

HealthFirst

Health Plans

Formulario 2025 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 01/01/2025.

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.

Para obtener más información

Para obtener información más detallada sobre su cobertura para medicamentos recetados de Health First Health Plans, visite 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 la 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 ¹ 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.

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

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		
Medicamento	Nivel	Notas
<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)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	T3	QL (1 EA per 25 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	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)
ABRYVO	\$0	PA
<i>Acamprosate Calcium</i>	T2	PA
<i>Acarbose Oral</i>	T2	
ACCU-CHEK AVIVA IN VITRO SOLUTION	T3	OTC
ACCU-CHEK AVIVA PLUS	T3	OTC
ACCU-CHEK AVIVA PLUS IN VITRO	T1	QL (204 EA per 25 days); OTC
ACCU-CHEK FASTCLIX LANCET	T3	OTC
ACCU-CHEK FASTCLIX LANCETS	T3	OTC
ACCU-CHEK GUIDE	T3	OTC
ACCU-CHEK GUIDE ME	T3	OTC
ACCU-CHEK SMARTVIEW	T1	QL (204 EA per 25 days); OTC
ACCU-CHEK SMARTVIEW CONTROL	T3	OTC
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T3	OTC
ACCU-CHEK SOFTCLIX LANCETS	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	
ACTEMRA ACTPEN	T5	PA; QL (4 ML per 28 days)
ACTEMRA SUBCUTANEOUS	T5	PA; QL (4 ML per 28 days)

Medicamento	Nivel	Notas
ACTHIB	\$0	
ACTIMMUNE	T5	PA
ACUVAIL	T3	
<i>Acyclovir External Ointment</i>	T3	PA
<i>Acyclovir Oral Capsule</i>	T1	
<i>Acyclovir Oral Suspension 200 MG/5ML</i>	T2	
<i>Acyclovir Oral Tablet</i>	T1	
<i>Acyclovir Sodium Intravenous Solution</i>	T2	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$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
ADEMPAS	T5	PA; QL (90 EA per 30 days)
ADVAIR HFA	T3	QL (1 GM per 25 days)
AEROCHAMBER PLUS FLO-VU	T3	
AGAMREE	T5	PA
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	T4	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	T3	PA; QL (1 ML per 25 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	T3	PA; QL (2 ML per 25 days)
AJOVY	T3	PA; QL (3 ML per 75 days)
AKYNZEO ORAL	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 Syrup 2 MG/5ML</i>	T2	
<i>Albuterol Sulfate Oral Tablet</i>	T2	
<i>Alclometasone Dipropionate</i>	T2	QL (300 GM per 25 days)
<i>Alcoh-Wipe</i>	T3	
ALDURAZYME	T5	PA
ALECENSA	T5	PA; QL (240 EA per 30 days)
<i>Alendronate Sodium Oral Solution</i>	T2	
<i>Alendronate Sodium Oral Tablet 10 MG, 35 MG, 70 MG</i>	T1	
<i>Alfuzosin HCl ER</i>	T2	
ALHEMO	T5	PA
ALIMTA	T5	

Medicamento	Nivel	Notas
<i>Aliskiren Fumarate</i>	T2	
<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)
ALOCRIL	T4	
<i>Alogliptin Benzoate</i>	T2	
<i>Alosetron HCl</i>	T4	PA
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T4	
ALPRAZOLAM INTENSOL	T1	QL (300 ML per 25 days)
<i>ALPRAZolam Oral</i>	T2	QL (150 EA per 25 days)
ALTAVERA	\$0	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T4	PA; QL (2 GM per 25 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T4	PA; QL (1 GM per 25 days)
<i>Alyacen 1/35</i>	\$0	
<i>Alyacen 7/17</i>	\$0	
ALYFTREK	T5	PA
<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 Ointment</i>	T3	QL (240 GM per 25 days)
AMELUZ	T4	
AMETHYST	\$0	
<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)
<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	

Medicamento	Nivel	Notas
<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>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, 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	
ANNOVERA	\$0	QL (1 EA per 300 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T3	QL (1 EA per 25 days)
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	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 & 125 MG</i>	T4	QL (6 EA per 21 days)
<i>Aprepitant Oral Capsule 80 MG</i>	T4	QL (4 EA per 21 days)
APRETUDE	\$0	QL (3 ML per 60 days)
APRI	\$0	
APTIOM	T4	PA

Medicamento	Nivel	Notas
APTIVUS ORAL CAPSULE	T3	QL (120 EA per 30 days)
AQNEURSA	T5	PA
ARANELLE	\$0	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T5	PA
ARCALYST	T5	PA; QL (8 EA per 28 days)
AREXVY	\$0	PA
<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	
ARISTADA	T3	
ARISTADA INITIO	T3	
<i>Armodafinil</i>	T2	PA; QL (30 EA per 30 days)
ARNUITY ELLIPTA	T3	QL (1 EA per 25 days)
ARRANON	T3	
<i>Arsenic Trioxide Intravenous</i>	T2	
<i>Asenapine Maleate</i>	T3	PA
ASHLYNA	\$0	
<i>Aspirin Adult Low Strength Oral Tablet Delayed Release</i>	T2	QL (100 EA per 30 days); OTC
<i>Aspirin EC Adult Low Dose</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	
<i>Atovaquone Oral</i>	T4	
<i>Atovaquone-Proguanil HCl</i>	T2	
<i>Atropine Sulfate Injection Solution Prefilled Syringe 0.25 MG/5ML, 1 MG/10ML</i>	T2	
<i>Atropine Sulfate Ophthalmic Solution 1 %</i>	T2	
ATTRUBY	T5	PA
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	T3	
AUGTYRO ORAL CAPSULE 40 MG	T5	PA
AVIANE	\$0	
<i>Avidoxy</i>	T2	

Medicamento	Nivel	Notas
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T5	PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T5	PA; QL (4 EA per 28 days)
<i>azaCITIDine</i>	T5	PA
AZASAN	T4	
AZASITE	T3	
<i>azaTHIOprine Oral</i>	T2	
<i>Azelaic Acid External</i>	T2	PA
<i>Azelastine HCl Nasal Solution 0.1 %</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 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	
AZURETTE	\$0	
<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 10 MG, 20 MG, 5 MG</i>	T2	
<i>Balsalazide Disodium</i>	T2	
BARACLUDE ORAL SOLUTION	T4	PA; QL (630 ML per 30 days)
BASAGLAR KWIPEN	T3	
BD PEN NEEDLE NANO ULTRAFINE	T1	OTC
BD POSIFLUSH INTRAVENOUS	T2	
BD SWAB SINGLE USE REGULAR	T3	OTC
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	T3	OTC
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	T3	
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG	T3	QL (60 EA per 25 days)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG	T3	PA
BELSOMRA	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	
BESIVANCE	T4	

Medicamento	Nivel	Notas
<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)
BETASERON SUBCUTANEOUS KIT	T5	PA; QL (14 EA per 28 days)
<i>Betaxolol HCl</i>	T2	
<i>Bethanechol Chloride Oral</i>	T2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	T4	
BETOPTIC-S	T3	
BEVESPI AEROSPHERE	T3	QL (1 GM per 25 days)
<i>Bexarotene</i>	T5	PA
BEXSERO	\$0	
BEYFORTUS	T6	PA
<i>Bicalutamide</i>	T2	
BIKTARVY	T3	QL (30 EA per 30 days)
<i>Bimatoprost Ophthalmic</i>	T2	
<i>Bisoprolol Fumarate Oral Tablet 10 MG, 5 MG</i>	T2	
<i>Bisoprolol-hydroCHLOROthiazide</i>	T2	
<i>Bleomycin Sulfate</i>	T2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	
<i>Bosentan Oral Tablet</i>	T5	PA; QL (60 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	T5	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	T5	PA; QL (30 EA per 30 days)
<i>BP Wash External Liquid 2.5 %</i>	T2	OTC
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T3	QL (30 EA per 25 days)
BRILINTA	T3	
<i>Brimonidine Tartrate Ophthalmic Solution 0.15 %</i>	T3	
<i>Brimonidine Tartrate Ophthalmic Solution 0.2 %</i>	T1	
<i>Brinzolamide</i>	T2	
BRIVIACT	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)

Medicamento	Nivel	Notas
<i>Budesonide Oral</i>	T3	PA
<i>Budesonide-Formoterol Fumarate</i>	T2	
<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</i>	\$0	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)
<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	
CAMILA	\$0	
<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)
CAPRELSA ORAL TABLET 100 MG	T5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	T5	PA; QL (30 EA per 30 days)
<i>Captopril Oral</i>	T2	
<i>Captopril-hydroCHLOROthiazide</i>	T2	

Medicamento	Nivel	Notas
<i>carBAMazepine ER</i>	T2	
<i>carBAMazepine Oral Suspension 100 MG/5ML</i>	T2	
<i>carBAMazepine Oral Tablet</i>	T2	
<i>carBAMazepine Oral Tablet Chewable 100 MG</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>Carteolol HCl</i>	T2	
CARTIA XT	T2	
<i>Carvedilol</i>	T2	
<i>Carvedilol Phosphate ER</i>	T2	
CAYA	\$0	QL (1 EA per 300 days)
CAYSTON	T5	PA; QL (84 ML per 28 days)
<i>Cefaclor Oral Capsule</i>	T2	
<i>Cefaclor Oral Suspension Reconstituted 250 MG/5ML</i>	T2	
<i>Cefadroxil</i>	T2	
<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	

Medicamento	Nivel	Notas
<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	
CELONTIN	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	
CERDELGA	T5	PA; QL (56 EA per 28 days)
<i>Cevimeline HCl</i>	T2	
CHEMET	T4	
CHEMSTRIP 9	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	
<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	
CIMDUO	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)

Medicamento	Nivel	Notas
CINRYZE	T5	PA
CIPRO HC	T4	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	T4	
<i>Ciprofloxacin HCl Ophthalmic</i>	T1	
<i>Ciprofloxacin HCl Oral Tablet 250 MG, 500 MG, 750 MG</i>	T1	
<i>Ciprofloxacin HCl Otic</i>	T2	
<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	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL MEDLEY	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	
CLEOCIN VAGINAL SUPPOSITORY	T3	
CLIMARA PRO	T3	
<i>Clindamycin HCl Oral</i>	T2	
<i>Clindamycin Palmitate HCl</i>	T2	
<i>Clindamycin Phos (Once-Daily)</i>	T2	QL (75 ML per 25 days)
<i>Clindamycin Phos (Twice-Daily)</i>	T2	QL (75 GM per 25 days)
<i>Clindamycin Phosphate External Foam</i>	T2	
<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 Solution 300 MG/2ML, 600 MG/4ML, 900 MG/6ML</i>	T2	
<i>Clindamycin Phosphate Vaginal</i>	T2	
<i>cloBAZam Oral Suspension 2.5 MG/ML</i>	T3	PA
<i>cloBAZam Oral Tablet</i>	T3	PA
<i>Clobetasol Propionate External Cream 0.05 %</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)

Medicamento	Nivel	Notas
<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>Clocortolone Pivalate</i>	T4	
<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	
COARTEM	T4	
COBENFY	T4	PA
COBENFY STARTER PACK	T4	PA
<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	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T5	PA; QL (1 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T5	PA; QL (1 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE)	T5	PA; QL (1 EA per 28 days)
COMPLERA	T3	QL (30 EA per 30 days)
COMPRO	T3	
CONDYLOX EXTERNAL GEL	T4	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T5	PA; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T5	PA; QL (12 ML per 28 days)
CORLANOR ORAL SOLUTION	T3	
<i>Cortisone Acetate Oral</i>	T2	
COSENTYX (300 MG DOSE)	T5	PA; QL (1 ML per 28 days)
COSENTYX INTRAVENOUS	T5	PA
COSENTYX SENSOREADY (300 MG)	T5	PA; QL (1 ML per 28 days)

Medicamento	Nivel	Notas
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T5	PA; QL (1 ML per 28 days)
COSENTYX SUBCUTANEOUS	T5	PA; QL (1 ML per 28 days)
COSENTYX UNOREADY	T5	PA
COTELLIC	T5	PA
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	T5	PA
CRENESSITY ORAL SOLUTION	T5	PA
CREON	T3	PA
CRINONE	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
CROTAN	T2	
CRYSELLE-28	\$0	
<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	
CYCLOSET	T4	
<i>cycloSPORINE Modified</i>	T2	
<i>cycloSPORINE Ophthalmic</i>	T3	
<i>CycloSPORINE Oral Capsule</i>	T4	
<i>Cyproheptadine HCl Oral</i>	T2	
CYSTAGON	T5	PA
CYSTARAN	T5	PA; QL (4 ML per 28 days)
<i>Cytarabine (PF)</i>	T2	
<i>Cytarabine Injection Solution</i>	T2	
<i>Dabigatran Etexilate Mesylate Oral Capsule 150 MG, 75 MG</i>	T1	
<i>Dacarbazine Intravenous</i>	T2	
<i>Dalfampridine ER</i>	T5	PA; QL (60 EA per 30 days)
DALIRESP	T4	PA
<i>Danazol Oral</i>	T2	
<i>Dantrolene Sodium Oral</i>	T2	
DANZITEN	T5	PA
<i>Dapsone Oral</i>	T2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	T1	
<i>DAPTOMycin Intravenous Solution Reconstituted 500 MG</i>	T4	
<i>Darifenacin Hydrobromide ER</i>	T2	
DASETTA 1/35 (28)	\$0	
DASETTA 7/7/7	\$0	

Medicamento	Nivel	Notas
<i>DAUNOrubicin HCl Intravenous Solution 20 MG/4ML</i>	T2	
<i>Decitabine</i>	T5	PA
<i>Deferiprone</i>	T5	PA
<i>Deflazacort Oral Tablet</i>	T4	
DELSTRIGO	T3	QL (30 EA per 30 days)
DELYLA	\$0	
<i>Demeclocycline HCl Oral</i>	T2	
DEPO-ESTRADIOL	T4	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	T4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	\$0	QL (4 ML per 300 days)
DESCOVY	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>	T3	
<i>Desonide External Cream</i>	T3	QL (300 GM per 25 days)
<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 ER</i>	T2	
<i>Desvenlafaxine Succinate ER</i>	T2	QL (30 EA per 25 days)
DEXAMETHASONE INTENSOL	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 Solution</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)

