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Health Plans

# Formulario 2024 de Health First Health Plans

Lista de medicamentos cubiertos



# ¿Qué es el Formulario de Health First Health Plans?

Un formulario es una lista de medicamentos cubiertos elegidos por Health First Health Plans con el asesoramiento de un equipo de proveedores de atención médica, que representa las terapias con medicamentos recetados que se consideran una parte necesaria de un programa de tratamiento de calidad. Por lo general, Health First Health Plans cubre los medicamentos que aparecen en nuestro formulario siempre y cuando se surtan en una farmacia de la red de Health First Health Plans, sean médicamente necesarios y se respeten las demás normas del plan. Este Formulario se actualizó el 01/01/2024.

En la primera columna de la tabla aparece el nombre del medicamento. Los medicamentos de marca están en mayúscula (p. ej., SYSTOLIC) y los medicamentos genéricos aparecen en minúscula y cursiva (p. ej., carvedilol). Existen dos maneras de buscar un medicamento dentro del formulario:

## 1. Afección médica

El formulario comienza en la página 6. En este formulario, los medicamentos se dividen en categorías según el tipo de afección médica que tratan. Por ejemplo, los medicamentos usados para tratar una afección cardíaca se indican en la categoría Antiarrítmicos. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 6. Luego, busque el nombre del medicamento debajo del nombre de la categoría.

## 2. Orden alfabético

Si no sabe en qué categoría buscar, debe buscar el medicamento en el Índice que comienza en la página 100. El Índice le proporciona una lista en orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los medicamentos genéricos figuran en el Índice. Consulte el Índice y busque su medicamento. Al lado del medicamento, verá el número de página en donde puede encontrar la información de cobertura. Vaya a la página que figura en el Índice y busque el nombre del medicamento en la primera columna de la lista.

### ¿Qué son los medicamentos genéricos?

Health First Health Plans cubre medicamentos de marca y genéricos. La Administración de Alimentos y Medicamentos (FDA) aprueba un medicamento genérico cuando considera que contiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

### ¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Health First Health Plans requiere que usted [o su médico] obtengan una autorización previa para determinados medicamentos. Esto significa que deberá obtener la aprobación de Health First Health Plans antes de surtir sus recetas. Si no obtiene la aprobación, es posible que Health First Health Plans no cubra el medicamento.
- **Límites de cantidad:** Por ejemplo, para ciertos medicamentos, Health First Health Plans limita la cantidad del medicamento que se surte. Así, Health First Health Plans puede limitar un medicamento a solo 48 pastillas en un período de un mes. Si afectan su medicamento, estas cantidades se enumeran en el formulario a continuación.
- **Tratamiento escalonado:** En algunos casos, Health First Health Plans requiere que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que Health First Health Plans no cubra el medicamento B a menos que pruebe el medicamento A primero. Si el medicamento A no funciona para usted, entonces Health First Health Plans cubrirá el medicamento B.

Puede averiguar si su medicamento tiene algún requisito o límite adicional buscando en el formulario que comienza en la página 6.

### ¿Qué sucede si el medicamento que necesito no está en el Formulario?

Si el medicamento que necesita no está incluido en este formulario, debe comunicarse con nosotros y preguntarnos si su medicamento está cubierto.

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Si le informan que Health First Health Plans no cubre su medicamento, puede solicitarnos medicamentos similares que estén cubiertos por Health First Health Plans. Analice estas alternativas con su médico y pídale que le recete una de las alternativas cubiertas por Health First Health Plans.

### **¿Cómo solicito una excepción para el Formulario de Health First Health Plans?**

Su médico puede solicitar a Health First Health Plans que realice una excepción en nuestras normas de cobertura. Por lo general, Health First Health Plans solo aprobará su solicitud de una excepción si los medicamentos alternativos incluidos en el formulario del plan o las restricciones de uso adicionales no resultaran tan eficaces a la hora de tratar su afección o provocaran efectos médicos adversos.

### **¿Puede cambiar el Formulario?**

Tenga en cuenta que el formulario se revisa y actualiza mensualmente y puede estar sujeto a cambios. La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero Health First Health Plans puede agregar o quitar medicamentos de la Lista de medicamentos a lo largo del año, pasarlos a diferentes niveles de gastos compartidos o agregar nuevas restricciones de administración para su uso. Si se ve afectado por un cambio en el formulario, Health First Health Plans intentará notificarle al menos 60 días antes de que el cambio entre en vigencia. Si realizamos dicho cambio, usted o su médico pueden solicitar una excepción para la continuación de la cobertura. Puede encontrar información en la sección anterior titulada “¿Cómo solicito una excepción para el Formulario de Health First Health Plans?” Puede comunicarse con nosotros para averiguar si su medicamento aún está cubierto o visitar [hf.org/healthplans](http://hf.org/healthplans).

### **Para obtener más información**

Para obtener información más detallada sobre su cobertura para medicamentos recetados de Health First Health Plans, visite [hf.org/healthplans](http://hf.org/healthplans) o llámenos al 855.443.4735.

Health First Health Plans suscribe mediante Health First Commercial Plans, Inc. Health First Commercial Plans, Inc. no discrimina por cuestiones de raza, color, nacionalidad, discapacidad, edad, sexo, identidad de género, orientación sexual o estado de salud en la administración del plan, incluidas las determinaciones en cuanto a inscripción y los beneficios.

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### Terminología del formulario

El formulario que comienza en la página 6 proporciona información sobre la cobertura de los medicamentos cubiertos por Health First Health Plans. Si no encuentra el medicamento en la lista, vaya al Índice que comienza en la página 100.

La información en la columna de Requisitos/limitaciones le indica si Health First Health Plans tiene algún requisito especial para la cobertura de su medicamento.

Abreviatura	Término	Descripción
PA	Autorización previa	Su médico debe obtener la aprobación de Health First Health Plans para que se cubra este medicamento.
QL	Límites de cantidad	Algunos medicamentos tienen un límite a la cantidad que puede surtir de una vez.
ST	Tratamiento escalonado	Algunos medicamentos tienen un límite a la cantidad que puede surtir de una vez.
OTC	Productos de venta libre	Medicamentos que se pueden comprar con <sup>1</sup> o sin una receta de su médico.
PA**	Autorización previa si no se cumple con el tratamiento escalonado	Se necesitará una autorización previa si no cumple con el tratamiento escalonado.

<sup>1</sup>Para que esté cubierto en la farmacia, se requiere una receta de su médico.

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Obtenga más información en [hf.org/healthplans](http://hf.org/healthplans)



**Nivel**  
**\$0** = Tier \$0  
**NC** = Not Covered  
**NF** = Non - Formulary  
**T1** = Tier 1  
**T2** = Tier 2  
**T3** = Tier 3  
**T4** = Tier 4  
**T5** = Tier 5  
**T6** = Tier 6

**italics** = Generic drugs  
**UPPERCASE BOLD** = Brand name drugs

**Notas**

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>7T LIDO</b>	T2	QL (30 GM per 25 days)
<i>Abacavir Sulfate Oral Solution</i>	T1	QL (960 ML per 30 days)
<i>Abacavir Sulfate Oral Tablet</i>	T1	QL (60 EA per 30 days)
<i>Abacavir Sulfate-lamiVUDine</i>	T1	QL (30 EA per 30 days)
<b>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE</b>	T3	QL (1 EA per 25 days)
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</b>	T3	QL (1 EA per 25 days)
<i>Abiraterone Acetate Oral Tablet 250 MG</i>	T5	PA; QL (120 EA per 30 days)
<i>Abiraterone Acetate Oral Tablet 500 MG</i>	T5	PA; QL (60 EA per 30 days)
<i>Acamprosate Calcium</i>	T2	PA
<i>Acarbose Oral</i>	T2	
<b>ACCU-CHEK AVIVA PLUS</b>	T3	OTC
<b>ACCU-CHEK AVIVA PLUS IN VITRO</b>	T1	QL (204 EA per 25 days); OTC
<b>ACCU-CHEK GUIDE</b>	T3	OTC
<b>ACCU-CHEK GUIDE IN VITRO</b>	T1	QL (204 EA per 25 days); OTC
<b>ACCU-CHEK SMARTVIEW</b>	T1	QL (204 EA per 25 days); OTC
<b>ACCU-CHEK SMARTVIEW CONTROL</b>	T3	OTC
<i>Acebutolol HCl Oral</i>	T2	
<i>Acetaminophen-Codeine Oral Solution</i>	T2	QL (2700 ML per 25 days)
<i>Acetaminophen-Codeine Oral Tablet 300-15 MG</i>	T2	QL (400 EA per 25 days)
<i>Acetaminophen-Codeine Oral Tablet 300-30 MG</i>	T2	QL (360 EA per 25 days)
<i>Acetaminophen-Codeine Oral Tablet 300-60 MG</i>	T2	QL (180 EA per 25 days)
<i>acetaZOLAMIDE ER</i>	T2	
<i>acetaZOLAMIDE Oral</i>	T2	
<i>acetaZOLAMIDE Sodium</i>	T2	
<i>Acetic Acid Otic</i>	T2	
<i>Acetylcysteine Inhalation</i>	T3	
<i>Acitretin</i>	T3	
<b>ACTEMRA ACTPEN</b>	T5	PA; QL (4 ML per 28 days)
<b>ACTEMRA SUBCUTANEOUS</b>	T5	PA; QL (4 ML per 28 days)
<b>ACTHIB</b>	\$0	
<b>ACTIMMUNE</b>	T5	PA
<b>ACUVAIL</b>	T3	
<i>Acyclovir External Ointment</i>	T3	PA
<i>Acyclovir Oral Capsule</i>	T1	



Medicamento	Nivel	Notas
<i>Acyclovir Oral Suspension</i>	T2	
<i>Acyclovir Oral Tablet</i>	T1	
<i>Acyclovir Sodium Intravenous Solution</i>	T2	
<b>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</b>	\$0	
<i>Adapalene External Cream</i>	T3	PA
<i>Adapalene External Gel</i>	T3	PA
<i>Adapalene-Benzoyl Peroxide External Gel 0.1-2.5 %</i>	T2	
<i>Adefovir Dipivoxil</i>	T5	PA
<b>ADEMPAS</b>	T5	PA; QL (90 EA per 30 days)
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT</b>	T2	QL (1 EA per 25 days)
<b>ADVAIR HFA</b>	T3	QL (1 GM per 25 days)
<b>AEROCHAMBER PLUS FLO-VU</b>	T3	
<b>AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION</b>	\$0	
<b>AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	NF	
<b>AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%</b>	T4	
<b>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML</b>	T3	PA; QL (1 ML per 25 days)
<b>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML</b>	T3	PA; QL (2 ML per 25 days)
<b>AJOVY</b>	T3	PA; QL (3 ML per 75 days)
<b>AKYNZEO ORAL</b>	T4	QL (2 EA per 21 days)
<i>Ala-Cort External Cream 1 %</i>	T1	QL (300 GM per 25 days)
<i>Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT</i>	T2	QL (2 GM per 25 days)
<i>Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, 0.63 MG/3ML, 1.25 MG/3ML</i>	T2	QL (375 ML per 25 days)
<i>Albuterol Sulfate Inhalation Nebulization Solution 2.5 MG/0.5ML</i>	T2	QL (60 EA per 30 days)
<i>Albuterol Sulfate Oral</i>	T2	
<i>Alclometasone Dipropionate</i>	T2	QL (300 GM per 25 days)
<i>Alcoh-Wipe</i>	T3	
<b>ALECENSA</b>	T5	PA; QL (240 EA per 30 days)
<i>Alendronate Sodium Oral Solution</i>	T2	
<i>Alendronate Sodium Oral Tablet 10 MG, 35 MG, 5 MG, 70 MG</i>	T1	
<b>ALFERON N</b>	T5	
<i>Alfuzosin HCl ER</i>	T2	
<b>ALIMTA</b>	T5	
<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	T4	QL (540 ML per 25 days)
<i>Aliskiren Fumarate</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Allopurinol Oral Tablet 100 MG, 300 MG</i>	T1	
<i>Allopurinol Sodium</i>	T2	
<i>Almotriptan Malate Oral Tablet 12.5 MG</i>	T3	QL (12 EA per 25 days)
<i>Almotriptan Malate Oral Tablet 6.25 MG</i>	T3	QL (18 EA per 25 days)
<b>ALOCRIL</b>	T4	
<i>Alogliptin Benzoate</i>	T2	
<b>ALOMIDE</b>	T4	
<i>Alosetron HCl</i>	T4	PA
<b>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %</b>	T4	
<b>ALPRAZOLAM INTENSOL</b>	T1	QL (300 ML per 25 days)
<i>ALPRAZolam Oral</i>	T2	QL (150 EA per 25 days)
<b>ALTABAX</b>	T3	
<b>ALTAVERA ORAL TABLET 0.15-30 MG-MCG</b>	\$0	
<b>ALTAVERA ORAL TABLET 0.15-30 MG-MCG</b>	T1	
<b>ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT</b>	T4	PA; QL (2 GM per 25 days)
<b>ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT</b>	T4	PA; QL (1 GM per 25 days)
<i>Alyacen 1/35 Oral Tablet 1-35 MG-MCG</i>	\$0	
<i>Alyacen 1/35 Oral Tablet 1-35 MG-MCG</i>	T1	
<i>Alyacen 7/7/7 Oral Tablet 0.5/0.75/1-35 MG-MCG</i>	\$0	
<i>Alyacen 7/7/7 Oral Tablet 0.5/0.75/1-35 MG-MCG</i>	T1	
<i>Amantadine HCl Oral Capsule</i>	T2	
<i>Amantadine HCl Oral Solution</i>	T2	
<i>Amantadine HCl Oral Tablet</i>	T2	
<i>Ambrisentan</i>	T5	PA; QL (30 EA per 30 days)
<i>Amcinonide External Lotion</i>	T2	QL (240 ML per 25 days)
<i>Amcinonide External Ointment</i>	T3	QL (240 GM per 25 days)
<b>AMELUZ</b>	T4	
<b>AMETHIA ORAL TABLET 0.15-0.03 &amp; 0.01 MG</b>	\$0	
<b>AMETHIA ORAL TABLET 0.15-0.03 &amp; 0.01 MG</b>	T1	
<b>AMETHYST ORAL TABLET 90-20 MCG</b>	\$0	
<b>AMETHYST ORAL TABLET 90-20 MCG</b>	T1	
<i>Amikacin Sulfate Injection Solution 1 GM/4ML, 500 MG/2ML</i>	T2	
<i>aMILoride HCl Oral</i>	T2	
<i>aMILoride-hydroCHLORothiazide</i>	T2	
<i>Aminophylline Intravenous</i>	T2	
<i>Amiodarone HCl Intravenous</i>	T2	
<i>Amiodarone HCl Oral Tablet 200 MG, 400 MG</i>	T2	
<i>Amitriptyline HCl Oral Tablet 10 MG</i>	T1	QL (150 EA per 30 days)
<i>Amitriptyline HCl Oral Tablet 100 MG, 150 MG, 75 MG</i>	T2	
<i>Amitriptyline HCl Oral Tablet 25 MG</i>	T1	QL (60 EA per 30 days)

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Amitriptyline HCl Oral Tablet 50 MG</i>	T1	QL (30 EA per 30 days)
<i>Amlodipine Besy-Benazepril HCl</i>	T1	
<i>amLODIPine Besylate Oral</i>	T1	
<i>amLODIPine Besylate-Valsartan</i>	T2	
<i>amLODIPine-Atorvastatin</i>	T2	
<i>Amlodipine-Olmesartan</i>	T2	
<i>amLODIPine-Valsartan-HCTZ</i>	T2	
<i>Ammonium Lactate External</i>	T2	
<i>Amoxapine Oral Tablet 100 MG, 25 MG, 50 MG</i>	T2	QL (90 EA per 30 days)
<i>Amoxapine Oral Tablet 150 MG</i>	T2	QL (60 EA per 30 days)
<i>Amoxicillin Oral Capsule</i>	T1	
<i>Amoxicillin Oral Suspension Reconstituted</i>	T1	
<i>Amoxicillin Oral Tablet</i>	T1	
<i>Amoxicillin Oral Tablet Chewable 125 MG, 250 MG</i>	T2	
<i>Amoxicillin-Pot Clavulanate ER</i>	T2	
<i>Amoxicillin-Pot Clavulanate Oral Suspension Reconstituted</i>	T2	
<i>Amoxicillin-Pot Clavulanate Oral Tablet</i>	T1	
<i>Amoxicillin-Pot Clavulanate Oral Tablet Chewable</i>	T2	
<i>Amphetamine Sulfate Oral Tablet 10 MG</i>	T4	
<i>Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 10 MG, 5 MG</i>	T2	QL (90 EA per 30 days)
<i>Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 15 MG</i>	T2	QL (30 EA per 30 days)
<i>Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 20 MG, 25 MG, 30 MG</i>	T2	QL (60 EA per 30 days)
<i>Amphetamine-Dextroamphetamine Oral Tablet 10 MG, 12.5 MG, 5 MG, 7.5 MG</i>	T2	QL (90 EA per 30 days)
<i>Amphetamine-Dextroamphetamine Oral Tablet 15 MG, 20 MG, 30 MG</i>	T2	QL (60 EA per 30 days)
<i>Amphotericin B Intravenous</i>	T2	QL (42 EA per 14 days)
<i>Ampicillin Oral Capsule 500 MG</i>	T2	
<i>Ampicillin Sodium Injection Solution Reconstituted 1 GM, 125 MG, 2 GM, 250 MG, 500 MG</i>	T4	
<i>Ampicillin Sodium Intravenous</i>	T4	
<i>Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 1.5 (1-0.5) GM, 3 (2-1) GM</i>	T4	
<i>Ampicillin-Sulbactam Sodium Intravenous Solution Reconstituted 15 (10-5) GM</i>	T4	
<i>Anagrelide HCl</i>	T3	
<i>Anastrozole Oral</i>	T2	
<b>ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR</b>	\$0	QL (1 EA per 300 days)
<b>ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR</b>	T1	QL (1 EA per 300 days)
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT</b>	T3	QL (1 EA per 25 days)

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE</b>	T5	PA; QL (20 ML per 25 days)
<i>Apraclonidine HCl</i>	T2	
<i>Aprepitant Oral Capsule 125 MG</i>	T4	QL (2 EA per 21 days)
<i>Aprepitant Oral Capsule 40 MG</i>	T4	QL (3 EA per 180 days)
<i>Aprepitant Oral Capsule 80 &amp; 125 MG</i>	T4	QL (6 EA per 21 days)
<i>Aprepitant Oral Capsule 80 MG</i>	T4	QL (4 EA per 21 days)
<b>APRETUDE</b>	\$0	QL (3 ML per 60 days)
<b>APRI ORAL TABLET 0.15-30 MG-MCG</b>	\$0	
<b>APRI ORAL TABLET 0.15-30 MG-MCG</b>	T1	
<b>APTIOM</b>	T4	PA
<b>APTIVUS ORAL CAPSULE</b>	T3	QL (120 EA per 30 days)
<b>ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>	\$0	
<b>ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>	T1	
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>	T5	PA
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE</b>	T5	PA
<b>ARCALYST</b>	T5	PA; QL (8 EA per 28 days)
<i>Argatroban in Sodium Chloride Intravenous Solution 50-0.9 MG/50ML-%</i>	T4	
<i>Argatroban Intravenous Solution 250 MG/2.5ML</i>	T2	
<i>ARIPiprazole Oral Solution</i>	T3	
<i>ARIPiprazole Oral Tablet</i>	T3	
<i>ARIPiprazole Oral Tablet Dispersible</i>	T2	
<b>ARISTADA</b>	T3	
<b>ARISTADA INITIO</b>	T3	
<i>Armodafinil</i>	T2	PA; QL (30 EA per 30 days)
<b>ARNUIITY ELLIPTA</b>	T3	QL (1 EA per 25 days)
<b>ARRANON</b>	T3	
<i>Arsenic Trioxide Intravenous</i>	T2	
<i>Asenapine Maleate</i>	T3	PA
<b>ASHLYNA ORAL TABLET 0.15-0.03 &amp; 0.01 MG</b>	\$0	
<b>ASHLYNA ORAL TABLET 0.15-0.03 &amp; 0.01 MG</b>	T1	
<i>Aspirin Adult Low Strength Oral Tablet Delayed Release</i>	T2	QL (100 EA per 30 days); OTC
<i>Aspirin-Dipyridamole ER</i>	T2	
<i>Atazanavir Sulfate Oral Capsule 150 MG, 300 MG</i>	T1	QL (30 EA per 30 days)
<i>Atazanavir Sulfate Oral Capsule 200 MG</i>	T1	QL (60 EA per 30 days)
<i>Atenolol Oral</i>	T1	
<i>Atenolol-Chlorthalidone</i>	T2	
<i>Atomoxetine HCl</i>	T2	
<i>Atorvastatin Calcium Oral</i>	T1	

Medicamento	Nivel	Notas
<i>Atovaquone Oral</i>	T4	
<i>Atovaquone-Proguanil HCl</i>	T2	
<b>ATRIPLA ORAL TABLET 600-200-300 MG</b>	\$0	QL (30 EA per 30 days)
<b>ATRIPLA ORAL TABLET 600-200-300 MG</b>	T3	QL (30 EA per 30 days)
<i>Atropine Sulfate Injection Solution Prefilled Syringe 0.25 MG/5ML, 1 MG/10ML</i>	T2	
<i>Atropine Sulfate Ophthalmic Solution 1 %</i>	T2	
<b>AUBAGIO</b>	T5	PA; QL (30 EA per 30 days)
<b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML</b>	T3	
<b>AVIANE ORAL TABLET 0.1-20 MG-MCG</b>	\$0	
<b>AVIANE ORAL TABLET 0.1-20 MG-MCG</b>	T1	
<i>Avidoxy</i>	T2	
<b>AVITA EXTERNAL CREAM</b>	T3	PA
<b>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT</b>	T5	PA; QL (4 EA per 28 days)
<b>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT</b>	T5	PA; QL (4 EA per 28 days)
<i>azaCITIDine</i>	T5	PA
<b>AZASAN</b>	T4	
<b>AZASITE</b>	T3	
<i>azaTHIOprine Oral</i>	T2	
<i>Azelaic Acid External</i>	T2	PA
<i>Azelastine HCl Nasal Solution 0.1 %, 0.15 %</i>	T2	QL (60 ML per 25 days)
<i>Azelastine HCl Ophthalmic</i>	T2	
<i>Azithromycin Intravenous Solution Reconstituted 500 MG</i>	T2	
<i>Azithromycin Oral Packet</i>	T2	
<i>Azithromycin Oral Suspension Reconstituted</i>	T2	
<i>Azithromycin Oral Tablet 250 MG, 500 MG</i>	T1	
<i>Azithromycin Oral Tablet 600 MG</i>	T3	
<i>Aztreonam</i>	\$0	
<b>AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	\$0	
<b>AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	T1	
<i>Bacitracin Ophthalmic</i>	T2	
<i>Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM</i>	T2	
<i>Bacitra-Neomycin-Polymyxin-HC</i>	T2	
<i>Baclofen Oral Tablet</i>	T2	
<i>Balsalazide Disodium</i>	T2	
<b>BARACLUDE ORAL SOLUTION</b>	T4	PA; QL (630 ML per 30 days)
<b>BASAGLAR KWIKPEN</b>	T3	
<b>BD PEN NEEDLE NANO U/F</b>	T1	
<b>BD POSIFLUSH INTRAVENOUS</b>	T2	

Medicamento	Nivel	Notas
<b>BD SWAB SINGLE USE REGULAR</b>	T3	OTC
<b>BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML</b>	T3	OTC
<b>BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG</b>	T3	QL (60 EA per 25 days)
<b>BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG</b>	T3	PA
<b>BELSOMRA</b>	T3	PA
<i>Benazepril HCl Oral</i>	T1	
<i>Benazepril-hydroCHLOROthiazide</i>	T2	
<i>Benzonatate Oral Capsule 100 MG, 200 MG</i>	T2	
<i>Benzoyl Peroxide-Erythromycin</i>	T2	QL (47 GM per 30 days)
<i>Benztropine Mesylate Injection</i>	T2	
<i>Benztropine Mesylate Oral</i>	T2	
<i>Bepotastine Besilate</i>	T2	
<b>BESIVANCE</b>	T4	
<i>Betaine</i>	T5	PA
<i>Betamethasone Dipropionate Aug External Cream</i>	T1	QL (240 GM per 25 days)
<i>Betamethasone Dipropionate Aug External Gel</i>	T2	QL (240 GM per 25 days)
<i>Betamethasone Dipropionate Aug External Lotion</i>	T1	QL (240 ML per 25 days)
<i>Betamethasone Dipropionate Aug External Ointment</i>	T1	QL (240 GM per 25 days)
<i>Betamethasone Dipropionate External</i>	T1	QL (240 GM per 25 days)
<i>Betamethasone Valerate External Cream</i>	T1	QL (240 GM per 25 days)
<i>Betamethasone Valerate External Lotion</i>	T1	QL (240 ML per 25 days)
<i>Betamethasone Valerate External Ointment</i>	T1	QL (240 GM per 25 days)
<b>BETASERON SUBCUTANEOUS KIT</b>	T5	PA; QL (14 EA per 28 days)
<i>Betaxolol HCl</i>	T2	
<i>Bethanechol Chloride Oral</i>	T2	
<b>BETIMOL</b>	T4	
<b>BETOPTIC-S</b>	T3	
<b>BEVESPI AEROSPHERE</b>	T3	QL (1 GM per 25 days)
<i>Bexarotene</i>	T5	PA
<b>BEXSERO</b>	\$0	
<i>Bicalutamide</i>	T2	
<b>BIKTARVY</b>	T3	QL (30 EA per 30 days)
<i>Bimatoprost Ophthalmic</i>	T2	
<i>Bisoprolol Fumarate Oral</i>	T2	
<i>Bisoprolol-hydroCHLOROthiazide</i>	T2	
<i>Bleomycin Sulfate</i>	T2	
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5</b>	\$0	
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	\$0	
<i>Bosentan</i>	T5	PA; QL (60 EA per 30 days)
<b>BOSULIF ORAL TABLET 100 MG</b>	T5	PA; QL (90 EA per 30 days)

Medicamento	Nivel	Notas
<b>BOSULIF ORAL TABLET 400 MG, 500 MG</b>	T5	PA; QL (30 EA per 30 days)
<i>BP Wash External Liquid 2.5 %</i>	T2	OTC
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT</b>	T3	QL (30 EA per 25 days)
<b>BRILINTA</b>	T3	
<i>Brimonidine Tartrate Ophthalmic Solution 0.15 %</i>	T3	
<i>Brimonidine Tartrate Ophthalmic Solution 0.2 %</i>	T1	
<i>Brinzolamide</i>	T2	
<b>BRIVIACT</b>	T4	PA
<i>Bromfenac Sodium (Once-Daily)</i>	T2	
<i>Bromocriptine Mesylate Oral</i>	T2	
<i>Budesonide Inhalation Suspension 0.25 MG/2ML</i>	T2	QL (180 ML per 25 days)
<i>Budesonide Inhalation Suspension 0.5 MG/2ML</i>	T2	QL (120 ML per 25 days)
<i>Budesonide Inhalation Suspension 1 MG/2ML</i>	T2	QL (60 ML per 25 days)
<i>Budesonide Oral</i>	T3	PA
<i>Budesonide-Formoterol Fumarate</i>	T3	
<i>Bumetanide Injection</i>	T2	
<i>Bumetanide Oral</i>	T2	
<i>Buprenorphine HCl Injection Solution 0.3 MG/ML</i>	T2	
<i>Buprenorphine HCl Sublingual</i>	\$0	QL (90 EA per 30 days)
<i>Buprenorphine HCl-Naloxone HCl Sublingual Film 12-3 MG</i>	T2	QL (2 EA per 1 day)
<i>Buprenorphine HCl-Naloxone HCl Sublingual Film 2-0.5 MG, 4-1 MG, 8-2 MG</i>	T2	QL (3 EA per 1 day)
<i>Buprenorphine HCl-Naloxone HCl Sublingual Tablet Sublingual 2-0.5 MG, 8-2 MG</i>	\$0	QL (3 EA per 1 day)
<i>Buprenorphine HCl-Naloxone HCl Sublingual Tablet Sublingual 2-0.5 MG, 8-2 MG</i>	T1	QL (3 EA per 1 day)
<i>buPROPion HCl ER (Smoking Det)</i>	\$0	
<i>buPROPion HCl ER (SR)</i>	T1	
<i>buPROPion HCl ER (XL) Oral Tablet Extended Release 24 Hour 150 MG, 300 MG</i>	T2	
<i>buPROPion HCl Oral</i>	T1	
<i>busPIRone HCl Oral Tablet 10 MG, 15 MG, 5 MG, 7.5 MG</i>	T2	
<i>busPIRone HCl Oral Tablet 30 MG</i>	T3	
<i>Busulfan</i>	T2	
<i>Butalbital-APAP-Caff-Cod Oral Capsule 50-300-40-30 MG</i>	T2	QL (48 EA per 25 days)
<i>Butalbital-APAP-Caffeine Oral Capsule</i>	T2	QL (48 EA per 25 days)
<i>Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG</i>	T2	QL (48 EA per 25 days)
<i>Butalbital-Aspirin-Caffeine Oral Capsule</i>	T2	QL (48 EA per 25 days)
<i>Butorphanol Tartrate Injection</i>	T2	
<i>Butorphanol Tartrate Nasal</i>	T2	QL (5 ML per 25 days)

