HealthFirst
Health Plans

Formulario 2025 de Health First Health Plans

Lista de medicamentos cubiertos

HealthFirst
Health Plans

¿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.

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.

HealthFirst
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.

36194_MPINFO0991_C(09/2023)

HealthFirst
Health Plans

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.

1 Para 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
Abacavir Sulfate Oral Solution	T1	QL (960 ML per 30 days)
Abacavir Sulfate Oral Tablet	T1	QL (60 EA per 30 days)
Abacavir Sulfate-lamiVUDine	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)
Abiraterone Acetate Oral Tablet 250 MG	T5	PA; QL (120 EA per 30 days)
Abiraterone Acetate Oral Tablet 500 MG	T5	PA; QL (60 EA per 30 days)
ABRYSVO	$0	PA
Acamprosate Calcium	T2	PA
Acarbose Oral	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
Acebutolol HCl Oral	T2	
Acetaminophen-Codeine Oral Solution	T2	QL (2700 ML per 25 days)
Acetaminophen-Codeine Oral Tablet 300-15 MG	T2	QL (400 EA per 25 days)
Acetaminophen-Codeine Oral Tablet 300-30 MG	T2	QL (360 EA per 25 days)
Acetaminophen-Codeine Oral Tablet 300-60 MG	T2	QL (180 EA per 25 days)
acetaZOLAMIDE ER	T2	
acetaZOLAMIDE Oral	T2	
acetaZOLAMIDE Sodium	T2	
Acetic Acid Otic	T2	
Acetylcysteine Inhalation	T3	
Acitretin	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	
Acyclovir External Ointment	T3	PA
Acyclovir Oral Capsule	T1	
Acyclovir Oral Suspension 200 MG/5ML	T2	
Acyclovir Oral Tablet	T1	
Acyclovir Sodium Intravenous Solution	T2	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	$0	
Adapalene External Cream	T3	PA
Adapalene External Gel	T3	PA
Adapalene-Benzoyl Peroxide External Gel 0.1-2.5 %	T2	
Adefovir Dipivoxil	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)
Ala-Cort External Cream 1 %	T1	QL (300 GM per 25 days)
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT	T2	QL (2 GM per 25 days)
Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, 0.63 MG/3ML, 1.25 MG/3ML	T2	QL (375 ML per 25 days)
Albuterol Sulfate Inhalation Nebulization Solution 2.5 MG/0.5ML	T2	QL (60 EA per 30 days)
Albuterol Sulfate Oral Syrup 2 MG/5ML	T2	
Albuterol Sulfate Oral Tablet	T2	
Alclometasone Dipropionate	T2	QL (300 GM per 25 days)
Alcoh-Wipe	T3	
ALDURAZYME	T5	PA
ALECENSA	T5	PA; QL (240 EA per 30 days)
Alendronate Sodium Oral Solution	T2	
Alendronate Sodium Oral Tablet 10 MG, 35 MG, 70 MG	T1	
Alfuzosin HCl ER	T2	
ALHEMO	T5	PA
ALIMTA	T5	

Medicamento	Nivel	Notas
Aliskiren Fumarate	T2	
Allopurinol Oral Tablet 100 MG, 300 MG	T1	
Allopurinol Sodium	T2	
Almotriptan Malate Oral Tablet 12.5 MG	T3	QL (12 EA per 25 days)
Almotriptan Malate Oral Tablet 6.25 MG	T3	QL (18 EA per 25 days)
ALOCRIL	T4	
Alogliptin Benzoate	T2	
Alosetron HCl	T4	PA
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T4	
ALPRAZOLAM INTENSOL	T1	QL (300 ML per 25 days)
ALPRAZolam Oral	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)
Alyacen 1/35	$0	
Alyacen 7/7/7	$0	
ALYFTREK	T5	PA
Amantadine HCl Oral Capsule	T2	
Amantadine HCl Oral Solution	T2	
Amantadine HCl Oral Tablet	T2	
Ambrisentan	T5	PA; QL (30 EA per 30 days)
Amcinonide External Ointment	T3	QL (240 GM per 25 days)
AMELUZ	T4	
AMETHYST	$0	
Amikacin Sulfate Injection Solution 1 GM/4ML, 500 MG/2ML	T2	
aMILoride HCl Oral	T2	
aMILoride-hydroCHLOROthiazide	T2	
Aminophylline Intravenous	T2	
Amiodarone HCl Intravenous	T2	
Amiodarone HCl Oral Tablet 200 MG, 400 MG	T2	
Amitriptyline HCl Oral Tablet 10 MG	T1	QL (150 EA per 30 days)
Amitriptyline HCl Oral Tablet 100 MG, 150 MG, 75 MG	T2	
Amitriptyline HCl Oral Tablet 25 MG	T1	QL (60 EA per 30 days)
Amitriptyline HCl Oral Tablet 50 MG	T1	QL (30 EA per 30 days)
Amlodipine Besy-Benazepril HCl	T1	
amLODIPine Besylate Oral	T1	
amLODIPine Besylate-Valsartan	T2	
amLODIPine-Atorvastatin	T2	
amLODIPine-Olmesartan	T2	
amLODIPine-Valsartan-HCTZ	T2	

Medicamento	Nivel	Notas
Ammonium Lactate External	T2	
Amoxapine Oral Tablet 100 MG, 25 MG, 50 MG	T2	QL (90 EA per 30 days)
Amoxapine Oral Tablet 150 MG	T2	QL (60 EA per 30 days)
Amoxicillin Oral Capsule	T1	
Amoxicillin Oral Suspension Reconstituted	T1	
Amoxicillin Oral Tablet	T1	
Amoxicillin Oral Tablet Chewable 125 MG, 250 MG	T2	
Amoxicillin-Pot Clavulanate ER	T2	
Amoxicillin-Pot Clavulanate Oral Suspension Reconstituted	T2	
Amoxicillin-Pot Clavulanate Oral Tablet	T1	
Amphetamine Sulfate Oral Tablet 10 MG	T4	
Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 10 MG, 5 MG	T2	QL (90 EA per 30 days)
Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 15 MG	T2	QL (30 EA per 30 days)
Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 20 MG, 25 MG, 30 MG	T2	QL (60 EA per 30 days)
Amphetamine-Dextroamphetamine Oral Tablet 10 MG, 12.5 MG, 5 MG, 7.5 MG	T2	QL (90 EA per 30 days)
Amphetamine-Dextroamphetamine Oral Tablet 15 MG, 20 MG, 30 MG	T2	QL (60 EA per 30 days)
Amphotericin B Intravenous	T2	QL (42 EA per 14 days)
Ampicillin Oral Capsule 500 MG	T2	
Ampicillin Sodium Injection Solution Reconstituted 1 GM, 2 GM, 250 MG, 500 MG	T4	
Ampicillin Sodium Intravenous	T4	
Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 1.5 (1-0.5) GM, 3 (2-1) GM	T4	
Ampicillin-Sulbactam Sodium Intravenous Solution Reconstituted 15 (10-5) GM	T4	
Anagrelide HCl	T3	
Anastrozole Oral	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)
Apraclonidine HCl	T2	
Aprepitant Oral Capsule 125 MG	T4	QL (2 EA per 21 days)
Aprepitant Oral Capsule 40 MG	T4	QL (3 EA per 180 days)
Aprepitant Oral Capsule 80 & 125 MG	T4	QL (6 EA per 21 days)
Aprepitant Oral Capsule 80 MG	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
Argatroban in Sodium Chloride Intravenous Solution 50-0.9 MG/50ML-%	T4	
Argatroban Intravenous Solution 250 MG/2.5ML	T2	
ARIPiprazole Oral Solution	T3	
ARIPiprazole Oral Tablet	T3	
ARIPiprazole Oral Tablet Dispersible	T2	
ARISTADA	T3	
ARISTADA INITIO	T3	
Armodafinil	T2	PA; QL (30 EA per 30 days)
ARNUITY ELLIPTA	T3	QL (1 EA per 25 days)
ARRANON	T3	
Arsenic Trioxide Intravenous	T2	
Asenapine Maleate	T3	PA
ASHLYNA	$0	
Aspirin Adult Low Strength Oral Tablet Delayed Release	T2	QL (100 EA per 30 days); OTC
Aspirin EC Adult Low Dose	T2	QL (100 EA per 30 days); OTC
Aspirin-Dipyridamole ER	T2	
Atazanavir Sulfate Oral Capsule 150 MG, 300 MG	T1	QL (30 EA per 30 days)
Atazanavir Sulfate Oral Capsule 200 MG	T1	QL (60 EA per 30 days)
Atenolol Oral	T1	
Atenolol-Chlorthalidone	T2	
Atomoxetine HCl	T2	
Atorvastatin Calcium Oral	T1	
Atovaquone Oral	T4	
Atovaquone-Proguanil HCl	T2	
Atropine Sulfate Injection Solution Prefilled Syringe 0.25 MG/5ML, 1 MG/10ML	T2	
Atropine Sulfate Ophthalmic Solution 1 %	T2	
ATTRUBY	T5	PA
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	T3	
AUGTYRO ORAL CAPSULE 40 MG	T5	PA
AVIANE	$0	
Avidoxy	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)
azaCITIDine	T5	PA
AZASAN	T4	
AZASITE	T3	
azaTHIOprine Oral	T2	
Azelaic Acid External	T2	PA
Azelastine HCl Nasal Solution 0.1 %	T2	QL (60 ML per 25 days)
Azelastine HCl Ophthalmic	T2	
Azithromycin Intravenous Solution Reconstituted 500 MG	T2	
Azithromycin Oral Suspension Reconstituted	T2	
Azithromycin Oral Tablet 250 MG, 500 MG	T1	
Azithromycin Oral Tablet 600 MG	T3	
Aztreonam	$0	
AZURETTE	$0	
Bacitracin Ophthalmic	T2	
Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM	T2	
Bacitra-Neomycin-Polymyxin-HC	T2	
Baclofen Oral Tablet 10 MG, 20 MG, 5 MG	T2	
Balsalazide Disodium	T2	
BARACLUDE ORAL SOLUTION	T4	PA; QL (630 ML per 30 days)
BASAGLAR KWIKPEN	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
Benazepril HCl Oral	T1	
Benazepril-hydroCHLOROthiazide	T2	
Benzonatate Oral Capsule 100 MG, 200 MG	T2	
Benzoyl Peroxide-Erythromycin	T2	QL (47 GM per 30 days)
Benztropine Mesylate Injection	T2	
Benztropine Mesylate Oral	T2	
Bepotastine Besilate	T2	
BESIVANCE	T4	

Medicamento	Nivel	Notas
Betaine	T5	PA
Betamethasone Dipropionate Aug External Cream	T1	QL (240 GM per 25 days)
Betamethasone Dipropionate Aug External Gel	T2	QL (240 GM per 25 days)
Betamethasone Dipropionate Aug External Lotion	T1	QL (240 ML per 25 days)
Betamethasone Dipropionate Aug External Ointment	T1	QL (240 GM per 25 days)
Betamethasone Dipropionate External	T1	QL (240 GM per 25 days)
Betamethasone Valerate External Cream	T1	QL (240 GM per 25 days)
Betamethasone Valerate External Lotion	T1	QL (240 ML per 25 days)
Betamethasone Valerate External Ointment	T1	QL (240 GM per 25 days)
BETASERON SUBCUTANEOUS KIT	T5	PA; QL (14 EA per 28 days)
Betaxolol HCl	T2	
Bethanechol Chloride Oral	T2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	T4	
BETOPTIC-S	T3	
BEVESPI AEROSPHERE	T3	QL (1 GM per 25 days)
Bexarotene	T5	PA
BEXSERO	$0	
BEYFORTUS	T6	PA
Bicalutamide	T2	
BIKTARVY	T3	QL (30 EA per 30 days)
Bimatoprost Ophthalmic	T2	
Bisoprolol Fumarate Oral Tablet 10 MG, 5 MG	T2	
Bisoprolol-hydroCHLOROthiazide	T2	
Bleomycin Sulfate	T2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	
Bosentan Oral Tablet	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)
BP Wash External Liquid 2.5 %	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	
Brimonidine Tartrate Ophthalmic Solution 0.15 %	T3	
Brimonidine Tartrate Ophthalmic Solution 0.2 %	T1	
Brinzolamide	T2	
BRIVIACT	T4	PA
Bromfenac Sodium (Once-Daily)	T2	
Bromocriptine Mesylate Oral	T2	
Budesonide Inhalation Suspension 0.25 MG/2ML	T2	QL (180 ML per 25 days)
Budesonide Inhalation Suspension 0.5 MG/2ML	T2	QL (120 ML per 25 days)
Budesonide Inhalation Suspension 1 MG/2ML	T2	QL (60 ML per 25 days)

