

BCBS_AR_6T Effective 04/01/2024

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib cap 50 mg</i>	2	
<i>celecoxib cap 100 mg</i>	2	
<i>celecoxib cap 200 mg</i>	2	
GOUT		
<i>allopurinol tab 100 mg</i>	2	
<i>allopurinol tab 300 mg</i>	2	
<i>colchicine tab 0.6 mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat tab 40 mg</i>	2	ST; PA**
<i>febuxostat tab 80 mg</i>	2	ST; PA**
<i>probenecid tab 500 mg</i>	2	
NSAIDS, COMBINATIONS§		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
NSAIDS§		
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>etodolac cap 200 mg</i>	2	
<i>etodolac cap 300 mg</i>	2	
<i>etodolac tab 400 mg</i>	2	
<i>etodolac tab 500 mg</i>	2	
<i>etodolac tab er 24hr 400 mg</i>	2	
<i>etodolac tab er 24hr 500 mg</i>	2	
<i>etodolac tab er 24hr 600 mg</i>	2	
<i>fenoprofen calcium tab 600 mg</i>	4	
<i>flurbiprofen tab 50 mg</i>	2	
<i>flurbiprofen tab 100 mg</i>	2	
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	2	
<i>ibuprofen tab 600 mg</i>	2	
<i>ibuprofen tab 800 mg</i>	2	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	2	
<i>ketorolac tromethamine inj 15 mg/ml</i>	2	
<i>ketorolac tromethamine inj 30 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine tab 10 mg</i>	2	QL (20 tabs every 30 days)
<i>meclofenamate sodium cap 50 mg</i>	2	
<i>meclofenamate sodium cap 100 mg</i>	2	
<i>mefenamic acid cap 250 mg</i>	2	
<i>meloxicam tab 7.5 mg</i>	2	
<i>meloxicam tab 15 mg</i>	2	
<i>nabumetone tab 500 mg</i>	2	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen tab 250 mg</i>	2	
<i>naproxen tab 375 mg</i>	2	
<i>naproxen tab 500 mg</i>	2	
<i>oxaprozin tab 600 mg</i>	2	
<i>piroxicam cap 10 mg</i>	2	
<i>piroxicam cap 20 mg</i>	2	
<i>sulindac tab 150 mg</i>	2	
<i>sulindac tab 200 mg</i>	2	
<i>tolmetin sodium cap 400 mg</i>	2	
<i>tolmetin sodium tab 600 mg</i>	2	

OPIOID ANALGESICS§

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	ST, QL (400 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	2	ST, QL (300 caps every 30 days); Subject to initial 7-day limit
<i>butorphanol tartrate inj 1 mg/ml</i>	2	
<i>butorphanol tartrate inj 2 mg/ml</i>	2	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2	QL (2 bottles every 30 days)
CODEINE SULF TAB 60MG	4	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
<i>codeine sulfate tab 30 mg</i>	2	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>endocet tab 2.5-325</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 5-325mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 7.5-325</i>	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 10-325mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	2	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate taber 24hr deter 20 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate taber 24hr deter 30 mg</i>	2	ST, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	2	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	2	ST, PA; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	ST, QL (50 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl inj 2 mg/ml</i>	2	
<i>hydromorphone hcl tab 2 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 4 mg</i>	2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 8 mg</i>	2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab er 24hr 8 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	2	ST, PA; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl conc 10 mg/ml</i>	2	QL (30 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5 mg/5ml</i>	2	ST, QL (450 mL every 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	2	ST, QL (225 mL every 30 days)
<i>methadone hcl tab 5 mg</i>	2	ST, QL (90 tabs every 30 days)
<i>methadone hcl tab 10 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>methadone hcl tab for oral susp 40 mg</i>	2	QL (9 tabs every 30 days)
<i>methadone hydrochloride i</i>	2	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose</i>	2	QL (9 tabs every 30 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	2	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	2	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	2	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate iv soln 4 mg/ml</i>	2	
<i>morphine sulfate iv soln 10 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral soln 10 mg/5ml</i>	2	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	ST, QL (675 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	ST, QL (135 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab 15 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab 30 mg</i>	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab er 15 mg</i>	2	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 30 mg</i>	2	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 60 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	2	ST, PA; High Strength Requires PA
<i>nalbuphine hcl inj 10 mg/ml</i>	2	
<i>nalbuphine hcl inj 20 mg/ml</i>	2	
NUCYNTA ER TAB 50MG	4	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 100MG	4	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 150MG	4	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG	4	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 250MG	4	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG	3	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TAB 75MG	3	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TAB 100MG	3	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl cap 5 mg</i>	2	ST, QL (180 caps every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	ST, QL (90 mL every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl soln 5 mg/5ml</i>	2	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 5 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 10 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 15 mg</i>	2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 20 mg</i>	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 30 mg</i>	2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	2	ST, PA; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	2	ST, PA; High Strength Requires PA
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab 5 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab 10 mg</i>	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab er 12hr 5 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	2	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	2	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol hcl tab 50 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>tramadol hcl tab er 24hr 100 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	ST, QL (40 tabs every 30 days); Subject to initial 7-day limit
XTAMPZA ER CAP 9MG	3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 18MG	3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 27MG	3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	3	ST, PA; High Strength Requires Prior Auth

Drug Name	Drug Tier	Requirements/Limits
OPIOID PARTIAL AGONISTS§		
BELBUCA MIS 75MCG	3	ST, QL (60 films every 30 days)
BELBUCA MIS 150MCG	3	ST, QL (60 films every 30 days)
BELBUCA MIS 300MCG	3	ST, QL (60 films every 30 days)
BELBUCA MIS 450MCG	3	ST, QL (60 films every 30 days)
BELBUCA MIS 600MCG	3	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	3	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	3	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	2	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	2	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	2	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	2	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine td patch weekly 20 mcg/hr</i>	2	ST, PA; High Strength Requires Prior Auth
SUBLOCADE INJ 100/0.5	5	
SUBLOCADE INJ 300/1.5	5	
SALICYLATES		
<i>aspirin enteric coated ad</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
<i>diflunisal tab 500 mg</i>	2	
<i>goodsense aspirin</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl local inj 0.5%</i>	2	
<i>lidocaine hcl local inj 1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl local inj 2%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	2	

ANTI-INFECTIVES

ANTHELMINTICS

<i>albendazole tab 200 mg</i>	4	QL (336 tabs every 365 days)
EMVERM CHW 100MG	4	QL (12 tabs every 365 days)
<i>ivermectin tab 3 mg</i>	2	
<i>praziquantel tab 600 mg</i>	2	QL (24 tabs every 365 days)

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	2	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	2	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>sulfadiazine tab 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	2	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	2	
<i>tinidazole tab 250 mg</i>	2	
<i>tinidazole tab 500 mg</i>	2	
<i>tobramycin sulfate for inj 1.2 gm</i>	2	QL (10 vials every 90 days); Quantity limit allows up to 10 vials every 90 days
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	2	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	2	QL (100mL every 90 days); Quantity limit allows up to 100mL every 90 days

ANTIFUNGALS

<i>amphotericin b for iv soln 50 mg</i>	2	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	2	
<i>fluconazole tab 200 mg</i>	2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg</i>	2	
<i>griseofulvin ultramicrosize tab 250 mg</i>	2	
<i>itraconazole cap 100 mg</i>	2	PA
<i>itraconazole oral soln 10 mg/ml</i>	2	PA
<i>nystatin tab 500000 unit</i>	2	
<i>posaconazole susp 40 mg/ml</i>	2	PA
<i>posaconazole tab delayed release 100 mg</i>	4	PA
<i>terbinafine hcl tab 250 mg</i>	2	
<i>voriconazole for susp 40 mg/ml</i>	4	PA
<i>voriconazole tab 50 mg</i>	4	PA
<i>voriconazole tab 200 mg</i>	4	PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl tab 250 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
<i>quinine sulfate cap 324 mg</i>	2	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	QL (900 mL every 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	QL (60 tabs every 30 days)
APTIVUS CAP 250MG	3	QL (120 caps every 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	QL (30 caps every 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	QL (60 caps every 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	QL (30 caps every 30 days)
<i>darunavir tab 600 mg</i>	2	QL (60 tabs every 30 days)
<i>darunavir tab 800 mg</i>	2	QL (30 tabs every 30 days)
EDURANT TAB 25MG	3	QL (60 tabs every 30 days)
<i>efavirenz cap 50 mg</i>	2	QL (90 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz cap 200 mg</i>	2	QL (90 caps every 30 days)
<i>efavirenz tab 600 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine caps 200 mg</i>	2	QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	3	QL (680 ml every 28 days)
<i>etravirine tab 100 mg</i>	2	QL (120 tabs every 30 days)
<i>etravirine tab 200 mg</i>	2	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	QL (120 tabs every 30 days)
FUZEON INJ 90MG	5	PA, QL (60 vials every 30 days)
INTELENCE TAB 25MG	3	QL (120 tabs every 30 days)
ISENTRESS CHW 25MG	3	QL (180 tabs every 30 days)
ISENTRESS CHW 100MG	3	QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	3	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	3	QL (60 packets every 30 days)
ISENTRESS TAB 400MG	3	QL (120 tabs every 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	2	QL (960 ml every 30 days)
<i>lamivudine tab 150 mg</i>	2	QL (60 tabs every 30 days)
<i>lamivudine tab 300 mg</i>	2	QL (30 tabs every 30 days)
LEXIVA SUS 50MG/ML	3	QL (1575 mL every 28 days)
<i>maraviroc tab 150 mg</i>	2	QL (60 tabs every 30 days)
<i>maraviroc tab 300 mg</i>	2	QL (120 tabs every 30 days)
<i>nevirapine susp 50 mg/5ml</i>	2	QL (1200 mL every 30 days)
<i>nevirapine tab 200 mg</i>	2	QL (60 tabs every 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	2	QL (90 tabs every 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	2	QL (30 tabs every 30 days)
NORVIR POW 100MG	3	QL (360 packets every 30 days)
PREZISTA SUS 100MG/ML	3	QL (400 ml every 30 days)
PREZISTA TAB 75MG	3	QL (300 tabs every 30 days)
PREZISTA TAB 150MG	3	QL (180 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
RETROVIR INJ 10MG/ML	3	
REYATAZ POW 50MG	3	QL (180 packets every 30 days)
<i>ritonavir tab 100 mg</i>	2	QL (360 tabs every 30 days)
SELZENTRY SOL 20MG/ML	3	QL (1840 mL every 30 days)
SELZENTRY TAB 25MG	3	QL (240 tabs every 30 days)
SELZENTRY TAB 75MG	3	QL (60 tabs every 30 days)
<i>stavudine cap 15 mg</i>	2	QL (60 caps every 30 days)
<i>stavudine cap 20 mg</i>	2	QL (60 caps every 30 days)
<i>stavudine cap 30 mg</i>	2	QL (60 caps every 30 days)
<i>stavudine cap 40 mg</i>	2	QL (60 caps every 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	QL (30 tabs every 30 days)
TIVICAY PD TAB 5MG	3	QL (360 tabs every 30 days)
TIVICAY TAB 10MG	3	QL (240 tabs every 30 days)
TIVICAY TAB 25MG	3	QL (60 tabs every 30 days)
TIVICAY TAB 50MG	3	QL (60 tabs every 30 days)
TROGARZO INJ 150MG/ML	5	
TYBOST TAB 150MG	3	QL (30 tabs every 30 days)
VIRACEPT TAB 250MG	3	QL (300 tabs every 30 days)
VIRACEPT TAB 625MG	3	QL (120 tabs every 30 days)
VIREAD POW 40MG/GM	3	QL (240 gm every 30 days)
VIREAD TAB 150MG	3	QL (30 tabs every 30 days)
VIREAD TAB 200MG	3	QL (30 tabs every 30 days)
VIREAD TAB 250MG	3	QL (30 tabs every 30 days)
<i>zidovudine cap 100 mg</i>	2	QL (180 caps every 30 days)
<i>zidovudine syrup 10 mg/ml</i>	2	QL (1920 ml every 30 days)
<i>zidovudine tab 300 mg</i>	2	QL (60 tabs every 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	QL (30 tabs every 30 days)
BIKTARVY TAB	3	QL (30 tabs every 30 days)
CIMDUO TAB 300-300	3	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	3	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TAB 200/25MG	3	QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	3	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	QL (30 tabs every 30 days); \$0 copay for pre-exposure prophylaxis
EVOTAZ TAB 300-150	3	QL (30 tabs every 30 days)
GENVOYA TAB	3	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	QL (120 tabs every 30 days)
ODEFSEY TAB	3	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	3	QL (30 tabs every 30 days)
SYMTUZA TAB	4	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	4	QL (180 tabs every 30 days)
TRIUMEQ TAB	4	QL (30 tabs every 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine cap 250 mg</i>	2	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid inj 100 mg/ml</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid tab 300 mg</i>	2	
PRETOMANID TAB 200MG	4	PA
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
SIRTURO TAB 20MG	6	PA
SIRTURO TAB 100MG	6	PA
TRECTOR TAB 250MG	3	
ANTIVIRALS§		
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	5	
BARACLUSOL	5	PA, QL (630 mL every 30 days)
<i>cidofovir iv inj 75 mg/ml</i>	2	
<i>entecavir tab 0.5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>entecavir tab 1 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
<i>lamivudine tab 100 mg (hbv)</i>	2	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	QL (360 mL every 90 days)
PAXLOVID TAB 150-100	4	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	4	QL (60 tabs every 30 days)
RELENZA MIS DISKHALE	3	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	2	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	PA, QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	5	PA, QL (120 tabs every 30 days)
VEMLIDY TAB 25MG	4	PA, QL (30 tabs every 30 days)

CEPHALOSPORINS

<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
<i>cefaclor for susp 125 mg/5ml</i>	2	
<i>cefaclor for susp 250 mg/5ml</i>	2	
<i>cefaclor for susp 375 mg/5ml</i>	2	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	2	
<i>cefazolin sodium for inj 1 gm</i>	2	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for iv soln 2 gm</i>	2	
<i>cefixime cap 400 mg</i>	2	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil tab 500 mg</i>	2	
<i>ceftazidime for iv soln 2 gm</i>	2	
<i>ceftriaxone sodium for inj 1 gm</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 2 gm</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 10 gm</i>	2	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium for inj 250 mg</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 500 mg</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for iv soln 1 gm</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for iv soln 2 gm</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cephalexin cap 250 mg</i>	2	
<i>cephalexin cap 500 mg</i>	2	
<i>cephalexin cap 750 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
<i>cephalexin tab 250 mg</i>	2	
<i>cephalexin tab 500 mg</i>	2	
SUPRAX CHW 100MG	3	
SUPRAX CHW 200MG	3	
SUPRAX SUS 500/5ML	3	
<i>tazicef</i>	2	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	2	
<i>azithromycin for susp 200 mg/5ml</i>	2	
<i>azithromycin powd pack for susp 1 gm</i>	2	
<i>azithromycin tab 250 mg</i>	2	
<i>azithromycin tab 500 mg</i>	2	
<i>azithromycin tab 600 mg</i>	2	
<i>clarithromycin for susp 125 mg/5ml</i>	2	
<i>clarithromycin for susp 250 mg/5ml</i>	2	
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
DIFICID SUS	3	PA
DIFICID TAB 200MG	3	PA
<i>ery-tab</i>	2	
<i>erythrocin stearate</i>	2	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate tab 400 mg</i>	2	
<i>erythromycin tab 250 mg</i>	2	
<i>erythromycin tab 500 mg</i>	2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	2	