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Cabergoline</i>	T2	
<i>Calcipotriene External Solution</i>	T2	
<i>Calcipotriene-Betameth Diprop External Ointment</i>	T4	
<i>Calcitonin (Salmon) Nasal</i>	T3	
<i>Calcitriol External</i>	T4	
<i>Calcitriol Oral</i>	T2	
<i>Calcium Acetate (Phos Binder)</i>	T2	
<b>CAMILA ORAL TABLET 0.35 MG</b>	\$0	
<b>CAMILA ORAL TABLET 0.35 MG</b>	T1	
<i>Candesartan Cilexetil</i>	T2	
<i>Candesartan Cilexetil-HCTZ</i>	T2	
<i>Capecitabine Oral Tablet 150 MG</i>	T5	PA; QL (120 EA per 30 days)
<i>Capecitabine Oral Tablet 500 MG</i>	T5	PA; QL (300 EA per 30 days)
<b>CAPRELSA ORAL TABLET 100 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>CAPRELSA ORAL TABLET 300 MG</b>	T5	PA; QL (30 EA per 30 days)
<i>Captopril Oral</i>	T2	
<i>Captopril-hydroCHLOROthiazide</i>	T2	
<i>carBAMazepine ER</i>	T2	
<i>carBAMazepine Oral</i>	T2	
<i>Carbidopa Oral</i>	T4	
<i>Carbidopa-Levodopa</i>	T2	
<i>Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG, 50-200 MG</i>	T2	
<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>	T2	
<i>Carbinoxamine Maleate Oral Solution</i>	T2	
<i>Carbinoxamine Maleate Oral Tablet 4 MG</i>	T2	
<i>CARBOplatin Intravenous Solution</i>	T2	
<i>Carglumic Acid Oral Tablet Soluble</i>	T5	PA
<i>Carisoprodol Oral Tablet 350 MG</i>	T1	
<i>Carmustine Intravenous Solution Reconstituted 100 MG</i>	T2	
<i>Carmustine Intravenous Solution Reconstituted 300 MG, 50 MG</i>	T3	
<i>Carteolol HCl</i>	T2	
<b>CARTIA XT</b>	T2	
<i>Carvedilol</i>	T2	
<i>Carvedilol Phosphate ER</i>	T2	
<b>CAYA</b>	\$0	QL (1 EA per 300 days)
<b>CAYSTON</b>	T5	PA; QL (84 ML per 28 days)
<i>Cefaclor</i>	T2	
<i>Cefadroxil</i>	T2	



<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>CeFAZolin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 500 MG</i>	T2	
<i>CeFAZolin Sodium Intravenous Solution Reconstituted 1 GM</i>	T2	
<i>Cefdinir</i>	T2	
<i>Cefepime HCl Injection Solution Reconstituted 1 GM</i>	T4	
<i>Cefepime HCl Intravenous Solution Reconstituted 2 GM</i>	T4	
<i>Cefixime</i>	T3	
<i>Cefotaxime Sodium Injection Solution Reconstituted 1 GM, 2 GM</i>	T2	
<i>cefoTEtan Disodium Injection Solution Reconstituted 1 GM, 2 GM</i>	T2	
<i>CefOXitin Sodium Intravenous</i>	T2	
<i>Cefpodoxime Proxetil</i>	T2	
<i>Cefprozil</i>	T2	
<i>ceftAZidime Intravenous</i>	T2	
<i>cefTRIAxone Sodium Injection Solution Reconstituted 1 GM, 2 GM, 250 MG, 500 MG</i>	T4	QL (28 EA per 14 days)
<i>CefTRIAxone Sodium Intravenous Solution Reconstituted 1 GM, 2 GM</i>	T4	QL (28 EA per 14 days)
<i>cefTRIAxone Sodium Intravenous Solution Reconstituted 10 GM</i>	T4	QL (7 EA per 14 days)
<i>Cefuroxime Axetil Oral Tablet</i>	T2	
<i>Cefuroxime Sodium Injection Solution Reconstituted 750 MG</i>	T2	
<i>Cefuroxime Sodium Intravenous Solution Reconstituted 1.5 GM</i>	T2	
<i>Celecoxib Oral Capsule 100 MG, 200 MG, 50 MG</i>	T3	
<b>CELONTIN</b>	T4	
<i>Cephalexin Oral Capsule 250 MG, 500 MG</i>	T1	
<i>Cephalexin Oral Capsule 750 MG</i>	T2	
<i>Cephalexin Oral Suspension Reconstituted</i>	T2	
<i>Cephalexin Oral Tablet</i>	T2	
<b>CERDELGA</b>	T5	PA; QL (56 EA per 28 days)
<i>Cevimeline HCl</i>	T2	
<b>CHEMET</b>	T4	
<b>CHEMSTRIP 9</b>	T3	OTC
<i>Chloramphenicol Sod Succinate</i>	T2	
<i>chlordiazePOXIDE HCl</i>	T2	
<i>Chlordiazepoxide-Amitriptyline</i>	T3	
<i>Chlorhexidine Gluconate Mouth/Throat</i>	T1	
<i>Chloroquine Phosphate Oral</i>	T2	
<i>Chlorothiazide Sodium</i>	T2	
<i>chlorproMAZINE HCl Injection</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>chlorproMAZINE HCl Oral Tablet</i>	T2	
<i>Chlorthalidone Oral Tablet 25 MG, 50 MG</i>	T1	
<i>Chlorzoxazone Oral Tablet 500 MG</i>	T2	
<i>Cholestyramine Light</i>	T2	
<i>Cholestyramine Oral</i>	T2	
<i>Chorionic Gonadotropin Intramuscular</i>	T5	PA
<i>Ciclopirox External Gel</i>	T2	QL (120 GM per 25 days)
<i>Ciclopirox External Shampoo</i>	T2	QL (120 ML per 25 days)
<i>Ciclopirox External Solution</i>	T2	
<i>Ciclopirox Olamine External</i>	T2	QL (120 GM per 25 days)
<i>Cidofovir Intravenous</i>	T2	
<i>Cilostazol</i>	T2	
<b>CIMDUO</b>	T3	QL (30 EA per 30 days)
<i>Cimetidine Oral</i>	T2	
<i>Cinacalcet HCl Oral Tablet 30 MG, 60 MG</i>	T5	PA; QL (60 EA per 30 days)
<i>Cinacalcet HCl Oral Tablet 90 MG</i>	T5	PA; QL (120 EA per 30 days)
<b>CINRYZE</b>	T5	PA
<b>CIPRO HC</b>	T4	
<b>CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)</b>	T4	
<i>Ciprofloxacin HCl Ophthalmic</i>	T1	
<i>Ciprofloxacin HCl Oral Tablet 100 MG</i>	T2	
<i>Ciprofloxacin HCl Oral Tablet 250 MG, 500 MG, 750 MG</i>	T1	
<i>Ciprofloxacin in D5W</i>	T2	
<i>Ciprofloxacin-Dexamethasone</i>	T3	
<i>Ciprofloxacin-Fluocinolone PF</i>	T3	
<i>CISplatin Intravenous Solution 100 MG/100ML, 200 MG/200ML, 50 MG/50ML</i>	T2	
<i>Citalopram Hydrobromide Oral Solution</i>	T2	
<i>Citalopram Hydrobromide Oral Tablet</i>	T1	
<b>CITRANATAL 90 DHA ORAL 90-1 &amp; 300 MG</b>	T3	
<b>CITRANATAL ASSURE ORAL 35-1 &amp; 300 MG</b>	T3	
<b>CITRANATAL B-CALM</b>	T3	
<b>CITRANATAL BLOOM</b>	T3	
<b>CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG</b>	T3	
<b>CITRANATAL MEDLEY</b>	T3	
<i>Cladribine Intravenous Solution 10 MG/10ML</i>	T2	
<i>Clarithromycin ER</i>	T2	
<i>Clarithromycin Oral</i>	T2	
<i>Clemastine Fumarate Oral Tablet 2.68 MG</i>	T2	
<b>CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML</b>	T3	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>CLEOCIN VAGINAL SUPPOSITORY</b>	T3	
<b>CLIMARA PRO</b>	T3	
<i>Clindamycin HCl Oral</i>	T2	
<i>Clindamycin Palmitate HCl</i>	T2	
<i>Clindamycin Phosphate External Foam</i>	T2	
<i>Clindamycin Phosphate External Gel</i>	T2	QL (75 GM per 25 days)
<i>Clindamycin Phosphate External Lotion</i>	T2	QL (60 ML per 25 days)
<i>Clindamycin Phosphate External Solution</i>	T2	QL (60 ML per 25 days)
<i>Clindamycin Phosphate External Swab</i>	T2	
<i>Clindamycin Phosphate Injection</i>	T2	
<i>Clindamycin Phosphate Vaginal</i>	T2	
<i>CloBAZam</i>	T3	PA
<i>Clobetasol Propionate External Cream</i>	T3	QL (240 GM per 25 days)
<i>Clobetasol Propionate External Foam</i>	T4	QL (240 GM per 25 days)
<i>Clobetasol Propionate External Gel</i>	T3	QL (240 GM per 25 days)
<i>Clobetasol Propionate External Liquid</i>	T3	QL (300 ML per 25 days)
<i>Clobetasol Propionate External Lotion</i>	T4	QL (240 ML per 25 days)
<i>Clobetasol Propionate External Ointment</i>	T3	QL (240 GM per 25 days)
<i>Clobetasol Propionate External Shampoo</i>	T3	QL (300 ML per 25 days)
<i>Clobetasol Propionate External Solution</i>	T3	QL (240 ML per 25 days)
<i>Clofarabine</i>	T2	
<i>clomiPRAMINE HCl Oral Capsule 25 MG, 50 MG</i>	T4	QL (150 EA per 30 days)
<i>clomiPRAMINE HCl Oral Capsule 75 MG</i>	T4	QL (90 EA per 30 days)
<i>clonazepam Oral Tablet</i>	T2	
<i>CloNIDine</i>	T2	
<i>cloNIDine HCl Oral Tablet 0.1 MG, 0.2 MG</i>	T1	
<i>cloNIDine HCl Oral Tablet 0.3 MG</i>	T2	
<i>Clopidogrel Bisulfate Oral Tablet 300 MG</i>	T2	
<i>Clopidogrel Bisulfate Oral Tablet 75 MG</i>	T1	
<i>Clorazepate Dipotassium</i>	T3	QL (180 EA per 25 days)
<i>Clotrimazole External Cream</i>	T1	QL (120 GM per 25 days)
<i>Clotrimazole External Solution</i>	T2	QL (120 ML per 25 days)
<i>Clotrimazole Mouth/Throat Troche</i>	T2	QL (90 EA per 30 days)
<i>Clotrimazole-Betamethasone External Cream</i>	T2	QL (60 GM per 25 days)
<i>Clotrimazole-Betamethasone External Lotion</i>	T3	QL (60 ML per 25 days)
<i>cloZAPine</i>	T2	
<b>COARTEM</b>	T4	
<i>Codeine Sulfate Oral Tablet 30 MG, 60 MG</i>	T3	QL (42 EA per 25 days)
<i>Colchicine Oral Tablet</i>	T3	QL (120 EA per 25 days)
<i>Colchicine-Probenecid</i>	T2	
<i>Colestipol HCl</i>	T2	
<b>COMBIVIR</b>	T4	QL (60 EA per 30 days)

Medicamento	Nivel	Notas
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &amp; 20 MG</b>	T5	PA; QL (1 EA per 28 days)
<b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG &amp; 80 MG</b>	T5	PA; QL (1 EA per 28 days)
<b>COMETRIQ (60 MG DAILY DOSE)</b>	T5	PA; QL (1 EA per 28 days)
<b>COMPLERA</b>	T3	QL (30 EA per 30 days)
<b>COMPRO</b>	T3	
<b>CONDYLOX EXTERNAL GEL</b>	T4	
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>	T5	PA; QL (30 ML per 30 days)
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML</b>	T5	PA; QL (12 ML per 28 days)
<b>CORLANOR</b>	T3	
<i>Cortisone Acetate Oral</i>	T2	
<b>COSENTYX</b>	T5	PA; QL (1 ML per 28 days)
<b>COSENTYX (300 MG DOSE)</b>	T5	PA; QL (1 ML per 28 days)
<b>COSENTYX SENSOREADY (300 MG)</b>	T5	PA; QL (1 ML per 28 days)
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>	T5	PA; QL (1 ML per 28 days)
<b>CREON</b>	T3	PA
<b>CRINONE</b>	T3	
<i>Cromolyn Sodium Inhalation</i>	T2	QL (240 ML per 25 days)
<i>Cromolyn Sodium Ophthalmic</i>	T2	
<i>Cromolyn Sodium Oral</i>	T2	PA
<b>CROTAN</b>	T2	
<b>CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG</b>	\$0	
<b>CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG</b>	T1	
<i>Cyanocobalamin Injection Solution 1000 MCG/ML</i>	T2	
<i>Cyclobenzaprine HCl Oral Tablet 10 MG, 5 MG</i>	T1	
<i>Cyclophosphamide Injection</i>	T5	
<i>Cyclophosphamide Oral Capsule</i>	T2	
<i>cycloSERINE Oral</i>	T2	
<b>CYCLOSET</b>	T4	
<i>cycloSPORINE Intravenous</i>	T2	
<i>cycloSPORINE Modified</i>	T2	
<i>cycloSPORINE Ophthalmic</i>	\$0	
<i>CycloSPORINE Oral Capsule</i>	T4	
<i>Cyproheptadine HCl Oral</i>	T2	
<b>CYSTAGON</b>	T5	PA
<b>CYSTARAN</b>	T5	PA; QL (4 ML per 28 days)
<i>Cytarabine (PF)</i>	T2	
<i>Cytarabine Injection Solution</i>	T2	
<i>Dabigatran Etexilate Mesylate</i>	T1	
<i>Dacarbazine Intravenous</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Dalfampridine ER</i>	T5	PA; QL (60 EA per 30 days)
<b>DALIRESP</b>	T4	PA
<i>Danazol Oral</i>	T2	
<i>Dantrolene Sodium Oral</i>	T2	
<i>Dapsone Oral</i>	T2	
<b>DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5</b>	\$0	
<b>DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5</b>	T1	
<i>DAPTOmycin Intravenous Solution Reconstituted 500 MG</i>	T4	
<i>Darifenacin Hydrobromide ER</i>	T2	
<b>DASETTA 1/35 ORAL TABLET 1-35 MG-MCG</b>	\$0	
<b>DASETTA 1/35 ORAL TABLET 1-35 MG-MCG</b>	T1	
<b>DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	\$0	
<b>DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	T1	
<i>DAUNOrubicin HCl Intravenous Solution 20 MG/4ML</i>	T2	
<i>Decitabine</i>	T5	PA
<i>Deferiprone</i>	T5	PA
<b>DELSTRIGO</b>	T3	QL (30 EA per 30 days)
<b>DELYLA ORAL TABLET 0.1-20 MG-MCG</b>	\$0	
<b>DELYLA ORAL TABLET 0.1-20 MG-MCG</b>	T1	
<i>Demeclocycline HCl Oral</i>	T2	
<b>DEPO-ESTRADIOL</b>	T4	
<b>DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML</b>	T4	
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML</b>	\$0	QL (4 ML per 300 days)
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML</b>	T1	QL (4 ML per 300 days)
<b>DESCOVY</b>	T3	QL (30 EA per 30 days)
<i>Desipramine HCl Oral Tablet 10 MG, 25 MG, 50 MG</i>	T2	QL (90 EA per 30 days)
<i>Desipramine HCl Oral Tablet 100 MG, 150 MG</i>	T2	QL (30 EA per 30 days)
<i>Desipramine HCl Oral Tablet 75 MG</i>	T2	QL (60 EA per 30 days)
<i>Desloratadine</i>	T2	
<i>Desmopressin Ace Spray Refrig</i>	T3	
<i>Desmopressin Acetate Injection</i>	T2	
<i>Desmopressin Acetate Oral</i>	\$0	
<i>Desmopressin Acetate PF</i>	T2	
<i>Desmopressin Acetate Spray</i>	\$0	
<i>Desonide External Cream</i>	T3	QL (300 GM per 25 days)

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Desonide External Lotion</i>	T3	QL (300 ML per 25 days)
<i>Desonide External Ointment</i>	T3	QL (300 GM per 25 days)
<i>Desoximetasone External Cream 0.25 %</i>	T2	QL (240 GM per 25 days)
<i>Desoximetasone External Ointment 0.25 %</i>	T2	QL (240 GM per 25 days)
<i>Desvenlafaxine Succinate ER</i>	T2	PA; QL (30 EA per 25 days)
<b>DEXAMETHASONE INTENSOL</b>	T3	
<i>Dexamethasone Oral Elixir</i>	T2	
<i>Dexamethasone Oral Solution</i>	T2	
<i>Dexamethasone Oral Tablet 0.5 MG, 0.75 MG, 1.5 MG, 4 MG, 6 MG</i>	T1	
<i>Dexamethasone Oral Tablet 1 MG, 2 MG</i>	T2	
<i>Dexamethasone Sod Phosphate PF Injection Solution</i>	T2	
<i>Dexamethasone Sodium Phosphate Injection</i>	T2	
<i>Dexamethasone Sodium Phosphate Ophthalmic</i>	T2	
<i>Dexlansoprazole</i>	T2	QL (30 EA per 30 days)
<i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG, 5 MG</i>	T3	QL (60 EA per 30 days)
<i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 25 MG, 30 MG, 35 MG, 40 MG</i>	T3	QL (30 EA per 30 days)
<i>Dexmethylphenidate HCl Oral Tablet 10 MG</i>	T2	QL (60 EA per 30 days)
<i>Dexmethylphenidate HCl Oral Tablet 2.5 MG, 5 MG</i>	T2	QL (120 EA per 30 days)
<i>Dexrazoxane HCl</i>	T2	
<i>Dextroamphetamine Sulfate ER</i>	T2	QL (120 EA per 30 days)
<i>Dextroamphetamine Sulfate Oral Solution</i>	T2	QL (2160 ML per 30 days)
<i>Dextroamphetamine Sulfate Oral Tablet 10 MG, 5 MG</i>	T2	QL (120 EA per 30 days)
<b>DIASCREEN 10</b>	T3	OTC
<b>DIASTIX</b>	T3	OTC
<i>diazePAM Injection Solution 5 MG/ML</i>	T2	
<b>DIAZEPAM INTENSOL</b>	T2	QL (240 ML per 25 days)
<i>diazePAM Oral Solution 5 MG/5ML</i>	T2	QL (1200 ML per 25 days)
<i>diazePAM Oral Tablet</i>	T2	QL (120 EA per 25 days)
<i>Diclofenac Potassium Oral Tablet 50 MG</i>	T2	
<i>Diclofenac Sodium ER</i>	T2	
<i>Diclofenac Sodium External Gel 1 %</i>	T2	QL (300 GM per 25 days)
<i>Diclofenac Sodium Ophthalmic</i>	T2	
<i>Diclofenac Sodium Oral</i>	T2	
<i>Diclofenac-miSOPROStol Oral Tablet Delayed Release</i>	T2	
<i>Dicloxacillin Sodium</i>	T2	
<i>Dicyclomine HCl Intramuscular</i>	T2	
<i>Dicyclomine HCl Oral</i>	T2	
<b>DIFICID</b>	T3	PA
<i>Diflorasone Diacetate External Ointment</i>	T3	
<i>Diflunisal Oral</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Diffmaprednate</i>	T2	QL (30 ML per 30 days)
<b>DIGOX</b>	T2	
<i>Digoxin Injection</i>	T2	
<i>Digoxin Oral</i>	T2	
<i>Dihydroergotamine Mesylate Crystals</i>	T4	
<i>Dihydroergotamine Mesylate Injection</i>	T4	
<b>DILANTIN ORAL CAPSULE 30 MG</b>	T4	
<i>Diltiazem HCl ER Beads</i>	T2	
<i>diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour</i>	T2	
<i>diltiazem HCl ER Oral Capsule Extended Release 12 Hour</i>	T2	
<i>diltiazem HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG</i>	T2	
<i>diltiazem HCl Intravenous Solution</i>	T2	
<i>Diltiazem HCl Intravenous Solution Reconstituted</i>	T4	
<i>diltiazem HCl Oral</i>	T1	
<i>Dimethyl Fumarate Oral Capsule Delayed Release 120 MG</i>	T5	PA; QL (14 EA per 28 days)
<i>Dimethyl Fumarate Oral Capsule Delayed Release 240 MG</i>	T5	PA; QL (60 EA per 30 days)
<i>Dimethyl Fumarate Starter Pack</i>	T5	PA; QL (1 EA per 30 days)
<b>DIPENTUM</b>	T4	PA
<i>diphenhydrAMINE HCl Injection</i>	T2	
<i>DiphenhydrAMINE HCl Oral Elixir</i>	T2	
<i>Diphenoxylate-Atropine Oral Liquid</i>	T2	
<i>Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG</i>	T2	
<i>Dipyridamole Oral</i>	T2	
<i>Disopyramide Phosphate Oral</i>	T2	
<i>Disulfiram Oral</i>	T2	
<b>DIURIL</b>	T4	
<i>Divalproex Sodium ER Oral Tablet Extended Release 24 Hour</i>	T2	
<i>Divalproex Sodium Oral Capsule Delayed Release Sprinkle</i>	T2	
<i>Divalproex Sodium Oral Tablet Delayed Release</i>	T1	
<b>DIVIGEL</b>	T4	
<i>DOCEtaxel Intravenous Concentrate 160 MG/8ML</i>	T2	
<i>DOCEtaxel Intravenous Concentrate 20 MG/ML, 80 MG/4ML</i>	\$0	
<i>DOCEtaxel Intravenous Solution 160 MG/16ML, 20 MG/2ML, 80 MG/8ML</i>	T2	
<i>Dofetilide</i>	T2	PA
<i>Donepezil HCl</i>	T2	
<i>Dorzolamide HCl Ophthalmic</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Dorzolamide HCl-Timolol Mal</i>	T2	
<b>DOVATO</b>	T3	QL (30 EA per 30 days)
<i>Doxazosin Mesylate Oral</i>	T2	
<i>Doxepin HCl External</i>	T4	QL (90 GM per 25 days)
<i>Doxepin HCl Oral Capsule 10 MG, 25 MG, 50 MG</i>	T2	QL (90 EA per 30 days)
<i>Doxepin HCl Oral Capsule 100 MG, 150 MG</i>	T2	QL (30 EA per 30 days)
<i>Doxepin HCl Oral Capsule 75 MG</i>	T2	QL (60 EA per 30 days)
<i>Doxepin HCl Oral Concentrate</i>	T2	QL (450 ML per 30 days)
<i>Doxepin HCl Oral Tablet</i>	T2	QL (30 EA per 30 days)
<i>Doxercalciferol Intravenous</i>	T2	
<i>Doxercalciferol Oral</i>	T3	
<i>DOXOrubicin HCl</i>	T2	
<i>DOXOrubicin HCl Liposomal</i>	T2	
<b>DOXY 100</b>	T2	
<i>Doxycycline Hyclate Intravenous</i>	T2	
<i>Doxycycline Hyclate Oral Capsule</i>	T1	
<i>Doxycycline Hyclate Oral Tablet 100 MG, 20 MG</i>	T2	
<i>Doxycycline Hyclate Oral Tablet Delayed Release 100 MG, 150 MG, 75 MG</i>	T2	
<i>Doxycycline Monohydrate Oral Capsule 100 MG, 50 MG</i>	T1	
<i>Doxycycline Monohydrate Oral Capsule 150 MG, 75 MG</i>	T2	
<i>Doxycycline Monohydrate Oral Suspension Reconstituted</i>	T2	
<i>Doxycycline Monohydrate Oral Tablet 150 MG, 50 MG, 75 MG</i>	T2	
<i>Dronabinol</i>	T3	QL (60 EA per 25 days)
<i>Drospiren-Eth Estrad-Levomefol Oral Tablet 3-0.03-0.451 MG</i>	\$0	
<i>Drospiren-Eth Estrad-Levomefol Oral Tablet 3-0.03-0.451 MG</i>	T1	
<i>Drospirenone-Ethinyl Estradiol Oral Tablet 3-0.03 MG</i>	\$0	
<i>Drospirenone-Ethinyl Estradiol Oral Tablet 3-0.03 MG</i>	T1	
<b>DROXIA</b>	T3	
<b>DRYSOL</b>	T3	
<b>DUAVEE</b>	T3	
<b>DULERA</b>	T3	
<i>DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG</i>	T2	
<b>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML</b>	T5	PA; QL (3.42 ML per 30 days)
<b>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML</b>	T5	PA; QL (6 ML per 30 days)
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML</b>	T5	PA; QL (2.01 ML per 30 days)



Medicamento	Nivel	Notas
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML</b>	T5	PA; QL (3.42 ML per 30 days)
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML</b>	T5	PA; QL (6 ML per 30 days)
<i>Dutasteride Oral</i>	T2	
<i>Dutasteride-Tamsulosin HCl</i>	T2	
<b>E.E.S. 400 ORAL TABLET</b>	T4	
<i>Econazole Nitrate External</i>	T2	QL (60 GM per 25 days)
<b>EDURANT</b>	T3	QL (60 EA per 30 days)
<i>Efavirenz Oral Capsule</i>	T1	QL (90 EA per 30 days)
<i>Efavirenz Oral Tablet</i>	T1	QL (30 EA per 30 days)
<i>Efavirenz-Emtricitab-Tenofo DF</i>	T1	QL (30 EA per 30 days)
<i>Efavirenz-lamiVUDine-Tenofovir</i>	T1	QL (30 EA per 30 days)
<b>ELESTRIN</b>	T4	
<i>Eletriptan Hydrobromide Oral Tablet 20 MG</i>	T3	QL (18 EA per 25 days)
<i>Eletriptan Hydrobromide Oral Tablet 40 MG</i>	T3	QL (12 EA per 25 days)
<b>ELIGARD</b>	T5	PA
<b>ELINEST ORAL TABLET 0.3-30 MG-MCG</b>	\$0	
<b>ELINEST ORAL TABLET 0.3-30 MG-MCG</b>	T1	
<b>ELIQUIS</b>	T3	
<b>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK</b>	T3	
<b>ELITE-OB</b>	T2	
<b>ELIXOPHYLLIN</b>	T4	
<b>ELLA ORAL TABLET 30 MG</b>	\$0	
<b>ELLA ORAL TABLET 30 MG</b>	T1	
<b>ELMIRON</b>	T4	
<b>EMCYT</b>	T5	
<b>EMFLAZA ORAL TABLET</b>	T4	
<b>EMGALITY</b>	T3	PA; QL (2 ML per 25 days)
<b>EMGALITY (300 MG DOSE)</b>	T3	PA; QL (3 ML per 25 days)
<b>EMSAM</b>	T4	PA
<i>Emtricitabine</i>	T1	QL (30 EA per 30 days)
<i>Emtricitabine-Tenofovir DF</i>	T1	QL (30 EA per 30 days)
<b>EMTRIVA ORAL CAPSULE</b>	T4	QL (30 EA per 30 days)
<b>EMVERM</b>	T4	PA; QL (12 EA per 365 days)
<i>Enalapril Maleate Oral Tablet</i>	T2	
<i>Enalapril-Hydrochlorothiazide</i>	T1	
<b>ENBREL MINI</b>	T5	PA; QL (4 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>	T5	PA; QL (4 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; QL (4 ML per 28 days)