Medicamento	Nivel	Notas
<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)
DIASCREEN 10	T3	OTC
DIASTIX	T3	OTC
<i>diazePAM Injection Solution 5 MG/ML</i>	T2	
DIAZEPAM INTENSOL	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 Capsule</i>	T2	
<i>Dicyclomine HCl Oral Solution 10 MG/5ML</i>	T2	
<i>Dicyclomine HCl Oral Tablet 20 MG</i>	T2	
DIFICID	T3	PA
<i>Difforasone Diacetate External Ointment</i>	T3	
<i>Diffunisal Oral</i>	T2	
<i>Diffuprednate</i>	T2	QL (30 ML per 30 days)
DIGOX	T2	
<i>Digoxin Injection</i>	T2	
<i>Digoxin Oral</i>	T2	
<i>Dihydroergotamine Mesylate Crystals</i>	T4	
<i>Dihydroergotamine Mesylate Injection</i>	T4	
DILANTIN ORAL CAPSULE 30 MG	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	

Medicamento	Nivel	Notas
<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 Oral Capsule Delayed Release Therapy Pack</i>	T5	PA
DIPENTUM	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	
DIURIL	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	
DIVIGEL	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	
<i>Donepezil HCl</i>	T2	
<i>Dorzolamide HCl Ophthalmic</i>	T2	
<i>Dorzolamide HCl-Timolol Mal</i>	T2	
DOVATO	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 Intravenous Suspension</i>	T2	
DOXY 100	T2	
<i>Doxycycline Hyclate Intravenous</i>	T2	
<i>Doxycycline Hyclate Oral Capsule</i>	T1	

Medicamento	Nivel	Notas
<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>Drospirenone-Ethinyl Estradiol Oral Tablet 3-0.03 MG</i>	\$0	
DROXIA	T3	
DRYSOL	T3	
DUAVEE	T3	
DULERA	T3	
<i>DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG</i>	T2	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	T5	PA; QL (3.42 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T5	PA; QL (6 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T5	PA; QL (3.42 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T5	PA; QL (6 ML per 30 days)
<i>Dutasteride Oral</i>	T2	
<i>Dutasteride-Tamsulosin HCl</i>	T2	
E.E.S. 400 ORAL TABLET	T4	
<i>Econazole Nitrate External</i>	T2	QL (60 GM per 25 days)
EDURANT	T3	QL (60 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)
ELESTRIN	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)
ELIGARD	T5	PA
ELINEST	\$0	
ELIQUIS	T3	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T3	
ELITE-OB	T2	

Medicamento	Nivel	Notas
ELIXOPHYLLIN	T4	
ELLA	\$0	
ELMIRON	T4	
<i>Eltrombopag Olamine Oral Tablet 12.5 MG, 25 MG</i>	T5	PA; QL (30 EA per 30 days)
<i>Eltrombopag Olamine Oral Tablet 50 MG, 75 MG</i>	T5	PA; QL (60 EA per 30 days)
EMFLAZA ORAL TABLET	T4	
EMGALITY	T3	PA; QL (2 ML per 25 days)
EMGALITY (300 MG DOSE)	T3	PA; QL (3 ML per 25 days)
EMSAM	T4	PA
<i>Emtricitabine</i>	T1	QL (30 EA per 30 days)
<i>Emtricitabine-Tenofovir DF</i>	T1	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE	T4	QL (30 EA per 30 days)
EMVERM	T4	PA; QL (12 EA per 365 days)
<i>Enalapril Maleate Oral Tablet</i>	T2	
<i>Enalapril-Hydrochlorothiazide</i>	T1	
ENBREL MINI	T5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; QL (4 ML per 28 days)
ENCARE VAGINAL SUPPOSITORY	\$0	OTC
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0	
<i>Enoxaparin Sodium Injection Solution 300 MG/3ML</i>	T3	
<i>Enoxaparin Sodium Injection Solution Prefilled Syringe</i>	T3	
ENPRESSE-28	\$0	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	\$0	
<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)
ENTRESTO ORAL TABLET	T3	
<i>Enulose</i>	T2	
EPCLUSA	T5	PA; QL (28 EA per 28 days)
EPIDIOLEX	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)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T3	QL (4 EA per 25 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T3	QL (4 EA per 25 days)
EPIVIR ORAL SOLUTION	T4	QL (960 ML per 30 days)
EPIVIR ORAL TABLET 150 MG	T4	QL (60 EA per 30 days)
EPIVIR ORAL TABLET 300 MG	T4	QL (30 EA per 30 days)

Medicamento	Nivel	Notas
<i>Eplerenone</i>	T2	
<i>Epoprostenol Sodium</i>	T5	PA
<i>Eptifibatide Intravenous Solution 20 MG/10ML, 200 MG/100ML</i>	T4	
ERBITUX	T5	PA
ERGOMAR	T4	
<i>Ergotamine-Caffeine</i>	T4	
ERIVEDGE	T5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	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)
ERRIN	\$0	
ERTACZO	T4	QL (60 GM per 25 days)
<i>Ertapenem Sodium</i>	T4	QL (28 EA per 14 days)
<i>Ery</i>	NF	
ERY-TAB	T3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	T4	
<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	
ESBRIET ORAL CAPSULE	T5	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	T5	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	T5	PA; QL (90 EA per 30 days)
<i>Escitalopram Oxalate Oral Solution 5 MG/5ML</i>	T2	
<i>Escitalopram Oxalate Oral Tablet</i>	T1	
<i>Esomeprazole Magnesium Oral Capsule Delayed Release</i>	T4	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	
ESTROGEL	T4	
<i>Eszopiclone</i>	T2	QL (30 EA per 25 days)

Medicamento	Nivel	Notas
<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>Etodolac ER</i>	T2	
<i>Etodolac Oral</i>	T2	
<i>Etonogestrel-Ethinyl Estradiol</i>	\$0	QL (13 EA per 300 days)
<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)
EUCRISA	T3	PA; QL (60 GM per 25 days)
EVAMIST	T4	
<i>Everolimus Oral Tablet 2.5 MG, 5 MG, 7.5 MG</i>	T5	PA; QL (30 EA per 30 days)
EVOTAZ	T3	QL (30 EA per 30 days)
<i>Exemestane</i>	T2	PA
<i>Ezetimibe</i>	T2	
<i>Ezetimibe-Simvastatin</i>	T3	
FABHALTA	T5	PA
FALMINA	\$0	
<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	
FARXIGA	T3	QL (30 EA per 30 days)
FC2 FEMALE CONDOM	\$0	QL (12 EA per 30 days); OTC
<i>Febuxostat</i>	T4	PA
<i>Felbamate</i>	T3	
<i>Felodipine ER</i>	T2	
FEMCAP	\$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 Transdermal Patch 72 Hour 100 MCG/HR, 50 MCG/HR, 75 MCG/HR</i>	T2	PA

Medicamento	Nivel	Notas
<i>fentaNYL Transdermal Patch 72 Hour 12 MCG/HR, 25 MCG/HR</i>	T2	QL (10 EA per 25 days)
FERRIPROX ORAL SOLUTION	T5	PA
FERRIPROX TWICE-A-DAY	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
<i>Ferrous Sulfate Oral Tablet Delayed Release 324 (65 Fe) MG, 325 (65 Fe) MG</i>	T2	OTC
FETZIMA	T4	PA; QL (30 EA per 25 days)
FETZIMA TITRATION	T4	PA; QL (30 EA per 25 days)
FIASP FLEXTOUCH	T3	
FIASP INJECTION	T3	
FIASP PENFILL	T3	
FILSUEZ	T5	PA
FINACEA EXTERNAL FOAM	T3	
<i>Finasteride Oral</i>	T2	
<i>Fingolimod HCl</i>	T5	PA; QL (30 EA per 30 days)
<i>FlavoxATE HCl</i>	T2	
<i>Flecainide Acetate</i>	T2	
FLEXICHAMBER CHILD MASK/SMALL	T3	
<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	
<i>Fluorouracil Intravenous Solution 1 GM/20ML, 2.5 GM/50ML, 5 GM/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	

Medicamento	Nivel	Notas
<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 HFA</i>	T2	
<i>Fluticasone Propionate Nasal</i>	T1	QL (16 GM per 25 days)
<i>Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT, 55-14 MCG/ACT</i>	T2	
<i>Fluvastatin Sodium</i>	T3	
<i>Fluvastatin Sodium ER</i>	T3	
<i>fluvoxamine Maleate</i>	T1	
<i>fluvoxamine Maleate ER</i>	T2	
FML FORTE	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	
FOSRENOL ORAL PACKET	T4	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	T4	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	
FREESTYLE LIBRE 14 DAY READER	T3	
FREESTYLE LIBRE 14 DAY SENSOR	T3	
FREESTYLE LIBRE 2 READER	T3	
FREESTYLE LIBRE 2 SENSOR	T3	
FREESTYLE LIBRE 3 PLUS SENSOR	T3	
FREESTYLE LIBRE 3 READER	T3	
FREESTYLE LIBRE 3 SENSOR	T3	
FREESTYLE LIBRE READER	T3	
<i>Frovatriptan Succinate</i>	T3	QL (12 EA per 30 days)
FRUZAQLA	T5	PA

Medicamento	Nivel	Notas
<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	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	QL (60 EA per 30 days)
FYCOMPA	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	
GARDASIL 9	\$0	
<i>Gatifloxacin Ophthalmic</i>	T2	
GAVILYTE-C	T2	
GAVILYTE-G	T2	
GAZYVA	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	
GEMTESA	T4	PA
<i>Generlac</i>	T2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION	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)
GENVOYA	T3	QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T5	
GLIADEL WAFER	T3	
<i>Glimepiride Oral Tablet 1 MG, 2 MG, 4 MG</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	
<i>GlyBURIDE-MetFORMIN</i>	T1	

Medicamento	Nivel	Notas
<i>Glycopyrrolate Injection Solution</i>	T2	
<i>Glycopyrrolate Oral Solution</i>	T2	
<i>Glycopyrrolate Oral Tablet 1 MG, 2 MG</i>	T2	
GLYXAMBI	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 Oral Suspension</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 Ultramicrosize Oral Tablet 125 MG, 250 MG</i>	T2	
<i>guanFACINE HCl ER</i>	T2	
<i>guanFACINE HCl Oral</i>	T2	
GYNAZOLE-1	T4	
<i>Halcinonide External Cream</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 Concentrate 2 MG/ML</i>	T2	
<i>Haloperidol Oral</i>	T2	
HARVONI	T5	PA; QL (28 EA per 28 days)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	\$0	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	
HEATHER	\$0	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	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	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0	
HETLIOZ	T5	PA; QL (30 EA per 30 days)
HIBERIX INJECTION	\$0	
HUMATROPEN FOR 12MG	T3	OTC
HUMATROPEN FOR 24MG	T3	OTC
HUMATROPEN FOR 6MG	T3	OTC
HUMIRA (1 PEN)	T5	PA; QL (1 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T5	PA; QL (4 EA per 28 days)

Medicamento	Nivel	Notas
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	T5	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T5	PA; QL (4 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T5	PA; QL (1 EA per 28 days)
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	T5	PA; QL (1 EA per 28 days)
HUMULIN R U-500 (CONCENTRATED)	T3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	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 %</i>	T1	
<i>Hydrocortisone External Cream 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	
<i>HYDROmorphine HCl ER Oral Tablet Extended Release 24 Hour 12 MG, 16 MG, 8 MG</i>	T2	QL (30 EA per 25 days)
<i>HYDROmorphine HCl ER Oral Tablet Extended Release 24 Hour 32 MG</i>	T2	PA
<i>HYDROmorphine HCl Injection Solution 1 MG/ML, 2 MG/ML, 4 MG/ML</i>	T2	
<i>HYDROmorphine HCl Oral Tablet 2 MG</i>	T2	QL (180 EA per 25 days)
<i>HYDROmorphine HCl Oral Tablet 4 MG</i>	T2	QL (150 EA per 25 days)

Medicamento	Nivel	Notas
<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	
HYMPAVZI	T5	PA
<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	
HYQVIA	T5	PA
<i>Ibandronate Sodium Intravenous Solution 3 MG/3ML</i>	T2	
<i>Ibandronate Sodium Oral</i>	T2	
IBRANCE	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)
ICLUSIG	T5	PA; QL (30 EA per 30 days)
<i>Icosapent Ethyl</i>	T2	
<i>IDArubicin HCl</i>	T2	
IDHIFA	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)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; QL (90 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	T5	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	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)
<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	
<i>Imkeldi</i>	T5	PA
INCRELEX	T5	PA

Medicamento	Nivel	Notas
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T3	QL (1 EA per 25 days)
<i>Indapamide Oral</i>	T2	
<i>Indomethacin Oral Capsule 25 MG, 50 MG</i>	T2	
INFANRIX	T1	
INFLECTRA	T6	
INLYTA ORAL TABLET 1 MG	T5	PA; QL (240 EA per 30 days)
INLYTA ORAL TABLET 5 MG	T5	PA; QL (120 EA per 30 days)
INSTA-GLUCOSE ORAL GEL 77.4 %	T3	OTC
INTELENCE ORAL TABLET 100 MG, 25 MG	T4	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	T4	QL (60 EA per 30 days)
INTRAROSA	T4	
INTROVALE	\$0	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	QL (1 ML per 25 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	T3	QL (1 ML per 84 days)
IOPIDINE OPHTHALMIC SOLUTION 1 %	T4	
IPOL INJECTION INJECTABLE	\$0	
<i>Ipratropium Bromide Inhalation</i>	T2	QL (313 ML per 25 days)
<i>Ipratropium Bromide Nasal</i>	T2	
<i>Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML</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	
ISENTRESS HD	T3	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	T3	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	T3	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE	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	
<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	
ITOVEBI	T5	PA

Medicamento	Nivel	Notas
<i>Itraconazole Oral</i>	T4	PA
<i>IV Prep Wipes External Pad 70 %</i>	T3	OTC
<i>Ivabradine HCl</i>	T3	
<i>Ivermectin External Lotion</i>	T2	PA
<i>Ivermectin Oral Tablet 3 MG</i>	T2	
IWILFIN	T5	PA
JAKAFI	T5	PA; QL (60 EA per 30 days)
JANTOVEN	T1	
JANUMET	T3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T3	QL (60 EA per 30 days)
JANUVIA	T3	QL (30 EA per 30 days)
JARDIANCE	T3	QL (30 EA per 30 days)
JINTELI	T2	
JOLESSA	\$0	
JULUCA	T3	QL (30 EA per 30 days)
JUNEL 1.5/30	\$0	
JUNEL 1/20	\$0	
JUNEL FE 1.5/30	\$0	
JUNEL FE 1/20	\$0	
KADCYLA	T5	PA
KALETRA ORAL SOLUTION	T4	QL (480 ML per 30 days)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	T5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	T5	PA; QL (60 EA per 30 days)
KARIVA	\$0	
KELNOR 1/35	\$0	
KERENDIA ORAL TABLET 10 MG, 20 MG	T4	PA; QL (30 EA per 30 days)
KESIMPTA	T5	PA
<i>Ketoconazole External Cream</i>	T2	QL (120 GM per 25 days)
<i>Ketoconazole External Shampoo 2 %</i>	T2	
<i>Ketoconazole Oral</i>	T4	
KETO-DIASTIX	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)
KEVZARA	T5	PA; QL (2 ML per 28 days)
KEYTRUDA INTRAVENOUS SOLUTION	T5	PA
KISQALI (200 MG DOSE)	T5	PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE)	T5	PA; QL (42 EA per 28 days)