FLUOROQUINOLONES

BAXDELA TAB 450MG	4	
CIPRO (10%) SUS 500MG/5	4	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	2	
<i>levofloxacin iv soln 25 mg/ml</i>	2	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	2	
<i>levofloxacin tab 500 mg</i>	2	
<i>levofloxacin tab 750 mg</i>	2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
<i>ofloxacin tab 300 mg</i>	2	
<i>ofloxacin tab 400 mg</i>	2	

HEPATITIS C

EPCLUSA PAK 150-37.5	5	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	5	PA, QL (28 pellets every 28 days)
EPCLUSA TAB 200-50MG	5	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	5	PA, QL (28 tabs every 28 days)
HARVONI PAK	5	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	5	PA, QL (28 pellets every 28 days)
HARVONI TAB 45-200MG	5	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	5	PA, QL (28 tabs every 28 days)
PEGASYS INJ	5	PA
PEGASYS INJ 180MCG/M	5	PA
<i>ribavirin cap 200 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin tab 200 mg</i>	2	
SOVALDI PAK150MG	6	ST, PA, QL (28 pellets every 28 days)
SOVALDI PAK200MG	6	ST, PA, QL (28 pellets every 28 days)
SOVALDI TAB200MG	6	ST, PA, QL (28 tabs every 28 days)
SOVALDI TAB400MG	6	ST, PA, QL (28 tabs every 28 days)
VOSEVI TAB	5	PA, QL (28 tabs every 28 days)
ZEPATIER TAB 50-100MG	6	ST, PA, QL (28 tabs every 28 days)

MISCELLANEOUS

ALINIA SUS 100/5ML	4	QL (540 mL every 30 days)
<i>atovaquone susp 750 mg/5ml</i>	2	
<i>aztreonam for inj 1 gm</i>	2	
<i>aztreonam for inj 2 gm</i>	2	
<i>clindamycin hcl cap 75 mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin hcl cap 300 mg</i>	2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	2	
<i>clindamycin phosphate inj 9 gm/60ml</i>	2	
<i>clindamycin phosphate inj 300 mg/2ml</i>	2	
<i>clindamycin phosphate inj 600 mg/4ml</i>	2	
<i>dapsone tab 25 mg</i>	2	
<i>dapsone tab 100 mg</i>	2	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>linezolid for susp 100 mg/5ml</i>	2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	
<i>linezolid tab 600 mg</i>	2	
<i>meropenem iv for soln 1 gm</i>	2	QL (30 vials every 90 days); Quantity limit allows up to 30 vials every 90 days
<i>meropenem iv for soln 500 mg</i>	2	QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole iv soln 500 mg/100ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	2	QL (20 tabs every 30 days)
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin susp 25 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate for inj soln 300 mg</i>	2	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	
<i>polymyxin b sulfate for inj 500000 unit</i>	2	
<i>pyrimethamine tab 25 mg</i>	4	PA
<i>trimethoprim tab 100 mg</i>	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	2	QL (80 caps every 10 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	2	QL (20 vials every 30 days); Quantity limit allows up to 20 vials every 30 days
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	2	QL (1 vial every 30 days); Quantity limit allows up to 1 vial every 30 days
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	2	QL (1 vial every 30 days); Quantity limit allows up to 1 vial every 30 days
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	2	QL (20 vials every 30 days); Quantity limit allows up to 20 vials every 30 days
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	2	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>amoxicillin (trihydrate) cap 250 mg</i>	2	
<i>amoxicillin (trihydrate) cap 500 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) tab 500 mg</i>	2	
<i>amoxicillin (trihydrate) tab 875 mg</i>	2	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	2	
<i>ampicillin sodium for inj 2 gm</i>	2	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
<i>penicillin g potassium for inj 5000000 unit</i>	2	
<i>penicillin g potassium for inj 20000000 unit</i>	2	
<i>penicillin g sodium for inj 5000000 unit</i>	2	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	2	
<i>penicillin v potassium tab 500 mg</i>	2	
<i>pfizerpen</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	

TETRACYCLINES

<i>avidoxy</i>	2	
<i>demeclocycline hcl tab 150 mg</i>	2	
<i>demeclocycline hcl tab 300 mg</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	2	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>minocycline hcl tab 50 mg</i>	2	
<i>minocycline hcl tab 75 mg</i>	2	
<i>minocycline hcl tab 100 mg</i>	2	
<i>tetracycline hcl cap 250 mg</i>	2	QL (120 caps every 30 days)
<i>tetracycline hcl cap 500 mg</i>	2	QL (120 caps every 30 days)

ANTIDOTES AND SPECIFIC ANTAGONISTS

OPIOID ANTAGONISTS

<i>VIVITROL INJ 380MG</i>	4	QL (1 vial every 28 days)
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ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>busulfan inj 6 mg/ml</i>	2	
<i>carmustine for inj 100 mg</i>	2	
<i>cyclophosphamide cap 25 mg</i>	2	
<i>cyclophosphamide cap 50 mg</i>	2	
<i>cyclophosphamide for inj 1 gm</i>	5	
<i>cyclophosphamide for inj 2 gm</i>	5	
<i>cyclophosphamide for inj 500 mg</i>	5	
<i>dacarbazine for inj 100 mg</i>	2	
<i>dacarbazine for inj 200 mg</i>	2	
<i>EMCYT CAP 140MG</i>	5	

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAP 10MG	5	
GLEOSTINE CAP 40MG	5	
GLEOSTINE CAP 100MG	5	
GLIADEL WAF 7.7MG	3	
<i>ifosfamide for inj 1 gm</i>	2	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	2	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	2	
LEUKERAN TAB 2MG	3	
MATULANE CAP 50MG	3	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	2	
<i>melphalan tab 2 mg</i>	2	
TEMODAR INJ 100MG	5	PA
<i>temozolomide cap 5 mg</i>	5	PA
<i>temozolomide cap 20 mg</i>	5	PA
<i>temozolomide cap 100 mg</i>	5	PA
<i>temozolomide cap 140 mg</i>	5	PA
<i>temozolomide cap 180 mg</i>	5	PA
<i>temozolomide cap 250 mg</i>	5	PA

ANTIBIOTICS

<i>adriamycin</i>	2	
<i>bleomycin sulfate for inj 15 unit</i>	2	
<i>bleomycin sulfate for inj 30 unit</i>	2	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	2	
<i>doxorubicin hcl for inj 10 mg</i>	2	
<i>doxorubicin hcl inj 2 mg/ml</i>	2	
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	2	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	2	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	2	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	2	
<i>mitomycin for iv soln 5 mg</i>	2	
<i>mitomycin for iv soln 20 mg</i>	2	
<i>mitomycin for iv soln 40 mg</i>	2	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	5	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	5	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	5	

ANTIMETABOLITES

<i>azacitidine for inj 100 mg</i>	5	PA
<i>capecitabine tab 150 mg</i>	5	PA
<i>capecitabine tab 500 mg</i>	5	PA
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clofarabine iv soln 1 mg/ml</i>	2	
<i>cytarabine inj 20 mg/ml</i>	2	
<i>cytarabine inj pf 20 mg/ml</i>	2	
<i>cytarabine inj pf 100 mg/ml</i>	2	
<i>decitabine for inj 50 mg</i>	5	PA
<i>fludarabine phosphate for inj 50 mg</i>	2	
<i>fludarabine phosphate inj 25 mg/ml</i>	2	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	2	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	2	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	2	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	2	
<i>gemcitabine hcl for inj 1 gm</i>	5	
<i>gemcitabine hcl for inj 2 gm</i>	5	
<i>gemcitabine hcl for inj 200 mg</i>	5	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	5	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	5	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	5	
<i>mercaptopurine tab 50 mg</i>	2	
<i>methotrexate sodium for inj 1 gm</i>	2	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	5	
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	5	
TABLOID TAB 40MG	3	
ANTIMITOTIC, TAXOIDS		
<i>docetaxel for inj conc 20 mg/ml</i>	2	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	2	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	2	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	2	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	2	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	2	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	2	
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate inj 1 mg/ml</i>	2	
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	2	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	5	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	5	PA, QL (1 pack every 28 days)
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG	5	PA
ERBITUX INJ 200MG	5	PA
ERIVEDGE CAP 150MG	5	PA, QL (30 caps every 30 days)
GAZYVA INJ 25MG/ML	5	PA
KADCYLA INJ 100MG	5	PA
KADCYLA INJ 160MG	5	PA
KEYTRUDA INJ 100MG/4M	5	PA
PADCEV INJ 20MG	6	PA, QL (21 vials every 28 days)
PADCEV INJ 30MG	6	PA, QL (15 vials every 28 days)
POLIVY INJ 30MG	6	PA
POLIVY INJ 140MG	6	PA
POMALYST CAP 1MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 2MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 3MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 4MG	5	PA, QL (21 caps every 28 days)
REVLIMID CAP 2.5MG	5	PA, QL (28 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 5MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 10MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 15MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 20MG	5	PA, QL (21 caps every 28 days)
REVLIMID CAP 25MG	5	PA, QL (21 caps every 28 days)
THALOMID CAP 50MG	5	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	5	PA, QL (28 caps every 28 days)
THALOMID CAP 150MG	5	PA, QL (56 caps every 28 days)
THALOMID CAP 200MG	5	PA, QL (56 caps every 28 days)
TICE BCG INJ	3	

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tab 500 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>anastrozole tab 1 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	2	
ELIGARD INJ 7.5MG	5	PA
ELIGARD INJ 22.5MG	5	PA
ELIGARD INJ 30MG	5	PA
ELIGARD INJ 45MG	5	PA
ERLEADA TAB 60MG	5	PA, QL (120 tabs every 30 days)
ERLEADA TAB 240MG	5	PA, QL (30 tabs every 30 days)
<i>exemestane tab 25 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	5	PA
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
LYSODREN TAB 500MG	3	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate tab 20 mg</i>	2	
<i>megestrol acetate tab 40 mg</i>	2	
<i>nilutamide tab 150 mg</i>	2	
NUBEQA TAB 300MG	5	PA, QL (120 tabs every 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	2	
XTANDICAP 40MG	5	PA, QL (120 caps every 30 days)
XTANDI TAB 40MG	5	PA, QL (120 tabs every 30 days)
XTANDI TAB 80MG	5	PA, QL (60 tabs every 30 days)
YONSA TAB 125MG	5	PA, QL (120 tabs every 30 days)
KINASE INHIBITORS		
ALECENSA CAP 150MG	5	PA, QL (240 caps every 30 days)
CABOMETRYX TAB 20MG	5	PA, QL (30 tabs every 30 days)
CABOMETRYX TAB 40MG	5	PA, QL (30 tabs every 30 days)
CABOMETRYX TAB 60MG	5	PA, QL (30 tabs every 30 days)
CALQUENCE TAB 100MG	6	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	5	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 300MG	5	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 60MG	5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	5	PA, QL (1 kit every 28 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 2.5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 7.5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 10 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab for oral susp 2 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tabs every 30 days)
<i>everolimus tab for oral susp 5 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	PA, QL (120 tabs every 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	PA, QL (60 tabs every 30 days)
IMBRUVICA CAP 70MG	5	PA, QL (30 caps every 30 days)
IMBRUVICA CAP 140MG	5	PA, QL (90 caps every 30 days)
IMBRUVICA SUS 70MG/ML	5	PA, QL (216 ml every 36 days)
IMBRUVICA TAB 140MG	5	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 280MG	5	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 420MG	5	PA, QL (30 tabs every 30 days)
INLYTA TAB 1MG	5	PA, QL (240 tabs every 30 days)
INLYTA TAB 5MG	5	PA, QL (120 tabs every 30 days)
JAKAFI TAB 5MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 10MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 15MG	5	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 20MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 25MG	5	PA, QL (60 tabs every 30 days)
KISQALI TAB 200DOSE	5	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TAB 400DOSE	5	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TAB 600DOSE	5	PA, QL (63 tabs every 28 days); 600 mg dose
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA, QL (180 tabs every 30 days)
LENVIMA CAP 4MG	5	PA, QL (30 caps every 30 days)
LENVIMA CAP 8 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	5	PA, QL (30 caps every 30 days)
LENVIMA CAP 12MG	5	PA, QL (90 caps every 30 days)
LENVIMA CAP 14 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	5	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	5	PA, QL (90 caps every 30 days)
LORBRENA TAB 25MG	6	PA, QL (90 tabs every 30 days)
LORBRENA TAB 100MG	6	PA, QL (30 tabs every 30 days)
MEKINIST SOL 0.05/ML	5	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	5	PA, QL (90 tabs every 30 days)
MEKINIST TAB 2MG	5	PA, QL (30 tabs every 30 days)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	5	PA, QL (120 tabs every 30 days)
RYDAPT CAP 25MG	6	PA, QL (224 caps every 28 days)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 20MG	5	PA, QL (90 tabs every 30 days)
SPRYCEL TAB 50MG	5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 70MG	5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 80MG	5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 100MG	5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 140MG	5	PA, QL (30 tabs every 30 days)
STIVARGA TAB 40MG	5	PA, QL (84 tabs every 28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
TAFINLARCAP 50MG	5	PA, QL (120 caps every 30 days)
TAFINLARCAP 75MG	5	PA, QL (120 caps every 30 days)
TAFINLARTAB 10MG	5	PA, QL (4 bottles every 28 days)
TUKYSA TAB 50MG	6	PA, QL (120 tabs every 30 days)
TUKYSA TAB 150MG	6	PA, QL (120 tabs every 30 days)
VERZENIO TAB 50MG	5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 100MG	5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 150MG	5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 200MG	5	PA, QL (56 tabs every 28 days)
VITRAKVI CAP 25MG	6	PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	6	PA, QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI SOL 20MG/ML	6	PA, QL (300 mL every 30 days)
VOTRIENT TAB 200MG	5	PA, QL (120 tabs every 30 days)
XALKORI CAP 20MG	5	PA, QL (120 pellets every 30 days)
XALKORI CAP 50MG	5	PA, QL (120 pellets every 30 days)
XALKORI CAP 150MG	5	PA, QL (180 pellets every 30 days)
XALKORI CAP 200MG	5	PA, QL (120 caps every 30 days)
XALKORI CAP 250MG	5	PA, QL (120 caps every 30 days)
ZELBORAF TAB 240MG	5	PA, QL (240 tabs every 30 days)
ZYDELIG TAB 100MG	5	PA, QL (60 tabs every 30 days)
ZYDELIG TAB 150MG	5	PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	5	PA, QL (90 tabs every 30 days)

MISCELLANEOUS

<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	2	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	2	
<i>bexarotene cap 75 mg</i>	5	PA
<i>hydroxyurea cap 500 mg</i>	2	
IDHIFA TAB 50MG	5	PA, QL (30 tabs every 30 days)
IDHIFA TAB 100MG	5	PA, QL (30 tabs every 30 days)
LYNPARZA TAB 100MG	5	PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	5	PA, QL (120 tabs every 30 days)
NIPENT INJ 10MG	3	
ODOMZO CAP 200MG	5	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	5	PA
PHOTOFRIN INJ 75MG	3	
<i>tretinoin cap 10 mg</i>	2	
VISTOGARD PAK 10GM	5	QL (20 packets every 5 days)