Medicamento	Nivel	Notas
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; QL (4 ML per 28 days)
<b>ENCARE VAGINAL SUPPOSITORY</b>	\$0	OTC
<b>ENGERIX-B INJECTION SUSPENSION 20 MCG/ML</b>	\$0	
<i>Enoxaparin Sodium Injection</i>	T3	
<b>ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG</b>	\$0	
<b>ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG</b>	T1	
<b>ENSKYCE ORAL TABLET 0.15-30 MG-MCG</b>	\$0	
<b>ENSKYCE ORAL TABLET 0.15-30 MG-MCG</b>	T1	
<i>Entacapone</i>	T2	
<i>Entecavir Oral Tablet 0.5 MG</i>	T4	PA
<i>Entecavir Oral Tablet 1 MG</i>	T4	PA; QL (30 EA per 30 days)
<b>ENTRESTO</b>	T3	
<i>Enulose</i>	T2	
<b>EPCLUSA</b>	T5	PA; QL (28 EA per 28 days)
<b>EPIDIOLEX</b>	T5	PA; QL (800 ML per 30 days)
<i>Epinastine HCl</i>	T2	
<i>EPINEPHrine Injection Solution Auto-Injector</i>	T2	QL (4 EA per 25 days)
<b>EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>	T3	QL (4 EA per 25 days)
<b>EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>	T3	QL (4 EA per 25 days)
<b>EPITOL</b>	T2	
<b>EPIVIR ORAL SOLUTION</b>	T4	QL (960 ML per 30 days)
<b>EPIVIR ORAL TABLET 150 MG</b>	T4	QL (60 EA per 30 days)
<b>EPIVIR ORAL TABLET 300 MG</b>	T4	QL (30 EA per 30 days)
<i>Eplerenone</i>	T2	
<i>Epoprostenol Sodium</i>	T5	PA
<i>Eptifibatide Intravenous Solution 20 MG/10ML, 200 MG/100ML</i>	T4	
<b>EPZICOM</b>	T4	QL (30 EA per 30 days)
<b>ERBITUX</b>	T5	PA
<i>Ergoloid Mesylates Oral</i>	T2	
<i>Ergotamine-Caffeine</i>	T4	
<b>ERIVEDGE</b>	T5	PA; QL (30 EA per 30 days)
<b>ERLEADA ORAL TABLET 60 MG</b>	T5	PA; QL (120 EA per 30 days)
<i>Erlotinib HCl Oral Tablet 100 MG, 150 MG</i>	T5	PA; QL (30 EA per 30 days)
<i>Erlotinib HCl Oral Tablet 25 MG</i>	T5	PA; QL (60 EA per 30 days)
<b>ERRIN ORAL TABLET 0.35 MG</b>	\$0	
<b>ERRIN ORAL TABLET 0.35 MG</b>	T1	
<b>ERTACZO</b>	T4	QL (60 GM per 25 days)
<i>Ertapenem Sodium</i>	T4	QL (28 EA per 14 days)

Medicamento	Nivel	Notas
<i>Ery</i>	NF	
<b>ERY-TAB</b>	T3	
<b>ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG</b>	T4	
<b>ERYTHROCIN STEARATE ORAL TABLET 250 MG</b>	T2	
<i>Erythromycin Base Oral Capsule Delayed Release Particles</i>	T3	
<i>Erythromycin Base Oral Tablet 250 MG</i>	T4	
<i>Erythromycin Base Oral Tablet 500 MG</i>	T3	
<i>Erythromycin Ethylsuccinate Oral</i>	T4	
<i>Erythromycin External Gel</i>	T2	QL (60 GM per 25 days)
<i>Erythromycin External Solution</i>	T2	QL (60 ML per 25 days)
<i>Erythromycin Ophthalmic</i>	T2	
<b>ESBRIET ORAL CAPSULE</b>	T5	PA; QL (270 EA per 30 days)
<b>ESBRIET ORAL TABLET 267 MG</b>	T5	PA; QL (270 EA per 30 days)
<b>ESBRIET ORAL TABLET 801 MG</b>	T5	PA; QL (90 EA per 30 days)
<i>Escitalopram Oxalate Oral Solution</i>	T2	
<i>Escitalopram Oxalate Oral Tablet</i>	T1	
<i>Esomeprazole Magnesium Oral Capsule Delayed Release</i>	T4	PA; QL (30 EA per 30 days)
<i>Esomeprazole Sodium Intravenous Solution Reconstituted 40 MG</i>	T2	
<i>Estradiol Oral</i>	T1	
<i>Estradiol Transdermal Patch Twice Weekly</i>	T2	
<i>Estradiol Transdermal Patch Weekly</i>	T2	
<i>Estradiol Vaginal Cream</i>	T2	
<i>Estradiol Valerate Intramuscular Oil 20 MG/ML, 40 MG/ML</i>	T2	
<i>Estradiol-Norethindrone Acet</i>	T2	
<b>ESTROGEL</b>	T4	
<i>Eszopiclone</i>	T2	QL (30 EA per 25 days)
<i>Ethacrynate Sodium</i>	T2	
<i>Ethacrynic Acid Oral</i>	T3	
<i>Ethambutol HCl Oral</i>	T2	
<i>Ethosuximide Oral</i>	T2	
<i>Ethinodiol Diac-Eth Estradiol Oral Tablet 1-50 MG-MCG</i>	\$0	
<i>Ethinodiol Diac-Eth Estradiol Oral Tablet 1-50 MG-MCG</i>	T1	
<i>Etodolac ER</i>	T2	
<i>Etodolac Oral</i>	T2	
<i>Etonogestrel-Ethinyl Estradiol Vaginal Ring 0.12-0.015 MG/24HR</i>	\$0	QL (13 EA per 300 days)
<i>Etonogestrel-Ethinyl Estradiol Vaginal Ring 0.12-0.015 MG/24HR</i>	T1	QL (13 EA per 300 days)

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Etoposide Intravenous Solution 100 MG/5ML</i>	T2	
<i>Etoposide Oral</i>	T2	
<i>Etravirine Oral Tablet 100 MG</i>	T1	QL (120 EA per 30 days)
<i>Etravirine Oral Tablet 200 MG</i>	T1	QL (60 EA per 30 days)
<b>EUCRISA</b>	T3	PA; QL (60 GM per 25 days)
<b>EVAMIST</b>	T4	
<i>Everolimus Oral Tablet 2.5 MG, 5 MG, 7.5 MG</i>	T5	PA; QL (30 EA per 30 days)
<b>EVOTAZ</b>	T3	QL (30 EA per 30 days)
<i>Exemestane</i>	T2	PA
<i>Ezetimibe</i>	T2	PA
<i>Ezetimibe-Simvastatin</i>	T3	
<b>FALMINA ORAL TABLET 0.1-20 MG-MCG</b>	\$0	
<b>FALMINA ORAL TABLET 0.1-20 MG-MCG</b>	T1	
<i>Famciclovir Oral</i>	T2	
<i>Famotidine (PF)</i>	T2	
<i>Famotidine Intravenous Solution 200 MG/20ML, 40 MG/4ML</i>	T2	
<i>Famotidine Oral Suspension Reconstituted</i>	T2	
<i>Famotidine Oral Tablet 20 MG, 40 MG</i>	T2	
<i>Famotidine Premixed</i>	T2	
<b>FARXIGA</b>	T3	QL (30 EA per 30 days)
<b>FC2 FEMALE CONDOM</b>	\$0	QL (12 EA per 30 days); OTC
<i>Febuxostat</i>	T4	PA
<i>Felbamate</i>	T3	
<i>Felodipine ER</i>	T2	
<b>FEMCAP</b>	\$0	QL (1 EA per 300 days)
<i>Fenofibrate Micronized Oral Capsule 130 MG, 134 MG, 200 MG, 43 MG, 67 MG</i>	T2	
<i>Fenofibrate Oral Capsule 150 MG, 50 MG</i>	T2	
<i>Fenofibrate Oral Tablet 145 MG</i>	T3	
<i>Fenofibrate Oral Tablet 160 MG</i>	T1	
<i>Fenofibrate Oral Tablet 48 MG, 54 MG</i>	T2	
<i>Fenofibric Acid Oral Capsule Delayed Release</i>	T2	
<i>FentaNYL Citrate Buccal Lozenge On A Handle</i>	T2	PA; QL (120 EA per 25 days)
<i>FentaNYL Transdermal Patch 72 Hour 100 MCG/HR, 50 MCG/HR, 75 MCG/HR</i>	T2	PA
<i>FentaNYL Transdermal Patch 72 Hour 12 MCG/HR, 25 MCG/HR</i>	T2	QL (10 EA per 25 days)
<b>FERRIPROX ORAL SOLUTION</b>	T5	PA
<b>FERRIPROX TWICE-A-DAY</b>	T5	PA
<i>Ferrous Fumarate Oral Tablet 29 MG, 324 (106 Fe) MG</i>	T2	OTC
<i>Ferrous Gluconate Oral Tablet 240 (27 Fe) MG, 324 (38 Fe) MG</i>	T2	OTC

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Ferrous Sulfate ER Oral Tablet Extended Release 140 (45 Fe) MG</i>	T2	OTC
<i>Ferrous Sulfate Oral Elixir</i>	T2	OTC
<i>Ferrous Sulfate Oral Liquid 220 (44 Fe) MG/5ML</i>	T2	OTC
<i>Ferrous Sulfate Oral Tablet Delayed Release 324 (65 Fe) MG, 325 (65 Fe) MG</i>	T2	OTC
<b>FETZIMA</b>	T4	PA; QL (30 EA per 25 days)
<b>FETZIMA TITRATION</b>	T4	PA; QL (30 EA per 25 days)
<b>FIASP FLEXTOUCH</b>	T3	
<b>FIASP INJECTION</b>	T3	
<b>FIASP PENFILL</b>	T3	
<b>FINACEA EXTERNAL FOAM</b>	T3	
<i>Finasteride Oral Tablet 1 MG</i>	\$0	
<i>Finasteride Oral Tablet 1 MG, 5 MG</i>	T2	
<i>Fingolimod HCl</i>	T5	PA; QL (30 EA per 30 days)
<i>FlavoxATE HCl</i>	T2	
<i>Flecainide Acetate</i>	T2	
<b>FLEXICHAMBER CHILD MASK/SMALL</b>	T3	
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT</b>	T3	QL (1 EA per 25 days)
<b>FLOVENT HFA</b>	T3	QL (1 GM per 25 days)
<b>FLUAD QUADRIVALENT</b>	NF	
<b>FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	\$0	
<b>FLUCELVAX QUADRIVALENT</b>	\$0	
<i>Fluconazole in Sodium Chloride</i>	\$0	
<i>Fluconazole Oral Suspension Reconstituted</i>	T2	
<i>Fluconazole Oral Tablet</i>	T1	
<i>Fludarabine Phosphate Intravenous Solution 50 MG/2ML</i>	T2	
<i>Fludarabine Phosphate Intravenous Solution Reconstituted</i>	T2	
<i>Fludrocortisone Acetate Oral</i>	T2	
<i>Flunisolide Nasal Solution 25 MCG/ACT (0.025%)</i>	T2	QL (75 ML per 25 days)
<i>Fluocinolone Acetonide Body</i>	T2	QL (300 ML per 25 days)
<i>Fluocinolone Acetonide External</i>	T2	QL (300 GM per 25 days)
<i>Fluocinolone Acetonide Otic</i>	T2	
<i>Fluocinolone Acetonide Scalp</i>	T2	QL (300 ML per 25 days)
<i>Fluocinonide External Cream 0.05 %</i>	T2	QL (240 GM per 25 days)
<i>Fluocinonide External Gel</i>	T2	QL (240 GM per 25 days)
<i>Fluocinonide External Ointment</i>	T2	QL (240 GM per 25 days)
<i>Fluocinonide External Solution</i>	T2	QL (240 ML per 25 days)
<i>Fluorouracil External</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Fluorouracil Intravenous Solution 1 GMI/20ML, 2.5 GMI/50ML, 5 GMI/100ML</i>	T2	
<i>Fluorouracil Intravenous Solution 500 MG/10ML</i>	NF	
<i>FLUoxetine HCl Oral Capsule</i>	T1	
<i>FLUoxetine HCl Oral Capsule Delayed Release</i>	T2	
<i>FLUoxetine HCl Oral Solution</i>	T2	
<i>FLUoxetine HCl Oral Tablet 10 MG, 20 MG</i>	T2	
<i>FluPHENAZine Decanoate Injection</i>	T2	
<i>FluPHENAZine HCl Injection</i>	T2	
<i>FluPHENAZine HCl Oral</i>	T2	
<i>Flurbiprofen Oral</i>	T2	
<i>Flurbiprofen Sodium</i>	T2	
<i>Fluticasone Propionate External Cream</i>	T2	QL (240 GM per 25 days)
<i>Fluticasone Propionate External Lotion</i>	T2	QL (300 ML per 25 days)
<i>Fluticasone Propionate External Ointment</i>	T2	QL (240 GM per 25 days)
<i>Fluticasone Propionate Nasal</i>	T1	QL (16 GM per 25 days)
<i>Fluvastatin Sodium</i>	T3	
<i>Fluvastatin Sodium ER</i>	T3	
<i>fluvoxamine Maleate</i>	T1	
<i>Fluvoxamine Maleate ER</i>	T2	
<b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION</b>	\$0	
<b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	\$0	
<b>FML FORTE</b>	T3	
<i>Folic Acid Oral Capsule 0.8 MG</i>	\$0	QL (100 EA per 30 days); OTC
<i>Folic Acid Oral Tablet 1 MG</i>	T2	
<i>Folic Acid Oral Tablet 400 MCG, 800 MCG</i>	\$0	QL (100 EA per 30 days); OTC
<i>Fondaparinux Sodium</i>	T4	
<i>Fosamprenavir Calcium</i>	T1	QL (120 EA per 30 days)
<i>Fosfomycin Tromethamine</i>	T3	
<i>Fosinopril Sodium</i>	T1	
<i>Fosinopril Sodium-HCTZ</i>	T2	
<i>Fosphenytoin Sodium</i>	T2	
<b>FOSRENOL ORAL PACKET</b>	T4	
<b>FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML</b>	T4	
<b>FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	
<b>FREESTYLE LIBRE 14 DAY READER</b>	T3	PA
<b>FREESTYLE LIBRE 14 DAY SENSOR</b>	T3	PA
<b>FREESTYLE LIBRE 2 READER</b>	T3	PA
<b>FREESTYLE LIBRE 2 SENSOR</b>	T3	PA
<b>FREESTYLE LIBRE READER</b>	T3	PA

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Frovatriptan Succinate</i>	T3	QL (12 EA per 30 days)
<i>Fulvestrant Intramuscular Solution Prefilled Syringe</i>	T5	
<i>Furosemide Injection Solution 10 MG/ML</i>	T2	
<i>Furosemide Oral Solution 10 MG/ML, 8 MG/ML</i>	T2	
<i>Furosemide Oral Tablet 20 MG, 40 MG</i>	T1	
<i>Furosemide Oral Tablet 80 MG</i>	T2	
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	T5	QL (60 EA per 30 days)
<b>FYCOMPA</b>	T3	
<i>Gabapentin Oral Capsule</i>	T1	
<i>Gabapentin Oral Solution 250 MG/5ML</i>	T1	
<i>Gabapentin Oral Tablet 600 MG, 800 MG</i>	T1	
<i>Galantamine Hydrobromide</i>	T2	
<i>Galantamine Hydrobromide ER</i>	T2	
<b>GARDASIL 9</b>	\$0	
<i>Gatifloxacin Ophthalmic</i>	T2	
<b>GAVILYTE-C</b>	T2	
<b>GAVILYTE-G</b>	T2	
<b>GAZYVA</b>	T5	PA
<i>Gemcitabine HCl Intravenous Solution 1 GM/26.3ML, 2 GM/52.6ML, 200 MG/5.26ML</i>	T5	
<i>Gemcitabine HCl Intravenous Solution Reconstituted</i>	T5	
<i>Gemfibrozil Oral</i>	T1	
<b>GEMTESA</b>	T4	PA
<i>Generlac</i>	T2	
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	T2	
<b>GENGRAF ORAL SOLUTION</b>	T2	
<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-%, 2-0.9 MG/ML-%</i>	T2	
<i>Gentamicin Sulfate External</i>	T2	QL (120 GM per 30 days)
<i>Gentamicin Sulfate Injection</i>	T2	
<i>Gentamicin Sulfate Ophthalmic Solution</i>	T1	QL (20 ML per 30 days)
<b>GENVOYA</b>	T3	QL (30 EA per 30 days)
<b>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</b>	T5	
<b>GLIADEL WAFER</b>	T3	
<i>Glimepiride</i>	T2	
<i>glipiZIDE ER</i>	T1	
<i>glipiZIDE Oral</i>	T1	
<i>glipiZIDE-metFORMIN HCl</i>	T1	
<i>Glucagon Emergency Injection Kit</i>	T3	
<i>GlyBURIDE Micronized</i>	T1	
<i>glyBURIDE Oral</i>	T1	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>GlyBURIDE-MetFORMIN</i>	T1	
<i>Glycopyrrolate Injection Solution</i>	T2	
<i>Glycopyrrolate Oral Solution</i>	T2	
<i>Glycopyrrolate Oral Tablet 1 MG, 2 MG</i>	T2	
<b>GLYXAMBI</b>	T3	QL (30 EA per 30 days)
<i>GoodSense Aspirin Oral Tablet Chewable</i>	T2	QL (100 EA per 30 days); OTC
<i>GoodSense Ibuprofen Childrens</i>	T2	OTC
<i>Granisetron HCl Intravenous Solution 1 MG/ML, 4 MG/4ML</i>	T2	QL (2 ML per 21 days)
<i>Granisetron HCl Oral</i>	T2	QL (12 EA per 21 days)
<i>Griseofulvin Microsize Oral</i>	T2	
<i>Griseofulvin Ultramicrosized</i>	T2	
<i>guanFACINE HCl ER</i>	T2	
<i>guanFACINE HCl Oral</i>	T2	
<b>GYNAZOLE-1</b>	T4	
<i>Halcinonide</i>	T4	QL (60 GM per 30 days)
<i>Halobetasol Propionate External Cream</i>	T2	QL (240 GM per 25 days)
<i>Halobetasol Propionate External Ointment</i>	T2	QL (240 GM per 25 days)
<i>Haloperidol Decanoate Intramuscular Solution 100 MG/ML, 50 MG/ML</i>	T2	
<i>Haloperidol Lactate Injection Solution 5 MG/ML</i>	T2	
<i>Haloperidol Lactate Oral</i>	T2	
<i>Haloperidol Oral</i>	T2	
<b>HARVONI</b>	T5	PA; QL (28 EA per 28 days)
<b>HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML</b>	\$0	
<b>HEATHER ORAL TABLET 0.35 MG</b>	\$0	
<b>HEATHER ORAL TABLET 0.35 MG</b>	T1	
<b>HEMLIBRA</b>	T5	PA
<i>Heparin Sodium (Porcine) Injection Solution 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 5000 UNIT/ML</i>	T2	
<i>Heparin Sodium (Porcine) PF Injection Solution 5000 UNIT/0.5ML</i>	T2	
<b>HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	\$0	
<b>HETLIOZ</b>	T5	PA; QL (30 EA per 30 days)
<b>HIBERIX INJECTION</b>	\$0	
<b>HUMATROPE INJECTION CARTRIDGE</b>	T5	PA
<b>HUMATROPEN FOR 12MG</b>	T3	OTC
<b>HUMATROPEN FOR 24MG</b>	T3	OTC
<b>HUMATROPEN FOR 6MG</b>	T3	OTC
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML</b>	T5	PA; QL (3 EA per 28 days)



Medicamento	Nivel	Notas
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML &amp; 40MG/0.4ML</b>	T5	PA; QL (2 EA per 28 days)
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML</b>	T5	PA; QL (4 EA per 28 days)
<b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	T5	PA; QL (6 EA per 28 days)
<b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML</b>	T5	PA; QL (1 EA per 28 days)
<b>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	T5	PA; QL (4 EA per 28 days)
<b>HUMIRA PEN-PSOR/UEIT STARTER</b>	T5	PA; QL (1 EA per 28 days)
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML</b>	T5	PA; QL (2 EA per 28 days)
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML</b>	T5	PA; QL (4 EA per 28 days)
<b>HUMULIN R U-500 (CONCENTRATED)</b>	T3	
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T3	
<i>hydrALAZINE HCl Injection</i>	T2	
<i>hydrALAZINE HCl Oral</i>	T2	
<i>hydroCHLOROthiazide Oral</i>	T1	
<i>HYDROcodone Bitartrate ER Oral Tablet ER 24 Hour Abuse-Deterrent 100 MG, 120 MG</i>	T2	PA
<i>HYDROcodone Bitartrate ER Oral Tablet ER 24 Hour Abuse-Deterrent 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</i>	T2	QL (30 EA per 25 days)
<i>HYDROcodone Bit-Homatrop MBr</i>	T2	
<i>HYDROcodone-Acetaminophen Oral Solution 7.5-325 MG/15ML</i>	T2	QL (2700 ML per 25 days)
<i>HYDROcodone-Acetaminophen Oral Tablet 10-325 MG, 7.5-325 MG</i>	T2	QL (180 EA per 25 days)
<i>HYDROcodone-Acetaminophen Oral Tablet 5-325 MG</i>	T2	QL (240 EA per 25 days)
<i>HYDROcodone-Ibuprofen Oral Tablet 10-200 MG</i>	T2	QL (50 EA per 25 days)
<i>Hydrocortisone Butyrate External Cream</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone Butyrate External Ointment</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone Butyrate External Solution</i>	T2	QL (240 ML per 25 days)
<i>Hydrocortisone External Cream 1 %, 2.5 %</i>	T1	QL (300 GM per 25 days)
<i>Hydrocortisone External Lotion 2.5 %</i>	T1	QL (300 ML per 25 days)
<i>Hydrocortisone External Ointment 2.5 %</i>	T1	QL (300 GM per 25 days)
<i>Hydrocortisone Oral</i>	T1	
<i>Hydrocortisone Valerate</i>	T2	QL (240 GM per 25 days)
<i>Hydrocortisone-Acetic Acid</i>	T2	
<i>Hydromet Oral Solution</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>HYDROmorphone HCl ER Oral Tablet Extended Release 24 Hour 12 MG, 16 MG, 8 MG</i>	T2	QL (30 EA per 25 days)
<i>HYDROmorphone HCl ER Oral Tablet Extended Release 24 Hour 32 MG</i>	T2	PA
<i>HYDROmorphone HCl Injection Solution 1 MG/ML, 2 MG/ML, 4 MG/ML</i>	T2	
<i>HYDROmorphone HCl Oral Tablet 2 MG</i>	T2	QL (180 EA per 25 days)
<i>HYDROmorphone HCl Oral Tablet 4 MG</i>	T2	QL (150 EA per 25 days)
<i>HYDROmorphone HCl Oral Tablet 8 MG</i>	T2	QL (60 EA per 25 days)
<i>HYDROmorphone HCl PF Injection Solution 10 MG/ML</i>	T2	
<i>Hydroxychloroquine Sulfate Oral Tablet 200 MG</i>	T2	
<i>Hydroxyurea Oral</i>	T2	
<i>HydrOXYzine HCl Intramuscular</i>	T2	
<i>hydrOXYzine HCl Oral Syrup</i>	T2	
<i>hydrOXYzine HCl Oral Tablet</i>	T1	
<i>HydrOXYzine Pamoate Oral Capsule 100 MG</i>	T2	
<i>hydrOXYzine Pamoate Oral Capsule 25 MG, 50 MG</i>	T1	
<i>Hyoscyamine Sulfate ER Oral Tablet Extended Release 12 Hour</i>	T2	
<i>Hyoscyamine Sulfate Oral Tablet</i>	T2	
<i>Hyoscyamine Sulfate Oral Tablet Dispersible</i>	T2	
<i>Hyoscyamine Sulfate Sublingual</i>	T2	
<b>HYQVIA</b>	T5	PA
<i>Ibandronate Sodium Intravenous Solution 3 MG/3ML</i>	T2	
<i>Ibandronate Sodium Oral</i>	T2	
<b>IBRANCE</b>	T5	PA; QL (21 EA per 28 days)
<i>Ibuprofen Oral Tablet 400 MG, 600 MG, 800 MG</i>	T1	
<i>Icatibant Acetate Subcutaneous Solution Prefilled Syringe</i>	T5	PA; QL (45 ML per 90 days)
<b>ICLUSIG</b>	T5	PA; QL (30 EA per 30 days)
<i>Icosapent Ethyl</i>	T2	PA
<i>IDArubicin HCl</i>	T2	
<b>IDHIFA</b>	T5	PA; QL (30 EA per 30 days)
<i>Ifosfamide Intravenous Solution</i>	T2	
<i>Ifosfamide Intravenous Solution Reconstituted 1 GM</i>	T2	
<i>Imatinib Mesylate Oral Tablet 100 MG</i>	T5	PA; QL (90 EA per 30 days)
<i>Imatinib Mesylate Oral Tablet 400 MG</i>	T5	PA; QL (60 EA per 30 days)
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG</b>	T5	PA; QL (30 EA per 30 days)
<i>Imipenem-Cilastatin</i>	T2	
<i>Imipramine HCl Oral Tablet 10 MG, 25 MG</i>	T2	QL (120 EA per 30 days)
<i>Imipramine HCl Oral Tablet 50 MG</i>	T2	QL (60 EA per 30 days)