Medicamento	Nivel	Notas
KISQALI (600 MG DOSE)	T5	PA; QL (63 EA per 28 days)
KLOR-CON 10	T2	
KLOR-CON M15	T2	
KLOR-CON M20	T2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T2	
KURVELO	\$0	
KYLEENA	\$0	QL (1 EA per 300 days)
<i>Labetalol HCl Intravenous Solution</i>	T2	
<i>Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG</i>	T1	
<i>Lacosamide Intravenous</i>	T4	PA
<i>Lacosamide Oral Tablet</i>	T4	PA
<i>Lactulose Oral Solution 10 GM/15ML</i>	T2	
LAGEVRIO	\$0	QL (30 EA per 30 days)
<i>lamiVUDine Oral Solution 10 MG/ML</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>lamoTRlgine ER</i>	T2	
<i>lamoTRlgine Oral Tablet</i>	T1	
<i>LamoTRlgine Oral Tablet Chewable</i>	T2	
<i>lamoTRlgine Oral Tablet Dispersible</i>	T3	PA
<i>lamoTRlgine Starter Kit-Blue</i>	T2	
<i>lamoTRlgine Starter Kit-Green</i>	T2	
<i>lamoTRlgine Starter Kit-Orange</i>	T3	
LANOXIN PEDIATRIC	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)
LARIN 1.5/30	\$0	
LASTACFT	T3	
<i>Latanoprost Ophthalmic</i>	T1	
LEENA	\$0	
<i>Leflunomide Oral</i>	T2	
LENVIMA (10 MG DAILY DOSE)	T5	PA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE)	T5	PA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE)	T5	PA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE)	T5	PA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE)	T5	PA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE)	T5	PA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE)	T5	PA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE)	T5	PA; QL (60 EA per 30 days)
LESSINA	\$0	
<i>Letrozole Oral</i>	T2	

Medicamento	Nivel	Notas
<i>Leucovorin Calcium Injection Solution Reconstituted</i>	T2	
<i>Leucovorin Calcium Oral</i>	T2	
LEUKERAN	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)
<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 Solution</i>	T2	
<i>levETIRAcetam Oral Tablet</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	
LEVONEST	\$0	
<i>Levonorgest-Eth Estrad 91-Day Oral Tablet 0.1-0.02 & 0.01 MG, 0.15-0.03 MG</i>	\$0	
<i>Levonorgestrel Oral Tablet 1.5 MG</i>	\$0	OTC
<i>Levonorgestrel-Ethinyl Estrad Oral Tablet 0.15-30 MG-MCG</i>	\$0	
LEVORA 0.15/30 (28)	\$0	
<i>Levorphanol Tartrate Oral</i>	T4	PA
<i>Levothyroxine Sodium Oral Tablet</i>	T2	
LEVOXYL	T2	
<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 Injection Solution Prefilled Syringe 100 MG/5ML</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	

Medicamento	Nivel	Notas
<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	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	\$0	QL (1 EA per 300 days)
<i>Linezolid in Sodium Chloride</i>	T2	
<i>Linezolid Intravenous Solution 600 MG/300ML</i>	T2	
<i>Linezolid Oral Suspension Reconstituted</i>	T2	
<i>Linezolid Oral Tablet</i>	T4	
LINZESS	T3	
<i>Liothyronine Sodium Intravenous</i>	T2	
<i>Liothyronine Sodium Oral</i>	T2	
<i>Liraglutide</i>	T3	PA
<i>Lisdexamfetamine Dimesylate</i>	T2	QL (30 EA per 30 days)
<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	
LIVDELZI	T5	PA
<i>Loperamide HCl Oral Capsule</i>	T2	
<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)
LORBRENA ORAL TABLET 100 MG	T5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	T5	PA; QL (90 EA per 30 days)
LORYNA	\$0	
<i>Losartan Potassium Oral</i>	T1	
<i>Losartan Potassium-HCTZ</i>	T1	
<i>Loteprednol Etabonate Ophthalmic Suspension 0.5 %</i>	T2	
<i>Lovastatin Oral</i>	T1	
LOW-OGESTREL	\$0	
<i>Loxapine Succinate Oral</i>	T2	
<i>Lubiprostone</i>	T2	
<i>Luliconazole</i>	T3	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T3	
LUPRON DEPOT-PED (1-MONTH)	T5	PA
LUPRON DEPOT-PED (3-MONTH)	T5	PA
<i>Lurasidone HCl</i>	T2	
LUTERA	\$0	
LYNPARZA ORAL TABLET	T5	PA; QL (120 EA per 30 days)
LYSODREN	T3	

Medicamento	Nivel	Notas
<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	
<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</i>	\$0	
MARPLAN	T4	
MATULANE	T3	
MATZIM LA	T2	
MAXIDEX	T3	
MAYZENT ORAL TABLET 0.25 MG	T5	PA; QL (112 EA per 28 days)
MAYZENT ORAL TABLET 1 MG	T5	PA
MAYZENT ORAL TABLET 2 MG	T5	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK	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	
MEDPURA HYDROCORTISONE	T1	OTC
MEDROL ORAL TABLET 2 MG	T3	
<i>medroxyPROGESTERone Acetate Intramuscular</i>	\$0	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	
MEKINIST ORAL TABLET 0.5 MG	T5	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	T5	PA; QL (30 EA per 30 days)
<i>Meloxicam Oral Tablet</i>	T1	
<i>Melphalan HCl</i>	T2	
<i>Memantine HCl ER</i>	T2	
<i>Memantine HCl Oral Solution 2 MG/ML</i>	T2	
<i>Memantine HCl Oral Tablet</i>	T2	
MENEST	T4	
MENQUADFI INTRAMUSCULAR SOLUTION	\$0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0	
<i>Meperidine HCl Oral Solution</i>	T2	

Medicamento	Nivel	Notas
<i>Meperidine HCl Oral Tablet 50 MG</i>	T2	
<i>Meprobamate</i>	T2	
<i>Mercaptopurine Oral Tablet</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 Intravenous</i>	T2	
MESNEX ORAL	T5	
<i>Metaxalone Oral Tablet 400 MG, 800 MG</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)
METHADONE HCL INTENSOL	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)
METHADOSE ORAL TABLET SOLUBLE	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 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>Methotrexate Sodium Oral</i>	T2	
<i>Methoxsalen Rapid</i>	T2	
<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>	T3	QL (60 EA per 30 days)

Medicamento	Nivel	Notas
<i>Methylphenidate HCl ER (LA) Oral Capsule Extended Release 24 Hour 40 MG, 60 MG</i>	T3	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 250 MG, 500 MG</i>	T2	
<i>metroNIDAZOLE Vaginal</i>	T3	
<i>Mexiletine HCl Oral</i>	T2	
MIACALCIN INJECTION	T4	
<i>Miconazole 3 Vaginal Suppository</i>	T2	
MICROGESTIN 1.5/30	\$0	
<i>Midodrine HCl</i>	T2	
<i>Miglitol</i>	T2	

Medicamento	Nivel	Notas
MIMVEY	T2	
<i>Minocycline HCl Oral Capsule</i>	T1	
<i>Minocycline HCl Oral Tablet</i>	T2	
<i>Minoxidil Oral</i>	T2	
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	T5	PA
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	\$0	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	
MIRVASO	T4	
<i>miSOPROStol Oral</i>	T2	
<i>mitoMYcin Intravenous</i>	T2	
<i>mitoXANTRONE HCl</i>	T5	PA
M-M-R II INJECTION	\$0	
<i>Modafinil Oral</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)
MONO-LINYAH	\$0	
<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
<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>	T2	
<i>Morphine Sulfate Intravenous Solution 1 MG/ML, 4 MG/ML, 8 MG/ML</i>	T2	

Medicamento	Nivel	Notas
<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)
MOTOFEN	T4	
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (2 ML per 30 days)
MOVANTIK	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	
MULTAQ	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)
MYALEPT	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	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	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	
<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 2 MG/2ML</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)

Medicamento	Nivel	Notas
NARCAN	T3	
NATACYN	T3	
<i>Nateglinide</i>	T2	
<i>Nebivolol HCl</i>	T2	
NECON 0.5/35 (28)	\$0	
<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	
NEUPRO	T3	
NEVANAC	T3	
<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)
NEXAVAR	T5	PA; QL (120 EA per 30 days)
NEXPLANON	\$0	QL (1 EA per 300 days)
NEXTERONE	T4	
<i>Niacin ER (Antihyperlipidemic)</i>	T2	
<i>niCARDipine HCl Intravenous</i>	T2	
<i>niCARDipine HCl Oral</i>	T2	
<i>Nicotine Transdermal Patch 24 Hour</i>	\$0	OTC
<i>NIFEdipine ER</i>	T2	
<i>NIFEdipine ER Osmotic Release</i>	T2	
NIKKI	\$0	
<i>Nilutamide</i>	T2	
<i>niMODipine Oral Capsule</i>	T4	
NIPENT	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
NITRO-BID	T4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T3	
<i>Nitrofurantoin Macrocrystal Oral Capsule 100 MG, 50 MG</i>	T1	
<i>Nitrofurantoin Macrocrystal Oral Capsule 25 MG</i>	T2	

Medicamento	Nivel	Notas
<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	
NIVA-FOL	T2	OTC
NIVESTYM	T5	PA
<i>Nizatidine Oral Capsule</i>	T2	
NORA-BE	\$0	
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T5	PA
<i>Norethindrone Acetate Oral</i>	T2	
<i>Norethindrone Acet-Ethinyl Est Oral Tablet 1-20 MG-MCG</i>	\$0	
<i>Norethindrone Oral</i>	\$0	
<i>Norethindrone-Eth Estradiol Oral Tablet 0.5-2.5 MG-MCG</i>	T2	
<i>Norethin-Eth Estradiol-Fe</i>	\$0	
<i>Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG</i>	\$0	
<i>Norgestim-Eth Estrad Triphasic</i>	\$0	
<i>Normal Saline Flush Intravenous</i>	T2	
NORPACE CR	T3	
NORTREL 0.5/35 (28)	\$0	
NORTREL 1/35 (21)	\$0	
NORTREL 7/7/7	\$0	
<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)
NORVIR ORAL PACKET	T3	QL (360 EA per 30 days)
NORVIR ORAL TABLET	T4	QL (360 EA per 30 days)
NOVOFINE PEN NEEDLE	T3	OTC
NOVOFINE PLUS PEN NEEDLE	T3	OTC
NOVOLIN 70/30	T1	OTC
NOVOLIN 70/30 FLEXPEN	T3	OTC
NOVOLIN N	T1	OTC
NOVOLIN N FLEXPEN	T3	
NOVOLIN R	T1	OTC

Medicamento	Nivel	Notas
NOVOLIN R FLEXPEN	T3	OTC
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	
NOVOLOG INJECTION	T3	
NOVOLOG MIX 70/30	T3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	T3	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	PA; QL (3 EA per 28 days)
NUEDEXTA	T3	PA
NULEV	T2	
NURTEC	T4	PA; QL (16 EA per 30 days)
NYAMYC	T2	QL (120 GM per 25 days)
NYLIA 1/35	\$0	
<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)
NYSTOP	T2	QL (120 GM per 25 days)
NYVEPRIA	T5	PA
OCELLA	\$0	
<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	
ODEFSEY	T3	QL (30 EA per 30 days)
ODOMZO	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	
OGSIVEO	T5	PA
OJJAARA	T5	PA
<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)

Medicamento	Nivel	Notas
<i>Olopatadine HCl Ophthalmic</i>	T2	PA
OLUMIANT	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)
OMNIFLEX DIAPHRAGM	\$0	QL (1 EA per 300 days)
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T5	PA
OMNIPOD 5 DEXG7G6 PODS GEN 5	T5	PA
OMNIPOD 5 LIBRE2 G6 INTRO G5	T5	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T5	PA
OMNIPOD DASH INTRO (GEN 4)	T5	PA
OMNIPOD DASH PDM (GEN 4)	T5	PA
OMNIPOD DASH PODS (GEN 4)	T5	PA
OMNIPOD POD PALS	T5	PA; OTC
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	PA
OMVOH INTRAVENOUS	T5	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA
ONCASPAR INJECTION	T5	PA
<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)
<i>Ondansetron Oral Tablet Dispersible 4 MG, 8 MG</i>	T1	QL (60 EA per 30 days)
OPSUMIT	T5	PA; QL (30 EA per 30 days)
OPTIONS GYNOL II CONTRACEPTIVE	\$0	OTC
ORALONE	T2	
ORAVIG	T4	QL (14 EA per 25 days)
ORENITRAM	T5	PA
ORFADIN ORAL CAPSULE 20 MG	T5	PA
ORFADIN ORAL SUSPENSION	T5	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	T5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	T5	PA; QL (112 EA per 28 days)
<i>Orphenadrine Citrate ER</i>	T2	
<i>Orphenadrine Citrate Injection</i>	T2	
ORSYTHIA	\$0	
<i>Oscimin Oral Tablet</i>	T2	
<i>Oscimin Sublingual</i>	T2	

Medicamento	Nivel	Notas
<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)
OSMITROL INTRAVENOUS SOLUTION 10 %	T2	
OSPHENA	T3	
OTEZLA ORAL TABLET 30 MG	T5	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	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	
<i>Oxaliplatin Intravenous Solution Reconstituted</i>	T5	
<i>Oxaprozin Oral Tablet</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 Tablet 5 MG</i>	T2	
<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)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T3	PA; QL (1 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T3	PA; QL (1 ML per 28 days)
OZEMPIC (2 MG/DOSE)	T3	PA; QL (1 ML per 30 days)
PACERONE ORAL TABLET 100 MG, 200 MG	T2	

