days); S	LEUKERAN	2	
KISQALI FEMARA (600 MG DOSE)	4	PA; QL (91 per 28 days); S	<i>levoleucovorin calcium</i>	4	PA; S
KISQALI FEMARA(200 MG DOSE)	4	PA; QL (49 per 28 days); S	<i>levoleucovorin calcium pf 175 mg/17.5ml solution</i>	4	PA; S
KOSELUGO	4	PA; S	<i>levoleucovorin calcium pf 250 mg/25ml solution</i>	3	PA
KYPROLIS	4	PA; LA; S	LONSURF	4	PA; S
<i>lapatinib ditosylate</i>	4	PA; QL (180 per 30 days); S	LORBRENA 100 MG TAB	4	PA; LA; QL (30 per 30 days); S
<i>lenalidomide 10 mg cap</i>	4	PA; LA; QL (60 per 30 days); S	LORBRENA 25 MG TAB	4	PA; LA; QL (90 per 30 days); S
<i>lenalidomide 15 mg cap, 25 mg cap</i>	4	PA; LA; QL (30 per 30 days); S	LUMAKRAS	4	PA; LA; QL (240 per 30 days); S
<i>lenalidomide 5 mg cap</i>	4	PA; LA; QL (150 per 30 days); S	LYNPARZA	4	PA; LA; QL (120 per 30 days); S
LENVIMA (10 MG DAILY DOSE)	4	PA; LA; QL (30 per 30 days); S	MATULANE	4	LA; S
LENVIMA (12 MG DAILY DOSE)	4	PA; LA; QL (90 per 30 days); S	MEKINIST 0.5 MG TAB	4	PA; LA; QL (90 per 30 days); S
LENVIMA (14 MG DAILY DOSE)	4	PA; LA; QL (60 per 30 days); S	MEKINIST 2 MG TAB	4	PA; LA; QL (30 per 30 days); S
LENVIMA (18 MG DAILY DOSE)	4	PA; LA; QL (90 per 30 days); S	MEKTOVI	4	PA; LA; QL (180 per 30 days); S
LENVIMA (20 MG DAILY DOSE)	4	PA; LA; QL (60 per 30 days); S	<i>melphalan</i>	1	B/D PA
LENVIMA (24 MG DAILY DOSE)	4	PA; LA; QL (90 per 30 days); S	<i>mercaptopurine 50 mg tab</i>	1	
LENVIMA (4 MG DAILY DOSE)	4	PA; LA; QL (30 per 30 days); S	<i>mesna</i>	1	
LENVIMA (8 MG DAILY DOSE)	4	PA; LA; QL (60 per 30 days); S	MESNEX 100 MG/ML SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
MESNEX 400 MG TAB	4	S
<i>mitomycin 20 mg recon soln, 40 mg recon soln</i>	4	B/D PA; S
<i>mitomycin 5 mg recon soln</i>	1	B/D PA
<i>mutamycin 40 mg recon soln</i>	4	B/D PA; S
<i>mutamycin 5 mg recon soln, 20 mg recon soln</i>	1	B/D PA
MVASI	4	PA; S
NERLYNX	4	PA; LA; QL (180 per 30 days); S
NEXAVAR	4	PA; LA; QL (120 per 30 days); S
NILANDRON	4	QL (30 per 30 days); S
<i>nilutamide</i>	4	QL (30 per 30 days); S
NINLARO	4	PA; QL (3 per 28 days); S
NUBEQA	4	PA; LA; QL (120 per 30 days); S
ODOMZO	4	PA; LA; QL (30 per 30 days); S
OGIVRI	4	B/D PA; S
ONIVYDE	4	B/D PA; S
ONUREG	4	PA; LA; QL (14 per 28 days); S
OPDIVO	4	PA; LA; S
<i>oxaliplatin 100 mg recon soln</i>	3	B/D PA
<i>oxaliplatin 50 mg recon soln</i>	4	B/D PA; S
<i>oxaliplatin 50 mg/10ml solution, 100 mg/20ml solution, 200 mg/40ml solution</i>	1	B/D PA
<i>paclitaxel 100 mg/16.7ml conc, 300 mg/50ml conc</i>	1	B/D PA
<i>paclitaxel 30 mg/5ml conc, 150 mg/25ml conc</i>	1	B/D PA
<i>paclitaxel protein-bound part</i>	4	PA; S

Drug Name	Drug Tier	Requirements /Limits
PANRETIN	4	S
<i>paraplatin</i>	1	B/D PA
PEMAZYRE	4	PA; LA; QL (14 per 21 days); S
<i>pemetrexed disodium 100 mg recon soln, 500 mg recon soln, 750 mg recon soln, 1000 mg recon soln</i>	4	S
PERJETA	4	PA; S
PHESGO	4	PA; S
PIQRAY (200 MG DAILY DOSE)	4	PA; QL (28 per 28 days); S
PIQRAY (250 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
PIQRAY (300 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
POMALYST	4	PA; LA; QL (21 per 28 days); S
POTELIGEO	4	B/D PA; LA; S
PURIXAN	4	PA; S
QINLOCK	4	PA; QL (90 per 30 days); S
RETEVMO 40 MG CAP	4	PA; QL (180 per 30 days); S
RETEVMO 80 MG CAP	4	PA; QL (120 per 30 days); S
REVLIMID 10 MG CAP	4	PA; LA; QL (60 per 30 days); S
REVLIMID 2.5 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP	4	PA; LA; QL (30 per 30 days); S
REVLIMID 5 MG CAP	4	PA; LA; QL (150 per 30 days); S
RIABNI	4	B/D PA; S
RITUXAN	4	B/D PA; LA; S
RITUXAN HYCELA	4	B/D PA; LA; S
<i>romidepsin 10 mg recon soln</i>	4	S
ROZLYTREK 100 MG CAP	4	PA; LA; QL (150 per 30 days); S
ROZLYTREK 200 MG CAP	4	PA; LA; QL (90 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
RUBRACA	4	PA; LA; QL (120 per 30 days); S	TARCEVA 25 MG TAB	4	PA; LA; QL (90 per 30 days); S
RUXIENCE	4	B/D PA; S	TARGRETIN 1 % GEL	4	PA; QL (60 per 30 days); S
RYBREVENT	4	PA; S	TARGRETIN 75 MG CAP	4	PA; QL (300 per 30 days); S
RYDAPT	4	PA; QL (240 per 30 days); S	TASIGNA	4	PA; QL (112 per 28 days); S
RYLAZE	4	PA; S	TAZVERIK	4	PA; LA; QL (240 per 30 days); S
SARCLISA	4	PA; S	TECENTRIQ 1200 MG/20ML SOLUTION	4	PA; LA; QL (20 per 21 days); S
SCEMBLIX 20 MG TAB	4	PA; QL (60 per 30 days); S	TECENTRIQ 840 MG/14ML SOLUTION	4	PA; LA; QL (28 per 28 days); S
SCEMBLIX 40 MG TAB	4	PA; QL (300 per 30 days); S	TEPMETKO	4	PA; LA; QL (60 per 30 days); S
SIKLOS 100 MG TAB	3	PA	THALOMID 150 MG CAP, 200 MG CAP	4	PA; QL (60 per 30 days); S
SIKLOS 1000 MG TAB	4	PA; S	THALOMID 50 MG CAP, 100 MG CAP	4	PA; QL (30 per 30 days); S
SOLTAMOX	4	MO; S	TIBSOVO	4	PA; LA; QL (60 per 30 days); S
<i>sorafenib tosylate</i>	4	PA; QL (120 per 30 days); S	TICE BCG	2	B/D PA
SPRYCEL	4	PA; QL (30 per 30 days); S	<i>toposar</i>	1	B/D PA
STIVARGA	4	PA; LA; QL (84 per 28 days); S	<i>toremifene citrate</i>	4	QL (30 per 30 days); S
<i>sunitinib malate</i>	4	PA; QL (30 per 30 days); S	TRAZIMERA 150 MG RECON SOLN	4	B/D PA; S
SUTENT	4	PA; QL (30 per 30 days); S	TREANDA	4	B/D PA; S
SYNRIBO	4	PA; S	<i>tretinoin 10 mg cap</i>	4	S
TABLOID	3		TRUSELTIQ (100MG DAILY DOSE)	4	PA; LA; QL (21 per 28 days); S
TABRECTA	4	PA; QL (120 per 30 days); S	TRUSELTIQ (125MG DAILY DOSE)	4	PA; LA; QL (42 per 28 days); S
TAFINLAR	4	PA; LA; QL (120 per 30 days); S	TRUSELTIQ (50MG DAILY DOSE)	4	PA; LA; QL (42 per 28 days); S
TAGRISSO	4	PA; LA; QL (30 per 30 days); S	TRUSELTIQ (75MG DAILY DOSE)	4	PA; LA; QL (63 per 28 days); S
TALZENNA 0.25 MG CAP	4	PA; LA; QL (90 per 30 days); S	TRUXIMA	4	B/D PA; S
TALZENNA 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	4	PA; LA; QL (30 per 30 days); S	TUKYSA	4	PA; LA; QL (120 per 30 days); S
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	1	MO			
TARCEVA 100 MG TAB, 150 MG TAB	4	PA; LA; QL (30 per 30 days); S			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TURALIO	4	PA; LA; QL (120 per 30 days); S	XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	4	PA; LA; QL (20 per 28 days); S
TYKERB	4	PA; LA; QL (180 per 30 days); S	XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	4	PA; LA; QL (8 per 28 days); S
VALCHLOR	4	PA; LA; S	XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	4	PA; LA; QL (8 per 28 days); S
<i>valrubicin</i>	4	S	XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	4	PA; LA; QL (4 per 28 days); S
VECTIBIX	4	PA; S	XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	4	PA; LA; QL (16 per 28 days); S
VELCADE	4	PA; S	XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	4	PA; LA; QL (8 per 28 days); S
VENCLEXTA 10 MG TAB	2	PA; LA; QL (60 per 30 days)	XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	4	PA; LA; QL (12 per 28 days); S
VENCLEXTA 100 MG TAB	4	PA; LA; QL (180 per 30 days); S	XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	4	PA; LA; QL (4 per 28 days); S
VENCLEXTA 50 MG TAB	4	PA; LA; QL (30 per 30 days); S	XPOVIO (60 MG TWICE WEEKLY)	4	PA; LA; QL (24 per 28 days); S
VENCLEXTA STARTING PACK	4	PA; LA; S	XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	4	PA; LA; QL (16 per 28 days); S
VERZENIO	4	PA; LA; QL (60 per 30 days); S	XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	4	PA; LA; QL (8 per 28 days); S
VIDAZA	4	PA; LA; S	XPOVIO (80 MG TWICE WEEKLY)	4	PA; LA; QL (32 per 28 days); S
<i>vinblastine sulfate</i>	1	B/D PA	XTANDI 40 MG CAP	4	PA; LA; QL (120 per 30 days); S
<i>vincasar pfs</i>	1	B/D PA	XTANDI 40 MG TAB	4	PA; QL (120 per 30 days); S
<i>vincristine sulfate</i>	1	B/D PA	XTANDI 80 MG TAB	4	PA; QL (60 per 30 days); S
<i>vinorelbine tartrate</i>	1	B/D PA	YERVOY	4	PA; S
VITRAKVI 100 MG CAP	4	PA; LA; QL (60 per 30 days); S	YONSA	4	PA; QL (120 per 30 days); S
VITRAKVI 20 MG/ML SOLUTION	4	PA; LA; QL (300 per 30 days); S	ZEJULA	4	PA; LA; QL (90 per 30 days); S
VITRAKVI 25 MG CAP	4	PA; LA; QL (180 per 30 days); S	ZELBORAF	4	PA; LA; QL (240 per 30 days); S
VIZIMPRO	4	PA; LA; QL (30 per 30 days); S	ZEPZELCA	4	PA; S
VONJO	4	PA; LA; QL (120 per 30 days); S	ZIRABEV	4	PA; S
VOTRIENT	4	PA; LA; QL (120 per 30 days); S	ZOLADEx 10.8 MG IMPLANT	3	B/D PA; QL (1 per 84 days)
WELIREG	4	PA; LA; QL (90 per 30 days); S			
XALKORI	4	PA; LA; QL (120 per 30 days); S			
XOSPATA	4	PA; LA; QL (90 per 30 days); S			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ZOLADEX 3.6 MG IMPLANT	3	B/D PA; QL (1 per 28 days)	nitazoxanide 500 mg tab	3	QL (6 per 30 days)
ZOLINZA	4	PA; QL (120 per 30 days); S	PENTAM	3	
ZYDELIG	4	PA; LA; QL (60 per 30 days); S	pentamidine isethionate	1	
ZYKADIA	4	PA; LA; QL (90 per 30 days); S	pentamidine isethionate 300 mg recon soln for nebulization	1	B/D PA
ZYTIGA 250 MG TAB	4	PA; LA; QL (120 per 30 days); S	PLAQUENIL	3	MO
ZYTIGA 500 MG TAB	4	PA; LA; QL (60 per 30 days); S	praziquantel 600 mg tab	1	
Antiparasitics			primaquine phosphate	2	
albendazole 200 mg tab	4	S	pyrimethamine 25 mg tab	4	S
ALBENZA	4	S	QUALAQUIN	3	PA
atovaquone 750 mg/5ml suspension	3	PA	quinine sulfate 324 mg cap	1	PA
atovaquone-proguanil hcl	1		STROMECTOL	3	PA
BENZNIDAZOLE	3		Antiparkinson Agents		
BILTRICIDE	4	S	amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab	1	MO
chloroquine phosphate 250 mg tab, 500 mg tab	1	MO	APOKYN	4	PA; LA; QL (60 per 30 days); S
COARTEM	3		apomorphine hcl 30 mg/3ml soln cart	4	PA; QL (60 per 30 days); S
DARAPRIM	4	S	AZILECT	4	MO; S
EMVERM	4	S	benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	1	PA; MO
HYDROXYCHLOROQUINE SULFATE 100 MG TAB, 300 MG TAB, 400 MG TAB	3	MO	benztropine mesylate 1 mg/ml solution	1	PA
hydroxychloroquine sulfate 200 mg tab	1	MO	bromocriptine mesylate 2.5 mg tab, 5 mg cap	1	MO
IMPAVIDO	4	S	carbidopa 25 mg tab	1	MO
ivermectin 3 mg tab	1	PA	carbidopa-levodopa	1	MO
KRINTAFEL	3		carbidopa-levodopa er	1	MO
LAMPIT	3		carbidopa-levodopa-entacapone	1	MO
MALARONE	3		COMTAN	3	MO
mefloquine hcl	1	MO	DHIVY	3	MO
MEPRON	3	PA	DUOPA	4	PA; S
NEBUPENT	3	B/D PA	entacapone	1	MO
			GOCOVRI	4	LA; S

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INBRIJA	4	LA; S	STALEVO 50	4	MO; S
KYNMOBI	4	PA; QL (150 per 30 days); S	STALEVO 75	3	MO
LODOSYN	4	ST; MO; S	TASMAR	4	PA; QL (180 per 30 days); MO; S
MIRAPEX ER 0.375 MG TAB ER 24H, 0.75 MG TAB ER 24H	4	ST; MO; S	<i>tolcapone</i>	4	PA; QL (180 per 30 days); MO; S
MIRAPEX ER 1.5 MG TAB ER 24H, 2.25 MG TAB ER 24H, 3 MG TAB ER 24H, 3.75 MG TAB ER 24H, 4.5 MG TAB ER 24H	3	ST; MO	<i>trihexyphenidyl hcl 0.4 mg/ml solution</i>	1	PA; MO
NEUPRO	3	QL (30 per 30 days); MO	<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	1	MO
NOURIANZ 20 MG TAB	4	PA; QL (60 per 30 days); S	XADAGO	4	MO; S
NOURIANZ 40 MG TAB	4	PA; QL (30 per 30 days); S	ZELAPAR	4	MO; S
ONGENTYS	3	PA; QL (30 per 30 days); MO	Antipsychotics		
OSMOLEX ER 129 MG TAB ER 24H	4	S	ABILIFY 2 MG TAB, 5 MG TAB, 10 MG TAB, 15 MG TAB	4	MO; S
OSMOLEX ER 193 MG TAB ER 24H	3		ABILIFY 20 MG TAB, 30 MG TAB	4	QL (30 per 30 days); MO; S
PARLODEL	3	MO	ABILIFY MAINTENA	4	QL (1 per 28 days); MO; S
<i>pramipexole dihydrochloride</i>	1	MO	ABILIFY MYCITE	4	QL (30 per 30 days); MO; S
<i>pramipexole dihydrochloride er</i>	3	MO	ABILIFY MYCITE MAINTENANCE KIT	4	QL (30 per 30 days); MO; S
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	MO	ABILIFY MYCITE STARTER KIT	4	QL (30 per 30 days); S
<i>ropinirole hcl</i>	1	MO	<i>aripiprazole 1 mg/ml solution</i>	1	QL (900 per 30 days); MO
<i>ropinirole hcl er</i>	1	MO	<i>aripiprazole 10 mg tab disp</i>	3	QL (90 per 30 days); MO
RYTARY	3	ST; MO	<i>aripiprazole 15 mg tab disp</i>	4	QL (60 per 30 days); MO; S
<i>selegiline hcl 5 mg cap, 5 mg tab</i>	1	MO	<i>aripiprazole 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab</i>	1	MO
SINEMET 10-100 MG TAB, 25-100 MG TAB	3	ST; MO	<i>aripiprazole 20 mg tab, 30 mg tab</i>	1	QL (30 per 30 days); MO
STALEVO 100	4	MO; S	ARISTADA 1064 MG/3.9ML PRSYR	4	QL (3.9 per 60 days); MO; S
STALEVO 125	4	MO; S	ARISTADA 441 MG/1.6ML PRSYR	4	QL (1.6 per 28 days); MO; S
STALEVO 150	3	MO	ARISTADA 662 MG/2.4ML PRSYR	4	QL (2.4 per 28 days); MO; S
STALEVO 200	4	MO; S			

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ARISTADA 882 MG/3.2ML PRSYR	4	QL (3.2 per 28 days); MO; S	FANAPT 1 MG TAB	4	QL (720 per 30 days); S
ARISTADA INITIO	4	QL (4.8 per 365 over time); S	FANAPT 10 MG TAB, 12 MG TAB	4	QL (60 per 30 days); S
<i>asenapine maleate 10 mg sl tab</i>	3	QL (60 per 30 days); MO	FANAPT 2 MG TAB	4	QL (360 per 30 days); S
<i>asenapine maleate 2.5 mg sl tab</i>	1	QL (240 per 30 days); MO	FANAPT 4 MG TAB	4	QL (180 per 30 days); S
<i>asenapine maleate 5 mg sl tab</i>	1	QL (120 per 30 days); MO	FANAPT 6 MG TAB	4	QL (120 per 30 days); S
CAPLYTA	4	PA; QL (30 per 30 days); MO; S	FANAPT 8 MG TAB	4	QL (90 per 30 days); S
<i>chlorpromazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	1	MO	FANAPT TITRATION PACK	3	
<i>chlorpromazine hcl 25 mg/ml solution, 50 mg/2ml solution</i>	2		<i>fluphenazine decanoate 25 mg/ml solution</i>	1	
CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC	3	MO	<i>fluphenazine hcl 1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab</i>	1	MO
<i>clozapine 100 mg tab, 100 mg tab disp</i>	1	QL (270 per 30 days)	<i>fluphenazine hcl 2.5 mg/ml solution</i>	1	
<i>clozapine 12.5 mg tab disp</i>	1	QL (2160 per 30 days)	GEODON 20 MG CAP	4	QL (240 per 30 days); MO; S
<i>clozapine 150 mg tab disp</i>	1	QL (180 per 30 days)	GEODON 20 MG RECON SOLN	2	QL (6 per 3 days)
<i>clozapine 200 mg tab</i>	1	QL (120 per 30 days)	GEODON 40 MG CAP	4	QL (120 per 30 days); MO; S
<i>clozapine 200 mg tab disp</i>	4	QL (120 per 30 days); S	GEODON 60 MG CAP, 80 MG CAP	4	QL (60 per 30 days); MO; S
<i>clozapine 25 mg tab, 25 mg tab disp</i>	1	QL (1080 per 30 days)	HALDOL DECANOATE	3	
<i>clozapine 50 mg tab</i>	1	QL (540 per 30 days)	<i>haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	1	MO
CLOZARIL 100 MG TAB	4	QL (270 per 30 days); S	<i>haloperidol decanoate 50 mg/ml solution, 100 mg/ml solution</i>	1	
CLOZARIL 200 MG TAB	4	QL (120 per 30 days); S	<i>haloperidol lactate 2 mg/ml conc</i>	1	MO
CLOZARIL 25 MG TAB	3	QL (1080 per 30 days)	<i>haloperidol lactate 5 mg/ml solution</i>	1	
CLOZARIL 50 MG TAB	3	QL (540 per 30 days)	INVEGA 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H	4	QL (30 per 30 days); MO; S

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INVEGA 6 MG TAB ER 24H	4	QL (60 per 30 days); MO; S	<i>paliperidone er 9 mg tab er 24h</i>	3	QL (30 per 30 days); MO
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	QL (3.5 per 180 over time); S	PERSERIS	4	QL (1 per 28 days); MO; S
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	QL (5 per 180 over time); S	<i>pimozide</i>	1	MO
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	4	QL (0.75 per 28 days); S	<i>quetiapine fumarate 100 mg tab</i>	1	QL (240 per 30 days); MO
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	4	QL (1 per 28 days); S	<i>quetiapine fumarate 150 mg tab</i>	1	QL (90 per 30 days); MO
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	4	QL (1.5 per 28 days); S	<i>quetiapine fumarate 200 mg tab</i>	1	QL (120 per 30 days); MO
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	QL (0.25 per 28 days)	<i>quetiapine fumarate 25 mg tab</i>	1	QL (960 per 30 days); MO
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	4	QL (0.5 per 28 days); S	<i>quetiapine fumarate 300 mg tab</i>	1	QL (80 per 30 days); MO
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	4	QL (0.88 per 84 days); S	<i>quetiapine fumarate 400 mg tab</i>	1	QL (60 per 30 days); MO
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	4	QL (1.32 per 84 days); S	<i>quetiapine fumarate 50 mg tab</i>	1	QL (480 per 30 days); MO
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	4	QL (1.75 per 84 days); S	<i>quetiapine fumarate er 150 mg tab er 24h, 200 mg tab er 24h</i>	1	QL (30 per 30 days); MO
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	4	QL (2.63 per 84 days); S	<i>quetiapine fumarate er 50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h</i>	1	QL (60 per 30 days); MO
<i>loxapine succinate</i>	1	MO	REXULTI 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB	4	QL (60 per 30 days); MO; S
<i>molindone hcl</i>	1	MO	REXULTI 3 MG TAB, 4 MG TAB	4	QL (30 per 30 days); MO; S
NUPLAZID	4	PA; LA; QL (30 per 30 days); S	RISPERDAL 0.5 MG TAB	3	QL (960 per 30 days); MO
<i>olanzapine 10 mg recon soln</i>	1	QL (90 per 30 days)	RISPERDAL 1 MG TAB, 1 MG/ML SOLUTION	3	QL (480 per 30 days); MO
<i>olanzapine 2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp</i>	1	MO	RISPERDAL 2 MG TAB	4	QL (240 per 30 days); MO; S
<i>olanzapine 20 mg tab, 20 mg tab disp</i>	1	QL (30 per 30 days); MO	RISPERDAL 3 MG TAB	3	QL (120 per 30 days); MO
<i>paliperidone er 1.5 mg tab er 24h, 3 mg tab er 24h</i>	1	QL (30 per 30 days); MO	RISPERDAL 4 MG TAB	4	QL (120 per 30 days); MO; S
<i>paliperidone er 6 mg tab er 24h</i>	1	QL (60 per 30 days); MO	RISPERDAL CONSTA 12.5 MG, 25 MG	3	QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA 37.5 MG, 50 MG	4	QL (2 per 28 days); S	thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab	1	MO
risperidone 0.25 mg tab, 0.25 mg tab disp	1	QL (1920 per 30 days); MO	thiothixene	1	MO
risperidone 0.5 mg tab, 0.5 mg tab disp	1	QL (960 per 30 days); MO	trifluoperazine hcl	1	MO
risperidone 1 mg tab, 1 mg tab disp, 1 mg/ml solution	1	QL (480 per 30 days); MO	VERSACLOZ	4	QL (600 per 30 days); S
risperidone 2 mg tab, 2 mg tab disp	1	QL (240 per 30 days); MO	VRAYLAR 1.5 & 3 MG CAP THPK	3	
risperidone 3 mg tab disp	1	QL (150 per 30 days); MO	VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	4	QL (30 per 30 days); MO; S
risperidone 3 mg tab, 4 mg tab, 4 mg tab disp	1	QL (120 per 30 days); MO	ziprasidone hcl 20 mg cap	1	QL (240 per 30 days); MO
SAPHRIS 10 MG SL TAB	3	QL (60 per 30 days); MO	ziprasidone hcl 40 mg cap	1	QL (120 per 30 days); MO
SAPHRIS 2.5 MG SL TAB	3	QL (240 per 30 days); MO	ziprasidone hcl 60 mg cap, 80 mg cap	1	QL (60 per 30 days); MO
SAPHRIS 5 MG SL TAB	3	QL (120 per 30 days); MO	ziprasidone mesylate	3	QL (6 per 3 days)
SECUADO	4	QL (30 per 30 days); MO; S	ZYPREXA 10 MG RECON SOLN	3	QL (90 per 30 days)
SEROQUEL 100 MG TAB	3	QL (240 per 30 days); MO	ZYPREXA 2.5 MG TAB, 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB	3	MO
SEROQUEL 200 MG TAB	3	QL (120 per 30 days); MO	ZYPREXA 20 MG TAB	4	QL (30 per 30 days); MO; S
SEROQUEL 25 MG TAB	3	QL (960 per 30 days); MO	ZYPREXA RELPREVV 210 MG RECON SUSP	3	QL (2 per 28 days)
SEROQUEL 300 MG TAB	3	QL (80 per 30 days); MO	ZYPREXA RELPREVV 300 MG RECON SUSP, 405 MG RECON SUSP	4	QL (2 per 28 days); S
SEROQUEL 400 MG TAB	4	QL (60 per 30 days); MO; S	ZYPREXA ZYDIS 15 MG TAB DISP	4	MO; S
SEROQUEL 50 MG TAB	3	QL (480 per 30 days); MO	ZYPREXA ZYDIS 20 MG TAB DISP	4	QL (30 per 30 days); MO; S
SEROQUEL XR 150 MG TAB ER 24H, 200 MG TAB ER 24H	3	QL (30 per 30 days); MO	ZYPREXA ZYDIS 5 MG TAB DISP, 10 MG TAB DISP	3	MO
SEROQUEL XR 400 MG TAB ER 24H	4	QL (60 per 30 days); MO; S	Antispasticity Agents		
SEROQUEL XR 50 MG TAB ER 24H, 300 MG TAB ER 24H	3	QL (60 per 30 days); MO	baclofen 20 mg tab	1	QL (120 per 30 days)
			baclofen 5 mg tab, 10 mg tab	1	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
DANTRIUM 25 MG CAP	3	
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	1	
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	1	
ZANAFLEX	3	
Antivirals		
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL (960 per 30 days)
<i>abacavir sulfate 300 mg tab</i>	1	QL (60 per 30 days); MO
<i>abacavir sulfate-lamivudine</i>	1	QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	4	QL (60 per 30 days); MO; S
<i>acyclovir 200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab</i>	1	
<i>acyclovir sodium</i>	1	B/D PA
<i>adefovir dipivoxil</i>	1	PA
APTIVUS 250 MG CAP	4	QL (120 per 30 days); S
<i>atazanavir sulfate 150 mg cap, 200 mg cap</i>	3	QL (60 per 30 days)
<i>atazanavir sulfate 300 mg cap</i>	3	QL (30 per 30 days); MO
ATRIPLA	4	QL (30 per 30 days); S
BARACLUDE 0.05 MG/ML SOLUTION, 0.5 MG TAB, 1 MG TAB	4	PA; S
BIKTARVY 30-120-15 MG TAB	4	QL (30 per 30 days); MO; S
BIKTARVY 50-200-25 MG TAB	4	QL (30 per 30 days); S
CABENUVA 400 & 600 MG/2ML SUSP	4	QL (4 per 28 days); S
CABENUVA 600 & 900 MG/3ML SUSP	4	QL (6 per 28 days); S
<i>cidofovir 75 mg/ml solution</i>	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
CIMDUO	4	QL (30 per 30 days); S
COMBIVIR	3	QL (60 per 30 days)
COMPLERA	4	QL (30 per 30 days); S
CRIXIVAN 200 MG CAP	3	QL (360 per 30 days)
CRIXIVAN 400 MG CAP	3	QL (180 per 30 days)
DELSTRIGO	4	QL (30 per 30 days); S
DESCOVY	4	QL (30 per 30 days); S
DOVATO	4	QL (30 per 30 days); S
EDURANT	4	QL (30 per 30 days); S
<i>efavirenz 200 mg cap</i>	1	QL (120 per 30 days)
<i>efavirenz 50 mg cap</i>	1	QL (360 per 30 days)
<i>efavirenz 600 mg tab</i>	3	QL (30 per 30 days)
<i>efavirenz-emtricitabine-tenofovir</i>	4	QL (30 per 30 days); S
<i>efavirenz-lamivudine-tenofovir</i>	4	QL (30 per 30 days); S
<i>emtricitabine</i>	1	QL (30 per 30 days)
<i>emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab</i>	4	QL (30 per 30 days); S
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	3	QL (30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION	3	QL (850 per 30 days)
EMTRIVA 200 MG CAP	3	QL (30 per 30 days)
<i>entecavir</i>	1	PA
EPCLUSA 150-37.5 MG PACKET, 400-100 MG TAB	4	PA; QL (30 per 30 days); S

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EPCLUSA 200-50 MG PACKET, 200-50 MG TAB	4	PA; QL (60 per 30 days); S	INVIRASE 500 MG TAB	4	QL (120 per 30 days); S
EPIVIR 10 MG/ML SOLUTION	3	QL (960 per 30 days)	ISENTRESS 100 MG CHEW TAB	3	QL (180 per 30 days)
EPIVIR 150 MG TAB	3	QL (60 per 30 days)	ISENTRESS 100 MG PACKET	4	QL (180 per 30 days); S
EPIVIR 300 MG TAB	3	QL (30 per 30 days)	ISENTRESS 25 MG CHEW TAB	2	QL (720 per 30 days)
EPIVIR HBV 100 MG TAB	3		ISENTRESS 400 MG TAB	4	QL (120 per 30 days); S
EPIVIR HBV 5 MG/ML SOLUTION	2		ISENTRESS HD	4	QL (60 per 30 days); S
EPZICOM	4	QL (30 per 30 days); S	JULUCA	4	QL (30 per 30 days); S
<i>etravirine 100 mg tab</i>	4	QL (120 per 30 days); S	KALETRA 100-25 MG TAB	3	QL (300 per 30 days)
<i>etravirine 200 mg tab</i>	4	QL (60 per 30 days); S	KALETRA 200-50 MG TAB	4	QL (120 per 30 days); S
EVOTAZ	4	QL (30 per 30 days); S	KALETRA 400-100 MG/5ML SOLUTION	4	QL (480 per 30 days); S
<i>famciclovir 125 mg tab, 250 mg tab</i>	1	QL (60 per 30 days)	<i>lamivudine 10 mg/ml solution</i>	1	QL (960 per 30 days)
<i>famciclovir 500 mg tab</i>	1	QL (21 per 7 days)	<i>lamivudine 100 mg tab</i>	1	
<i>fosamprenavir calcium</i>	4	QL (120 per 30 days); S	<i>lamivudine 150 mg tab</i>	1	QL (60 per 30 days)
FUZEON	4	QL (60 per 30 days); S	<i>lamivudine 300 mg tab</i>	1	QL (30 per 30 days)
<i>ganciclovir sodium 500 mg recon soln</i>	4	B/D PA; S	<i>lamivudine-zidovudine</i>	1	QL (60 per 30 days)
GANCICLOVIR SODIUM 500 MG/10ML SOLUTION	3	B/D PA	LEDIPASVIR-SOFOSBUVIR	4	PA; QL (28 per 28 days); S
GENVOYA	4	QL (30 per 30 days); S	LEXIVA 50 MG/ML SUSPENSION	3	QL (1800 per 30 days)
HARVONI	4	PA; QL (28 per 28 days); S	LEXIVA 700 MG TAB	4	QL (120 per 30 days); S
HEPSERA	4	PA; S	LIVTENCITY	4	S
INTELENCE 100 MG TAB	4	QL (120 per 30 days); S	<i>lopinavir-ritonavir 100-25 mg tab</i>	3	QL (300 per 30 days)
INTELENCE 200 MG TAB	4	QL (60 per 30 days); S	<i>lopinavir-ritonavir 200-50 mg tab</i>	4	QL (120 per 30 days); S
INTELENCE 25 MG TAB	3	QL (480 per 30 days)	<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	QL (480 per 30 days)

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<i>maraviroc</i>	4	QL (120 per 30 days); S	RETROVIR 100 MG CAP	3	QL (180 per 30 days)
MAVYRET 100-40 MG TAB	4	PA; QL (90 per 30 days); S	RETROVIR 50 MG/5ML SYRUP	3	QL (1920 per 30 days)
MAVYRET 50-20 MG PACKET	4	PA; QL (180 per 30 days); S	REYATAZ 150 MG CAP, 200 MG CAP	4	QL (60 per 30 days); S
<i>nevirapine 200 mg tab</i>	1	QL (60 per 30 days)	REYATAZ 300 MG CAP	4	QL (30 per 30 days); MO; S
<i>nevirapine 50 mg/5ml suspension</i>	1	QL (1200 per 30 days)	REYATAZ 50 MG PACKET	3	QL (240 per 30 days)
<i>nevirapine er 100 mg tab er 24h</i>	1	QL (90 per 30 days)	<i>ribavirin 200 mg cap, 200 mg tab</i>	1	
<i>nevirapine er 400 mg tab er 24h</i>	1	QL (30 per 30 days)	<i>rimantadine hcl</i>	1	
NORVIR 100 MG PACKET, 100 MG TAB	3	QL (360 per 30 days)	<i>ritonavir</i>	1	QL (360 per 30 days)
NORVIR 80 MG/ML SOLUTION	2	QL (480 per 30 days)	RUKOBIA	4	QL (60 per 30 days); MO; S
ODEFSEY	4	QL (30 per 30 days); S	SELZENTRY 150 MG TAB, 300 MG TAB	4	QL (120 per 30 days); S
<i>oseltamivir phosphate 6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap</i>	1		SELZENTRY 20 MG/ML SOLUTION	2	QL (1840 per 30 days)
PIFELTRO	4	QL (30 per 30 days); S	SELZENTRY 25 MG TAB	2	QL (120 per 30 days)
PREVYMIS 240 MG TAB, 240 MG/12ML SOLUTION, 480 MG TAB, 480 MG/24ML SOLUTION	4	S	SELZENTRY 75 MG TAB	4	QL (60 per 30 days); S
PREZCOBIX	4	QL (30 per 30 days); S	SITAVIG	3	
PREZISTA 100 MG/ML SUSPENSION	4	QL (400 per 30 days); S	SOFOSBUVIR-VELPATASVIR	4	PA; QL (30 per 30 days); S
PREZISTA 150 MG TAB	3	QL (180 per 30 days)	SOVALDI	4	PA; QL (30 per 30 days); S
PREZISTA 600 MG TAB, 800 MG TAB	4	QL (60 per 30 days); S	<i>stavudine 15 mg cap, 20 mg cap</i>	1	QL (120 per 30 days)
PREZISTA 75 MG TAB	3	QL (300 per 30 days)	<i>stavudine 30 mg cap, 40 mg cap</i>	1	QL (60 per 30 days)
RELENZA DISKHALER	2	QL (60 per 180 over time)	STRIBILD	4	QL (30 per 30 days); S
RETROVIR 10 MG/ML SOLUTION	2		SUSTIVA 200 MG CAP	3	QL (120 per 30 days)
			SUSTIVA 50 MG CAP	3	QL (360 per 30 days)
			SUSTIVA 600 MG TAB	4	QL (30 per 30 days); S

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SYMFI	4	QL (30 per 30 days); S	VALTREX 1 GM TAB	3	ST; QL (90 per 30 days)
SYMFI LO	4	QL (30 per 30 days); S	VALTREX 500 MG TAB	3	ST; QL (60 per 30 days)
SYMTUZA	4	QL (30 per 30 days); S	VEMLIDY	4	PA; QL (30 per 30 days); S
TAMIFLU 6 MG/ML RECON SUSP, 30 MG CAP, 45 MG CAP, 75 MG CAP	3		VIEKIRA PAK	4	PA; QL (112 per 28 days); S
TEMIXYS	4	QL (30 per 30 days); S	VIRACEPT 250 MG TAB	4	QL (300 per 30 days); S
<i>tenofovir disoproxil fumarate</i>	1	QL (30 per 30 days)	VIRACEPT 625 MG TAB	4	QL (120 per 30 days); S
TIVICAY 10 MG TAB	3	QL (120 per 30 days)	VIRAMUNE 50 MG/5ML SUSPENSION	3	QL (1200 per 30 days)
TIVICAY 25 MG TAB, 50 MG TAB	4	QL (60 per 30 days); S	VIRAMUNE XR	4	QL (30 per 30 days); S
TIVICAY PD	4	QL (360 per 30 days); S	VIREAD 150 MG TAB, 200 MG TAB, 250 MG TAB, 300 MG TAB	4	QL (30 per 30 days); S
<i>trifluridine</i>	1		VIREAD 40 MG/GM POWDER	4	QL (240 per 30 days); S
TRIUMEQ	4	QL (30 per 30 days); S	VOSEVI	4	PA; QL (30 per 30 days); S
TRIUMEQ PD	4	QL (180 per 30 days); S	XENLETA 150 MG/15ML SOLUTION, 600 MG TAB	4	S
TRIZIVIR	4	QL (60 per 30 days); MO; S	XOFLUZA (40 MG DOSE)	2	
TROGARZO	4	PA; LA; QL (23.94 per 28 days); S	XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	
TRUVADA	4	QL (30 per 30 days); S	ZEPATIER	4	PA; QL (30 per 30 days); S
TYBOST	2	QL (30 per 30 days)	ZIAGEN 20 MG/ML SOLUTION	3	QL (960 per 30 days)
<i>valacyclovir hcl 1 gm tab</i>	1	QL (90 per 30 days)	ZIAGEN 300 MG TAB	3	QL (60 per 30 days)
<i>valacyclovir hcl 500 mg tab</i>	1	QL (60 per 30 days)	<i>zidovudine 100 mg cap</i>	1	QL (180 per 30 days)
VALCYTE 50 MG/ML RECON SOLN, 450 MG TAB	4	S	<i>zidovudine 300 mg tab</i>	1	QL (60 per 30 days)
<i>valganciclovir hcl 450 mg tab</i>	2	MO	<i>zidovudine 50 mg/5ml syrup</i>	1	QL (1920 per 30 days)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	3		ZIRGAN	3	

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

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Drug Name	Drug Tier	Requirements /Limits
ZOVIRAX 200 MG/5ML SUSPENSION	3	
Anxiolytics		
<i>alprazolam 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp</i>	1	
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disp</i>	1	QL (120 per 30 days)
<i>alprazolam er</i>	1	QL (120 per 30 days)
ALPRAZOLAM INTENSOL	2	QL (300 per 30 days)
<i>alprazolam xr</i>	1	QL (120 per 30 days)
ATIVAN 0.5 MG TAB, 1 MG TAB	4	QL (90 per 30 days); S
ATIVAN 2 MG TAB	4	QL (150 per 30 days); S
ATIVAN 2 MG/ML SOLUTION, 4 MG/ML SOLUTION	3	
<i>buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab</i>	1	
<i>chlordiazepoxide hcl</i>	1	QL (120 per 30 days)
<i>clonazepam 0.125 mg tab disp</i>	1	QL (4800 per 30 days)
<i>clonazepam 0.25 mg tab disp</i>	1	QL (2400 per 30 days)
<i>clonazepam 0.5 mg tab, 0.5 mg tab disp</i>	1	QL (1200 per 30 days)
<i>clonazepam 1 mg tab, 1 mg tab disp</i>	1	QL (600 per 30 days)
<i>clonazepam 2 mg tab, 2 mg tab disp</i>	1	QL (300 per 30 days)
<i>clorazepate dipotassium</i>	1	
<i>diazepam 10 mg tab</i>	1	QL (120 per 30 days)
<i>diazepam 2 mg tab</i>	1	QL (600 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam 5 mg tab, 5 mg/ml conc</i>	1	QL (240 per 30 days)
<i>diazepam 5 mg/5ml solution</i>	1	QL (1200 per 30 days)
<i>diazepam 5 mg/ml solution</i>	1	
<i>diazepam intensol</i>	1	QL (240 per 30 days)
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap, 100 mg cap</i>	1	
KLONOPIN 0.5 MG TAB	3	QL (1200 per 30 days)
KLONOPIN 1 MG TAB	3	QL (600 per 30 days)
KLONOPIN 2 MG TAB	3	QL (300 per 30 days)
<i>lorazepam 0.5 mg tab, 1 mg tab</i>	1	QL (90 per 30 days)
<i>lorazepam 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc</i>	1	QL (150 per 30 days)
<i>lorazepam 2 mg/ml solution, 4 mg/ml solution</i>	1	
<i>lorazepam intensol</i>	1	QL (150 per 30 days)
LOREEV XR 1 MG CP24 SPRNK, 1.5 MG CP24 SPRNK	3	QL (30 per 30 days)
LOREEV XR 2 MG CP24 SPRNK, 3 MG CP24 SPRNK	3	QL (60 per 30 days)
<i>meprobamate</i>	1	PA
<i>midazolam hcl 2 mg/ml syrup</i>	1	
<i>oxazepam</i>	1	QL (120 per 30 days)
TRANXENE-T	3	
VALIUM 10 MG TAB	3	QL (120 per 30 days)
VALIUM 2 MG TAB	3	QL (600 per 30 days)
VALIUM 5 MG TAB	3	QL (240 per 30 days)
VISTARIL 25 MG CAP	4	S

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Drug Name	Drug Tier	Requirements /Limits
XANAX 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB	3	QL (120 per 30 days)
XANAX 2 MG TAB	4	QL (120 per 30 days); S
XANAX XR 0.5 MG TAB ER 24H	4	QL (120 per 30 days); S
XANAX XR 1 MG TAB ER 24H, 2 MG TAB ER 24H, 3 MG TAB ER 24H	3	QL (120 per 30 days)

Bipolar Agents

EQUETRO 100 MG CAP ER 12H	3	QL (480 per 30 days); MO
EQUETRO 200 MG CAP ER 12H	3	QL (240 per 30 days); MO
EQUETRO 300 MG CAP ER 12H	3	QL (180 per 30 days); MO
LATUDA 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB	4	QL (30 per 30 days); MO; S
LATUDA 80 MG TAB	4	QL (60 per 30 days); MO; S
LITHIUM	2	
<i>lithium carbonate 150 mg cap, 300 mg cap</i>	1	MO
<i>lithium carbonate 300 mg tab, 600 mg cap</i>	1	MO
<i>lithium carbonate er</i>	1	MO
LITHOBID	3	MO

Blood Glucose Regulators

<i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i>	1	QL (90 per 30 days); MO
ACTOPLUS MET	3	QL (90 per 30 days); MO
ACTOS 15 MG TAB	3	QL (90 per 30 days); MO
ACTOS 30 MG TAB	3	QL (45 per 30 days); MO
ACTOS 45 MG TAB	3	QL (30 per 30 days); MO
ADLYXIN	3	MO
ADLYXIN STARTER PACK	3	

Drug Name	Drug Tier	Requirements /Limits
ADMELOG	3	ST; MO
ADMELOG SOLOSTAR	3	ST; MO
AFREZZA 12 UNIT POWDER	4	PA; QL (270 per 30 days); MO; S
AFREZZA 4 UNIT POWDER	3	PA; QL (540 per 30 days); MO
AFREZZA 60X4 & 60X8 & 60X12 UNIT POWDER	4	PA; QL (360 per 365 over time); MO; S
AFREZZA 8 UNIT POWDER	3	PA; QL (360 per 30 days); MO
AFREZZA 90 X 4 UNIT & 90X8 UNIT POWDER	4	PA; QL (540 per 30 days); MO; S
AFREZZA 90 X 8 UNIT & 90X12 UNIT POWDER	4	PA; QL (360 per 30 days); MO; S
<i>alogliptin benzoate 12.5 mg tab</i>	1	PA; QL (60 per 30 days); MO
<i>alogliptin benzoate 25 mg tab</i>	1	PA; QL (30 per 30 days); MO
<i>alogliptin benzoate 6.25 mg tab</i>	1	PA; QL (120 per 30 days); MO
<i>alogliptin-metformin hcl</i>	1	PA; QL (60 per 30 days); MO
<i>alogliptin-pioglitazone 12.5-15 mg tab</i>	1	PA; QL (60 per 30 days); MO
<i>alogliptin-pioglitazone 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab</i>	1	PA; QL (30 per 30 days); MO
AMARYL 1 MG TAB	3	QL (240 per 30 days); MO
AMARYL 2 MG TAB	3	QL (120 per 30 days); MO
AMARYL 4 MG TAB	3	QL (60 per 30 days); MO
APIDRA	3	ST; MO
APIDRA SOLOSTAR	3	ST; MO
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
BASAGLAR KWIKPEN	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BYDUREON	2	QL (4 per 28 days); MO	<i>glipizide xl 2.5 mg tab er 24h</i>	1	QL (240 per 30 days); MO
BYDUREON BCISE	2	QL (4 per 28 days); MO	<i>glipizide xl 5 mg tab er 24h</i>	1	QL (120 per 30 days); MO
BYETTA 10 MCG PEN	2	QL (2.4 per 30 days); MO	<i>glipizide-metformin hcl 2.5-250 mg tab</i>	1	QL (240 per 30 days); MO
BYETTA 5 MCG PEN	2	QL (1.2 per 30 days); MO	<i>glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab</i>	1	QL (120 per 30 days); MO
CYCLOSET	3	ST; QL (180 per 30 days); MO	GLUCAGEN HYPOKIT	2	
<i>diazoxide 50 mg/ml suspension</i>	4	MO; S	GLUCAGON EMERGENCY 1 MG KIT	2	
DUETACT	3	QL (30 per 30 days); MO	<i>glucagon emergency 1 mg kit</i>	1	
FARXIGA	2	QL (30 per 30 days); MO	GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	3	
FIASP	4	ST; MO; S	GLUCOTROL XL 10 MG TAB ER 24H	3	QL (60 per 30 days); MO
FIASP FLEXTOUCH	3	ST; MO	GLUCOTROL XL 2.5 MG TAB ER 24H	3	QL (240 per 30 days); MO
FIASP PENFILL	3	ST; MO	GLUCOTROL XL 5 MG TAB ER 24H	3	QL (120 per 30 days); MO
FORTAMET 1000 MG TAB ER 24H	4	QL (60 per 30 days); MO; S	GLUMETZA 1000 MG TAB ER 24H	4	ST; QL (60 per 30 days); MO; S
FORTAMET 500 MG TAB ER 24H	3	QL (120 per 30 days); MO	GLUMETZA 500 MG TAB ER 24H	4	ST; QL (120 per 30 days); MO; S
<i>glimepiride 1 mg tab</i>	1	QL (240 per 30 days); MO	<i>glyburide 1.25 mg tab</i>	1	QL (480 per 30 days); MO
<i>glimepiride 2 mg tab</i>	1	QL (120 per 30 days); MO	<i>glyburide 2.5 mg tab</i>	1	QL (240 per 30 days); MO
<i>glimepiride 4 mg tab</i>	1	QL (60 per 30 days); MO	<i>glyburide 5 mg tab</i>	1	QL (120 per 30 days); MO
<i>glipizide 10 mg tab</i>	1	QL (120 per 30 days); MO	<i>glyburide micronized 1.5 mg tab</i>	1	QL (240 per 30 days); MO
<i>glipizide 5 mg tab</i>	1	QL (240 per 30 days); MO	<i>glyburide micronized 3 mg tab</i>	1	QL (120 per 30 days); MO
<i>glipizide er 10 mg tab er 24h</i>	1	QL (60 per 30 days); MO	<i>glyburide micronized 6 mg tab</i>	1	QL (60 per 30 days); MO
<i>glipizide er 2.5 mg tab er 24h</i>	1	QL (240 per 30 days); MO	<i>glyburide-metformin 1.25-250 mg tab</i>	1	QL (240 per 30 days); MO
<i>glipizide er 5 mg tab er 24h</i>	1	QL (120 per 30 days); MO	<i>glyburide-metformin 2.5-500 mg tab, 5-500 mg tab</i>	1	QL (120 per 30 days); MO
<i>glipizide xl 10 mg tab er 24h</i>	1	QL (60 per 30 days); MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
GLYNASE 1.5 MG TAB	3	QL (240 per 30 days); MO	INSULIN LISPRO (1 UNIT DIAL)	2	MO
GLYNASE 3 MG TAB	3	QL (120 per 30 days); MO	INSULIN LISPRO JUNIOR KWIKPEN	2	MO
GLYNASE 6 MG TAB	3	QL (60 per 30 days); MO	INSULIN LISPRO PROT & LISPRO	2	MO
GLYXAMBI	2	QL (30 per 30 days); MO	INVOKAMET	3	QL (60 per 30 days); MO
GVOKE HYOPEN 1-PACK	3		INVOKAMET XR	3	QL (60 per 30 days); MO
GVOKE HYOPEN 2-PACK	3		INVOKANA	3	QL (30 per 30 days); MO
GVOKE KIT	3		JANUMET	2	QL (60 per 30 days); MO
GVOKE PFS	3		JANUMET XR 100-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO
HUMALOG	2	MO	JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	2	QL (60 per 30 days); MO
HUMALOG JUNIOR KWIKPEN	2	MO	JANUVIA 100 MG TAB	2	QL (30 per 30 days); MO
HUMALOG KWIKPEN	2	MO	JANUVIA 25 MG TAB	2	QL (120 per 30 days); MO
HUMALOG MIX 50/50	2	MO	JANUVIA 50 MG TAB	2	QL (60 per 30 days); MO
HUMALOG MIX 50/50 KWIKPEN	2	MO	JARDIANCE	2	QL (30 per 30 days); MO
HUMALOG MIX 75/25	2	MO	JENTADUETO	2	QL (60 per 30 days); MO
HUMALOG MIX 75/25 KWIKPEN	2	MO	JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO
HUMULIN 70/30	2	MO	JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO
HUMULIN 70/30 KWIKPEN	2	MO	KAZANO	3	PA; QL (60 per 30 days); MO
HUMULIN N	2	MO	KERENDIA	3	MO
HUMULIN N KWIKPEN	2	MO	KOMBIGLYZE XR 2.5-1000 MG TAB ER 24H	3	PA; QL (60 per 30 days); MO
HUMULIN R	2	MO	KOMBIGLYZE XR 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H	3	PA; QL (30 per 30 days); MO
HUMULIN R U-500 (CONCENTRATED)	4	PA; MO; S	LANTUS	2	MO
HUMULIN R U-500 KWIKPEN	4	PA; MO; S			
INSULIN ASP PROT & ASP FLEXPEN	3	ST; MO			
INSULIN ASPART	3	ST; MO			
INSULIN ASPART FLEXPEN	3	ST; MO			
INSULIN ASPART PENFILL	3	ST; MO			
INSULIN ASPART PROT & ASPART	3	ST; MO			
INSULIN GLARGINE-YFGN	3	MO			
INSULIN LISPRO	2	MO			