Medicamento	Nivel	Notas
<i>Imipramine Pamoate Oral Capsule 100 MG, 75 MG</i>	T2	QL (30 EA per 30 days)
<i>Imipramine Pamoate Oral Capsule 125 MG, 150 MG</i>	T2	
<i>Imiquimod External Cream 5 %</i>	T2	
<b>INCRELEX</b>	T5	PA
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT</b>	T3	QL (1 EA per 25 days)
<i>Indapamide Oral</i>	T2	
<i>Indomethacin Oral Capsule 25 MG, 50 MG</i>	T2	
<b>INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10</b>	\$0	
<b>INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10</b>	T1	
<b>INFLECTRA</b>	T6	
<b>INLYTA ORAL TABLET 1 MG</b>	T5	PA; QL (240 EA per 30 days)
<b>INLYTA ORAL TABLET 5 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>INSTA-GLUCOSE ORAL GEL 77.4 %</b>	T3	OTC
<b>INTELENCE ORAL TABLET 100 MG, 25 MG</b>	T4	QL (120 EA per 30 days)
<b>INTELENCE ORAL TABLET 200 MG</b>	T4	QL (60 EA per 30 days)
<b>INTRAROSA</b>	T4	
<b>INTROVALE ORAL TABLET 0.15-0.03 MG</b>	\$0	
<b>INTROVALE ORAL TABLET 0.15-0.03 MG</b>	T1	
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T3	QL (1 ML per 25 days)
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML</b>	T3	QL (1 ML per 84 days)
<b>IOPIDINE OPHTHALMIC SOLUTION 1 %</b>	T4	
<b>IPOL INJECTION INJECTABLE</b>	\$0	
<i>Ipratropium Bromide Inhalation</i>	T2	QL (313 ML per 25 days)
<i>Ipratropium Bromide Nasal</i>	T2	
<i>Ipratropium-Albuterol</i>	T2	QL (540 ML per 25 days)
<i>Irbesartan</i>	T1	
<i>Irbesartan-hydroCHLOROthiazide</i>	T1	
<i>Irinotecan HCl Intravenous Solution 100 MG/5ML, 40 MG/2ML, 500 MG/25ML</i>	T5	
<i>Irinotecan HCl Intravenous Solution 300 MG/15ML</i>	T2	
<b>ISENTRESS HD</b>	T3	QL (60 EA per 30 days)
<b>ISENTRESS ORAL PACKET</b>	T3	QL (60 EA per 30 days)
<b>ISENTRESS ORAL TABLET</b>	T3	QL (120 EA per 30 days)
<b>ISENTRESS ORAL TABLET CHEWABLE</b>	T3	QL (180 EA per 30 days)
<i>Isoniazid Injection</i>	T2	
<i>Isoniazid Oral</i>	T2	
<i>Isosorbide Dinitrate Oral</i>	T2	
<i>Isosorbide Mononitrate</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Isosorbide Mononitrate ER Oral Tablet Extended Release 24 Hour 120 MG</i>	T2	
<i>Isosorbide Mononitrate ER Oral Tablet Extended Release 24 Hour 30 MG, 60 MG</i>	T1	
<i>ISOTretinoin Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG</i>	T3	PA
<i>Isradipine</i>	T2	
<i>Itraconazole Oral</i>	T4	PA
<i>IV Prep Wipes External Pad 70 %</i>	T3	OTC
<i>Ivermectin External Lotion</i>	T2	PA
<i>Ivermectin Oral</i>	T2	
<b>JAKAFI</b>	T5	PA; QL (60 EA per 30 days)
<b>JANTOVEN</b>	T1	
<b>JANUMET</b>	T3	QL (60 EA per 30 days)
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG</b>	T3	QL (30 EA per 30 days)
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG</b>	T3	QL (60 EA per 30 days)
<b>JANUVIA</b>	T3	QL (30 EA per 30 days)
<b>JARDIANCE</b>	T3	QL (30 EA per 30 days)
<b>JINTELI</b>	T2	
<b>JOLESSA ORAL TABLET 0.15-0.03 MG</b>	\$0	
<b>JOLESSA ORAL TABLET 0.15-0.03 MG</b>	T1	
<b>JULUCA</b>	T3	QL (30 EA per 30 days)
<b>JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	\$0	
<b>JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	T1	
<b>JUNEL 1/20 ORAL TABLET 1-20 MG-MCG</b>	\$0	
<b>JUNEL 1/20 ORAL TABLET 1-20 MG-MCG</b>	T1	
<b>JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	\$0	
<b>JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	T1	
<b>JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	\$0	
<b>JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	T1	
<b>KADCYLA</b>	T5	PA
<b>KALETRA ORAL SOLUTION</b>	T4	QL (480 ML per 30 days)
<b>KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG</b>	T5	PA; QL (56 EA per 28 days)
<b>KALYDECO ORAL TABLET</b>	T5	PA; QL (60 EA per 30 days)
<b>KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	\$0	
<b>KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	T1	
<b>KELNOR 1/35 ORAL TABLET 1-35 MG-MCG</b>	\$0	
<b>KELNOR 1/35 ORAL TABLET 1-35 MG-MCG</b>	T1	
<b>KERENDIA</b>	T4	PA; QL (30 EA per 30 days)
<i>Ketoconazole External Cream</i>	T2	QL (120 GM per 25 days)
<i>Ketoconazole External Shampoo 2 %</i>	T2	
<i>Ketoconazole Oral</i>	T4	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>KETO-DIASTIX</b>	T3	OTC
<i>Ketorolac Tromethamine Injection Solution 15 MG/ML, 30 MG/ML</i>	T2	
<i>Ketorolac Tromethamine Intramuscular Solution 60 MG/2ML</i>	T2	
<i>Ketorolac Tromethamine Ophthalmic</i>	T2	
<i>Ketorolac Tromethamine Oral</i>	T2	QL (20 EA per 25 days)
<b>KEVZARA</b>	T5	PA; QL (2 ML per 28 days)
<b>KEYTRUDA INTRAVENOUS SOLUTION</b>	T5	PA
<b>KISQALI (200 MG DOSE)</b>	T5	PA; QL (21 EA per 28 days)
<b>KISQALI (400 MG DOSE)</b>	T5	PA; QL (42 EA per 28 days)
<b>KISQALI (600 MG DOSE)</b>	T5	PA; QL (63 EA per 28 days)
<b>KISQALI FEMARA (200 MG DOSE)</b>	T5	PA; QL (49 EA per 28 days)
<b>KISQALI FEMARA (400 MG DOSE)</b>	T5	PA; QL (70 EA per 28 days)
<b>KISQALI FEMARA (600 MG DOSE)</b>	T5	PA; QL (91 EA per 28 days)
<b>KLOR-CON 10</b>	T2	
<b>KLOR-CON M15</b>	T2	
<b>KLOR-CON M20</b>	T2	
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE</b>	T2	
<b>KURVELO ORAL TABLET 0.15-30 MG-MCG</b>	\$0	
<b>KURVELO ORAL TABLET 0.15-30 MG-MCG</b>	T1	
<b>KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG</b>	\$0	QL (1 EA per 300 days)
<b>KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG</b>	T1	QL (1 EA per 300 days)
<i>Labetalol HCl Intravenous Solution</i>	T2	
<i>Labetalol HCl Oral</i>	T1	
<i>Lacosamide Intravenous</i>	T4	PA
<i>Lacosamide Oral Tablet</i>	T4	PA
<b>LACRISERT</b>	T4	
<i>Lactic Acid External Lotion</i>	T2	
<i>Lactulose Oral Solution 10 GM/15ML</i>	T2	
<b>LAGEVRIO</b>	\$0	QL (30 EA per 30 days)
<i>lamiVUDine Oral Solution</i>	T1	QL (960 ML per 30 days)
<i>LamiVUDine Oral Tablet 100 MG</i>	T2	
<i>lamiVUDine Oral Tablet 150 MG</i>	T1	QL (60 EA per 30 days)
<i>LamiVUDine Oral Tablet 300 MG</i>	T1	QL (30 EA per 30 days)
<i>lamiVUDine-Zidovudine</i>	T1	QL (60 EA per 30 days)
<i>lamoTRIngine ER</i>	T2	PA
<i>lamoTRIngine Oral Tablet</i>	T1	
<i>LamoTRIngine Oral Tablet Chewable</i>	T2	
<i>lamoTRIngine Oral Tablet Dispersible</i>	T3	PA
<i>lamoTRIngine Starter Kit-Blue</i>	T2	
<i>lamoTRIngine Starter Kit-Green</i>	T2	

Medicamento	Nivel	Notas
<i>IamoTRlgine Starter Kit-Orange</i>	T3	
<b>LANOXIN PEDIATRIC</b>	T4	
<i>Lansoprazole Oral Capsule Delayed Release</i>	T1	QL (30 EA per 30 days)
<i>Lapatinib Ditosylate</i>	T5	PA; QL (180 EA per 30 days)
<b>LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	\$0	
<b>LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	T1	
<b>LASTACFT</b>	T3	
<i>Latanoprost Ophthalmic</i>	T1	
<b>LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>	\$0	
<b>LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>	T1	
<i>Leflunomide Oral</i>	T2	
<b>LENVIMA (10 MG DAILY DOSE)</b>	T5	PA; QL (30 EA per 30 days)
<b>LENVIMA (12 MG DAILY DOSE)</b>	T5	PA; QL (90 EA per 30 days)
<b>LENVIMA (14 MG DAILY DOSE)</b>	T5	PA; QL (60 EA per 30 days)
<b>LENVIMA (18 MG DAILY DOSE)</b>	T5	PA; QL (90 EA per 30 days)
<b>LENVIMA (20 MG DAILY DOSE)</b>	T5	PA; QL (60 EA per 30 days)
<b>LENVIMA (24 MG DAILY DOSE)</b>	T5	PA; QL (90 EA per 30 days)
<b>LENVIMA (4 MG DAILY DOSE)</b>	T5	PA; QL (30 EA per 30 days)
<b>LENVIMA (8 MG DAILY DOSE)</b>	T5	PA; QL (60 EA per 30 days)
<b>LESSINA ORAL TABLET 0.1-20 MG-MCG</b>	\$0	
<b>LESSINA ORAL TABLET 0.1-20 MG-MCG</b>	T1	
<i>Letrozole Oral</i>	T2	
<i>Leucovorin Calcium Injection Solution Reconstituted</i>	T2	
<i>Leucovorin Calcium Oral</i>	T2	
<b>LEUKERAN</b>	T3	
<i>Leuprolide Acetate Injection</i>	T5	PA
<i>Levalbuterol HCl Inhalation Nebulization Solution 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML</i>	T2	QL (300 ML per 30 days)
<i>Levalbuterol HCl Inhalation Nebulization Solution 1.25 MG/0.5ML</i>	T2	QL (45 EA per 30 days)
<i>Levalbuterol Tartrate</i>	T2	QL (30 GM per 30 days)
<b>LEVEMIR</b>	T3	
<b>LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T3	
<i>levETIRAcetam ER</i>	T2	
<i>levETIRAcetam in NaCl Intravenous Solution 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML</i>	T2	
<i>levETIRAcetam Intravenous</i>	T2	
<i>levETIRAcetam Oral</i>	T2	
<i>Levobunolol HCl Ophthalmic Solution 0.5 %</i>	T2	
<i>Levocetirizine Dihydrochloride Oral</i>	T2	
<i>LevoFLOXacin in D5W</i>	T2	
<i>levoFLOXacin Intravenous</i>	T2	QL (560 ML per 14 days)
<i>levoFLOXacin Oral</i>	T2	

Medicamento	Nivel	Notas
<b>LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG</b>	\$0	
<b>LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG</b>	T1	
<i>Levonorgest-Eth Estrad 91-Day Oral Tablet 0.1-0.02 &amp; 0.01 MG, 0.15-0.03 MG</i>	\$0	
<i>Levonorgest-Eth Estrad 91-Day Oral Tablet 0.1-0.02 &amp; 0.01 MG, 0.15-0.03 MG</i>	T1	
<i>Levonorgestrel Oral Tablet 1.5 MG</i>	\$0	OTC
<i>Levonorgestrel Oral Tablet 1.5 MG</i>	T1	OTC
<i>Levonorgestrel-Ethinyl Estrad Oral Tablet 0.15-30 MG-MCG</i>	\$0	
<i>Levonorgestrel-Ethinyl Estrad Oral Tablet 0.15-30 MG-MCG</i>	T1	
<b>LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG</b>	\$0	
<b>LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG</b>	T1	
<i>Levorphanol Tartrate Oral</i>	T4	PA
<i>Levothyroxine Sodium Oral Tablet</i>	T2	
<b>LEVOXYL</b>	T2	
<b>LEXIVA ORAL SUSPENSION</b>	T3	QL (1575 ML per 28 days)
<b>LEXIVA ORAL TABLET</b>	T4	QL (120 EA per 30 days)
<i>Lidocaine External Patch 5 %</i>	T3	PA; QL (90 EA per 25 days)
<i>Lidocaine HCl (Cardiac) Intravenous Solution Prefilled Syringe 100 MG/5ML, 50 MG/5ML</i>	T2	
<i>Lidocaine HCl (Cardiac) PF Intravenous Solution Prefilled Syringe</i>	T2	
<i>Lidocaine HCl (PF) Injection Solution</i>	T2	
<i>Lidocaine HCl External Solution</i>	T2	QL (50 ML per 25 days)
<i>Lidocaine HCl Injection Solution 0.5 %, 1 %, 2 %</i>	T2	
<i>Lidocaine HCl Mouth/Throat</i>	T2	
<i>Lidocaine HCl Urethral/Mucosal External Prefilled Syringe</i>	T2	QL (60 ML per 25 days)
<i>Lidocaine in D5W Intravenous Solution 4-5 MG/ML-%, 8-5 MG/ML-%</i>	T2	
<i>Lidocaine Viscous HCl</i>	T2	
<i>Lidocaine-Prilocaine External Cream</i>	T2	QL (30 GM per 25 days)
<i>Lidocaine-Prilocaine External Kit</i>	T2	
<b>LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY</b>	\$0	QL (1 EA per 300 days)
<b>LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY</b>	T1	QL (1 EA per 300 days)
<i>Lindane External Shampoo</i>	T2	
<i>Linezolid in Sodium Chloride</i>	T2	
<i>Linezolid Intravenous Solution 600 MG/300ML</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Linezolid Oral Suspension Reconstituted</i>	T2	
<i>Linezolid Oral Tablet</i>	T4	
<b>LINZESS</b>	T3	
<i>Liothyronine Sodium Intravenous</i>	T2	
<i>Liothyronine Sodium Oral</i>	T2	
<i>Lisinopril Oral</i>	T1	
<i>Lisinopril-hydroCHLOROthiazide</i>	T1	
<i>Lithium Carbonate ER</i>	T2	
<i>Lithium Carbonate Oral Capsule</i>	T1	
<i>Lithium Carbonate Oral Tablet</i>	T2	
<i>Loperamide HCl Oral Capsule</i>	T2	
<i>Lopinavir-Ritonavir Oral Solution</i>	T1	QL (480 ML per 30 days)
<i>Lopinavir-Ritonavir Oral Tablet 100-25 MG</i>	T1	QL (240 EA per 30 days)
<i>Lopinavir-Ritonavir Oral Tablet 200-50 MG</i>	T1	QL (120 EA per 30 days)
<i>LORazepam Oral Concentrate 2 MG/ML</i>	T2	QL (150 ML per 25 days)
<i>LORazepam Oral Tablet</i>	T2	QL (150 EA per 25 days)
<b>LORBRENA ORAL TABLET 100 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>LORBRENA ORAL TABLET 25 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>LORYNA ORAL TABLET 3-0.02 MG</b>	\$0	
<b>LORYNA ORAL TABLET 3-0.02 MG</b>	T1	
<i>Losartan Potassium Oral</i>	T1	
<i>Losartan Potassium-HCTZ</i>	T1	
<i>Loteprednol Etabonate Ophthalmic Suspension</i>	T2	
<i>Lovastatin Oral</i>	T1	
<b>LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG</b>	\$0	
<b>LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG</b>	T1	
<i>Loxapine Succinate Oral</i>	T2	
<i>Lubiprostone</i>	T2	
<i>Luliconazole</i>	T3	
<b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>	T3	
<b>LUPRON DEPOT-PED (1-MONTH)</b>	T5	PA
<b>LUPRON DEPOT-PED (3-MONTH)</b>	T5	PA
<i>Lurasidone HCl</i>	T2	
<b>LUTERA ORAL TABLET 0.1-20 MG-MCG</b>	\$0	
<b>LUTERA ORAL TABLET 0.1-20 MG-MCG</b>	T1	
<b>LYNPARZA ORAL TABLET</b>	T5	PA; QL (120 EA per 30 days)
<b>LYSODREN</b>	T3	
<i>Magnesium Sulfate in D5W Intravenous Solution 1-5 GM/100ML-%</i>	T2	
<i>Magnesium Sulfate Injection Solution 50 %</i>	T2	
<i>Magnesium Sulfate Intravenous Solution 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML</i>	T2	



<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Malathion External</i>	T2	
<i>Mannitol Intravenous Solution 20 %, 25 %</i>	T2	
<i>Maraviroc Oral Tablet 150 MG</i>	T1	QL (60 EA per 30 days)
<i>Maraviroc Oral Tablet 300 MG</i>	T1	QL (120 EA per 30 days)
<i>Marlissa Oral Tablet 0.15-30 MG-MCG</i>	\$0	
<i>Marlissa Oral Tablet 0.15-30 MG-MCG</i>	T1	
<b>MARPLAN</b>	T4	
<b>MATULANE</b>	T3	
<b>MATZIM LA</b>	T2	
<b>MAVENCLAD (10 TABS)</b>	T5	PA; QL (40 EA per 365 days)
<b>MAVENCLAD (4 TABS)</b>	T5	PA; QL (40 EA per 365 days)
<b>MAVENCLAD (5 TABS)</b>	T5	PA; QL (40 EA per 365 days)
<b>MAVENCLAD (6 TABS)</b>	T5	PA; QL (40 EA per 365 days)
<b>MAVENCLAD (7 TABS)</b>	T5	PA; QL (40 EA per 365 days)
<b>MAVENCLAD (8 TABS)</b>	T5	PA; QL (40 EA per 365 days)
<b>MAVENCLAD (9 TABS)</b>	T5	PA; QL (40 EA per 365 days)
<b>MAXIDEX</b>	T3	
<b>MAYZENT ORAL TABLET 0.25 MG</b>	T5	PA; QL (112 EA per 28 days)
<b>MAYZENT ORAL TABLET 2 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>MAYZENT STARTER PACK</b>	T5	PA; QL (1 EA per 365 days)
<i>Meclizine HCl Oral Tablet 12.5 MG, 25 MG</i>	T2	
<i>Meclofenamate Sodium Oral</i>	T3	
<b>MEDROL ORAL TABLET 2 MG</b>	T3	
<i>medroxyPROGESTERone Acetate Intramuscular Suspension 150 MG/ML</i>	\$0	QL (4 ML per 300 days)
<i>medroxyPROGESTERone Acetate Intramuscular Suspension 150 MG/ML</i>	T1	QL (4 ML per 300 days)
<i>medroxyPROGESTERone Acetate Intramuscular Suspension Prefilled Syringe 150 MG/ML</i>	\$0	QL (4 ML per 300 days)
<i>medroxyPROGESTERone Acetate Intramuscular Suspension Prefilled Syringe 150 MG/ML</i>	T1	QL (4 ML per 300 days)
<i>MedroxyPROGESTERone Acetate Oral Tablet 10 MG, 2.5 MG</i>	T1	
<i>MedroxyPROGESTERone Acetate Oral Tablet 5 MG</i>	T2	
<i>Mefenamic Acid Oral</i>	T2	
<i>Mefloquine HCl</i>	T2	
<i>Megestrol Acetate Oral Suspension 40 MG/ML, 625 MG/5ML</i>	T2	
<i>Megestrol Acetate Oral Tablet</i>	T2	
<b>MEKINIST ORAL TABLET 0.5 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>MEKINIST ORAL TABLET 2 MG</b>	T5	PA; QL (30 EA per 30 days)
<i>Meloxicam Oral Tablet</i>	T1	
<i>Melphalan</i>	T2	
<i>Melphalan HCl</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Memantine HCl ER</i>	T2	PA
<i>Memantine HCl Oral Solution 2 MG/ML</i>	T2	PA
<i>Memantine HCl Oral Tablet</i>	T2	PA
<b>MENACTRA INTRAMUSCULAR SOLUTION</b>	\$0	
<b>MENEST</b>	T4	
<b>MENQUADFI INTRAMUSCULAR SOLUTION</b>	\$0	
<b>MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	\$0	
<i>Meprobamate</i>	T2	
<i>Mercaptopurine Oral</i>	T2	
<i>Meropenem Intravenous Solution Reconstituted 1 GM</i>	T4	QL (84 EA per 14 days)
<i>Meropenem Intravenous Solution Reconstituted 500 MG</i>	T4	QL (168 EA per 14 days)
<i>Mesalamine Oral Capsule Delayed Release</i>	T3	
<i>Mesalamine Oral Tablet Delayed Release 1.2 GM</i>	T3	
<i>Mesalamine Oral Tablet Delayed Release 800 MG</i>	T3	PA
<i>Mesalamine Rectal</i>	T3	
<i>Mesna</i>	T2	
<b>MESNEX ORAL</b>	T5	
<i>Metaxalone</i>	T3	
<i>metFORMIN HCl ER</i>	T1	
<i>metFORMIN HCl Oral Tablet 1000 MG, 500 MG, 850 MG</i>	T1	
<i>Methadone HCl Injection</i>	T2	QL (20 ML per 25 days)
<b>METHADONE HCL INTENSOL</b>	T2	QL (60 ML per 25 days)
<i>Methadone HCl Oral Concentrate</i>	T2	QL (30 EA per 25 days)
<i>Methadone HCl Oral Solution 10 MG/5ML</i>	T2	QL (300 ML per 25 days)
<i>Methadone HCl Oral Solution 5 MG/5ML</i>	T2	QL (450 ML per 25 days)
<i>Methadone HCl Oral Tablet 10 MG</i>	T2	QL (60 EA per 25 days)
<i>Methadone HCl Oral Tablet 5 MG</i>	T2	QL (90 EA per 25 days)
<i>Methadone HCl Oral Tablet Soluble</i>	T2	QL (9 EA per 25 days)
<b>METHADOSE ORAL TABLET SOLUBLE</b>	T2	QL (9 EA per 25 days)
<i>Methamphetamine HCl</i>	T4	QL (150 EA per 30 days)
<i>methazolAMIDE Oral</i>	T2	
<i>Methenamine Hippurate</i>	T2	
<i>methIMAzole Oral</i>	T2	
<i>Methocarbamol Oral Tablet 500 MG, 750 MG</i>	T2	
<i>Methotrexate Oral</i>	T2	
<i>Methotrexate Sodium (PF) Injection Solution 1 GM/40ML, 250 MG/10ML, 50 MG/2ML</i>	T2	
<i>Methotrexate Sodium Injection Solution 250 MG/10ML, 50 MG/2ML</i>	T2	
<i>Methotrexate Sodium Injection Solution Reconstituted</i>	T2	
<i>Methoxsalen Rapid</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Methscopolamine Bromide Oral</i>	T2	
<i>Methyldopa Oral</i>	T2	
<i>Methylphenidate HCl ER (CD) Oral Capsule Extended Release 10 MG, 20 MG, 30 MG</i>	T3	QL (60 EA per 30 days)
<i>Methylphenidate HCl ER (CD) Oral Capsule Extended Release 40 MG, 50 MG, 60 MG</i>	T3	QL (30 EA per 30 days)
<i>Methylphenidate HCl ER (LA) Oral Capsule Extended Release 24 Hour 20 MG, 30 MG</i>	\$0	QL (60 EA per 30 days)
<i>Methylphenidate HCl ER (LA) Oral Capsule Extended Release 24 Hour 40 MG, 60 MG</i>	\$0	QL (30 EA per 30 days)
<i>Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 18 MG, 27 MG, 36 MG</i>	T4	QL (60 EA per 30 days)
<i>Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 54 MG</i>	T4	QL (30 EA per 30 days)
<i>Methylphenidate HCl ER Oral Tablet Extended Release</i>	T3	QL (90 EA per 30 days)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 18 MG, 27 MG, 36 MG</i>	T4	QL (60 EA per 30 days)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 54 MG</i>	T4	QL (30 EA per 30 days)
<i>Methylphenidate HCl Oral Solution 10 MG/5ML</i>	T4	QL (1080 ML per 30 days)
<i>Methylphenidate HCl Oral Solution 5 MG/5ML</i>	T4	QL (2160 ML per 30 days)
<i>Methylphenidate HCl Oral Tablet 10 MG, 5 MG</i>	T2	QL (180 EA per 30 days)
<i>Methylphenidate HCl Oral Tablet 20 MG</i>	T2	QL (90 EA per 30 days)
<i>Methylphenidate HCl Oral Tablet Chewable</i>	T4	QL (180 EA per 30 days)
<i>MethylPREDNISolone Acetate Injection Suspension 40 MG/ML, 80 MG/ML</i>	T2	
<i>methylPREDNISolone Oral</i>	T2	
<i>methylPREDNISolone Sodium Succ Injection Solution Reconstituted 1000 MG, 125 MG, 40 MG</i>	T2	
<i>methylTESTOSTERone Oral</i>	T4	PA
<i>Metoclopramide HCl Injection</i>	T2	
<i>Metoclopramide HCl Oral Solution 10 MG/10ML</i>	T2	
<i>Metoclopramide HCl Oral Tablet</i>	T2	
<i>Metoclopramide HCl Oral Tablet Dispersible 5 MG</i>	T2	
<i>metOLazone</i>	T2	
<i>Metoprolol Succinate ER</i>	T2	
<i>Metoprolol Tartrate Intravenous Solution 5 MG/5ML</i>	T2	
<i>Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>Metoprolol-hydroCHLOROthiazide</i>	T2	
<i>metroNIDAZOLE External Cream</i>	T2	QL (60 GM per 30 days)
<i>MetroNIDAZOLE External Gel 0.75 %</i>	T2	QL (60 GM per 30 days)
<i>MetroNIDAZOLE External Lotion</i>	T3	QL (60 ML per 30 days)
<i>metroNIDAZOLE Intravenous Solution 500 MG/100ML</i>	T2	
<i>metroNIDAZOLE Oral Tablet</i>	T2	

Medicamento	Nivel	Notas
<i>metroNIDAZOLE Vaginal</i>	T3	
<i>Mexiletine HCl Oral</i>	T2	
<b>MIACALCIN INJECTION</b>	T4	
<i>Miconazole 3 Vaginal Suppository</i>	T2	
<b>MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	\$0	
<b>MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	T1	
<i>Midodrine HCl</i>	T2	
<i>Miglitol</i>	T2	
<b>MIMVEY</b>	T2	
<i>Minocycline HCl Oral Capsule</i>	T1	
<i>Minocycline HCl Oral Tablet</i>	T2	
<i>Minoxidil Oral</i>	T2	
<b>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML</b>	T5	PA
<b>MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY</b>	\$0	QL (1 EA per 300 days)
<b>MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY</b>	T1	QL (1 EA per 300 days)
<i>Mirtazapine Oral Tablet 15 MG</i>	T1	
<i>Mirtazapine Oral Tablet 30 MG, 45 MG, 7.5 MG</i>	T2	
<i>Mirtazapine Oral Tablet Dispersible</i>	T2	
<b>MIRVASO</b>	T4	
<i>miSOPROStol Oral</i>	T2	
<i>mitoMYcin Intravenous</i>	T2	
<i>Mitoxantrone HCl</i>	T5	PA
<b>M-M-R II INJECTION</b>	\$0	
<i>Modafinil</i>	T4	PA; QL (30 EA per 30 days)
<i>Moexipril HCl</i>	T2	
<i>Mometasone Furoate External</i>	T2	QL (240 GM per 25 days)
<b>MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG</b>	\$0	
<b>MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG</b>	T1	
<i>Montelukast Sodium Oral</i>	T2	
<i>Morphine Sulfate (Concentrate) Oral Solution 100 MG/5ML</i>	T2	QL (135 ML per 25 days)
<i>Morphine Sulfate (PF) Injection Solution 0.5 MG/ML, 1 MG/ML</i>	T2	
<i>Morphine Sulfate (PF) Intravenous Solution 10 MG/ML</i>	T2	
<i>Morphine Sulfate (PF) Intravenous Solution 2 MG/ML</i>	T4	
<i>Morphine Sulfate ER Beads Oral Capsule Extended Release 24 Hour 120 MG</i>	T2	PA