Medicamento	Nivel	Notas
<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)
PARAGARD INTRAUTERINE COPPER	T1	QL (1 EA per 300 days)
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	T2	
<i>Paricalcitol</i>	T2	
<i>PARoxetine HCl ER</i>	T2	
<i>PARoxetine HCl Oral Tablet</i>	T1	
PAXLOVID (150/100)	T3	
PAXLOVID (300/100)	T3	QL (40 EA per 30 days)
<i>PAZOPanib HCl</i>	T5	PA; QL (120 EA per 30 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T1	
PEDIATRIC PANDA MASK	T3	OTC
PEDVAX HIB INTRAMUSCULAR SUSPENSION	\$0	
<i>PEG 3350-KCl-Na Bicarb-NaCl</i>	T2	
<i>PEG-3350/Electrolytes</i>	T2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA
<i>PEG-KCl-NaCl-NaSulf-Na Asc-C</i>	T2	
PEG-PREP	T2	
<i>PEMEtrexed Disodium Intravenous Solution Reconstituted 100 MG, 500 MG</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	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	T1	
<i>Pentamidine Isethionate</i>	T2	
<i>Pentoxifylline ER</i>	T2	
PERFOROMIST	T3	QL (60 ML per 25 days)
<i>Perindopril Erbumine</i>	T2	
PERIOGARD	T1	
<i>Permethrin External Cream</i>	T2	
<i>Perphenazine Oral</i>	T2	
PERSERIS	T3	QL (1 EA per 25 days)

Medicamento	Nivel	Notas
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	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	
<i>Phenytoin Sodium Extended</i>	T2	
<i>Phenytoin Sodium Injection</i>	T2	
PHOSPHOLINE IODIDE	T4	
PHOTOFRIN	T3	
PHYSIOLYTE	T2	
PHYSIOSOL IRRIGATION	T2	
<i>Phytonadione Oral</i>	T4	
PIFELTRO	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)
PIRMELLA 7/7/7	\$0	
<i>Piroxicam Oral</i>	T2	
PLEGRIDY INTRAMUSCULAR	T5	PA; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; QL (1 ML per 28 days)
PLENVU	T3	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	\$0	
<i>Podofilox External Gel</i>	T4	
<i>Podofilox External Solution</i>	T2	

Medicamento	Nivel	Notas
POLYCIN	T2	
<i>Polyethylene Glycol 3350 Oral Powder</i>	T2	OTC
<i>Polymyxin B Sulfate Injection</i>	T2	
<i>Polymyxin B-Trimethoprim</i>	T1	
POMALYST	T5	PA; QL (21 EA per 28 days)
PORTIA-28	\$0	
<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 Oral Capsule Extended Release</i>	T2	
<i>Potassium Chloride ER Oral Tablet Extended Release 10 MEQ, 20 MEQ, 8 MEQ</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	
<i>Potassium Chloride Oral Solution 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)</i>	T2	PA
<i>Potassium Citrate ER</i>	T2	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	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	
PRED MILD	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, 5 MG/5ML</i>	T2	
<i>prednisoLONE Sodium Phosphate Oral Tablet Dispersible</i>	T2	
PREDNISONE INTENSOL	T3	
<i>PredniSONE Oral Solution</i>	T2	
<i>predniSONE Oral Tablet 1 MG, 10 MG, 2.5 MG, 20 MG, 5 MG</i>	T1	
<i>predniSONE Oral Tablet 50 MG</i>	T2	
<i>predniSONE Oral Tablet Therapy Pack</i>	T2	
<i>Pregabalin ER</i>	T2	
<i>Pregabalin Oral</i>	T2	
PREMARIN INJECTION	T4	

Medicamento	Nivel	Notas
PREMARIN ORAL	T4	
PREMARIN VAGINAL	T3	
PRENATABS RX	T2	OTC
<i>Pretomanid</i>	T4	
PREVALITE ORAL POWDER	T2	
PREVNAR 20	\$0	
PREZCOBIX ORAL TABLET 800-150 MG	T3	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	T3	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	T3	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	T3	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	T3	QL (300 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	T3	QL (30 EA per 30 days)
PRIFTIN	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	
<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	
PROCTOSOL HC EXTERNAL	T2	
PROCTOZONE-HC EXTERNAL	T2	
<i>Progesterone Oral</i>	T2	
PROGRAF INTRAVENOUS	T4	
PROLASTIN-C INTRAVENOUS SOLUTION	T5	PA
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; QL (60 ML per 168 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	T5	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	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-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	

Medicamento	Nivel	Notas
<i>Propranolol HCl Oral Tablet 60 MG, 80 MG</i>	T2	
<i>Propylthiouracil Oral</i>	T2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$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 Oral Tablet Extended Release</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
QELBREE	T4	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	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	
QVAR REDHALER	T3	QL (2 GM per 25 days)
<i>RABEprazole Sodium Oral Tablet Delayed Release</i>	T3	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</i>	T3	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; QL (12 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; QL (1 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; QL (12 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; QL (1 ML per 28 days)
RECLIPSEN	\$0	

Medicamento	Nivel	Notas
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	\$0	
RECTIV	T4	
REGONOL INTRAVENOUS	T4	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3	QL (40 EA per 90 days)
REMICADE	T6	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	T5	PA
RENFLEXIS	T3	
<i>Repaglinide</i>	T2	
RESTASIS	T2	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	PA
RETROVIR ORAL CAPSULE	T4	QL (180 EA per 30 days)
RETROVIR ORAL SYRUP	T4	QL (1920 ML per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	T5	PA; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG	T5	PA; QL (21 EA per 28 days)
REVUFORJ	T5	PA
REXULTI	T4	PA
REYATAZ ORAL CAPSULE 200 MG	T4	QL (60 EA per 30 days)
REYATAZ ORAL CAPSULE 300 MG	T4	QL (30 EA per 30 days)
REYATAZ ORAL PACKET	T3	QL (180 EA per 30 days)
REZDIFFRA	T5	PA
<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	
RINVOQ	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	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	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

Medicamento	Nivel	Notas
<i>Rivastigmine Tartrate</i>	T2	PA
RIVELSA	\$0	
RIVFLOZA	T5	PA
<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 Oral</i>	T2	
ROTATEQ ORAL SOLUTION	\$0	
ROZLYTREK	T5	PA
RUKOBIA	T3	QL (60 EA per 30 days)
RYBELSUS	T3	PA
RYDAPT	T5	PA; QL (224 EA per 28 days)
SANCUSO	T3	PA
<i>Sapropterin Dihydrochloride Oral Packet</i>	T5	PA
<i>Sapropterin Dihydrochloride Oral Tablet</i>	T5	PA
SAVELLA	T4	PA
SAVELLA TITRATION PACK	T4	PA
<i>Scopolamine</i>	T2	
<i>Selegiline HCl Oral</i>	T2	
<i>Selenium Sulfide External Lotion</i>	T2	
SELZENTRY ORAL SOLUTION	T4	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	T4	
<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	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0	
SIGNIFOR	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>Silodosin</i>	T2	
<i>Silver sulfADIAZINE External</i>	T2	
SIMBRINZA	T3	
SIMPONI ARIA	T5	PA; QL (200 ML per 56 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; QL (1 ML per 28 days)
<i>Simvastatin Oral Tablet</i>	T1	
<i>Sirolimus Oral</i>	T4	

Medicamento	Nivel	Notas
SIRTURO ORAL TABLET 100 MG	T5	PA
SIVEXTRO	T4	
SKYLA	\$0	QL (1 EA per 300 days)
SKYRIZI INTRAVENOUS	T5	PA
SKYRIZI PEN	T5	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	T5	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; QL (1 ML per 84 days)
<i>Sleep-Aid Oral Tablet</i>	T2	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/ITSP</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	
SOLQUA	T3	QL (6 ML per 30 days)
SOLU-CORTEF	T4	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	T4	
SOMATULINE DEPOT	T5	PA; QL (1 ML per 28 days)
SOMAVERT	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	
SOVALDI ORAL PACKET	T3	PA; QL (28 EA per 28 days)
SOVALDI ORAL TABLET	T5	PA; QL (28 EA per 28 days)
<i>Spinosad</i>	T3	
SPIRIVA HANDIHALER	T3	QL (1 EA per 25 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T3	QL (1 GM per 25 days)
<i>Spironolactone Oral Tablet</i>	T1	
<i>Spironolactone-HCTZ</i>	T2	
SPRINTEC 28	\$0	

Medicamento	Nivel	Notas
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	T5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	T5	PA; QL (90 EA per 30 days)
SRONYX	\$0	
SSD	T2	
STELARA INTRAVENOUS	T5	PA; QL (4 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T5	PA; QL (1 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T5	PA; QL (1 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T5	PA; QL (1 ML per 56 days)
STIVARGA	T5	PA; QL (84 EA per 28 days)
<i>Streptomycin Sulfate Intramuscular</i>	T2	
STRIBILD	T3	QL (30 EA per 30 days)
STRIVERDI RESPIMAT	T3	QL (1 GM per 25 days)
SUBLOCADE	T5	
SUCRAID	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	
SULFAMYLON EXTERNAL CREAM	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)

Medicamento	Nivel	Notas
<i>SUNItinib Malate</i>	T5	PA; QL (30 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK	T3	
SUNOSI	T4	PA; QL (30 EA per 30 days)
SUPREP BOWEL PREP KIT	T3	
SYEDA	\$0	
SYMDEKO	T5	PA; QL (56 EA per 28 days)
SYMFI	T4	QL (30 EA per 30 days)
SYMTUZA	T3	QL (30 EA per 30 days)
SYNAGIS	T6	PA
SYNAREL	T5	PA
SYNJARDY	T3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T3	QL (60 EA per 30 days)
SYNTHROID	T3	
TABLOID	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)
TAFINLAR ORAL CAPSULE	T5	PA; QL (120 EA per 30 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; QL (2 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	T5	PA; QL (0.25 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	T5	PA; QL (0.5 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	T5	PA; QL (2 ML per 28 days)
<i>Tamoxifen Citrate Oral</i>	T2	
<i>Tamsulosin HCl</i>	T2	
TARGRETIN EXTERNAL	T5	PA
TASIGNA	T5	PA
<i>Tazarotene External Cream 0.1 %</i>	T2	PA
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	T2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	T2	
TAZORAC EXTERNAL CREAM 0.05 %	T3	PA
TAZORAC EXTERNAL GEL	T3	PA
<i>Telmisartan</i>	T2	
<i>Telmisartan-amLODIPine</i>	T2	
<i>Telmisartan-HCTZ</i>	T2	

Medicamento	Nivel	Notas
<i>Temazepam</i>	T2	QL (15 EA per 25 days)
TEMODAR INTRAVENOUS	T5	PA
<i>Temozolomide</i>	T5	PA
TENCON ORAL TABLET 50-325 MG	T2	QL (48 EA per 25 days)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	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>Teriparatide Subcutaneous Solution Pen-Injector 560 MCG/2.24ML</i>	T5	PA
<i>Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML</i>	T2	
<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 Capsule</i>	T4	QL (120 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	T5	PA; QL (28 EA per 28 days)
THEO-24	T4	
<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>Theophylline Oral</i>	T2	
<i>Thioridazine HCl Oral</i>	T2	
<i>Thiothixene Oral</i>	T2	
<i>tiaGABine HCl</i>	T2	
<i>Ticagrelor</i>	T2	
TICE BCG	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	
TIVICAY ORAL TABLET 50 MG	T3	QL (60 EA per 30 days)
TIVICAY PD	T3	QL (180 EA per 30 days)
<i>tiZANidine HCl Oral Tablet</i>	T1	
TOBRADEX OPHTHALMIC OINTMENT	T3	
TOBRADEX ST	T3	

Medicamento	Nivel	Notas
<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	
TODAY SPONGE	\$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 Oral Tablet</i>	T5	PA
<i>Topiramate Oral Capsule Sprinkle 15 MG, 25 MG</i>	T2	
<i>Topiramate Oral Tablet</i>	T2	
<i>Topotecan HCl Intravenous Solution Reconstituted</i>	T2	
<i>Toremifene Citrate</i>	T3	
<i>Torsemide Oral</i>	T2	
TOVIAZ	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	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	QL (1 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 EA per 25 days)
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	T5	QL (2 ML per 28 days)

Medicamento	Nivel	Notas
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	T5	PA; QL (2 ML per 28 days)
TREMFYA INTRAVENOUS	T5	PA; QL (20 ML per 28 days)
TREMFYA ONE-PRESS	T5	PA; QL (1 ML per 56 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; QL (1 ML per 56 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	T5	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; QL (1 ML per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	T5	PA; QL (2 ML per 28 days)
TRESIBA	T3	
TRESIBA FLEXTOUCH	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 Oral Capsule 250 MG</i>	T4	
<i>Trifluoperazine HCl Oral</i>	T2	
<i>Trifluridine Ophthalmic</i>	T2	
<i>Trihexyphenidyl HCl</i>	T2	
TRIKAFTA ORAL TABLET THERAPY PACK	T5	PA; QL (84 EA per 28 days)
TRI-LINYAH	\$0	
<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)
TRINESSA (28)	\$0	
TRI-SPRINTEC	\$0	
TRIUMEQ	T3	QL (30 EA per 30 days)
<i>Triumeq PD</i>	T3	QL (180 EA per 30 days)
TRIVORA (28)	\$0	
TROGARZO	T5	
<i>Tropicamide Ophthalmic</i>	T2	

Medicamento	Nivel	Notas
<i>Trospium Chloride</i>	T2	
<i>Trospium Chloride ER</i>	T2	
TRULANCE	T3	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (4 ML per 28 days)
TRUMENBA	\$0	
TRUQAP ORAL TABLET 200 MG	T5	PA
TRUVADA	T4	QL (30 EA per 30 days)
TRYNGOLZA	T5	PA
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	
TYBOST	T3	QL (30 EA per 30 days)
TYMLOS	T5	PA; QL (1 ML per 30 days)
TYSABRI	T5	PA; QL (1 ML per 28 days)
TYVASO	T5	PA; QL (28 ML per 28 days)
TYVASO REFILL KIT	T5	PA; QL (28 ML per 28 days)
TYVASO STARTER KIT	T5	PA; QL (28 ML per 28 days)
ULTILET SHARPS CONTAINER 2QT	T3	OTC
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T2	
UPTRAVI INTRAVENOUS	T5	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	T5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 200 MCG	T5	PA; QL (140 EA per 28 days)
UPTRAVI TITRATION	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	
UVADEX EXTRACORPOREAL	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 250 MG/5ML</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)