Drug Name	Drug Tier	Requirements/Limits
ZEJULA CAP 100MG	5	PA, QL (90 caps every 30 days)
ZEJULA TAB 100MG	5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 200MG	5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 300MG	5	PA, QL (30 tabs every 30 days)
ZOLINZA CAP 100MG	5	PA, QL (120 caps every 30 days)

PLATINUM-BASED AGENTS

<i>carboplatin iv soln 50 mg/5ml</i>	2	
<i>carboplatin iv soln 150 mg/15ml</i>	2	
<i>carboplatin iv soln 450 mg/45ml</i>	2	
<i>carboplatin iv soln 600 mg/60ml</i>	2	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	
<i>oxaliplatin for iv inj 50 mg</i>	5	
<i>oxaliplatin for iv inj 100 mg</i>	5	
<i>oxaliplatin iv soln 50 mg/10ml</i>	5	
<i>oxaliplatin iv soln 100 mg/20ml</i>	5	
<i>paraplatin</i>	2	

PROTECTIVE AGENTS

<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	2	
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	2	
<i>leucovorin calcium for inj 50 mg</i>	2	
<i>leucovorin calcium for inj 100 mg</i>	2	
<i>leucovorin calcium for inj 200 mg</i>	2	
<i>leucovorin calcium for inj 350 mg</i>	2	
<i>leucovorin calcium for inj 500 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
<i>mesna inj 100 mg/ml</i>	2	
MESNEX TAB 400MG	5	

TOPOISOMERASE INHIBITORS

<i>etoposide cap 50 mg</i>	2	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	2	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	2	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	5	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	5	
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	2	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	5	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	2	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	2	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	2	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	2	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	2	

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl tab 10 mg</i>	2	
<i>benazepril hcl tab 20 mg</i>	2	
<i>benazepril hcl tab 40 mg</i>	2	
<i>captopril tab 12.5 mg</i>	2	
<i>captopril tab 25 mg</i>	2	
<i>captopril tab 50 mg</i>	2	
<i>captopril tab 100 mg</i>	2	
<i>enalapril maleate tab 2.5 mg</i>	2	
<i>enalapril maleate tab 5 mg</i>	2	
<i>enalapril maleate tab 10 mg</i>	2	
<i>enalapril maleate tab 20 mg</i>	2	
<i>fosinopril sodium tab 10 mg</i>	2	
<i>fosinopril sodium tab 20 mg</i>	2	
<i>fosinopril sodium tab 40 mg</i>	2	
<i>lisinopril tab 2.5 mg</i>	2	
<i>lisinopril tab 5 mg</i>	2	
<i>lisinopril tab 10 mg</i>	2	
<i>lisinopril tab 20 mg</i>	2	
<i>lisinopril tab 30 mg</i>	2	
<i>lisinopril tab 40 mg</i>	2	
<i>moexipril hcl tab 7.5 mg</i>	2	
<i>moexipril hcl tab 15 mg</i>	2	
<i>perindopril erbumine tab 2 mg</i>	2	
<i>perindopril erbumine tab 4 mg</i>	2	
<i>perindopril erbumine tab 8 mg</i>	2	
<i>quinapril hcl tab 5 mg</i>	2	
<i>quinapril hcl tab 10 mg</i>	2	
<i>quinapril hcl tab 20 mg</i>	2	
<i>quinapril hcl tab 40 mg</i>	2	
<i>ramipril cap 1.25 mg</i>	2	
<i>ramipril cap 2.5 mg</i>	2	
<i>ramipril cap 5 mg</i>	2	
<i>ramipril cap 10 mg</i>	2	
<i>trandolapril tab 1 mg</i>	2	
<i>trandolapril tab 2 mg</i>	2	
<i>trandolapril tab 4 mg</i>	2	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
ALPHA BLOCKERS		
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	2	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	2	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	2	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	2	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	2	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-amlodipine tab 40-10 mg</i>	2	
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	2	
<i>candesartan cilexetil tab 8 mg</i>	2	
<i>candesartan cilexetil tab 16 mg</i>	2	
<i>candesartan cilexetil tab 32 mg</i>	2	
<i>irbesartan tab 75 mg</i>	2	
<i>irbesartan tab 150 mg</i>	2	
<i>irbesartan tab 300 mg</i>	2	
<i>losartan potassium tab 25 mg</i>	2	
<i>losartan potassium tab 50 mg</i>	2	
<i>losartan potassium tab 100 mg</i>	2	
<i>olmesartan medoxomil tab 5 mg</i>	2	
<i>olmesartan medoxomil tab 20 mg</i>	2	
<i>olmesartan medoxomil tab 40 mg</i>	2	
<i>telmisartan tab 20 mg</i>	2	
<i>telmisartan tab 40 mg</i>	2	
<i>telmisartan tab 80 mg</i>	2	
<i>valsartan tab 40 mg</i>	2	
<i>valsartan tab 80 mg</i>	2	
<i>valsartan tab 160 mg</i>	2	
<i>valsartan tab 320 mg</i>	2	
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	2	
<i>disopyramide phosphate cap 150 mg</i>	2	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	PA
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	2	
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	2	
MULTAQ TAB 400MG	4	PA
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
<i>pacerone</i>	2	
<i>procainamide hcl inj 100 mg/ml</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	2	
<i>propafenone hcl cap er 12hr 325 mg</i>	2	
<i>propafenone hcl cap er 12hr 425 mg</i>	2	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>sotalol hcl (afib/afI) tab 80 mg</i>	2	
<i>sotalol hcl (afib/afI) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afI) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	2	
<i>cholestyramine powder 4 gm/dose</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
<i>prevalite</i>	2	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tab 10 mg</i>	2	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	2	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	2	
<i>fenofibrate cap 150 mg</i>	2	
<i>fenofibrate micronized cap 43 mg</i>	2	
<i>fenofibrate micronized cap 67 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized cap 134 mg</i>	2	
<i>fenofibrate micronized cap 200 mg</i>	2	
<i>fenofibrate tab 48 mg</i>	2	
<i>fenofibrate tab 54 mg</i>	2	
<i>fenofibrate tab 145 mg</i>	2	
<i>fenofibrate tab 160 mg</i>	2	
<i>gemfibrozil tab 600 mg</i>	2	

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS

<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	2	\$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<i>pitavastatin calcium tab 1 mg</i>	2	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 2 mg</i>	2	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 4 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>rosuvastatin calcium tab 40 mg</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tab 5 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	2	\$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tab 80 mg</i>	2	ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl cap 0.5 gm</i>	2	
<i>icosapent ethyl cap 1 gm</i>	2	Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia
<i>omega-3-acid ethylesters cap 1 gm</i>	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML	5	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	5	PA, QL (1 injection every 28 days)
REPATHA SURE INJ 140MG/ML	5	PA, QL (3 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol tab 50 mg</i>	2	
<i>atenolol tab 100 mg</i>	2	
<i>betaxolol hcl tab 10 mg</i>	2	
<i>betaxolol hcl tab 20 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	2	
<i>carvedilol tab 3.125 mg</i>	2	
<i>carvedilol tab 6.25 mg</i>	2	
<i>carvedilol tab 12.5 mg</i>	2	
<i>carvedilol tab 25 mg</i>	2	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	
<i>metoprolol tartrate tab 25 mg</i>	2	
<i>metoprolol tartrate tab 50 mg</i>	2	
<i>metoprolol tartrate tab 100 mg</i>	2	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	2	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	2	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	2	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	2	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl caper 12hr 60 mg</i>	2	
<i>diltiazem hcl caper 12hr 90 mg</i>	2	
<i>diltiazem hcl caper 12hr 120 mg</i>	2	
<i>diltiazem hcl coated beads caper 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads caper 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads caper 24hr 240 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>diltiazem hcl tab er 24hr 120 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	2	
<i>isradipine cap 5 mg</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	2	
<i>nisoldipine tab er 24hr 8.5 mg</i>	2	
<i>nisoldipine tab er 24hr 17 mg</i>	2	
<i>nisoldipine tab er 24hr 20 mg</i>	2	
<i>nisoldipine tab er 24hr 25.5 mg</i>	2	
<i>nisoldipine tab er 24hr 30 mg</i>	2	
<i>nisoldipine tab er 24hr 34 mg</i>	2	
<i>nisoldipine tab er 24hr 40 mg</i>	2	
<i>taztia xt</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cap er 24hr 100 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	
<i>verapamil hcl cap er 24hr 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 300 mg</i>	2	
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl tab 40 mg</i>	2	
<i>verapamil hcl tab 80 mg</i>	2	
<i>verapamil hcl tab 120 mg</i>	2	
<i>verapamil hcl tab er 120 mg</i>	2	
<i>verapamil hcl tab er 180 mg</i>	2	
<i>verapamil hcl tab er 240 mg</i>	2	
DIGITALIS GLYCOSIDES		
<i>digoxin oral soln 0.05 mg/ml</i>	2	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	2	
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	2	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	2	
DIURETICS		
<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>DIURIL SUS 250/5ML</i>	4	
<i>ethacrynic acid tab 25 mg</i>	4	
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	2	
<i>furosemide tab 40 mg</i>	2	
<i>furosemide tab 80 mg</i>	2	
<i>hydrochlorothiazide cap 12.5 mg</i>	2	
<i>hydrochlorothiazide tab 12.5 mg</i>	2	
<i>hydrochlorothiazide tab 25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide tab 50 mg</i>	2	
<i>indapamide tab 1.25 mg</i>	2	
<i>indapamide tab 2.5 mg</i>	2	
<i>mannitol iv soln 20%</i>	2	
<i>mannitol iv soln 25%</i>	2	
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	2	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>osmitrol viaflex</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>spironolactone tab 25 mg</i>	2	
<i>spironolactone tab 50 mg</i>	2	
<i>spironolactone tab 100 mg</i>	2	
<i>toremide tab 5 mg</i>	2	
<i>toremide tab 10 mg</i>	2	
<i>toremide tab 20 mg</i>	2	
<i>toremide tab 100 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	2	
<i>triamterene cap 50 mg</i>	2	
<i>triamterene cap 100 mg</i>	2	
HEART FAILURE		
<i>CORLANORSOL 5MG/5ML</i>	3	
<i>CORLANORTAB 5MG</i>	3	
<i>CORLANORTAB 7.5MG</i>	3	
<i>ENTRESTO TAB 24-26MG</i>	3	
<i>ENTRESTO TAB 49-51MG</i>	3	
<i>ENTRESTO TAB 97-103MG</i>	3	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	2	
<i>clonidine hcl tab 0.2 mg</i>	2	
<i>clonidine hcl tab 0.3 mg</i>	2	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tab 1 mg</i>	2	
<i>guanfacine hcl tab 2 mg</i>	2	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>methyldopa tab 250 mg</i>	2	
<i>methyldopa tab 500 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	PA, QL (360 caps every 30 days)
<i>ranolazine tab er 12hr 500 mg</i>	2	ST; PA**
<i>ranolazine tab er 12hr 1000 mg</i>	2	ST; PA**
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
NITRO-BID OIN 2%	4	
NITRO-DURDIS 0.3MG/HR	3	
NITRO-DURDIS 0.8MG/HR	3	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TAB 0.5MG	6	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG	6	PA, QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 1MG	6	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG	6	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG	6	PA, QL (90 tabs every 30 days)
<i>ambrisentan tab 5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>ambrisentan tab 10 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>bosentan tab 62.5 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>bosentan tab 125 mg</i>	5	PA, QL (60 tabs every 30 days)
OPSUMIT TAB 10MG	5	PA, QL (30 tabs every 30 days)
ORENITRAM TAB 0.25MG	5	PA
ORENITRAM TAB 0.125MG	5	PA
ORENITRAM TAB 1MG	5	PA
ORENITRAM TAB 2.5MG	5	PA
ORENITRAM TAB 5MG	5	PA
ORENITRAM TAB MONTH 1	5	PA
ORENITRAM TAB MONTH 2	5	PA
ORENITRAM TAB MONTH 3	5	PA
REMODULIN INJ 1MG/ML	6	PA
REMODULIN INJ 2.5MG/ML	6	PA
REMODULIN INJ 5MG/ML	6	PA
REMODULIN INJ 10MG/ML	6	PA
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	5	PA
<i>sildenafil citrate tab 20 mg</i>	5	PA, QL (360 tabs every 30 days)
<i>tadalafil tab 20 mg (pah)</i>	6	PA, QL (60 tabs every 30 days)
TYVASO REFIL SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)
TYVASO START SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)
UPTRAVI INJ 1800MCG	5	PA
UPTRAVI PACK TAB 200/800	5	PA, QL (1 pack every 28 days)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 200MCG	5	PA, QL (140 tabs every 28 days)
UPTRAVI TAB 400MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 600MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 800MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1000MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1200MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG	5	PA, QL (60 tabs every 30 days)
VENTAVIS SOL 10MCG/ML	5	PA, QL (270 ampules every 30 days)
VENTAVIS SOL 20MCG/ML	5	PA, QL (270 ampules every 30 days)

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

<i>acamprosate calcium tab delayed release 333 mg</i>	2	PA
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	

ANTI-ANXIETY

ALPRAZOLAM CON 1MG/ML	3	QL (300 mL every 30 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam tab 0.5 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam tab 0.25 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam tab 1 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl tab 5 mg</i>	2	
<i>buspirone hcl tab 7.5 mg</i>	2	
<i>buspirone hcl tab 10 mg</i>	2	
<i>buspirone hcl tab 15 mg</i>	2	
<i>buspirone hcl tab 30 mg</i>	2	
<i>chlordiazepoxide hcl cap 5 mg</i>	2	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 10 mg</i>	2	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	2	QL (360 caps every 30 days)
<i>clomipramine hcl cap 25 mg</i>	2	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	2	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	2	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	2	
<i>fluvoxamine maleate tab 50 mg</i>	2	
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam conc 2 mg/ml</i>	2	QL (150 mL every 30 days)
<i>lorazepam tab 0.5 mg</i>	2	QL (150 tabs every 30 days)
<i>lorazepam tab 1 mg</i>	2	QL (150 tabs every 30 days)
<i>lorazepam tab 2 mg</i>	2	QL (150 tabs every 30 days)
<i>meprobamate tab 200 mg</i>	2	
<i>meprobamate tab 400 mg</i>	2	
<i>oxazepam cap 10 mg</i>	2	QL (120 caps every 30 days)
<i>oxazepam cap 15 mg</i>	2	QL (120 caps every 30 days)
<i>oxazepam cap 30 mg</i>	2	QL (120 caps every 30 days)
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	
<i>galantamine hydrobromide tab 8 mg</i>	2	
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 14 mg</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 21 mg</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 28 mg</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 5 mg</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 10 mg</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	PA
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	PA
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	PA
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	PA

