



List of Covered Drugs

2024 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 August 1, 2024.

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 9/1/2024. For an updated formulary, please review the formulary online at **www.anthem.com**, or call Pharmacy Member Services. Our contact information, along with the date we last updated the formulary, appears on the front and back covers.

You must generally use network pharmacies to use your prescription drug benefit. Your benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year. You will receive notice when necessary.

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

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

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

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

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

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

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

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

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

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

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

Can the Part D Formulary (Drug List) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled, “How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D formulary?”

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

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

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

This formulary is current as of 9/1/2024. To get updated information about the drugs covered by your plan, please refer to your formulary online at www.anthem.com, or call Pharmacy Member Services. Our contact information appears on the front and back covers.

How do I use the Part D Formulary?

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

Medical Condition

The formulary begins on page 12. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension, and Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 12, then look under the category name for your drug.

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 153. 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 12. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online at www.anthem.com the prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back covers.

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

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

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

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

- You can ask Pharmacy Member Services for a list of similar drugs that are covered by your plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by your plan.

- You can ask your plan to make an exception and cover your drug. See below for information about how to request an exception.

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

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

- You can ask us to cover a Part D eligible drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to 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 12 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 153.

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

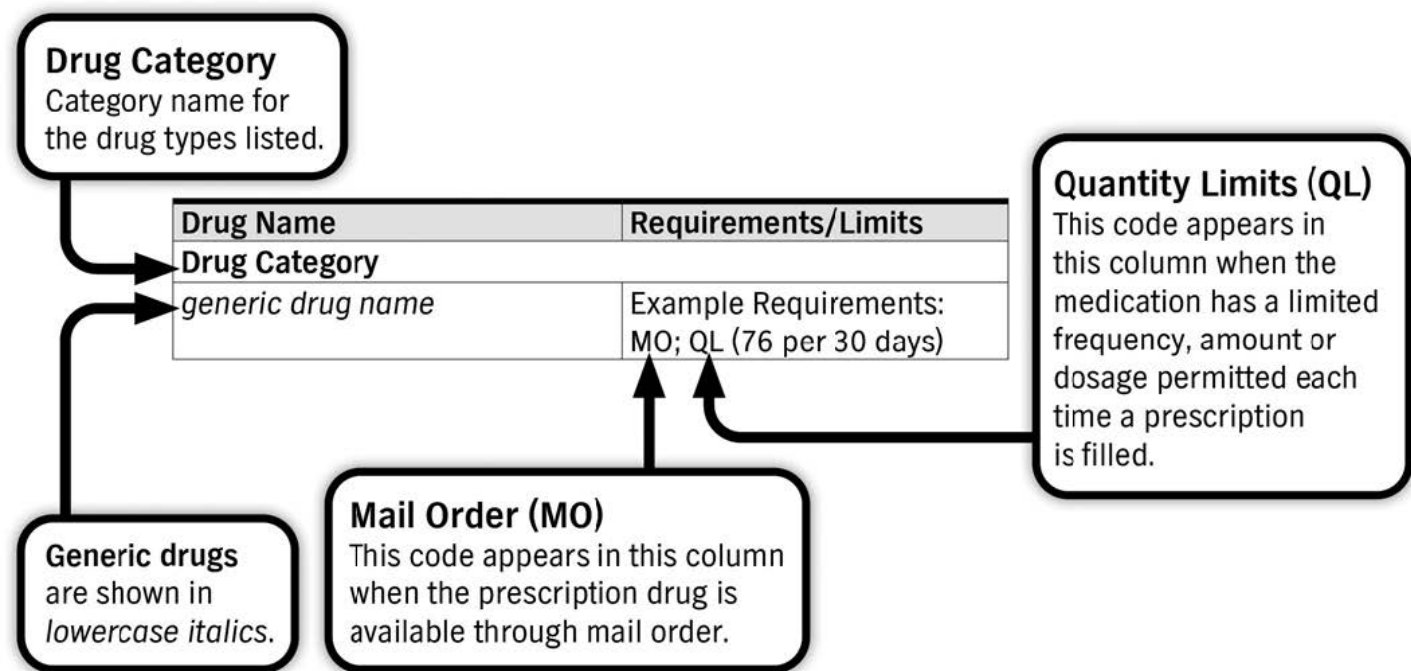
The **second column** of the chart identifies the tier placement of each medication covered in your formulary. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find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

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

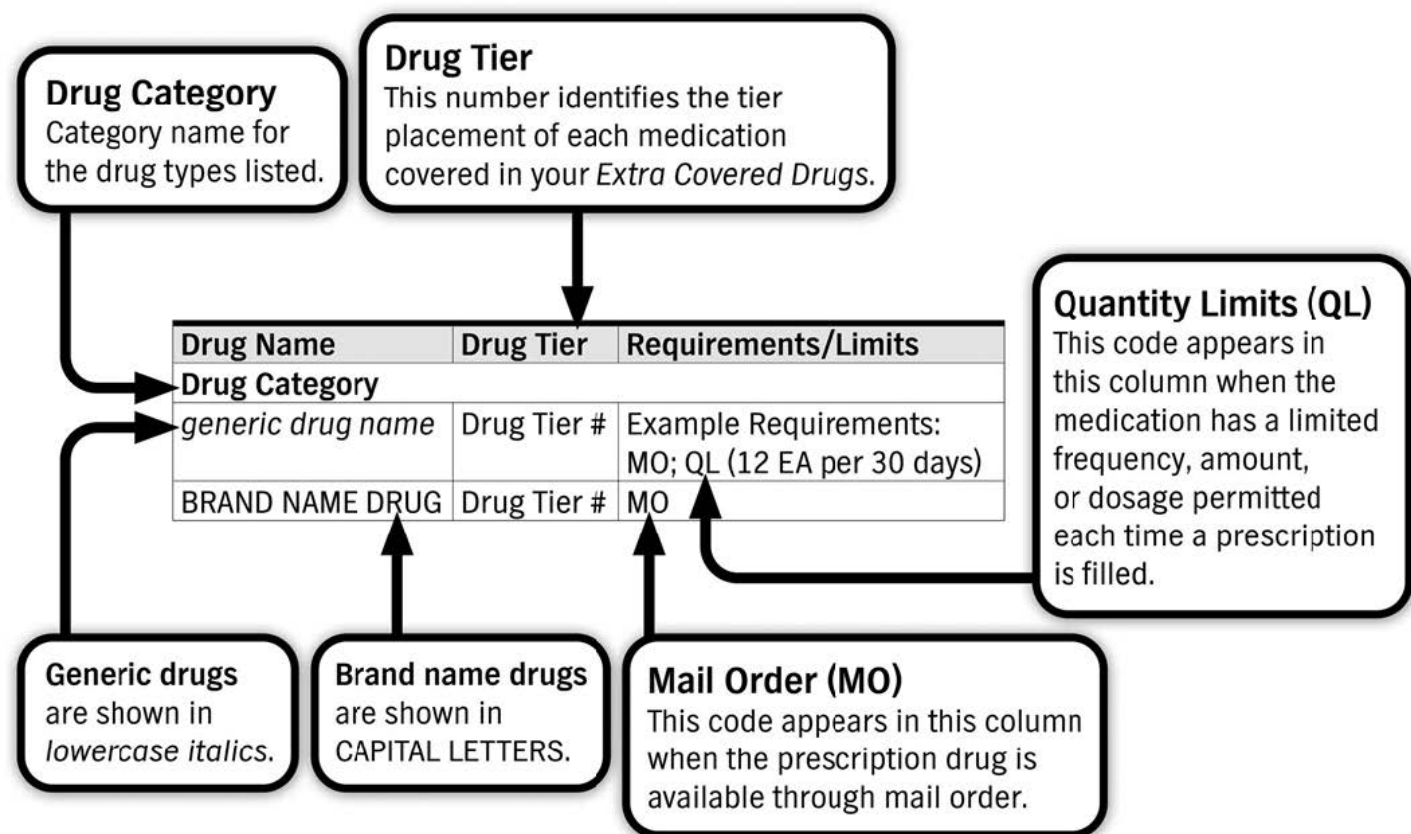
The benefits chart in your Evidence of Coverage will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of \$5,030. Please check your benefits chart and Evidence of Coverage online at www.anthem.com,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

The **third column** tells you if your plan has any special requirements for coverage of your drug. The formulary chart legend, located on page 12, contains the list of special requirements which can be applied to drugs in your plan. The legend also gives you a description of the restriction and the code used in the drug chart to tell you that the restriction applies to a specific drug.

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



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



Select Generics for 2024

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

Legend

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
lisinopril- hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan potassium oral tablet 100 mg	1	QL (30 per 30 days)
losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days)
losartan potassium- hctz oral tablet 100- 12.5 mg, 100-25 mg, 50- 12.5 mg	1	QL (30 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	QL (60 per 30 days)
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg	1	QL (30 per 30 days)
olmesartan medoxomil oral tablet 5 mg	1	QL (60 per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 per 30 days)
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
valsartan oral tablet 160 mg	1	QL (60 per 30 days)
valsartan oral tablet 320 mg	1	QL (30 per 30 days)
valsartan oral tablet 40 mg, 80 mg	1	QL (90 per 30 days)
valsartan- hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	QL (30 per 30 days)
Endocrine And Metabolic Disorder Agents		
alendronate sodium oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 per 28 days)
glimepiride oral tablet 1 mg	1	QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days)
glipizide oral tablet 10 mg	1	QL (120 per 30 days)
glipizide oral tablet 5 mg	1	QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days)
<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days)
<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days)
<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days)

Covered Medications by Therapeutic Category - Part D Eligible Drugs

Legend

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

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

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

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

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

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

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

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

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

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

Part D Eligible Drugs

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Analgesics And Anti-Inflammatory Agents			ACTIQ BUCCAL LOZENGE ON A HANDLE 400 MCG	4	PA; QL (120 per 30 days); S
<i>acetaminophen-codeine #2</i>	1	QL (180 per 30 days)	<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>acetaminophen-codeine #3</i>	1	QL (180 per 30 days)	<i>allopurinol oral tablet 200 mg</i>	3	MO
<i>acetaminophen-codeine #4</i>	1	QL (180 per 30 days)	APADAZ	3	QL (180 per 30 days)
<i>acetaminophen-codeine oral solution</i>	1	QL (900 per 30 days)	<i>apap-caff-dihydrocodeine oral capsule</i>	3	QL (180 per 30 days)
<i>acetaminophen-codeine oral tablet</i>	1	QL (180 per 30 days)			

Drug Name	Drug Tier	Requirements/ Limits
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	MO
ASCOMP-CODEINE	1	PA; QL (180 per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG	3	PA; QL (60 per 30 days)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG	4	PA; QL (60 per 30 days); S
<i>belladonna alkaloids- opium</i>	3	
<i>benzhydrocodone- acetaminophen</i>	3	QL (180 per 30 days)
BRIXADI	4	S
BRIXADI (WEEKLY)	4	S
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 7.5 mcg/hr</i>	2	PA; QL (4 per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr, 5 mcg/hr</i>	1	PA; QL (4 per 28 days)
<i>butalbital-apap-caff- cod</i>	1	PA; QL (180 per 30 days)
<i>butalbital-asa-caff- codeine</i>	1	PA; QL (180 per 30 days)
<i>butorphanol tartrate injection</i>	1	
<i>butorphanol tartrate nasal</i>	1	QL (5 per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	3	PA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
BUTRANS TRANSDERMAL PATCH WEEKLY 20 MCG/HR	4	PA; QL (4 per 28 days); S
CALDOLOR INTRAVENOUS SOLUTION 800 MG/ 200ML, 800 MG/8ML	3	
CAMBIA	4	PA; QL (9 per 30 days); S
CATAFLAM	2	MO
CELEBREX	3	MO
<i>celecoxib oral</i>	1	MO
<i>cocaine hcl nasal</i>	3	
<i>codeine sulfate oral tablet</i>	2	QL (180 per 30 days)
<i>colchicine oral</i>	1	
<i>colchicine-probenecid</i>	1	MO
COLCRYS	3	
COMBOGESIC	3	
CONZIP	3	PA; QL (30 per 30 days)
DAYPRO	3	MO
DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	3	PA
DERMACINRX LIDOGEL	4	PA; QL (100 per 30 days); S
<i>diclofenac epolamine external</i>	2	PA; QL (60 per 30 days)
<i>diclofenac potassium oral capsule</i>	3	
<i>diclofenac potassium oral tablet 25 mg</i>	4	MO; S
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac potassium(migraine)</i>	3	PA; QL (9 per 30 days)
<i>diclofenac sodium er</i>	1	MO
<i>diclofenac sodium external gel 1 %</i>	1	QL (1000 per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	1	QL (300 per 30 days)
<i>diclofenac sodium external solution 2 %</i>	4	QL (224 per 28 days); S
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	MO
<i>diflunisal oral</i>	1	MO
DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML	3	
DILAUDID ORAL LIQUID	3	QL (720 per 30 days)
DILAUDID ORAL TABLET	3	QL (180 per 30 days)
<i>duramorph</i>	1	
<i>ec-naproxen</i>	1	MO
ELYXYB	3	PA; QL (43.2 per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL (180 per 30 days)
<i>etodolac er</i>	1	MO
<i>etodolac oral</i>	1	MO
<i>febuxostat</i>	1	ST; MO
<i>fenoprofen calcium oral capsule 400 mg</i>	3	MO
<i>fenoprofen calcium oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl citrate (pf) injection solution 100 mcg/2ml, 50 mcg/ml</i>	3	
<i>fentanyl citrate (pf) injection solution 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml</i>	4	S
<i>fentanyl citrate (pf) injection solution cartridge</i>	3	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg</i>	4	PA; QL (120 per 30 days); S
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	3	PA; QL (120 per 30 days)
<i>fentanyl citrate buccal tablet</i>	4	PA; QL (120 per 30 days); S
<i>fentanyl citrate injection solution prefilled syringe 100 mcg/2ml</i>	3	
<i>fentanyl citrate pf</i>	3	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (15 per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	3	PA; QL (15 per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; QL (120 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
FIORICET/CODEINE ORAL CAPSULE 50-300- 40-30 MG	4	PA; QL (180 per 30 days); S
FLECTOR EXTERNAL	3	PA; QL (60 per 30 days)
flurbiprofen oral tablet 100 mg	1	MO
GLOPERBA	3	
GLYDO EXTERNAL PREFILLED SYRINGE	1	
goprelto	3	
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA; QL (60 per 30 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg	4	PA; QL (30 per 30 days); S
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	3	PA; QL (30 per 30 days)
hydrocodone- acetaminophen oral solution 2.5-108 mg/ 5ml, 5-217 mg/10ml, 7.5- 325 mg/15ml	1	QL (2700 per 30 days)
hydrocodone- acetaminophen oral tablet 10-300 mg, 10- 325 mg, 5-300 mg, 5- 325 mg, 7.5-300 mg, 7.5- 325 mg	1	QL (180 per 30 days)
hydrocodone- ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL (50 per 10 days)

Drug Name	Drug Tier	Requirements/ Limits
hydromorphone hcl er oral tablet extended release 24 hour	3	PA; QL (30 per 30 days)
hydromorphone hcl injection solution 0.25 mg/0.5ml	3	
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ ml	1	
hydromorphone hcl oral liquid	1	QL (720 per 30 days)
hydromorphone hcl oral tablet	1	QL (180 per 30 days)
hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml	2	
hydromorphone hcl pf injection solution 10 mg/ml, 2 mg/ml, 50 mg/5ml, 500 mg/50ml	1	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 60 MG, 80 MG	4	PA; QL (30 per 30 days); S
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG	3	PA; QL (30 per 30 days)
IBU	1	MO
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
INDOCIN ORAL	3	PA; MO
INDOCIN RECTAL	4	MO; S
indomethacin er	1	PA; MO

Drug Name	Drug Tier	Requirements/ Limits
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	PA; MO
<i>indomethacin oral suspension</i>	3	PA; MO
<i>indomethacin rectal suppository 50 mg</i>	4	MO; S
<i>ketoprofen er</i>	1	MO
<i>ketoprofen oral capsule 25 mg</i>	4	MO; S
<i>ketoprofen oral capsule 50 mg</i>	1	MO
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	1	PA
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	1	PA
<i>ketorolac tromethamine nasal</i>	4	QL (5 per 30 days); S
<i>ketorolac tromethamine oral</i>	1	PA
KIPROFEN	4	MO; S
KRYSTEXXA	4	PA; QL (2 per 28 days); LA; S
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	4	PA; QL (30 per 30 days); S
<i>levorphanol tartrate oral</i>	4	QL (180 per 30 days); S
LICART EXTERNAL	3	PA; QL (30 per 30 days)
<i>lidocaine external ointment 5 %</i>	1	PA; QL (150 per 30 days)
<i>lidocaine external patch 5 %</i>	1	PA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl (pf) injection solution 0.5 %, 2 %, 4 %</i>	3	
<i>lidocaine hcl (pf) injection solution 1 %, 1.5 %</i>	1	
<i>lidocaine hcl external solution</i>	1	PA; QL (300 per 30 days)
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	1	
<i>lidocaine hcl mouth/throat</i>	1	PA; QL (300 per 30 days)
<i>lidocaine hcl urethral/mucosal</i>	1	
<i>lidocaine viscous hcl</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	QL (30 per 30 days)
LIDOCAN	4	PA; QL (90 per 30 days); S
LIDODERM	3	PA; QL (90 per 30 days)
LIDOREX	4	PA; QL (100 per 30 days); S
LODINE	4	MO; S
LOFENA	4	MO; S
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL (2025 per 30 days)
<i>meclofenamate sodium oral</i>	1	MO
<i>mefenamic acid oral</i>	1	MO
<i>meloxicam oral capsule</i>	3	ST; MO
<i>meloxicam oral tablet</i>	1	MO
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	3	PA

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

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

Drug Name	Drug Tier	Requirements/ Limits
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PA; QL (90 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG	4	PA; QL (90 per 30 days); S
<i>nabumetone oral</i>	1	MO
NALFON ORAL CAPSULE 400 MG	3	MO
NALFON ORAL TABLET	3	MO
<i>nalocet</i>	4	QL (180 per 30 days); S
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	ST; MO
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	4	ST; MO; S
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet delayed release</i>	1	MO
<i>naproxen sodium er</i>	3	ST; MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG	4	PA; QL (60 per 30 days); S
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 50 MG	3	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA ORAL TABLET 100 MG	4	QL (181 per 30 days); S
NUCYNTA ORAL TABLET 50 MG	3	QL (181 per 30 days)
NUCYNTA ORAL TABLET 75 MG	4	QL (242 per 30 days); S
<i>oxaprozin oral tablet</i>	1	MO
OXAYDO ORAL TABLET 5 MG	3	QL (180 per 30 days)
OXAYDO ORAL TABLET 7.5 MG	4	QL (180 per 30 days); S
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	3	PA; QL (60 per 30 days)
<i>oxycodone hcl oral capsule</i>	1	QL (180 per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/ 5ml</i>	1	QL (180 per 30 days)
<i>oxycodone hcl oral solution</i>	1	QL (900 per 30 days)
<i>oxycodone hcl oral tablet</i>	1	QL (180 per 30 days)
<i>oxycodone- acetaminophen oral solution 10-300 mg/ 5ml</i>	4	QL (900 per 30 days); S
<i>oxycodone- acetaminophen oral solution 5-325 mg/5ml</i>	3	QL (900 per 30 days)
<i>oxycodone- acetaminophen oral tablet 10-300 mg, 2.5- 300 mg, 5-300 mg, 7.5- 300 mg</i>	4	QL (180 per 30 days); S
<i>oxycodone- acetaminophen oral tablet 10-325 mg, 2.5-</i>	1	QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
PROLATE ORAL TABLET 5-300 MG	3	QL (180 per 30 days)
QDOLO	3	QL (2400 per 30 days); LA
RELAFEN	1	MO
RELAFEN DS	4	MO; S
ROXICODONE ORAL TABLET 15 MG	3	QL (180 per 30 days)
ROXICODONE ORAL TABLET 30 MG	4	QL (180 per 30 days); S
ROXYBOND	3	QL (180 per 30 days)
<i>salsalate oral</i>	1	MO
SEGLENTIS	3	QL (120 per 30 days)
SPRIX	4	QL (5 per 30 days); S
SUBLOCADE	4	S
SUBSYS	4	PA; QL (120 per 30 days); S
<i>sulindac oral tablet 150 mg</i>	1	MO
<i>sulindac oral tablet 200 mg</i>	1	MO
TOLECTIN 600	4	MO; S
<i>tolmetin sodium oral capsule</i>	1	MO
<i>tolmetin sodium oral tablet 600 mg</i>	1	MO
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	2	PA; QL (30 per 30 days)
<i>tramadol hcl (er biphasic) oral tablet</i>	1	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>extended release 24 hour</i>		
<i>tramadol hcl er</i>	1	PA; QL (30 per 30 days)
<i>tramadol hcl oral solution</i>	3	QL (2400 per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	3	QL (120 per 30 days)
<i>tramadol hcl oral tablet 25 mg</i>	3	QL (480 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	1	QL (40 per 5 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	QL (180 per 30 days)
TRIDACAINE	4	PA; QL (90 per 30 days); S
TRIDACAINE II	4	PA; QL (90 per 30 days); S
TRIDACAINE III	4	PA; QL (90 per 30 days); S
ULORIC	3	ST; MO
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG	3	PA; QL (60 per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG, 36 MG	4	PA; QL (60 per 30 days); S
ZIPSOR	4	S
ZTLIDO	3	PA; QL (90 per 30 days)
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	4	PA; QL (120 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
<i>abiraterone acetate oral tablet 500 mg</i>	4	PA; QL (60 per 30 days); S
ABRAXANE	4	PA; S
ADRIAMYCIN INTRAVENOUS SOLUTION	1	B/D PA
<i>adriamycin intravenous solution reconstituted 10 mg</i>	1	B/D PA
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	B/D PA
AFINITOR	4	PA; S
AFINITOR DISPERZ	4	PA; S
AKEEGA	4	PA; QL (30 per 30 days); S
ALECENSA	4	PA; QL (240 per 30 days); LA; S
ALIMTA	4	PA; S
ALUNBRIG ORAL TABLET 180 MG	4	PA; QL (30 per 30 days); LA; S
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (180 per 30 days); LA; S
ALUNBRIG ORAL TABLET 90 MG	4	PA; QL (60 per 30 days); LA; S
ALUNBRIG ORAL TABLET THERAPY PACK	4	PA; QL (30 per 180 days); LA; S
ALYMSYS	4	PA; S
<i>anastrozole oral</i>	1	QL (30 per 30 days); MO
ARIMIDEX	4	QL (30 per 30 days); MO; S
AROMASIN	4	QL (60 per 30 days); MO; S

Drug Name	Drug Tier	Requirements/ Limits
AUGTYRO	4	PA; QL (240 per 30 days); S
AVASTIN	4	PA; LA; S
AYVAKIT	4	PA; QL (30 per 30 days); LA; S
<i>azacitidine</i>	4	PA; LA; S
BALVERSA ORAL TABLET 3 MG	4	PA; QL (90 per 30 days); LA; S
BALVERSA ORAL TABLET 4 MG	4	PA; QL (60 per 30 days); LA; S
BALVERSA ORAL TABLET 5 MG	4	PA; QL (30 per 30 days); LA; S
BAVENCIO	4	PA; LA; S
<i>bendamustine hcl</i>	4	B/D PA; S
BENDEKA	4	B/D PA; S
BESREMI	4	PA; LA; S
<i>bexarotene oral</i>	4	PA; QL (300 per 30 days); S
<i>bicalutamide</i>	1	QL (30 per 30 days)
<i>bleomycin sulfate</i>	1	B/D PA
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>	4	PA; S
<i>bortezomib injection solution reconstituted 2.5 mg</i>	3	PA
BOSULIF ORAL CAPSULE 100 MG	4	PA; QL (120 per 30 days); LA; S
BOSULIF ORAL CAPSULE 50 MG	4	PA; QL (30 per 30 days); LA; S
BOSULIF ORAL TABLET 100 MG	4	PA; QL (120 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (30 per 30 days); S
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; QL (180 per 30 days); LA; S
BRUKINSA	4	PA; QL (120 per 30 days); LA; S
CABOMETYX	4	PA; QL (30 per 30 days); LA; S
CALQUENCE	4	PA; QL (60 per 30 days); LA; S
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); LA; S
CAPRELSA ORAL TABLET 300 MG	4	PA; QL (30 per 30 days); LA; S
<i>carboplatin intravenous solution</i>	1	B/D PA
CASODEX	4	QL (30 per 30 days); S
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	1	B/D PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	4	PA; QL (56 per 28 days); LA; S
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	4	PA; QL (112 per 28 days); LA; S
COMETRIQ (60 MG DAILY DOSE)	4	PA; QL (84 per 28 days); LA; S
COPIKTRA	4	PA; QL (60 per 30 days); LA; S
COTELLIC	4	PA; QL (90 per 30 days); LA; S
<i>cyclophosphamide injection solution reconstituted 1 gm</i>	3	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
cyclophosphamide injection solution reconstituted 2 gm, 500 mg	4	B/D PA; S
cyclophosphamide intravenous solution 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml, 500 mg/ml	4	S
cyclophosphamide oral capsule	2	B/D PA
cyclophosphamide oral tablet 25 mg	3	B/D PA
cyclophosphamide oral tablet 50 mg	4	B/D PA; S
CYRAMZA	4	PA; LA; S
DARZALEX	4	PA; LA; S
DARZALEX FASPRO	4	PA; S
DAURISMO ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S
DAURISMO ORAL TABLET 25 MG	4	PA; QL (60 per 30 days); LA; S
decitabine	4	S
DOXIL	4	PA; S
doxorubicin hcl intravenous solution	3	B/D PA
doxorubicin hcl intravenous solution reconstituted	1	B/D PA
doxorubicin hcl liposomal	4	PA; S
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	2	PA
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	3	PA

Drug Name	Drug Tier	Requirements/ Limits
ELITEK	4	PA; S
EMCYT	4	S
EMPLICITI	4	PA; LA; S
ENHERTU	4	PA; S
ERBITUX	4	PA; S
ERIVEDGE	4	PA; QL (30 per 30 days); LA; S
ERLEADA	4	PA; LA; S
erlotinib hcl oral tablet 100 mg, 150 mg	4	PA; QL (30 per 30 days); S
erlotinib hcl oral tablet 25 mg	4	PA; QL (90 per 30 days); S
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1	B/D PA
EULEXIN	4	S
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; S
everolimus oral tablet soluble	4	PA; S
exemestane	1	QL (60 per 30 days); MO
EXKIVITY	4	PA; QL (120 per 30 days); LA; S
FARESTON	4	QL (30 per 30 days); S
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	PA; S
FEMARA	3	QL (30 per 30 days); MO
FIRMAGON (240 MG DOSE)	4	PA; S

Drug Name	Drug Tier	Requirements/ Limits
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	PA
<i>fluorouracil intravenous</i>	1	B/D PA
FOTIVDA	4	PA; QL (21 per 28 days); S
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (84 per 28 days); LA; S
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (21 per 28 days); LA; S
<i>fulvestrant intramuscular solution prefilled syringe</i>	4	PA; S
GAVRETO	4	PA; QL (120 per 30 days); LA; S
GAZYVA	4	PA; LA; S
<i>gefitinib</i>	4	PA; QL (30 per 30 days); S
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/ 2ml</i>	3	B/D PA
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/ 5.26ml</i>	1	B/D PA
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm</i>	1	B/D PA
<i>gemcitabine hcl intravenous solution reconstituted 200 mg</i>	3	B/D PA
GILOTRIF	4	PA; QL (30 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
GLEEVEC ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); S
GLEEVEC ORAL TABLET 400 MG	4	PA; QL (60 per 30 days); S
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	PA
HERCEPTIN HYLECTA	4	B/D PA; S
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	4	B/D PA; S
HYDREA	3	
<i>hydroxyurea oral</i>	1	
IBRANCE	4	PA; QL (21 per 28 days); LA; S
ICLUSIG	4	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 50 MG	4	PA; QL (60 per 30 days); LA; S
<i>imatinib mesylate oral tablet 100 mg</i>	4	PA; QL (90 per 30 days); S
<i>imatinib mesylate oral tablet 400 mg</i>	4	PA; QL (60 per 30 days); S
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (90 per 30 days); LA; S
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days); LA; S
IMBRUVICA ORAL SUSPENSION	4	PA; QL (216 per 27 days); LA; S
IMBRUVICA ORAL TABLET 140 MG	4	PA; QL (90 per 30 days); LA; S
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	4	PA; QL (30 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
IMFINZI	4	PA; LA; S
INLYTA ORAL TABLET 1 MG	4	PA; QL (180 per 30 days); LA; S
INLYTA ORAL TABLET 5 MG	4	PA; QL (120 per 30 days); LA; S
INQOVI	4	PA; QL (5 per 28 days); LA; S
INREBIC	4	PA; QL (120 per 30 days); LA; S
IRESSA	4	PA; QL (30 per 30 days); LA; S
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	3	
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	1	
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	1	B/D PA
IWILFIN	4	PA; QL (240 per 30 days); S
JAKAFI	4	PA; QL (60 per 30 days); LA; S
JAYPIRCA ORAL TABLET 100 MG	4	PA; QL (60 per 30 days); S
JAYPIRCA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); S
JEVTANA	4	PA; S
KADCYLA	4	PA; S
KANJINTI	4	B/D PA; S
KEYTRUDA INTRAVENOUS SOLUTION	4	PA; S

Drug Name	Drug Tier	Requirements/ Limits
KISQALI (200 MG DOSE)	4	PA; QL (21 per 21 days); S
KISQALI (400 MG DOSE)	4	PA; QL (42 per 21 days); S
KISQALI (600 MG DOSE)	4	PA; QL (63 per 21 days); S
KISQALI FEMARA (200 MG DOSE)	4	PA; QL (49 per 28 days); S
KISQALI FEMARA (400 MG DOSE)	4	PA; QL (70 per 28 days); S
KISQALI FEMARA (600 MG DOSE)	4	PA; QL (91 per 28 days); S
KRAZATI	4	PA; QL (180 per 30 days); S
KYPROLIS	4	PA; LA; S
<i>lapatinib ditosylate</i>	4	PA; QL (180 per 30 days); S
<i>lenalidomide oral capsule 10 mg</i>	4	PA; QL (60 per 30 days); LA; S
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	4	PA; QL (30 per 30 days); LA; S
<i>lenalidomide oral capsule 5 mg</i>	4	PA; QL (150 per 30 days); LA; S
LENVIMA (10 MG DAILY DOSE)	4	PA; QL (30 per 30 days); LA; S
LENVIMA (12 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S
LENVIMA (14 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S
LENVIMA (18 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S
LENVIMA (20 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S
LENVIMA (24 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (4 MG DAILY DOSE)	4	PA; QL (30 per 30 days); LA; S
LENVIMA (8 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S
<i>letrozole oral</i>	1	QL (30 per 30 days); MO
<i>leucovorin calcium injection solution 100 mg/10ml</i>	1	
<i>leucovorin calcium injection solution 500 mg/50ml</i>	4	S
<i>leucovorin calcium injection solution reconstituted</i>	1	B/D PA
<i>leucovorin calcium oral</i>	1	
LEUKERAN	2	
<i>leuprolide acetate (3 month)</i>	3	PA
<i>leuprolide acetate injection</i>	1	PA
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	4	PA; S
<i>levoleucovorin calcium pf</i>	3	PA
LONSURF	4	PA; S
LORBRENA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S
LORBRENA ORAL TABLET 25 MG	4	PA; QL (90 per 30 days); LA; S
LUMAKRAS ORAL TABLET 120 MG	4	PA; QL (240 per 30 days); LA; S
LUMAKRAS ORAL TABLET 320 MG	4	PA; QL (90 per 30 days); S
LUPRON DEPOT (1-MONTH)	4	PA; QL (1 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (3-MONTH)	4	PA; QL (1 per 84 days); S
LUPRON DEPOT (4-MONTH)	4	PA; QL (1 per 112 days); S
LUPRON DEPOT (6-MONTH)	4	PA; QL (1 per 168 days); S
LYNPARZA ORAL TABLET	4	PA; QL (120 per 30 days); LA; S
LYSODREN	4	S
LYTGOBI (12 MG DAILY DOSE)	4	PA; S
LYTGOBI (16 MG DAILY DOSE)	4	PA; S
LYTGOBI (20 MG DAILY DOSE)	4	PA; S
MATULANE	4	LA; S
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	1	PA
<i>megestrol acetate oral tablet</i>	1	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	4	PA; QL (1200 per 30 days); S
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (90 per 30 days); LA; S
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 per 30 days); LA; S
MEKTOVI	4	PA; QL (180 per 30 days); LA; S
<i>mercaptopurine oral</i>	1	
<i>mesna</i>	1	
MESNEX INTRAVENOUS	3	
MESNEX ORAL	4	S

Drug Name	Drug Tier	Requirements/ Limits
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg</i>	4	B/D PA; S
<i>mitomycin intravenous solution reconstituted 5 mg</i>	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 5 MG	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	4	B/D PA; S
MVASI	4	PA; S
NERLYNX	4	PA; QL (180 per 30 days); LA; S
NEXAVAR	4	PA; QL (120 per 30 days); LA; S
NILANDRON	4	QL (30 per 30 days); S
<i>nilutamide</i>	4	QL (30 per 30 days); S
NINLARO	4	PA; QL (3 per 28 days); S
NUBEQA	4	PA; QL (120 per 30 days); LA; S
ODOMZO	4	PA; QL (30 per 30 days); LA; S
OGIVRI	4	B/D PA; S
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; QL (60 per 30 days); S
OGSIVEO ORAL TABLET 50 MG	4	PA; QL (180 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
OJEMDA ORAL SUSPENSION RECONSTITUTED	4	PA; QL (96 per 28 days); LA; S
OJEMDA ORAL TABLET	4	PA; QL (24 per 28 days); LA; S
OJJAARA	4	PA; QL (30 per 30 days); LA; S
ONIVYDE	4	B/D PA; S
ONUREG	4	PA; QL (14 per 28 days); LA; S
OPDIVO	4	PA; LA; S
ORGOVYX	4	PA; QL (32 per 30 days); LA; S
ORSERDU ORAL TABLET 345 MG	4	PA; QL (30 per 30 days); S
ORSERDU ORAL TABLET 86 MG	4	PA; QL (90 per 30 days); S
<i>oxaliplatin intravenous solution</i>	1	B/D PA
<i>oxaliplatin intravenous solution reconstituted 100 mg</i>	3	B/D PA
<i>oxaliplatin intravenous solution reconstituted 50 mg</i>	4	B/D PA; S
<i>paclitaxel intravenous concentrate 100 mg/ 16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	1	B/D PA
<i>paclitaxel protein-bound part</i>	4	PA; S
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/ 100ML	1	B/D PA
<i>pazopanib hcl</i>	4	PA; QL (120 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
PEMAZYRE	4	PA; QL (14 per 21 days); LA; S
<i>pemetrexed disodium intravenous solution reconstituted 100 mg</i>	4	PA; S
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>	4	S
<i>pemetrexed disodium intravenous solution reconstituted 500 mg</i>	3	PA
PERJETA	4	PA; S
PHESGO	4	PA; S
PIQRAY (200 MG DAILY DOSE)	4	PA; QL (28 per 28 days); S
PIQRAY (250 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
PIQRAY (300 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
POMALYST	4	PA; QL (21 per 28 days); LA; S
POTELIGEO	4	B/D PA; LA; S
PURIXAN	4	PA; S
QINLOCK	4	PA; QL (90 per 30 days); S
RETEVMO ORAL CAPSULE 40 MG	4	PA; QL (180 per 30 days); S
RETEVMO ORAL CAPSULE 80 MG	4	PA; QL (120 per 30 days); S
REVLIMID ORAL CAPSULE 10 MG	4	PA; QL (60 per 30 days); LA; S
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	4	PA; QL (30 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
REVLIMID ORAL CAPSULE 5 MG	4	PA; QL (150 per 30 days); LA; S
REZLIDHIA	4	PA; QL (60 per 30 days); LA; S
RIABNI	4	B/D PA; S
RITUXAN HYCELA	4	B/D PA; LA; S
RITUXAN INTRAVENOUS SOLUTION	4	B/D PA; LA; S
<i>romidepsin intravenous solution reconstituted</i>	4	S
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (150 per 30 days); LA; S
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 per 30 days); LA; S
ROZLYTREK ORAL PACKET	4	PA; QL (240 per 30 days); LA; S
RUBRACA	4	PA; QL (120 per 30 days); LA; S
RUXIENCE	4	B/D PA; S
RYBREVAANT	4	PA; S
RYDAPT	4	PA; QL (240 per 30 days); S
RYLAZE	4	PA; S
SARCLISA	4	PA; S
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL (120 per 30 days); S
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (60 per 30 days); S
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (300 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
SOLTAMOX	3	MO
<i>sorafenib tosylate</i>	4	PA; QL (120 per 30 days); S
SPRYCEL	4	PA; QL (30 per 30 days); S
STIVARGA	4	PA; QL (84 per 28 days); LA; S
<i>sunitinib malate</i>	4	PA; QL (30 per 30 days); S
SUTENT	4	PA; QL (30 per 30 days); S
TABLOID	3	
TABRECTA	4	PA; QL (120 per 30 days); S
TAFINLAR ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
TAFINLAR ORAL TABLET SOLUBLE	4	PA; QL (900 per 30 days); S
TAGRISO	4	PA; QL (30 per 30 days); LA; S
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; QL (30 per 30 days); S
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; QL (90 per 30 days); LA; S
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	4	PA; QL (30 per 30 days); LA; S
<i>tamoxifen citrate oral</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PA; QL (30 per 30 days); LA; S
TARCEVA ORAL TABLET 25 MG	4	PA; QL (90 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
TARGETIN ORAL	4	PA; QL (300 per 30 days); S
TASIGNA	4	PA; QL (112 per 28 days); S
TAZVERIK	4	PA; QL (240 per 30 days); LA; S
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/ 20ML	4	PA; QL (20 per 21 days); LA; S
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/ 14ML	4	PA; QL (28 per 28 days); LA; S
TECVAYLI	4	PA; S
TEPMETKO	4	PA; QL (60 per 30 days); LA; S
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (30 per 30 days); S
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 per 30 days); S
TIBSOVO	4	PA; QL (60 per 30 days); LA; S
TICE BCG	2	B/D PA
<i>toremifene citrate</i>	3	QL (30 per 30 days)
TRAZIMERA	4	B/D PA; S
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	3	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION	4	PA; S

Drug Name	Drug Tier	Requirements/ Limits
RECONSTITUTED 22.5 MG		
<i>tretinoin oral</i>	4	S
TRODELVY	4	PA; S
TRUQAP	4	PA; QL (64 per 28 days); S
TRUSELTIQ (100MG DAILY DOSE)	4	PA; QL (21 per 28 days); LA; S
TRUSELTIQ (125MG DAILY DOSE)	4	PA; QL (42 per 28 days); LA; S
TRUSELTIQ (50MG DAILY DOSE)	4	PA; QL (42 per 28 days); LA; S
TRUSELTIQ (75MG DAILY DOSE)	4	PA; QL (63 per 28 days); LA; S
TRUXIMA	4	B/D PA; S
TUKYSA	4	PA; QL (120 per 30 days); LA; S
TURALIO ORAL CAPSULE 125 MG	4	PA; QL (120 per 30 days); LA; S
TYKERB	4	PA; QL (180 per 30 days); LA; S
<i>valrubicin</i>	4	S
VANFLYTA	4	PA; QL (56 per 28 days); S
VECTIBIX INTRAVENOUS SOLUTION 100 MG/ 5ML, 400 MG/20ML	4	PA; S
VEGZELMA	4	PA; S
VELCADE INJECTION	4	PA; S
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 per 30 days); LA
VENCLEXTA ORAL TABLET 100 MG	4	PA; QL (180 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
VENCLEXTA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); LA; S
VENCLEXTA STARTING PACK	4	PA; LA; S
VERZENIO	4	PA; QL (60 per 30 days); LA; S
VIDAZA	4	PA; LA; S
<i>vinblastine sulfate intravenous solution</i>	1	B/D PA
<i>vincristine sulfate intravenous</i>	1	B/D PA
<i>vinorelbine tartrate</i>	1	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	4	PA; QL (60 per 30 days); LA; S
VITRAKVI ORAL CAPSULE 25 MG	4	PA; QL (180 per 30 days); LA; S
VITRAKVI ORAL SOLUTION	4	PA; QL (300 per 30 days); LA; S
VIZIMPRO	4	PA; QL (30 per 30 days); LA; S
VONJO	4	PA; QL (120 per 30 days); LA; S
VOTRIENT	4	PA; QL (120 per 30 days); LA; S
WELIREG	4	PA; QL (90 per 30 days); LA; S
XALKORI ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 150 MG	4	PA; QL (90 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 20 MG	4	PA; QL (120 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
XALKORI ORAL CAPSULE SPRINKLE 50 MG	4	PA; QL (60 per 30 days); LA; S
XOSPATA	4	PA; QL (90 per 30 days); LA; S
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	4	PA; QL (8 per 28 days); LA; S
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (4 per 28 days); LA; S
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); LA; S
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	4	PA; QL (4 per 28 days); LA; S
XPOVIO (60 MG TWICE WEEKLY)	4	PA; QL (24 per 28 days); LA; S
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); LA; S
XPOVIO (80 MG TWICE WEEKLY)	4	PA; QL (32 per 28 days); LA; S
XTANDI ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
XTANDI ORAL TABLET 40 MG	4	PA; QL (120 per 30 days); S
XTANDI ORAL TABLET 80 MG	4	PA; QL (60 per 30 days); S
YERVOY	4	PA; S
YONSA	4	PA; QL (120 per 30 days); S
ZEJULA ORAL CAPSULE	4	PA; QL (90 per 30 days); LA; S
ZEJULA ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; QL (30 per 30 days); S
ZELBORAF	4	PA; QL (240 per 30 days); LA; S
ZEPZELCA	4	PA; S
ZIRABEV	4	PA; S
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	3	B/D PA; QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	3	B/D PA; QL (1 per 28 days)
ZOLINZA	4	PA; QL (120 per 30 days); S
ZYDELIG	4	PA; QL (60 per 30 days); LA; S
ZYKADIA ORAL TABLET	4	PA; QL (90 per 30 days); LA; S
ZYTIGA ORAL TABLET 250 MG	4	PA; QL (120 per 30 days); LA; S
ZYTIGA ORAL TABLET 500 MG	4	PA; QL (60 per 30 days); LA; S

Blood Products And Modifiers

ADAKVEO	4	S
AGRYLIN	3	MO
<i>aminocaproic acid oral solution</i>	4	S
<i>aminocaproic acid oral tablet</i>	3	
<i>anagrelide hcl</i>	1	MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	4	PA; S

Drug Name	Drug Tier	Requirements/ Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 40 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/ 0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ ML	4	PA; S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	3	PA
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/ 0.8ML	4	QL (24 per 30 days); S
ARIXTRA SUBCUTANEOUS SOLUTION 2.5 MG/ 0.5ML	4	QL (15 per 30 days); S
ARIXTRA SUBCUTANEOUS SOLUTION 5 MG/0.4ML	4	QL (12 per 30 days); S
ARIXTRA SUBCUTANEOUS SOLUTION 7.5 MG/ 0.6ML	4	QL (18 per 30 days); S
<i>aspirin-dipyridamole er</i>	1	ST; QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
BERINERT	4	PA; LA; S
BRILINTA	2	QL (60 per 30 days); MO
CABLIVI	4	S
<i>cilostazol</i>	1	MO
CINRYZE	4	PA; LA; S
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	QL (1 per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	QL (30 per 30 days); MO
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/ 10ML	3	
<i>dabigatran etexilate mesylate</i>	3	QL (60 per 30 days); MO
<i>dipyridamole oral</i>	1	PA; MO
DOPTelet ORAL TABLET 20 MG	4	PA; QL (60 per 30 days); LA; S
DOPTelet ORAL TABLET 20 MG (10 PACK), 20 MG(15 PACK)	4	QL (60 per 30 days); LA; S
DROXIA	2	MO
EFFIENT	3	QL (30 per 30 days); MO
ELIQUIS	2	QL (60 per 30 days); MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (74 per 180 days)
ENDARI	4	LA; S
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	QL (168 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	1	QL (56 per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	1	QL (44.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	1	QL (16.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	1	QL (22.4 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	1	QL (33.6 per 28 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; S
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	4	QL (24 per 30 days); S
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	4	QL (12 per 30 days); S
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	4	QL (18 per 30 days); S
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ 4ML	3	

Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/ 3.8ML	4	S
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	4	S
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/ 0.2ML, 5000 UNIT/0.2ML	3	
FULPHILA	4	PA; QL (1.2 per 28 days); S
FYLNETRA	4	PA; QL (1.2 per 28 days); S
GRANIX	4	PA; S
HAEGARDA	4	PA; LA; S
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/ 250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	2	B/D PA
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	B/D PA
<i>heparin sodium (porcine) injection</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>solution prefilled syringe</i>		
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	1	B/D PA
<i>heparin sodium (porcine) pf injection solution 5000 unit/ 0.5ml, 5000 unit/ml</i>	3	
<i>icatibant acetate</i>	4	PA; S
<i>jantoven</i>	1	MO
KALBITOR	4	PA; LA; S
<i>l-glutamine oral packet</i>	4	S
LEUKINE INJECTION SOLUTION RECONSTITUTED	4	PA; S
LOVENOX INJECTION SOLUTION	3	QL (168 per 28 days)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML	3	QL (56 per 28 days)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 120 MG/0.8ML, 80 MG/0.8ML	3	QL (44.8 per 28 days)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 150 MG/ML	4	QL (56 per 28 days); S
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 30 MG/0.3ML	3	QL (16.8 per 28 days)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	QL (22.4 per 28 days)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 60 MG/0.6ML	3	QL (33.6 per 28 days)
MOZOBIL	4	PA; S

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

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

Drug Name	Drug Tier	Requirements/ Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ ML(1ML)	3	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ ML	4	PA; QL (12 per 28 days); S
ROLVEDON	4	PA; QL (1.2 per 28 days); S
RUCONEST	4	PA; S
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; S
SAVAYSA	3	QL (30 per 30 days); MO
SIKLOS ORAL TABLET 100 MG	3	PA
SIKLOS ORAL TABLET 1000 MG	4	PA; S
STIMUFEND	4	PA; QL (1.2 per 28 days); S
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; LA; S
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; S
TAVALISSE	4	PA; QL (60 per 30 days); LA; S
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	1	
<i>tranexamic acid oral</i>	1	
<i>tranexamic acid-nacl</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
UDENYCA	4	PA; QL (1.2 per 28 days); S
UDENYCA ONBODY	4	PA; QL (1.2 per 28 days); S
<i>warfarin sodium oral</i>	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL (600 per 30 days); MO
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days); MO
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 per 30 days); MO
XARELTO STARTER PACK	2	
XOLREMDI	4	LA; S
ZARXIO	4	PA; S
ZIEXTENZO	4	PA; QL (1.2 per 28 days); S
ZONTIVITY	3	QL (30 per 30 days); MO
Cardiovascular Agents		
ACCUPRIL	3	MO
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	MO
<i>acebutolol hcl oral</i>	1	MO
<i>acetazolamide oral</i>	1	MO
ALDACTAZIDE ORAL TABLET 50-50 MG	3	MO
ALDACTONE	3	MO
<i>aliskiren fumarate</i>	1	MO
ALTACE ORAL CAPSULE	3	MO
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG	3	PA; QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG	4	PA; QL (30 per 30 days); MO; S
<i>amiloride hcl oral</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone hcl intravenous</i>	1	B/D PA
<i>amiodarone hcl oral</i>	1	MO
<i>amlodipine besy-benazepril hcl</i>	1	MO
<i>amlodipine besylate oral</i>	1	MO
<i>amlodipine besylate-valsartan</i>	1	QL (30 per 30 days); MO
<i>amlodipine-atorvastatin</i>	1	QL (30 per 30 days); MO
<i>amlodipine-olmesartan</i>	1	QL (30 per 30 days); MO
<i>amlodipine-valsartan-hctz</i>	1	QL (30 per 30 days); MO
ANTARA ORAL CAPSULE 90 MG	3	ST; MO
ASPRUZYO SPRINKLE	3	PA; MO
ATACAND HCT ORAL TABLET 16-12.5 MG	3	QL (60 per 30 days); MO
ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG	3	QL (30 per 30 days); MO
ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG	3	QL (60 per 30 days); MO
ATACAND ORAL TABLET 32 MG	3	QL (30 per 30 days); MO
<i>atenolol oral</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
ATORVALIQ	3	QL (600 per 30 days); MO
<i>atorvastatin calcium oral</i>	1	QL (30 per 30 days); MO
AVALIDE ORAL TABLET 150-12.5 MG	3	QL (60 per 30 days); MO
AVALIDE ORAL TABLET 300-12.5 MG	3	QL (30 per 30 days); MO
AVAPRO	3	QL (30 per 30 days); MO
AZOR	3	ST; QL (30 per 30 days); MO
<i>benazepril hcl oral</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR HCT	3	ST; QL (30 per 30 days); MO
BENICAR ORAL TABLET 20 MG, 40 MG	3	ST; QL (30 per 30 days); MO
BENICAR ORAL TABLET 5 MG	3	ST; QL (60 per 30 days); MO
BETAPACE AF ORAL TABLET 120 MG, 80 MG	3	MO
BETAPACE AF ORAL TABLET 160 MG	4	MO; S
BETAPACE ORAL TABLET 120 MG, 80 MG	3	MO
BETAPACE ORAL TABLET 160 MG	4	MO; S
<i>betaxolol hcl oral</i>	1	MO
BIDIL	2	QL (180 per 30 days); MO
<i>bisoprolol fumarate oral</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>bumetanide oral</i>	1	MO
BUMEX ORAL TABLET 0.5 MG	3	MO
BYSTOLIC	3	MO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	QL (30 per 30 days); MO
CAMZYOS	4	LA; S
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60 per 30 days); MO
<i>candesartan cilexetil oral tablet 32 mg</i>	1	QL (30 per 30 days); MO
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	1	QL (30 per 30 days); MO
<i>captopril oral</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG	3	MO
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 360 MG	4	MO; S
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG	3	MO
CARDIZEM ORAL TABLET 60 MG	4	MO; S
CARDURA	3	MO
CAROSPIR	3	MO