Medicamento	Nivel	Notas
<i>Vancomycin HCl Oral Capsule</i>	T4	QL (80 EA per 10 days)
VANDAZOLE	T3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	\$0	
<i>Varenicline Tartrate (Starter)</i>	\$0	
<i>Varenicline Tartrate Oral Tablet 0.5 MG, 1 MG</i>	\$0	
VARIVAX INJECTION	\$0	
VARUBI (180 MG DOSE)	T3	
VAXELIS	\$0	
VAXNEUVANCE	\$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	\$0	OTC
VELIVET	\$0	
VELPHORO	T4	
VELSIPITY	T5	PA
VEMLIDY	T5	PA; QL (30 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	T5	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	T5	PA; QL (180 EA per 30 days)
VENCLEXTA STARTING PACK	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	
VENTAVIS	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	
VERZENIO	T5	PA; QL (60 EA per 30 days)
<i>Vigabatrin</i>	T5	PA; QL (180 EA per 30 days)
VIIBRYD ORAL TABLET	T4	PA
<i>Vilazodone HCl</i>	T4	PA
VIMPAT INTRAVENOUS	T4	PA
VIMPAT ORAL SOLUTION	T4	PA
<i>VinBLASTine Sulfate Intravenous Solution</i>	T2	
<i>vinCRISTine Sulfate Intravenous</i>	T2	
<i>Vinorelbine Tartrate</i>	T2	
VIOKACE	T3	PA
<i>Viorele</i>	\$0	
VIRACEPT ORAL TABLET 250 MG	T3	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	T3	QL (120 EA per 30 days)
VIREAD ORAL POWDER	T3	QL (240 GM per 30 days)

Medicamento	Nivel	Notas
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T3	QL (30 EA per 30 days)
VIREAD ORAL TABLET 300 MG	T4	QL (30 EA per 30 days)
VISTOGARD	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 Oral Solution 0.25 MG/ML</i>	T2	OTC
VITRAKVI ORAL CAPSULE 100 MG	T5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	T5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	T5	PA; QL (300 ML per 30 days)
VIVITROL	T5	PA; QL (1 EA per 28 days)
VOLTAREN ARTHRITIS PAIN	T2	QL (300 GM per 25 days); OTC
VOLTAREN EXTERNAL	T2	QL (300 GM per 25 days)
VOQUEZNA	T5	PA
<i>Voriconazole Oral</i>	T4	PA
VOSEVI	T5	PA; QL (28 EA per 28 days)
VOTRIENT	T5	PA; QL (120 EA per 30 days)
VUMERITY	T5	PA; QL (120 EA per 30 days)
WAINUA	T5	PA
<i>Warfarin Sodium Oral</i>	T1	
WEGOVY	T4	PA
WERA	\$0	
WIDE-SEAL DIAPHRAGM 60	\$0	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 65	\$0	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 70	\$0	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 75	\$0	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 80	\$0	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 85	\$0	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 90	\$0	QL (1 EA per 300 days)
WIDE-SEAL DIAPHRAGM 95	\$0	QL (1 EA per 300 days)
XALKORI ORAL CAPSULE	T5	PA; QL (120 EA per 30 days)
XARELTO ORAL TABLET	T3	
XARELTO STARTER PACK	T3	
XELJANZ ORAL SOLUTION	T5	PA; QL (240 ML per 30 days)
XELJANZ ORAL TABLET	T5	PA; QL (60 EA per 30 days)
XELJANZ XR	T5	PA; QL (30 EA per 30 days)
XERAC AC	T3	
XIFAXAN ORAL TABLET 200 MG	T4	PA; QL (9 EA per 25 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	T3	QL (30 EA per 30 days)

Medicamento	Nivel	Notas
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T3	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T5	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T5	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	PA; QL (8 EA per 28 days)
XTAMPZA ER	T3	QL (60 EA per 30 days)
XTANDI ORAL CAPSULE	T5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	T5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	T5	PA; QL (60 EA per 30 days)
XULANE	\$0	
XULTOPHY	T3	QL (5 ML per 30 days)
YUVAFEM	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)
ZELBORAF	T5	PA; QL (240 EA per 30 days)
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	T3	PA
ZENZEDI ORAL TABLET 15 MG	T2	QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	T2	QL (120 EA per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG	T2	QL (60 EA per 30 days)
ZEPATIER	T5	PA; QL (28 EA per 28 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	T4	PA
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
ZEPOSIA	T5	PA; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK	T5	PA; QL (1 EA per 365 days)
ZIAGEN ORAL SOLUTION	T4	QL (960 ML 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	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T4	
<i>Ziprasidone HCl</i>	T2	
ZIRGAN	T4	
<i>Zoledronic Acid Intravenous Concentrate</i>	T5	PA
<i>Zoledronic Acid Intravenous Solution 5 MG/100ML</i>	T5	PA
ZOLINZA	T5	PA; QL (120 EA per 30 days)

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

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ALIMTA	2			<i>Benzonatate</i>	6

<i>Benzoyl Peroxide-Erythromycin</i>	6	<i>Captopril</i>	8	<i>Cinacalcet HCl</i>	10
<i>Benztropine Mesylate</i>	6	<i>Captopril-hydroCHLOROthiazide</i>	8	CINRYZE	11
<i>Bepotastine Besilate</i>	6	<i>carBAMazepine</i>	9	CIPRO	11
BESIVANCE	6	<i>carBAMazepine ER</i>	9	CIPRO HC	11
<i>Betaine</i>	7	<i>Carbidopa</i>	9	<i>Ciprofloxacin HCl</i>	11
<i>Betamethasone Dipropionate</i>	7	<i>Carbidopa-Levodopa</i>	9	<i>Ciprofloxacin in D5W</i>	11
<i>Betamethasone Dipropionate Aug</i>	7	<i>Carbidopa-Levodopa ER</i>	9	<i>Ciprofloxacin-Dexamethasone</i>	11
<i>Betamethasone Valerate</i>	7	<i>Carbidopa-Levodopa-Entacapone</i>	9	<i>Ciprofloxacin-Fluocinolone PF</i>	11
BETASERON	7	<i>Carbinoxamine Maleate</i>	9	<i>ClSplatIn</i>	11
<i>Betaxolol HCl</i>	7	<i>CARBOPlatin</i>	9	<i>Citalopram Hydrobromide</i>	11
<i>Bethanechol Chloride</i>	7	<i>Carglumic Acid</i>	9	CITRANATAL 90 DHA	11
BETIMOL	7	<i>Carisoprodol</i>	9	CITRANATAL ASSURE	11
BETOPTIC-S	7	<i>Carmustine</i>	9	CITRANATAL HARMONY	11
BEVESPI AEROSPHERE	7	<i>Carteolol HCl</i>	9	CITRANATAL MEDLEY	11
<i>Bexarotene</i>	7	CARTIA XT	9	<i>Cladribine</i>	11
BEXSERO	7	<i>Carvedilol</i>	9	<i>Clarithromycin</i>	11
BEYFORTUS	7	<i>Carvedilol Phosphate ER</i>	9	<i>Clarithromycin ER</i>	11
<i>Bicalutamide</i>	7	CAYA	9	<i>Clemastine Fumarate</i>	11
BIKTARVY	7	CAYSTON	9	CLEOCIN	11
<i>Bimatoprost</i>	7	<i>Cefaclor</i>	9	CLIMARA PRO	11
<i>Bisoprolol Fumarate</i>	7	<i>Cefadroxil</i>	9	<i>Clindamycin HCl</i>	11
<i>Bisoprolol-hydroCHLOROthiazide</i>	7	<i>CeFAZolin Sodium</i>	9	<i>Clindamycin Palmitate HCl</i>	11
<i>Bleomycin Sulfate</i>	7	<i>Cefdinir</i>	9	<i>Clindamycin Phos (Once-Daily)</i>	11
BOOSTRIX	7	<i>Cefepime HCl</i>	9	<i>Clindamycin Phos (Twice-Daily)</i>	11
<i>Bosentan</i>	7	<i>Cefixime</i>	9	<i>Clindamycin Phosphate</i>	11
BOSULIF	7	<i>Cefotaxime Sodium</i>	9	<i>cloBAZam</i>	11
<i>BP Wash</i>	7	<i>cefoTETan Disodium</i>	9	<i>Clobetasol Propionate</i>	11, 12
BREO ELLIPTA	7	<i>CefOXitin Sodium</i>	9	<i>Clocortolone Pivalate</i>	12
BRILINTA	7	<i>Cefpodoxime Proxetil</i>	9	<i>Clofarabine</i>	12
<i>Brimonidine Tartrate</i>	7	<i>Cefprozil</i>	9	<i>clomiPRAMINE HCl</i>	12
<i>Brinzolamide</i>	7	<i>cefTAZidime</i>	9	<i>clonazePAM</i>	12
BRIVIACT	7	<i>cefTRIAXone Sodium</i>	10	<i>cloNIDine</i>	12
<i>Bromfenac Sodium (Once-Daily)</i>	7	<i>CeTRIAXone Sodium</i>	10	<i>cloNIDine HCl</i>	12
<i>Bromocriptine Mesylate</i>	7	<i>Cefuroxime Axetil</i>	10	<i>Clopidogrel Bisulfate</i>	12
<i>Budesonide</i>	7, 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	CELONTIN	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	CERDELGA	10	COARTEM	12
<i>buPROPion HCl</i>	8	<i>Cevimeline HCl</i>	10	COBENFY	12
<i>buPROPion HCl ER (Smoking Det)</i> ...	8	CHEMET	10	COBENFY STARTER PACK	12
<i>buPROPion HCl ER (SR)</i>	8	CHEMSTRIP 9	10	<i>Codeine Sulfate</i>	12
<i>buPROPion HCl ER (XL)</i>	8	<i>Chloramphenicol Sod Succinate</i>	10	<i>Colchicine</i>	12
<i>busPIRone HCl</i>	8	<i>chlordiazePOXIDE HCl</i>	10	<i>Colchicine-Probenecid</i>	12
<i>Busulfan</i>	8	<i>Chlordiazepoxide-Amitriptyline</i>	10	<i>Colestipol HCl</i>	12
<i>Butalbital-APAP-Caff-Cod</i>	8	<i>Chlorhexidine Gluconate</i>	10	COMETRIQ (100 MG DAILY DOSE)	12
<i>Butalbital-APAP-Caffeine</i>	8	<i>Chloroquine Phosphate</i>	10	COMETRIQ (140 MG DAILY DOSE)	12
<i>Butalbital-Aspirin-Caffeine</i>	8	<i>Chlorothiazide Sodium</i>	10	COMETRIQ (60 MG DAILY DOSE)	12
<i>Butorphanol Tartrate</i>	8	<i>chlorthroMAZINE HCl</i>	10	COMPLERA	12
<i>Cabergoline</i>	8	<i>Chlorthalidone</i>	10	COMPRO	12
<i>Calcipotriene</i>	8	<i>Chlorzoxazone</i>	10	CONDYLOX	12
<i>Calcipotriene-Betameth Diprop</i>	8	<i>Cholestyramine</i>	10	COPAXONE	12
<i>Calcitonin (Salmon)</i>	8	<i>Cholestyramine Light</i>	10	CORLANOR	12
<i>Calcitriol</i>	8	<i>Chorionic Gonadotropin</i>	10	<i>Cortisone Acetate</i>	12
<i>Calcium Acetate (Phos Binder)</i>	8	<i>Ciclopirox</i>	10	COSENTYX	12, 13
CAMILA	8	<i>Ciclopirox Olamine</i>	10	COSENTYX (300 MG DOSE)	12
<i>Candesartan Cilexetil</i>	8	<i>Cidofovir</i>	10	COSENTYX SENSOREADY (300 MG)	12
<i>Candesartan Cilexetil-HCTZ</i>	8	<i>Cilostazol</i>	10		
<i>Capecitabine</i>	8	CIMDUO	10		
CAPRELSA	8	<i>Cimetidine</i>	10		