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies If Step Is Not Met
QL - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS§		
<i>amitriptyline hcl tab 10 mg</i>	2	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 25 mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 50 mg</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 75 mg</i>	2	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 100 mg</i>	2	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 150 mg</i>	2	PA; High strength requires PA for members age 65 and older
<i>amoxapine tab 25 mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 50 mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 100 mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 150 mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>bupropion hcl tab 75 mg</i>	2	
<i>bupropion hcl tab 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 150 mg</i>	2	
<i>bupropion hcl tab er 12hr 200 mg</i>	2	
<i>bupropion hcl tab er 24hr 150 mg</i>	2	
<i>bupropion hcl tab er 24hr 300 mg</i>	2	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	2	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	2	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl tab 10 mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 25 mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 50 mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 75 mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 100 mg</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 150 mg</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	2	ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**
<i>doxepin hcl cap 10 mg</i>	2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 75 mg</i>	2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl conc 10 mg/ml</i>	2	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	2	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	2	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	2	
EMSAM DIS 6MG/24HR	4	PA
EMSAM DIS 9MG/24HR	4	PA
EMSAM DIS 12MG/24H	4	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	2	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	2	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	2	
FETZIMA CAP 20MG	4	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 40MG	4	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 80MG	4	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 120MG	4	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP TITRATIO	4	ST, QL (30 caps every 30 days); PA**
<i>fluoxetine hcl cap 10 mg</i>	2	
<i>fluoxetine hcl cap 20 mg</i>	2	
<i>fluoxetine hcl cap 40 mg</i>	2	
<i>fluoxetine hcl cap delayed release 90 mg</i>	2	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>fluoxetine hcl tab 10 mg</i>	2	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	2	(generic Sarafem not covered)
<i>imipramine hcl tab 10 mg</i>	2	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	2	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate cap 75 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 125 mg</i>	2	PA; High strength requires PA for members age 65 and older
<i>imipramine pamoate cap 150 mg</i>	2	PA; High strength requires PA for members age 65 and older
MARPLAN TAB 10MG	4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	
<i>mirtazapine tab 7.5 mg</i>	2	
<i>mirtazapine tab 15 mg</i>	2	
<i>mirtazapine tab 30 mg</i>	2	
<i>mirtazapine tab 45 mg</i>	2	
<i>nefazodone hcl tab 50 mg</i>	2	
<i>nefazodone hcl tab 100 mg</i>	2	
<i>nefazodone hcl tab 150 mg</i>	2	
<i>nefazodone hcl tab 200 mg</i>	2	
<i>nefazodone hcl tab 250 mg</i>	2	
<i>nortriptyline hcl cap 10 mg</i>	2	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 25 mg</i>	2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 50 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 75 mg</i>	2	PA; High strength requires PA for members age 65 and older
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	2	
<i>paroxetine hcl tab 20 mg</i>	2	
<i>paroxetine hcl tab 30 mg</i>	2	
<i>paroxetine hcl tab 40 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	2	
<i>paroxetine hcl tab er 24hr 25 mg</i>	2	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	2	
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>protriptyline hcl tab 5 mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	
<i>sertraline hcl tab 25 mg</i>	2	
<i>sertraline hcl tab 50 mg</i>	2	
<i>sertraline hcl tab 100 mg</i>	2	
<i>tranlycypromine sulfate tab 10 mg</i>	2	
<i>trazodone hcl tab 50 mg</i>	2	
<i>trazodone hcl tab 100 mg</i>	2	
<i>trazodone hcl tab 150 mg</i>	2	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg</i>	2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 50 mg</i>	2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
TRINTELLIX TAB 5MG	4	ST; PA**
TRINTELLIX TAB 10MG	4	ST; PA**
TRINTELLIX TAB 20MG	4	ST; PA**
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	2	
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl tab 10 mg</i>	2	
<i>vilazodone hcl tab 20 mg</i>	2	
<i>vilazodone hcl tab 40 mg</i>	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN INJ 10MG/ML	6	PA, QL (20 cartridges every 30 days)
<i>benztropine mesylate inj 1 mg/ml</i>	2	
<i>benztropine mesylate tab 0.5 mg</i>	2	
<i>benztropine mesylate tab 1 mg</i>	2	
<i>benztropine mesylate tab 2 mg</i>	2	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa tab 25 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone tab 200 mg</i>	2	
INBRIJA CAP 42MG	5	PA, QL (300 caps every 30 days)
NEUPRO DIS 1MG/24HR	3	
NEUPRO DIS 2MG/24HR	3	
NEUPRO DIS 3MG/24HR	3	
NEUPRO DIS 4MG/24HR	3	
NEUPRO DIS 6MG/24HR	3	
NEUPRO DIS 8MG/24HR	3	
ONGENTYS CAP 25MG	4	PA
ONGENTYS CAP 50MG	4	PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
<i>selegiline hcl cap 5 mg</i>	2	
<i>selegiline hcl tab 5 mg</i>	2	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl tab 2 mg</i>	2	
<i>trihexyphenidyl hcl tab 5 mg</i>	2	
ANTIPSYCHOTICS		
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole orally disintegrating tab 10 mg</i>	2	
<i>aripiprazole orally disintegrating tab 15 mg</i>	2	
<i>aripiprazole tab 2 mg</i>	2	
<i>aripiprazole tab 5 mg</i>	2	
<i>aripiprazole tab 10 mg</i>	2	
<i>aripiprazole tab 15 mg</i>	2	
<i>aripiprazole tab 20 mg</i>	2	
<i>aripiprazole tab 30 mg</i>	2	
ARISTADA INJ 441MG/1.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	
ARISTADA INJ 1064MG	3	
ARISTADA INJ INITIO	3	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	2	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	2	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	2	
<i>chlorpromazine hcl inj 25 mg/ml</i>	2	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	2	
<i>chlorpromazine hcl tab 10 mg</i>	2	
<i>chlorpromazine hcl tab 25 mg</i>	2	
<i>chlorpromazine hcl tab 50 mg</i>	2	
<i>chlorpromazine hcl tab 100 mg</i>	2	
<i>chlorpromazine hcl tab 200 mg</i>	2	
<i>clozapine orally disintegrating tab 12.5 mg</i>	2	
<i>clozapine orally disintegrating tab 25 mg</i>	2	
<i>clozapine orally disintegrating tab 100 mg</i>	2	
<i>clozapine orally disintegrating tab 150 mg</i>	2	
<i>clozapine orally disintegrating tab 200 mg</i>	2	
<i>clozapine tab 25 mg</i>	2	
<i>clozapine tab 50 mg</i>	2	
<i>clozapine tab 100 mg</i>	2	
<i>clozapine tab 200 mg</i>	2	
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	2	
<i>fluphenazine hcl tab 1 mg</i>	2	
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl tab 10 mg</i>	2	
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	
<i>haloperidol tab 5 mg</i>	2	
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
<i>loxapine succinate cap 5 mg</i>	2	
<i>loxapine succinate cap 10 mg</i>	2	
<i>loxapine succinate cap 25 mg</i>	2	
<i>loxapine succinate cap 50 mg</i>	2	
<i>lurasidone hcl tab 20 mg</i>	2	
<i>lurasidone hcl tab 40 mg</i>	2	
<i>lurasidone hcl tab 60 mg</i>	2	
<i>lurasidone hcl tab 80 mg</i>	2	
<i>lurasidone hcl tab 120 mg</i>	2	
<i>olanzapine for im inj 10 mg</i>	2	
<i>olanzapine orally disintegrating tab 5 mg</i>	2	
<i>olanzapine orally disintegrating tab 10 mg</i>	2	
<i>olanzapine orally disintegrating tab 15 mg</i>	2	
<i>olanzapine orally disintegrating tab 20 mg</i>	2	
<i>olanzapine tab 2.5 mg</i>	2	
<i>olanzapine tab 5 mg</i>	2	
<i>olanzapine tab 7.5 mg</i>	2	
<i>olanzapine tab 10 mg</i>	2	
<i>olanzapine tab 15 mg</i>	2	
<i>olanzapine tab 20 mg</i>	2	
<i>paliperidone tab er 24hr 1.5 mg</i>	2	
<i>paliperidone tab er 24hr 3 mg</i>	2	
<i>paliperidone tab er 24hr 6 mg</i>	2	
<i>paliperidone tab er 24hr 9 mg</i>	2	
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	
<i>perphenazine tab 8 mg</i>	2	
<i>perphenazine tab 16 mg</i>	2	
<i>quetiapine fumarate tab 25 mg</i>	2	
<i>quetiapine fumarate tab 50 mg</i>	2	
<i>quetiapine fumarate tab 100 mg</i>	2	
<i>quetiapine fumarate tab 200 mg</i>	2	
<i>quetiapine fumarate tab 300 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab 400 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	
<i>risperidone orally disintegrating tab 0.5 mg</i>	2	
<i>risperidone orally disintegrating tab 0.25 mg</i>	2	
<i>risperidone orally disintegrating tab 1 mg</i>	2	
<i>risperidone orally disintegrating tab 2 mg</i>	2	
<i>risperidone orally disintegrating tab 3 mg</i>	2	
<i>risperidone orally disintegrating tab 4 mg</i>	2	
<i>risperidone soln 1 mg/ml</i>	2	
<i>risperidone tab 0.5 mg</i>	2	
<i>risperidone tab 0.25 mg</i>	2	
<i>risperidone tab 1 mg</i>	2	
<i>risperidone tab 2 mg</i>	2	
<i>risperidone tab 3 mg</i>	2	
<i>risperidone tab 4 mg</i>	2	
<i>thioridazine hcl tab 10 mg</i>	2	
<i>thioridazine hcl tab 25 mg</i>	2	
<i>thioridazine hcl tab 50 mg</i>	2	
<i>thioridazine hcl tab 100 mg</i>	2	
<i>thiothixene cap 1 mg</i>	2	
<i>thiothixene cap 2 mg</i>	2	
<i>thiothixene cap 5 mg</i>	2	
<i>thiothixene cap 10 mg</i>	2	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	
VRAYLARCAP 1.5-3MG	3	
VRAYLARCAP 1.5MG	3	
VRAYLARCAP 3MG	3	
VRAYLARCAP 4.5MG	3	
VRAYLARCAP 6MG	3	
<i>ziprasidone hcl cap 20 mg</i>	2	
<i>ziprasidone hcl cap 40 mg</i>	2	
<i>ziprasidone hcl cap 60 mg</i>	2	
<i>ziprasidone hcl cap 80 mg</i>	2	
ANTISEIZURE AGENTS§		
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	
<i>clobazam suspension 2.5 mg/ml</i>	2	
<i>clobazam tab 10 mg</i>	2	
<i>clobazam tab 20 mg</i>	2	
<i>clonazepam tab 0.5 mg</i>	2	
<i>clonazepam tab 1 mg</i>	2	
<i>clonazepam tab 2 mg</i>	2	
<i>clorazepate dipotassium tab 3.75 mg</i>	2	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	2	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 15 mg</i>	2	QL (180 tabs every 30 days)
<i>diazepam inj 5 mg/ml</i>	2	
<i>diazepam intensol</i>	2	QL (240 mL every 30 days)
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL every 30 days)
<i>diazepam tab 2 mg</i>	2	QL (120 tabs every 30 days)
<i>diazepam tab 5 mg</i>	2	QL (120 tabs every 30 days)
<i>diazepam tab 10 mg</i>	2	QL (120 tabs every 30 days)
DILANTIN CAP 30MG	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	
<i>epitol</i>	2	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	2	
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	2	
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	2	
FYCOMPA SUS 0.5MG/ML	4	
FYCOMPA TAB 2MG	4	
FYCOMPA TAB 4MG	4	
FYCOMPA TAB 6MG	4	
FYCOMPA TAB 8MG	4	
FYCOMPA TAB 10MG	4	
FYCOMPA TAB 12MG	4	
<i>gabapentin cap 100 mg</i>	2	QL (6 caps every day)
<i>gabapentin cap 300 mg</i>	2	QL (6 caps every day)
<i>gabapentin cap 400 mg</i>	2	QL (6 caps every day)
<i>gabapentin oral soln 250 mg/5ml</i>	2	QL (72 mL every day)
<i>gabapentin tab 600 mg</i>	2	QL (6 tabs every day)
<i>gabapentin tab 800 mg</i>	2	QL (4 tabs every day)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	2	
<i>lacosamide oral solution 10 mg/ml</i>	2	
<i>lacosamide tab 50 mg</i>	2	
<i>lacosamide tab 100 mg</i>	2	
<i>lacosamide tab 150 mg</i>	2	
<i>lacosamide tab 200 mg</i>	2	
<i>lamotrigine orally disintegrating tab 25 mg</i>	2	
<i>lamotrigine orally disintegrating tab 50 mg</i>	2	
<i>lamotrigine orally disintegrating tab 100 mg</i>	2	
<i>lamotrigine orally disintegrating tab 200 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	2	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	
<i>lamotrigine tab 100 mg</i>	2	
<i>lamotrigine tab 150 mg</i>	2	
<i>lamotrigine tab 200 mg</i>	2	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab er 24hr 25 mg</i>	2	
<i>lamotrigine tab er 24hr 50 mg</i>	2	
<i>lamotrigine tab er 24hr 100 mg</i>	2	
<i>lamotrigine tab er 24hr 200 mg</i>	2	
<i>lamotrigine tab er 24hr 250 mg</i>	2	
<i>lamotrigine tab er 24hr 300 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
<i>methsuximide cap 300 mg</i>	2	
NAYZILAM SPR5MG	3	QL (10 units every 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg</i>	2	
<i>oxcarbazepine tab 300 mg</i>	2	
<i>oxcarbazepine tab 600 mg</i>	2	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital tab 15 mg</i>	2	
<i>phenobarbital tab 16.2 mg</i>	2	
<i>phenobarbital tab 30 mg</i>	2	
<i>phenobarbital tab 32.4 mg</i>	2	
<i>phenobarbital tab 60 mg</i>	2	
<i>phenobarbital tab 64.8 mg</i>	2	
<i>phenobarbital tab 97.2 mg</i>	2	
<i>phenobarbital tab 100 mg</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin sodium inj 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg</i>	2	ST; PA**
<i>pregabalin cap 50 mg</i>	2	ST; PA**
<i>pregabalin cap 75 mg</i>	2	ST; PA**
<i>pregabalin cap 100 mg</i>	2	ST; PA**
<i>pregabalin cap 150 mg</i>	2	ST; PA**
<i>pregabalin cap 200 mg</i>	2	ST; PA**
<i>pregabalin cap 225 mg</i>	2	ST; PA**
<i>pregabalin cap 300 mg</i>	2	ST; PA**
<i>pregabalin soln 20 mg/ml</i>	2	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>rufinamide susp 40 mg/ml</i>	2	
<i>rufinamide tab 200 mg</i>	2	
<i>rufinamide tab 400 mg</i>	2	
<i>tiagabine hcl tab 2 mg</i>	2	
<i>tiagabine hcl tab 4 mg</i>	2	
<i>tiagabine hcl tab 12 mg</i>	2	
<i>tiagabine hcl tab 16 mg</i>	2	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
<i>vigabatrin powd pack 500 mg</i>	5	PA, QL (180 packets every 30 days)
<i>vigabatrin tab 500 mg</i>	5	PA, QL (180 tabs every 30 days)
<i>XCOPRI PAK 12.5-25</i>	3	
<i>XCOPRI PAK 50-100MG</i>	3	
<i>XCOPRI PAK 100-150</i>	3	
<i>XCOPRI PAK 150-200</i>	3	
<i>XCOPRI TAB 50MG</i>	3	
<i>XCOPRI TAB 100MG</i>	3	
<i>XCOPRI TAB 150MG</i>	3	
<i>XCOPRI TAB 200MG</i>	3	
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
ATTENTION DEFICIT HYPERACTIVITY DISORDERS		
<i>ADZENYS XR TAB 3.1MG</i>	4	QL (60 tabs every 30 days)
<i>ADZENYS XR TAB 6.3MG</i>	4	QL (60 tabs every 30 days)
<i>ADZENYS XR TAB 9.4MG</i>	4	QL (60 tabs every 30 days)
<i>ADZENYS XR TAB 12.5MG</i>	4	QL (30 tabs every 30 days)
<i>ADZENYS XR TAB 15.7 MG</i>	4	QL (30 tabs every 30 days)
<i>ADZENYS XR TAB 18.8MG</i>	4	QL (30 tabs every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (90 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (30 tabs every 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	
AZSTARYS CAP 26.1-5.2	3	QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	3	QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	3	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	2	QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	2	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	2	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	2	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	2	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	QL (1,200 mL every 30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 15 mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	2	QL (30 tabs every 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	2	
<i>methamphetamine hcl tab 5 mg</i>	2	QL (150 tabs every 30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	2	QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 50 mg (cd)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	2	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 5 mg</i>	2	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 10 mg</i>	2	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL (900 mL every 30 days)
<i>methylphenidate hcl tab 5 mg</i>	2	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 10 mg</i>	2	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 20 mg</i>	2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	2	QL (30 tabs every 30 days)
VYVANSE CAP 10MG	3	QL (60 caps every 30 days)
VYVANSE CAP 20MG	3	QL (60 caps every 30 days)
VYVANSE CAP 30MG	3	QL (60 caps every 30 days)
VYVANSE CAP 40MG	3	QL (30 caps every 30 days)
VYVANSE CAP 50MG	3	QL (30 caps every 30 days)
VYVANSE CAP 60MG	3	QL (30 caps every 30 days)
VYVANSE CAP 70MG	3	QL (30 caps every 30 days)
VYVANSE CHW 10MG	3	QL (60 chew tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CHW 20MG	3	QL (60 chew tabs every 30 days)
VYVANSE CHW 30MG	3	QL (60 chew tabs every 30 days)
VYVANSE CHW 40MG	3	QL (30 chew tabs every 30 days)
VYVANSE CHW 50MG	3	QL (30 chew tabs every 30 days)
VYVANSE CHW 60MG	3	QL (30 chew tabs every 30 days)
<i>zenzedi</i>	2	QL (120 tabs every 30 days)
FIBROMYALGIA		
SAVELLA MIS TITR PAK	4	ST; PA**
SAVELLA TAB 12.5MG	4	ST; PA**
SAVELLA TAB 25MG	4	ST; PA**
SAVELLA TAB 50MG	4	ST; PA**
SAVELLA TAB 100MG	4	ST; PA**
HYPNOTICS§		
BELSOMRA TAB 5MG	3	ST; PA**
BELSOMRA TAB 10MG	3	ST; PA**
BELSOMRA TAB 15MG	3	ST; PA**
BELSOMRA TAB 20MG	3	ST; PA**
<i>cvs sleep-aid nighttime</i>	2	OTC
DAYVIGO TAB 5MG	3	PA, QL (30 tabs every 30 days)
DAYVIGO TAB 10MG	3	PA, QL (30 tabs every 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>estazolam tab 1 mg</i>	4	
<i>estazolam tab 2 mg</i>	4	
<i>eszopiclone tab 1 mg</i>	2	
<i>eszopiclone tab 2 mg</i>	2	
<i>eszopiclone tab 3 mg</i>	2	
<i>ramelteon tab 8 mg</i>	2	
<i>tasimelteon capsule 20 mg</i>	5	PA, QL (30 caps every 30 days)
<i>temazepam cap 7.5 mg</i>	2	
<i>temazepam cap 15 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam cap 22.5 mg</i>	2	
<i>temazepam cap 30 mg</i>	2	
<i>triazolam tab 0.25 mg</i>	4	
<i>triazolam tab 0.125 mg</i>	4	
<i>zaleplon cap 5 mg</i>	2	
<i>zaleplon cap 10 mg</i>	2	
<i>zolpidem tartrate tab 5 mg</i>	2	
<i>zolpidem tartrate tab 10 mg</i>	2	
<i>zolpidem tartrate tab er 6.25 mg</i>	2	
<i>zolpidem tartrate tab er 12.5 mg</i>	2	