Drug Name	Drug Tier	Requirements/ Limits
CARTIA XT	1	MO
carvedilol	1	MO
carvedilol phosphate er	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
cholestyramine light	1	MO
cholestyramine oral	1	MO
clonidine	1	QL (4 per 28 days); MO
clonidine hcl er oral tablet extended release 24 hour	3	MO
clonidine hcl oral	1	MO
colesevelam hcl	1	MO
COLESTID	3	MO
colestipol hcl	1	MO
CONJUPRI	3	MO
COREG	3	MO
COREG CR	3	MO
CORGARD ORAL TABLET 20 MG, 40 MG	3	MO
CORLANOR ORAL SOLUTION	3	PA; QL (560 per 28 days); MO
CORLANOR ORAL TABLET	3	PA; QL (60 per 30 days); MO
COZAAR ORAL TABLET 100 MG	3	QL (30 per 30 days); MO
COZAAR ORAL TABLET 25 MG, 50 MG	3	QL (60 per 30 days); MO
CRESTOR	3	ST; QL (30 per 30 days); MO
DEMSEER	4	S
DIBENZYLINE	4	S

Drug Name	Drug Tier	Requirements/ Limits
dichlorphenamide	4	PA; QL (120 per 30 days); S
digox oral tablet 125 mcg	1	QL (30 per 30 days); MO
digox oral tablet 250 mcg	1	PA; QL (60 per 30 days); MO
digoxin injection	3	PA
digoxin oral solution	1	MO
digoxin oral tablet 125 mcg	1	QL (30 per 30 days); MO
digoxin oral tablet 250 mcg	1	PA; QL (60 per 30 days); MO
digoxin oral tablet 62.5 mcg	2	QL (30 per 30 days); MO
dilt-xr	1	MO
diltiazem hcl er beads	1	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	MO
diltiazem hcl er oral capsule extended release 12 hour	1	MO
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	MO
diltiazem hcl er oral tablet extended release 24 hour 120 mg	3	MO
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
diltiazem hcl intravenous solution	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl intravenous solution reconstituted</i>	2	
<i>diltiazem hcl oral</i>	1	MO
DIOVAN HCT	3	QL (30 per 30 days); MO
DIOVAN ORAL TABLET 160 MG	3	QL (60 per 30 days); MO
DIOVAN ORAL TABLET 320 MG	3	QL (30 per 30 days); MO
DIOVAN ORAL TABLET 40 MG, 80 MG	3	QL (90 per 30 days); MO
<i>disopyramide phosphate oral</i>	1	PA; MO
DIURIL	3	MO
<i>dobutamine in d5w</i>	3	
<i>dobutamine-dextrose</i>	3	
<i>dofetilide</i>	1	
<i>doxazosin mesylate oral</i>	1	MO
<i>droxidopa oral capsule 100 mg</i>	3	PA; QL (90 per 30 days)
<i>droxidopa oral capsule 200 mg</i>	3	PA; QL (180 per 30 days)
<i>droxidopa oral capsule 300 mg</i>	4	PA; QL (180 per 30 days); S
DYRENIUM	3	MO
EDARBI	3	ST; QL (30 per 30 days); MO
EDARBYCLOR	3	QL (30 per 30 days); MO
EDECIN	4	MO; S
<i>enalapril maleate oral solution</i>	3	MO
<i>enalapril maleate oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>enalapril-hydrochlorothiazide</i>	1	MO
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL (240 per 30 days); MO
ENTRESTO ORAL TABLET 24-26 MG	2	QL (180 per 30 days); MO
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	2	QL (60 per 30 days); MO
EPANED ORAL SOLUTION	3	MO
<i>eplerenone</i>	1	MO
<i>ethacrynic acid oral</i>	3	MO
EVKEEZA	4	PA; S
EXFORGE	3	QL (30 per 30 days); MO
EXFORGE HCT	3	QL (30 per 30 days); MO
EZALLOR SPRINKLE	3	QL (30 per 30 days); MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	QL (30 per 30 days); MO
<i>felodipine er</i>	1	MO
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate oral capsule</i>	1	MO
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	3	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	MO
<i>fenofibric acid</i>	1	MO
FENOGLIDE ORAL TABLET 120 MG	4	MO; S

Drug Name	Drug Tier	Requirements/ Limits
FENOGLIDE ORAL TABLET 40 MG	3	MO
FIBRICOR	3	MO
<i>flecainide acetate</i>	1	MO
<i>flolipid</i>	3	QL (150 per 30 days); MO
<i>fluvastatin sodium</i>	1	QL (60 per 30 days); MO
<i>fluvastatin sodium er</i>	1	QL (30 per 30 days); MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium-hctz</i>	1	MO
FUROSCIX	3	
<i>furosemide injection</i>	1	
<i>furosemide oral solution 10 mg/ml</i>	1	MO
<i>furosemide oral solution 8 mg/ml</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>gemfibrozil oral</i>	1	MO
<i>guanfacine hcl oral</i>	1	PA; MO
HEMANGEOL	4	S
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl oral</i>	1	MO
<i>hydrochlorothiazide oral</i>	1	MO
HYZAAR	3	QL (30 per 30 days); MO
<i>icosapent ethyl</i>	3	MO
<i>indapamide oral</i>	1	MO
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	3	MO

Drug Name	Drug Tier	Requirements/ Limits
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG, 60 MG, 80 MG	4	MO; S
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	3	MO
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG	4	MO; S
INNOPRAN XL	4	ST; MO; S
INPEFA	3	PA; QL (30 per 30 days); MO
INSPIRA	3	MO
<i>irbesartan</i>	1	QL (30 per 30 days); MO
<i>irbesartan- hydrochlorothiazide oral tablet 150-12.5 mg</i>	1	QL (60 per 30 days); MO
<i>irbesartan- hydrochlorothiazide oral tablet 300-12.5 mg</i>	1	QL (30 per 30 days); MO
ISORDIL TITRADOSE	3	MO
<i>isosorb dinitrate- hydralazine oral tablet 20-37.5 mg</i>	2	QL (180 per 30 days); MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	4	MO; S
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>isradipine</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	4	PA; LA; S
JUXTAPID ORAL CAPSULE 30 MG	4	PA; QL (30 per 30 days); LA; S
KAPSPARGO SPRINKLE	3	MO
KATERZIA	4	MO; S
KEVEYIS	4	PA; QL (120 per 30 days); S
<i>labetalol hcl intravenous solution</i>	1	
<i>labetalol hcl oral</i>	1	MO
<i>labetalol hcl-dextrose intravenous solution 200-5 mg/200ml-%</i>	3	
LANOXIN INJECTION SOLUTION 0.25 MG/ML	3	PA
LANOXIN ORAL TABLET 125 MCG	3	QL (30 per 30 days); MO
LANOXIN ORAL TABLET 250 MCG	3	PA; QL (60 per 30 days); MO
LANOXIN ORAL TABLET 62.5 MCG	2	QL (30 per 30 days); MO
LANOXIN PEDIATRIC	3	
LASIX	3	MO
LEQVIO	4	PA; QL (1.5 per 84 days); S
LESCOL XL	3	QL (30 per 30 days); MO
<i>levamlodipine maleate</i>	3	MO
LIPITOR	3	ST; QL (30 per 30 days); MO
LIPOFEN ORAL CAPSULE 150 MG	3	MO
LIPOFEN ORAL CAPSULE 50 MG	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
metoprolol tartrate oral tablet 37.5 mg, 75 mg	1	MO
metoprolol-hydrochlorothiazide	1	MO
metyrosine	4	S
mexiletine hcl oral	1	MO
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-25 MG	3	QL (30 per 30 days); MO
MICARDIS HCT ORAL TABLET 80-12.5 MG	3	QL (60 per 30 days); MO
MICARDIS ORAL TABLET 20 MG, 40 MG	3	QL (30 per 30 days); MO
MICARDIS ORAL TABLET 80 MG	3	QL (60 per 30 days); MO
midodrine hcl	1	
milrinone lactate in dextrose	3	
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	3	
minoxidil oral	1	MO
moexipril hcl	1	MO
MULTAQ	2	QL (60 per 30 days); MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	MO
nebivolol hcl	1	MO
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	MO
NEXLETOL	3	QL (30 per 30 days); MO
NEXLIZET	3	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
niacin (antihyperlipidemic)	1	
niacin er (antihyperlipidemic)	1	MO
niacor	1	
nicardipine hcl intravenous	1	
nicardipine hcl oral	1	MO
nifedipine er	1	MO
nifedipine er osmotic release	1	MO
nifedipine oral	1	PA; MO
nimodipine oral	1	
nisoldipine er	1	MO
NITRO-BID	2	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	MO; S
nitroglycerin intravenous	2	B/D PA
nitroglycerin sublingual	1	MO
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual solution	1	MO
NITROLINGUAL	3	MO
NITROSTAT	3	MO
NORLIQVA	3	MO
NORPACE	3	PA; MO

Drug Name	Drug Tier	Requirements/ Limits
NORPACE CR	3	PA; MO
NORTHERA ORAL CAPSULE 100 MG	4	PA; QL (90 per 30 days); LA; S
NORTHERA ORAL CAPSULE 200 MG, 300 MG	4	PA; QL (180 per 30 days); LA; S
NORVASC	3	MO
NYMALIZE ORAL SOLUTION 6 MG/ML	3	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days); MO
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	QL (60 per 30 days); MO
<i>olmesartan medoxomil-hctz</i>	1	QL (30 per 30 days); MO
<i>olmesartan-amlodipine-hctz</i>	1	QL (30 per 30 days); MO
<i>omega-3-acid ethyl esters</i>	1	MO
ORMALVI	4	PA; QL (120 per 30 days); LA; S
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine hcl oral</i>	4	S
<i>pindolol</i>	1	MO
<i>pitavastatin calcium</i>	3	QL (30 per 30 days); MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days)
<i>pravastatin sodium</i>	1	QL (30 per 30 days); MO

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan-amlodipine</i>	1	QL (30 per 30 days); MO
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	1	QL (30 per 30 days); MO
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	1	QL (60 per 30 days); MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
<i>terazosin hcl oral</i>	1	MO
THALITONE	3	MO
TIADYL ER	1	MO
TIAZAC	3	MO
TIKOSYN	3	
<i>timolol maleate oral</i>	1	MO
TOPROL XL	3	MO
<i>torsemide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil hcl er</i>	1	MO
<i>triamterene oral</i>	1	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet</i>	1	MO
TRIBENZOR	3	ST; QL (30 per 30 days); MO
TRICOR	3	MO
TRILIPIX	3	MO
<i>valsartan oral solution</i>	4	QL (240 per 30 days); MO; S
<i>valsartan oral tablet 160 mg</i>	1	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
valsartan oral tablet 320 mg	1	QL (30 per 30 days); MO
valsartan oral tablet 40 mg, 80 mg	1	QL (90 per 30 days); MO
valsartan-hydrochlorothiazide	1	QL (30 per 30 days); MO
VASCEPA	3	MO
VASERETIC	3	MO
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	MO
VASOTEC ORAL TABLET 20 MG	4	MO; S
VECAMEYL	3	MO
verapamil hcl er oral capsule extended release 24 hour	1	MO
verapamil hcl er oral tablet extended release 120 mg	1	MO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1	MO
verapamil hcl intravenous	1	
verapamil hcl oral	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
VERQUVO	3	PA; MO
VYNDAMAX	4	PA; QL (30 per 30 days); LA; S
VYNDAQEL	4	PA; QL (120 per 30 days); S
VYTORIN	3	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
WAINUA	4	PA; QL (0.8 per 28 days); LA; S
WELCHOL	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZETIA	3	MO
ZIAC	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 per 30 days); MO
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	QL (30 per 30 days); MO
Central Nervous System Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	4	QL (2.4 per 56 days); S
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	4	QL (3.2 per 56 days); S
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	QL (1 per 28 days); MO; S
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	QL (1 per 28 days); MO; S
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	4	QL (30 per 30 days); MO; S
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	4	QL (30 per 30 days); S
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG	3	MO

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY ORAL TABLET 20 MG, 30 MG	3	QL (30 per 30 days); MO
<i>acamprosate calcium</i>	1	MO
ADDERALL ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	PA; QL (90 per 30 days); MO
ADDERALL ORAL TABLET 12.5 MG	4	PA; QL (90 per 30 days); MO; S
ADDERALL ORAL TABLET 30 MG	3	PA; QL (60 per 30 days); MO
ADDERALL XR	3	PA; QL (30 per 30 days); MO
ADLARITY	3	ST; QL (4 per 28 days); MO
ADZENYS XR-ODT	3	PA; QL (30 per 30 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; QL (1 per 28 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA; QL (2 per 28 days); MO
AJOVY	2	PA; QL (1.5 per 30 days); MO
ALLZITAL	3	PA; QL (180 per 30 days)
<i>almotriptan malate</i>	1	QL (9 per 30 days)
<i>alprazolam er</i>	1	QL (90 per 30 days)
ALPRAZOLAM INTENSOL	2	QL (300 per 30 days)
<i>alprazolam oral</i>	1	QL (90 per 30 days)
<i>alprazolam xr</i>	1	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO
AMBIEN	3	QL (30 per 30 days)
AMBIEN CR	3	QL (30 per 30 days)
<i>amitriptyline hcl oral</i>	1	MO
<i>amoxapine</i>	1	PA; MO
<i>amphet-dextroamphet 3-bead er</i>	3	PA; QL (30 per 30 days); MO
<i>amphetamine sulfate oral tablet 10 mg</i>	3	PA; QL (180 per 30 days); MO
<i>amphetamine sulfate oral tablet 5 mg</i>	3	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphet er</i>	1	PA; QL (30 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	PA; QL (60 per 30 days); MO
AMPYRA	4	PA; QL (60 per 30 days); LA; S
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	4	S
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG	3	

Drug Name	Drug Tier	Requirements/ Limits
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG	4	PA; MO; S
ANAFRANIL ORAL CAPSULE 75 MG	3	PA; MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	4	QL (90 per 30 days); MO; S
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG	4	QL (45 per 30 days); MO; S
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	4	QL (30 per 30 days); MO; S
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL (60 per 30 days); LA; S
<i>apomorphine hcl subcutaneous</i>	4	PA; QL (60 per 30 days); S
APTENSIO XR	3	PA; QL (30 per 30 days); MO
APTIOM	4	ST; MO; S
ARICEPT ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days); MO
ARICEPT ORAL TABLET 23 MG	3	ST; QL (30 per 30 days); MO
<i>aripiprazole oral solution</i>	1	QL (900 per 30 days); MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1	MO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1	QL (30 per 30 days); MO
<i>aripiprazole oral tablet dispersible 10 mg</i>	3	QL (90 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole oral tablet dispersible 15 mg</i>	3	QL (60 per 30 days); MO
ARISTADA INITIO	4	QL (4.8 per 365 days); S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	4	QL (3.9 per 60 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	4	QL (1.6 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	4	QL (2.4 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	4	QL (3.2 per 28 days); MO; S
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (30 per 30 days); MO
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	3	QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	1	QL (120 per 30 days); MO
ATIVAN INJECTION	3	
ATIVAN ORAL TABLET 0.5 MG, 1 MG	4	QL (90 per 30 days); S
ATIVAN ORAL TABLET 2 MG	4	QL (150 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 per 30 days); MO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 per 30 days); MO
AUBAGIO	4	PA; QL (30 per 30 days); LA; S
AUSTEDO	4	PA; QL (120 per 30 days); S
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	4	PA; QL (60 per 30 days); S
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	4	PA; QL (30 per 30 days); S
AUSTEDO XR PATIENT TITRATION	4	PA; S
AUVELITY	4	PA; QL (60 per 30 days); MO; S
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; QL (4 per 28 days); S
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QL (4 per 28 days); S
AZILECT	4	MO; S
AZSTARYS	3	PA; QL (30 per 30 days); MO
BAC	1	PA; QL (180 per 30 days)
<i>baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml</i>	3	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
<i>baclofen intrathecal solution 40 mg/20ml, 40000 mcg/20ml</i>	4	B/D PA; S
<i>baclofen intrathecal solution prefilled syringe</i>	3	B/D PA
<i>baclofen oral solution 10 mg/5ml</i>	4	QL (1200 per 30 days); S
<i>baclofen oral solution 5 mg/5ml</i>	4	QL (2400 per 30 days); S
<i>baclofen oral suspension</i>	4	QL (480 per 30 days); S
<i>baclofen oral tablet 10 mg, 15 mg, 5 mg</i>	1	QL (90 per 30 days)
<i>baclofen oral tablet 20 mg</i>	1	QL (120 per 30 days)
BAFIERTAM	4	PA; QL (120 per 30 days); S
BANZEL ORAL SUSPENSION	4	PA; QL (2400 per 30 days); MO; S
BANZEL ORAL TABLET 200 MG	4	PA; QL (480 per 30 days); MO; S
BANZEL ORAL TABLET 400 MG	4	PA; QL (240 per 30 days); MO; S
BELSOMRA	3	QL (30 per 30 days)
<i>benztropine mesylate injection</i>	1	PA
<i>benztropine mesylate oral</i>	1	PA; MO
BETASERON SUBCUTANEOUS KIT	4	PA; QL (15 per 30 days); S
BOTOX	3	PA
BRIUMVI	4	PA; QL (24 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL SOLUTION	4	QL (600 per 30 days); MO; S
BRIVIACT ORAL TABLET	4	QL (60 per 30 days); MO; S
<i>bromocriptine mesylate oral</i>	1	MO
BUPAP ORAL TABLET 50-300 MG	3	PA; QL (180 per 30 days)
<i>buprenorphine hcl injection</i>	1	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	QL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	QL (60 per 30 days)
<i>buprenorphine hcl- naloxone hcl sublingual film 12-3 mg</i>	1	QL (60 per 30 days)
<i>buprenorphine hcl- naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (480 per 30 days)
<i>buprenorphine hcl- naloxone hcl sublingual film 4-1 mg</i>	1	QL (240 per 30 days)
<i>buprenorphine hcl- naloxone hcl sublingual film 8-2 mg</i>	1	QL (120 per 30 days)
<i>buprenorphine hcl- naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (480 per 30 days)
<i>buprenorphine hcl- naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl er (smoking det)</i>	1	QL (60 per 30 days); MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	QL (120 per 30 days); MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1	QL (60 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>	1	QL (30 per 30 days); MO
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (135 per 30 days); MO
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180 per 30 days); MO
<i>bupirone hcl oral</i>	1	
<i>butalbital- acetaminophen oral capsule</i>	4	PA; QL (180 per 30 days); S
<i>butalbital- acetaminophen oral tablet 50-300 mg, 50- 325 mg</i>	1	PA; QL (180 per 30 days)
<i>butalbital-apap- caffeine oral capsule</i>	1	PA; QL (180 per 30 days)
<i>butalbital-apap- caffeine oral tablet 50- 325-40 mg</i>	1	PA; QL (180 per 30 days)
<i>butalbital-aspirin- caffeine oral capsule</i>	1	PA; QL (180 per 30 days)
CAPLYTA	4	QL (30 per 30 days); MO; S
<i>carbamazepine er</i>	1	MO
<i>carbamazepine oral</i>	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
citalopram hydrobromide oral capsule	1	QL (30 per 30 days); MO
citalopram hydrobromide oral solution	1	QL (600 per 30 days); MO
citalopram hydrobromide oral tablet 10 mg	1	QL (120 per 30 days); MO
citalopram hydrobromide oral tablet 20 mg	1	QL (60 per 30 days); MO
citalopram hydrobromide oral tablet 40 mg	1	QL (30 per 30 days); MO
clobazam oral suspension	1	PA; QL (480 per 30 days); MO
clobazam oral tablet 10 mg	1	PA; QL (120 per 30 days); MO
clobazam oral tablet 20 mg	1	PA; QL (60 per 30 days); MO
clomipramine hcl oral	1	PA; MO
clonazepam oral tablet 0.5 mg	1	QL (1200 per 30 days)
clonazepam oral tablet 1 mg	1	QL (600 per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 per 30 days)
clonazepam oral tablet dispersible 0.125 mg	1	QL (4800 per 30 days)
clonazepam oral tablet dispersible 0.25 mg	1	QL (2400 per 30 days)
clonazepam oral tablet dispersible 0.5 mg	1	QL (1200 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
clonazepam oral tablet dispersible 1 mg	1	QL (600 per 30 days)
clonazepam oral tablet dispersible 2 mg	1	QL (300 per 30 days)
clonidine hcl er oral tablet extended release 12 hour	1	QL (120 per 30 days); MO
clorazepate dipotassium	1	
clozapine oral tablet 100 mg	1	QL (270 per 30 days)
clozapine oral tablet 200 mg	1	QL (120 per 30 days)
clozapine oral tablet 25 mg	1	QL (1080 per 30 days)
clozapine oral tablet 50 mg	1	QL (540 per 30 days)
clozapine oral tablet dispersible 100 mg	1	QL (270 per 30 days)
clozapine oral tablet dispersible 12.5 mg	1	QL (2160 per 30 days)
clozapine oral tablet dispersible 150 mg	1	QL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	4	QL (120 per 30 days); S
clozapine oral tablet dispersible 25 mg	1	QL (1080 per 30 days)
CLOZARIL ORAL TABLET 100 MG	4	QL (270 per 30 days); S
CLOZARIL ORAL TABLET 200 MG	4	QL (120 per 30 days); S
CLOZARIL ORAL TABLET 25 MG	3	QL (1080 per 30 days)
CLOZARIL ORAL TABLET 50 MG	3	QL (540 per 30 days)
COMTAN	3	MO

Drug Name	Drug Tier	Requirements/ Limits
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	3	PA; QL (30 per 30 days); MO
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	3	PA; QL (60 per 30 days); MO
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; QL (30 per 30 days); S
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; QL (12 per 28 days); S
COTEMPLA XR-ODT	3	PA; QL (60 per 30 days); MO
cyclobenzaprine hcl er	3	
cyclobenzaprine hcl oral	1	PA
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG	3	QL (180 per 30 days); MO
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	3	QL (120 per 30 days); MO
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG	3	QL (60 per 30 days); MO
dalfampridine er	2	PA; QL (60 per 30 days)
DANTRIUM ORAL CAPSULE 25 MG	3	
dantrolene sodium oral	1	

Drug Name	Drug Tier	Requirements/ Limits
DAYBUE	4	PA; QL (3600 per 30 days); S
DAYTRANA	3	QL (30 per 30 days); MO
DAYVIGO	3	QL (30 per 30 days)
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	MO
<i>desipramine hcl oral</i>	1	PA; MO
<i>desvenlafaxine er</i>	3	QL (30 per 30 days); MO
<i>desvenlafaxine succinate er</i>	1	MO
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	4	QL (60 per 30 days); MO; S
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	4	QL (120 per 30 days); MO; S
<i>dexmethylphenidate hcl</i>	1	QL (60 per 30 days); MO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 30 mg, 5 mg</i>	2	QL (30 per 30 days); MO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg</i>	2	QL (60 per 30 days); MO
<i>dexmethylphenidate hcl er oral capsule extended release 24</i>	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>hour 25 mg, 35 mg, 40 mg</i>		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	1	QL (60 per 30 days); MO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 per 30 days); MO
<i>dextroamphetamine sulfate oral solution</i>	1	QL (1920 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (180 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg</i>	3	QL (90 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	3	QL (60 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (90 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 7.5 mg</i>	3	QL (180 per 30 days); MO
DHIVY ORAL TABLET 25-100 MG	3	MO
DIACOMIT ORAL CAPSULE 250 MG	4	PA; QL (360 per 30 days); LA; S
DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (180 per 30 days); LA; S
DIACOMIT ORAL PACKET 250 MG	4	PA; QL (360 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
DIACOMIT ORAL PACKET 500 MG	4	PA; QL (180 per 30 days); LA; S
DIASTAT ACUDIAL RECTAL GEL 10 MG	3	
<i>diazepam injection</i>	1	
DIAZEPAM INTENSOL	1	QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>diazepam rectal</i>	1	
<i>dihydroergotamine mesylate injection</i>	4	PA; S
<i>dihydroergotamine mesylate nasal</i>	4	QL (8 per 28 days); S
DILANTIN	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	4	PA; QL (14 per 7 days); S
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	4	PA; QL (60 per 30 days); S
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	4	PA; S
<i>disulfiram oral</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	MO
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	MO
<i>divalproex sodium oral tablet delayed release</i>	1	MO
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days); MO
<i>donepezil hcl oral tablet 23 mg</i>	1	ST; QL (30 per 30 days); MO
<i>donepezil hcl oral tablet dispersible</i>	1	QL (30 per 30 days); MO
<i>doxepin hcl oral capsule</i>	1	PA; MO
<i>doxepin hcl oral concentrate</i>	1	PA; MO
<i>doxepin hcl oral tablet</i>	1	PA; QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	QL (60 per 30 days); MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	QL (30 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	1	QL (180 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (120 per 30 days); MO
<i>duloxetine hcl oral capsule delayed</i>	1	QL (90 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>release particles 40 mg</i>		
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	1	QL (60 per 30 days); MO
DUOPA ENTERAL	4	PA; S
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE	3	PA; QL (240 per 30 days); MO
DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG	3	PA; QL (30 per 30 days); MO
DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 5 MG	3	PA; QL (45 per 30 days); MO
DYSPORT	3	PA
<i>edaravone</i>	4	S
EDLUAR	3	PA; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	3	QL (30 per 30 days); MO
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG	3	QL (180 per 30 days); MO
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 75 MG	3	QL (90 per 30 days); MO
<i>eletriptan hydrobromide</i>	1	QL (9 per 30 days)
EMGALITY	2	PA; QL (2 per 28 days); MO
EMGALITY (300 MG DOSE)	2	PA; QL (3 per 28 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>eszopiclone</i>	1	QL (30 per 30 days)
<i>ethosuximide oral</i>	1	MO
EVEKEO ORAL TABLET 10 MG	3	PA; QL (180 per 30 days); MO
EVEKEO ORAL TABLET 5 MG	3	PA; QL (90 per 30 days); MO
EVRYSDI	4	PA; QL (160 per 24 days); S
EXELON TRANSDERMAL	3	QL (30 per 30 days); MO
EXSERVAN	4	LA; S
FANAPT ORAL TABLET 1 MG	4	QL (720 per 30 days); S
FANAPT ORAL TABLET 10 MG, 12 MG	4	QL (60 per 30 days); S
FANAPT ORAL TABLET 2 MG	4	QL (360 per 30 days); S
FANAPT ORAL TABLET 4 MG	4	QL (180 per 30 days); S
FANAPT ORAL TABLET 6 MG	4	QL (120 per 30 days); S
FANAPT ORAL TABLET 8 MG	4	QL (90 per 30 days); S
FANAPT TITRATION PACK	3	
<i>felbamate</i>	1	MO
FELBATOL	4	MO; S
FETZIMA	3	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	3	PA
FEXMID	3	PA
<i>fingolimod hcl</i>	4	PA; QL (30 per 30 days); S
FINTEPLA	4	PA; LA; S

Drug Name	Drug Tier	Requirements/ Limits
FIORICET ORAL CAPSULE	3	PA; QL (180 per 30 days)
FIRDAPSE	4	PA; QL (240 per 30 days); LA; S
FLEQSUVY	4	QL (480 per 30 days); S
<i>fluoxetine hcl (pmdd) oral tablet 10 mg</i>	1	QL (45 per 30 days); MO
<i>fluoxetine hcl (pmdd) oral tablet 20 mg</i>	3	QL (120 per 30 days); MO
<i>fluoxetine hcl oral capsule 10 mg</i>	1	MO
<i>fluoxetine hcl oral capsule 20 mg</i>	1	QL (120 per 30 days); MO
<i>fluoxetine hcl oral capsule 40 mg</i>	1	QL (60 per 30 days); MO
<i>fluoxetine hcl oral capsule delayed release</i>	1	QL (4 per 28 days); MO
<i>fluoxetine hcl oral solution</i>	1	QL (600 per 30 days); MO
<i>fluoxetine hcl oral tablet 10 mg</i>	1	MO
<i>fluoxetine hcl oral tablet 20 mg</i>	1	QL (120 per 30 days); MO
<i>fluoxetine hcl oral tablet 60 mg</i>	3	QL (30 per 30 days); MO
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl injection</i>	1	
<i>fluphenazine hcl oral</i>	1	MO
<i>flurazepam hcl</i>	1	QL (30 per 30 days)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	1	QL (90 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	1	QL (60 per 30 days); MO
<i>fluvoxamine maleate oral tablet 100 mg</i>	1	QL (90 per 30 days); MO
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	1	MO
FOCALIN	3	QL (60 per 30 days); MO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	QL (30 per 30 days); MO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	3	QL (60 per 30 days); MO
FORFIVO XL	3	QL (30 per 30 days); MO
FROVA	4	QL (12 per 30 days); S
<i>frovatriptan succinate</i>	1	QL (12 per 30 days)
FYCOMPA ORAL SUSPENSION	4	QL (720 per 30 days); MO; S
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	4	QL (30 per 30 days); MO; S
FYCOMPA ORAL TABLET 2 MG	3	QL (30 per 30 days); MO
<i>gabapentin (once- daily) oral tablet 300 mg</i>	3	QL (30 per 30 days); MO
<i>gabapentin (once- daily) oral tablet 600 mg</i>	3	QL (90 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin oral capsule 100 mg</i>	1	QL (1080 per 30 days); MO
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 per 30 days); MO
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 per 30 days); MO
<i>gabapentin oral solution</i>	1	QL (2160 per 30 days); MO
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 per 30 days); MO
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 per 30 days); MO
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/ 20ML, 20000 MCG/ 20ML	3	B/D PA
GABLOFEN INTRATHECAL SOLUTION 40000 MCG/ 20ML	4	B/D PA; S
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/ 20ML, 20000 MCG/ 20ML, 50 MCG/ML	3	B/D PA
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 40000 MCG/ 20ML	4	B/D PA; S
<i>galantamine hydrobromide er</i>	1	QL (30 per 30 days); MO
<i>galantamine hydrobromide oral solution</i>	1	QL (200 per 30 days); MO
<i>galantamine hydrobromide oral tablet</i>	1	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
GEODON INTRAMUSCULAR	2	QL (6 per 3 days)
GEODON ORAL CAPSULE 20 MG	4	QL (240 per 30 days); MO; S
GEODON ORAL CAPSULE 40 MG	4	QL (120 per 30 days); MO; S
GEODON ORAL CAPSULE 60 MG, 80 MG	4	QL (60 per 30 days); MO; S
GILENYA	4	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; QL (30 per 30 days); S
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; QL (12 per 28 days); S
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; QL (30 per 30 days); S
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; QL (12 per 28 days); S
GOCOVRI	4	LA; S
GRALISE ORAL TABLET 300 MG, 450 MG	3	QL (30 per 30 days); MO
GRALISE ORAL TABLET 600 MG	3	QL (90 per 30 days); MO
GRALISE ORAL TABLET 750 MG, 900 MG	3	QL (60 per 30 days); MO
<i>guanfacine hcl er</i>	1	PA; QL (30 per 30 days); MO
HALCION	3	QL (30 per 30 days)
HALDOL DECANOATE	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>haloperidol decanoate intramuscular</i>	1	
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	MO
<i>haloperidol oral</i>	1	MO
HETLIOZ	4	PA; QL (30 per 30 days); LA; S
HETLIOZ LQ	3	PA; QL (158 per 30 days); LA
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; QL (120 per 30 days); MO
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; QL (60 per 30 days); MO
<i>imipramine hcl oral</i>	1	PA; MO
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	3	PA; MO
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	1	PA; MO
IMITREX NASAL	3	
IMITREX ORAL	3	QL (9 per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	QL (6 per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	QL (6 per 30 days)
INBRIJA	4	LA; S

Drug Name	Drug Tier	Requirements/ Limits
INGREZZA ORAL CAPSULE 40 MG	4	PA; QL (60 per 30 days); S
INGREZZA ORAL CAPSULE 60 MG, 80 MG	4	PA; QL (30 per 30 days); S
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	4	PA; QL (60 per 30 days); LA; S
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	4	PA; QL (30 per 30 days); LA; S
INGREZZA ORAL CAPSULE THERAPY PACK	4	PA; QL (56 per 365 days); S
INTUNIV	3	PA; QL (30 per 30 days); MO
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	4	QL (3.5 per 180 days); S
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	4	QL (5 per 180 days); S
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG	3	QL (30 per 30 days); MO
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	3	QL (60 per 30 days); MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	4	QL (0.75 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	4	QL (1 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	4	QL (1.5 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	4	QL (0.5 per 28 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	4	QL (0.88 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	4	QL (1.32 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	4	QL (1.75 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	4	QL (2.63 per 84 days); S
JORNAY PM	3	PA; QL (30 per 30 days); MO
KEPPRA INTRAVENOUS	3	
KEPPRA ORAL SOLUTION	3	MO

Drug Name	Drug Tier	Requirements/ Limits
KEPPRA ORAL TABLET 1000 MG, 500 MG, 750 MG	4	MO; S
KEPPRA ORAL TABLET 250 MG	3	MO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	4	QL (180 per 30 days); MO; S
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	4	QL (120 per 30 days); MO; S
KESIMPTA	4	PA; QL (1.2 per 30 days); S
KLONOPIN ORAL TABLET 0.5 MG	3	QL (1200 per 30 days)
KLONOPIN ORAL TABLET 1 MG	3	QL (600 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	QL (300 per 30 days)
KLOXXADO	3	
<i>lacosamide intravenous</i>	4	QL (1200 per 30 days); S
<i>lacosamide oral solution</i>	3	QL (1200 per 30 days); MO
<i>lacosamide oral tablet</i>	3	QL (60 per 30 days); MO
LAMICTAL ODT ORAL KIT	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 25 MG, 50 MG	3	MO
LAMICTAL ODT ORAL TABLET DISPERSIBLE 200 MG	4	MO; S
LAMICTAL ORAL TABLET	4	MO; S

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG	3	
LAMICTAL STARTER ORAL KIT 84 X 25 MG & 14X100 MG	4	S
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG	3	
LAMICTAL XR ORAL KIT 50 & 100 & 200 MG	4	S
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 250 MG, 300 MG	4	MO; S
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	MO
<i>lamotrigine er</i>	3	MO
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	3	
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet chewable</i>	1	MO
<i>lamotrigine oral tablet dispersible</i>	1	MO
<i>lamotrigine starter kit-blue</i>	3	
<i>lamotrigine starter kit-green</i>	4	S
<i>lamotrigine starter kit-orange</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30 per 30 days); MO; S
LATUDA ORAL TABLET 80 MG	4	QL (60 per 30 days); MO; S
levetiracetam er oral tablet extended release 24 hour 500 mg	1	QL (180 per 30 days); MO
levetiracetam er oral tablet extended release 24 hour 750 mg	1	QL (120 per 30 days); MO
levetiracetam intravenous	1	
levetiracetam oral	1	MO
LEXAPRO ORAL TABLET 10 MG	3	QL (60 per 30 days); MO
LEXAPRO ORAL TABLET 20 MG	3	QL (30 per 30 days); MO
LEXAPRO ORAL TABLET 5 MG	3	QL (120 per 30 days); MO
LIBERVANT	3	QL (10 per 30 days)
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML	3	B/D PA
LIORESAL INTRATHECAL SOLUTION 10 MG/5ML, 40 MG/20ML	4	B/D PA; S
lisdexamfetamine dimesylate	3	PA; QL (30 per 30 days); MO
lithium	2	MO
lithium carbonate er	1	MO
lithium carbonate oral capsule 150 mg, 300 mg	1	MO

Drug Name	Drug Tier	Requirements/ Limits
lithium carbonate oral capsule 600 mg	1	MO
lithium carbonate oral tablet	1	MO
LITHOBID	3	MO
LODOSYN	4	ST; MO; S
lorazepam injection	1	
LORAZEPAM INTENSOL	1	QL (150 per 30 days)
lorazepam oral concentrate	1	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	QL (150 per 30 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG	3	QL (30 per 30 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG	3	QL (60 per 30 days)
LORZONE	3	PA
loxapine succinate oral	1	MO
LUCEMYRA	4	QL (224 per 14 days); S
LUMRYZ	4	PA; QL (30 per 30 days); S
LUNESTA	3	ST; QL (30 per 30 days)
lurasidone hcl oral tablet 120 mg	4	QL (30 per 30 days); MO; S
lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg	3	QL (30 per 30 days); MO
lurasidone hcl oral tablet 80 mg	3	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
LYBALVI	4	QL (30 per 30 days); MO; S
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG	3	PA; QL (30 per 30 days); MO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG	3	PA; QL (60 per 30 days); MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	3	MO
LYRICA ORAL CAPSULE 200 MG	3	QL (90 per 30 days); MO
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	QL (60 per 30 days); MO
LYRICA ORAL SOLUTION	4	QL (900 per 30 days); MO; S
LYVISPAH ORAL PACKET 10 MG	3	QL (90 per 30 days)
LYVISPAH ORAL PACKET 20 MG	4	QL (120 per 30 days); S
LYVISPAH ORAL PACKET 5 MG	4	QL (90 per 30 days); S
MARPLAN	3	MO
MAVENCLAD (10 TABS)	4	PA; QL (20 per 322 days); S
MAVENCLAD (4 TABS)	4	PA; QL (8 per 322 days); S
MAVENCLAD (5 TABS)	4	PA; QL (10 per 322 days); S
MAVENCLAD (6 TABS)	4	PA; QL (12 per 322 days); S
MAVENCLAD (7 TABS)	4	PA; QL (14 per 322 days); S
MAVENCLAD (8 TABS)	4	PA; QL (16 per 322 days); S

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

Drug Name	Drug Tier	Requirements/ Limits
<i>methamphetamine hcl</i>	3	PA; QL (150 per 30 days); MO
<i>methocarbamol injection solution 1000 mg/10ml</i>	3	
<i>methocarbamol oral tablet 1000 mg</i>	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>methsuximide</i>	3	MO
METHYLIN ORAL SOLUTION 10 MG/5ML	3	PA; QL (900 per 30 days); MO
METHYLIN ORAL SOLUTION 5 MG/5ML	3	PA; QL (1800 per 30 days); MO
<i>methylphenidate hcl er (cd)</i>	1	PA; QL (30 per 30 days); MO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>	1	PA; QL (30 per 30 days); MO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	1	PA; QL (60 per 30 days); MO
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg, 72 mg</i>	1	PA; QL (30 per 30 days); MO
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1	PA; QL (60 per 30 days); MO
<i>methylphenidate hcl er (xr)</i>	3	PA; QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl er oral tablet extended release</i>	1	PA; QL (90 per 30 days); MO
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	1	PA; QL (30 per 30 days); MO
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	1	PA; QL (60 per 30 days); MO
<i>methylphenidate hcl oral solution 10 mg/ 5ml</i>	1	PA; QL (900 per 30 days); MO
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	PA; QL (1800 per 30 days); MO
<i>methylphenidate hcl oral tablet</i>	1	PA; QL (90 per 30 days); MO
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	3	PA; QL (180 per 30 days); MO
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	3	PA; QL (90 per 30 days); MO
<i>methylphenidate patch</i>	3	QL (30 per 30 days); MO
<i>midazolam hcl oral</i>	1	
MIGERGOT	4	S
MIGRANAL	4	QL (8 per 28 days); S
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 2.25 MG, 3 MG, 3.75 MG	3	ST; MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine oral tablet 45 mg</i>	1	QL (30 per 30 days); MO
<i>mirtazapine oral tablet dispersible</i>	1	QL (30 per 30 days); MO
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 per 30 days); MO
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 per 30 days); MO
<i>molindone hcl</i>	1	MO
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	QL (30 per 30 days); MO; S
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	QL (60 per 30 days); MO; S
MYDAYIS	3	PA; QL (30 per 30 days); MO
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/ 2ML	4	PA; S
MYOBLOC INTRAMUSCULAR SOLUTION 2500 UNIT/ 0.5ML, 5000 UNIT/ML	3	PA
MYSOLINE	4	MO; S
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	
<i>naloxone hcl nasal</i>	2	
<i>naltrexone hcl oral</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
NAMENDA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); MO
NAMENDA ORAL TABLET 5 MG	3	PA; QL (90 per 30 days); MO
NAMENDA TITRATION PAK	3	PA; QL (60 per 30 days)
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG	3	PA; QL (30 per 30 days); MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO
<i>naratriptan hcl</i>	1	QL (9 per 30 days)
NARCAN	2	
NARDIL	3	MO
NAYZILAM	3	
<i>nefazodone hcl</i>	1	MO
NEUPRO	3	QL (30 per 30 days); MO
NEURONTIN ORAL CAPSULE 100 MG	3	QL (1080 per 30 days); MO
NEURONTIN ORAL CAPSULE 300 MG	3	QL (360 per 30 days); MO
NEURONTIN ORAL CAPSULE 400 MG	3	QL (270 per 30 days); MO
NEURONTIN ORAL SOLUTION	3	QL (2160 per 30 days); MO
NEURONTIN ORAL TABLET 600 MG	3	QL (180 per 30 days); MO
NEURONTIN ORAL TABLET 800 MG	4	QL (120 per 30 days); MO; S
NICOTROL	3	

Drug Name	Drug Tier	Requirements/ Limits
NICOTROL NS	3	QL (120 per 30 days)
NORGESIC	3	PA
<i>norgesic forte</i>	4	PA; S
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	PA; MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	MO
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	1	MO
<i>nortriptyline hcl oral solution</i>	1	MO
NOURIANZ ORAL TABLET 20 MG	4	PA; QL (60 per 30 days); S
NOURIANZ ORAL TABLET 40 MG	4	PA; QL (30 per 30 days); S
NUEDEXTA	4	PA; QL (60 per 30 days); MO; S
NUPLAZID ORAL CAPSULE	4	PA; QL (30 per 30 days); LA; S
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 per 30 days); LA; S
NURTEC	3	PA; QL (16 per 30 days)
NUVIGIL ORAL TABLET 150 MG	3	PA; QL (30 per 30 days); MO
NUVIGIL ORAL TABLET 200 MG, 250 MG	4	PA; QL (30 per 30 days); MO; S
NUVIGIL ORAL TABLET 50 MG	3	PA; QL (60 per 30 days); MO
OCREVUS	4	PA; LA; S
<i>olanzapine intramuscular</i>	1	QL (90 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i>	1	MO
<i>olanzapine oral tablet dispersible 20 mg</i>	1	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	QL (90 per 30 days); MO
ONFI ORAL SUSPENSION	4	PA; QL (480 per 30 days); MO; S
ONFI ORAL TABLET 10 MG	4	PA; QL (120 per 30 days); MO; S
ONFI ORAL TABLET 20 MG	4	PA; QL (60 per 30 days); MO; S
ONGENTYS	3	PA; QL (30 per 30 days); MO
ONZETRA XSAIL	4	QL (8 per 30 days); S
OPVEE	3	
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine citrate injection</i>	3	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	3	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	4	PA; S
OSMOLEX ER ORAL TABLET EXTENDED	3	

Drug Name	Drug Tier	Requirements/ Limits
RELEASE 24 HOUR 129 MG, 193 MG		
<i>oxazepam</i>	1	QL (120 per 30 days)
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	3	QL (480 per 30 days); MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	3	QL (240 per 30 days); MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	4	QL (120 per 30 days); MO; S
OZOBAX DS	4	QL (1200 per 30 days); S
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	1	QL (30 per 30 days); MO
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (60 per 30 days); MO
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	3	QL (30 per 30 days); MO
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 75 MG	4	MO; S
PAMELOR ORAL CAPSULE 50 MG	3	MO
PARLODEL	3	MO
PARNATE	4	MO; S
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	1	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA; QL (120 per 30 days); MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	1	PA; QL (210 per 30 days); MO
PHENYTEK	3	MO
PHENYTOIN INFATABS	1	MO
<i>phenytoin oral</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>pimozide</i>	1	MO
PLEGRIDY	4	PA; QL (1 per 28 days); S
PLEGRIDY STARTER PACK	4	PA; QL (1 per 180 days); S
PONVORY	4	PA; QL (30 per 30 days); S
PONVORY STARTER PACK	4	PA; S
<i>pramipexole dihydrochloride</i>	1	MO
<i>pramipexole dihydrochloride er</i>	3	MO
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	3	PA; QL (30 per 30 days); MO
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	3	PA; QL (60 per 30 days); MO
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days); MO
<i>pregabalin oral solution</i>	1	QL (900 per 30 days); MO
<i>primidone oral</i>	1	MO
PRISTIQ	3	MO
PROCENTRA	3	QL (1920 per 30 days); MO
<i>protriptyline hcl</i>	1	PA; MO
PROVIGIL ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); MO; S
PROVIGIL ORAL TABLET 200 MG	4	PA; QL (60 per 30 days); MO; S
PROZAC ORAL CAPSULE 10 MG	3	MO
PROZAC ORAL CAPSULE 20 MG	3	QL (120 per 30 days); MO
PROZAC ORAL CAPSULE 40 MG	4	QL (60 per 30 days); MO; S
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide oral solution</i>	4	S
<i>pyridostigmine bromide oral tablet</i>	1	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	3	QL (30 per 30 days); MO
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	3	QL (60 per 30 days); MO
QUDEXY XR ORAL CAPSULE ER 24 HOUR	3	MO