COSENTYX SENSOREADY PEN	13	<i>Dexamethasone Sodium</i>	17	DROXIA	17
COSENTYX UNOREADY	13	<i>Phosphate</i>	14	DRYSOL	17
COTELLIC	13	<i>Dexlansoprazole</i>	14	DUAVEE	17
CRENESSITY	13	<i>Dexmethylphenidate HCl</i>	14, 15	DULERA	17
CREON	13	<i>Dexmethylphenidate HCl ER</i>	14	<i>DULoxetine HCl</i>	17
CRINONE	13	<i>Dexrazoxane HCl</i>	15	DUPIXENT	17
<i>Cromolyn Sodium</i>	13	<i>Dextroamphetamine Sulfate</i>	15	<i>Dutasteride</i>	17
CROTAN	13	<i>Dextroamphetamine Sulfate ER</i>	15	<i>Dutasteride-Tamsulosin HCl</i>	17
CRYSSELLE-28	13	DIASCREEN 10	15	E.E.S. 400	17
<i>Cyanocobalamin</i>	13	DIASTIX	15	<i>Econazole Nitrate</i>	17
<i>Cyclobenzaprine HCl</i>	13	<i>diazePAM</i>	15	EDURANT	17
<i>Cyclophosphamide</i>	13	 DIAZEPAM INTENSOL	15	<i>Efavirenz</i>	17
<i>cycloSERINE</i>	13	<i>Diclofenac Potassium</i>	15	<i>Efavirenz-Emtricitab-Tenofo DF</i>	17
CYCLOSET	13	<i>Diclofenac Sodium</i>	15	<i>Efavirenz-lamivUDine-Tenofovir</i>	17
<i>cycloSPORINE</i>	13	<i>Diclofenac Sodium ER</i>	15	ELESTRIN	17
<i>CycloSPORINE</i>	13	<i>Diclofenac-miSOPROStol</i>	15	<i>Eletriptan Hydrobromide</i>	17
<i>cycloSPORINE Modified</i>	13	<i>Dicloxacillin Sodium</i>	15	ELIGARD	17
<i>Cyproheptadine HCl</i>	13	<i>Dicyclomine HCl</i>	15	ELINEST	17
CYSTAGON	13	DIFICID	15	ELIQUIS	17
CYSTARAN	13	<i>Diflorasone Diacetate</i>	15	ELIQUIS DVT/PE STARTER	
<i>Cytarabine</i>	13	<i>Diflunisal</i>	15	PACK	17
<i>Cytarabine (PF)</i>	13	<i>Difluprednate</i>	15	ELITE-OB	17
<i>Dabigatran Etexilate Mesylate</i>	13	DIGOX	15	ELIXOPHYLLIN	18
<i>Dacarbazine</i>	13	<i>Digoxin</i>	15	ELLA	18
<i>Dalfampridine ER</i>	13	<i>Dihydroergotamine Mesylate</i>	15	ELMIRON	18
DALIRESP	13	DILANTIN	15	<i>Eltrombopag Olamine</i>	18
<i>Danazol</i>	13	<i>diI TIAZem HCl</i>	15	EMFLAZA	18
<i>Dantrolene Sodium</i>	13	<i>Diltiazem HCl</i>	15	EMGALITY	18
DANZITEN	13	<i>diI TIAZem HCl ER</i>	15	EMGALITY (300 MG DOSE)	18
<i>Dapsone</i>	13	<i>Diltiazem HCl ER Beads</i>	15	EMSAM	18
DAPTACEL	13	<i>diI TIAZem HCl ER Coated Beads</i>	15	<i>Emtricitabine</i>	18
<i>DAPTOmycin</i>	13	<i>Dimethyl Fumarate</i>	16	<i>Emtricitabine-Tenofovir DF</i>	18
<i>Darifenacin Hydrobromide ER</i>	13	<i>Dimethyl Fumarate Starter Pack</i>	16	EMTRIVA	18
DASETTA 1/35 (28)	13	DIPENTUM	16	EMVERM	18
DASETTA 7/7/7	13	<i>diphenhydrAMINE HCl</i>	16	<i>Enalapril Maleate</i>	18
<i>DAUNOrubicin HCl</i>	14	<i>Diphenoxylate-Atropine</i>	16	<i>Enalapril-Hydrochlorothiazide</i>	18
<i>Decitabine</i>	14	<i>Dipyridamole</i>	16	ENBREL	18
<i>Deferiprone</i>	14	<i>Disopyramide Phosphate</i>	16	ENBREL MINI	18
<i>Deflazacort</i>	14	<i>Disulfiram</i>	16	ENBREL SURECLICK	18
DELSTRIGO	14	DIURIL	16	ENCARE	18
DELYLA	14	<i>Divalproex Sodium</i>	16	ENERGIX-B	18
<i>Demeclocycline HCl</i>	14	<i>Divalproex Sodium ER</i>	16	<i>Enoxaparin Sodium</i>	18
DEPO-ESTRADIOL	14	DIVIGEL	16	ENPRESSE-28	18
DEPO-MEDROL	14	<i>DOCEtaxel</i>	16	ENSKYCE	18
DEPO-SUBQ PROVERA 104	14	<i>Dofetilide</i>	16	<i>Entacapone</i>	18
DESCOVY	14	<i>Donepezil HCl</i>	16	<i>Entecavir</i>	18
<i>Desipramine HCl</i>	14	<i>Dorzolamide HCl</i>	16	ENTRESTO	18
<i>Desloratadine</i>	14	<i>Dorzolamide HCl-Timolol Mal</i>	16	<i>Enulose</i>	18
<i>Desmopressin Ace Spray Refrig</i>	14	DOVATO	16	EPCLUSA	18
<i>Desmopressin Acetate</i>	14	<i>Doxazosin Mesylate</i>	16	EPIDIOLEX	18
<i>Desmopressin Acetate PF</i>	14	<i>Doxepin HCl</i>	16	<i>Epinastine HCl</i>	18
<i>Desmopressin Acetate Spray</i>	14	<i>Doxercalciferol</i>	16	<i>EPINEPHrine</i>	18
<i>Desonide</i>	14	<i>DOXOrubicin HCl</i>	16	EPIPEN 2-PAK	18
<i>Desoximetasone</i>	14	<i>DOXOrubicin HCl Liposomal</i>	16	EPIPEN JR 2-PAK	18
<i>Desvenlafaxine ER</i>	14	DOXY 100	16	EPIVIR	18
<i>Desvenlafaxine Succinate ER</i>	14	<i>Doxycycline Hyclate</i>	16, 17	<i>Eplerenone</i>	19
<i>Dexamethasone</i>	14	<i>Doxycycline Monohydrate</i>	17	<i>Epoprostenol Sodium</i>	19
DEXAMETHASONE INTENSOL	14	<i>Dronabinol</i>	17	<i>Eptifibatide</i>	19
<i>Dexamethasone Sod Phosphate</i>		<i>Drospiren-Eth Estrad-Levomefol</i>	17	ERBITUX	19
<i>PF</i>	14	<i>Drospirenone-Ethinyl Estradiol</i>	17	ERGOMAR	19

<i>Ergotamine-Caffeine</i>	19	FETZIMA	21	FUZEON	23
ERIVEDGE	19	FETZIMA TITRATION	21	FYCOMPA	23
ERLEADA	19	FIASP	21	<i>Gabapentin</i>	23
<i>Erlotinib HCl</i>	19	FIASP FLEXTOUCH	21	<i>Galantamine Hydrobromide</i>	23
ERRIN	19	FIASP PENFILL	21	<i>Galantamine Hydrobromide ER</i>	23
ERTACZO	19	FILSUEVZ	21	GARDASIL 9	23
<i>Ertapenem Sodium</i>	19	FINACEA	21	<i>Gatifloxacin</i>	23
<i>Ery</i>	19	<i>Finasteride</i>	21	GAVILYTE-C	23
ERY-TAB	19	<i>Fingolimod HCl</i>	21	GAVILYTE-G	23
ERYTHROCIN LACTOBIONATE	19	<i>FlavoxATE HCl</i>	21	GAZYVA	23
<i>Erythromycin</i>	19	<i>Flecainide Acetate</i>	21	<i>Gemcitabine HCl</i>	23
<i>Erythromycin Base</i>	19	FLEXICHAMBER CHILD		<i>Gemfibrozil</i>	23
<i>Erythromycin Ethylsuccinate</i>	19	MASK/SMALL	21	GEMTESA	23
ESBRIET	19	<i>Fluconazole</i>	21	<i>Generlac</i>	23
<i>Escitalopram Oxalate</i>	19	<i>Fluconazole in Sodium Chloride</i>	21	GENGRAF	23
<i>Esomeprazole Magnesium</i>	19	<i>Fludarabine Phosphate</i>	21	<i>Gentamicin in Saline</i>	23
<i>Esomeprazole Sodium</i>	19	<i>Fludrocortisone Acetate</i>	21	<i>Gentamicin Sulfate</i>	23
<i>Estradiol</i>	19	<i>Flunisolide</i>	21	GENVOYA	23
<i>Estradiol Valerate</i>	19	<i>Fluocinolone Acetonide</i>	21	GLEOSTINE	23
<i>Estradiol-Norethindrone Acet</i>	19	<i>Fluocinolone Acetonide Body</i>	21	GLIADEL WAFER	23
ESTROGEL	19	<i>Fluocinolone Acetonide Scalp</i>	21	<i>Glimepiride</i>	23
<i>Eszopiclone</i>	19	<i>Fluocinonide</i>	21	<i>glipiZIDE</i>	23
<i>Ethacrynate Sodium</i>	20	<i>Fluorouracil</i>	21	<i>glipiZIDE ER</i>	23
<i>Ethacrynic Acid</i>	20	<i>FLUoxetine HCl</i>	21, 22	<i>glipiZIDE-metFORMIN HCl</i>	23
<i>Ethambutol HCl</i>	20	<i>fluPHENAZine Decanoate</i>	22	<i>Glucagon Emergency</i>	23
<i>Ethosuximide</i>	20	<i>FluPHENAZine HCl</i>	22	<i>glyBURIDE</i>	23
<i>Ethynodiol Diac-Eth Estradiol</i>	20	<i>Flurbiprofen</i>	22	<i>glyBURIDE Micronized</i>	23
<i>Etodolac</i>	20	<i>Flurbiprofen Sodium</i>	22	<i>GlyBURIDE-MetFORMIN</i>	23
<i>Etodolac ER</i>	20	<i>Fluticasone Propionate</i>	22	<i>Glycopyrrolate</i>	24
<i>Etonogestrel-Ethinyl Estradiol</i>	20	<i>Fluticasone Propionate HFA</i>	22	GLYXAMBI	24
<i>Etoposide</i>	20	<i>Fluticasone-Salmeterol</i>	22	<i>GoodSense Aspirin</i>	24
<i>Etravirine</i>	20	<i>Fluvastatin Sodium</i>	22	<i>GoodSense Ibuprofen Childrens</i>	24
EUCRISA	20	<i>Fluvastatin Sodium ER</i>	22	<i>Granisetron HCl</i>	24
EVAMIST	20	<i>fluvoxamine Maleate</i>	22	<i>Griseofulvin Microsize</i>	24
<i>Everolimus</i>	20	<i>fluvoxamine Maleate ER</i>	22	<i>Griseofulvin Ultramicrosize</i>	24
EVOTAZ	20	FML FORTE	22	<i>guanFACINE HCl</i>	24
<i>Exemestane</i>	20	<i>Folic Acid</i>	22	<i>guanFACINE HCl ER</i>	24
<i>Ezetimibe</i>	20	<i>Fondaparinux Sodium</i>	22	GYNAZOLE-1	24
<i>Ezetimibe-Simvastatin</i>	20	<i>Fosamprenavir Calcium</i>	22	<i>Halcinonide</i>	24
FABHALTA	20	<i>Fosfomycin Tromethamine</i>	22	<i>Halobetasol Propionate</i>	24
FALMINA	20	<i>Fosinopril Sodium</i>	22	<i>Haloperidol</i>	24
<i>Famciclovir</i>	20	<i>Fosinopril Sodium-HCTZ</i>	22	<i>Haloperidol Decanoate</i>	24
<i>Famotidine</i>	20	<i>Fosphenytoin Sodium</i>	22	<i>Haloperidol Lactate</i>	24
<i>Famotidine (PF)</i>	20	FOSRENOL	22	HARVONI	24
<i>Famotidine Premixed</i>	20	FRAGMIN	22	HAVRIX	24
FARXIGA	20	FREESTYLE LIBRE 14 DAY		HEATHER	24
FC2 FEMALE CONDOM	20	READER	22	HEMLIBRA	24
<i>Febuxostat</i>	20	FREESTYLE LIBRE 14 DAY		<i>Heparin Sodium (Porcine)</i>	24
<i>Felbamate</i>	20	SENSOR	22	<i>Heparin Sodium (Porcine) PF</i>	24
<i>Felodipine ER</i>	20	FREESTYLE LIBRE 2 READER	22	HEPLISAV-B	24
FEMCAP	20	FREESTYLE LIBRE 2 SENSOR	22	HETLIOZ	24
<i>Fenofibrate</i>	20	FREESTYLE LIBRE 3 PLUS		HIBERIX	24
<i>Fenofibrate Micronized</i>	20	SENSOR	22	HUMATROPEN FOR 12MG	24
<i>Fenofibric Acid</i>	20	FREESTYLE LIBRE 3 READER	22	HUMATROPEN FOR 24MG	24
<i>fentaNYL</i>	20, 21	FREESTYLE LIBRE 3 SENSOR	22	HUMATROPEN FOR 6MG	24
FERRIPROX	21	FREESTYLE LIBRE READER	22	HUMIRA (1 PEN)	24
FERRIPROX TWICE-A-DAY	21	<i>Frovatriptan Succinate</i>	22	HUMIRA (2 PEN)	24
<i>Ferrous Fumarate</i>	21	FRUZAQLA	22	HUMIRA (2 SYRINGE)	25
<i>Ferrous Gluconate</i>	21	<i>Fulvestrant</i>	23	HUMIRA-CD/UC/HS STARTER	25
<i>Ferrous Sulfate</i>	21	<i>Furosemide</i>	23		

HUMIRA-PSORIASIS/UEIT		<i>Ip</i> ratropium-Albuterol.....	27	<i>Lamo</i> TRlgine.....	29
STARTER	25	<i>Ir</i> besartan.....	27	<i>lamo</i> TRlgine ER.....	29
HUMULIN R U-500		<i>Ir</i> besartan-hydroCHLOROthiazide...27		<i>lamo</i> TRlgine Starter Kit-Blue.....	29
(CONCENTRATED)	25	<i>Irin</i> otecan HCl.....	27	<i>lamo</i> TRlgine Starter Kit-Green.....	29
HUMULIN R U-500 KWIKPEN	25	ISENTRESS	27	<i>lamo</i> TRlgine Starter Kit-Orange.....	29
<i>hydr</i> ALAZINE HCl.....	25	ISENTRESS HD	27	LANOXIN PEDIATRIC	29
<i>hydro</i> CHLOROthiazide.....	25	<i>Ison</i> iazid.....	27	<i>Lansop</i> razole.....	29
<i>HYDRO</i> codone Bitartrate ER.....	25	<i>Isosor</i> bide Dinitrate.....	27	<i>Lapatinib</i> Ditosylate.....	29
<i>HYDRO</i> codone Bit-Homatrop MBr..	25	<i>Isosor</i> bide Mononitrate.....	27	LARIN 1.5/30	29
<i>HYDRO</i> codone-Acetaminophen.....	25	<i>Isosor</i> bide Mononitrate ER.....	27	LASTACFT	29
<i>HYDRO</i> codone-Ibuprofen.....	25	<i>ISO</i> tretinoin.....	27	<i>Latanop</i> rost.....	29
<i>Hydrocortisone</i>	25	<i>Isradipine</i>	27	LEENA	29
<i>Hydrocortisone Butyrate</i>	25	ITOVEBI	27	<i>Leflunomide</i>	29
<i>Hydrocortisone Valerate</i>	25	<i>Itraconazole</i>	28	LENVIMA (10 MG DAILY DOSE)	29
<i>Hydrocortisone-Acetic Acid</i>	25	<i>IV Prep Wipes</i>	28	LENVIMA (12 MG DAILY DOSE)	29
<i>Hydromet</i>	25	<i>Ivabradine HCl</i>	28	LENVIMA (14 MG DAILY DOSE)	29
<i>HYDRO</i> morphone HCl.....	25, 26	<i>Ivermectin</i>	28	LENVIMA (18 MG DAILY DOSE)	29
<i>HYDRO</i> morphone HCl ER.....	25	IWILFIN	28	LENVIMA (20 MG DAILY DOSE)	29
<i>HYDRO</i> morphone HCl PF.....	26	JAKAFI	28	LENVIMA (24 MG DAILY DOSE)	29
<i>Hydroxychloroquine Sulfate</i>	26	JANTOVEN	28	LENVIMA (4 MG DAILY DOSE)	29
<i>Hydroxyurea</i>	26	JANUMET	28	LENVIMA (8 MG DAILY DOSE)	29
<i>HydrOXYzine HCl</i>	26	JANUMET XR	28	LESSINA	29
<i>hydroOXYzine HCl</i>	26	JANUVIA	28	<i>Letrozole</i>	29
<i>hydroOXYzine Pamoate</i>	26	JARDIANCE	28	<i>Leucovorin Calcium</i>	30
HYMPAVZI	26	JINTELI	28	LEUKERAN	30
<i>Hyoscyamine Sulfate</i>	26	JOLESSA	28	<i>Leuprolide Acetate</i>	30
<i>Hyoscyamine Sulfate ER</i>	26	JULUCA	28	<i>Levalbuterol HCl</i>	30
HYQVIA	26	JUNEL 1.5/30	28	<i>Levalbuterol Tartrate</i>	30
<i>Ibandronate Sodium</i>	26	JUNEL 1/20	28	<i>levETIRAcetam</i>	30
IBRANCE	26	JUNEL FE 1.5/30	28	<i>levETIRAcetam ER</i>	30
<i>Ibuprofen</i>	26	JUNEL FE 1/20	28	<i>levETIRAcetam in NaCl</i>	30
<i>Icatibant Acetate</i>	26	KADCYLA	28	<i>Levobunolol HCl</i>	30
ICLUSIG	26	KALETRA	28	<i>Levocetirizine Dihydrochloride</i>	30
<i>Icosapent Ethyl</i>	26	KALYDECO	28	<i>levoFLOXacin</i>	30
<i>IDArubicin HCl</i>	26	KARIVA	28	<i>levoFLOXacin in D5W</i>	30
IDHIFA	26	KELNOR 1/35	28	LEVONEST	30
<i>Ifosfamide</i>	26	KERENDIA	28	<i>Levonorgest-Eth Estrad 91-Day</i>	30
<i>Imatinib Mesylate</i>	26	KESIMPTA	28	<i>Levonorgestrel</i>	30
IMBRUVICA	26	<i>Ketoconazole</i>	28	<i>Levonorgestrel-Ethinyl Estrad</i>	30
<i>Imipenem-Cilastatin</i>	26	KETO-DIASTIX	28	LEVORA 0.15/30 (28)	30
<i>Imipramine HCl</i>	26	<i>Ketorolac Tromethamine</i>	28	<i>Levorphanol Tartrate</i>	30
<i>Imipramine Pamoate</i>	26	KEVZARA	28	<i>Levothyroxine Sodium</i>	30
<i>Imiquimod</i>	26	KEYTRUDA	28	LEVOXYL	30
<i>Imkeldi</i>	26	KISQALI (200 MG DOSE)	28	<i>Lidocaine</i>	30
INCRELEX	26	KISQALI (400 MG DOSE)	28	<i>Lidocaine HCl</i>	30
INCRUSE ELLIPTA	27	KISQALI (600 MG DOSE)	29	<i>Lidocaine HCl (Cardiac)</i>	30
<i>Indapamide</i>	27	KLOR-CON	29	<i>Lidocaine HCl (Cardiac) PF</i>	30
<i>Indomethacin</i>	27	KLOR-CON 10	29	<i>Lidocaine HCl (PF)</i>	30
INFANRIX	27	KLOR-CON M15	29	<i>Lidocaine HCl Urethral/Mucosal</i>	30
INFLECTRA	27	KLOR-CON M20	29	<i>Lidocaine in D5W</i>	30
INLYTA	27	KURVELO	29	<i>Lidocaine Viscous HCl</i>	31
INSTA-GLUCOSE	27	KYLEENA	29	<i>Lidocaine-Prilocaine</i>	31
INTELENCE	27	<i>Labetalol HCl</i>	29	LILETTA (52 MG)	31
INTRAROSA	27	<i>Lacosamide</i>	29	<i>Linezolid</i>	31
INTROVALE	27	<i>Lactulose</i>	29	<i>Linezolid in Sodium Chloride</i>	31
INVEGA SUSTENNA	27	LAGEVRIO	29	LINZESS	31
INVEGA TRINZA	27	<i>lamiVUDine</i>	29	<i>Liothyronine Sodium</i>	31
IOPIDINE	27	<i>LamiVUDine</i>	29	<i>Liraglutide</i>	31
IPOL	27	<i>lamiVUDine-Zidovudine</i>	29	<i>Lisdexamfetamine Dimesylate</i>	31
<i>Ip</i> ratropium Bromide.....	27	<i>lamo</i> TRlgine.....	29	<i>Lisinopril</i>	31