Medicamento	Nivel	Notas
Budesonide Oral	T3	PA
Budesonide-Formoterol Fumarate	T2	
Bumetanide Injection	T2	
Bumetanide Oral	T2	
Buprenorphine HCl Injection Solution 0.3 MG/ML	T2	
Buprenorphine HCl Sublingual	$0	QL (90 EA per 30 days)
Buprenorphine HCl-Naloxone HCl Sublingual Film 12-3 MG	T2	QL (2 EA per 1 day)
Buprenorphine HCl-Naloxone HCl Sublingual Film 2-0.5 MG, 4-1 MG, 8-2 MG	T2	QL (3 EA per 1 day)
Buprenorphine HCl-Naloxone HCl Sublingual Tablet Sublingual	$0	QL (3 EA per 1 day)
buPROPion HCl ER (Smoking Det)	$0	
buPROPion HCl ER (SR)	T1	
buPROPion HCl ER (XL) Oral Tablet Extended Release 24 Hour 150 MG, 300 MG	T2	
buPROPion HCl Oral	T1	
busPIRone HCl Oral Tablet 10 MG, 15 MG, 5 MG, 7.5 MG	T2	
busPIRone HCl Oral Tablet 30 MG	T3	
Busulfan	T2	
Butalbital-APAP-Caff-Cod Oral Capsule 50-300-40-30 MG	T2	QL (48 EA per 25 days)
Butalbital-APAP-Caffeine Oral Capsule	T2	QL (48 EA per 25 days)
Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG	T2	QL (48 EA per 25 days)
Butalbital-Aspirin-Caffeine Oral Capsule	T2	QL (48 EA per 25 days)
Butorphanol Tartrate Injection	T2	
Butorphanol Tartrate Nasal	T2	QL (5 ML per 25 days)
Cabergoline	T2	
Calcipotriene External Solution	T2	
Calcipotriene-Betameth Diprop External Ointment	T4	
Calcitonin (Salmon) Nasal	T3	
Calcitriol External	T4	
Calcitriol Oral	T2	
Calcium Acetate (Phos Binder)	T2	
CAMILA	$0	
Candesartan Cilexetil	T2	
Candesartan Cilexetil-HCTZ	T2	
Capecitabine Oral Tablet 150 MG	T5	PA; QL (120 EA per 30 days)
Capecitabine Oral Tablet 500 MG	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)
Captopril Oral	T2	
Captopril-hydroCHLOROthiazide	T2	

Medicamento	Nivel	Notas
carBAMazepine ER	T2	
carBAMazepine Oral Suspension 100 MG/5ML	T2	
carBAMazepine Oral Tablet	T2	
carBAMazepine Oral Tablet Chewable 100 MG	T2	
Carbidopa Oral	T4	
Carbidopa-Levodopa	T2	
Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG, 50-200 MG	T2	
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	T2	
Carbinoxamine Maleate Oral Solution	T2	
Carbinoxamine Maleate Oral Tablet 4 MG	T2	
CARBOplatin Intravenous Solution	T2	
Carglumic Acid Oral Tablet Soluble	T5	PA
Carisoprodol Oral Tablet 350 MG	T1	
Carmustine Intravenous Solution Reconstituted 100 MG	T2	
Carteolol HCl	T2	
CARTIA XT	T2	
Carvedilol	T2	
Carvedilol Phosphate ER	T2	
CAYA	$0	QL (1 EA per 300 days)
CAYSTON	T5	PA; QL (84 ML per 28 days)
Cefaclor Oral Capsule	T2	
Cefaclor Oral Suspension Reconstituted 250 MG/5ML	T2	
Cefadroxil	T2	
CeFAZolin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 500 MG	T2	
CeFAZolin Sodium Intravenous Solution Reconstituted 1 GM	T2	
Cefdinir	T2	
Cefepime HCl Injection Solution Reconstituted 1 GM	T4	
Cefepime HCl Intravenous Solution Reconstituted 2 GM	T4	
Cefixime	T3	
Cefotaxime Sodium Injection Solution Reconstituted 1 GM, 2 GM	T2	
cefoTEtan Disodium Injection Solution Reconstituted 1 GM, 2 GM	T2	
CefOXitin Sodium Intravenous	T2	
Cefpodoxime Proxetil	T2	
Cefprozil	T2	
cefTAZidime Intravenous	T2	

Medicamento	Nivel	Notas
cefTRIAXone Sodium Injection Solution Reconstituted 1 GM, 2 GM, 250 MG, 500 MG	T4	QL (28 EA per 14 days)
CefTRIAXone Sodium Intravenous Solution Reconstituted 1 GM, 2 GM	T4	QL (28 EA per 14 days)
cefTRIAXone Sodium Intravenous Solution Reconstituted 10 GM	T4	QL (7 EA per 14 days)
Cefuroxime Axetil Oral Tablet	T2	
Cefuroxime Sodium Injection Solution Reconstituted 750 MG	T2	
Cefuroxime Sodium Intravenous Solution Reconstituted 1.5 GM	T2	
Celecoxib Oral Capsule 100 MG, 200 MG, 50 MG	T3	
CELONTIN	T4	
Cephalexin Oral Capsule 250 MG, 500 MG	T1	
Cephalexin Oral Capsule 750 MG	T2	
Cephalexin Oral Suspension Reconstituted	T2	
Cephalexin Oral Tablet	T2	
CERDELGA	T5	PA; QL (56 EA per 28 days)
Cevimeline HCl	T2	
CHEMET	T4	
CHEMSTRIP 9	T3	OTC
Chloramphenicol Sod Succinate	T2	
chlordiazePOXIDE HCl	T2	
Chlordiazepoxide-Amitriptyline	T3	
Chlorhexidine Gluconate Mouth/Throat	T1	
Chloroquine Phosphate Oral	T2	
Chlorothiazide Sodium	T2	
chlorproMAZINE HCl Injection	T2	
chlorproMAZINE HCl Oral Tablet	T2	
Chlorthalidone Oral Tablet 25 MG, 50 MG	T1	
Chlorzoxazone Oral Tablet 500 MG	T2	
Cholestyramine Light	T2	
Cholestyramine Oral	T2	
Chorionic Gonadotropin Intramuscular	T5	PA
Ciclopirox External Gel	T2	QL (120 GM per 25 days)
Ciclopirox External Shampoo	T2	QL (120 ML per 25 days)
Ciclopirox External Solution	T2	
Ciclopirox Olamine External	T2	QL (120 GM per 25 days)
Cidofovir Intravenous	T2	
Cilostazol	T2	
CIMDUO	T3	QL (30 EA per 30 days)
Cimetidine Oral	T2	
Cinacalcet HCl Oral Tablet 30 MG, 60 MG	T5	PA; QL (60 EA per 30 days)
Cinacalcet HCl Oral Tablet 90 MG	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	
Ciprofloxacin HCl Ophthalmic	T1	
Ciprofloxacin HCl Oral Tablet 250 MG, 500 MG, 750 MG	T1	
Ciprofloxacin HCl Otic	T2	
Ciprofloxacin in D5W	T2	
Ciprofloxacin-Dexamethasone	T3	
Ciprofloxacin-Fluocinolone PF	T3	
CISplatin Intravenous Solution 100 MG/100ML, 200 MG/200ML, 50 MG/50ML	T2	
Citalopram Hydrobromide Oral Solution	T2	
Citalopram Hydrobromide Oral Tablet	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	
Cladribine Intravenous Solution 10 MG/10ML	T2	
Clarithromycin ER	T2	
Clarithromycin Oral	T2	
Clemastine Fumarate Oral Tablet 2.68 MG	T2	
CLEOCIN VAGINAL SUPPOSITORY	T3	
CLIMARA PRO	T3	
Clindamycin HCl Oral	T2	
Clindamycin Palmitate HCl	T2	
Clindamycin Phos (Once-Daily)	T2	QL (75 ML per 25 days)
Clindamycin Phos (Twice-Daily)	T2	QL (75 GM per 25 days)
Clindamycin Phosphate External Foam	T2	
Clindamycin Phosphate External Lotion	T2	QL (60 ML per 25 days)
Clindamycin Phosphate External Solution	T2	QL (60 ML per 25 days)
Clindamycin Phosphate External Swab	T2	
Clindamycin Phosphate Injection Solution 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	T2	
Clindamycin Phosphate Vaginal	T2	
cloBAZam Oral Suspension 2.5 MG/ML	T3	PA
cloBAZam Oral Tablet	T3	PA
Clobetasol Propionate External Cream 0.05 %	T3	QL (240 GM per 25 days)
Clobetasol Propionate External Foam	T4	QL (240 GM per 25 days)
Clobetasol Propionate External Gel	T3	QL (240 GM per 25 days)
Clobetasol Propionate External Liquid	T3	QL (300 ML per 25 days)
Clobetasol Propionate External Lotion	T4	QL (240 ML per 25 days)

Medicamento	Nivel	Notas
Clobetasol Propionate External Ointment	T3	QL (240 GM per 25 days)
Clobetasol Propionate External Shampoo	T3	QL (300 ML per 25 days)
Clobetasol Propionate External Solution	T3	QL (240 ML per 25 days)
Clocortolone Pivalate	T4	
Clofarabine	T2	
clomiPRAMINE HCl Oral Capsule 25 MG, 50 MG	T4	QL (150 EA per 30 days)
clomiPRAMINE HCl Oral Capsule 75 MG	T4	QL (90 EA per 30 days)
clonazePAM Oral Tablet	T2	
cloNIDine	T2	
cloNIDine HCl Oral Tablet 0.1 MG, 0.2 MG	T1	
cloNIDine HCl Oral Tablet 0.3 MG	T2	
Clopidogrel Bisulfate Oral Tablet 300 MG	T2	
Clopidogrel Bisulfate Oral Tablet 75 MG	T1	
Clorazepate Dipotassium	T3	QL (180 EA per 25 days)
Clotrimazole External Cream	T1	QL (120 GM per 25 days)
Clotrimazole External Solution	T2	QL (120 ML per 25 days)
Clotrimazole Mouth/Throat Troche	T2	QL (90 EA per 30 days)
Clotrimazole-Betamethasone External Cream	T2	QL (60 GM per 25 days)
Clotrimazole-Betamethasone External Lotion	T3	QL (60 ML per 25 days)
cloZAPine	T2	
COARTEM	T4	
COBENFY	T4	PA
COBENFY STARTER PACK	T4	PA
Codeine Sulfate Oral Tablet 30 MG, 60 MG	T3	QL (42 EA per 25 days)
Colchicine Oral Tablet	T3	QL (120 EA per 25 days)
Colchicine-Probenecid	T2	
Colestipol HCl	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	
Cortisone Acetate Oral	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	
Cromolyn Sodium Inhalation	T2	QL (240 ML per 25 days)
Cromolyn Sodium Ophthalmic	T2	
Cromolyn Sodium Oral	T2	PA
CROTAN	T2	
CRYSELLE-28	$0	
Cyanocobalamin Injection Solution 1000 MCG/ML	T2	
Cyclobenzaprine HCl Oral Tablet 10 MG, 5 MG	T1	
Cyclophosphamide Injection	T5	
Cyclophosphamide Oral Capsule	T2	
cycloSERINE Oral	T2	
CYCLOSET	T4	
cycloSPORINE Modified	T2	
cycloSPORINE Ophthalmic	T3	
CycloSPORINE Oral Capsule	T4	
Cyproheptadine HCl Oral	T2	
CYSTAGON	T5	PA
CYSTARAN	T5	PA; QL (4 ML per 28 days)
Cytarabine (PF)	T2	
Cytarabine Injection Solution	T2	
Dabigatran Etexilate Mesylate Oral Capsule 150 MG, 75 MG	T1	
Dacarbazine Intravenous	T2	
Dalfampridine ER	T5	PA; QL (60 EA per 30 days)
DALIRESP	T4	PA
Danazol Oral	T2	
Dantrolene Sodium Oral	T2	
DANZITEN	T5	PA
Dapsone Oral	T2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	T1	
DAPTOmycin Intravenous Solution Reconstituted 500 MG	T4	
Darifenacin Hydrobromide ER	T2	
DASETTA 1/35 (28)	$0	
DASETTA 7/7/7	$0	

Medicamento	Nivel	Notas
DAUNOrubicin HCl Intravenous Solution 20 MG/4ML	T2	
Decitabine	T5	PA
Deferiprone	T5	PA
Deflazacort Oral Tablet	T4	
DELSTRIGO	T3	QL (30 EA per 30 days)
DELYLA	$0	
Demeclocycline HCl Oral	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)
Desipramine HCl Oral Tablet 10 MG, 25 MG, 50 MG	T2	QL (90 EA per 30 days)
Desipramine HCl Oral Tablet 100 MG, 150 MG	T2	QL (30 EA per 30 days)
Desipramine HCl Oral Tablet 75 MG	T2	QL (60 EA per 30 days)
Desloratadine	T2	
Desmopressin Ace Spray Refrig	T3	
Desmopressin Acetate Injection	T2	
Desmopressin Acetate Oral	$0	
Desmopressin Acetate PF	T2	
Desmopressin Acetate Spray	T3	
Desonide External Cream	T3	QL (300 GM per 25 days)
Desonide External Lotion	T3	QL (300 ML per 25 days)
Desonide External Ointment	T3	QL (300 GM per 25 days)
Desoximetasone External Cream 0.25 %	T2	QL (240 GM per 25 days)
Desoximetasone External Ointment 0.25 %	T2	QL (240 GM per 25 days)
Desvenlafaxine ER	T2	
Desvenlafaxine Succinate ER	T2	QL (30 EA per 25 days)
DEXAMETHASONE INTENSOL	T3	
Dexamethasone Oral Elixir	T2	
Dexamethasone Oral Solution	T2	
Dexamethasone Oral Tablet 0.5 MG, 0.75 MG, 1.5 MG, 4 MG, 6 MG	T1	
Dexamethasone Oral Tablet 1 MG, 2 MG	T2	
Dexamethasone Sod Phosphate PF Injection Solution	T2	
Dexamethasone Sodium Phosphate Injection Solution	T2	
Dexamethasone Sodium Phosphate Ophthalmic	T2	
Dexlansoprazole	T2	QL (30 EA per 30 days)
Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG, 5 MG	T3	QL (60 EA per 30 days)
Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 25 MG, 30 MG, 35 MG, 40 MG	T3	QL (30 EA per 30 days)
Dexmethylphenidate HCl Oral Tablet 10 MG	T2	QL (60 EA per 30 days)