Drug Name	Drug Tier	Requirements/ Limits
SPRINKLE 100 MG, 25 MG, 50 MG		
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG, 200 MG	4	MO; S
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 per 30 days); MO
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	QL (60 per 30 days); MO
<i>quetiapine fumarate oral tablet 100 mg</i>	1	QL (240 per 30 days); MO
<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (150 per 30 days); MO
<i>quetiapine fumarate oral tablet 200 mg</i>	1	QL (120 per 30 days); MO
<i>quetiapine fumarate oral tablet 25 mg</i>	1	QL (960 per 30 days); MO
<i>quetiapine fumarate oral tablet 300 mg</i>	1	QL (80 per 30 days); MO
<i>quetiapine fumarate oral tablet 400 mg</i>	1	QL (60 per 30 days); MO
<i>quetiapine fumarate oral tablet 50 mg</i>	1	QL (480 per 30 days); MO
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG	3	PA; QL (30 per 30 days); MO
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG	3	PA; QL (60 per 30 days); MO
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	PA; QL (360 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
QULIPTA	4	PA; QL (30 per 30 days); MO; S
QUVIVIQ	3	QL (30 per 30 days)
RADICAVA	4	LA; S
RADICAVA ORS	4	S
RADICAVA ORS STARTER KIT	4	S
<i>ramelteon</i>	1	QL (30 per 30 days)
<i>rasagiline mesylate oral</i>	1	MO
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (6 per 28 days); S
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (8.4 per 365 days); S
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (6 per 28 days); S
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (8.4 per 365 days); S
REGONOL INTRAVENOUS	2	
RELEXXII	1	PA; QL (30 per 30 days); MO
RELPAK	3	QL (9 per 30 days)
RELYVRIO	4	S
REMERON ORAL TABLET 15 MG, 30 MG	3	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>		
<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	4	QL (2 per 28 days); S
<i>risperidone oral solution</i>	1	QL (480 per 30 days); MO
<i>risperidone oral tablet 0.25 mg</i>	1	QL (1920 per 30 days); MO
<i>risperidone oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>risperidone oral tablet 1 mg</i>	1	QL (480 per 30 days); MO
<i>risperidone oral tablet 2 mg</i>	1	QL (240 per 30 days); MO
<i>risperidone oral tablet 3 mg, 4 mg</i>	1	QL (120 per 30 days); MO
<i>risperidone oral tablet dispersible 0.25 mg</i>	1	QL (1920 per 30 days); MO
<i>risperidone oral tablet dispersible 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>risperidone oral tablet dispersible 1 mg</i>	1	QL (480 per 30 days); MO
<i>risperidone oral tablet dispersible 2 mg</i>	1	QL (240 per 30 days); MO
<i>risperidone oral tablet dispersible 3 mg</i>	1	QL (150 per 30 days); MO
<i>risperidone oral tablet dispersible 4 mg</i>	1	QL (120 per 30 days); MO
RITALIN	3	PA; QL (90 per 30 days); MO
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG	3	PA; QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG	3	PA; QL (60 per 30 days); MO
<i>rivastigmine</i>	1	QL (30 per 30 days); MO
<i>rivastigmine tartrate</i>	1	QL (60 per 30 days); MO
<i>rizatriptan benzoate</i>	1	QL (12 per 30 days)
ROBAXIN INJECTION SOLUTION 1000 MG/ 10ML	3	
<i>ropinirole hcl</i>	1	MO
<i>ropinirole hcl er</i>	1	MO
ROWEEPRA ORAL TABLET 500 MG	1	MO
ROZEREM	3	QL (30 per 30 days)
<i>rufinamide oral suspension</i>	4	PA; QL (2400 per 30 days); MO; S
<i>rufinamide oral tablet 200 mg</i>	3	PA; QL (480 per 30 days); MO
<i>rufinamide oral tablet 400 mg</i>	4	PA; QL (240 per 30 days); MO; S
RYTARY	3	ST; MO
SABRIL	4	PA; QL (180 per 30 days); LA; S
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	3	QL (60 per 30 days); MO
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	3	QL (240 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>sertraline hcl oral tablet 100 mg</i>	1	QL (60 per 30 days); MO
<i>sertraline hcl oral tablet 25 mg</i>	1	QL (240 per 30 days); MO
<i>sertraline hcl oral tablet 50 mg</i>	1	QL (120 per 30 days); MO
SILENOR	3	PA; QL (30 per 30 days)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	ST; MO
SKYCLARYS	4	PA; QL (90 per 30 days); S
<i>sodium oxybate</i>	4	PA; QL (540 per 30 days); LA; S
SOMA	3	
SPRAVATO (56 MG DOSE)	3	PA; QL (16 per 28 days)
SPRAVATO (84 MG DOSE)	4	PA; QL (24 per 28 days); S
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	3	QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	3	QL (120 per 30 days); MO
STALEVO 100	4	MO; S
STALEVO 125	4	MO; S
STALEVO 150	4	MO; S
STALEVO 200	4	MO; S
STALEVO 50	4	MO; S
STALEVO 75	3	MO
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	QL (30 per 30 days); MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	QL (480 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	3	QL (240 per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	3	QL (120 per 30 days)
SUBVENITE	1	MO
SUBVENITE STARTER KIT-BLUE	3	
SUBVENITE STARTER KIT-GREEN	3	
SUBVENITE STARTER KIT-ORANGE	3	
<i>sumatriptan nasal</i>	1	
<i>sumatriptan succinate oral</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	QL (6 per 30 days)
<i>sumatriptan-naproxen sodium</i>	3	QL (9 per 30 days)
SUNOSI	3	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	QL (90 per 30 days); MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; QL (60 per 30 days); MO; S
SYMPAZAN ORAL FILM 5 MG	3	PA; QL (30 per 30 days); MO
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG	4	PA; QL (60 per 30 days); S
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG	4	PA; QL (30 per 30 days); S
<i>tasimelteon</i>	4	PA; QL (30 per 30 days); S
TASMAR ORAL TABLET 100 MG	4	PA; QL (180 per 30 days); MO; S
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	4	PA; QL (14 per 7 days); LA; S
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	4	PA; QL (60 per 30 days); LA; S
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	4	PA; LA; S
TEGLUTIK	4	S
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL-XR	3	MO
<i>temazepam</i>	1	QL (30 per 30 days)
TENCON ORAL TABLET 50-325 MG	1	PA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>teriflunomide</i>	4	PA; QL (30 per 30 days); LA; S
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240 per 30 days); S
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (120 per 30 days); S
<i>thioridazine hcl oral</i>	1	MO
<i>thiothixene oral</i>	1	MO
<i>tiagabine hcl</i>	1	MO
TIGLUTIK	4	S
<i>tizanidine hcl oral</i>	1	
<i>tolcapone</i>	4	PA; QL (180 per 30 days); MO; S
TOPAMAX ORAL TABLET 100 MG, 200 MG, 50 MG	4	MO; S
TOPAMAX ORAL TABLET 25 MG	3	MO
TOPAMAX SPRINKLE	4	MO; S
<i>topiramate er oral capsule er 24 hour sprinkle</i>	3	MO
<i>topiramate er oral capsule extended release 24 hour 100 mg</i>	4	QL (30 per 30 days); MO; S
<i>topiramate er oral capsule extended release 24 hour 200 mg</i>	4	QL (60 per 30 days); MO; S
<i>topiramate er oral capsule extended release 24 hour 25 mg, 50 mg</i>	3	QL (30 per 30 days); MO
<i>topiramate oral</i>	1	MO
TOSYMRA	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone hcl oral tablet 300 mg</i>	1	MO
TREXIMET ORAL TABLET 85-500 MG	4	QL (9 per 30 days); S
<i>triazolam</i>	1	QL (30 per 30 days)
<i>trifluoperazine hcl oral</i>	1	MO
<i>trihexyphenidyl hcl oral solution</i>	1	PA; MO
<i>trihexyphenidyl hcl oral tablet</i>	1	MO
TRILEPTAL ORAL SUSPENSION	3	MO
TRILEPTAL ORAL TABLET 150 MG, 300 MG	3	MO
TRILEPTAL ORAL TABLET 600 MG	4	MO; S
<i>trimipramine maleate oral</i>	1	MO
TRINTELLIX	3	QL (30 per 30 days); MO
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	QL (30 per 30 days); MO; S
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	4	QL (60 per 30 days); MO; S
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
TRUDHESA	4	QL (8 per 28 days); LA; S
TYSABRI	4	PA; LA; S
UBRELVY ORAL TABLET 100 MG	4	PA; QL (16 per 30 days); S
UBRELVY ORAL TABLET 50 MG	4	PA; QL (20 per 30 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	4	QL (0.28 per 30 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	4	QL (0.35 per 30 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	4	QL (0.42 per 60 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	4	QL (0.56 per 60 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	4	QL (0.7 per 60 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	4	QL (0.14 per 30 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	4	QL (0.21 per 30 days); S
VALIUM ORAL TABLET 10 MG	3	QL (120 per 30 days)
VALIUM ORAL TABLET 2 MG	3	QL (600 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
VALIUM ORAL TABLET 5 MG	3	QL (240 per 30 days)
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	1	
valproic acid oral capsule	1	MO
valproic acid oral solution	1	MO
VALTOCO 10 MG DOSE	3	
VALTOCO 15 MG DOSE	3	
VALTOCO 20 MG DOSE	3	
VALTOCO 5 MG DOSE	3	
varenicline tartrate (starter)	3	PA
varenicline tartrate oral tablet 0.5 mg	3	PA; QL (60 per 30 days)
varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	3	PA; QL (56 per 28 days)
venlafaxine besylate er	3	QL (60 per 30 days); MO
venlafaxine hcl	1	QL (90 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1	QL (30 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1	QL (180 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	1	QL (90 per 30 days); MO
venlafaxine hcl er oral tablet extended	1	MO

Drug Name	Drug Tier	Requirements/ Limits
release 24 hour 150 mg		
venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg	1	QL (30 per 30 days); MO
venlafaxine hcl er oral tablet extended release 24 hour 75 mg	1	QL (90 per 30 days); MO
VERSACLOZ	3	QL (600 per 30 days)
vigabatrin	4	PA; QL (180 per 30 days); LA; S
VIGADRONE ORAL PACKET	4	PA; QL (180 per 30 days); LA; S
VIGADRONE ORAL TABLET	4	PA; QL (180 per 30 days); S
VIGPODER	4	PA; QL (180 per 30 days); S
VIIBRYD ORAL TABLET	3	ST; QL (30 per 30 days); MO
vilazodone hcl	3	ST; QL (30 per 30 days); MO
VIMPAT INTRAVENOUS	4	QL (1200 per 30 days); S
VIMPAT ORAL SOLUTION	4	QL (1200 per 30 days); MO; S
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	QL (60 per 30 days); MO; S
VIMPAT ORAL TABLET 50 MG	3	MO
VIVITROL	4	S
VRAYLAR ORAL CAPSULE	4	QL (30 per 30 days); MO; S

Drug Name	Drug Tier	Requirements/ Limits
VUMERITY	4	PA; QL (120 per 30 days); LA; S
VYVANSE	3	PA; QL (30 per 30 days); MO
WAKIX	4	PA; QL (60 per 30 days); S
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	3	ST; QL (120 per 30 days); MO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG	3	ST; QL (60 per 30 days); MO
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	4	ST; QL (90 per 30 days); MO; S
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	4	ST; QL (30 per 30 days); MO; S
XADAGO	4	MO; S
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	3	QL (90 per 30 days)
XANAX ORAL TABLET 2 MG	4	QL (90 per 30 days); S
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 3 MG	3	QL (90 per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	4	QL (90 per 30 days); S
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	QL (56 per 28 days); MO; S

Drug Name	Drug Tier	Requirements/ Limits
XCOPRI (350 MG DAILY DOSE)	4	QL (56 per 28 days); MO; S
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	QL (30 per 30 days); MO; S
XCOPRI ORAL TABLET 150 MG, 200 MG	4	QL (60 per 30 days); MO; S
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	3	QL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	4	QL (56 per 365 days); S
XELSTRYM	3	QL (30 per 30 days); MO
XENAZINE ORAL TABLET 12.5 MG	3	PA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	4	PA; QL (120 per 30 days); S
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	2	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	3	PA
XYREM	4	PA; QL (540 per 30 days); LA; S
XYWAV	4	PA; QL (540 per 30 days); LA; S
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
ZANAFLEX	3	
ZARONTIN	3	MO
ZAVZPRET	4	QL (8 per 30 days); S
ZELAPAR	4	MO; S
ZEMBRACE SYMTOUCH	4	QL (4 per 30 days); S
ZENZEDI ORAL TABLET 10 MG	1	QL (180 per 30 days); MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG	3	QL (90 per 30 days); MO
ZENZEDI ORAL TABLET 20 MG, 30 MG	3	QL (60 per 30 days); MO
ZENZEDI ORAL TABLET 5 MG	1	QL (90 per 30 days); MO
ZENZEDI ORAL TABLET 7.5 MG	3	QL (180 per 30 days); MO
ZEPOSIA	4	PA; QL (30 per 30 days); LA; S
ZEPOSIA 7-DAY STARTER PACK	4	PA; LA; S
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	4	PA; S
ZIMHI	3	QL (1 per 28 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (240 per 30 days); MO
<i>ziprasidone hcl oral capsule 40 mg</i>	1	QL (120 per 30 days); MO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	QL (60 per 30 days); MO
<i>ziprasidone mesylate</i>	3	QL (6 per 3 days)
<i>zolmitriptan nasal solution 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>zolmitriptan oral</i>	1	QL (9 per 30 days)
ZOLOFT ORAL CONCENTRATE	3	QL (300 per 30 days); MO
ZOLOFT ORAL TABLET 100 MG	3	QL (60 per 30 days); MO
ZOLOFT ORAL TABLET 25 MG	3	QL (240 per 30 days); MO
ZOLOFT ORAL TABLET 50 MG	3	QL (120 per 30 days); MO
<i>zolpidem tartrate er</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate oral capsule</i>	3	QL (30 per 30 days)
<i>zolpidem tartrate oral tablet</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate sublingual</i>	3	PA; QL (30 per 30 days)
ZOMIG NASAL SOLUTION 5 MG	3	
ZONEGRAN	4	MO; S
ZONISADE	4	MO; S
<i>zonisamide oral</i>	1	MO
ZTALMY	4	QL (1100 per 30 days); S
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	3	QL (690 per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG	3	QL (360 per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	3	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG	3	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG	3	QL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	3	QL (60 per 30 days)
ZURZUVAE	4	S
ZYPREXA INTRAMUSCULAR	3	QL (90 per 30 days)
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	MO
ZYPREXA ORAL TABLET 15 MG	4	MO; S
ZYPREXA ORAL TABLET 20 MG	4	QL (30 per 30 days); MO; S
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	3	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	4	QL (2 per 28 days); S
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 5 MG	3	MO
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG	4	MO; S
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 20 MG	4	QL (30 per 30 days); MO; S
Dermatological Agents		
ABSORICA LD	4	S
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	S

Drug Name	Drug Tier	Requirements/ Limits
ABSORICA ORAL CAPSULE 25 MG, 35 MG	3	
ACANYA	3	QL (50 per 30 days)
ACCUTANE	1	
<i>acitretin</i>	3	
<i>acyclovir external cream</i>	1	QL (5 per 30 days)
<i>acyclovir external ointment</i>	1	QL (30 per 30 days)
ACZONE	3	
<i>adapalene external cream</i>	1	
<i>adapalene external gel</i>	1	
<i>adapalene external pad</i>	4	S
<i>adapalene external solution</i>	4	S
<i>adapalene-benzoyl peroxide external gel</i>	3	PA
<i>adapalene-benzoyl peroxide external pad</i>	4	PA; S
ADBRY	4	PA; QL (6 per 28 days); S
AKLIEF	3	
ALA SCALP	3	
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate</i>	1	
ALTABAX	3	
ALTRENO	3	PA; QL (45 per 30 days)
<i>amcinonide external cream</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>amcinonide external ointment</i>	2	
<i>ammonium lactate external</i>	1	
AMNESTEEM	1	
AMZEEQ	3	
ANUSOL-HC EXTERNAL	3	
APEXICON E	2	QL (60 per 30 days)
ARAZLO	3	PA
ARESTIN	4	S
ATRALIN	3	PA; QL (45 per 30 days)
<i>azelaic acid external</i>	1	
AZELEX	3	
<i>bensal hp external ointment 3 %</i>	4	S
BENZAMYCIN	3	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate external</i>	1	
<i>bexarotene external</i>	4	PA; QL (60 per 30 days); S
<i>brimonidine tartrate external</i>	3	
BRYHALI	3	ST
CABTREO	4	S
<i>calcipotriene external cream</i>	1	QL (120 per 30 days)
<i>calcipotriene external foam</i>	3	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene external ointment</i>	1	QL (120 per 30 days)
<i>calcipotriene external solution</i>	1	QL (60 per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	1	QL (400 per 28 days)
<i>calcipotriene-betameth diprop external suspension</i>	3	QL (420 per 28 days)
CALCITRENE	1	QL (120 per 30 days)
<i>calcitriol external</i>	1	QL (800 per 28 days)
CARAC	4	S
<i>cevimeline hcl</i>	1	MO
<i>chlorhexidine gluconate mouth/throat</i>	1	
CIBINQO	4	PA; QL (30 per 30 days); S
CICLODAN EXTERNAL SOLUTION	1	
<i>ciclopirox external</i>	1	
<i>ciclopirox olamine external cream</i>	1	QL (90 per 30 days)
<i>ciclopirox olamine external suspension</i>	1	
CLARAVIS	1	
CLEOCIN-T EXTERNAL LOTION	3	QL (120 per 30 days)
CLINDACIN	1	QL (100 per 30 days)
CLINDACIN ETZ EXTERNAL SWAB	1	
CLINDACIN-P	1	
CLINDAGEL	4	PA; S

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phos- benzoyl perox external gel 1-5 %, 1.2-5 %</i>	1	
<i>clindamycin phos- benzoyl perox external gel 1.2-2.5 %</i>	1	QL (50 per 30 days)
<i>clindamycin phos- benzoyl perox external gel 1.2-3.75 %</i>	3	
<i>clindamycin phosphate external foam</i>	1	QL (100 per 30 days)
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate external solution</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin-tretinoin</i>	1	PA
CLINPRO 5000	3	MO
<i>clobetasol propionate e</i>	1	QL (120 per 30 days)
<i>clobetasol propionate emulsion</i>	1	QL (100 per 30 days)
<i>clobetasol propionate external cream</i>	1	QL (120 per 30 days)
<i>clobetasol propionate external foam</i>	1	QL (100 per 30 days)
<i>clobetasol propionate external gel</i>	1	QL (60 per 30 days)
<i>clobetasol propionate external liquid</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	QL (120 per 30 days)
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	QL (50 per 30 days)
CLOBEX	3	
CLOBEX SPRAY	3	
<i>clocortolone pivalate</i>	1	
CLODAN EXTERNAL SHAMPOO	1	
<i>clotrimazole external cream</i>	1	
<i>clotrimazole external solution</i>	1	
<i>clotrimazole mouth/ throat troche</i>	1	QL (150 per 30 days)
<i>clotrimazole- betamethasone external cream</i>	1	QL (120 per 30 days)
<i>clotrimazole- betamethasone external lotion</i>	1	
CONDYLOX EXTERNAL GEL	3	
CORDRAN EXTERNAL CREAM 0.05 %	4	S
CORDRAN EXTERNAL LOTION	3	
CORDRAN EXTERNAL TAPE	3	
CROTAN	4	S
<i>dapsone external</i>	2	
DENAVIR	3	QL (5 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
DENTA 5000 PLUS	1	MO
DENTAGEL	1	MO
DERMA-SMOOTHIE/FS BODY	3	QL (120 per 30 days)
DERMA-SMOOTHIE/FS SCALP	3	QL (120 per 30 days)
<i>desonide external cream</i>	1	
<i>desonide external gel</i>	4	S
<i>desonide external lotion</i>	1	
<i>desonide external ointment</i>	1	
DESOWEN EXTERNAL CREAM	3	
<i>desoximetasone external cream</i>	1	QL (100 per 30 days)
<i>desoximetasone external gel</i>	1	
<i>desoximetasone external liquid</i>	2	
<i>desoximetasone external ointment</i>	1	
<i>diclofenac sodium external gel 3 %</i>	1	PA; QL (100 per 30 days)
DIFFERIN EXTERNAL CREAM	3	
DIFFERIN EXTERNAL GEL 0.3 %	3	
DIFFERIN EXTERNAL LOTION	3	
<i>diflorasone diacetate external</i>	1	QL (60 per 30 days)
DIPROLENE EXTERNAL OINTMENT	3	
<i>doxepin hcl external</i>	3	PA; QL (45 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
DUOBRII	4	PA; S
DUPIXENT SUBCUTANEOUS SOLUTION PEN- INJECTOR 200 MG/ 1.14ML	4	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PEN- INJECTOR 300 MG/2ML	4	PA; QL (8 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ 0.67ML	4	PA; QL (1.34 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ 1.14ML	4	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; QL (8 per 28 days); S
<i>econazole nitrate external</i>	1	QL (90 per 30 days)
EFUDEX EXTERNAL CREAM	3	
ELIDEL	3	PA; QL (100 per 30 days)
ENSTILAR	4	QL (420 per 28 days); S
EPIDUO	3	PA
EPIDUO FORTE	3	PA
EPIFOAM	3	
EPSOLAY	3	
ERTACZO	3	
<i>ery</i>	1	
ERYGEL	3	

Drug Name	Drug Tier	Requirements/ Limits
erythromycin external gel	1	
erythromycin external solution	1	
EUCRISA	3	
EVOXAC	3	MO
EXELDERM	3	
FABIOR	3	PA
FILSUEZ	4	S
FINACEA	3	
fluocinolone acetonide body	1	QL (120 per 30 days)
fluocinolone acetonide external	1	QL (120 per 30 days)
fluocinolone acetonide scalp	1	QL (120 per 30 days)
fluocinonide emulsified base	1	QL (240 per 30 days)
fluocinonide external cream 0.05 %	1	QL (240 per 30 days)
fluocinonide external cream 0.1 %	1	QL (120 per 30 days)
fluocinonide external gel	1	QL (240 per 30 days)
fluocinonide external ointment	1	QL (240 per 30 days)
fluocinonide external solution	1	QL (240 per 30 days)
FLUORIDEX	3	MO
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	MO
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000	3	MO
FLUORIMAX 5000 SENSITIVE	3	

Drug Name	Drug Tier	Requirements/ Limits
FLUOROPLEX	3	
fluorouracil external cream 0.5 %	4	S
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
flurandrenolide	3	
fluticasone propionate external	1	
gentamicin sulfate external	1	QL (30 per 30 days)
halcinonide	1	
halobetasol propionate external cream	1	
halobetasol propionate external foam	3	ST
halobetasol propionate external ointment	1	
HALOG	3	
hydrocortisone (perianal) external cream 1 %	1	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone butyr lipo base	1	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external lotion	3	

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2 %	3	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
HYFTOR	4	S
imiquimod external cream 3.75 %	3	
imiquimod external cream 5 %	1	
imiquimod pump	3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	1	
isotretinoin oral capsule 25 mg	4	S
ivermectin external cream	2	
JUBLIA	3	PA
JUST RIGHT 5000 DENTAL PASTE	1	MO
KENALOG EXTERNAL	3	
ketoconazole external cream	1	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
ketoconazole external foam	3	QL (100 per 30 days)
ketoconazole external shampoo 2 %	1	QL (120 per 30 days)
KETODAN EXTERNAL FOAM	1	QL (100 per 30 days)
KLARON	3	
KLAYESTA	1	
KLISYRI	4	S
KOURZEQ	1	
LEVULAN KERASTICK	3	
LEXETTE	4	ST; S
lindane external shampoo	1	
LOCOID EXTERNAL LOTION	3	
LOCOID LIPOCREAM	3	
LOPROX EXTERNAL SHAMPOO	3	
luliconazole	3	ST
LUZU	3	ST
mafenide acetate external	1	
malathion external	1	
methoxsalen rapid	4	S
METROCREAM	3	
METROGEL EXTERNAL GEL	3	
METROLOTION	3	
metronidazole external	1	
miconazole-zinc oxide-petrolat	3	
MIRVASO	3	
mometasone furoate external	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>mupirocin calcium</i>	1	QL (30 per 30 days)
<i>mupirocin external</i>	1	QL (120 per 30 days)
MYORISAN	1	
<i>naftifine hcl external cream</i>	1	
<i>naftifine hcl external gel 2 %</i>	3	
NAFTIN EXTERNAL GEL	3	
NATROBA	3	
NEO-SYNALAR EXTERNAL CREAM	3	
NEUAC EXTERNAL GEL	1	
<i>nitroglycerin rectal</i>	3	QL (30 per 30 days)
NORITATE	4	S
NYAMYC	1	
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystatin-triamcinolone</i>	1	
NYSTOP	1	
ONEXTON	3	
OPZELURA	4	PA; S
ORALONE	1	
OVIDE	3	
<i>oxiconazole nitrate</i>	3	QL (60 per 30 days)
OXISTAT EXTERNAL CREAM	3	QL (60 per 30 days)
OXISTAT EXTERNAL LOTION	3	
PANDEL	3	
PANRETIN	4	S

Drug Name	Drug Tier	Requirements/ Limits
<i>penciclovir</i>	3	QL (5 per 30 days)
PERIOGARD	1	
<i>permethrin external cream</i>	1	
<i>pilocarpine hcl oral</i>	1	MO
<i>pimecrolimus</i>	1	PA; QL (100 per 30 days)
PODOCON-25	3	
<i>podofilox external gel</i>	3	
<i>podofilox external solution</i>	1	
PREVIDENT	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	MO
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 KIDS	3	MO
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 PLUS	3	MO
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
PROCTO-MED HC EXTERNAL	1	
PROCTOCORT EXTERNAL	3	
PROCTOSOL HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
PRUDOXIN	3	PA; QL (45 per 30 days)
QBREXZA	3	

Drug Name	Drug Tier	Requirements/ Limits
QUTENZA	4	S
QUTENZA (2 PATCH)	4	S
QUTENZA (4 PATCH)	4	S
RECTIV	3	QL (30 per 30 days)
REGRANEX	4	PA; S
RETIN-A	3	PA; QL (45 per 30 days)
RETIN-A MICRO	3	PA; QL (50 per 30 days)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %	3	PA; QL (50 per 30 days)
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %, 0.1 %	4	PA; QL (50 per 30 days); S
SALAGEN	3	MO
salicylic acid external ointment	4	S
salicylic acid external shampoo	3	
salicylic acid external solution 26 %	3	
salicylic acid wart remover	3	
SANTYL	3	QL (30 per 30 days)
selenium sulfide external lotion	1	
selenium sulfide external shampoo 2.25 %	3	
SERNIVO	3	
sf	1	MO
sf 5000 plus	1	MO
SILVADENE	3	

Drug Name	Drug Tier	Requirements/ Limits
silver nitrate external solution 0.5 %	3	
silver sulfadiazine external	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel dental gel	1	
sodium fluoride 5000 plus	1	MO
sodium fluoride 5000 ppm dental cream	1	MO
sodium fluoride 5000 ppm dental gel	1	MO
sodium fluoride 5000 ppm dental paste	3	MO
sodium fluoride 5000 sensitive dental gel	1	
sodium fluoride dental cream	1	MO
sodium fluoride dental gel 1.1 %	1	MO
sodium fluoride mouth/throat	1	MO
SOOLANTRA	3	
SORILUX	4	QL (120 per 30 days); S
spinosad	3	
SSD (SILVER SULFADIAZINE)	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	3	
sulfacetamide-sulfur in urea external emulsion	3	

Drug Name	Drug Tier	Requirements/ Limits
SULFACLEANSE 8/4	3	
SULFAMYLON EXTERNAL CREAM	3	
SYNALAR EXTERNAL CREAM	3	QL (120 per 30 days)
SYNALAR EXTERNAL OINTMENT	3	QL (120 per 30 days)
TACLONEX EXTERNAL OINTMENT	3	QL (400 per 28 days)
TACLONEX EXTERNAL SUSPENSION	4	QL (420 per 28 days); S
<i>tacrolimus external ointment</i>	1	PA; QL (100 per 30 days)
TARGRETIN EXTERNAL	4	PA; QL (60 per 30 days); S
<i>tavaborole</i>	3	PA; QL (10 per 30 days)
<i>tazarotene external cream</i>	1	PA
<i>tazarotene external foam</i>	3	PA
<i>tazarotene external gel</i>	3	PA
TAZORAC EXTERNAL CREAM 0.05 %	3	PA
TAZORAC EXTERNAL CREAM 0.1 %	4	PA; S
TAZORAC EXTERNAL GEL 0.05 %	3	PA
TAZORAC EXTERNAL GEL 0.1 %	4	PA; S
TEXACORT	3	
TOLAK	3	ST
TOPICORT EXTERNAL CREAM	3	QL (100 per 30 days)
TOPICORT EXTERNAL GEL	3	

Drug Name	Drug Tier	Requirements/ Limits
TOPICORT EXTERNAL OINTMENT	3	
TOPICORT SPRAY	3	
TOVET EXTERNAL FOAM	3	QL (100 per 30 days)
<i>tretinoin external</i>	1	PA; QL (45 per 30 days)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	2	PA; QL (50 per 30 days)
<i>tretinoin microsphere external gel 0.08 %</i>	4	PA; QL (50 per 30 days); S
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	3	PA; QL (50 per 30 days)
<i>tretinoin microsphere pump external gel 0.08 %</i>	4	PA; QL (50 per 30 days); S
<i>triamcinolone acetonide external aerosol solution</i>	1	
<i>triamcinolone acetonide external cream</i>	1	QL (454 per 30 days)
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	3	
<i>triamcinolone acetonide mouth/ throat</i>	1	
<i>triamcinolone in absorbbase</i>	3	
TRIANEX	3	

Drug Name	Drug Tier	Requirements/ Limits
TRIDERM EXTERNAL CREAM	1	QL (454 per 30 days)
TWYNEO	3	
ULTRAVATE EXTERNAL LOTION	3	
VALCHLOR	4	PA; LA; S
VANOS	4	QL (120 per 30 days); S
VECTICAL	3	QL (800 per 28 days)
VELTIN	3	PA
VERDESO	3	
VEREGEN	4	S
VIRASAL	3	
VTAMA	4	PA; QL (60 per 30 days); S
VUSION	3	
WINLEVI	3	
XERESE	4	QL (5 per 30 days); S
YCANTH	4	S
ZENATANE	1	
ZIANA	3	PA
ZILXI	3	
ZONALON	3	PA; QL (45 per 30 days)
ZORYVE EXTERNAL CREAM 0.3 %	3	PA; QL (60 per 30 days)
ZORYVE EXTERNAL FOAM	3	PA; QL (60 per 30 days)
ZOVIRAX EXTERNAL CREAM	3	QL (5 per 30 days)
ZOVIRAX EXTERNAL OINTMENT	3	QL (30 per 30 days)
ZYCLARA	4	S
ZYCLARA PUMP	4	S

Drug Name	Drug Tier	Requirements/ Limits
Electrolytes / Minerals / Metals / Vitamins		
<i>adc/f (0.5mg/ml)</i>	3	
<i>c-nate dha</i>	3	
CARBAGLU ORAL TABLET SOLUBLE	4	PA; LA; S
<i>carglumic acid oral tablet soluble</i>	4	PA; LA; S
CARNITOR INTRAVENOUS	3	B/D PA
CARNITOR ORAL	3	B/D PA; MO
CARNITOR SF	3	B/D PA; MO
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	3	
CITRANATAL B-CALM	3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	3	
CITRANATAL MEDLEY	3	
CITRANATAL RX	3	
CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX E/DEXTROSE (5/15)	2	B/D PA
CLINIMIX E/DEXTROSE (5/20)	2	B/D PA
<i>clinimix e/dextrose (8/10)</i>	2	B/D PA
<i>clinimix e/dextrose (8/14)</i>	2	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	2	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX/DEXTROSE (5/15)	2	B/D PA
CLINIMIX/DEXTROSE (5/20)	2	B/D PA
<i>clinimix/dextrose (6/5)</i>	2	B/D PA
<i>clinimix/dextrose (8/10)</i>	2	B/D PA
<i>clinimix/dextrose (8/14)</i>	2	B/D PA
CLINISOL SF	3	B/D PA
CLINOLIPID	1	B/D PA
<i>completenate</i>	3	
CONCEPT DHA	3	
CONCEPT OB	3	
CRYSVITA	4	S
<i>dextrose 5%/electrolyte #48</i>	2	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose intravenous solution 10 %, 5 %, 50 %, 70 %</i>	1	
<i>dextrose intravenous solution 250 mg/ml</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	
DOJOLVI	4	LA; S
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	

Drug Name	Drug Tier	Requirements/ Limits
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	1	MO
ENBRACE HR	3	
FLORIVA	3	
<i>fluoritab oral solution</i>	3	MO
FOLIVANE-OB ORAL CAPSULE 85-1 MG	3	
INTRALIPID INTRAVENOUS EMULSION 20 %	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PA
ISOLYTE-P IN D5W	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	MO
KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 %	3	B/D PA
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	1	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	
<i>kcl-lactated ringers-d5w</i>	2	
KLOR-CON 10	1	MO
KLOR-CON M10	1	MO

Drug Name	Drug Tier	Requirements/ Limits
KLOR-CON M15	1	MO
KLOR-CON M20	1	MO
KLOR-CON ORAL PACKET 20 MEQ	3	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO
KLOR-CON/EF	1	MO
<i>lactated ringers intravenous</i>	1	
<i>levocarnitine intravenous</i>	3	B/D PA
<i>levocarnitine oral solution</i>	1	B/D PA; MO
<i>levocarnitine oral tablet</i>	2	B/D PA; MO
<i>levocarnitine sf</i>	1	B/D PA; MO
<i>m-natal plus</i>	3	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/ 500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/ 1000ml</i>	2	
<i>multi-vitamin/fluoride oral solution</i>	3	
<i>multi-vitamin/fluoride/ iron</i>	3	
<i>multiple electro type 1 ph 5.5</i>	2	
<i>multiple electro type 1 ph 7.4</i>	2	
<i>multivitamin w/ fluoride</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	3	
<i>neonatal 19</i>	3	
<i>neonatal complete oral tablet 29-1 mg</i>	3	
<i>neonatal fe</i>	3	
NEONATAL PLUS	3	
NESTABS	3	
NESTABS ONE	3	
NIVA-PLUS	3	
NUTRILIPID	3	B/D PA
OB COMPLETE ONE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
OMEGAVEN	3	B/D PA
PERIKABIVEN	3	B/D PA
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
PLENAMINE	3	B/D PA
<i>pnv prenatal plus multivitamin</i>	3	
<i>pnv-dha</i>	1	
<i>pnv-dha+docusate</i>	3	
<i>pnv-omega</i>	3	
POLY-VI-FLOR	3	
POLY-VI-FLOR/IRON	3	
<i>potassium chloride crys er</i>	1	MO
<i>potassium chloride er</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	1	
potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml	3	
potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml	1	
potassium chloride oral packet	3	MO
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	MO
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	1	
PREMASOL INTRAVENOUS SOLUTION 10 %	2	B/D PA
prenaissance	3	
prenaissance plus	3	
prenatal oral tablet 27-1 mg	3	
prenatal plus	3	
prenatal plus vitamin/mineral	3	
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	1	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	1	

Drug Name	Drug Tier	Requirements/ Limits
prenatal without a w/ fe fumarate-l methylfolate-fa-dha oral capsule 27-0.6-0.4-300 mg	3	
PRENATE	3	
PRENATE AM	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
prenatvite complete	3	
prenatvite plus	3	
PRIMACARE ORAL CAPSULE	3	
PROSOL	2	B/D PA
PROVIDA OB	3	
QUFLORA FE	3	
QUFLORA FE PEDIATRIC	3	
QUFLORA PEDIATRIC	3	
ringers	1	
se-natal 19	3	
SELECT-OB	3	
SMOFLIPID	3	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %	1	
sodium chloride (pf)	1	
sodium chloride injection solution 2.5 meq/ml	1	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	3	MO
sodium fluoride oral tablet 2.2 (1 f) mg	1	MO
sodium fluoride oral tablet chewable	1	MO
TARON-C DHA ORAL CAPSULE 35-1 MG	3	
thrivite rx	3	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TRAVASOL	2	B/D PA
TRI-VI-FLOR	3	
tri-vite/fluoride	3	
trinatal rx 1	3	
tristart dha	3	
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	B/D PA
virt-nate dha	3	
VITAFOL GUMMIES	3	
VITAFOL STRIPS	3	
VITAFOL ULTRA	3	
VITAFOL-NANO	3	

Drug Name	Drug Tier	Requirements/ Limits
VITAFOL-OB	3	
VITAFOL-ONE	3	
wescap-c dha	3	
wesnate dha	3	
westab plus	3	
westgel dha	3	
Endocrine And Metabolic Disorder Agents		
acarbose oral	1	QL (90 per 30 days); MO
ACTONEL ORAL TABLET 150 MG	3	ST; QL (1 per 28 days); MO
ACTONEL ORAL TABLET 35 MG	3	ST; QL (4 per 28 days); MO
ACTOPLUS MET ORAL TABLET 15-850 MG	3	QL (90 per 30 days); MO
ACTOS ORAL TABLET 15 MG	3	QL (90 per 30 days); MO
ACTOS ORAL TABLET 30 MG	3	QL (45 per 30 days); MO
ACTOS ORAL TABLET 45 MG	3	QL (30 per 30 days); MO
ADMELOG INJECTION	3	ST; MO
ADMELOG SOLOSTAR	3	ST; MO
AFREZZA INHALATION POWDER 12 UNIT	4	PA; QL (270 per 30 days); MO; S
AFREZZA INHALATION POWDER 4 UNIT	3	PA; QL (540 per 30 days); MO
AFREZZA INHALATION POWDER 60X4 & 60X8 & 60X12 UNIT	4	PA; QL (360 per 365 days); MO; S
AFREZZA INHALATION POWDER 8 UNIT	3	PA; QL (360 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
AFREZZA INHALATION POWDER 90 X 4 UNIT & 90X8 UNIT	4	PA; QL (540 per 30 days); MO; S
AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT	4	PA; QL (360 per 30 days); MO; S
<i>alendronate sodium oral solution</i>	1	QL (300 per 28 days); MO
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days); MO
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days); MO
<i>alogliptin benzoate oral tablet 12.5 mg</i>	1	PA; QL (60 per 30 days); MO
<i>alogliptin benzoate oral tablet 25 mg</i>	1	PA; QL (30 per 30 days); MO
<i>alogliptin benzoate oral tablet 6.25 mg</i>	1	PA; QL (120 per 30 days); MO
<i>alogliptin-metformin hcl</i>	1	PA; QL (60 per 30 days); MO
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	1	PA; QL (30 per 30 days); MO
APIDRA	3	ST; MO
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; MO
ATELVIA	3	QL (4 per 28 days); MO
AURYXIA	4	PA; MO; S
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
BASAGLAR KWIKPEN	3	ST; MO
BASAGLAR TEMPO PEN	3	ST; MO

Drug Name	Drug Tier	Requirements/ Limits
BINOSTO	3	QL (4 per 28 days); MO
BYDUREON BCISE	2	PA; QL (4 per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (2.4 per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (1.2 per 30 days)
<i>calcitonin (salmon) injection</i>	4	B/D PA; S
<i>calcitonin (salmon) nasal</i>	1	QL (4 per 30 days); MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	B/D PA
<i>calcitriol oral</i>	1	B/D PA; MO
<i>calcium acetate (phos binder)</i>	1	MO
<i>calcium acetate oral tablet 667 mg</i>	1	MO
CHEMET	3	
<i>cinacalcet hcl oral tablet 30 mg</i>	1	B/D PA; QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	3	B/D PA; QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	4	B/D PA; QL (120 per 30 days); S
CUVRIOR	4	S
CYCLOSET	3	ST; QL (180 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>deferasirox granules oral packet 180 mg, 360 mg</i>	4	PA; S
<i>deferasirox granules oral packet 90 mg</i>	3	PA
<i>deferasirox oral packet 180 mg, 360 mg</i>	4	PA; S
<i>deferasirox oral packet 90 mg</i>	3	PA
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA; S
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferasirox oral tablet soluble 125 mg</i>	3	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	4	PA; S
<i>deferiprone oral tablet 1000 mg</i>	4	PA; S
<i>deferiprone oral tablet 500 mg</i>	4	PA; LA; S
<i>deferoxamine mesylate injection solution reconstituted 2 gm</i>	3	B/D PA
<i>deferoxamine mesylate injection solution reconstituted 500 mg</i>	4	S
<i>diazoxide oral</i>	4	MO; S
<i>doxercalciferol intravenous</i>	1	B/D PA
<i>doxercalciferol oral</i>	3	B/D PA; MO
DUETACT	3	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
EVENITY	4	PA; QL (2.34 per 28 days); S
EXJADE	4	PA; LA; S
FARXIGA	2	QL (30 per 30 days); MO
FERRIPROX	4	PA; LA; S
FERRIPROX TWICE-A-DAY	4	PA; LA; S
FIASP FLEXTOUCH	3	ST; MO
FIASP INJECTION	3	ST; MO
FIASP PENFILL	3	ST; MO
FIASP PUMPCART	3	ST; MO
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/ 2.4ML	4	PA; QL (3 per 28 days); S
FOSAMAX ORAL TABLET 70 MG	3	ST; QL (4 per 28 days); MO
FOSAMAX PLUS D	3	ST; QL (4 per 28 days); MO
FOSRENOL ORAL PACKET	4	MO; S
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	4	ST; MO; S
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 per 30 days); MO
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 per 30 days); MO
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 2.5 mg</i>	1	MO
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO
GLUCAGEN HYPOKIT	2	
<i>glucagon emergency injection kit</i>	2	
<i>glucagon emergency injection solution reconstituted</i>	3	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	3	QL (60 per 30 days); MO
GLUCOTROL XL ORAL TABLET EXTENDED	3	QL (240 per 30 days); MO

RELEASE 24 HOUR 2.5 MG		
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	3	QL (120 per 30 days); MO
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	4	ST; QL (60 per 30 days); MO; S
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	4	ST; QL (120 per 30 days); MO; S
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 per 30 days); MO
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 per 30 days); MO
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 per 30 days); MO
<i>glyburide oral tablet 1.25 mg</i>	1	QL (480 per 30 days); MO
<i>glyburide oral tablet 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>glyburide oral tablet 5 mg</i>	1	QL (120 per 30 days); MO
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (240 per 30 days); MO
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO
GLYXAMBI	2	QL (30 per 30 days); MO
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS SUBCUTANEOUS	3	

Drug Name	Drug Tier	Requirements/ Limits
SOLUTION PREFILLED SYRINGE 1 MG/0.2ML		
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML	3	B/D PA
HUMALOG INJECTION	2	MO
HUMALOG JUNIOR KWIKPEN	2	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMALOG MIX 75/25	2	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	MO
HUMALOG TEMPO PEN	4	MO; S
HUMULIN 70/30	2	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMULIN N	2	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMULIN R	2	MO

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 (CONCENTRATED)	4	PA; MO; S
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; MO; S
<i>ibandronate sodium intravenous</i>	1	B/D PA
<i>ibandronate sodium oral</i>	1	QL (1 per 28 days); MO
<i>insulin asp prot & asp flexpen</i>	3	ST; MO
<i>insulin aspart flexpen</i>	3	ST; MO
<i>insulin aspart injection</i>	3	ST; MO
<i>insulin aspart penfill</i>	3	ST; MO
<i>insulin aspart prot & aspart</i>	3	ST; MO
<i>insulin degludec</i>	3	ST; QL (30 per 30 days); MO
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml</i>	3	ST; QL (30 per 30 days); MO
<i>insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml</i>	2	ST; QL (18 per 30 days); MO
<i>insulin glargine</i>	3	ST; MO
<i>insulin glargine max solostar</i>	3	ST; MO
<i>insulin glargine solostar</i>	3	ST; MO
<i>insulin glargine-yfgn</i>	3	ST; MO
<i>insulin lispro (1 unit dial)</i>	2	MO
<i>insulin lispro injection</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>insulin lispro junior kwikpen</i>	2	MO
<i>insulin lispro prot & lispro</i>	2	MO
INVOKAMET	3	QL (60 per 30 days); MO
INVOKAMET XR	3	QL (60 per 30 days); MO
INVOKANA	3	QL (30 per 30 days); MO
JADENU	4	PA; LA; S
JADENU SPRINKLE	4	PA; LA; S
JANUMET	2	QL (60 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (30 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	2	QL (60 per 30 days); MO
JANUVIA ORAL TABLET 100 MG	2	QL (30 per 30 days); MO
JANUVIA ORAL TABLET 25 MG	2	QL (120 per 30 days); MO
JANUVIA ORAL TABLET 50 MG	2	QL (60 per 30 days); MO
JARDIANCE	2	QL (30 per 30 days); MO
JENTADUETO	2	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED	2	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
RELEASE 24 HOUR 5-1000 MG		
JYNARQUE ORAL TABLET	4	PA; QL (120 per 30 days); LA; S
JYNARQUE ORAL TABLET THERAPY PACK	4	PA; QL (56 per 28 days); LA; S
KAZANO	3	PA; QL (60 per 30 days); MO
KERENDIA	2	QL (30 per 30 days); MO
KIONEX ORAL SUSPENSION	1	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	PA; QL (60 per 30 days); MO
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	3	PA; QL (30 per 30 days); MO
<i>lanthanum carbonate</i>	3	ST; MO
LANTUS	2	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
LEVEMIR	2	MO
LOKELMA	2	MO
LYUMJEV	2	MO
LYUMJEV KWIKPEN	2	MO
LYUMJEV TEMPO PEN	4	MO; S
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	3	QL (60 per 30 days); MO
<i>metformin hcl er (mod) oral tablet extended</i>	3	QL (120 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
release 24 hour 500 mg		
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	3	QL (60 per 30 days); MO
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	3	QL (120 per 30 days); MO
metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (120 per 30 days); MO
metformin hcl er oral tablet extended release 24 hour 750 mg	1	QL (60 per 30 days); MO
metformin hcl oral solution	3	QL (946 per 30 days); MO
metformin hcl oral tablet 1000 mg	1	QL (60 per 30 days); MO
metformin hcl oral tablet 500 mg	1	QL (150 per 30 days); MO
metformin hcl oral tablet 625 mg	4	QL (120 per 30 days); MO; S
metformin hcl oral tablet 850 mg	1	QL (90 per 30 days); MO
MIACALCIN INJECTION	4	B/D PA; S
miglitol	1	QL (90 per 30 days); MO
MOUNJARO	2	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg	1	QL (90 per 30 days); MO
nateglinide oral tablet 60 mg	1	QL (180 per 30 days); MO
NATPARA	4	PA; QL (2 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
NESINA ORAL TABLET 12.5 MG	3	PA; QL (60 per 30 days); MO
NESINA ORAL TABLET 25 MG	3	PA; QL (30 per 30 days); MO
NESINA ORAL TABLET 6.25 MG	3	PA; QL (120 per 30 days); MO
NOVOLIN 70/30	3	ST; MO
NOVOLIN 70/30 FLEXPEN	3	ST; MO
NOVOLIN 70/30 FLEXPEN RELION	3	ST; MO
NOVOLIN 70/30 RELION	3	ST; MO
NOVOLIN N	3	ST; MO
NOVOLIN N FLEXPEN	3	ST; MO
NOVOLIN N FLEXPEN RELION	3	ST; MO
NOVOLIN N RELION	3	ST; MO
NOVOLIN R	3	ST; MO
NOVOLIN R FLEXPEN	3	ST; MO
NOVOLIN R FLEXPEN RELION	3	ST; MO
NOVOLIN R RELION	3	ST; MO
NOVOLOG 70/30 FLEXPEN RELION	3	ST; MO
NOVOLOG FLEXPEN RELION	3	ST; MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; MO
NOVOLOG INJECTION	3	ST; MO
NOVOLOG MIX 70/30	3	ST; MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS	3	ST; MO

Drug Name	Drug Tier	Requirements/ Limits
SUSPENSION PEN-INJECTOR		
NOVOLOG MIX 70/30 RELION	3	ST; MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; MO
NOVOLOG RELION INJECTION	3	ST; MO
ONGLYZA ORAL TABLET 2.5 MG	3	PA; QL (60 per 30 days); MO
ONGLYZA ORAL TABLET 5 MG	3	PA; QL (30 per 30 days); MO
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PA; QL (30 per 30 days); MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	PA; QL (1.5 per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE)	2	PA; QL (3 per 28 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	1	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	2	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
<i>paricalcitol intravenous</i>	3	B/D PA
<i>paricalcitol oral</i>	1	B/D PA; MO
<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days); MO
<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days); MO
<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days); MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 per 30 days); MO
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 per 30 days); MO
PROGLYCEM	4	MO; S
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (1 per 180 days)
QTERN	3	PA; QL (30 per 30 days); MO
RAYALDEE	4	MO; S
RECLAST	3	PA
REVELA ORAL PACKET 0.8 GM	4	QL (540 per 30 days); MO; S
REVELA ORAL PACKET 2.4 GM	3	QL (180 per 30 days); MO
REVELA ORAL TABLET	4	QL (540 per 30 days); MO; S
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 per 30 days); MO
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days); MO
REZVOGLAR KWIKPEN	3	ST; MO