<i>Lisinopril-hydroCHLOROthiazide</i>	31	<i>Mesna</i>	33	<i>Morphine Sulfate ER Beads</i>	35
<i>Lithium Carbonate</i>	31	MESNEX	33	MOTOFEN	36
<i>Lithium Carbonate ER</i>	31	<i>Metaxalone</i>	33	MOUNJARO	36
LIVDELZI	31	<i>metFORMIN HCl</i>	33	MOVANTIK	36
<i>Loperamide HCl</i>	31	<i>metFORMIN HCl ER</i>	33	<i>Moxifloxacin HCl</i>	36
<i>Lopinavir-Ritonavir</i>	31	<i>Methadone HCl</i>	33	<i>Moxifloxacin HCl (2X Day)</i>	36
<i>LOrazepam</i>	31	METHADONE HCL INTENSOL	33	<i>Moxifloxacin HCl in NaCl</i>	36
LORBRENA	31	METHADOSE	33	MULTAQ	36
LORYNA	31	<i>Methamphetamine HCl</i>	33	<i>Multi-Vit/Iron/Fluoride</i>	36
<i>Losartan Potassium</i>	31	<i>methazolAMIDE</i>	33	<i>Multivitamin/Fluoride</i>	36
<i>Losartan Potassium-HCTZ</i>	31	<i>Methenamine Hippurate</i>	33	<i>Multi-Vitamin/Fluoride</i>	36
<i>Loteprednol Etabonate</i>	31	<i>methIMazole</i>	33	<i>Multi-Vitamin/Fluoride/Iron</i>	36
<i>Lovastatin</i>	31	<i>Methocarbamol</i>	33	<i>Mupirocin</i>	36
LOW-OGESTREL	31	<i>Methotrexate Sodium</i>	33	MYALEPT	36
<i>Loxapine Succinate</i>	31	<i>Methotrexate Sodium (PF)</i>	33	<i>Mycophenolate Mofetil</i>	36
<i>Lubiprostone</i>	31	<i>Methoxsalen Rapid</i>	33	<i>Mycophenolate Mofetil HCl</i>	36
<i>Luliconazole</i>	31	<i>Methscopolamine Bromide</i>	33	<i>Mycophenolate Sodium</i>	36
LUMIGAN	31	<i>Methylidopa</i>	33	MYRBETRIQ	36
LUPRON DEPOT-PED (1-MONTH)	31	<i>Methylphenidate HCl</i>	34	<i>Nabumetone</i>	36
LUPRON DEPOT-PED (3-MONTH)	31	<i>Methylphenidate HCl ER</i>	34	<i>Nadolol</i>	36
<i>Lurasidone HCl</i>	31	<i>Methylphenidate HCl ER (CD)</i>	33	<i>Nafacillin Sodium</i>	36
LUTERA	31	<i>Methylphenidate HCl ER (LA)</i>	33, 34	<i>Naftifine HCl</i>	36
LYNPARZA	31	<i>Methylphenidate HCl ER (OSM)</i>	34	<i>Nalbuphine HCl</i>	36
LYSODREN	31	<i>methylPREDNISolone</i>	34	<i>Naloxone HCl</i>	36
<i>Magnesium Sulfate</i>	32	<i>MethylPREDNISolone Acetate</i>	34	<i>Naltrexone HCl</i>	36
<i>Magnesium Sulfate in D5W</i>	32	<i>methylPREDNISolone Sodium Succ</i>	34	<i>Naproxen</i>	36
<i>Malathion</i>	32	<i>methylTESTOSTERone</i>	34	<i>Naratriptan HCl</i>	36
<i>Mannitol</i>	32	<i>Metoclopramide HCl</i>	34	NARCAN	37
<i>Maraviroc</i>	32	<i>metOLazone</i>	34	NATACYN	37
<i>Marlissa</i>	32	<i>Metoprolol Succinate ER</i>	34	<i>Nateglinide</i>	37
MARPLAN	32	<i>Metoprolol Tartrate</i>	34	<i>Nebivolol HCl</i>	37
MATULANE	32	<i>Metoprolol-hydroCHLOROthiazide</i>	34	NECON 0.5/35 (28)	37
MATZIM LA	32	<i>metroNIDAZOLE</i>	34	<i>Nefazodone HCl</i>	37
MAXIDEX	32	<i>Mexiletine HCl</i>	34	<i>Neomycin Sulfate</i>	37
MAYZENT	32	MIACALCIN	34	<i>Neomycin-Polymyxin-Dexameth</i>	37
MAYZENT STARTER PACK	32	<i>Miconazole 3</i>	34	<i>Neomycin-Polymyxin-Gramicidin</i>	37
<i>Meclizine HCl</i>	32	MICROGESTIN 1.5/30	34	<i>Neomycin-Polymyxin-HC</i>	37
<i>Meclofenamate Sodium</i>	32	<i>Midodrine HCl</i>	34	NEUPRO	37
MEDPURA HYDROCORTISONE	32	<i>Miglitol</i>	34	NEVANAC	37
MEDROL	32	MIMVEY	35	<i>Nevirapine</i>	37
<i>medroxyPROGESTERone Acetate</i>	32	<i>Minocycline HCl</i>	35	<i>Nevirapine ER</i>	37
<i>MedroxyPROGESTERone Acetate</i>	32	<i>Minoxidil</i>	35	NEXAVAR	37
<i>Mefenamic Acid</i>	32	MIRCERA	35	NEXPLANON	37
<i>Mefloquine HCl</i>	32	MIRENA (52 MG)	35	NEXTERONE	37
<i>Megestrol Acetate</i>	32	<i>Mirtazapine</i>	35	<i>Niacin ER (Antihyperlipidemic)</i>	37
MEKINIST	32	MIRVASO	35	<i>niCARDipine HCl</i>	37
<i>Meloxicam</i>	32	<i>miSOPROStol</i>	35	<i>Nicotine</i>	37
<i>Melphalan HCl</i>	32	<i>mitoMYcin</i>	35	<i>NIFEdipine ER</i>	37
<i>Memantine HCl</i>	32	<i>mitoXANTRONE HCl</i>	35	<i>NIFEdipine ER Osmotic Release</i>	37
<i>Memantine HCl ER</i>	32	M-M-R II	35	NIKKI	37
MENEST	32	<i>Modafinil</i>	35	<i>Nilutamide</i>	37
MENQUADFI	32	<i>Moexipril HCl</i>	35	<i>niMODipine</i>	37
MENVEO	32	<i>Mometasone Furoate</i>	35	NIPENT	37
<i>Meperidine HCl</i>	32, 33	MONO-LINYAH	35	<i>Nisoldipine ER</i>	37
<i>Meprobamate</i>	33	<i>Montelukast Sodium</i>	35	<i>Nitazoxanide</i>	37
<i>Mercaptopurine</i>	33	<i>Morphine Sulfate</i>	35, 36	<i>Nitisinone</i>	37
<i>Meropenem</i>	33	<i>Morphine Sulfate (Concentrate)</i>	35	NITRO-BID	37
<i>Mesalamine</i>	33	<i>Morphine Sulfate (PF)</i>	35	NITRO-DUR	37
		<i>Morphine Sulfate ER</i>	35	<i>Nitrofurantoin</i>	38
				<i>Nitrofurantoin Macrocrystal</i>	37

Nitrofurantoin Monohyd Macro.....	38	Omeprazole.....	40	Pantoprazole Sodium.....	42
Nitroglycerin.....	38	Omeprazole Magnesium.....	40	PARAGARD INTRAUTERINE	
Nitroglycerin in D5W.....	38	OMNIFLEX DIAPHRAGM	40	COPPER	42
NIVA-FOL	38	OMNIPOD 5 DEXG7G6 INTRO		PARAPLATIN	42
NIVESTYM	38	GEN 5	40	Paricalcitol.....	42
Nizatidine.....	38	OMNIPOD 5 DEXG7G6 PODS		PARoxetine HCl.....	42
NORA-BE	38	GEN 5	40	PARoxetine HCl ER.....	42
NORDITROPIN FLEXPOR	38	OMNIPOD 5 LIBRE2 G6 INTRO		PAXLOVID (150/100)	42
Norethindrone.....	38	G5	40	PAXLOVID (300/100)	42
Norethindrone Acetate.....	38	OMNIPOD 5 LIBRE2 PLUS G6		PAZOPanib HCl.....	42
Norethindrone Acet-Ethinyl Est.....	38	PODS	40	PEDIARIX	42
Norethindrone-Eth Estradiol.....	38	OMNIPOD DASH INTRO (GEN 4) ..	40	PEDIATRIC PANDA MASK	42
Norethin-Eth Estradiol-Fe.....	38	OMNIPOD DASH PDM (GEN 4)	40	PEDVAX HIB	42
Norgestimate-Eth Estradiol.....	38	OMNIPOD DASH PODS (GEN 4) ...	40	PEG 3350-KCl-Na Bicarb-NaCl.....	42
Norgestim-Eth Estrad Triphasic.....	38	OMNIPOD POD PALS	40	PEG-3350/Electrolytes.....	42
Normal Saline Flush.....	38	OMNITROPE	40	PEGASYS	42
NORPACE CR	38	OMVOH	40	PEG-KCl-NaCl-NaSulf-Na Asc-C....	42
NORTREL 0.5/35 (28)	38	ONCASPAS	40	PEG-PREP	42
NORTREL 1/35 (21)	38	Ondansetron.....	40	PEMEtrexed Disodium.....	42
NORTREL 7/7/7	38	Ondansetron HCl.....	40	penicillAMINE.....	42
Nortriptyline HCl.....	38	OPSUMIT	40	Penicillin G Potassium.....	42
NORVIR	38	OPTIONS GYNOL II		Penicillin G Sodium.....	42
NOVOFINE PEN NEEDLE	38	CONTRACEPTIVE	40	Penicillin V Potassium.....	42
NOVOFINE PLUS PEN NEEDLE	38	ORALONE	40	PENTACEL	42
NOVOLIN 70/30	38	ORAVIG	40	Pentamidine Isethionate.....	42
NOVOLIN 70/30 FLEXPEN	38	ORENITRAM	40	Pentoxifylline ER.....	42
NOVOLIN N	38	ORFADIN	40	PERFOROMIST	42
NOVOLIN N FLEXPEN	38	ORKAMBI	40	Perindopril Erbumine.....	42
NOVOLIN R	38	Orphenadrine Citrate.....	40	PERIOGARD	42
NOVOLIN R FLEXPEN	39	Orphenadrine Citrate ER.....	40	Permethrin.....	42
NOVOLOG	39	ORSYTHIA	40	Perphenazine.....	42
NOVOLOG FLEXPEN	39	Oscimin.....	40	PERSERIS	42
NOVOLOG MIX 70/30	39	Oseltamivir Phosphate.....	41	PFIZERPEN	43
NOVOLOG MIX 70/30 FLEXPEN	39	OSMITROL	41	Phenelzine Sulfate.....	43
NOVOLOG PENFILL	39	OSPHERA	41	PHENobarbital.....	43
NUCALA	39	OTEZLA	41	Phenoxybenzamine HCl.....	43
NUDEXTA	39	Oxacillin Sodium.....	41	Phenylephrine HCl.....	43
NULEV	39	Oxaliplatin.....	41	Phenytoin.....	43
NURTEC	39	Oxaprozin.....	41	Phenytoin Sodium.....	43
NYAMYC	39	Oxazepam.....	41	Phenytoin Sodium Extended.....	43
NYLIA 1/35	39	OXcarbazepine.....	41	PHOSPHOLINE IODIDE	43
Nystatin.....	39	Oxiconazole Nitrate.....	41	PHOTOFRIN	43
Nystatin-Triamcinolone.....	39	Oxybutynin Chloride.....	41	PHYSIOLYTE	43
NYSTOP	39	Oxybutynin Chloride ER.....	41	PHYSIOSOL IRRIGATION	43
NYVEPRIA	39	OxyCODONE HCl.....	41	Phytonadione.....	43
OCELLA	39	oxyCODONE HCl.....	41	PIFELTRO	43
Octreotide Acetate.....	39	oxyCODONE-Acetaminophen.....	41	Pilocarpine HCl.....	43
ODEFSEY	39	Oxycodone-Acetaminophen.....	41	Pimozide.....	43
ODOMZO	39	Oxymorphone HCl.....	41	Pindolol.....	43
Ofloxacin.....	39	oxyMORphone HCl ER.....	41	Pioglitazone HCl.....	43
OGSIVEO	39	OxyMORphone HCl ER.....	41	Pioglitazone HCl-Glimepiride.....	43
OJJAARA	39	OZEMPIC (0.25 OR 0.5		Pioglitazone HCl-metFORMIN HCl..	43
OLANZapine.....	39	MG/DOSE)	41	Piperacillin Sod-Tazobactam So.....	43
OLANZapine-FLUoxetine HCl.....	39	OZEMPIC (1 MG/DOSE)	41	Pirfenidone.....	43
Olmesartan Medoxomil.....	39	OZEMPIC (2 MG/DOSE)	41	PIRMELLA 7/7/7	43
Olmesartan Medoxomil-HCTZ.....	39	PACERONE	41	Piroxicam.....	43
Olmesartan-amLODIPine-HCTZ.....	39	PACLitaxel.....	42	PLEGRIDY	43
Olopatadine HCl.....	39, 40	PACLitaxel Protein-Bound Part.....	42	PLEGRIDY STARTER PACK	43
OLUMIANT	40	Paliperidone ER.....	42	PLENVU	43
Omega-3-acid Ethyl Esters.....	40	Pamidronate Disodium.....	42	PNEUMOVAX 23	43