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Morphine Sulfate ER Beads Oral Capsule Extended Release 24 Hour 30 MG, 45 MG, 60 MG, 75 MG, 90 MG</i>	T2	QL (30 EA per 25 days)
<i>Morphine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG, 20 MG, 30 MG</i>	T2	QL (60 EA per 25 days)
<i>Morphine Sulfate ER Oral Capsule Extended Release 24 Hour 100 MG</i>	T2	PA
<i>Morphine Sulfate ER Oral Capsule Extended Release 24 Hour 50 MG, 60 MG, 80 MG</i>	T2	QL (30 EA per 25 days)
<i>Morphine Sulfate ER Oral Tablet Extended Release 100 MG, 200 MG, 60 MG</i>	T2	PA
<i>Morphine Sulfate ER Oral Tablet Extended Release 15 MG, 30 MG</i>	T2	QL (90 EA per 25 days)
<i>Morphine Sulfate Injection Solution 4 MG/ML</i>	\$0	
<i>Morphine Sulfate Intravenous Solution 1 MG/ML, 4 MG/ML, 8 MG/ML</i>	T2	
<i>Morphine Sulfate Oral Solution 10 MG/5ML</i>	T2	QL (900 ML per 25 days)
<i>Morphine Sulfate Oral Solution 20 MG/5ML</i>	T2	QL (675 ML per 25 days)
<i>Morphine Sulfate Oral Tablet 15 MG</i>	T2	QL (180 EA per 25 days)
<i>Morphine Sulfate Oral Tablet 30 MG</i>	T2	QL (90 EA per 25 days)
<b>MOTOFEN</b>	T4	
<b>MOUNJARO</b>	T3	PA; QL (2 ML per 30 days)
<b>MOVANTIK</b>	T3	
<i>Moxifloxacin HCl (2X Day)</i>	T2	
<i>Moxifloxacin HCl in NaCl</i>	T2	
<i>Moxifloxacin HCl Ophthalmic Solution</i>	T2	
<i>Moxifloxacin HCl Oral</i>	T2	
<b>MULTAQ</b>	T4	PA
<i>Multi-Vit/Iron/Fluoride</i>	T2	OTC
<i>Multi-Vitamin/Fluoride Oral Solution 0.5 MG/ML</i>	T2	
<i>Multivitamin/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG</i>	T2	
<i>Multi-Vitamin/Fluoride/Iron</i>	T2	
<i>Mupirocin External</i>	T2	QL (30 GM per 25 days)
<b>MYALEPT</b>	T5	PA; QL (30 EA per 30 days)
<i>Mycophenolate Mofetil HCl</i>	T2	
<i>Mycophenolate Mofetil Oral Capsule</i>	T3	
<i>Mycophenolate Mofetil Oral Suspension Reconstituted</i>	T4	
<i>Mycophenolate Mofetil Oral Tablet</i>	T3	
<i>Mycophenolate Sodium</i>	T4	
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	T4	
<i>Nabumetone Oral</i>	T2	
<i>Nadolol Oral Tablet 20 MG, 40 MG, 80 MG</i>	T2	
<i>Nafcillin Sodium Injection Solution Reconstituted 1 GM, 2 GM</i>	T4	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Nafcillin Sodium Intravenous Solution Reconstituted 10 GM</i>	T4	
<i>Naftifine HCl External Cream</i>	T2	QL (60 GM per 25 days)
<i>Nalbuphine HCl Injection</i>	T2	
<i>Naloxone HCl Injection Solution 0.4 MG/ML, 4 MG/10ML</i>	T2	
<i>Naloxone HCl Injection Solution Cartridge</i>	T2	
<i>Naloxone HCl Injection Solution Prefilled Syringe</i>	T2	
<i>Naloxone HCl Nasal</i>	T2	
<i>Naltrexone HCl Oral</i>	\$0	
<i>Naproxen Oral Tablet</i>	T1	
<i>Naratriptan HCl Oral Tablet 1 MG</i>	T1	QL (18 EA per 25 days)
<i>Naratriptan HCl Oral Tablet 2.5 MG</i>	T1	QL (12 EA per 25 days)
<b>NARCAN</b>	T3	
<b>NATACYN</b>	T3	
<i>Nateglinide</i>	T2	
<i>Nebivolol HCl</i>	T2	
<b>NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	\$0	
<b>NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	T1	
<i>Nefazodone HCl</i>	T2	
<i>Neomycin Sulfate Oral</i>	T2	
<i>Neomycin-Polymyxin-Dexameth Ophthalmic Ointment</i>	T2	
<i>Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1</i>	T2	
<i>Neomycin-Polymyxin-Gramicidin Ophthalmic Solution 1.75-10000-.025</i>	T2	
<i>Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1</i>	T2	
<i>Neomycin-Polymyxin-HC Otic Solution 1 %</i>	T2	
<i>Neomycin-Polymyxin-HC Otic Suspension</i>	T2	
<b>NEUPRO</b>	T3	
<b>NEVANAC</b>	T3	
<i>Nevirapine ER Oral Tablet Extended Release 24 Hour 100 MG</i>	T1	QL (90 EA per 30 days)
<i>Nevirapine ER Oral Tablet Extended Release 24 Hour 400 MG</i>	T1	QL (30 EA per 30 days)
<i>Nevirapine Oral Suspension</i>	T1	QL (1200 ML per 30 days)
<i>Nevirapine Oral Tablet</i>	T1	QL (60 EA per 30 days)
<b>NEXAVAR</b>	T5	PA; QL (120 EA per 30 days)
<b>NEXPLANON SUBCUTANEOUS IMPLANT 68 MG</b>	\$0	QL (1 EA per 300 days)
<b>NEXPLANON SUBCUTANEOUS IMPLANT 68 MG</b>	T1	QL (1 EA per 300 days)
<b>NEXTERONE</b>	T4	
<i>Niacin ER (Antihyperlipidemic)</i>	T2	
<i>niCARDipine HCl Intravenous</i>	T2	
<i>niCARDipine HCl Oral</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Nicotine Transdermal Patch 24 Hour</i>	\$0	OTC
<i>NIFEdipine ER</i>	T2	
<i>NIFEdipine ER Osmotic Release</i>	T2	
<b>NIKKI ORAL TABLET 3-0.02 MG</b>	\$0	
<b>NIKKI ORAL TABLET 3-0.02 MG</b>	T1	
<i>Nilutamide</i>	T2	
<i>niMODipine Oral</i>	T4	
<b>NIPENT</b>	T3	
<i>Nisoldipine ER</i>	T2	
<i>Nitazoxanide Oral</i>	T4	QL (20 EA per 25 days)
<i>Nitisinone Oral Capsule 10 MG, 2 MG, 5 MG</i>	T5	PA
<b>NITRO-BID</b>	T4	
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>	T3	
<i>Nitrofurantoin Macrocrystal Oral Capsule 100 MG, 50 MG</i>	T1	
<i>Nitrofurantoin Macrocrystal Oral Capsule 25 MG</i>	T2	
<i>Nitrofurantoin Monohyd Macro</i>	T1	
<i>Nitrofurantoin Oral Suspension 25 MG/5ML</i>	T4	
<i>Nitroglycerin in D5W</i>	T2	
<i>Nitroglycerin Intravenous</i>	T4	
<i>Nitroglycerin Sublingual Tablet Sublingual 0.3 MG, 0.6 MG</i>	T2	
<i>Nitroglycerin Sublingual Tablet Sublingual 0.4 MG</i>	T1	
<i>Nitroglycerin Transdermal Patch 24 Hour</i>	T2	
<i>Nitroglycerin Translingual Solution</i>	T2	
<b>NIVA-FOL</b>	T2	OTC
<b>NIVESTYM</b>	T5	PA
<i>Nizatidine Oral Capsule</i>	T2	
<b>NORA-BE ORAL TABLET 0.35 MG</b>	\$0	
<b>NORA-BE ORAL TABLET 0.35 MG</b>	T1	
<i>Norethindrone Acetate Oral</i>	T2	
<i>Norethindrone Acet-Ethinyl Est Oral Tablet 1-20 MG-MCG</i>	\$0	
<i>Norethindrone Acet-Ethinyl Est Oral Tablet 1-20 MG-MCG</i>	T1	
<i>Norethindrone Oral Tablet 0.35 MG</i>	\$0	
<i>Norethindrone Oral Tablet 0.35 MG</i>	T1	
<i>Norethindrone-Eth Estradiol Oral Tablet 0.5-2.5 MG-MCG</i>	T2	
<i>Norethin-Eth Estradiol-Fe Oral Tablet Chewable 0.4-35 MG-MCG, 0.8-25 MG-MCG</i>	\$0	
<i>Norethin-Eth Estradiol-Fe Oral Tablet Chewable 0.4-35 MG-MCG, 0.8-25 MG-MCG</i>	T1	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG</i>	\$0	
<i>Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG</i>	T1	
<i>Norgestim-Eth Estrad Triphasic Oral Tablet 0.18/0.215/0.25 MG-25 MCG, 0.18/0.215/0.25 MG-35 MCG</i>	\$0	
<i>Norgestim-Eth Estrad Triphasic Oral Tablet 0.18/0.215/0.25 MG-25 MCG, 0.18/0.215/0.25 MG-35 MCG</i>	T1	
<i>Normal Saline Flush Intravenous</i>	T2	
<b>NORPACE CR</b>	T3	
<b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	\$0	
<b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	T1	
<b>NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG</b>	\$0	
<b>NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG</b>	T1	
<b>NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	\$0	
<b>NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	T1	
<i>Nortriptyline HCl Oral Capsule 10 MG</i>	T2	QL (150 EA per 30 days)
<i>Nortriptyline HCl Oral Capsule 25 MG</i>	T2	QL (60 EA per 30 days)
<i>Nortriptyline HCl Oral Capsule 50 MG</i>	T2	QL (30 EA per 30 days)
<i>Nortriptyline HCl Oral Capsule 75 MG</i>	T2	
<i>Nortriptyline HCl Oral Solution</i>	T2	QL (750 ML per 30 days)
<b>NORVIR ORAL PACKET</b>	T3	QL (360 EA per 30 days)
<b>NORVIR ORAL TABLET</b>	T4	QL (360 EA per 30 days)
<b>NOVOFINE AUTOCOVER PEN NEEDLE</b>	T3	OTC
<b>NOVOFINE PEN NEEDLE</b>	T3	OTC
<b>NOVOFINE PLUS PEN NEEDLE</b>	T3	OTC
<b>NOVOLIN 70/30</b>	T1	OTC
<b>NOVOLIN 70/30 FLEXPEN</b>	T3	OTC
<b>NOVOLIN N</b>	T1	OTC
<b>NOVOLIN N FLEXPEN</b>	T3	
<b>NOVOLIN R</b>	T1	OTC
<b>NOVOLIN R FLEXPEN</b>	T3	OTC
<b>NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T3	
<b>NOVOLOG INJECTION</b>	T3	
<b>NOVOLOG MIX 70/30</b>	T3	
<b>NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T3	
<b>NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE</b>	T3	



Medicamento	Nivel	Notas
<b>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; QL (3 ML per 28 days)
<b>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</b>	T5	PA; QL (3 ML per 28 days)
<b>NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	T5	PA; QL (3 EA per 28 days)
<b>NUEDEXTA</b>	T3	PA
<b>NULEV</b>	T2	
<b>NURTEC</b>	T4	PA; QL (16 EA per 30 days)
<b>NYAMYC</b>	T2	QL (120 GM per 25 days)
<b>NYLIA 1/35 ORAL TABLET 1-35 MG-MCG</b>	\$0	
<b>NYLIA 1/35 ORAL TABLET 1-35 MG-MCG</b>	T1	
<i>Nystatin External</i>	T2	QL (120 GM per 25 days)
<i>Nystatin Mouth/Throat</i>	T2	
<i>Nystatin Oral Tablet</i>	T2	
<i>Nystatin-Triamcinolone</i>	T2	QL (60 GM per 25 days)
<b>NYSTOP</b>	T2	QL (120 GM per 25 days)
<b>NYVEPRIA</b>	T5	PA
<b>OCELLA ORAL TABLET 3-0.03 MG</b>	\$0	
<b>OCELLA ORAL TABLET 3-0.03 MG</b>	T1	
<b>OCREVUS</b>	T3	
<i>Octreotide Acetate Injection Solution 100 MCG/ML, 50 MCG/ML, 500 MCG/ML</i>	T5	PA; QL (90 ML per 30 days)
<i>Octreotide Acetate Injection Solution 1000 MCG/ML</i>	T5	PA; QL (45 ML per 30 days)
<i>Octreotide Acetate Injection Solution 200 MCG/ML</i>	T5	PA; QL (225 ML per 30 days)
<i>Octreotide Acetate Subcutaneous</i>	T5	
<b>ODEFSEY</b>	T3	QL (30 EA per 30 days)
<b>ODOMZO</b>	T5	PA; QL (30 EA per 30 days)
<i>Ofloxacin Ophthalmic</i>	T2	
<i>Ofloxacin Oral Tablet 300 MG, 400 MG</i>	T2	
<i>Ofloxacin Otic</i>	T2	
<i>OLANzapine</i>	T2	
<i>OLANzapine-FLUoxetine HCl</i>	T3	
<i>Olmesartan Medoxomil Oral</i>	T2	
<i>Olmesartan Medoxomil-HCTZ</i>	T2	
<i>Olmesartan-Amlodipine-HCTZ</i>	T2	
<i>Olopatadine HCl Nasal</i>	T2	QL (31 GM per 25 days)
<i>Olopatadine HCl Ophthalmic</i>	T2	PA
<b>OLUMIANT</b>	T5	PA
<i>Omega-3-acid Ethyl Esters</i>	T2	PA
<i>Omeprazole Magnesium Oral Capsule Delayed Release</i>	T1	QL (30 EA per 30 days); OTC
<i>Omeprazole Oral Capsule Delayed Release</i>	T1	QL (30 EA per 30 days)
<b>OMNIFLEX DIAPHRAGM</b>	\$0	QL (1 EA per 300 days)

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>OMNIPOD 5 G6 INTRO (GEN 5)</b>	T3	PA
<b>OMNIPOD 5 G6 POD (GEN 5)</b>	T3	PA
<b>OMNIPOD CLASSIC PODS (GEN 3)</b>	T3	PA
<b>OMNIPOD DASH INTRO (GEN 4)</b>	T3	PA
<b>OMNIPOD DASH PODS (GEN 4)</b>	T3	PA
<b>OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE</b>	T5	PA
<b>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	T5	PA
<b>ONCASPAR INJECTION</b>	T5	PA
<i>Ondansetron</i>	T1	QL (60 EA per 30 days)
<i>Ondansetron HCl Injection Solution 4 MG/2ML, 40 MG/20ML</i>	T2	QL (20 ML per 21 days)
<i>Ondansetron HCl Oral Solution</i>	T2	QL (200 ML per 21 days)
<i>Ondansetron HCl Oral Tablet 24 MG</i>	T2	QL (2 EA per 21 days)
<i>Ondansetron HCl Oral Tablet 4 MG, 8 MG</i>	T1	QL (18 EA per 21 days)
<b>OPSUMIT</b>	T5	PA; QL (30 EA per 30 days)
<b>OPTIONS GYNOL II CONTRACEPTIVE</b>	\$0	OTC
<b>ORALONE</b>	T2	
<b>ORAVIG</b>	T4	QL (14 EA per 25 days)
<b>ORENITRAM</b>	T5	PA
<b>ORFADIN ORAL CAPSULE 20 MG</b>	T5	PA
<b>ORFADIN ORAL SUSPENSION</b>	T5	PA
<b>ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG</b>	T5	PA; QL (56 EA per 28 days)
<b>ORKAMBI ORAL TABLET</b>	T5	PA; QL (112 EA per 28 days)
<i>Orphenadrine Citrate ER</i>	T2	
<i>Orphenadrine Citrate Injection</i>	T2	
<b>ORSYTHIA ORAL TABLET 0.1-20 MG-MCG</b>	\$0	
<b>ORSYTHIA ORAL TABLET 0.1-20 MG-MCG</b>	T1	
<i>Oscimin Oral Tablet</i>	T2	
<i>Oscimin Sublingual</i>	T2	
<i>Oseltamivir Phosphate Oral Capsule 30 MG</i>	T3	QL (40 EA per 90 days)
<i>Oseltamivir Phosphate Oral Capsule 45 MG, 75 MG</i>	T3	QL (20 EA per 90 days)
<i>Oseltamivir Phosphate Oral Suspension Reconstituted</i>	T3	QL (360 ML per 90 days)
<b>OSMITROL INTRAVENOUS SOLUTION 10 %</b>	T2	
<b>OSPHENA</b>	T3	
<b>OTEZLA ORAL TABLET</b>	T5	PA; QL (60 EA per 30 days)
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	T5	PA; QL (55 EA per 28 days)
<i>Oxacillin Sodium Injection Solution Reconstituted 1 GM, 2 GM</i>	T2	
<i>Oxacillin Sodium Intravenous</i>	T2	
<i>Oxaliplatin Intravenous Solution 100 MG/20ML, 50 MG/10ML</i>	T5	

Medicamento	Nivel	Notas
<i>Oxaliplatin Intravenous Solution Reconstituted</i>	T5	
<i>Oxaprozin</i>	T2	
<i>Oxazepam</i>	T2	QL (120 EA per 25 days)
<i>OXcarbazepine</i>	T2	
<i>Oxiconazole Nitrate</i>	T3	PA
<i>Oxybutynin Chloride ER</i>	T2	
<i>Oxybutynin Chloride Oral Syrup</i>	T2	
<i>Oxybutynin Chloride Oral Tablet 5 MG</i>	T2	
<i>oxyCODONE HCl ER Oral Tablet ER 12 Hour Abuse-Deterrent 10 MG, 20 MG</i>	T2	QL (60 EA per 25 days)
<i>oxyCODONE HCl ER Oral Tablet ER 12 Hour Abuse-Deterrent 40 MG, 80 MG</i>	T2	PA
<i>OxyCODONE HCl Oral Capsule</i>	T2	QL (180 EA per 25 days)
<i>OxyCODONE HCl Oral Concentrate 100 MG/5ML</i>	T2	QL (90 ML per 25 days)
<i>oxyCODONE HCl Oral Solution</i>	T2	QL (900 ML per 25 days)
<i>oxyCODONE HCl Oral Tablet 10 MG, 5 MG</i>	T2	QL (180 EA per 25 days)
<i>oxyCODONE HCl Oral Tablet 15 MG</i>	T2	QL (120 EA per 25 days)
<i>oxyCODONE HCl Oral Tablet 20 MG</i>	T2	QL (90 EA per 25 days)
<i>oxyCODONE HCl Oral Tablet 30 MG</i>	T2	QL (60 EA per 25 days)
<i>oxyCODONE-Acetaminophen Oral Tablet 10-325 MG</i>	T2	QL (180 EA per 25 days)
<i>Oxycodone-Acetaminophen Oral Tablet 2.5-325 MG, 5-325 MG</i>	T2	QL (360 EA per 25 days)
<i>oxyCODONE-Acetaminophen Oral Tablet 7.5-325 MG</i>	T2	QL (240 EA per 25 days)
<i>oxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 10 MG, 15 MG, 5 MG, 7.5 MG</i>	T3	QL (60 EA per 25 days)
<i>OxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 20 MG, 30 MG, 40 MG</i>	T3	PA
<i>Oxymorphone HCl Oral Tablet 10 MG</i>	T2	QL (90 EA per 25 days)
<i>Oxymorphone HCl Oral Tablet 5 MG</i>	T2	QL (180 EA per 25 days)
<b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML</b>	T3	PA; QL (1 ML per 28 days)
<b>OZEMPIC (2 MG/DOSE)</b>	T3	PA; QL (1 ML per 30 days)
<b>PACERONE ORAL TABLET 100 MG, 200 MG</b>	T2	
<i>PACLitaxel Intravenous Concentrate 100 MG/16.7ML, 150 MG/25ML, 30 MG/5ML, 300 MG/50ML</i>	T2	
<i>PACLitaxel Protein-Bound Part</i>	T2	
<i>Paliperidone ER</i>	T3	
<i>Pamidronate Disodium Intravenous Solution 30 MG/10ML, 90 MG/10ML</i>	T2	
<i>Pantoprazole Sodium Oral Tablet Delayed Release</i>	T2	QL (30 EA per 30 days)
<b>PARAGARD INTRAUTERINE COPPER</b>	T1	QL (1 EA per 300 days)
<b>PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML</b>	T2	
<i>Paricalcitol</i>	T2	
<i>PARoxetine HCl ER</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>PARoxetine HCl Oral Tablet</i>	T1	
<b>PAXLOVID (150/100)</b>	T3	
<b>PAXLOVID (300/100)</b>	T3	QL (40 EA per 30 days)
<b>PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	\$0	
<b>PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T1	
<b>PEDIATRIC PANDA MASK</b>	T3	OTC
<b>PEDVAX HIB INTRAMUSCULAR SUSPENSION</b>	\$0	
<i>PEG 3350-KCl-Na Bicarb-NaCl</i>	T2	
<i>PEG-3350/Electrolytes</i>	T2	
<b>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML</b>	T5	PA
<b>PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA
<i>PEG-KCl-NaCl-NaSulf-Na Asc-C</i>	T2	
<b>PEG-PREP</b>	T2	
<i>PEMEtrexed Disodium Intravenous Solution Reconstituted 100 MG, 500 MG</i>	T5	
<i>PEMEtrexed Ditromethamine</i>	T5	
<i>penicillAMINE Oral Tablet</i>	T4	
<i>Penicillin G Potassium</i>	T2	
<i>Penicillin G Sodium</i>	T2	
<i>Penicillin V Potassium</i>	T2	
<b>PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	\$0	
<b>PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	T1	
<i>Pentamidine Isethionate</i>	T2	
<i>Pentoxifylline ER</i>	T2	
<b>PERFOROMIST</b>	T3	QL (60 ML per 25 days)
<i>Perindopril Erbumine</i>	T2	
<b>PERIOGARD</b>	T1	
<i>Permethrin External Cream</i>	T2	
<i>Perphenazine Oral</i>	T2	
<b>PERSERIS</b>	T3	QL (1 EA per 25 days)
<b>PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT</b>	T2	
<i>Phenelzine Sulfate Oral</i>	T2	
<i>PHENobarbital Oral Elixir</i>	T2	
<i>PHENobarbital Oral Tablet</i>	T2	
<i>Phenoxybenzamine HCl Oral</i>	T4	PA
<i>Phenylephrine HCl Ophthalmic Solution 10 %, 2.5 %</i>	T2	
<i>Phenytoin Oral Suspension 125 MG/5ML</i>	T2	
<i>Phenytoin Oral Tablet Chewable</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Phenytoin Sodium Extended</i>	T2	
<i>Phenytoin Sodium Injection</i>	T2	
<b>PHOSPHOLINE IODIDE</b>	T4	
<b>PHOTOFRIN</b>	T3	
<b>PHYSIOLYTE</b>	T2	
<b>PHYSIOSOL IRRIGATION</b>	T2	
<i>Phytonadione Oral</i>	T4	
<b>PIFELTRO</b>	T3	QL (30 EA per 30 days)
<i>Pilocarpine HCl Ophthalmic Solution 1 %</i>	T2	
<i>Pilocarpine HCl Oral</i>	T2	
<i>Pimozide</i>	T2	
<i>Pindolol</i>	T2	
<i>Pioglitazone HCl</i>	T1	
<i>Pioglitazone HCl-Glimepiride</i>	T2	
<i>Pioglitazone HCl-metFORMIN HCl</i>	T2	
<i>Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted 2.25 (2-0.25) GM, 3.375 (3-0.375) GM, 4.5 (4-0.5) GM, 40.5 (36-4.5) GM</i>	T4	
<i>Pirfenidone Oral Tablet 267 MG</i>	T5	PA; QL (270 EA per 30 days)
<i>Pirfenidone Oral Tablet 801 MG</i>	T5	PA; QL (90 EA per 30 days)
<b>PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	\$0	
<b>PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	T1	
<i>Piroxicam Oral</i>	T2	
<b>PLEGRIDY</b>	T5	PA; QL (1 ML per 28 days)
<b>PLEGRIDY STARTER PACK</b>	T5	PA; QL (1 ML per 28 days)
<b>PLENVU</b>	T3	
<b>PNEUMOVAX 23</b>	\$0	
<i>Podofilox External</i>	T2	
<b>POLYCIN</b>	T2	
<i>Polyethylene Glycol 3350 Oral Powder</i>	T2	
<i>Polymyxin B Sulfate Injection</i>	T2	
<i>Polymyxin B-Trimethoprim</i>	T1	
<b>POMALYST</b>	T5	PA; QL (21 EA per 28 days)
<b>PORTIA-28 ORAL TABLET 0.15-30 MG-MCG</b>	\$0	
<b>PORTIA-28 ORAL TABLET 0.15-30 MG-MCG</b>	T1	
<i>Posaconazole Oral Tablet Delayed Release</i>	T4	
<i>Potassium Chloride Crys ER Oral Tablet Extended Release 10 MEQ, 20 MEQ</i>	T2	
<i>Potassium Chloride ER</i>	T2	
<i>Potassium Chloride in NaCl Intravenous Solution 20-0.45 MEQ/L-%, 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%</i>	T2	
<i>Potassium Chloride Intravenous Solution 2 MEQ/ML</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Potassium Chloride Oral Solution 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)</i>	T2	PA
<i>Potassium Citrate ER</i>	T2	
<b>PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; QL (2 ML per 28 days)
<i>Pramipexole Dihydrochloride</i>	T2	
<i>Pramipexole Dihydrochloride ER</i>	T2	
<i>Prasugrel HCl</i>	T2	
<i>Pravastatin Sodium</i>	T2	
<i>Praziquantel Oral</i>	T4	QL (24 EA per 365 days)
<i>Prazosin HCl Oral</i>	T2	
<b>PRED MILD</b>	T3	
<i>prednisoLONE Acetate Ophthalmic</i>	T2	
<i>prednisoLONE Oral Solution</i>	T2	
<i>PrednisoLONE Sodium Phosphate Ophthalmic</i>	T3	
<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>	T2	
<i>prednisoLONE Sodium Phosphate Oral Tablet Dispersible</i>	T2	
<b>PREDNISONE INTENSOL</b>	T3	
<i>PredniSONE Oral Solution</i>	T2	
<i>predniSONE Oral Tablet 1 MG, 2.5 MG, 20 MG, 5 MG</i>	T1	
<i>predniSONE Oral Tablet 10 MG</i>	\$0	
<i>predniSONE Oral Tablet 50 MG</i>	T2	
<i>predniSONE Oral Tablet Therapy Pack</i>	T2	
<i>Pregabalin Oral</i>	T2	PA
<b>PREMARIN INJECTION</b>	T4	
<b>PREMARIN ORAL</b>	T4	
<b>PREMARIN VAGINAL</b>	T3	
<b>PRENATABS RX</b>	T2	OTC
<b>PREVALITE ORAL POWDER</b>	T2	
<b>PREVNAR 13</b>	\$0	
<b>PREVNAR 20</b>	\$0	
<b>PREZCOBIX</b>	T3	QL (30 EA per 30 days)
<b>PREZISTA ORAL SUSPENSION</b>	T3	QL (400 ML per 30 days)
<b>PREZISTA ORAL TABLET 150 MG</b>	T3	QL (180 EA per 30 days)
<b>PREZISTA ORAL TABLET 600 MG</b>	T3	QL (60 EA per 30 days)
<b>PREZISTA ORAL TABLET 75 MG</b>	T3	QL (300 EA per 30 days)
<b>PREZISTA ORAL TABLET 800 MG</b>	T3	QL (30 EA per 30 days)
<b>PRIFTIN</b>	T3	
<i>Primaquine Phosphate Oral Tablet 26.3 (15 Base) MG</i>	T2	
<i>Primidone Oral Tablet 250 MG, 50 MG</i>	T2	
<i>Pro Comfort Pen Needles 32G X 5 MM</i>	T3	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Probenecid Oral</i>	T2	
<i>Procainamide HCl Injection Solution 100 MG/ML</i>	T2	
<i>Prochlorperazine</i>	T3	
<i>Prochlorperazine Edisylate Injection Solution 10 MG/2ML</i>	T2	
<i>Prochlorperazine Maleate Oral</i>	T2	
<b>PROCTOSOL HC EXTERNAL</b>	T2	
<b>PROCTOZONE-HC EXTERNAL</b>	T2	
<i>Progesterone Oral</i>	T2	
<b>PROGRAF INTRAVENOUS</b>	T4	
<b>PROLASTIN-C INTRAVENOUS SOLUTION</b>	T5	PA
<b>PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG</b>	T5	PA
<b>PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; QL (60 ML per 168 days)
<b>PROMACTA ORAL TABLET 12.5 MG, 25 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>PROMACTA ORAL TABLET 50 MG, 75 MG</b>	T5	PA; QL (60 EA per 30 days)
<i>Promethazine HCl Injection</i>	T2	
<i>Promethazine HCl Oral Syrup</i>	T2	
<i>Promethazine HCl Oral Tablet</i>	T2	
<i>Promethazine VCI/Codeine</i>	T2	
<i>Promethazine-Codeine Oral Syrup</i>	T2	
<i>Promethazine-DM Oral Syrup</i>	T2	
<i>Propafenone HCl</i>	T2	
<i>Propafenone HCl ER</i>	T2	
<i>Proparacaine HCl Ophthalmic</i>	T2	
<i>Propranolol HCl ER</i>	T2	
<i>Propranolol HCl Intravenous</i>	T2	
<i>Propranolol HCl Oral Solution</i>	T2	
<i>Propranolol HCl Oral Tablet 10 MG, 20 MG, 40 MG</i>	T1	
<i>Propranolol HCl Oral Tablet 60 MG, 80 MG</i>	T2	
<i>Propylthiouracil Oral</i>	T2	
<b>PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED</b>	\$0	
<i>Protriptyline HCl Oral Tablet 10 MG</i>	T2	QL (60 EA per 30 days)
<i>Protriptyline HCl Oral Tablet 5 MG</i>	T2	QL (90 EA per 30 days)
<i>Pseudoeph-Bromphen-DM Oral Syrup 30-2-10 MG/5ML</i>	T2	
<i>Pyrazinamide Oral</i>	T2	
<i>Pyridostigmine Bromide ER</i>	T3	
<i>Pyridostigmine Bromide Oral Solution</i>	T2	
<i>Pyridostigmine Bromide Oral Tablet 60 MG</i>	T2	
<i>Pyridoxine HCl Oral Tablet 25 MG, 50 MG</i>	T2	OTC
<i>Pyrimethamine Oral</i>	T3	PA