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Drug Name	Drug Tier	Requirements /Limits
LANTUS SOLOSTAR	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXTOUCH	2	MO
LYUMJEV	2	MO
LYUMJEV KWIKPEN	2	MO
<i>metformin hcl 1000 mg tab</i>	1	QL (60 per 30 days); MO
<i>metformin hcl 500 mg tab</i>	1	QL (150 per 30 days); MO
<i>metformin hcl 500 mg/5ml solution</i>	3	QL (946 per 30 days); MO
METFORMIN HCL 625 MG TAB	4	QL (120 per 30 days); MO; S
<i>metformin hcl 850 mg tab</i>	1	QL (90 per 30 days); MO
<i>metformin hcl er (mod) 1000 mg tab er 24h</i>	3	QL (60 per 30 days); MO
<i>metformin hcl er (mod) 500 mg tab er 24h</i>	3	QL (120 per 30 days); MO
<i>metformin hcl er (osm) 1000 mg tab er 24h</i>	3	QL (60 per 30 days); MO
<i>metformin hcl er (osm) 500 mg tab er 24h</i>	3	QL (120 per 30 days); MO
<i>metformin hcl er 500 mg tab er 24h</i>	1	QL (120 per 30 days); MO
<i>metformin hcl er 750 mg tab er 24h</i>	1	QL (60 per 30 days); MO
<i>miglitol</i>	1	QL (90 per 30 days); MO
MOUNJARO 2.5 MG/0.5ML SOLN PEN	4	QL (2 per 28 days); S
MOUNJARO 5 MG/0.5ML SOLN PEN, 7.5 MG/0.5ML SOLN PEN, 10 MG/0.5ML SOLN PEN, 12.5 MG/0.5ML SOLN PEN, 15 MG/0.5ML SOLN PEN	4	QL (2 per 28 days); MO; S
<i>nateglinide 120 mg tab</i>	1	QL (90 per 30 days); MO
<i>nateglinide 60 mg tab</i>	1	QL (180 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
NESINA 12.5 MG TAB	3	PA; QL (60 per 30 days); MO
NESINA 25 MG TAB	3	PA; QL (30 per 30 days); MO
NESINA 6.25 MG TAB	3	PA; QL (120 per 30 days); MO
NOVOLIN 70/30	3	ST; MO
NOVOLIN 70/30 FLEXPEN	3	ST; MO
NOVOLIN 70/30 FLEXPEN RELION	3	ST; MO
NOVOLIN 70/30 RELION	3	ST; MO
NOVOLIN N	3	ST; MO
NOVOLIN N FLEXPEN	3	ST; MO
NOVOLIN N FLEXPEN RELION	3	ST; MO
NOVOLIN N RELION	3	ST; MO
NOVOLIN R	3	ST; MO
NOVOLIN R FLEXPEN	3	ST; MO
NOVOLIN R FLEXPEN RELION	3	ST; MO
NOVOLIN R RELION	3	ST; MO
NOVOLOG	3	ST; MO
NOVOLOG 70/30 FLEXPEN RELION	3	ST; MO
NOVOLOG FLEXPEN	3	ST; MO
NOVOLOG FLEXPEN RELION	3	ST; MO
NOVOLOG MIX 70/30	3	ST; MO
NOVOLOG MIX 70/30 FLEXPEN	3	ST; MO
NOVOLOG MIX 70/30 RELION	3	ST; MO
NOVOLOG PENFILL	3	ST; MO
NOVOLOG RELION	3	ST; MO
ONGLYZA 2.5 MG TAB	3	PA; QL (60 per 30 days); MO
ONGLYZA 5 MG TAB	3	PA; QL (30 per 30 days); MO
OSENI 12.5-15 MG TAB	3	PA; QL (60 per 30 days); MO
OSENI 12.5-30 MG TAB, 12.5-45 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB	3	PA; QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	MO	SYMLINPEN 60	4	PA; QL (6 per 30 days); MO; S
OZEMPIC (1 MG/DOSE)	2	MO	SYNJARDY	2	QL (60 per 30 days); MO
OZEMPIC (2 MG/DOSE)	2	MO	SYNJARDY XR 25-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO
<i>pioglitazone hcl 15 mg tab</i>	1	QL (90 per 30 days); MO	SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO
<i>pioglitazone hcl 30 mg tab</i>	1	QL (45 per 30 days); MO	TOUJEO MAX SOLOSTAR	2	MO
<i>pioglitazone hcl 45 mg tab</i>	1	QL (30 per 30 days); MO	TOUJEO SOLOSTAR	2	MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 per 30 days); MO	TRADJENTA	2	QL (30 per 30 days); MO
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 per 30 days); MO	TRESIBA	2	ST; QL (30 per 30 days); MO
PRECOSE	3	QL (90 per 30 days); MO	TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	2	ST; QL (30 per 30 days); MO
PROGLYCEM	4	MO; S	TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	2	ST; QL (18 per 30 days); MO
QTERN	3	PA; QL (30 per 30 days); MO	TRIARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO
<i>repaglinide 0.5 mg tab</i>	1	QL (960 per 30 days); MO	TRIARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO
<i>repaglinide 1 mg tab</i>	1	QL (480 per 30 days); MO	TRULICITY	2	QL (2 per 28 days); MO
<i>repaglinide 2 mg tab</i>	1	QL (240 per 30 days); MO	VICTOZA	2	QL (9 per 30 days); MO
RIOMET	3	QL (946 per 30 days); MO	XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO
RYBELSUS 3 MG TAB	2	QL (60 per 365 over time); MO	XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	2	QL (30 per 30 days); MO
RYBELSUS 7 MG TAB, 14 MG TAB	2	QL (30 per 30 days); MO	ZEGALOGUE	3	
SEGLUROMET	3	PA; QL (60 per 30 days); MO	Blood Products And Modifiers		
SEMGLEE (YFGN)	3	MO	ADAKVEO	4	S
SOLIQUA	3	MO	AGRYLIN	3	MO
STEGLATRO	3	PA; QL (30 per 30 days); MO			
STEGLUJAN	3	PA; QL (30 per 30 days); MO			
SYMLINPEN 120	4	PA; QL (11 per 30 days); MO; S			

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Drug Name	Drug Tier	Requirements /Limits
AMICAR 0.25 GM/ML SOLUTION, 500 MG TAB, 1000 MG TAB	4	S
<i>aminocaproic acid 0.25 gm/ml solution, 500 mg tab, 1000 mg tab</i>	4	S
<i>anagrelide hcl</i>	1	MO
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 60 MCG/ML SOLUTION	2	PA
ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR	4	PA; S
ARIXTRA 10 MG/0.8ML SOLUTION	4	QL (24 per 30 days); S
ARIXTRA 2.5 MG/0.5ML SOLUTION	4	QL (15 per 30 days); S
ARIXTRA 5 MG/0.4ML SOLUTION	4	QL (12 per 30 days); S
ARIXTRA 7.5 MG/0.6ML SOLUTION	4	QL (18 per 30 days); S
<i>aspirin-dipyridamole er</i>	1	ST; QL (60 per 30 days); MO
ASPIRIN-OMEPRAZOLE 81-40 MG TAB DR	3	MO
BRILINTA	2	QL (60 per 30 days); MO
CABLIVI	4	S
<i>cilostazol</i>	1	MO
<i>clopidogrel bisulfate 300 mg tab</i>	1	QL (1 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clopidogrel bisulfate 75 mg tab</i>	1	QL (30 per 30 days); MO
CYKLOKAPRON	3	
<i>dabigatran etexilate mesylate</i>	3	QL (60 per 30 days); MO
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	1	PA; MO
DOPTELET	4	PA; LA; QL (60 per 30 days); S
EFFIENT	3	QL (30 per 30 days); MO
ELIQUIS	2	QL (60 per 30 days); MO
ELIQUIS DVT/PE STARTER PACK	2	QL (74 per 180 over time)
<i>enoxaparin sodium 100 mg/ml soln prsy, 150 mg/ml soln prsy</i>	1	QL (56 per 28 days)
<i>enoxaparin sodium 30 mg/0.3ml soln prsy</i>	1	QL (16.8 per 28 days)
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	QL (168 per 28 days)
<i>enoxaparin sodium 40 mg/0.4ml soln prsy</i>	1	QL (22.4 per 28 days)
<i>enoxaparin sodium 60 mg/0.6ml soln prsy</i>	1	QL (33.6 per 28 days)
<i>enoxaparin sodium 80 mg/0.8ml soln prsy, 120 mg/0.8ml soln prsy</i>	1	QL (44.8 per 28 days)
EPOGEN	3	PA
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	4	QL (24 per 30 days); S
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	1	QL (15 per 30 days)
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	4	QL (12 per 30 days); S
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	4	QL (18 per 30 days); S
FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR	3	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR, 95000 UNIT/3.8ML SOLUTION	4	S	LOVENOX 60 MG/0.6ML SOLN PRSYR	4	QL (33.6 per 28 days); S
FULPHILA	4	PA; QL (1.2 per 28 days); S	LOVENOX 80 MG/0.8ML SOLN PRSYR, 120 MG/0.8ML SOLN PRSYR	4	QL (44.8 per 28 days); S
GRANIX	4	PA; S	LYSTEDA	3	
HEPARIN (PORCINE) IN NACL 12500-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION	2	B/D PA	MOZOBIL	4	PA; S
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% SOLUTION	2		MULPLETA	4	PA; QL (7 per 30 days); S
HEPARIN SOD (PORCINE) IN D5W	1		NEULASTA	4	PA; QL (1.2 per 28 days); S
<i>heparin sodium (porcine) 1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution</i>	1	B/D PA	NEULASTA ONPRO	4	PA; QL (1.2 per 28 days); S
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	3		NEUPOGEN	4	PA; S
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION	3		NIVESTYM	4	PA; S
<i>jantoven</i>	1	MO	NPLATE	4	PA; S
LEUKINE	4	PA; S	NYVEPRIA	4	PA; QL (1.2 per 28 days); S
LOVENOX 100 MG/ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	4	QL (56 per 28 days); S	OXBRYTA 300 MG TAB SOL	4	LA; S
LOVENOX 30 MG/0.3ML SOLN PRSYR	3	QL (16.8 per 28 days)	OXBRYTA 500 MG TAB	4	S
LOVENOX 300 MG/3ML SOLUTION	3	QL (168 per 28 days)	PLAVIX	3	QL (30 per 30 days); MO
LOVENOX 40 MG/0.4ML SOLN PRSYR	3	QL (22.4 per 28 days)	PRADAXA	3	QL (60 per 30 days); MO
			<i>prasugrel hcl</i>	1	QL (30 per 30 days); MO
			PROCRIT 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	4	PA; S
			PROCRIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION	3	PA
			PROMACTA 12.5 MG PACKET	4	PA; LA; QL (360 per 30 days); S
			PROMACTA 12.5 MG TAB, 25 MG TAB	4	PA; LA; QL (30 per 30 days); S
			PROMACTA 25 MG PACKET	4	PA; LA; QL (180 per 30 days); S
			PROMACTA 50 MG TAB	4	PA; LA; QL (90 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits
PROMACTA 75 MG TAB	4	PA; LA; QL (60 per 30 days); S
PYRUKYND	4	PA; QL (60 per 30 days); S
PYRUKYND TAPER PACK	4	PA; S
REBLOZYL	4	PA; S
RELEUKO	4	PA; S
RETACRIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION	3	PA; QL (12 per 28 days)
RETACRIT 40000 UNIT/ML SOLUTION	4	PA; QL (12 per 28 days); S
SAVAYSA	3	QL (30 per 30 days); MO
TAVALISSE	4	PA; LA; QL (60 per 30 days); S
<i>tranexamic acid 650 mg tab, 1000 mg/10ml solution</i>	1	
UDENYCA	4	PA; QL (1.2 per 28 days); S
<i>warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i>	1	MO
XARELTO 1 MG/ML RECON SUSP	3	QL (600 per 30 days); MO
XARELTO 10 MG TAB, 20 MG TAB	2	QL (30 per 30 days); MO
XARELTO 2.5 MG TAB, 15 MG TAB	2	QL (60 per 30 days); MO
XARELTO STARTER PACK	2	
ZARXIO	4	PA; S
ZIEXTENZO	4	PA; QL (1.2 per 28 days); S
ZONTIVITY	3	QL (30 per 30 days); MO
Cardiovascular Agents		
ACCUPRIL	3	MO

Drug Name	Drug Tier	Requirements /Limits
ACCURETIC	3	MO
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	MO
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	MO
<i>afeditab cr</i>	1	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
<i>aliskiren fumarate</i>	1	MO
ALTACE	3	MO
ALTOPREV 20 MG TAB ER 24H	3	PA; MO
ALTOPREV 40 MG TAB ER 24H, 60 MG TAB ER 24H	4	PA; MO; S
<i>amiloride hcl 5 mg tab</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>	1	MO
<i>amiodarone hcl 150 mg/3ml solution, 450 mg/9ml solution, 900 mg/18ml solution</i>	1	B/D PA
<i>amlodipine besy-benazepril hcl</i>	1	MO
<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	MO
<i>amlodipine besylate-valsartan</i>	1	MO
<i>amlodipine-atorvastatin</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan-hctz</i>	1	MO
ANTARA	3	ST; MO
ASPRUZYO SPRINKLE	3	PA; MO
ATACAND	3	MO
ATACAND HCT	3	MO
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MO
AVALIDE	3	MO
AVAPRO	3	MO
AZOR	3	ST; MO
<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	3	ST; MO
BENICAR HCT	3	ST; MO
BETAPACE 160 MG TAB	4	MO; S
BETAPACE 80 MG TAB, 120 MG TAB	3	MO
BETAPACE AF 160 MG TAB	4	MO; S
BETAPACE AF 80 MG TAB, 120 MG TAB	3	MO
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	MO
BIDIL	2	QL (180 per 30 days); MO
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide 0.25 mg/ml solution</i>	1	
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	MO
BUMEX	3	MO
BYSTOLIC	3	MO
CADUET	3	MO
CALAN SR	3	MO
CAMZYOS	4	LA; S
<i>candesartan cilexetil</i>	1	MO
<i>candesartan cilexetil-hctz</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	MO
CARDIZEM 30 MG TAB, 120 MG TAB	3	MO
CARDIZEM 60 MG TAB	4	MO; S
CARDIZEM CD 120 MG CAP ER 24H	3	MO
CARDIZEM CD 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H	4	MO; S
CARDIZEM LA	3	MO
CARDURA	3	MO
CAROSPIR	3	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate er</i>	1	MO
CATAPRES-TTS-1	3	QL (4 per 28 days); MO
CATAPRES-TTS-2	3	QL (4 per 28 days); MO
CATAPRES-TTS-3	3	QL (4 per 28 days); MO
<i>chlorthalidone</i>	1	MO
<i>cholestyramine 4 gm packet, 4 gm/dose powder</i>	1	MO
<i>cholestyramine light 4 gm packet, 4 gm/dose powder</i>	1	MO
<i>clonidine</i>	1	QL (4 per 28 days); MO
<i>clonidine hcl (analgesia)</i>	3	
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	MO
<i>colesevelam hcl</i>	1	MO
COLESTID 1 GM TAB, 5 GM GRANULES, 5 GM PACKET	3	MO
COLESTID FLAVORED 5 GM GRANULES, 5 GM PACKET	3	MO
<i>colestipol hcl 1 gm tab, 5 gm granules, 5 gm packet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
CONJUPRI	3	MO
COREG	3	MO
COREG CR	3	MO
CORGARD	3	MO
CORLANOR 5 MG TAB, 7.5 MG TAB	3	PA; QL (60 per 30 days); MO
CORLANOR 5 MG/5ML SOLUTION	3	PA; QL (560 per 28 days); MO
COZAAR	3	MO
CRESTOR	3	ST; MO
DEMSER	4	S
DIBENZYLINE	4	S
<i>digitek 125 mcg tab</i>	1	MO
<i>digitek 250 mcg tab</i>	1	PA; MO
<i>digox 125 mcg tab</i>	1	MO
<i>digox 250 mcg tab</i>	1	PA; MO
<i>digoxin 0.05 mg/ml solution, 125 mcg tab</i>	1	MO
<i>digoxin 0.25 mg/ml solution</i>	3	PA
<i>digoxin 250 mcg tab</i>	1	PA; MO
<i>digoxin 62.5 mcg tab</i>	2	MO
<i>dilt-xr</i>	1	MO
DILTIAZEM HCL 100 MG RECON SOLN	2	
<i>diltiazem hcl 25 mg/5ml solution, 50 mg/10ml solution, 125 mg/25ml solution</i>	1	
<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	1	MO
<i>diltiazem hcl er</i>	1	MO
<i>diltiazem hcl er beads</i>	1	MO
<i>diltiazem hcl er coated beads</i>	1	MO
DIOVAN	3	MO
DIOVAN HCT	3	MO
<i>disopyramide phosphate</i>	1	PA; MO
DIURIL	3	MO

Drug Name	Drug Tier	Requirements /Limits
DOBUTAMINE IN D5W	3	
<i>dofetilide</i>	1	
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	MO
<i>droxidopa 100 mg cap</i>	4	PA; QL (90 per 30 days); S
<i>droxidopa 200 mg cap, 300 mg cap</i>	4	PA; QL (180 per 30 days); S
DURACLON	3	
DUTOPROL 50-12.5 MG TAB ER 24H	3	MO
DYRENIUM	3	MO
EDARBI	3	ST; MO
EDARBYCLOR	3	MO
EDECIN	4	MO; S
<i>enalapril maleate 1 mg/ml solution</i>	4	MO; S
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
ENTRESTO	2	MO
EPANED	4	MO; S
<i>eplerenone</i>	1	MO
<i>ethacrynic acid</i>	3	MO
EVKEEZA	4	PA; S
EXFORGE	3	MO
EXFORGE HCT	3	MO
EZALLOR SPRINKLE	3	MO
<i>ezetimibe</i>	1	MO
EZETIMIBE-ROSUVASTATIN	3	QL (30 per 30 days); MO
<i>ezetimibe-simvastatin</i>	1	QL (30 per 30 days); MO
<i>felodipine er</i>	1	MO
<i>fenofibrate 40 mg tab, 120 mg tab</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fenofibrate 48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap</i>	1	MO
<i>fenofibrate micronized 30 mg cap, 90 mg cap</i>	3	ST; MO
<i>fenofibrate micronized 43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap</i>	1	MO
<i>fenofibric acid 45 mg cap dr, 135 mg cap dr</i>	1	MO
FENOGLIDE 120 MG TAB	4	MO; S
FENOGLIDE 40 MG TAB	3	MO
<i>flecainide acetate</i>	1	MO
FLOLIPID	3	QL (150 per 30 days); MO
<i>fluvastatin sodium</i>	1	MO
<i>fluvastatin sodium er</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium-hctz</i>	1	MO
<i>furosemide 10 mg/ml solution inj</i>	1	
<i>furosemide 10 mg/ml solution oral</i>	1	MO
<i>furosemide 8 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MO
<i>gemfibrozil 600 mg tab</i>	1	MO
GONITRO	3	MO
<i>guanfacine hcl</i>	1	PA; MO
HEMANGEOL	4	S
<i>hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	MO
<i>hydralazine hcl 20 mg/ml solution</i>	1	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
HYZAAR	3	MO
<i>icosapent ethyl 1 gm cap</i>	3	MO
<i>indapamide</i>	1	MO
INDERAL LA 120 MG CAP ER 24H	3	MO
INDERAL LA 60 MG CAP ER 24H, 80 MG CAP ER 24H, 160 MG CAP ER 24H	4	MO; S
INDERAL XL 120 MG CAP ER 24H	3	MO
INDERAL XL 80 MG CAP ER 24H	4	MO; S
INNOPRAN XL	4	ST; MO; S
INSpra	3	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
ISORDIL TITRADOSE 40 MG TAB	4	MO; S
ISORDIL TITRADOSE 5 MG TAB	3	MO
<i>isosorb dinitrate-hydralazine</i>	2	QL (180 per 30 days); MO
<i>isosorbide dinitrate 40 mg tab</i>	4	MO; S
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>isradipine</i>	1	MO
JUXTAPID 30 MG CAP	4	PA; LA; QL (30 per 30 days); S
JUXTAPID 5 MG CAP, 10 MG CAP, 20 MG CAP	4	PA; LA; S
KAPSPARGO SPRINKLE	3	MO
KATERZIA	4	MO; S
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	MO
<i>labetalol hcl 5 mg/ml solution</i>	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LANOXIN 0.25 MG/ML SOLUTION	3	PA	<i>metoprolol tartrate 25 mg tab, 50 mg tab, 100 mg tab</i>	1	MO
LANOXIN 125 MCG TAB	3	MO	<i>metoprolol tartrate 37.5 mg tab, 75 mg tab</i>	1	MO
LANOXIN 250 MCG TAB	3	PA; MO	<i>metoprolol tartrate 5 mg/5ml solution</i>	1	
LANOXIN 62.5 MCG TAB	2	MO	<i>metoprolol-hydrochlorothiazide</i>	1	MO
LANOXIN PEDIATRIC	3		<i>metyrosine</i>	4	S
LASIX	3	MO	<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	1	MO
LEQVIO	4	PA; QL (1.5 per 84 days); S	MICARDIS	3	MO
LESCOL XL	3	MO	MICARDIS HCT	3	MO
<i>levamlodipine maleate</i>	3	MO	<i>midodrine hcl</i>	1	
LIPITOR	3	ST; MO	<i>milrinone lactate 10 mg/10ml solution, 20 mg/20ml solution</i>	3	
LIPOFEN 150 MG CAP	3	MO	<i>milrinone lactate 50 mg/50ml solution</i>	4	S
LIPOFEN 50 MG CAP	2	MO	<i>milrinone lactate in dextrose</i>	3	
<i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	MO	MINIPRESS	3	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO	<i>minoxidil 2.5 mg tab, 10 mg tab</i>	1	MO
LIVALO	3	MO	<i>moexipril hcl</i>	1	MO
LOPID	3	MO	MULTAQ	2	QL (60 per 30 days); MO
LOPRESSOR	3	MO	<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MO
LOPRESSOR HCT	3	MO	<i>nebivolol hcl</i>	3	MO
<i>losartan potassium 25 mg tab, 50 mg tab, 100 mg tab</i>	1	MO	NEXLETOL	3	QL (30 per 30 days); MO
<i>losartan potassium-hctz</i>	1	MO	NEXLIZET	3	QL (30 per 30 days); MO
LOTENSIN	3	MO	<i>niacin (antihyperlipidemic)</i>	1	
LOTENSIN HCT	3	MO	<i>niacin er (antihyperlipidemic)</i>	1	MO
LOTREL	3	MO	<i>niacor</i>	1	
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MO	NIASPAN	3	MO
LOVAZA	3	MO	<i>nicardipine hcl 2.5 mg/ml solution</i>	1	
<i>matzim la</i>	1	MO			
MAXZIDE	3	MO			
MAXZIDE-25	3	MO			
<i>methyldopa</i>	1	PA; MO			
<i>metolazone</i>	1	MO			
<i>metoprolol succinate er</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	1	MO
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	PA; MO
<i>nifedipine er</i>	1	MO
<i>nifedipine er osmotic release</i>	1	MO
<i>nimodipine 30 mg cap</i>	1	
<i>nisoldipine er</i>	1	MO
NITRO-BID	2	MO
NITRO-DUR 0.1 MG/HR PATCH 24HR, 0.2 MG/HR PATCH 24HR, 0.4 MG/HR PATCH 24HR, 0.6 MG/HR PATCH 24HR	3	MO
NITRO-DUR 0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR	4	MO; S
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	1	MO
NITROGLYCERIN 5 MG/ML SOLUTION	2	B/D PA
NITROLINGUAL	3	MO
NITROSTAT	3	MO
NORLIQVA	3	MO
NORPACE 100 MG CAP	4	PA; MO; S
NORPACE 150 MG CAP	3	PA; MO
NORPACE CR	3	PA; MO
NORTHERA 100 MG CAP	4	PA; LA; QL (90 per 30 days); S
NORTHERA 200 MG CAP, 300 MG CAP	4	PA; LA; QL (180 per 30 days); S
NORVASC	3	MO
NYMALIZE	3	
<i>olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>olmesartan medoxomil-hctz</i>	1	MO
<i>olmesartan-amlodipine-hctz</i>	1	MO
<i>omega-3-acid ethyl esters</i>	1	MO
<i>pacerone</i>	1	MO
<i>pentoxifylline er</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine hcl 10 mg cap</i>	4	S
<i>pindolol</i>	1	MO
PRALUENT	3	PA; QL (2 per 28 days); MO
<i>pravastatin sodium</i>	1	MO
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	MO
<i>prevalite 4 gm packet, 4 gm/dose powder</i>	1	MO
PROCARDIA XL	3	MO
<i>propafenone hcl</i>	1	MO
<i>propafenone hcl er</i>	3	MO
<i>propranolol hcl 1 mg/ml solution</i>	1	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MO
<i>propranolol hcl 20 mg/5ml solution, 40 mg/5ml solution, 60 mg tab</i>	1	MO
<i>propranolol hcl er</i>	1	MO
QBRELIS	3	QL (1200 per 30 days); MO
QUESTRAN 4 GM PACKET, 4 GM/DOSE POWDER	3	MO
QUESTRAN LIGHT	3	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>quinidine gluconate er</i>	3	MO
<i>quinidine sulfate</i>	1	MO
<i>ramipril</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
RANEXA	3	PA; MO
<i>ranolazine er</i>	1	PA; MO
RECTIV	3	QL (30 per 30 days)
REPATHA	2	PA; QL (3 per 28 days); MO
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days); MO
REPATHA SURECLICK	2	PA; QL (3 per 28 days); MO
<i>rosuvastatin calcium</i>	1	MO
ROSZET	3	QL (30 per 30 days); MO
RYTHMOL SR 225 MG CAP ER 12H	3	MO
RYTHMOL SR 325 MG CAP ER 12H, 425 MG CAP ER 12H	4	MO; S
<i>simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	MO
SOAANZ	1	MO
<i>sorine 120 mg tab, 160 mg tab, 240 mg tab</i>	1	MO
<i>sorine 80 mg tab</i>	1	MO
<i>sotalol hcl (af) 120 mg tab, 160 mg tab</i>	1	MO
<i>sotalol hcl (af) 80 mg tab</i>	1	MO
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab</i>	1	MO
<i>sotalol hcl 80 mg tab</i>	1	MO
SOTYLIZE	3	MO
<i>spironolactone 25 mg tab</i>	1	MO
<i>spironolactone 50 mg tab, 100 mg tab</i>	1	MO
<i>spironolactone-hctz</i>	1	MO
SULAR	3	MO
<i>taztia xt</i>	1	MO
TEKTURNA	3	MO
TEKTURNA HCT	2	MO
<i>telmisartan</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hctz</i>	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
<i>terazosin hcl</i>	1	MO
THALITONE	3	MO
<i>tiadylt er</i>	1	MO
TIAZAC	3	MO
TIKOSYN	3	
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	MO
TOPROL XL	3	MO
<i>torse mide</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil hcl er</i>	1	MO
<i>triamterene 50 mg cap, 100 mg cap</i>	1	MO
<i>triamterene-hctz</i>	1	MO
TRIBENZOR	3	ST; MO
TRICOR	3	MO
TRILIPIX	3	MO
VALSARTAN 4 MG/ML SOLUTION	4	MO; S
<i>valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASCEPA	3	MO
VASERETIC	3	MO
VASOTEC 2.5 MG TAB, 5 MG TAB, 10 MG TAB	3	MO
VASOTEC 20 MG TAB	4	MO; S
VECAMYL	3	MO
<i>verapamil hcl 2.5 mg/ml solution</i>	1	
<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>verapamil hcl er 100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 200 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h</i>	1	MO	ADZENYS XR-ODT 3.1 MG TAB ER DISP, 6.3 MG TAB ER DISP, 9.4 MG TAB ER DISP, 12.5 MG TAB ER DISP, 18.8 MG TAB ER DISP	3	PA; QL (30 per 30 days); MO
<i>verapamil hcl er 180 mg tab er, 240 mg tab er</i>	1	MO	ALLZITAL	3	PA; QL (180 per 30 days)
VERELAN	3	MO	<i>amphetamine sulfate 10 mg tab</i>	3	PA; QL (180 per 30 days); MO
VERELAN PM	3	MO	<i>amphetamine sulfate 5 mg tab</i>	3	PA; QL (90 per 30 days); MO
VERQUVO	3	PA; MO	<i>amphetamine-dextroamphet er</i>	1	PA; QL (30 per 30 days); MO
VYNDAMAX	4	PA; LA; QL (30 per 30 days); S	<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	PA; QL (60 per 30 days); MO
VYTORIN	3	QL (30 per 30 days); MO	<i>amphetamine-dextroamphetamine 5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab</i>	1	PA; QL (90 per 30 days); MO
WELCHOL	3	MO	AMPYRA	4	PA; LA; QL (60 per 30 days); S
ZESTORETIC	3	MO	AMVUTTRA	4	PA; MO; S
ZESTRIL 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB	3	MO	APTENSIO XR	3	PA; QL (30 per 30 days); MO
ZESTRIL 30 MG TAB	4	MO; S	<i>atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap</i>	1	QL (60 per 30 days); MO
ZETIA	3	MO	<i>atomoxetine hcl 60 mg cap, 80 mg cap, 100 mg cap</i>	1	QL (30 per 30 days); MO
ZIAC	3	MO	AUBAGIO	4	PA; LA; QL (30 per 30 days); S
ZOCOR 10 MG TAB, 20 MG TAB, 40 MG TAB	3	MO	AUSTEDO	4	PA; LA; QL (120 per 30 days); S
ZYPITAMAG 2 MG TAB, 4 MG TAB	3	MO	AVONEX PEN	4	PA; QL (4 per 28 days); S
Central Nervous System Agents			AVONEX PREFILLED	4	PA; QL (4 per 28 days); S
ADDERALL 12.5 MG TAB	4	PA; QL (90 per 30 days); MO; S	AZSTARYS	3	PA; QL (30 per 30 days); MO
ADDERALL 30 MG TAB	3	PA; QL (60 per 30 days); MO	<i>bac</i>	1	PA; QL (180 per 30 days)
ADDERALL 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	3	PA; QL (90 per 30 days); MO			
ADDERALL XR	3	PA; QL (30 per 30 days); MO			
ADZENYS XR-ODT 15.7 MG TAB ER DISP	4	PA; QL (30 per 30 days); MO; S			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BAFIERTAM	4	PA; QL (120 per 30 days); S	dexmethylphenidate hcl er 20 mg cap er 24h	3	QL (60 per 30 days); MO
BETASERON	4	PA; QL (15 per 30 days); S	dexmethylphenidate hcl er 25 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h	1	QL (30 per 30 days); MO
bupap	3	PA; QL (180 per 30 days)	dexmethylphenidate hcl er 5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 30 mg cap er 24h	3	QL (30 per 30 days); MO
butalbital-acetaminophen 50-300 mg cap, 50-300 mg tab, 50-325 mg tab	1	PA; QL (180 per 30 days)	dextroamphetamine sulfate 10 mg tab	1	QL (180 per 30 days); MO
butalbital-apap-cafeine	1	PA; QL (180 per 30 days)	dextroamphetamine sulfate 15 mg tab	3	QL (90 per 30 days); MO
clonidine hcl er	3	QL (120 per 30 days); MO	dextroamphetamine sulfate 20 mg tab, 30 mg tab	3	QL (60 per 30 days); MO
CONCERTA 18 MG TAB ER, 27 MG TAB ER, 54 MG TAB ER	3	PA; QL (30 per 30 days); MO	dextroamphetamine sulfate 5 mg tab	1	QL (90 per 30 days); MO
CONCERTA 36 MG TAB ER	3	PA; QL (60 per 30 days); MO	dextroamphetamine sulfate 5 mg/5ml solution	1	QL (1920 per 30 days); MO
COPAXONE 20 MG/ML SOLN PRSYR	4	PA; QL (30 per 30 days); S	dextroamphetamine sulfate er 15 mg cap er 24h	1	QL (120 per 30 days); MO
COPAXONE 40 MG/ML SOLN PRSYR	4	PA; QL (12 per 28 days); S	dextroamphetamine sulfate er 5 mg cap er 24h, 10 mg cap er 24h	1	QL (60 per 30 days); MO
COTEMPLA XR-ODT	3	PA; QL (60 per 30 days); MO	dimethyl fumarate 120 mg cap dr	4	PA; QL (14 per 7 days); S
CYMBALTA 20 MG CP DR PART	3	QL (180 per 30 days); MO	dimethyl fumarate 240 mg cap dr	4	PA; QL (60 per 30 days); S
CYMBALTA 30 MG CP DR PART	3	QL (120 per 30 days); MO	dimethyl fumarate starter pack	4	PA; S
CYMBALTA 60 MG CP DR PART	3	QL (60 per 30 days); MO	DRIZALMA SPRINKLE 20 MG CAP DR, 60 MG CAP DR	3	QL (60 per 30 days); MO
dalfampridine er	2	PA; QL (60 per 30 days)	DRIZALMA SPRINKLE 30 MG CAP DR, 40 MG CAP DR	3	QL (30 per 30 days); MO
DAYTRANA	3	QL (30 per 30 days); MO	duloxetine hcl 20 mg cp dr part	1	QL (180 per 30 days); MO
DESOXYN	4	PA; QL (150 per 30 days); MO; S	duloxetine hcl 30 mg cp dr part	1	QL (120 per 30 days); MO
DEXEDRINE 15 MG CAP ER 24H	4	QL (120 per 30 days); MO; S	duloxetine hcl 40 mg cp dr part	1	QL (90 per 30 days); MO
DEXEDRINE 5 MG CAP ER 24H, 10 MG CAP ER 24H	4	QL (60 per 30 days); MO; S	duloxetine hcl 60 mg cp dr part	1	QL (60 per 30 days); MO
dexmethylphenidate hcl	1	QL (60 per 30 days); MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
DYANAVEL XR 10 MG, 15 MG, 20 MG	3	PA; QL (30 per 30 days); MO	<i>glatiramer acetate 40 mg/ml soln prsyr</i>	4	PA; QL (12 per 28 days); S
DYANAVEL XR 2.5 MG/ML SUSP	3	PA; QL (240 per 30 days); MO	<i>glatopa 20 mg/ml soln prsyr</i>	4	PA; QL (30 per 30 days); S
DYANAVEL XR 5 MG CHER	3	PA; QL (45 per 30 days); MO	<i>glatopa 40 mg/ml soln prsyr</i>	4	PA; QL (12 per 28 days); S
<i>esgic 50-325-40 mg cap</i>	1	PA; QL (180 per 30 days)	GRALISE 300 MG TAB	3	QL (30 per 30 days); MO
ESGIC 50-325-40 MG TAB	3	PA; QL (180 per 30 days)	GRALISE 600 MG TAB	3	QL (90 per 30 days); MO
EVEKEO 10 MG TAB	3	PA; QL (180 per 30 days); MO	<i>guanfacine hcl er</i>	1	PA; QL (30 per 30 days); MO
EVEKEO 5 MG TAB	3	PA; QL (90 per 30 days); MO	HORIZANT 300 MG TAB ER	3	PA; QL (120 per 30 days); MO
EVEKEO ODT 10 MG TAB DISP	3	PA; QL (30 per 30 days); MO	HORIZANT 600 MG TAB ER	3	PA; QL (60 per 30 days); MO
EVEKEO ODT 15 MG TAB DISP, 20 MG TAB DISP	3	PA; QL (90 per 30 days); MO	INGREZZA 40 & 80 MG CAP THPK	4	PA; QL (56 per 365 over time); S
EVEKEO ODT 5 MG TAB DISP	3	PA; QL (60 per 30 days); MO	INGREZZA 40 MG CAP	4	PA; QL (60 per 30 days); S
EXSERVAN	4	LA; S	INGREZZA 60 MG CAP, 80 MG CAP	4	PA; QL (30 per 30 days); S
EXTAVIA	4	PA; QL (15 per 30 days); S	INTUNIV	3	PA; QL (30 per 30 days); MO
FIORICET	3	PA; QL (180 per 30 days)	JORNAY PM	3	PA; QL (30 per 30 days); MO
FIRDAPSE	4	PA; LA; QL (240 per 30 days); S	KAPVAY	3	QL (120 per 30 days); MO
FLEQSUVY	4	QL (480 per 30 days); S	KESIMPTA	4	PA; QL (1.2 per 30 days); S
FOCALIN	3	QL (60 per 30 days); MO	LYRICA 20 MG/ML SOLUTION	4	QL (900 per 30 days); MO; S
FOCALIN XR 20 MG CAP ER 24H	3	QL (60 per 30 days); MO	LYRICA 200 MG CAP	3	QL (90 per 30 days); MO
FOCALIN XR 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H	3	QL (30 per 30 days); MO	LYRICA 225 MG CAP, 300 MG CAP	3	QL (60 per 30 days); MO
GILENYA	4	PA; QL (30 per 30 days); S	LYRICA 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP	3	MO
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	4	PA; QL (30 per 30 days); S	LYRICA CR 330 MG TAB ER 24H	3	PA; QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LYRICA CR 82.5 MG TAB ER 24H, 165 MG TAB ER 24H	3	PA; QL (30 per 30 days); MO	<i>methylphenidate hcl er (la) 10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 60 mg cap er 24h</i>	1	PA; QL (30 per 30 days); MO
MAVENCLAD (10 TABS)	4	PA; QL (20 per 322 over time); S	<i>methylphenidate hcl er (la) 30 mg cap er 24h</i>	1	PA; QL (60 per 30 days); MO
MAVENCLAD (4 TABS)	4	PA; QL (8 per 322 over time); S	<i>methylphenidate hcl er (xr)</i>	3	PA; QL (30 per 30 days); MO
MAVENCLAD (5 TABS)	4	PA; QL (10 per 322 over time); S	<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	1	PA; QL (90 per 30 days); MO
MAVENCLAD (6 TABS)	4	PA; QL (12 per 322 over time); S	<i>methylphenidate hcl er 18 mg tab er, 18 mg tab er 24h, 27 mg tab er, 27 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h, 72 mg tab er</i>	1	PA; QL (30 per 30 days); MO
MAVENCLAD (7 TABS)	4	PA; QL (14 per 322 over time); S	<i>methylphenidate hcl er 36 mg tab er, 36 mg tab er 24h</i>	1	PA; QL (60 per 30 days); MO
MAVENCLAD (8 TABS)	4	PA; QL (16 per 322 over time); S	<i>methylphenidate patch</i>	3	QL (30 per 30 days); MO
MAVENCLAD (9 TABS)	4	PA; QL (18 per 322 over time); S	MYDAYIS	3	PA; QL (30 per 30 days); MO
MAYZENT 0.25 MG TAB	4	PA; LA; QL (120 per 30 days); S	NUEDEXTA	4	PA; QL (60 per 30 days); MO; S
MAYZENT 1 MG TAB, 2 MG TAB	4	PA; LA; QL (30 per 30 days); S	OCREVUS	4	PA; LA; S
MAYZENT STARTER PACK 0.25 MG TAB THPK	3	PA; LA	PLEGRIDY	4	PA; QL (1 per 28 days); S
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	4	PA; LA; S	PLEGRIDY STARTER PACK	4	PA; QL (1 per 180 over time); S
<i>methamphetamine hcl</i>	3	PA; QL (150 per 30 days); MO	PONVORY	4	PA; QL (30 per 30 days); S
METHYLIN 10 MG/5ML SOLUTION	3	PA; QL (900 per 30 days); MO	PONVORY STARTER PACK	4	PA; S
METHYLIN 5 MG/5ML SOLUTION	3	PA; QL (1800 per 30 days); MO	<i>pregabalin 20 mg/ml solution</i>	1	QL (900 per 30 days); MO
<i>methylphenidate hcl 10 mg chew tab</i>	3	PA; QL (180 per 30 days); MO	<i>pregabalin 200 mg cap</i>	1	QL (90 per 30 days); MO
<i>methylphenidate hcl 10 mg/5ml solution</i>	1	PA; QL (900 per 30 days); MO	<i>pregabalin 225 mg cap, 300 mg cap</i>	1	QL (60 per 30 days); MO
<i>methylphenidate hcl 2.5 mg chew tab, 5 mg chew tab</i>	3	PA; QL (90 per 30 days); MO	<i>pregabalin 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	1	MO
<i>methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab</i>	1	PA; QL (90 per 30 days); MO	<i>pregabalin er 330 mg tab er 24h</i>	3	PA; QL (60 per 30 days); MO
<i>methylphenidate hcl 5 mg/5ml solution</i>	1	PA; QL (1800 per 30 days); MO			
<i>methylphenidate hcl er (cd)</i>	1	PA; QL (30 per 30 days); MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>pregabalin er 82.5 mg tab er 24h, 165 mg tab er 24h</i>	3	PA; QL (30 per 30 days); MO	STRATTERA 10 MG CAP, 25 MG CAP	4	QL (60 per 30 days); MO; S
<i>procentra</i>	3	QL (1920 per 30 days); MO	STRATTERA 18 MG CAP, 40 MG CAP	3	QL (60 per 30 days); MO
QELBREE 100 MG CAP ER 24H	3	QL (30 per 30 days); MO	STRATTERA 60 MG CAP, 80 MG CAP, 100 MG CAP	3	QL (30 per 30 days); MO
QELBREE 150 MG CAP ER 24H, 200 MG CAP ER 24H	3	QL (60 per 30 days); MO	TECFIDERA 120 & 240 MG MISC	4	PA; LA; S
QUILLICHEW ER 20 MG, 40 MG	3	PA; QL (30 per 30 days); MO	TECFIDERA 120 MG CAP DR	4	PA; LA; QL (14 per 7 days); S
QUILLICHEW ER 30 MG CHER	3	PA; QL (60 per 30 days); MO	TECFIDERA 240 MG CAP DR	4	PA; LA; QL (60 per 30 days); S
QUILLIVANT XR	3	PA; QL (360 per 30 days); MO	<i>tencon</i>	1	PA; QL (180 per 30 days)
RADICAVA	4	LA; S	<i>tetrabenazine 12.5 mg tab</i>	4	PA; QL (240 per 30 days); S
RADICAVA ORS	4	S	<i>tetrabenazine 25 mg tab</i>	4	PA; QL (120 per 30 days); S
RADICAVA ORS STARTER KIT	4	S	TIGLUTIK	4	S
REBIF	4	PA; QL (6 per 28 days); S	TYSABRI	4	PA; LA; S
REBIF REBIDOSE	4	PA; QL (6 per 28 days); S	<i>vtol iq</i>	3	PA; QL (2700 per 30 days)
REBIF REBIDOSE TITRATION PACK	4	PA; QL (8.4 per 365 over time); S	VUMERITY	4	PA; LA; QL (120 per 30 days); S
REBIF TITRATION PACK	4	PA; QL (8.4 per 365 over time); S	VYVANSE 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP	2	PA; QL (30 per 30 days); MO
RELEXXII	1	PA; QL (30 per 30 days); MO	VYVANSE 10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB	3	PA; QL (30 per 30 days); MO
RILUTEK	4	S	XENAZINE 12.5 MG TAB	4	PA; QL (240 per 30 days); S
<i>riluzole</i>	1		XENAZINE 25 MG TAB	4	PA; QL (120 per 30 days); S
RITALIN	3	PA; QL (90 per 30 days); MO	<i>zebutal</i>	1	PA; QL (180 per 30 days)
RITALIN LA 10 MG CAP ER 24H, 20 MG CAP ER 24H	3	PA; QL (30 per 30 days); MO	<i>zenzedi 10 mg tab</i>	1	QL (180 per 30 days); MO
RITALIN LA 30 MG CAP ER 24H	3	PA; QL (60 per 30 days); MO	<i>zenzedi 2.5 mg tab, 15 mg tab</i>	3	QL (90 per 30 days); MO
RITALIN LA 40 MG CAP ER 24H	4	PA; QL (30 per 30 days); MO; S			
SAVELLA	3	QL (60 per 30 days); MO			
SAVELLA TITRATION PACK	3				

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Drug Name	Drug Tier	Requirements /Limits
zenzedi 20 mg tab, 30 mg tab	3	QL (60 per 30 days); MO
zenzedi 5 mg tab	1	QL (90 per 30 days); MO
zenzedi 7.5 mg tab	3	QL (180 per 30 days); MO
ZEPOSIA	4	PA; LA; QL (30 per 30 days); S
ZEPOSIA 7-DAY STARTER PACK	4	PA; LA; S
ZEPOSIA STARTER KIT	4	PA; LA; S
Dental And Oral Agents		
ARESTIN	4	S
cevimeline hcl	1	MO
chlorhexidine gluconate 0.12 % solution	1	
clinpro 5000	3	MO
denta 5000 plus	1	MO
dentagel	1	MO
EVOXAC	3	MO
fluoridex	3	MO
fluoridex enhanced whitening	3	MO
FLUORIDEX SENSITIVITY RELIEF	3	
fluorimax 5000	3	MO
FLUORIMAX 5000 SENSITIVE	3	
just right 5000	1	MO
oralone	1	
periogard	1	
pilocarpine hcl 5 mg tab, 7.5 mg tab	1	MO
PREVIDENT 0.2 % SOLUTION, 1.1 % GEL	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH	3	MO
PREVIDENT 5000 ENAMEL PROTECT	3	

Drug Name	Drug Tier	Requirements /Limits
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 PLUS	3	MO
PREVIDENT 5000 SENSITIVE	3	
SALAGEN	3	MO
sf	1	MO
sf 5000 plus	1	MO
sodium fluoride 0.2 % solution, 1.1 % cream, 1.1 % gel	1	MO
sodium fluoride 5000 enamel	3	
sodium fluoride 5000 plus	1	MO
sodium fluoride 5000 ppm 1.1 % cream, 1.1 % gel	1	MO
sodium fluoride 5000 ppm 1.1 % paste	3	MO
sodium fluoride 5000 sensitive	3	
triamcinolone acetonide 0.1 % paste	1	
Dermatological Agents		
ABSORICA 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP	4	S
ABSORICA 25 MG CAP, 35 MG CAP	3	
ABSORICA LD	4	S
ACANYA	3	QL (50 per 30 days)
accutane	1	
acitretin	3	
acyclovir 5 % cream	1	QL (5 per 30 days)
acyclovir 5 % ointment	1	QL (30 per 30 days)
ACZONE	3	
adapalene 0.1 % cream, 0.1 % gel, 0.3 % gel	1	
adapalene 0.1 % pad	3	

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Drug Name	Drug Tier	Requirements /Limits
ADAPALENE 0.1 % SOLUTION	4	S
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel, 0.3-2.5 % gel</i>	3	PA
AKLIEF	3	
ALA SCALP	3	
<i>ala-cort</i>	1	
<i>ala-scalp</i>	1	
<i>alclometasone dipropionate 0.05 % ointment</i>	1	
ALTRENO	3	PA; QL (45 per 30 days)
<i>amcinonide 0.1 % cream, 0.1 % lotion</i>	1	
AMCINONIDE 0.1 % OINTMENT	2	
<i>ammonium lactate 12 % cream, 12 % lotion</i>	1	
<i>amnesteam</i>	1	
ANUSOL-HC 2.5 % CREAM	3	
APEXICON E	2	QL (60 per 30 days)
ARAZLO	3	PA
ATRALIN	3	PA; QL (45 per 30 days)
<i>avita</i>	1	PA; QL (45 per 30 days)
<i>azelaic acid 15 % gel</i>	1	
AZELEX	3	
BENSAL HP	4	S
BENZACLIN	3	
BENZACLIN WITH PUMP	3	
BENZAMYCIN	3	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>betamethasone dipropionate 0.05 % cream, 0.05 % lotion</i>	1	
<i>betamethasone dipropionate aug 0.05 % gel, 0.05 % ointment</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone valerate 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam</i>	1	
BRYHALI	3	ST
<i>calcipotriene 0.005 % cream, 0.005 % ointment</i>	1	QL (120 per 30 days)
<i>calcipotriene 0.005 % solution</i>	1	QL (60 per 30 days)
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	1	QL (400 per 28 days)
<i>calcipotriene-betameth diprop 0.005-0.064 % suspension</i>	3	QL (420 per 28 days)
<i>calcitrene</i>	1	QL (120 per 30 days)
<i>calcitriol 3 mcg/gm ointment</i>	1	QL (800 per 28 days)
CAPEX	3	
CARAC	4	S
CENTANY	3	QL (120 per 30 days)
CIBINQO	4	PA; QL (30 per 30 days); S
<i>ciclodan 8 % solution</i>	1	
<i>ciclopirox 0.77 % gel, 1 % shampoo, 8 % solution</i>	1	
<i>claravis</i>	1	
CLEOCIN-T	3	QL (120 per 30 days)
CLINDAGEL	4	PA; S
<i>clindamycin phos-benzoyl perox 1-5 % gel, 1.2-5 % gel</i>	1	
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	3	QL (50 per 30 days)
<i>clindamycin phosphate 1 % foam</i>	1	QL (100 per 30 days)
<i>clindamycin phosphate 1 % gel</i>	1	
<i>clindamycin phosphate 1 % lotion, 1 % solution</i>	1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin-tretinoin</i>	1	PA
<i>clobetasol propionate 0.05 % cream, 0.05 % ointment</i>	1	QL (120 per 30 days)
<i>clobetasol propionate 0.05 % foam</i>	1	QL (100 per 30 days)
<i>clobetasol propionate 0.05 % gel</i>	1	QL (60 per 30 days)
<i>clobetasol propionate 0.05 % liquid, 0.05 % lotion, 0.05 % shampoo</i>	1	
<i>clobetasol propionate 0.05 % solution</i>	1	QL (50 per 30 days)
<i>clobetasol propionate emulsion</i>	1	QL (100 per 30 days)
CLOBEX	3	
CLOBEX SPRAY	3	
<i>clodan 0.05 % shampoo</i>	1	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	QL (120 per 30 days)
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	1	
CONDYLOX	3	
CORDRAN 0.025 % CREAM, 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT	3	
CORDRAN 4 MCG/SQCM TAPE	4	S
CORTISPORIN 1 % OINTMENT	3	
<i>crotan</i>	1	
<i>dapsone 5 % gel, 7.5 % gel</i>	3	
DENAVIR	4	QL (5 per 30 days); S
DERMA-SMOOTHIE/FS BODY	3	QL (120 per 30 days)
DERMA-SMOOTHIE/FS SCALP	3	QL (120 per 30 days)
<i>desonide 0.05 % cream, 0.05 % ointment</i>	1	
<i>desonide 0.05 % gel</i>	3	
DESOWEN	3	