Drug Name	Drug Tier	Requirements/ Limits
RIOMET	3	QL (946 per 30 days); MO
<i>risedronate sodium oral tablet 150 mg</i>	1	ST; QL (1 per 28 days); MO
<i>risedronate sodium oral tablet 30 mg</i>	1	ST; QL (30 per 30 days)
<i>risedronate sodium oral tablet 35 mg</i>	1	ST; QL (4 per 28 days); MO
<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO
<i>risedronate sodium oral tablet 5 mg</i>	1	ST; QL (30 per 30 days); MO
<i>risedronate sodium oral tablet delayed release</i>	1	ST; QL (4 per 28 days); MO
ROCALTROL	3	B/D PA; MO
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 per 365 days)
SAMSCA ORAL TABLET 15 MG	4	PA; QL (30 per 30 days); S
SAMSCA ORAL TABLET 30 MG	4	PA; QL (60 per 30 days); S
<i>saxagliptin hcl oral tablet 2.5 mg</i>	3	PA; QL (60 per 30 days); MO
<i>saxagliptin hcl oral tablet 5 mg</i>	3	PA; QL (30 per 30 days); MO
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	3	PA; QL (60 per 30 days); MO
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	3	PA; QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
SEGLUROMET	3	PA; QL (60 per 30 days); MO
SEMGLEE (YFGN)	3	MO
SENSIPAR ORAL TABLET 30 MG	3	B/D PA; QL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG	4	B/D PA; QL (60 per 30 days); S
SENSIPAR ORAL TABLET 90 MG	4	B/D PA; QL (120 per 30 days); S
<i>sevelamer carbonate oral packet 0.8 gm</i>	3	QL (540 per 30 days); MO
<i>sevelamer carbonate oral packet 2.4 gm</i>	3	QL (180 per 30 days); MO
<i>sevelamer carbonate oral tablet</i>	1	QL (540 per 30 days); MO
<i>sevelamer hcl oral tablet 400 mg</i>	1	ST; MO
<i>sevelamer hcl oral tablet 800 mg</i>	3	ST; MO
<i>sitagliptin</i>	3	QL (30 per 30 days); MO
<i>sodium polystyrene sulfonate oral powder</i>	1	
SOHONOS	4	S
SOLQUA	2	QL (15 per 25 days); MO
SPS	1	
STEGLATRO	3	PA; QL (30 per 30 days); MO
STEGLUJAN	3	PA; QL (30 per 30 days); MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (11 per 30 days); MO; S

Drug Name	Drug Tier	Requirements/ Limits
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; QL (6 per 30 days); MO; S
SYNJARDY	2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10- 1000 MG, 12.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25- 1000 MG	2	QL (30 per 30 days); MO
SYPRINE	4	S
<i>teriparatide</i>	4	PA; QL (3 per 28 days); S
<i>teriparatide</i> (recombinant)	4	PA; QL (3 per 28 days); S
<i>tolvaptan oral tablet</i> 15 mg	4	PA; QL (30 per 30 days); S
<i>tolvaptan oral tablet</i> 30 mg	4	PA; QL (60 per 30 days); S
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	MO
TRADJENTA	2	QL (30 per 30 days); MO
TRESIBA	2	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	2	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 200 UNIT/ML	2	QL (18 per 30 days); MO
<i>trientine hcl</i>	4	S

Drug Name	Drug Tier	Requirements/ Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5- 1000 MG, 25-5-1000 MG	2	QL (30 per 30 days); MO
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5- 2.5-1000 MG, 5-2.5-1000 MG	2	QL (60 per 30 days); MO
TRULICITY	2	PA; QL (2 per 28 days)
TYMLOS	4	PA; QL (1.56 per 28 days); S
VELPHORO	4	QL (180 per 30 days); MO; S
VELTASSA	4	MO; S
VICTOZA SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	PA; QL (9 per 30 days)
XGEVA	4	PA; QL (5.1 per 28 days); S
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10- 1000 MG, 10-500 MG, 5- 500 MG	2	QL (30 per 30 days); MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
XULTOPHY	2	QL (15 per 25 days); MO
ZEGALOGUE	3	
ZEMPLAR INTRAVENOUS	3	B/D PA
ZEMPLAR ORAL CAPSULE 1 MCG	3	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
ZEMPLAR ORAL CAPSULE 2 MCG	4	B/D PA; MO; S
ZITUVIO	3	QL (30 per 30 days); MO
zoledronic acid intravenous concentrate	1	PA
zoledronic acid intravenous solution	1	PA
Gastrointestinal Agents		
ACIPHEX	3	QL (30 per 30 days); MO
AKYNZEO (READY-TO-USE)	4	S
AKYNZEO (TO-BE-DILUTED)	4	S
AKYNZEO INTRAVENOUS	4	S
AKYNZEO ORAL	3	QL (5 per 30 days)
alosetron hcl oral tablet 0.5 mg	3	PA; QL (60 per 30 days); MO
alosetron hcl oral tablet 1 mg	4	PA; QL (60 per 30 days); MO; S
AMITIZA	3	QL (60 per 30 days); MO
amoxicill-clarithro-lansopraz oral therapy pack	3	
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET CHEWABLE	3	
ANZEMET ORAL TABLET 50 MG	3	B/D PA
APONVIE	3	

Drug Name	Drug Tier	Requirements/Limits
aprepitant oral	1	B/D PA; QL (15 per 30 days)
aprepitant oral capsule 125 mg	1	B/D PA; QL (5 per 30 days)
aprepitant oral capsule 40 mg	1	B/D PA; QL (1 per 28 days)
aprepitant oral capsule 80 & 125 mg	1	B/D PA; QL (15 per 30 days)
aprepitant oral capsule 80 mg	1	B/D PA; QL (10 per 30 days)
APRISO	3	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
balsalazide disodium	1	
BENTYL INTRAMUSCULAR	3	
bis subcit-metronid-tetracyc	4	S
bismuth/metronidaz/tetracyclin	4	S
BONJESTA	3	PA; QL (60 per 30 days)
budesonide er oral tablet extended release 24 hour	4	PA; S
budesonide oral	1	
budesonide rectal	3	
CANASA	4	S
CARAFATE	3	MO
CHENODAL	4	PA; S
chlordiazepoxide-clidinium	3	PA
cimetidine hcl oral solution 300 mg/5ml	1	MO
cimetidine oral tablet 200 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cimetidine oral tablet</i> 300 mg, 400 mg, 800 mg	1	MO
CINVANTI	3	
CLENPIQ	3	
COLAZAL	4	S
COMPRO	1	
<i>constulose</i>	1	MO
CORTEF	3	
CORTENEMA	3	
CORTIFOAM EXTERNAL	3	
CUVPOSA	3	MO
CYTOTEC	3	MO
DELZICOL	3	MO
DEXILANT	3	ST; QL (30 per 30 days); MO
<i>dexlansoprazole</i>	3	ST; QL (30 per 30 days); MO
DICLEGIS	3	PA; QL (120 per 30 days)
<i>dicyclomine hcl intramuscular</i>	3	
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral solution</i>	1	
<i>dicyclomine hcl oral tablet</i>	1	
DIPENTUM	4	MO; S
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i> 2.5-0.025 mg	1	
<i>doxylamine-pyridoxine</i>	3	PA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>dronabinol</i>	1	B/D PA; QL (120 per 30 days)
EMEND ORAL CAPSULE 80 MG	4	B/D PA; QL (10 per 30 days); S
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D PA; QL (15 per 30 days)
EMEND TRI-PACK	3	B/D PA; QL (15 per 30 days)
<i>enulose</i>	1	MO
EOHILIA	3	
<i>esomeprazole magnesium oral capsule delayed release</i> 20 mg, 40 mg	1	ST; QL (30 per 30 days); MO
<i>esomeprazole magnesium oral packet</i> 10 mg, 20 mg, 40 mg	3	ST; QL (30 per 30 days); MO
<i>esomeprazole sodium intravenous solution reconstituted</i> 40 mg	1	
<i>famotidine (pf)</i>	1	
<i>famotidine intravenous solution</i> 200 mg/20ml, 40 mg/4ml	1	
<i>famotidine oral suspension reconstituted</i>	1	MO
<i>famotidine oral tablet</i> 20 mg, 40 mg	1	MO
<i>famotidine premixed</i>	1	
<i>focinvez</i>	3	
<i>fosaprepitant dimeglumine</i>	3	
GATTEX	4	PA; LA; S

Drug Name	Drug Tier	Requirements/ Limits
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	1	
<i>generlac</i>	1	MO
GIMOTI	4	S
GLYCATE	3	
<i>glycopyrrolate injection solution</i>	1	
<i>glycopyrrolate oral solution</i>	3	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	3	
<i>glycopyrrolate pf</i>	3	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	1	
<i>granisetron hcl oral</i>	1	B/D PA; QL (30 per 30 days)
HELIDAC THERAPY	4	S
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	3	MO
<i>hyoscyamine sulfate oral solution</i>	3	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate oral tablet</i>	1	MO
<i>hyoscyamine sulfate oral tablet dispersible</i>	1	MO
<i>hyoscyamine sulfate sublingual</i>	1	MO
IBSRELA	4	QL (60 per 30 days); MO; S
KONVOMEF	3	QL (600 per 30 days)
KRISTALOSE	3	MO
<i>lactulose encephalopathy</i>	1	MO
<i>lactulose oral packet</i>	4	MO; S
<i>lactulose oral solution</i>	1	MO
<i>lansoprazole oral capsule delayed release 15 mg</i>	1	MO
<i>lansoprazole oral capsule delayed release 30 mg</i>	1	QL (30 per 30 days); MO
<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>	3	MO
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>	3	QL (30 per 30 days); MO
LEVSIN ORAL TABLET	3	MO
LEVSIN/SL	3	MO
LIALDA	3	MO
LIBRAX	4	PA; S
LINZESS	2	QL (30 per 30 days); MO
LOMOTIL ORAL TABLET	3	
<i>loperamide hcl oral capsule</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
LOTRONEX	4	PA; QL (60 per 30 days); MO; S
lubiprostone	1	QL (60 per 30 days); MO
MARINOL ORAL CAPSULE 10 MG	4	B/D PA; QL (120 per 30 days); S
MARINOL ORAL CAPSULE 2.5 MG, 5 MG	3	B/D PA; QL (120 per 30 days)
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
meclizine hcl oral tablet 50 mg	3	
mesalamine er oral capsule extended release	3	MO
mesalamine er oral capsule extended release 24 hour	1	MO
mesalamine oral capsule delayed release	1	MO
mesalamine oral tablet delayed release 1.2 gm	1	MO
mesalamine oral tablet delayed release 800 mg	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
methscopolamine bromide oral	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	

Drug Name	Drug Tier	Requirements/ Limits
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible 5 mg	1	
misoprostol oral	1	MO
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
na sulfate-k sulfate-mg sulf	2	
NEXIUM	3	ST; QL (30 per 30 days); MO
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	3	
nizatidine oral capsule	1	MO
NULEV	3	MO
OCALIVA	4	PA; QL (30 per 30 days); LA; S
OMECLAMOX-PAK	3	
omeprazole oral capsule delayed release	1	MO
omeprazole-sodium bicarbonate oral capsule	3	QL (30 per 30 days); MO
omeprazole-sodium bicarbonate oral packet 20-1680 mg	4	QL (30 per 30 days); MO; S

Drug Name	Drug Tier	Requirements/ Limits
omeprazole-sodium bicarbonate oral packet 40-1680 mg	3	QL (30 per 30 days); MO
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	B/D PA; QL (450 per 30 days)
ondansetron hcl oral tablet 24 mg	1	B/D PA; QL (30 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)
ondansetron oral tablet dispersible 16 mg	1	B/D PA; QL (30 per 30 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)
opium	1	
oscimin oral tablet	3	MO
oscimin sublingual	3	MO
palonosetron hcl	3	
pantoprazole sodium intravenous	1	
pantoprazole sodium oral packet	1	MO
pantoprazole sodium oral tablet delayed release	1	MO
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
peg-3350/electrolytes/ascorbic acid	1	
peg-kcl-nacl-nasulf-na asc-c	1	

Drug Name	Drug Tier	Requirements/ Limits
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	MO
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	4	MO; S
PEPCID ORAL TABLET 20 MG	4	MO; S
PEPCID ORAL TABLET 40 MG	3	MO
PHENERGAN INJECTION	3	
PLENVU	3	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	QL (30 per 30 days); MO
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	3	MO
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG	3	QL (30 per 30 days); MO
PRILOSEC ORAL PACKET	3	MO
prochlorperazine	1	
prochlorperazine edisylate injection solution 10 mg/2ml	1	
prochlorperazine maleate oral	1	MO
PROCTOFOAM HC EXTERNAL	3	
promethazine hcl injection	1	
promethazine hcl oral	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	PA
PROMETHEGAN	1	PA
PROTONIX INTRAVENOUS	3	
PROTONIX ORAL PACKET	3	MO
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG	4	MO; S
PROTONIX ORAL TABLET DELAYED RELEASE 40 MG	3	MO
PYLERA	4	S
<i>rabeprazole sodium oral tablet delayed release</i>	1	QL (30 per 30 days); MO
REGLAN ORAL	3	
RELISTOR ORAL	4	PA; QL (90 per 30 days); S
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	4	PA; QL (18 per 30 days); S
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (0.6ML SYRINGE)	4	S
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	4	PA; QL (12 per 30 days); S
RELTONE	4	MO; S
ROBINUL ORAL	3	
ROBINUL-FORTE	4	S
ROWASA RECTAL	3	
SANCUSO	4	PA; QL (4 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
<i>scopolamine</i>	1	QL (10 per 28 days)
SFROWASA	3	
<i>sucralfate oral</i>	1	MO
SUFLAVE	3	
<i>sulfasalazine oral</i>	1	MO
SUPREP BOWEL PREP KIT	2	
SUSTOL	3	
SUTAB	3	
SYMPROIC	3	ST
SYNDROS	4	B/D PA; S
TALICIA	3	
TIGAN INTRAMUSCULAR	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	2	QL (10 per 28 days)
<i>trimethobenzamide hcl oral</i>	1	
TRULANCE	3	QL (30 per 30 days); MO
UCERIS ORAL	4	PA; S
UCERIS RECTAL	3	
URSO 250	3	MO
URSO FORTE	3	MO
<i>ursodiol oral capsule 200 mg, 400 mg</i>	4	MO; S
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VARUBI (180 MG DOSE)	3	B/D PA; QL (4 per 28 days)
VELSIPITY	4	PA; QL (30 per 30 days); S
VIBERZI	4	PA; MO; S

Drug Name	Drug Tier	Requirements/ Limits
VOQUEZNA	3	QL (30 per 30 days); MO
VOQUEZNA DUAL PAK	3	
VOQUEZNA TRIPLE PAK	3	
VOWST	4	PA; QL (12 per 30 days); S
XERMELO	4	PA; QL (90 per 30 days); LA; S
XPHOZAH	4	PA; MO; S
ZEGERID	4	QL (30 per 30 days); MO; S
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
AMVUTTRA	4	PA; S
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	4	PA; LA; S
<i>betaine</i>	4	LA; S
BUPHENYL ORAL POWDER 3 GM/TSP	3	PA; LA
BUPHENYL ORAL TABLET	4	PA; LA; S
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	4	PA; QL (1080 per 30 days); S
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG	4	PA; QL (360 per 30 days); S
BYLVAY ORAL CAPSULE 1200 MCG	4	PA; QL (180 per 30 days); S
BYLVAY ORAL CAPSULE 400 MCG	4	PA; QL (540 per 30 days); S
CERDELGA	4	PA; S

Drug Name	Drug Tier	Requirements/ Limits
CHOLBAM	4	PA; QL (120 per 30 days); S
CREON	2	MO
<i>cromolyn sodium oral</i>	1	MO
CYSTADANE	4	LA; S
CYSTAGON	2	LA
FABRAZYME	4	PA; LA; S
GALAFOLD	4	PA; LA; S
GASTROCROM	3	MO
GIVLAARI	4	PA; S
GLASSIA	4	PA; LA; S
JAVYGTOR	4	PA; S
KUVAN ORAL PACKET	4	PA; LA; S
KUVAN ORAL TABLET	4	PA; LA; S
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; LA; S
LUMIZYME	4	PA; LA; S
<i>miglustat</i>	4	PA; LA; S
NAGLAZYME	4	PA; LA; S
<i>nitisinone</i>	4	PA; S
NITYR	4	PA; LA; S
OLPRUVA (2 GM DOSE)	4	PA; S
OLPRUVA (3 GM DOSE)	4	PA; S
OLPRUVA (4 GM DOSE)	4	PA; S
OLPRUVA (5 GM DOSE)	4	PA; S
OLPRUVA (6 GM DOSE)	4	PA; S
OLPRUVA (6.67 GM DOSE)	4	PA; S
OPFOLDA	3	PA
ORFADIN	4	PA; LA; S
OXLUMO	3	PA
PALYNZIQ	4	PA; LA; S

Drug Name	Drug Tier	Requirements/ Limits
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	3	ST; MO
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	4	ST; MO; S
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT	4	ST; MO; S
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	3	ST; MO
PHEBURANE	4	PA; LA; S
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG	3	LA
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG	4	LA; S
PROCYSBI ORAL PACKET	4	LA; S
PROLASTIN-C	4	PA; LA; S
RAVICTI	4	PA; QL (525 per 30 days); LA; S
RIVFLOZA	4	PA; MO; S
RYPLAZIM	4	S
<i>sapropterin dihydrochloride oral packet</i>	4	PA; S

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

Drug Name	Drug Tier	Requirements/ Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	4	MO; S
ZOKINVY	4	PA; QL (120 per 30 days); S
Genitourinary Agents		
<i>alfuzosin hcl er</i>	1	MO
AVODART	3	QL (30 per 30 days); MO
<i>bethanechol chloride oral</i>	1	
CARDURA XL	3	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 per 30 days); MO
CLEOCIN VAGINAL	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
CUPRIMINE ORAL CAPSULE 250 MG	4	S
<i>darifenacin hydrobromide er</i>	1	QL (30 per 30 days); MO
DEPEN TITRATABS	4	S
DETROL	3	ST; QL (60 per 30 days); MO
DETROL LA	3	ST; QL (30 per 30 days); MO
<i>dutasteride oral</i>	1	QL (30 per 30 days); MO
<i>dutasteride-tamsulosin hcl</i>	1	QL (30 per 30 days); MO
ELMIRON	3	
ENTADFI	3	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>fesoterodine fumarate er</i>	2	QL (30 per 30 days); MO
FILSPARI	4	PA; QL (30 per 30 days); S
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>flavoxate hcl</i>	1	MO
FLOMAX	3	MO
GELNIQUE TRANSDERMAL GEL 10 %	3	ST; QL (30 per 30 days); MO
GEMTESA	3	QL (30 per 30 days); MO
GYNAZOLE-1	3	
LITHOSTAT	3	MO
<i>metronidazole vaginal</i>	1	
<i>miconazole 3 vaginal suppository</i>	1	
<i>mirabegron er</i>	3	QL (30 per 30 days); MO
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 per 30 days); MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 per 30 days); MO
NUVESSA	3	
ORACIT	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1	QL (60 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1	QL (30 per 30 days); MO
<i>oxybutynin chloride oral solution</i>	1	QL (600 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
oxybutynin chloride oral tablet 2.5 mg	1	QL (90 per 30 days); MO
oxybutynin chloride oral tablet 5 mg	1	QL (120 per 30 days); MO
OXYTROL	3	ST; QL (8 per 28 days); MO
penicillamine oral	4	S
potassium citrate er	1	
potassium citrate-citric acid oral solution	3	
PROSCAR	3	MO
RAPAFLO	3	MO
RIMSO-50	3	
silodosin	1	MO
sod citrate-citric acid	3	
solifenacin succinate	1	QL (30 per 30 days); MO
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (30 per 30 days); MO
tamsulosin hcl	1	MO
TARPEYO	4	S
terconazole	1	
THIOLA	4	PA; S
THIOLA EC	4	PA; S
tiopronin oral	4	PA; S
tolterodine tartrate	1	QL (60 per 30 days); MO
tolterodine tartrate er	1	QL (30 per 30 days); MO
TOVIAZ	2	QL (30 per 30 days); MO
tricitrates	3	
tropium chloride	1	QL (60 per 30 days); MO
tropium chloride er	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
UROXATRAL	3	MO
VANDAZOLE	1	
VESICARE	3	ST; QL (30 per 30 days); MO
VESICARE LS	3	ST; QL (300 per 30 days); MO
XACIATO	3	
ZEMDRI	4	S
Hormonal Agents		
ACTHAR	4	PA; LA; S
ACTHAR GEL	4	PA; S
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PA; MO
ADTHYZA	3	PA; MO
AFIRMELLE	1	MO
ALKINDI SPRINKLE	4	S
ALTAVERA	1	MO
alyacen 1/35	1	MO
alyacen 7/7/7	1	MO
AMETHIA	1	MO
AMETHYST	1	MO
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL (30 per 30 days); MO
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; QL (150 per 30 days); MO
ANDROGEL TRANSDERMAL GEL 40.5 MG/2.5GM (1.62%)	3	PA; QL (150 per 30 days); MO
ANGELIQ	3	PA; MO

Drug Name	Drug Tier	Requirements/ Limits
ANNOVERA	3	MO
APRI	1	MO
ARANELLE	1	MO
ARMOUR THYROID	2	PA; MO
ASHLYNA	1	MO
AUBRA EQ	1	MO
AUROVELA 1.5/30	1	MO
AUROVELA 1/20	1	MO
AUROVELA 24 FE	1	MO
AUROVELA FE 1.5/30	1	MO
AUROVELA FE 1/20	1	MO
AVEED	3	PA; LA
AVIANE	1	MO
AYGESTIN	3	MO
AYUNA	1	MO
AZURETTE	1	MO
BALCOLTRA	3	MO
BALZIVA	1	MO
BEYAZ	3	MO
BIJUVA	2	PA; MO
BLISOVI 24 FE	1	MO
BLISOVI FE 1.5/30	1	MO
BLISOVI FE 1/20	1	MO
<i>briellyn</i>	1	MO
<i>cabergoline</i>	1	
CAMILA	1	MO
CAMRESE	1	MO
CAMRESE LO	1	MO
CHARLOTTE 24 FE	1	MO
CHATEAL EQ	1	MO
<i>chorionic gonadotropin intramuscular</i>	3	PA

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
<i>cortisone acetate oral</i>	3	
CORTROPHIN	4	PA; S
CRINONE	3	PA
CRYSELLE-28	1	MO
CYRED EQ	1	MO
CYTOMEL	3	MO
<i>danazol oral</i>	1	
DASETTA 1/35	1	MO
DASETTA 7/7/7	1	MO
DAYSEE	1	MO
DDAVP INJECTION	3	
DDAVP ORAL	3	MO
DDAVP PF	3	
DEBLITANE	1	MO
<i>deflazacort oral suspension</i>	4	PA; LA; S
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg</i>	4	PA; LA; S
<i>deflazacort oral tablet 6 mg</i>	3	PA; LA
DELESTROGEN	3	
DELYLA	1	MO
DEPO-ESTRADIOL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR	3	

Drug Name	Drug Tier	Requirements/ Limits
SUSPENSION PREFILLED SYRINGE		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	1	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	1	MO
<i>desmopressin ace spray refrig</i>	1	MO
<i>desmopressin acetate injection</i>	1	
<i>desmopressin acetate oral</i>	1	MO
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	MO
<i>desogestrel-ethinyl estradiol</i>	1	MO
<i>dexabliss</i>	3	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet therapy pack</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone sod phos +rfid</i>	1	
<i>dexamethasone sod phosphate pf injection solution</i>	1	
<i>dexamethasone sod phosphate pf injection solution prefilled syringe</i>	3	
<i>dexamethasone sodium phosphate injection</i>	1	
DIVIGEL	2	PA; MO
DOLISHALE	1	MO
DOTTI	1	PA; QL (8 per 28 days); MO
<i>drospiren-eth estrad- levomefol</i>	1	MO
<i>drospirenone-ethinyl estradiol</i>	1	MO
DUAVEE	3	PA; QL (30 per 30 days); MO
EGRIFTA SV	4	PA; LA; S
ELESTRIN	3	PA; MO
ELINEST	1	MO
ELURYNG	1	MO
EMFLAZA ORAL SUSPENSION	4	PA; S
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG	4	PA; S
EMFLAZA ORAL TABLET 6 MG	3	PA
EMOQUETTE	1	MO
EMZAHH	1	MO
ENILLORING	1	MO
ENPRESSE-28	1	MO

Drug Name	Drug Tier	Requirements/ Limits
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ERMEZA	3	MO
ERRIN	1	MO
ESTARYLLA	1	MO
ESTRACE	3	MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	2	PA; MO
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	3	PA; MO
<i>estradiol transdermal patch twice weekly</i>	1	PA; QL (8 per 28 days); MO
<i>estradiol transdermal patch weekly</i>	1	PA; QL (4 per 28 days); MO
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular</i>	1	
<i>estradiol- norethindrone acet</i>	1	PA; MO
ESTRING	3	QL (1 per 90 days); MO
ESTROGEL	3	PA; MO
<i>ethynodiol diac-eth estradiol</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	MO
EUTHYROX	1	MO
EVAMIST	2	PA; MO
EVISTA	3	QL (30 per 30 days); MO
FALMINA	1	MO

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

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

Drug Name	Drug Tier	Requirements/ Limits
KENALOG-10	3	
KENALOG-40	3	
KENALOG-80	3	
KORLYM	4	PA; LA; S
KURVELO	1	MO
KYLEENA	2	
<i>lanreotide acetate</i>	4	PA; S
LARIN 1.5/30	1	MO
LARIN 1/20	1	MO
LARIN 24 FE	1	MO
LARIN FE 1.5/30	1	MO
LARIN FE 1/20	1	MO
LAYOLIS FE	1	MO
LEENA	1	MO
LESSINA	1	MO
LEVO-T	1	MO
LEVONEST	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	MO
<i>levonorgest-eth est & eth est</i>	1	MO
<i>levonorgest-eth estrad 91-day</i>	1	MO
<i>levonorgest-eth estradiol-iron</i>	3	MO
<i>levonorgestrel-ethinyl estrad</i>	1	MO
LEVORA 0.15/30 (28)	1	MO
<i>levothyroxine sodium intravenous solution 100 mcg/5ml</i>	3	
<i>levothyroxine sodium intravenous solution</i>	4	S

Drug Name	Drug Tier	Requirements/ Limits
100 mcg/ml, 200 mcg/ 5ml, 500 mcg/5ml		
levothyroxine sodium intravenous solution reconstituted 100 mcg	3	
levothyroxine sodium intravenous solution reconstituted 200 mcg, 500 mcg	4	S
levothyroxine sodium oral capsule	2	MO
levothyroxine sodium oral tablet	1	MO
LEVOXYL	1	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
liothyronine sodium intravenous	4	S
liothyronine sodium oral	1	MO
LO LOESTRIN FE	2	MO
LO-ZUMANDIMINE	1	MO
LOESTRIN 1.5/30 (21)	1	MO
LOESTRIN 1/20 (21)	1	MO
LOESTRIN FE 1.5/30	1	MO
LOESTRIN FE 1/20	1	MO
LOJAIMIESS	1	MO
LORYNA	1	MO
LOW-OGESTREL	1	MO
LUPRON DEPOT-PED (1- MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	3	PA; QL (1 per 28 days)
LUPRON DEPOT-PED (1- MONTH)	4	PA; QL (1 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
INTRAMUSCULAR KIT 7.5 MG		
LUPRON DEPOT-PED (3- MONTH)	4	PA; QL (1 per 84 days); S
LUPRON DEPOT-PED (6-MONTH)	4	PA; QL (1 per 168 days); S
LUTERA	1	MO
LYLEQ	1	MO
LYLLANA	3	PA; QL (8 per 28 days); MO
LYZA	1	MO
marlissa	1	MO
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
medroxyprogesterone acetate intramuscular	1	
medroxyprogesterone acetate oral	1	MO
megestrol acetate oral suspension 625 mg/5ml	3	PA; MO
MENEST	3	PA; MO
MENOSTAR	3	PA; QL (4 per 28 days); MO
MERZEE	3	MO
methimazole oral	1	MO
methitest	4	MO; S
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>methylprednisolone oral</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 500 mg</i>	3	
<i>methyltestosterone oral</i>	4	MO; S
MIBELAS 24 FE	1	MO
MICROGESTIN 1.5/30	1	MO
MICROGESTIN 1/20	1	MO
MICROGESTIN 24 FE	1	MO
MICROGESTIN FE 1.5/30	1	MO
MICROGESTIN FE 1/20	1	MO
<i>mifepristone oral tablet 300 mg</i>	4	PA; LA; S
MILI	1	MO
MILLIPRED ORAL TABLET	2	
MIMVEY	1	PA; MO
MINIVELLE	3	PA; QL (8 per 28 days); MO
MIRCETTE	3	MO
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	2	
MONO-LINYAH	1	MO
MYCAPSSA	4	PA; QL (112 per 28 days); LA; S
MYFEMBREE	4	S

Drug Name	Drug Tier	Requirements/ Limits
NATAZIA	3	MO
NATESTO	3	QL (21.96 per 30 days); MO
NECON 0.5/35 (28)	1	MO
NEXPLANON	3	
NEXTSTELLIS	3	MO
NGENLA	4	PA; S
NIKKI	1	MO
<i>niva thyroid</i>	3	PA; MO
NOC DURNA	3	MO
NORA-BE	1	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; S
<i>norelgestromin-eth estradiol</i>	1	MO
<i>norethin ace-eth estrad-fe oral capsule</i>	3	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	MO
<i>norethin-eth estradiol-fe</i>	1	MO
<i>norethindron-ethinyl estrad-fe</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	1	MO
<i>norethindrone acetate oral</i>	1	MO
<i>norethindrone oral</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
norethindrone-eth estradiol	1	PA; MO
norgestim-eth estrad triphasic	1	MO
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	MO
NORLYDA	1	MO
NORLYROC	1	MO
NORTREL 0.5/35 (28)	1	MO
NORTREL 1/35 (21)	1	MO
NORTREL 1/35 (28)	1	MO
NORTREL 7/7/7	1	MO
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	PA
NP THYROID	1	PA; MO
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; LA; S
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; LA; S
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; LA
NUVARING	3	MO
NYLIA 1/35	1	MO
NYLIA 7/7/7	1	MO
NYMYO	1	MO
OCELLA	1	MO
octreotide acetate injection solution 100	1	PA

Drug Name	Drug Tier	Requirements/ Limits
mcg/ml, 200 mcg/ml, 50 mcg/ml		
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	3	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	1	PA
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	4	PA; S
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; LA; S
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LA
ORAPRED ODT	3	
ORIAHNN	4	S
ORILISSA ORAL TABLET 150 MG	4	PA; QL (30 per 30 days); S
ORILISSA ORAL TABLET 200 MG	4	PA; QL (60 per 30 days); S
ORSYTHIA	1	MO
OSPHENA	2	MO
oxandrolone oral tablet 10 mg	1	PA; QL (60 per 30 days)
oxandrolone oral tablet 2.5 mg	1	PA; QL (240 per 30 days)
PEDIAPRED	3	
PHEXXI	3	
PHILITH	1	MO
PIMTREA	1	MO
PIRMELLA 1/35	1	MO
PORTIA-28	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>prednicarbate external ointment</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	
PREDNISON INTENSOL	2	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet 1 mg</i>	1	
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>	1	
PREGNYL	3	PA
PREMARIN INJECTION	3	
PREMARIN ORAL	2	PA; MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	PA; MO
PREMPRO	2	PA; MO
<i>progesterone intramuscular</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>progesterone oral</i>	1	MO
PROMETRIUM	3	MO
<i>propylthiouracil oral</i>	1	MO
PROVERA	3	MO
QUARTETTE	3	MO
<i>raloxifene hcl</i>	1	QL (30 per 30 days); MO
RECLIPSEN	1	MO
RECORLEV	4	PA; QL (240 per 30 days); S
REZDIFFRA	4	PA; QL (30 per 30 days); S
RIVELSA	1	MO
SAFYRAL	3	MO
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	4	PA; LA; S
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 500 MCG/ML	4	PA; S
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML	3	PA
SANDOSTATIN LAR DEPOT	4	PA; S
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	PA; LA; S
SETLAKIN	1	MO
SHAROBEL	1	MO
SIGNIFOR	4	PA; LA; S
SIGNIFOR LAR INTRAMUSCULAR	4	PA; QL (1 per 28 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
SUSPENSION RECONSTITUTED ER		
SIMLIYA	1	MO
SIMPESSE	1	MO
SKYLA	2	
SKYTROFA	4	PA; S
SLYND	3	MO
SOGROYA	4	PA; S
SOLU-CORTEF	3	
SOLU-MEDROL (PF)	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG	3	
SOMATULINE DEPOT	4	PA; S
SOMAVERT	4	PA; LA; S
SPRINTEC 28	1	MO
SRONYX	1	MO
SYEDA	1	MO
SYNAREL	4	PA; S
SYNTHROID	2	MO
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	1	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	3	
TARINA 24 FE	1	MO
TARINA FE 1/20 EQ	1	MO
TAYSOFY	3	MO
TAYTULLA	3	MO
TESTIM	3	PA; QL (300 per 30 days); MO
TESTOPEL	3	

Drug Name	Drug Tier	Requirements/ Limits
testosterone cypionate intramuscular solution 100 mg/ml	1	PA; MO
testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)	1	MO
testosterone enanthate intramuscular solution	1	PA; MO
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	1	PA; QL (150 per 30 days); MO
testosterone transdermal gel 10 mg/act (2%)	1	PA; QL (120 per 30 days); MO
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/ 2.5gm (1%), 50 mg/5gm (1%)	1	PA; QL (300 per 30 days); MO
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	1	PA; QL (112.5 per 30 days); MO
testosterone transdermal solution	1	PA; QL (180 per 30 days); MO
THYQUIDITY	3	MO
TILIA FE	1	MO
TIROSINT	2	MO
TIROSINT-SOL	2	MO
TLANDO	3	MO
TRI FEMYNOR	1	MO
TRI-ESTARYLLA	1	MO
TRI-LEGEST FE	1	MO
TRI-LINYAH	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
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
<i>yuvafem</i>	1	MO
ZAFEMY	1	MO
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	4	PA; S
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	3	PA
ZOVIA 1/35 (28)	1	MO
ZUMANDIMINE	1	MO
Immunological Agents		
ABRYSVO	2	
ACTEMRA ACTPEN	4	PA; QL (4 per 28 days); S
ACTEMRA INTRAVENOUS	4	PA; S
ACTEMRA SUBCUTANEOUS	4	PA; QL (4 per 28 days); S
ACTHIB	2	
ACTIMMUNE	4	PA; LA; S
ADACEL	2	
ALYGLO	4	PA; S

Drug Name	Drug Tier	Requirements/ Limits
ARAVA	4	QL (30 per 30 days); MO; S
ARCALYST	4	PA; S
AREXVY	2	
ASCENIV	4	PA; S
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	3	B/D PA
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	4	B/D PA; S
AVSOLA	4	PA; S
AZASAN	3	B/D PA
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	B/D PA
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA
<i>bcg vaccine injection solution reconstituted</i>	2	
BENLYSTA	4	PA; S
BEXSERO	2	
BIMZELX	4	PA; QL (2 per 28 days); S
BIVIGAM	4	PA; S
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
CELLCEPT ORAL CAPSULE	4	B/D PA; S
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
CELLCEPT ORAL TABLET	4	B/D PA; S
CIMZIA (2 SYRINGE)	4	PA; QL (6 per 28 days); S
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; QL (6 per 365 days); S
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	4	PA; QL (6 per 28 days); S
COSENTYX (300 MG DOSE)	4	PA; QL (8 per 28 days); LA; S
COSENTYX INTRAVENOUS	4	PA; S
COSENTYX SENSOREADY (300 MG)	4	PA; QL (8 per 28 days); LA; S
COSENTYX SENSOREADY PEN	4	PA; QL (8 per 28 days); LA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; QL (8 per 28 days); LA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; QL (2 per 28 days); S
COSENTYX UNOREADY	4	PA; QL (8 per 28 days); S
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML	3	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 1.65 GM/ 10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML	4	PA; S
CUVITRU SUBCUTANEOUS	3	PA; LA

Drug Name	Drug Tier	Requirements/ Limits
SOLUTION 1 GM/5ML, 2 GM/10ML		
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/ 50ML, 4 GM/20ML, 8 GM/40ML	4	PA; LA; S
<i>cyclosporine intravenous</i>	1	B/D PA
<i>cyclosporine modified</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA
CYTOGAM	4	S
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
<i>diphtheria-tetanus toxoids dt</i>	2	
ENBREL MINI	4	PA; QL (8 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION 25 MG/ 0.5ML	4	PA; QL (4 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	4	PA; QL (4.08 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	4	PA; QL (8 per 28 days); S
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (8 per 28 days); S
ENGERIX-B INJECTION SUSPENSION 20 MCG/ ML	2	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D PA
ENSPRYNG	4	PA; QL (3 per 28 days); S
ENTYVIO INTRAVENOUS	4	PA; QL (4 per 56 days); S
ENTYVIO SUBCUTANEOUS	4	PA; QL (1.36 per 28 days); S
ENVARSUS XR	3	B/D PA
<i>everolimus oral tablet 0.25 mg</i>	1	B/D PA
<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	3	B/D PA
<i>everolimus oral tablet 1 mg</i>	4	B/D PA; S
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/ 200ML, 20 GM/400ML, 5 GM/100ML	4	PA; S
GAMASTAN	3	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML	3	PA
GAMMAGARD INJECTION SOLUTION 10 GM/100ML, 2.5 GM/ 25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	4	PA; S
GAMMAGARD S/D LESS IGA	4	PA; S
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/ 200ML, 5 GM/50ML	4	PA; S
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/	4	PA; S

Drug Name	Drug Tier	Requirements/ Limits
100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML		
GAMUNEX-C	4	PA; S
GARDASIL 9	2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D PA
GENGRAF ORAL SOLUTION	1	B/D PA
HAVRIX	2	
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D PA
HIBERIX INJECTION	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML	3	PA; LA
HIZENTRA SUBCUTANEOUS SOLUTION 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; LA; S
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML	3	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2 GM/10ML, 4 GM/20ML	4	PA; S
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL (4 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	4	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	4	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL (4 per 28 days); S
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; QL (4 per 28 days); S
HUMIRA PEN-PEDIATRIC UC START	4	PA; QL (8 per 365 days); S
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	4	PA; QL (4 per 28 days); S
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	4	PA; QL (6 per 365 days); S
HUMIRA-PSORIASIS/ UVEIT STARTER	4	PA; QL (6 per 365 days); S
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	4	S
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML	4	S
HYPERRAB	4	S
HYPERTET	3	

Drug Name	Drug Tier	Requirements/ Limits
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 20 GM/ 200ML, 30 GM/300ML, 5 GM/50ML	4	PA; S
HYQVIA SUBCUTANEOUS KIT 2.5 GM/25ML	3	PA
ILARIS SUBCUTANEOUS SOLUTION	4	PA; LA; S
ILUMYA	4	PA; QL (1 per 84 days); S
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
IMURAN	3	B/D PA
INFANRIX	2	
INFLECTRA	4	PA; LA; S
<i>infliximab</i>	4	PA; S
IPOL	2	
IXCHIQ	2	
IXIARO	2	
JOENJA	4	PA; QL (60 per 30 days); S
JYLAMVO	3	
JYNNEOS	2	B/D PA
<i>kedrab injection</i>	2	
KEVZARA	4	PA; QL (2.28 per 28 days); S
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (18.76 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>leflunomide oral</i>	1	QL (30 per 30 days); MO
LITFULO	4	S
LUPKYNIS	4	PA; LA; S
M-M-R II INJECTION	2	
MENACTRA INTRAMUSCULAR SOLUTION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO	2	
<i>methotrexate oral</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/ 10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/ 10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted</i>	1	
<i>methotrexate sodium oral</i>	1	
MRESVIA	2	
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA
<i>mycophenolate mofetil oral suspension reconstituted</i>	4	B/D PA; S
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
mycophenolate sodium	1	B/D PA
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	B/D PA
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	3	B/D PA
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	4	B/D PA; S
MYHIBBIN	4	B/D PA; S
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	4	S
NEORAL	3	B/D PA
NULOJIX	4	PA; S
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	4	PA; S
OLUMIANT ORAL TABLET 1 MG, 2 MG	4	PA; QL (30 per 30 days); LA; S
OLUMIANT ORAL TABLET 4 MG	3	PA; QL (30 per 30 days); LA
OMVOH INTRAVENOUS	4	PA; QL (15 per 28 days); S
OMVOH SUBCUTANEOUS	4	PA; QL (2 per 28 days); S
ORENCIA CLICKJECT	4	PA; QL (4 per 28 days); S
ORENCIA INTRAVENOUS	4	PA; QL (8 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	4	PA; QL (4 per 28 days); S
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	4	PA; QL (1.6 per 28 days); S
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	4	PA; QL (2.8 per 28 days); S
OTEZLA ORAL TABLET 30 MG	4	PA; QL (60 per 30 days); S
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	4	PA; S
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	
PANZYGA	4	PA; S
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	S
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	S
PENBRAYA	2	

Drug Name	Drug Tier	Requirements/ Limits
PENTACEL	2	
PREHEVBRIO	2	B/D PA
PRIORIX	2	
PRIVIGEN	4	PA; S
PROGRAF INTRAVENOUS	4	B/D PA; S
PROGRAF ORAL	3	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL	2	
RABAVERT	2	
RAPAMUNE ORAL SOLUTION	4	B/D PA; S
RAPAMUNE ORAL TABLET 0.5 MG, 2 MG	4	B/D PA; S
RAPAMUNE ORAL TABLET 1 MG	3	B/D PA
RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/ 0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/ 0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/ 0.15ML	3	
RECOMBIVAX HB	2	B/D PA
REMICADE	4	PA; S
RENFLEXIS	4	PA; LA; S
REZUROCK	4	PA; LA; S
RIDAURA	4	MO; S
RINVOQ	4	PA; QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
RINVOQ LQ	4	PA; QL (360 per 30 days); S
ROTARIX	2	
ROTATEQ ORAL SOLUTION	2	
SANDIMMUNE	3	B/D PA
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	2	
SILIQ	4	PA; QL (4.5 per 28 days); S
SIMPONI ARIA	4	PA; S
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR 100 MG/ML	4	PA; QL (3 per 28 days); S
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR 50 MG/0.5ML	4	PA; QL (1 per 28 days); S
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (3 per 28 days); S
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	4	PA; QL (1 per 28 days); S
<i>sirolimus oral solution</i>	4	B/D PA; S
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	B/D PA
<i>sirolimus oral tablet 2 mg</i>	3	B/D PA
SKYRIZI INTRAVENOUS	4	PA; QL (10 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI PEN	4	PA; QL (6 per 365 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	4	PA; QL (1.2 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	4	PA; QL (2.4 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (6 per 365 days); S
SOTYKTU	4	PA; QL (30 per 30 days); LA; S
STELARA INTRAVENOUS	4	PA; LA; S
STELARA SUBCUTANEOUS SOLUTION 45 MG/ 0.5ML	4	PA; QL (1 per 28 days); LA; S
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 28 days); S
<i>tacrolimus oral</i>	1	B/D PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (4 per 28 days); LA; S
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	4	PA; QL (4 per 28 days); LA; S
TAVNEOS	4	PA; S
TDVAX	2	
TENIVAC	2	
TICOVAC	2	
TREMFYA	4	PA; QL (2 per 28 days); S

Drug Name	Drug Tier	Requirements/ Limits
TREXALL	3	ST
TRUMENBA	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
XATMEP	3	ST
XELJANZ ORAL SOLUTION	4	PA; QL (240 per 24 days); S
XELJANZ ORAL TABLET	4	PA; QL (60 per 30 days); S
XELJANZ XR	4	PA; QL (30 per 30 days); S
XEMBIFY	4	PA; S
YF-VAX	2	
ZORTRESS ORAL TABLET 0.25 MG	3	B/D PA
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	4	B/D PA; S
ZYMFENTRA (1 PEN)	4	PA; QL (2 per 28 days); S
ZYMFENTRA (2 PEN)	4	PA; QL (2 per 28 days); S
ZYMFENTRA (2 SYRINGE)	4	PA; QL (2 per 28 days); S
Infectious Disease Agents		
<i>abacavir sulfate oral solution</i>	1	QL (960 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>abacavir sulfate oral tablet</i>	1	QL (60 per 30 days)
<i>abacavir sulfate-lamivudine</i>	1	QL (30 per 30 days)
ABELCET	3	B/D PA
<i>acyclovir oral</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA
<i>adefovir dipivoxil</i>	1	PA
AEMCOLO	3	PA; QL (12 per 3 days)
<i>albendazole oral</i>	3	
AMBISOME	4	B/D PA; S
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>amphotericin b intravenous</i>	1	B/D PA
<i>amphotericin b liposome</i>	4	B/D PA; S
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>mg, 2 gm, 250 mg, 500 mg</i>		
<i>ampicillin sodium intravenous</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous</i>	1	
ANCOBON	4	S
APTIVUS ORAL CAPSULE	4	QL (120 per 30 days); S
ARIKAYCE	4	LA; S
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	3	QL (60 per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	3	QL (30 per 30 days)
<i>atovaquone oral</i>	3	PA
<i>atovaquone-proguanil hcl</i>	1	
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	
AVYCAZ	4	S
AZACTAM	3	
<i>azithromycin intravenous</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
azithromycin oral tablet 250 mg, 250 mg (6 pack)	1	
azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	1	
aztreonam	1	
BACTRIM	3	
BACTRIM DS	3	
BARACLUDE	4	PA; S
BAXDELA	4	S
benznidazole	3	
BICILLIN C-R	2	
BICILLIN C-R 900/300	2	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BIKTARVY ORAL TABLET 30-120-15 MG	4	QL (30 per 30 days); MO; S
BIKTARVY ORAL TABLET 50-200-25 MG	4	QL (30 per 30 days); S
BILTRICIDE	4	S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	4	QL (4 per 28 days); S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	4	QL (6 per 28 days); S
CANCIDAS	4	B/D PA; S
caspofungin acetate	3	B/D PA
cefaclor er	2	
cefaclor oral capsule	1	

Drug Name	Drug Tier	Requirements/ Limits
cefaclor oral suspension reconstituted 250 mg/ 5ml	1	
cefadroxil	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	1	
cefazolin sodium injection solution reconstituted 100 gm, 300 gm	2	
cefazolin sodium intravenous solution reconstituted 1 gm	1	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	2	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	2	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	2	
cefdinir	1	
cefepime hcl injection solution reconstituted 1 gm	1	
cefepime hcl intravenous solution	2	
cefepime hcl intravenous solution reconstituted 100 gm	2	

Drug Name	Drug Tier	Requirements/ Limits
cefepime hcl intravenous solution reconstituted 2 gm	1	
cefixime	1	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1	
cefoxitin sodium intravenous	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1	
ceftazidime intravenous	1	
ceftriaxone sodium in dextrose	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
ceftriaxone sodium injection solution reconstituted 100 gm	2	
ceftriaxone sodium intravenous	1	
ceftriaxone sodium- dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2- 2.22 gm-%(50ml)	2	
cefuroxime axetil oral tablet 250 mg	1	
cefuroxime axetil oral tablet 500 mg	1	
cefuroxime sodium injection solution reconstituted 750 mg	1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
DELSTRIGO	4	QL (30 per 30 days); S
<i>demeclocycline hcl oral</i>	1	
DESCOVY	4	QL (30 per 30 days); S
<i>dicloxacillin sodium</i>	1	
DIFICID	4	PA; S
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	3	
DOVATO	4	QL (30 per 30 days); S
DOXY 100	1	
<i>doxycycline</i>	3	
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet 50 mg</i>	3	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 80 mg</i>	3	
<i>doxycycline hyclate oral tablet delayed release 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
capsule 100 mg, 50 mg, 75 mg		
doxycycline monohydrate oral capsule 150 mg	3	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
E.E.S. 400 ORAL TABLET	1	
E.E.S. GRANULES	4	S
EDURANT	4	QL (30 per 30 days); S
efavirenz oral capsule 200 mg	1	QL (120 per 30 days)
efavirenz oral capsule 50 mg	1	QL (360 per 30 days)
efavirenz oral tablet	3	QL (30 per 30 days)
efavirenz-emtricitabine-tenofovir df	3	QL (30 per 30 days)
efavirenz-lamivudine-tenofovir	4	QL (30 per 30 days); S
emtricitabine	1	QL (30 per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	4	QL (30 per 30 days); S
emtricitabine-tenofovir df oral tablet 200-300 mg	3	QL (30 per 30 days)
EMTRIVA ORAL CAPSULE	3	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	3	QL (850 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
EMVERM	4	S
entecavir	1	PA
EPCLUSA ORAL PACKET 150-37.5 MG	4	PA; QL (30 per 30 days); S
EPCLUSA ORAL PACKET 200-50 MG	4	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 200-50 MG	4	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 400-100 MG	4	PA; QL (30 per 30 days); S
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPIVIR ORAL SOLUTION	3	QL (960 per 30 days)
EPIVIR ORAL TABLET 150 MG	3	QL (60 per 30 days)
EPIVIR ORAL TABLET 300 MG	3	QL (30 per 30 days)
EPZICOM	4	QL (30 per 30 days); S
ERAXIS	4	PA; S
ertapenem sodium	3	
ERY-TAB	1	
ERYPED 200	3	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1	
erythromycin base oral	1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
INVANZ INJECTION	3	
ISENTRESS HD	4	QL (60 per 30 days); S
ISENTRESS ORAL PACKET	4	QL (180 per 30 days); S
ISENTRESS ORAL TABLET	4	QL (120 per 30 days); S
ISENTRESS ORAL TABLET CHEWABLE 100 MG	3	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	QL (720 per 30 days)
<i>isoniazid injection</i>	1	
<i>isoniazid oral syrup</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>itraconazole oral capsule</i>	1	PA
<i>itraconazole oral solution</i>	3	
<i>ivermectin oral</i>	1	PA
JULUCA	4	QL (30 per 30 days); S
KALETRA ORAL SOLUTION	4	QL (480 per 30 days); S
KALETRA ORAL TABLET 100-25 MG	3	QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	4	QL (120 per 30 days); S
<i>ketoconazole oral</i>	1	
KRINTAFEL	3	
LAGEVRIO	4	QL (40 per 90 days); S
<i>lamivudine oral solution</i>	1	QL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	1	QL (60 per 30 days)
LAMPIT	3	
<i>ledipasvir-sofosbuvir</i>	4	PA; QL (28 per 28 days); S
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
LEXIVA ORAL SUSPENSION	3	QL (1800 per 30 days)
LEXIVA ORAL TABLET	4	QL (120 per 30 days); S
LINCOCIN	3	
<i>lincomycin hcl injection</i>	1	
<i>linezolid in sodium chloride</i>	3	
<i>linezolid intravenous solution 600 mg/ 300ml</i>	1	
<i>linezolid oral suspension reconstituted</i>	4	PA; QL (1800 per 30 days); S
<i>linezolid oral tablet</i>	3	PA; QL (56 per 28 days)
LIVTENCITY	4	S
<i>lopinavir-ritonavir oral solution</i>	1	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (300 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
lopinavir-ritonavir oral tablet 200-50 mg	3	QL (120 per 30 days)
MACROBID	3	
MACRODANTIN	3	
MALARONE	3	
maraviroc	4	QL (120 per 30 days); S
MAVYRET ORAL PACKET	4	PA; QL (180 per 30 days); S
MAVYRET ORAL TABLET	4	PA; QL (90 per 30 days); S
me/naphos/mb/hyo1	1	
mefloquine hcl	1	MO
MEPRON	3	PA
meropenem intravenous solution reconstituted 1 gm, 500 mg	1	
methenamine hippurate	1	
methenamine mandelate oral	1	
metronidazole intravenous solution 500 mg/100ml	1	
metronidazole oral	1	
micafungin sodium	4	S
micafungin sodium-nacl intravenous solution 100-0.9 mg/ 100ml-%	4	S
micafungin sodium-nacl intravenous solution 50-0.9 mg/ 50ml-%	3	
MINOCIN INTRAVENOUS	4	S