MIGRAINES

AJOVY INJ 225/1.5	3	ST, QL (3 injections every 90 days); PA**
<i>almotriptan malate tab 6.25 mg</i>	2	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	2	QL (12 tabs every 30 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (12 tabs every 30 days)
EMGALITY INJ 100MG/ML	3	ST, QL (3 injections every 30 days); PA**
EMGALITY INJ 120MG/ML	3	ST, QL (2 injections every 30 days); PA**
<i>ergotamine w/ caffeine tab 1-100 mg</i>	4	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	2	QL (18 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (12 tabs every 30 days)
QULIPTA TAB 10MG	3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 30MG	3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 60MG	3	ST, QL (30 tabs every 30 days); PA**
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (18 tabs every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	2	QL (24 sprays every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan nasal spray 20 mg/act</i>	2	QL (12 sprays every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (12 vials every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QL (12 units every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	QL (12 units every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	4	ST, QL (9 tabs every 30 days); PA**
UBRELVY TAB 50MG	3	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	3	ST, QL (16 tabs every 30 days); PA**
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	2	QL (12 sprays every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	2	QL (12 tabs every 30 days)
MISCELLANEOUS		
EVRYSDI SOL	6	PA, QL (2 bottles every 24 days)
<i>lithium carbonate cap 150 mg</i>	2	
<i>lithium carbonate cap 300 mg</i>	2	
<i>lithium carbonate cap 600 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
LITHIUM SOL 8MEQ/5ML	4	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	2	
<i>riluzole tab 50 mg</i>	2	
MOVEMENT DISORDERS		
tetrabenazine tab 12.5 mg	5	PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ 0.3MG	5	PA, QL (14 injections every 28 days)
COPAXONE INJ 40MG/ML	5	PA, QL (12 syringes every 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	6	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	5	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	PA, QL (1 kit every 30 days)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	5	PA, QL (30 caps every 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	3	PA, QL (12 syringes every 28 days)
<i>glatopa</i>	3	PA, QL (30 injections every 30 days)
<i>teriflunomide tab 7 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>teriflunomide tab 14 mg</i>	5	PA, QL (30 tabs every 30 days)
TYSABRI INJ 300/15ML	5	PA, QL (1 vial every 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 5 mg</i>	2	
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<i>carisoprodol tab 350 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tab 500 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 10 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium cap 25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium cap 50 mg</i>	2	
<i>dantrolene sodium cap 100 mg</i>	2	
<i>metaxalone tab 800 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 500 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 750 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>norgesic</i>	4	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	2	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>modafinil tab 100 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	2	PA, QL (60 tabs every 30 days)
SOD OXYBATESOL 500MG/ML	5	PA, QL (540mL every 30 days)
SUNOSI TAB 75MG	3	PA, QL (30 tabs every 30 days)
SUNOSI TAB 150MG	3	PA, QL (30 tabs every 30 days)
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (3 units every day)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (3 tabs every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (3 tabs every day); \$0 copay
ZUBSOLV SUB 0.7-0.18	3	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36	3	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71	3	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4	3	QL (3 units every day)
ZUBSOLV SUB 8.6-2.1	3	QL (2 units every day)
ZUBSOLV SUB 11.4-2.9	3	QL (1 unit every day)
OPIOID ANTAGONIST		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	\$0 copay
OPIOID PARTIAL AGONISTS§		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	4	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	4	QL (60 tabs every 30 days); QL applies to members age 65 and older
NUEDEXTA CAP 20-10MG	3	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	4	QL (150 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 2-25 mg</i>	4	QL (60 units every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline tab 4-10 mg</i>	4	QL (120 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-25 mg</i>	4	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-50 mg</i>	4	QL (30 units every 30 days); QL applies to members age 65 and older
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	1	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	1	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermals</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	\$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC		
ACROMEGALY		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	5	PA, QL (225 ml every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	PA, QL (45 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	5	PA, QL (90 ml every 30 days)
SOMATULINE INJ 60/0.2ML	5	PA, QL (1 injection every 28 days)
SOMATULINE INJ 90/0.3ML	5	PA, QL (1 injection every 28 days)
SOMATULINE INJ 120/.5ML	5	PA, QL (1 injection every 28 days)
SOMAVERT INJ 10MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 15MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 20MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 25MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 30MG	5	PA, QL (30 vials every 30 days)
ANDROGENS		
<i>oxandrolone tab 2.5 mg</i>	2	PA
<i>oxandrolone tab 10 mg</i>	2	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone td gel 10mg/act (2%)</i>	2	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tab 25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
<i>miglitol tab 25 mg</i>	2	
<i>miglitol tab 50 mg</i>	2	
<i>miglitol tab 100 mg</i>	2	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	4	ST; PA**
SYMLNPEN 120 INJ 1000MCG	4	ST; PA**
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl tab 500 mg</i>	2	
<i>metformin hcl tab 850 mg</i>	2	\$0 copay for members age 35-70 for prevention of diabetes
<i>metformin hcl tab 1000 mg</i>	2	
<i>metformin hcl tab er 24hr 500 mg</i>	2	
<i>metformin hcl tab er 24hr 750 mg</i>	2	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	2	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	2	
<i>glipizide-metformin hcl tab 5-500 mg</i>	2	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	2	ST; PA**
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	2	ST; PA**
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	2	ST; PA**
JANUVIA TAB 25MG	3	ST; PA**
JANUVIA TAB 50MG	3	ST; PA**
JANUVIA TAB 100MG	3	ST; PA**
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	2	ST; PA**
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	2	ST; PA**
JANUMET TAB 50-500MG	3	ST; PA**
JANUMET TAB 50-1000	3	ST; PA**
JANUMET XR TAB 50-500MG	3	ST; PA**
JANUMET XR TAB 50-1000	3	ST; PA**
JANUMET XR TAB 100-1000	3	ST; PA**
JENTADUETO TAB XR	4	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2MG/3ML	3	PA, QL (3 mL every 28 days)
OZEMPIC INJ 4MG/3ML	3	PA, QL (3 mL every 28 days)
OZEMPIC INJ 8MG/3ML	3	PA, QL (3 mL every 28 days)

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 0.75/0.5	3	PA, QL (4 pens every 28 days)
TRULICITY INJ 1.5/0.5	3	PA, QL (4 pens every 28 days)
TRULICITY INJ 3/0.5	3	PA, QL (4 pens every 28 days)
TRULICITY INJ 4.5/0.5	3	PA, QL (4 pens every 28 days)
VICTOZA INJ 18MG/3ML	3	PA, QL (3 pens every 30 days)
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	3	ST; PA**
XULTOPHY INJ 100/3.6	3	ST; PA**
ANTIDIABETICS, INSULIN		
BASAGLAR INJ 100UNIT	3	
BASAGLAR INJ TEMPO PN	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
HUMULIN INJ 70/30	4	OTC
HUMULIN INJ 70/30KWP	4	OTC
HUMULIN N INJ U-100	4	OTC
HUMULIN N INJ U-100KWP	4	OTC
HUMULIN R INJ U-100	4	OTC
HUMULIN R INJ U-500	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXPEN	3	
NOVOLIN INJ 70/30	3	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	3	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	3	OTC; RELION not covered
NOVOLIN N INJ U-100	3	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	3	OTC; RELION not covered
NOVOLIN R INJ U-100	3	OTC; RELION not covered
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	2	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	2	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	2	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	2	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	2	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	2	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tab 60 mg</i>	2	
<i>nateglinide tab 120 mg</i>	2	
<i>repaglinide tab 0.5 mg</i>	2	
<i>repaglinide tab 1 mg</i>	2	
<i>repaglinide tab 2 mg</i>	2	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
SYNJARDY TAB	3	ST; PA**
SYNJARDY TAB 5-500MG	3	ST; PA**
SYNJARDY TAB 5-1000MG	3	ST; PA**
SYNJARDY TAB 12.5-500	3	ST; PA**
SYNJARDY XR TAB	3	ST; PA**
SYNJARDY XR TAB 5-1000MG	3	ST; PA**
SYNJARDY XR TAB 10-1000	3	ST; PA**
SYNJARDY XR TAB 25-1000	3	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	3	ST; PA**
GLYXAMBI TAB 25-5 MG	3	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
JARDIANCE TAB 10MG	3	ST; PA**
JARDIANCE TAB 25MG	3	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride tab 1 mg</i>	2	
<i>glimepiride tab 2 mg</i>	2	
<i>glimepiride tab 4 mg</i>	2	
<i>glipizide tab 5 mg</i>	2	
<i>glipizide tab 10 mg</i>	2	
<i>glipizide tab 24hr 2.5 mg</i>	2	
<i>glipizide tab 24hr 5 mg</i>	2	
<i>glipizide tab 24hr 10 mg</i>	2	
BISPHOSPHONATES		
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tab 5 mg</i>	2	
<i>alendronate sodium tab 10 mg</i>	2	
<i>alendronate sodium tab 35 mg</i>	2	
<i>alendronate sodium tab 70 mg</i>	2	
FOSAMAX + D TAB 70-2800	4	ST; PA**
FOSAMAX + D TAB 70-5600	4	ST; PA**
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	2	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	
<i>pamidronate disodium iv soln 3 mg/ml</i>	2	
<i>risedronate sodium tab 5 mg</i>	2	
<i>risedronate sodium tab 30 mg</i>	2	
<i>risedronate sodium tab 35 mg</i>	2	
<i>risedronate sodium tab 150 mg</i>	2	
<i>risedronate sodium tab delayed release 35 mg</i>	2	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	5	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	5	PA
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	5	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	5	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	PA, QL (120 tabs every 30 days)
CHELATING AGENTS		
CHEMET CAP 100MG	4	
<i>deferiprone tab 500 mg</i>	5	PA
<i>deferiprone tab 1000 mg</i>	5	PA
FERPRX 2-DAY TAB 1000MG	5	PA
FERRIPROX SOL 100MG/ML	5	PA
<i>penicillamine tab 250 mg</i>	5	PA
<i>sps</i>	2	
CONTRACEPTIVES		
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	1	QL (1 every 300 days)
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>camila</i>	1	
CAYA DPR	1	QL (1 every 300 days)
<i>chatealeq</i>	1	
CONDOMS MIS	1	QL (12 condoms every 30 days), OTC
<i>cryselle-28</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>delyla</i>	1	
DEPO-SQ PROV INJ 104	1	QL (4 inj every 300 days)
<i>drospirenone-ethinylestrad-levomefolate tab 3-0.02-0.451mg</i>	1	
<i>drospirenone-ethinylestrad-levomefolate tab 3-0.03-0.451mg</i>	1	
<i>drospirenone-ethinylestradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinylestradiol tab 3-0.03 mg</i>	1	
DUREX MIS REALFEEL	1	QL (12 condoms every 30 days), OTC
<i>elinest</i>	1	
ELLA TAB 30MG	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinylestradiol va ring 0.120-0.015 mg/24hr</i>	1	QL (13 every 300 days)
<i>falmina</i>	1	
FC2 FEMALE MIS CONDOM	1	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	1	QL (1 every 300 days)
FEMCAP MIS 26MM	1	QL (1 every 300 days)
FEMCAP MIS 30MM	1	QL (1 every 300 days)
<i>heather</i>	1	
<i>introvale</i>	1	
<i>jolessa</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kariva</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kelnor 1/35</i>	1	
<i>kurvelo</i>	1	
KYLEENA IUD 19.5MG	1	QL (1 every 300 days)
<i>larin 1.5/30</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-ethinylestradiol-fe tab 0.1 mg-20 mcg (21)</i>	1	
<i>levora 0.15/30-28</i>	1	
LILETTA IUD 52MG	1	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	QL (4 inj every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	QL (4 inj every 300 days)
<i>microgestin 1.5/30</i>	1	
MIRENA IUD SYSTEM	1	QL (1 every 300 days)
<i>mono-lyyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMP 68MG	1	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	1	
<i>nikki</i>	1	
<i>nora-be</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone tab 0.35 mg</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>ocella</i>	1	
OMNIFLEX DPR	1	QL (1 every 300 days)
PARAGARD IUD T380A	1	QL (1 unit every 300 days)
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
SKYLA IUD 13.5MG	1	QL (1 every 300 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>take action</i>	1	OTC
<i>tilia fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora-28</i>	1	
TRUSTEX/RIA MIS NON-LUB	1	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	1	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	1	
TYBLUME CHW 0.1-0.02	1	
<i>velivet</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>wera</i>	1	
WIDE-SEAL DPR KIT 60	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 65	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 70	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 75	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 80	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 85	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 90	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 95	1	QL (1 every 300 days)