Medicamento	Nivel	Notas
<b>QELBREE</b>	T4	
<b>QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	\$0	
<b>QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	T1	
<i>Quazepam</i>	T3	
<i>QUEtiapine Fumarate ER</i>	T2	
<i>QUEtiapine Fumarate Oral Tablet 100 MG, 25 MG, 50 MG</i>	T1	
<i>QUEtiapine Fumarate Oral Tablet 200 MG, 300 MG, 400 MG</i>	T2	
<i>Quinapril HCl</i>	T1	
<i>Quinapril-hydroCHLOROthiazide Oral Tablet 20-12.5 MG, 20-25 MG</i>	T1	
<i>quiNIDine Sulfate Oral</i>	T2	
<i>QuiNINE Sulfate Oral</i>	T2	
<b>QVAR REDHALER</b>	T3	QL (2 GM per 25 days)
<i>RABEprazole Sodium Oral Tablet Delayed Release</i>	T3	PA; QL (30 EA per 30 days)
<i>Raloxifene HCl</i>	T2	
<i>Ramelteon</i>	T2	QL (30 EA per 25 days)
<i>Ramipril</i>	T2	
<i>Ranolazine ER</i>	T2	
<i>Rasagiline Mesylate Oral Tablet 0.5 MG</i>	T3	
<i>Rasagiline Mesylate Oral Tablet 1 MG</i>	T3	PA
<b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; QL (12 ML per 28 days)
<b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; QL (1 ML per 28 days)
<b>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; QL (12 ML per 28 days)
<b>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; QL (1 ML per 28 days)
<b>RECLIPSEN ORAL TABLET 0.15-30 MG-MCG</b>	\$0	
<b>RECLIPSEN ORAL TABLET 0.15-30 MG-MCG</b>	T1	
<b>RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML</b>	\$0	
<b>RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE</b>	\$0	
<b>RECTIV</b>	T4	
<b>REGONOL INTRAVENOUS</b>	T4	
<b>REGRANEX</b>	T4	PA; QL (30 GM per 25 days)
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT</b>	T3	QL (40 EA per 90 days)
<b>REMICADE</b>	T6	PA
<b>REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML</b>	T5	PA



Medicamento	Nivel	Notas
<b>RENFLEXIS</b>	T3	
<i>Repaglinide</i>	T2	
<b>RESTASIS</b>	T2	PA
<b>RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML</b>	T5	PA
<b>RETROVIR ORAL CAPSULE</b>	T4	QL (180 EA per 30 days)
<b>RETROVIR ORAL SYRUP</b>	T4	QL (1920 ML per 30 days)
<b>REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG</b>	T5	PA; QL (28 EA per 28 days)
<b>REVLIMID ORAL CAPSULE 20 MG, 25 MG</b>	T5	PA; QL (21 EA per 28 days)
<b>REXULTI</b>	T4	PA
<b>REYATAZ ORAL CAPSULE 200 MG</b>	T4	QL (60 EA per 30 days)
<b>REYATAZ ORAL CAPSULE 300 MG</b>	T4	QL (30 EA per 30 days)
<b>REYATAZ ORAL PACKET</b>	T3	QL (180 EA per 30 days)
<i>Ribavirin Inhalation</i>	T2	
<i>Ribavirin Oral Capsule</i>	T2	PA
<i>Ribavirin Oral Tablet 200 MG</i>	T4	PA
<i>Rifabutin</i>	T3	
<i>Rifampin Intravenous</i>	T2	
<i>rifAMPin Oral</i>	T2	
<i>Riluzole</i>	T4	
<i>riMANTAdine HCl</i>	T2	
<b>RINVOQ</b>	T5	PA; QL (30 EA per 30 days)
<i>Risedronate Sodium Oral Tablet 150 MG, 30 MG, 35 MG, 5 MG</i>	T3	
<i>Risedronate Sodium Oral Tablet Delayed Release</i>	T3	
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</b>	T3	QL (2 EA per 25 days)
<i>risperiDONE</i>	T2	
<i>Ritonavir</i>	T1	QL (360 EA per 30 days)
<i>Rivastigmine</i>	T2	PA
<i>Rivastigmine Tartrate</i>	T2	PA
<b>RIVELSA ORAL TABLET 42-21-21-7 DAYS</b>	\$0	
<b>RIVELSA ORAL TABLET 42-21-21-7 DAYS</b>	T1	
<i>Rizatriptan Benzoate Oral Tablet 10 MG</i>	T1	QL (18 EA per 25 days)
<i>Rizatriptan Benzoate Oral Tablet 5 MG</i>	T1	QL (27 EA per 25 days)
<i>Rizatriptan Benzoate Oral Tablet Dispersible 10 MG</i>	T1	QL (18 EA per 25 days)
<i>Rizatriptan Benzoate Oral Tablet Dispersible 5 MG</i>	T1	QL (27 EA per 25 days)
<i>rOPINIRole HCl</i>	T2	
<i>Rosuvastatin Calcium</i>	T2	
<b>ROTARIX ORAL SUSPENSION RECONSTITUTED</b>	\$0	
<b>ROTATEQ ORAL SOLUTION</b>	\$0	
<b>RUKOBIA</b>	T3	QL (60 EA per 30 days)

Medicamento	Nivel	Notas
<b>RYBELSUS</b>	T3	PA
<b>RYDAPT</b>	T5	PA; QL (224 EA per 28 days)
<b>SANCUSO</b>	T3	PA
<b>SANDIMMUNE ORAL SOLUTION</b>	T4	
<i>Sapropterin Dihydrochloride Oral Packet</i>	T5	PA
<i>Sapropterin Dihydrochloride Oral Tablet</i>	T5	PA
<b>SAVELLA</b>	T4	PA
<b>SAVELLA TITRATION PACK</b>	T4	PA
<i>Scopolamine</i>	T2	
<i>Selegiline HCl Oral</i>	T2	
<i>Selenium Sulfide External Lotion</i>	T2	
<b>SELZENTRY ORAL SOLUTION</b>	T4	QL (1840 ML per 30 days)
<b>SELZENTRY ORAL TABLET 150 MG, 300 MG</b>	T4	
<b>SELZENTRY ORAL TABLET 25 MG</b>	T4	QL (240 EA per 30 days)
<b>SELZENTRY ORAL TABLET 75 MG</b>	T4	QL (60 EA per 30 days)
<i>Sertraline HCl Oral Concentrate</i>	T2	
<i>Sertraline HCl Oral Tablet</i>	T1	
<i>Sevelamer Carbonate Oral Packet</i>	T3	
<i>Sevelamer Carbonate Oral Tablet</i>	T4	
<b>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML</b>	\$0	
<b>SIGNIFOR</b>	T5	PA; QL (60 ML per 30 days)
<i>Sildenafil Citrate Intravenous</i>	T5	PA
<i>Sildenafil Citrate Oral Tablet 20 MG</i>	T5	PA; QL (90 EA per 30 days)
<i>Sildenafil</i>	T2	
<i>Silver sulfADIAZINE External</i>	T2	
<b>SIMBRINZA</b>	T3	
<b>SIMPONI ARIA</b>	T5	PA; QL (200 ML per 56 days)
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; QL (1 ML per 28 days)
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; QL (1 ML per 28 days)
<i>Simvastatin Oral Tablet</i>	T1	
<i>Sirolimus Oral</i>	T4	
<b>SIRTURO ORAL TABLET 100 MG</b>	T5	PA
<b>SIVEXTRO</b>	T4	
<b>SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG</b>	\$0	QL (1 EA per 300 days)
<b>SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG</b>	T1	QL (1 EA per 300 days)
<b>SKYRIZI INTRAVENOUS</b>	T5	PA
<b>SKYRIZI PEN</b>	T5	PA; QL (1 ML per 84 days)
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE</b>	T5	PA

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<b>SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; QL (1 ML per 84 days)
<i>Sleep-Aid Oral Tablet</i>	T2	OTC
<i>SM Nicotine Transdermal</i>	T1	OTC
<i>Sodium Chloride (PF)</i>	T2	
<i>Sodium Chloride Inhalation Nebulization Solution 0.9 %, 10 %, 3 %, 7 %</i>	T2	
<i>Sodium Chloride Injection Solution 2.5 MEQ/ML</i>	T2	
<i>Sodium Chloride Intravenous Solution 0.45 %, 0.9 %, 3 %, 5 %</i>	T2	
<i>Sodium Chloride Irrigation Solution 0.9 %</i>	T2	
<i>Sodium Fluoride Oral Solution 1.1 (0.5 F) MG/ML</i>	\$0	
<i>Sodium Fluoride Oral Tablet 1.1 (0.5 F) MG</i>	\$0	
<i>Sodium Fluoride Oral Tablet 2.2 (1 F) MG</i>	T2	
<i>Sodium Fluoride Oral Tablet Chewable 0.55 (0.25 F) MG, 1.1 (0.5 F) MG</i>	\$0	
<i>Sodium Fluoride Oral Tablet Chewable 2.2 (1 F) MG</i>	T2	
<i>Sodium Phenylbutyrate Oral Powder 3 GM/TSP</i>	T5	PA; QL (600 GM per 30 days)
<i>Sodium Phenylbutyrate Oral Tablet</i>	T5	PA; QL (1200 EA per 30 days)
<i>Solifenacin Succinate</i>	T2	
<b>SOLIQUA</b>	T3	QL (6 ML per 30 days)
<b>SOLU-CORTEF</b>	T4	
<b>SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM</b>	T4	
<b>SOMATULINE DEPOT</b>	T5	PA; QL (1 ML per 28 days)
<b>SOMAVERT</b>	T5	PA; QL (30 EA per 30 days)
<i>SORafenib Tosylate</i>	T5	PA; QL (120 EA per 30 days)
<i>Sotalol HCl (AF)</i>	T2	
<i>Sotalol HCl Intravenous</i>	T4	
<i>Sotalol HCl Oral</i>	T2	
<b>SOVALDI ORAL PACKET</b>	T3	PA; QL (28 EA per 28 days)
<b>SOVALDI ORAL TABLET</b>	T5	PA; QL (28 EA per 28 days)
<i>Spinosad</i>	T3	
<b>SPIRIVA HANDIHALER</b>	T3	QL (1 EA per 25 days)
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT</b>	T3	QL (1 GM per 25 days)
<i>Spironolactone Oral</i>	T1	
<i>Spironolactone-HCTZ</i>	T2	
<b>SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG</b>	\$0	
<b>SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG</b>	T1	
<b>SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>SPRYCEL ORAL TABLET 20 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>SRONYX ORAL TABLET 0.1-20 MG-MCG</b>	\$0	
<b>SRONYX ORAL TABLET 0.1-20 MG-MCG</b>	T1	

Medicamento	Nivel	Notas
<b>SSD</b>	T2	
<b>STELARA INTRAVENOUS</b>	T5	PA; QL (4 ML per 365 days)
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	T5	PA; QL (1 ML per 84 days)
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML</b>	T5	PA; QL (1 ML per 84 days)
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML</b>	T5	PA; QL (1 ML per 56 days)
<b>STIVARGA</b>	T5	PA; QL (84 EA per 28 days)
<i>Streptomycin Sulfate Intramuscular</i>	T2	
<b>STRIBILD</b>	T3	QL (30 EA per 30 days)
<b>STRIVERDI RESPIMAT</b>	T3	QL (1 GM per 25 days)
<b>SUBLOCADE</b>	T5	
<b>SUCRAID</b>	T4	PA; QL (354 ML per 25 days)
<i>Sucralfate Oral Tablet</i>	T2	
<i>Sulconazole Nitrate</i>	T2	QL (60 GM per 21 days)
<i>Sulfacetamide Sodium (Acne)</i>	T2	
<i>Sulfacetamide Sodium Ophthalmic</i>	T2	
<i>Sulfacetamide-Prednisolone Ophthalmic Solution</i>	T2	
<i>sulfADIAZINE Oral</i>	T4	
<i>Sulfamethoxazole-Trimethoprim Intravenous</i>	T2	
<i>Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML</i>	T2	
<i>Sulfamethoxazole-Trimethoprim Oral Tablet</i>	T1	
<b>SULFAMYLON EXTERNAL CREAM</b>	T4	
<i>sulfaSALazine Oral</i>	T2	
<i>Sulindac Oral</i>	T2	
<i>SUMatriptan Nasal Solution 20 MG/ACT</i>	T3	QL (12 EA per 25 days)
<i>SUMatriptan Nasal Solution 5 MG/ACT</i>	T3	QL (36 EA per 25 days)
<i>SUMatriptan Succinate Oral</i>	T1	QL (18 EA per 25 days)
<i>SUMatriptan Succinate Refill Subcutaneous Solution Cartridge 4 MG/0.5ML</i>	T3	QL (18 ML per 25 days)
<i>SUMatriptan Succinate Refill Subcutaneous Solution Cartridge 6 MG/0.5ML</i>	T3	QL (12 ML per 25 days)
<i>SUMatriptan Succinate Subcutaneous Solution 6 MG/0.5ML</i>	T3	QL (12 ML per 25 days)
<i>SUMatriptan Succinate Subcutaneous Solution Auto-Injector 4 MG/0.5ML</i>	T3	QL (18 ML per 25 days)
<i>SUMatriptan Succinate Subcutaneous Solution Auto-Injector 6 MG/0.5ML</i>	T3	QL (12 ML per 25 days)
<i>Sumatriptan-Naproxen Sodium</i>	T4	QL (9 EA per 25 days)
<i>SUNItinib Malate</i>	T5	PA; QL (30 EA per 30 days)
<b>SUNLENCA ORAL</b>	T3	
<b>SUNOSI</b>	T4	PA; QL (30 EA per 30 days)

Medicamento	Nivel	Notas
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML</b>	T3	
<b>SUPRAX ORAL TABLET CHEWABLE</b>	T3	
<b>SUPREP BOWEL PREP KIT</b>	T3	
<b>SUSTIVA ORAL TABLET</b>	T4	QL (30 EA per 30 days)
<b>SYEDA ORAL TABLET 3-0.03 MG</b>	\$0	
<b>SYEDA ORAL TABLET 3-0.03 MG</b>	T1	
<b>SYMDEKO</b>	T5	PA; QL (56 EA per 28 days)
<b>SYMFI</b>	T3	QL (30 EA per 30 days)
<b>SYMFI LO ORAL TABLET 400-300-300 MG</b>	\$0	QL (30 EA per 30 days)
<b>SYMFI LO ORAL TABLET 400-300-300 MG</b>	T3	QL (30 EA per 30 days)
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T4	
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T4	
<b>SYMTUZA</b>	T3	QL (30 EA per 30 days)
<b>SYNAREL</b>	T5	PA
<b>SYNERA</b>	T4	QL (2 EA per 25 days)
<b>SYNJARDY</b>	T3	QL (60 EA per 30 days)
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG</b>	T3	QL (30 EA per 30 days)
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG</b>	T3	QL (60 EA per 30 days)
<b>SYNTHROID</b>	T3	
<b>TABLOID</b>	T3	
<i>Tacrolimus External Ointment</i>	T4	
<i>Tacrolimus Oral Capsule 0.5 MG</i>	T2	
<i>Tacrolimus Oral Capsule 1 MG, 5 MG</i>	T4	
<i>Tadalafil (PAH)</i>	T5	PA; QL (60 EA per 30 days)
<i>Tadalafil Oral Tablet 2.5 MG, 5 MG</i>	T2	PA; QL (30 EA per 30 days)
<b>TAFINLAR ORAL CAPSULE</b>	T5	PA; QL (120 EA per 30 days)
<b>TALTZ</b>	T5	PA; QL (1 ML per 28 days)
<i>Tamoxifen Citrate Oral</i>	T2	
<i>Tamsulosin HCl</i>	T2	
<b>TARGRETIN EXTERNAL</b>	T5	PA
<i>Tazarotene External Cream</i>	T2	PA
<b>TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM</b>	T2	
<b>TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED</b>	T2	
<b>TAZORAC EXTERNAL CREAM 0.05 %</b>	T3	PA
<b>TAZORAC EXTERNAL GEL</b>	T3	PA
<b>TAZTIA XT</b>	T2	
<b>TDVAX</b>	T1	
<i>Telmisartan</i>	T2	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Telmisartan-amLODIPine</i>	T2	
<i>Telmisartan-HCTZ</i>	T2	
<i>Temazepam</i>	T2	QL (15 EA per 25 days)
<b>TEMODAR INTRAVENOUS</b>	T5	PA
<i>Temozolomide</i>	T5	PA
<b>TENCON ORAL TABLET 50-325 MG</b>	T2	QL (48 EA per 25 days)
<b>TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU</b>	T1	
<i>Tenofovir Disoproxil Fumarate</i>	T1	QL (30 EA per 30 days)
<i>Terazosin HCl Oral</i>	T2	
<i>Terbinafine HCl Oral</i>	T2	QL (180 EA per 365 days)
<i>Terbutaline Sulfate Injection</i>	T2	
<i>Terbutaline Sulfate Oral</i>	T2	
<i>Terconazole</i>	T2	
<i>Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML</i>	T2	PA
<i>Testosterone Enanthate Intramuscular Solution</i>	T2	PA
<i>Testosterone Transdermal Gel 10 MG/ACT (2%), 25 MG/2.5GM (1%)</i>	T4	PA
<i>Tetrabenazine Oral Tablet 12.5 MG</i>	T5	PA; QL (120 EA per 30 days)
<i>Tetrabenazine Oral Tablet 25 MG</i>	T5	PA; QL (60 EA per 30 days)
<i>Tetracycline HCl Oral</i>	T4	QL (120 EA per 30 days)
<b>THALOMID ORAL CAPSULE 100 MG, 50 MG</b>	T5	PA; QL (28 EA per 28 days)
<b>THALOMID ORAL CAPSULE 150 MG, 200 MG</b>	T5	PA; QL (56 EA per 28 days)
<b>THEO-24</b>	T4	
<i>Theophylline</i>	T2	
<i>Theophylline ER Oral Tablet Extended Release 12 Hour 450 MG</i>	T2	
<i>Theophylline ER Oral Tablet Extended Release 24 Hour</i>	T2	
<i>Thioridazine HCl Oral</i>	T2	
<i>Thiothixene Oral</i>	T2	
<i>tiaGABine HCl</i>	T2	
<b>TICE BCG</b>	T3	
<i>Timolol Maleate (Once-Daily)</i>	T2	
<i>Timolol Maleate Ophthalmic Gel Forming Solution</i>	T2	
<i>Timolol Maleate Ophthalmic Solution</i>	T1	
<i>Timolol Maleate Oral</i>	T2	
<i>Tinidazole Oral</i>	T2	
<b>TIS-U-SOL</b>	T2	
<b>TIVICAY</b>	T3	QL (60 EA per 30 days)
<b>TIVICAY PD</b>	T3	QL (180 EA per 30 days)
<i>tiZANidine HCl Oral Tablet</i>	T1	
<b>TOBRADEX OPHTHALMIC OINTMENT</b>	T3	
<b>TOBRADEX ST</b>	T3	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Tobramycin Inhalation Nebulization Solution 300 MG/4ML</i>	T5	PA; QL (224 ML per 28 days)
<i>Tobramycin Inhalation Nebulization Solution 300 MG/5ML</i>	T5	PA; QL (280 ML per 28 days)
<i>Tobramycin Ophthalmic</i>	T1	
<i>Tobramycin Sulfate Injection Solution 1.2 GM/30ML, 10 MG/ML</i>	T2	
<i>Tobramycin Sulfate Injection Solution 2 GM/50ML, 80 MG/2ML</i>	T2	QL (360 ML per 10 days)
<i>Tobramycin Sulfate Injection Solution Reconstituted</i>	T2	QL (20 EA per 10 days)
<i>Tobramycin-Dexamethasone</i>	T2	
<b>TODAY SPONGE</b>	\$0	OTC
<i>Tolcapone</i>	T2	
<i>Tolmetin Sodium Oral Tablet 600 MG</i>	T2	
<i>Tolterodine Tartrate</i>	T2	
<i>Tolterodine Tartrate ER</i>	T2	
<i>Tolvaptan</i>	T5	PA
<i>Topiramate Oral</i>	T2	
<i>Topotecan HCl Intravenous Solution Reconstituted</i>	T2	
<i>Toremifene Citrate</i>	T3	
<i>Torsemide Oral</i>	T2	
<b>TOVIAZ</b>	T4	PA; QL (30 EA per 30 days)
<i>traMADol HCl ER Oral Tablet Extended Release 24 Hour 100 MG</i>	T2	QL (30 EA per 25 days)
<i>traMADol HCl ER Oral Tablet Extended Release 24 Hour 200 MG, 300 MG</i>	T2	PA
<i>traMADol HCl Oral Tablet 100 MG</i>	T2	QL (90 EA per 25 days)
<i>traMADol HCl Oral Tablet 50 MG</i>	T2	QL (180 EA per 25 days)
<i>traMADol-Acetaminophen</i>	T2	QL (40 EA per 25 days)
<i>Trandolapril</i>	T1	
<i>Trandolapril-Verapamil HCl ER</i>	T2	
<i>Tranexamic Acid Intravenous Solution 1000 MG/10ML</i>	T2	
<i>Tranexamic Acid Oral</i>	T2	
<i>Tranylcypromine Sulfate</i>	T2	
<i>Travoprost (BAK Free)</i>	T2	
<i>traZODone HCl Oral Tablet 100 MG, 150 MG, 50 MG</i>	T1	
<i>TraZODone HCl Oral Tablet 300 MG</i>	T2	
<b>TRECTOR</b>	T3	
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT</b>	T3	QL (1 EA per 30 days)
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT</b>	T3	QL (1 EA per 25 days)
<b>TREMFYA</b>	T5	PA; QL (1 ML per 56 days)

Medicamento	Nivel	Notas
<b>TRESIBA</b>	T3	
<b>TRESIBA FLEXTOUCH</b>	T3	
<i>Tretinoin External</i>	T3	PA
<i>Tretinoin Microsphere External Gel 0.1 %</i>	T3	PA
<i>Tretinoin Microsphere Pump External Gel 0.04 %</i>	T3	PA
<i>Tretinoin Oral</i>	T2	
<i>Triamcinolone Acetonide External Cream</i>	T2	QL (240 GM per 25 days)
<i>Triamcinolone Acetonide External Lotion</i>	T2	QL (240 ML per 25 days)
<i>Triamcinolone Acetonide External Ointment 0.025 %, 0.1 %, 0.5 %</i>	T2	QL (240 GM per 25 days)
<i>Triamcinolone Acetonide Mouth/Throat</i>	T2	
<i>Triamcinolone Acetonide Nasal Aerosol</i>	T1	QL (1 ML per 25 days); OTC
<i>Triamterene Oral</i>	T2	
<i>Triamterene-HCTZ Oral Capsule 37.5-25 MG</i>	T2	
<i>Triamterene-HCTZ Oral Tablet</i>	T2	
<i>Trientine HCl</i>	T4	
<i>Trifluoperazine HCl Oral</i>	T2	
<i>Trifluridine Ophthalmic</i>	T2	
<i>Trihexyphenidyl HCl</i>	T2	
<b>TRIKAFTA ORAL TABLET THERAPY PACK</b>	T5	PA; QL (84 EA per 28 days)
<b>TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	\$0	
<b>TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	T1	
<i>Trimethobenzamide HCl Oral</i>	T2	
<i>Trimethoprim Oral</i>	T2	
<i>Trimipramine Maleate Oral Capsule 100 MG</i>	T2	QL (30 EA per 30 days)
<i>Trimipramine Maleate Oral Capsule 25 MG, 50 MG</i>	T2	QL (60 EA per 30 days)
<b>TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	\$0	
<b>TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	T1	
<b>TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	\$0	
<b>TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	T1	
<b>TRIUMEQ</b>	T3	QL (30 EA per 30 days)
<b>TRIUMEQ PD</b>	T3	QL (180 EA per 30 days)
<b>TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG</b>	\$0	
<b>TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG</b>	T1	
<b>TRIZIVIR</b>	T4	QL (60 EA per 30 days)
<b>TROGARZO</b>	T5	
<i>Tropicamide Ophthalmic</i>	T2	



Medicamento	Nivel	Notas
<i>Trospium Chloride</i>	T2	
<i>Trospium Chloride ER</i>	T2	
<b>TRULICITY</b>	T3	PA; QL (4 ML per 28 days)
<b>TRUMENBA</b>	\$0	
<b>TRUVADA</b>	T4	QL (30 EA per 30 days)
<b>TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	\$0	
<b>TYBOST</b>	T3	QL (30 EA per 30 days)
<b>TYMLOS</b>	T5	PA; QL (1 ML per 30 days)
<b>TYSABRI</b>	T5	PA; QL (1 ML per 28 days)
<b>TYVASO</b>	T5	PA; QL (28 ML per 28 days)
<b>TYVASO REFILL</b>	T5	PA; QL (28 ML per 28 days)
<b>TYVASO STARTER</b>	T5	PA; QL (28 ML per 28 days)
<b>ULTILET SHARPS CONTAINER 2QT</b>	T3	OTC
<b>UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T2	
<b>UPTRAVI INTRAVENOUS</b>	T5	PA
<b>UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG</b>	T5	PA; QL (60 EA per 30 days)
<b>UPTRAVI ORAL TABLET 200 MCG</b>	T5	PA; QL (140 EA per 28 days)
<b>UPTRAVI ORAL TABLET THERAPY PACK</b>	T5	PA
<i>Urinary Pain Relief Oral Tablet 95 MG</i>	T2	OTC
<i>Ursodiol Oral Capsule 300 MG</i>	T2	
<i>Ursodiol Oral Tablet</i>	T2	
<b>UVADEX EXTRACORPOREAL</b>	T3	
<i>valACYclovir HCl Oral</i>	T2	
<i>valGANciclovir HCl Oral Solution Reconstituted</i>	T5	QL (1000 ML per 30 days)
<i>valGANciclovir HCl Oral Tablet</i>	T5	QL (102 EA per 30 days)
<i>Valproate Sodium Intravenous Solution 100 MG/ML</i>	T2	
<i>Valproic Acid Oral Capsule</i>	T2	
<i>Valproic Acid Oral Solution</i>	T2	
<i>Valsartan Oral Tablet</i>	T2	
<i>Valsartan-Hydrochlorothiazide</i>	T2	
<i>Vancomycin HCl Intravenous Solution Reconstituted 1 GM</i>	T4	QL (28 EA per 14 days)
<i>Vancomycin HCl Intravenous Solution Reconstituted 10 GM, 5 GM</i>	T4	QL (42 EA per 14 days)
<i>Vancomycin HCl Intravenous Solution Reconstituted 500 MG, 750 MG</i>	T4	QL (56 EA per 14 days)
<i>Vancomycin HCl Oral Capsule</i>	T4	QL (80 EA per 10 days)
<b>VANDAZOLE</b>	T3	
<b>VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML</b>	\$0	