Drug Name	Drug Tier	Requirements /Limits
<i>desoximetasone 0.05 % cream, 0.25 % cream</i>	1	QL (100 per 30 days)
<i>desoximetasone 0.05 % gel, 0.05 % ointment, 0.25 % ointment</i>	1	
<i>desoximetasone 0.25 % liquid</i>	3	
<i>diclofenac sodium 3 % gel</i>	1	PA; QL (100 per 30 days)
DIFFERIN 0.1 % CREAM, 0.1 % LOTION, 0.3 % GEL	3	
<i>diflorasone diacetate</i>	1	QL (60 per 30 days)
DIPROLENE	3	
DOVONEX	3	QL (120 per 30 days)
<i>doxepin hcl 5 % cream</i>	4	PA; QL (45 per 30 days); S
DUOBRII	3	PA
EFUDEX	3	
ELIDEL	3	PA; QL (100 per 30 days)
ENSTILAR	4	QL (420 per 28 days); S
EPIDUO	3	PA
EPIDUO FORTE	3	PA
EPIFOAM	3	
EPSOLAY	3	
<i>ery</i>	1	
ERYGEL	3	
<i>erythromycin 2 % gel, 2 % solution</i>	1	
EUCRISA	3	
EVOCLIN	3	QL (100 per 30 days)
FABIOR	4	PA; S
FINACEA	3	
<i>fluocinolone acetonide 0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment</i>	1	QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinolone acetonide body</i>	1	QL (120 per 30 days)
<i>fluocinolone acetonide scalp</i>	1	QL (120 per 30 days)
<i>fluocinonide 0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution</i>	1	QL (240 per 30 days)
<i>fluocinonide 0.1 % cream</i>	1	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	1	QL (240 per 30 days)
FLUOROPLEX	3	
<i>fluorouracil 0.5 % cream</i>	4	S
<i>fluorouracil 2 % solution, 5 % cream, 5 % solution</i>	1	
<i>flurandrenolide 0.05 % cream, 0.05 % lotion, 0.05 % ointment</i>	3	
<i>fluticasone propionate 0.005 % ointment, 0.05 % cream, 0.05 % lotion</i>	1	
<i>halcinonide</i>	1	
<i>halobetasol propionate 0.05 % cream, 0.05 % ointment</i>	1	
HALOBETASOL PROPIONATE 0.05 % FOAM	3	ST
HALOG 0.1 % CREAM, 0.1 % OINTMENT	3	
HALOG 0.1 % SOLUTION	3	
<i>hydrocortisone (perianal) 1 % cream</i>	1	
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
<i>hydrocortisone 1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment</i>	1	
<i>hydrocortisone 2.5 % lotion</i>	1	
<i>hydrocortisone ace-pramoxine 1-1 % cream</i>	1	
<i>hydrocortisone butyr lipo base</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone butyrate 0.1 % cream, 0.1 % solution</i>	1	
<i>hydrocortisone butyrate 0.1 % lotion</i>	3	
<i>hydrocortisone valerate 0.2 % cream</i>	1	
<i>imiquimod 3.75 % cream</i>	4	S
<i>imiquimod 5 % cream</i>	1	
<i>imiquimod pump</i>	4	S
IMPEKLO	3	
<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	1	
<i>ivermectin 0.5 % lotion, 1 % cream</i>	3	
KENALOG 0.147 MG/GM AERO SOLN	3	
KLISYRI	4	S
LEVULAN KERASTICK	3	
LEXETTE	4	ST; S
<i>lindane</i>	1	
LOCOID	3	
LOCOID LIPOCREAM	3	
LOPROX 1 % SHAMPOO	4	S
LUXIQ	3	
<i>mafenide acetate 5 % packet</i>	1	
<i>malathion</i>	1	
<i>methoxsalen rapid</i>	4	S
MIRVASO	3	
<i>mometasone furoate 0.1 % solution</i>	1	
<i>mupirocin 2 % ointment</i>	1	QL (120 per 30 days)
<i>mupirocin calcium</i>	1	QL (30 per 30 days)
<i>myorisan</i>	1	
NATROBA	3	
NEO-SYNALAR 0.5-0.025 % CREAM	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>neuac 1.2-5 % gel</i>	1	
<i>nystatin-triamcinolone</i>	1	
OLUX	3	QL (100 per 30 days)
OLUX-E	3	QL (100 per 30 days)
ONEXTON	3	
OPZELURA	4	PA; S
OTEZLA 30 MG TAB	4	PA; QL (60 per 30 days); S
OVIDE	3	
PANDEL	3	
<i>permethrin 5 % cream</i>	1	
<i>pimecrolimus</i>	1	PA; QL (100 per 30 days)
PODOCON-25	3	
<i>podofilox 0.5 % solution</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
PROCTOCORT 1 % CREAM	3	
PROCTOFOAM HC	3	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
PROTOPIC 0.03 % OINTMENT	4	PA; QL (100 per 30 days); S
PROTOPIC 0.1 % OINTMENT	3	PA; QL (100 per 30 days)
PRUDOXIN	3	PA; QL (45 per 30 days)
PSORCON	4	QL (60 per 30 days); S
QBREXZA	3	
QUTENZA	4	S
QUTENZA (2 PATCH)	4	S
REGRANEX	4	PA; S
RETIN-A	3	PA; QL (45 per 30 days)
RETIN-A MICRO	3	PA; QL (50 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
RETIN-A MICRO PUMP	4	PA; QL (50 per 30 days); S
RHOFADE	3	
<i>salicylic acid 6 % cream, 6 % lotion, 6 % shampoo, 26 % solution</i>	3	
<i>salicylic acid wart remover</i>	3	
SANTYL	3	QL (30 per 30 days)
<i>selenium sulfide 2.25 % shampoo, 2.3 % shampoo</i>	3	
<i>selenium sulfide 2.5 % lotion</i>	1	
SILVADENE	3	
SILVER NITRATE 0.5 % SOLUTION	3	
<i>silver sulfadiazine 1 % cream</i>	1	
SKYRIZI 360 MG/2.4ML SOLN CART	4	PA; QL (2.4 per 56 days); MO; S
SKYRIZI 600 MG/10ML SOLUTION	4	PA; QL (10 per 28 days); S
SOOLANTRA	3	
SORILUX	4	QL (120 per 30 days); S
<i>spinosad</i>	3	
<i>ssd</i>	1	
STELARA 130 MG/26ML SOLUTION	4	PA; LA; S
<i>sulfacetamide sodium-sulfur 8-4 % suspension</i>	3	
SULFACETAMIDE-SULFUR IN UREA	3	
<i>sulfacleanse 8/4</i>	3	
SULFAMYLON 5 % PACKET	4	S
SULFAMYLON 85 MG/GM CREAM	3	
SYNALAR 0.01 % SOLUTION, 0.025 % CREAM, 0.025 % OINTMENT	3	QL (120 per 30 days)
TACLONEX 0.005-0.064 % OINTMENT	4	QL (400 per 28 days); S

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Drug Name	Drug Tier	Requirements /Limits
TACLONEX 0.005-0.064 % SUSPENSION	4	QL (420 per 28 days); S
<i>tacrolimus 0.03 % ointment, 0.1 % ointment</i>	1	PA; QL (100 per 30 days)
<i>tazarotene 0.1 % cream</i>	1	PA
TAZAROTENE 0.1 % FOAM	3	PA
TAZORAC 0.05 % CREAM, 0.05 % GEL, 0.1 % CREAM	3	PA
TAZORAC 0.1 % GEL	4	PA; S
TEMOVATE	3	QL (120 per 30 days)
TEXACORT	3	
TOPICORT 0.05 % CREAM, 0.25 % CREAM	3	QL (100 per 30 days)
TOPICORT 0.05 % GEL, 0.05 % OINTMENT, 0.25 % OINTMENT	3	
TOPICORT SPRAY	3	
<i>tovet 0.05 % foam</i>	3	QL (100 per 30 days)
<i>tretinoin 0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream</i>	1	PA; QL (45 per 30 days)
<i>tretinoin 0.05 % gel</i>	3	PA; QL (45 per 30 days)
<i>tretinoin microsphere</i>	3	PA; QL (50 per 30 days)
<i>tretinoin microsphere pump</i>	3	PA; QL (50 per 30 days)
<i>triamcinolone acetonide 0.025 % cream, 0.1 % cream, 0.5 % cream</i>	1	
<i>triamcinolone acetonide 0.025 % lotion, 0.025 % ointment, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % ointment</i>	1	
<i>triamcinolone acetonide 0.05 % ointment</i>	3	
<i>triamcinolone in absorbbase</i>	3	
<i>trianex</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>triderm</i>	1	
TWYNEO	3	
ULTRAVATE	4	S
VANOS	4	QL (120 per 30 days); S
VECTICAL	3	QL (800 per 28 days)
VELTIN	3	PA
VEREGEN	4	S
VIRASAL	3	
VTAMA	4	PA; QL (60 per 30 days); S
WINLEVI	3	
XERESE	4	QL (5 per 30 days); S
<i>zenatane</i>	1	
ZIANA	3	PA
ZILXI	3	
ZONALON	3	PA; QL (45 per 30 days)
ZOVIRAX 5 % CREAM	3	QL (5 per 30 days)
ZOVIRAX 5 % OINTMENT	3	QL (30 per 30 days)
ZYCLARA	4	S
ZYCLARA PUMP	4	S
Electrolytes/Minerals/Metals/Vitamins		
<i>adc/f (0.5mg/ml)</i>	3	
AMINOSYN II 15 % SOLUTION	3	B/D PA
AMINOSYN-PF 7 % SOLUTION	2	B/D PA
AURYXIA	4	PA; MO; S
BAL-CARE DHA	3	
C-NATE DHA	3	
<i>calcium acetate (phos binder)</i>	1	MO
<i>calcium acetate 667 mg tab</i>	1	MO
CARBAGLU	4	PA; LA; S
<i>carglumic acid</i>	4	PA; LA; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CARNITOR 1 GM/10ML SOLUTION, 330 MG TAB	3	B/D PA; MO	CONCEPT OB	3	
CARNITOR 200 MG/ML SOLUTION	3	B/D PA	CRYSVITA	4	S
CARNITOR SF	3	B/D PA; MO	<i>deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol</i>	4	PA; S
CHEMET	3		<i>deferasirox 90 mg packet, 90 mg tab, 180 mg packet, 180 mg tab, 360 mg packet, 360 mg tab</i>	4	PA; S
CITRANATAL 90 DHA	3		<i>deferasirox granules</i>	4	PA; S
CITRANATAL B-CALM	3		<i>deferiprone 1000 mg tab</i>	4	PA; S
CITRANATAL BLOOM	3		<i>deferiprone 500 mg tab</i>	4	PA; LA; S
CITRANATAL HARMONY	3		<i>deferoxamine mesylate 2 gm recon soln</i>	3	B/D PA
CITRANATAL MEDLEY	3		<i>deferoxamine mesylate 500 mg recon soln</i>	3	
CITRANATAL RX	3		<i>dextrose 250 mg/ml solution</i>	2	
CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA	<i>dextrose 5 % solution, 10 % solution, 50 % solution, 70 % solution</i>	1	
CLINIMIX E/DEXTROSE (4.25/10)	2	B/D PA	DEXTROSE 5%/ELECTROLYTE #48	2	
CLINIMIX E/DEXTROSE (4.25/5)	2	B/D PA	<i>dextrose in lactated ringers</i>	1	
CLINIMIX E/DEXTROSE (5/15)	2	B/D PA	DEXTROSE-NACL 10-0.2 % SOLUTION	2	
CLINIMIX E/DEXTROSE (5/20)	2	B/D PA	<i>dextrose-nacl 2.5-0.45 % solution, 5-0.2 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.45 % solution</i>	1	
CLINIMIX E/DEXTROSE (8/10)	2	B/D PA	<i>dextrose-sodium chloride</i>	1	
CLINIMIX E/DEXTROSE (8/14)	2	B/D PA	DOJOLVI	4	LA; S
CLINIMIX/DEXTROSE (4.25/10)	2	B/D PA	DUET DHA 400	3	
CLINIMIX/DEXTROSE (4.25/5)	2	B/D PA	DUET DHA BALANCED	3	
CLINIMIX/DEXTROSE (5/15)	2	B/D PA	EFFER-K 10 EFFER TAB, 20 EFFER TAB	3	
CLINIMIX/DEXTROSE (5/20)	2	B/D PA	<i>effer-k 25 meq effer tab</i>	1	MO
CLINIMIX/DEXTROSE (6/5)	2	B/D PA	ENBRACE HR	3	
CLINIMIX/DEXTROSE (8/10)	2	B/D PA	EXJADE	4	PA; LA; S
CLINIMIX/DEXTROSE (8/14)	2	B/D PA			
<i>clinisol sf</i>	3	B/D PA			
CLINOLIPID	1	B/D PA			
COMPLETENATE	3				
CONCEPT DHA	3				

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
FERRIPROX 100 MG/ML SOLUTION, 500 MG TAB, 1000 MG TAB	4	PA; LA; S	<i>kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution</i>	1	
FERRIPROX TWICE-A-DAY	4	PA; LA; S	KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION	2	
FLORIVA 0.25 MG CHEW TAB, 0.25-400 MG-UNIT/ML LIQUID, 0.5 MG CHEW TAB, 1 MG CHEW TAB	3		KCL-LACTATED RINGERS-D5W	2	
<i>fluoritab</i>	3	MO	<i>klor-con 10</i>	1	MO
FOLIVANE-OB	3		<i>klor-con 20 meq packet</i>	3	MO
FOSRENOL 500 MG CHEW TAB, 750 MG CHEW TAB, 1000 MG CHEW TAB	4	ST; MO; S	<i>klor-con 8 meq tab er</i>	1	MO
FOSRENOL 750 MG PACKET, 1000 MG PACKET	4	MO; S	<i>klor-con m10</i>	1	MO
FREAMINE III	2	B/D PA	<i>klor-con m15</i>	1	MO
<i>hepatamine</i>	1	B/D PA	<i>klor-con m20</i>	1	MO
<i>hyperlyte-cr</i>	3		<i>klor-con/ef</i>	1	MO
INTRALIPID 20 % EMULSION	3	B/D PA	<i>lactated ringers</i>	1	
INTRALIPID 30 % EMULSION	2	B/D PA	<i>lactated ringers solution (irrigation)</i>	1	
<i>irrigation solutions, physiological</i>	3		<i>lanthanum carbonate</i>	3	ST; MO
ISOLYTE-P IN D5W	2		<i>levocarnitine 1 gm/10ml solution</i>	1	B/D PA; MO
ISOLYTE-S	2		<i>levocarnitine 330 mg tab</i>	2	B/D PA; MO
ISOLYTE-S PH 7.4	2		<i>levocarnitine sf</i>	1	B/D PA; MO
JADENU	4	PA; LA; S	LOKELMA	2	MO
JADENU SPRINKLE	4	PA; LA; S	M-NATAL PLUS	3	
JYNARQUE 15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK	4	PA; LA; QL (56 per 28 days); S	<i>magnesium sulfate 2 gm/50ml solution, 4 gm/100ml solution, 4 gm/50ml solution, 20 gm/500ml solution, 40 gm/1000ml solution</i>	2	
JYNARQUE 15 MG TAB, 30 MG TAB	4	PA; LA; QL (120 per 30 days); S	<i>magnesium sulfate 50 % solution</i>	1	
K-TAB	3	MO	<i>multi-vitamin/fluoride</i>	3	
KABIVEN	3	B/D PA			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>multi-vitamin/fluoride/iron</i>	3		POLY-VI-FLOR/IRON	3	
<i>multivitamin/fluoride</i>	3		POLY-VI-FLOR/IRON 0.25-7		
<i>multivitamin/fluoride 0.25</i>			MG/ML SUSPENSION,		
<i>mg chew tab, multivitamin/fluoride 0.5 mg chew tab,</i>			POLY-VI-FLOR/IRON 0.5-10		
<i>multivitamin/fluoride 1 mg</i>			MG CHEW TAB		
<i>chew tab</i>			<i>polyvitamin/fluoride</i>	3	
NATACHEW	3		<i>potassium chloride 10 %</i>	1	MO
NEONATAL 19	3		<i>solution, 20 meq/15ml</i>		
NEONATAL COMPLETE 29-1	3		<i>(10%) solution, 40</i>		
MG TAB			<i>meq/15ml (20%) solution</i>		
NEONATAL FE	3		<i>potassium chloride 10 meq</i>	1	MO
NEONATAL PLUS	3		<i>cap er</i>		
NESTABS	3		<i>potassium chloride 10 meq</i>	1	MO
NESTABS ONE	3		<i>tab er</i>		
NIVA-PLUS	3		POTASSIUM CHLORIDE 10	3	
NUTRILIPID	3	B/D PA	MEQ/100ML SOLUTION, 20		
O-CAL PRENATAL	3		MEQ/100ML SOLUTION, 40		
OB COMPLETE ONE	3		MEQ/100ML SOLUTION		
OB COMPLETE PETITE	3		POTASSIUM CHLORIDE 2	1	
OB COMPLETE PREMIER	3		MEQ/ML SOLUTION, 10		
OB COMPLETE/DHA	3		MEQ/50ML SOLUTION, 20		
OMEGAVEN	3	B/D PA	MEQ/50ML SOLUTION		
PERIKABIVEN	3	B/D PA	<i>potassium chloride 20 meq</i>	3	MO
PHOSLYRA	3	ST; MO	<i>packet</i>		
PLASMA-LYTE 148	2		<i>potassium chloride 20 meq</i>	1	MO
PLASMA-LYTE A	2		<i>tab er</i>		
<i>plenamine</i>	3	B/D PA	<i>potassium chloride 8 meq</i>	1	MO
PNV PRENATAL PLUS	3		<i>cap er</i>		
MULTIVITAMIN			<i>potassium chloride 8 meq</i>	1	MO
PNV TABS 29-1	3		<i>tab er</i>		
PNV-DHA+DOCUSATE	3		<i>potassium chloride crys 10</i>	1	MO
PNV-OMEGA	3		<i>meq tab er</i>		
POLY-VI-FLOR 0.25 MG CHEW	3		<i>potassium chloride crys 20</i>	1	MO
TAB, 0.25 MG/ML			<i>meq tab er</i>		
SUSPENSION, 0.5 MG CHEW			<i>potassium chloride crys er</i>	1	MO
TAB, 1 MG CHEW TAB			<i>15 meq tab er</i>		
			<i>potassium chloride in</i>	1	
			<i>dextrose</i>		
			POTASSIUM CHLORIDE IN	1	
			NACL 20-0.45 MEQ/L-%		
			SOLUTION, 20-0.9 MEQ/L-%		
			SOLUTION, 40-0.9 MEQ/L-%		
			SOLUTION		

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>potassium citrate 10 meq (1080 mg) tab er</i>	1		PROVIDA OB	3	
<i>potassium citrate 15 meq (1620 mg) tab er</i>	1		QUFLORA FE	3	
<i>potassium citrate 5 meq (540 mg) tab er</i>	1		QUFLORA FE PEDIATRIC	3	
PREMASOL	2	B/D PA	QUFLORA GUMMIES	3	
PRENAISSANCE	3		QUFLORA PEDIATRIC 0.25 MG CHEW TAB, 0.25 MG/ML SOLUTION, 0.5 MG CHEW TAB, 0.5 MG/ML SOLUTION, 1 MG CHEW TAB	3	
PRENAISSANCE PLUS	3		RENAGEL	3	ST; MO
PRENATAL 27-1 MG TAB	3		REVELA 0.8 GM PACKET, 800 MG TAB	4	QL (540 per 30 days); MO; S
PRENATAL PLUS	3		REVELA 2.4 GM PACKET	4	QL (180 per 30 days); MO; S
PRENATAL PLUS VITAMIN/MINERAL	3		<i>ringers</i>	1	
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	1		<i>ringers irrigation</i>	1	
<i>prenatal vit w/ iron carbonyl-folic acid</i>	1		SAMSCA 15 MG TAB	4	PA; QL (30 per 30 days); S
PRENATAL VITAMIN PLUS LOW IRON	3		SAMSCA 30 MG TAB	4	PA; QL (60 per 30 days); S
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	1		SE-NATAL 19	3	
PRENATE	3		SELECT-OB	3	
PRENATE AM	3		<i>sevelamer carbonate 0.8 gm packet</i>	3	QL (540 per 30 days); MO
PRENATE DHA	3		<i>sevelamer carbonate 2.4 gm packet</i>	3	QL (180 per 30 days); MO
PRENATE ELITE	3		<i>sevelamer carbonate 800 mg tab</i>	1	QL (540 per 30 days); MO
PRENATE ENHANCE	3		<i>sevelamer hcl 400 mg tab</i>	1	ST; MO
PRENATE ESSENTIAL	3		<i>sevelamer hcl 800 mg tab</i>	3	ST; MO
PRENATE MINI	3		SMOFLIPID	3	B/D PA
PRENATE PIXIE	3		<i>sodium bicarbonate 4.2 % solution, 7.5 % solution, 8.4 % solution</i>	1	
PRENATE RESTORE	3		<i>sodium chloride (pf)</i>	1	
PRENATVITE COMPLETE	3		<i>sodium chloride 0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 % solution</i>	1	
PRENATVITE PLUS	3				
PREPLUS	3				
PRETAB	3				
PRIMACARE	3				
PROCALAMINE	2	B/D PA			
PROSOL	2	B/D PA			

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Drug Name	Drug Tier	Requirements /Limits
sodium chloride 0.9 % solution irrigation	1	
sodium chloride 0.9 % solution iv	1	
sodium chloride irrigation soln 0.9%	1	
sodium fluoride 0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab	1	MO
sodium fluoride 1.1 (0.5 f) mg/ml solution	3	MO
sodium polystyrene sulfonate	1	
sps	1	
SYPRINE	4	S
TARON-C DHA	3	
TARON-PREX	3	
THRIVITE RX	3	
tis-u-sol	1	
tolvaptan 15 mg tab	4	PA; QL (30 per 30 days); S
tolvaptan 30 mg tab	4	PA; QL (60 per 30 days); S
TPN ELECTROLYTES	3	
TRAVASOL	2	B/D PA
TRI-VI-FLOR	3	
tri-vite/fluoride	3	
TRICARE	3	
TRICARE PRENATAL DHA ONE	3	
trientine hcl	4	S
TRINATAL RX 1	3	
TRISTART DHA	3	
TRISTART FREE	3	
TRISTART ONE	3	
TROPHAMINE	2	B/D PA
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	

Drug Name	Drug Tier	Requirements /Limits
VELPHORO	4	QL (180 per 30 days); MO; S
VELTASSA	4	S
VIRT-C DHA	3	
VIRT-NATE DHA	3	
VIRT-PN PLUS	3	
VITAFOL GUMMIES	3	
VITAFOL STRIPS	3	
VITAFOL ULTRA	3	
VITAFOL-NANO	3	
VITAFOL-OB	3	
VITAFOL-ONE	3	
VP-PNV-DHA	3	
WESCAP-C DHA	3	
WESNATE DHA	3	
WESTAB PLUS	3	
WESTGEL DHA	3	
Gastrointestinal Agents		
ACIPHEX	3	QL (30 per 30 days); MO
alosetron hcl 0.5 mg tab	3	PA; QL (60 per 30 days); MO
alosetron hcl 1 mg tab	4	PA; QL (60 per 30 days); MO; S
AMITIZA	3	QL (60 per 30 days); MO
amoxicill-clarithro-lansopraz	3	
ANASPAZ	3	MO
atropine sulfate 0.25 mg/5ml soln prsyr, 0.4 mg/ml solution, 0.5 mg/5ml soln prsyr, 1 mg/10ml soln prsyr	1	
atropine sulfate 1 mg/ml solution	3	
BENTYL	3	
CARAFATE 1 GM TAB, 1 GM/10ML SUSPENSION	3	MO
CHENODAL	4	PA; S

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Drug Name	Drug Tier	Requirements /Limits
<i>chlordiazepoxide-clidinium</i>	3	PA
<i>cimetidine 200 mg tab</i>	1	
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg tab</i>	1	MO
<i>cimetidine hcl</i>	1	MO
CLENPIQ	3	
<i>constulose</i>	1	MO
CUVPOSA	3	MO
DARTISLA ODT	3	
DEXILANT	3	ST; QL (30 per 30 days); MO
<i>dexlansoprazole</i>	3	ST; QL (30 per 30 days); MO
<i>dicyclomine hcl 10 mg cap</i>	1	
<i>dicyclomine hcl 10 mg/5ml solution, 20 mg tab</i>	1	
<i>dicyclomine hcl 10 mg/ml solution</i>	4	S
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	
<i>diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	1	
<i>ed-spaz</i>	3	MO
<i>enulose</i>	1	MO
<i>esomeprazole magnesium 10 mg packet, 20 mg packet, 40 mg packet</i>	3	ST; QL (30 per 30 days); MO
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	1	ST; QL (30 per 30 days); MO
<i>esomeprazole sodium</i>	1	
<i>famotidine (pf)</i>	1	
<i>famotidine 20 mg tab, 40 mg tab</i>	1	MO
<i>famotidine 40 mg/4ml solution, 200 mg/20ml solution</i>	1	
<i>famotidine 40 mg/5ml recon susp</i>	1	MO
<i>famotidine premixed</i>	1	
GATTEX	4	PA; LA; S

Drug Name	Drug Tier	Requirements /Limits
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
<i>generlac</i>	1	MO
GLYCATE	3	
GLYCOPYRROLATE (PF)	3	
<i>glycopyrrolate 0.2 mg/ml solution, 0.4 mg/2ml solution, 1 mg tab, 2 mg tab, 4 mg/20ml solution</i>	1	
<i>glycopyrrolate 1 mg/5ml solution</i>	1	MO
GLYCOPYRROLATE 1.5 MG TAB	3	
GLYCOPYRROLATE PF	3	
GOLYTELY	3	
HELIDAC THERAPY	4	S
<i>hyoscyamine sulfate 0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp</i>	1	MO
<i>hyoscyamine sulfate 0.125 mg/5ml elixir</i>	3	MO
IBSRELA	4	QL (60 per 30 days); MO; S
KRISTALOSE	3	MO
LACTULOSE 10 GM PACKET	4	MO; S
<i>lactulose 10 gm/15ml solution, 20 gm/30ml solution</i>	1	MO
<i>lactulose encephalopathy</i>	1	MO
<i>lansoprazole 15 mg cap dr</i>	1	MO
<i>lansoprazole 15 mg tab dr disp</i>	3	MO
<i>lansoprazole 30 mg cap dr</i>	1	QL (30 per 30 days); MO
<i>lansoprazole 30 mg tab dr disp</i>	3	QL (30 per 30 days); MO
LEVSIN 0.125 MG TAB	3	MO
LEVSIN/SL	3	MO
LIBRAX	4	PA; S

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Drug Name	Drug Tier	Requirements /Limits
LINZESS	2	QL (30 per 30 days); MO
LOMOTIL	3	
<i>loperamide hcl 2 mg cap</i>	1	
<i>loperamide hcl 2 mg cap</i>	1	
LOTRONEX	4	PA; QL (60 per 30 days); MO; S
<i>lubiprostone</i>	1	QL (60 per 30 days); MO
<i>methscopolamine bromide 2.5 mg tab, 5 mg tab</i>	1	
MOTEGRITY	3	QL (30 per 30 days); MO
MOTOFEN	3	
MOVANTIK	2	QL (30 per 30 days)
MOVIPREP	3	
MYALEPT	4	PA; LA; S
MYTESI	4	S
<i>na sulfate-k sulfate-mg sulf</i>	2	
NEXIUM	3	ST; QL (30 per 30 days); MO
NEXIUM I.V.	3	
<i>nizatidine 15 mg/ml solution</i>	3	MO
<i>nizatidine 150 mg cap, 300 mg cap</i>	1	MO
<i>nulev</i>	3	MO
NULYTELY LEMON-LIME	3	
NULYTELY WITH FLAVOR PACKS	3	
OICALIVA	4	PA; LA; QL (30 per 30 days); S
OMECLAMOX-PAK	3	
<i>omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr</i>	1	MO
<i>omeprazole-sodium bicarbonate</i>	4	QL (30 per 30 days); MO; S
<i>opium</i>	1	
<i>oscimin</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
OSMOPREP	3	
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	MO
<i>pantoprazole sodium 40 mg packet</i>	1	MO
<i>pantoprazole sodium 40 mg recon soln</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolyte-s/ascorbat</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
PEPCID	3	MO
PLENVU	3	
PREVACID 15 MG CAP DR	3	MO
PREVACID 30 MG CAP DR	3	QL (30 per 30 days); MO
PREVACID SOLUTAB 15 MG TAB DR DISP	4	MO; S
PREVACID SOLUTAB 30 MG TAB DR DISP	3	QL (30 per 30 days); MO
PRILOSEC	3	MO
<i>propantheline bromide 15 mg tab</i>	1	PA
PROTONIX 20 MG TAB DR	4	MO; S
PROTONIX 40 MG PACKET, 40 MG TAB DR	3	MO
PROTONIX 40 MG RECON SOLN	3	
PYLERA	4	S
<i>rabeprazole sodium 20 mg tab dr</i>	1	QL (30 per 30 days); MO
RELISTOR 12 MG/0.6ML SOLUTION	4	PA; QL (18 per 30 days); S
RELISTOR 150 MG TAB	4	PA; QL (90 per 30 days); S
RELISTOR 8 MG/0.4ML SOLUTION	4	PA; QL (12 per 30 days); S
RELSTONE	4	MO; S
ROBINUL	3	

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Drug Name	Drug Tier	Requirements /Limits
ROBINUL-FORTE	4	S
SUCRALFATE 1 GM TAB, 1 GM/10ML SUSPENSION	1	MO
SUPREP BOWEL PREP KIT	2	
SUTAB	3	
SYMPROIC	3	ST
TALICIA	3	
TRULANCE	3	QL (30 per 30 days); MO
URSO 250	3	MO
URSO FORTE	3	MO
URSODIOL 200 MG CAP, 400 MG CAP	4	MO; S
<i>ursodiol 250 mg tab, 300 mg cap, 500 mg tab</i>	1	MO
VIBERZI	4	PA; MO; S
VOQUEZNA DUAL PAK	3	
VOQUEZNA TRIPLE PAK	3	
XERMELO	4	PA; LA; QL (90 per 30 days); S
ZEGERID 20-1100 MG CAP	3	QL (30 per 30 days); MO
ZEGERID 20-1680 MG PACKET, 40-1100 MG CAP, 40-1680 MG PACKET	4	QL (30 per 30 days); MO; S
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP	4	PA; LA; S
<i>betaine</i>	4	LA; S
BUPHENYL 3 GM/TSP POWDER	3	PA; LA
BUPHENYL 500 MG TAB	4	PA; LA; S
BYLVAY (PELLETS) 200 MCG CAP SPRINK	4	PA; QL (900 per 30 days); S
BYLVAY (PELLETS) 600 MCG CAP SPRINK	4	PA; QL (300 per 30 days); S
BYLVAY 1200 MCG CAP	4	PA; QL (150 per 30 days); S
BYLVAY 400 MCG CAP	4	PA; QL (450 per 30 days); S

Drug Name	Drug Tier	Requirements /Limits
CERDELGA	4	PA; S
CHOLBAM	4	PA; QL (120 per 30 days); S
CREON	2	MO
<i>cromolyn sodium 100 mg/5ml conc</i>	1	MO
CYSTADANE	4	LA; S
CYSTADROPS	4	LA; S
CYSTAGON	2	LA
CYSTARAN	4	LA; S
ENDARI	4	LA; S
FABRAZYME	4	PA; LA; S
GALAFOLD	4	PA; LA; S
GASTROCROM	4	MO; S
GIVLAARI	4	PA; S
GLASSIA	4	PA; LA; S
<i>javygtor 100 mg packet</i>	4	PA; S
KEVEYIS	4	PA; QL (120 per 30 days); S
KUVAN	4	PA; LA; S
LIVMARLI	4	PA; LA; S
LUMIZYME	4	PA; LA; S
<i>miglustat</i>	4	PA; LA; S
NAGLAZYME	4	PA; LA; S
<i>nitisinone</i>	4	PA; MO; S
NITYR	4	PA; LA; S
ORFADIN 2 MG CAP, 4 MG/ML SUSPENSION, 5 MG CAP, 10 MG CAP, 20 MG CAP	4	PA; LA; S
OXLUMO	3	PA
PALYNZIQ	4	PA; LA; S
PANCREAZE	3	ST; MO
PERTZYE 16000 CP DR PART, 24000-86250 CP DR PART	4	ST; MO; S
PERTZYE 4000 CP DR PART, 8000 CP DR PART	3	ST; MO
PROCYSBI 25 MG CAP DR	3	LA

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Drug Name	Drug Tier	Requirements /Limits
PROCYSBI 75 MG CAP DR, 75 MG PACKET, 300 MG PACKET	4	LA; S
PROLASTIN-C	4	PA; LA; S
RAVICTI	4	PA; LA; QL (525 per 30 days); S
<i>sapropterin dihydrochloride</i>	4	PA; S
<i>sodium phenylbutyrate 3 gm/tsp powder, 500 mg tab</i>	4	PA; S
STRENSIQ	4	PA; LA; S
SUCRAID	4	LA; S
TEGSEDI	4	PA; LA; QL (6 per 28 days); S
VIJOICE	4	PA; LA; QL (30 per 30 days); S
VIMIZIM	4	PA; S
VIOKACE 10440-39150 UNIT TAB	3	MO
VIOKACE 20880 UNIT TAB	4	MO; S
VOXZOGO	4	PA; S
VPRIV	4	PA; S
VYNDAQEL	4	PA; QL (120 per 30 days); S
XURIDEN	4	PA; QL (120 per 30 days); S
ZAVESCA	4	PA; LA; S
ZEMAIRA	4	PA; LA; S
ZENPEP 25000-79000 CP DR PART, 40000-126000 CP DR PART	4	MO; S
ZENPEP 3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART	2	MO
ZOKINVY	4	PA; QL (120 per 30 days); S
Genitourinary Agents		
<i>alfuzosin hcl er</i>	1	MO
AVODART	3	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i>	1	
CARDURA XL	3	MO
CIALIS 2.5 MG TAB, 5 MG TAB	3	PA; QL (30 per 30 days); MO
CUPRIMINE	4	S
<i>darifenacin hydrobromide er</i>	1	QL (30 per 30 days); MO
DEPEN TITRATABS	4	S
DETROL	3	ST; QL (60 per 30 days); MO
DETROL LA	3	ST; QL (30 per 30 days); MO
DITROPAN XL 10 MG TAB ER 24H	3	ST; QL (60 per 30 days); MO
DITROPAN XL 5 MG TAB ER 24H	3	ST; QL (30 per 30 days); MO
<i>dutasteride 0.5 mg cap</i>	1	QL (30 per 30 days); MO
<i>dutasteride-tamsulosin hcl</i>	1	QL (30 per 30 days); MO
ELMIRON	3	
ENTADFI	3	QL (30 per 30 days)
<i>fesoterodine fumarate er</i>	2	QL (30 per 30 days); MO
<i>finasteride 5 mg tab</i>	1	MO
<i>flavoxate hcl</i>	1	MO
FLOMAX	3	MO
GELNIQUE	2	ST; QL (30 per 30 days); MO
GEMTESA	3	ST; MO
JALYN	3	QL (30 per 30 days); MO
LITHOSTAT	4	MO; S
MYRBETRIQ 25 MG TAB ER 24H, 50 MG TAB ER 24H	3	QL (30 per 30 days); MO
MYRBETRIQ 8 MG/ML SRER	3	QL (300 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
ORACIT	3	
oxybutynin chloride 5 mg tab	1	QL (120 per 30 days); MO
oxybutynin chloride 5 mg/5ml syrup	1	QL (600 per 30 days); MO
oxybutynin chloride er 10 mg tab er 24h, 15 mg tab er 24h	1	QL (60 per 30 days); MO
oxybutynin chloride er 5 mg tab er 24h	1	QL (30 per 30 days); MO
OXYTROL	3	ST; QL (8 per 28 days); MO
penicillamine 250 mg cap, 250 mg tab	4	S
PHEXXI	3	
pot & sod cit-cit ac	3	
potassium citrate-citric acid	3	
PROSCAR	3	MO
RAPAFLO	3	MO
RENACIDIN	3	
RIMSO-50	4	S
silodosin	1	MO
sod citrate-citric acid	3	
solifenacin succinate	1	QL (30 per 30 days); MO
tadalafil 2.5 mg tab, 5 mg tab	1	PA; QL (30 per 30 days); MO
tamsulosin hcl	1	MO
THIOLA	4	PA; S
THIOLA EC	4	PA; S
tiopronin 100 mg tab	4	PA; S
tolterodine tartrate	1	QL (60 per 30 days); MO
tolterodine tartrate er	1	QL (30 per 30 days); MO
TOVIAZ	2	QL (30 per 30 days); MO
tricitrates	3	
tropium chloride	1	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
tropium chloride er	1	QL (30 per 30 days); MO
UROXATRAL	3	MO
VESICARE	3	ST; QL (30 per 30 days); MO
VESICARE LS	3	ST; QL (300 per 30 days); MO
ZEMDRI	4	S
Hormonal Agents, Stimulant/Replacement-Modifying (Adrenal)		
ACTHAR	4	PA; LA; S
alclometasone dipropionate 0.05 % cream	1	
betamethasone dipropionate 0.05 % ointment	1	
betamethasone dipropionate aug 0.05 % cream, 0.05 % lotion	1	
clobetasol prop emollient base	1	QL (120 per 30 days)
clobetasol propionate e	1	QL (120 per 30 days)
clocortolone pivalate	1	
CLODERM	3	
CORTROPHIN	4	PA; S
desonide 0.05 % lotion	1	
DEXABLISS	3	
dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab	1	
dexamethasone 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 1.5 mg (21) tab thpk, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, 2 mg tab, 4 mg tab, 6 mg tab	1	
DEXAMETHASONE INTENSOL	2	
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML SOLN PRSYR	3	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
dexamethasone sod phosphate pf 10 mg/ml solution	1		methylprednisolone sodium succ 40 mg recon soln, 125 mg recon soln, 1000 mg recon soln	1	
dexamethasone sodium phosphate 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution	1		methylprednisolone sodium succ 500 mg recon soln	3	
DXEVO 11-DAY	3		MILLIPRED	2	
EMFLAZA 6 MG TAB, 18 MG TAB, 22.75 MG/ML SUSPENSION, 30 MG TAB, 36 MG TAB	4	PA; S	mometasone furoate 0.1 % cream, 0.1 % ointment	1	
fludrocortisone acetate 0.1 mg tab	1	MO	ORAPRED ODT	3	
HEMADY	3		PEDIAPRED	3	
hidex 6-day	1		prednicarbate 0.1 % ointment	1	
hydrocortisone butyrate 0.1 % ointment	1		prednisolone 15 mg/5ml solution	1	
hydrocortisone valerate 0.2 % ointment	1		prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp	1	
ISTURISA 1 MG TAB, 5 MG TAB	4	PA; LA; QL (120 per 30 days); S	prednisone 1 mg tab, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (48) tab thpk	1	
ISTURISA 10 MG TAB	4	PA; LA; QL (180 per 30 days); S	prednisone 2.5 mg tab, 5 mg (21) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab	1	
KENALOG 10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION	3		PREDNISONE INTENSOL	2	
KENALOG-80	3		RECORLEV	4	PA; QL (240 per 30 days); S
KORLYM	4	PA; LA; S	SERNIVO	3	
MEDROL 2 MG TAB	2		SOLU-CORTEF	3	
MEDROL 4 MG TAB, 4 MG TAB THPK, 8 MG TAB, 16 MG TAB, 32 MG TAB	3		SOLU-MEDROL	3	
methylprednisolone 4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab	1		taperdex 12-day	3	
methylprednisolone acetate 40 mg/ml suspension, 80 mg/ml suspension	1		taperdex 6-day	1	
			taperdex 7-day	3	
			triamcinolone acetonide 40 mg/ml suspension	1	
			VERDESO	4	S

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Drug Name	Drug Tier	Requirements /Limits
ZCORT 7-DAY	3	
Hormonal Agents, Stimulant/Replacement-Modifying (Pituitary)		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	3	PA
DDAVP 0.1 MG TAB, 0.2 MG TAB	3	MO
DDAVP 4 MCG/ML SOLUTION	3	
DDAVP PF	3	
<i>desmopressin ace spray refrig</i>	1	MO
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	MO
<i>desmopressin acetate 4 mcg/ml solution</i>	1	
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	MO
EGRIFTA SV	4	PA; LA; S
GENOTROPIN	4	PA; S
GENOTROPIN MINIQUEL	4	PA; S
HUMATROPE 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE	4	PA; S
INCRELEX	4	PA; LA; S
MYFEMBREE	4	S
NOCURNA	3	MO
NORDITROPIN FLEXPRO	4	PA; S
NOVAREL	3	PA
NUTROPIN AQ NUSPIN 10	4	PA; LA; S
NUTROPIN AQ NUSPIN 20	4	PA; LA; S
NUTROPIN AQ NUSPIN 5	4	PA; LA; S
OMNITROPE 5 MG/1.5ML SOLN CART, 10 MG/1.5ML SOLN CART	4	PA; LA; S
OMNITROPE 5.8 MG RECON SOLN	3	PA; LA
ORIAHNN	4	S
PREGNYL	3	PA

Drug Name	Drug Tier	Requirements /Limits
SAIZEN	4	PA; LA; S
SAIZENPREP	4	PA; LA; S
SEROSTIM	4	PA; LA; S
SKYTROFA	4	PA; S
STIMATE	3	
<i>vasopressin 20 unit/ml solution</i>	3	
VASOSTRICT	3	
ZOMACTON 10 MG RECON SOLN	4	PA; S
ZOMACTON 5 MG RECON SOLN	3	PA
ZORBTIVE	4	PA; S
Hormonal Agents, Stimulant/Replacement-Modifying (Prostaglandins)		
CYTOTEC	3	MO
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	MO
Hormonal Agents, Stimulant/Replacement-Modifying (Sex Hormones/Modifiers)		
ACTIVELLA	3	PA; MO
<i>afirmelle</i>	1	MO
ALORA 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW	3	PA; QL (8 per 28 days); MO
<i>altavera</i>	1	MO
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	MO
<i>amabelz</i>	1	PA; MO
<i>amethia</i>	1	MO
<i>amethyst</i>	1	MO
ANDRODERM	3	PA; QL (30 per 30 days); MO
ANDROGEL 20.25 MG/1.25GM (1.62%) GEL	3	PA; QL (112.5 per 30 days); MO
ANDROGEL 25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL	3	PA; QL (300 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits
ANDROGEL 40.5 MG/2.5GM (1.62%) GEL	3	PA; QL (150 per 30 days); MO
ANDROGEL PUMP	3	PA; QL (150 per 30 days); MO
ANGELIQ	3	PA; MO
ANNOVERA	3	MO
<i>apri</i>	1	MO
<i>aranelle</i>	1	MO
<i>ashlyn</i>	1	MO
<i>aubra</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aurovela 1.5/30</i>	1	MO
<i>aurovela 1/20</i>	1	MO
<i>aurovela 24 fe</i>	1	MO
<i>aurovela fe 1.5/30</i>	1	MO
<i>aurovela fe 1/20</i>	1	MO
AVEED	3	PA; LA
<i>aviane</i>	1	MO
AYGESTIN	3	MO
<i>ayuna</i>	1	MO
<i>azurette</i>	1	MO
BALCOLTRA	3	MO
<i>balziva</i>	1	MO
BEYAZ	3	MO
BIJUVA	2	PA; MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	MO
<i>blisovi fe 1/20</i>	1	MO
<i>briellyn</i>	1	MO
<i>camila</i>	1	MO
<i>camrese</i>	1	MO
<i>camrese lo</i>	1	MO
<i>caziant</i>	1	MO
<i>charlotte 24 fe</i>	1	MO
<i>chateal</i>	1	MO
<i>chateal eq</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
CLIMARA	3	PA; QL (4 per 28 days); MO
CLIMARA PRO	2	PA; QL (4 per 28 days); MO
COMBIPATCH	2	PA; QL (8 per 28 days); MO
CRINONE	3	PA
<i>cryselle-28</i>	1	MO
<i>cyclafem 1/35</i>	1	MO
<i>cyclafem 7/7/7</i>	1	MO
<i>cyred</i>	1	MO
<i>cyred eq</i>	1	MO
<i>danazol 50 mg cap, 100 mg cap, 200 mg cap</i>	1	
<i>dasetta 1/35</i>	1	MO
<i>dasetta 7/7/7</i>	1	MO
<i>daysee</i>	1	MO
<i>deblitane</i>	1	MO
DELESTROGEN	3	
<i>delyla</i>	1	MO
DEPO-ESTRADIOL	2	
DEPO-PROVERA 150 MG/ML SUSP PRSYR, 150 MG/ML SUSPENSION	3	
DEPO-SUBQ PROVERA 104	2	
DEPO-TESTOSTERONE	3	PA; MO
<i>desogestrel-ethinyl estradiol</i>	1	MO
DIVIGEL 0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL	2	PA; MO
<i>dolishale</i>	1	MO
<i>dotti</i>	1	PA; QL (8 per 28 days); MO
<i>drospiren-eth estrad-levomefol</i>	1	MO
<i>drospirenone-ethinyl estradiol</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.

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Drug Name	Drug Tier	Requirements /Limits
DUAVEE	3	PA; QL (30 per 30 days); MO
ELESTRIN	3	PA; MO
<i>elinest</i>	1	MO
ELLA	2	
<i>eluryng</i>	1	MO
<i>emoquette</i>	1	MO
<i>enpresse-28</i>	1	MO
<i>enskyce</i>	1	MO
<i>errin</i>	1	MO
<i>estarylla</i>	1	MO
ESTRACE 0.1 MG/GM CREAM, 0.5 MG TAB, 1 MG TAB, 2 MG TAB	3	MO
<i>estradiol 0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw</i>	1	PA; QL (8 per 28 days); MO
<i>estradiol 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk</i>	1	PA; QL (4 per 28 days); MO
<i>estradiol 0.1 mg/gm cream, 10 mcg tab</i>	1	MO
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	MO
<i>estradiol valerate 20 mg/ml oil, 40 mg/ml oil</i>	1	
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING	3	QL (1 per 90 days); MO
ESTROGEL	3	PA; MO
<i>ethynodiol diac-eth estradiol</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	MO
EVAMIST	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
EVISTA	3	QL (30 per 30 days); MO
<i>falmina</i>	1	MO
<i>fayosim</i>	1	MO
FEMRING	3	QL (1 per 90 days); MO
<i>femynor</i>	1	MO
FORTESTA	3	PA; QL (120 per 30 days); MO
<i>fyavolv</i>	1	PA; MO
<i>gemmily</i>	3	MO
GENERESS FE	3	MO
<i>gianvi</i>	1	MO
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	MO
<i>hailey fe 1.5/30</i>	1	MO
<i>hailey fe 1/20</i>	1	MO
<i>heather</i>	1	MO
<i>iclevia</i>	1	MO
IMVEXXY MAINTENANCE PACK	2	QL (18 per 28 days); MO
IMVEXXY STARTER PACK	2	QL (18 per 180 over time); MO
<i>incassia</i>	1	MO
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>jaimiess</i>	1	MO
<i>jasmiel</i>	1	MO
JATENZO 158 MG CAP, 198 MG CAP	3	MO
JATENZO 237 MG CAP	4	MO; S
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	PA; MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO
<i>junel 1.5/30</i>	1	MO
<i>junel 1/20</i>	1	MO
<i>junel fe 1.5/30</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	MO
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	MO
<i>kariva</i>	1	MO
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	MO
KYLEENA	2	
<i>larin 1.5/30</i>	1	MO
<i>larin 1/20</i>	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30</i>	1	MO
<i>larin fe 1/20</i>	1	MO
<i>larissia</i>	1	MO
<i>layolis fe</i>	1	MO
<i>leena</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest</i>	1	MO
<i>levonorg-eth estrad triphasic</i>	1	MO
<i>levonorgest-eth est & eth est</i>	1	MO
<i>levonorgest-eth estrad 91-day</i>	1	MO
<i>levonorgestrel-ethinyl estrad 0.1-20 tab, 0.15-30 tab</i>	1	MO
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	MO
<i>levora 0.15/30 (28)</i>	1	MO
LILETTA (52 MG)	4	S
<i>lillow</i>	1	MO
LO LOESTRIN FE	2	MO
<i>lo-zumandimine</i>	1	MO
<i>loestrin 1.5/30 (21)</i>	1	MO
<i>loestrin 1/20 (21)</i>	1	MO
<i>loestrin fe 1.5/30</i>	1	MO
<i>loestrin fe 1/20</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lojaimiess</i>	1	MO
<i>lopreeza</i>	1	PA; MO
<i>loryna</i>	1	MO
LOSEASONIQUE	3	MO
<i>low-ogestrel</i>	1	MO
<i>luteru</i>	1	MO
<i>lyleq</i>	1	MO
<i>lyllana</i>	3	PA; QL (8 per 28 days); MO
<i>lyza</i>	1	MO
MAKENA 275 MG/1.1ML SOLN A-INJ	4	QL (4.4 per 28 days); S
<i>marlissa</i>	1	MO
<i>medroxyprogesterone acetate 150 mg/ml susp prsyr, 150 mg/ml suspension</i>	1	
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	MO
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	1	PA
<i>megestrol acetate 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension</i>	1	PA
<i>megestrol acetate 625 mg/5ml suspension</i>	3	PA; MO
<i>melodetta 24 fe</i>	1	MO
MENEST	3	PA; MO
MENOSTAR	3	PA; QL (4 per 28 days); MO
<i>merzee</i>	3	MO
METHITEST	4	MO; S
<i>methyltestosterone 10 mg cap</i>	4	MO; S
<i>microgestin 1.5/30</i>	1	MO
<i>microgestin 1/20</i>	1	MO
<i>microgestin 24 fe</i>	1	MO
<i>microgestin fe 1.5/30</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>microgestin fe 1/20</i>	1	MO
<i>mili</i>	1	MO
<i>mimvey</i>	1	PA; MO
MINASTRIN 24 FE	3	MO
MINIVELLE	3	PA; QL (8 per 28 days); MO
MIRCETTE	3	MO
MIRENA (52 MG)	2	
<i>mono-linyah</i>	1	MO
NATAZIA	3	MO
NATESTO	3	QL (21.96 per 30 days); MO
<i>necon 0.5/35 (28)</i>	1	MO
NEXPLANON	3	
NEXTSTELLIS	3	MO
<i>nikki</i>	1	MO
<i>nora-be</i>	1	MO
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab</i>	1	MO
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap</i>	3	MO
<i>norethin-eth estradiol-fe</i>	1	MO
<i>norethindrone 0.35 mg tab</i>	1	MO
<i>norethindrone acet-ethinyl est</i>	1	MO
<i>norethindrone acetate 5 mg tab</i>	1	MO
<i>norethindrone-eth estradiol</i>	1	PA; MO
<i>norgestim-eth estrad triphasic</i>	1	MO
<i>norgestimate-eth estradiol</i>	1	MO
<i>norlyda</i>	1	MO
<i>norlyroc</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nortrel 7/7/7</i>	1	MO
NUVARING	3	MO
<i>nylia 1/35</i>	1	MO
<i>nylia 7/7/7</i>	1	MO
<i>nymyo</i>	1	MO
<i>ocella</i>	1	MO
<i>orsythia</i>	1	MO
OSPHENA	2	MO
<i>oxandrolone 10 mg tab</i>	1	PA; QL (60 per 30 days)
<i>oxandrolone 2.5 mg tab</i>	1	PA; QL (240 per 30 days)
<i>philith</i>	1	MO
<i>pimtrea</i>	1	MO
<i>pirmella 1/35</i>	1	MO
<i>pirmella 7/7/7</i>	1	MO
<i>portia-28</i>	1	MO
PREFEST	3	PA; MO
PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	2	PA; MO
PREMARIN 0.625 MG/GM CREAM	2	MO
PREMARIN 25 MG RECON SOLN	3	
PREMPHASE	2	PA; MO
PREMPRO	2	PA; MO
<i>progesterone 100 mg cap, 200 mg cap</i>	1	MO
<i>progesterone 50 mg/ml oil</i>	3	
PROMETRIUM	3	MO
PROVERA	3	MO
QUARTETTE	3	MO
<i>raloxifene hcl</i>	1	QL (30 per 30 days); MO
<i>reclipsen</i>	1	MO
<i>rivelsa</i>	1	MO
SAFYRAL	3	MO

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Drug Name	Drug Tier	Requirements /Limits
SEASONIQUE	3	MO
setlakin	1	MO
sharobel	1	MO
simliya	1	MO
simpesse	1	MO
SKYLA	2	
SLYND	3	MO
sprintec 28	1	MO
sronyx	1	MO
syeda	1	MO
tarina 24 fe	1	MO
tarina fe 1/20	1	MO
tarina fe 1/20 eq	1	MO
taysofy	3	MO
TAYTULLA	3	MO
TESTIM	3	PA; QL (300 per 30 days); MO
TESTOPEL	3	
testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel	1	PA; QL (150 per 30 days); MO
testosterone 10 mg/act (2%) gel	1	PA; QL (120 per 30 days); MO
testosterone 12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel	1	PA; QL (300 per 30 days); MO
testosterone 20.25 mg/1.25gm (1.62%) gel	1	PA; QL (112.5 per 30 days); MO
testosterone 30 mg/act solution	1	PA; QL (180 per 30 days); MO
testosterone cypionate 100 mg/ml solution, 200 mg/ml solution	1	PA; MO
testosterone enanthate 200 mg/ml solution	1	PA; MO
tilia fe	1	MO
TLANDO	3	MO
tri femynor	1	MO
tri-estarylla	1	MO