Drug Name	Drug Tier	Requirements/Limits
<i>xulane</i>	1	
<i>zovia 1/35</i>	1	
DIABETIC SUPPLIES		
ACCU-CHEK KIT AVIVA PL	3	OTC
ACCU-CHEK KIT GUIDE	3	OTC
ACCU-CHEK KIT GUIDE ME	3	OTC
ACCU-CHEK KIT NANO	3	OTC
ACCU-CHEK LIQ SMART	3	OTC
ACCU-CHEK TES AVIVA PL	3	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES GUIDE	3	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES SMART	3	QL (150 Test Strips every 30 days), OTC
ALCOHOL PREP PAD	3	OTC
AUTOLET PLAT MIS 1.8MM	3	OTC
CAREFINE MIS 32GX6MM	3	OTC
CHEMSTRIP 9 TES STRIPS	3	OTC
DEXCOM G5 MIS RECEIVER	3	PA
DEXCOM G5 MIS TRANSMIT	3	PA
DEXCOM G6 MIS RECEIVER	3	PA
DEXCOM G6 MIS SENSOR	3	PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	3	PA
DEXCOM G7 MIS RECEIVER	3	PA
DEXCOM G7 MIS SENSOR	3	PA, QL (3 sensors every 30 days)
DIASCREEN 10 MIS	3	OTC
DIASTIX TES STRIPS	3	OTC
INSULIN SYRG MIS 1ML/31G	3	OTC
KETO-DIASTIX TES	3	OTC
LANCING DEVI MIS	3	OTC
NOVOFINE MIS 32GX6MM	3	OTC
OMNIPOD 5 G6 KIT INTRO	3	PA, QL (1 kit per 365 days)
OMNIPOD 5 G6 MIS PODS	3	PA, QL (10 pods per 30 days)
OMNIPOD 5 G7 KIT INTRO	3	PA, QL (1 kit per 365 days)
OMNIPOD 5 G7 MIS PODS	3	PA, QL (10 pods per 30 days)
OMNIPOD DASH KIT INTRO	3	QL (1 kit per 365 days)
OMNIPOD DASH KIT PDM	3	QL (1 kit per 365 days)
OMNIPOD DASH MIS PODS	3	QL (10 pods per 30 days)
ONETOUCH KIT ULT MINI	3	OTC
ONETOUCH KIT ULTRA 2	3	OTC

Drug Name	Drug Tier	Requirements/Limits
ONETOUCHKIT VERIO	3	OTC
ONETOUCHKIT VERIO FL	3	OTC
ONETOUCHKIT VERIO IQ	3	OTC
ONETOUCHKIT VERIO RE	3	OTC
ONETOUCHSOL KIT COMPLETE	3	OTC
ONETOUCHSOL KIT FIT	3	OTC
ONETOUCHSOL KIT REFILL	3	OTC
ONETOUCHSOL KIT STARTER	3	OTC
ONETOUCHTES ULTRA	3	QL (150 Test Strips every 30 days), OTC
ONETOUCHTES VERIO	3	QL (150 Test Strips every 30 days), OTC
SHARPS CONT MIS 2QUART	3	OTC
SOFTCLIX MIS LANCETS	3	OTC
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
ORLISSA TAB 150MG	3	PA
ORLISSA TAB 200MG	3	PA
ENZYME REPLACEMENTS		
<i>betaine powder for oral solution</i>	5	PA
<i>carglumic acid soluble tab 200 mg</i>	5	PA
CERDELGA CAP 84MG	5	PA, QL (56 caps every 28 days)
CYSTAGON CAP 50MG	5	PA
CYSTAGON CAP 150MG	5	PA
MYALEPT INJ 11.3MG	5	PA, QL (30 vials every 30 days)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA, QL (798g every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA, QL (1200 tabs every 30 days)
ESTROGENS		
CLIMARA PRO DIS WEEKLY	3	
DEPO-ESTRADI INJ 5MG/ML	4	
DUAVEE TAB 0.45-20	3	

Drug Name	Drug Tier	Requirements/Limits
ELESTRIN GEL 0.06%	4	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol tab 0.5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 1 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1 mg/gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch weekly 0.1 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
ESTROGEL GEL	4	PA; High Risk Medications require PA for members age 70 and older
EVAMIST SPR 1.53MG	4	PA; High Risk Medications require PA for members age 70 and older
IMVEXXY MAIN SUP 4MCG	3	
IMVEXXY MAIN SUP 10MCG	3	
IMVEXXY STRT SUP 4MCG	3	
IMVEXXY STRT SUP 10MCG	3	
<i>jinteli</i>	2	
MENEST TAB 0.3MG	4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	4	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
PREMARIN TAB 0.3MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	4	
<i>yuvafem</i>	2	
GLUCOCORTICOIDS		
DEPO-MEDROL INJ 20MG/ML	4	
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
EMFLAZA SUS 22.75/ML	6	PA, QL (52 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
EMFLAZA TAB 6MG	6	PA, QL (60 tabs every 30 days)
EMFLAZA TAB 18MG	6	PA, QL (30 tabs every 30 days)
EMFLAZA TAB 30MG	6	PA, QL (30 tabs every 30 days)
EMFLAZA TAB 36MG	6	PA, QL (30 tabs every 30 days)
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
MEDROL TAB 2MG	3	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	2	
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	2	
<i>methylprednisolone tab 4 mg</i>	2	
<i>methylprednisolone tab 8 mg</i>	2	
<i>methylprednisolone tab 16 mg</i>	2	
<i>methylprednisolone tab 32 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	2	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	2	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
PREDNISON CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	2	
<i>prednisone tab 1 mg</i>	2	
<i>prednisone tab 2.5 mg</i>	2	
<i>prednisone tab 5 mg</i>	2	
<i>prednisone tab 10 mg</i>	2	
<i>prednisone tab 20 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 50 mg</i>	2	
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
SOLU-MEDROL INJ 2GM	4	
GLUCOSE ELEVATING AGENTS		
<i>glucagon (rdna) for inj kit 1 mg</i>	2	
GVOKE HYPO 1 INJ 1MG/.2ML	3	
GVOKE HYPO 1 INJ .5/.1ML	3	
GVOKE KIT SOL 1MG/0.2M	3	
GVOKE PFS INJ	3	
INSTA-GLUCOS GEL 77.4%	3	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
<i>nitisinone cap 2 mg</i>	5	PA
<i>nitisinone cap 5 mg</i>	5	PA
<i>nitisinone cap 10 mg</i>	5	PA
<i>nitisinone cap 20 mg</i>	5	PA
ORFADIN CAP 20MG	5	PA
ORFADIN SUS 4MG/ML	5	PA
HUMAN GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	5	PA
GENOTROPIN INJ 0.4MG	5	PA
GENOTROPIN INJ 0.6MG	5	PA
GENOTROPIN INJ 0.8MG	5	PA
GENOTROPIN INJ 1.2MG	5	PA
GENOTROPIN INJ 1.4MG	5	PA
GENOTROPIN INJ 1.6MG	5	PA
GENOTROPIN INJ 1.8MG	5	PA
GENOTROPIN INJ 1MG	5	PA
GENOTROPIN INJ 2MG	5	PA
GENOTROPIN INJ 5MG	5	PA
GENOTROPIN INJ 12MG	5	PA
NORDIPEN 5 MIS DEVICE	3	
NORDIPEN DEL MIS SYSTEM	3	OTC
NORDITROPIN INJ 5/1.5ML	5	PA
NORDITROPIN INJ 10/1.5ML	5	PA
NORDITROPIN INJ 15/1.5ML	5	PA
NORDITROPIN INJ 30/3ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
SYNAREL SOL 2MG/ML	6	PA
TRIPTODURSUS 22.5MG	5	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	4	PA
KERENDIA TAB 20MG	4	PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	2	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
CHOR GONADOT INJ 10000UNT	5	PA
INCRELEX INJ 40MG/4ML	5	PA
INTRAROSA SUP 6.5MG	4	
OSPHENA TAB 60MG	4	PA
PROLIA INJ 60MG/ML	5	PA, QL (60mg every 24 weeks)
<i>raloxifene hcl tab 60 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR INJ 0.3MG/ML	6	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.6MG/ML	6	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.9MG/ML	6	PA, QL (60 ampules every 30 days)
SUPPRELIN LA KIT 50MG	5	PA
<i>tolvaptan tab 15 mg</i>	5	PA
<i>tolvaptan tab 30 mg</i>	5	PA
TYMLOS INJ	5	PA, QL (1 pen every 30 days)
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	2	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	2	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	2	
PHOSLYRA SOL	3	
<i>sevelamer carbonate packet 0.8 gm</i>	2	
<i>sevelamer carbonate packet 2.4 gm</i>	2	
<i>sevelamer carbonate tab 800 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
VELPHORO CHW 500MG	3	
PROGESTINS		
CRINONE GEL 4% VAG	3	
CRINONE GEL 8% VAG	3	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	2	
<i>medroxyprogesterone acetate tab 5 mg</i>	2	
<i>medroxyprogesterone acetate tab 10 mg</i>	2	
<i>megestrol acetate susp 625 mg/5ml</i>	2	
<i>norethindrone acetate tab 5 mg</i>	2	
<i>progesterone cap 100 mg</i>	2	
<i>progesterone cap 200 mg</i>	2	
THYROID AGENTS		
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 300 mcg</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
<i>methimazole tab 5 mg</i>	2	
<i>methimazole tab 10 mg</i>	2	
<i>propylthiouracil tab 50 mg</i>	2	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>unithroid</i>	2	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	2	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	2	
<i>dicyclomine hcl cap 10 mg</i>	2	
<i>dicyclomine hcl inj 10 mg/ml</i>	2	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>dicyclomine hcl tab 20 mg</i>	2	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>methscopolamine bromide tab 2.5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>methscopolamine bromide tab 5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
ANTIDIARRHEALS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
<i>loperamide hcl cap 2 mg</i>	2	
MOTOFEN TAB 1-0.025	4	
ANTIEMETICS		
<i>AKYNZEO CAP 300-0.5</i>	4	QL (2 caps every 28 days)
<i>aprepitant capsule 40 mg</i>	2	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	2	QL (4 caps every 28 days)
<i>aprepitant capsule 125 mg</i>	2	QL (2 caps every 28 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	QL (2 packs every 28 days)
<i>compro</i>	2	

Drug Name	Drug Tier	Requirements/Limits
dronabinol cap 2.5 mg	2	QL (60 caps every 30 days)
dronabinol cap 5 mg	2	QL (60 caps every 30 days)
dronabinol cap 10 mg	2	QL (60 caps every 30 days)
granisetron hcl inj 1 mg/ml	2	QL (2 mL every 28 days)
granisetron hcl tab 1 mg	2	QL (12 tabs every 28 days)
meclizine hcl tab 12.5 mg	2	
meclizine hcl tab 25 mg	2	
metoclopramide hcl inj 5 mg/ml (base equivalent)	2	
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	2	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	2	
metoclopramide hcl tab 5 mg (base equivalent)	2	
metoclopramide hcl tab 10 mg (base equivalent)	2	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	2	QL (20 mL every 28 days)
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	2	QL (20 mL every 28 days)
ondansetron hcl inj soln pref syr 4 mg/2ml	2	QL (20 mL every 28 days)
ondansetron hcl oral soln 4 mg/5ml	2	QL (200 mL every 28 days)
ondansetron hcl tab 4 mg	2	QL (18 tabs every 28 days)
ondansetron hcl tab 8 mg	2	QL (18 tabs every 28 days)
ondansetron hcl tab 24 mg	2	QL (2 tabs every 28 days)
ondansetron orally disintegrating tab 4 mg	2	QL (18 tabs every 28 days)
ondansetron orally disintegrating tab 8 mg	2	QL (18 tabs every 28 days)
prochlorperazine maleate tab 5 mg (base equivalent)	2	
prochlorperazine maleate tab 10 mg (base equivalent)	2	
prochlorperazine suppos 25 mg	2	
promethazine hcl inj 25 mg/ml	2	
promethazine hcl inj 50 mg/ml	2	
promethazine hcl suppos 12.5 mg	2	
promethazine hcl suppos 25 mg	2	
promethazine hcl syrup 6.25 mg/5ml	2	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 12.5 mg	2	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl tab 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan</i>	2	
SANCUSODIS 3.1MG	3	QL (2 patches every 28 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	2	
<i>trimethobenzamide hcl cap 300 mg</i>	2	
VARUBI TAB 90MG	3	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tab 200 mg</i>	2	
<i>cimetidine tab 300 mg</i>	2	
<i>cimetidine tab 400 mg</i>	2	
<i>cimetidine tab 800 mg</i>	2	
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine preservative free inj 20 mg/2ml</i>	2	
<i>famotidine tab 20 mg</i>	2	
<i>famotidine tab 40 mg</i>	2	
<i>nizatidine cap 150 mg</i>	2	
<i>nizatidine cap 300 mg</i>	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	2	
<i>budesonide tab er 24hr 9 mg</i>	2	
DIPENTUM CAP 250MG	4	PA
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>mesalamine cap dr 400 mg</i>	2	
<i>mesalamine cap er 24hr 0.375 gm</i>	2	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine tab delayed release 1.2 gm</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	2	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAP 72MCG	3	
LINZESS CAP 145MCG	3	
LINZESS CAP 290MCG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lubiprostone cap 8 mcg</i>	2	
<i>lubiprostone cap 24 mcg</i>	2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	2	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	2	PA
VIBERZI TAB 75MG	3	PA
VIBERZI TAB 100MG	3	PA
LAXATIVES		
CLENPIQ SOL	1	\$0 copay for members age 45 through 75, Tier 2 for all others
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
OSMOPREP TAB 1.5GM	4	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	\$0 copay for members age 45 through 75, otherwise not covered
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PEG-PREP KIT	1	\$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	1	\$0 copay for members age 45 through 75, otherwise not covered
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	2	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	\$0 copay for members age 45 through 75, otherwise not covered
SUFLAVESOL	1	\$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	1	\$0 copay for members age 45 through 75, otherwise not covered
MISCELLANEOUS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK TAB 12.5MG	3	
MOVANTIK TAB 25MG	3	
SUCRAIDS SOL 8500/ML	4	PA, QL (354 mL every 30 days)
<i>sucralfate tab 1 gm</i>	2	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	