Medicamento	Nivel	Notas
Dexmethylphenidate HCl Oral Tablet 2.5 MG, 5 MG	T2	QL (120 EA per 30 days)
Dexrazoxane HCl	T2	
Dextroamphetamine Sulfate ER	T2	QL (120 EA per 30 days)
Dextroamphetamine Sulfate Oral Solution	T2	QL (2160 ML per 30 days)
Dextroamphetamine Sulfate Oral Tablet 10 MG, 5 MG	T2	QL (120 EA per 30 days)
DIASCREEN 10	T3	OTC
DIASTIX	T3	OTC
diazePAM Injection Solution 5 MG/ML	T2	
DIAZEPAM INTENSOL	T2	QL (240 ML per 25 days)
diazePAM Oral Solution 5 MG/5ML	T2	QL (1200 ML per 25 days)
diazePAM Oral Tablet	T2	QL (120 EA per 25 days)
Diclofenac Potassium Oral Tablet 50 MG	T2	
Diclofenac Sodium ER	T2	
Diclofenac Sodium External Gel 1 %	T2	QL (300 GM per 25 days)
Diclofenac Sodium Ophthalmic	T2	
Diclofenac Sodium Oral	T2	
Diclofenac-miSOPROStol Oral Tablet Delayed Release	T2	
Dicloxacillin Sodium	T2	
Dicyclomine HCl Intramuscular	T2	
Dicyclomine HCl Oral Capsule	T2	
Dicyclomine HCl Oral Solution 10 MG/5ML	T2	
Dicyclomine HCl Oral Tablet 20 MG	T2	
DIFICID	T3	PA
Diflorasone Diacetate External Ointment	T3	
Diflunisal Oral	T2	
Difluprednate	T2	QL (30 ML per 30 days)
DIGOX	T2	
Digoxin Injection	T2	
Digoxin Oral	T2	
Dihydroergotamine Mesylate Crystals	T4	
Dihydroergotamine Mesylate Injection	T4	
DILANTIN ORAL CAPSULE 30 MG	T4	
Diltiazem HCl ER Beads	T2	
dilTIAZem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour	T2	
dilTIAZem HCl ER Oral Capsule Extended Release 12 Hour	T2	
dilTIAZem HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG	T2	
dilTIAZem HCl Intravenous Solution	T2	
Diltiazem HCl Intravenous Solution Reconstituted	T4	
dilTIAZem HCl Oral	T1	

Medicamento	Nivel	Notas
Dimethyl Fumarate Oral Capsule Delayed Release 120 MG	T5	PA; QL (14 EA per 28 days)
Dimethyl Fumarate Oral Capsule Delayed Release 240 MG	T5	PA; QL (60 EA per 30 days)
Dimethyl Fumarate Starter Pack Oral Capsule Delayed Release Therapy Pack	T5	PA
DIPENTUM	T4	PA
diphenhydrAMINE HCl Injection	T2	
diphenhydrAMINE HCl Oral Elixir	T2	
Diphenoxylate-Atropine Oral Liquid	T2	
Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG	T2	
Dipyridamole Oral	T2	
Disopyramide Phosphate Oral	T2	
Disulfiram Oral	T2	
DIURIL	T4	
Divalproex Sodium ER Oral Tablet Extended Release 24 Hour	T2	
Divalproex Sodium Oral Capsule Delayed Release Sprinkle	T2	
Divalproex Sodium Oral Tablet Delayed Release	T1	
DIVIGEL	T4	
DOCEtaxel Intravenous Concentrate 160 MG/8ML	T2	
DOCEtaxel Intravenous Concentrate 20 MG/ML, 80 MG/4ML	$0	
DOCEtaxel Intravenous Solution 160 MG/16ML, 20 MG/2ML, 80 MG/8ML	T2	
Dofetilide	T2	
Donepezil HCl	T2	
Dorzolamide HCl Ophthalmic	T2	
Dorzolamide HCl-Timolol Mal	T2	
DOVATO	T3	QL (30 EA per 30 days)
Doxazosin Mesylate Oral	T2	
Doxepin HCl External	T4	QL (90 GM per 25 days)
Doxepin HCl Oral Capsule 10 MG, 25 MG, 50 MG	T2	QL (90 EA per 30 days)
Doxepin HCl Oral Capsule 100 MG, 150 MG	T2	QL (30 EA per 30 days)
Doxepin HCl Oral Capsule 75 MG	T2	QL (60 EA per 30 days)
Doxepin HCl Oral Concentrate	T2	QL (450 ML per 30 days)
Doxepin HCl Oral Tablet	T2	QL (30 EA per 30 days)
Doxercalciferol Intravenous	T2	
Doxercalciferol Oral	T3	
DOXOrubicin HCl	T2	
DOXOrubicin HCl Liposomal Intravenous Suspension	T2	
DOXY 100	T2	
Doxycycline Hyclate Intravenous	T2	
Doxycycline Hyclate Oral Capsule	T1	

Medicamento	Nivel	Notas
Doxycycline Hyclate Oral Tablet 100 MG, 20 MG	T2	
Doxycycline Hyclate Oral Tablet Delayed Release 100 MG, 150 MG, 75 MG	T2	
Doxycycline Monohydrate Oral Capsule 100 MG, 50 MG	T1	
Doxycycline Monohydrate Oral Capsule 150 MG, 75 MG	T2	
Doxycycline Monohydrate Oral Suspension Reconstituted	T2	
Doxycycline Monohydrate Oral Tablet 150 MG, 50 MG, 75 MG	T2	
Dronabinol	T3	QL (60 EA per 25 days)
Drospiren-Eth Estrad-Levomefol Oral Tablet 3-0.03-0.451 MG	$0	
Drospirenone-Ethinyl Estradiol Oral Tablet 3-0.03 MG	$0	
DROXIA	T3	
DRYSOL	T3	
DUAVEE	T3	
DULERA	T3	
DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG	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)
Dutasteride Oral	T2	
Dutasteride-Tamsulosin HCl	T2	
E.E.S. 400 ORAL TABLET	T4	
Econazole Nitrate External	T2	QL (60 GM per 25 days)
EDURANT	T3	QL (60 EA per 30 days)
Efavirenz Oral Tablet	T1	QL (30 EA per 30 days)
Efavirenz-Emtricitab-Tenofo DF	T1	QL (30 EA per 30 days)
Efavirenz-lamiVUDine-Tenofovir	T1	QL (30 EA per 30 days)
ELESTRIN	T4	
Eletriptan Hydrobromide Oral Tablet 20 MG	T3	QL (18 EA per 25 days)
Eletriptan Hydrobromide Oral Tablet 40 MG	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	
Eltrombopag Olamine Oral Tablet 12.5 MG, 25 MG	T5	PA; QL (30 EA per 30 days)
Eltrombopag Olamine Oral Tablet 50 MG, 75 MG	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
Emtricitabine	T1	QL (30 EA per 30 days)
Emtricitabine-Tenofovir DF	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)
Enalapril Maleate Oral Tablet	T2	
Enalapril-Hydrochlorothiazide	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	
Enoxaparin Sodium Injection Solution 300 MG/3ML	T3	
Enoxaparin Sodium Injection Solution Prefilled Syringe	T3	
ENPRESSE-28	$0	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	$0	
Entacapone	T2	
Entecavir Oral Tablet 0.5 MG	T4	PA
Entecavir Oral Tablet 1 MG	T4	PA; QL (30 EA per 30 days)
ENTRESTO ORAL TABLET	T3	
Enulose	T2	
EPCLUSA	T5	PA; QL (28 EA per 28 days)
EPIDIOLEX	T5	PA; QL (800 ML per 30 days)
Epinastine HCl	T2	
EPINEPHrine Injection Solution Auto-Injector	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
Eplerenone	T2	
Epoprostenol Sodium	T5	PA
Eptifibatide Intravenous Solution 20 MG/10ML, 200 MG/100ML	T4	
ERBITUX	T5	PA
ERGOMAR	T4	
Ergotamine-Caffeine	T4	
ERIVEDGE	T5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	T5	PA; QL (120 EA per 30 days)
Erlotinib HCl Oral Tablet 100 MG, 150 MG	T5	PA; QL (30 EA per 30 days)
Erlotinib HCl Oral Tablet 25 MG	T5	PA; QL (60 EA per 30 days)
ERRIN	$0	
ERTACZO	T4	QL (60 GM per 25 days)
Ertapenem Sodium	T4	QL (28 EA per 14 days)
Ery	NF	
ERY-TAB	T3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	T4	
Erythromycin Base Oral Capsule Delayed Release Particles	T3	
Erythromycin Base Oral Tablet 250 MG	T4	
Erythromycin Base Oral Tablet 500 MG	T3	
Erythromycin Ethylsuccinate Oral	T4	
Erythromycin External Gel	T2	QL (60 GM per 25 days)
Erythromycin External Solution	T2	QL (60 ML per 25 days)
Erythromycin Ophthalmic	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)
Escitalopram Oxalate Oral Solution 5 MG/5ML	T2	
Escitalopram Oxalate Oral Tablet	T1	
Esomeprazole Magnesium Oral Capsule Delayed Release	T4	QL (30 EA per 30 days)
Esomeprazole Sodium Intravenous Solution Reconstituted 40 MG	T2	
Estradiol Oral	T1	
Estradiol Transdermal Patch Twice Weekly	T2	
Estradiol Transdermal Patch Weekly	T2	
Estradiol Vaginal Cream	T2	
Estradiol Valerate Intramuscular Oil 20 MG/ML, 40 MG/ML	T2	
Estradiol-Norethindrone Acet	T2	
ESTROGEL	T4	
Eszopiclone	T2	QL (30 EA per 25 days)

Medicamento	Nivel	Notas
Ethacrynate Sodium	T2	
Ethacrynic Acid Oral	T3	
Ethambutol HCl Oral	T2	
Ethosuximide Oral	T2	
Ethynodiol Diac-Eth Estradiol Oral Tablet 1-50 MG-MCG	$0	
Etodolac ER	T2	
Etodolac Oral	T2	
Etonogestrel-Ethinyl Estradiol	$0	QL (13 EA per 300 days)
Etoposide Intravenous Solution 100 MG/5ML	T2	
Etoposide Oral	T2	
Etravirine Oral Tablet 100 MG	T1	QL (120 EA per 30 days)
Etravirine Oral Tablet 200 MG	T1	QL (60 EA per 30 days)
EUCRISA	T3	PA; QL (60 GM per 25 days)
EVAMIST	T4	
Everolimus Oral Tablet 2.5 MG, 5 MG, 7.5 MG	T5	PA; QL (30 EA per 30 days)
EVOTAZ	T3	QL (30 EA per 30 days)
Exemestane	T2	PA
Ezetimibe	T2	
Ezetimibe-Simvastatin	T3	
FABHALTA	T5	PA
FALMINA	$0	
Famciclovir Oral	T2	
Famotidine (PF)	T2	
Famotidine Intravenous Solution 200 MG/20ML, 40 MG/4ML	T2	
Famotidine Oral Suspension Reconstituted	T2	
Famotidine Oral Tablet 20 MG, 40 MG	T2	
Famotidine Premixed	T2	
FARXIGA	T3	QL (30 EA per 30 days)
FC2 FEMALE CONDOM	$0	QL (12 EA per 30 days); OTC
Febuxostat	T4	PA
Felbamate	T3	
Felodipine ER	T2	
FEMCAP	$0	QL (1 EA per 300 days)
Fenofibrate Micronized Oral Capsule 130 MG, 134 MG, 200 MG, 43 MG, 67 MG	T2	
Fenofibrate Oral Capsule 150 MG, 50 MG	T2	
Fenofibrate Oral Tablet 145 MG	T3	
Fenofibrate Oral Tablet 160 MG	T1	
Fenofibrate Oral Tablet 48 MG, 54 MG	T2	
Fenofibric Acid Oral Capsule Delayed Release	T2	
fentaNYL Transdermal Patch 72 Hour 100 MCG/HR, 50 MCG/HR, 75 MCG/HR	T2	PA