Drug Name	Drug Tier	Requirements /Limits
tri-legest fe	1	MO
tri-lynyah	1	MO
tri-lo-estarylla	1	MO
tri-lo-marzia	1	MO
tri-lo-mili	1	MO
tri-lo-sprintec	1	MO
tri-mili	1	MO
tri-nymyo	1	MO
tri-sprintec	1	MO
tri-vylibra	1	MO
tri-vylibra lo	1	MO
trivora (28)	1	MO
TYBLUME	1	MO
tydemy	1	MO
VAGIFEM	3	MO
velivet	1	MO
vestura	1	MO
vienva	1	MO
viorele	1	MO
VIVELLE-DOT	3	PA; QL (8 per 28 days); MO
VOGELXO	3	PA; QL (300 per 30 days); MO
VOGELXO PUMP	3	PA; QL (300 per 30 days); MO
volnea	1	MO
vyfemla	1	MO
vylibra	1	MO
wera	1	MO
wymzya fe	1	MO
xulane	1	MO
XYOSTED	3	PA; MO
YASMIN 28	3	MO
YAZ	3	MO
yuvaferm	1	MO
zafemy	1	MO
zarah	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>zovia 1/35 (28)</i>	1	MO
<i>zovia 1/35e (28)</i>	1	MO
<i>zumandimine</i>	1	MO
Hormonal Agents, Stimulant/Replacement- /Modifying (Thyroid)		
ARMOUR THYROID	2	PA; MO
CYTOMEL	3	MO
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	MO
LEVOTHYROXINE SODIUM 100 MCG RECON SOLN, 500 MCG RECON SOLN	3	
LEVOTHYROXINE SODIUM 100 MCG/5ML SOLUTION, 200 MCG RECON SOLN, 200 MCG/5ML SOLUTION, 500 MCG RECON SOLN, 500 MCG/5ML SOLUTION	4	S
<i>levothyroxine sodium 13 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap, 100 mcg cap, 112 mcg cap, 125 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap</i>	2	MO
<i>levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i>	1	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium 10 mcg/ml solution</i>	4	S
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	1	MO
<i>np thyroid</i>	1	PA; MO
SYNTHROID	2	MO
THYQUIDITY	3	MO
TIROSINT	2	MO
TIROSINT-SOL	2	MO

Drug Name	Drug Tier	Requirements /Limits
TRIOSTAT	3	
<i>unithroid</i>	1	MO
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	4	S
Hormonal Agents, Suppressant (Pituitary)		
BYNFEZIA PEN	4	PA; S
<i>cabergoline</i>	1	
ELIGARD 30 MG KIT, 45 MG KIT	3	PA
ELIGARD 7.5 MG KIT, 22.5 MG KIT	2	PA
FENSOLVI (6 MONTH)	4	PA; S
FIRMAGON	2	PA
FIRMAGON (240 MG DOSE)	4	PA; S
LANREOTIDE ACETATE	4	PA; S
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	PA
LUPANETA PACK 11.25 & 5 MG KIT	4	PA; QL (1 per 84 days); S
LUPANETA PACK 3.75 & 5 MG KIT	4	PA; QL (1 per 28 days); S
LUPRON DEPOT (1-MONTH)	4	PA; QL (1 per 28 days); S
LUPRON DEPOT (3-MONTH)	4	PA; QL (1 per 84 days); S
LUPRON DEPOT (4-MONTH)	4	PA; QL (1 per 112 days); S
LUPRON DEPOT (6-MONTH)	4	PA; QL (1 per 180 days); S
LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT, 15 MG KIT	3	PA; QL (1 per 28 days)
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	4	PA; QL (1 per 28 days); S
LUPRON DEPOT-PED (3-MONTH)	4	PA; QL (1 per 84 days); S
MYCAPSSA	4	PA; LA; QL (112 per 28 days); S
<i>octreotide acetate 1000 mcg/ml solution</i>	3	PA

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate 50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution</i>	1	PA	ARAVA	4	MO; S
<i>octreotide acetate 500 mcg/ml soln prsy, 500 mcg/ml solution</i>	4	PA; S	ARCALYST	4	PA; S
ORGOVYX	4	PA; LA; QL (32 per 30 days); S	ASCENIV	4	PA; S
ORILISSA 150 MG TAB	4	PA; QL (30 per 30 days); S	ASTAGRAF XL	3	B/D PA
ORILISSA 200 MG TAB	4	PA; QL (60 per 30 days); S	AVSOLA	4	PA; S
SANDOSTATIN 100 MCG/ML SOLUTION, 500 MCG/ML SOLUTION	4	PA; S	<i>azasan</i>	3	B/D PA
SANDOSTATIN 50 MCG/ML SOLUTION	3	PA	<i>azathioprine 50 mg tab</i>	1	B/D PA
SANDOSTATIN LAR DEPOT	4	PA; S	<i>azathioprine 75 mg tab, 100 mg tab</i>	3	B/D PA
SIGNIFOR	4	PA; LA; S	BCG VACCINE	2	
SIGNIFOR LAR	4	PA; LA; QL (1 per 28 days); S	BENLYSTA 120 MG RECON SOLN, 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR, 400 MG RECON SOLN	4	PA; S
SOMATULINE DEPOT	4	PA; S	BERINERT	4	PA; LA; S
SOMAVERT	4	PA; LA; S	BEXSERO	2	
SYNAREL	4	PA; S	BIVIGAM	4	PA; S
TRELSTAR MIXJECT	4	PA; S	BOOSTRIX	2	
TRIPTODUR	4	PA; S	CELLCEPT 200 MG/ML RECON SUSP, 250 MG CAP, 500 MG TAB	4	B/D PA; S
Hormonal Agents, Suppressant (Thyroid)			CIMZIA	4	PA; QL (6 per 28 days); S
<i>methimazole 5 mg tab, 10 mg tab</i>	1	MO	CIMZIA PREFILLED	4	PA; QL (6 per 28 days); S
<i>propylthiouracil 50 mg tab</i>	1	MO	CIMZIA STARTER KIT	4	PA; QL (6 per 365 over time); S
Immunological Agents			CINRYZE	4	PA; LA; S
ACTEMRA	4	PA; S	COSENTYX (300 MG DOSE)	4	PA; LA; QL (8 per 28 days); S
ACTEMRA ACTPEN	4	PA; S	COSENTYX 150 MG/ML SOLN PRSYR	4	PA; LA; QL (8 per 28 days); S
ACTHIB	2		COSENTYX 75 MG/0.5ML SOLN PRSYR	4	PA; QL (2 per 28 days); S
ACTIMMUNE	4	PA; LA; S	COSENTYX SENSOREADY (300 MG)	4	PA; LA; QL (8 per 28 days); S
ADACEL	2		COSENTYX SENSOREADY PEN	4	PA; LA; QL (8 per 28 days); S
ADBRY	4	PA; S	CUTAQUIG	4	PA; S

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Drug Name	Drug Tier	Requirements /Limits
CUVITRU	4	PA; LA; S
cyclosporine 25 mg cap, 50 mg/ml solution, 100 mg cap	1	B/D PA
cyclosporine modified 25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution	1	B/D PA
CYTOGAM	4	S
DAPTACEL	2	
DIPHThERIA-TETANUS TOXOIDS DT	2	
DUPIXENT 100 MG/0.67ML SOLN PRSYR	4	PA; QL (1.34 per 28 days); S
DUPIXENT 200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR	4	PA; QL (4.56 per 28 days); S
DUPIXENT 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR	4	PA; QL (8 per 28 days); S
ENBREL 25 MG RECON SOLN, 50 MG/ML SOLN PRSYR	4	PA; QL (8 per 28 days); S
ENBREL 25 MG/0.5ML SOLN PRSYR	4	PA; QL (4.08 per 28 days); S
ENBREL 25 MG/0.5ML SOLUTION	4	PA; QL (4 per 28 days); S
ENBREL MINI	4	PA; QL (8 per 28 days); S
ENBREL SURECLICK	4	PA; QL (8 per 28 days); S
ENGERIX-B 10 MCG/0.5ML SUSPENSION, 20 MCG/ML SUSPENSION	2	B/D PA
ENSPRYNG	4	PA; QL (3 per 28 days); S
ENTYVIO	4	PA; QL (4 per 56 days); S
ENVARUSUS XR 0.75 MG TAB ER 24H, 1 MG TAB ER 24H	3	B/D PA
ENVARUSUS XR 4 MG TAB ER 24H	4	B/D PA; S
everolimus 0.25 mg tab	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
everolimus 0.5 mg tab, 0.75 mg tab	4	B/D PA; S
everolimus 1 mg tab	4	B/D PA; S
FIRAZYR	4	PA; S
FLEBOGAMMA DIF	4	PA; S
GAMASTAN	3	PA
GAMMAGARD	4	PA; S
GAMMAGARD S/D LESS IGA	4	PA; S
GAMMAKED	4	PA; S
GAMMAPLEX	4	PA; S
GAMUNEX-C	4	PA; S
GARDASIL 9	2	
gengraf 25 mg cap, 100 mg cap, 100 mg/ml solution	1	B/D PA
HAEGARDA	4	PA; LA; S
HAVRIX	2	
HEPAGAM B	3	
HIBERIX	2	
HIZENTRA 1 GM/5ML SOLN PRSYR, 2 GM/10ML SOLN PRSYR, 4 GM/20ML SOLN PRSYR	4	PA; S
HIZENTRA 1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION	4	PA; LA; S
HUMIRA 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT	4	PA; QL (2 per 28 days); S
HUMIRA 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	4	PA; QL (4 per 28 days); S
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	4	PA; QL (4 per 365 over time); S
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	4	PA; QL (6 per 365 over time); S

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEN 40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT	4	PA; QL (4 per 28 days); S
HUMIRA PEN 80 MG/0.8ML PEN KIT	4	PA; QL (2 per 28 days); S
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	4	PA; QL (12 per 365 over time); S
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	4	PA; QL (6 per 365 over time); S
HUMIRA PEN-PEDIATRIC UC START	4	PA; QL (8 per 365 over time); S
HUMIRA PEN-PS/UV/ADOL HS START	4	PA; QL (8 per 365 over time); S
HUMIRA PEN-PSOR/UEIT STARTER	4	PA; QL (6 per 365 over time); S
HYPERHEP B	4	S
HYPERRAB	4	S
HYPERRAB S/D	2	
HYPERTET	3	
HYQVIA	4	PA; S
icatibant acetate	4	PA; S
ILARIS	4	PA; LA; S
ILUMYA	4	PA; QL (1 per 84 days); S
IMOGAM RABIES-HT	2	
IMOVAX RABIES	2	
IMURAN	3	B/D PA
INFANRIX	2	
INFLECTRA	4	PA; LA; S
INFLIXIMAB	4	PA; S
INTRON A 10000000 UNIT RECON SOLN	2	B/D PA
INTRON A 18000000 UNIT RECON SOLN	3	B/D PA
INTRON A 6000000 UNIT/ML SOLUTION, 10000000 UNIT/ML SOLUTION, 50000000 UNIT RECON SOLN	4	B/D PA; S

Drug Name	Drug Tier	Requirements /Limits
IPOL	2	
IXIARO	2	
KALBITOR	4	PA; LA; S
KEDRAB	2	
KEVZARA	4	PA; QL (2.28 per 28 days); S
KINERET	4	PA; QL (18.76 per 28 days); S
KINRIX	2	
leflunomide 10 mg tab, 20 mg tab	1	MO
LUPKYNIS	4	PA; LA; S
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
methotrexate 2.5 mg tab	1	
methotrexate sodium (pf)	1	
methotrexate sodium 1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution	1	
mycophenolate mofetil 200 mg/ml recon susp	4	B/D PA; S
mycophenolate mofetil 250 mg cap, 500 mg tab	1	B/D PA
mycophenolate sodium	1	B/D PA
MYFORTIC 180 MG TAB DR	3	B/D PA
MYFORTIC 360 MG TAB DR	4	B/D PA; S
NABI-HB	4	S
NEORAL 25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION	3	B/D PA
NULOJIX	4	PA; S
OCTAGAM	4	PA; S
OLUMIANT 1 MG TAB, 4 MG TAB	4	PA; QL (30 per 30 days); S
OLUMIANT 2 MG TAB	4	PA; LA; QL (30 per 30 days); S
ORENCIA 125 MG/ML SOLN PRSYR	4	PA; QL (4 per 28 days); S

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Drug Name	Drug Tier	Requirements /Limits
ORENCIA 250 MG RECON SOLN	4	PA; QL (8 per 28 days); S
ORENCIA 50 MG/0.4ML SOLN PRSYR	4	PA; QL (1.6 per 28 days); S
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	4	PA; QL (2.8 per 28 days); S
ORENCIA CLICKJECT	4	PA; QL (4 per 28 days); S
ORLADEYO	4	PA; S
OTEZLA 10 & 20 & 30 MG TAB THPK	4	PA; S
OTREXUP	3	
PANZYGA	4	PA; S
PEDIARIX	2	
PEDVAX HIB	2	
PEGASYS	4	S
PENTACEL	2	
PREHEVBRIO	2	B/D PA
PRIORIX	2	
PRIVIGEN	4	PA; S
PROGRAF 0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP	3	B/D PA
PROGRAF 5 MG/ML SOLUTION	4	B/D PA; S
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	
RAPAMUNE 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB	4	B/D PA; S
RASUVO	3	
RECOMBIVAX HB	2	B/D PA
REDITREX	3	
REMICADE	4	PA; S
RENFLEXIS	4	PA; LA; S
REZUROCK	4	PA; LA; S
RIDAURA	4	MO; S

Drug Name	Drug Tier	Requirements /Limits
RINVOQ	4	PA; QL (30 per 30 days); S
ROTARIX	2	
ROTATEQ	2	
RUCONEST	4	PA; S
<i>sajazir</i>	4	PA; S
SANDIMMUNE 25 MG CAP, 50 MG/ML SOLUTION, 100 MG CAP, 100 MG/ML SOLUTION	3	B/D PA
SHINGRIX	2	
SILIQ	4	PA; QL (4.5 per 28 days); S
SIMPONI 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	4	PA; QL (3 per 28 days); S
SIMPONI 50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR	4	PA; QL (1 per 28 days); S
SIMPONI ARIA	4	PA; S
<i>sirolimus 0.5 mg tab, 1 mg tab, 1 mg/ml solution</i>	1	B/D PA
<i>sirolimus 2 mg tab</i>	3	B/D PA
SKYRIZI (150 MG DOSE)	4	PA; QL (6 per 365 over time); S
SKYRIZI 150 MG/ML SOLN PRSYR	4	PA; QL (6 per 365 over time); S
SKYRIZI PEN	4	PA; QL (6 per 365 over time); S
STAMARIL	2	
STELARA 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	4	PA; QL (1 per 28 days); S
STELARA 45 MG/0.5ML SOLUTION	4	PA; LA; QL (1 per 28 days); S
SYNAGIS	4	PA; S
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	1	B/D PA
TAKHZYRO 300 MG/2ML SOLN PRSYR	4	PA; S

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Drug Name	Drug Tier	Requirements /Limits
TAKHZYRO 300 MG/2ML SOLUTION	4	PA; LA; S
TALTZ	4	PA; LA; QL (4 per 28 days); S
TAVNEOS	4	PA; S
TDVAX	2	
TENIVAC	2	
TEZSPIRE	4	PA; QL (1.91 per 28 days); S
TICOVAC	2	
TREMFYA	4	PA; QL (2 per 28 days); S
TREXALL	3	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG	2	
XATMEP	3	
XELJANZ 1 MG/ML SOLUTION	4	PA; QL (240 per 24 days); S
XELJANZ 5 MG TAB, 10 MG TAB	4	PA; QL (60 per 30 days); S
XELJANZ XR	4	PA; QL (30 per 30 days); S
XEMBIFY	4	PA; S
XOLAIR 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR	4	PA; LA; QL (8 per 28 days); S
XOLAIR 75 MG/0.5ML SOLN PRSYR	4	PA; LA; QL (4 per 28 days); S
YF-VAX	2	
ZORTRESS 0.25 MG TAB, 0.5 MG TAB, 0.75 MG TAB	4	B/D PA; S
ZORTRESS 1 MG TAB	4	B/D PA; S
Inflammatory Bowel Disease Agents		
ALKINDI SPRINKLE	4	S
APRISO	3	MO

Drug Name	Drug Tier	Requirements /Limits
ASACOL HD	4	S
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
<i>balsalazide disodium</i>	1	
<i>budesonide 3 mg cp dr part</i>	1	
<i>budesonide er</i>	4	PA; S
CANASA	4	S
COLAZAL	4	S
CORTEF	3	
CORTENEMA	3	
CORTIFOAM	3	
DELZICOL	3	MO
DIPENTUM	4	MO; S
<i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema</i>	1	
LIALDA	3	MO
<i>mesalamine 1.2 gm tab dr, 400 mg cap dr</i>	1	MO
<i>mesalamine 4 gm enema, 800 mg tab dr, 1000 mg suppos</i>	1	
<i>mesalamine er 0.375 gm cap er 24h</i>	1	MO
<i>mesalamine er 500 mg cap er</i>	4	MO; S
<i>mesalamine-cleanser</i>	1	
ORTIKOS	4	S
PENTASA 250 MG CAP ER	2	MO
PENTASA 500 MG CAP ER	4	MO; S
ROWASA	3	
SFROWASA	3	
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	MO
UCERIS 2 MG/ACT FOAM	3	
UCERIS 9 MG TAB ER 24H	4	PA; S
Metabolic Bone Disease Agents		
ACTONEL 150 MG TAB	3	ST; QL (1 per 28 days); MO

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Drug Name	Drug Tier	Requirements /Limits
ACTONEL 35 MG TAB	3	ST; QL (4 per 28 days); MO
<i>alendronate sodium 10 mg tab</i>	1	QL (30 per 30 days); MO
<i>alendronate sodium 35 mg tab, 70 mg tab</i>	1	QL (4 per 28 days); MO
<i>alendronate sodium 70 mg/75ml solution</i>	1	QL (300 per 28 days); MO
ATELVIA	3	QL (4 per 28 days); MO
BINOSTO	3	QL (4 per 28 days); MO
BONIVA 150 MG TAB	3	ST; QL (1 per 28 days); MO
<i>calcitonin (salmon) 200 unit/act solution</i>	1	QL (4 per 30 days); MO
<i>calcitonin (salmon) 200 unit/ml solution</i>	4	B/D PA; S
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution</i>	1	B/D PA; MO
<i>calcitriol inj 1 mcg/ml</i>	1	B/D PA
<i>cinacalcet hcl 30 mg tab</i>	1	B/D PA; QL (60 per 30 days)
<i>cinacalcet hcl 60 mg tab</i>	4	B/D PA; QL (60 per 30 days); S
<i>cinacalcet hcl 90 mg tab</i>	4	B/D PA; QL (120 per 30 days); S
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	3	B/D PA; MO
<i>doxercalciferol 4 mcg/2ml solution</i>	1	B/D PA
EVENITY	4	PA; QL (2.34 per 28 days); S
FORTEO	4	PA; QL (3 per 28 days); S
FOSAMAX	3	ST; QL (4 per 28 days); MO
FOSAMAX PLUS D	3	ST; QL (4 per 28 days); MO
HECTOROL 4 MCG/2ML SOLUTION	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 per 28 days); MO
<i>ibandronate sodium 3 mg/3ml solution</i>	1	B/D PA
MIACALCIN	4	B/D PA; S
NATPARA	4	PA; QL (2 per 28 days); S
<i>pamidronate disodium 30 mg/10ml solution, 90 mg/10ml solution</i>	1	
PAMIDRONATE DISODIUM 6 MG/ML SOLUTION	2	B/D PA
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	1	B/D PA; MO
<i>paricalcitol 2 mcg/ml solution, 5 mcg/ml solution</i>	3	B/D PA
PROLIA	2	PA; QL (1 per 180 over time)
RAYALDEE	4	MO; S
RECLAST	3	PA
<i>risedronate sodium 150 mg tab</i>	1	ST; QL (1 per 28 days); MO
<i>risedronate sodium 30 mg tab</i>	1	ST; QL (30 per 30 days)
<i>risedronate sodium 35 mg tab, 35 mg tab dr</i>	1	ST; QL (4 per 28 days); MO
<i>risedronate sodium 5 mg tab</i>	1	ST; QL (30 per 30 days); MO
ROCALTROL 0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION	3	B/D PA; MO
SENSIPAR 30 MG TAB	3	B/D PA; QL (60 per 30 days)
SENSIPAR 60 MG TAB	4	B/D PA; QL (60 per 30 days); S
SENSIPAR 90 MG TAB	4	B/D PA; QL (120 per 30 days); S
TERIPARATIDE (RECOMBINANT)	4	PA; QL (3 per 28 days); S
TYMLOS	4	PA; QL (1.56 per 28 days); S

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Drug Name	Drug Tier	Requirements /Limits
XGEVA	4	PA; QL (5.1 per 28 days); S
ZEMPLAR 1 MCG CAP	3	B/D PA; MO
ZEMPLAR 2 MCG CAP	4	B/D PA; MO; S
ZEMPLAR 2 MCG/ML SOLUTION, 5 MCG/ML SOLUTION	3	B/D PA
ZOLEDRONIC ACID 4 MG/100ML SOLUTION, 4 MG/5ML CONC	1	PA
zoledronic acid 5 mg/100ml solution	1	PA

Miscellaneous Therapeutic Agents

acetylcysteine 200 mg/ml solution	1	
ALCOHOL SWABS	1	MO
AUTOPEN	2	
BD PEN	2	
BD PEN MINI	2	
BRONCHITOL TOLERANCE TEST	4	LA; S
CEQR SIMPLICITY 2U	2	
CEQR SIMPLICITY INSERTER	2	
EVRYSDI	4	PA; QL (160 per 24 days); S
GAUZE STERILE PADS 2	1	MO
INPEN 100-BLUE-LILLY-HUMALOG	2	
INPEN 100-BLUE-NOVOLOG-FIASP	2	
INPEN 100-GREY-LILLY-HUMALOG	2	
INPEN 100-GREY-NOVOLOG-FIASP	2	
INPEN 100-PINK-LILLY-HUMALOG	2	
INPEN 100-PINK-NOVOLOG-FIASP	2	
INSULIN PEN NEEDLE	1	QL (200 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
INSULIN SYRINGE (DISP) U-100 0.3 ML	1	QL (200 per 30 days); MO
INSULIN SYRINGE (DISP) U-100 1 ML	1	QL (200 per 30 days); MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	1	QL (200 per 30 days); MO
INTRAROSA	3	QL (30 per 30 days); MO
mannitol 20 % solution, 25 % solution	1	
methergine	4	S
methylergonovine maleate 0.2 mg tab	4	S
NEEDLES, INSULIN DISP., SAFETY	1	QL (200 per 30 days); MO
NOVOPEN ECHO	2	
ODACTRA	3	PA; QL (30 per 30 days); MO
OMNIPOD 5 PACK	3	
OMNIPOD DASH 5 PACK PODS	3	
OMNIPOD DASH INTRO KIT	3	
OMNIPOD STARTER	3	
OSMOLEX ER 129 & 193 MG TB24 THPK	3	
PARAGARD INTRAUTERINE COPPER	2	
PRIALT	3	
RUZURGI	4	PA; QL (300 per 30 days); S
SOLIRIS	4	PA; LA; S
SORBITOL 3 % SOLUTION	3	
sterile water for irrigation	2	
TRODELVY	4	PA; S
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VEKLURY 100 MG RECON SOLN	4	S
VISTOGARD	4	S

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Drug Name	Drug Tier	Requirements /Limits
XIAFLEX	4	PA; S
Ophthalmic Agents		
acetazolamide er	1	MO
ACULAR	3	
ACULAR LS	3	
ak-poly-bac	1	
ALCAINE	3	
ALOCRIAL	3	
ALOMIDE	3	
ALPHAGAN P 0.1 % SOLUTION	2	MO
ALPHAGAN P 0.15 % SOLUTION	3	MO
ALREX	3	
apraclonidine hcl	1	
atropine sulfate 1 % ointment, 1 % solution	2	MO
AZASITE	3	
azelastine hcl 0.05 % solution	1	
AZOPT	3	MO
bacitra-neomycin-polymyxin-hc	1	
bacitracin 500 unit/gm ointment	1	
bacitracin-polymyxin b	1	
BEOVU	4	PA; S
bepotastine besilate	1	
BEPREVE	3	
BETADINE OPHTHALMIC PREP	3	
betaxolol hcl 0.5 % solution	1	MO
BETIMOL	3	MO
BETOPTIC-S	3	MO
bimatoprost 0.03 % solution	1	MO
BLEPHAMIDE S.O.P.	3	
brimonidine tartrate 0.15 % solution, 0.2 % solution	1	MO

Drug Name	Drug Tier	Requirements /Limits
brimonidine tartrate-timolol	2	MO
brinzolamide	1	MO
bromfenac sodium (once-daily)	1	
BROMSITE	3	
carteolol hcl	1	MO
CEQUA	3	PA; MO
COMBIGAN	2	MO
CORTISPORIN 3.5-10000-0.5 CREAM	3	
COSOPT	3	MO
COSOPT PF	3	MO
cromolyn sodium 4 % solution	1	
CYCLOGYL	3	MO
cyclopentolate hcl 0.5 % solution, 2 % solution	3	MO
cyclopentolate hcl 1 % solution	1	MO
cyclosporine 0.05 % emulsion	2	QL (60 per 30 days); MO
dexamethasone sodium phosphate 0.1 % solution	1	
DEXYCU	4	S
diclofenac sodium 0.1 % solution	1	
difluprednate	2	
dorzolamide hcl 2 % solution	1	MO
dorzolamide hcl-timolol mal	1	MO
DORZOLAMIDE HCL-TIMOLOL MAL	1	
dorzolamide hcl-timolol mal pf	1	MO
DUREZOL	2	
DURYSTA	4	S
epinastine hcl	1	
erythromycin 5 mg/gm ointment	1	QL (3.5 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
EYLEA 2 MG/0.05ML SOLN PRSYR	4	PA; S
EYLEA 2 MG/0.05ML SOLUTION	4	PA; LA; S
EYSUVIS	3	
FLAREX	3	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	3	
FML FORTE	3	
FML LIQUIFILM	3	
<i>gatifloxacin 0.5 % solution</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate 0.3 % solution</i>	1	
ILEVRO	3	
INVELTYS	3	
IOPIDINE 1 % SOLUTION	3	
ISOPTO ATROPINE	2	MO
ISOPTO CARPINE 1 % SOLUTION, 2 % SOLUTION	3	MO
ISTALOL	3	MO
<i>ketorolac tromethamine 0.4 % solution, 0.5 % solution</i>	1	
LACRISERT	3	QL (60 per 30 days)
LASTACAFT	2	
<i>latanoprost 0.005 % solution</i>	1	MO
LATANOPROST 0.005 % SOLUTION	1	
<i>levobunolol hcl</i>	1	MO
<i>levofloxacin 0.5 % solution</i>	1	
LOTEMAX 0.5 % GEL, 0.5 % OINTMENT, 0.5 % SUSPENSION	3	
LOTEMAX SM	3	
<i>loteprednol etabonate 0.5 % gel, 0.5 % suspension</i>	1	

Drug Name	Drug Tier	Requirements /Limits
LUCENTIS 0.3 MG/0.05ML SOLN PRSYR, 0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION	4	PA; LA; S
LUCENTIS 0.5 MG/0.05ML SOLN PRSYR	4	PA; S
LUMIGAN	2	MO
MAXIDEX	3	
MAXITROL 3.5-10000-0.1 OINTMENT, 3.5-10000-0.1 SUSPENSION	3	
<i>methazolamide 25 mg tab, 50 mg tab</i>	1	MO
MOXEZA	3	
<i>moxifloxacin hcl (2x day)</i>	3	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
NATACYN	3	
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>neomycin-polymyxin-dexameth 0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	1	
NEVANAC	2	
OCUFLOX	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>olopatadine hcl 0.1 % solution, 0.2 % solution</i>	1	
OXERVATE	4	S
OZURDEX	4	PA; S

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Drug Name	Drug Tier	Requirements /Limits
<i>phenylephrine hcl 2.5 % solution, 10 % solution</i>	3	
PHOSPHOLINE IODIDE	3	MO
<i>pilocarpine hcl 1 % solution, 2 % solution, 4 % solution</i>	1	MO
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	3	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate 1 % suspension</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
PROLENSA	3	
<i>proparacaine hcl 0.5 % solution</i>	1	
RESTASIS	2	QL (60 per 30 days); MO
RESTASIS MULTIDOSE	2	QL (5.5 per 28 days); MO
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	2	MO
<i>sulfacetamide sodium 10 % ointment, 10 % solution</i>	1	
<i>sulfacetamide-prednisolone 10-0.23 % solution</i>	1	
TEPEZZA	4	S
<i>tetracaine hcl 0.5 % solution</i>	3	
<i>timolol maleate 0.25 % gel f soln, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution</i>	1	MO
<i>timolol maleate 0.25 % solution</i>	1	MO
<i>timolol maleate ocudose</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>timolol maleate pf 0.5 % solution</i>	1	MO
TIMOPTIC	3	MO
TIMOPTIC OCUDOSE	3	MO
TIMOPTIC-XE	3	MO
TOBRADEX 0.3-0.1 % OINTMENT	2	
TOBRADEX 0.3-0.1 % SUSPENSION	3	
TOBRADEX ST	2	
<i>tobramycin 0.3 % solution</i>	1	
<i>tobramycin-dexamethasone</i>	1	
TOBREX 0.3 % OINTMENT, 0.3 % SOLUTION	3	
TRAVATAN Z	3	MO
<i>travoprost (bak free)</i>	1	MO
TRIESENCE	3	
TRUSOPT	3	MO
TYRVAYA	3	MO
VERKAZIA	4	QL (120 per 30 days); MO; S
VIGAMOX	3	
VUITY	3	MO
VYZULTA	3	MO
XALATAN	3	MO
XELPROS	3	MO
XIIDRA	2	QL (60 per 30 days); MO
XIPERE	3	
YUTIQ	4	S
ZIOPTAN	3	MO
ZYLET	2	
ZYMAXID	3	
Otic Agents		
CETRAXAL	3	
CIPRO HC	3	
CIPRODEX	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin hcl 0.2 % solution</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-fluocinolone pf</i>	3	
CORTISPORIN-TC	3	
DERMOTIC	3	
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc 1 % solution, 3.5-10000-1 solution</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
OTOVEL	3	

Respiratory Tract/Pulmonary Agents

ACCOLATE	3	MO
<i>acetylcysteine 10 % solution, 20 % solution</i>	1	B/D PA
ADCIRCA	4	PA; QL (60 per 30 days); S
ADEMPAS	4	PA; LA; S
ADRENALIN 1 MG/ML SOLUTION	2	
ADRENALIN 30 MG/30ML SOLUTION	3	
ADVAIR DISKUS	2	QL (60 per 30 days); MO
ADVAIR HFA	2	QL (12 per 30 days); MO
AIRDUO DIGIHALER	3	QL (1 per 30 days); MO
AIRDUO RESPICLICK 113/14	3	QL (1 per 30 days); MO
AIRDUO RESPICLICK 232/14	3	QL (1 per 30 days); MO

AIRDUO RESPICLICK 55/14	3	QL (1 per 30 days); MO
<i>albuterol sulfate 0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln</i>	1	B/D PA; QL (360 per 30 days); MO
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	1	MO
<i>albuterol sulfate 2 mg/5ml syrup</i>	1	MO
<i>albuterol sulfate 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln</i>	1	B/D PA; QL (60 per 30 days); MO
<i>albuterol sulfate hfa</i>	1	MO
ALVESCO 160 MCG/ACT AERO SOLN	3	QL (14 per 30 days); MO
ALVESCO 80 MCG/ACT AERO SOLN	3	QL (7 per 30 days); MO
<i>alyq</i>	4	PA; QL (60 per 30 days); S
<i>ambrisentan</i>	4	PA; LA; QL (30 per 30 days); S
ANORO ELLIPTA	2	QL (60 per 30 days); MO
<i>arformoterol tartrate</i>	4	B/D PA; QL (120 per 30 days); MO; S
ARMONAIR DIGIHALER	3	QL (1 per 30 days); MO
ARNUITY ELLIPTA	2	QL (30 per 30 days); MO
ASMANEX (120 METERED DOSES)	3	QL (1 per 30 days); MO
ASMANEX (14 METERED DOSES)	3	QL (2 per 30 days); MO
ASMANEX (30 METERED DOSES)	3	QL (1 per 30 days); MO
ASMANEX (60 METERED DOSES)	3	QL (1 per 30 days); MO
ASMANEX HFA	3	QL (13 per 30 days); MO
ATROVENT HFA	3	QL (26 per 30 days); MO

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

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Drug Name	Drug Tier	Requirements /Limits
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	3	QL (2 per 28 days)
AUVI-Q 0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ	4	QL (2 per 28 days); S
<i>azelastine hcl 0.1 % solution, 0.15 % solution, 137 mcg/spray solution</i>	1	QL (30 per 25 days)
<i>azelastine-fluticasone</i>	1	QL (23 per 28 days)
BECONASE AQ	3	ST; QL (50 per 30 days)
BETHKIS	4	B/D PA; QL (224 per 28 days); S
BEVESPI AEROSPHERE	3	ST; QL (11 per 30 days); MO
<i>bosentan</i>	4	PA; LA; QL (60 per 30 days); S
BREO ELLIPTA	2	QL (60 per 30 days); MO
BREZTRI AEROSPHERE	2	QL (10.7 per 30 days); MO
BROVANA	4	B/D PA; QL (120 per 30 days); MO; S
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension</i>	1	B/D PA; QL (120 per 30 days); MO
<i>budesonide 1 mg/2ml suspension</i>	1	B/D PA; QL (60 per 30 days); MO
<i>budesonide-formoterol fumarate</i>	1	QL (30.6 per 30 days); MO
<i>carbinoxamine maleate 4 mg tab, 4 mg/5ml solution</i>	1	PA
CARBINOXAMINE MALEATE 6 MG TAB	4	PA; S
CAYSTON	4	PA; LA; S
<i>cetirizine hcl 1 mg/ml solution, 5 mg/5ml solution</i>	1	
CINQAIR	4	PA; LA; S
CLARINEX	3	
CLARINEX-D 12 HOUR	3	

Drug Name	Drug Tier	Requirements /Limits
CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP	3	PA
<i>clemastine fumarate 2.68 mg tab</i>	1	PA
COCAINE HCL 40 MG/ML SOLUTION	3	
COMBIVENT RESPIMAT	3	QL (8 per 30 days); MO
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	B/D PA; QL (240 per 30 days); MO
<i>cyproheptadine hcl 2 mg/5ml syrup</i>	1	PA
<i>cyproheptadine hcl 4 mg tab</i>	1	
DALIRESP	3	PA; QL (30 per 30 days); MO
<i>desloratadine</i>	1	
<i>diphenhydramine hcl 12.5 mg/5ml elixir</i>	3	PA
<i>diphenhydramine hcl 50 mg/ml solution</i>	1	
DUAKLIR PRESSAIR	4	QL (1 per 30 days); MO; S
DULERA	3	QL (13 per 30 days); MO
DYMISTA	2	QL (23 per 28 days)
ELIXOPHYLLIN	2	MO
<i>epinephrine (anaphylaxis)</i>	1	
<i>epinephrine 0.15 mg/0.15ml soln a-inj</i>	3	QL (2 per 28 days)
<i>epinephrine 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj</i>	1	QL (2 per 28 days)
EPIPEN 2-PAK	3	QL (2 per 28 days)
EPIPEN JR 2-PAK	3	QL (2 per 28 days)
ESBRIET 267 MG CAP, 267 MG TAB	4	PA; QL (270 per 30 days); S
ESBRIET 801 MG TAB	4	PA; QL (90 per 30 days); S

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

Drug Name	Drug Tier	Requirements /Limits
FASENRA	4	PA; LA; S
FASENRA PEN	4	PA; S
FLOLAN 0.5 MG RECON SOLN	3	LA
FLOLAN 1.5 MG RECON SOLN	4	LA; S
FLOVENT DISKUS 250 MCG/BLIST AER POW BA	2	QL (240 per 30 days); MO
FLOVENT DISKUS 50 MCG/BLIST AER POW BA, 100 MCG/BLIST AER POW BA	2	QL (60 per 30 days); MO
FLOVENT HFA 110 MCG/ACT AEROSOL	2	QL (12 per 30 days); MO
FLOVENT HFA 220 MCG/ACT AEROSOL	2	QL (24 per 30 days); MO
FLOVENT HFA 44 MCG/ACT AEROSOL	2	QL (11 per 30 days); MO
<i>flunisolide 25 mcg/act (0.025%) solution</i>	1	QL (75 per 30 days)
FLUTICASONE FUROATE-VILANTEROL	2	QL (60 per 30 days); MO
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL (16 per 30 days)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	2	QL (12 per 30 days); MO
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	2	QL (24 per 30 days); MO
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	2	QL (11 per 30 days); MO
<i>fluticasone-salmeterol 100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba</i>	1	QL (60 per 30 days); MO
<i>fluticasone-salmeterol 55-14 mcg/act aer pow ba, 113-14 mcg/act aer pow ba, 232-14 mcg/act aer pow ba</i>	1	QL (1 per 30 days); MO
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	3	B/D PA; QL (120 per 30 days); MO
GOPRELTO	3	
GRASTEK	3	PA; QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydroxyzine hcl 10 mg tab, 10 mg/5ml syrup, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution</i>	1	
INCRUSE ELLIPTA	3	QL (30 per 30 days); MO
<i>ipratropium bromide 0.02 % solution</i>	1	B/D PA; MO
<i>ipratropium bromide 0.03 % solution, 0.06 % solution</i>	1	QL (30 per 30 days); MO
<i>ipratropium-albuterol</i>	1	B/D PA; QL (540 per 30 days); MO
KALYDECO 150 MG TAB	4	PA; QL (60 per 30 days); S
KALYDECO 25 MG PACKET, 50 MG PACKET, 75 MG PACKET	3	PA; QL (56 per 28 days)
KITABIS PAK	4	B/D PA; QL (280 per 28 days); S
LETAIRIS	4	PA; LA; QL (30 per 30 days); S
<i>levalbuterol hcl 0.31 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln</i>	1	B/D PA; QL (270 per 30 days); MO
<i>levalbuterol hcl 0.63 mg/3ml nebu soln</i>	1	B/D PA; QL (540 per 30 days); MO
<i>levalbuterol tartrate</i>	1	ST; QL (45 per 30 days); MO
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution, 5 mg tab</i>	1	
LONHALA MAGNAIR REFILL KIT	4	MO; S
LONHALA MAGNAIR STARTER KIT	4	MO; S
<i>mometasone furoate 50 mcg/act suspension</i>	1	
<i>montelukast sodium 4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
NUCALA 40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	4	PA; LA; S
NUMBRINO	3	
OFEV	4	PA; QL (60 per 30 days); S
<i>olopatadine hcl 0.6 % solution</i>	1	QL (31 per 30 days)
OMNARIS	3	ST; QL (13 per 30 days)
OPSUMIT	4	PA; LA; QL (30 per 30 days); S
ORALAIR	3	PA; QL (30 per 30 days)
ORENITRAM 0.125 MG TAB ER	2	PA; LA
ORENITRAM 0.25 MG TAB ER, 1 MG TAB ER, 2.5 MG TAB ER, 5 MG TAB ER	4	PA; LA; S
ORKAMBI 100-125 MG PACKET, 150-188 MG PACKET	4	PA; QL (60 per 30 days); S
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	4	PA; QL (120 per 30 days); S
PATANASE	3	QL (31 per 30 days)
PERFOROMIST	4	B/D PA; QL (120 per 30 days); MO; S
PHENERGAN 25 MG/ML SOLUTION	4	S
PHENERGAN 50 MG/ML SOLUTION	3	
<i>pirfenidone 267 mg tab</i>	4	PA; QL (270 per 30 days); S
<i>pirfenidone 534 mg tab, 801 mg tab</i>	4	PA; QL (90 per 30 days); S
PROAIR DIGIHALER	3	ST; MO
PROAIR HFA	2	MO
PROAIR RESPICLICK	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>promethazine hcl 6.25 mg/5ml solution, 6.25 mg/5ml syrup, 25 mg/ml solution, 50 mg/ml solution</i>	1	
<i>promethazine-phenylephrine</i>	3	
PROVENTIL HFA	3	MO
PULMICORT 0.25 MG/2ML SUSPENSION, 0.5 MG/2ML SUSPENSION	3	B/D PA; QL (120 per 30 days); MO
PULMICORT 1 MG/2ML SUSPENSION	4	B/D PA; QL (60 per 30 days); MO; S
PULMICORT FLEXHALER	3	QL (2 per 30 days); MO
PULMOZYME	4	B/D PA; S
QNASL	3	ST; QL (11 per 30 days)
QNASL CHILDRENS	3	ST; QL (7 per 30 days)
QUZYTIR	3	
QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL (11 per 30 days); MO
QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL (22 per 30 days); MO
RAGWITEK	3	PA; QL (30 per 30 days); MO
REMODULIN	4	PA; LA; S
REVATIO 10 MG/12.5ML SOLUTION	4	PA; QL (1125 per 30 days); S
REVATIO 10 MG/ML RECON SUSP	4	PA; QL (224 per 30 days); S
REVATIO 20 MG TAB	4	PA; QL (90 per 30 days); S
RYALTRIS	3	QL (29 per 30 days)
<i>ryclora</i>	3	PA
RYVENT	3	PA
SEREVENT DISKUS	2	QL (60 per 30 days); MO
<i>sildenafil citrate 10 mg/12.5ml solution</i>	4	PA; QL (1125 per 30 days); S

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

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>sildenafil citrate 10 mg/ml recon susp</i>	4	PA; QL (224 per 30 days); S	TRACLEER 62.5 MG TAB, 125 MG TAB	4	PA; LA; QL (60 per 30 days); S
<i>sildenafil citrate 20 mg tab</i>	1	PA; QL (90 per 30 days)	TRELEGY ELLIPTA	2	QL (60 per 30 days); MO
SINGULAIR	3	MO	<i>treprostinil</i>	4	PA; LA; S
SPIRIVA HANDIHALER	2	QL (30 per 30 days); MO	TRIKAFTA	4	PA; LA; QL (84 per 28 days); S
SPIRIVA RESPIMAT	2	QL (4 per 30 days); MO	TUDORZA PRESSAIR	3	QL (1 per 30 days); MO
STIOLTO RESPIMAT	2	QL (4 per 30 days); MO	TYVASO	4	PA; QL (81.2 per 30 days); S
STRIVERDI RESPIMAT	3	QL (4 per 30 days); MO	TYVASO DPI MAINTENANCE KIT	4	PA; LA; S
SYMBICORT	2	QL (30.6 per 30 days); MO	TYVASO DPI TITRATION KIT	4	PA; LA; S
SYMDEKO 100-150 & 150 MG TAB THPK	4	PA; LA; QL (56 per 28 days); S	TYVASO REFILL	4	PA; QL (81.2 per 30 days); S
SYMDEKO 50-75 & 75 MG TAB THPK	4	PA; QL (56 per 28 days); S	TYVASO STARTER	4	PA; QL (81.2 per 365 over time); S
SYMJEPI	2	QL (2 per 28 days)	UPTRAVI 200 & 800 MCG TAB THPK	4	PA; LA; S
<i>tadalafil (pah)</i>	4	PA; QL (60 per 30 days); S	UPTRAVI 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	4	PA; LA; QL (60 per 30 days); S
<i>terbutaline sulfate 1 mg/ml solution</i>	1		VELETRI 0.5 MG RECON SOLN	3	LA
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	MO	VELETRI 1.5 MG RECON SOLN	4	LA; S
THEO-24	2	MO	VENTAVIS	4	PA; QL (270 per 30 days); S
<i>theophylline</i>	1	MO	VENTOLIN HFA	3	ST; MO
<i>theophylline er</i>	1	MO	VISTARIL 50 MG CAP	3	
TOBI	4	B/D PA; QL (280 per 28 days); MO; S	<i>wixela inhub</i>	1	QL (60 per 30 days); MO
TOBI PODHALER	4	LA; QL (224 per 28 days); S	XHANCE	3	ST; QL (32 per 30 days)
<i>tobramycin 300 mg/4ml nebu soln</i>	4	B/D PA; QL (224 per 28 days); S	XOPENEX 0.31 MG/3ML NEBU SOLN	3	B/D PA; QL (270 per 30 days); MO
<i>tobramycin 300 mg/5ml nebu soln</i>	4	B/D PA; QL (280 per 28 days); S	XOPENEX 0.63 MG/3ML NEBU SOLN	3	B/D PA; QL (540 per 30 days); MO
TRACLEER 32 MG TAB SOL	4	PA; LA; QL (120 per 30 days); S			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
XOPENEX 1.25 MG/3ML NEBU SOLN	4	B/D PA; QL (270 per 30 days); MO; S	GABLOFEN 10000 MCG/20ML SOLN PRSYR, 10000 MCG/20ML SOLUTION, 20000 MCG/20ML SOLN PRSYR, 20000 MCG/20ML SOLUTION	3	B/D PA
XOPENEX CONCENTRATE	3	B/D PA; QL (270 per 30 days); MO	GABLOFEN 40000 MCG/20ML SOLN PRSYR, 40000 MCG/20ML SOLUTION	4	B/D PA; S
XOPENEX HFA	3	ST; QL (45 per 30 days); MO	GABLOFEN 50 MCG/ML SOLN PRSYR	3	B/D PA
YUPELRI	4	B/D PA; QL (90 per 30 days); MO; S	LIORESAL 0.05 MG/ML SOLUTION, 10 MG/20ML SOLUTION	3	B/D PA
<i>zafirlukast</i>	1	MO	LIORESAL 10 MG/5ML SOLUTION, 40 MG/20ML SOLUTION	4	B/D PA; S
ZERVIAE	3		<i>lorzone</i>	3	PA
ZETONNA	3	ST; QL (6.1 per 30 days)	<i>metaxalone</i>	1	PA
<i>zileuton er</i>	4	MO; S	<i>methocarbamol 1000 mg/10ml solution</i>	3	
ZYFLO	4	PA; MO; S	<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	
Skeletal Muscle Relaxants			MYOBLOC	3	PA
AMRIX	4	S	<i>norgesic</i>	3	PA
<i>baclofen 10 mg/20ml solution, 20000 mcg/20ml solution</i>	3	B/D PA	NORGESIC FORTE	3	PA
<i>baclofen 40 mg/20ml solution</i>	4	B/D PA; S	<i>orphenadrine citrate 30 mg/ml solution</i>	3	
BACLOFEN 50 MCG/ML SOLN PRSYR	3	B/D PA	<i>orphenadrine citrate er</i>	1	
BOTOX	3	PA	<i>orphenadrine-aspirin-caffeine</i>	3	PA
<i>carisoprodol 250 mg tab, 350 mg tab</i>	1		<i>orphengesic forte</i>	4	PA; S
<i>chlorzoxazone 250 mg tab</i>	4	PA; S	ROBAXIN	3	
<i>chlorzoxazone 375 mg tab, 750 mg tab</i>	3	PA	SKELAXIN	3	PA
<i>chlorzoxazone 500 mg tab</i>	1	PA	SOMA	3	
<i>cyclobenzaprine hcl 5 mg tab, 7.5 mg tab, 10 mg tab</i>	1	PA	<i>vanadom</i>	4	S
<i>cyclobenzaprine hcl er</i>	3		XEOMIN 200 UNIT RECON SOLN	4	PA; S
DYSFORT	3	PA	XEOMIN 50 RECON SOLN, 100 RECON SOLN	2	PA
<i>fexmid</i>	3	PA			

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

Drug Name	Drug Tier	Requirements /Limits
Sleep Disorder Agents		
AMBIEN	3	QL (30 per 30 days)
AMBIEN CR	3	QL (30 per 30 days)
<i>armodafinil 150 mg tab, 200 mg tab, 250 mg tab</i>	1	PA; QL (30 per 30 days); MO
<i>armodafinil 50 mg tab</i>	1	PA; QL (60 per 30 days); MO
BELSOMRA	3	QL (30 per 30 days)
DAYVIGO	3	QL (30 per 30 days)
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	1	PA; QL (30 per 30 days)
EDLUAR	3	PA; QL (30 per 30 days)
<i>estazolam</i>	1	QL (30 per 30 days)
<i>eszopiclone</i>	1	QL (30 per 30 days)
<i>flurazepam hcl</i>	1	QL (30 per 30 days)
HALCION	3	QL (30 per 30 days)
HETLIOZ	4	PA; LA; QL (30 per 30 days); S
HETLIOZ LQ	3	PA; LA; QL (158 per 30 days)
LUNESTA	3	ST; QL (30 per 30 days)
<i>modafinil 100 mg tab</i>	1	PA; MO
<i>modafinil 200 mg tab</i>	1	PA; QL (60 per 30 days); MO
NUVIGIL 150 MG TAB, 200 MG TAB, 250 MG TAB	4	PA; QL (30 per 30 days); MO; S
NUVIGIL 50 MG TAB	3	PA; QL (60 per 30 days); MO
PROVIGIL 100 MG TAB	4	PA; MO; S
PROVIGIL 200 MG TAB	4	PA; QL (60 per 30 days); MO; S

Drug Name	Drug Tier	Requirements /Limits
QUVIVIQ	3	QL (30 per 30 days)
<i>ramelteon</i>	1	QL (30 per 30 days)
RESTORIL 22.5 MG CAP	3	QL (30 per 30 days)
RESTORIL 7.5 MG CAP, 15 MG CAP, 30 MG CAP	4	QL (30 per 30 days); S
ROZEREM	3	QL (30 per 30 days)
SILENOR	3	PA; QL (30 per 30 days)
SUNOSI	3	QL (30 per 30 days); MO
<i>temazepam</i>	1	QL (30 per 30 days)
<i>triazolam</i>	1	QL (30 per 30 days)
WAKIX	4	PA; QL (60 per 30 days); S
XYREM	4	PA; LA; QL (540 per 30 days); S
XYWAV	4	PA; LA; QL (540 per 30 days); S
<i>zaleplon 10 mg cap</i>	1	QL (60 per 30 days)
<i>zaleplon 5 mg cap</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate 1.75 mg sl tab, 3.5 mg sl tab</i>	3	PA; QL (30 per 30 days)
<i>zolpidem tartrate 5 mg tab, 10 mg tab</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate er</i>	1	QL (30 per 30 days)
ZOLPIMIST	3	PA; QL (8 per 30 days)
Uncategorized		
HYFTOR	4	S
TARPEYO	4	S

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Index of Drugs

Legend

Generic drugs are shown in lowercase italics (example: *enalapril*).
Brand name drugs are shown in capital letters (example: HUMALOG).