<i>Podofilox</i>	43	<i>Propranolol HCl ER</i>	45	<i>Rivastigmine Tartrate</i>	48
POLYCIN	44	<i>Propylthiouracil</i>	46	RIVELSA	48
<i>Polyethylene Glycol 3350</i>	44	PROQUAD	46	RIVFLOZA	48
<i>Polymyxin B Sulfate</i>	44	<i>Protriptyline HCl</i>	46	<i>Rizatriptan Benzoate</i>	48
<i>Polymyxin B-Trimethoprim</i>	44	<i>Pseudoeph-Bromphen-DM</i>	46	<i>rOPINIRole HCl</i>	48
POMALYST	44	<i>Pyrazinamide</i>	46	<i>Rosuvastatin Calcium</i>	48
PORTIA-28	44	<i>pyRIDostigmine Bromide</i>	46	ROTATEQ	48
<i>Posaconazole</i>	44	<i>Pyridostigmine Bromide ER</i>	46	ROZLYTREK	48
<i>Potassium Chloride</i>	44	<i>Pyridoxine HCl</i>	46	RUKOBIA	48
<i>Potassium Chloride Crys ER</i>	44	<i>Pyrimethamine</i>	46	RYBELSUS	48
<i>Potassium Chloride ER</i>	44	QELBREE	46	RYDAPT	48
<i>Potassium Chloride in NaCl</i>	44	QUADRACEL	46	SANCUSO	48
<i>Potassium Citrate ER</i>	44	<i>Quazepam</i>	46	<i>Sapropterin Dihydrochloride</i>	48
PRALUENT	44	<i>QUETiapine Fumarate</i>	46	SAVELLA	48
<i>Pramipexole Dihydrochloride</i>	44	<i>QUETiapine Fumarate ER</i>	46	SAVELLA TITRATION PACK	48
<i>Pramipexole Dihydrochloride ER</i>	44	<i>Quinapril HCl</i>	46	<i>Scopolamine</i>	48
<i>Prasugrel HCl</i>	44	<i>Quinapril-hydroCHLOROthiazide</i>	46	<i>Selegiline HCl</i>	48
<i>Pravastatin Sodium</i>	44	<i>quiNIDine Sulfate</i>	46	<i>Selenium Sulfide</i>	48
<i>Praziquantel</i>	44	<i>QuiNINE Sulfate</i>	46	SELZENTRY	48
<i>Prazosin HCl</i>	44	QVAR REDIHALER	46	<i>Sertraline HCl</i>	48
PRED MILD	44	<i>RABEprazole Sodium</i>	46	<i>Sevelamer Carbonate</i>	48
<i>prednisoLONE</i>	44	<i>Raloxifene HCl</i>	46	SHINGRIX	48
<i>prednisoLONE Acetate</i>	44	<i>Ramelteon</i>	46	SIGNIFOR	48
<i>PrednisoLONE Sodium Phosphate</i>	44	<i>Ramipril</i>	46	<i>Sildenafil Citrate</i>	48
<i>prednisoLONE Sodium Phosphate</i>	44	<i>Ranolazine ER</i>	46	<i>Silodosin</i>	48
<i>PredniSONE</i>	44	<i>Rasagiline Mesylate</i>	46	<i>Silver sulfADIAZINE</i>	48
<i>predniSONE</i>	44	REBIF	46	SIMBRINZA	48
PREDNISONONE INTENSOL	44	REBIF REBIDOSE	46	SIMPONI	48
<i>Pregabalin</i>	44	REBIF REBIDOSE TITRATION	46	SIMPONI ARIA	48
<i>Pregabalin ER</i>	44	PACK	46	<i>Simvastatin</i>	48
PREMARIN	44, 45	REBIF TITRATION PACK	46	<i>Sirolimus</i>	48
PRENATABS RX	45	RECLIPSEN	46	SIRTURO	49
<i>Pretomanid</i>	45	RECOMBIVAX HB	47	SIVEXTRO	49
PREVALITE	45	RECTIV	47	SKYLA	49
PREVNAR 20	45	REGONOL	47	SKYRIZI	49
PREZCOBIX	45	RELENZA DISKHALER	47	SKYRIZI PEN	49
PREZISTA	45	REMICADE	47	<i>Sleep-Aid</i>	49
PRIFTIN	45	REMODULIN	47	<i>Sodium Chloride</i>	49
<i>Primaquine Phosphate</i>	45	RENFLEXIS	47	<i>Sodium Chloride (PF)</i>	49
<i>Primidone</i>	45	<i>Repaglinide</i>	47	<i>Sodium Fluoride</i>	49
<i>Pro Comfort Pen Needles</i>	45	RESTASIS	47	<i>Sodium Phenylbutyrate</i>	49
<i>Probenecid</i>	45	RETACRIT	47	<i>Solifenacin Succinate</i>	49
<i>Procainamide HCl</i>	45	RETROVIR	47	SOLIQUA	49
<i>Prochlorperazine</i>	45	REVLIMID	47	SOLU-CORTEF	49
<i>Prochlorperazine Edisylate</i>	45	REVUFORJ	47	SOLU-MEDROL	49
<i>Prochlorperazine Maleate</i>	45	REXULTI	47	SOMATULINE DEPOT	49
PROCTOSOL HC	45	REYATAZ	47	SOMAVERT	49
PROCTOZONE-HC	45	REZDIFFRA	47	<i>SORafenib Tosylate</i>	49
<i>Progesterone</i>	45	<i>Ribavirin</i>	47	<i>Sotalol HCl</i>	49
PROGRAF	45	<i>Rifabutin</i>	47	<i>Sotalol HCl (AF)</i>	49
PROLASTIN-C	45	<i>Rifampin</i>	47	SOVALDI	49
PROLIA	45	<i>rifAMPin</i>	47	<i>SpinosaD</i>	49
PROMACTA	45	<i>Riluzole</i>	47	SPIRIVA HANDIHALER	49
<i>Promethazine HCl</i>	45	<i>riMANTAdine HCl</i>	47	SPIRIVA RESPIMAT	49
<i>Promethazine-Codeine</i>	45	RINVOQ	47	<i>Spirolactone</i>	49
<i>Promethazine-DM</i>	45	<i>Risedronate Sodium</i>	47	<i>Spirolactone-HCTZ</i>	49
<i>Propafenone HCl</i>	45	RISPERDAL CONSTA	47	SPRINTEC 28	49
<i>Propafenone HCl ER</i>	45	<i>risperiDONE</i>	47	SPRYCEL	50
<i>Proparacaine HCl</i>	45	<i>Ritonavir</i>	47	SRONYX	50
<i>Propranolol HCl</i>	45, 46	<i>Rivastigmine</i>	47	SSD	50

STELARA	50	<i>Teriparatide</i>	52	<i>Trientine HCl</i>	54
STIVARGA	50	<i>Testosterone</i>	52	<i>Trifluoperazine HCl</i>	54
<i>Streptomycin Sulfate</i>	50	<i>Testosterone Cypionate</i>	52	<i>Trifluridine</i>	54
STRIBILD	50	<i>Testosterone Enanthate</i>	52	<i>Trihexyphenidyl HCl</i>	54
STRIVERDI RESPIMAT	50	<i>Tetrabenazine</i>	52	TRIKAFTA	54
SUBLOCADE	50	<i>Tetracycline HCl</i>	52	TRI-LINYAH	54
SUCRAID	50	THALOMID	52	<i>Trimethobenzamide HCl</i>	54
<i>Sucralfate</i>	50	THEO-24	52	<i>Trimethoprim</i>	54
<i>Sulconazole Nitrate</i>	50	<i>Theophylline</i>	52	<i>Trimipramine Maleate</i>	54
<i>Sulfacetamide Sodium</i>	50	<i>Theophylline ER</i>	52	TRINESSA (28)	54
<i>Sulfacetamide Sodium (Acne)</i>	50	<i>Thioridazine HCl</i>	52	TRI-SPRINTEC	54
<i>Sulfacetamide-prednisoLONE</i>	50	<i>Thiothixene</i>	52	TRIUMEQ	54
<i>sulfADIAZINE</i>	50	<i>tiaGABine HCl</i>	52	<i>Triumeq PD</i>	54
<i>Sulfamethoxazole-Trimethoprim</i>	50	<i>Ticagrelor</i>	52	TRIVORA (28)	54
SULFAMYLON	50	TICE BCG	52	TROGARZO	54
<i>sulfaSALazine</i>	50	<i>Timolol Maleate</i>	52	<i>Tropicamide</i>	54
<i>Sulindac</i>	50	<i>Timolol Maleate (Once-Daily)</i>	52	<i>Trospium Chloride</i>	55
<i>SUMAtriptan</i>	50	<i>Tinidazole</i>	52	<i>Trospium Chloride ER</i>	55
<i>SUMAtriptan Succinate</i>	50	TIVICAY	52	TRULANCE	55
<i>SUMAtriptan Succinate Refill</i>	50	TIVICAY PD	52	TRULICITY	55
<i>Sumatriptan-Naproxen Sodium</i>	50	<i>tiZANidine HCl</i>	52	TRUMENBA	55
<i>SUNItinib Malate</i>	51	TOBRADEX	52	TRUQAP	55
SUNLENCA	51	TOBRADEX ST	52	TRUVADA	55
SUNOSI	51	<i>Tobramycin</i>	53	TRYNGOLZA	55
SUPREP BOWEL PREP KIT	51	<i>Tobramycin Sulfate</i>	53	TWINRIX	55
SYEDA	51	<i>Tobramycin-Dexamethasone</i>	53	TYBOST	55
SYMDEKO	51	TODAY SPONGE	53	TYMLOS	55
SYMFI	51	<i>Tolcapone</i>	53	TYSABRI	55
SYMTUZA	51	<i>Tolmetin Sodium</i>	53	TYVASO	55
SYNAGIS	51	<i>Tolterodine Tartrate</i>	53	TYVASO REFILL KIT	55
SYNAREL	51	<i>Tolterodine Tartrate ER</i>	53	TYVASO STARTER KIT	55
SYNJARDY	51	<i>Tolvaptan</i>	53	ULTILET SHARPS CONTAINER	
SYNJARDY XR	51	<i>Topiramate</i>	53	2QT	55
SYNTHROID	51	<i>Topotecan HCl</i>	53	UNITHROID	55
TABLOID	51	<i>Toremifene Citrate</i>	53	UPTRAVI	55
<i>Tacrolimus</i>	51	<i>Torsemide</i>	53	UPTRAVI TITRATION	55
<i>Tadalafil</i>	51	TOVIAZ	53	<i>Urinary Pain Relief</i>	55
<i>Tadalafil (PAH)</i>	51	<i>traMADol HCl</i>	53	<i>Ursodiol</i>	55
TAFINLAR	51	<i>traMADol HCl ER</i>	53	UVADEX	55
TALTZ	51	<i>traMADol-Acetaminophen</i>	53	<i>valACYclovir HCl</i>	55
<i>Tamoxifen Citrate</i>	51	<i>Trandolapril</i>	53	<i>valGANciclovir HCl</i>	55
<i>Tamsulosin HCl</i>	51	<i>Trandolapril-Verapamil HCl ER</i>	53	<i>Valproate Sodium</i>	55
TARGRETIN	51	<i>Tranexamic Acid</i>	53	<i>Valproic Acid</i>	55
TASIGNA	51	<i>Tranylcypromine Sulfate</i>	53	<i>Valsartan</i>	55
<i>Tazarotene</i>	51	<i>Travoprost (BAK Free)</i>	53	<i>Valsartan-hydroCHLOROthiazide</i>	55
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<i>Temozolomide</i>	52	TRESIBA	54	VAXELIS	56
TENCON	52	TRESIBA FLEXTOUCH	54	VAXNEUVANCE	56
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<i>Tenofovir Disoproxil Fumarate</i>	52	<i>Tretinoin Microsphere</i>	54	VELIVET	56
<i>Terazosin HCl</i>	52	<i>Tretinoin Microsphere Pump</i>	54	VELPHORO	56
<i>Terbinafine HCl</i>	52	<i>Triamcinolone Acetonide</i>	54	VELSIPITY	56
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