Medicamento	Nivel	Notas
fentaNYL Transdermal Patch 72 Hour 12 MCG/HR, 25 MCG/HR	T2	QL (10 EA per 25 days)
FERRIPROX ORAL SOLUTION	T5	PA
FERRIPROX TWICE-A-DAY	T5	PA
Ferrous Fumarate Oral Tablet 29 MG, 324 (106 Fe) MG	T2	OTC
Ferrous Gluconate Oral Tablet 240 (27 Fe) MG, 324 (38 Fe) MG	T2	OTC
Ferrous Sulfate Oral Tablet Delayed Release 324 (65 Fe) MG, 325 (65 Fe) MG	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	
FILSUVEZ	T5	PA
FINACEA EXTERNAL FOAM	T3	
Finasteride Oral	T2	
Fingolimod HCl	T5	PA; QL (30 EA per 30 days)
FlavoxATE HCl	T2	
Flecainide Acetate	T2	
FLEXICHAMBER CHILD MASK/SMALL	T3	
Fluconazole in Sodium Chloride	$0	
Fluconazole Oral Suspension Reconstituted	T2	
Fluconazole Oral Tablet	T1	
Fludarabine Phosphate Intravenous Solution 50 MG/2ML	T2	
Fludarabine Phosphate Intravenous Solution Reconstituted	T2	
Fludrocortisone Acetate Oral	T2	
Flunisolide Nasal Solution 25 MCG/ACT (0.025%)	T2	QL (75 ML per 25 days)
Fluocinolone Acetonide Body	T2	QL (300 ML per 25 days)
Fluocinolone Acetonide External	T2	QL (300 GM per 25 days)
Fluocinolone Acetonide Otic	T2	
Fluocinolone Acetonide Scalp	T2	QL (300 ML per 25 days)
Fluocinonide External Cream 0.05 %	T2	QL (240 GM per 25 days)
Fluocinonide External Gel	T2	QL (240 GM per 25 days)
Fluocinonide External Ointment	T2	QL (240 GM per 25 days)
Fluocinonide External Solution	T2	QL (240 ML per 25 days)
Fluorouracil External	T2	
Fluorouracil Intravenous Solution 1 GM/20ML, 2.5 GM/50ML, 5 GM/100ML	T2	
Fluorouracil Intravenous Solution 500 MG/10ML	NF	
FLUoxetine HCl Oral Capsule	T1	
FLUoxetine HCl Oral Capsule Delayed Release	T2	

Medicamento	Nivel	Notas
FLUoxetine HCl Oral Solution	T2	
FLUoxetine HCl Oral Tablet 10 MG, 20 MG	T2	
fluPHENAZine Decanoate Injection	T2	
FluPHENAZine HCl Injection	T2	
FluPHENAZine HCl Oral	T2	
Flurbiprofen Oral	T2	
Flurbiprofen Sodium	T2	
Fluticasone Propionate External Cream	T2	QL (240 GM per 25 days)
Fluticasone Propionate External Lotion	T2	QL (300 ML per 25 days)
Fluticasone Propionate External Ointment	T2	QL (240 GM per 25 days)
Fluticasone Propionate HFA	T2	
Fluticasone Propionate Nasal	T1	QL (16 GM per 25 days)
Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT, 55-14 MCG/ACT	T2	
Fluvastatin Sodium	T3	
Fluvastatin Sodium ER	T3	
fluvoxaMINE Maleate	T1	
fluvoxaMINE Maleate ER	T2	
FML FORTE	T3	
Folic Acid Oral Capsule 0.8 MG	$0	QL (100 EA per 30 days); OTC
Folic Acid Oral Tablet 1 MG	T2	
Folic Acid Oral Tablet 400 MCG, 800 MCG	$0	QL (100 EA per 30 days); OTC
Fondaparinux Sodium	T4	
Fosamprenavir Calcium	T1	QL (120 EA per 30 days)
Fosfomycin Tromethamine	T3	
Fosinopril Sodium	T1	
Fosinopril Sodium-HCTZ	T2	
Fosphenytoin Sodium	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	
Frovatriptan Succinate	T3	QL (12 EA per 30 days)
FRUZAQLA	T5	PA

Medicamento	Nivel	Notas
Fulvestrant Intramuscular Solution Prefilled Syringe	T5	
Furosemide Injection Solution 10 MG/ML	T2	
Furosemide Oral Solution 10 MG/ML, 8 MG/ML	T2	
Furosemide Oral Tablet 20 MG, 40 MG	T1	
Furosemide Oral Tablet 80 MG	T2	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	QL (60 EA per 30 days)
FYCOMPA	T3	
Gabapentin Oral Capsule	T1	
Gabapentin Oral Solution 250 MG/5ML	T1	
Gabapentin Oral Tablet 600 MG, 800 MG	T1	
Galantamine Hydrobromide	T2	
Galantamine Hydrobromide ER	T2	
GARDASIL 9	$0	
Gatifloxacin Ophthalmic	T2	
GAVILYTE-C	T2	
GAVILYTE-G	T2	
GAZYVA	T5	PA
Gemcitabine HCl Intravenous Solution 1 GM/26.3ML, 2 GM/52.6ML, 200 MG/5.26ML	T5	
Gemcitabine HCl Intravenous Solution Reconstituted	T5	
Gemfibrozil Oral	T1	
GEMTESA	T4	PA
Generlac	T2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION	T2	
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-%	T2	
Gentamicin Sulfate External	T2	QL (120 GM per 30 days)
Gentamicin Sulfate Injection	T2	
Gentamicin Sulfate Ophthalmic Solution	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	
Glimepiride Oral Tablet 1 MG, 2 MG, 4 MG	T2	
glipiZIDE ER	T1	
glipiZIDE Oral	T1	
glipiZIDE-metFORMIN HCl	T1	
Glucagon Emergency Injection Kit	T3	
glyBURIDE Micronized	T1	
glyBURIDE Oral	T1	
GlyBURIDE-MetFORMIN	T1	

Medicamento	Nivel	Notas
Glycopyrrolate Injection Solution	T2	
Glycopyrrolate Oral Solution	T2	
Glycopyrrolate Oral Tablet 1 MG, 2 MG	T2	
GLYXAMBI	T3	QL (30 EA per 30 days)
GoodSense Aspirin Oral Tablet Chewable	T2	QL (100 EA per 30 days); OTC
GoodSense Ibuprofen Childrens Oral Suspension	T2	OTC
Granisetron HCl Intravenous Solution 1 MG/ML, 4 MG/4ML	T2	QL (2 ML per 21 days)
Granisetron HCl Oral	T2	QL (12 EA per 21 days)
Griseofulvin Microsize Oral	T2	
Griseofulvin Ultramicrosize Oral Tablet 125 MG, 250 MG	T2	
guanFACINE HCl ER	T2	
guanFACINE HCl Oral	T2	
GYNAZOLE-1	T4	
Halcinonide External Cream	T4	QL (60 GM per 30 days)
Halobetasol Propionate External Cream	T2	QL (240 GM per 25 days)
Halobetasol Propionate External Ointment	T2	QL (240 GM per 25 days)
Haloperidol Decanoate Intramuscular Solution 100 MG/ML, 50 MG/ML	T2	
Haloperidol Lactate Injection Solution 5 MG/ML	T2	
Haloperidol Lactate Oral Concentrate 2 MG/ML	T2	
Haloperidol Oral	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
Heparin Sodium (Porcine) Injection Solution 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 5000 UNIT/ML	T2	
Heparin Sodium (Porcine) PF Injection Solution 5000 UNIT/0.5ML	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/UVEIT 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	
hydrALAZINE HCl Injection	T2	
hydrALAZINE HCl Oral	T2	
hydroCHLOROthiazide Oral	T1	
HYDROcodone Bitartrate ER Oral Tablet ER 24 Hour Abuse-Deterrent 100 MG, 120 MG	T2	PA
HYDROcodone Bitartrate ER Oral Tablet ER 24 Hour Abuse-Deterrent 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	T2	QL (30 EA per 25 days)
HYDROcodone Bit-Homatrop MBr	T2	
HYDROcodone-Acetaminophen Oral Solution 7.5-325 MG/15ML	T2	QL (2700 ML per 25 days)
HYDROcodone-Acetaminophen Oral Tablet 10-325 MG, 7.5-325 MG	T2	QL (180 EA per 25 days)
HYDROcodone-Acetaminophen Oral Tablet 5-325 MG	T2	QL (240 EA per 25 days)
HYDROcodone-Ibuprofen Oral Tablet 10-200 MG	T2	QL (50 EA per 25 days)
Hydrocortisone Butyrate External Cream	T2	QL (240 GM per 25 days)
Hydrocortisone Butyrate External Ointment	T2	QL (240 GM per 25 days)
Hydrocortisone Butyrate External Solution	T2	QL (240 ML per 25 days)
Hydrocortisone External Cream 1 %	T1	
Hydrocortisone External Cream 2.5 %	T1	QL (300 GM per 25 days)
Hydrocortisone External Lotion 2.5 %	T1	QL (300 ML per 25 days)
Hydrocortisone External Ointment 2.5 %	T1	QL (300 GM per 25 days)
Hydrocortisone Oral	T1	
Hydrocortisone Valerate	T2	QL (240 GM per 25 days)
Hydrocortisone-Acetic Acid	T2	
Hydromet Oral Solution	T2	
HYDROmorphone HCl ER Oral Tablet Extended Release 24 Hour 12 MG, 16 MG, 8 MG	T2	QL (30 EA per 25 days)
HYDROmorphone HCl ER Oral Tablet Extended Release 24 Hour 32 MG	T2	PA
HYDROmorphone HCl Injection Solution 1 MG/ML, 2 MG/ML, 4 MG/ML	T2	
HYDROmorphone HCl Oral Tablet 2 MG	T2	QL (180 EA per 25 days)
HYDROmorphone HCl Oral Tablet 4 MG	T2	QL (150 EA per 25 days)

Medicamento	Nivel	Notas
HYDROmorphone HCl Oral Tablet 8 MG	T2	QL (60 EA per 25 days)
HYDROmorphone HCl PF Injection Solution 10 MG/ML	T2	
Hydroxychloroquine Sulfate Oral Tablet 200 MG	T2	
Hydroxyurea Oral	T2	
HydrOXYzine HCl Intramuscular	T2	
hydrOXYzine HCl Oral Syrup	T2	
hydrOXYzine HCl Oral Tablet	T1	
hydrOXYzine Pamoate Oral Capsule 100 MG	T2	
hydrOXYzine Pamoate Oral Capsule 25 MG, 50 MG	T1	
HYMPAVZI	T5	PA
Hyoscyamine Sulfate ER Oral Tablet Extended Release 12 Hour	T2	
Hyoscyamine Sulfate Oral Tablet	T2	
Hyoscyamine Sulfate Oral Tablet Dispersible	T2	
Hyoscyamine Sulfate Sublingual	T2	
HYQVIA	T5	PA
Ibandronate Sodium Intravenous Solution 3 MG/3ML	T2	
Ibandronate Sodium Oral	T2	
IBRANCE	T5	PA; QL (21 EA per 28 days)
Ibuprofen Oral Tablet 400 MG, 600 MG, 800 MG	T1	
Icatibant Acetate Subcutaneous Solution Prefilled Syringe	T5	PA; QL (45 ML per 90 days)
ICLUSIG	T5	PA; QL (30 EA per 30 days)
Icosapent Ethyl	T2	
IDArubicin HCl	T2	
IDHIFA	T5	PA; QL (30 EA per 30 days)
Ifosfamide Intravenous Solution	T2	
Ifosfamide Intravenous Solution Reconstituted 1 GM	T2	
Imatinib Mesylate Oral Tablet 100 MG	T5	PA; QL (90 EA per 30 days)
Imatinib Mesylate Oral Tablet 400 MG	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)
Imipenem-Cilastatin	T2	
Imipramine HCl Oral Tablet 10 MG, 25 MG	T2	QL (120 EA per 30 days)
Imipramine HCl Oral Tablet 50 MG	T2	QL (60 EA per 30 days)
Imipramine Pamoate Oral Capsule 100 MG, 75 MG	T2	QL (30 EA per 30 days)
Imipramine Pamoate Oral Capsule 125 MG, 150 MG	T2	
Imiquimod External Cream 5 %	T2	
Imkeldi	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)
Indapamide Oral	T2	
Indomethacin Oral Capsule 25 MG, 50 MG	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	
Ipratropium Bromide Inhalation	T2	QL (313 ML per 25 days)
Ipratropium Bromide Nasal	T2	
Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML	T2	QL (540 ML per 25 days)
Irbesartan	T1	
Irbesartan-hydroCHLOROthiazide	T1	
Irinotecan HCl Intravenous Solution 100 MG/5ML, 40 MG/2ML, 500 MG/25ML	T5	
Irinotecan HCl Intravenous Solution 300 MG/15ML	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)
Isoniazid Injection	T2	
Isoniazid Oral	T2	
Isosorbide Dinitrate Oral	T2	
Isosorbide Mononitrate	T2	
Isosorbide Mononitrate ER Oral Tablet Extended Release 24 Hour 120 MG	T2	
Isosorbide Mononitrate ER Oral Tablet Extended Release 24 Hour 30 MG, 60 MG	T1	
ISOtretinoin Oral Capsule 10 MG, 20 MG, 30 MG, 40 MG	T3	PA
Isradipine	T2	
ITOVEBI	T5	PA