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<i>acetaminophen-codeine #4</i>	11	<i>adapalene 0.1 % cream, 0.1 % gel, 0.3 % gel</i> ...	72
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	11	<i>adapalene 0.1 % pad</i>	72
<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab</i>	11	ADAPALENE 0.1 % SOLUTION	73
<i>acetazolamide 125 mg tab, 250 mg tab</i>	60	<i>adapalene-benzoyl peroxide 0.1-2.5 % gel, 0.3-2.5 % gel</i>	73
<i>acetazolamide er</i>	103	ADBRY	96
<i>acetic acid 0.25 % solution, 2 % solution</i>	18	<i>adc/f (0.5mg/ml)</i>	77
		ADCIRCA	106

ADDERALL 12.5 MG TAB	67	ALA SCALP	73
ADDERALL 30 MG TAB	67	<i>ala-cort</i>	73
ADDERALL 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	67	<i>ala-scalp</i>	73
ADDERALL XR	67	<i>albendazole 200 mg tab</i>	43
<i>adefovir dipivoxil</i>	48	ALBENZA	43
ADEMPAS	106	<i>albuterol sulfate 0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln</i>	106
ADLARITY	28	<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	106
ADLYXIN	53	<i>albuterol sulfate 2 mg/5ml syrup</i>	106
ADLYXIN STARTER PACK	53	<i>albuterol sulfate 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln</i>	106
ADMELOG	53	<i>albuterol sulfate hfa</i>	106
ADMELOG SOLOSTAR	53	ALCAINE	103
ADRENALIN 1 MG/ML SOLUTION	106	<i>alclometasone dipropionate 0.05 % cream</i>	87
ADRENALIN 30 MG/30ML SOLUTION	106	<i>alclometasone dipropionate 0.05 % ointment</i>	73
<i>adriamycin 10 mg recon soln, 50 mg recon soln</i>	36	ALCOHOL SWABS	102
<i>adriamycin 2 mg/ml solution</i>	36	ALDACTAZIDE	60
ADVAIR DISKUS	106	ALDACTONE	60
ADVAIR HFA	106	ALECENSA	36
ADZENYS XR-ODT 15.7 MG TAB ER DISP	67	<i>alendronate sodium 10 mg tab</i>	101
ADZENYS XR-ODT 3.1 MG TAB ER DISP, 6.3 MG TAB ER DISP, 9.4 MG TAB ER DISP, 12.5 MG TAB ER DISP, 18.8 MG TAB ER DISP	67	<i>alendronate sodium 35 mg tab, 70 mg tab</i>	101
AEMCOLO	18	<i>alendronate sodium 70 mg/75ml solution</i>	101
<i>afeditab cr</i>	60	<i>alfuzosin hcl er</i>	86
AFINITOR	36	ALIMTA	36
AFINITOR DISPERZ	36	<i>aliskiren fumarate</i>	60
<i>afirmelle</i>	89	ALKERAN 2 MG TAB	36
AFREZZA 12 UNIT POWDER	53	ALKINDI SPRINKLE	100
AFREZZA 4 UNIT POWDER	53	<i>allopurinol 100 mg tab, 300 mg tab</i>	34
AFREZZA 60X4 & 60X8 & 60X12 UNIT POWDER ...	53	ALLZITAL	67
AFREZZA 8 UNIT POWDER	53	<i>almotriptan malate</i>	34
AFREZZA 90 X 4 UNIT & 90X8 UNIT POWDER	53	ALOCRIAL	103
AFREZZA 90 X 8 UNIT & 90X12 UNIT POWDER ...	53	<i>alogliptin benzoate 12.5 mg tab</i>	53
AGRYLIN	57	<i>alogliptin benzoate 25 mg tab</i>	53
AIMOVIG 140 MG/ML SOLN A-INJ	34	<i>alogliptin benzoate 6.25 mg tab</i>	53
AIMOVIG 70 MG/ML SOLN A-INJ	34	<i>alogliptin-metformin hcl</i>	53
AIRDUO DIGIHALER	106	<i>alogliptin-pioglitazone 12.5-15 mg tab</i>	53
AIRDUO RESPICLICK 113/14	106	<i>alogliptin-pioglitazone 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab</i>	53
AIRDUO RESPICLICK 232/14	106	ALOMIDE	103
AIRDUO RESPICLICK 55/14	106	ALORA 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW	89
AJOVY	34	<i>alosetron hcl 0.5 mg tab</i>	82
<i>ak-poly-bac</i>	103	<i>alosetron hcl 1 mg tab</i>	82
AKLIEF	73	ALPHAGAN P 0.1 % SOLUTION	103
AKYNZEO 235-0.25 MG RECON SOLN, 235-0.25 MG/20ML SOLUTION	31	ALPHAGAN P 0.15 % SOLUTION	103
AKYNZEO 300-0.5 MG CAP	31		

<i>alprazolam 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp</i>	52	AMINOSYN II 15 % SOLUTION	77
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disp</i>	52	AMINOSYN-PF 7 % SOLUTION	77
<i>alprazolam er</i>	52	<i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>	60
ALPRAZOLAM INTENSOL	52	<i>amiodarone hcl 150 mg/3ml solution, 450 mg/9ml solution, 900 mg/18ml solution</i>	60
<i>alprazolam xr</i>	52	AMITIZA	82
ALREX	103	<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	28
ALTABAX	18	<i>amlodipine besy-benazepril hcl</i>	60
ALTACE	60	<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	60
<i>altavera</i>	89	<i>amlodipine besylate-valsartan</i>	60
ALTOPREV 20 MG TAB ER 24H	60	<i>amlodipine-atorvastatin</i>	60
ALTOPREV 40 MG TAB ER 24H, 60 MG TAB ER 24H	60	<i>amlodipine-olmesartan</i>	60
ALTRENO	73	<i>amlodipine-valsartan-hctz</i>	60
ALUNBRIG 180 MG TAB	36	<i>ammonium lactate 12 % cream, 12 % lotion</i>	73
ALUNBRIG 30 MG TAB	36	<i>amnestem</i>	73
ALUNBRIG 90 & 180 MG TAB THPK	36	<i>amoxapine</i>	28
ALUNBRIG 90 MG TAB	36	<i>amoxicill-clarithro-lansopraz</i>	82
ALVESCO 160 MCG/ACT AERO SOLN	106	<i>amoxicillin 125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab</i>	18
ALVESCO 80 MCG/ACT AERO SOLN	106	<i>amoxicillin-pot clavulanate 200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab</i>	19
<i>alyacen 1/35</i>	89	<i>amoxicillin-pot clavulanate er</i>	19
<i>alyacen 7/7/7</i>	89	<i>amphetamine sulfate 10 mg tab</i>	67
ALYMSYS	36	<i>amphetamine sulfate 5 mg tab</i>	67
<i>alyq</i>	106	<i>amphetamine-dextroamphet er</i>	67
<i>amabelz</i>	89	<i>amphetamine-dextroamphetamine 30 mg tab</i>	67
<i>amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab</i>	43	<i>amphetamine-dextroamphetamine 5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab</i>	67
AMARYL 1 MG TAB	53	<i>amphotericin b 50 mg recon soln</i>	32
AMARYL 2 MG TAB	53	<i>amphotericin b liposome</i>	32
AMARYL 4 MG TAB	53	<i>ampicillin</i>	19
AMBIEN	112	<i>ampicillin sodium 1 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln</i>	19
AMBIEN CR	112	<i>ampicillin sodium 2 gm recon soln for inj</i>	19
AMBISOME	32	<i>ampicillin sodium 2 gm recon soln for iv</i>	19
<i>ambrisentan</i>	106	<i>ampicillin-sulbactam sodium</i>	19
<i>amcinonide 0.1 % cream, 0.1 % lotion</i>	73		
AMCINONIDE 0.1 % OINTMENT	73		
AMERGE	34		
<i>amethia</i>	89		
<i>amethyst</i>	89		
AMICAR 0.25 GM/ML SOLUTION, 500 MG TAB, 1000 MG TAB	58		
<i>amikacin sulfate 1 gm/4ml solution, 500 mg/2ml solution</i>	18		
<i>amiloride hcl 5 mg tab</i>	60		
<i>amiloride-hydrochlorothiazide</i>	60		
<i>aminocaproic acid 0.25 gm/ml solution, 500 mg tab, 1000 mg tab</i>	58		

AMPYRA	67	aranelle	90
AMRIX	111	ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN	
AMVUTTRA	67	PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25	
AMZEEQ	19	MCG/ML SOLUTION, 40 MCG/0.4ML SOLN	
ANAFRANIL 25 MG CAP, 50 MG CAP	28	PRSYR, 60 MCG/ML SOLUTION	58
ANAFRANIL 75 MG CAP	28	ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION,	
<i>anagrelide hcl</i>	58	60 MCG/0.3ML SOLN PRSYR, 100 MCG/0.5ML	
ANASPAZ	82	SOLN PRSYR, 100 MCG/ML SOLUTION, 150	
<i>anastrozole 1 mg tab</i>	36	MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN	
ANCOBON	32	PRSYR, 200 MCG/ML SOLUTION, 300	
ANDRODERM	89	MCG/0.6ML SOLN PRSYR, 300 MCG/ML	
ANDROGEL 20.25 MG/1.25GM (1.62%) GEL	89	SOLUTION, 500 MCG/ML SOLN PRSYR	58
ANDROGEL 25 MG/2.5GM (1%) GEL, 50 MG/5GM		ARAVA	96
(1%) GEL	89	ARAZLO	73
ANDROGEL 40.5 MG/2.5GM (1.62%) GEL	90	ARCALYST	96
ANDROGEL PUMP	90	ARESTIN	72
ANGELIQ	90	<i>arformoterol tartrate</i>	106
ANNOVERA	90	ARICEPT 23 MG TAB	28
ANORO ELLIPTA	106	ARICEPT 5 MG TAB, 10 MG TAB	28
ANTARA	60	ARIKAYCE	19
ANTIVERT	31	ARIMIDEX	36
ANUSOL-HC 2.5 % CREAM	73	<i>aripiprazole 1 mg/ml solution</i>	44
ANZEMET 50 MG TAB	31	<i>aripiprazole 10 mg tab disp</i>	44
<i>apap-caff-dihydrocodeine 320.5-30-16 mg</i>		<i>aripiprazole 15 mg tab disp</i>	44
<i>cap</i>	11	<i>aripiprazole 2 mg tab, 5 mg tab, 10 mg tab, 15 mg</i>	
APEXICON E	73	<i>tab</i>	44
APIDRA	53	<i>aripiprazole 20 mg tab, 30 mg tab</i>	44
APIDRA SOLOSTAR	53	ARISTADA 1064 MG/3.9ML PRSYR	44
APLENZIN 174 MG TAB ER 24H	28	ARISTADA 441 MG/1.6ML PRSYR	44
APLENZIN 348 MG TAB ER 24H	28	ARISTADA 662 MG/2.4ML PRSYR	44
APLENZIN 522 MG TAB ER 24H	28	ARISTADA 882 MG/3.2ML PRSYR	45
APO-VARENICLINE 0.5 MG TAB	17	ARISTADA INITIO	45
APO-VARENICLINE 1 MG TAB	17	ARIXTRA 10 MG/0.8ML SOLUTION	58
APOKYN	43	ARIXTRA 2.5 MG/0.5ML SOLUTION	58
<i>apomorphine hcl 30 mg/3ml soln cart</i>	43	ARIXTRA 5 MG/0.4ML SOLUTION	58
<i>apraclonidine hcl</i>	103	ARIXTRA 7.5 MG/0.6ML SOLUTION	58
<i>aprepitant 125 mg cap</i>	31	<i>armodafinil 150 mg tab, 200 mg tab, 250 mg</i>	
<i>aprepitant 40 mg cap</i>	31	<i>tab</i>	112
<i>aprepitant 80 & 125 mg cap, 80 & 125 mg</i>		<i>armodafinil 50 mg tab</i>	112
<i>misc</i>	31	ARMONAIR DIGIHALER	106
<i>aprepitant 80 mg cap</i>	31	ARMOUR THYROID	95
<i>apri</i>	90	ARNUITY ELLIPTA	106
APRISO	100	AROMASIN	36
APTENSIO XR	67	ARTHROTEC	11
APTIOM	24	ASACOL HD	100
APTIVUS 250 MG CAP	48	ASCENIV	96
ARALAST NP	85	<i>ascomp-codeine</i>	12
		<i>asenapine maleate 10 mg sl tab</i>	45

<i>asenapine maleate 2.5 mg sl tab</i>	45	<i>aurovela fe 1/20</i>	90
<i>asenapine maleate 5 mg sl tab</i>	45	AURYXIA	77
<i>ashlyna</i>	90	AUSTEDO	67
ASMANEX (120 METERED DOSES)	106	AUTOPEN	102
ASMANEX (14 METERED DOSES)	106	AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	107
ASMANEX (30 METERED DOSES)	106	AUVI-Q 0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ	107
ASMANEX (60 METERED DOSES)	106	AVALIDE	61
ASMANEX HFA	106	AVAPRO	61
<i>aspirin-dipyridamole er</i>	58	AVASTIN	36
ASPIRIN-OMEPRazole 81-40 MG TAB DR	58	AVEED	90
ASPRUZYO SPRINKLE	60	<i>aviane</i>	90
ASTAGRAF XL	96	<i>avita</i>	73
ATACAND	60	AVODART	86
ATACAND HCT	60	AVONEX PEN	67
<i>atazanavir sulfate 150 mg cap, 200 mg cap</i>	48	AVONEX PREFILLED	67
<i>atazanavir sulfate 300 mg cap</i>	48	AVSOLA	96
ATELVIA	101	AVYCAZ	19
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	60	AYGESTIN	90
<i>atenolol-chlorthalidone</i>	60	<i>ayuna</i>	90
ATIVAN 0.5 MG TAB, 1 MG TAB	52	AYVAKIT	36
ATIVAN 2 MG TAB	52	<i>azacitidine</i>	36
ATIVAN 2 MG/ML SOLUTION, 4 MG/ML SOLUTION	52	AZACTAM	19
<i>atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap</i>	67	<i>azasan</i>	96
<i>atomoxetine hcl 60 mg cap, 80 mg cap, 100 mg cap</i>	67	AZASITE	103
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	61	<i>azathioprine 50 mg tab</i>	96
<i>atovaquone 750 mg/5ml suspension</i>	43	<i>azathioprine 75 mg tab, 100 mg tab</i>	96
<i>atovaquone-proguanil hcl</i>	43	<i>azelaic acid 15 % gel</i>	73
ATRALIN	73	<i>azelastine hcl 0.05 % solution</i>	103
ATRIPLA	48	<i>azelastine hcl 0.1 % solution, 0.15 % solution, 137 mcg/spray solution</i>	107
<i>atropine sulfate 0.25 mg/5ml soln prsyr, 0.4 mg/ml solution, 0.5 mg/5ml soln prsyr, 1 mg/10ml soln prsyr</i>	82	<i>azelastine-fluticasone</i>	107
<i>atropine sulfate 1 % ointment, 1 % solution</i> ...	103	AZELEX	73
<i>atropine sulfate 1 mg/ml solution</i>	82	AZILECT	43
ATROVENT HFA	106	<i>azithromycin 1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 500 mg recon soln, 500 mg tab, 600 mg tab</i>	19
AUBAGIO	67	<i>azithromycin 250 mg tab</i>	19
<i>aubra</i>	90	AZOPT	103
<i>aubra eq</i>	90	AZOR	61
AUGMENTIN 500-125 MG TAB	19	AZSTARYS	67
AUGMENTIN ES-600	19	<i>aztreonam</i>	19
<i>aurovela 1.5/30</i>	90	AZULFIDINE	100
<i>aurovela 1/20</i>	90	AZULFIDINE EN-TABS	100
<i>aurovela 24 fe</i>	90	<i>azurette</i>	90
<i>aurovela fe 1.5/30</i>	90	<i>bac</i>	67
		<i>bacitra-neomycin-polymyxin-hc</i>	103

<i>bacitracin 500 unit/gm ointment</i>	103	BENSAL HP	73
<i>bacitracin 50000 unit recon soln</i>	19	BENTYL	82
<i>bacitracin-polymyxin b</i>	103	BENZACLIN	73
<i>baclofen 10 mg/20ml solution, 20000 mcg/20ml solution</i>	111	BENZACLIN WITH PUMP	73
<i>baclofen 20 mg tab</i>	47	BENZAMYCIN	73
<i>baclofen 40 mg/20ml solution</i>	111	BENZNIDAZOLE	43
<i>baclofen 5 mg tab, 10 mg tab</i>	47	<i>benzoyl peroxide-erythromycin</i>	73
BACLOFEN 50 MCG/ML SOLN PRSYR	111	<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	43
BACTRIM	19	<i>benztropine mesylate 1 mg/ml solution</i>	43
BACTRIM DS	19	BEOVU	103
BAFIERTAM	68	<i>bepotastine besilate</i>	103
BAL-CARE DHA	77	BEPREVE	103
BALCOLTRA	90	BERINERT	96
<i>balsalazide disodium</i>	100	BESIVANCE	19
BALVERSA 3 MG TAB	36	BETADINE OPHTHALMIC PREP	103
BALVERSA 4 MG TAB	36	<i>betaine</i>	85
BALVERSA 5 MG TAB	36	<i>betamethasone dipropionate 0.05 % cream, 0.05 % lotion</i>	73
<i>balziva</i>	90	<i>betamethasone dipropionate 0.05 % ointment</i>	87
BANZEL 200 MG TAB	24	<i>betamethasone dipropionate aug 0.05 % cream, 0.05 % lotion</i>	87
BANZEL 40 MG/ML SUSPENSION	24	<i>betamethasone dipropionate aug 0.05 % gel, 0.05 % ointment</i>	73
BANZEL 400 MG TAB	24	<i>betamethasone valerate 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam</i>	73
BAQSIMI ONE PACK	53	BETAPACE 160 MG TAB	61
BAQSIMI TWO PACK	53	BETAPACE 80 MG TAB, 120 MG TAB	61
BARACLUDE 0.05 MG/ML SOLUTION, 0.5 MG TAB, 1 MG TAB	48	BETAPACE AF 160 MG TAB	61
BASAGLAR KWIKPEN	53	BETAPACE AF 80 MG TAB, 120 MG TAB	61
BAVENCIO	36	BETASERON	68
BAXDELA	19	<i>betaxolol hcl 0.5 % solution</i>	103
BCG VACCINE	96	<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	61
BD PEN	102	<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i>	86
BD PEN MINI	102	BETHKIS	107
BECONASE AQ	107	BETIMOL	103
BELBUCA 600 MCG FILM, 750 MCG FILM, 900 MCG FILM	12	BETOPTIC-S	103
BELBUCA 75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM	12	BEVESPI AEROSPHERE	107
BELLADONNA ALKALOIDS-OPIMUM	12	<i>bexarotene 1 % gel</i>	36
BELSOMRA	112	<i>bexarotene 75 mg cap</i>	36
<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	61	BEXSERO	96
<i>benazepril-hydrochlorothiazide</i>	61	BEYAZ	90
BENDEKA	36	<i>bicalutamide</i>	36
BENICAR	61	BICILLIN C-R	19
BENICAR HCT	61	BICILLIN C-R 900/300	19
BENLYSTA 120 MG RECON SOLN, 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR, 400 MG RECON SOLN	96	BICILLIN L-A	19

BIDIL	61	budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension	107
BIJUVA	90	budesonide 1 mg/2ml suspension	107
BIKTARVY 30-120-15 MG TAB	48	budesonide 3 mg cp dr part	100
BIKTARVY 50-200-25 MG TAB	48	budesonide er	100
BILTRICIDE	43	budesonide-formoterol fumarate	107
bimatoprost 0.03 % solution	103	bumetanide 0.25 mg/ml solution	61
BINOSTO	101	bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	61
bisoprolol fumarate 5 mg tab, 10 mg tab	61	BUMEX	61
bisoprolol-hydrochlorothiazide	61	bupap	68
BIVIGAM	96	BUPHENYL 3 GM/TSP POWDER	85
bleomycin sulfate	36	BUPHENYL 500 MG TAB	85
BLEPHAMIDE S.O.P.	103	BUPRENEX	17
blisovi 24 fe	90	buprenorphine 10 mcg/hr patch wk, 15 mcg/hr patch wk	12
blisovi fe 1.5/30	90	buprenorphine 5 mcg/hr patch wk, 20 mcg/hr patch wk	12
blisovi fe 1/20	90	buprenorphine 7.5 mcg/hr patch wk	12
BONIVA 150 MG TAB	101	buprenorphine hcl 0.3 mg/ml solution	17
BONJESTA	31	buprenorphine hcl 2 mg sl tab	17
BOOSTRIX	96	buprenorphine hcl 8 mg sl tab	17
BORTEZOMIB 1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN	36	buprenorphine hcl-naloxone hcl 12-3 mg film	17
bosentan	107	buprenorphine hcl-naloxone hcl 2-0.5 mg film, 2-0.5 mg sl tab	18
BOSULIF 100 MG TAB	36	buprenorphine hcl-naloxone hcl 4-1 mg film	18
BOSULIF 400 MG TAB, 500 MG TAB	36	buprenorphine hcl-naloxone hcl 8-2 mg film, 8-2 mg sl tab	18
BOTOX	111	bupropion hcl 100 mg tab	28
BRAFTOVI	37	bupropion hcl 75 mg tab	28
BREO ELLIPTA	107	bupropion hcl er (smoking det)	18
BREZTRI AEROSPHERE	107	bupropion hcl er (sr) 100 mg tab er 12h	28
brielllyn	90	bupropion hcl er (sr) 150 mg tab er 12h, 200 mg tab er 12h	28
BRILINTA	58	bupropion hcl er (xl) 150 mg tab er 24h	29
brimonidine tartrate 0.15 % solution, 0.2 % solution	103	bupropion hcl er (xl) 300 mg tab er 24h, 450 mg tab er 24h	29
brimonidine tartrate-timolol	103	bupirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab	52
brinzolamide	103	butalbital-acetaminophen 50-300 mg cap, 50-300 mg tab, 50-325 mg tab	68
BRISDELLE	28	butalbital-apap-caff-cod	12
BRIVIACT 10 MG TAB	24	butalbital-apap-cafeine	68
BRIVIACT 10 MG/ML SOLUTION	24	butalbital-asa-caff-codeine	12
BRIVIACT 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	24	butalbital-aspirin-cafeine 50-325-40 mg cap ...	12
BRIVIACT 50 MG/5ML SOLUTION	24	BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB	12
bromfenac sodium (once-daily)	103	butorphanol tartrate 1 mg/ml solution	12
bromocriptine mesylate 2.5 mg tab, 5 mg cap	43		
BROMSITE	103		
BRONCHITOL TOLERANCE TEST	102		
BROVANA	107		
BRUKINSA	37		
BRYHALI	73		

<i>butorphanol tartrate 10 mg/ml solution</i>	12	CAMZYOS	61
<i>butorphanol tartrate 2 mg/ml solution</i>	12	CANASA	100
BUTRANS 20 MCG/HR PATCH WK	12	CANCIDAS	32
BUTRANS 5 MCG/HR PATCH WK, 10 MCG/HR PATCH WK, 15 MCG/HR PATCH WK	12	<i>candesartan cilexetil</i>	61
BUTRANS 7.5 MCG/HR PATCH WK	12	<i>candesartan cilexetil-hctz</i>	61
BYDUREON	54	CAPEX	73
BYDUREON BCISE	54	CAPLYTA	45
BYETTA 10 MCG PEN	54	CAPRELSA 100 MG TAB	37
BYETTA 5 MCG PEN	54	CAPRELSA 300 MG TAB	37
BYLVAY (PELLETS) 200 MCG CAP SPRINK	85	<i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	61
BYLVAY (PELLETS) 600 MCG CAP SPRINK	85	CARAC	73
BYLVAY 1200 MCG CAP	85	CARAFATE 1 GM TAB, 1 GM/10ML SUSPENSION	82
BYLVAY 400 MCG CAP	85	CARBAGLU	77
BYNFEZIA PEN	95	<i>carbamazepine 100 mg chew tab, 100 mg/5ml suspension, 200 mg tab</i>	24
BYSTOLIC	61	<i>carbamazepine er</i>	24
C-NATE DHA	77	CARBATROL	24
CABENUVA 400 & 600 MG/2ML SUSP	48	<i>carbidopa 25 mg tab</i>	43
CABENUVA 600 & 900 MG/3ML SUSP	48	<i>carbidopa-levodopa</i>	43
<i>cabergoline</i>	95	<i>carbidopa-levodopa er</i>	43
CABLIVI	58	<i>carbidopa-levodopa-entacapone</i>	43
CABOMETYX	37	<i>carbinoxamine maleate 4 mg tab, 4 mg/5ml solution</i>	107
CADUET	61	CARBINOXAMINE MALEATE 6 MG TAB	107
CAFERGOT	34	<i>carboplatin</i>	37
CALAN SR	61	CARDIZEM 30 MG TAB, 120 MG TAB	61
<i>calcipotriene 0.005 % cream, 0.005 % ointment</i>	73	CARDIZEM 60 MG TAB	61
<i>calcipotriene 0.005 % solution</i>	73	CARDIZEM CD 120 MG CAP ER 24H	61
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	73	CARDIZEM CD 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H	61
<i>calcipotriene-betameth diprop 0.005-0.064 % suspension</i>	73	CARDIZEM LA	61
<i>calcitonin (salmon) 200 unit/act solution</i>	101	CARDURA	61
<i>calcitonin (salmon) 200 unit/ml solution</i>	101	CARDURA XL	86
<i>calcitrene</i>	73	<i>carglumic acid</i>	77
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution</i>	101	<i>carisoprodol 250 mg tab, 350 mg tab</i>	111
<i>calcitriol 3 mcg/gm ointment</i>	73	<i>carisoprodol-aspirin-codeine</i>	12
<i>calcitriol inj 1 mcg/ml</i>	101	CARNITOR 1 GM/10ML SOLUTION, 330 MG TAB	78
<i>calcium acetate (phos binder)</i>	77	CARNITOR 200 MG/ML SOLUTION	78
<i>calcium acetate 667 mg tab</i>	77	CARNITOR SF	78
CALDOLOR	12	CAROSPIR	61
CALQUENCE 100 MG CAP	37	<i>carteolol hcl</i>	103
CAMBIA	12	<i>cartia xt</i>	61
<i>camila</i>	90	<i>carvedilol</i>	61
<i>camrese</i>	90	<i>carvedilol phosphate er</i>	61
<i>camrese lo</i>	90		

CASODEX	37	cefuroxime axetil 500 mg tab	20
CASPOFUNGIN ACETATE 50 MG RECON SOLN ...	32	cefuroxime sodium	20
CASPOFUNGIN ACETATE 70 MG RECON SOLN ...	33	CELEBREX	12
<i>cataflam</i>	12	<i>celecoxib 50 mg cap, 100 mg cap, 200 mg cap,</i>	
CATAPRES-TTS-1	61	<i>400 mg cap</i>	12
CATAPRES-TTS-2	61	CELEXA 10 MG TAB	29
CATAPRES-TTS-3	61	CELEXA 20 MG TAB	29
CAYSTON	107	CELEXA 40 MG TAB	29
<i>caziant</i>	90	CELLCEPT 200 MG/ML RECON SUSP, 250 MG CAP,	
<i>ceftaclor 125 mg/5ml recon susp, 250 mg cap, 250</i>		<i>500 MG TAB</i>	96
<i>mg/5ml recon susp, 375 mg/5ml recon susp,</i>		CELONTIN	24
<i>500 mg cap</i>	19	CENTANY	73
CEFACLOR ER	19	<i>cephalexin 125 mg/5ml recon susp, 250 mg cap,</i>	
<i>cefadroxil 1 gm tab, 250 mg/5ml recon susp, 500</i>		<i>250 mg tab, 500 mg cap, 500 mg tab</i>	20
<i>mg cap, 500 mg/5ml recon susp</i>	19	<i>cephalexin 250 mg/5ml recon susp, 750 mg</i>	
<i>cefazolin sodium 1 gm recon soln, 2 gm recon</i>		<i>cap</i>	20
<i>soln, 10 gm recon soln, 500 mg recon soln</i> ...	19	CEQUA	103
CEFAZOLIN SODIUM 100 GM RECON SOLN, 300 GM		CEQUR SIMPLICITY 2U	102
RECON SOLN	19	CEQUR SIMPLICITY INSERTER	102
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML)		CERDELGA	85
RECON SOLN, 1-4 GM/50ML-% SOLUTION, 2-3		<i>cetirizine hcl 1 mg/ml solution, 5 mg/5ml</i>	
GM-%(50ML) RECON SOLN, 2-4 GM/100ML-%		<i>solution</i>	107
SOLUTION	19	CETRAXAL	105
<i>cefdinir 125 mg/5ml recon susp, 250 mg/5ml</i>		<i>cevimeline hcl</i>	72
<i>recon susp, 300 mg cap</i>	19	CHANTIX 0.5 MG TAB	18
<i>cefepime hcl 1 gm recon soln, 2 gm recon</i>		CHANTIX 1 MG TAB	18
<i>soln</i>	19	CHANTIX CONTINUING MONTH PAK	18
CEFEPIME HCL 1 GM/50ML SOLUTION, 2		CHANTIX STARTING MONTH PAK	18
GM/100ML SOLUTION, 100 GM RECON		<i>charlotte 24 fe</i>	90
SOLN	19	<i>chateal</i>	90
<i>cefixime 100 mg/5ml recon susp, 200 mg/5ml</i>		<i>chateal eq</i>	90
<i>recon susp, 400 mg cap</i>	19	CHEMET	78
CEFOTAN	19	CHENODAL	82
<i>cefotetan disodium</i>	19	<i>chlordiazepoxide hcl</i>	52
<i>cefoxitin sodium</i>	20	<i>chlordiazepoxide-amitriptyline</i>	29
<i>cefpodoxime proxetil 50 mg/5ml recon susp, 100</i>		<i>chlordiazepoxide-clidinium</i>	83
<i>mg tab, 100 mg/5ml recon susp, 200 mg</i>		<i>chlorhexidine gluconate 0.12 % solution</i>	72
<i>tab</i>	20	<i>chloroquine phosphate 250 mg tab, 500 mg</i>	
<i>cefprozil 125 mg/5ml recon susp, 250 mg tab, 250</i>		<i>tab</i>	43
<i>mg/5ml recon susp, 500 mg tab</i>	20	<i>chlorpromazine hcl 10 mg tab, 25 mg tab, 50 mg</i>	
<i>ceftazidime 1 gm recon soln, 2 gm recon soln, 6</i>		<i>tab, 100 mg tab, 200 mg tab</i>	45
<i>gm recon soln</i>	20	<i>chlorpromazine hcl 25 mg/ml solution, 50 mg/2ml</i>	
<i>ceftriaxone sodium 1 gm recon soln, 2 gm recon</i>		<i>solution</i>	45
<i>soln, 10 gm recon soln, 250 mg recon soln, 500</i>		CHLORPROMAZINE HCL 30 MG/ML CONC, 100	
<i>mg recon soln</i>	20	MG/ML CONC	45
CEFTRIAZONE SODIUM 100 GM RECON SOLN ...	20	<i>chlorthalidone</i>	61
<i>ceftriaxone sodium in dextrose</i>	20	<i>chlorzoxazone 250 mg tab</i>	111
CEFTRIAZONE SODIUM-DEXTROSE	20	<i>chlorzoxazone 375 mg tab, 750 mg tab</i>	111
<i>cefuroxime axetil 250 mg tab</i>	20		

<i>chlorzoxazone 500 mg tab</i>	111	29
CHOLBAM	85	<i>citalopram hydrobromide 20 mg tab</i>	29
<i>cholestyramine 4 gm packet, 4 gm/dose</i>		<i>citalopram hydrobromide 40 mg tab</i>	29
<i>powder</i>	61	CITRANATAL 90 DHA	78
<i>cholestyramine light 4 gm packet, 4 gm/dose</i>		CITRANATAL B-CALM	78
<i>powder</i>	61	CITRANATAL BLOOM	78
CHORIONIC GONADOTROPIN 10000 UNIT RECON		CITRANATAL HARMONY	78
SOLN	89	CITRANATAL MEDLEY	78
CIALIS 2.5 MG TAB, 5 MG TAB	86	CITRANATAL RX	78
CIBINQO	73	<i>claravis</i>	73
<i>ciclodan 8 % solution</i>	73	CLARINEX	107
<i>ciclopirox 0.77 % gel, 1 % shampoo, 8 %</i>		CLARINEX-D 12 HOUR	107
<i>solution</i>	73	<i>clarithromycin 125 mg/5ml recon susp, 250 mg</i>	
<i>ciclopirox olamine 0.77 % cream</i>	33	<i>tab, 250 mg/5ml recon susp, 500 mg tab</i>	20
<i>ciclopirox olamine 0.77 % suspension</i>	33	<i>clarithromycin er</i>	20
<i>cidofovir 75 mg/ml solution</i>	48	CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP .	
<i>cilostazol</i>	58	<i>clemastine fumarate 2.68 mg tab</i>	107
CILOXAN 0.3 % OINTMENT, 0.3 % SOLUTION	20	CLENPIQ	83
CIMDUO	48	CLEOCIN 2 % CREAM, 75 MG CAP, 75 MG/5ML	
<i>cimetidine 200 mg tab</i>	83	RECON SOLN, 100 MG SUPPOS, 150 MG CAP,	
<i>cimetidine 300 mg tab, 400 mg tab, 800 mg</i>		300 MG CAP	20
<i>tab</i>	83	CLEOCIN PHOSPHATE	20
<i>cimetidine hcl</i>	83	CLEOCIN-T	73
CIMZIA	96	CLIMARA	90
CIMZIA PREFILLED	96	CLIMARA PRO	90
CIMZIA STARTER KIT	96	<i>clindacin etz 1 % swab</i>	20
<i>cinacalcet hcl 30 mg tab</i>	101	<i>clindacin-p</i>	20
<i>cinacalcet hcl 60 mg tab</i>	101	CLINDAGEL	73
<i>cinacalcet hcl 90 mg tab</i>	101	<i>clindamycin hcl 75 mg cap, 150 mg cap, 300 mg</i>	
CINQAIR	107	<i>cap</i>	20
CINRYZE	96	<i>clindamycin palmitate hcl</i>	20
CINVANTI	31	<i>clindamycin phos-benzoyl perox 1-5 % gel, 1.2-5 %</i>	
CIPRO 250 MG TAB, 250 MG/5ML (5%) RECON		<i>gel</i>	73
SUSP, 500 MG TAB, 500 MG/5ML (10%) RECON		<i>clindamycin phos-benzoyl perox 1.2-2.5 %</i>	
SUSP	20	<i>gel</i>	73
CIPRO HC	105	<i>clindamycin phosphate 1 % foam</i>	73
CIPRODEX	105	<i>clindamycin phosphate 1 % gel</i>	73
<i>ciprofloxacin hcl 0.2 % solution</i>	106	<i>clindamycin phosphate 1 % lotion, 1 %</i>	
<i>ciprofloxacin hcl 0.3 % solution, 100 mg tab, 750</i>		<i>solution</i>	73
<i>mg tab</i>	20	<i>clindamycin phosphate 1 % swab, 2 % cream, 9</i>	
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab</i>	20	<i>gm/60ml solution, 300 mg/2ml solution, 600</i>	
<i>ciprofloxacin in d5w</i>	20	<i>mg/4ml solution, 9000 mg/60ml solution</i>	20
<i>ciprofloxacin-dexamethasone</i>	106	<i>clindamycin phosphate 900 mg/6ml</i>	
<i>ciprofloxacin-fluocinolone pf</i>	106	<i>solution</i>	20
<i>cisplatin 50 mg/50ml solution, 100 mg/100ml</i>		<i>clindamycin phosphate in d5w</i>	20
<i>solution, 200 mg/200ml solution</i>	37	<i>clindamycin-tretinoin</i>	74
<i>citalopram hydrobromide 10 mg tab</i>	29	CLINDESSE	20
<i>citalopram hydrobromide 10 mg/5ml solution</i>		CLINIMIX E/DEXTROSE (2.75/5)	78

CLINIMIX E/DEXTROSE (4.25/10)	78	clopidogrel bisulfate 75 mg tab	58
CLINIMIX E/DEXTROSE (4.25/5)	78	clorazepate dipotassium	52
CLINIMIX E/DEXTROSE (5/15)	78	clotrimazole 1 % cream, 1 % solution	33
CLINIMIX E/DEXTROSE (5/20)	78	clotrimazole 10 mg troche	33
CLINIMIX E/DEXTROSE (8/10)	78	clotrimazole-betamethasone 1-0.05 % cream ...	74
CLINIMIX E/DEXTROSE (8/14)	78	clotrimazole-betamethasone 1-0.05 % lotion ...	74
CLINIMIX/DEXTROSE (4.25/10)	78	clozapine 100 mg tab, 100 mg tab disp	45
CLINIMIX/DEXTROSE (4.25/5)	78	clozapine 12.5 mg tab disp	45
CLINIMIX/DEXTROSE (5/15)	78	clozapine 150 mg tab disp	45
CLINIMIX/DEXTROSE (5/20)	78	clozapine 200 mg tab	45
CLINIMIX/DEXTROSE (6/5)	78	clozapine 200 mg tab disp	45
CLINIMIX/DEXTROSE (8/10)	78	clozapine 25 mg tab, 25 mg tab disp	45
CLINIMIX/DEXTROSE (8/14)	78	clozapine 50 mg tab	45
clinisol sf	78	CLOZARIL 100 MG TAB	45
CLINOLIPID	78	CLOZARIL 200 MG TAB	45
clinpro 5000	72	CLOZARIL 25 MG TAB	45
clobazam 10 mg tab	24	CLOZARIL 50 MG TAB	45
clobazam 2.5 mg/ml suspension	24	COARTEM	43
clobazam 20 mg tab	24	COCAINE HCL 40 MG/ML SOLUTION	107
clobetasol prop emollient base	87	codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab	12
clobetasol propionate 0.05 % cream, 0.05 % ointment	74	COLAZAL	100
clobetasol propionate 0.05 % foam	74	colchicine 0.6 mg cap, 0.6 mg tab	34
clobetasol propionate 0.05 % gel	74	colchicine-probenecid	34
clobetasol propionate 0.05 % liquid, 0.05 % lotion, 0.05 % shampoo	74	COLCRYS	34
clobetasol propionate 0.05 % solution	74	colesevelam hcl	61
clobetasol propionate e	87	COLESTID 1 GM TAB, 5 GM GRANULES, 5 GM PACKET	61
clobetasol propionate emulsion	74	COLESTID FLAVORED 5 GM GRANULES, 5 GM PACKET	61
CLOBEX	74	colestipol hcl 1 gm tab, 5 gm granules, 5 gm packet	61
CLOBEX SPRAY	74	colistimethate sodium (cba)	20
clocortolone pivalate	87	COLY-MYCIN M	20
clodan 0.05 % shampoo	74	COMBIGAN	103
CLODERM	87	COMBIPATCH	90
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	29	COMBIVENT RESPIMAT	107
clonazepam 0.125 mg tab disp	52	COMBIVIR	48
clonazepam 0.25 mg tab disp	52	COMETRIQ (100 MG DAILY DOSE)	37
clonazepam 0.5 mg tab, 0.5 mg tab disp	52	COMETRIQ (140 MG DAILY DOSE)	37
clonazepam 1 mg tab, 1 mg tab disp	52	COMETRIQ (60 MG DAILY DOSE)	37
clonazepam 2 mg tab, 2 mg tab disp	52	COMPLERA	48
clonidine	61	COMPLETENATE	78
clonidine hcl (analgesia)	61	compro	31
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	61	COMTAN	43
clonidine hcl er	68	CONCEPT DHA	78
clopidogrel bisulfate 300 mg tab	58	CONCEPT OB	78

CONCERTA 18 MG TAB ER, 27 MG TAB ER, 54 MG TAB ER	68	CUBICIN	20
CONCERTA 36 MG TAB ER	68	CUBICIN RF	20
CONDYLOX	74	CUPRIMINE	86
CONJUPRI	62	CUTAQUIG	96
<i>constulose</i>	83	CUVITRU	97
CONZIP	12	CUVPOSA	83
COPAXONE 20 MG/ML SOLN PRSYR	68	<i>cyclafem 1/35</i>	90
COPAXONE 40 MG/ML SOLN PRSYR	68	<i>cyclafem 7/7/7</i>	90
COPIKTRA	37	<i>cyclobenzaprine hcl 5 mg tab, 7.5 mg tab, 10 mg tab</i>	111
CORDRAN 0.025 % CREAM, 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT	74	<i>cyclobenzaprine hcl er</i>	111
CORDRAN 4 MCG/SQCM TAPE	74	CYCLOGYL	103
COREG	62	<i>cyclopentolate hcl 0.5 % solution, 2 % solution</i>	103
COREG CR	62	<i>cyclopentolate hcl 1 % solution</i>	103
CORGARD	62	<i>cyclophosphamide 1 gm recon soln, 2 gm recon soln, 500 mg recon soln</i>	37
CORLANOR 5 MG TAB, 7.5 MG TAB	62	CYCLOPHOSPHAMIDE 1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 500 MG/2.5ML SOLUTION	37
CORLANOR 5 MG/5ML SOLUTION	62	<i>cyclophosphamide 25 mg cap, 50 mg cap</i>	37
CORTEF	100	CYCLOPHOSPHAMIDE 25 MG TAB, 50 MG TAB	37
CORTENEMA	100	<i>cycloserine 250 mg cap</i>	35
CORTIFOAM	100	CYCLOSET	54
CORTISPORIN 1 % OINTMENT	74	<i>cyclosporine 0.05 % emulsion</i>	103
CORTISPORIN 3.5-10000-0.5 CREAM	103	<i>cyclosporine 25 mg cap, 50 mg/ml solution, 100 mg cap</i>	97
CORTISPORIN-TC	106	<i>cyclosporine modified 25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution</i>	97
CORTROPHIN	87	CYKLOKAPRON	58
COSENTYX (300 MG DOSE)	96	CYMBALTA 20 MG CP DR PART	68
COSENTYX 150 MG/ML SOLN PRSYR	96	CYMBALTA 30 MG CP DR PART	68
COSENTYX 75 MG/0.5ML SOLN PRSYR	96	CYMBALTA 60 MG CP DR PART	68
COSENTYX SENSOREADY (300 MG)	96	<i>cyproheptadine hcl 2 mg/5ml syrup</i>	107
COSENTYX SENSOREADY PEN	96	<i>cyproheptadine hcl 4 mg tab</i>	107
COSOPT	103	CYRAMZA	37
COSOPT PF	103	<i>cyred</i>	90
COTELLIC	37	<i>cyred eq</i>	90
COTEMPLA XR-ODT	68	CYSTADANE	85
COZAAR	62	CYSTADROPS	85
CREON	85	CYSTAGON	85
CRESEMBA	33	CYSTARAN	85
CRESTOR	62	CYTOGAM	97
CRINONE	90	CYTOMEL	95
CRIXIVAN 200 MG CAP	48	CYTOTEC	89
CRIXIVAN 400 MG CAP	48	D.H.E. 45	34
<i>cromolyn sodium 100 mg/5ml conc</i>	85	<i>dabigatran etexilate mesylate</i>	58
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	107	<i>dalfampridine er</i>	68
<i>cromolyn sodium 4 % solution</i>	103		
<i>crotan</i>	74		
<i>cryselle-28</i>	90		
CRYSVITA	78		

DALIRESP	107	denta 5000 plus	72
DALVANCE	20	dentagel	72
danazol 50 mg cap, 100 mg cap, 200 mg cap	90	DEPAKOTE	24
DANTRIUM 25 MG CAP	48	DEPAKOTE ER	24
dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap	48	DEPAKOTE SPRINKLES	24
dapsone 25 mg tab, 100 mg tab	35	DEPEN TITRATABS	86
dapsone 5 % gel, 7.5 % gel	74	DEPO-ESTRADIOL	90
DAPTACEL	97	DEPO-PROVERA 150 MG/ML SUSP PRSYR, 150 MG/ML SUSPENSION	90
DAPTOMYCIN	20	DEPO-SUBQ PROVERA 104	90
DARAPRIM	43	DEPO-TESTOSTERONE	90
darifenacin hydrobromide er	86	DERMA-SMOOTH/FS BODY	74
DARTISLA ODT	83	DERMA-SMOOTH/FS SCALP	74
DARZALEX	37	DERMOTIC	106
DARZALEX FASPRO	37	DESCOVY	48
dasetta 1/35	90	desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab	29
dasetta 7/7/7	90	desloratadine	107
DAURISMO 100 MG TAB	37	desmopressin ace spray refrig	89
DAURISMO 25 MG TAB	37	desmopressin acetate 0.1 mg tab, 0.2 mg tab	89
DAYPRO	12	desmopressin acetate 4 mcg/ml solution	89
daysee	90	desmopressin acetate pf	89
DAYTRANA	68	desmopressin acetate spray	89
DAYVIGO	112	desogestrel-ethinyl estradiol	90
DDAVP 0.1 MG TAB, 0.2 MG TAB	89	desonide 0.05 % cream, 0.05 % ointment	74
DDAVP 4 MCG/ML SOLUTION	89	desonide 0.05 % gel	74
DDAVP PF	89	desonide 0.05 % lotion	87
deblitane	90	DESOWEN	74
decitabine	37	desoximetasone 0.05 % cream, 0.25 % cream	74
deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	78	desoximetasone 0.05 % gel, 0.05 % ointment, 0.25 % ointment	74
deferasirox 90 mg packet, 90 mg tab, 180 mg packet, 180 mg tab, 360 mg packet, 360 mg tab	78	desoximetasone 0.25 % liquid	74
deferasirox granules	78	DESODYN	68
deferiprone 1000 mg tab	78	DESVENLAFAXINE ER	29
deferiprone 500 mg tab	78	desvenlafaxine succinate er	29
deferoxamine mesylate 2 gm recon soln	78	DETROL	86
deferoxamine mesylate 500 mg recon soln	78	DETROL LA	86
DELESTROGEN	90	DEXABLISS	87
DELSTRIGO	48	dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab	87
delyla	90	dexamethasone 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 1.5 mg (21) tab thpk, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, 2 mg tab, 4 mg tab, 6 mg tab	87
DELZICOL	100	DEXAMETHASONE INTENSOL	87
demeclocycline hcl	20	DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML	
DEMEROL	12		
DEMSEER	62		
DENAVIR	74		

SOLN PRSYR	87	diazepam 2 mg tab	52
dexamethasone sod phosphate pf 10 mg/ml solution	88	diazepam 2.5 mg gel, 10 mg gel, 20 mg gel	24
dexamethasone sodium phosphate 0.1 % solution	103	diazepam 5 mg tab, 5 mg/ml conc	52
dexamethasone sodium phosphate 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution	88	diazepam 5 mg/5ml solution	52
DEXEDRINE 15 MG CAP ER 24H	68	diazepam 5 mg/ml solution	52
DEXEDRINE 5 MG CAP ER 24H, 10 MG CAP ER 24H	68	diazepam intensol	52
DEXILANT	83	diazoxide 50 mg/ml suspension	54
dexlansoprazole	83	DIBENZYLINE	62
dexmethylphenidate hcl	68	DICLEGIS	31
dexmethylphenidate hcl er 20 mg cap er 24h ...	68	diclofenac epolamine	12
dexmethylphenidate hcl er 25 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h	68	diclofenac potassium 25 mg cap	12
dexmethylphenidate hcl er 5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 30 mg cap er 24h	68	diclofenac potassium 25 mg tab	12
dextroamphetamine sulfate 10 mg tab	68	diclofenac potassium 50 mg tab	12
dextroamphetamine sulfate 15 mg tab	68	diclofenac sodium 0.1 % solution	103
dextroamphetamine sulfate 20 mg tab, 30 mg tab	68	diclofenac sodium 1 % gel	12
dextroamphetamine sulfate 5 mg tab	68	diclofenac sodium 1.5 % solution	12
dextroamphetamine sulfate 5 mg/5ml solution	68	diclofenac sodium 2 % solution	12
dextroamphetamine sulfate er 15 mg cap er 24h	68	diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	12
dextroamphetamine sulfate er 5 mg cap er 24h, 10 mg cap er 24h	68	diclofenac sodium 3 % gel	74
dextrose 250 mg/ml solution	78	diclofenac sodium er	12
dextrose 5 % solution, 10 % solution, 50 % solution, 70 % solution	78	diclofenac-misoprostol	12
DEXTROSE 5%/ELECTROLYTE #48	78	dicloxacillin sodium	20
dextrose in lactated ringers	78	dicyclomine hcl 10 mg cap	83
DEXTROSE-NACL 10-0.2 % SOLUTION	78	dicyclomine hcl 10 mg/5ml solution, 20 mg tab	83
dextrose-nacl 2.5-0.45 % solution, 5-0.2 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.45 % solution	78	dicyclomine hcl 10 mg/ml solution	83
dextrose-sodium chloride	78	DIFFERIN 0.1 % CREAM, 0.1 % LOTION, 0.3 % GEL	74
DEXYCU	103	DIFICID 40 MG/ML RECON SUSP, 200 MG TAB ...	20
DHIVY	43	diflorasone diacetate	74
DIACOMIT 250 MG CAP, 250 MG PACKET	24	DIFLUCAN 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	33
DIACOMIT 500 MG CAP, 500 MG PACKET	24	diflunisal 500 mg tab	12
DIASTAT ACUDIAL	24	difluprednate	103
DIASTAT PEDIATRIC	24	digitek 125 mcg tab	62
diazepam 10 mg tab	52	digitek 250 mcg tab	62
		digox 125 mcg tab	62
		digox 250 mcg tab	62
		digoxin 0.05 mg/ml solution, 125 mcg tab	62
		digoxin 0.25 mg/ml solution	62
		digoxin 250 mcg tab	62
		digoxin 62.5 mcg tab	62
		dihydroergotamine mesylate 1 mg/ml solution	34
		dihydroergotamine mesylate 4 mg/ml solution	34

DILANTIN 30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION	24	DOCETAXEL 80 MG/4ML CONC	37
DILANTIN INFATABS	24	DOCETAXEL 80 MG/8ML SOLUTION	37
DILAUDID 0.2 MG/ML SOLUTION, 1 MG/ML SOLUTION, 2 MG TAB, 2 MG/ML SOLUTION, 4 MG TAB, 8 MG TAB	12	dofetilide	62
DILAUDID 1 MG/ML LIQUID	12	DOJOLVI	78
dilt-xr	62	dolishale	90
DILTIAZEM HCL 100 MG RECON SOLN	62	donepezil hcl 23 mg tab	28
diltiazem hcl 25 mg/5ml solution, 50 mg/10ml solution, 125 mg/25ml solution	62	donepezil hcl 5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp	28
diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab	62	DOPTELET	58
diltiazem hcl er	62	DORYX	20
diltiazem hcl er beads	62	DORYX MPC 120 MG TAB DR	21
diltiazem hcl er coated beads	62	dorzolamide hcl 2 % solution	103
dimethyl fumarate 120 mg cap dr	68	dorzolamide hcl-timolol mal	103
dimethyl fumarate 240 mg cap dr	68	DORZOLAMIDE HCL-TIMOLOL MAL	103
dimethyl fumarate starter pack	68	dorzolamide hcl-timolol mal pf	103
DIOVAN	62	dotti	90
DIOVAN HCT	62	DOVATO	48
DIPENTUM	100	DOVONEX	74
diphenhydramine hcl 12.5 mg/5ml elixir	107	doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	62
diphenhydramine hcl 50 mg/ml solution	107	doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap	29
diphenoxylate-atropine 2.5-0.025 mg tab	83	doxepin hcl 3 mg tab, 6 mg tab	112
diphenoxylate-atropine 2.5-0.025 mg/5ml liquid	83	doxepin hcl 5 % cream	74
DIPHThERIA-TETANUS TOXOIDS DT	97	doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap	101
DIPROLENE	74	doxercalciferol 4 mcg/2ml solution	101
dipyridamole 25 mg tab, 50 mg tab, 75 mg tab	58	DOXIL	37
disopyramide phosphate	62	doxorubicin hcl 10 mg recon soln, 50 mg recon soln	37
disulfiram 250 mg tab, 500 mg tab	18	doxorubicin hcl 2 mg/ml solution	37
DITROPAN XL 10 MG TAB ER 24H	86	doxorubicin hcl liposomal	37
DITROPAN XL 5 MG TAB ER 24H	86	doxy 100	21
DIURIL	62	doxycycline	21
divalproex sodium 125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	24	doxycycline hyclate 20 mg tab, 50 mg cap, 50 mg tab dr, 75 mg tab, 75 mg tab dr, 100 mg cap, 100 mg recon soln, 100 mg tab, 150 mg tab	21
divalproex sodium er	24	doxycycline hyclate 50 mg tab, 100 mg tab dr, 150 mg tab dr, 200 mg tab dr	21
DIVIGEL 0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL	90	doxycycline hyclate 80 mg tab dr	21
DOBUTAMINE IN D5W	62	doxycycline monohydrate 150 mg cap	21
docetaxel 160 mg/16ml solution	37	doxycycline monohydrate 25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab	21
docetaxel 20 mg/2ml solution	37	doxylamine-pyridoxine	31
docetaxel 20 mg/ml conc	37	DRIZALMA SPRINKLE 20 MG CAP DR, 60 MG CAP DR	68
docetaxel 20 mg/ml conc, 80 mg/4ml conc, 160 mg/8ml conc	37		