PANCREATIC ENZYMES

CREON CAP 3000UNIT	3	PA
CREON CAP 6000UNIT	3	PA
CREON CAP 12000UNT	3	PA
CREON CAP 24000UNT	3	PA
CREON CAP 36000UNT	3	PA
VIOKACE TAB 10440	3	PA
VIOKACE TAB 20880	3	PA
ZENPEP CAP 3000UNIT	3	PA
ZENPEP CAP 5000UNIT	3	PA
ZENPEP CAP 10000UNT	3	PA
ZENPEP CAP 15000UNT	3	PA
ZENPEP CAP 20000UNT	3	PA
ZENPEP CAP 25000UNT	3	PA
ZENPEP CAP 40000UNT	3	PA
ZENPEP CAP 60000UNT	3	PA

PROTON PUMP INHIBITORS§

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	2	Covered for age less than 1 year only
<i>lansoprazole cap delayed release 15 mg</i>	2	
<i>lansoprazole cap delayed release 30 mg</i>	2	
NEXIUM GRA 2.5MG DR	4	Covered for age less than 1 year only
NEXIUM GRA 5MG DR	4	Covered for age less than 1 year only
<i>omeprazole cap delayed release 10 mg</i>	2	
<i>omeprazole cap delayed release 20 mg</i>	2	
<i>omeprazole cap delayed release 40 mg</i>	2	
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	4	QL (90 packets every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	4	QL (90 packets every 365 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	2	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	2	
<i>rabeprazole sodium ec tab 20 mg</i>	2	
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone perianal cream 1%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>proctozone-hc</i>	2	
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	2	
HELIDAC MIS THERAPY	4	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	
CARDURA XL TAB 4MG	4	ST; PA**
CARDURA XL TAB 8MG	4	ST; PA**
<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>dutasteride cap 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	
<i>finasteride tab 5 mg</i>	2	
<i>silodosin cap 4 mg</i>	2	
<i>silodosin cap 8 mg</i>	2	
<i>tadalafil tab 2.5 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>tadalafil tab 5 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	2	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	2	
CONTRACEPTIVES		
ENCARE SUP 100MG	1	OTC
GYNOL II GEL 3%	1	OTC
PHEXXI GEL	1	
TODAY SPONGEMIS	1	OTC
VCF VAGINAL GEL CONTRACE	1	OTC
VCF VAGINAL MIS CONTRACP	1	OTC
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	2	

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies If Step Is Not Met
QL - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
ELMIRON CAP 100MG	4	
<i>potassium citrate tab er 5 meq (540 mg)</i>	2	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	2	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	
<i>urinary pain relief</i>	2	OTC

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	2	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	2	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	2	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	2	
GEMTESA TAB 75MG	4	
MYRBETRIQ SUS 8MG/ML	3	
MYRBETRIQ TAB 25MG	3	
MYRBETRIQ TAB 50MG	3	
<i>oxybutynin chloride solution 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	
<i>solifenacin succinate tab 5 mg</i>	2	
<i>solifenacin succinate tab 10 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
<i>trospium chloride cap er 24hr 60 mg</i>	2	
<i>trospium chloride tab 20 mg</i>	2	

VAGINAL ANTI-INFECTIVES

CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
GYNAZOLE-1CRE 2%	4	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>miconazole 3</i>	2	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	2	
ELIQUIS STP TAB 5MG	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	2	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 2500/ML	4	
FRAGMIN INJ 5000/0.2	4	
FRAGMIN INJ 7500/0.3	4	
FRAGMIN INJ 10000/ML	4	
FRAGMIN INJ 12500UNT	4	
FRAGMIN INJ 15000UNT	4	
FRAGMIN INJ 18000UNT	4	
FRAGMIN INJ 95000UNT	4	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	
<i>jantoven</i>	2	
PRADAXA CAP 75MG	4	

Drug Name	Drug Tier	Requirements/Limits
PRADAXA CAP 110MG	4	
<i>warfarin sodium tab 1 mg</i>	2	
<i>warfarin sodium tab 2 mg</i>	2	
<i>warfarin sodium tab 2.5 mg</i>	2	
<i>warfarin sodium tab 3 mg</i>	2	
<i>warfarin sodium tab 4 mg</i>	2	
<i>warfarin sodium tab 5 mg</i>	2	
<i>warfarin sodium tab 6 mg</i>	2	
<i>warfarin sodium tab 7.5 mg</i>	2	
<i>warfarin sodium tab 10 mg</i>	2	
XARELTO STAR TAB 15/20MG	3	
XARELTO SUS 1MG/ML	3	
XARELTO TAB 2.5MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	5	PA
ARANESP INJ 25MCG	5	PA
ARANESP INJ 40MCG	5	PA
ARANESP INJ 60MCG	5	PA
ARANESP INJ 100MCG	5	PA
ARANESP INJ 150MCG	5	PA
ARANESP INJ 200MCG	5	PA
ARANESP INJ 300MCG	5	PA
ARANESP INJ 500MCG	5	PA
DOPTELET TAB 20MG (10 TABLETS)	5	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS)	5	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS)	5	PA, QL (2 cartons every 30 days)
FYLNETRA INJ 6MG/0.6	5	PA, QL (2 syringes every 28 days)
MIRCERA INJ 30MCG	5	PA
MIRCERA INJ 50MCG	5	PA
MIRCERA INJ 75MCG	5	PA
MIRCERA INJ 100MCG	5	PA
MIRCERA INJ 120MCG	5	PA
MIRCERA INJ 150MCG	5	PA
MIRCERA INJ 200MCG	5	PA
NIVESTYM INJ 300/0.5	5	PA
NIVESTYM INJ 300MCG	5	PA
NIVESTYM INJ 480/0.8	5	PA

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM INJ 480MCG	5	PA
NYVEPRIA INJ 6/0.6ML	5	PA, QL (2 syringes every 28 days)
RETACRIT INJ 2000UNIT	5	PA
RETACRIT INJ 3000UNIT	5	PA
RETACRIT INJ 4000UNIT	5	PA
RETACRIT INJ 10000UNT	5	PA
RETACRIT INJ 20000UNI	5	PA
RETACRIT INJ 40000UNT	5	PA
HEMOPHILIA A AGENTS		
HEMLIBRA INJ 30MG/ML	6	PA
HEMLIBRA INJ 60/0.4	6	PA
HEMLIBRA INJ 105/0.7	6	PA
HEMLIBRA INJ 150/ML	6	PA
HEMLIBRA INJ 300/2ML	6	PA
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
<i>pentoxifylline tab er 400 mg</i>	2	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	2	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	2	
<i>dipyridamole tab 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	
YOSPRA LA TAB 81-40MG	4	
YOSPRA LA TAB 325-40MG	4	

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
<i>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</i>		
ACTEMRA INJ 80MG/4ML	6	ST, PA, QL (10 vials every 14 days)
ACTEMRA INJ 200/10ML	6	ST, PA, QL (4 vials every 14 days)
ACTEMRA INJ 400/20ML	6	ST, PA, QL (2 vials every 14 days)
INFLIXIMAB INJ 100MG	5	PA, QL (5 vials every 42 days)
SIMPONI ARIA SOL 50MG/4ML	6	PA, QL (200 mg every 8 weeks)
SKYRIZI SOL 60MG/ML	5	PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED)</i>		
ACTEMRA INJ 162/0.9	6	ST, PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
COSENTYX INJ 75MG/0.5	5	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	5	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE	5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	5	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNO INJ 300/2ML	5	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
ENBREL INJ 25/0.5ML	5	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	5	PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	5	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	5	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	5	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA INJ 10/0.1ML	5	PA, QL (2 injections every 28 days)
HUMIRA INJ 20/0.2ML	5	PA, QL (4 injections every 28 days)
HUMIRA INJ 40/0.4ML	5	PA, QL (4 injections every 28 days)
HUMIRA KIT 40MG/0.8	5	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	5	PA, QL (Starter pack - initial dose only); (80mg and 40mg dual strength kit)
HUMIRA PEDIA INJ CROHNS	5	PA, QL (Starter pack - initial dose only); (80mg single strength kit)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 40/0.4ML	5	PA, QL (4 injections every 28 days)
HUMIRA PEN INJ 40MG/0.8	5	PA, QL (4 pens every 28 days)
HUMIRA PEN INJ 80/0.8ML	5	PA, QL (2 pens every 28 days)
HUMIRA PEN KIT PS/UV	5	PA, QL (Starter pack - initial dose only)
HYRIMOZ INJ 10/0.1ML	5	PA, QL (2 syringes every 28 days)
HYRIMOZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.8ML	5	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ INJ 40/0.8ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (Starter pack - initial dose only)
HYRIMOZ-CROH INJ UC SP	5	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PED INJ CROHNS	5	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PLAQ INJ PSORIASI	5	PA, QL (Starter pack - initial dose only)
KEVZARA INJ 150/1.14	5	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 150/1.14	5	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	5	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	5	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 10/20/30	5	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
RINVOQ TAB 15MG ER	5	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis.
RINVOQ TAB 30MG ER	5	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.
RINVOQ TAB 45MG ER	5	PA, QL (One time induction dose for CD/UC diagnosis only); Preferred agent for Crohn's Disease and Ulcerative Colitis.
SIMPONI INJ 50/0.5ML	6	ST, PA, QL (1 injection every 28 days)
SIMPONI INJ 100MG/ML	6	ST, PA, QL (1 injection every 28 days)
SKYRIZI INJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI INJ 180/1.2	5	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI INJ 360/2.4	5	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI PEN INJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45MG/0.5	5	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 45MG/0.5	5	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 90MG/ML	5	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ INJ 80MG/ML	5	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	5	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis
XELJANZ SOL 1MG/ML	5	PA, QL (240 mL every 24 days)
XELJANZ TAB 5MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TAB 10MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
XELJANZ XR TAB 11MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ XR TAB 22MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>leflunomide tab 10 mg</i>	2	
<i>leflunomide tab 20 mg</i>	2	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
HEREDITARY ANGIOEDEMA		
HAEGARDA INJ 2000UNIT	6	PA, QL (20 vials every 30 days)
HAEGARDA INJ 3000UNIT	6	PA, QL (20 vials every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (45 syringes every 90 days)
IMMUNOGLOBULIN		
CUTAQUIGSOL 1.65GM	5	PA
CUTAQUIGSOL 1GM	5	PA
CUTAQUIGSOL 2GM	5	PA
CUTAQUIGSOL 3.3GM	5	PA
CUTAQUIGSOL 4GM	5	PA
CUTAQUIGSOL 8GM	5	PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	6	PA
ARCALYST INJ 220MG	5	PA, QL (8 vials every 28 days)
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	4	
ASTAGRAF XL CAP 1MG	4	
ASTAGRAF XL CAP 5MG	4	
<i>azathioprine tab 50 mg</i>	2	
<i>azathioprine tab 75 mg</i>	2	
<i>azathioprine tab 100 mg</i>	2	
CELLCEPT CAP 250MG	4	
CELLCEPT IV INJ 500MG	4	
CELLCEPT SUS 200MG/ML	4	
CELLCEPT TAB 500MG	4	
<i>cyclosporine cap 25 mg</i>	2	
<i>cyclosporine cap 100 mg</i>	2	
<i>cyclosporine iv soln 50 mg/ml</i>	2	
<i>cyclosporine modified cap 25 mg</i>	2	
<i>cyclosporine modified cap 50 mg</i>	2	
<i>cyclosporine modified cap 100 mg</i>	2	
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	
ENVARUSUS XR TAB 0.75MG	4	
ENVARUSUS XR TAB 1MG	4	
ENVARUSUS XR TAB 4MG	4	
<i>everolimus tab 0.5 mg</i>	2	
<i>everolimus tab 0.25 mg</i>	2	
<i>everolimus tab 0.75 mg</i>	2	
<i>everolimus tab 1 mg</i>	2	
<i>gengraf</i>	2	
<i>mycophenolate mofetil cap 250 mg</i>	2	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil tab 500 mg</i>	2	
<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i>	2	
<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i>	2	
MYFORTIC TAB 180MG	4	
MYFORTIC TAB 360MG	4	
NEORAL CAP 25MG	4	
NEORAL CAP 100MG	4	
NEORAL SOL 100MG/ML	4	
NULOJIX INJ 250MG	4	
PROGRAF CAP 0.5MG	4	
PROGRAF CAP 1MG	4	
PROGRAF CAP 5MG	4	
PROGRAF GRA 0.2MG	4	
PROGRAF GRA 1MG	4	
PROGRAF INJ 5MG/ML	4	
RAPAMUNE SOL 1MG/ML	4	
RAPAMUNE TAB 0.5MG	4	
RAPAMUNE TAB 1MG	4	
RAPAMUNE TAB 2MG	4	
SANDIMMUNE CAP 25MG	4	
SANDIMMUNE CAP 100MG	4	
SANDIMMUNE INJ 50MG/ML	4	
SANDIMMUNE SOL 100MG/ML	4	
<i>sirolimus oral soln 1 mg/ml</i>	2	
<i>sirolimus tab 0.5 mg</i>	2	
<i>sirolimus tab 1 mg</i>	2	
<i>sirolimus tab 2 mg</i>	2	
<i>tacrolimus cap 0.5 mg</i>	2	
<i>tacrolimus cap 1 mg</i>	2	
<i>tacrolimus cap 5 mg</i>	2	
ZORTRESS TAB 0.5MG	4	
ZORTRESS TAB 0.25MG	4	
ZORTRESS TAB 0.75MG	4	
ZORTRESS TAB 1MG	4	
MISCELLANEOUS		
BEYFORTUS INJ 50/0.5ML	3	
BEYFORTUS INJ 100MG/ML	3	
VACCINES		
ABRYSVO INJ	3	
ACTHIB INJ	1	\$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
ADACEL INJ	1	
AREXVY INJ 120MCG	3	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
COMIRNATY INJ 30/0.3ML	1	
DAPTACEL INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	1	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10/0.5ML	1	
ENGERIX-B INJ 20MCG/ML	1	
FLUMIST	1	
GARDASIL 9 INJ	1	
HAVRIX INJ 720UNIT	1	
HAVRIX INJ 1440UNIT	1	
HEPLISAV-B INJ 20/0.5ML	1	
HIBERIX SOL 10MCG	1	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
INFLUENZA VACCINE	1	
IPOL INJ INACTIVE	1	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MODERNA INJ 6MO-11Y	1	
NOVAVAX VAC INJ COVID-19	1	
PEDIARIX INJ 0.5ML	1	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB INJ	1	\$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA INJ	1	
PENTACEL INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER 5-11Y INJ 2023-24	1	
PFIZER 6M-4Y INJ 2023-24	1	
PNEUMOVAX 23 INJ 25/0.5	1	
PREHEVBRIO SUS 10MCG/ML	1	
PREVNAR 13 INJ	1	
PREVNAR 20 INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	1	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVA HB INJ 5MCG/0.5	1	
RECOMBIVA HB INJ 10MCG/ML	1	
RECOMBIVA-HB INJ 40MCG/ML	1	
ROTARIX SUS	1	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	1	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX INJ 50/0.5ML	1	\$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX INJ 50/0.5ML	1	
TDVAX INJ 2-2LF	1	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	1	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	1	
TWINRIX INJ	1	\$0 copay for members age 19 and older, otherwise not covered
VAQTA INJ 25/0.5ML	1	
VAQTA INJ 50UNT/ML	1	