Medicamento	Nivel	Notas
Itraconazole Oral	T4	PA
IV Prep Wipes External Pad 70 %	T3	OTC
Ivabradine HCl	T3	
Ivermectin External Lotion	T2	PA
Ivermectin Oral Tablet 3 MG	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
Ketoconazole External Cream	T2	QL (120 GM per 25 days)
Ketoconazole External Shampoo 2 %	T2	
Ketoconazole Oral	T4	
KETO-DIASTIX	T3	OTC
Ketorolac Tromethamine Injection Solution 15 MG/ML, 30 MG/ML	T2	
Ketorolac Tromethamine Intramuscular Solution 60 MG/2ML	T2	
Ketorolac Tromethamine Ophthalmic	T2	
Ketorolac Tromethamine Oral	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)
Labetalol HCl Intravenous Solution	T2	
Labetalol HCl Oral Tablet 100 MG, 200 MG, 300 MG	T1	
Lacosamide Intravenous	T4	PA
Lacosamide Oral Tablet	T4	PA
Lactulose Oral Solution 10 GM/15ML	T2	
LAGEVRIO	$0	QL (30 EA per 30 days)
lamiVUDine Oral Solution 10 MG/ML	T1	QL (960 ML per 30 days)
lamiVUDine Oral Tablet 100 MG	T2	
lamiVUDine Oral Tablet 150 MG	T1	QL (60 EA per 30 days)
LamiVUDine Oral Tablet 300 MG	T1	QL (30 EA per 30 days)
lamiVUDine-Zidovudine	T1	QL (60 EA per 30 days)
lamoTRIgine ER	T2	
lamoTRIgine Oral Tablet	T1	
LamoTRIgine Oral Tablet Chewable	T2	
lamoTRIgine Oral Tablet Dispersible	T3	PA
lamoTRIgine Starter Kit-Blue	T2	
lamoTRIgine Starter Kit-Green	T2	
lamoTRIgine Starter Kit-Orange	T3	
LANOXIN PEDIATRIC	T4	
Lansoprazole Oral Capsule Delayed Release	T1	QL (30 EA per 30 days)
Lapatinib Ditosylate	T5	PA; QL (180 EA per 30 days)
LARIN 1.5/30	$0	
LASTACAFT	T3	
Latanoprost Ophthalmic	T1	
LEENA	$0	
Leflunomide Oral	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	
Letrozole Oral	T2	

Medicamento	Nivel	Notas
Leucovorin Calcium Injection Solution Reconstituted	T2	
Leucovorin Calcium Oral	T2	
LEUKERAN	T3	
Leuprolide Acetate Injection	T5	PA
Levalbuterol HCl Inhalation Nebulization Solution 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	T2	QL (300 ML per 30 days)
Levalbuterol HCl Inhalation Nebulization Solution 1.25 MG/0.5ML	T2	QL (45 EA per 30 days)
Levalbuterol Tartrate	T2	QL (30 GM per 30 days)
levETIRAcetam ER	T2	
levETIRAcetam in NaCl Intravenous Solution 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML	T2	
levETIRAcetam Intravenous	T2	
levETIRAcetam Oral Solution	T2	
levETIRAcetam Oral Tablet	T2	
Levobunolol HCl Ophthalmic Solution 0.5 %	T2	
Levocetirizine Dihydrochloride Oral	T2	
levoFLOXacin in D5W	T2	
levoFLOXacin Intravenous	T2	QL (560 ML per 14 days)
levoFLOXacin Oral	T2	
LEVONEST	$0	
Levonorgest-Eth Estrad 91-Day Oral Tablet 0.1-0.02 & 0.01 MG, 0.15-0.03 MG	$0	
Levonorgestrel Oral Tablet 1.5 MG	$0	OTC
Levonorgestrel-Ethinyl Estrad Oral Tablet 0.15-30 MG-MCG	$0	
LEVORA 0.15/30 (28)	$0	
Levorphanol Tartrate Oral	T4	PA
Levothyroxine Sodium Oral Tablet	T2	
LEVOXYL	T2	
Lidocaine External Patch 5 %	T3	PA; QL (90 EA per 25 days)
Lidocaine HCl (Cardiac) Intravenous Solution Prefilled Syringe 100 MG/5ML, 50 MG/5ML	T2	
Lidocaine HCl (Cardiac) PF Intravenous Solution Prefilled Syringe	T2	
Lidocaine HCl (PF) Injection Solution	T2	
Lidocaine HCl External Solution	T2	QL (50 ML per 25 days)
Lidocaine HCl Injection Solution 0.5 %, 1 %, 2 %	T2	
Lidocaine HCl Injection Solution Prefilled Syringe 100 MG/5ML	T2	
Lidocaine HCl Mouth/Throat	T2	
Lidocaine HCl Urethral/Mucosal External Prefilled Syringe	T2	QL (60 ML per 25 days)
Lidocaine in D5W Intravenous Solution 4-5 MG/ML-%, 8-5 MG/ML-%	T2	

Medicamento	Nivel	Notas
Lidocaine Viscous HCl	T2	
Lidocaine-Prilocaine External Cream	T2	QL (30 GM per 25 days)
Lidocaine-Prilocaine External Kit	T2	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	$0	QL (1 EA per 300 days)
Linezolid in Sodium Chloride	T2	
Linezolid Intravenous Solution 600 MG/300ML	T2	
Linezolid Oral Suspension Reconstituted	T2	
Linezolid Oral Tablet	T4	
LINZESS	T3	
Liothyronine Sodium Intravenous	T2	
Liothyronine Sodium Oral	T2	
Liraglutide	T3	PA
Lisdexamfetamine Dimesylate	T2	QL (30 EA per 30 days)
Lisinopril Oral	T1	
Lisinopril-hydroCHLOROthiazide	T1	
Lithium Carbonate ER	T2	
Lithium Carbonate Oral Capsule	T1	
Lithium Carbonate Oral Tablet	T2	
LIVDELZI	T5	PA
Loperamide HCl Oral Capsule	T2	
Lopinavir-Ritonavir Oral Tablet 100-25 MG	T1	QL (240 EA per 30 days)
Lopinavir-Ritonavir Oral Tablet 200-50 MG	T1	QL (120 EA per 30 days)
LORazepam Oral Concentrate 2 MG/ML	T2	QL (150 ML per 25 days)
LORazepam Oral Tablet	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	
Losartan Potassium Oral	T1	
Losartan Potassium-HCTZ	T1	
Loteprednol Etabonate Ophthalmic Suspension 0.5 %	T2	
Lovastatin Oral	T1	
LOW-OGESTREL	$0	
Loxapine Succinate Oral	T2	
Lubiprostone	T2	
Luliconazole	T3	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T3	
LUPRON DEPOT-PED (1-MONTH)	T5	PA
LUPRON DEPOT-PED (3-MONTH)	T5	PA
Lurasidone HCl	T2	
LUTERA	$0	
LYNPARZA ORAL TABLET	T5	PA; QL (120 EA per 30 days)
LYSODREN	T3	

Medicamento	Nivel	Notas
Magnesium Sulfate in D5W Intravenous Solution 1-5 GM/100ML-%	T2	
Magnesium Sulfate Injection Solution 50 %	T2	
Magnesium Sulfate Intravenous Solution 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML	T2	
Malathion External	T2	
Mannitol Intravenous Solution 20 %, 25 %	T2	
Maraviroc Oral Tablet 150 MG	T1	QL (60 EA per 30 days)
Maraviroc Oral Tablet 300 MG	T1	QL (120 EA per 30 days)
Marlissa	$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)
Meclizine HCl Oral Tablet 12.5 MG, 25 MG	T2	
Meclofenamate Sodium Oral	T3	
MEDPURA HYDROCORTISONE	T1	OTC
MEDROL ORAL TABLET 2 MG	T3	
medroxyPROGESTERone Acetate Intramuscular	$0	QL (4 ML per 300 days)
medroxyPROGESTERone Acetate Oral Tablet 10 MG, 2.5 MG	T1	
MedroxyPROGESTERone Acetate Oral Tablet 5 MG	T2	
Mefenamic Acid Oral	T2	
Mefloquine HCl	T2	
Megestrol Acetate Oral Suspension 40 MG/ML, 625 MG/5ML	T2	
Megestrol Acetate Oral Tablet	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)
Meloxicam Oral Tablet	T1	
Melphalan HCl	T2	
Memantine HCl ER	T2	
Memantine HCl Oral Solution 2 MG/ML	T2	
Memantine HCl Oral Tablet	T2	
MENEST	T4	
MENQUADFI INTRAMUSCULAR SOLUTION	$0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	$0	
Meperidine HCl Oral Solution	T2	

Medicamento	Nivel	Notas
Meperidine HCl Oral Tablet 50 MG	T2	
Meprobamate	T2	
Mercaptopurine Oral Tablet	T2	
Meropenem Intravenous Solution Reconstituted 1 GM	T4	QL (84 EA per 14 days)
Meropenem Intravenous Solution Reconstituted 500 MG	T4	QL (168 EA per 14 days)
Mesalamine Oral Capsule Delayed Release	T3	
Mesalamine Oral Tablet Delayed Release 1.2 GM	T3	
Mesalamine Oral Tablet Delayed Release 800 MG	T3	PA
Mesalamine Rectal	T3	
Mesna Intravenous	T2	
MESNEX ORAL	T5	
Metaxalone Oral Tablet 400 MG, 800 MG	T3	
metFORMIN HCl ER	T1	
metFORMIN HCl Oral Tablet 1000 MG, 500 MG, 850 MG	T1	
Methadone HCl Injection	T2	QL (20 ML per 25 days)
METHADONE HCL INTENSOL	T2	QL (60 ML per 25 days)
Methadone HCl Oral Concentrate	T2	QL (30 EA per 25 days)
Methadone HCl Oral Solution 10 MG/5ML	T2	QL (300 ML per 25 days)
Methadone HCl Oral Solution 5 MG/5ML	T2	QL (450 ML per 25 days)
Methadone HCl Oral Tablet 10 MG	T2	QL (60 EA per 25 days)
Methadone HCl Oral Tablet 5 MG	T2	QL (90 EA per 25 days)
Methadone HCl Oral Tablet Soluble	T2	QL (9 EA per 25 days)
METHADOSE ORAL TABLET SOLUBLE	T2	QL (9 EA per 25 days)
Methamphetamine HCl	T4	QL (150 EA per 30 days)
methazolAMIDE Oral	T2	
Methenamine Hippurate	T2	
methIMAzole Oral	T2	
Methocarbamol Oral Tablet 500 MG, 750 MG	T2	
Methotrexate Sodium (PF) Injection Solution 1 GM/40ML, 250 MG/10ML, 50 MG/2ML	T2	
Methotrexate Sodium Injection Solution 250 MG/10ML, 50 MG/2ML	T2	
Methotrexate Sodium Injection Solution Reconstituted	T2	
Methotrexate Sodium Oral	T2	
Methoxsalen Rapid	T2	
Methscopolamine Bromide Oral	T2	
Methyldopa Oral	T2	
Methylphenidate HCl ER (CD) Oral Capsule Extended Release 10 MG, 20 MG, 30 MG	T3	QL (60 EA per 30 days)
Methylphenidate HCl ER (CD) Oral Capsule Extended Release 40 MG, 50 MG, 60 MG	T3	QL (30 EA per 30 days)
Methylphenidate HCl ER (LA) Oral Capsule Extended Release 24 Hour 20 MG, 30 MG	T3	QL (60 EA per 30 days)