DRIZALMA SPRINKLE 30 MG CAP DR, 40 MG CAP DR	68	EDLUAR	112
dronabinol	31	EDURANT	48
drospiren-eth estrad-levomefol	90	efavirenz 200 mg cap	48
drospirenone-ethinyl estradiol	90	efavirenz 50 mg cap	48
DROXIA	37	efavirenz 600 mg tab	48
droxidopa 100 mg cap	62	efavirenz-emtricitab-tenofovir	48
droxidopa 200 mg cap, 300 mg cap	62	efavirenz-lamivudine-tenofovir	48
DUAKLIR PRESSAIR	107	EFFER-K 10 EFFER TAB, 20 EFFER TAB	78
DUAVEE	91	effer-k 25 meq effer tab	78
DUET DHA 400	78	EFFEXOR XR 150 MG CAP ER 24H	29
DUET DHA BALANCED	78	EFFEXOR XR 37.5 MG CAP ER 24H, 75 MG CAP ER 24H	29
DUETACT	54	EFFIENT	58
DULERA	107	EFUDEX	74
duloxetine hcl 20 mg cp dr part	68	EGRIFTA SV	89
duloxetine hcl 30 mg cp dr part	68	ELESTRIN	91
duloxetine hcl 40 mg cp dr part	68	eletriptan hydrobromide	34
duloxetine hcl 60 mg cp dr part	68	ELIDEL	74
DUOBRII	74	ELIGARD 30 MG KIT, 45 MG KIT	95
DUOPA	43	ELIGARD 7.5 MG KIT, 22.5 MG KIT	95
DUPIXENT 100 MG/0.67ML SOLN PRSYR	97	elinest	91
DUPIXENT 200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR	97	ELIQUIS	58
DUPIXENT 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR	97	ELIQUIS DVT/PE STARTER PACK	58
DURACLON	62	ELITEK	37
duramorph	13	ELIXOPHYLLIN	107
DUREZOL	103	ELLA	91
DURYSTA	103	ELMIRON	86
dutasteride 0.5 mg cap	86	eluryng	91
dutasteride-tamsulosin hcl	86	ELYXYB	13
DUTOPROL 50-12.5 MG TAB ER 24H	62	EMCYT	37
DXEVO 11-DAY	88	EMEND 125 MG/5ML RECON SUSP	31
DYANAVAL XR 10 MG, 15 MG, 20 MG	69	EMEND 40 MG CAP	32
DYANAVAL XR 2.5 MG/ML SUSP	69	EMEND 80 MG CAP	32
DYANAVAL XR 5 MG CHER	69	EMEND TRI-PACK	32
DYMISTA	107	EMFLAZA 6 MG TAB, 18 MG TAB, 22.75 MG/ML SUSPENSION, 30 MG TAB, 36 MG TAB	88
DYRENIUM	62	EMGALITY	34
DYSPORT	111	EMGALITY (300 MG DOSE)	34
e.e.s. 400	21	emoquette	91
E.E.S. GRANULES	21	EMPLICITI	37
ec-naproxen	13	EMSAM	29
econazole nitrate 1 % cream	33	emtricitabine	48
ed-spaz	83	emtricitabine-tenofovir df 100-150 mg tab, 133-200 mg tab, 167-250 mg tab	48
EDARBI	62	emtricitabine-tenofovir df 200-300 mg tab	48
EDARBYCLOR	62	EMTRIVA 10 MG/ML SOLUTION	48
EDECRIN	62	EMTRIVA 200 MG CAP	48

EMVERM	43	epinephrine 0.15 mg/0.15ml soln a-inj	107
enalapril maleate 1 mg/ml solution	62	epinephrine 0.15 mg/0.3ml soln a-inj, 0.3	
enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab,		mg/0.3ml soln a-inj	107
20 mg tab	62	EPIPEN 2-PAK	107
enalapril-hydrochlorothiazide	62	EPIPEN JR 2-PAK	107
ENBRACE HR	78	epitol	25
ENBREL 25 MG RECON SOLN, 50 MG/ML SOLN		EPIVIR 10 MG/ML SOLUTION	49
PRSYR	97	EPIVIR 150 MG TAB	49
ENBREL 25 MG/0.5ML SOLN PRSYR	97	EPIVIR 300 MG TAB	49
ENBREL 25 MG/0.5ML SOLUTION	97	EPIVIR HBV 100 MG TAB	49
ENBREL MINI	97	EPIVIR HBV 5 MG/ML SOLUTION	49
ENBREL SURECLICK	97	eplerenone	62
ENDARI	85	EPOGEN	58
endocet	13	EPRONTIA	25
ENGERIX-B 10 MCG/0.5ML SUSPENSION, 20		EPSOLAY	74
MCG/ML SUSPENSION	97	EPZICOM	49
ENHERTU	37	EQUETRO 100 MG CAP ER 12H	53
enoxaparin sodium 100 mg/ml soln prsy, 150		EQUETRO 200 MG CAP ER 12H	53
mg/ml soln prsy	58	EQUETRO 300 MG CAP ER 12H	53
enoxaparin sodium 30 mg/0.3ml soln prsy	58	ERAXIS	33
enoxaparin sodium 300 mg/3ml solution	58	ERBITUX	37
enoxaparin sodium 40 mg/0.4ml soln prsy	58	ergoloid mesylates 1 mg tab	28
enoxaparin sodium 60 mg/0.6ml soln prsy	58	ERGOMAR	34
enoxaparin sodium 80 mg/0.8ml soln prsy, 120		ergotamine-caffeine	34
mg/0.8ml soln prsy	58	ERIVEDGE	37
enpresse-28	91	ERLEADA	37
enskyce	91	erlotinib hcl 100 mg tab, 150 mg tab	37
ENSPRYNG	97	erlotinib hcl 25 mg tab	37
ENSTILAR	74	errin	91
entacapone	43	ERTACZO	33
ENTADFI	86	ertapenem sodium	21
entecavir	48	ery	74
ENTRESTO	62	ery-tab	21
ENTYVIO	97	ERYGEL	74
enulose	83	ERYPED 200	21
ENVARUS XR 0.75 MG TAB ER 24H, 1 MG TAB ER		ERYPED 400	21
24H	97	ERYTHROCIN LACTOBIONATE	21
ENVARUS XR 4 MG TAB ER 24H	97	erythrocine stearate	21
EPANED	62	erythromycin 2 % gel, 2 % solution	74
EPCLUSA 150-37.5 MG PACKET, 400-100 MG		erythromycin 250 mg tab dr, 333 mg tab dr, 500	
TAB	48	mg tab dr	21
EPCLUSA 200-50 MG PACKET, 200-50 MG TAB ...	49	erythromycin 5 mg/gm ointment	103
EPIDIOLEX	25	erythromycin base 250 mg cp dr part, 250 mg tab,	
EPIDUO	74	250 mg tab dr, 333 mg tab dr, 500 mg tab, 500	
EPIDUO FORTE	74	mg tab dr	21
EPIFOAM	74	erythromycin ethylsuccinate 200 mg/5ml recon	
epinastine hcl	103	susp, 400 mg tab, 400 mg/5ml recon susp ...	21
epinephrine (anaphylaxis)	107		

<i>erythromycin lactobionate</i>	21	EULEXIN	38
<i>erythromycin stearate</i>	21	<i>euthyrox</i>	95
ESBRIET 267 MG CAP, 267 MG TAB	107	EVAMIST	91
ESBRIET 801 MG TAB	107	EVEKEO 10 MG TAB	69
<i>escitalopram oxalate 10 mg tab</i>	29	EVEKEO 5 MG TAB	69
<i>escitalopram oxalate 20 mg tab</i>	29	EVEKEO ODT 10 MG TAB DISP	69
<i>escitalopram oxalate 5 mg tab</i>	29	EVEKEO ODT 15 MG TAB DISP, 20 MG TAB DISP	69
<i>escitalopram oxalate 5 mg/5ml solution</i>	29	EVEKEO ODT 5 MG TAB DISP	69
<i>esgic 50-325-40 mg cap</i>	69	EVENITY	101
ESGIC 50-325-40 MG TAB	69	<i>everolimus 0.25 mg tab</i>	97
<i>esomeprazole magnesium 10 mg packet, 20 mg packet, 40 mg packet</i>	83	<i>everolimus 0.5 mg tab, 0.75 mg tab</i>	97
<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	83	<i>everolimus 1 mg tab</i>	97
<i>esomeprazole sodium</i>	83	<i>everolimus 2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab</i>	38
<i>estarylla</i>	91	EVISTA	91
<i>estazolam</i>	112	EVKEEZA	62
ESTRACE 0.1 MG/GM CREAM, 0.5 MG TAB, 1 MG TAB, 2 MG TAB	91	EVOCLIN	74
<i>estradiol 0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw</i>	91	EVOTAZ	49
<i>estradiol 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk</i>	91	EVOXAC	72
<i>estradiol 0.1 mg/gm cream, 10 mcg tab</i>	91	EVRYSDI	102
<i>estradiol 0.5 mg tab, 1 mg tab, 2 mg tab</i>	91	EXELDERM 1 % CREAM, 1 % SOLUTION	33
<i>estradiol valerate 20 mg/ml oil, 40 mg/ml oil</i>	91	EXELON	28
<i>estradiol-norethindrone acet</i>	91	<i>exemestane</i>	38
ESTRING	91	EXFORGE	62
ESTROGEL	91	EXFORGE HCT	62
<i>eszopiclone</i>	112	EXJADE	78
<i>ethacrynic acid</i>	62	EXKIVITY	38
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	36	EXSERVAN	69
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	25	EXTAVIA	69
<i>ethynodiol diac-eth estradiol</i>	91	EXTINA	33
<i>etodolac</i>	13	EYLEA 2 MG/0.05ML SOLN PRSYR	104
<i>etodolac er</i>	13	EYLEA 2 MG/0.05ML SOLUTION	104
<i>etonogestrel-ethinyl estradiol</i>	91	EYSUVIS	104
<i>etoposide 1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution</i>	37	EZALLOR SPRINKLE	62
<i>etravirine 100 mg tab</i>	49	<i>ezetimibe</i>	62
<i>etravirine 200 mg tab</i>	49	EZETIMIBE-ROSUVASTATIN	62
EUCRISA	74	<i>ezetimibe-simvastatin</i>	62
		FABIOR	74
		FABRAZYME	85
		<i>falmina</i>	91
		<i>famciclovir 125 mg tab, 250 mg tab</i>	49
		<i>famciclovir 500 mg tab</i>	49
		<i>famotidine (pf)</i>	83
		<i>famotidine 20 mg tab, 40 mg tab</i>	83
		<i>famotidine 40 mg/4ml solution, 200 mg/20ml</i>	

<i>solution</i>	83	13
<i>famotidine 40 mg/5ml recon susp</i>	83	<i>fentanyl citrate (pf) 50 mcg/ml solution, 250</i>	
<i>famotidine premixed</i>	83	<i>mcg/5ml solution, 500 mcg/10ml solution,</i>	
FANAPT 1 MG TAB	45	<i>1000 mcg/20ml solution, 2500 mcg/50ml</i>	
FANAPT 10 MG TAB, 12 MG TAB	45	<i>solution</i>	13
FANAPT 2 MG TAB	45	<i>fentanyl citrate 100 mcg tab, 200 mcg tab, 400</i>	
FANAPT 4 MG TAB	45	<i>mcg tab, 600 mcg tab, 800 mcg tab</i>	13
FANAPT 6 MG TAB	45	FENTANYL CITRATE 100 MCG/2ML SOLN	
FANAPT 8 MG TAB	45	PRSYR	13
FANAPT TITRATION PACK	45	<i>fentanyl citrate 200 mcg loz handle, 400 mcg loz</i>	
FARESTON	38	<i>handle</i>	13
FARXIGA	54	<i>fentanyl citrate 600 mcg loz handle, 800 mcg loz</i>	
FASENRA	108	<i>handle, 1200 mcg loz handle, 1600 mcg loz</i>	
FASENRA PEN	108	<i>handle</i>	13
FASLODEX	38	FENTANYL CITRATE PF	13
<i>fayosim</i>	91	FENTORA	13
<i>febuxostat</i>	34	FERRIPROX 100 MG/ML SOLUTION, 500 MG TAB,	
<i>felbamate 400 mg tab, 600 mg tab, 600 mg/5ml</i>		<i>1000 MG TAB</i>	79
<i>suspension</i>	25	FERRIPROX TWICE-A-DAY	79
FELBATOL 400 MG TAB, 600 MG TAB, 600 MG/5ML		<i>fesoterodine fumarate er</i>	86
SUSPENSION	25	FETZIMA	29
FELDENE	13	FETZIMA TITRATION	29
<i>felodipine er</i>	62	<i>fexmid</i>	111
FEMARA	38	FIASP	54
FEMRING	91	FIASP FLEXTOUCH	54
<i>femynor</i>	91	FIASP PENFILL	54
<i>fenofibrate 40 mg tab, 120 mg tab</i>	62	FINACEA	74
<i>fenofibrate 48 mg tab, 50 mg cap, 54 mg tab, 67</i>		<i>finasteride 5 mg tab</i>	86
<i>mg cap, 134 mg cap, 145 mg tab, 150 mg cap,</i>		FINTEPLA	25
<i>160 mg tab, 200 mg cap</i>	63	FIORICET	69
<i>fenofibrate micronized 30 mg cap, 90 mg</i>		FIORICET/CODEINE	13
<i>cap</i>	63	FIRAZYR	97
<i>fenofibrate micronized 43 mg cap, 67 mg cap, 130</i>		FIRDAPSE	69
<i>mg cap, 134 mg cap, 200 mg cap</i>	63	FIRMAGON	95
<i>fenofibric acid 45 mg cap dr, 135 mg cap dr</i> ...	63	FIRMAGON (240 MG DOSE)	95
FENOGLIDE 120 MG TAB	63	FIRVANQ	21
FENOGLIDE 40 MG TAB	63	<i>flac</i>	106
<i>fenoprofen calcium 400 mg cap</i>	13	FLAGYL 375 MG CAP	21
<i>fenoprofen calcium 600 mg tab</i>	13	FLAREX	104
FENSOLVI (6 MONTH)	95	<i>flavoxate hcl</i>	86
<i>fentanyl 12 mcg/hr patch 72hr, 25 mcg/hr patch</i>		FLEBOGAMMA DIF	97
<i>72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch</i>		<i>flecainide acetate</i>	63
<i>72hr, 100 mcg/hr patch 72hr</i>	13	FLECTOR	13
<i>fentanyl 37.5 mcg/hr patch 72hr, 62.5 mcg/hr</i>		FLEQSUVY	69
<i>patch 72hr</i>	13	FLOLAN 0.5 MG RECON SOLN	108
<i>fentanyl 87.5 mcg/hr patch 72hr</i>	13	FLOLAN 1.5 MG RECON SOLN	108
FENTANYL CITRATE (PF) 50 MCG/ML SOLUTION, 100		FLOLIPID	63
MCG/2ML SOLN CART, 100 MCG/2ML SOLUTION		FLOMAX	86

FLORIVA 0.25 MG CHEW TAB, 0.25-400 MG-UNIT/ML LIQUID, 0.5 MG CHEW TAB, 1 MG CHEW TAB	79	fluoxetine hcl 20 mg cap	29
FLOVENT DISKUS 250 MCG/BLIST AER POW BA	108	fluoxetine hcl 20 mg tab	29
FLOVENT DISKUS 50 MCG/BLIST AER POW BA, 100 MCG/BLIST AER POW BA	108	fluoxetine hcl 20 mg/5ml solution	29
FLOVENT HFA 110 MCG/ACT AEROSOL	108	fluoxetine hcl 40 mg cap	29
FLOVENT HFA 220 MCG/ACT AEROSOL	108	FLUOXETINE HCL 60 MG TAB	29
FLOVENT HFA 44 MCG/ACT AEROSOL	108	fluoxetine hcl 90 mg cap dr	29
fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab	33	fluphenazine decanoate 25 mg/ml solution	45
FLUCONAZOLE IN SODIUM CHLORIDE 100-0.9 MG/50ML-% SOLUTION	33	fluphenazine hcl 1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab ...	45
fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution	33	fluphenazine hcl 2.5 mg/ml solution	45
flucytosine 250 mg cap, 500 mg cap	33	flurandrenolide 0.05 % cream, 0.05 % lotion, 0.05 % ointment	75
fludrocortisone acetate 0.1 mg tab	88	flurazepam hcl	112
flunisolide 25 mcg/act (0.025%) solution	108	flurbiprofen 100 mg tab	13
fluocinolone acetonide 0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment	74	flurbiprofen sodium	104
fluocinolone acetonide 0.01 % oil	106	flutamide	38
fluocinolone acetonide body	75	FLUTICASONE FUROATE-VILANTEROL	108
fluocinolone acetonide scalp	75	fluticasone propionate 0.005 % ointment, 0.05 % cream, 0.05 % lotion	75
fluocinonide 0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution	75	fluticasone propionate 50 mcg/act suspension	108
fluocinonide 0.1 % cream	75	FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	108
fluocinonide emulsified base	75	FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	108
fluoridex	72	FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	108
fluoridex enhanced whitening	72	fluticasone-salmeterol 100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba	108
FLUORIDEX SENSITIVITY RELIEF	72	fluticasone-salmeterol 55-14 mcg/act aer pow ba, 113-14 mcg/act aer pow ba, 232-14 mcg/act aer pow ba	108
fluorimax 5000	72	fluvastatin sodium	63
FLUORIMAX 5000 SENSITIVE	72	fluvastatin sodium er	63
fluoritab	79	fluvoxamine maleate 100 mg tab	29
fluorometholone	104	fluvoxamine maleate 25 mg tab, 50 mg tab	29
FLUOROPLEX	75	fluvoxamine maleate er 100 mg cap er 24h	29
fluorouracil 0.5 % cream	75	fluvoxamine maleate er 150 mg cap er 24h	29
fluorouracil 1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution	38	FML	104
fluorouracil 2 % solution, 5 % cream, 5 % solution	75	FML FORTE	104
fluoxetine hcl (pmdd) 10 mg tab	29	FML LIQUIFILM	104
fluoxetine hcl (pmdd) 20 mg tab	29	FOCALIN	69
fluoxetine hcl 10 mg cap	29	FOCALIN XR 20 MG CAP ER 24H	69
fluoxetine hcl 10 mg tab	29	FOCALIN XR 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H	69
		FOLIVANE-OB	79

<i>fondaparinux sodium 10 mg/0.8ml solution</i>	58	<i>gabapentin 300 mg cap</i>	25
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i> ...	58	<i>gabapentin 400 mg cap</i>	25
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	58	<i>gabapentin 600 mg tab</i>	25
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i> ...	58	<i>gabapentin 800 mg tab</i>	25
FORFIVO XL	29	GABITRIL 12 MG TAB	25
<i>formoterol fumarate 20 mcg/2ml nebu soln</i> ...	108	GABITRIL 2 MG TAB, 4 MG TAB, 16 MG TAB	25
FORTAMET 1000 MG TAB ER 24H	54	GABLOFEN 10000 MCG/20ML SOLN PRSYR, 10000	
FORTAMET 500 MG TAB ER 24H	54	MCG/20ML SOLUTION, 20000 MCG/20ML SOLN	
FORTAZ	21	PRSYR, 20000 MCG/20ML SOLUTION	111
FORTEO	101	GABLOFEN 40000 MCG/20ML SOLN PRSYR, 40000	
FORTESTA	91	MCG/20ML SOLUTION	111
FOSAMAX	101	GABLOFEN 50 MCG/ML SOLN PRSYR	111
FOSAMAX PLUS D	101	GALAFOLD	85
<i>fosamprenavir calcium</i>	49	<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12</i>	
<i>fosaprepitant dimeglumine</i>	32	<i>mg tab</i>	28
<i>fosfomycin tromethamine</i>	21	<i>galantamine hydrobromide 4 mg/ml</i>	
<i>fosinopril sodium</i>	63	<i>solution</i>	28
<i>fosinopril sodium-hctz</i>	63	<i>galantamine hydrobromide er</i>	28
FOSRENOL 500 MG CHEW TAB, 750 MG CHEW TAB,		GAMASTAN	97
1000 MG CHEW TAB	79	GAMMAGARD	97
FOSRENOL 750 MG PACKET, 1000 MG		GAMMAGARD S/D LESS IGA	97
PACKET	79	GAMMAKED	97
FOTIVDA	38	GAMMAPLEX	97
FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, 5000		GAMUNEX-C	97
UNIT/0.2ML SOLN PRSYR	58	<i>ganciclovir sodium 500 mg recon soln</i>	49
FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, 10000		GANCICLOVIR SODIUM 500 MG/10ML	
UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN		SOLUTION	49
PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000		GARDASIL 9	97
UNT/0.72ML SOLN PRSYR, 95000 UNIT/3.8ML		GASTROCROM	85
SOLUTION	59	<i>gatifloxacin 0.5 % solution</i>	104
FREAMINE III	79	GATTEX	83
FROVA	34	GAUZE STERILE PADS 2	102
<i>frovatriptan succinate</i>	34	<i>gavilyte-c</i>	83
FULPHILA	59	<i>gavilyte-g</i>	83
<i>fulvestrant</i>	38	<i>gavilyte-n with flavor pack</i>	83
<i>furosemide 10 mg/ml solution inj</i>	63	GAVRETO	38
<i>furosemide 10 mg/ml solution oral</i>	63	GAZYVA	38
<i>furosemide 8 mg/ml solution, 20 mg tab, 40 mg</i>		GELNIQUE	86
<i>tab, 80 mg tab</i>	63	<i>gemcitabine hcl 1 gm recon soln, 2 gm recon</i>	
FUZEON	49	<i>soln</i>	38
fyavolv	91	<i>gemcitabine hcl 1 gm/10ml solution, 2 gm/20ml</i>	
FYCOMPA 0.5 MG/ML SUSPENSION	25	<i>solution, 200 mg/2ml solution</i>	38
FYCOMPA 2 MG TAB	25	<i>gemcitabine hcl 1 gm/26.3ml solution, 200</i>	
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG		<i>mg/5.26ml solution</i>	38
TAB, 12 MG TAB	25	<i>gemcitabine hcl 2 gm/52.6ml solution</i>	38
<i>gabapentin 100 mg cap</i>	25	<i>gemcitabine hcl 200 mg recon soln</i>	38
<i>gabapentin 250 mg/5ml solution, 300 mg/6ml</i>		<i>gemfibrozil 600 mg tab</i>	63
<i>solution</i>	25	<i>gemmily</i>	91

GEMTESA	86	GLUCAGEN HYPOKIT	54
GENERESS FE	91	GLUCAGON EMERGENCY 1 MG KIT	54
generlac	83	<i>glucagon emergency 1 mg kit</i>	54
gengraf 25 mg cap, 100 mg cap, 100 mg/ml solution	97	GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	54
GENOTROPIN	89	GLUCOTROL XL 10 MG TAB ER 24H	54
GENOTROPIN MINIQUICK	89	GLUCOTROL XL 2.5 MG TAB ER 24H	54
gentak	104	GLUCOTROL XL 5 MG TAB ER 24H	54
gentamicin in saline 0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, 1.2-0.9 mg/ml-% solution, 1.6-0.9 mg/ml-% solution	21	GLUMETZA 1000 MG TAB ER 24H	54
gentamicin in saline 2-0.9 mg/ml-% solution ...	21	GLUMETZA 500 MG TAB ER 24H	54
gentamicin sulfate 0.1 % cream, 0.1 % ointment	21	<i>glyburide 1.25 mg tab</i>	54
gentamicin sulfate 0.3 % solution	104	<i>glyburide 2.5 mg tab</i>	54
gentamicin sulfate 10 mg/ml solution, 40 mg/ml solution	21	<i>glyburide 5 mg tab</i>	54
GENVOYA	49	<i>glyburide micronized 1.5 mg tab</i>	54
GEODON 20 MG CAP	45	<i>glyburide micronized 3 mg tab</i>	54
GEODON 20 MG RECON SOLN	45	<i>glyburide micronized 6 mg tab</i>	54
GEODON 40 MG CAP	45	<i>glyburide-metformin 1.25-250 mg tab</i>	54
GEODON 60 MG CAP, 80 MG CAP	45	<i>glyburide-metformin 2.5-500 mg tab, 5-500 mg tab</i>	54
<i>gianvi</i>	91	GLYCATE	83
GILENYA	69	GLYCOPYRROLATE (PF)	83
GILOTRIF	38	<i>glycopyrrolate 0.2 mg/ml solution, 0.4 mg/2ml solution, 1 mg tab, 2 mg tab, 4 mg/20ml solution</i>	83
GIMOTI	32	<i>glycopyrrolate 1 mg/5ml solution</i>	83
GIVLAARI	85	GLYCOPYRROLATE 1.5 MG TAB	83
GLASSIA	85	GLYCOPYRROLATE PF	83
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	69	<i>glydo</i>	17
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	69	GLYNASE 1.5 MG TAB	55
<i>glatopa 20 mg/ml soln prsyr</i>	69	GLYNASE 3 MG TAB	55
<i>glatopa 40 mg/ml soln prsyr</i>	69	GLYNASE 6 MG TAB	55
GLEEEVEC	38	GLYXAMBI	55
<i>glimepiride 1 mg tab</i>	54	GOCOVRI	43
<i>glimepiride 2 mg tab</i>	54	GOLYTELY	83
<i>glimepiride 4 mg tab</i>	54	GONITRO	63
<i>glipizide 10 mg tab</i>	54	GOPRELTO	108
<i>glipizide 5 mg tab</i>	54	GRALISE 300 MG TAB	69
<i>glipizide er 10 mg tab er 24h</i>	54	GRALISE 600 MG TAB	69
<i>glipizide er 2.5 mg tab er 24h</i>	54	<i>granisetron hcl 1 mg tab</i>	32
<i>glipizide er 5 mg tab er 24h</i>	54	<i>granisetron hcl 1 mg/ml solution, 4 mg/4ml solution</i>	32
<i>glipizide xl 10 mg tab er 24h</i>	54	GRANIX	59
<i>glipizide xl 2.5 mg tab er 24h</i>	54	GRASTEK	108
<i>glipizide xl 5 mg tab er 24h</i>	54	<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	33
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	54	<i>griseofulvin ultramicrosize</i>	33
<i>glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab</i>	54	<i>guanfacine hcl</i>	63
GLOPERBA	34	<i>guanfacine hcl er</i>	69

GVOKE HYPOPEN 1-PACK	55	HERCEPTIN HYLECTA	38
GVOKE HYPOPEN 2-PACK	55	HETLIOZ	112
GVOKE KIT	55	HETLIOZ LQ	112
GVOKE PFS	55	HIBERIX	97
GYNAZOLE-1	33	<i>hidex 6-day</i>	88
HAEGARDA	97	HIPREX	21
<i>hailey 1.5/30</i>	91	HIZENTRA 1 GM/5ML SOLN PRSYR, 2 GM/10ML SOLN PRSYR, 4 GM/20ML SOLN PRSYR	97
<i>hailey 24 fe</i>	91	HIZENTRA 1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION	97
<i>hailey fe 1.5/30</i>	91	HORIZANT 300 MG TAB ER	69
<i>hailey fe 1/20</i>	91	HORIZANT 600 MG TAB ER	69
<i>halcinonide</i>	75	HUMALOG	55
HALCION	112	HUMALOG JUNIOR KWIKPEN	55
HALDOL DECANOATE	45	HUMALOG KWIKPEN	55
<i>halobetasol propionate 0.05 % cream, 0.05 % ointment</i>	75	HUMALOG MIX 50/50	55
HALOBETASOL PROPIONATE 0.05 % FOAM	75	HUMALOG MIX 50/50 KWIKPEN	55
HALOG 0.1 % CREAM, 0.1 % OINTMENT	75	HUMALOG MIX 75/25	55
HALOG 0.1 % SOLUTION	75	HUMALOG MIX 75/25 KWIKPEN	55
<i>haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	45	HUMATROPE 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE	89
<i>haloperidol decanoate 50 mg/ml solution, 100 mg/ml solution</i>	45	HUMIRA 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT	97
<i>haloperidol lactate 2 mg/ml conc</i>	45	HUMIRA 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	97
<i>haloperidol lactate 5 mg/ml solution</i>	45	HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	97
HARVONI	49	HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	97
HAVRIX	97	HUMIRA PEN 40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT	98
<i>heather</i>	91	HUMIRA PEN 80 MG/0.8ML PEN KIT	98
HECTOROL 4 MCG/2ML SOLUTION	101	HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	98
HELIDAC THERAPY	83	HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	98
HEMADY	88	HUMIRA PEN-PEDIATRIC UC START	98
HEMANGEOL	63	HUMIRA PEN-PS/UV/ADOL HS START	98
HEPAGAM B	97	HUMIRA PEN-PSOR/UEIT STARTER	98
HEPARIN (PORCINE) IN NACL 12500-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION	59	HUMULIN 70/30	55
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% SOLUTION	59	HUMULIN 70/30 KWIKPEN	55
HEPARIN SOD (PORCINE) IN D5W	59	HUMULIN N	55
<i>heparin sodium (porcine) 1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution</i>	59	HUMULIN N KWIKPEN	55
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	59	HUMULIN R	55
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION	59	HUMULIN R U-500 (CONCENTRATED)	55
<i>hepatamine</i>	79	HUMULIN R U-500 KWIKPEN	55
HEPSERA	49	<i>hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab,</i>	
HERCEPTIN	38		

100 mg tab	63
hydralazine hcl 20 mg/ml solution	63
HYDREA	38
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab	63
hydrocodone bitartrate er 10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 30 mg cap er 12h, 40 mg cap er 12h, 50 mg cap er 12h	13
hydrocodone bitartrate er 100 mg tb24 deter, 120 mg tb24 deter	13
hydrocodone bitartrate er 20 mg tb24 deter, 30 mg tb24 deter, 40 mg tb24 deter, 60 mg tb24 deter, 80 mg tb24 deter	13
hydrocodone-acetaminophen 2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution	13
hydrocodone-acetaminophen 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab	13
hydrocodone-ibuprofen	13
hydrocortisone (perianal) 1 % cream	75
hydrocortisone (perianal) 2.5 % cream	75
hydrocortisone 1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment	75
hydrocortisone 2.5 % lotion	75
hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema	100
hydrocortisone ace-pramoxine 1-1 % cream	75
hydrocortisone butyr lipo base	75
hydrocortisone butyrate 0.1 % cream, 0.1 % solution	75
hydrocortisone butyrate 0.1 % lotion	75
hydrocortisone butyrate 0.1 % ointment	88
hydrocortisone valerate 0.2 % cream	75
hydrocortisone valerate 0.2 % ointment	88
hydrocortisone-acetic acid	106
hydromorphone hcl 1 mg/ml liquid	13
hydromorphone hcl 1 mg/ml solution, 2 mg tab, 2 mg/ml solution, 4 mg tab, 8 mg tab	14
hydromorphone hcl 4 mg/ml solution	14
hydromorphone hcl er	14
HYDROMORPHONE HCL PF 1 MG/ML SOLUTION	14
hydromorphone hcl pf 10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution	14
HYDROMORPHONE HCL PF 2 MG/ML SOLUTION	14
HYDROMORPHONE HCL PF 4 MG/ML SOLUTION	14

HYDROXYCHLOROQUINE SULFATE 100 MG TAB, 300 MG TAB, 400 MG TAB	43
hydroxychloroquine sulfate 200 mg tab	43
hydroxyurea 500 mg cap	38
hydroxyzine hcl 10 mg tab, 10 mg/5ml syrup, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution	108
hydroxyzine pamoate 25 mg cap, 50 mg cap, 100 mg cap	52
HYFTOR	112
hyoscyamine sulfate 0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp	83
hyoscyamine sulfate 0.125 mg/5ml elixir	83
HYPERHEP B	98
hyperlyte-cr	79
HYPERRAB	98
HYPERRAB S/D	98
HYPERTET	98
HYQVIA	98
HYSINGLA ER 20 MG TB24 DETER, 30 MG TB24 DETER, 40 MG TB24 DETER	14
HYSINGLA ER 60 MG TB24 DETER, 80 MG TB24 DETER, 100 MG TB24 DETER, 120 MG TB24 DETER	14
HYZAAR	63
ibandronate sodium 150 mg tab	101
ibandronate sodium 3 mg/3ml solution	101
IBRANCE	38
IBSRELA	83
ibu	14
ibuprofen 100 mg/5ml suspension	14
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	14
icatibant acetate	98
iclevia	91
ICLUSIG	38
icosapent ethyl 1 gm cap	63
IDHIFA 100 MG TAB	38
IDHIFA 50 MG TAB	38
ILARIS	98
ILEVRO	104
ILUMYA	98
imatinib mesylate	38
IMBRUVICA 140 MG CAP, 140 MG TAB	38
IMBRUVICA 70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB	38
IMFINZI	38
imipenem-cilastatin	21

<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	29	INLYTA 5 MG TAB	38
<i>imipramine pamoate 125 mg cap, 150 mg cap</i>	29	INNOPRAN XL	63
<i>imipramine pamoate 75 mg cap, 100 mg cap</i>	30	INPEN 100-BLUE-LILLY-HUMALOG	102
<i>imiquimod 3.75 % cream</i>	75	INPEN 100-BLUE-NOVOLOG-FIASP	102
<i>imiquimod 5 % cream</i>	75	INPEN 100-GREY-LILLY-HUMALOG	102
<i>imiquimod pump</i>	75	INPEN 100-GREY-NOVOLOG-FIASP	102
IMITREX 25 MG TAB, 50 MG TAB, 100 MG TAB	34	INPEN 100-PINK-LILLY-HUMALOG	102
IMITREX 5 MG/ACT SOLUTION, 20 MG/ACT SOLUTION	34	INPEN 100-PINK-NOVOLOG-FIASP	102
IMITREX STATDOSE REFILL 4 MG/0.5ML SOLN CART	35	INQOVI	38
IMITREX STATDOSE REFILL 6 MG/0.5ML SOLN CART	35	INREBIC	38
IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ	35	INSPRA	63
IMITREX STATDOSE SYSTEM 6 MG/0.5ML SOLN A-INJ	35	INSULIN ASP PROT & ASP FLEXPEN	55
IMOGAM RABIES-HT	98	INSULIN ASPART	55
IMOVAX RABIES	98	INSULIN ASPART FLEXPEN	55
IMPAVIDO	43	INSULIN ASPART PENFILL	55
IMPEKLO	75	INSULIN ASPART PROT & ASPART	55
IMURAN	98	INSULIN GLARGINE-YFGN	55
IMVEXXY MAINTENANCE PACK	91	INSULIN LISPRO	55
IMVEXXY STARTER PACK	91	INSULIN LISPRO (1 UNIT DIAL)	55
INBRIJA	44	INSULIN LISPRO JUNIOR KWIKPEN	55
<i>incassia</i>	91	INSULIN LISPRO PROT & LISPRO	55
INCRELEX	89	INSULIN PEN NEEDLE	102
INCRUSE ELLIPTA	108	INSULIN SYRINGE (DISP) U-100 0.3 ML	102
<i>indapamide</i>	63	INSULIN SYRINGE (DISP) U-100 1 ML	102
INDERAL LA 120 MG CAP ER 24H	63	INSULIN SYRINGE (DISP) U-100 1/2 ML	102
INDERAL LA 60 MG CAP ER 24H, 80 MG CAP ER 24H, 160 MG CAP ER 24H	63	INTELENCE 100 MG TAB	49
INDERAL XL 120 MG CAP ER 24H	63	INTELENCE 200 MG TAB	49
INDERAL XL 80 MG CAP ER 24H	63	INTELENCE 25 MG TAB	49
INDOCIN 25 MG/5ML SUSPENSION	14	INTRALIPID 20 % EMULSION	79
INDOCIN 50 MG SUPPOS	14	INTRALIPID 30 % EMULSION	79
<i>indomethacin 25 mg cap, 50 mg cap</i>	14	INTRAROSA	102
<i>indomethacin er</i>	14	INTRON A 10000000 UNIT RECON SOLN	98
INFANRIX	98	INTRON A 18000000 UNIT RECON SOLN	98
INFLECTRA	98	INTRON A 6000000 UNIT/ML SOLUTION, 10000000 UNIT/ML SOLUTION, 50000000 UNIT RECON SOLN	98
INFLIXIMAB	98	<i>introvale</i>	91
INGREZZA 40 & 80 MG CAP THPK	69	INTUNIV	69
INGREZZA 40 MG CAP	69	INVANZ	21
INGREZZA 60 MG CAP, 80 MG CAP	69	INVEGA 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H	45
INLYTA 1 MG TAB	38	INVEGA 6 MG TAB ER 24H	46
		INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	46
		INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR ...	46
		INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	46

INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	46	<i>isosorbide dinitrate 40 mg tab</i>	63
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	46	<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	63
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	46	<i>isosorbide mononitrate</i>	63
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	46	<i>isosorbide mononitrate er</i>	63
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR . . .	46	<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	75
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR . . .	46	<i>isradipine</i>	63
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR . . .	46	ISTALOL	104
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR . . .	46	ISTURISA 1 MG TAB, 5 MG TAB	88
INVELTYS	104	ISTURISA 10 MG TAB	88
INVIRASE 500 MG TAB	49	<i>itraconazole 10 mg/ml solution</i>	33
INVOKAMET	55	<i>itraconazole 100 mg cap</i>	33
INVOKAMET XR	55	<i>ivermectin 0.5 % lotion, 1 % cream</i>	75
INVOKANA	55	<i>ivermectin 3 mg tab</i>	43
IOPIDINE 1 % SOLUTION	104	IXIARO	98
IPOL	98	JADENU	79
<i>ipratropium bromide 0.02 % solution</i>	108	JADENU SPRINKLE	79
<i>ipratropium bromide 0.03 % solution, 0.06 % solution</i>	108	<i>jaimiess</i>	91
<i>ipratropium-albuterol</i>	108	JAKAFI	38
<i>irbesartan</i>	63	JALYN	86
<i>irbesartan-hydrochlorothiazide</i>	63	<i>jantoven</i>	59
IRESSA	38	JANUMET	55
<i>irinotecan hcl 100 mg/5ml solution</i>	38	JANUMET XR 100-1000 MG TAB ER 24H	55
<i>irinotecan hcl 40 mg/2ml solution, 300 mg/15ml solution</i>	38	JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	55
<i>irinotecan hcl 500 mg/25ml solution</i>	38	JANUVIA 100 MG TAB	55
<i>irrigation solutions, physiological</i>	79	JANUVIA 25 MG TAB	55
ISENTRESS 100 MG CHEW TAB	49	JANUVIA 50 MG TAB	55
ISENTRESS 100 MG PACKET	49	JARDIANCE	55
ISENTRESS 25 MG CHEW TAB	49	<i>jasmiel</i>	91
ISENTRESS 400 MG TAB	49	JATENZO 158 MG CAP, 198 MG CAP	91
ISENTRESS HD	49	JATENZO 237 MG CAP	91
<i>isibloom</i>	91	<i>javygtor 100 mg packet</i>	85
ISOLYTE-P IN D5W	79	<i>jencycla</i>	91
ISOLYTE-S	79	JENTADUETO	55
ISOLYTE-S PH 7.4	79	JENTADUETO XR 2.5-1000 MG TAB ER 24H	55
<i>isoniazid 100 mg tab, 300 mg tab</i>	36	JENTADUETO XR 5-1000 MG TAB ER 24H	55
<i>isoniazid 100 mg/ml solution</i>	36	JEVTANA	38
<i>isoniazid 50 mg/5ml syrup</i>	36	<i>jinteli</i>	91
ISOPTO ATROPINE	104	<i>jolessa</i>	91
ISOPTO CARPINE 1 % SOLUTION, 2 % SOLUTION	104	JORNAY PM	69
ISORDIL TITRADOSE 40 MG TAB	63	JUBLIA	33
ISORDIL TITRADOSE 5 MG TAB	63	<i>juleber</i>	91
<i>isosorb dinitrate-hydralazine</i>	63	JULUCA	49
		<i>junel 1.5/30</i>	91
		<i>junel 1/20</i>	91

<i>junel fe 1.5/30</i>	91	KEPPRA 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB	25
<i>junel fe 1/20</i>	92	KEPPRA 500 MG/5ML SOLUTION	25
<i>junel fe 24</i>	92	KEPPRA XR 500 MG TAB ER 24H	25
<i>just right 5000</i>	72	KEPPRA XR 750 MG TAB ER 24H	25
JUXTAPID 30 MG CAP	63	KERENDIA	55
JUXTAPID 5 MG CAP, 10 MG CAP, 20 MG CAP	63	KERYDIN	33
JYNARQUE 15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK	79	KESIMPTA	69
JYNARQUE 15 MG TAB, 30 MG TAB	79	<i>ketoconazole 2 % cream, 2 % shampoo</i>	33
K-TAB	79	<i>ketoconazole 2 % foam</i>	33
KABIVEN	79	<i>ketoconazole 200 mg tab</i>	33
KADCYLA	38	<i>ketodan 2 % foam</i>	33
KADIAN 10 MG CAP ER 24H	14	<i>ketoprofen 25 mg cap</i>	14
KADIAN 50 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H, 200 MG CAP ER 24H	14	<i>ketoprofen er</i>	14
<i>kaitlib fe</i>	92	<i>ketorolac tromethamine 0.4 % solution, 0.5 % solution</i>	104
KALBITOR	98	<i>ketorolac tromethamine 10 mg tab, 15 mg/ml solution, 30 mg/ml solution, 60 mg/2ml solution</i>	14
KALETRA 100-25 MG TAB	49	KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	14
KALETRA 200-50 MG TAB	49	KEVEYIS	85
KALETRA 400-100 MG/5ML SOLUTION	49	KEVZARA	98
<i>kalliga</i>	92	KEYTRUDA	39
KALYDECO 150 MG TAB	108	KINERET	98
KALYDECO 25 MG PACKET, 50 MG PACKET, 75 MG PACKET	108	KINRIX	98
KANJINTI	39	KISQALI (200 MG DOSE)	39
KAPSPARGO SPRINKLE	63	KISQALI (400 MG DOSE)	39
KAPVAY	69	KISQALI (600 MG DOSE)	39
<i>kariva</i>	92	KISQALI FEMARA (400 MG DOSE)	39
KATERZIA	63	KISQALI FEMARA (600 MG DOSE)	39
KAZANO	55	KISQALI FEMARA(200 MG DOSE)	39
<i>kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution</i>	79	KITABIS PAK	108
KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION	79	KLARON	21
KCL-LACTATED RINGERS-D5W	79	KLISYRI	75
KEDRAB	98	KLONOPIN 0.5 MG TAB	52
<i>kelnor 1/35</i>	92	KLONOPIN 1 MG TAB	52
<i>kelnor 1/50</i>	92	KLONOPIN 2 MG TAB	52
KENALOG 0.147 MG/GM AERO SOLN	75	<i>klor-con 10</i>	79
KENALOG 10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION	88	<i>klor-con 20 meq packet</i>	79
KENALOG-80	88	<i>klor-con 8 meq tab er</i>	79
KEPPRA 100 MG/ML SOLUTION	25	<i>klor-con m10</i>	79
		<i>klor-con m15</i>	79
		<i>klor-con m20</i>	79
		<i>klor-con/ef</i>	79
		KLOXXADO	18
		KOMBIGLYZE XR 2.5-1000 MG TAB ER 24H	55

KOMBIGLYZE XR 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H	55	lamivudine 10 mg/ml solution	49
KORLYM	88	lamivudine 100 mg tab	49
KOSELUGO	39	lamivudine 150 mg tab	49
KRINTAFEL	43	lamivudine 300 mg tab	49
KRISTALOSE	83	lamivudine-zidovudine	49
KRYSTEXXA	34	lamotrigine 25 & 50 & 100 mg kit	26
kurvelo	92	lamotrigine 5 mg chew tab, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp	26
KUVAN	85	lamotrigine er	26
KYLEENA	92	lamotrigine starter kit-blue	26
KYNMOBI	44	lamotrigine starter kit-green	26
KYPROLIS	39	lamotrigine starter kit-orange	26
labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab	63	LAMPIT	43
labetalol hcl 5 mg/ml solution	63	LANOXIN 0.25 MG/ML SOLUTION	64
LACOSAMIDE 10 MG/ML SOLUTION	25	LANOXIN 125 MCG TAB	64
lacosamide 10 mg/ml solution	25	LANOXIN 250 MCG TAB	64
lacosamide 200 mg/20ml solution	25	LANOXIN 62.5 MCG TAB	64
lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab	25	LANOXIN PEDIATRIC	64
LACRISERT	104	LANREOTIDE ACETATE	95
lactated ringers	79	lansoprazole 15 mg cap dr	83
lactated ringers solution (irrigation)	79	lansoprazole 15 mg tab dr disp	83
LACTULOSE 10 GM PACKET	83	lansoprazole 30 mg cap dr	83
lactulose 10 gm/15ml solution, 20 gm/30ml solution	83	lansoprazole 30 mg tab dr disp	83
lactulose encephalopathy	83	lanthanum carbonate	79
LAMICTAL 25 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	25	LANTUS	55
LAMICTAL 5 MG CHEW TAB, 25 MG CHEW TAB	25	LANTUS SOLOSTAR	56
LAMICTAL ODT 100 MG TAB DISP, 200 MG TAB DISP	25	lapatinib ditosylate	39
LAMICTAL ODT 21 X 25 MG & 7 X 50 MG KIT, 25 & 50 & 100 MG KIT, 42 X 50 MG & 14X100 MG KIT	25	larin 1.5/30	92
LAMICTAL ODT 25 MG TAB DISP, 50 MG TAB DISP	25	larin 1/20	92
LAMICTAL STARTER 35 X 25 MG KIT, 42 X 25 MG & 7 X 100 MG KIT	25	larin 24 fe	92
LAMICTAL STARTER 84 X 25 MG & 14X100 MG KIT	25	larin fe 1.5/30	92
LAMICTAL XR 100 MG TAB ER 24H, 200 MG TAB ER 24H, 250 MG TAB ER 24H, 300 MG TAB ER 24H	25	larin fe 1/20	92
LAMICTAL XR 21 X 25 MG & 7 X 50 MG KIT, 25 & 50 & 100 MG KIT	25	larissia	92
LAMICTAL XR 25 MG TAB ER 24H, 50 MG TAB ER 24H	25	LASIX	64
LAMICTAL XR 50 & 100 & 200 MG KIT	25	LASTACFT	104
		latanoprost 0.005 % solution	104
		LATANOPROST 0.005 % SOLUTION	104
		LATUDA 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB	53
		LATUDA 80 MG TAB	53
		layolis fe	92
		LAZANDA 100 MCG/ACT SOLUTION, 400 MCG/ACT SOLUTION	14
		LEDIPASVIR-SOFOSBUVIR	49
		leena	92

<i>leflunomide 10 mg tab, 20 mg tab</i>	98	<i>levocarnitine sf</i>	79
<i>lenalidomide 10 mg cap</i>	39	<i>levocetirizine dihydrochloride 2.5 mg/5ml solution, 5 mg tab</i>	108
<i>lenalidomide 15 mg cap, 25 mg cap</i>	39	<i>levofloxacin 0.5 % solution</i>	104
<i>lenalidomide 5 mg cap</i>	39	<i>levofloxacin 25 mg/ml solution</i>	21
<i>LENVIMA (10 MG DAILY DOSE)</i>	39	<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	21
<i>LENVIMA (12 MG DAILY DOSE)</i>	39	<i>levofloxacin in d5w</i>	21
<i>LENVIMA (14 MG DAILY DOSE)</i>	39	<i>levoleucovorin calcium</i>	39
<i>LENVIMA (18 MG DAILY DOSE)</i>	39	<i>levoleucovorin calcium pf 175 mg/17.5ml solution</i>	39
<i>LENVIMA (20 MG DAILY DOSE)</i>	39	<i>levoleucovorin calcium pf 250 mg/25ml solution</i>	39
<i>LENVIMA (24 MG DAILY DOSE)</i>	39	<i>levonest</i>	92
<i>LENVIMA (4 MG DAILY DOSE)</i>	39	<i>levonorg-eth estrad triphasic</i>	92
<i>LENVIMA (8 MG DAILY DOSE)</i>	39	<i>levonorgest-eth est & eth est</i>	92
<i>LEQVIO</i>	64	<i>levonorgest-eth estrad 91-day</i>	92
<i>LESCOL XL</i>	64	<i>levonorgestrel-ethinyl estrad 0.1-20 tab, 0.15-30 tab</i>	92
<i>lessina</i>	92	<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	92
<i>LETAIRIS</i>	108	<i>levora 0.15/30 (28)</i>	92
<i>letrozole 2.5 mg tab</i>	39	<i>levorphanol tartrate 2 mg tab, 3 mg tab</i>	14
<i>leucovorin calcium 100 mg/10ml solution</i>	39	<i>LEVOTHYROXINE SODIUM 100 MCG RECON SOLN, 500 MCG RECON SOLN</i>	95
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	39	<i>LEVOTHYROXINE SODIUM 100 MCG/5ML SOLUTION, 200 MCG RECON SOLN, 200 MCG/5ML SOLUTION, 500 MCG RECON SOLN, 500 MCG/5ML SOLUTION</i>	95
<i>leucovorin calcium 50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln</i>	39	<i>levothyroxine sodium 13 mcg cap, 25 mcg cap, 50 mcg cap, 75 mcg cap, 88 mcg cap, 100 mcg cap, 112 mcg cap, 125 mcg cap, 137 mcg cap, 150 mcg cap, 175 mcg cap, 200 mcg cap</i>	95
<i>leucovorin calcium 500 mg/50ml solution</i>	39	<i>levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i>	95
<i>LEUKERAN</i>	39	<i>levoxyl</i>	95
<i>LEUKINE</i>	59	<i>LEVSIN 0.125 MG TAB</i>	83
<i>leuprolide acetate 1 mg/0.2ml kit</i>	95	<i>LEVSIN/SL</i>	83
<i>levalbuterol hcl 0.31 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln</i>	108	<i>LEVULAN KERASTICK</i>	75
<i>levalbuterol hcl 0.63 mg/3ml nebu soln</i>	108	<i>LEXAPRO 10 MG TAB</i>	30
<i>levalbuterol tartrate</i>	108	<i>LEXAPRO 20 MG TAB</i>	30
<i>levamlodipine maleate</i>	64	<i>LEXAPRO 5 MG TAB</i>	30
<i>LEVEMIR</i>	56	<i>LEXETTE</i>	75
<i>LEVEMIR FLEXTOUCH</i>	56	<i>LEXIVA 50 MG/ML SUSPENSION</i>	49
<i>levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab</i>	26	<i>LEXIVA 700 MG TAB</i>	49
<i>levetiracetam 500 mg/5ml solution</i>	26	<i>LIALDA</i>	100
<i>levetiracetam er 500 mg tab er 24h</i>	26	<i>LIBRAX</i>	83
<i>levetiracetam er 750 mg tab er 24h</i>	26	<i>LICART</i>	14
<i>levetiracetam in nacl 1000 mg/100ml solution, 1500 mg/100ml solution</i>	26		
<i>levetiracetam in nacl 500 mg/100ml solution</i>	26		
<i>levo-t</i>	95		
<i>levobunolol hcl</i>	104		
<i>levocarnitine 1 gm/10ml solution</i>	79		
<i>levocarnitine 330 mg tab</i>	79		