Drug Name	Drug Tier	Requirements/ Limits
minocycline hcl er oral tablet extended release 24 hour 105 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	3	
minocycline hcl er oral tablet extended release 24 hour 115 mg	4	S
minocycline hcl oral	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
moxifloxacin hcl in nacl	1	
moxifloxacin hcl intravenous	3	
moxifloxacin hcl oral	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	S
MYCOBUTIN	3	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	3	
nafcillin sodium intravenous solution reconstituted 10 gm	4	S
NEBUPENT	3	B/D PA
neomycin sulfate oral	1	
nevirapine er oral tablet extended release 24 hour 400 mg	1	QL (30 per 30 days)
nevirapine oral suspension	1	QL (1200 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
nevirapine oral tablet	1	QL (60 per 30 days)
nitazoxanide oral	3	QL (6 per 30 days)
nitrofurantoin	4	S
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohyd macro	1	
NORVIR ORAL PACKET	3	QL (360 per 30 days)
NORVIR ORAL TABLET	3	QL (360 per 30 days)
NOXAFIL INTRAVENOUS	4	MO; S
NOXAFIL ORAL	4	PA; MO; S
NUZYRA	4	S
nystatin oral tablet	1	
ODEFSEY	4	QL (30 per 30 days); S
ofloxacin oral tablet 300 mg, 400 mg	1	
ORACEA	3	
oseltamivir phosphate oral capsule 30 mg	1	QL (168 per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	1	QL (84 per 365 days)
oseltamivir phosphate oral suspension reconstituted	1	QL (1080 per 365 days)
oxacillin sodium in dextrose intravenous solution 1 gm/50ml	2	
oxacillin sodium in dextrose intravenous solution 2 gm/50ml	4	S

Drug Name	Drug Tier	Requirements/ Limits
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1	
oxacillin sodium intravenous	3	
paromomycin sulfate oral	1	
PAXLOVID (150/100)	4	QL (20 per 90 days); S
PAXLOVID (300/100)	4	QL (30 per 90 days); S
penicillin g pot in dextrose	3	
penicillin g potassium	1	
penicillin g sodium	1	
penicillin v potassium	1	
PENTAM	3	
pentamidine isethionate inhalation	1	B/D PA
pentamidine isethionate injection	1	
PFIZERPEN	1	
PIFELTRO	4	QL (30 per 30 days); S
piperacillin sod-tazobactam	1	
PLAQUENIL	3	MO
polymyxin b sulfate injection	1	
posaconazole intravenous	4	MO; S
posaconazole oral	4	PA; MO; S
praziquantel oral	1	
pretomanid	3	
PREVYMIS INTRAVENOUS	4	S

Drug Name	Drug Tier	Requirements/ Limits
PREVYMIS ORAL	4	QL (30 per 30 days); S
PREZCOBIX	4	QL (30 per 30 days); S
PREZISTA ORAL SUSPENSION	4	QL (400 per 30 days); S
PREZISTA ORAL TABLET 150 MG	3	QL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	4	QL (60 per 30 days); S
PREZISTA ORAL TABLET 75 MG	3	QL (300 per 30 days)
PRIFTIN	2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	3	
<i>pyrazinamide oral</i>	1	
<i>pyrimethamine oral</i>	4	S
QUALAQUIN	3	PA
<i>quinine sulfate oral</i>	1	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL (60 per 180 days)
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL CAPSULE	3	QL (180 per 30 days)
RETROVIR ORAL SYRUP	3	QL (1920 per 30 days)
REYATAZ ORAL CAPSULE 200 MG	4	QL (60 per 30 days); S

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

Drug Name	Drug Tier	Requirements/ Limits
SOLOSEC	3	
SOVALDI	4	PA; QL (30 per 30 days); S
SOVUNA	3	MO
SPORANOX ORAL CAPSULE	3	PA
SPORANOX ORAL SOLUTION	3	
<i>streptomycin sulfate intramuscular</i>	4	S
STRIBILD	4	QL (30 per 30 days); S
STROMEKTOL	3	PA
<i>sulfadiazine oral</i>	4	S
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SUNLENCA ORAL	2	LA
SUNLENCA SUBCUTANEOUS	4	QL (3 per 168 days); MO; S
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
SYMFI	4	QL (30 per 30 days); S
SYMFI LO	4	QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/ Limits
SYMTUZA	4	QL (30 per 30 days); S
TAMIFLU ORAL CAPSULE 30 MG	3	QL (168 per 365 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	3	QL (84 per 365 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL (1080 per 365 days)
TARGADOX	3	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	1	
TEFLARO	4	S
<i>tenofovir disoproxil fumarate</i>	1	QL (30 per 30 days)
<i>terbinafine hcl oral</i>	1	
<i>tetracycline hcl oral capsule</i>	1	
<i>tetracycline hcl oral tablet</i>	3	
<i>tigecycline</i>	4	S
<i>tinidazole oral</i>	1	
TIVICAY ORAL TABLET 10 MG	3	QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	4	QL (60 per 30 days); S
TIVICAY PD	4	QL (360 per 30 days); S
<i>tobramycin sulfate injection</i>	1	
<i>tolsura</i>	4	PA; S
TRECTOR	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>trifluridine ophthalmic</i>	1	
<i>trimethoprim oral</i>	1	
TRIUMEQ	4	QL (30 per 30 days); S
TRIUMEQ PD	4	QL (180 per 30 days); S
TRIZIVIR	4	QL (60 per 30 days); S
TROGARZO	4	PA; QL (23.94 per 28 days); LA; S
TRUVADA	4	QL (30 per 30 days); S
TYBOST	2	QL (30 per 30 days)
TYGACIL	4	S
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3	
UROGESIC-BLUE	3	
VABOMERE	4	S
<i>valacyclovir hcl oral tablet 1 gm</i>	1	QL (90 per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (60 per 30 days)
VALCYTE ORAL SOLUTION RECONSTITUTED	4	S
VALCYTE ORAL TABLET	3	
<i>valganciclovir hcl oral solution reconstituted</i>	3	
<i>valganciclovir hcl oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
VALTREX ORAL TABLET 1 GM	3	ST; QL (90 per 30 days)
VALTREX ORAL TABLET 500 MG	3	ST; QL (60 per 30 days)
VANCOCIN ORAL CAPSULE 125 MG	3	PA; QL (240 per 30 days)
VANCOCIN ORAL CAPSULE 250 MG	4	PA; QL (240 per 30 days); S
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	2	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	2	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg</i>	2	
<i>vancomycin hcl oral capsule 125 mg</i>	1	PA; QL (240 per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	3	PA; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
vancomycin hcl oral solution reconstituted	3	PA; QL (1200 per 30 days)
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED	4	S
VEMLIDY	4	PA; QL (30 per 30 days); S
VFEND IV	3	PA
VFEND ORAL SUSPENSION RECONSTITUTED	4	PA; QL (300 per 30 days); S
VFEND ORAL TABLET 200 MG	3	PA; QL (60 per 30 days)
VFEND ORAL TABLET 50 MG	3	PA; QL (120 per 30 days)
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	4	PA; S
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4	S
VIBRAMYCIN ORAL SYRUP	3	
VIRACEPT ORAL TABLET 250 MG	4	QL (300 per 30 days); S
VIRACEPT ORAL TABLET 625 MG	4	QL (120 per 30 days); S
VIREAD ORAL POWDER	4	QL (240 per 30 days); S
VIREAD ORAL TABLET 150 MG, 250 MG, 300 MG	4	QL (30 per 30 days); S
VIREAD ORAL TABLET 200 MG	3	QL (30 per 30 days)
VIVJOA	3	

Drug Name	Drug Tier	Requirements/ Limits
voriconazole intravenous	3	PA
voriconazole oral suspension reconstituted	4	PA; QL (300 per 30 days); S
voriconazole oral tablet 200 mg	3	PA; QL (60 per 30 days)
voriconazole oral tablet 50 mg	1	PA; QL (120 per 30 days)
VOSEVI	4	PA; QL (30 per 30 days); S
XENLETA	4	S
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 3 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (84 per 28 days); MO; S
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
ZEPATIER	4	PA; QL (30 per 30 days); S
ZERBAXA	4	S
ZIAGEN ORAL SOLUTION	3	QL (960 per 30 days)
zidovudine oral capsule	1	QL (180 per 30 days)
zidovudine oral syrup	1	QL (1920 per 30 days)
zidovudine oral tablet	1	QL (60 per 30 days)
ZINPLAVA	4	PA; S
ZIRGAN	3	

Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX INTRAVENOUS	3	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZOSYN INTRAVENOUS SOLUTION	3	
ZYVOX INTRAVENOUS SOLUTION 200 MG/ 100ML	4	S
ZYVOX INTRAVENOUS SOLUTION 600 MG/ 300ML	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	4	PA; QL (1800 per 30 days); S
ZYVOX ORAL TABLET	3	PA; QL (56 per 28 days)
Miscellaneous Therapeutic Agents		
<i>acetic acid irrigation</i>	1	
<i>acetylcysteine intravenous</i>	1	
AGAMREE	4	PA; LA; S
ALCOHOL SWABS	1	MO
<i>atropine sulfate injection solution 0.4 mg/ml</i>	1	
<i>atropine sulfate injection solution 1 mg/ml</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>atropine sulfate intravenous solution</i>	3	
AUTOPEN	2	
BD PEN	2	
BD PEN MINI	2	
BEYFORTUS	3	PA
CEQUR SIMPLICITY 2U	2	
CEQUR SIMPLICITY INSERTER	2	
<i>clonidine hcl (analgesia)</i>	3	
DURACLON EPIDURAL SOLUTION 100 MCG/ML	3	
DUVYZAT	4	PA; S
EMPAVELI	4	S
FABHALTA	4	PA; S
GAUZE STERILE PADS 2	1	MO
GRASTEK	3	PA; QL (30 per 30 days); MO
IGALMI	3	QL (30 per 30 days)
INPEN 100-BLUE-LILLY-HUMALOG	2	
INPEN 100-BLUE-NOVOLOG-FIASP	2	
INPEN 100-GREY-LILLY-HUMALOG	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	1	QL (200 per 30 days); MO
KOSELUGO	4	PA; S
<i>lactated ringers irrigation</i>	1	
<i>mannitol intravenous solution 20 %, 25 %</i>	1	
METHERGINE ORAL	4	S
<i>methylergonovine maleate oral</i>	4	S
<i>neomycin-polymyxin b gu</i>	1	
NOVOPEN ECHO	2	
ODACTRA	3	PA; QL (30 per 30 days); MO
OMNIPOD 5 G6 INTRO (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD CLASSIC PDM (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
OMNIPOD GO	3	
OMNIPOD POD PALS	3	
ORALAIR	3	PA; QL (30 per 30 days)
PALFORZIA (12 MG DAILY DOSE)	3	PA

Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA (120 MG DAILY DOSE)	3	PA
PALFORZIA (160 MG DAILY DOSE)	3	PA
PALFORZIA (20 MG DAILY DOSE)	3	PA
PALFORZIA (200 MG DAILY DOSE)	3	PA
PALFORZIA (240 MG DAILY DOSE)	3	PA
PALFORZIA (3 MG DAILY DOSE)	3	PA
PALFORZIA (300 MG MAINTENANCE)	4	PA; S
PALFORZIA (300 MG TITRATION)	3	PA
PALFORZIA (40 MG DAILY DOSE)	3	PA
PALFORZIA (6 MG DAILY DOSE)	3	PA
PALFORZIA (80 MG DAILY DOSE)	3	PA
PALFORZIA INITIAL ESCALATION	3	PA
PHYSIOLYTE	3	
PRIALT	3	
RAGWITEK	3	PA; QL (30 per 30 days); MO
REBYOTA	4	PA; S
RENACIDIN	3	
<i>ringers irrigation</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/ 30ML	4	PA; LA; S

Drug Name	Drug Tier	Requirements/ Limits
sorbitol irrigation solution 3 %	3	
SPEVIGO SUBCUTANEOUS	4	PA; QL (4 per 28 days); LA; S
sterile water for irrigation	2	
SYNAGIS	4	PA; S
TIS-U-SOL	1	
V-GO 20 KIT 20 UNIT/ 24HR	3	
V-GO 30 KIT 30 UNIT/ 24HR	3	
V-GO 40 KIT 40 UNIT/ 24HR	3	
VEOZAH	3	MO
VISTOGARD	4	S
VOYDEYA	4	PA; LA; S
XIAFLEX	4	PA; S
ZILBRYSQ	4	LA; S
Ophthalmic Agents		
acetazolamide er	1	MO
ACULAR	3	
ACULAR LS	3	
ak-poly-bac	1	
ALCAINE	3	
ALOCIL	3	
ALOMIDE	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	MO
ALREX	3	
apraclonidine hcl	1	

Drug Name	Drug Tier	Requirements/ Limits
atropine sulfate ophthalmic ointment	2	MO
atropine sulfate ophthalmic solution 1 %	2	MO
AZASITE	3	
azelastine hcl ophthalmic	1	
AZOPT	3	MO
bacitra-neomycin-polymyxin-hc	1	
bacitracin ophthalmic	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
BEVU INTRAVITREAL SOLUTION PREFILLED SYRINGE	4	PA; S
bepotastine besilate	1	
BEPREVE	3	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
betaxolol hcl ophthalmic	1	MO
BETIMOL	3	MO
BETOPTIC-S	3	MO
bimatoprost ophthalmic	1	MO
brimonidine tartrate ophthalmic	1	MO
brimonidine tartrate-timolol	2	MO
brinzolamide	2	MO
bromfenac sodium (once-daily)	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	3	
BROMSITE	3	
<i>carteolol hcl</i>	1	MO
CEQUA	3	PA; MO
CILOXAN OPHTHALMIC OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	
COMBIGAN	2	MO
COSOPT	3	MO
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	MO
<i>cromolyn sodium ophthalmic</i>	1	
CYCLOGYL	3	MO
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %</i>	1	MO
<i>cyclosporine ophthalmic</i>	2	QL (60 per 30 days); MO
CYSTADROPS	4	LA; S
CYSTARAN	4	LA; S
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
DEXYCU	4	S
<i>diclofenac sodium ophthalmic</i>	1	
<i>difluprednate</i>	2	
<i>dorzolamide hcl ophthalmic</i>	1	MO
<i>dorzolamide hcl-timolol mal</i>	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
ketorolac tromethamine ophthalmic	1	
LACRISERT	3	QL (60 per 30 days)
latanoprost ophthalmic	1	MO
levobunolol hcl ophthalmic solution 0.5 %	1	MO
levofloxacin ophthalmic	1	
LOTEMAX	3	
LOTEMAX SM	3	
loteprednol etabonate ophthalmic gel	1	
loteprednol etabonate ophthalmic suspension 0.2 %	3	
loteprednol etabonate ophthalmic suspension 0.5 %	1	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/ 0.05ML	4	PA; LA; S
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.5 MG/ 0.05ML	4	PA; S
LUMIGAN OPTHALMIC SOLUTION 0.01 %	2	MO
MAXIDEX	3	
MAXITROL OPHTHALMIC OINTMENT	3	

Drug Name	Drug Tier	Requirements/ Limits
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	
methazolamide oral	1	MO
MIEBO	4	QL (12 per 30 days); S
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	2	
NATACYN	3	
NEO-POLYCIN	1	
NEO-POLYCIN HC	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin- dexameth	1	
neomycin-polymyxin- gramicidin ophthalmic solution 1.75-10000- .025	1	
neomycin-polymyxin- hc ophthalmic suspension 3.5-10000- 1	1	
NEVANAC	2	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
OXERVATE	4	S
OZURDEX INTRAVITREAL	3	PA
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	3	
PHOSPHOLINE IODIDE	3	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate ophthalmic gel forming solution</i>	1	MO
<i>timolol maleate ophthalmic solution 0.25 %</i>	1	MO
<i>timolol maleate ophthalmic solution 0.5 %</i>	1	MO
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	3	MO
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	1	MO
TIMOPTIC	3	MO
TIMOPTIC OCUDOSE	3	MO
TIMOPTIC-XE	3	MO
TOBRADEX OPTHALMIC OINTMENT	2	
TOBRADEX OPTHALMIC SUSPENSION	3	
TOBRADEX ST	2	
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin-dexamethasone</i>	1	
TOBREX OPTHALMIC OINTMENT	3	
TRAVATAN Z	3	MO
<i>travoprost (bak free)</i>	1	MO
TRIESENCE	3	
TYRVAYA	3	MO
VERKAZIA	4	QL (120 per 30 days); MO; S
VEVYE	3	MO

Drug Name	Drug Tier	Requirements/ Limits
VIGAMOX	3	
VUITY	3	MO
VYZULTA	3	MO
XALATAN	3	MO
XDEMVEY	4	LA; S
XELPROS	3	MO
XIIDRA	2	QL (60 per 30 days); MO
XIPERE	3	
YUTIQ	4	S
ZERVIAE	3	
ZIOPTAN OPTHALMIC SOLUTION 0.0015 %	3	MO
ZYLET	2	
ZYMAXID	3	
Otic Agents		
<i>acetic acid otic</i>	1	
CETRAXAL	3	
CIPRO HC	3	
CIPRODEX	2	
<i>ciprofloxacin hcl otic</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-fluocinolone pf</i>	2	
CORTISPORIN-TC	3	
DERMOTIC	3	
FLAC	1	
<i>fluocinolone acetate otic</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc otic</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin otic</i>	1	
OTOVEL	3	
Respiratory Tract/Pulmonary Agents		
ACCOLATE	3	MO
<i>acetylcysteine inhalation</i>	1	B/D PA
ADCIRCA	4	PA; QL (60 per 30 days); S
ADEMPAS	4	PA; LA; S
ADRENALIN INJECTION SOLUTION 1 MG/ML	2	
ADRENALIN INJECTION SOLUTION 30 MG/30ML	3	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (60 per 30 days); MO
ADVAIR HFA	2	QL (12 per 30 days); MO
AIRDUO DIGIHALER	3	QL (1 per 30 days); MO
AIRDUO RESPICLICK 113/14	3	QL (1 per 30 days); MO
AIRDUO RESPICLICK 232/14	3	QL (1 per 30 days); MO
AIRDUO RESPICLICK 55/14	3	QL (1 per 30 days); MO
AIRSUPRA	3	QL (32.1 per 30 days)
<i>albuterol sulfate hfa</i>	1	MO
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	B/D PA; QL (360 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/ 0.5ml</i>	1	B/D PA; QL (60 per 30 days); MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	3	QL (14 per 30 days); MO
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	3	QL (7 per 30 days); MO
ALYQ	4	PA; QL (60 per 30 days); S
<i>ambrisentan oral tablet 10 mg</i>	4	PA; QL (30 per 30 days); LA; S
<i>ambrisentan oral tablet 5 mg</i>	4	PA; QL (60 per 30 days); LA; S
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
<i>arformoterol tartrate</i>	3	B/D PA; QL (120 per 30 days); MO
ARMONAIR DIGIHALER	3	QL (1 per 30 days); MO
ARNUITY ELLIPTA	2	QL (30 per 30 days); MO
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ ACT	3	QL (1 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (2 per 30 days); MO
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ ACT	3	QL (1 per 30 days); MO
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	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
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.3 MG/0.3ML	3	QL (2 per 28 days)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/ 0.15ML	4	QL (2 per 28 days); S
<i>azelastine hcl nasal</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; QL (60 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	2	QL (60 per 30 days); MO
<i>brey-na</i>	1	QL (30.9 per 30 days); MO
BREZTRI AEROSPHERE	2	QL (10.7 per 30 days); MO
BRONCHITOL	4	LA; S
BRONCHITOL TOLERANCE TEST	4	LA; S
BROVANA	3	B/D PA; QL (120 per 30 days); MO
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	B/D PA; QL (120 per 30 days); MO
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	B/D PA; QL (60 per 30 days); MO
<i>budesonide-formoterol fumarate</i>	1	QL (30.6 per 30 days); MO
<i>carbinoxamine maleate oral solution</i>	1	PA
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA
<i>carbinoxamine maleate oral tablet 6 mg</i>	4	PA; S
CAYSTON	4	PA; LA; S
<i>cetirizine hcl oral solution</i>	1	
CINQAIR	4	PA; LA; S
CLARINEX ORAL TABLET	3	
CLARINEX-D 12 HOUR	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>clemastine fumarate oral syrup</i>	3	PA
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA
COMBIVENT RESPIMAT	3	QL (8 per 30 days); MO
<i>cromolyn sodium inhalation</i>	1	B/D PA; MO
<i>cycloheptadine hcl oral syrup</i>	1	PA
<i>cycloheptadine hcl oral tablet</i>	1	
DALIRESP	3	PA; QL (30 per 30 days); MO
<i>desloratadine</i>	1	
<i>diphenhydramine hcl injection</i>	1	
<i>diphenhydramine hcl oral elixir</i>	3	PA
DUAKLIR PRESSAIR	4	QL (1 per 30 days); MO; S
DULERA	3	QL (13 per 30 days); MO
DYMISTA	2	QL (23 per 28 days)
ELIXOPHYLLIN	2	MO
<i>epinephrine (anaphylaxis)</i>	1	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	3	QL (2 per 28 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	QL (2 per 28 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	QL (2 per 28 days)
<i>epoprostenol sodium</i>	3	LA
ESBRIET ORAL CAPSULE	4	PA; QL (270 per 30 days); S
ESBRIET ORAL TABLET 267 MG	4	PA; QL (270 per 30 days); S
ESBRIET ORAL TABLET 801 MG	4	PA; QL (90 per 30 days); S
FASENRA PEN	4	PA; QL (1 per 28 days); S
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	4	PA; QL (0.5 per 28 days); S
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	4	PA; QL (1 per 28 days); LA; S
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG	3	LA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG	4	LA; S
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ ACT, 50 MCG/ACT	2	QL (60 per 30 days); MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH	2	QL (240 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
ACTIVATED 250 MCG/ ACT		
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	QL (12 per 30 days); MO
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	QL (24 per 30 days); MO
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (11 per 30 days); MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (75 per 30 days)
<i>fluticasone furoate- vilanterol inhalation aerosol powder breath activated 100- 25 mcg/act, 200-25 mcg/act</i>	2	QL (60 per 30 days); MO
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	2	QL (60 per 30 days); MO
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	QL (240 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (24 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (11 per 30 days); MO
<i>fluticasone propionate nasal</i>	1	QL (16 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone-salmeterol inhalation aerosol</i>	2	QL (12 per 30 days); MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 per 30 days); MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	QL (1 per 30 days); MO
<i>formoterol fumarate inhalation</i>	3	B/D PA; QL (120 per 30 days); MO
<i>hydroxyzine hcl intramuscular</i>	1	
<i>hydroxyzine hcl oral syrup</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 per 30 days); MO
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium bromide nasal</i>	1	QL (30 per 30 days); MO
<i>ipratropium-albuterol</i>	1	B/D PA; QL (540 per 30 days); MO
KALYDECO ORAL PACKET	3	PA; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
KALYDECO ORAL TABLET	4	PA; QL (60 per 30 days); S
KITABIS PAK	4	B/D PA; QL (280 per 28 days); LA; S
LETAIRIS ORAL TABLET 10 MG	4	PA; QL (30 per 30 days); LA; S
LETAIRIS ORAL TABLET 5 MG	4	PA; QL (60 per 30 days); LA; S
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	B/D PA; QL (270 per 30 days); MO
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	1	B/D PA; QL (540 per 30 days); MO
<i>levalbuterol tartrate</i>	1	ST; QL (45 per 30 days); MO
<i>levocetirizine dihydrochloride oral solution</i>	1	QL (300 per 30 days)
<i>levocetirizine dihydrochloride oral tablet</i>	1	QL (30 per 30 days)
LIQREV	4	PA; QL (120 per 20 days); S
<i>mometasone furoate nasal</i>	1	
<i>montelukast sodium oral</i>	1	MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (3 per 28 days); LA; S
NUCALA SUBCUTANEOUS	4	PA; QL (3 per 28 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
SOLUTION PREFILLED SYRINGE 100 MG/ML		
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; QL (0.4 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (3 per 28 days); LA; S
OFEV	4	PA; QL (60 per 30 days); S
<i>olopatadine hcl nasal</i>	1	QL (31 per 30 days)
OMNARIS	3	ST; QL (13 per 30 days)
OPSUMIT	4	PA; QL (30 per 30 days); LA; S
OPSYNVI	4	PA; QL (30 per 30 days); S
ORENITRAM MONTH 1	3	PA
ORENITRAM MONTH 2	3	PA
ORENITRAM MONTH 3	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	2	PA; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; LA; S
ORKAMBI ORAL PACKET	4	PA; QL (60 per 30 days); S
ORKAMBI ORAL TABLET	4	PA; QL (120 per 30 days); S
PERFOROMIST	3	B/D PA; QL (120 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
<i>pirfenidone oral capsule</i>	4	PA; QL (270 per 30 days); S
<i>pirfenidone oral tablet 267 mg</i>	4	PA; QL (270 per 30 days); S
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	4	PA; QL (90 per 30 days); S
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	ST; MO
PROAIR RESPICLICK	2	MO
<i>promethazine vc</i>	3	
<i>promethazine-phenylephrine</i>	3	
PROVENTIL HFA	3	MO
PULMICORT FLEXHALER	3	QL (2 per 30 days); MO
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	3	B/D PA; QL (120 per 30 days); MO
PULMICORT INHALATION SUSPENSION 1 MG/2ML	4	B/D PA; QL (60 per 30 days); MO; S
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	B/D PA; S
QNASL	3	ST; QL (11 per 30 days)
QNASL CHILDRENS	3	ST; QL (7 per 30 days)
QUZYTIR	3	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (11 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	QL (22 per 30 days); MO
REMODULIN INJECTION SOLUTION 100 MG/ 20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	4	PA; LA; S
REVATIO INTRAVENOUS	4	PA; QL (1125 per 30 days); S
REVATIO ORAL SUSPENSION RECONSTITUTED	4	PA; QL (720 per 30 days); S
REVATIO ORAL TABLET	4	PA; QL (360 per 30 days); S
<i>roflumilast</i>	3	PA; QL (30 per 30 days); MO
RYALTRIS	3	QL (29 per 30 days)
RYCLORA ORAL SOLUTION	3	PA
RYVENT	3	PA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ ACT	2	QL (60 per 30 days); MO
<i>sildenafil citrate intravenous</i>	4	PA; QL (1125 per 30 days); S
<i>sildenafil citrate oral suspension reconstituted</i>	4	PA; QL (720 per 30 days); S
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (360 per 30 days)
SINGULAIR	3	MO
SPIRIVA HANDIHALER	2	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	4	B/D PA; QL (280 per 28 days); S
TRACLEER ORAL TABLET	4	PA; QL (60 per 30 days); LA; S
TRACLEER ORAL TABLET SOLUBLE	4	PA; QL (120 per 30 days); LA; S
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
<i>treprostinil</i>	4	PA; LA; S
TRIKAFTA ORAL TABLET THERAPY PACK	4	PA; QL (84 per 28 days); LA; S
TRIKAFTA ORAL THERAPY PACK	4	PA; QL (56 per 28 days); S
TUDORZA PRESSAIR	3	QL (1 per 30 days); MO
TYVASO	4	PA; QL (81.2 per 30 days); S
TYVASO DPI INSTITUTIONAL KIT	4	PA; LA; S
TYVASO DPI MAINTENANCE KIT	4	PA; LA; S
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	4	PA; LA; S
TYVASO REFILL KIT	4	PA; QL (81.2 per 30 days); S
TYVASO STARTER KIT	4	PA; QL (81.2 per 365 days); S
UPTRAVI ORAL	4	PA; QL (60 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI TITRATION	4	PA; LA; S
VELETRI	4	LA; S
VENTAVIS	4	PA; QL (270 per 30 days); S
VENTOLIN HFA	3	ST; MO
VISTARIL ORAL CAPSULE 25 MG	3	
WINREVAIR	4	PA; S
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 per 30 days); MO
XHANCE	3	ST; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	4	PA; QL (8 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	4	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	4	PA; QL (8 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (8 per 28 days); LA; S

Drug Name	Drug Tier	Requirements/Limits
XOPENEX HFA	3	ST; QL (45 per 30 days); MO
YUPELRI	4	B/D PA; QL (90 per 30 days); MO; S
<i>zafirlukast</i>	1	MO
ZETONNA	3	ST; QL (6.1 per 30 days)
<i>zileuton er</i>	4	MO; S
ZYFLO	4	PA; MO; S

Legend

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

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

<i>abacavir sulfate oral solution</i>	<i>acebutolol hcl oral</i>
<i>abacavir sulfate oral tablet</i>	<i>acetaminophen-codeine #2</i>
<i>abacavir sulfate-lamivudine</i>	<i>acetaminophen-codeine #3</i>
ABELCET	<i>acetaminophen-codeine #4</i>
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	<i>acetaminophen-codeine oral solution</i>
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	<i>acetaminophen-codeine oral tablet</i>
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	<i>acetazolamide er</i>
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	<i>acetazolamide oral</i>
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	<i>acetic acid irrigation</i>
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	<i>acetic acid otic</i>
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG	<i>acetylcysteine inhalation</i>
ABILIFY ORAL TABLET 20 MG, 30 MG	<i>acetylcysteine intravenous</i>
<i>abiraterone acetate oral tablet 250 mg</i>	ACIPHEX
<i>abiraterone acetate oral tablet 500 mg</i>	<i>acitretin</i>
ABRAXANE	ACTEMRA ACTPEN
ABRYSVO	ACTEMRA INTRAVENOUS
ABSORICA LD	ACTEMRA SUBCUTANEOUS
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	ACTHAR
ABSORICA ORAL CAPSULE 25 MG, 35 MG	ACTHAR GEL
<i>acamprosate calcium</i>	ACTHIB
ACANYA	ACTIMMUNE
<i>acarbose oral</i>	ACTIQ BUCCAL LOZENGE ON A HANDLE 400 MCG
ACCOLATE	ACTIVELLA ORAL TABLET 1-0.5 MG
ACCUPRIL	ACTONEL ORAL TABLET 150 MG
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	ACTONEL ORAL TABLET 35 MG
ACUTANE	ACTOPLUS MET ORAL TABLET 15-850 MG
	ACTOS ORAL TABLET 15 MG
	ACTOS ORAL TABLET 30 MG
	ACTOS ORAL TABLET 45 MG
	ACULAR
	ACULAR LS

<i>acyclovir external cream</i>	AFINITOR
<i>acyclovir external ointment</i>	AFINITOR DISPERZ
<i>acyclovir oral</i>	AFIRMELLE
<i>acyclovir sodium intravenous solution</i>	AFREZZA INHALATION POWDER 12 UNIT
ACZONE	AFREZZA INHALATION POWDER 4 UNIT
ADACEL	AFREZZA INHALATION POWDER 60X4 & 60X8 & 60X12 UNIT
ADAKVEO	AFREZZA INHALATION POWDER 8 UNIT
<i>adapalene external cream</i>	AFREZZA INHALATION POWDER 90 X 4 UNIT & 90X8 UNIT
<i>adapalene external gel</i>	AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT
<i>adapalene external pad</i>	
<i>adapalene external solution</i>	
<i>adapalene-benzoyl peroxide external gel</i>	AGAMREE
<i>adapalene-benzoyl peroxide external pad</i>	AGRYLIN
ADBRY	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML
<i>adc/f (0.5mg/ml)</i>	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML
ADCIRCA	AIRDUO DIGIHALER
ADDERALL ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	AIRDUO RESPICLICK 113/14
ADDERALL ORAL TABLET 12.5 MG	AIRDUO RESPICLICK 232/14
ADDERALL ORAL TABLET 30 MG	AIRDUO RESPICLICK 55/14
ADDERALL XR	AIRSUPRA
<i>adefovir dipivoxil</i>	AJOVY
ADEMPAS	<i>ak-poly-bac</i>
ADLARITY	AKEEGA
ADMELOG INJECTION	AKLIEF
ADMELOG SOLOSTAR	AKYNZEO (READY-TO-USE)
ADRENALIN INJECTION SOLUTION 1 MG/ML	AKYNZEO (TO-BE-DILUTED)
ADRENALIN INJECTION SOLUTION 30 MG/30ML	AKYNZEO INTRAVENOUS
ADRIAMYCIN INTRAVENOUS SOLUTION	AKYNZEO ORAL
<i>adriamycin intravenous solution reconstituted 10 mg</i>	ALA SCALP
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	<i>ala-cort external cream</i>
ADTHYZA	<i>albendazole oral</i>
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	<i>albuterol sulfate hfa</i>
ADVAIR HFA	<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>
ADZENYS XR-ODT	<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>
AEMCOLO	<i>albuterol sulfate oral syrup</i>

<i>albuterol sulfate oral tablet</i>	ALTACE ORAL CAPSULE
ALCAINE	ALTAVERA
<i>alclometasone dipropionate</i>	ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG
ALCOHOL SWABS	ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG
ALDACTAZIDE ORAL TABLET 50-50 MG	ALTRENO
ALDACTONE	ALUNBRIG ORAL TABLET 180 MG
ALECENSA	ALUNBRIG ORAL TABLET 30 MG
<i>alendronate sodium oral solution</i>	ALUNBRIG ORAL TABLET 90 MG
<i>alendronate sodium oral tablet 10 mg</i>	ALUNBRIG ORAL TABLET THERAPY PACK
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	
<i>alfuzosin hcl er</i>	
ALIMTA	<i>alyacen 1/35</i>
<i>aliskiren fumarate</i>	<i>alyacen 7/7/7</i>
ALKINDI SPRINKLE	ALYGLO
<i>allopurinol oral tablet 100 mg, 300 mg</i>	ALYMSYS
<i>allopurinol oral tablet 200 mg</i>	ALYQ
ALLZITAL	<i>amantadine hcl oral capsule</i>
<i>almotriptan malate</i>	<i>amantadine hcl oral solution</i>
ALOCRIAL	<i>amantadine hcl oral tablet</i>
<i>alogliptin benzoate oral tablet 12.5 mg</i>	AMBIEN
<i>alogliptin benzoate oral tablet 25 mg</i>	AMBIEN CR
<i>alogliptin benzoate oral tablet 6.25 mg</i>	AMBISOME
<i>alogliptin-metformin hcl</i>	<i>ambrisentan oral tablet 10 mg</i>
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	<i>ambrisentan oral tablet 5 mg</i>
ALOMIDE	<i>amcinonide external cream</i>
<i>alosetron hcl oral tablet 0.5 mg</i>	<i>amcinonide external ointment</i>
<i>alosetron hcl oral tablet 1 mg</i>	AMETHIA
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	AMETHYST
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>
<i>alprazolam er</i>	<i>amiloride hcl oral</i>
ALPRAZOLAM INTENSOL	<i>amiloride-hydrochlorothiazide</i>
<i>alprazolam oral</i>	<i>aminocaproic acid oral solution</i>
<i>alprazolam xr</i>	<i>aminocaproic acid oral tablet</i>
ALREX	<i>amiodarone hcl intravenous</i>
ALTABAX	<i>amiodarone hcl oral</i>

AMITIZA	AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG
<i>amitriptyline hcl oral</i>	
<i>amlodipine besy-benazepril hcl</i>	AMVUTTRA
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	AMZEEQ
<i>amlodipine besylate oral</i>	ANAFRANIL ORAL CAPSULE 25 MG, 50 MG
<i>amlodipine besylate-valsartan</i>	ANAFRANIL ORAL CAPSULE 75 MG
<i>amlodipine-atorvastatin</i>	<i>anagrelide hcl</i>
<i>amlodipine-olmesartan</i>	<i>anastrozole oral</i>
<i>amlodipine-valsartan-hctz</i>	ANCOBON
<i>ammonium lactate external</i>	ANDRODERM TRANSDERMAL PATCH 24 HOUR
AMNESTEEM	ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)
<i>amoxapine</i>	ANDROGEL TRANSDERMAL GEL 40.5 MG/2.5GM (1.62%)
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	ANGELIQ
<i>amoxicillin oral capsule</i>	ANNOVERA
<i>amoxicillin oral suspension reconstituted</i>	ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT
<i>amoxicillin oral tablet</i>	ANTARA ORAL CAPSULE 90 MG
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	ANTIVERT ORAL TABLET 50 MG
<i>amoxicillin-pot clavulanate er</i>	ANTIVERT ORAL TABLET CHEWABLE
<i>amoxicillin-pot clavulanate oral</i>	ANUSOL-HC EXTERNAL
<i>amphet-dextroamphet 3-bead er</i>	ANZEMET ORAL TABLET 50 MG
<i>amphetamine sulfate oral tablet 10 mg</i>	APADAZ
<i>amphetamine sulfate oral tablet 5 mg</i>	<i>apap-caff-dihydrocodeine oral capsule</i>
<i>amphetamine-dextroamphet er</i>	APEXICON E
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	APIDRA
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR
<i>amphotericin b intravenous</i>	APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG
<i>amphotericin b liposome</i>	APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG
<i>ampicillin oral capsule 500 mg</i>	APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE
<i>ampicillin sodium intravenous</i>	<i>apomorphine hcl subcutaneous</i>
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	APONVIE
<i>ampicillin-sulbactam sodium intravenous</i>	<i>apraclonidine hcl</i>
AMPYRA	<i>aprepitant oral</i>
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	<i>aprepitant oral capsule 125 mg</i>

<i>aprepitant oral capsule 40 mg</i>	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML
<i>aprepitant oral capsule 80 & 125 mg</i>	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML
<i>aprepitant oral capsule 80 mg</i>	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML
APRI	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML
APRISO	ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML
APTENSIO XR	ARIXTRA SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML
APTIOM	ARIXTRA SUBCUTANEOUS SOLUTION 5 MG/0.4ML
APTIVUS ORAL CAPSULE	ARIXTRA SUBCUTANEOUS SOLUTION 7.5 MG/0.6ML
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>
ARANELLE	<i>armodafinil oral tablet 50 mg</i>
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	ARMONAIR DIGIHALER
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	ARMOUR THYROID
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 40 MCG/ML	ARNUITY ELLIPTA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	AROMASIN
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	ARTHROTEC ORAL TABLET DELAYED RELEASE
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	ASCENIV
ARAVA	ASCOMP-CODEINE
ARAZLO	<i>asenapine maleate sublingual tablet sublingual 10 mg</i>
ARCALYST	<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>
ARESTIN	<i>asenapine maleate sublingual tablet sublingual 5 mg</i>
AREXVY	ASHLYNA
<i>arformoterol tartrate</i>	ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT
ARICEPT ORAL TABLET 10 MG, 5 MG	ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT
ARICEPT ORAL TABLET 23 MG	ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT
ARIKAYCE	ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT
ARIMIDEX	ASMANEX HFA
<i>aripiprazole oral solution</i>	<i>aspirin-dipyridamole er</i>
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	ASPRUZYO SPRINKLE
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG
<i>aripiprazole oral tablet dispersible 10 mg</i>	
<i>aripiprazole oral tablet dispersible 15 mg</i>	
ARISTADA INITIO	

ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	AUROVELA 1.5/30
ATACAND HCT ORAL TABLET 16-12.5 MG	AUROVELA 1/20
ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG	AUROVELA 24 FE
ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG	AUROVELA FE 1.5/30
ATACAND ORAL TABLET 32 MG	AUROVELA FE 1/20
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	AURYXIA
<i>atazanavir sulfate oral capsule 300 mg</i>	AUSTEDO
ATELVIA	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG
<i>atenolol oral</i>	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	AUSTEDO XR PATIENT TITRATION
<i>atenolol-chlorthalidone</i>	AUTOPEN
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	AUVELITY
ATIVAN INJECTION	AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/ 0.1ML, 0.3 MG/0.3ML
ATIVAN ORAL TABLET 0.5 MG, 1 MG	AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML
ATIVAN ORAL TABLET 2 MG	AVALIDE ORAL TABLET 150-12.5 MG
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	AVALIDE ORAL TABLET 300-12.5 MG
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	AVAPRO
ATORVALIQ	AVASTIN
<i>atorvastatin calcium oral</i>	AVEED
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	AVIANE
<i>atovaquone oral</i>	AVODART
<i>atovaquone-proguanil hcl</i>	AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT
ATRALIN	AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT
<i>atropine sulfate injection solution 0.4 mg/ml</i>	AVSOLA
<i>atropine sulfate injection solution 1 mg/ml</i>	AVYCAZ
<i>atropine sulfate intravenous solution</i>	AYGESTIN
<i>atropine sulfate ophthalmic ointment</i>	AYUNA
<i>atropine sulfate ophthalmic solution 1 %</i>	AYVAKIT
ATROVENT HFA	<i>azacitidine</i>
AUBAGIO	AZACTAM
AUBRA EQ	AZASAN
AUGMENTIN ES-600	AZASITE
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	<i>azathioprine oral tablet 100 mg, 75 mg</i>
AUGMENTIN ORAL TABLET 500-125 MG	<i>azathioprine oral tablet 50 mg</i>
AUGTYRO	<i>azelaic acid external</i>

<i>azelastine hcl nasal</i>	BALVERSA ORAL TABLET 4 MG
<i>azelastine hcl ophthalmic</i>	BALVERSA ORAL TABLET 5 MG
<i>azelastine-fluticasone</i>	BALZIVA
AZELEX	BANZEL ORAL SUSPENSION
AZILECT	BANZEL ORAL TABLET 200 MG
<i>azithromycin intravenous</i>	BANZEL ORAL TABLET 400 MG
<i>azithromycin oral packet</i>	BAQSIMI ONE PACK
<i>azithromycin oral suspension reconstituted</i>	BAQSIMI TWO PACK
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	BARACLUDE
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	BASAGLAR KWIKPEN
AZOPT	BASAGLAR TEMPO PEN
AZOR	BAVENCIO
AZSTARYS	BAXDELA
<i>aztreonam</i>	<i>bcg vaccine injection solution reconstituted</i>
AZULFIDINE	BD PEN
AZULFIDINE EN-TABS	BD PEN MINI
AZURETTE	BECONASE AQ
BAC	BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG
<i>bacitra-neomycin-polymyxin-hc</i>	BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG
<i>bacitracin ophthalmic</i>	<i>belladonna alkaloids-opium</i>
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	BELSOMRA
<i>baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml</i>	<i>benazepril hcl oral</i>
<i>baclofen intrathecal solution 40 mg/20ml, 40000 mcg/20ml</i>	<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>
<i>baclofen intrathecal solution prefilled syringe</i>	<i>benazepril-hydrochlorothiazide</i>
<i>baclofen oral solution 10 mg/5ml</i>	<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>
<i>baclofen oral solution 5 mg/5ml</i>	<i>bendamustine hcl</i>
<i>baclofen oral suspension</i>	BENDEKA
<i>baclofen oral tablet 10 mg, 15 mg, 5 mg</i>	BENICAR HCT
<i>baclofen oral tablet 20 mg</i>	BENICAR ORAL TABLET 20 MG, 40 MG
BACTRIM	BENICAR ORAL TABLET 5 MG
BACTRIM DS	BENLYSTA
BAFIERTAM	<i>bensal hp external ointment 3 %</i>
BALCOLTRA	BENTYL INTRAMUSCULAR
<i>balsalazide disodium</i>	BENZAMYCIN
BALVERSA ORAL TABLET 3 MG	<i>benzhydrocodone-acetaminophen</i>
	<i>benznidazole</i>

<i>benzoyl peroxide-erythromycin</i>	BIKTARVY ORAL TABLET 30-120-15 MG
<i>benztropine mesylate injection</i>	BIKTARVY ORAL TABLET 50-200-25 MG
<i>benztropine mesylate oral</i>	BILTRICIDE
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE	<i>bimatoprost ophthalmic</i>
<i>bepotastine besilate</i>	BIMZELX
BEPREVE	BINOSTO
BERINERT	<i>bis subcit-metronid-tetracyc</i>
BESIVANCE	<i>bismuth/metronidaz/tetracyclin</i>
BESREMI	<i>bisoprolol fumarate oral</i>
BETADINE OPHTHALMIC PREP	<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>
<i>betaine</i>	<i>bisoprolol-hydrochlorothiazide</i>
<i>betamethasone dipropionate aug</i>	<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>
<i>betamethasone dipropionate external</i>	BIVIGAM
<i>betamethasone valerate external</i>	<i>bleomycin sulfat</i>
BETAPACE AF ORAL TABLET 120 MG, 80 MG	BLISOVI 24 FE
BETAPACE AF ORAL TABLET 160 MG	BLISOVI FE 1.5/30
BETAPACE ORAL TABLET 120 MG, 80 MG	BLISOVI FE 1/20
BETAPACE ORAL TABLET 160 MG	BONJESTA
BETASERON SUBCUTANEOUS KIT	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5
<i>betaxolol hcl ophthalmic</i>	BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE
<i>betaxolol hcl oral</i>	<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>
<i>bethanechol chloride oral</i>	<i>bortezomib injection solution reconstituted 2.5 mg</i>
BETHKIS	<i>bosentan</i>
BETIMOL	BOSULIF ORAL CAPSULE 100 MG
BETOPTIC-S	BOSULIF ORAL CAPSULE 50 MG
BEVESPI AEROSPHERE	BOSULIF ORAL TABLET 100 MG
<i>bexarotene external</i>	BOSULIF ORAL TABLET 400 MG, 500 MG
<i>bexarotene oral</i>	BOTOX
BEXSERO	BRAFTOVI ORAL CAPSULE 75 MG
BEYAZ	BREO ELLIPTA INHALATION AEROSOL POWDER
BEYFORTUS	BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH
<i>bicalutamide</i>	<i>breyana</i>
BICILLIN C-R	BREZTRI AEROSPHERE
BICILLIN C-R 900/300	<i>briellyn</i>
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	BRILINTA
BIDIL	
BIJUVA	