Medicamento	Nivel	Notas
Methylphenidate HCl ER (LA) Oral Capsule Extended Release 24 Hour 40 MG, 60 MG	T3	QL (30 EA per 30 days)
Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 18 MG, 27 MG, 36 MG	T4	QL (60 EA per 30 days)
Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 54 MG	T4	QL (30 EA per 30 days)
Methylphenidate HCl ER Oral Tablet Extended Release	T3	QL (90 EA per 30 days)
Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 18 MG, 27 MG, 36 MG	T4	QL (60 EA per 30 days)
Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour 54 MG	T4	QL (30 EA per 30 days)
Methylphenidate HCl Oral Solution 10 MG/5ML	T4	QL (1080 ML per 30 days)
Methylphenidate HCl Oral Solution 5 MG/5ML	T4	QL (2160 ML per 30 days)
Methylphenidate HCl Oral Tablet 10 MG, 5 MG	T2	QL (180 EA per 30 days)
Methylphenidate HCl Oral Tablet 20 MG	T2	QL (90 EA per 30 days)
Methylphenidate HCl Oral Tablet Chewable	T4	QL (180 EA per 30 days)
MethylPREDNISolone Acetate Injection Suspension 40 MG/ML, 80 MG/ML	T2	
methylPREDNISolone Oral	T2	
methylPREDNISolone Sodium Succ Injection Solution Reconstituted 1000 MG, 125 MG, 40 MG	T2	
methylTESTOSTERone Oral	T4	PA
Metoclopramide HCl Injection	T2	
Metoclopramide HCl Oral Solution 10 MG/10ML	T2	
Metoclopramide HCl Oral Tablet	T2	
Metoclopramide HCl Oral Tablet Dispersible 5 MG	T2	
metOLazone	T2	
Metoprolol Succinate ER	T2	
Metoprolol Tartrate Intravenous Solution 5 MG/5ML	T2	
Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG	T1	
Metoprolol-hydroCHLOROthiazide	T2	
metroNIDAZOLE External Cream	T2	QL (60 GM per 30 days)
metroNIDAZOLE External Gel 0.75 %	T2	QL (60 GM per 30 days)
metroNIDAZOLE External Lotion	T3	QL (60 ML per 30 days)
metroNIDAZOLE Intravenous Solution 500 MG/100ML	T2	
metroNIDAZOLE Oral Tablet 250 MG, 500 MG	T2	
metroNIDAZOLE Vaginal	T3	
Mexiletine HCl Oral	T2	
MIACALCIN INJECTION	T4	
Miconazole 3 Vaginal Suppository	T2	
MICROGESTIN 1.5/30	$0	
Midodrine HCl	T2	
Miglitol	T2	

Medicamento	Nivel	Notas
MIMVEY	T2	
Minocycline HCl Oral Capsule	T1	
Minocycline HCl Oral Tablet	T2	
Minoxidil Oral	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)
Mirtazapine Oral Tablet 15 MG	T1	
Mirtazapine Oral Tablet 30 MG, 45 MG, 7.5 MG	T2	
Mirtazapine Oral Tablet Dispersible	T2	
MIRVASO	T4	
miSOPROStol Oral	T2	
mitoMYcin Intravenous	T2	
mitoXANTRONE HCl	T5	PA
M-M-R II INJECTION	$0	
Modafinil Oral	T4	PA; QL (30 EA per 30 days)
Moexipril HCl	T2	
Mometasone Furoate External	T2	QL (240 GM per 25 days)
MONO-LINYAH	$0	
Montelukast Sodium Oral	T2	
Morphine Sulfate (Concentrate) Oral Solution 100 MG/5ML	T2	QL (135 ML per 25 days)
Morphine Sulfate (PF) Injection Solution 0.5 MG/ML, 1 MG/ML	T2	
Morphine Sulfate (PF) Intravenous Solution 10 MG/ML	T2	
Morphine Sulfate (PF) Intravenous Solution 2 MG/ML	T4	
Morphine Sulfate ER Beads Oral Capsule Extended Release 24 Hour 120 MG	T2	PA
Morphine Sulfate ER Beads Oral Capsule Extended Release 24 Hour 30 MG, 45 MG, 60 MG, 75 MG, 90 MG	T2	QL (30 EA per 25 days)
Morphine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG, 20 MG, 30 MG	T2	QL (60 EA per 25 days)
Morphine Sulfate ER Oral Capsule Extended Release 24 Hour 100 MG	T2	PA
Morphine Sulfate ER Oral Capsule Extended Release 24 Hour 50 MG, 60 MG, 80 MG	T2	QL (30 EA per 25 days)
Morphine Sulfate ER Oral Tablet Extended Release 100 MG, 200 MG, 60 MG	T2	PA
Morphine Sulfate ER Oral Tablet Extended Release 15 MG, 30 MG	T2	QL (90 EA per 25 days)
Morphine Sulfate Injection Solution 4 MG/ML	T2	
Morphine Sulfate Intravenous Solution 1 MG/ML, 4 MG/ML, 8 MG/ML	T2	

Medicamento	Nivel	Notas
Morphine Sulfate Oral Solution 10 MG/5ML	T2	QL (900 ML per 25 days)
Morphine Sulfate Oral Solution 20 MG/5ML	T2	QL (675 ML per 25 days)
Morphine Sulfate Oral Tablet 15 MG	T2	QL (180 EA per 25 days)
Morphine Sulfate Oral Tablet 30 MG	T2	QL (90 EA per 25 days)
MOTOFEN	T4	
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (2 ML per 30 days)
MOVANTIK	T3	
Moxifloxacin HCl (2X Day)	T2	
Moxifloxacin HCl in NaCl	T2	
Moxifloxacin HCl Ophthalmic Solution	T2	
Moxifloxacin HCl Oral	T2	
MULTAQ	T4	PA
Multi-Vit/Iron/Fluoride	T2	OTC
Multi-Vitamin/Fluoride Oral Solution 0.5 MG/ML	T2	
Multivitamin/Fluoride Oral Tablet Chewable 0.25 MG, 0.5 MG, 1 MG	T2	
Multi-Vitamin/Fluoride/Iron	T2	
Mupirocin External	T2	QL (30 GM per 25 days)
MYALEPT	T5	PA; QL (30 EA per 30 days)
Mycophenolate Mofetil HCl	T2	
Mycophenolate Mofetil Oral Capsule	T3	
Mycophenolate Mofetil Oral Suspension Reconstituted	T4	
Mycophenolate Mofetil Oral Tablet	T3	
Mycophenolate Sodium	T4	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T4	
Nabumetone Oral	T2	
Nadolol Oral Tablet 20 MG, 40 MG, 80 MG	T2	
Nafcillin Sodium Injection Solution Reconstituted 1 GM, 2 GM	T4	
Nafcillin Sodium Intravenous Solution Reconstituted 10 GM	T4	
Naftifine HCl External Cream	T2	QL (60 GM per 25 days)
Nalbuphine HCl Injection	T2	
Naloxone HCl Injection Solution 0.4 MG/ML, 4 MG/10ML	T2	
Naloxone HCl Injection Solution Cartridge	T2	
Naloxone HCl Injection Solution Prefilled Syringe 2 MG/2ML	T2	
Naloxone HCl Nasal	T2	
Naltrexone HCl Oral	$0	
Naproxen Oral Tablet	T1	
Naratriptan HCl Oral Tablet 1 MG	T1	QL (18 EA per 25 days)
Naratriptan HCl Oral Tablet 2.5 MG	T1	QL (12 EA per 25 days)

Medicamento	Nivel	Notas
NARCAN	T3	
NATACYN	T3	
Nateglinide	T2	
Nebivolol HCl	T2	
NECON 0.5/35 (28)	$0	
Nefazodone HCl	T2	
Neomycin Sulfate Oral	T2	
Neomycin-Polymyxin-Dexameth Ophthalmic Ointment	T2	
Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1	T2	
Neomycin-Polymyxin-Gramicidin Ophthalmic Solution 1.75-10000-.025	T2	
Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1	T2	
Neomycin-Polymyxin-HC Otic Solution 1 %	T2	
Neomycin-Polymyxin-HC Otic Suspension	T2	
NEUPRO	T3	
NEVANAC	T3	
Nevirapine ER Oral Tablet Extended Release 24 Hour 400 MG	T1	QL (30 EA per 30 days)
Nevirapine Oral Suspension	T1	QL (1200 ML per 30 days)
Nevirapine Oral Tablet	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	
Niacin ER (Antihyperlipidemic)	T2	
niCARdipine HCl Intravenous	T2	
niCARdipine HCl Oral	T2	
Nicotine Transdermal Patch 24 Hour	$0	OTC
NIFEdipine ER	T2	
NIFEdipine ER Osmotic Release	T2	
NIKKI	$0	
Nilutamide	T2	
niMODipine Oral Capsule	T4	
NIPENT	T3	
Nisoldipine ER	T2	
Nitazoxanide Oral	T4	QL (20 EA per 25 days)
Nitisinone Oral Capsule 10 MG, 2 MG, 5 MG	T5	PA
NITRO-BID	T4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T3	
Nitrofurantoin Macrocrystal Oral Capsule 100 MG, 50 MG	T1	
Nitrofurantoin Macrocrystal Oral Capsule 25 MG	T2	

Medicamento	Nivel	Notas
Nitrofurantoin Monohyd Macro	T1	
Nitrofurantoin Oral Suspension 25 MG/5ML	T4	
Nitroglycerin in D5W	T2	
Nitroglycerin Intravenous	T4	
Nitroglycerin Sublingual Tablet Sublingual 0.3 MG, 0.6 MG	T2	
Nitroglycerin Sublingual Tablet Sublingual 0.4 MG	T1	
Nitroglycerin Transdermal Patch 24 Hour	T2	
Nitroglycerin Translingual Solution	T2	
NIVA-FOL	T2	OTC
NIVESTYM	T5	PA
Nizatidine Oral Capsule	T2	
NORA-BE	$0	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T5	PA
Norethindrone Acetate Oral	T2	
Norethindrone Acet-Ethinyl Est Oral Tablet 1-20 MG-MCG	$0	
Norethindrone Oral	$0	
Norethindrone-Eth Estradiol Oral Tablet 0.5-2.5 MG-MCG	T2	
Norethin-Eth Estradiol-Fe	$0	
Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG	$0	
Norgestim-Eth Estrad Triphasic	$0	
Normal Saline Flush Intravenous	T2	
NORPACE CR	T3	
NORTREL 0.5/35 (28)	$0	
NORTREL 1/35 (21)	$0	
NORTREL 7/7/7	$0	
Nortriptyline HCl Oral Capsule 10 MG	T2	QL (150 EA per 30 days)
Nortriptyline HCl Oral Capsule 25 MG	T2	QL (60 EA per 30 days)
Nortriptyline HCl Oral Capsule 50 MG	T2	QL (30 EA per 30 days)
Nortriptyline HCl Oral Capsule 75 MG	T2	
Nortriptyline HCl Oral Solution	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	
Nystatin External	T2	QL (120 GM per 25 days)
Nystatin Mouth/Throat	T2	
Nystatin Oral Tablet	T2	
Nystatin-Triamcinolone	T2	QL (60 GM per 25 days)
NYSTOP	T2	QL (120 GM per 25 days)
NYVEPRIA	T5	PA
OCELLA	$0	
Octreotide Acetate Injection Solution 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	T5	PA; QL (90 ML per 30 days)
Octreotide Acetate Injection Solution 1000 MCG/ML	T5	PA; QL (45 ML per 30 days)
Octreotide Acetate Injection Solution 200 MCG/ML	T5	PA; QL (225 ML per 30 days)
Octreotide Acetate Subcutaneous	T5	
ODEFSEY	T3	QL (30 EA per 30 days)
ODOMZO	T5	PA; QL (30 EA per 30 days)
Ofloxacin Ophthalmic	T2	
Ofloxacin Oral Tablet 300 MG, 400 MG	T2	
Ofloxacin Otic	T2	
OGSIVEO	T5	PA
OJJAARA	T5	PA
OLANZapine	T2	
OLANZapine-FLUoxetine HCl	T3	
Olmesartan Medoxomil Oral	T2	
Olmesartan Medoxomil-HCTZ	T2	
Olmesartan-amLODIPine-HCTZ	T2	
Olopatadine HCl Nasal	T2	QL (31 GM per 25 days)

Medicamento	Nivel	Notas
Olopatadine HCl Ophthalmic	T2	PA
OLUMIANT	T5	PA
Omega-3-acid Ethyl Esters	T2	PA
Omeprazole Magnesium Oral Capsule Delayed Release	T1	QL (30 EA per 30 days); OTC
Omeprazole Oral Capsule Delayed Release	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
Ondansetron HCl Injection Solution 4 MG/2ML, 40 MG/20ML	T2	QL (20 ML per 21 days)
Ondansetron HCl Oral Solution	T2	QL (200 ML per 21 days)
Ondansetron HCl Oral Tablet 24 MG	T2	QL (2 EA per 21 days)
Ondansetron HCl Oral Tablet 4 MG, 8 MG	T1	QL (18 EA per 21 days)
Ondansetron Oral Tablet Dispersible 4 MG, 8 MG	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)
Orphenadrine Citrate ER	T2	
Orphenadrine Citrate Injection	T2	
ORSYTHIA	$0	
Oscimin Oral Tablet	T2	
Oscimin Sublingual	T2	