<i>lidocaine 5 % ointment</i>	17	LODINE	14
<i>lidocaine 5 % patch</i>	17	LODOSYN	44
<i>lidocaine hcl (pf) 0.5 % solution, 2 % solution, 4 % solution</i>	17	<i>loestrin 1.5/30 (21)</i>	92
<i>lidocaine hcl (pf) 1 % solution, 1.5 % solution</i> ...	17	<i>loestrin 1/20 (21)</i>	92
<i>lidocaine hcl 0.5 % solution, 1 % solution, 2 % solution</i>	17	<i>loestrin fe 1.5/30</i>	92
<i>lidocaine hcl 4 % solution</i>	17	<i>loestrin fe 1/20</i>	92
<i>lidocaine hcl urethral/mucosal</i>	17	<i>lofena</i>	14
<i>lidocaine viscous hcl</i>	17	<i>lojaimiess</i>	92
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	17	LOKELMA	79
LIDODERM	17	LOMOTIL	84
LILETTA (52 MG)	92	LONHALA MAGNAIR REFILL KIT	108
<i>lillow</i>	92	LONHALA MAGNAIR STARTER KIT	108
LINCOCIN	21	LONSURF	39
<i>lincomycin hcl 300 mg/ml solution</i>	21	<i>loperamide hcl 2 mg cap</i>	84
<i>lindane</i>	75	<i>loperamide hcl 2 mg cap</i>	84
<i>linezolid 100 mg/5ml recon susp</i>	21	LOPID	64
<i>linezolid 600 mg tab</i>	21	<i>lopinavir-ritonavir 100-25 mg tab</i>	49
<i>linezolid 600 mg/300ml solution</i>	21	<i>lopinavir-ritonavir 200-50 mg tab</i>	49
<i>linezolid in sodium chloride</i>	21	<i>lopinavir-ritonavir 400-100 mg/5ml solution</i> ...	49
LINZESS	84	<i>lopreeza</i>	92
LIORESAL 0.05 MG/ML SOLUTION, 10 MG/20ML SOLUTION	111	LOPRESSOR	64
LIORESAL 10 MG/5ML SOLUTION, 40 MG/20ML SOLUTION	111	LOPRESSOR HCT	64
<i>liothyronine sodium 10 mcg/ml solution</i>	95	LOPROX 0.77 % CREAM	33
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	95	LOPROX 0.77 % SUSPENSION	33
LIPITOR	64	LOPROX 1 % SHAMPOO	75
LIPOFEN 150 MG CAP	64	<i>lorazepam 0.5 mg tab, 1 mg tab</i>	52
LIPOFEN 50 MG CAP	64	<i>lorazepam 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc</i>	52
<i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	64	<i>lorazepam 2 mg/ml solution, 4 mg/ml solution</i>	52
<i>lisinopril-hydrochlorothiazide</i>	64	<i>lorazepam intensol</i>	52
LITHIUM	53	LORBRENA 100 MG TAB	39
<i>lithium carbonate 150 mg cap, 300 mg cap</i>	53	LORBRENA 25 MG TAB	39
<i>lithium carbonate 300 mg tab, 600 mg cap</i>	53	LOREEV XR 1 MG CP24 SPRNK, 1.5 MG CP24 SPRNK	52
<i>lithium carbonate er</i>	53	LOREEV XR 2 MG CP24 SPRNK, 3 MG CP24 SPRNK	52
LITHOBID	53	LORTAB	14
LITHOSTAT	86	<i>loryna</i>	92
LIVALO	64	<i>lorzone</i>	111
LIVMARLI	85	<i>losartan potassium 25 mg tab, 50 mg tab, 100 mg tab</i>	64
LIVTENCITY	49	<i>losartan potassium-hctz</i>	64
LO LOESTRIN FE	92	LOSEASONIQUE	92
<i>lo-zumandimine</i>	92	LOTEMAX 0.5 % GEL, 0.5 % OINTMENT, 0.5 % SUSPENSION	104
LOCOID	75	LOTEMAX SM	104
LOCOID LIPOCREAM	75	LOTENSIN	64

LOTENSIN HCT	64	LYRICA 225 MG CAP, 300 MG CAP	69
<i>loteprednol etabonate 0.5 % gel, 0.5 %</i>		LYRICA 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG	
<i>suspension</i>	104	CAP, 150 MG CAP	69
LOTREL	64	LYRICA CR 330 MG TAB ER 24H	69
LOTRONEX	84	LYRICA CR 82.5 MG TAB ER 24H, 165 MG TAB ER	
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	64	24H	70
LOVAZA	64	LYSODREN	95
LOVENOX 100 MG/ML SOLN PRSYR, 150 MG/ML		LYSTEDA	59
SOLN PRSYR	59	LYUMJEV	56
LOVENOX 30 MG/0.3ML SOLN PRSYR	59	LYUMJEV KWIKPEN	56
LOVENOX 300 MG/3ML SOLUTION	59	<i>lyza</i>	92
LOVENOX 40 MG/0.4ML SOLN PRSYR	59	M-M-R II	98
LOVENOX 60 MG/0.6ML SOLN PRSYR	59	M-NATAL PLUS	79
LOVENOX 80 MG/0.8ML SOLN PRSYR, 120		MACROBID	21
MG/0.8ML SOLN PRSYR	59	MACRODANTIN	21
<i>low-ogestrel</i>	92	<i>mafenide acetate 5 % packet</i>	75
<i>loxapine succinate</i>	46	<i>magnesium sulfate 2 gm/50ml solution, 4</i>	
<i>lubiprostone</i>	84	<i>gm/100ml solution, 4 gm/50ml solution, 20</i>	
LUCEMYRA	18	<i>gm/500ml solution, 40 gm/1000ml</i>	
LUCENTIS 0.3 MG/0.05ML SOLN PRSYR, 0.3		<i>solution</i>	79
MG/0.05ML SOLUTION, 0.5 MG/0.05ML		<i>magnesium sulfate 50 % solution</i>	79
SOLUTION	104	MAKENA 275 MG/1.1ML SOLN A-INJ	92
LUCENTIS 0.5 MG/0.05ML SOLN PRSYR	104	MALARONE	43
<i>luliconazole</i>	33	<i>malathion</i>	75
LUMAKRAS	39	<i>mannitol 20 % solution, 25 % solution</i>	102
LUMIGAN	104	<i>maraviroc</i>	50
LUMIZYME	85	MARINOL 10 MG CAP	32
LUNESTA	112	MARINOL 2.5 MG CAP, 5 MG CAP	32
LUPANETA PACK 11.25 & 5 MG KIT	95	<i>marlissa</i>	92
LUPANETA PACK 3.75 & 5 MG KIT	95	MARPLAN	30
LUPKYNIS	98	MATULANE	39
LUPRON DEPOT (1-MONTH)	95	<i>matzim la</i>	64
LUPRON DEPOT (3-MONTH)	95	MAVENCLAD (10 TABS)	70
LUPRON DEPOT (4-MONTH)	95	MAVENCLAD (4 TABS)	70
LUPRON DEPOT (6-MONTH)	95	MAVENCLAD (5 TABS)	70
LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT, 15		MAVENCLAD (6 TABS)	70
MG KIT	95	MAVENCLAD (7 TABS)	70
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	95	MAVENCLAD (8 TABS)	70
LUPRON DEPOT-PED (3-MONTH)	95	MAVENCLAD (9 TABS)	70
<i>luteal</i>	92	MAVYRET 100-40 MG TAB	50
LUXIQ	75	MAVYRET 50-20 MG PACKET	50
LUZU	33	MAXALT	35
LYBALVI	30	MAXALT-MLT	35
<i>lyleq</i>	92	MAXIDEX	104
<i>lyllana</i>	92	MAXITROL 3.5-10000-0.1 OINTMENT, 3.5-10000-0.1	
LYNPARZA	39	SUSPENSION	104
LYRICA 20 MG/ML SOLUTION	69	MAXZIDE	64
LYRICA 200 MG CAP	69	MAXZIDE-25	64

MAYZENT 0.25 MG TAB	70	mercaptopurine 50 mg tab	39
MAYZENT 1 MG TAB, 2 MG TAB	70	meropenem	21
MAYZENT STARTER PACK 0.25 MG TAB THPK	70	MERREM 1 GM RECON SOLN	22
MAYZENT STARTER PACK 12 X 0.25 MG TAB		merzee	92
THPK	70	mesalamine 1.2 gm tab dr, 400 mg cap dr	100
me/naphos/mb/hyo1	21	mesalamine 4 gm enema, 800 mg tab dr, 1000 mg	
meclizine hcl 12.5 mg tab, 25 mg tab	32	suppos	100
meclofenamate sodium 50 mg cap, 100 mg		mesalamine er 0.375 gm cap er 24h	100
cap	14	mesalamine er 500 mg cap er	100
MEDROL 2 MG TAB	88	mesalamine-cleanser	100
MEDROL 4 MG TAB, 4 MG TAB THPK, 8 MG TAB, 16		mesna	39
MG TAB, 32 MG TAB	88	MESNEX 100 MG/ML SOLUTION	39
medroxyprogesterone acetate 150 mg/ml susp		MESNEX 400 MG TAB	40
prsy, 150 mg/ml suspension	92	MESTINON 60 MG TAB, 180 MG TAB ER	35
medroxyprogesterone acetate 2.5 mg tab, 5 mg		MESTINON 60 MG/5ML SOLUTION	35
tab, 10 mg tab	92	metaxalone	111
mefenamic acid 250 mg cap	14	metformin hcl 1000 mg tab	56
mefloquine hcl	43	metformin hcl 500 mg tab	56
megestrol acetate 20 mg tab, 40 mg tab	92	metformin hcl 500 mg/5ml solution	56
megestrol acetate 40 mg/ml suspension, 400		METFORMIN HCL 625 MG TAB	56
mg/10ml suspension, 800 mg/20ml		metformin hcl 850 mg tab	56
suspension	92	metformin hcl er (mod) 1000 mg tab er 24h	56
megestrol acetate 625 mg/5ml suspension	92	metformin hcl er (mod) 500 mg tab er 24h	56
MEKINIST 0.5 MG TAB	39	metformin hcl er (osm) 1000 mg tab er 24h	56
MEKINIST 2 MG TAB	39	metformin hcl er (osm) 500 mg tab er 24h	56
MEKTOVI	39	metformin hcl er 500 mg tab er 24h	56
melodetta 24 fe	92	metformin hcl er 750 mg tab er 24h	56
meloxicam 5 mg cap, 10 mg cap	14	methadone hcl 10 mg/ml conc	14
meloxicam 7.5 mg tab, 15 mg tab	14	METHADONE HCL 10 MG/ML SOLUTION	14
melphalan	39	methadone hcl 5 mg tab, 10 mg tab	14
memantine hcl 10 mg tab	28	methadone hcl 5 mg/5ml solution, 10 mg/5ml	
memantine hcl 2 mg/ml solution, 10 mg/5ml		solution	14
solution	28	methadone hcl intensol	15
memantine hcl 28 x 5 mg & 21 x 10 mg tab	28	METHADOSE 10 MG/ML CONC	15
memantine hcl 5 mg tab	28	METHADOSE SUGAR-FREE	15
memantine hcl er	28	methamphetamine hcl	70
MENACTRA	98	methazolamide 25 mg tab, 50 mg tab	104
MENEST	92	methenamine hippurate	22
MENOSTAR	92	methenamine mandelate 0.5 gm tab, 1 gm	
MENQUADFI	98	tab	22
MENTAX	33	methergine	102
MENVEO	98	methimazole 5 mg tab, 10 mg tab	96
meperidine hcl 25 mg/ml solution, 50 mg/ml		METHITEST	92
solution, 100 mg/ml solution	14	methocarbamol 1000 mg/10ml solution	111
meperidine hcl 50 mg tab	14	methocarbamol 500 mg tab, 750 mg tab	111
meperidine hcl 50 mg/5ml solution	14	methotrexate 2.5 mg tab	98
meprobamate	52	methotrexate sodium (pf)	98
MEPRON	43		

methotrexate sodium 1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution	98	tab	64
methoxsalen rapid	75	metoprolol tartrate 37.5 mg tab, 75 mg tab	64
methscopolamine bromide 2.5 mg tab, 5 mg tab	84	metoprolol tartrate 5 mg/5ml solution	64
methyldopa	64	metoprolol-hydrochlorothiazide	64
methylergonovine maleate 0.2 mg tab	102	METROCREAM	22
METHYLIN 10 MG/5ML SOLUTION	70	METROGEL	22
METHYLIN 5 MG/5ML SOLUTION	70	METROLOTION	22
methylphenidate hcl 10 mg chew tab	70	metronidazole 0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab, 500 mg/100ml solution	22
methylphenidate hcl 10 mg/5ml solution	70	metronidazole 0.75 % gel (topical)	22
methylphenidate hcl 2.5 mg chew tab, 5 mg chew tab	70	metronidazole 0.75 % gel vaginal	22
methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab	70	METRONIDAZOLE 500 MG/100ML SOLUTION	22
methylphenidate hcl 5 mg/5ml solution	70	metyrosine	64
methylphenidate hcl er (cd)	70	mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap	64
methylphenidate hcl er (la) 10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 60 mg cap er 24h	70	MIACALCIN	101
methylphenidate hcl er (la) 30 mg cap er 24h ...	70	MICAFUNGIN SODIUM	33
methylphenidate hcl er (xr)	70	MICARDIS	64
methylphenidate hcl er 10 mg tab er, 20 mg tab er	70	MICARDIS HCT	64
methylphenidate hcl er 18 mg tab er, 18 mg tab er 24h, 27 mg tab er, 27 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h, 72 mg tab er	70	miconazole 3	33
methylphenidate hcl er 36 mg tab er, 36 mg tab er 24h	70	miconazole-zinc oxide-petrolat	33
methylphenidate patch	70	microgestin 1.5/30	92
methylprednisolone 4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab	88	microgestin 1/20	92
methylprednisolone acetate 40 mg/ml suspension, 80 mg/ml suspension	88	microgestin 24 fe	92
methylprednisolone sodium succ 40 mg recon soln, 125 mg recon soln, 1000 mg recon soln	88	microgestin fe 1.5/30	92
methylprednisolone sodium succ 500 mg recon soln	88	microgestin fe 1/20	93
methyltestosterone 10 mg cap	92	midazolam hcl 2 mg/ml syrup	52
METOCLOPRAMIDE HCL 10 MG TAB DISP	32	midodrine hcl	64
metoclopramide hcl 5 mg tab disp, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution	32	migergot	35
metoclopramide hcl 5 mg tab, 10 mg tab	32	miglitol	56
metolazone	64	miglustat	85
metoprolol succinate er	64	MIGRANAL	35
metoprolol tartrate 25 mg tab, 50 mg tab, 100 mg tab	64	mili	93
		MILLIPRED	88
		milrinone lactate 10 mg/10ml solution, 20 mg/20ml solution	64
		milrinone lactate 50 mg/50ml solution	64
		milrinone lactate in dextrose	64
		mimvey	93
		MINASTRIN 24 FE	93
		MINIPRESS	64
		MINIVELLE	93
		MINOCIN 100 MG RECON SOLN	22
		minocycline hcl 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab	22
		minocycline hcl er 115 mg tab er 24h	22

<i>minocycline hcl er 45 mg tab er 24h, 55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 90 mg tab er 24h, 105 mg tab er 24h, 135 mg tab er 24h</i>	22	15
MINOLIRA 105 MG TAB ER 24H	22	MORPHINE SULFATE (PF) 8 MG/ML SOLUTION ...	15
MINOLIRA 135 MG TAB ER 24H	22	<i>morphine sulfate 1 mg/ml solution, 15 mg tab, 30 mg tab</i>	15
<i>minoxidil 2.5 mg tab, 10 mg tab</i>	64	<i>morphine sulfate 10 mg/5ml solution, 20 mg/5ml solution</i>	15
MIRAPEX ER 0.375 MG TAB ER 24H, 0.75 MG TAB ER 24H	44	<i>morphine sulfate 2 mg/ml solution, 4 mg/ml solution</i>	15
MIRAPEX ER 1.5 MG TAB ER 24H, 2.25 MG TAB ER 24H, 3 MG TAB ER 24H, 3.75 MG TAB ER 24H, 4.5 MG TAB ER 24H	44	<i>morphine sulfate 5 mg suppos, 8 mg/ml solution, 10 mg suppos, 20 mg suppos, 30 mg suppos</i>	15
MIRCETTE	93	<i>morphine sulfate 50 mg/ml solution</i>	15
MIRENA (52 MG)	93	<i>morphine sulfate er 10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h, 100 mg cap er 24h</i>	15
<i>mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp</i>	30	<i>morphine sulfate er 100 mg tab er, 200 mg tab er</i>	15
<i>mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab</i>	30	<i>morphine sulfate er 15 mg tab er, 30 mg tab er, 60 mg tab er</i>	15
MIRVASO	75	<i>morphine sulfate er beads</i>	15
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	89	<i>morphine sulfate iv soln pf 10 mg/ml</i>	15
MITIGARE	34	MOTEGRITY	84
<i>mitomycin 20 mg recon soln, 40 mg recon soln</i>	40	MOTOFEN	84
<i>mitomycin 5 mg recon soln</i>	40	MOUNJARO 2.5 MG/0.5ML SOLN PEN	56
MOBIC	15	MOUNJARO 5 MG/0.5ML SOLN PEN, 7.5 MG/0.5ML SOLN PEN, 10 MG/0.5ML SOLN PEN, 12.5 MG/0.5ML SOLN PEN, 15 MG/0.5ML SOLN PEN	56
<i>modafinil 100 mg tab</i>	112	MOVANTIK	84
<i>modafinil 200 mg tab</i>	112	MOVIPREP	84
<i>moexipril hcl</i>	64	MOXEZA	104
<i>molindone hcl</i>	46	<i>moxifloxacin hcl (2x day)</i>	104
<i>mometasone furoate 0.1 % cream, 0.1 % ointment</i>	88	<i>moxifloxacin hcl 0.5 % solution</i>	104
<i>mometasone furoate 0.1 % solution</i>	75	<i>moxifloxacin hcl 400 mg tab</i>	22
<i>mometasone furoate 50 mcg/act suspension</i>	108	MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	22
<i>mondoxyne nl 100 mg cap</i>	22	<i>moxifloxacin hcl in nacl</i>	22
<i>mono-lynh</i>	93	MOZOBIL	59
<i>montelukast sodium 4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab</i>	108	MS CONTIN 100 MG TAB ER, 200 MG TAB ER ...	15
MONUROL	22	MS CONTIN 15 MG TAB ER, 30 MG TAB ER	15
<i>morphine sulfate (concentrate) 20 mg/ml solution, 100 mg/5ml solution</i>	15	MS CONTIN 60 MG TAB ER	15
<i>morphine sulfate (pf) 0.5 mg/ml solution, 1 mg/ml solution</i>	15	MULPLETA	59
MORPHINE SULFATE (PF) 1 MG/ML SOLUTION, 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/ML SOLUTION	15	MULTAQ	64
MORPHINE SULFATE (PF) 2 MG/ML SOLUTION INJ	15	<i>multi-vitamin/fluoride</i>	79
MORPHINE SULFATE (PF) 2 MG/ML SOLUTION IV		<i>multi-vitamin/fluoride/iron</i>	80
		<i>multivitamin/fluoride multivitamin/fluoride 0.25 mg chew tab, multivitamin/fluoride 0.5 mg chew tab, multivitamin/fluoride 1 mg chew tab</i>	80

<i>mupirocin 2 % ointment</i>	75	NAMENDA XR	28
<i>mupirocin calcium</i>	75	NAMZARIC 7 & 14 & 21 & 28 -10 MG CP24	
<i>mutamycin 40 mg recon soln</i>	40	THPK	28
<i>mutamycin 5 mg recon soln, 20 mg recon</i>		NAMZARIC 7-10 MG CAP ER 24H, 14-10 MG CAP ER	
<i>soln</i>	40	24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER	
MVASI	40	24H	28
MYALEPT	84	NAPRELAN 375 MG TAB ER 24H, 750 MG TAB ER	
MYAMBUTOL	36	24H	15
MYCAMINE	33	NAPRELAN 500 MG TAB ER 24H	15
MYCAPSSA	95	<i>naproxen 125 mg/5ml suspension</i>	15
MYCOBUTIN	36	<i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr,</i>	
<i>mycophenolate mofetil 200 mg/ml recon</i>		<i>500 mg tab, 500 mg tab dr</i>	15
<i>susp</i>	98	<i>naproxen sodium 275 mg tab, 550 mg tab</i>	15
<i>mycophenolate mofetil 250 mg cap, 500 mg</i>		<i>naproxen sodium er</i>	15
<i>tab</i>	98	<i>naratriptan hcl</i>	35
<i>mycophenolate sodium</i>	98	NARCAN	18
MYDAYIS	70	NARDIL	30
MYFEMBREE	89	NATACHEW	80
MYFORTIC 180 MG TAB DR	98	NATACYN	104
MYFORTIC 360 MG TAB DR	98	NATAZIA	93
MYOBLOC	111	<i>nateglinide 120 mg tab</i>	56
<i>myorisan</i>	75	<i>nateglinide 60 mg tab</i>	56
MYRBETRIQ 25 MG TAB ER 24H, 50 MG TAB ER		NATESTO	93
24H	86	NATPARA	101
MYRBETRIQ 8 MG/ML SRER	86	NATROBA	75
MYSOLINE	26	NAYZILAM	17
MYTESI	84	<i>nebivolol hcl</i>	64
<i>na sulfate-k sulfate-mg sulf</i>	84	NEBUPENT	43
NABI-HB	98	<i>necon 0.5/35 (28)</i>	93
<i>nabumetone 500 mg tab, 750 mg tab</i>	15	NEEDLES, INSULIN DISP., SAFETY	102
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	64	<i>nefazodone hcl 200 mg tab</i>	30
<i>nafcillin sodium 1 gm recon soln for inj</i>	22	<i>nefazodone hcl 50 mg tab, 100 mg tab, 150 mg</i>	
<i>nafcillin sodium 1 gm recon soln, 2 gm recon</i>		<i>tab, 250 mg tab</i>	30
<i>soln</i>	22	<i>neo-polycin</i>	104
<i>nafcillin sodium 10 gm recon soln</i>	22	<i>neo-polycin hc</i>	104
<i>naftifine hcl</i>	33	NEO-SYNALAR 0.5-0.025 % CREAM	75
NAFTIN 1 % GEL, 2 % GEL	33	<i>neomycin sulfate 500 mg tab</i>	22
NAGLAZYME	85	<i>neomycin-bacitracin zn-polymyx</i>	104
NALFON	15	<i>neomycin-polymyxin b gu</i>	22
NALOCET	15	<i>neomycin-polymyxin-dexameth 0.1 % suspension,</i>	
<i>naloxone hcl 0.4 mg/ml soln cart, 0.4 mg/ml</i>		<i>3.5-10000-0.1 ointment, 3.5-10000-0.1</i>	
<i>solution, 2 mg/2ml soln prsyr, 4 mg/10ml</i>		<i>suspension</i>	104
<i>solution</i>	18	<i>neomycin-polymyxin-gramicidin</i>	104
<i>naloxone hcl 4 mg/0.1ml liquid</i>	18	<i>neomycin-polymyxin-hc 1 % solution, 3.5-10000-1</i>	
<i>naltrexone hcl 50 mg tab</i>	18	<i>solution</i>	106
NAMENDA 10 MG TAB	28	<i>neomycin-polymyxin-hc 3.5-10000-1</i>	
NAMENDA 5 MG TAB	28	<i>suspension</i>	104
NAMENDA TITRATION PAK	28	<i>neomycin-polymyxin-hc 3.5-10000-1 ophth</i>	

<i>susp</i>	104	<i>nifedipine er</i>	65
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	106	<i>nifedipine er osmotic release</i>	65
NEONATAL 19	80	<i>nikki</i>	93
NEONATAL COMPLETE 29-1 MG TAB	80	NILANDRON	40
NEONATAL FE	80	<i>nilutamide</i>	40
NEONATAL PLUS	80	<i>nimodipine 30 mg cap</i>	65
NEORAL 25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION	98	NINLARO	40
NERLYNX	40	<i>nisoldipine er</i>	65
NESINA 12.5 MG TAB	56	<i>nitazoxanide 500 mg tab</i>	43
NESINA 25 MG TAB	56	<i>nitisinone</i>	85
NESINA 6.25 MG TAB	56	NITRO-BID	65
NESTABS	80	NITRO-DUR 0.1 MG/HR PATCH 24HR, 0.2 MG/HR PATCH 24HR, 0.4 MG/HR PATCH 24HR, 0.6 MG/HR PATCH 24HR	65
NESTABS ONE	80	NITRO-DUR 0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR	65
<i>neuac 1.2-5 % gel</i>	76	<i>nitrofurantoin</i>	22
NEULASTA	59	<i>nitrofurantoin macrocrystal 25 mg cap, 50 mg cap, 100 mg cap</i>	22
NEULASTA ONPRO	59	<i>nitrofurantoin monohyd macro</i>	22
NEUPOGEN	59	<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	65
NEUPRO	44	NITROGLYCERIN 5 MG/ML SOLUTION	65
NEURONTIN 100 MG CAP	26	NITROLINGUAL	65
NEURONTIN 250 MG/5ML SOLUTION	26	NITROSTAT	65
NEURONTIN 300 MG CAP	26	NITYR	85
NEURONTIN 400 MG CAP	26	NIVA-PLUS	80
NEURONTIN 600 MG TAB	26	NIVESTYM	59
NEURONTIN 800 MG TAB	26	<i>nizatidine 15 mg/ml solution</i>	84
NEVANAC	104	<i>nizatidine 150 mg cap, 300 mg cap</i>	84
<i>nevirapine 200 mg tab</i>	50	NOC DURNA	89
<i>nevirapine 50 mg/5ml suspension</i>	50	<i>nora-be</i>	93
<i>nevirapine er 100 mg tab er 24h</i>	50	NORDITROPIN FLEXPOR	89
<i>nevirapine er 400 mg tab er 24h</i>	50	<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab</i> ...	93
NEXAVAR	40	<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap</i>	93
NEXIUM	84	<i>norethin-eth estradiol-fe</i>	93
NEXIUM I.V.	84	<i>norethindrone 0.35 mg tab</i>	93
NEXLETOL	64	<i>norethindrone acet-ethinyl est</i>	93
NEXLIZET	64	<i>norethindrone acetate 5 mg tab</i>	93
NEXPLANON	93	<i>norethindrone-eth estradiol</i>	93
NEXTSTELLIS	93	<i>norgesic</i>	111
<i>niacin (antihyperlipidemic)</i>	64	NORGESIC FORTE	111
<i>niacin er (antihyperlipidemic)</i>	64	<i>norgestim-eth estrad triphasic</i>	93
<i>niacor</i>	64	<i>norgestimate-eth estradiol</i>	93
NIASPAN	64		
<i>nicardipine hcl 2.5 mg/ml solution</i>	64		
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	65		
NICOTROL	18		
NICOTROL NS	18		
<i>nifedipine 10 mg cap, 20 mg cap</i>	65		

NORITATE	22	33
NORLIQVA	65	<i>np thyroid</i>	95
<i>norlyda</i>	93	NPLATE	59
<i>norlyroc</i>	93	NUBEQA	40
NORPACE 100 MG CAP	65	NUCALA 40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	109
NORPACE 150 MG CAP	65	NUCYNTA 100 MG TAB	15
NORPACE CR	65	NUCYNTA 50 MG TAB	16
NORPRAMIN	30	NUCYNTA 75 MG TAB	16
NORTHERA 100 MG CAP	65	NUCYNTA ER 100 MG TAB ER 12H, 150 MG TAB ER 12H, 200 MG TAB ER 12H, 250 MG TAB ER 12H	16
NORTHERA 200 MG CAP, 300 MG CAP	65	NUCYNTA ER 50 MG TAB ER 12H	16
<i>nortrel 0.5/35 (28)</i>	93	NUEDEXTA	70
<i>nortrel 1/35 (21)</i>	93	<i>nulev</i>	84
<i>nortrel 1/35 (28)</i>	93	NULOJIX	98
<i>nortrel 7/7/7</i>	93	NULYTELY LEMON-LIME	84
<i>nortriptyline hcl 10 mg cap, 25 mg cap</i>	30	NULYTELY WITH FLAVOR PACKS	84
<i>nortriptyline hcl 10 mg/5ml solution, 50 mg cap, 75 mg cap</i>	30	NUMBRINO	109
NORVASC	65	NUPLAZID	46
NORVIR 100 MG PACKET, 100 MG TAB	50	NURTEC	35
NORVIR 80 MG/ML SOLUTION	50	NUTRILIPID	80
NOURIANZ 20 MG TAB	44	NUTROPIN AQ NUSPIN 10	89
NOURIANZ 40 MG TAB	44	NUTROPIN AQ NUSPIN 20	89
NOVAREL	89	NUTROPIN AQ NUSPIN 5	89
NOVOLIN 70/30	56	NUVARING	93
NOVOLIN 70/30 FLEXPEN	56	NUVESSA	22
NOVOLIN 70/30 FLEXPEN RELION	56	NUVIGIL 150 MG TAB, 200 MG TAB, 250 MG TAB	112
NOVOLIN 70/30 RELION	56	NUVIGIL 50 MG TAB	112
NOVOLIN N	56	NUZYRA	22
NOVOLIN N FLEXPEN	56	<i>nyamyc</i>	33
NOVOLIN N FLEXPEN RELION	56	<i>nylia 1/35</i>	93
NOVOLIN N RELION	56	<i>nylia 7/7/7</i>	93
NOVOLIN R	56	NYMALIZE	65
NOVOLIN R FLEXPEN	56	<i>nymyo</i>	93
NOVOLIN R FLEXPEN RELION	56	<i>nystatin 100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab</i>	33
NOVOLIN R RELION	56	<i>nystatin-triamcinolone</i>	76
NOVOLOG	56	<i>nystop</i>	33
NOVOLOG 70/30 FLEXPEN RELION	56	NYVEPRIA	59
NOVOLOG FLEXPEN	56	O-CAL PRENATAL	80
NOVOLOG FLEXPEN RELION	56	OB COMPLETE ONE	80
NOVOLOG MIX 70/30	56	OB COMPLETE PETITE	80
NOVOLOG MIX 70/30 FLEXPEN	56	OB COMPLETE PREMIER	80
NOVOLOG MIX 70/30 RELION	56	OB COMPLETE/DHA	80
NOVOLOG PENFILL	56		
NOVOLOG RELION	56		
NOVOPEN ECHO	102		
NOXAFIL 300 MG/16.7ML SOLUTION	33		
NOXAFIL 40 MG/ML SUSPENSION, 100 MG TAB DR			

OCALIVA	84	OMNIPOD DASH INTRO KIT	102
ocella	93	OMNIPOD STARTER	102
OCREVUS	70	OMNITROPE 5 MG/1.5ML SOLN CART, 10 MG/1.5ML SOLN CART	89
OCTAGAM	98	OMNITROPE 5.8 MG RECON SOLN	89
octreotide acetate 1000 mcg/ml solution	95	ondansetron	32
octreotide acetate 50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution	96	ondansetron hcl 24 mg tab	32
octreotide acetate 500 mcg/ml soln prsy, 500 mcg/ml solution	96	ondansetron hcl 4 mg tab, 8 mg tab	32
OCUFLOX	104	ondansetron hcl 4 mg/2ml soln prsy, 4 mg/2ml solution, 40 mg/20ml solution	32
ODACTRA	102	ondansetron hcl 4 mg/5ml solution	32
ODEFSEY	50	ONEXTON	76
ODOMZO	40	ONFI 10 MG TAB	26
OFEV	109	ONFI 2.5 MG/ML SUSPENSION	26
ofloxacin 300 mg tab, 400 mg tab	22	ONFI 20 MG TAB	26
ofloxacin ophth soln 0.3%	104	ONGENTYS	44
ofloxacin otic soln 0.3%	106	ONGLYZA 2.5 MG TAB	56
OGIVRI	40	ONGLYZA 5 MG TAB	56
olanzapine 10 mg recon soln	46	ONIVYDE	40
olanzapine 2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp	46	ONUREG	40
olanzapine 20 mg tab, 20 mg tab disp	46	ONZETRA XSAIL	35
olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap	30	OPDIVO	40
olanzapine-fluoxetine hcl 6-50 mg cap, 12-25 mg cap, 12-50 mg cap	30	opium	84
olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab	65	OPSUMIT	109
olmesartan medoxomil-hctz	65	OPZELURA	76
olmesartan-amlodipine-hctz	65	ORACEA	22
olopatadine hcl 0.1 % solution, 0.2 % solution	104	ORACIT	87
olopatadine hcl 0.6 % solution	109	ORALAIR	109
OLUMIANT 1 MG TAB, 4 MG TAB	98	oralone	72
OLUMIANT 2 MG TAB	98	ORAPRED ODT	88
OLUX	76	ORENCIA 125 MG/ML SOLN PRSYR	98
OLUX-E	76	ORENCIA 250 MG RECON SOLN	99
OMECLAMOX-PAK	84	ORENCIA 50 MG/0.4ML SOLN PRSYR	99
omega-3-acid ethyl esters	65	ORENCIA 87.5 MG/0.7ML SOLN PRSYR	99
OMEGAVEN	80	ORENCIA CLICKJECT	99
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	84	ORENITRAM 0.125 MG TAB ER	109
omeprazole-sodium bicarbonate	84	ORENITRAM 0.25 MG TAB ER, 1 MG TAB ER, 2.5 MG TAB ER, 5 MG TAB ER	109
OMNARIS	109	ORFADIN 2 MG CAP, 4 MG/ML SUSPENSION, 5 MG CAP, 10 MG CAP, 20 MG CAP	85
OMNIPOD 5 PACK	102	ORGOVYX	96
OMNIPOD DASH 5 PACK PODS	102	ORIAHNN	89
		ORILISSA 150 MG TAB	96
		ORILISSA 200 MG TAB	96
		ORKAMBI 100-125 MG PACKET, 150-188 MG PACKET	109
		ORKAMBI 100-125 MG TAB, 200-125 MG TAB ...	109

ORLADEYO	99	OXTELLAR XR 300 MG TAB ER 24H	26
orphenadrine citrate 30 mg/ml solution	111	OXTELLAR XR 600 MG TAB ER 24H	26
orphenadrine citrate er	111	oxybutynin chloride 5 mg tab	87
orphenadrine-aspirin-caffeine	111	oxybutynin chloride 5 mg/5ml syrup	87
orphengesic forte	111	oxybutynin chloride er 10 mg tab er 24h, 15 mg tab er 24h	87
orsythia	93	oxybutynin chloride er 5 mg tab er 24h	87
ORTIKOS	100	oxycodone hcl 5 mg cap, 5 mg tab, 10 mg tab, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc	16
oscimin	84	oxycodone hcl 5 mg/5ml solution	16
oseltamivir phosphate 6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap	50	oxycodone hcl er 10 mg tb12 deter, 15 mg tb12 deter, 20 mg tb12 deter, 30 mg tb12 deter, 40 mg tb12 deter, 60 mg tb12 deter	16
OSENI 12.5-15 MG TAB	56	oxycodone hcl er 80 mg tb12 deter	16
OSENI 12.5-30 MG TAB, 12.5-45 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB	56	OXYCODONE-ACETAMINOPHEN 10-300 MG/5ML SOLUTION	16
OSMOLEX ER 129 & 193 MG TB24 THPK	102	OXYCODONE-ACETAMINOPHEN 2.5-300 MG TAB, 5-300 MG TAB, 7.5-300 MG TAB, 10-300 MG TAB	16
OSMOLEX ER 129 MG TAB ER 24H	44	oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab	16
OSMOLEX ER 193 MG TAB ER 24H	44	oxycodone-acetaminophen 5-325 mg/5ml solution	16
OSMOPREP	84	OXYCONTIN 10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER	16
OSPHENA	93	OXYCONTIN 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER	16
OTEZLA 10 & 20 & 30 MG TAB THPK	99	oxymorphone hcl	16
OTEZLA 30 MG TAB	76	oxymorphone hcl er 40 mg tab er 12h	16
OTOVEL	106	oxymorphone hcl er 5 mg tab er 12h, 7.5 mg tab er 12h, 10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h	16
OTREXUP	99	OXYTROL	87
OVIDE	76	OZEMPIC (0.25 OR 0.5 MG/DOSE)	57
oxacillin sodium 1 gm recon soln, 2 gm recon soln	22	OZEMPIC (1 MG/DOSE)	57
oxacillin sodium 10 gm recon soln	22	OZEMPIC (2 MG/DOSE)	57
OXACILLIN SODIUM IN DEXTROSE	22	OZURDEX	104
oxaliplatin 100 mg recon soln	40	pacerone	65
oxaliplatin 50 mg recon soln	40	paclitaxel 100 mg/16.7ml conc, 300 mg/50ml conc	40
oxaliplatin 50 mg/10ml solution, 100 mg/20ml solution, 200 mg/40ml solution	40	paclitaxel 30 mg/5ml conc, 150 mg/25ml conc	40
oxandrolone 10 mg tab	93	paclitaxel protein-bound part	40
oxandrolone 2.5 mg tab	93	paliperidone er 1.5 mg tab er 24h, 3 mg tab er 24h	46
oxaprozin	16	paliperidone er 6 mg tab er 24h	46
OXAYDO 5 MG TAB	16	paliperidone er 9 mg tab er 24h	46
OXAYDO 7.5 MG TAB	16		
oxazepam	52		
OXBRYTA 300 MG TAB SOL	59		
OXBRYTA 500 MG TAB	59		
oxcarbazepine 150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab	26		
OXERVATE	104		
oxiconazole nitrate	33		
OXISTAT 1 % CREAM	34		
OXISTAT 1 % LOTION	34		
OXLUMO	85		
OXTELLAR XR 150 MG TAB ER 24H	26		

PALONOSETRON HCL 0.25 MG/2ML SOLUTION, 0.25 MG/5ML SOLN PRSYR, 0.25 MG/5ML SOLUTION	32	peg-3350/electrolytes/ascorbat	84
PALYNZIQ	85	peg-kcl-nacl-nasulf-na asc-c	84
PAMELOR	30	PEGASYS	99
pamidronate disodium 30 mg/10ml solution, 90 mg/10ml solution	101	PEMAZYRE	40
PAMIDRONATE DISODIUM 6 MG/ML SOLUTION	101	pemetrexed disodium 100 mg recon soln, 500 mg recon soln, 750 mg recon soln, 1000 mg recon soln	40
PANCREAZE	85	penicillamine 250 mg cap, 250 mg tab	87
PANDEL	76	PENICILLIN G POT IN DEXTROSE	22
PANRETIN	40	penicillin g potassium	22
pantoprazole sodium 20 mg tab dr, 40 mg tab dr	84	PENICILLIN G PROCAINE	22
pantoprazole sodium 40 mg packet	84	penicillin g sodium	22
pantoprazole sodium 40 mg recon soln	84	penicillin v potassium 125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab	22
PANZYGA	99	PENNSAID	16
PARAGARD INTRAUTERINE COPPER	102	PENTACEL	99
paraplatin	40	PENTAM	43
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	101	pentamidine isethionate	43
paricalcitol 2 mcg/ml solution, 5 mcg/ml solution	101	pentamidine isethionate 300 mg recon soln for nebulization	43
PARLODEL	44	PENTASA 250 MG CAP ER	100
PARNATE	30	PENTASA 500 MG CAP ER	100
paromomycin sulfate 250 mg cap	22	pentazocine-naloxone hcl	16
paroxetine hcl 10 mg tab, 20 mg tab	30	pentoxifylline er	65
paroxetine hcl 10 mg/5ml suspension	30	PEPCID	84
paroxetine hcl 30 mg tab	30	PERCOCET 2.5-325 MG TAB	16
paroxetine hcl 40 mg tab	30	PERCOCET 5-325 MG TAB, 7.5-325 MG TAB, 10-325 MG TAB	16
paroxetine hcl er 12.5 mg tab er 24h	30	PERFOROMIST	109
paroxetine hcl er 25 mg tab er 24h, 37.5 mg tab er 24h	30	PERIKABIVEN	80
paroxetine mesylate	30	perindopril erbumine	65
PASER	36	periogard	72
PATANASE	109	PERJETA	40
PAXIL 10 MG TAB, 20 MG TAB	30	permethrin 5 % cream	76
PAXIL 10 MG/5ML SUSPENSION	30	perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab	32
PAXIL 30 MG TAB	30	perphenazine-amitriptyline	30
PAXIL 40 MG TAB	30	PERSERIS	46
PAXIL CR 12.5 MG TAB ER 24H	30	PERTZYE 16000 CP DR PART, 24000-86250 CP DR PART	85
PAXIL CR 25 MG TAB ER 24H, 37.5 MG TAB ER 24H	30	PERTZYE 4000 CP DR PART, 8000 CP DR PART ...	85
PEDIAPRED	88	PEXEVA 10 MG TAB, 40 MG TAB	30
PEDIARIX	99	PEXEVA 20 MG TAB	30
PEDVAX HIB	99	PEXEVA 30 MG TAB	30
peg 3350-kcl-na bicarb-nacl	84	pfizerpen	22
peg-3350/electrolytes	84	phenelzine sulfate 15 mg tab	30
		PHENERGAN 25 MG/ML SOLUTION	109

PHENERGAN 50 MG/ML SOLUTION	109	PLASMA-LYTE A	80
<i>phenobarbital 100 mg tab</i>	26	PLAVIX	59
<i>phenobarbital 15 mg tab</i>	26	PLEGRIDY	70
<i>phenobarbital 16.2 mg tab</i>	26	PLEGRIDY STARTER PACK	70
<i>phenobarbital 20 mg/5ml elixir</i>	26	<i>plenamine</i>	80
<i>phenobarbital 30 mg tab</i>	26	PLENVU	84
<i>phenobarbital 32.4 mg tab</i>	26	PLIAGLIS 7-7 % CREAM	17
<i>phenobarbital 60 mg tab</i>	26	PNV PRENATAL PLUS MULTIVITAMIN	80
<i>phenobarbital 64.8 mg tab</i>	26	PNV TABS 29-1	80
<i>phenobarbital 97.2 mg tab</i>	26	PNV-DHA+DOCUSATE	80
<i>phenoxybenzamine hcl 10 mg cap</i>	65	PNV-OMEGA	80
<i>phenylephrine hcl 2.5 % solution, 10 % solution</i>	105	PODOCON-25	76
PHENYTEK	26	<i>podofilox 0.5 % solution</i>	76
<i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i>	26	POLY-VI-FLOR 0.25 MG CHEW TAB, 0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB, 1 MG CHEW TAB	80
<i>phenytoin infatabs</i>	26	POLY-VI-FLOR/IRON POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB	80
<i>phenytoin sodium extended</i>	26	<i>polycin</i>	105
PHESGO	40	<i>polymyxin b sulfate 500000 unit recon soln</i>	23
PHEXXI	87	<i>polymyxin b-trimethoprim</i>	105
<i>philith</i>	93	POLYTRIM	105
PHOSLYRA	80	<i>polyvitamin/fluoride</i>	80
PHOSPHOLINE IODIDE	105	POMALYST	40
PIFELTRO	50	PONVORY	70
<i>pilocarpine hcl 1 % solution, 2 % solution, 4 % solution</i>	105	PONVORY STARTER PACK	70
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	72	<i>portia-28</i>	93
<i>pimecrolimus</i>	76	<i>posaconazole</i>	34
<i>pimozide</i>	46	<i>pot & sod cit-cit ac</i>	87
<i>pimtrea</i>	93	<i>potassium chloride 10 % solution, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution</i>	80
<i>pindolol</i>	65	<i>potassium chloride 10 meq cap er</i>	80
<i>pioglitazone hcl 15 mg tab</i>	57	<i>potassium chloride 10 meq tab er</i>	80
<i>pioglitazone hcl 30 mg tab</i>	57	POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, 20 MEQ/100ML SOLUTION	80
<i>pioglitazone hcl 45 mg tab</i>	57	POTASSIUM CHLORIDE 2 MEQ/ML SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ/50ML SOLUTION	80
<i>pioglitazone hcl-glimepiride</i>	57	<i>potassium chloride 20 meq packet</i>	80
<i>pioglitazone hcl-metformin hcl</i>	57	<i>potassium chloride 20 meq tab er</i>	80
<i>piperacillin sod-tazobactam soln</i>	22	<i>potassium chloride 8 meq cap er</i>	80
PIQRAY (200 MG DAILY DOSE)	40	<i>potassium chloride 8 meq tab er</i>	80
PIQRAY (250 MG DAILY DOSE)	40	<i>potassium chloride crys 10 meq tab er</i>	80
PIQRAY (300 MG DAILY DOSE)	40	<i>potassium chloride crys 20 meq tab er</i>	80
<i>pirfenidone 267 mg tab</i>	109	<i>potassium chloride crys er 15 meq tab er</i>	80
<i>pirfenidone 534 mg tab, 801 mg tab</i>	109		
<i>pirmella 1/35</i>	93		
<i>pirmella 7/7/7</i>	93		
<i>piroxicam 10 mg cap, 20 mg cap</i>	16		
PLAQUENIL	43		
PLASMA-LYTE 148	80		

<i>potassium chloride in dextrose</i>	80	PREHEVBRIO	99
POTASSIUM CHLORIDE IN NA ₂ CO ₃ 20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION	80	PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	93
<i>potassium citrate 10 meq (1080 mg) tab er</i>	81	PREMARIN 0.625 MG/GM CREAM	93
<i>potassium citrate 15 meq (1620 mg) tab er</i>	81	PREMARIN 25 MG RECON SOLN	93
<i>potassium citrate 5 meq (540 mg) tab er</i>	81	PREMASOL	81
<i>potassium citrate-citric acid</i>	87	PREMPHASE	93
POTELIGEO	40	PREMPRO	93
PRADAXA	59	PRENAISSANCE	81
PRALUENT	65	PRENAISSANCE PLUS	81
<i>pramipexole dihydrochloride</i>	44	PRENATAL 27-1 MG TAB	81
<i>pramipexole dihydrochloride er</i>	44	PRENATAL PLUS	81
<i>prasugrel hcl</i>	59	PRENATAL PLUS VITAMIN/MINERAL	81
<i>pravastatin sodium</i>	65	<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	81
<i>praziquantel 600 mg tab</i>	43	<i>prenatal vit w/ iron carbonyl-folic acid</i>	81
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	65	PRENATAL VITAMIN PLUS LOW IRON	81
PRECLOSE	57	<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	81
PRED FORTE	105	PRENATE	81
PRED MILD	105	PRENATE AM	81
PRED-G	105	PRENATE DHA	81
PRED-G S.O.P.	105	PRENATE ELITE	81
<i>prednicarbate 0.1 % ointment</i>	88	PRENATE ENHANCE	81
<i>prednisolone 15 mg/5ml solution</i>	88	PRENATE ESSENTIAL	81
<i>prednisolone acetate 1 % suspension</i>	105	PRENATE MINI	81
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	105	PRENATE PIXIE	81
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 10 mg/5ml solution, 15 mg tab disp, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp</i>	88	PRENATE RESTORE	81
<i>prednisone 1 mg tab, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (48) tab thpk</i>	88	PRENATVITE COMPLETE	81
<i>prednisone 2.5 mg tab, 5 mg (21) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab</i>	88	PRENATVITE PLUS	81
PREDNISONE INTENSOL	88	PREPLUS	81
PREFEST	93	PRETAB	81
<i>pregabalin 20 mg/ml solution</i>	70	PRETOMANID	36
<i>pregabalin 200 mg cap</i>	70	PREVACID 15 MG CAP DR	84
<i>pregabalin 225 mg cap, 300 mg cap</i>	70	PREVACID 30 MG CAP DR	84
<i>pregabalin 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	70	PREVACID SOLUTAB 15 MG TAB DR DISP	84
<i>pregabalin er 330 mg tab er 24h</i>	70	PREVACID SOLUTAB 30 MG TAB DR DISP	84
<i>pregabalin er 82.5 mg tab er 24h, 165 mg tab er 24h</i>	71	<i>prevalite 4 gm packet, 4 gm/dose powder</i>	65
PREGNYL	89	PREVIDENT 0.2 % SOLUTION, 1.1 % GEL	72
		PREVIDENT 5000 BOOSTER PLUS	72
		PREVIDENT 5000 DRY MOUTH	72
		PREVIDENT 5000 ENAMEL PROTECT	72
		PREVIDENT 5000 ORTHO DEFENSE	72
		PREVIDENT 5000 PLUS	72
		PREVIDENT 5000 SENSITIVE	72
		PREVYMIS 240 MG TAB, 240 MG/12ML SOLUTION, 480 MG TAB, 480 MG/24ML SOLUTION	50

PREZCOBIX	50	PROLATE 10-300 MG/5ML SOLUTION	16
PREZISTA 100 MG/ML SUSPENSION	50	PROLATE 5-300 MG TAB, 7.5-300 MG TAB, 10-300 MG TAB	16
PREZISTA 150 MG TAB	50	PROLENSA	105
PREZISTA 600 MG TAB, 800 MG TAB	50	PROLIA	101
PREZISTA 75 MG TAB	50	PROMACTA 12.5 MG PACKET	59
PRIALT	102	PROMACTA 12.5 MG TAB, 25 MG TAB	59
PRIFTIN	36	PROMACTA 25 MG PACKET	59
PRILOSEC	84	PROMACTA 50 MG TAB	59
PRIMACARE	81	PROMACTA 75 MG TAB	60
<i>primaquine phosphate</i>	43	<i>promethazine hcl 12.5 mg suppos, 25 mg suppos</i>	32
PRIMAXIN IV	23	<i>promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab</i>	32
<i>primidone 50 mg tab, 250 mg tab</i>	26	<i>promethazine hcl 6.25 mg/5ml solution, 6.25 mg/5ml syrup, 25 mg/ml solution, 50 mg/ml solution</i>	109
PRIORIX	99	<i>promethazine-phenylephrine</i>	109
PRISTIQ	30	<i>promethegan</i>	32
PRIVIGEN	99	PROMETRIUM	93
PROAIR DIGIHALER	109	<i>propafenone hcl</i>	65
PROAIR HFA	109	<i>propafenone hcl er</i>	65
PROAIR RESPICLICK	109	<i>propantheline bromide 15 mg tab</i>	84
<i>probenecid</i>	34	<i>proparacaine hcl 0.5 % solution</i>	105
PROCALAMINE	81	<i>propranolol hcl 1 mg/ml solution</i>	65
PROCARDIA XL	65	<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	65
<i>procentra</i>	71	<i>propranolol hcl 20 mg/5ml solution, 40 mg/5ml solution, 60 mg tab</i>	65
<i>prochlorperazine</i>	32	<i>propranolol hcl er</i>	65
<i>prochlorperazine edisylate 10 mg/2ml solution</i>	32	<i>propylthiouracil 50 mg tab</i>	96
<i>prochlorperazine maleate 5 mg tab, 10 mg tab</i>	32	PROQUAD	99
PROCRIT 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	59	PROSCAR	87
PROCRIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION	59	PROSOL	81
<i>procto-med hc</i>	76	PROTONIX 20 MG TAB DR	84
<i>procto-pak</i>	76	PROTONIX 40 MG PACKET, 40 MG TAB DR	84
PROCTOCORT 1 % CREAM	76	PROTONIX 40 MG RECON SOLN	84
PROCTOFOAM HC	76	PROTOPIC 0.03 % OINTMENT	76
<i>proctosol hc</i>	76	PROTOPIC 0.1 % OINTMENT	76
<i>proctozone-hc</i>	76	<i>protriptyline hcl</i>	30
PROCYSBI 25 MG CAP DR	85	PROVENTIL HFA	109
PROCYSBI 75 MG CAP DR, 75 MG PACKET, 300 MG PACKET	86	PROVERA	93
<i>progesterone 100 mg cap, 200 mg cap</i>	93	PROVIDA OB	81
<i>progesterone 50 mg/ml oil</i>	93	PROVIGIL 100 MG TAB	112
PROGLYCEM	57	PROVIGIL 200 MG TAB	112
PROGRAF 0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP	99	PROZAC 10 MG CAP	30
PROGRAF 5 MG/ML SOLUTION	99	PROZAC 20 MG CAP	30
PROLASTIN-C	86	PROZAC 40 MG CAP	30