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
<i>Varenicline Tartrate (Starter)</i>	\$0	
<i>Varenicline Tartrate Oral Tablet</i>	\$0	
<b>VARIVAX</b>	\$0	
<b>VARUBI (180 MG DOSE)</b>	T3	
<b>VAXELIS</b>	\$0	
<b>VAXNEUVANCE</b>	\$0	
<b>VCF VAGINAL CONTRACEPTIVE VAGINAL FILM</b>	\$0	OTC
<b>VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM</b>	\$0	OTC
<b>VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG</b>	\$0	
<b>VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG</b>	T1	
<b>VELPHORO</b>	T4	
<b>VEMLIDY</b>	T5	PA; QL (30 EA per 30 days)
<b>VENCLEXTA ORAL TABLET 10 MG, 50 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>VENCLEXTA ORAL TABLET 100 MG</b>	T5	PA; QL (180 EA per 30 days)
<b>VENCLEXTA STARTING PACK</b>	T5	PA
<i>Venlafaxine HCl</i>	T1	
<i>Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour</i>	T1	
<i>Venlafaxine HCl ER Oral Tablet Extended Release 24 Hour 150 MG, 37.5 MG, 75 MG</i>	T2	
<b>VENTAVIS</b>	T5	PA; QL (270 ML per 30 days)
<i>Verapamil HCl ER Oral Capsule Extended Release 24 Hour</i>	T2	
<i>Verapamil HCl ER Oral Tablet Extended Release 120 MG, 180 MG, 240 MG</i>	T2	
<i>Verapamil HCl Intravenous</i>	T2	
<i>Verapamil HCl Oral</i>	T1	
<b>VERZENIO</b>	T5	PA; QL (60 EA per 30 days)
<b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T3	PA; QL (3 ML per 30 days)
<i>Vigabatrin</i>	T5	PA; QL (180 EA per 30 days)
<b>VIIBRYD ORAL TABLET</b>	T4	PA
<b>VIIBRYD STARTER PACK</b>	T4	PA
<i>Vilazodone HCl</i>	T4	PA
<b>VIMPAT INTRAVENOUS</b>	T4	PA
<b>VIMPAT ORAL SOLUTION</b>	T4	PA
<i>VinBLAStine Sulfate Intravenous Solution</i>	T2	
<i>vinCRISStine Sulfate Intravenous</i>	T2	
<i>Vinorelbine Tartrate</i>	T2	
<b>VIOKACE</b>	T3	PA
<i>Viorele Oral Tablet 0.15-0.02/0.01 MG (21/5)</i>	\$0	
<i>Viorele Oral Tablet 0.15-0.02/0.01 MG (21/5)</i>	T1	
<b>VIRACEPT ORAL TABLET 250 MG</b>	T3	QL (300 EA per 30 days)
<b>VIRACEPT ORAL TABLET 625 MG</b>	T3	QL (120 EA per 30 days)

Medicamento	Nivel	Notas
<b>VIREAD ORAL POWDER</b>	T3	QL (240 GM per 30 days)
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	T3	QL (30 EA per 30 days)
<b>VIREAD ORAL TABLET 300 MG</b>	T4	QL (30 EA per 30 days)
<b>VISTOGARD</b>	T3	QL (20 EA per 5 days)
<i>Vitamin D (Ergocalciferol) Oral Capsule 1.25 MG (50000 UT)</i>	T2	
<i>Vitamin D2</i>	T2	OTC
<i>Vitamin D3 Oral Capsule 1.25 MG (50000 UT)</i>	T2	OTC
<i>Vitamins ACD-Fluoride</i>	T2	
<b>VITRAKVI ORAL CAPSULE 100 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>VITRAKVI ORAL CAPSULE 25 MG</b>	T5	PA; QL (180 EA per 30 days)
<b>VITRAKVI ORAL SOLUTION</b>	T5	PA; QL (300 ML per 30 days)
<b>VIVITROL</b>	T5	PA; QL (1 EA per 28 days)
<b>VOLTAREN ARTHRITIS PAIN</b>	T2	QL (300 GM per 25 days); OTC
<b>VOLTAREN EXTERNAL</b>	T2	QL (300 GM per 25 days)
<i>Voriconazole Oral</i>	T4	PA
<b>VOSEVI</b>	T5	PA; QL (28 EA per 28 days)
<b>VOTRIENT</b>	T5	PA; QL (120 EA per 30 days)
<b>VUMERITY</b>	T5	PA; QL (120 EA per 30 days)
<i>Warfarin Sodium Oral</i>	T1	
<b>WERA ORAL TABLET 0.5-35 MG-MCG</b>	\$0	
<b>WERA ORAL TABLET 0.5-35 MG-MCG</b>	T1	
<b>WIDE-SEAL DIAPHRAGM 60</b>	\$0	QL (1 EA per 300 days)
<b>WIDE-SEAL DIAPHRAGM 65</b>	\$0	QL (1 EA per 300 days)
<b>WIDE-SEAL DIAPHRAGM 70</b>	\$0	QL (1 EA per 300 days)
<b>WIDE-SEAL DIAPHRAGM 75</b>	\$0	QL (1 EA per 300 days)
<b>WIDE-SEAL DIAPHRAGM 80</b>	\$0	QL (1 EA per 300 days)
<b>WIDE-SEAL DIAPHRAGM 85</b>	\$0	QL (1 EA per 300 days)
<b>WIDE-SEAL DIAPHRAGM 90</b>	\$0	QL (1 EA per 300 days)
<b>WIDE-SEAL DIAPHRAGM 95</b>	\$0	QL (1 EA per 300 days)
<b>XALKORI</b>	T5	PA; QL (120 EA per 30 days)
<b>XARELTO ORAL TABLET</b>	T3	
<b>XARELTO STARTER PACK</b>	T3	
<b>XELJANZ ORAL SOLUTION</b>	T5	PA; QL (240 ML per 30 days)
<b>XELJANZ ORAL TABLET</b>	T5	PA; QL (60 EA per 30 days)
<b>XELJANZ XR</b>	T5	PA; QL (30 EA per 30 days)
<b>XEPI</b>	T3	
<b>XERAC AC</b>	T3	
<b>XIFAXAN ORAL TABLET 200 MG</b>	T4	QL (9 EA per 25 days)
<b>XIFAXAN ORAL TABLET 550 MG</b>	T4	PA
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG</b>	T3	QL (30 EA per 30 days)

Medicamento	Nivel	Notas
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG</b>	T3	QL (60 EA per 30 days)
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML</b>	T5	PA; QL (8 ML per 28 days)
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML</b>	T5	PA; QL (2 ML per 28 days)
<b>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	T5	PA; QL (8 EA per 28 days)
<b>XTAMPZA ER</b>	T3	QL (60 EA per 30 days)
<b>XTANDI ORAL CAPSULE</b>	T5	PA; QL (120 EA per 30 days)
<b>XTANDI ORAL TABLET 40 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>XTANDI ORAL TABLET 80 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR</b>	\$0	
<b>XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR</b>	T1	
<b>XULTOPHY</b>	T3	QL (5 ML per 30 days)
<b>YUVAFEM</b>	T2	
<i>Zafirlukast</i>	T2	
<i>Zaleplon Oral Capsule 10 MG</i>	T2	QL (60 EA per 25 days)
<i>Zaleplon Oral Capsule 5 MG</i>	T2	QL (30 EA per 25 days)
<b>ZELBORAF</b>	T5	PA; QL (240 EA per 30 days)
<b>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT</b>	T3	PA
<b>ZENZEDI ORAL TABLET 15 MG</b>	T2	QL (90 EA per 30 days)
<b>ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG</b>	T2	QL (120 EA per 30 days)
<b>ZENZEDI ORAL TABLET 20 MG, 30 MG</b>	T2	QL (60 EA per 30 days)
<b>ZEPATIER</b>	T5	PA; QL (28 EA per 28 days)
<b>ZEPOSIA</b>	T5	PA; QL (30 EA per 30 days)
<b>ZEPOSIA 7-DAY STARTER PACK</b>	T5	PA; QL (1 EA per 365 days)
<b>ZIAGEN ORAL SOLUTION</b>	T4	QL (960 ML per 30 days)
<b>ZIAGEN ORAL TABLET</b>	T4	QL (60 EA per 30 days)
<i>Zidovudine Oral Capsule</i>	T1	QL (180 EA per 30 days)
<i>Zidovudine Oral Syrup</i>	T1	QL (1920 ML per 30 days)
<i>Zidovudine Oral Tablet</i>	T1	QL (60 EA per 30 days)
<i>Zileuton ER</i>	T4	
<b>ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %</b>	T4	
<i>Ziprasidone HCl</i>	T2	
<b>ZIRGAN</b>	T4	
<i>Zoledronic Acid Intravenous Concentrate</i>	T5	PA
<i>Zoledronic Acid Intravenous Solution 5 MG/100ML</i>	T5	PA
<b>ZOLINZA</b>	T5	PA; QL (120 EA per 30 days)
<i>ZOLMitriptan Nasal Solution 5 MG</i>	T2	QL (12 EA per 25 days)

<b>Medicamento</b>	<b>Nivel</b>	<b>Notas</b>
ZOLMiptan Oral Tablet 2.5 MG	T3	QL (18 EA per 25 days)
ZOLMiptan Oral Tablet 5 MG	T2	QL (12 EA per 25 days)
ZOLMiptan Oral Tablet Dispersible 2.5 MG	T3	QL (18 EA per 25 days)
ZOLMiptan Oral Tablet Dispersible 5 MG	T3	QL (12 EA per 25 days)
Zolpidem Tartrate Oral Tablet	T2	QL (30 EA per 25 days)
Zonisamide Oral	T1	
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG</b>	T3	QL (3 EA per 1 day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG</b>	T3	QL (1 EA per 1 day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG</b>	T3	QL (2 EA per 1 day)
<b>ZYDELIG</b>	T5	PA; QL (60 EA per 30 days)
<b>ZYKADIA ORAL TABLET</b>	T5	PA; QL (90 EA per 30 days)
<b>ZYLET</b>	T4	
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG</b>	T3	QL (2 EA per 25 days)
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG</b>	T3	QL (1 EA per 25 days)

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<i>acetaZOLAMIDE Sodium</i> .....	1	<i>aMILoride HCl</i> .....	3	<b>AUBAGIO</b> .....	6
<i>Acetic Acid</i> .....	1	<i>aMILoride-hydroCHLOROthiazide</i> .....	3	<b>AUGMENTIN</b> .....	6
<i>Acetylcysteine</i> .....	1	<i>Aminophylline</i> .....	3	<b>AVIANE</b> .....	6
<i>Acitretin</i> .....	1	<i>Amiodarone HCl</i> .....	3	<i>Avidoxy</i> .....	6
<b>ACTEMRA</b> .....	1	<i>Amitriptyline HCl</i> .....	3, 4	<b>AVITA</b> .....	6
<b>ACTEMRA ACTPEN</b> .....	1	<i>Amlodipine Besy-Benazepril HCl</i> .....	4	<b>AVONEX PEN</b> .....	6
<b>ACTHIB</b> .....	1	<i>amLODIPine Besylate</i> .....	4	<b>AVONEX PREFILLED</b> .....	6
<b>ACTIMMUNE</b> .....	1	<i>amLODIPine Besylate-Valsartan</i> .....	4	<i>azaCITIDine</i> .....	6
<b>ACUVAIL</b> .....	1	<i>amLODIPine-Atorvastatin</i> .....	4	<b>AZASAN</b> .....	6
<i>Acyclovir</i> .....	1, 2	<i>Amlodipine-Olmesartan</i> .....	4	<b>AZASITE</b> .....	6
<i>Acyclovir Sodium</i> .....	2	<i>amLODIPine-Valsartan-HCTZ</i> .....	4	<i>azaTHIOprine</i> .....	6
<b>ADACEL</b> .....	2	<i>Ammonium Lactate</i> .....	4	<i>Azelaic Acid</i> .....	6
<i>Adapalene</i> .....	2	<i>Amoxapine</i> .....	4	<i>Azelastine HCl</i> .....	6
<i>Adapalene-Benzoyl Peroxide</i> .....	2	<i>Amoxicillin</i> .....	4	<i>Azithromycin</i> .....	6
<i>Adefovir Dipivoxil</i> .....	2	<i>Amoxicillin-Pot Clavulanate</i> .....	4	<i>Aztreonam</i> .....	6
<b>ADEMPAS</b> .....	2	<i>Amoxicillin-Pot Clavulanate ER</i> .....	4	<b>AZURETTE</b> .....	6
<b>ADVAIR DISKUS</b> .....	2	<i>Amphetamine Sulfate</i> .....	4	<i>Bacitracin</i> .....	6
<b>ADVAIR HFA</b> .....	2	<i>Amphetamine-Dextroamphet ER</i> .....	4	<i>Bacitracin-Polymyxin B</i> .....	6
<b>AEROCHAMBER PLUS FLO-VU</b> .....	2	<i>Amphetamine-Dextroamphetamine</i> ... 4		<i>Bacitra-Neomycin-Polymyxin-HC</i> .....	6
<b>AFLURIA QUADRIVALENT</b> .....	2	<i>Amphotericin B</i> .....	4	<i>Baclofen</i> .....	6
<b>AGGRASTAT</b> .....	2	<i>Ampicillin</i> .....	4	<i>Balsalazide Disodium</i> .....	6
<b>AIMOVIG</b> .....	2	<i>Ampicillin Sodium</i> .....	4	<b>BARACLUDE</b> .....	6
<b>AJOVY</b> .....	2	<i>Ampicillin-Sulbactam Sodium</i> .....	4	<b>BASAGLAR KWIKPEN</b> .....	6
<b>AKYNZEO</b> .....	2	<i>Anagrelide HCl</i> .....	4	<b>BD PEN NEEDLE NANO U/F</b> .....	6
<i>Ala-Cort</i> .....	2	<i>Anastrozole</i> .....	4	<b>BD POSIFLUSH</b> .....	6
<i>Albuterol Sulfate</i> .....	2	<b>ANNOVERA</b> .....	4	<b>BD SWAB SINGLE USE REGULAR</b> .....	7
<i>Albuterol Sulfate HFA</i> .....	2	<b>ANORO ELLIPTA</b> .....	4	<b>BD VEO INSULIN SYRINGE U/F</b> .....	7
<i>Alclometasone Dipropionate</i> .....	2	<b>APOKYN</b> .....	5	<b>BELBUCA</b> .....	7
<i>Alcoh-Wipe</i> .....	2	<i>Apraclonidine HCl</i> .....	5	<b>BELSOMRA</b> .....	7
<b>ALECENSA</b> .....	2	<i>Aprepitant</i> .....	5	<i>Benazepril HCl</i> .....	7
<i>Alendronate Sodium</i> .....	2	<b>APRETUDE</b> .....	5	<i>Benazepril-hydroCHLOROthiazide</i> .... 7	
<b>ALFERON N</b> .....	2	<b>APRI</b> .....	5	<i>Benzonatate</i> .....	7
<i>Alfuzosin HCl ER</i> .....	2	<b>APTiom</b> .....	5	<i>Benzoyl Peroxide-Erythromycin</i> .....	7
<b>ALIMTA</b> .....	2	<b>APTIVUS</b> .....	5	<i>Benzotropine Mesylate</i> .....	7
<b>ALINIA</b> .....	2	<b>ARANELLE</b> .....	5	<i>Bepotastine Besilate</i> .....	7
<i>Aliskiren Fumarate</i> .....	2	<b>ARANESP (ALBUMIN FREE)</b> .....	5	<b>BESIVANCE</b> .....	7
<i>Allopurinol</i> .....	3	<b>ARCALYST</b> .....	5	<i>Betaine</i> .....	7
<i>Allopurinol Sodium</i> .....	3	<i>Argatroban</i> .....	5	<i>Betamethasone Dipropionate</i> .....	7
<i>Almotriptan Malate</i> .....	3	<i>Argatroban in Sodium Chloride</i> .....	5	<i>Betamethasone Dipropionate Aug</i> .... 7	
<b>ALOCRIl</b> .....	3	<i>ARIPiprazole</i> .....	5	<i>Betamethasone Valerate</i> .....	7
<i>Alogliptin Benzoate</i> .....	3	<b>ARISTADA</b> .....	5	<b>BETASERON</b> .....	7
<b>ALOMIDE</b> .....	3	<b>ARISTADA INITIO</b> .....	5	<i>Betaxolol HCl</i> .....	7
<i>Alosetron HCl</i> .....	3	<i>Armodafinil</i> .....	5	<i>Bethanechol Chloride</i> .....	7
		<b>ARNUITY ELLIPTA</b> .....	5		

<b>BETIMOL</b> .....	7	<i>Carmustine</i> .....	9	<b>CITRANATAL B-CALM</b> .....	11
<b>BETOPTIC-S</b> .....	7	<i>Carteolol HCl</i> .....	9	<b>CITRANATAL BLOOM</b> .....	11
<b>BEVESPI AEROSPHERE</b> .....	7	<b>CARTIA XT</b> .....	9	<b>CITRANATAL HARMONY</b> .....	11
<i>Bexarotene</i> .....	7	<i>Carvedilol</i> .....	9	<b>CITRANATAL MEDLEY</b> .....	11
<b>BEXSERO</b> .....	7	<i>Carvedilol Phosphate ER</i> .....	9	<i>Cladribine</i> .....	11
<i>Bicalutamide</i> .....	7	<b>CAYA</b> .....	9	<i>Clarithromycin</i> .....	11
<b>BIKTARVY</b> .....	7	<b>CAYSTON</b> .....	9	<i>Clarithromycin ER</i> .....	11
<i>Bimatoprost</i> .....	7	<i>Cefaclor</i> .....	9	<i>Clemastine Fumarate</i> .....	11
<i>Bisoprolol Fumarate</i> .....	7	<i>Cefadroxil</i> .....	9	<b>CLENPIQ</b> .....	11
<i>Bisoprolol-hydroCHLOROthiazide</i> .....	7	<i>CeFAZolin Sodium</i> .....	10	<b>CLEOCIN</b> .....	12
<i>Bleomycin Sulfate</i> .....	7	<i>Cefdinir</i> .....	10	<b>CLIMARA PRO</b> .....	12
<b>BOOSTRIX</b> .....	7	<i>Cefepime HCl</i> .....	10	<i>Clindamycin HCl</i> .....	12
<i>Bosentan</i> .....	7	<i>Cefixime</i> .....	10	<i>Clindamycin Palmitate HCl</i> .....	12
<b>BOSULIF</b> .....	7, 8	<i>Cefotaxime Sodium</i> .....	10	<i>Clindamycin Phosphate</i> .....	12
<i>BP Wash</i> .....	8	<i>cefoTETan Disodium</i> .....	10	<i>CloBAZam</i> .....	12
<b>BREO ELLIPTA</b> .....	8	<i>CefOXitin Sodium</i> .....	10	<i>Clobetasol Propionate</i> .....	12
<b>BRILINTA</b> .....	8	<i>Cefpodoxime Proxetil</i> .....	10	<i>Clofarabine</i> .....	12
<i>Brimonidine Tartrate</i> .....	8	<i>Cefprozil</i> .....	10	<i>clomiPRAMINE HCl</i> .....	12
<i>Brinzolamide</i> .....	8	<i>cefTAZidime</i> .....	10	<i>clonazePAM</i> .....	12
<b>BRIVIACT</b> .....	8	<i>cefTRIAxone Sodium</i> .....	10	<i>CloNIDine</i> .....	12
<i>Bromfenac Sodium (Once-Daily)</i> .....	8	<i>CeTRIAxone Sodium</i> .....	10	<i>cloNIDine HCl</i> .....	12
<i>Bromocriptine Mesylate</i> .....	8	<i>Cefuroxime Axetil</i> .....	10	<i>Clopidogrel Bisulfate</i> .....	12
<i>Budesonide</i> .....	8	<i>Cefuroxime Sodium</i> .....	10	<i>Clorazepate Dipotassium</i> .....	12
<i>Budesonide-Formoterol Fumarate</i> .....	8	<i>Celecoxib</i> .....	10	<i>Clotrimazole</i> .....	12
<i>Bumetanide</i> .....	8	<b>CELONTIN</b> .....	10	<i>Clotrimazole-Betamethasone</i> .....	12
<i>Buprenorphine HCl</i> .....	8	<i>Cephalexin</i> .....	10	<i>cloZAPine</i> .....	12
<i>Buprenorphine HCl-Naloxone HCl</i> .....	8	<b>CERDELGA</b> .....	10	<b>COARTEM</b> .....	12
<i>buPROPion HCl</i> .....	8	<i>Cevimeline HCl</i> .....	10	<i>Codeine Sulfate</i> .....	12
<i>buPROPion HCl ER (Smoking Det)</i> ...	8	<b>CHEMET</b> .....	10	<i>Colchicine</i> .....	12
<i>buPROPion HCl ER (SR)</i> .....	8	<b>CHEMSTRIP 9</b> .....	10	<i>Colchicine-Probenecid</i> .....	12
<i>buPROPion HCl ER (XL)</i> .....	8	<i>Chloramphenicol Sod Succinate</i> .....	10	<i>Colestipol HCl</i> .....	12
<i>busPIRone HCl</i> .....	8	<i>chlordiazePOXIDE HCl</i> .....	10	<b>COMBIVIR</b> .....	12
<i>Busulfan</i> .....	8	<i>Chlordiazepoxide-Amitriptyline</i> .....	10	<b>COMETRIQ (100 MG DAILY DOSE)</b> .....	13
<i>Butalbital-APAP-Caff-Cod</i> .....	8	<i>Chlorhexidine Gluconate</i> .....	10	<b>COMETRIQ (140 MG DAILY DOSE)</b> .....	13
<i>Butalbital-APAP-Caffeine</i> .....	8	<i>Chloroquine Phosphate</i> .....	10	<b>COMETRIQ (60 MG DAILY DOSE)</b> .....	13
<i>Butalbital-Aspirin-Caffeine</i> .....	8	<i>Chlorothiazide Sodium</i> .....	10	<b>COMPLERA</b> .....	13
<i>Butorphanol Tartrate</i> .....	8	<i>chlorproMAZINE HCl</i> .....	10, 11	<b>COMPRO</b> .....	13
<i>Cabergoline</i> .....	9	<i>Chlorthalidone</i> .....	11	<b>CONDYLOX</b> .....	13
<i>Calcipotriene</i> .....	9	<i>Chlorzoxazone</i> .....	11	<b>COPAXONE</b> .....	13
<i>Calcipotriene-Betameth Diprop</i> .....	9	<i>Cholestyramine</i> .....	11	<b>CORLANOR</b> .....	13
<i>Calcitonin (Salmon)</i> .....	9	<i>Cholestyramine Light</i> .....	11	<i>Cortisone Acetate</i> .....	13
<i>Calcitriol</i> .....	9	<i>Chorionic Gonadotropin</i> .....	11	<b>COSENTYX</b> .....	13
<i>Calcium Acetate (Phos Binder)</i> .....	9	<i>Ciclopirox</i> .....	11	<b>COSENTYX (300 MG DOSE)</b> .....	13
<b>CAMILA</b> .....	9	<i>Ciclopirox Olamine</i> .....	11	<b>COSENTYX SENSOREADY (300 MG)</b> .....	13
<i>Candesartan Cilexetil</i> .....	9	<i>Cidofovir</i> .....	11	<b>COSENTYX SENSOREADY PEN</b> ...	13
<i>Candesartan Cilexetil-HCTZ</i> .....	9	<i>Cilostazol</i> .....	11	<b>CREON</b> .....	13
<i>Capecitabine</i> .....	9	<b>CIMDUO</b> .....	11	<b>CRINONE</b> .....	13
<b>CAPRELSA</b> .....	9	<i>Cimetidine</i> .....	11	<i>Cromolyn Sodium</i> .....	13
<i>Captopril</i> .....	9	<i>Cinacalcet HCl</i> .....	11	<b>CROTAN</b> .....	13
<i>Captopril-hydroCHLOROthiazide</i> .....	9	<b>CINRYZE</b> .....	11	<b>CRYSELLE-28</b> .....	13
<i>carBAMazepine</i> .....	9	<b>CIPRO</b> .....	11	<i>Cyanocobalamin</i> .....	13
<i>carBAMazepine ER</i> .....	9	<b>CIPRO HC</b> .....	11	<i>Cyclobenzaprine HCl</i> .....	13
<i>Carbidopa</i> .....	9	<i>Ciprofloxacin HCl</i> .....	11	<i>Cyclophosphamide</i> .....	13
<i>Carbidopa-Levodopa</i> .....	9	<i>Ciprofloxacin in D5W</i> .....	11	<i>cycloSERINE</i> .....	13
<i>Carbidopa-Levodopa ER</i> .....	9	<i>Ciprofloxacin-Dexamethasone</i> .....	11	<b>CYCLOSET</b> .....	13
<i>Carbidopa-Levodopa-Entacapone</i> .....	9	<i>Ciprofloxacin-Fluocinolone PF</i> .....	11	<i>cycloSPORINE</i> .....	13
<i>Carbinoxamine Maleate</i> .....	9	<i>CISplatin</i> .....	11	<i>CycloSPORINE</i> .....	13
<b>CARBOplatin</b> .....	9	<i>Citalopram Hydrobromide</i> .....	11		
<i>Carglumic Acid</i> .....	9	<b>CITRANATAL 90 DHA</b> .....	11		
<i>Carisoprodol</i> .....	9	<b>CITRANATAL ASSURE</b> .....	11		