Medicamento	Nivel	Notas
Oseltamivir Phosphate Oral Capsule 30 MG	T3	QL (40 EA per 90 days)
Oseltamivir Phosphate Oral Capsule 45 MG, 75 MG	T3	QL (20 EA per 90 days)
Oseltamivir Phosphate Oral Suspension Reconstituted	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)
Oxacillin Sodium Injection Solution Reconstituted 1 GM, 2 GM	T2	
Oxacillin Sodium Intravenous	T2	
Oxaliplatin Intravenous Solution 100 MG/20ML, 50 MG/10ML	T5	
Oxaliplatin Intravenous Solution Reconstituted	T5	
Oxaprozin Oral Tablet	T2	
Oxazepam	T2	QL (120 EA per 25 days)
OXcarbazepine	T2	
Oxiconazole Nitrate	T3	PA
Oxybutynin Chloride ER	T2	
Oxybutynin Chloride Oral Tablet 5 MG	T2	
OxyCODONE HCl Oral Capsule	T2	QL (180 EA per 25 days)
oxyCODONE HCl Oral Concentrate 100 MG/5ML	T2	QL (90 ML per 25 days)
oxyCODONE HCl Oral Solution	T2	QL (900 ML per 25 days)
oxyCODONE HCl Oral Tablet 10 MG, 5 MG	T2	QL (180 EA per 25 days)
oxyCODONE HCl Oral Tablet 15 MG	T2	QL (120 EA per 25 days)
oxyCODONE HCl Oral Tablet 20 MG	T2	QL (90 EA per 25 days)
oxyCODONE HCl Oral Tablet 30 MG	T2	QL (60 EA per 25 days)
oxyCODONE-Acetaminophen Oral Tablet 10-325 MG	T2	QL (180 EA per 25 days)
Oxycodone-Acetaminophen Oral Tablet 2.5-325 MG, 5-325 MG	T2	QL (360 EA per 25 days)
oxyCODONE-Acetaminophen Oral Tablet 7.5-325 MG	T2	QL (240 EA per 25 days)
oxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 10 MG, 15 MG, 5 MG, 7.5 MG	T3	QL (60 EA per 25 days)
OxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 20 MG, 30 MG, 40 MG	T3	PA
Oxymorphone HCl Oral Tablet 10 MG	T2	QL (90 EA per 25 days)
Oxymorphone HCl Oral Tablet 5 MG	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
PACLitaxel Intravenous Concentrate 100 MG/16.7ML, 150 MG/25ML, 30 MG/5ML, 300 MG/50ML	T2	
PACLitaxel Protein-Bound Part	T2	
Paliperidone ER	T3	
Pamidronate Disodium Intravenous Solution 30 MG/10ML, 90 MG/10ML	T2	
Pantoprazole Sodium Oral Tablet Delayed Release	T2	QL (30 EA per 30 days)
PARAGARD INTRAUTERINE COPPER	T1	QL (1 EA per 300 days)
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	T2	
Paricalcitol	T2	
PARoxetine HCl ER	T2	
PARoxetine HCl Oral Tablet	T1	
PAXLOVID (150/100)	T3	
PAXLOVID (300/100)	T3	QL (40 EA per 30 days)
PAZOPanib HCl	T5	PA; QL (120 EA per 30 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T1	
PEDIATRIC PANDA MASK	T3	OTC
PEDVAX HIB INTRAMUSCULAR SUSPENSION	$0	
PEG 3350-KCl-Na Bicarb-NaCl	T2	
PEG-3350/Electrolytes	T2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA
PEG-KCl-NaCl-NaSulf-Na Asc-C	T2	
PEG-PREP	T2	
PEMEtrexed Disodium Intravenous Solution Reconstituted 100 MG, 500 MG	T5	
penicillAMINE Oral Tablet	T4	
Penicillin G Potassium	T2	
Penicillin G Sodium	T2	
Penicillin V Potassium	T2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	T1	
Pentamidine Isethionate	T2	
Pentoxifylline ER	T2	
PERFOROMIST	T3	QL (60 ML per 25 days)
Perindopril Erbumine	T2	
PERIOGARD	T1	
Permethrin External Cream	T2	
Perphenazine Oral	T2	
PERSERIS	T3	QL (1 EA per 25 days)

Medicamento	Nivel	Notas
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	T2	
Phenelzine Sulfate Oral	T2	
PHENobarbital Oral Elixir	T2	
PHENobarbital Oral Tablet	T2	
Phenoxybenzamine HCl Oral	T4	PA
Phenylephrine HCl Ophthalmic Solution 10 %, 2.5 %	T2	
Phenytoin Oral Suspension 125 MG/5ML	T2	
Phenytoin Oral Tablet Chewable	T2	
Phenytoin Sodium Extended	T2	
Phenytoin Sodium Injection	T2	
PHOSPHOLINE IODIDE	T4	
PHOTOFRIN	T3	
PHYSIOLYTE	T2	
PHYSIOSOL IRRIGATION	T2	
Phytonadione Oral	T4	
PIFELTRO	T3	QL (30 EA per 30 days)
Pilocarpine HCl Ophthalmic Solution 1 %	T2	
Pilocarpine HCl Oral	T2	
Pimozide	T2	
Pindolol	T2	
Pioglitazone HCl	T1	
Pioglitazone HCl-Glimepiride	T2	
Pioglitazone HCl-metFORMIN HCl	T2	
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	T4	
Pirfenidone Oral Tablet 267 MG	T5	PA; QL (270 EA per 30 days)
Pirfenidone Oral Tablet 801 MG	T5	PA; QL (90 EA per 30 days)
PIRMELLA 7/7/7	$0	
Piroxicam Oral	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	
Podofilox External Gel	T4	
Podofilox External Solution	T2	

Medicamento	Nivel	Notas
POLYCIN	T2	
Polyethylene Glycol 3350 Oral Powder	T2	OTC
Polymyxin B Sulfate Injection	T2	
Polymyxin B-Trimethoprim	T1	
POMALYST	T5	PA; QL (21 EA per 28 days)
PORTIA-28	$0	
Posaconazole Oral Tablet Delayed Release	T4	
Potassium Chloride Crys ER Oral Tablet Extended Release 10 MEQ, 20 MEQ	T2	
Potassium Chloride ER Oral Capsule Extended Release	T2	
Potassium Chloride ER Oral Tablet Extended Release 10 MEQ, 20 MEQ, 8 MEQ	T2	
Potassium Chloride in NaCl Intravenous Solution 20-0.45 MEQ/L-%, 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%	T2	
Potassium Chloride Intravenous Solution 2 MEQ/ML	T2	
Potassium Chloride Oral Solution 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)	T2	PA
Potassium Citrate ER	T2	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; QL (2 ML per 28 days)
Pramipexole Dihydrochloride	T2	
Pramipexole Dihydrochloride ER	T2	
Prasugrel HCl	T2	
Pravastatin Sodium	T2	
Praziquantel Oral	T4	QL (24 EA per 365 days)
Prazosin HCl Oral	T2	
PRED MILD	T3	
prednisoLONE Acetate Ophthalmic	T2	
prednisoLONE Oral Solution	T2	
PrednisoLONE Sodium Phosphate Ophthalmic	T3	
PrednisoLONE Sodium Phosphate Oral Solution 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML, 5 MG/5ML	T2	
prednisoLONE Sodium Phosphate Oral Tablet Dispersible	T2	
PREDNISONE INTENSOL	T3	
PredniSONE Oral Solution	T2	
predniSONE Oral Tablet 1 MG, 10 MG, 2.5 MG, 20 MG, 5 MG	T1	
predniSONE Oral Tablet 50 MG	T2	
predniSONE Oral Tablet Therapy Pack	T2	
Pregabalin ER	T2	
Pregabalin Oral	T2	
PREMARIN INJECTION	T4	

Medicamento	Nivel	Notas
PREMARIN ORAL	T4	
PREMARIN VAGINAL	T3	
PRENATABS RX	T2	OTC
Pretomanid	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	
Primaquine Phosphate Oral Tablet 26.3 (15 Base) MG	T2	
Primidone Oral Tablet 250 MG, 50 MG	T2	
Pro Comfort Pen Needles 32G X 5 MM	T3	
Probenecid Oral	T2	
Procainamide HCl Injection Solution 100 MG/ML	T2	
Prochlorperazine	T3	
Prochlorperazine Edisylate Injection Solution 10 MG/2ML	T2	
Prochlorperazine Maleate Oral	T2	
PROCTOSOL HC EXTERNAL	T2	
PROCTOZONE-HC EXTERNAL	T2	
Progesterone Oral	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)
Promethazine HCl Injection	T2	
Promethazine HCl Oral Syrup	T2	
Promethazine HCl Oral Tablet	T2	
Promethazine-Codeine Oral Syrup	T2	
Promethazine-DM Oral Syrup	T2	
Propafenone HCl	T2	
Propafenone HCl ER	T2	
Proparacaine HCl Ophthalmic	T2	
Propranolol HCl ER	T2	
Propranolol HCl Intravenous	T2	
Propranolol HCl Oral Solution	T2	
Propranolol HCl Oral Tablet 10 MG, 20 MG, 40 MG	T1	

Medicamento	Nivel	Notas
Propranolol HCl Oral Tablet 60 MG, 80 MG	T2	
Propylthiouracil Oral	T2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	$0	
Protriptyline HCl Oral Tablet 10 MG	T2	QL (60 EA per 30 days)
Protriptyline HCl Oral Tablet 5 MG	T2	QL (90 EA per 30 days)
Pseudoeph-Bromphen-DM Oral Syrup 30-2-10 MG/5ML	T2	
Pyrazinamide Oral	T2	
Pyridostigmine Bromide ER Oral Tablet Extended Release	T3	
pyRIDostigmine Bromide Oral Solution	T2	
pyRIDostigmine Bromide Oral Tablet 60 MG	T2	
Pyridoxine HCl Oral Tablet 25 MG, 50 MG	T2	OTC
Pyrimethamine Oral	T3	PA
QELBREE	T4	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T1	
Quazepam	T3	
QUEtiapine Fumarate ER	T2	
QUEtiapine Fumarate Oral Tablet 100 MG, 25 MG, 50 MG	T1	
QUEtiapine Fumarate Oral Tablet 200 MG, 300 MG, 400 MG	T2	
Quinapril HCl	T1	
Quinapril-hydroCHLOROthiazide Oral Tablet 20-12.5 MG, 20-25 MG	T1	
quiNIDine Sulfate Oral	T2	
QuiNINE Sulfate Oral	T2	
QVAR REDIHALER	T3	QL (2 GM per 25 days)
RABEprazole Sodium Oral Tablet Delayed Release	T3	QL (30 EA per 30 days)
Raloxifene HCl	T2	
Ramelteon	T2	QL (30 EA per 25 days)
Ramipril	T2	
Ranolazine ER	T2	
Rasagiline Mesylate Oral	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	
Repaglinide	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
Ribavirin Inhalation	T2	
Ribavirin Oral Capsule	T2	PA
Ribavirin Oral Tablet 200 MG	T4	PA
Rifabutin	T3	
Rifampin Intravenous	T2	
rifAMPin Oral	T2	
Riluzole	T4	
riMANTAdine HCl	T2	
RINVOQ	T5	PA; QL (30 EA per 30 days)
Risedronate Sodium Oral Tablet 150 MG, 30 MG, 35 MG, 5 MG	T3	
Risedronate Sodium Oral Tablet Delayed Release	T3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T3	QL (2 EA per 25 days)
risperiDONE	T2	
Ritonavir	T1	QL (360 EA per 30 days)
Rivastigmine	T2	PA