PRUDOXIN	76	QUFLORA GUMMIES	81
PSORCON	76	QUFLORA PEDIATRIC 0.25 MG CHEW TAB, 0.25	
PULMICORT 0.25 MG/2ML SUSPENSION, 0.5		MG/ML SOLUTION, 0.5 MG CHEW TAB, 0.5	
MG/2ML SUSPENSION	109	MG/ML SOLUTION, 1 MG CHEW TAB	81
PULMICORT 1 MG/2ML SUSPENSION	109	QUILLICHEW ER 20 MG, 40 MG	71
PULMICORT FLEXHALER	109	QUILLICHEW ER 30 MG CHER	71
PULMOZYME	109	QUILLIVANT XR	71
PURIXAN	40	<i>quinapril hcl</i>	65
PYLERA	84	<i>quinapril-hydrochlorothiazide</i>	65
<i>pyrazinamide 500 mg tab</i>	36	<i>quinidine gluconate er</i>	65
<i>pyridostigmine bromide 30 mg tab, 60 mg tab, 60</i>		<i>quinidine sulfate</i>	65
<i>mg/5ml solution</i>	35	<i>quinine sulfate 324 mg cap</i>	43
<i>pyridostigmine bromide er</i>	35	QULIPTA	35
<i>pyrimethamine 25 mg tab</i>	43	QUTENZA	76
PYRUKYND	60	QUTENZA (2 PATCH)	76
PYRUKYND TAPER PACK	60	QUVIVIQ	112
QBRELIS	65	QUZYTIR	109
QBREXZA	76	QVAR REDHALER 40 MCG/ACT AERO BA	109
QELBREE 100 MG CAP ER 24H	71	QVAR REDHALER 80 MCG/ACT AERO BA	109
QELBREE 150 MG CAP ER 24H, 200 MG CAP ER		RABAVERT	99
24H	71	<i>rabeprazole sodium 20 mg tab dr</i>	84
QINLOCK	40	RADICAVA	71
QNASL	109	RADICAVA ORS	71
QNASL CHILDRENS	109	RADICAVA ORS STARTER KIT	71
QTERN	57	RAGWITEK	109
QUADRACEL	99	<i>raloxifene hcl</i>	93
QUALAQUIN	43	<i>ramelteon</i>	112
QUARTETTE	93	<i>ramipril</i>	65
QUDEXY XR 100 MG CP24 SPRNK, 150 MG CP24		RANEXA	66
SPRNK, 200 MG CP24 SPRNK	26	<i>ranolazine er</i>	66
QUDEXY XR 25 MG CP24 SPRNK, 50 MG CP24		RAPAFLO	87
SPRNK	27	RAPAMUNE 0.5 MG TAB, 1 MG TAB, 1 MG/ML	
QUESTRAN 4 GM PACKET, 4 GM/DOSE		SOLUTION, 2 MG TAB	99
POWDER	65	<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	44
QUESTRAN LIGHT	65	RASUVO	99
<i>quetiapine fumarate 100 mg tab</i>	46	RAVICTI	86
<i>quetiapine fumarate 150 mg tab</i>	46	RAYALDEE	101
<i>quetiapine fumarate 200 mg tab</i>	46	RAZADYNE ER	28
<i>quetiapine fumarate 25 mg tab</i>	46	REBIF	71
<i>quetiapine fumarate 300 mg tab</i>	46	REBIF REBIDOSE	71
<i>quetiapine fumarate 400 mg tab</i>	46	REBIF REBIDOSE TITRATION PACK	71
<i>quetiapine fumarate 50 mg tab</i>	46	REBIF TITRATION PACK	71
<i>quetiapine fumarate er 150 mg tab er 24h, 200 mg</i>		REBLOZYL	60
<i>tab er 24h</i>	46	RECLAST	101
<i>quetiapine fumarate er 50 mg tab er 24h, 300 mg</i>		<i>reclipsen</i>	93
<i>tab er 24h, 400 mg tab er 24h</i>	46	RECOMBIVAX HB	99
QUFLORA FE	81	RECORLEV	88
QUFLORA FE PEDIATRIC	81		

RECTIV	66	RETROVIR 50 MG/5ML SYRUP	50
REDITREX	99	REVATIO 10 MG/12.5ML SOLUTION	109
REGLAN	32	REVATIO 10 MG/ML RECON SUSP	109
REGONOL	35	REVATIO 20 MG TAB	109
REGRANEX	76	REVLIMID 10 MG CAP	40
<i>relafen</i>	16	REVLIMID 2.5 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP	40
RELAFEN DS	16	REVLIMID 5 MG CAP	40
RELENZA DISKHALER	50	REXULTI 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB	46
RELEUKO	60	REXULTI 3 MG TAB, 4 MG TAB	46
RELEXXII	71	REYATAZ 150 MG CAP, 200 MG CAP	50
RELISTOR 12 MG/0.6ML SOLUTION	84	REYATAZ 300 MG CAP	50
RELISTOR 150 MG TAB	84	REYATAZ 50 MG PACKET	50
RELISTOR 8 MG/0.4ML SOLUTION	84	REYVOW 100 MG TAB	35
RELPAK	35	REYVOW 50 MG TAB	35
RELSTONE	84	REZUROCK	99
REMERON	30	RHOFADE	76
REMERON SOLTAB	30	RHOPRESSA	105
REMICADE	99	RIABNI	40
REMODULIN	109	<i>ribavirin 200 mg cap, 200 mg tab</i>	50
RENACIDIN	87	RIDAURA	99
RENAGEL	81	<i>rifabutin</i>	36
RENFLEXIS	99	RIFADIN 600 MG RECON SOLN	36
REVELA 0.8 GM PACKET, 800 MG TAB	81	<i>rifampin 150 mg cap, 300 mg cap</i>	36
REVELA 2.4 GM PACKET	81	<i>rifampin 600 mg recon soln</i>	36
<i>repaglinide 0.5 mg tab</i>	57	RILUTEK	71
<i>repaglinide 1 mg tab</i>	57	<i>riluzole</i>	71
<i>repaglinide 2 mg tab</i>	57	<i>rimantadine hcl</i>	50
REPATHA	66	RIMSO-50	87
REPATHA PUSHTRONEX SYSTEM	66	<i>ringers</i>	81
REPATHA SURECLICK	66	<i>ringers irrigation</i>	81
RESTASIS	105	RINVOQ	99
RESTASIS MULTIDOSE	105	RIOMET	57
RESTORIL 22.5 MG CAP	112	<i>risedronate sodium 150 mg tab</i>	101
RESTORIL 7.5 MG CAP, 15 MG CAP, 30 MG CAP	112	<i>risedronate sodium 30 mg tab</i>	101
RETACRIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION	60	<i>risedronate sodium 35 mg tab, 35 mg tab dr</i> ..	101
RETACRIT 40000 UNIT/ML SOLUTION	60	<i>risedronate sodium 5 mg tab</i>	101
RETEVMO 40 MG CAP	40	RISPERDAL 0.5 MG TAB	46
RETEVMO 80 MG CAP	40	RISPERDAL 1 MG TAB, 1 MG/ML SOLUTION	46
RETIN-A	76	RISPERDAL 2 MG TAB	46
RETIN-A MICRO	76	RISPERDAL 3 MG TAB	46
RETIN-A MICRO PUMP	76	RISPERDAL 4 MG TAB	46
RETROVIR 10 MG/ML SOLUTION	50	RISPERDAL CONSTA 12.5 MG, 25 MG	46
RETROVIR 100 MG CAP	50	RISPERDAL CONSTA 37.5 MG, 50 MG	47
		<i>risperidone 0.25 mg tab, 0.25 mg tab disp</i>	47
		<i>risperidone 0.5 mg tab, 0.5 mg tab disp</i>	47

<i>risperidone 1 mg tab, 1 mg tab disp, 1 mg/ml solution</i>	47	RYALTRIS	109
<i>risperidone 2 mg tab, 2 mg tab disp</i>	47	RYBELSUS 3 MG TAB	57
<i>risperidone 3 mg tab disp</i>	47	RYBELSUS 7 MG TAB, 14 MG TAB	57
<i>risperidone 3 mg tab, 4 mg tab, 4 mg tab disp</i>	47	RYBREVANT	41
RITALIN	71	<i>ryclora</i>	109
RITALIN LA 10 MG CAP ER 24H, 20 MG CAP ER 24H	71	RYDAPT	41
RITALIN LA 30 MG CAP ER 24H	71	RYLAZE	41
RITALIN LA 40 MG CAP ER 24H	71	RYTARY	44
<i>ritonavir</i>	50	RYTHMOL SR 225 MG CAP ER 12H	66
RITUXAN	40	RYTHMOL SR 325 MG CAP ER 12H, 425 MG CAP ER 12H	66
RITUXAN HYCELA	40	RYVENT	109
<i>rivastigmine</i>	28	SABRIL	27
<i>rivastigmine tartrate</i>	28	SAFYRAL	93
<i>rivelsa</i>	93	SAIZEN	89
<i>rizatriptan benzoate</i>	35	SAIZENPREP	89
ROBAXIN	111	<i>sajazir</i>	99
ROBINUL	84	SALAGEN	72
ROBINUL-FORTE	85	<i>salicylic acid 6 % cream, 6 % lotion, 6 % shampoo, 26 % solution</i>	76
ROCALTROL 0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION	101	<i>salicylic acid wart remover</i>	76
ROCKLATAN	105	<i>salsalate 500 mg tab, 750 mg tab</i>	16
<i>romidepsin 10 mg recon soln</i>	40	SAMSCA 15 MG TAB	81
<i>ropinirole hcl</i>	44	SAMSCA 30 MG TAB	81
<i>ropinirole hcl er</i>	44	SANCUSO	32
<i>rosadan 0.75 % cream, 0.75 % gel</i>	23	SANDIMMUNE 25 MG CAP, 50 MG/ML SOLUTION, 100 MG CAP, 100 MG/ML SOLUTION	99
<i>rosuvastatin calcium</i>	66	SANDOSTATIN 100 MCG/ML SOLUTION, 500 MCG/ML SOLUTION	96
ROSZET	66	SANDOSTATIN 50 MCG/ML SOLUTION	96
ROTARIX	99	SANDOSTATIN LAR DEPOT	96
ROTATEQ	99	SANTYL	76
ROWASA	100	SAPHRIS 10 MG SL TAB	47
<i>roweepra 500 mg tab</i>	27	SAPHRIS 2.5 MG SL TAB	47
ROXICODONE 30 MG TAB	16	SAPHRIS 5 MG SL TAB	47
ROXICODONE 5 MG TAB, 15 MG TAB	16	<i>sapropterin dihydrochloride</i>	86
ROZEREM	112	SARCLISA	41
ROZLYTREK 100 MG CAP	40	SAVAYSA	60
ROZLYTREK 200 MG CAP	40	SAVELLA	71
RUBRACA	41	SAVELLA TITRATION PACK	71
RUCONEST	99	SCSEMBLIX 20 MG TAB	41
<i>rufinamide 200 mg tab</i>	27	SCSEMBLIX 40 MG TAB	41
<i>rufinamide 40 mg/ml suspension</i>	27	<i>scopolamine</i>	32
<i>rufinamide 400 mg tab</i>	27	SE-NATAL 19	81
RUKOBIA	50	SEASONIQUE	94
RUXIENCE	41	SECUADO	47
RUZURGI	102	SEGLENTIS	16

SEGLUROMET	57	SIGNIFOR LAR	96
SELECT-OB	81	SIKLOS 100 MG TAB	41
<i>selegiline hcl 5 mg cap, 5 mg tab</i>	44	SIKLOS 1000 MG TAB	41
<i>selenium sulfide 2.25 % shampoo, 2.3 % shampoo</i>	76	<i>sildenafil citrate 10 mg/12.5ml solution</i>	109
<i>selenium sulfide 2.5 % lotion</i>	76	<i>sildenafil citrate 10 mg/ml recon susp</i>	110
SELZENTRY 150 MG TAB, 300 MG TAB	50	<i>sildenafil citrate 20 mg tab</i>	110
SELZENTRY 20 MG/ML SOLUTION	50	SILENOR	112
SELZENTRY 25 MG TAB	50	SILIQ	99
SELZENTRY 75 MG TAB	50	<i>silodosin</i>	87
SEMGLEE (YFGN)	57	SILVADENE	76
SENSIPAR 30 MG TAB	101	SILVER NITRATE 0.5 % SOLUTION	76
SENSIPAR 60 MG TAB	101	<i>silver sulfadiazine 1 % cream</i>	76
SENSIPAR 90 MG TAB	101	SIMBRINZA	105
SEREVENT DISKUS	109	<i>simliya</i>	94
SERNIVO	88	<i>simpesse</i>	94
SEROQUEL 100 MG TAB	47	SIMPONI 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	99
SEROQUEL 200 MG TAB	47	SIMPONI 50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR	99
SEROQUEL 25 MG TAB	47	SIMPONI ARIA	99
SEROQUEL 300 MG TAB	47	<i>simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	66
SEROQUEL 400 MG TAB	47	SINEMET 10-100 MG TAB, 25-100 MG TAB	44
SEROQUEL 50 MG TAB	47	SINGULAIR	110
SEROQUEL XR 150 MG TAB ER 24H, 200 MG TAB ER 24H	47	<i>sirolimus 0.5 mg tab, 1 mg tab, 1 mg/ml solution</i>	99
SEROQUEL XR 400 MG TAB ER 24H	47	<i>sirolimus 2 mg tab</i>	99
SEROQUEL XR 50 MG TAB ER 24H, 300 MG TAB ER 24H	47	SIRTURO	36
SEROSTIM	89	SITAVIG	50
<i>sertraline hcl 100 mg tab</i>	30	SIVEXTRO 200 MG RECON SOLN	23
SERTRALINE HCL 150 MG CAP, 200 MG CAP	30	SIVEXTRO 200 MG TAB	23
<i>sertraline hcl 20 mg/ml conc</i>	31	SKELAXIN	111
<i>sertraline hcl 25 mg tab</i>	31	SKYLA	94
<i>sertraline hcl 50 mg tab</i>	31	SKYRIZI (150 MG DOSE)	99
<i>setlakin</i>	94	SKYRIZI 150 MG/ML SOLN PRSYR	99
<i>sevelamer carbonate 0.8 gm packet</i>	81	SKYRIZI 360 MG/2.4ML SOLN CART	76
<i>sevelamer carbonate 2.4 gm packet</i>	81	SKYRIZI 600 MG/10ML SOLUTION	76
<i>sevelamer carbonate 800 mg tab</i>	81	SKYRIZI PEN	99
<i>sevelamer hcl 400 mg tab</i>	81	SKYTROFA	89
<i>sevelamer hcl 800 mg tab</i>	81	SLYND	94
SEYSARA 100 MG TAB	23	SMOFLIPID	81
SEYSARA 60 MG TAB, 150 MG TAB	23	SOAAZ	66
<i>sf</i>	72	<i>sod citrate-citric acid</i>	87
<i>sf 5000 plus</i>	72	<i>sodium bicarbonate 4.2 % solution, 7.5 % solution, 8.4 % solution</i>	81
SFROWASA	100	<i>sodium chloride (pf)</i>	81
<i>sharobel</i>	94	<i>sodium chloride 0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 %</i>	
SHINGRIX	99		
SIGNIFOR	96		

<i>solution</i>	81	<i>spironolactone 25 mg tab</i>	66
<i>sodium chloride 0.9 % solution irrigation</i>	82	<i>spironolactone 50 mg tab, 100 mg tab</i>	66
<i>sodium chloride 0.9 % solution iv</i>	82	<i>spironolactone-hctz</i>	66
<i>sodium chloride irrigation soln 0.9%</i>	82	SPORANOX 10 MG/ML SOLUTION	34
<i>sodium fluoride 0.2 % solution, 1.1 % cream, 1.1 % gel</i>	72	SPORANOX 100 MG CAP	34
<i>sodium fluoride 0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab</i>	82	SPORANOX PULSEPAK	34
<i>sodium fluoride 1.1 (0.5 f) mg/ml solution</i>	82	SPRAVATO (56 MG DOSE)	31
<i>sodium fluoride 5000 enamel</i>	72	SPRAVATO (84 MG DOSE)	31
<i>sodium fluoride 5000 plus</i>	72	<i>sprintec 28</i>	94
<i>sodium fluoride 5000 ppm 1.1 % cream, 1.1 % gel</i>	72	SPRITAM 250 MG TAB, 500 MG TAB, 1000 MG TAB	27
<i>sodium fluoride 5000 ppm 1.1 % paste</i>	72	SPRITAM 750 MG TAB	27
<i>sodium fluoride 5000 sensitive</i>	72	SPRIX	17
<i>sodium phenylbutyrate 3 gm/tsp powder, 500 mg tab</i>	86	SPRYCEL	41
<i>sodium polystyrene sulfonate</i>	82	<i>sps</i>	82
SOFOSBUVIR-VELPATASVIR	50	<i>sronyx</i>	94
<i>solifenacin succinate</i>	87	<i>ssd</i>	76
SOLQUA	57	STALEVO 100	44
SOLIRIS	102	STALEVO 125	44
SOLODYN 115 MG TAB ER 24H	23	STALEVO 150	44
SOLODYN 55 MG TAB ER 24H, 65 MG TAB ER 24H, 80 MG TAB ER 24H, 105 MG TAB ER 24H	23	STALEVO 200	44
SOLOSEC	23	STALEVO 50	44
SOLTAMOX	41	STALEVO 75	44
SOLU-CORTEF	88	STAMARIL	99
SOLU-MEDROL	88	<i>stavudine 15 mg cap, 20 mg cap</i>	50
SOMA	111	<i>stavudine 30 mg cap, 40 mg cap</i>	50
SOMATULINE DEPOT	96	STEGLATRO	57
SOMAVERT	96	STEGLUJAN	57
SOOLANTRA	76	STELARA 130 MG/26ML SOLUTION	76
<i>sorafenib tosylate</i>	41	STELARA 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	99
SORBITOL 3 % SOLUTION	102	STELARA 45 MG/0.5ML SOLUTION	99
SORILUX	76	<i>sterile water for irrigation</i>	102
<i>sorine 120 mg tab, 160 mg tab, 240 mg tab</i>	66	STIMATE	89
<i>sorine 80 mg tab</i>	66	STIOLTO RESPIMAT	110
<i>sotalol hcl (af) 120 mg tab, 160 mg tab</i>	66	STIVARGA	41
<i>sotalol hcl (af) 80 mg tab</i>	66	STRATTERA 10 MG CAP, 25 MG CAP	71
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab</i>	66	STRATTERA 18 MG CAP, 40 MG CAP	71
<i>sotalol hcl 80 mg tab</i>	66	STRATTERA 60 MG CAP, 80 MG CAP, 100 MG CAP	71
SOTYLIZE	66	STRENSIQ	86
SOVALDI	50	<i>streptomycin sulfate 1 gm recon soln</i>	23
<i>spinosad</i>	76	STRIBILD	50
SPIRIVA HANDIHALER	110	STRIVERDI RESPIMAT	110
SPIRIVA RESPIMAT	110	STROMECTOL	43
		SUBLOCADE	17
		SUBOXONE 12-3 MG FILM	18

SUBOXONE 2-0.5 MG FILM	18	SUSTIVA 600 MG TAB	50
SUBOXONE 4-1 MG FILM	18	SUSTOL	32
SUBOXONE 8-2 MG FILM	18	SUTAB	85
SUBSYS	17	SUTENT	41
subvenite	27	syeda	94
subvenite starter kit-blue	27	SYMBICORT	110
subvenite starter kit-green	27	SYMBYAX 3-25 MG CAP, 6-25 MG CAP	31
subvenite starter kit-orange	27	SYMDEKO 100-150 & 150 MG TAB THPK	110
SUCRAID	86	SYMDEKO 50-75 & 75 MG TAB THPK	110
SUCRALFATE 1 GM TAB, 1 GM/10ML SUSPENSION	85	SYMFI	51
SULAR	66	SYMFI LO	51
sulfacetamide sodium (acne)	23	SYMJEPI	110
sulfacetamide sodium 10 % ointment, 10 % solution	105	SYMLINPEN 120	57
sulfacetamide sodium-sulfur 8-4 % suspension	76	SYMLINPEN 60	57
sulfacetamide-prednisolone 10-0.23 % solution	105	SYMPAZAN 10 MG FILM, 20 MG FILM	27
SULFACETAMIDE-SULFUR IN UREA	76	SYMPAZAN 5 MG FILM	27
sulfacleanse 8/4	76	SYMPROIC	85
sulfadiazine 500 mg tab	23	SYMTUZA	51
sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, 400-80 mg/5ml solution	23	SYNAGIS	99
sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab	23	SYNALAR 0.01 % SOLUTION, 0.025 % CREAM, 0.025 % OINTMENT	76
SULFAMYLON 5 % PACKET	76	SYNAREL	96
SULFAMYLON 85 MG/GM CREAM	76	SYNDROS	32
sulfasalazine 500 mg tab, 500 mg tab dr	100	SYNERA	17
sulindac 150 mg tab	17	SYNJARDY	57
sulindac 200 mg tab	17	SYNJARDY XR 25-1000 MG TAB ER 24H	57
sumatriptan 5 mg/act solution, 20 mg/act solution	35	SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	57
sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab	35	SYNRIBO	41
sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution	35	SYNTHROID	95
sumatriptan succinate refill	35	SYPRINE	82
sumatriptan-naproxen sodium	35	TABLOID	41
sunitinib malate	41	TABRECTA	41
SUNOSI	112	TACLONEX 0.005-0.064 % OINTMENT	76
SUPRAX 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP	23	TACLONEX 0.005-0.064 % SUSPENSION	77
SUPREP BOWEL PREP KIT	85	tacrolimus 0.03 % ointment, 0.1 % ointment	77
SUSTIVA 200 MG CAP	50	tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap	99
SUSTIVA 50 MG CAP	50	tadalafil (pah)	110
		tadalafil 2.5 mg tab, 5 mg tab	87
		TAFINLAR	41
		TAGRISSO	41
		TAKHZYRO 300 MG/2ML SOLN PRSYR	99
		TAKHZYRO 300 MG/2ML SOLUTION	100
		TALICIA	85
		TALTZ	100
		TALZENNA 0.25 MG CAP	41
		TALZENNA 0.5 MG CAP, 0.75 MG CAP, 1 MG	

CAP	41	TEKTURNA HCT	66
TAMIFLU 6 MG/ML RECON SUSP, 30 MG CAP, 45 MG CAP, 75 MG CAP	51	<i>telmisartan</i>	66
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	41	<i>telmisartan-amlodipine</i>	66
<i>tamsulosin hcl</i>	87	<i>telmisartan-hctz</i>	66
<i>taperdex 12-day</i>	88	<i>temazepam</i>	112
<i>taperdex 6-day</i>	88	TEMIXYS	51
<i>taperdex 7-day</i>	88	TEMOVATE	77
TARCEVA 100 MG TAB, 150 MG TAB	41	<i>tencon</i>	71
TARCEVA 25 MG TAB	41	TENIVAC	100
<i>targadox</i>	23	<i>tenofovir disoproxil fumarate</i>	51
TARGRETIN 1 % GEL	41	TENORETIC 100	66
TARGRETIN 75 MG CAP	41	TENORETIC 50	66
<i>tarina 24 fe</i>	94	TENORMIN	66
<i>tarina fe 1/20</i>	94	TEPEZZA	105
<i>tarina fe 1/20 eq</i>	94	TEPMETKO	41
TARON-C DHA	82	<i>terazosin hcl</i>	66
TARON-PREX	82	<i>terbinafine hcl 250 mg tab</i>	34
TARPEYO	112	<i>terbutaline sulfate 1 mg/ml solution</i>	110
TASIGNA	41	<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	110
TASMAR	44	<i>terconazole 0.4 % cream, 0.8 % cream, 80 mg suppos</i>	34
<i>tavaborole</i>	34	TERIPARATIDE (RECOMBINANT)	101
TAVALISSE	60	TESTIM	94
TAVNEOS	100	TESTOPEL	94
<i>taysofy</i>	94	<i>testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel</i>	94
TAYTULLA	94	<i>testosterone 10 mg/act (2%) gel</i>	94
<i>tazarotene 0.1 % cream</i>	77	<i>testosterone 12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel</i>	94
TAZAROTENE 0.1 % FOAM	77	<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	94
<i>tazicef 1 gm recon soln, 2 gm recon soln, 6 gm recon soln</i>	23	<i>testosterone 30 mg/act solution</i>	94
TAZORAC 0.05 % CREAM, 0.05 % GEL, 0.1 % CREAM	77	<i>testosterone cypionate 100 mg/ml solution, 200 mg/ml solution</i>	94
TAZORAC 0.1 % GEL	77	<i>testosterone enanthate 200 mg/ml solution</i>	94
<i>taztia xt</i>	66	<i>tetrabenazine 12.5 mg tab</i>	71
TAZVERIK	41	<i>tetrabenazine 25 mg tab</i>	71
TDVAX	100	<i>tetracaine hcl 0.5 % solution</i>	105
TECENTRIQ 1200 MG/20ML SOLUTION	41	<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	23
TECENTRIQ 840 MG/14ML SOLUTION	41	TEXACORT	77
TECFIDERA 120 & 240 MG MISC	71	TEZSPIRE	100
TECFIDERA 120 MG CAP DR	71	THALITONE	66
TECFIDERA 240 MG CAP DR	71	THALOMID 150 MG CAP, 200 MG CAP	41
TEFLARO	23	THALOMID 50 MG CAP, 100 MG CAP	41
TEGRETOL 100 MG/5ML SUSPENSION, 200 MG TAB	27	THEO-24	110
TEGRETOL-XR	27	<i>theophylline</i>	110
TEGSEDI	86	<i>theophylline er</i>	110
TEKTURNA	66	THIOLA	87

THIOLA EC	87	gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution	23
thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab	47	tobramycin-dexamethasone	105
thiothixene	47	TOBREX 0.3 % OINTMENT, 0.3 % SOLUTION	105
THRIVITE RX	82	tolcapone	44
THYQUIDITY	95	TOLSURA	34
tiadylt er	66	tolterodine tartrate	87
tiagabine hcl	27	tolterodine tartrate er	87
TIAZAC	66	tolvaptan 15 mg tab	82
TIBSOVO	41	tolvaptan 30 mg tab	82
TICE BCG	41	TOPAMAX 25 MG TAB	27
TICOVAC	100	TOPAMAX 50 MG TAB, 100 MG TAB, 200 MG TAB	27
TIGAN 100 MG/ML SOLUTION	32	TOPAMAX SPRINKLE	27
TIGECYCLINE	23	TOPICORT 0.05 % CREAM, 0.25 % CREAM	77
TIGLUTIK	71	TOPICORT 0.05 % GEL, 0.05 % OINTMENT, 0.25 % OINTMENT	77
TIKOSYN	66	TOPICORT SPRAY	77
tilia fe	94	topiramate 15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab	27
timolol maleate 0.25 % gel f soln, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution	105	topiramate er	27
timolol maleate 0.25 % solution	105	toposar	41
timolol maleate 5 mg tab, 10 mg tab, 20 mg tab	66	TOPROL XL	66
timolol maleate ocudose	105	toremifene citrate	41
timolol maleate pf 0.5 % solution	105	torsemide	66
TIMOPTIC	105	TOSYMRA	35
TIMOPTIC OCUDOSE	105	TOUJEO MAX SOLOSTAR	57
TIMOPTIC-XE	105	TOUJEO SOLOSTAR	57
tinidazole 250 mg tab, 500 mg tab	23	tovet 0.05 % foam	77
tiopronin 100 mg tab	87	TOVIAZ	87
TIROSINT	95	TPN ELECTROLYTES	82
TIROSINT-SOL	95	TRACLEER 32 MG TAB SOL	110
tis-u-sol	82	TRACLEER 62.5 MG TAB, 125 MG TAB	110
TIVICAY 10 MG TAB	51	TRADJENTA	57
TIVICAY 25 MG TAB, 50 MG TAB	51	tramadol hcl 100 mg tab	17
TIVICAY PD	51	tramadol hcl 50 mg tab	17
tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap	48	tramadol hcl er (biphasic)	17
TLANDO	94	tramadol hcl er 100 mg cap er 24h, 200 mg cap er 24h, 300 mg cap er 24h	17
TOBI	110	tramadol hcl er 100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h	17
TOBI PODHALER	110	tramadol-acetaminophen	17
TOBRADEX 0.3-0.1 % OINTMENT	105	trandolapril	66
TOBRADEX 0.3-0.1 % SUSPENSION	105	trandolapril-verapamil hcl er	66
TOBRADEX ST	105	tranexamic acid 650 mg tab, 1000 mg/10ml solution	60
tobramycin 0.3 % solution	105	TRANSDERM SCOP (1.5 MG)	32
tobramycin 300 mg/4ml nebu soln	110		
tobramycin 300 mg/5ml nebu soln	110		
tobramycin sulfate 1.2 gm recon soln, 1.2			

TRANSDERM-SCOP	32	mg/gm aero soln, 0.5 % ointment	77
TRANXENE-T	52	triamcinolone acetone 0.05 % ointment	77
tranylcypromine sulfate	31	triamcinolone acetone 0.1 % paste	72
TRAVASOL	82	triamcinolone acetone 40 mg/ml	
TRAVATAN Z	105	suspension	88
travoprost (bak free)	105	triamcinolone in absorbance	77
TRAZIMERA 150 MG RECON SOLN	41	triamterene 50 mg cap, 100 mg cap	66
trazodone hcl 300 mg tab	31	triamterene-hctz	66
trazodone hcl 50 mg tab, 100 mg tab, 150 mg		trianex	77
tab	31	triazolam	112
TREANDA	41	TRIBENZOR	66
TRECTOR	36	TRICARE	82
TRELEGY ELLIPTA	110	TRICARE PRENATAL DHA ONE	82
TRELSTAR MIXJECT	96	tricitrates	87
TREMFYA	100	TRICOR	66
treprostinil	110	triderm	77
TRESIBA	57	trientine hcl	82
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN ...	57	TRIESENCE	105
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN ...	57	trifluoperazine hcl	47
tretinoin 0.01 % gel, 0.025 % cream, 0.025 % gel,		trifluridine	51
0.05 % cream, 0.1 % cream	77	trihexyphenidyl hcl 0.4 mg/ml solution	44
tretinoin 0.05 % gel	77	trihexyphenidyl hcl 2 mg tab, 5 mg tab	44
tretinoin 10 mg cap	41	TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000	
tretinoin microsphere	77	MG TAB ER 24H	57
tretinoin microsphere pump	77	TRIJARDY XR 5-2.5-1000 MG TAB ER 24H,	
TREXALL	100	12.5-2.5-1000 MG TAB ER 24H	57
TREXIMET	35	TRIKAFTA	110
trezix	17	TRILEPTAL 150 MG TAB	27
tri femynor	94	TRILEPTAL 300 MG TAB, 300 MG/5ML SUSPENSION,	
tri-estarylla	94	600 MG TAB	27
tri-legest fe	94	TRILIPIX	66
tri-lynyah	94	trimethobenzamide hcl 300 mg cap	32
tri-lo-estarylla	94	trimethoprim 100 mg tab	23
tri-lo-marzia	94	trimipramine maleate 25 mg cap, 50 mg cap, 100	
tri-lo-mili	94	mg cap	31
tri-lo-sprintec	94	TRINATAL RX 1	82
tri-mili	94	TRINTELLIX	31
tri-nymyo	94	TRIOSTAT	95
tri-sprintec	94	TRIPTODUR	96
TRI-VI-FLOR	82	TRISTART DHA	82
tri-vite/fluoride	82	TRISTART FREE	82
tri-vylibra	94	TRISTART ONE	82
tri-vylibra lo	94	TRIUMEQ	51
triamcinolone acetone 0.025 % cream, 0.1 %		TRIUMEQ PD	51
cream, 0.5 % cream	77	trivora (28)	94
triamcinolone acetone 0.025 % lotion, 0.025 %		TRIZIVIR	51
ointment, 0.1 % lotion, 0.1 % ointment, 0.147		TRODELVY	102

TROGARZO	51	<i>unithroid</i>	95
TROKENDI XR 100 MG CAP ER 24H	27	UPTRAVI 200 & 800 MCG TAB THPK	110
TROKENDI XR 200 MG CAP ER 24H	27	UPTRAVI 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	110
TROKENDI XR 25 MG CAP ER 24H, 50 MG CAP ER 24H	27	UROCIT-K 10	82
TROPHAMINE	82	UROCIT-K 15	82
<i>trospium chloride</i>	87	UROCIT-K 5	82
<i>trospium chloride er</i>	87	UROGESIC-BLUE	23
TRUDHESA	35	UROXATRAL	87
TRULANCE	85	URSO 250	85
TRULICITY	57	URSO FORTE	85
TRUMENBA	100	URSODIOL 200 MG CAP, 400 MG CAP	85
TRUSELTIQ (100MG DAILY DOSE)	41	<i>ursodiol 250 mg tab, 300 mg cap, 500 mg tab</i>	85
TRUSELTIQ (125MG DAILY DOSE)	41	V-GO 20	102
TRUSELTIQ (50MG DAILY DOSE)	41	V-GO 30	102
TRUSELTIQ (75MG DAILY DOSE)	41	V-GO 40	102
TRUSOPT	105	VABOMERE	23
TRUVADA	51	VAGIFEM	94
TRUXIMA	41	<i>valacyclovir hcl 1 gm tab</i>	51
TUDORZA PRESSAIR	110	<i>valacyclovir hcl 500 mg tab</i>	51
TUKYSA	41	VALCHLOR	42
TURALIO	42	VALCYTE 50 MG/ML RECON SOLN, 450 MG TAB	51
TWINRIX	100	<i>valganciclovir hcl 450 mg tab</i>	51
TWYNEO	77	<i>valganciclovir hcl 50 mg/ml recon soln</i>	51
TYBLUME	94	VALIUM 10 MG TAB	52
TYBOST	51	VALIUM 2 MG TAB	52
<i>tydemy</i>	94	VALIUM 5 MG TAB	52
TYGACIL	23	<i>valproate sodium 100 mg/ml solution</i>	27
TYKERB	42	<i>valproic acid 250 mg cap, 250 mg/5ml solution</i>	27
TYMLOS	101	<i>valrubicin</i>	42
TYPHIM VI	100	VALSARTAN 4 MG/ML SOLUTION	66
TYRVAYA	105	<i>valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab</i>	66
TYSABRI	71	<i>valsartan-hydrochlorothiazide</i>	66
TYVASO	110	VALTOCO 10 MG DOSE	27
TYVASO DPI MAINTENANCE KIT	110	VALTOCO 15 MG DOSE	27
TYVASO DPI TITRATION KIT	110	VALTOCO 20 MG DOSE	27
TYVASO REFILL	110	VALTOCO 5 MG DOSE	27
TYVASO STARTER	110	VALTREX 1 GM TAB	51
UBRELVY	35	VALTREX 500 MG TAB	51
UCERIS 2 MG/ACT FOAM	100	<i>vanadom</i>	111
UCERIS 9 MG TAB ER 24H	100	VANCOCIN	23
UDENYCA	60	<i>vancomycin hcl 1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg</i>	
ULORIC	34		
ULTRACET	17		
ULTRAM	17		
ULTRAVATE	77		
UNASYN	23		

<i>recon soln</i>	23	VENCLEXTA 50 MG TAB	42
VANCOMYCIN HCL 1.25 GM RECON SOLN, 1.5 GM RECON SOLN, 500 MG/100ML SOLUTION, 750 MG RECON SOLN, 750 MG/150ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION	23	VENCLEXTA STARTING PACK	42
<i>vancomycin hcl 125 mg cap</i>	23	<i>venlafaxine hcl 25 mg tab, 37.5 mg tab, 50 mg tab, 100 mg tab</i>	31
<i>vancomycin hcl 250 mg cap</i>	23	<i>venlafaxine hcl 75 mg tab</i>	31
VANCOMYCIN HCL 250 MG/5ML RECON SOLN	23	<i>venlafaxine hcl er 37.5 mg cap er 24h, 75 mg cap er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h</i>	31
VANCOMYCIN HCL IN DEXTROSE 1-5 GM/200ML-% SOLUTION, 500-5 MG/100ML-% SOLUTION, 750-5 MG/150ML-% SOLUTION	23	<i>venlafaxine hcl er 37.5 mg tab er 24h, 225 mg tab er 24h</i>	31
VANCOMYCIN HCL IN NACL 1-0.9 GM/200ML-% SOLUTION, 500-0.9 MG/100ML-% SOLUTION, 750-0.9 MG/150ML-% SOLUTION	24	VENTAVIS	110
VANDAZOLE	24	VENTOLIN HFA	110
VANOS	77	<i>verapamil hcl 2.5 mg/ml solution</i>	66
VAQTA	100	<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	66
<i>varenicline tartrate 0.5 mg tab</i>	18	<i>verapamil hcl er 100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 200 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h</i>	67
<i>varenicline tartrate 0.5 mg x 11 & 1 mg x 42 misc</i>	18	<i>verapamil hcl er 180 mg tab er, 240 mg tab er</i>	67
<i>varenicline tartrate 1 mg tab</i>	18	VERDESO	88
VARIVAX	100	VEREGEN	77
VARIZIG	100	VERELAN	67
VARUBI (180 MG DOSE)	32	VERELAN PM	67
VASCEPA	66	VERKAZIA	105
VASERETIC	66	VERQUVO	67
<i>vasopressin 20 unit/ml solution</i>	89	VERSACLOZ	47
VASOSTRICT	89	VERZENIO	42
VASOTEC 2.5 MG TAB, 5 MG TAB, 10 MG TAB	66	VESICARE	87
VASOTEC 20 MG TAB	66	VESICARE LS	87
VECAMEYL	66	<i>vestura</i>	94
VECTIBIX	42	VFEND 200 MG TAB	34
VECTICAL	77	VFEND 40 MG/ML RECON SUSP	34
VEKLURY 100 MG RECON SOLN	102	VFEND 50 MG TAB	34
VELCADE	42	VFEND IV	34
VELETRI 0.5 MG RECON SOLN	110	VIBATIV	24
VELETRI 1.5 MG RECON SOLN	110	VIBERZI	85
<i>velivet</i>	94	VIBRAMYCIN 25 MG/5ML RECON SUSP	24
VELPHORO	82	VIBRAMYCIN 50 MG/5ML SYRUP, 100 MG CAP ...	24
VELTASSA	82	VICTOZA	57
VELTIN	77	VIDAZA	42
VEMLIDY	51	VIEKIRA PAK	51
VENCLEXTA 10 MG TAB	42	<i>vienna</i>	94
VENCLEXTA 100 MG TAB	42	<i>vigabatrin</i>	27
		<i>vigadrone</i>	27
		VIGAMOX	105
		VIIBRYD	31

VIIBRYD STARTER PACK	31	VOQUEZNA DUAL PAK	85
VIJOICE	86	VOQUEZNA TRIPLE PAK	85
<i>vilazodone hcl</i>	31	<i>voriconazole 200 mg recon soln</i>	34
VIMIZIM	86	<i>voriconazole 200 mg tab</i>	34
VIMPAT 10 MG/ML SOLUTION	27	<i>voriconazole 40 mg/ml recon susp</i>	34
VIMPAT 100 MG TAB, 150 MG TAB, 200 MG TAB	27	<i>voriconazole 50 mg tab</i>	34
VIMPAT 200 MG/20ML SOLUTION	27	VOSEVI	51
VIMPAT 50 MG TAB	27	VOTRIENT	42
<i>vinblastine sulfate</i>	42	VOXZOGO	86
<i>vincasar pfs</i>	42	VP-PNV-DHA	82
<i>vincristine sulfate</i>	42	VPRIV	86
<i>vinorelbine tartrate</i>	42	VRAYLAR 1.5 & 3 MG CAP THPK	47
VIOKACE 10440-39150 UNIT TAB	86	VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	47
VIOKACE 20880 UNIT TAB	86	VTAMA	77
<i>viorele</i>	94	<i>vtol lq</i>	71
VIRACEPT 250 MG TAB	51	VUITY	105
VIRACEPT 625 MG TAB	51	VUMERITY	71
VIRAMUNE 50 MG/5ML SUSPENSION	51	VUSION	34
VIRAMUNE XR	51	<i>vyfemla</i>	94
VIRASAL	77	<i>vylibra</i>	94
VIREAD 150 MG TAB, 200 MG TAB, 250 MG TAB, 300 MG TAB	51	VYNDAMAX	67
VIREAD 40 MG/GM POWDER	51	VYNDAQEL	86
VIRT-C DHA	82	VYTORIN	67
VIRT-NATE DHA	82	VYVANSE 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP	71
VIRT-PN PLUS	82	VYVANSE 10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB	71
VISTARIL 25 MG CAP	52	VYZULTA	105
VISTARIL 50 MG CAP	110	WAKIX	112
VISTOGARD	102	<i>warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i>	60
VITAFOL GUMMIES	82	WELCHOL	67
VITAFOL STRIPS	82	WELIREG	42
VITAFOL ULTRA	82	WELLBUTRIN SR 100 MG TAB ER 12H	31
VITAFOL-NANO	82	WELLBUTRIN SR 150 MG TAB ER 12H, 200 MG TAB ER 12H	31
VITAFOL-OB	82	WELLBUTRIN XL 150 MG TAB ER 24H	31
VITAFOL-ONE	82	WELLBUTRIN XL 300 MG TAB ER 24H	31
VITRAKVI 100 MG CAP	42	<i>wera</i>	94
VITRAKVI 20 MG/ML SOLUTION	42	WESCAP-C DHA	82
VITRAKVI 25 MG CAP	42	WESNATE DHA	82
VIVELLE-DOT	94	WESTAB PLUS	82
VIVITROL	18	WESTGEL DHA	82
VIVLODEX	17	WINLEVI	77
VIZIMPRO	42		
VOGELXO	94		
VOGELXO PUMP	94		
<i>volnea</i>	94		
VONJO	42		

<i>wixela inhub</i>	110	XOFLUZA (40 MG DOSE)	51
<i>wymzya fe</i>	94	XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	51
XADAGO	44	XOLAIR 150 MG RECON SOLN, 150 MG/ML SOLN	
XALATAN	105	PRSYR	100
XALKORI	42	XOLAIR 75 MG/0.5ML SOLN PRSYR	100
XANAX 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB	53	XOLEGEL	34
XANAX 2 MG TAB	53	XOPENEX 0.31 MG/3ML NEBU SOLN	110
XANAX XR 0.5 MG TAB ER 24H	53	XOPENEX 0.63 MG/3ML NEBU SOLN	110
XANAX XR 1 MG TAB ER 24H, 2 MG TAB ER 24H, 3		XOPENEX 1.25 MG/3ML NEBU SOLN	111
MG TAB ER 24H	53	XOPENEX CONCENTRATE	111
XARELTO 1 MG/ML RECON SUSP	60	XOPENEX HFA	111
XARELTO 10 MG TAB, 20 MG TAB	60	XOSPATA	42
XARELTO 2.5 MG TAB, 15 MG TAB	60	XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB	
XARELTO STARTER PACK	60	THPK	42
XATMEP	100	XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB	
XCOPRI (250 MG DAILY DOSE)	27	THPK	42
XCOPRI (350 MG DAILY DOSE)	27	XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB	
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK ...	27	THPK	42
XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, 14 X		XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB	
50 MG & 14 X100 MG TAB THPK	27	THPK	42
XCOPRI 150 MG TAB, 200 MG TAB	27	XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB	
XCOPRI 50 MG TAB, 100 MG TAB	27	THPK	42
XELJANZ 1 MG/ML SOLUTION	100	XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB	
XELJANZ 5 MG TAB, 10 MG TAB	100	THPK	42
XELJANZ XR	100	XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB	
XELPROS	105	THPK	42
XEMBIFY	100	XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB	
XENAZINE 12.5 MG TAB	71	THPK	42
XENAZINE 25 MG TAB	71	XPOVIO (60 MG TWICE WEEKLY)	42
XENLETA 150 MG/15ML SOLUTION, 600 MG		XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB	
TAB	51	THPK	42
XEOMIN 200 UNIT RECON SOLN	111	XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB	
XEOMIN 50 RECON SOLN, 100 RECON SOLN ...	111	THPK	42
XERESE	77	XPOVIO (80 MG TWICE WEEKLY)	42
XERMELO	85	XTAMPZA ER 27 MG CP12 DETER, 36 MG CP12	
XGEVA	102	DETER	17
XHANCE	110	XTAMPZA ER 9 MG CP12 DETER, 13.5 MG CP12	
XIAFLEX	103	DETER, 18 MG CP12 DETER	17
XIFAXAN 200 MG TAB	24	XTANDI 40 MG CAP	42
XIFAXAN 550 MG TAB	24	XTANDI 40 MG TAB	42
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG		XTANDI 80 MG TAB	42
TAB ER 24H	57	<i>xulane</i>	94
XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB		XURIDEN	86
ER 24H, 10-500 MG TAB ER 24H	57	XYOSTED	94
XIIDRA	105	XYREM	112
XIMINO	24	XYWAV	112
XIPERE	105	YASMIN 28	94
		YAZ	94
		YERVOY	42

YF-VAX	100	ZERBAXA	24
YONSA	42	ZERVIATE	111
YUPELRI	111	ZESTORETIC	67
YUTIQ	105	ZESTRIL 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB	67
yuvaferm	94	ZESTRIL 30 MG TAB	67
zafemy	94	ZETIA	67
zafirlukast	111	ZETONNA	111
zaleplon 10 mg cap	112	ZIAC	67
zaleplon 5 mg cap	112	ZIAGEN 20 MG/ML SOLUTION	51
ZANAFLEX	48	ZIAGEN 300 MG TAB	51
zarah	94	ZIANA	77
ZARONTIN 250 MG CAP, 250 MG/5ML SOLUTION	27	zidovudine 100 mg cap	51
ZARXIO	60	zidovudine 300 mg tab	51
ZAVESCA	86	zidovudine 50 mg/5ml syrup	51
ZCORT 7-DAY	89	ZIEXTENZO	60
zebutal	71	zileuton er	111
ZEGALOGUE	57	ZILXI	77
ZEGERID 20-1100 MG CAP	85	ZIMHI	18
ZEGERID 20-1680 MG PACKET, 40-1100 MG CAP, 40-1680 MG PACKET	85	ZINPLAVA	24
ZEJULA	42	ZIOPTAN	105
ZELAPAR	44	ziprasidone hcl 20 mg cap	47
ZELBORAF	42	ziprasidone hcl 40 mg cap	47
ZEMAIRA	86	ziprasidone hcl 60 mg cap, 80 mg cap	47
ZEMBRACE SYMTOUCH	35	ziprasidone mesylate	47
ZEMDRI	87	ZIPSOR	17
ZEMPLAR 1 MCG CAP	102	ZIRABEV	42
ZEMPLAR 2 MCG CAP	102	ZIRGAN	51
ZEMPLAR 2 MCG/ML SOLUTION, 5 MCG/ML SOLUTION	102	ZITHROMAX 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 250 MG TAB, 500 MG RECON SOLN, 500 MG TAB	24
zenatane	77	ZITHROMAX TRI-PAK	24
ZENPEP 25000-79000 CP DR PART, 40000-126000 CP DR PART	86	ZITHROMAX Z-PAK	24
ZENPEP 3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART	86	ZOCOR 10 MG TAB, 20 MG TAB, 40 MG TAB	67
zenzedi 10 mg tab	71	ZOKINVY	86
zenzedi 2.5 mg tab, 15 mg tab	71	ZOLADEX 10.8 MG IMPLANT	42
zenzedi 20 mg tab, 30 mg tab	72	ZOLADEX 3.6 MG IMPLANT	43
zenzedi 5 mg tab	72	ZOLEDRONIC ACID 4 MG/100ML SOLUTION, 4 MG/5ML CONC	102
zenzedi 7.5 mg tab	72	zoledronic acid 5 mg/100ml solution	102
ZEPATIER	51	ZOLINZA	43
ZEPOSIA	72	zolmitriptan 2.5 mg solution, 5 mg solution	35
ZEPOSIA 7-DAY STARTER PACK	72	zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp	35
ZEPOSIA STARTER KIT	72	ZOLOFT 100 MG TAB	31
ZEPZELCA	42	ZOLOFT 20 MG/ML CONC	31
		ZOLOFT 25 MG TAB	31

ZOLOFT 50 MG TAB	31	ZUBSOLV 1.4-0.36 MG SL TAB	18
<i>zolpidem tartrate 1.75 mg sl tab, 3.5 mg sl tab</i>	112	ZUBSOLV 11.4-2.9 MG SL TAB	18
<i>zolpidem tartrate 5 mg tab, 10 mg tab</i>	112	ZUBSOLV 2.9-0.71 MG SL TAB	18
<i>zolpidem tartrate er</i>	112	ZUBSOLV 5.7-1.4 MG SL TAB	18
ZOLPIMIST	112	ZUBSOLV 8.6-2.1 MG SL TAB	18
ZOMACTON 10 MG RECON SOLN	89	<i>zumandimine</i>	95
ZOMACTON 5 MG RECON SOLN	89	ZYCLARA	77
ZOMIG 2.5 MG SOLUTION, 5 MG SOLUTION	35	ZYCLARA PUMP	77
ZOMIG 2.5 MG TAB	35	ZYDELIG	43
ZOMIG 5 MG TAB	35	ZYFLO	111
ZOMIG ZMT 2.5 MG TAB DISP	35	ZYKADIA	43
ZOMIG ZMT 5 MG TAB DISP	35	ZYLET	105
ZONALON	77	ZYLOPRIM	34
ZONEGRAN	28	ZYMAXID	105
<i>zonisamide 25 mg cap, 50 mg cap, 100 mg cap</i>	28	ZYPITAMAG 2 MG TAB, 4 MG TAB	67
ZONTIVITY	60	ZYPREXA 10 MG RECON SOLN	47
ZORBTIVE	89	ZYPREXA 2.5 MG TAB, 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB	47
ZORTRESS 0.25 MG TAB, 0.5 MG TAB, 0.75 MG TAB	100	ZYPREXA 20 MG TAB	47
ZORTRESS 1 MG TAB	100	ZYPREXA RELPREV 210 MG RECON SUSP	47
ZORVOLEX	17	ZYPREXA RELPREV 300 MG RECON SUSP, 405 MG RECON SUSP	47
ZOSYN	24	ZYPREXA ZYDIS 15 MG TAB DISP	47
<i>zovia 1/35 (28)</i>	95	ZYPREXA ZYDIS 20 MG TAB DISP	47
<i>zovia 1/35e (28)</i>	95	ZYPREXA ZYDIS 5 MG TAB DISP, 10 MG TAB DISP	47
ZOVIRAX 200 MG/5ML SUSPENSION	52	ZYTIGA 250 MG TAB	43
ZOVIRAX 5 % CREAM	77	ZYTIGA 500 MG TAB	43
ZOVIRAX 5 % OINTMENT	77	ZYVOX 100 MG/5ML RECON SUSP	24
ZTALMY	28	ZYVOX 200 MG/100ML SOLUTION	24
ZTLIDO	17	ZYVOX 600 MG TAB	24
ZUBSOLV 0.7-0.18 MG SL TAB	18	ZYVOX 600 MG/300ML SOLUTION	24

Multi-Language Insert

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 **1-844-963-0436**. Someone who speaks English/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 **1-844-963-0436**. 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 **1-844-963-0436**。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 **1-844-963-0436**。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 **1-844-963-0436**. 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 **1-844-963-0436**. 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 **1-844-963-0436**. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-844-963-0436**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-844-963-0436** 번으로 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 телефону **1-844-963-0436**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما يتحدث العربية **1-844-963-0436** على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-844-963-0436** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-844-963-0436**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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 **1-844-963-0436**. 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 **1-844-963-0436**. 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 **1-844-963-0436**. 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に、無料の通訳サービスがあります。通訳をご用命になるには、**1-844-963-0436** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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This *Formulary* was updated on September 1, 2022.

For more recent information or other pharmacy-related benefits questions, please contact Pharmacy Member Services at **1-833-285-4630**, or for TTY users, **711**, 24 hours a day, 7 days a week.

For all other questions, please contact Member Services at **1-844-963-0436**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com**.