<i>brimonidine tartrate external</i>	<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>
<i>brimonidine tartrate ophthalmic</i>	<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>
<i>brimonidine tartrate-timolol</i>	<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>
<i>brinzolamide</i>	<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>
BRIUMVI	<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>
BRIVIACT INTRAVENOUS	<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 7.5 mcg/hr</i>
BRIVIACT ORAL SOLUTION	<i>buprenorphine transdermal patch weekly 20 mcg/hr, 5 mcg/hr</i>
BRIVIACT ORAL TABLET	<i>bupropion hcl er (smoking det)</i>
BRIXADI	<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>
BRIXADI (WEEKLY)	<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>
<i>bromfenac sodium (once-daily)</i>	<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>
<i>bromocriptine mesylate oral</i>	<i>bupropion hcl oral tablet 100 mg</i>
BROMSITE	<i>bupropion hcl oral tablet 75 mg</i>
BRONCHITOL	<i>buspirone hcl oral</i>
BRONCHITOL TOLERANCE TEST	<i>butalbital-acetaminophen oral capsule</i>
BROVANA	<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>
BRUKINSA	<i>butalbital-apap-caff-cod</i>
BRYHALI	<i>butalbital-apap-caffeine oral capsule</i>
<i>budesonide er oral tablet extended release 24 hour</i>	<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	<i>butalbital-asa-caff-codeine</i>
<i>budesonide inhalation suspension 1 mg/2ml</i>	<i>butalbital-aspirin-caffeine oral capsule</i>
<i>budesonide oral</i>	<i>butorphanol tartrate injection</i>
<i>budesonide rectal</i>	<i>butorphanol tartrate nasal</i>
<i>budesonide-formoterol fumarate</i>	BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 5 MCG/HR, 7.5 MCG/HR
<i>bumetanide injection</i>	BUTRANS TRANSDERMAL PATCH WEEKLY 20 MCG/HR
<i>bumetanide oral</i>	BYDUREON BCISE
BUMEX ORAL TABLET 0.5 MG	BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR
BUPAP ORAL TABLET 50-300 MG	
BUPHENYL ORAL POWDER 3 GM/TSP	
BUPHENYL ORAL TABLET	
<i>buprenorphine hcl injection</i>	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	

BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	CANASA
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	CANCIDAS
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG	<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>
BYLVAY ORAL CAPSULE 1200 MCG	<i>candesartan cilexetil oral tablet 32 mg</i>
BYLVAY ORAL CAPSULE 400 MCG	<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>
BYSTOLIC	<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>
<i>c-nate dha</i>	CAPLYTA
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	CAPRELSA ORAL TABLET 100 MG
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	CAPRELSA ORAL TABLET 300 MG
<i>cabergoline</i>	<i>captopril oral</i>
CABLIVI	<i>captopril-hydrochlorothiazide</i>
CABOMETYX	CARAC
CABTREO	CARAFATE
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	CARBAGLU ORAL TABLET SOLUBLE
<i>calcipotriene external cream</i>	<i>carbamazepine er</i>
<i>calcipotriene external foam</i>	<i>carbamazepine oral</i>
<i>calcipotriene external ointment</i>	CARBATROL
<i>calcipotriene external solution</i>	<i>carbidopa oral</i>
<i>calcipotriene-betameth diprop external ointment</i>	<i>carbidopa-levodopa</i>
<i>calcipotriene-betameth diprop external suspension</i>	<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>
<i>calcitonin (salmon) injection</i>	<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>
<i>calcitonin (salmon) nasal</i>	<i>carbinoxamine maleate oral solution</i>
CALCITRENE	<i>carbinoxamine maleate oral tablet 4 mg</i>
<i>calcitriol external</i>	<i>carbinoxamine maleate oral tablet 6 mg</i>
<i>calcitriol intravenous solution 1 mcg/ml</i>	<i>carboplatin intravenous solution</i>
<i>calcitriol oral</i>	CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG
<i>calcium acetate (phos binder)</i>	CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 360 MG
<i>calcium acetate oral tablet 667 mg</i>	CARDIZEM LA
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	CARDIZEM ORAL TABLET 120 MG, 30 MG
CALQUENCE	CARDIZEM ORAL TABLET 60 MG
CAMBIA	CARDURA
CAMILA	CARDURA XL
CAMRESE	<i>carglumic acid oral tablet soluble</i>
CAMRESE LO	<i>carisoprodol oral</i>
CAMZYOS	

CARNITOR INTRAVENOUS	<i>cefpodoxime proxetil</i>
CARNITOR ORAL	<i>cefprozil</i>
CARNITOR SF	<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>
CAROSPIR	<i>ceftazidime intravenous</i>
<i>carteolol hcl</i>	<i>ceftriaxone sodium in dextrose</i>
CARTIA XT	<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>
<i>carvedilol</i>	<i>ceftriaxone sodium injection solution reconstituted 100 gm</i>
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	<i>ceftriaxone sodium intravenous</i>
<i>carvedilol phosphate er</i>	<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>
CASODEX	<i>cefuroxime axetil oral tablet 250 mg</i>
<i>caspofungin acetate</i>	<i>cefuroxime axetil oral tablet 500 mg</i>
CATAFLAM	<i>cefuroxime sodium injection solution reconstituted 750 mg</i>
CAYSTON	<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>
<i>cefaclor er</i>	CELEBREX
<i>cefaclor oral capsule</i>	<i>celecoxib oral</i>
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	CELEXA ORAL TABLET 10 MG
<i>cefadroxil</i>	CELEXA ORAL TABLET 20 MG
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	CELEXA ORAL TABLET 40 MG
<i>cefazolin sodium injection solution reconstituted 100 gm, 300 gm</i>	CELLCEPT ORAL CAPSULE
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	CELLCEPT ORAL SUSPENSION RECONSTITUTED
<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i>	CELLCEPT ORAL TABLET
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	CELONTIN
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)</i>	<i>cephalexin oral capsule 250 mg, 500 mg</i>
<i>cefdinir</i>	<i>cephalexin oral capsule 750 mg</i>
<i>cefepime hcl injection solution reconstituted 1 gm</i>	<i>cephalexin oral suspension reconstituted 125 mg/ 5ml</i>
<i>cefepime hcl intravenous solution</i>	<i>cephalexin oral suspension reconstituted 250 mg/ 5ml</i>
<i>cefepime hcl intravenous solution reconstituted 100 gm</i>	<i>cephalexin oral tablet</i>
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	CEQUA
<i>cefixime</i>	CEQUR SIMPLICITY 2U
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	CEQUR SIMPLICITY INSERTER
<i>cefoxitin sodium intravenous</i>	CERDELGA
	<i>cetirizine hcl oral solution</i>

CETRAXAL	CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT
<i>cevimeline hcl</i>	CIMZIA SUBCUTANEOUS KIT 2 X 200 MG
CHARLOTTE 24 FE	<i>cinacalcet hcl oral tablet 30 mg</i>
CHATEAL EQ	<i>cinacalcet hcl oral tablet 60 mg</i>
CHEMET	<i>cinacalcet hcl oral tablet 90 mg</i>
CHENODAL	CINQAIR
<i>chlordiazepoxide hcl</i>	CINRYZE
<i>chlordiazepoxide-amitriptyline</i>	CINVANTI
<i>chlordiazepoxide-clidinium</i>	CIPRO HC
<i>chlorhexidine gluconate mouth/throat</i>	CIPRO ORAL SUSPENSION RECONSTITUTED
<i>chloroquine phosphate oral</i>	CIPRO ORAL TABLET 250 MG, 500 MG
<i>chlorpromazine hcl injection</i>	CIPRODEX
<i>chlorpromazine hcl oral concentrate</i>	<i>ciprofloxacin hcl ophthalmic</i>
<i>chlorpromazine hcl oral tablet</i>	<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	<i>ciprofloxacin hcl oral tablet 750 mg</i>
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	<i>ciprofloxacin hcl otic</i>
<i>chlorzoxazone oral tablet 250 mg</i>	<i>ciprofloxacin in d5w</i>
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	<i>ciprofloxacin oral</i>
<i>chlorzoxazone oral tablet 500 mg</i>	<i>ciprofloxacin-dexamethasone</i>
CHOLBAM	<i>ciprofloxacin-fluocinolone pf</i>
<i>cholestyramine light</i>	<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>
<i>cholestyramine oral</i>	<i>citalopram hydrobromide oral capsule</i>
<i>chorionic gonadotropin intramuscular</i>	<i>citalopram hydrobromide oral solution</i>
CIALIS ORAL TABLET 2.5 MG, 5 MG	<i>citalopram hydrobromide oral tablet 10 mg</i>
CIBINQO	<i>citalopram hydrobromide oral tablet 20 mg</i>
CICLODAN EXTERNAL SOLUTION	<i>citalopram hydrobromide oral tablet 40 mg</i>
<i>ciclopirox external</i>	CITRANATAL 90 DHA ORAL 90-1 & 300 MG
<i>ciclopirox olamine external cream</i>	CITRANATAL B-CALM
<i>ciclopirox olamine external suspension</i>	CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG
<i>cidofovir intravenous</i>	CITRANATAL MEDLEY
<i>cilostazol</i>	CITRANATAL RX
CILOXAN OPHTHALMIC OINTMENT	CLARAVIS
CIMDUO	CLARINEX ORAL TABLET
<i>cimetidine hcl oral solution 300 mg/5ml</i>	CLARINEX-D 12 HOUR
<i>cimetidine oral tablet 200 mg</i>	<i>clarithromycin er</i>
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	<i>clarithromycin oral</i>
CIMZIA (2 SYRINGE)	<i>clemastine fumarate oral syrup</i>

<i>clemastine fumarate oral tablet 2.68 mg</i>	CLINIMIX/DEXTROSE (4.25/10)
CLENPIQ	CLINIMIX/DEXTROSE (4.25/5)
CLEOCIN ORAL	CLINIMIX/DEXTROSE (5/15)
CLEOCIN PHOSPHATE INJECTION	CLINIMIX/DEXTROSE (5/20)
CLEOCIN VAGINAL	<i>clanimix/dextrose (6/5)</i>
CLEOCIN-T EXTERNAL LOTION	<i>clanimix/dextrose (8/10)</i>
CLIMARA	<i>clanimix/dextrose (8/14)</i>
CLIMARA PRO	CLINISOL SF
CLINDACIN	CLINOLIPID
CLINDACIN ETZ EXTERNAL SWAB	CLINPRO 5000
CLINDACIN-P	<i>clobazam oral suspension</i>
CLINDAGEL	<i>clobazam oral tablet 10 mg</i>
<i>clindamycin hcl oral</i>	<i>clobazam oral tablet 20 mg</i>
<i>clindamycin palmitate hcl</i>	<i>clobetasol propionate e</i>
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	<i>clobetasol propionate emulsion</i>
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	<i>clobetasol propionate external cream</i>
<i>clindamycin phos-benzoyl perox external gel 1.2-3.75 %</i>	<i>clobetasol propionate external foam</i>
<i>clindamycin phosphate external foam</i>	<i>clobetasol propionate external gel</i>
<i>clindamycin phosphate external gel</i>	<i>clobetasol propionate external liquid</i>
<i>clindamycin phosphate external lotion</i>	<i>clobetasol propionate external lotion</i>
<i>clindamycin phosphate external solution</i>	<i>clobetasol propionate external ointment</i>
<i>clindamycin phosphate external swab</i>	<i>clobetasol propionate external shampoo</i>
<i>clindamycin phosphate in d5w</i>	<i>clobetasol propionate external solution</i>
<i>clindamycin phosphate injection solution 300 mg/ 2ml, 600 mg/4ml, 9000 mg/60ml</i>	CLOBEX
<i>clindamycin phosphate injection solution 900 mg/ 6ml</i>	CLOBEX SPRAY
<i>clindamycin phosphate vaginal</i>	<i>clocortolone pivalate</i>
<i>clindamycin-tretinoin</i>	CLODAN EXTERNAL SHAMPOO
CLINDESSE	<i>clomipramine hcl oral</i>
CLINIMIX E/DEXTROSE (2.75/5)	<i>clonazepam oral tablet 0.5 mg</i>
CLINIMIX E/DEXTROSE (4.25/10)	<i>clonazepam oral tablet 1 mg</i>
CLINIMIX E/DEXTROSE (4.25/5)	<i>clonazepam oral tablet 2 mg</i>
CLINIMIX E/DEXTROSE (5/15)	<i>clonazepam oral tablet dispersible 0.125 mg</i>
CLINIMIX E/DEXTROSE (5/20)	<i>clonazepam oral tablet dispersible 0.25 mg</i>
<i>clanimix e/dextrose (8/10)</i>	<i>clonazepam oral tablet dispersible 0.5 mg</i>
<i>clanimix e/dextrose (8/14)</i>	<i>clonazepam oral tablet dispersible 1 mg</i>
	<i>clonazepam oral tablet dispersible 2 mg</i>
	clonidine
	<i>clonidine hcl (analgesia)</i>

<i>clonidine hcl er oral tablet extended release 12 hour</i>	COMBIVENT RESPIMAT
<i>clonidine hcl er oral tablet extended release 24 hour</i>	COMBIVIR
<i>clonidine hcl oral</i>	COMBOGESIC
<i>clopidogrel bisulfate oral tablet 300 mg</i>	COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG
<i>clopidogrel bisulfate oral tablet 75 mg</i>	COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG
<i>clorazepate dipotassium</i>	COMETRIQ (60 MG DAILY DOSE)
<i>clotrimazole external cream</i>	COMPLERA
<i>clotrimazole external solution</i>	<i>completenate</i>
<i>clotrimazole mouth/throat troche</i>	COMPRO
<i>clotrimazole-betamethasone external cream</i>	COMTAN
<i>clotrimazole-betamethasone external lotion</i>	CONCEPT DHA
<i>clozapine oral tablet 100 mg</i>	CONCEPT OB
<i>clozapine oral tablet 200 mg</i>	CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG
<i>clozapine oral tablet 25 mg</i>	CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG
<i>clozapine oral tablet 50 mg</i>	CONDYLOX EXTERNAL GEL
<i>clozapine oral tablet dispersible 100 mg</i>	CONJUPRI
<i>clozapine oral tablet dispersible 12.5 mg</i>	<i>constulose</i>
<i>clozapine oral tablet dispersible 150 mg</i>	CONZIP
<i>clozapine oral tablet dispersible 200 mg</i>	COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML
<i>clozapine oral tablet dispersible 25 mg</i>	COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML
CLOZARIL ORAL TABLET 100 MG	COPIKTRA
CLOZARIL ORAL TABLET 200 MG	CORDRAN EXTERNAL CREAM 0.05 %
CLOZARIL ORAL TABLET 25 MG	CORDRAN EXTERNAL LOTION
CLOZARIL ORAL TABLET 50 MG	CORDRAN EXTERNAL TAPE
COARTEM	COREG
<i>cocaine hcl nasal</i>	COREG CR
<i>codeine sulfate oral tablet</i>	CORGARD ORAL TABLET 20 MG, 40 MG
COLAZAL	CORLANOR ORAL SOLUTION
<i>colchicine oral</i>	CORLANOR ORAL TABLET
<i>colchicine-probenecid</i>	CORTEF
COLCRYS	CORTENEMA
<i>colesevelam hcl</i>	CORTIFOAM EXTERNAL
COLESTID	<i>cortisone acetate oral</i>
<i>colestipol hcl</i>	CORTISPORIN-TC
<i>colistimethate sodium (cba)</i>	CORTROPHIN
COLY-MYCIN M	
COMBIGAN	
COMBIPATCH	

COSENTYX (300 MG DOSE)	<i>cyclophosphamide injection solution reconstituted 1 gm</i>
COSENTYX INTRAVENOUS	<i>cyclophosphamide injection solution reconstituted 2 gm, 500 mg</i>
COSENTYX SENSOREADY (300 MG)	<i>cyclophosphamide intravenous solution 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml, 500 mg/ml</i>
COSENTYX SENSOREADY PEN	<i>cyclophosphamide oral capsule</i>
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	<i>cyclophosphamide oral tablet 25 mg</i>
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	<i>cyclophosphamide oral tablet 50 mg</i>
COSENTYX UNOREADY	<i>cycloserine oral</i>
COSOPT	CYCLOSET
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	<i>cyclosporine intravenous</i>
COTELLIC	<i>cyclosporine modified</i>
COTEMPLA XR-ODT	<i>cyclosporine ophthalmic</i>
COZAAR ORAL TABLET 100 MG	<i>cyclosporine oral capsule</i>
COZAAR ORAL TABLET 25 MG, 50 MG	CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML
CREON	CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG
CRESEMBA	CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG
CRESTOR	CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG
CRINONE	<i>cycloheptadine hcl oral syrup</i>
<i>cromolyn sodium inhalation</i>	<i>cycloheptadine hcl oral tablet</i>
<i>cromolyn sodium ophthalmic</i>	CYRAMZA
<i>cromolyn sodium oral</i>	CYRED EQ
CROTAN	CYSTADANE
CRYSELLE-28	CYSTADROPS
CRYSVITA	CYSTAGON
CUBICIN RF	CYSTARAN
CUPRIMINE ORAL CAPSULE 250 MG	CYTOGAM
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML	CYTOMEL
CUTAQUIG SUBCUTANEOUS SOLUTION 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML	CYTOTEC
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML	<i>dabigatran etexilate mesylate</i>
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML, 4 GM/20ML, 8 GM/40ML	<i>dalfampridine er</i>
CUVPOSA	DALIRESP
CUVRIOR	DALVANCE
<i>cyclobenzaprine hcl er</i>	<i>danazol oral</i>
<i>cyclobenzaprine hcl oral</i>	
CYCLOGYL	
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %</i>	

DANTRIUM ORAL CAPSULE 25 MG	<i>deferoxamine mesylate injection solution reconstituted 2 gm</i>
<i>dantrolene sodium oral</i>	<i>deferoxamine mesylate injection solution reconstituted 500 mg</i>
<i>dapsone external</i>	<i>deflazacort oral suspension</i>
<i>dapsone oral</i>	<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg</i>
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	<i>deflazacort oral tablet 6 mg</i>
<i>daptomycin intravenous solution reconstituted 500 mg</i>	DELESTROGEN
<i>daptomycin solution reconstituted 350 mg intravenous</i>	DELSTRIGO
<i>daptomycin-sodium chloride</i>	DELYLA
DARAPRIM	DELZICOL
<i>darifenacin hydrobromide er</i>	<i>demeclocycline hcl oral</i>
<i>darunavir</i>	DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML
DARZALEX	DEMSEER
DARZALEX FASPRO	DENAVIR
DASETTA 1/35	DENTA 5000 PLUS
DASETTA 7/7/7	DENTAGEL
DAURISMO ORAL TABLET 100 MG	DEPAKOTE
DAURISMO ORAL TABLET 25 MG	DEPAKOTE ER
DAYBUE	DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE
DAYPRO	DEPEN TITRATABS
DAYSEE	DEPO-ESTRADIOL
DAYTRANA	DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML
DAYVIGO	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE
DDAVP INJECTION	DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE
DDAVP ORAL	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML
DDAVP PF	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML
DEBLITANE	DERMA-SMOOTHIE/FS BODY
<i>decitabine</i>	DERMA-SMOOTHIE/FS SCALP
<i>deferasirox granules oral packet 180 mg, 360 mg</i>	DERMACINRX LIDOGEL
<i>deferasirox granules oral packet 90 mg</i>	DERMOTIC
<i>deferasirox oral packet 180 mg, 360 mg</i>	DESCOVY
<i>deferasirox oral packet 90 mg</i>	<i>desipramine hcl oral</i>
<i>deferasirox oral tablet 180 mg, 360 mg</i>	<i>desloratadine</i>
<i>deferasirox oral tablet 90 mg</i>	
<i>deferasirox oral tablet soluble 125 mg</i>	
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	
<i>deferiprone oral tablet 1000 mg</i>	
<i>deferiprone oral tablet 500 mg</i>	

<i>desmopressin ace spray refrig</i>	<i>dexmethylphenidate hcl</i>
<i>desmopressin acetate injection</i>	<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 30 mg, 5 mg</i>
<i>desmopressin acetate oral</i>	<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg</i>
<i>desmopressin acetate pf</i>	<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg, 40 mg</i>
<i>desmopressin acetate spray</i>	<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>
<i>desogestrel-ethinyl estradiol</i>	<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>
<i>desonide external cream</i>	<i>dextroamphetamine sulfate oral solution</i>
<i>desonide external gel</i>	<i>dextroamphetamine sulfate oral tablet 10 mg</i>
<i>desonide external lotion</i>	<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg</i>
<i>desonide external ointment</i>	<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>
DESOWEN EXTERNAL CREAM	<i>dextroamphetamine sulfate oral tablet 5 mg</i>
<i>desoximetasone external cream</i>	<i>dextroamphetamine sulfate oral tablet 7.5 mg</i>
<i>desoximetasone external gel</i>	<i>dextrose 5%/electrolyte #48</i>
<i>desoximetasone external liquid</i>	<i>dextrose in lactated ringers</i>
<i>desoximetasone external ointment</i>	<i>dextrose intravenous solution 10 %, 5 %, 50 %, 70 %</i>
<i>desvenlafaxine er</i>	<i>dextrose intravenous solution 250 mg/ml</i>
<i>desvenlafaxine succinate er</i>	<i>dextrose-sodium chloride intravenous solution 10-0.2 %</i>
DETROL	<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>
DETROL LA	DEXYCU
<i>dexabliss</i>	DHIVY ORAL TABLET 25-100 MG
DEXAMETHASONE INTENSOL	DIACOMIT ORAL CAPSULE 250 MG
<i>dexamethasone oral elixir</i>	DIACOMIT ORAL CAPSULE 500 MG
<i>dexamethasone oral solution</i>	DIACOMIT ORAL PACKET 250 MG
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	DIACOMIT ORAL PACKET 500 MG
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	DIASTAT ACUDIAL RECTAL GEL 10 MG
<i>dexamethasone oral tablet therapy pack</i>	<i>diazepam injection</i>
<i>dexamethasone sod phos +rfid</i>	DIAZEPAM INTENSOL
<i>dexamethasone sod phosphate pf injection solution</i>	<i>diazepam oral concentrate</i>
<i>dexamethasone sod phosphate pf injection solution prefilled syringe</i>	<i>diazepam oral solution 5 mg/5ml</i>
<i>dexamethasone sodium phosphate injection</i>	<i>diazepam oral tablet 10 mg</i>
<i>dexamethasone sodium phosphate ophthalmic</i>	<i>diazepam oral tablet 2 mg</i>
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	
DEXILANT	
<i>dexlansoprazole</i>	

<i>diazepam oral tablet 5 mg</i>	<i>digoxin oral tablet 125 mcg</i>
<i>diazepam rectal</i>	<i>digoxin oral tablet 250 mcg</i>
<i>diazoxide oral</i>	<i>digoxin oral tablet 62.5 mcg</i>
DIBENZYLINE	<i>dihydroergotamine mesylate injection</i>
<i>dichlorphenamide</i>	<i>dihydroergotamine mesylate nasal</i>
DICLEGIS	DILANTIN
<i>diclofenac epolamine external</i>	DILANTIN INFATABS
<i>diclofenac potassium oral capsule</i>	DILANTIN-125
<i>diclofenac potassium oral tablet 25 mg</i>	DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML
<i>diclofenac potassium oral tablet 50 mg</i>	DILAUDID ORAL LIQUID
<i>diclofenac potassium(migraine)</i>	DILAUDID ORAL TABLET
<i>diclofenac sodium er</i>	<i>dilt-xr</i>
<i>diclofenac sodium external gel 1 %</i>	<i>diltiazem hcl er beads</i>
<i>diclofenac sodium external gel 3 %</i>	<i>diltiazem hcl er coated beads oral capsule</i>
<i>diclofenac sodium external solution 1.5 %</i>	<i>extended release 24 hour</i>
<i>diclofenac sodium external solution 2 %</i>	<i>diltiazem hcl er oral capsule extended release 12 hour</i>
<i>diclofenac sodium ophthalmic</i>	<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>
<i>diclofenac sodium oral</i>	<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>
<i>diclofenac-misoprostol oral tablet delayed release</i>	<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>
<i>dicloxacillin sodium</i>	<i>diltiazem hcl intravenous solution</i>
<i>dicyclomine hcl intramuscular</i>	<i>diltiazem hcl intravenous solution reconstituted</i>
<i>dicyclomine hcl oral capsule</i>	<i>diltiazem hcl oral</i>
<i>dicyclomine hcl oral solution</i>	<i>dimethyl fumarate oral capsule delayed release 120 mg</i>
<i>dicyclomine hcl oral tablet</i>	<i>dimethyl fumarate oral capsule delayed release 240 mg</i>
DIFFERIN EXTERNAL CREAM	<i>dimethyl fumarate starter pack oral capsule</i>
DIFFERIN EXTERNAL GEL 0.3 %	<i>delayed release therapy pack</i>
DIFFERIN EXTERNAL LOTION	DIOVAN HCT
DIFICID	DIOVAN ORAL TABLET 160 MG
<i>diflorasone diacetate external</i>	DIOVAN ORAL TABLET 320 MG
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	DIOVAN ORAL TABLET 40 MG, 80 MG
DIFLUCAN ORAL TABLET 100 MG, 200 MG	DIPENTUM
<i>diflunisal oral</i>	<i>diphenhydramine hcl injection</i>
<i>difluprednate</i>	<i>diphenhydramine hcl oral elixir</i>
<i>digox oral tablet 125 mcg</i>	<i>diphenoxylate-atropine oral liquid</i>
<i>digox oral tablet 250 mcg</i>	
<i>digoxin injection</i>	
<i>digoxin oral solution</i>	

<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	<i>doxorubicin hcl intravenous solution</i>
<i>diphtheria-tetanus toxoids dt</i>	<i>doxorubicin hcl intravenous solution reconstituted</i>
DIPROLENE EXTERNAL OINTMENT	<i>doxorubicin hcl liposomal</i>
<i>dipyridamole oral</i>	DOXY 100
<i>disopyramide phosphate oral</i>	<i>doxycycline</i>
<i>disulfiram oral</i>	<i>doxycycline hyclate intravenous</i>
DIURIL	<i>doxycycline hyclate oral capsule</i>
<i>divalproex sodium er oral tablet extended release 24 hour</i>	<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>
<i>divalproex sodium oral capsule delayed release sprinkle</i>	<i>doxycycline hyclate oral tablet 50 mg</i>
<i>divalproex sodium oral tablet delayed release</i>	<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 80 mg</i>
DIVIGEL	<i>doxycycline hyclate oral tablet delayed release 50 mg, 75 mg</i>
<i>dobutamine in d5w</i>	<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>
<i>dobutamine-dextrose</i>	<i>doxycycline monohydrate oral capsule 150 mg</i>
<i>dofetilide</i>	<i>doxycycline monohydrate oral suspension reconstituted</i>
DOJOLVI	<i>doxycycline monohydrate oral tablet</i>
DOLISHALE	<i>doxylamine-pyridoxine</i>
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG
<i>donepezil hcl oral tablet 23 mg</i>	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG
<i>donepezil hcl oral tablet dispersible</i>	<i>dronabinol</i>
DOPTELET ORAL TABLET 20 MG	<i>drospiren-eth estrad-levomefol</i>
DOPTELET ORAL TABLET 20 MG (10 PACK), 20 MG(15 PACK)	<i>drospirenone-ethinyl estradiol</i>
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	DROXIA
<i>dorzolamide hcl ophthalmic</i>	<i>droxidopa oral capsule 100 mg</i>
<i>dorzolamide hcl-timolol mal</i>	<i>droxidopa oral capsule 200 mg</i>
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	<i>droxidopa oral capsule 300 mg</i>
DOTTI	DUAKLIR PRESSAIR
DOVATO	DUAVEE
<i>doxazosin mesylate oral</i>	DUETACT
<i>doxepin hcl external</i>	DULERA
<i>doxepin hcl oral capsule</i>	<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>
<i>doxepin hcl oral concentrate</i>	<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>
<i>doxepin hcl oral tablet</i>	
<i>doxercalciferol intravenous</i>	
<i>doxercalciferol oral</i>	
DOXIL	

*duloxetine hcl oral capsule delayed release
particles 40 mg*

*duloxetine hcl oral capsule delayed release
particles 60 mg*

DUOBRII

DUOPA ENTERAL

DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR
200 MG/1.14ML

DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR
300 MG/2ML

DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED
SYRINGE 100 MG/0.67ML

DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED
SYRINGE 200 MG/1.14ML

DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED
SYRINGE 300 MG/2ML

DURACLON EPIDURAL SOLUTION 100 MCG/ML

duramorph

DUREZOL

DURYSTA

dutasteride oral

dutasteride-tamsulosin hcl

DUVYZAT

DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE

DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED
RELEASE 10 MG, 15 MG, 20 MG

DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED
RELEASE 5 MG

DYMISTA

DYRENIUM

DYSPORT

E.E.S. 400 ORAL TABLET

E.E.S. GRANULES

ec-naproxen

econazole nitrate external

edaravone

EDARBI

EDARBYCLOR

EDECIN

EDLUAR

EDURANT

efavirenz oral capsule 200 mg

efavirenz oral capsule 50 mg

efavirenz oral tablet

efavirenz-emtricitab-tenofo df

efavirenz-lamivudine-tenofovir

EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ

EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ

EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24
HOUR 150 MG

EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24
HOUR 37.5 MG

EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24
HOUR 75 MG

EFFIENT

EFUDEX EXTERNAL CREAM

EGRIFTA SV

ELESTRIN

eletriptan hydrobromide

ELIDEL

ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG

ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG

ELINEST

ELIQUIS

ELIQUIS DVT/PE STARTER PACK ORAL TABLET
THERAPY PACK

ELITEK

ELIXOPHYLLIN

ELMIRON

ELURYNG

ELYXYB

EMCYT

EMEND ORAL CAPSULE 80 MG

EMEND ORAL SUSPENSION RECONSTITUTED

EMEND TRI-PACK

EMFLAZA ORAL SUSPENSION

EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG

EMFLAZA ORAL TABLET 6 MG

EMGALITY

EMGALITY (300 MG DOSE)

EMOQUETTE	<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>
EMPAVELI	<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>
EMPLICITI	<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>
EMSAM	ENPRESSE-28
<i>emtricitabine</i>	ENSKYCE ORAL TABLET 0.15-30 MG-MCG
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	ENSPRYNG
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	ENSTILAR
EMTRIVA ORAL CAPSULE	<i>entacapone</i>
EMTRIVA ORAL SOLUTION	ENTADFI
EMVERM	<i>entecavir</i>
EMZAHH	ENTRESTO ORAL CAPSULE SPRINKLE
<i>enalapril maleate oral solution</i>	ENTRESTO ORAL TABLET 24-26 MG
<i>enalapril maleate oral tablet</i>	ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	ENTYVIO INTRAVENOUS
<i>enalapril-hydrochlorothiazide</i>	ENTYVIO SUBCUTANEOUS
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	<i>enulose</i>
ENBRACE HR	ENVARUSUS XR
ENBREL MINI	EOHILIA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	EPANED ORAL SOLUTION
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	EPCLUSA ORAL PACKET 150-37.5 MG
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	EPCLUSA ORAL PACKET 200-50 MG
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	EPCLUSA ORAL TABLET 200-50 MG
ENDARI	EPCLUSA ORAL TABLET 400-100 MG
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	EPIDIOLEX
ENERGIX-B INJECTION SUSPENSION 20 MCG/ML	EPIDUO
ENERGIX-B INJECTION SUSPENSION PREFILLED SYRINGE	EPIDUO FORTE
ENHERTU	EPIFOAM
ENILLORING	<i>epinastine hcl</i>
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	<i>epinephrine (anaphylaxis)</i>
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	<i>epinephrine injection solution 0.3 mg/0.3ml</i>
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>
	<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>
	EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR
	EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR

EPITOL	ERYTHROCIN STEARATE ORAL TABLET 250 MG
EPIVIR HBV ORAL SOLUTION	<i>erythromycin base oral</i>
EPIVIR HBV ORAL TABLET	<i>erythromycin ethylsuccinate oral</i>
EPIVIR ORAL SOLUTION	<i>erythromycin external gel</i>
EPIVIR ORAL TABLET 150 MG	<i>erythromycin external solution</i>
EPIVIR ORAL TABLET 300 MG	<i>erythromycin lactobionate</i>
<i>eplerenone</i>	<i>erythromycin ophthalmic</i>
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	<i>erythromycin oral</i>
<i>epoprostenol sodium</i>	ESBRIET ORAL CAPSULE
EPRONTIA	ESBRIET ORAL TABLET 267 MG
EPSOLAY	ESBRIET ORAL TABLET 801 MG
EPZICOM	<i>escitalopram oxalate oral solution</i>
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	<i>escitalopram oxalate oral tablet 10 mg</i>
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	<i>escitalopram oxalate oral tablet 20 mg</i>
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	<i>escitalopram oxalate oral tablet 5 mg</i>
ERAXIS	ESGIC ORAL CAPSULE
ERBITUX	ESGIC ORAL TABLET
<i>ergoloid mesylates oral</i>	<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>
ERGOMAR	<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>
<i>ergotamine-caffeine</i>	<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>
ERIVEDGE	ESTARYLLA
ERLEADA	<i>estazolam</i>
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	ESTRACE
<i>erlotinib hcl oral tablet 25 mg</i>	<i>estradiol oral</i>
ERMEZA	<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>
ERRIN	<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>
ERTACZO	<i>estradiol transdermal patch twice weekly</i>
<i>ertapenem sodium</i>	<i>estradiol transdermal patch weekly</i>
<i>ery</i>	<i>estradiol vaginal</i>
ERY-TAB	<i>estradiol valerate intramuscular</i>
ERYGEL	<i>estradiol-norethindrone acet</i>
ERYPED 200	ESTRING
ERYPED 400	ESTROGEL
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	<i>eszopiclone</i>
	<i>ethacrynic acid oral</i>

<i>ethambutol hcl oral</i>	EYSUVIS
<i>ethosuximide oral</i>	EZALLOR SPRINKLE
<i>ethynodiol diac-eth estradiol</i>	<i>ezetimibe</i>
<i>etodolac er</i>	<i>ezetimibe-simvastatin</i>
<i>etodolac oral</i>	FABHALTA
<i>etonogestrel-ethinyl estradiol</i>	FABIOR
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	FABRAZYME
<i>etravirine oral tablet 100 mg</i>	FALMINA
<i>etravirine oral tablet 200 mg</i>	<i>famciclovir oral tablet 125 mg, 250 mg</i>
EUCRISA	<i>famciclovir oral tablet 500 mg</i>
EULEXIN	<i>famotidine (pf)</i>
EUTHYROX	<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>
EVAMIST	<i>famotidine oral suspension reconstituted</i>
EVEKEO ORAL TABLET 10 MG	<i>famotidine oral tablet 20 mg, 40 mg</i>
EVEKEO ORAL TABLET 5 MG	<i>famotidine premixed</i>
EVENITY	FANAPT ORAL TABLET 1 MG
<i>everolimus oral tablet 0.25 mg</i>	FANAPT ORAL TABLET 10 MG, 12 MG
<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	FANAPT ORAL TABLET 2 MG
<i>everolimus oral tablet 1 mg</i>	FANAPT ORAL TABLET 4 MG
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	FANAPT ORAL TABLET 6 MG
<i>everolimus oral tablet soluble</i>	FANAPT ORAL TABLET 8 MG
EVISTA	FANAPT TITRATION PACK
EVKEEZA	FARESTON
EVOTAZ	FARXIGA
EVOXAC	FASENRA PEN
EVRYSDI	FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML
EXELDERM	FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML
EXELON TRANSDERMAL	FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE
<i>exemestane</i>	<i>febuxostat</i>
EXFORGE	<i>felbamate</i>
EXFORGE HCT	FELBATOL
EXJADE	<i>felodipine er</i>
EXKIVITY	FEMARA
EXSERVAN	FEMRING
EYLEA HD	FEMYNOR
EYLEA INTRAVITREAL SOLUTION	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	

<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	FIBRICOR
<i>fenofibrate oral capsule</i>	FILSPARI
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	FILSUVEZ
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	FINACEA
<i>fenofibric acid</i>	<i>finasteride oral tablet 5 mg</i>
FENOGLIDE ORAL TABLET 120 MG	<i>finngolimod hcl</i>
FENOGLIDE ORAL TABLET 40 MG	FINTEPLA
<i>fenoprofen calcium oral capsule 400 mg</i>	FINZALA
<i>fenoprofen calcium oral tablet</i>	FIORICET ORAL CAPSULE
FENSOLVI (6 MONTH)	FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG
<i>fentanyl citrate (pf) injection solution 100 mcg/2ml, 50 mcg/ml</i>	FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE
<i>fentanyl citrate (pf) injection solution 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml</i>	FIRDAPSE
<i>fentanyl citrate (pf) injection solution cartridge</i>	FIRMAGON (240 MG DOSE)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg</i>	FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	FIRVANQ
<i>fentanyl citrate buccal tablet</i>	FLAC
<i>fentanyl citrate injection solution prefilled syringe 100 mcg/2ml</i>	FLAGYL ORAL CAPSULE
<i>fentanyl citrate pf</i>	FLAREX
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	<i>flavoxate hcl</i>
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	<i>flecainide acetate</i>
FERRIPROX	FLECTOR EXTERNAL
FERRIPROX TWICE-A-DAY	FLEQSUVY
<i>fesoterodine fumarate er</i>	FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG
FETZIMA	FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG
FETZIMA TITRATION	<i>flolipid</i>
FEXMID	FLOMAX
FIASP FLEXTOUCH	FLORIVA
FIASP INJECTION	FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT
FIASP PENFILL	FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT
FIASP PUMPCART	FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT
	FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT
	FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT

<i>fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%</i>	<i>fluoxetine hcl oral tablet 60 mg</i>
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	<i>fluphenazine decanoate injection</i>
<i>fluconazole oral</i>	<i>fluphenazine hcl injection</i>
<i>flucytosine oral</i>	<i>fluphenazine hcl oral</i>
<i>fludrocortisone acetate oral</i>	<i>flurandrenolide</i>
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	<i>flurazepam hcl</i>
<i>fluocinolone acetonide body</i>	<i>flurbiprofen oral tablet 100 mg</i>
<i>fluocinolone acetonide external</i>	<i>flurbiprofen sodium</i>
<i>fluocinolone acetonide otic</i>	<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>
<i>fluocinolone acetonide scalp</i>	<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>
<i>fluocinonide emulsified base</i>	<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>
<i>fluocinonide external cream 0.05 %</i>	<i>fluticasone propionate external</i>
<i>fluocinonide external cream 0.1 %</i>	<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>
<i>fluocinonide external gel</i>	<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>
<i>fluocinonide external ointment</i>	<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>
<i>fluocinonide external solution</i>	<i>fluticasone propionate nasal</i>
FLUORIDEX	<i>fluticasone-salmeterol inhalation aerosol</i>
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>
FLUORIMAX 5000	<i>fluvastatin sodium</i>
FLUORIMAX 5000 SENSITIVE	<i>fluvastatin sodium er</i>
<i>fluoritab oral solution</i>	<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>
<i>fluorometholone ophthalmic</i>	<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>
FLUOROPLEX	<i>fluvoxamine maleate oral tablet 100 mg</i>
<i>fluorouracil external cream 0.5 %</i>	<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>
<i>fluorouracil external cream 5 %</i>	FML FORTE
<i>fluorouracil external solution</i>	FML LIQUIFILM
<i>fluorouracil intravenous</i>	FOCALIN
<i>fluoxetine hcl (pmdd) oral tablet 10 mg</i>	
<i>fluoxetine hcl (pmdd) oral tablet 20 mg</i>	
<i>fluoxetine hcl oral capsule 10 mg</i>	
<i>fluoxetine hcl oral capsule 20 mg</i>	
<i>fluoxetine hcl oral capsule 40 mg</i>	
<i>fluoxetine hcl oral capsule delayed release</i>	
<i>fluoxetine hcl oral solution</i>	
<i>fluoxetine hcl oral tablet 10 mg</i>	
<i>fluoxetine hcl oral tablet 20 mg</i>	

FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	FRUZAQLA ORAL CAPSULE 1 MG
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	FRUZAQLA ORAL CAPSULE 5 MG
<i>focinvez</i>	FULPHILA
FOLIVANE-OB ORAL CAPSULE 85-1 MG	<i>fulvestrant intramuscular solution prefilled syringe</i>
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	FUROSCIX
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	<i>furosemide injection</i>
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	<i>furosemide oral solution 10 mg/ml</i>
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	<i>furosemide oral solution 8 mg/ml</i>
FORFIVO XL	<i>furosemide oral tablet</i>
<i>formoterol fumarate inhalation</i>	<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED
FOSAMAX ORAL TABLET 70 MG	FYAVOLV
FOSAMAX PLUS D	FYCOMPA ORAL SUSPENSION
<i>fosamprenavir calcium</i>	FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG
<i>fosaprepitant dimeglumine</i>	FYCOMPA ORAL TABLET 2 MG
<i>fosfomycin tromethamine</i>	FYLNETRA
<i>fosinopril sodium</i>	<i>gabapentin (once-daily) oral tablet 300 mg</i>
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	<i>gabapentin (once-daily) oral tablet 600 mg</i>
<i>fosinopril sodium-hctz</i>	<i>gabapentin oral capsule 100 mg</i>
FOSRENOL ORAL PACKET	<i>gabapentin oral capsule 300 mg</i>
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	<i>gabapentin oral capsule 400 mg</i>
FOTIVDA	<i>gabapentin oral solution</i>
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	<i>gabapentin oral tablet 600 mg</i>
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	<i>gabapentin oral tablet 800 mg</i>
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	GABLOFEN INTRATHECAL SOLUTION 40000 MCG/20ML
FROVA	GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 50 MCG/ML
<i>frovatriptan succinate</i>	GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 40000 MCG/20ML
	GALAFOLD
	<i>galantamine hydrobromide er</i>
	<i>galantamine hydrobromide oral solution</i>
	<i>galantamine hydrobromide oral tablet</i>
	GAMASTAN
	GAMMAGARD INJECTION SOLUTION 1 GM/10ML

GAMMAGARD INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG
GAMMAGARD S/D LESS IGA	GENOTROPIN SUBCUTANEOUS CARTRIDGE
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	GENTAK OPHTHALMIC OINTMENT
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>
GAMUNEX-C	<i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i>
<i>ganciclovir sodium intravenous solution</i>	<i>gentamicin sulfate external</i>
<i>ganciclovir sodium intravenous solution reconstituted</i>	<i>gentamicin sulfate injection</i>
GARDASIL 9	<i>gentamicin sulfate ophthalmic solution</i>
GASTROCROM	GENVOYA
<i>gatifloxacin ophthalmic</i>	GEODON INTRAMUSCULAR
GATTEX	GEODON ORAL CAPSULE 20 MG
GAUZE STERILE PADS 2	GEODON ORAL CAPSULE 40 MG
GAVILYTE-C	GEODON ORAL CAPSULE 60 MG, 80 MG
GAVILYTE-G	GILENYA
GAVILYTE-N WITH FLAVOR PACK	GILOTTRIF
GAVRETO	GIMOTI
GAZYVA	GIVLAARI
<i>gefitinib</i>	GLASSIA
GELNIQUE TRANSDERMAL GEL 10 %	<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml</i>	<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml</i>	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm</i>	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML
<i>gemcitabine hcl intravenous solution reconstituted 200 mg</i>	GLEEVEC ORAL TABLET 100 MG
<i>gemfibrozil oral</i>	GLEEVEC ORAL TABLET 400 MG
GEMMILY	GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG
GEMTESA	<i>glimepiride oral tablet 1 mg</i>
<i>generlac</i>	<i>glimepiride oral tablet 1 mg</i>
GENGRAF ORAL CAPSULE 100 MG, 25 MG	<i>glimepiride oral tablet 2 mg</i>
GENGRAF ORAL SOLUTION	<i>glimepiride oral tablet 2 mg</i>
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	<i>glimepiride oral tablet 4 mg</i>
	<i>glimepiride oral tablet 4 mg</i>

<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	<i>glyburide micronized oral tablet 1.5 mg</i>
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	<i>glyburide micronized oral tablet 3 mg</i>
<i>glipizide oral tablet 10 mg</i>	<i>glyburide micronized oral tablet 6 mg</i>
<i>glipizide oral tablet 10 mg</i>	<i>glyburide oral tablet 1.25 mg</i>
<i>glipizide oral tablet 2.5 mg</i>	<i>glyburide oral tablet 2.5 mg</i>
<i>glipizide oral tablet 5 mg</i>	<i>glyburide oral tablet 5 mg</i>
<i>glipizide oral tablet 5 mg</i>	<i>glyburide-metformin oral tablet 1.25-250 mg</i>
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	GLYCATE
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	<i>glycopyrrolate injection solution</i>
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	<i>glycopyrrolate oral solution</i>
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	<i>glycopyrrolate oral tablet 1.5 mg</i>
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	<i>glycopyrrolate pf</i>
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	GLYDO EXTERNAL PREFILLED SYRINGE
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	GLYXAMBI
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	GOCOVRI
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	<i>goprelto</i>
GLOPERBA	GRALISE ORAL TABLET 300 MG, 450 MG
GLUCAGEN HYPOKIT	GRALISE ORAL TABLET 600 MG
<i>glucagon emergency injection kit</i>	GRALISE ORAL TABLET 750 MG, 900 MG
<i>glucagon emergency injection solution reconstituted</i>	<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	<i>granisetron hcl oral</i>
	GRANIX
	GRASTEK
	<i>griseofulvin microsize oral</i>
	<i>griseofulvin ultramicrosize</i>
	<i>guanfacine hcl er</i>
	<i>guanfacine hcl oral</i>

GVOKE HYPOPEN 1-PACK	<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>
GVOKE HYPOPEN 2-PACK	<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml</i>
GVOKE KIT	HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	HERCEPTIN HYLECTA
GYNAZOLE-1	HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG
HAEGARDA	HETLIOZ
HAILEY 1.5/30	HETLIOZ LQ
HAILEY 24 FE	HIBERIX INJECTION
HAILEY FE 1.5/30	HIDEX 6-DAY
HAILEY FE 1/20	HIPREX
<i>halcinonide</i>	HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML
HALCION	HIZENTRA SUBCUTANEOUS SOLUTION 10 GM/50ML, 2 GM/10ML, 4 GM/20ML
HALDOL DECANOATE	HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML
<i>halobetasol propionate external cream</i>	HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2 GM/10ML, 4 GM/20ML
<i>halobetasol propionate external foam</i>	HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG
<i>halobetasol propionate external ointment</i>	HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG
HALOETTE	HUMALOG INJECTION
HALOG	HUMALOG JUNIOR KWIKPEN
<i>haloperidol decanoate intramuscular</i>	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR
<i>haloperidol lactate injection</i>	HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR
<i>haloperidol lactate oral</i>	HUMALOG MIX 75/25
<i>haloperidol oral</i>	HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR
HARVONI	HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE
HAVRIX	HUMALOG TEMPO PEN
HEATHER	HUMATIN
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML	HUMATROPE INJECTION CARTRIDGE
HELIDAC THERAPY	HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML
HEMADY	HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML
HEMANGEOL	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	

HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	<i>hydrocortisone butyr lipo base</i>
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	<i>hydrocortisone butyrate external cream</i>
HUMIRA PEN-PEDIATRIC UC START	<i>hydrocortisone butyrate external lotion</i>
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	<i>hydrocortisone butyrate external ointment</i>
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	<i>hydrocortisone butyrate external solution</i>
HUMIRA-PSORIASIS/UVEIT STARTER	<i>hydrocortisone external cream 1 %, 2.5 %</i>
HUMULIN 70/30	<i>hydrocortisone external lotion 2 %</i>
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	<i>hydrocortisone external lotion 2.5 %</i>
HUMULIN N	<i>hydrocortisone external ointment 1 %, 2.5 %</i>
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	<i>hydrocortisone oral</i>
HUMULIN R	<i>hydrocortisone rectal enema</i>
HUMULIN R U-500 (CONCENTRATED)	<i>hydrocortisone valerate</i>
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	<i>hydrocortisone-acetic acid</i>
<i>hydralazine hcl injection</i>	<i>hydromorphone hcl er oral tablet extended release 24 hour</i>
<i>hydralazine hcl oral</i>	<i>hydromorphone hcl injection solution 0.25 mg/0.5ml</i>
HYDREA	<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>
<i>hydrochlorothiazide oral</i>	<i>hydromorphone hcl oral liquid</i>
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	<i>hydromorphone hcl oral tablet</i>
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	<i>hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml</i>
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	<i>hydromorphone hcl pf injection solution 10 mg/ml, 2 mg/ml, 50 mg/5ml, 500 mg/50ml</i>
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg</i>	<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	<i>hydroxychloroquine sulfate oral tablet 200 mg</i>
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	<i>hydroxyurea oral</i>
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	<i>hydroxyzine hcl intramuscular</i>
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	<i>hydroxyzine hcl oral syrup</i>
<i>hydrocortisone (perianal) external cream 1 %</i>	<i>hydroxyzine hcl oral tablet</i>
<i>hydrocortisone (perianal) external cream 2.5 %</i>	<i>hydroxyzine pamoate oral</i>
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	HYFTOR
	<i>hyoscyamine sulfate oral elixir</i>
	<i>hyoscyamine sulfate oral solution</i>
	<i>hyoscyamine sulfate oral tablet</i>
	<i>hyoscyamine sulfate oral tablet dispersible</i>
	<i>hyoscyamine sulfate sublingual</i>
	HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML

HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML	<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>
HYPERRAB	<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>
HYPERTET	<i>imiquimod external cream 3.75 %</i>
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	<i>imiquimod external cream 5 %</i>
HYQVIA SUBCUTANEOUS KIT 2.5 GM/25ML	<i>imiquimod pump</i>
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 60 MG, 80 MG	IMITREX NASAL
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG	IMITREX ORAL
HYZAAR	IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE
<i>ibandronate sodium intravenous</i>	IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR
<i>ibandronate sodium oral</i>	IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML
IBRANCE	IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED
IBSRELA	IMPAVIDO
IBU	IMURAN
<i>ibuprofen oral suspension</i>	IMVEXXY MAINTENANCE PACK
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IMVEXXY STARTER PACK
<i>icatibant acetate</i>	INBRIJA
ICLEVIA	INCASSIA
ICLUSIG	INCRELEX
<i>icosapent ethyl</i>	INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT
IDHIFA ORAL TABLET 100 MG	<i>indapamide oral</i>
IDHIFA ORAL TABLET 50 MG	INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG
IGALMI	INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG, 60 MG, 80 MG
ILARIS SUBCUTANEOUS SOLUTION	INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG
ILEVRO	INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG
ILUMYA	INDOCIN ORAL
<i>imatinib mesylate oral tablet 100 mg</i>	INDOCIN RECTAL
<i>imatinib mesylate oral tablet 400 mg</i>	<i>indomethacin er</i>
IMBRUVICA ORAL CAPSULE 140 MG	<i>indomethacin oral capsule 25 mg, 50 mg</i>
IMBRUVICA ORAL CAPSULE 70 MG	<i>indomethacin oral suspension</i>
IMBRUVICA ORAL SUSPENSION	<i>indomethacin rectal suppository 50 mg</i>
IMBRUVICA ORAL TABLET 140 MG	INFANRIX
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	INFLECTRA
IMFINZI	
<i>imipenem-cilastatin</i>	
<i>imipramine hcl oral</i>	

<i>infliximab</i>	INTELENCE ORAL TABLET 100 MG
INGREZZA ORAL CAPSULE 40 MG	INTELENCE ORAL TABLET 200 MG
INGREZZA ORAL CAPSULE 60 MG, 80 MG	INTELENCE ORAL TABLET 25 MG
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	INTRALIPID INTRAVENOUS EMULSION 20 %
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	INTRALIPID INTRAVENOUS EMULSION 30 %
INGREZZA ORAL CAPSULE THERAPY PACK	INTRAROSA
INLYTA ORAL TABLET 1 MG	INTROVALE
INLYTA ORAL TABLET 5 MG	INTUNIV
INNOPRAN XL	INVANZ INJECTION
INPEFA	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML
INPEN 100-BLUE-LILLY-HUMALOG	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML
INPEN 100-BLUE-NOVOLOG-FIASP	INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG
INPEN 100-GREY-LILLY-HUMALOG	INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG
INPEN 100-GREY-NOVOLOG-FIASP	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML
INPEN 100-PINK-LILLY-HUMALOG	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML
INPEN 100-PINK-NOVOLOG-FIASP	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML
INQOVI	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML
INREBIC	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML
INSBRA	INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML
<i>insulin asp prot & asp flexpen</i>	INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML
<i>insulin aspart flexpen</i>	INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML
<i>insulin aspart injection</i>	INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML
<i>insulin aspart penfill</i>	INVELTYS
<i>insulin aspart prot & aspart</i>	INVOKAMET
<i>insulin degludec</i>	INVOKAMET XR
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml</i>	INVOKANA
<i>insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml</i>	IOPIDINE OPHTHALMIC SOLUTION 1 %
<i>insulin glargine</i>	IPOL
<i>insulin glargine max solostar</i>	<i>ipratropium bromide inhalation</i>
<i>insulin glargine solostar</i>	
<i>insulin glargine-yfgn</i>	
<i>insulin lispro (1 unit dial)</i>	
<i>insulin lispro injection</i>	
<i>insulin lispro junior kwikpen</i>	
<i>insulin lispro prot & lispro</i>	
INSULIN PEN NEEDLE	
INSULIN SYRINGE	

<i>ipratropium bromide nasal</i>	<i>itraconazole oral capsule</i>
<i>ipratropium-albuterol</i>	<i>itraconazole oral solution</i>
<i>irbesartan</i>	<i>ivermectin external cream</i>
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	<i>ivermectin oral</i>
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	IWILFIN
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	IXCHIQ
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	IXIARO
IRESSA	IYUZEH
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	JADENU
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	JADENU SPRINKLE
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	JAIMESS
ISENTRESS HD	JAKAFI
ISENTRESS ORAL PACKET	<i>jantoven</i>
ISENTRESS ORAL TABLET	JANUMET
ISENTRESS ORAL TABLET CHEWABLE 100 MG	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG
ISENTRESS ORAL TABLET CHEWABLE 25 MG	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG
ISIBLOOM	JANUVIA ORAL TABLET 100 MG
ISOLYTE-P IN D5W	JANUVIA ORAL TABLET 25 MG
ISOLYTE-S	JANUVIA ORAL TABLET 50 MG
ISOLYTE-S PH 7.4	JARDIANCE
<i>isoniazid injection</i>	JASMIEL
<i>isoniazid oral syrup</i>	JATENZO ORAL CAPSULE 158 MG, 198 MG
<i>isoniazid oral tablet</i>	JATENZO ORAL CAPSULE 237 MG
ISORDIL TITRADOSE	JAVYGTOR
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	JAYPIRCA ORAL TABLET 100 MG
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	JAYPIRCA ORAL TABLET 50 MG
<i>isosorbide dinitrate oral tablet 40 mg</i>	JENCYCLA
<i>isosorbide mononitrate</i>	JENTADUETO
<i>isosorbide mononitrate er</i>	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i>	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG
<i>isotretinoin oral capsule 25 mg</i>	JEVTANA
<i>isradipine</i>	JINTELI
ISTALOL	JOENJA
ISTURISA ORAL TABLET 1 MG, 5 MG	JOLESSA
	JORNAY PM

JOYEAUX	<i>kedrab injection</i>
JUBLIA	KELNOR 1/35
JULEBER	KELNOR 1/50
JULUCA	KENALOG EXTERNAL
JUNEL 1.5/30	KENALOG INJECTION
JUNEL 1/20	KENALOG-10
JUNEL FE 1.5/30	KENALOG-40
JUNEL FE 1/20	KENALOG-80
JUNEL FE 24	KEPPRA INTRAVENOUS
JUST RIGHT 5000 DENTAL PASTE	KEPPRA ORAL SOLUTION
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	KEPPRA ORAL TABLET 1000 MG, 500 MG, 750 MG
JUXTAPID ORAL CAPSULE 30 MG	KEPPRA ORAL TABLET 250 MG
JYLAMVO	KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG
JYNARQUE ORAL TABLET	KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG
JYNARQUE ORAL TABLET THERAPY PACK	KERENDIA
JYNNEOS	KESIMPTA
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	<i>ketoconazole external cream</i>
KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 %	<i>ketoconazole external foam</i>
KADCYLA	<i>ketoconazole external shampoo 2 %</i>
KAITLIB FE	<i>ketoconazole oral</i>
KALBITOR	KETODAN EXTERNAL FOAM
KALETRA ORAL SOLUTION	<i>ketoprofen er</i>
KALETRA ORAL TABLET 100-25 MG	<i>ketoprofen oral capsule 25 mg</i>
KALETRA ORAL TABLET 200-50 MG	<i>ketoprofen oral capsule 50 mg</i>
KALLIGA	<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>
KALYDECO ORAL PACKET	<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>
KALYDECO ORAL TABLET	<i>ketorolac tromethamine nasal</i>
KANJINTI	<i>ketorolac tromethamine ophthalmic</i>
KAPSPARGO SPRINKLE	<i>ketorolac tromethamine oral</i>
KARIVA	KEVEYIS
KATERZIA	KEVZARA
KAZANO	KEYTRUDA INTRAVENOUS SOLUTION
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE
<i>kcl-lactated ringers-d5w</i>	

KIONEX ORAL SUSPENSION	KYPROLIS
KIPROFEN	<i>l-glutamine oral packet</i>
KISQALI (200 MG DOSE)	<i>labetalol hcl intravenous solution</i>
KISQALI (400 MG DOSE)	<i>labetalol hcl oral</i>
KISQALI (600 MG DOSE)	<i>labetalol hcl-dextrose intravenous solution 200-5 mg/200ml-%</i>
KISQALI FEMARA (200 MG DOSE)	<i>lacosamide intravenous</i>
KISQALI FEMARA (400 MG DOSE)	<i>lacosamide oral solution</i>
KISQALI FEMARA (600 MG DOSE)	<i>lacosamide oral tablet</i>
KITABIS PAK	LACRISERT
KLARON	<i>lactated ringers intravenous</i>
KLAYESTA	<i>lactated ringers irrigation</i>
KLISYRI	<i>lactulose encephalopathy</i>
KLONOPIN ORAL TABLET 0.5 MG	<i>lactulose oral packet</i>
KLONOPIN ORAL TABLET 1 MG	<i>lactulose oral solution</i>
KLONOPIN ORAL TABLET 2 MG	LAGEVRIO
KLOR-CON 10	LAMICTAL ODT ORAL KIT
KLOR-CON M10	LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 25 MG, 50 MG
KLOR-CON M15	LAMICTAL ODT ORAL TABLET DISPERSIBLE 200 MG
KLOR-CON M20	LAMICTAL ORAL TABLET
KLOR-CON ORAL PACKET 20 MEQ	LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG
KLOR-CON ORAL TABLET EXTENDED RELEASE	LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG
KLOR-CON/EF	LAMICTAL STARTER ORAL KIT 84 X 25 MG & 14X100 MG
KLOXXADO	LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	LAMICTAL XR ORAL KIT 50 & 100 & 200 MG
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 250 MG, 300 MG
KONVOMEF	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG
KORLYM	<i>lamivudine oral solution</i>
KOSELUGO	<i>lamivudine oral tablet 100 mg</i>
KOURZEQ	<i>lamivudine oral tablet 150 mg</i>
KRAZATI	<i>lamivudine oral tablet 300 mg</i>
KRINTAFEL	<i>lamivudine-zidovudine</i>
KRISTALOSE	<i>lamotrigine er</i>
KRYSTEXXA	<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>
KURVELO	
KUVAN ORAL PACKET	
KUVAN ORAL TABLET	
KYLEENA	

<i>lamotrigine oral tablet</i>	<i>lenalidomide oral capsule 10 mg</i>
<i>lamotrigine oral tablet chewable</i>	<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>
<i>lamotrigine oral tablet dispersible</i>	<i>lenalidomide oral capsule 5 mg</i>
<i>lamotrigine starter kit-blue</i>	LENVIMA (10 MG DAILY DOSE)
<i>lamotrigine starter kit-green</i>	LENVIMA (12 MG DAILY DOSE)
<i>lamotrigine starter kit-orange</i>	LENVIMA (14 MG DAILY DOSE)
LAMPIT	LENVIMA (18 MG DAILY DOSE)
LANOXIN INJECTION SOLUTION 0.25 MG/ML	LENVIMA (20 MG DAILY DOSE)
LANOXIN ORAL TABLET 125 MCG	LENVIMA (24 MG DAILY DOSE)
LANOXIN ORAL TABLET 250 MCG	LENVIMA (4 MG DAILY DOSE)
LANOXIN ORAL TABLET 62.5 MCG	LENVIMA (8 MG DAILY DOSE)
LANOXIN PEDIATRIC	LEQVIO
<i>lanreotide acetate</i>	LESCOL XL
<i>lansoprazole oral capsule delayed release 15 mg</i>	LESSINA
<i>lansoprazole oral capsule delayed release 30 mg</i>	LETAIRIS ORAL TABLET 10 MG
<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>	LETAIRIS ORAL TABLET 5 MG
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>	<i>letrozole oral</i>
<i>lanthanum carbonate</i>	<i>leucovorin calcium injection solution 100 mg/10ml</i>
LANTUS	<i>leucovorin calcium injection solution 500 mg/50ml</i>
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	<i>leucovorin calcium injection solution reconstituted</i>
<i>lapatinib ditosylate</i>	<i>leucovorin calcium oral</i>
LARIN 1.5/30	LEUKERAN
LARIN 1/20	LEUKINE INJECTION SOLUTION RECONSTITUTED
LARIN 24 FE	<i>leuprolide acetate (3 month)</i>
LARIN FE 1.5/30	<i>leuprolide acetate injection</i>
LARIN FE 1/20	<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>
LASIX	<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>
<i>latanoprost ophthalmic</i>	<i>levalbuterol tartrate</i>
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	<i>levamlodipine maleate</i>
LATUDA ORAL TABLET 80 MG	LEVEMIR
LAYOLIS FE	<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>
<i>ledipasvir-sofosbuvir</i>	<i>levetiracetam intravenous</i>
LEENA	<i>levetiracetam oral</i>
<i>leflunomide oral</i>	LEVO-T

<i>levobunolol hcl ophthalmic solution 0.5 %</i>	LEXAPRO ORAL TABLET 5 MG
<i>levocarnitine intravenous</i>	LEXETTE
<i>levocarnitine oral solution</i>	LEXIVA ORAL SUSPENSION
<i>levocarnitine oral tablet</i>	LEXIVA ORAL TABLET
<i>levocarnitine sf</i>	LIALDA
<i>levocetirizine dihydrochloride oral solution</i>	LIBERVANT
<i>levocetirizine dihydrochloride oral tablet</i>	LIBRAX
<i>levofloxacin in d5w</i>	LICART EXTERNAL
<i>levofloxacin intravenous</i>	<i>lidocaine external ointment 5 %</i>
<i>levofloxacin ophthalmic</i>	<i>lidocaine external patch 5 %</i>
<i>levofloxacin oral solution</i>	<i>lidocaine hcl (pf) injection solution 0.5 %, 2 %, 4 %</i>
<i>levofloxacin oral tablet</i>	<i>lidocaine hcl (pf) injection solution 1 %, 1.5 %</i>
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	<i>lidocaine hcl external solution</i>
<i>levoleucovorin calcium pf</i>	<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>
LEVONEST	<i>lidocaine hcl mouth/throat</i>
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	<i>lidocaine hcl urethral/mucosal</i>
<i>levonorgest-eth est & eth est</i>	<i>lidocaine viscous hcl</i>
<i>levonorgest-eth estrad 91-day</i>	<i>lidocaine-prilocaine external cream</i>
<i>levonorgest-eth estradiol-iron</i>	LIDOCAN
<i>levonorgestrel-ethinyl estrad</i>	LIDODERM
LEVORA 0.15/30 (28)	LIDOREX
<i>levorphanol tartrate oral</i>	LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY
<i>levothyroxine sodium intravenous solution 100 mcg/ 5ml</i>	LINCOCIN
<i>levothyroxine sodium intravenous solution 100 mcg/ ml, 200 mcg/5ml, 500 mcg/5ml</i>	<i>lincomycin hcl injection</i>
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg</i>	<i>lindane external shampoo</i>
<i>levothyroxine sodium intravenous solution reconstituted 200 mcg, 500 mcg</i>	<i>linezolid in sodium chloride</i>
<i>levothyroxine sodium oral capsule</i>	<i>linezolid intravenous solution 600 mg/300ml</i>
<i>levothyroxine sodium oral tablet</i>	<i>linezolid oral suspension reconstituted</i>
LEVOXYL	<i>linezolid oral tablet</i>
LEVSIN ORAL TABLET	LINZESS
LEVSIN/SL	LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML
LEVULAN KERASTICK	LIORESAL INTRATHECAL SOLUTION 10 MG/5ML, 40 MG/20ML
LEXAPRO ORAL TABLET 10 MG	<i>liothyronine sodium intravenous</i>
LEXAPRO ORAL TABLET 20 MG	<i>liothyronine sodium oral</i>
	LIPITOR
	LIPOFEN ORAL CAPSULE 150 MG

LIPOFEN ORAL CAPSULE 50 MG	<i>lopinavir-ritonavir oral tablet 100-25 mg</i>
LIQREV	<i>lopinavir-ritonavir oral tablet 200-50 mg</i>
<i>lisdexamfetamine dimesylate</i>	LOPRESSOR ORAL
<i>lisinopril oral</i>	LOPROX EXTERNAL SHAMPOO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	<i>lorazepam injection</i>
<i>lisinopril-hydrochlorothiazide</i>	LORAZEPAM INTENSOL
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	<i>lorazepam oral concentrate</i>
LITFULO	<i>lorazepam oral tablet 0.5 mg, 1 mg</i>
<i>lithium</i>	<i>lorazepam oral tablet 2 mg</i>
<i>lithium carbonate er</i>	LORBRENA ORAL TABLET 100 MG
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	LORBRENA ORAL TABLET 25 MG
<i>lithium carbonate oral capsule 600 mg</i>	LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG
<i>lithium carbonate oral tablet</i>	LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG
LITHOBID	LORTAB ORAL ELIXIR 10-300 MG/15ML
LITHOSTAT	LORYNA
LIVALO	LORZONE
LIVMARLI ORAL SOLUTION 9.5 MG/ML	<i>losartan potassium oral tablet 100 mg</i>
LIVTENCITY	<i>losartan potassium oral tablet 100 mg</i>
LO LOESTRIN FE	<i>losartan potassium oral tablet 25 mg, 50 mg</i>
LO-ZUMANDIMINE	<i>losartan potassium oral tablet 25 mg, 50 mg</i>
LOCOID EXTERNAL LOTION	<i>losartan potassium-hctz</i>
LOCOID LIPOCREAM	<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>
LODINE	LOTEMAX
LODOCO	LOTEMAX SM
LODOSYN	LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG
LOESTRIN 1.5/30 (21)	LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG
LOESTRIN 1/20 (21)	<i>loteprednol etabonate ophthalmic gel</i>
LOESTRIN FE 1.5/30	<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>
LOESTRIN FE 1/20	<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>
LOFENA	LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG
LOJAIMIESS	LOTRONEX
LOKELMA	<i>lovastatin oral</i>
LOMOTIL ORAL TABLET	<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>
LONSURF	
<i>loperamide hcl oral capsule</i>	
LOPID	
<i>lopinavir-ritonavir oral solution</i>	

LOVAZA	<i>lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg</i>
LOVENOX INJECTION SOLUTION	<i>lurasidone hcl oral tablet 80 mg</i>
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML	LUTERA
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 120 MG/0.8ML, 80 MG/0.8ML	LUZU
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 150 MG/ML	LYBALVI
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 30 MG/0.3ML	LYLEQ
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	LYLLANA
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 60 MG/0.6ML	LYNPARZA ORAL TABLET
LOW-OGESTREL	LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG
<i>loxapine succinate oral</i>	LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG
<i>lubiprostone</i>	LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG
LUCEMYRA	LYRICA ORAL CAPSULE 200 MG
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML	LYRICA ORAL CAPSULE 225 MG, 300 MG
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.5 MG/0.05ML	LYRICA ORAL SOLUTION
<i>luliconazole</i>	LYSODREN
LUMAKRAS ORAL TABLET 120 MG	LYTGOBI (12 MG DAILY DOSE)
LUMAKRAS ORAL TABLET 320 MG	LYTGOBI (16 MG DAILY DOSE)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	LYTGOBI (20 MG DAILY DOSE)
LUMIZYME	LYUMJEV
LUMRYZ	LYUMJEV KWIKPEN
LUNESTA	LYUMJEV TEMPO PEN
LUPKYNIS	LYVISPAH ORAL PACKET 10 MG
LUPRON DEPOT (1-MONTH)	LYVISPAH ORAL PACKET 20 MG
LUPRON DEPOT (3-MONTH)	LYVISPAH ORAL PACKET 5 MG
LUPRON DEPOT (4-MONTH)	LYZA
LUPRON DEPOT (6-MONTH)	M-M-R II INJECTION
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	<i>m-natal plus</i>
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	MACROBID
LUPRON DEPOT-PED (3-MONTH)	MACRODANTIN
LUPRON DEPOT-PED (6-MONTH)	<i>mafenide acetate external</i>
<i>lurasidone hcl oral tablet 120 mg</i>	<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>
	<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>
	MALARONE
	<i>malathion external</i>

<i>mannitol intravenous solution 20 %, 25 %</i>	<i>megestrol acetate oral suspension 625 mg/5ml</i>
<i>maraviroc</i>	<i>megestrol acetate oral tablet</i>
MARINOL ORAL CAPSULE 10 MG	MEKINIST ORAL SOLUTION RECONSTITUTED
MARINOL ORAL CAPSULE 2.5 MG, 5 MG	MEKINIST ORAL TABLET 0.5 MG
<i>marlissa</i>	MEKINIST ORAL TABLET 2 MG
MARPLAN	MEKTOVI
MATULANE	<i>meloxicam oral capsule</i>
MATZIM LA	<i>meloxicam oral tablet</i>
MAVENCLAD (10 TABS)	<i>memantine hcl er</i>
MAVENCLAD (4 TABS)	<i>memantine hcl oral solution 2 mg/ml</i>
MAVENCLAD (5 TABS)	<i>memantine hcl oral tablet 10 mg</i>
MAVENCLAD (6 TABS)	<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>
MAVENCLAD (7 TABS)	<i>memantine hcl oral tablet 5 mg</i>
MAVENCLAD (8 TABS)	MENACTRA INTRAMUSCULAR SOLUTION
MAVENCLAD (9 TABS)	MENEST
MAVYRET ORAL PACKET	MENOSTAR
MAVYRET ORAL TABLET	MENQUADFI INTRAMUSCULAR SOLUTION
MAXALT ORAL TABLET 10 MG	MENVEO
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>
MAXIDEX	<i>meperidine hcl oral solution</i>
MAXITROL OPHTHALMIC OINTMENT	<i>meperidine hcl oral tablet 50 mg</i>
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	<i>meprobamate</i>
MAYZENT ORAL TABLET 0.25 MG	MEPRON
MAYZENT ORAL TABLET 1 MG, 2 MG	<i>mercaptopurine oral</i>
MAYZENT STARTER PACK	<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>
<i>me/naphos/mb/hyo1</i>	MERZEE
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	<i>mesalamine er oral capsule extended release</i>
<i>meclizine hcl oral tablet 50 mg</i>	<i>mesalamine er oral capsule extended release 24 hour</i>
<i>meclofenamate sodium oral</i>	<i>mesalamine oral capsule delayed release</i>
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	<i>mesalamine oral tablet delayed release 1.2 gm</i>
MEDROL ORAL TABLET 2 MG	<i>mesalamine oral tablet delayed release 800 mg</i>
MEDROL ORAL TABLET THERAPY PACK	<i>mesalamine rectal</i>
<i>medroxyprogesterone acetate intramuscular</i>	<i>mesalamine-cleanser</i>
<i>medroxyprogesterone acetate oral</i>	<i>mesna</i>
<i>mefenamic acid oral</i>	MESNEX INTRAVENOUS
<i>mefloquine hcl</i>	MESNEX ORAL
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	

MESTINON ORAL SOLUTION	<i>methimazole oral</i>
MESTINON ORAL TABLET	<i>methitest</i>
MESTINON ORAL TABLET EXTENDED RELEASE	<i>methocarbamol injection solution 1000 mg/10ml</i>
METADATE CD	<i>methocarbamol oral tablet 1000 mg</i>
<i>metaxalone</i>	<i>methocarbamol oral tablet 500 mg, 750 mg</i>
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	<i>methotrexate oral</i>
<i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>	<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	<i>methotrexate sodium injection solution reconstituted</i>
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	<i>methotrexate sodium oral</i>
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	<i>methoxsalen rapid</i>
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	<i>methscopolamine bromide oral</i>
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	<i>methsuximide</i>
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	<i>methylergonovine maleate oral</i>
<i>metformin hcl oral solution</i>	METHYLIN ORAL SOLUTION 10 MG/5ML
<i>metformin hcl oral tablet 1000 mg</i>	METHYLIN ORAL SOLUTION 5 MG/5ML
<i>metformin hcl oral tablet 1000 mg</i>	<i>methylphenidate hcl er (cd)</i>
<i>metformin hcl oral tablet 500 mg</i>	<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>
<i>metformin hcl oral tablet 500 mg</i>	<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>
<i>metformin hcl oral tablet 625 mg</i>	<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg, 72 mg</i>
<i>metformin hcl oral tablet 850 mg</i>	<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>
<i>metformin hcl oral tablet 850 mg</i>	<i>methylphenidate hcl er (xr)</i>
METHADONE HCL INTENSOL	<i>methylphenidate hcl er oral tablet extended release</i>
<i>methadone hcl oral concentrate</i>	<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>
<i>methadone hcl oral solution</i>	<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>
<i>methadone hcl oral tablet</i>	<i>methylphenidate hcl oral solution 10 mg/5ml</i>
METHADOSE ORAL CONCENTRATE 10 MG/ML	<i>methylphenidate hcl oral solution 5 mg/5ml</i>
METHADOSE SUGAR-FREE	<i>methylphenidate hcl oral tablet</i>
<i>methamphetamine hcl</i>	<i>methylphenidate hcl oral tablet chewable 10 mg</i>
<i>methazolamide oral</i>	<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>
<i>methenamine hippurate</i>	<i>methylphenidate patch</i>
<i>methenamine mandelate oral</i>	
METHERGINE ORAL	

<i>methylprednisolone acetate injection suspension</i>	MICARDIS ORAL TABLET 20 MG, 40 MG
40 mg/ml, 80 mg/ml	MICARDIS ORAL TABLET 80 MG
<i>methylprednisolone oral</i>	<i>miconazole 3 vaginal suppository</i>
<i>methylprednisolone sodium succ injection solution</i>	<i>miconazole-zinc oxide-petrolat</i>
reconstituted 1000 mg, 125 mg, 40 mg	MICROGESTIN 1.5/30
<i>methylprednisolone sodium succ injection solution</i>	MICROGESTIN 1/20
reconstituted 500 mg	MICROGESTIN 24 FE
<i>methyltestosterone oral</i>	MICROGESTIN FE 1.5/30
<i>metoclopramide hcl injection</i>	MICROGESTIN FE 1/20
<i>metoclopramide hcl oral solution</i> 10 mg/10ml, 5 mg/5ml	<i>midazolam hcl oral</i>
<i>metoclopramide hcl oral tablet</i>	<i>midodrine hcl</i>
<i>metoclopramide hcl oral tablet dispersible</i> 5 mg	MIEBO
<i>metolazone</i>	<i>mifepristone oral tablet</i> 300 mg
<i>metoprolol succinate er</i>	MIGERGOT
<i>metoprolol tartrate intravenous solution</i> 5 mg/5ml	<i>miglitol</i>
<i>metoprolol tartrate oral tablet</i> 100 mg, 25 mg, 50 mg	<i>miglustat</i>
<i>metoprolol tartrate oral tablet</i> 100 mg, 25 mg, 50 mg	MIGRANAL
<i>metoprolol tartrate oral tablet</i> 37.5 mg, 75 mg	MILI
<i>metoprolol-hydrochlorothiazide</i>	MILLIPRED ORAL TABLET
METROCREAM	<i>milrinone lactate in dextrose</i>
METROGEL EXTERNAL GEL	<i>milrinone lactate intravenous solution</i> 10 mg/10ml, 20 mg/20ml, 50 mg/50ml
METROLOTION	MIMVEY
<i>metronidazole external</i>	MINIVELLE
<i>metronidazole intravenous solution</i> 500 mg/100ml	MINOCIN INTRAVENOUS
<i>metronidazole oral</i>	<i>minocycline hcl er oral tablet extended release</i> 24 hour 105 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg
<i>metronidazole vaginal</i>	<i>minocycline hcl er oral tablet extended release</i> 24 hour 115 mg
<i>metyrosine</i>	<i>minocycline hcl oral</i>
<i>mexiletine hcl oral</i>	<i>minoxidil oral</i>
MIACALCIN INJECTION	<i>mirabegron er</i>
MIBELAS 24 FE	MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 2.25 MG, 3 MG, 3.75 MG
<i>micafungin sodium</i>	MIRCETTE
<i>micafungin sodium-nacl intravenous solution</i> 100-0.9 mg/100ml-%	MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY
<i>micafungin sodium-nacl intravenous solution</i> 50-0.9 mg/50ml-%	<i>mirtazapine oral tablet</i> 15 mg, 30 mg, 7.5 mg
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-25 MG	<i>mirtazapine oral tablet</i> 45 mg
MICARDIS HCT ORAL TABLET 80-12.5 MG	

<i>mirtazapine oral tablet dispersible</i>	<i>morphine sulfate intravenous solution 8 mg/ml</i>
MIRVASO	<i>morphine sulfate oral solution</i>
<i>misoprostol oral</i>	<i>morphine sulfate oral tablet</i>
MITIGARE	<i>morphine sulfate rectal</i>
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg</i>	MOTEGRITY
<i>mitomycin intravenous solution reconstituted 5 mg</i>	MOTOFEN
<i>modafinil oral tablet 100 mg</i>	MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG
<i>modafinil oral tablet 200 mg</i>	MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG
<i>moexipril hcl</i>	MOUNJARO
<i>molindone hcl</i>	MOVANTIK
<i>mometasone furoate external</i>	MOVIPREP
<i>mometasone furoate nasal</i>	<i>moxifloxacin hcl (2x day)</i>
MONDOXYNE NL ORAL CAPSULE 100 MG	<i>moxifloxacin hcl in nacl</i>
MONO-LINYAH	<i>moxifloxacin hcl intravenous</i>
<i>montelukast sodium oral</i>	<i>moxifloxacin hcl ophthalmic solution</i>
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	<i>moxifloxacin hcl oral</i>
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	MOZOBIL
<i>morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml</i>	MRESVIA
<i>morphine sulfate (pf) injection solution 2 mg/ml, 8 mg/ml</i>	MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG
<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG
<i>morphine sulfate (pf) intravenous solution 10 mg/ml</i>	MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG
<i>morphine sulfate (pf) intravenous solution 8 mg/ml</i>	MULPLETA
<i>morphine sulfate er beads</i>	MULTAQ
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	<i>multi-vitamin/fluoride oral solution</i>
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	<i>multi-vitamin/fluoride/iron</i>
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	<i>multiple electro type 1 ph 5.5</i>
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	<i>multiple electro type 1 ph 7.4</i>
<i>morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml</i>	<i>multivitamin w/fluoride</i>
<i>morphine sulfate intravenous solution 4 mg/ml</i>	<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>
	<i>mupirocin calcium</i>
	<i>mupirocin external</i>
	MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 5 MG
	MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG

MVASI	NAGLAZYME
MYALEPT	NALFON ORAL CAPSULE 400 MG
MYAMBUTOL ORAL TABLET 400 MG	NALFON ORAL TABLET
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	<i>nalocet</i>
MYCAPSSA	<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>
MYCOBUTIN	<i>naloxone hcl injection solution cartridge</i>
<i>mycophenolate mofetil oral capsule</i>	<i>naloxone hcl injection solution prefilled syringe</i>
<i>mycophenolate mofetil oral suspension reconstituted</i>	<i>naloxone hcl nasal</i>
<i>mycophenolate mofetil oral tablet</i>	<i>naltrexone hcl oral</i>
<i>mycophenolate sodium</i>	NAMENDA ORAL TABLET 10 MG
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	NAMENDA ORAL TABLET 5 MG
MYDAYIS	NAMENDA TITRATION PAK
MYFEMBREE	NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR
MYHIBBIN	NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML	NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG
MYOBLOC INTRAMUSCULAR SOLUTION 2500 UNIT/0.5ML, 5000 UNIT/ML	<i>naproxen dr oral tablet delayed release 500 mg</i>
MYORISAN	<i>naproxen oral suspension</i>
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	<i>naproxen oral tablet</i>
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	<i>naproxen oral tablet delayed release</i>
MYSOLINE	<i>naproxen sodium er</i>
MYTESI	<i>naproxen sodium oral tablet 275 mg, 550 mg</i>
<i>na sulfate-k sulfate-mg sulf</i>	<i>naratriptan hcl</i>
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	NARCAN
<i>nabumetone oral</i>	NARDIL
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	NATACYN
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	NATAZIA
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	<i>nateglinide oral tablet 120 mg</i>
<i>naftifine hcl external cream</i>	<i>nateglinide oral tablet 60 mg</i>
<i>naftifine hcl external gel 2 %</i>	NATESTO
NAFTIN EXTERNAL GEL	NATPARA
	NATROBA
	NAYZILAM
	<i>nebivolol hcl</i>

NEBUPENT	NEURONTIN ORAL TABLET 800 MG
NECON 0.5/35 (28)	NEVANAC
<i>nefazodone hcl</i>	<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>
NEO-POLYCIN	<i>nevirapine oral suspension</i>
NEO-POLYCIN HC	<i>nevirapine oral tablet</i>
NEO-SYNALAR EXTERNAL CREAM	NEXAVAR
<i>neomycin sulfate oral</i>	NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR
<i>neomycin-bacitracin zn-polymyx</i>	NEXIUM
<i>neomycin-polymyxin b gu</i>	NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG
<i>neomycin-polymyxin-dexameth</i>	NEXLETOL
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	NEXLIZET
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	NEXPLANON
<i>neomycin-polymyxin-hc otic</i>	NEXTSTELLIS
<i>neonatal 19</i>	NGENLA
<i>neonatal complete oral tablet 29-1 mg</i>	<i>niacin (antihyperlipidemic)</i>
<i>neonatal fe</i>	<i>niacin er (antihyperlipidemic)</i>
NEONATAL PLUS	<i>niacor</i>
NEORAL	<i>nicardipine hcl intravenous</i>
NERLYNX	<i>nicardipine hcl oral</i>
NESINA ORAL TABLET 12.5 MG	NICOTROL
NESINA ORAL TABLET 25 MG	NICOTROL NS
NESINA ORAL TABLET 6.25 MG	<i>nifedipine er</i>
NESTABS	<i>nifedipine er osmotic release</i>
NESTABS ONE	<i>nifedipine oral</i>
NEUAC EXTERNAL GEL	NIKKI
NEULASTA ONPRO	NILANDRON
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	<i>nilutamide</i>
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	<i>nimodipine oral</i>
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML	NINLARO
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	<i>nisoldipine er</i>
NEUPRO	<i>nitazoxanide oral</i>
NEURONTIN ORAL CAPSULE 100 MG	<i>nitisinone</i>
NEURONTIN ORAL CAPSULE 300 MG	NITRO-BID
NEURONTIN ORAL CAPSULE 400 MG	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR
NEURONTIN ORAL SOLUTION	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR
NEURONTIN ORAL TABLET 600 MG	

<i>nitrofurantoin</i>	NORLYDA
<i>nitrofurantoin macrocrystal oral</i>	NORLYROC
<i>nitrofurantoin monohyd macro</i>	NORPACE
<i>nitroglycerin intravenous</i>	NORPACE CR
<i>nitroglycerin rectal</i>	NORPRAMIN ORAL TABLET 10 MG, 25 MG
<i>nitroglycerin sublingual</i>	NORTHERA ORAL CAPSULE 100 MG
<i>nitroglycerin transdermal patch 24 hour</i>	NORTHERA ORAL CAPSULE 200 MG, 300 MG
<i>nitroglycerin translingual solution</i>	NORTREL 0.5/35 (28)
NITROLINGUAL	NORTREL 1/35 (21)
NITROSTAT	NORTREL 1/35 (28)
NITYR	NORTREL 7/7/7
<i>niva thyroid</i>	<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>
NIVA-PLUS	<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>
NIVESTYM INJECTION SOLUTION 300 MCG/ML	<i>nortriptyline hcl oral solution</i>
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	NORVASC
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	NORVIR ORAL PACKET
<i>nizatidine oral capsule</i>	NORVIR ORAL TABLET
NOC DURNA	NOURIANZ ORAL TABLET 20 MG
NORA-BE	NOURIANZ ORAL TABLET 40 MG
NORDITROPIN FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT
<i>norelgestromin-eth estradiol</i>	NOVOLIN 70/30
<i>norethin ace-eth estrad-fe oral capsule</i>	NOVOLIN 70/30 FLEXPEN
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	NOVOLIN 70/30 FLEXPEN RELION
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	NOVOLIN 70/30 RELION
<i>norethin-eth estradiol-fe</i>	NOVOLIN N
<i>norethindron-ethinyl estrad-fe</i>	NOVOLIN N FLEXPEN
<i>norethindrone acet-ethinyl est oral tablet</i>	NOVOLIN N FLEXPEN RELION
<i>norethindrone acetate oral</i>	NOVOLIN N RELION
<i>norethindrone oral</i>	NOVOLIN R
<i>norethindrone-eth estradiol</i>	NOVOLIN R FLEXPEN
NORGESIC	NOVOLIN R FLEXPEN RELION
<i>norgesic forte</i>	NOVOLIN R RELION
<i>norgestim-eth estrad triphasic</i>	NOVOLOG 70/30 FLEXPEN RELION
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg- mcg</i>	NOVOLOG FLEXPEN RELION
NORITATE	NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR
NORLIQVA	NOVOLOG INJECTION
	NOVOLOG MIX 70/30

NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NUVIGIL ORAL TABLET 200 MG, 250 MG
NOVOLOG MIX 70/30 RELION	NUVIGIL ORAL TABLET 50 MG
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	NUZYRA
NOVOLOG RELION INJECTION	NYAMYC
NOVOPEN ECHO	NYLIA 1/35
NOXAFIL INTRAVENOUS	NYLIA 7/7/7
NOXAFIL ORAL	NYMALIZE ORAL SOLUTION 6 MG/ML
NP THYROID	NYMYO
NPLATE	<i>nystatin external</i>
NUBEQA	<i>nystatin mouth/throat</i>
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	<i>nystatin oral tablet</i>
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	<i>nystatin-triamcinolone</i>
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	NYSTOP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	NYVEPRIA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG	OB COMPLETE ONE
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 50 MG	OB COMPLETE ORAL TABLET
NUCYNTA ORAL TABLET 100 MG	OB COMPLETE PETITE
NUCYNTA ORAL TABLET 50 MG	OB COMPLETE PREMIER
NUCYNTA ORAL TABLET 75 MG	OB COMPLETE/DHA
NUEDEXTA	OALIVA
NULEV	OCELLA
NULOJIX	OCREVUS
NUPLAZID ORAL CAPSULE	OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML
NUPLAZID ORAL TABLET 10 MG	<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>
NURTEC	<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>
NUTRILIPID	<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	OCUFLOX
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	ODACTRA
NUVARING	ODEFSEY
NUVESSA	ODOMZO
NUVIGIL ORAL TABLET 150 MG	OFEV
	<i>ofloxacin ophthalmic</i>
	<i>ofloxacin oral tablet 300 mg, 400 mg</i>

<i>ofloxacin otic</i>	<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg</i>
OGIVRI	<i>omeprazole-sodium bicarbonate oral packet 40-1680 mg</i>
OGSIVEO ORAL TABLET 100 MG, 150 MG	OMNARIS
OGSIVEO ORAL TABLET 50 MG	OMNIPOD 5 G6 INTRO (GEN 5)
OJEMDA ORAL SUSPENSION RECONSTITUTED	OMNIPOD 5 G6 PODS (GEN 5)
OJEMDA ORAL TABLET	OMNIPOD 5 G7 INTRO (GEN 5)
OJJAARA	OMNIPOD 5 G7 PODS (GEN 5)
<i>olanzapine intramuscular</i>	OMNIPOD CLASSIC PDM (GEN 3)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	OMNIPOD CLASSIC PODS (GEN 3)
<i>olanzapine oral tablet 20 mg</i>	OMNIPOD DASH INTRO (GEN 4)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i>	OMNIPOD DASH PODS (GEN 4)
<i>olanzapine oral tablet dispersible 20 mg</i>	OMNIPOD GO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	OMNIPOD POD PALS
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	OMVOH INTRAVENOUS
<i>olmesartan medoxomil oral tablet 5 mg</i>	OMVOH SUBCUTANEOUS
<i>olmesartan medoxomil oral tablet 5 mg</i>	<i>ondansetron hcl injection</i>
<i>olmesartan medoxomil-hctz</i>	<i>ondansetron hcl oral solution</i>
<i>olmesartan-amlodipine-hctz</i>	<i>ondansetron hcl oral tablet 24 mg</i>
<i>olopatadine hcl nasal</i>	<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>
<i>olopatadine hcl ophthalmic</i>	<i>ondansetron oral tablet dispersible 16 mg</i>
OLPRUVA (2 GM DOSE)	<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>
OLPRUVA (3 GM DOSE)	ONEXTON
OLPRUVA (4 GM DOSE)	ONFI ORAL SUSPENSION
OLPRUVA (5 GM DOSE)	ONFI ORAL TABLET 10 MG
OLPRUVA (6 GM DOSE)	ONFI ORAL TABLET 20 MG
OLPRUVA (6.67 GM DOSE)	ONGENTYS
OLUMIANT ORAL TABLET 1 MG, 2 MG	ONGLYZA ORAL TABLET 2.5 MG
OLUMIANT ORAL TABLET 4 MG	ONGLYZA ORAL TABLET 5 MG
OMECLAMOX-PAK	ONIVYDE
<i>omega-3-acid ethyl esters</i>	ONUREG
OMEGAIVEN	ONZETRA XSAIL
<i>omeprazole oral capsule delayed release</i>	OPDIVO
<i>omeprazole-sodium bicarbonate oral capsule</i>	OPFOLDA
	<i>opium</i>

OPSUMIT	ORSYTHIA
OPSYNVI	<i>oscimin oral tablet</i>
OPVEE	<i>oscimin sublingual</i>
OPZELURA	<i>oseltamivir phosphate oral capsule 30 mg</i>
ORACEA	<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>
ORACIT	<i>oseltamivir phosphate oral suspension</i>
ORALAIR	<i>reconstituted</i>
ORALONE	OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG
ORAPRED ODT	OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG
ORENCIA CLICKJECT	OSPHENA
ORENCIA INTRAVENOUS	OTEZLA ORAL TABLET 30 MG
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	OTOVEL
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML
ORENITRAM MONTH 1	OVIDE
ORENITRAM MONTH 2	<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml</i>
ORENITRAM MONTH 3	<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	<i>oxacillin sodium intravenous</i>
ORFADIN	<i>oxaliplatin intravenous solution</i>
ORGOVYX	<i>oxaliplatin intravenous solution reconstituted 100 mg</i>
ORIAHNN	<i>oxaliplatin intravenous solution reconstituted 50 mg</i>
ORILISSA ORAL TABLET 150 MG	<i>oxandrolone oral tablet 10 mg</i>
ORILISSA ORAL TABLET 200 MG	<i>oxandrolone oral tablet 2.5 mg</i>
ORKAMBI ORAL PACKET	<i>oxaprozin oral tablet</i>
ORKAMBI ORAL TABLET	OXAYDO ORAL TABLET 5 MG
ORLADEYO	OXAYDO ORAL TABLET 7.5 MG
ORMALVI	<i>oxazepam</i>
<i>orphenadrine citrate er</i>	OXBRYTA
<i>orphenadrine citrate injection</i>	<i>oxcarbazepine</i>
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	OXERVATE
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	
ORSERDU ORAL TABLET 345 MG	
ORSERDU ORAL TABLET 86 MG	

<i>oxiconazole nitrate</i>	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML
OXISTAT EXTERNAL CREAM	OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML
OXISTAT EXTERNAL LOTION	OZEMPIC (2 MG/DOSE)
OXLUMO	OZOBAX DS
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	OZURDEX INTRAVITREAL
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	<i>paclitaxel protein-bound part</i>
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	PALFORZIA (12 MG DAILY DOSE)
<i>oxybutynin chloride oral solution</i>	PALFORZIA (120 MG DAILY DOSE)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	PALFORZIA (160 MG DAILY DOSE)
<i>oxybutynin chloride oral tablet 5 mg</i>	PALFORZIA (20 MG DAILY DOSE)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	PALFORZIA (200 MG DAILY DOSE)
<i>oxycodone hcl oral capsule</i>	PALFORZIA (240 MG DAILY DOSE)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	PALFORZIA (3 MG DAILY DOSE)
<i>oxycodone hcl oral solution</i>	PALFORZIA (300 MG MAINTENANCE)
<i>oxycodone hcl oral tablet</i>	PALFORZIA (300 MG TITRATION)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml</i>	PALFORZIA (40 MG DAILY DOSE)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	PALFORZIA (6 MG DAILY DOSE)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	PALFORZIA (80 MG DAILY DOSE)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	PALFORZIA INITIAL ESCALATION
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG	<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG	<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>
<i>oxymorphone hcl</i>	<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	<i>palonosetron hcl</i>
<i>oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg</i>	PALYNZIQ
OXYTROL	PAMELOR ORAL CAPSULE 10 MG, 25 MG, 75 MG
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	PAMELOR ORAL CAPSULE 50 MG
	<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>
	<i>pamidronate disodium intravenous solution 6 mg/ml</i>
	PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT

PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	<i>peg 3350-kcl-na bicarb-nacl</i>
PANDEL	<i>peg-3350/electrolytes</i>
PANRETIN	<i>peg-3350/electrolytes/ascorbat</i>
<i>pantoprazole sodium intravenous</i>	<i>peg-kcl-nacl-nasulf-na asc-c</i>
<i>pantoprazole sodium oral packet</i>	PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML
<i>pantoprazole sodium oral tablet delayed release</i>	PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE
PANZYGA	PEMAZYRE
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	<i>pemetrexed disodium intravenous solution reconstituted 100 mg</i>
<i>paricalcitol intravenous</i>	<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>
<i>paricalcitol oral</i>	<i>pemetrexed disodium intravenous solution reconstituted 500 mg</i>
PARLODEL	PENBRAYA
PARNATE	<i>penciclovir</i>
<i>paromomycin sulfate oral</i>	<i>penicillamine oral</i>
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	<i>penicillin g pot in dextrose</i>
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	<i>penicillin g potassium</i>
<i>paroxetine hcl oral suspension</i>	<i>penicillin g sodium</i>
<i>paroxetine hcl oral tablet 10 mg</i>	<i>penicillin v potassium</i>
<i>paroxetine hcl oral tablet 20 mg</i>	PENNSAID EXTERNAL
<i>paroxetine hcl oral tablet 30 mg</i>	PENTACEL
<i>paroxetine hcl oral tablet 40 mg</i>	PENTAM
<i>paroxetine mesylate</i>	<i>pentamidine isethionate inhalation</i>
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG	<i>pentamidine isethionate injection</i>
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 37.5 MG	PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG
PAXIL ORAL SUSPENSION	PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG
PAXIL ORAL TABLET 10 MG, 40 MG	<i>pentazocine-naloxone hcl</i>
PAXIL ORAL TABLET 20 MG	<i>pentoxifylline er</i>
PAXIL ORAL TABLET 30 MG	PEPCID ORAL TABLET 20 MG
PAXLOVID (150/100)	PEPCID ORAL TABLET 40 MG
PAXLOVID (300/100)	PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG
<i>pazopanib hcl</i>	PERCOCET ORAL TABLET 2.5-325 MG
PEDIAPRED	PERFOROMIST
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	PERIKABIVEN
PEDVAX HIB INTRAMUSCULAR SUSPENSION	<i>perindopril erbumine</i>
	PERIOGARD