Medicamento	Nivel	Notas
Rivastigmine Tartrate	T2	PA
RIVELSA	$0	
RIVFLOZA	T5	PA
Rizatriptan Benzoate Oral Tablet 10 MG	T1	QL (18 EA per 25 days)
Rizatriptan Benzoate Oral Tablet 5 MG	T1	QL (27 EA per 25 days)
Rizatriptan Benzoate Oral Tablet Dispersible 10 MG	T1	QL (18 EA per 25 days)
Rizatriptan Benzoate Oral Tablet Dispersible 5 MG	T1	QL (27 EA per 25 days)
rOPINIRole HCl	T2	
Rosuvastatin Calcium Oral	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
Sapropterin Dihydrochloride Oral Packet	T5	PA
Sapropterin Dihydrochloride Oral Tablet	T5	PA
SAVELLA	T4	PA
SAVELLA TITRATION PACK	T4	PA
Scopolamine	T2	
Selegiline HCl Oral	T2	
Selenium Sulfide External Lotion	T2	
SELZENTRY ORAL SOLUTION	T4	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	T4	
Sertraline HCl Oral Concentrate	T2	
Sertraline HCl Oral Tablet	T1	
Sevelamer Carbonate Oral Packet	T3	
Sevelamer Carbonate Oral Tablet	T4	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	$0	
SIGNIFOR	T5	PA; QL (60 ML per 30 days)
Sildenafil Citrate Intravenous	T5	PA
Sildenafil Citrate Oral Tablet 20 MG	T5	PA; QL (90 EA per 30 days)
Silodosin	T2	
Silver sulfADIAZINE External	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)
Simvastatin Oral Tablet	T1	
Sirolimus Oral	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)
Sleep-Aid Oral Tablet	T2	OTC
Sodium Chloride (PF)	T2	
Sodium Chloride Inhalation Nebulization Solution 0.9 %, 10 %, 3 %, 7 %	T2	
Sodium Chloride Injection Solution 2.5 MEQ/ML	T2	
Sodium Chloride Intravenous Solution 0.45 %, 0.9 %, 3 %, 5 %	T2	
Sodium Chloride Irrigation Solution 0.9 %	T2	
Sodium Fluoride Oral Solution 1.1 (0.5 F) MG/ML	$0	
Sodium Fluoride Oral Tablet 1.1 (0.5 F) MG	$0	
Sodium Fluoride Oral Tablet 2.2 (1 F) MG	T2	
Sodium Fluoride Oral Tablet Chewable 0.55 (0.25 F) MG, 1.1 (0.5 F) MG	$0	
Sodium Fluoride Oral Tablet Chewable 2.2 (1 F) MG	T2	
Sodium Phenylbutyrate Oral Powder 3 GM/TSP	T5	PA; QL (600 GM per 30 days)
Sodium Phenylbutyrate Oral Tablet	T5	PA; QL (1200 EA per 30 days)
Solifenacin Succinate	T2	
SOLIQUA	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)
SORAfenib Tosylate	T5	PA; QL (120 EA per 30 days)
Sotalol HCl (AF)	T2	
Sotalol HCl Intravenous	T4	
Sotalol HCl Oral	T2	
SOVALDI ORAL PACKET	T3	PA; QL (28 EA per 28 days)
SOVALDI ORAL TABLET	T5	PA; QL (28 EA per 28 days)
Spinosad	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)
Spironolactone Oral Tablet	T1	
Spironolactone-HCTZ	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)
Streptomycin Sulfate Intramuscular	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)
Sucralfate Oral Tablet	T2	
Sulconazole Nitrate	T2	QL (60 GM per 21 days)
Sulfacetamide Sodium (Acne)	T2	
Sulfacetamide Sodium Ophthalmic	T2	
Sulfacetamide-prednisoLONE Ophthalmic Solution	T2	
sulfADIAZINE Oral	T4	
Sulfamethoxazole-Trimethoprim Intravenous	T2	
Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML	T2	
Sulfamethoxazole-Trimethoprim Oral Tablet	T1	
SULFAMYLON EXTERNAL CREAM	T4	
sulfaSALAzine Oral	T2	
Sulindac Oral	T2	
SUMAtriptan Nasal Solution 20 MG/ACT	T3	QL (12 EA per 25 days)
SUMAtriptan Nasal Solution 5 MG/ACT	T3	QL (36 EA per 25 days)
SUMAtriptan Succinate Oral	T1	QL (18 EA per 25 days)
SUMAtriptan Succinate Refill Subcutaneous Solution Cartridge 4 MG/0.5ML	T3	QL (18 ML per 25 days)
SUMAtriptan Succinate Refill Subcutaneous Solution Cartridge 6 MG/0.5ML	T3	QL (12 ML per 25 days)
SUMAtriptan Succinate Subcutaneous Solution 6 MG/0.5ML	T3	QL (12 ML per 25 days)
SUMAtriptan Succinate Subcutaneous Solution Auto-Injector 4 MG/0.5ML	T3	QL (18 ML per 25 days)
SUMAtriptan Succinate Subcutaneous Solution Auto-Injector 6 MG/0.5ML	T3	QL (12 ML per 25 days)
Sumatriptan-Naproxen Sodium	T4	QL (9 EA per 25 days)

Medicamento	Nivel	Notas
SUNItinib Malate	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	
Tacrolimus External Ointment	T4	
Tacrolimus Oral Capsule 0.5 MG	T2	
Tacrolimus Oral Capsule 1 MG, 5 MG	T4	
Tadalafil (PAH)	T5	PA; QL (60 EA per 30 days)
Tadalafil Oral Tablet 2.5 MG, 5 MG	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)
Tamoxifen Citrate Oral	T2	
Tamsulosin HCl	T2	
TARGRETIN EXTERNAL	T5	PA
TASIGNA	T5	PA
Tazarotene External Cream 0.1 %	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
Telmisartan	T2	
Telmisartan-amLODIPine	T2	
Telmisartan-HCTZ	T2	

Medicamento	Nivel	Notas
Temazepam	T2	QL (15 EA per 25 days)
TEMODAR INTRAVENOUS	T5	PA
Temozolomide	T5	PA
TENCON ORAL TABLET 50-325 MG	T2	QL (48 EA per 25 days)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T1	
Tenofovir Disoproxil Fumarate	T1	QL (30 EA per 30 days)
Terazosin HCl Oral	T2	
Terbinafine HCl Oral	T2	QL (180 EA per 365 days)
Terbutaline Sulfate Injection	T2	
Terbutaline Sulfate Oral	T2	
Terconazole	T2	
Teriparatide Subcutaneous Solution Pen-Injector 560 MCG/2.24ML	T5	PA
Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML	T2	
Testosterone Enanthate Intramuscular Solution	T2	PA
Testosterone Transdermal Gel 10 MG/ACT (2%), 25 MG/2.5GM (1%)	T4	PA
Tetrabenazine Oral Tablet 12.5 MG	T5	PA; QL (120 EA per 30 days)
Tetrabenazine Oral Tablet 25 MG	T5	PA; QL (60 EA per 30 days)
Tetracycline HCl Oral Capsule	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	
Theophylline ER Oral Tablet Extended Release 12 Hour 450 MG	T2	
Theophylline ER Oral Tablet Extended Release 24 Hour	T2	
Theophylline Oral	T2	
Thioridazine HCl Oral	T2	
Thiothixene Oral	T2	
tiaGABine HCl	T2	
Ticagrelor	T2	
TICE BCG	T3	
Timolol Maleate (Once-Daily)	T2	
Timolol Maleate Ophthalmic Gel Forming Solution	T2	
Timolol Maleate Ophthalmic Solution	T1	
Timolol Maleate Oral	T2	
Tinidazole Oral	T2	
TIVICAY ORAL TABLET 50 MG	T3	QL (60 EA per 30 days)
TIVICAY PD	T3	QL (180 EA per 30 days)
tiZANidine HCl Oral Tablet	T1	
TOBRADEX OPHTHALMIC OINTMENT	T3	
TOBRADEX ST	T3	

Medicamento	Nivel	Notas
Tobramycin Inhalation Nebulization Solution 300 MG/4ML	T5	PA; QL (224 ML per 28 days)
Tobramycin Inhalation Nebulization Solution 300 MG/5ML	T5	PA; QL (280 ML per 28 days)
Tobramycin Ophthalmic	T1	
Tobramycin Sulfate Injection Solution 1.2 GM/30ML, 10 MG/ML	T2	
Tobramycin Sulfate Injection Solution 2 GM/50ML, 80 MG/2ML	T2	QL (360 ML per 10 days)
Tobramycin Sulfate Injection Solution Reconstituted	T2	QL (20 EA per 10 days)
Tobramycin-Dexamethasone	T2	
TODAY SPONGE	$0	OTC
Tolcapone	T2	
Tolmetin Sodium Oral Tablet 600 MG	T2	
Tolterodine Tartrate	T2	
Tolterodine Tartrate ER	T2	
Tolvaptan Oral Tablet	T5	PA
Topiramate Oral Capsule Sprinkle 15 MG, 25 MG	T2	
Topiramate Oral Tablet	T2	
Topotecan HCl Intravenous Solution Reconstituted	T2	
Toremifene Citrate	T3	
Torsemide Oral	T2	
TOVIAZ	T4	PA; QL (30 EA per 30 days)
traMADol HCl ER Oral Tablet Extended Release 24 Hour 100 MG	T2	QL (30 EA per 25 days)
traMADol HCl ER Oral Tablet Extended Release 24 Hour 200 MG, 300 MG	T2	PA
traMADol HCl Oral Tablet 100 MG	T2	QL (90 EA per 25 days)
traMADol HCl Oral Tablet 50 MG	T2	QL (180 EA per 25 days)
traMADol-Acetaminophen	T2	QL (40 EA per 25 days)
Trandolapril	T1	
Trandolapril-Verapamil HCl ER	T2	
Tranexamic Acid Intravenous Solution 1000 MG/10ML	T2	
Tranexamic Acid Oral	T2	
Tranylcypromine Sulfate	T2	
Travoprost (BAK Free)	T2	
traZODone HCl Oral Tablet 100 MG, 150 MG, 50 MG	T1	
traZODone HCl Oral Tablet 300 MG	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	
Tretinoin External	T3	PA
Tretinoin Microsphere External Gel 0.1 %	T3	PA
Tretinoin Microsphere Pump External Gel 0.04 %	T3	PA
Tretinoin Oral	T2	
Triamcinolone Acetonide External Cream	T2	QL (240 GM per 25 days)
Triamcinolone Acetonide External Lotion	T2	QL (240 ML per 25 days)
Triamcinolone Acetonide External Ointment 0.025 %, 0.1 %, 0.5 %	T2	QL (240 GM per 25 days)
Triamcinolone Acetonide Mouth/Throat	T2	
Triamcinolone Acetonide Nasal Aerosol	T1	QL (1 ML per 25 days); OTC
Triamterene Oral	T2	
Triamterene-HCTZ Oral Capsule 37.5-25 MG	T2	
Triamterene-HCTZ Oral Tablet	T2	
Trientine HCl Oral Capsule 250 MG	T4	
Trifluoperazine HCl Oral	T2	
Trifluridine Ophthalmic	T2	
Trihexyphenidyl HCl	T2	
TRIKAFTA ORAL TABLET THERAPY PACK	T5	PA; QL (84 EA per 28 days)
TRI-LINYAH	$0	
Trimethobenzamide HCl Oral	T2	
Trimethoprim Oral	T2	
Trimipramine Maleate Oral Capsule 100 MG	T2	QL (30 EA per 30 days)
Trimipramine Maleate Oral Capsule 25 MG, 50 MG	T2	QL (60 EA per 30 days)
TRINESSA (28)	$0	
TRI-SPRINTEC	$0	
TRIUMEQ	T3	QL (30 EA per 30 days)
Triumeq PD	T3	QL (180 EA per 30 days)
TRIVORA (28)	$0	
TROGARZO	T5	
Tropicamide Ophthalmic	T2	

Medicamento	Nivel	Notas
Trospium Chloride	T2	
Trospium Chloride ER	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
Urinary Pain Relief Oral Tablet 95 MG	T2	OTC
Ursodiol Oral Capsule 300 MG	T2	
Ursodiol Oral Tablet	T2	
UVADEX EXTRACORPOREAL	T3	
valACYclovir HCl Oral	T2	
valGANciclovir HCl Oral Solution Reconstituted	T5	QL (1000 ML per 30 days)
valGANciclovir HCl Oral Tablet	T5	QL (102 EA per 30 days)
Valproate Sodium Intravenous Solution 100 MG/ML	T2	
Valproic Acid Oral Capsule	T2	
Valproic Acid Oral Solution 250 MG/5ML	T2	
Valsartan Oral Tablet	T2	
Valsartan-hydroCHLOROthiazide	T2	
Vancomycin HCl Intravenous Solution Reconstituted 1 GM	T4	QL (28 EA per 14 days)
Vancomycin HCl Intravenous Solution Reconstituted 10 GM, 5 GM	T4	QL (42 EA per 14 days)
Vancomycin HCl Intravenous Solution Reconstituted 500 MG, 750 MG	T4	QL (56 EA per 14 days)

Medicamento	Nivel	Notas
Vancomycin HCl Oral Capsule	T4	QL (80 EA per 10 days)
VANDAZOLE	T3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	$0	
Varenicline Tartrate (Starter)	$0	
Varenicline Tartrate Oral Tablet 0.5 MG, 1 MG	$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
Venlafaxine HCl	T1	
Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour	T1	
Venlafaxine HCl ER Oral Tablet Extended Release 24 Hour 150 MG, 37.5 MG, 75 MG	T2	
VENTAVIS	T5	PA; QL (270 ML per 30 days)
Verapamil HCl ER Oral Capsule Extended Release 24 Hour	T2	
Verapamil HCl ER Oral Tablet Extended Release 120 MG, 180 MG, 240 MG	T2	
Verapamil HCl Intravenous	T2	
Verapamil HCl Oral	T1	
VERZENIO	T5	PA; QL (60 EA per 30 days)
Vigabatrin	T5	PA; QL (180 EA per 30 days)
VIIBRYD ORAL TABLET	T4	PA
Vilazodone HCl	T4	PA
VIMPAT INTRAVENOUS	T4	PA
VIMPAT ORAL SOLUTION	T4	PA
VinBLAStine Sulfate Intravenous Solution	T2	
vinCRIStine Sulfate Intravenous	T2	
Vinorelbine Tartrate	T2	
VIOKACE	T3	PA
Viorele	$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)
Vitamin D (Ergocalciferol) Oral Capsule 1.25 MG (50000 UT)	T2	
Vitamin D2	T2	OTC
Vitamin D3 Oral Capsule 1.25 MG (50000 UT)	T2	OTC
Vitamins ACD-Fluoride Oral Solution 0.25 MG/ML	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
Voriconazole Oral	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
Warfarin Sodium Oral	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	
Zafirlukast	T2	
Zaleplon Oral Capsule 10 MG	T2	QL (60 EA per 25 days)
Zaleplon Oral Capsule 5 MG	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)
Zidovudine Oral Capsule	T1	QL (180 EA per 30 days)
Zidovudine Oral Syrup	T1	QL (1920 ML per 30 days)
Zidovudine Oral Tablet	T1	QL (60 EA per 30 days)
Zileuton ER	T4	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T4	
Ziprasidone HCl	T2	
ZIRGAN	T4	
Zoledronic Acid Intravenous Concentrate	T5	PA
Zoledronic Acid Intravenous Solution 5 MG/100ML	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)

Index