<i>cycloSPORINE Modified</i> .....	13	<i>Diflorasone Diacetate</i> .....	15	<b>ELIQUIS</b> .....	18
<i>Cyproheptadine HCl</i> .....	13	<i>Diflunisal</i> .....	15	<b>ELIQUIS DVT/PE STARTER</b>	
<b>CYSTAGON</b> .....	13	<i>Difluprednate</i> .....	16	<b>PACK</b> .....	18
<b>CYSTARAN</b> .....	13	<b>DIGOX</b> .....	16	<b>ELITE-OB</b> .....	18
<i>Cytarabine</i> .....	13	<i>Digoxin</i> .....	16	<b>ELIXOPHYLLIN</b> .....	18
<i>Cytarabine (PF)</i> .....	13	<i>Dihydroergotamine Mesylate</i> .....	16	<b>ELLA</b> .....	18
<i>Dabigatran Etexilate Mesylate</i> .....	13	<b>DILANTIN</b> .....	16	<b>ELMIRON</b> .....	18
<i>Dacarbazine</i> .....	13	<i>dilTIAZem HCl</i> .....	16	<b>EMCYT</b> .....	18
<i>Dalfampridine ER</i> .....	14	<i>Diltiazem HCl</i> .....	16	<b>EMFLAZA</b> .....	18
<b>DALIRESP</b> .....	14	<i>dilTIAZem HCl ER</i> .....	16	<b>EMGALITY</b> .....	18
<i>Danazol</i> .....	14	<i>Diltiazem HCl ER Beads</i> .....	16	<b>EMGALITY (300 MG DOSE)</b> .....	18
<i>Dantrolene Sodium</i> .....	14	<i>dilTIAZem HCl ER Coated Beads</i> ....	16	<b>EMSAM</b> .....	18
<i>Dapsone</i> .....	14	<i>Dimethyl Fumarate</i> .....	16	<i>Emtricitabine</i> .....	18
<b>DAPTACEL</b> .....	14	<i>Dimethyl Fumarate Starter Pack</i> .....	16	<i>Emtricitabine-Tenofovir DF</i> .....	18
<i>DAPTOmycin</i> .....	14	<b>DIPENTUM</b> .....	16	<b>EMTRIVA</b> .....	18
<i>Darifenacin Hydrobromide ER</i> .....	14	<i>diphenhydrAMINE HCl</i> .....	16	<b>EMVERM</b> .....	18
<b>DASETTA 1/35</b> .....	14	<i>DiphenhydrAMINE HCl</i> .....	16	<i>Enalapril Maleate</i> .....	18
<b>DASETTA 7/7/7</b> .....	14	<i>Diphenoxylate-Atropine</i> .....	16	<i>Enalapril-Hydrochlorothiazide</i> .....	18
<i>DAUNOrubicin HCl</i> .....	14	<i>Dipyridamole</i> .....	16	<b>ENBREL</b> .....	18
<i>Decitabine</i> .....	14	<i>Disopyramide Phosphate</i> .....	16	<b>ENBREL MINI</b> .....	18
<i>Deferiprone</i> .....	14	<i>Disulfiram</i> .....	16	<b>ENBREL SURECLICK</b> .....	19
<b>DELSTRIGO</b> .....	14	<b>DIURIL</b> .....	16	<b>ENCARE</b> .....	19
<b>DELYLA</b> .....	14	<i>Divalproex Sodium</i> .....	16	<b>ENGERIX-B</b> .....	19
<i>Demeclocycline HCl</i> .....	14	<i>Divalproex Sodium ER</i> .....	16	<i>Enoxaparin Sodium</i> .....	19
<b>DEPO-ESTRADIOL</b> .....	14	<b>DIVIGEL</b> .....	16	<b>ENPRESSE-28</b> .....	19
<b>DEPO-MEDROL</b> .....	14	<i>DOCEtaxel</i> .....	16	<b>ENSKYCE</b> .....	19
<b>DEPO-SUBQ PROVERA 104</b> .....	14	<i>Dofetilide</i> .....	16	<i>Entacapone</i> .....	19
<b>DESCOVY</b> .....	14	<i>Donepezil HCl</i> .....	16	<i>Entecavir</i> .....	19
<i>Desipramine HCl</i> .....	14	<i>Dorzolamide HCl</i> .....	16	<b>ENTRESTO</b> .....	19
<i>Desloratadine</i> .....	14	<i>Dorzolamide HCl-Timolol Mal</i> .....	17	<i>Enulose</i> .....	19
<i>Desmopressin Ace Spray Refrig</i> .....	14	<b>DOVATO</b> .....	17	<b>EPCLUSA</b> .....	19
<i>Desmopressin Acetate</i> .....	14	<i>Doxazosin Mesylate</i> .....	17	<b>EPIDIOLEX</b> .....	19
<i>Desmopressin Acetate PF</i> .....	14	<i>Doxepin HCl</i> .....	17	<i>Epinastine HCl</i> .....	19
<i>Desmopressin Acetate Spray</i> .....	14	<i>Doxercalciferol</i> .....	17	<i>EPINEPHrine</i> .....	19
<i>Desonide</i> .....	14, 15	<i>DOXOrubicin HCl</i> .....	17	<b>EPIPEN 2-PAK</b> .....	19
<i>Desoximetasone</i> .....	15	<i>DOXOrubicin HCl Liposomal</i> .....	17	<b>EPIPEN JR 2-PAK</b> .....	19
<i>Desvenlafaxine Succinate ER</i> .....	15	<b>DOXY 100</b> .....	17	<b>EPITOL</b> .....	19
<i>Dexamethasone</i> .....	15	<i>Doxycycline Hyclate</i> .....	17	<b>EPIVIR</b> .....	19
<b>DEXAMETHASONE INTENSOL</b> .....	15	<i>Doxycycline Monohydrate</i> .....	17	<i>Eplerenone</i> .....	19
<i>Dexamethasone Sod Phosphate</i>		<i>Dronabinol</i> .....	17	<i>Epoprostenol Sodium</i> .....	19
<i>PF</i> .....	15	<i>Drospiren-Eth Estrad-Levomefol</i> .....	17	<i>Eptifibatide</i> .....	19
<i>Dexamethasone Sodium</i>		<i>Drospirenone-Ethinyl Estradiol</i> .....	17	<b>EPZICOM</b> .....	19
<i>Phosphate</i> .....	15	<b>DROXIA</b> .....	17	<b>ERBITUX</b> .....	19
<i>Dexlansoprazole</i> .....	15	<b>DRYSOL</b> .....	17	<i>Ergoloid Mesylates</i> .....	19
<i>Dexmethylphenidate HCl</i> .....	15	<b>DUAVEE</b> .....	17	<i>Ergotamine-Caffeine</i> .....	19
<i>Dexmethylphenidate HCl ER</i> .....	15	<b>DULERA</b> .....	17	<b>ERIVEDGE</b> .....	19
<i>Dexrazoxane HCl</i> .....	15	<i>DULOxetine HCl</i> .....	17	<b>ERLEADA</b> .....	19
<i>Dextroamphetamine Sulfate</i> .....	15	<b>DUPIXENT</b> .....	17, 18	<i>Erlotinib HCl</i> .....	19
<i>Dextroamphetamine Sulfate ER</i> .....	15	<i>Dutasteride</i> .....	18	<b>ERRIN</b> .....	19
<b>DIASCREEN 10</b> .....	15	<i>Dutasteride-Tamsulosin HCl</i> .....	18	<b>ERTACZO</b> .....	19
<b>DIASTIX</b> .....	15	<b>E.E.S. 400</b> .....	18	<i>Ertapenem Sodium</i> .....	19
<i>díazePAM</i> .....	15	<i>Econazole Nitrate</i> .....	18	<i>Ery</i> .....	20
<b>DIAZEPAM INTENSOL</b> .....	15	<b>EDURANT</b> .....	18	<b>ERY-TAB</b> .....	20
<i>Diclofenac Potassium</i> .....	15	<i>Efavirenz</i> .....	18	<b>ERYTHROCIN LACTOBIONATE</b> .....	20
<i>Diclofenac Sodium</i> .....	15	<i>Efavirenz-Emtricitab-Tenofo DF</i> .....	18	<b>ERYTHROCIN STEARATE</b> .....	20
<i>Diclofenac Sodium ER</i> .....	15	<i>Efavirenz-lamiVUDine-Tenofovir</i> .....	18	<i>Erythromycin</i> .....	20
<i>Diclofenac-miSOPROStol</i> .....	15	<b>ELESTRIN</b> .....	18	<i>Erythromycin Base</i> .....	20
<i>Dicloxacillin Sodium</i> .....	15	<i>Eletriptan Hydrobromide</i> .....	18	<i>Erythromycin Ethylsuccinate</i> .....	20
<i>Dicyclomine HCl</i> .....	15	<b>ELIGARD</b> .....	18	<b>ESBRIET</b> .....	20
<b>DIFICID</b> .....	15	<b>ELINEST</b> .....	18	<i>Escitalopram Oxalate</i> .....	20



<i>Esomeprazole Magnesium</i> .....	20	<b>FLUAD QUADRIVALENT</b> .....	22	<i>Gentamicin Sulfate</i> .....	24
<i>Esomeprazole Sodium</i> .....	20	<b>FLUARIX QUADRIVALENT</b> .....	22	<b>GENVOYA</b> .....	24
<i>Estradiol</i> .....	20	<b>FLUCELVAX QUADRIVALENT</b> .....	22	<b>GLEOSTINE</b> .....	24
<i>Estradiol Valerate</i> .....	20	<i>Fluconazole</i> .....	22	<b>GLIADEL WAFER</b> .....	24
<i>Estradiol-Norethindrone Acet</i> .....	20	<i>Fluconazole in Sodium Chloride</i> .....	22	<i>Glimepiride</i> .....	24
<b>ESTROGEL</b> .....	20	<i>Fludarabine Phosphate</i> .....	22	<i>glipiZIDE</i> .....	24
<i>Eszopiclone</i> .....	20	<i>Fludrocortisone Acetate</i> .....	22	<i>glipiZIDE ER</i> .....	24
<i>Ethacrynate Sodium</i> .....	20	<i>Flunisolide</i> .....	22	<i>glipiZIDE-metFORMIN HCl</i> .....	24
<i>Ethacrynic Acid</i> .....	20	<i>Fluocinolone Acetonide</i> .....	22	<i>Glucagon Emergency</i> .....	24
<i>Ethambutol HCl</i> .....	20	<i>Fluocinolone Acetonide Body</i> .....	22	<i>glyBURIDE</i> .....	24
<i>Ethosuximide</i> .....	20	<i>Fluocinolone Acetonide Scalp</i> .....	22	<i>GlyBURIDE Micronized</i> .....	24
<i>Ethinodiol Diac-Eth Estradiol</i> .....	20	<i>Fluocinonide</i> .....	22	<i>GlyBURIDE-MetFORMIN</i> .....	25
<i>Etodolac</i> .....	20	<i>Fluorouracil</i> .....	22, 23	<i>Glycopyrrolate</i> .....	25
<i>Etodolac ER</i> .....	20	<b>FLUoxetine HCl</b> .....	23	<b>GLYXAMBI</b> .....	25
<i>Etonogestrel-Ethinyl Estradiol</i> .....	20	<i>FluPHENAZine Decanoate</i> .....	23	<i>GoodSense Aspirin</i> .....	25
<i>Etoposide</i> .....	21	<i>FluPHENAZine HCl</i> .....	23	<i>GoodSense Ibuprofen Childrens</i> .....	25
<i>Etravirine</i> .....	21	<i>Flurbiprofen</i> .....	23	<i>Granisetron HCl</i> .....	25
<b>EUCRISA</b> .....	21	<i>Flurbiprofen Sodium</i> .....	23	<i>Griseofulvin Microsize</i> .....	25
<b>EVAMIST</b> .....	21	<i>Fluticasone Propionate</i> .....	23	<i>Griseofulvin Ultramicrosize</i> .....	25
<i>Everolimus</i> .....	21	<i>Fluvastatin Sodium</i> .....	23	<i>guanFACINE HCl</i> .....	25
<b>EVOTAZ</b> .....	21	<i>Fluvastatin Sodium ER</i> .....	23	<i>guanFACINE HCl ER</i> .....	25
<i>Exemestane</i> .....	21	<i>fluvoxaMINE Maleate</i> .....	23	<b>GYNAZOLE-1</b> .....	25
<i>Ezetimibe</i> .....	21	<i>FluvoxaMINE Maleate ER</i> .....	23	<i>Halcinonide</i> .....	25
<i>Ezetimibe-Simvastatin</i> .....	21	<b>FLUZONE QUADRIVALENT</b> .....	23	<i>Halobetasol Propionate</i> .....	25
<b>FALMINA</b> .....	21	<b>FML FORTE</b> .....	23	<i>Haloperidol</i> .....	25
<i>Famciclovir</i> .....	21	<i>Folic Acid</i> .....	23	<i>Haloperidol Decanoate</i> .....	25
<i>Famotidine</i> .....	21	<i>Fondaparinux Sodium</i> .....	23	<i>Haloperidol Lactate</i> .....	25
<i>Famotidine (PF)</i> .....	21	<i>Fosamprenavir Calcium</i> .....	23	<b>HARVONI</b> .....	25
<i>Famotidine Premixed</i> .....	21	<i>Fosfomycin Tromethamine</i> .....	23	<b>HAVRIX</b> .....	25
<b>FARXIGA</b> .....	21	<i>Fosinopril Sodium</i> .....	23	<b>HEATHER</b> .....	25
<b>FC2 FEMALE CONDOM</b> .....	21	<i>Fosinopril Sodium-HCTZ</i> .....	23	<b>HEMLIBRA</b> .....	25
<i>Febuxostat</i> .....	21	<i>Fosphenytoin Sodium</i> .....	23	<i>Heparin Sodium (Porcine)</i> .....	25
<i>Felbamate</i> .....	21	<b>FOSRENOL</b> .....	23	<i>Heparin Sodium (Porcine) PF</i> .....	25
<i>Felodipine ER</i> .....	21	<b>FRAGMIN</b> .....	23	<b>HEPLISAV-B</b> .....	25
<b>FEMCAP</b> .....	21	<b>FREESTYLE LIBRE 14 DAY</b>		<b>HETLIOZ</b> .....	25
<i>Fenofibrate</i> .....	21	<b>READER</b> .....	23	<b>HIBERIX</b> .....	25
<i>Fenofibrate Micronized</i> .....	21	<b>FREESTYLE LIBRE 14 DAY</b>		<b>HUMATROPE</b> .....	25
<i>Fenofibric Acid</i> .....	21	<b>SENSOR</b> .....	23	<b>HUMATROPEN FOR 12MG</b> .....	25
<i>FentaNYL</i> .....	21	<b>FREESTYLE LIBRE 2 READER</b> .....	23	<b>HUMATROPEN FOR 24MG</b> .....	25
<i>FentaNYL Citrate</i> .....	21	<b>FREESTYLE LIBRE 2 SENSOR</b> .....	23	<b>HUMATROPEN FOR 6MG</b> .....	25
<b>FERRIPROX</b> .....	21	<b>FREESTYLE LIBRE READER</b> .....	23	<b>HUMIRA</b> .....	26
<b>FERRIPROX TWICE-A-DAY</b> .....	21	<i>Frovatriptan Succinate</i> .....	24	<b>HUMIRA PEDIATRIC CROHNS</b>	
<i>Ferrous Fumarate</i> .....	21	<i>Fulvestrant</i> .....	24	<b>START</b> .....	25, 26
<i>Ferrous Gluconate</i> .....	21	<i>Furosemide</i> .....	24	<b>HUMIRA PEN</b> .....	26
<i>Ferrous Sulfate</i> .....	22	<b>FUZEON</b> .....	24	<b>HUMIRA PEN-CD/UC/HS</b>	
<i>Ferrous Sulfate ER</i> .....	22	<b>FYCOMPA</b> .....	24	<b>STARTER</b> .....	26
<b>FETZIMA</b> .....	22	<i>Gabapentin</i> .....	24	<b>HUMIRA PEN-PS/UV/ADOL HS</b>	
<b>FETZIMA TITRATION</b> .....	22	<i>Galantamine Hydrobromide</i> .....	24	<b>START</b> .....	26
<b>FIASP</b> .....	22	<i>Galantamine Hydrobromide ER</i> .....	24	<b>HUMIRA PEN-PSOR/UEIT</b>	
<b>FIASP FLEXTOUCH</b> .....	22	<b>GARDASIL 9</b> .....	24	<b>STARTER</b> .....	26
<b>FIASP PENFILL</b> .....	22	<i>Gatifloxacin</i> .....	24	<b>HUMULIN R U-500</b>	
<b>FINACEA</b> .....	22	<b>GAVILYTE-C</b> .....	24	<b>(CONCENTRATED)</b> .....	26
<i>Finasteride</i> .....	22	<b>GAVILYTE-G</b> .....	24	<b>HUMULIN R U-500 KWIKPEN</b> .....	26
<i>Fingolimod HCl</i> .....	22	<b>GAZYVA</b> .....	24	<i>hydrALAZINE HCl</i> .....	26
<i>FlavoxATE HCl</i> .....	22	<i>Gemcitabine HCl</i> .....	24	<i>hydroCHLOROthiazide</i> .....	26
<i>Flecainide Acetate</i> .....	22	<i>Gemfibrozil</i> .....	24	<i>HYDROcodone Bitartrate ER</i> .....	26
<b>FLEXICHAMBER CHILD</b>		<b>GEMTESA</b> .....	24	<i>HYDROcodone Bit-Homatrop MBr.</i> .....	26
<b>MASK/SMALL</b> .....	22	<i>Generlac</i> .....	24	<i>HYDROcodone-Acetaminophen</i> .....	26
<b>FLOVENT DISKUS</b> .....	22	<b>GENGRAF</b> .....	24	<i>HYDROcodone-Ibuprofen</i> .....	26
<b>FLOVENT HFA</b> .....	22	<i>Gentamicin in Saline</i> .....	24	<i>Hydrocortisone</i> .....	26

<i>Hydrocortisone Butyrate</i> .....	26	<i>IV Prep Wipes</i> .....	29	<b>LASTACFT</b> .....	31
<i>Hydrocortisone Valerate</i> .....	26	<i>Ivermectin</i> .....	29	<i>Latanoprost</i> .....	31
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<i>Hydromet</i> .....	26	<b>JANTOVEN</b> .....	29	<i>Leflunomide</i> .....	31
<i>HYDRomorphone HCl</i> .....	27	<b>JANUMET</b> .....	29	<b>LENVIMA (10 MG DAILY DOSE)</b> .....	31
<i>HYDRomorphone HCl ER</i> .....	27	<b>JANUMET XR</b> .....	29	<b>LENVIMA (12 MG DAILY DOSE)</b> .....	31
<i>HYDRomorphone HCl PF</i> .....	27	<b>JANUVIA</b> .....	29	<b>LENVIMA (14 MG DAILY DOSE)</b> .....	31
<i>Hydroxychloroquine Sulfate</i> .....	27	<b>JARDIANCE</b> .....	29	<b>LENVIMA (18 MG DAILY DOSE)</b> .....	31
<i>Hydroxyurea</i> .....	27	<b>JINTELI</b> .....	29	<b>LENVIMA (20 MG DAILY DOSE)</b> .....	31
<i>HydrOXYzine HCl</i> .....	27	<b>JOLESSA</b> .....	29	<b>LENVIMA (24 MG DAILY DOSE)</b> .....	31
<i>hydrOXYzine HCl</i> .....	27	<b>JULUCA</b> .....	29	<b>LENVIMA (4 MG DAILY DOSE)</b> .....	31
<i>HydrOXYzine Pamoate</i> .....	27	<b>JUNEL 1.5/30</b> .....	29	<b>LENVIMA (8 MG DAILY DOSE)</b> .....	31
<i>hydrOXYzine Pamoate</i> .....	27	<b>JUNEL 1/20</b> .....	29	<b>LESSINA</b> .....	31
<i>Hyoscyamine Sulfate</i> .....	27	<b>JUNEL FE 1.5/30</b> .....	29	<i>Letrozole</i> .....	31
<i>Hyoscyamine Sulfate ER</i> .....	27	<b>JUNEL FE 1/20</b> .....	29	<i>Leucovorin Calcium</i> .....	31
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<b>IBRANCE</b> .....	27	<b>KALYDECO</b> .....	29	<i>Levalbuterol HCl</i> .....	31
<i>Ibuprofen</i> .....	27	<b>KARIVA</b> .....	29	<i>Levalbuterol Tartrate</i> .....	31
<i>Icatibant Acetate</i> .....	27	<b>KELNOR 1/35</b> .....	29	<b>LEVEMIR</b> .....	31
<b>ICLUSIG</b> .....	27	<b>KERENDIA</b> .....	29	<b>LEVEMIR FLEXPEN</b> .....	31
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<i>IDArubicin HCl</i> .....	27	<b>KETO-DIASTIX</b> .....	30	<i>levETIRAcetam ER</i> .....	31
<b>IDHIFA</b> .....	27	<i>Ketorolac Tromethamine</i> .....	30	<i>levETIRAcetam in NaCl</i> .....	31
<i>Ifosfamide</i> .....	27	<b>KEVZARA</b> .....	30	<i>Levobunolol HCl</i> .....	31
<i>Imatinib Mesylate</i> .....	27	<b>KEYTRUDA</b> .....	30	<i>Levocetirizine Dihydrochloride</i> .....	31
<b>IMBRUVICA</b> .....	27	<b>KISQALI (200 MG DOSE)</b> .....	30	<i>levoFLOXacin</i> .....	31
<i>Imipenem-Cilastatin</i> .....	27	<b>KISQALI (400 MG DOSE)</b> .....	30	<i>LevoFLOXacin in D5W</i> .....	31
<i>Imipramine HCl</i> .....	27	<b>KISQALI (600 MG DOSE)</b> .....	30	<b>LEVONEST</b> .....	32
<i>Imipramine Pamoate</i> .....	28	<b>KISQALI FEMARA (200 MG</b>		<i>Levonorgest-Eth Estrad 91-Day</i> .....	32
<i>Imiquimod</i> .....	28	<b>DOSE)</b> .....	30	<i>Levonorgestrel</i> .....	32
<b>INCRELEX</b> .....	28	<b>KISQALI FEMARA (400 MG</b>		<i>Levonorgestrel-Ethinyl Estrad</i> .....	32
<b>INCRUSE ELLIPTA</b> .....	28	<b>DOSE)</b> .....	30	<b>LEVORA 0.15/30 (28)</b> .....	32
<i>Indapamide</i> .....	28	<b>KISQALI FEMARA (600 MG</b>		<i>Levorphanol Tartrate</i> .....	32
<i>Indomethacin</i> .....	28	<b>DOSE)</b> .....	30	<i>Levothyroxine Sodium</i> .....	32
<b>INFANRIX</b> .....	28	<b>KLOR-CON</b> .....	30	<b>LEVOXYL</b> .....	32
<b>INFLECTRA</b> .....	28	<b>KLOR-CON 10</b> .....	30	<b>LEXIVA</b> .....	32
<b>INLYTA</b> .....	28	<b>KLOR-CON M15</b> .....	30	<i>Lidocaine</i> .....	32
<b>INSTA-GLUCOSE</b> .....	28	<b>KLOR-CON M20</b> .....	30	<i>Lidocaine HCl</i> .....	32
<b>INTELENCE</b> .....	28	<b>KURVELO</b> .....	30	<i>Lidocaine HCl (Cardiac)</i> .....	32
<b>INTRAROSA</b> .....	28	<b>KYLEENA</b> .....	30	<i>Lidocaine HCl (Cardiac) PF</i> .....	32
<b>INTROVALE</b> .....	28	<i>Labetalol HCl</i> .....	30	<i>Lidocaine HCl (PF)</i> .....	32
<b>INVEGA SUSTENNA</b> .....	28	<i>Lacosamide</i> .....	30	<i>Lidocaine HCl Urethral/Mucosal</i> .....	32
<b>INVEGA TRINZA</b> .....	28	<b>LACRISERT</b> .....	30	<i>Lidocaine in D5W</i> .....	32
<b>IOPIDINE</b> .....	28	<i>Lactic Acid</i> .....	30	<i>Lidocaine Viscous HCl</i> .....	32
<b>IPOL</b> .....	28	<i>Lactulose</i> .....	30	<i>Lidocaine-Prilocaine</i> .....	32
<i>Ipratropium Bromide</i> .....	28	<b>LAGEVRIO</b> .....	30	<b>LILETTA (52 MG)</b> .....	32
<i>Ipratropium-Albuterol</i> .....	28	<i>lamiVUDine</i> .....	30	<i>Lindane</i> .....	32
<i>Irbesartan</i> .....	28	<i>LamiVUDine</i> .....	30	<i>Linezolid</i> .....	32, 33
<i>Irbesartan-hydroCHLOROthiazide</i> .....	28	<i>lamiVUDine-Zidovudine</i> .....	30	<i>Linezolid in Sodium Chloride</i> .....	32
<i>Irinotecan HCl</i> .....	28	<i>lamoTRlgine</i> .....	30	<b>LINZESS</b> .....	33
<b>ISENTRESS</b> .....	28	<i>LamoTRlgine</i> .....	30	<i>Liothyronine Sodium</i> .....	33
<b>ISENTRESS HD</b> .....	28	<i>lamoTRlgine ER</i> .....	30	<i>Lisinopril</i> .....	33
<i>Isoniazid</i> .....	28	<i>lamoTRlgine Starter Kit-Blue</i> .....	30	<i>Lisinopril-hydroCHLOROthiazide</i> .....	33
<i>Isosorbide Dinitrate</i> .....	28	<i>lamoTRlgine Starter Kit-Green</i> .....	30	<i>Lithium Carbonate</i> .....	33
<i>Isosorbide Mononitrate</i> .....	28	<i>lamoTRlgine Starter Kit-Orange</i> .....	31	<i>Lithium Carbonate ER</i> .....	33
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<i>Itraconazole</i> .....	29	<b>LARIN 1.5/30</b> .....	31	<b>LORBRENA</b> .....	33

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<i>Lovastatin</i> .....	33	<i>Methadone HCl</i> .....	35	<b>MOVANTIK</b> .....	38
<b>LOW-OGESTREL</b> .....	33	<b>METHADONE HCL INTENSOL</b> .....	35	<i>Moxifloxacin HCl</i> .....	38
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<b>LYNPARZA</b> .....	33	<i>Methotrexate Sodium (PF)</i> .....	35	<b>MYALEPT</b> .....	38
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<i>Magnesium Sulfate</i> .....	33	<i>Methscopolamine Bromide</i> .....	36	<i>Mycophenolate Mofetil HCl</i> .....	38
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<i>Malathion</i> .....	34	<i>Methylphenidate HCl</i> .....	36	<b>MYRBETRIQ</b> .....	38
<i>Mannitol</i> .....	34	<i>Methylphenidate HCl ER</i> .....	36	<i>Nabumetone</i> .....	38
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<b>TALTZ</b>	54	traMADol-Acetaminophen	56	Valsartan-Hydrochlorothiazide	58
Tamoxifen Citrate	54	Trandolapril	56	Vancomycin HCl	58
Tamsulosin HCl	54	Trandolapril-Verapamil HCl ER	56	<b>VANDAZOLE</b>	58
<b>TARGRETIN</b>	54	Tranexamic Acid	56	<b>VAQTA</b>	58
Tazarotene	54	Tranylcypromine Sulfate	56	Varenicline Tartrate	59
<b>TAZICEF</b>	54	Travoprost (BAK Free)	56	Varenicline Tartrate (Starter)	59
<b>TAZORAC</b>	54	traZODone HCl	56	<b>VARIVAX</b>	59
<b>TAZTIA XT</b>	54	TraZODone HCl	56	<b>VARUBI (180 MG DOSE)</b>	59
<b>TDVAX</b>	54	<b>TRECTOR</b>	56	<b>VAXELIS</b>	59
Telmisartan	54	<b>TRELEGY ELLIPTA</b>	56	<b>VAXNEUVANCE</b>	59
Telmisartan-amLODIPine	55	<b>TREMFYA</b>	56	<b>VCF VAGINAL CONTRACEPTIVE</b>	59
Telmisartan-HCTZ	55	<b>TRESIBA</b>	57	<b>VELIVET</b>	59
Temazepam	55	<b>TRESIBA FLEXTOUCH</b>	57	<b>VELPHORO</b>	59
<b>TEMODAR</b>	55	Tretinoin	57	<b>VEMLIDY</b>	59
Temozolomide	55	Tretinoin Microsphere	57	<b>VENCLEXTA</b>	59
<b>TENCON</b>	55	Tretinoin Microsphere Pump	57	<b>VENCLEXTA STARTING PACK</b>	59
<b>TENIVAC</b>	55	Triamcinolone Acetonide	57	Venlafaxine HCl	59
Tenofovir Disoproxil Fumarate	55	Triamterene	57	Venlafaxine HCl ER	59
Terazosin HCl	55	Triamterene-HCTZ	57	<b>VENTAVIS</b>	59
Terbinafine HCl	55	Trientine HCl	57	Verapamil HCl	59
Terbutaline Sulfate	55	Trifluoperazine HCl	57	Verapamil HCl ER	59
Terconazole	55	Trifluridine	57	<b>VERZENIO</b>	59
Testosterone	55	Trihexyphenidyl HCl	57	<b>VICTOZA</b>	59

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<i>Vilazodone HCl</i> .....	59	<b>ZIRGAN</b> .....	61
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<b>VITRAKVI</b> .....	60		
<b>VIVITROL</b> .....	60		
<b>VOLTAREN</b> .....	60		
<b>VOLTAREN ARTHRITIS PAIN</b> .....	60		
<i>Voriconazole</i> .....	60		
<b>VOSEVI</b> .....	60		
<b>VOTRIENT</b> .....	60		
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