PERJETA	<i>pioglitazone hcl oral tablet 30 mg</i>
<i>permethrin external cream</i>	<i>pioglitazone hcl oral tablet 45 mg</i>
<i>perphenazine oral</i>	<i>pioglitazone hcl oral tablet 45 mg</i>
<i>perphenazine-amitriptyline</i>	<i>pioglitazone hcl-glimepiride</i>
PERSERIS	<i>pioglitazone hcl-metformin hcl</i>
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT	<i>piperacillin sod-tazobactam</i>
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 4000-14375 UNIT, 8000- 28750 UNIT	PIQRAY (200 MG DAILY DOSE)
PFIZERPEN	PIQRAY (250 MG DAILY DOSE)
PHEBURANE	PIQRAY (300 MG DAILY DOSE)
<i>phenelzine sulfate oral</i>	<i>pirfenidone oral capsule</i>
PHENERGAN INJECTION	<i>pirfenidone oral tablet 267 mg</i>
<i>phenobarbital oral elixir</i>	<i>pirfenidone oral tablet 534 mg, 801 mg</i>
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	PIRMELLA 1/35
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	<i>piroxicam oral</i>
<i>phenoxybenzamine hcl oral</i>	<i>pitavastatin calcium</i>
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	PLAQUENIL
PHENYTEK	PLASMA-LYTE 148
PHENYTOIN INFATABS	PLASMA-LYTE A
<i>phenytoin oral</i>	PLAVIX ORAL TABLET 75 MG
<i>phenytoin sodium extended</i>	PLEGRIDY
PHESGO	PLEGRIDY STARTER PACK
PHEXXI	PLENAMINE
PHILITH	PLENVU
PHOSPHOLINE IODIDE	<i>plerixafor</i>
PHYSIOLYTE	PLIAGLIS EXTERNAL CREAM
PIFELTRO	<i>pnv prenatal plus multivitamin</i>
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	<i>pnv-dha</i>
<i>pilocarpine hcl oral</i>	<i>pnv-dha+docusate</i>
<i>pimecrolimus</i>	<i>pnv-omega</i>
<i>pimozide</i>	PODOCON-25
PIMTREA	<i>podofilox external gel</i>
<i>pindolol</i>	<i>podofilox external solution</i>
<i>pioglitazone hcl oral tablet 15 mg</i>	POLY-VI-FLOR
<i>pioglitazone hcl oral tablet 15 mg</i>	POLY-VI-FLOR/IRON
<i>pioglitazone hcl oral tablet 30 mg</i>	POLYCIN
	<i>polymyxin b sulfate injection</i>
	<i>polymyxin b-trimethoprim</i>
	POMALYST

PONVORY	<i>prednisolone oral tablet</i>
PONVORY STARTER PACK	<i>prednisolone sodium phosphate ophthalmic</i>
PORTIA-28	<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>
<i>posaconazole intravenous</i>	<i>prednisolone sodium phosphate oral tablet dispersible</i>
<i>posaconazole oral</i>	PREDNISONE INTENSOL
<i>potassium chloride crys er</i>	<i>prednisone oral solution</i>
<i>potassium chloride er</i>	<i>prednisone oral tablet 1 mg</i>
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>
<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>
<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i>	<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)</i>
<i>potassium chloride oral packet</i>	<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>
<i>potassium citrate er</i>	<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>
<i>potassium citrate-citric acid oral solution</i>	<i>pregabalin oral capsule 200 mg</i>
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	<i>pregabalin oral capsule 225 mg, 300 mg</i>
POTELIGEO	<i>pregabalin oral solution</i>
PRADAXA ORAL CAPSULE	PREGNYL
PRADAXA ORAL PACKET 110 MG, 150 MG, 30 MG, 40 MG, 50 MG	PREHEVBRIO
PRADAXA ORAL PACKET 20 MG	PREMARIN INJECTION
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PREMARIN ORAL
<i>pramipexole dihydrochloride</i>	PREMARIN VAGINAL
<i>pramipexole dihydrochloride er</i>	PREMASOL INTRAVENOUS SOLUTION 10 %
<i>prasugrel hcl</i>	PREMPHASE
<i>pravastatin sodium</i>	PREMPRO
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	<i>prenaissance</i>
<i>praziquantel oral</i>	<i>prenaissance plus</i>
<i>prazosin hcl oral</i>	<i>prenatal oral tablet 27-1 mg</i>
PRED FORTE	<i>prenatal plus</i>
PRED MILD	<i>prenatal plus vitamin/mineral</i>
<i>prednicarbate external ointment</i>	<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>
<i>prednisolone acetate ophthalmic</i>	PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID
<i>prednisolone oral solution</i>	

prenatal without a w/ fe fumarate-l methylfolate-fa-dha oral capsule 27-0.6-0.4-300 mg

PRENATE

PRENATE AM

PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG

PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG

PRENATE ENHANCE

PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG

PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG

PRENATE PIXIE

PRENATE RESTORE

prenatvite complete

prenatvite plus

pretomanid

PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG

PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG

PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG

prevalite

PREVIDENT

PREVIDENT 5000 BOOSTER PLUS

PREVIDENT 5000 DRY MOUTH DENTAL GEL

PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL

PREVIDENT 5000 KIDS

PREVIDENT 5000 ORTHO DEFENSE

PREVIDENT 5000 PLUS

PREVIDENT 5000 SENSITIVE DENTAL GEL

PREVYMIS INTRAVENOUS

PREVYMIS ORAL

PREZCOBIX

PREZISTA ORAL SUSPENSION

PREZISTA ORAL TABLET 150 MG

PREZISTA ORAL TABLET 600 MG, 800 MG

PREZISTA ORAL TABLET 75 MG

PRIALT

PRIFTIN

PRILOSEC ORAL PACKET

PRIMACARE ORAL CAPSULE

primaquine phosphate oral tablet 26.3 (15 base) mg

PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG

primidone oral

PRIORIX

PRISTIQ

PRIVIGEN

PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT

PROAIR RESPICLICK

probenecid oral

PROCARDIA XL

PROCENTRA

prochlorperazine

prochlorperazine edisylate injection solution 10 mg/ 2ml

prochlorperazine maleate oral

PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML

PROCRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML

PROCTO-MED HC EXTERNAL

PROCTOCORT EXTERNAL

PROCTOFOAM HC EXTERNAL

PROCTOSOL HC EXTERNAL

PROCTOZONE-HC EXTERNAL

PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG

PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG

PROCYSBI ORAL PACKET

progesterone intramuscular

progesterone oral

PROGLYCEM

PROGRAF INTRAVENOUS

PROGRAF ORAL

PROLASTIN-C

PROLATE ORAL SOLUTION

PROLATE ORAL TABLET 10-300 MG, 7.5-300 MG

PROLATE ORAL TABLET 5-300 MG

PROLENSA	PROZAC ORAL CAPSULE 10 MG
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PROZAC ORAL CAPSULE 20 MG
PROMACTA ORAL PACKET 12.5 MG	PROZAC ORAL CAPSULE 40 MG
PROMACTA ORAL PACKET 25 MG	PRUDOXIN
PROMACTA ORAL TABLET 12.5 MG, 25 MG	PULMICORT FLEXHALER
PROMACTA ORAL TABLET 50 MG	PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML
PROMACTA ORAL TABLET 75 MG	PULMICORT INHALATION SUSPENSION 1 MG/2ML
<i>promethazine hcl injection</i>	PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML
<i>promethazine hcl oral</i>	PURIXAN
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PYLERA
<i>promethazine vc</i>	<i>pyrazinamide oral</i>
<i>promethazine-phenylephrine</i>	<i>pyridostigmine bromide er</i>
PROMETHEGAN	<i>pyridostigmine bromide oral solution</i>
PROMETRIUM	<i>pyridostigmine bromide oral tablet</i>
<i>propafenone hcl</i>	<i>pyrimethamine oral</i>
<i>propafenone hcl er</i>	PYRUKYND
<i>proparacaine hcl ophthalmic</i>	PYRUKYND TAPER PACK
<i>propranolol hcl er</i>	QBRELIS
<i>propranolol hcl intravenous</i>	QBREXZA
<i>propranolol hcl oral solution</i>	QDOLO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG
<i>propranolol hcl oral tablet 60 mg</i>	QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG
<i>propylthiouracil oral</i>	QINLOCK
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	QNASL
PROSCAR	QNASL CHILDRENS
PROSOL	QTERN
PROTONIX INTRAVENOUS	QUADRACEL
PROTONIX ORAL PACKET	QUALAQUIN
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG	QUARTETTE
PROTONIX ORAL TABLET DELAYED RELEASE 40 MG	QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG
<i>protriptyline hcl</i>	QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG, 200 MG
PROVENTIL HFA	QUESTRAN
PROVERA	QUESTRAN LIGHT ORAL POWDER
PROVIDA OB	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>
PROVIGIL ORAL TABLET 100 MG	
PROVIGIL ORAL TABLET 200 MG	

<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	<i>raloxifene hcl</i>
<i>quetiapine fumarate oral tablet 100 mg</i>	<i>ramelteon</i>
<i>quetiapine fumarate oral tablet 150 mg</i>	<i>ramipril</i>
<i>quetiapine fumarate oral tablet 200 mg</i>	<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>
<i>quetiapine fumarate oral tablet 25 mg</i>	<i>ranolazine er</i>
<i>quetiapine fumarate oral tablet 300 mg</i>	RAPAFLO
<i>quetiapine fumarate oral tablet 400 mg</i>	RAPAMUNE ORAL SOLUTION
<i>quetiapine fumarate oral tablet 50 mg</i>	RAPAMUNE ORAL TABLET 0.5 MG, 2 MG
QUFLORA FE	RAPAMUNE ORAL TABLET 1 MG
QUFLORA FE PEDIATRIC	<i>rasagiline mesylate oral</i>
QUFLORA PEDIATRIC	RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG	10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG	RAVICTI
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	RAYALDEE
<i>quinapril hcl</i>	REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR
<i>quinapril-hydrochlorothiazide</i>	REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE
<i>quinidine gluconate er</i>	REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE
<i>quinidine sulfate oral</i>	REBLOZYL
<i>quinine sulfate oral</i>	REBYOTA
QULIPTA	RECLAST
QUTENZA	RECLIPSEN
QUTENZA (2 PATCH)	RECOMBIVAX HB
QUTENZA (4 PATCH)	RECORLEV
QUVIVIQ	RECTIV
QUZYTIR	REGLAN ORAL
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	REGONOL INTRAVENOUS
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	REGRANEX
RABAVERT	RELAFEN
<i>rabeprazole sodium oral tablet delayed release</i>	RELAFEN DS
RADICAVA	RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT
RADICAVA ORS	RELEUKO INJECTION SOLUTION 300 MCG/ML
RADICAVA ORS STARTER KIT	<i>releuko injection solution 480 mcg/1.6ml</i>
RAGWITEK	<i>releuko subcutaneous</i>

RELEXXII	RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %, 0.1 %
RELISTOR ORAL	RETROVIR INTRAVENOUS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	RETROVIR ORAL CAPSULE
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (0.6ML SYRINGE)	RETROVIR ORAL SYRUP
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	REVATIO INTRAVENOUS
RELPAK	REVATIO ORAL SUSPENSION RECONSTITUTED
RELTONE	REVATIO ORAL TABLET
RELYVRIO	REVLIMID ORAL CAPSULE 10 MG
REMERON ORAL TABLET 15 MG, 30 MG	REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG
REMERON SOLTAB	REVLIMID ORAL CAPSULE 5 MG
REMICADE	REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	REXULTI ORAL TABLET 3 MG, 4 MG
RENACIDIN	REYATAZ ORAL CAPSULE 200 MG
RENFLEXIS	REYATAZ ORAL CAPSULE 300 MG
REVELA ORAL PACKET 0.8 GM	REYATAZ ORAL PACKET
REVELA ORAL PACKET 2.4 GM	REYVOW ORAL TABLET 100 MG
REVELA ORAL TABLET	REYVOW ORAL TABLET 50 MG
<i>repaglinide oral tablet 0.5 mg</i>	REZDIFFRA
<i>repaglinide oral tablet 1 mg</i>	REZLIDHIA
<i>repaglinide oral tablet 2 mg</i>	REZUROCK
REPATHA	REZVOGLAR KWIKPEN
REPATHA PUSHTRONEX SYSTEM	REZZAYO
REPATHA SURECLICK	RHOPRESSA
RESTASIS	RIABNI
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	<i>ribavirin oral capsule</i>
RESTORIL ORAL CAPSULE 15 MG, 30 MG, 7.5 MG	<i>ribavirin oral tablet 200 mg</i>
RESTORIL ORAL CAPSULE 22.5 MG	RIDAURA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML(1ML)	<i>rifabutin</i>
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	RIFADIN INTRAVENOUS
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	<i>rifampin intravenous</i>
RETEVMO ORAL CAPSULE 40 MG	<i>rifampin oral</i>
RETEVMO ORAL CAPSULE 80 MG	<i>riluzole</i>
RETIN-A	<i>rimantadine hcl</i>
RETIN-A MICRO	RIMSO-50
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %	<i>ringers</i>
	<i>ringers irrigation</i>
	RINVOQ
	RINVOQ LQ

RIOMET	RITUXAN INTRAVENOUS SOLUTION
<i>risedronate sodium oral tablet 150 mg</i>	<i>rivastigmine</i>
<i>risedronate sodium oral tablet 30 mg</i>	<i>rivastigmine tartrate</i>
<i>risedronate sodium oral tablet 35 mg</i>	RIVELSA
<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	RIVFLOZA
<i>risedronate sodium oral tablet 5 mg</i>	<i>rizatriptan benzoate</i>
<i>risedronate sodium oral tablet delayed release</i>	ROBAXIN INJECTION SOLUTION 1000 MG/10ML
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	ROBINUL ORAL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	ROBINUL-FORTE
RISPERDAL ORAL SOLUTION	ROCALTROL
RISPERDAL ORAL TABLET 0.5 MG	ROCKLATAN
RISPERDAL ORAL TABLET 1 MG	<i>roflumilast</i>
RISPERDAL ORAL TABLET 2 MG	ROLVEDON
RISPERDAL ORAL TABLET 3 MG, 4 MG	<i>romidepsin intravenous solution reconstituted</i>
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	<i>ropinirole hcl</i>
<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	<i>ropinirole hcl er</i>
<i>risperidone oral solution</i>	<i>rosuvastatin calcium oral</i>
<i>risperidone oral tablet 0.25 mg</i>	<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>
<i>risperidone oral tablet 0.5 mg</i>	ROTARIX
<i>risperidone oral tablet 1 mg</i>	ROTATEQ ORAL SOLUTION
<i>risperidone oral tablet 2 mg</i>	ROWASA RECTAL
<i>risperidone oral tablet 3 mg, 4 mg</i>	ROWEEPRA ORAL TABLET 500 MG
<i>risperidone oral tablet dispersible 0.25 mg</i>	ROXICODONE ORAL TABLET 15 MG
<i>risperidone oral tablet dispersible 0.5 mg</i>	ROXICODONE ORAL TABLET 30 MG
<i>risperidone oral tablet dispersible 1 mg</i>	ROXYBOND
<i>risperidone oral tablet dispersible 2 mg</i>	ROZEREM
<i>risperidone oral tablet dispersible 3 mg</i>	ROZLYTREK ORAL CAPSULE 100 MG
<i>risperidone oral tablet dispersible 4 mg</i>	ROZLYTREK ORAL CAPSULE 200 MG
RITALIN	ROZLYTREK ORAL PACKET
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG	RUBRACA
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG	RUCONEST
<i>ritonavir</i>	<i>rufinamide oral suspension</i>
RITUXAN HYCELA	<i>rufinamide oral tablet 200 mg</i>
	<i>rufinamide oral tablet 400 mg</i>
	RUKOBIA
	RUXIENCE
	RYALTRIS

RYBELSUS ORAL TABLET 14 MG, 7 MG	<i>saxagliptin hcl oral tablet 2.5 mg</i>
RYBELSUS ORAL TABLET 3 MG	<i>saxagliptin hcl oral tablet 5 mg</i>
RYBREVANT	<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>
RYCLORA ORAL SOLUTION	<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>
RYDAPT	SCEMBLIX ORAL TABLET 100 MG
RYLAZE	SCEMBLIX ORAL TABLET 20 MG
RYPLAZIM	SCEMBLIX ORAL TABLET 40 MG
RYTARY	<i>scopolamine</i>
RYTHMOL SR	<i>se-natal 19</i>
RYVENT	SECUADO
SABRIL	SEGLENTIS
SAFYRAL	SEGLUROMET
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	SELECT-OB
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	<i>selegiline hcl oral</i>
SALAGEN	<i>selenium sulfide external lotion</i>
<i>salicylic acid external ointment</i>	<i>selenium sulfide external shampoo 2.25 %</i>
<i>salicylic acid external shampoo</i>	SELZENTRY ORAL SOLUTION
<i>salicylic acid external solution 26 %</i>	SELZENTRY ORAL TABLET 150 MG, 300 MG
<i>salicylic acid wart remover</i>	SELZENTRY ORAL TABLET 25 MG
<i>salsalate oral</i>	SELZENTRY ORAL TABLET 75 MG
SAMSCA ORAL TABLET 15 MG	SEMGLEE (YFGN)
SAMSCA ORAL TABLET 30 MG	SENSIPAR ORAL TABLET 30 MG
SANCUSO	SENSIPAR ORAL TABLET 60 MG
SANDIMMUNE	SENSIPAR ORAL TABLET 90 MG
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 500 MCG/ML	SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML	SERNIVO
SANDOSTATIN LAR DEPOT	SEROQUEL ORAL TABLET 100 MG
SANTYL	SEROQUEL ORAL TABLET 200 MG
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	SEROQUEL ORAL TABLET 25 MG
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	SEROQUEL ORAL TABLET 300 MG
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG	SEROQUEL ORAL TABLET 400 MG
<i>sapropterin dihydrochloride oral packet</i>	SEROQUEL ORAL TABLET 50 MG
<i>sapropterin dihydrochloride oral tablet</i>	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG
SARCLISA	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG
SAVAYSA	
SAVELLA	
SAVELLA TITRATION PACK	

SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	SIMPONI ARIA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML
<i>sertraline hcl oral capsule</i>	SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML
<i>sertraline hcl oral concentrate</i>	SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML
<i>sertraline hcl oral tablet 100 mg</i>	SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML
<i>sertraline hcl oral tablet 25 mg</i>	<i>simvastatin oral tablet</i>
<i>sertraline hcl oral tablet 50 mg</i>	<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>
SETLAKIN	SINEMET ORAL TABLET 10-100 MG, 25-100 MG
<i>sevelamer carbonate oral packet 0.8 gm</i>	SINGULAIR
<i>sevelamer carbonate oral packet 2.4 gm</i>	<i>sirolimus oral solution</i>
<i>sevelamer carbonate oral tablet</i>	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>
<i>sevelamer hcl oral tablet 400 mg</i>	<i>sirolimus oral tablet 2 mg</i>
<i>sevelamer hcl oral tablet 800 mg</i>	SIRTURO
SEYSARA	<i>sitagliptin</i>
<i>sf</i>	SIVEXTRO INTRAVENOUS
<i>sf 5000 plus</i>	SIVEXTRO ORAL
SFROWASA	SKYCLARYS
SHAROBEL	SKYLA
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	SKYRIZI INTRAVENOUS
SIGNIFOR	SKYRIZI PEN
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML
SIKLOS ORAL TABLET 100 MG	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML
SIKLOS ORAL TABLET 1000 MG	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE
<i>sildenafil citrate intravenous</i>	SKYTROFA
<i>sildenafil citrate oral suspension reconstituted</i>	SLYND
<i>sildenafil citrate oral tablet 20 mg</i>	SMOFLIPID
SILENOR	SOAANZ
SILIQ	<i>sod citrate-citric acid</i>
<i>silodosin</i>	<i>sod fluoride-potassium nitrate</i>
SILVADENE	<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %</i>
<i>silver nitrate external solution 0.5 %</i>	<i>sodium chloride (pf)</i>
<i>silver sulfadiazine external</i>	<i>sodium chloride injection solution 2.5 meq/ml</i>
SIMBRINZA	
SIMLIYA	
SIMPESSE	

<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i>	SORILUX
<i>sodium chloride irrigation solution 0.9 %</i>	SORINE ORAL TABLET 120 MG, 160 MG, 240 MG
<i>sodium fluoride 5000 enamel dental gel</i>	SORINE ORAL TABLET 80 MG
<i>sodium fluoride 5000 plus</i>	<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>
<i>sodium fluoride 5000 ppm dental cream</i>	<i>sotalol hcl (af) oral tablet 80 mg</i>
<i>sodium fluoride 5000 ppm dental gel</i>	<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>
<i>sodium fluoride 5000 ppm dental paste</i>	<i>sotalol hcl oral tablet 80 mg</i>
<i>sodium fluoride 5000 sensitive dental gel</i>	SOTYKTU
<i>sodium fluoride dental cream</i>	SOTYLIZE
<i>sodium fluoride dental gel 1.1 %</i>	SOVALDI
<i>sodium fluoride mouth/throat</i>	SOVUNA
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	SPEVIGO SUBCUTANEOUS
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	<i>spinosad</i>
<i>sodium fluoride oral tablet chewable</i>	SPIRIVA HANDIHALER
<i>sodium oxybate</i>	SPIRIVA RESPIMAT
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	<i>spironolactone oral suspension</i>
<i>sodium phenylbutyrate oral tablet</i>	<i>spironolactone oral tablet 100 mg, 50 mg</i>
<i>sodium polystyrene sulfonate oral powder</i>	<i>spironolactone oral tablet 25 mg</i>
<i>sofosbuvir-velpatasvir</i>	<i>spironolactone-hctz</i>
SOGROYA	SPORANOX ORAL CAPSULE
SOHONOS	SPORANOX ORAL SOLUTION
<i>solifenacin succinate</i>	SPRAVATO (56 MG DOSE)
SOLQUA	SPRAVATO (84 MG DOSE)
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	SPRINTEC 28
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG	SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG
SOLOSEC	SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG
SOLTAMOX	SPRIX
SOLU-CORTEF	SPRYCEL
SOLU-MEDROL (PF)	SPS
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG	SRONYX
SOMA	SSD (SILVER SULFADIAZINE)
SOMATULINE DEPOT	STALEVO 100
SOMAVERT	STALEVO 125
SOOLANTRA	STALEVO 150
<i>sorafenib tosylate</i>	STALEVO 200
<i>sorbitol irrigation solution 3 %</i>	STALEVO 50
	STALEVO 75

STEGLATRO	SULFACLEANSE 8/4
STEGLUJAN	<i>sulfadiazine oral</i>
STELARA INTRAVENOUS	<i>sulfamethoxazole-trimethoprim intravenous</i>
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	<i>sulfamethoxazole-trimethoprim oral suspension</i>
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	<i>200-40 mg/5ml</i>
<i>sterile water for irrigation</i>	<i>sulfamethoxazole-trimethoprim oral tablet</i>
STIMUFEND	SULFAMYLON EXTERNAL CREAM
STIOLTO RESPIMAT	<i>sulfasalazine oral</i>
STIVARGA	<i>sulindac oral tablet 150 mg</i>
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	<i>sulindac oral tablet 200 mg</i>
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	<i>sumatriptan nasal</i>
STRENSIQ	<i>sumatriptan succinate oral</i>
<i>streptomycin sulfate intramuscular</i>	<i>sumatriptan succinate refill subcutaneous solution</i>
STRIBILD	<i>cartridge</i>
STRIVERDI RESPIMAT	<i>sumatriptan succinate subcutaneous solution 6</i>
STROMECTOL	<i>mg/0.5ml</i>
SUBLOCADE	<i>sumatriptan succinate subcutaneous solution auto-</i>
SUBOXONE SUBLINGUAL FILM 12-3 MG	<i>injector</i>
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	<i>sumatriptan-naproxen sodium</i>
SUBOXONE SUBLINGUAL FILM 4-1 MG	<i>sunitinib malate</i>
SUBOXONE SUBLINGUAL FILM 8-2 MG	SUNLENCA ORAL
SUBSYS	SUNLENCA SUBCUTANEOUS
SUBVENITE	SUNOSI
SUBVENITE STARTER KIT-BLUE	SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/
SUBVENITE STARTER KIT-GREEN	5ML, 500 MG/5ML
SUBVENITE STARTER KIT-ORANGE	SUPRAX ORAL TABLET CHEWABLE
SUCRAID	SUPREP BOWEL PREP KIT
<i>sucralfate oral</i>	SUSTOL
SUFLAVE	SUTAB
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR	SUTENT
17 MG, 34 MG, 8.5 MG	SYEDA
<i>sulfacetamide sodium (acne)</i>	SYFOVRE
<i>sulfacetamide sodium ophthalmic</i>	SYMBICORT
<i>sulfacetamide sodium-sulfur external suspension</i>	SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG
8-4 %	SYMDEKO ORAL TABLET THERAPY PACK 100-150 &
<i>sulfacetamide-prednisolone ophthalmic solution</i>	150 MG
<i>sulfacetamide-sulfur in urea external emulsion</i>	SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75
	MG
	SYMFI
	SYMFI LO

SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	TALZENNA ORAL CAPSULE 0.25 MG
SYMPAZAN ORAL FILM 10 MG, 20 MG	TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG
SYMPAZAN ORAL FILM 5 MG	TAMIFLU ORAL CAPSULE 30 MG
SYMPROIC	TAMIFLU ORAL CAPSULE 45 MG, 75 MG
SYMTUZA	TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML
SYNAGIS	<i>tamoxifen citrate oral</i>
SYNALAR EXTERNAL CREAM	<i>tamsulosin hcl</i>
SYNALAR EXTERNAL OINTMENT	TAPERDEX 12-DAY
SYNAREL	TAPERDEX 6-DAY
SYNDROS	TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)
SYNJARDY	TARCEVA ORAL TABLET 100 MG, 150 MG
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	TARCEVA ORAL TABLET 25 MG
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	TARGADOX
SYNTHROID	TARGRETIN EXTERNAL
SYPRINE	TARGRETIN ORAL
TABLOID	TARINA 24 FE
TABRECTA	TARINA FE 1/20 EQ
TACLONEX EXTERNAL OINTMENT	TARON-C DHA ORAL CAPSULE 35-1 MG
TACLONEX EXTERNAL SUSPENSION	TARPEYO
<i>tacrolimus external ointment</i>	TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG
<i>tacrolimus oral</i>	TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG
<i>tadalafil (pah)</i>	TASIGNA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	<i>tasimelteon</i>
TADLIQ	TASMAR ORAL TABLET 100 MG
TAFINLAR ORAL CAPSULE	<i>tavaborole</i>
TAFINLAR ORAL TABLET SOLUBLE	TAVALISSE
<i>tafluprost (pf)</i>	TAVNEOS
TAGRISSO	TAYSOFY
TAKHZYRO SUBCUTANEOUS SOLUTION	TAYTULLA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	<i>tazarotene external cream</i>
TALICIA	<i>tazarotene external foam</i>
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	<i>tazarotene external gel</i>
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM
	TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED
	TAZORAC EXTERNAL CREAM 0.05 %
	TAZORAC EXTERNAL CREAM 0.1 %

TAZORAC EXTERNAL GEL 0.05 %	<i>teriflunomide</i>
TAZORAC EXTERNAL GEL 0.1 %	<i>teriparatide</i>
TAZTIA XT	<i>teriparatide (recombinant)</i>
TAZVERIK	TESTIM
TDVAX	TESTOPEL
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	<i>testosterone cypionate intramuscular solution 100 mg/ml</i>
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	<i>testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)</i>
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	<i>testosterone enanthate intramuscular solution</i>
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	<i>testosterone transdermal gel 10 mg/act (2%)</i>
TECVAYLI	<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>
TEFLARO	<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>
TEGLUTIK	<i>testosterone transdermal solution</i>
TEGRETOL ORAL SUSPENSION	<i>tetrabenazine oral tablet 12.5 mg</i>
TEGRETOL ORAL TABLET	<i>tetrabenazine oral tablet 25 mg</i>
TEGRETOL-XR	<i>tetracaine hcl ophthalmic</i>
TEGSEDI	<i>tetracycline hcl oral capsule</i>
TEKTURNA	<i>tetracycline hcl oral tablet</i>
<i>telmisartan oral tablet 20 mg, 40 mg</i>	TEXACORT
<i>telmisartan oral tablet 80 mg</i>	TEZSPIRE
<i>telmisartan-amlodipine</i>	THALITONE
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	THALOMID ORAL CAPSULE 100 MG, 50 MG
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	THALOMID ORAL CAPSULE 150 MG, 200 MG
<i>temazepam</i>	THEO-24
TENCON ORAL TABLET 50-325 MG	<i>theophylline er</i>
TENIVAC	<i>theophylline oral</i>
<i>tenofovir disoproxil fumarate</i>	THIOLA
TENORETIC 100	THIOLA EC
TENORETIC 50	<i>thioridazine hcl oral</i>
TENORMIN	<i>thiothixene oral</i>
TEPEZZA	<i>thrivite rx</i>
TEPMETKO	THYQUIDITY
<i>terazosin hcl oral</i>	TIADYLT ER
<i>terbinafine hcl oral</i>	<i>tiagabine hcl</i>
<i>terbutaline sulfate injection</i>	TIAZAC
<i>terbutaline sulfate oral</i>	
<i>terconazole</i>	

TIBSOVO	<i>tobramycin ophthalmic</i>
TICE BCG	<i>tobramycin sulfate injection</i>
TICOVAC	<i>tobramycin-dexamethasone</i>
TIGAN INTRAMUSCULAR	TOBREX OPHTHALMIC OINTMENT
<i>tigecycline</i>	TOLAK
TIGLUTIK	<i>tolcapone</i>
TIKOSYN	TOLECTIN 600
TILIA FE	<i>tolmetin sodium oral capsule</i>
<i>timolol maleate (once-daily)</i>	<i>tolmetin sodium oral tablet 600 mg</i>
TIMOLOL MALEATE OCUDOSE	<i>tolsura</i>
<i>timolol maleate ophthalmic gel forming solution</i>	<i>tolterodine tartrate</i>
<i>timolol maleate ophthalmic solution 0.25 %</i>	<i>tolterodine tartrate er</i>
<i>timolol maleate ophthalmic solution 0.5 %</i>	<i>tolvaptan oral tablet 15 mg</i>
<i>timolol maleate oral</i>	<i>tolvaptan oral tablet 30 mg</i>
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	TOPAMAX ORAL TABLET 100 MG, 200 MG, 50 MG
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	TOPAMAX ORAL TABLET 25 MG
TIMOPTIC	TOPAMAX SPRINKLE
TIMOPTIC OCUDOSE	TOPICORT EXTERNAL CREAM
TIMOPTIC-XE	TOPICORT EXTERNAL GEL
<i>tinidazole oral</i>	TOPICORT EXTERNAL OINTMENT
<i>tiopronin oral</i>	TOPICORT SPRAY
<i>tiotropium bromide monohydrate</i>	<i>topiramate er oral capsule er 24 hour sprinkle</i>
TIROSINT	<i>topiramate er oral capsule extended release 24 hour 100 mg</i>
TIROSINT-SOL	<i>topiramate er oral capsule extended release 24 hour 200 mg</i>
TIS-U-SOL	<i>topiramate er oral capsule extended release 24 hour 25 mg, 50 mg</i>
TIVICAY ORAL TABLET 10 MG	<i>topiramate oral</i>
TIVICAY ORAL TABLET 25 MG, 50 MG	TOPROL XL
TIVICAY PD	<i>toremifene citrate</i>
<i>tizanidine hcl oral</i>	<i>torsemide oral</i>
TLANDO	TOSYMRA
TOBI	TOUJEO MAX SOLOSTAR
TOBI PODHALER	TOUJEO SOLOSTAR
TOBRADEX OPHTHALMIC OINTMENT	TOVET EXTERNAL FOAM
TOBRADEX OPHTHALMIC SUSPENSION	TOVIAZ
TOBRADEX ST	TPN ELECTROLYTES INTRAVENOUS CONCENTRATE
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	TRACLEER ORAL TABLET
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	

TRACLEER ORAL TABLET SOLUBLE	TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML
TRADJENTA	<i>tretinoin external</i>
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	<i>tretinoin microsphere external gel 0.08 %</i>
<i>tramadol hcl er</i>	<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>
<i>tramadol hcl oral solution</i>	<i>tretinoin microsphere pump external gel 0.08 %</i>
<i>tramadol hcl oral tablet 100 mg</i>	<i>tretinoin oral</i>
<i>tramadol hcl oral tablet 25 mg</i>	TREXALL
<i>tramadol hcl oral tablet 50 mg</i>	TREXIMET ORAL TABLET 85-500 MG
<i>tramadol-acetaminophen</i>	TREZIX ORAL CAPSULE 320.5-30-16 MG
<i>trandolapril</i>	TRI FEMYNOR
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	TRI-ESTARYLLA
<i>trandolapril-verapamil hcl er</i>	TRI-LEGEST FE
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	TRI-LINYAH
<i>tranexamic acid oral</i>	TRI-LO-ESTARYLLA
<i>tranexamic acid-nacl</i>	TRI-LO-MARZIA
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	TRI-LO-MILI
<i>tranylcypromine sulfate</i>	TRI-LO-SPRINTEC
TRAVASOL	TRI-MILI
TRAVATAN Z	TRI-NYMYO
<i>travoprost (bak free)</i>	TRI-SPRINTEC
TRAZIMERA	TRI-VI-FLOR
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	<i>tri-vite/fluoride</i>
<i>trazodone hcl oral tablet 300 mg</i>	TRI-VYLIBRA
TRECATOR	TRI-VYLIBRA LO
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	<i>triamcinolone acetonide external aerosol solution</i>
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	<i>triamcinolone acetonide external cream</i>
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	<i>triamcinolone acetonide external lotion</i>
TREMFYA	<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>
<i>treprostinil</i>	<i>triamcinolone acetonide external ointment 0.05 %</i>
TRESIBA	<i>triamcinolone acetonide injection suspension 40 mg/ml</i>
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	<i>triamcinolone acetonide mouth/throat</i>
	<i>triamcinolone in absorbbase</i>
	<i>triamterene oral</i>
	<i>triamterene-hctz oral capsule 37.5-25 mg</i>

<i>triamterene-hctz oral tablet</i>	TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG
TRIANEX	
<i>triazolam</i>	TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG
TRIBENZOR	
<i>tricitrates</i>	TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 50 MG
TRICOR	TROPHAMINE INTRAVENOUS SOLUTION 10 %
TRIDACAINE	<i>trospium chloride</i>
TRIDACAINE II	<i>trospium chloride er</i>
TRIDACAINE III	TRUDHESA
TRIDERM EXTERNAL CREAM	TRULANCE
<i>trientine hcl</i>	TRULICITY
TRIESENCE	TRUMENBA
<i>trifluoperazine hcl oral</i>	TRUQAP
<i>trifluridine ophthalmic</i>	TRUSELTIQ (100MG DAILY DOSE)
<i>trihexyphenidyl hcl oral solution</i>	TRUSELTIQ (125MG DAILY DOSE)
<i>trihexyphenidyl hcl oral tablet</i>	TRUSELTIQ (50MG DAILY DOSE)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	TRUSELTIQ (75MG DAILY DOSE)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	TRUVADA
TRIKAFTA ORAL TABLET THERAPY PACK	TRUXIMA
TRIKAFTA ORAL THERAPY PACK	TUDORZA PRESSAIR
TRILEPTAL ORAL SUSPENSION	TUKYSA
TRILEPTAL ORAL TABLET 150 MG, 300 MG	TURALIO ORAL CAPSULE 125 MG
TRILEPTAL ORAL TABLET 600 MG	TURQOZ
TRILIPIX	TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE
<i>trimethobenzamide hcl oral</i>	TWYNEO
<i>trimethoprim oral</i>	TYBLUME ORAL TABLET CHEWABLE
<i>trimipramine maleate oral</i>	TYBOST
<i>trinatal rx 1</i>	TYDEMY
TRINTELLIX	TYGACIL
TRIPTODUR	TYKERB
<i>tristart dha</i>	TYMLOS
TRIUMEQ	TYPHIM VI
TRIUMEQ PD	TYRVAYA
TRIVORA (28)	TYSABRI
TRIZIVIR	TYVASO
TRODELVY	TYVASO DPI INSTITUTIONAL KIT
TROGARZO	TYVASO DPI MAINTENANCE KIT

TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML
TYVASO REFILL KIT	V-GO 20 KIT 20 UNIT/24HR
TYVASO STARTER KIT	V-GO 30 KIT 30 UNIT/24HR
UBRELVY ORAL TABLET 100 MG	V-GO 40 KIT 40 UNIT/24HR
UBRELVY ORAL TABLET 50 MG	VABOMERE
UCERIS ORAL	VAGIFEM VAGINAL TABLET 10 MCG
UCERIS RECTAL	<i>valacyclovir hcl oral tablet 1 gm</i>
UDENYCA	<i>valacyclovir hcl oral tablet 500 mg</i>
UDENYCA ONBODY	VALCHLOR
ULORIC	VALCYTE ORAL SOLUTION RECONSTITUTED
ULTRAVATE EXTERNAL LOTION	VALCYTE ORAL TABLET
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM	<i>valganciclovir hcl oral solution reconstituted</i>
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	<i>valganciclovir hcl oral tablet</i>
UNITHROID	VALIUM ORAL TABLET 10 MG
UPTRAVI ORAL	VALIUM ORAL TABLET 2 MG
UPTRAVI TITRATION	VALIUM ORAL TABLET 5 MG
UROCIT-K 10	<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>
UROCIT-K 15	<i>valproic acid oral capsule</i>
UROCIT-K 5	<i>valproic acid oral solution</i>
UROGESIC-BLUE	<i>valrubicin</i>
UROXATRAL	<i>valsartan oral solution</i>
URSO 250	<i>valsartan oral tablet 160 mg</i>
URSO FORTE	<i>valsartan oral tablet 160 mg</i>
<i>ursodiol oral capsule 200 mg, 400 mg</i>	<i>valsartan oral tablet 320 mg</i>
<i>ursodiol oral capsule 300 mg</i>	<i>valsartan oral tablet 320 mg</i>
<i>ursodiol oral tablet</i>	<i>valsartan oral tablet 40 mg, 80 mg</i>
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	<i>valsartan oral tablet 40 mg, 80 mg</i>
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	<i>valsartan-hydrochlorothiazide</i>
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	VALTOCO 10 MG DOSE
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	VALTOCO 15 MG DOSE
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	VALTOCO 20 MG DOSE
	VALTOCO 5 MG DOSE
	VALTREX ORAL TABLET 1 GM
	VALTREX ORAL TABLET 500 MG
	VANCOCIN ORAL CAPSULE 125 MG

VANCOCIN ORAL CAPSULE 250 MG	VELCADE INJECTION
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	VELETRI
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	VELIVET
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	VELPHORO
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 gm</i>	VELSIPITY
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg</i>	VELTASSA
<i>vancomycin hcl oral capsule 125 mg</i>	VELTIN
<i>vancomycin hcl oral capsule 250 mg</i>	VEMLIDY
<i>vancomycin hcl oral solution reconstituted</i>	VENCLEXTA ORAL TABLET 10 MG
VANDAZOLE	VENCLEXTA ORAL TABLET 100 MG
VANFLYTA	VENCLEXTA ORAL TABLET 50 MG
VANOS	VENCLEXTA STARTING PACK
VAQTA	<i>venlafaxine besylate er</i>
<i>varenicline tartrate (starter)</i>	<i>venlafaxine hcl</i>
<i>varenicline tartrate oral tablet 0.5 mg</i>	<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>
<i>varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)</i>	<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>
VARIVAX	<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>
VARIZIG INTRAMUSCULAR SOLUTION	<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>
VARUBI (180 MG DOSE)	<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg</i>
VASCEPA	<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>
VASERETIC	VENTAVIS
<i>vasopressin +rfid</i>	VENTOLIN HFA
<i>vasopressin intravenous solution</i>	VEOZAH
VASOSTRICT	<i>verapamil hcl er oral capsule extended release 24 hour</i>
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 5 MG	<i>verapamil hcl er oral tablet extended release 120 mg</i>
VASOTEC ORAL TABLET 20 MG	<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>
VECAMEYL	<i>verapamil hcl intravenous</i>
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	<i>verapamil hcl oral</i>
VECTICAL	VERDESO
VEGZELMA	VEREGEN
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED	VERELAN
	VERELAN PM

VERKAZIA	VIOKACE ORAL TABLET 10440-39150 UNIT
VERQUVO	VIOKACE ORAL TABLET 20880-78300 UNIT
VERSACLOZ	<i>viorele</i>
VERZENIO	VIRACEPT ORAL TABLET 250 MG
VESICARE	VIRACEPT ORAL TABLET 625 MG
VESICARE LS	VIRASAL
VESTURA	VIREAD ORAL POWDER
VEVYE	VIREAD ORAL TABLET 150 MG, 250 MG, 300 MG
VFEND IV	VIREAD ORAL TABLET 200 MG
VFEND ORAL SUSPENSION RECONSTITUTED	<i>virt-nate dha</i>
VFEND ORAL TABLET 200 MG	VISTARIL ORAL CAPSULE 25 MG
VFEND ORAL TABLET 50 MG	VISTOGARD
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	VITAFOL GUMMIES
VIBERZI	VITAFOL STRIPS
VIBRAMYCIN ORAL CAPSULE	VITAFOL ULTRA
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	VITAFOL-NANO
VIBRAMYCIN ORAL SYRUP	VITAFOL-OB
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	VITAFOL-ONE
VIDAZA	VITRAKVI ORAL CAPSULE 100 MG
VIENVA	VITRAKVI ORAL CAPSULE 25 MG
<i>vigabatrin</i>	VITRAKVI ORAL SOLUTION
VIGADRONE ORAL PACKET	VIVELLE-DOT
VIGADRONE ORAL TABLET	VIVITROL
VIGAMOX	VIVJOA
VIGPODER	VIZIMPRO
VIIBRYD ORAL TABLET	VOGELXO
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	VOGELXO PUMP
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	VOLNEA
<i>vilazodone hcl</i>	VONJO
VIMIZIM	VOQUEZNA
VIMPAT INTRAVENOUS	VOQUEZNA DUAL PAK
VIMPAT ORAL SOLUTION	VOQUEZNA TRIPLE PAK
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	<i>voriconazole intravenous</i>
VIMPAT ORAL TABLET 50 MG	<i>voriconazole oral suspension reconstituted</i>
<i>vinblastine sulfate intravenous solution</i>	<i>voriconazole oral tablet 200 mg</i>
<i>vincristine sulfate intravenous</i>	<i>voriconazole oral tablet 50 mg</i>
<i>vinorelbine tartrate</i>	VOSEVI
	VOTRIENT

VOWST	XACIATO
VOXZOGO	XADAGO
VOYDEYA	XALATAN
VPRIV	XALKORI ORAL CAPSULE
VRAYLAR ORAL CAPSULE	XALKORI ORAL CAPSULE SPRINKLE 150 MG
VTAMA	XALKORI ORAL CAPSULE SPRINKLE 20 MG
VUITY	XALKORI ORAL CAPSULE SPRINKLE 50 MG
VUMERITY	XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG
VUSION	XANAX ORAL TABLET 2 MG
VYFEMLA	XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 3 MG
VYLIBRA	XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG
VYNDAMAX	XARELTO ORAL SUSPENSION RECONSTITUTED
VYNDAQEL	XARELTO ORAL TABLET 10 MG, 20 MG
VYTORIN	XARELTO ORAL TABLET 15 MG, 2.5 MG
VYVANSE	XARELTO STARTER PACK
VYZULTA	XATMEP
WAINUA	XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG
WAKIX	XCOPRI (350 MG DAILY DOSE)
<i>warfarin sodium oral</i>	XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG
WELCHOL	XCOPRI ORAL TABLET 150 MG, 200 MG
WELIREG	XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG	XDEMZY
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	XELJANZ ORAL SOLUTION
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	XELJANZ ORAL TABLET
WERA	XELJANZ XR
<i>wescap-c dha</i>	XELPROS
<i>wesnate dha</i>	XELSTRYM
<i>westab plus</i>	XEMBIFY
<i>westgel dha</i>	XENAZINE ORAL TABLET 12.5 MG
WINLEVI	XENAZINE ORAL TABLET 25 MG
WINREVAIR	XENLETA
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	XENPOZYME
WYMZYA FE	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT

XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG
XERESE	XPOVIO (80 MG TWICE WEEKLY)
XERMELO	XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG
XGEVA	XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG, 36 MG
XHANCE	XTANDI ORAL CAPSULE
XIAFLEX	XTANDI ORAL TABLET 40 MG
XIFAXAN ORAL TABLET 200 MG	XTANDI ORAL TABLET 80 MG
XIFAXAN ORAL TABLET 550 MG	XULANE
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	XULTOPHY
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	XURIDEN
XIIDRA	XYOSTED
XIPERE	XYREM
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	XYWAV
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	YARGESA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	YASMIN 28
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	YAZ
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	YCANTH
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	YERVOY
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	YF-VAX
XOLREMDI	YONSA
XOPENEX HFA	YUPELRI
XOSPATA	YUTIQ
XPHOZAH	<i>yuvafem</i>
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	ZAFEMY
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	<i>zafirlukast</i>
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	<i>zaleplon oral capsule 10 mg</i>
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	<i>zaleplon oral capsule 5 mg</i>
XPOVIO (60 MG TWICE WEEKLY)	ZANAFLEX
	ZARONTIN
	ZARXIO
	ZAVESCA
	ZAVZPRET
	ZEGALOGUE
	ZEGERID
	ZEJULA ORAL CAPSULE
	ZEJULA ORAL TABLET 100 MG

ZEJULA ORAL TABLET 200 MG, 300 MG	ZILBRYSQ
ZELAPAR	<i>zileuton er</i>
ZELBORAF	ZILXI
ZEMAIRA	ZIMHI
ZEMBRACE SYMTOUCH	ZINPLAVA
ZEMDRI	ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %
ZEMPLAR INTRAVENOUS	<i>ziprasidone hcl oral capsule 20 mg</i>
ZEMPLAR ORAL CAPSULE 1 MCG	<i>ziprasidone hcl oral capsule 40 mg</i>
ZEMPLAR ORAL CAPSULE 2 MCG	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>
ZENATANE	<i>ziprasidone mesylate</i>
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	ZIPSOR
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	ZIRABEV
ZENZEDI ORAL TABLET 10 MG	ZIRGAN
ZENZEDI ORAL TABLET 15 MG, 2.5 MG	ZITHROMAX INTRAVENOUS
ZENZEDI ORAL TABLET 20 MG, 30 MG	ZITHROMAX ORAL PACKET
ZENZEDI ORAL TABLET 5 MG	ZITHROMAX ORAL SUSPENSION RECONSTITUTED
ZENZEDI ORAL TABLET 7.5 MG	ZITHROMAX ORAL TABLET 250 MG, 500 MG
ZEPATIER	ZITHROMAX TRI-PAK
ZEPOSIA	ZITHROMAX Z-PAK
ZEPOSIA 7-DAY STARTER PACK	ZITUVIO
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG
ZEPZELCA	ZOKINVY
ZERBAXA	ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG
ZERVIAE	ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG
ZESTORETIC	<i>zoledronic acid intravenous concentrate</i>
ZESTRIL	<i>zoledronic acid intravenous solution</i>
ZETIA	ZOLINZA
ZETONNA	<i>zolmitriptan nasal solution 5 mg</i>
ZIAC	<i>zolmitriptan oral</i>
ZIAGEN ORAL SOLUTION	ZOLOFT ORAL CONCENTRATE
ZIANA	ZOLOFT ORAL TABLET 100 MG
<i>zidovudine oral capsule</i>	ZOLOFT ORAL TABLET 25 MG
<i>zidovudine oral syrup</i>	ZOLOFT ORAL TABLET 50 MG
<i>zidovudine oral tablet</i>	<i>zolpidem tartrate er</i>
ZIEXTENZO	<i>zolpidem tartrate oral capsule</i>
	<i>zolpidem tartrate oral tablet</i>
	<i>zolpidem tartrate sublingual</i>

ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	ZYMAXID
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	ZYMFENTRA (1 PEN)
ZOMIG NASAL SOLUTION 5 MG	ZYMFENTRA (2 PEN)
ZONALON	ZYMFENTRA (2 SYRINGE)
ZONEGRAN	ZYPITAMAG ORAL TABLET 2 MG, 4 MG
ZONISADE	ZYPREXA INTRAMUSCULAR
<i>zonisamide oral</i>	ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG
ZONTIVITY	ZYPREXA ORAL TABLET 15 MG
ZORTRESS ORAL TABLET 0.25 MG	ZYPREXA ORAL TABLET 20 MG
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG
ZORYVE EXTERNAL CREAM 0.3 %	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG
ZORYVE EXTERNAL FOAM	ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 5 MG
ZOSYN INTRAVENOUS SOLUTION	ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG
ZOVIA 1/35 (28)	ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 20 MG
ZOVIRAX EXTERNAL CREAM	ZYTIGA ORAL TABLET 250 MG
ZOVIRAX EXTERNAL OINTMENT	ZYTIGA ORAL TABLET 500 MG
ZTALMY	ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML
ZTLIDO	ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	ZYVOX ORAL SUSPENSION RECONSTITUTED
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG	ZYVOX ORAL TABLET
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	
ZUMANDIMINE	
ZURZUVAE	
ZYCLARA	
ZYCLARA PUMP	
ZYDELIG	
ZYFLO	
ZYKADIA ORAL TABLET	
ZYLET	

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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This formulary was updated on August 1, 2024.

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**.