Drug Name	Drug Tier	Requirements/Limits
VARIVAX INJ	1	
VAXELIS INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>effer-k</i>	2	
<i>fluoritab</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m15</i>	2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	2	
<i>monoject sodium chloride</i>	2	
<i>nafrinse drops</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	2	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	1	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 1 mg f (from 2.2 mg naf)	2	
IV REPLACEMENT SOLUTIONS		
potassium chloride inj 2 meq/ml	2	
sodium chloride iv soln 0.9%	2	
sodium chloride iv soln 0.45%	2	
sodium chloride iv soln 3%	2	
sodium chloride iv soln 5%	2	
sodium chloride preservative free (pf) inj 0.9%	2	
PRENATAL VITAMINS		
elite-ob	2	
inatal gt	2	
pnv-dha	2	
pnv-select	2	
prenatal 19	2	
trinate	2	
VITAMINS		
calcitriol cap 0.5 mcg	2	
calcitriol cap 0.25 mcg	2	
calcitriol oral soln 1 mcg/ml	2	
cholecalciferol cap 1.25 mg (50000 unit)	2	OTC
cyanocobalamin inj 1000 mcg/ml	2	
doxercalciferol cap 0.5 mcg	2	
doxercalciferol cap 1 mcg	2	
doxercalciferol cap 2.5 mcg	2	
ergocalciferol cap 1.25 mg (50000 unit)	2	
folic acid cap 0.8 mg	1	QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
folic acid tab 1 mg	2	
folic acid tab 400 mcg	1	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid tab 800 mcg</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>multi-vitamin/fluoride dr</i>	2	
<i>multi-vitamin/fluoride/ir</i>	2	
<i>multivitamin/fluoride</i>	2	
<i>paricalcitol cap 1 mcg</i>	2	
<i>paricalcitol cap 2 mcg</i>	2	
<i>paricalcitol cap 4 mcg</i>	2	
<i>phytonadione tab 5 mg</i>	2	
<i>pyridoxine hcl tab 25 mg</i>	2	OTC
<i>pyridoxine hcl tab 50 mg</i>	2	OTC
<i>tri-vite/fluoride</i>	2	
<i>vitamins a/c/d/fluoride</i>	2	
<i>westab max</i>	2	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	4	

ANTI-INFECTIVES

AZASITESOL 1%	3	
<i>bacitracin ophth oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUS 0.6%	4	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	QL (20 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN SUS 5% OP	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polycin</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
<i>sulfacetamide sodium ophth oint 10%</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>trifluridine ophth soln 1%</i>	2	
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
ACUVAIL SOL 0.45%	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
ILEVRO DRO 0.3% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
<i>loteprednol etabonate ophth susp 0.5%</i>	2	
NEVANAC SUS 0.1% OP	3	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	2	
ANTIALLERGICS		
ALOCRI SOL 2%	4	
ALOMIDESOL 0.1% OP	4	
<i>azelastine hcl ophth soln 0.05%</i>	2	
<i>bepotastine besilate ophth soln 1.5%</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
<i>epinastine hcl ophth soln 0.05%</i>	2	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	2	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ZERVIATE DRO 0.24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	4	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETIMOL SOL 0.5%	4	
BETIMOL SOL 0.25%	4	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.1%</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>brinzolamide ophth susp 1%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
IOPIDINE SOL 1% OP	4	
<i>latanoprost ophth soln 0.005%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	ST; PA**
PHOSPHOLINE SOL 0.125% OP	4	
<i>pilocarpine hcl ophth soln 1%</i>	2	
SIMBRINZA SUS 1-0.2%	3	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
DRY EYE DISEASE		
RESTASIS EMU 0.05% OP	2	
RESTASIS MUL EMU 0.05% OP	3	Multi-dose vial remains on preferred brand tier
MISCELLANEOUS		
<i>atropine sulfate ophth soln 1%</i>	2	
CYSTARAN SOL 0.44%	6	PA, QL (4 bottles every 28 days)
<i>phenylephrine hcl ophth soln 2.5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine hcl ophth soln 10%</i>	2	
<i>proparacaine hcl ophth soln 0.5%</i>	2	
<i>tropicamide ophth soln 0.5%</i>	2	
<i>tropicamide ophth soln 1%</i>	2	

OTHER

IRRIGATION SOLUTIONS

<i>physiolyte</i>	2	
<i>physiosol irrigation</i>	2	

RESPIRATORY

ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS

PROLASTIN-C INJ1000MG	5	PA
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ANAPHYLAXIS TREATMENT AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml(1:2000)</i>	2	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml(1:1000)</i>	2	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	3	QL (4 auto-injectors every 30 days)
EPIPEN-JR INJ 0.15MG	3	QL (4 auto-injectors every 30 days)

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§

BEVESPI AER 9-4.8MCG	3	QL (1 package every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	3	QL (1 package every 30 days)

ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS§

BREZTRI AERO AER SPHERE	3	QL (1 package every 30 days)
TRELEGY AER 100MCG	3	QL (1 package every 30 days)
TRELEGY AER 200MCG	3	QL (1 package every 30 days)

ANTICHOLINERGICS§

<i>ipratropium bromide inhal soln 0.02%</i>	2	QL (5 boxes every 30 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA AER 1.25MCG	3	QL (1 package every 30 days)
SPIRIVA CAP HANDIHLR	3	QL (1 package every 30 days)
SPIRIVA SPR 2.5MCG	3	QL (1 package every 30 days)
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	2	QL (1 package every 30 days)
ANTIHISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	QL (1 package every 30 days)
ANTIHISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	QL (2 bottles every 30 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	2	QL (2 bottles every 30 days)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	2	
<i>carbinoxamine maleate tab 4 mg</i>	2	
<i>clemastine fumarate tab 2.68 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	2	
<i>cyproheptadine hcl tab 4 mg</i>	2	
<i>desloratadine tab 5 mg</i>	2	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	2	
<i>desloratadine tab orally disintegrating 5 mg</i>	2	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 10 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tab 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 100 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	2	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
<i>olopatadine hcl nasal soln 0.6%</i>	2	QL (1 container every 30 days)
<i>ryclora</i>	4	PA; High Risk Medications require PA for members age 70 and older
BETA AGONISTS§		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers every 30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	QL (120 vials every 30 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	QL (5 boxes every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg</i>	2	
<i>albuterol sulfate tab 4 mg</i>	2	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	2	QL (60 vials every 30 days)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	2	QL (60 vials every 30 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	2	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	2	QL (300 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	QL (45 mL every 30 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	2	QL (2 inhalers every 30 days)
SEREVENT DIS AER 50MCG	3	QL (1 package every 30 days)
STRIVERDI AER 2.5MCG	3	QL (1 package every 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	
COLD/COUGH		
<i>benzonatate cap 100 mg</i>	2	
<i>benzonatate cap 200 mg</i>	2	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL (60 mL every day), OTC; Subject to initial 7-day limit
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	2	QL (10 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	2	QL (6 tabs every day); Subject to initial 7-day limit
<i>hydromet</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine vc</i>	2	
<i>promethazine vc/codeine</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	2	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	2	
TUZISTRA XR SUS	4	QL (20 mL every day); Subject to initial 7-day limit
CYSTIC FIBROSIS		
CAYSTON INH 75MG	5	PA, QL (84 vials every 28 days)
KALYDECO GRA 5.8MG	5	PA, QL (56 packets every 28 days)
KALYDECO GRA 13.4MG	5	PA, QL (56 packets every 28 days)

Drug Name	Drug Tier	Requirements/Limits
KALYDECO PAK 25MG	5	PA, QL (56 packets every 28 days)
KALYDECO PAK 50MG	5	PA, QL (56 packets every 28 days)
KALYDECO PAK 75MG	5	PA, QL (56 packets every 28 days)
KALYDECO TAB 150MG	5	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 75-94MG	5	PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	5	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	5	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	5	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	5	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	5	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	5	PA, QL (56 tabs every 28 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	5	PA, QL (224 mL every 28 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	5	PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	5	PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	5	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	5	PA, QL (84 tabs every 28 days)

LEUKOTRIENE MODIFIERS

<i>zileuton tab er 12hr 600 mg</i>	4	PA
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LEUKOTRIENE RECEPTOR ANTAGONISTS

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	
<i>zafirlukast tab 10 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast tab 20 mg</i>	2	
MAST CELL STABILIZERS§		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	QL (2 boxes every 30 days)
MISCELLANEOUS		
<i>acetylcysteine inhalsoln 10%</i>	2	
<i>acetylcysteine inhalsoln 20%</i>	2	
<i>roflumilast tab 250 mcg</i>	2	PA
<i>roflumilast tab 500 mcg</i>	2	PA
<i>sodium chloride soln nebu 0.9%</i>	2	
<i>sodium chloride soln nebu 3%</i>	2	
<i>sodium chloride soln nebu 7%</i>	2	
<i>sodium chloride soln nebu 10%</i>	2	
NASAL STEROIDS§		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (3 containers every 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 container every 30 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	QL (2 packages every 30 days)
OMNARIS SPR	4	ST, QL (1 package every 30 days); PA**
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	2	QL (1 package every 30 days), OTC
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	5	PA, QL (60 caps every 30 days)
OFEV CAP 150MG	5	PA, QL (60 caps every 30 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (270 caps every 30 days)
<i>pirfenidone tab 267 mg</i>	5	PA, QL (270 tabs every 30 days)
<i>pirfenidone tab 801 mg</i>	5	PA, QL (90 tabs every 30 days)
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBERMIS PLUS	3	
FLEXICHAMBERMIS MASKSM	3	
HOLD CHAMBERMIS MEDIUM	3	OTC
PANDA MASK MIS PEDIATRI	3	OTC
SEVERE ASTHMA AGENTS		
DUPIXENT INJ 100/0.67	5	PA, QL (2 syringes every 28 days); Indicated for Asthma

Drug Name	Drug Tier	Requirements/Limits
FASENRA INJ 30MG/ML	5	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	5	PA, QL (1 syringe every 56 days)
XOLAIR INJ 75/0.5	5	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	5	PA, QL (8 syringes every 28 days)
XOLAIR SOL 150MG	5	PA, QL (8 vials every 28 days)
STEROID INHALANTS§		
ALVESCO AER 80MCG	4	QL (3 packages every 30 days)
ALVESCO AER 160MCG	4	QL (2 packages every 30 days)
ARNUITY ELPT INH 50MCG	3	QL (1 package every 30 days)
ARNUITY ELPT INH 100MCG	3	QL (1 package every 30 days)
ARNUITY ELPT INH 200MCG	3	QL (1 package every 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	QL (2 boxes every 30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	QL (3 boxes every 30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	2	QL (1 box every 30 days)
QVARREDIHA AER 80MCG	3	QL (2 packages every 30 days)
QVARREDIHAL AER 40MCG	3	QL (2 packages every 30 days)
STEROID/BETA-AGONIST COMBINATIONS§		
BREO ELLIPTA INH 50-25MCG	3	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	3	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	3	QL (1 package every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	QL (3 packages every 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (1 package every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol</i> aer powder ba 500-50 mcg/act	2	QL (1 package every 30 days)

XANTHINES

<i>aminophylline inj</i> 25 mg/ml	2	
<i>theophylline elixir</i> 80 mg/15ml	2	
<i>theophylline soln</i> 80 mg/15ml	2	
<i>theophylline taber</i> 12hr 300 mg	2	
<i>theophylline taber</i> 12hr 450 mg	2	
<i>theophylline taber</i> 24hr 400 mg	2	
<i>theophylline taber</i> 24hr 600 mg	2	

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene cream</i> 0.1%	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel</i> 0.1%	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel</i> 0.3%	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoylperoxide gel</i> 0.1-2.5%	2	
<i>adapalene-benzoylperoxide gel</i> 0.3-2.5%	2	
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	2	QL (47g every 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel</i> 1.2 (1)-5%	2	QL (45g every 30 days)
<i>clindamycin phosphate foam</i> 1%	2	
<i>clindamycin phosphate gel</i> 1%	2	QL (75g every 30 days)
<i>clindamycin phosphate lotion</i> 1%	2	QL (60 mL every 30 days)
<i>clindamycin phosphate soln</i> 1%	2	QL (60 mL every 30 days)
<i>clindamycin phosphate swab</i> 1%	2	
<i>clindamycin phosphate-benzoylperoxide gel</i> 1-5%	2	QL (50g every 30 days)
<i>clindamycin phosphate-benzoylperoxide gel</i> 1.2-2.5%	2	QL (50g every 30 days)
<i>ery</i>	2	
<i>erythromycin gel</i> 2%	2	QL (60g every 30 days)
<i>erythromycin soln</i> 2%	2	QL (60 mL every 30 days)
<i>isotretinoin cap</i> 10 mg	2	PA
<i>isotretinoin cap</i> 20 mg	2	PA
<i>isotretinoin cap</i> 30 mg	2	PA
<i>isotretinoin cap</i> 40 mg	2	PA
<i>sulfacetamide sodium lotion</i> 10% (acne)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin cream 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	2	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod cream 5%</i>	2	

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate cream 0.1%</i>	2	QL (120g every 30 days)
<i>gentamicin sulfate oint 0.1%</i>	2	QL (120g every 30 days)
IV PREP WIPE PAD	3	OTC
<i>mupirocin oint 2%</i>	2	QL (30g every 30 days)
<i>silver sulfadiazine cream 1%</i>	2	
ssd	2	
SULFAMYLON CRE 85MG/GM	4	
XEPI CRE 1%	4	PA, QL (30g every 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox gel 0.77%</i>	2	QL (120g every 30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	QL (120g every 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	QL (120 mL every 30 days)
<i>ciclopirox shampoo 1%</i>	2	QL (120 mL every 30 days)
<i>ciclopirox solution 8%</i>	2	
<i>clotrimazole cream 1%</i>	2	QL (120g every 30 days)
<i>clotrimazole soln 1%</i>	2	QL (120 mL every 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (60g every 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	QL (60 mL every 30 days)
<i>econazole nitrate cream 1%</i>	2	QL (60g every 30 days)
ERTACZO CRE 2%	4	QL (60g every 30 days)
JUBLIA SOL 10%	4	PA, QL (4 mL every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole cream 2%</i>	2	QL (120g every 30 days)
<i>luliconazole cream 1%</i>	4	QL (60g every 30 days)
MENTAX CRE 1%	4	QL (60g every 30 days)
<i>naftifine hcl cream 1%</i>	2	QL (60g every 30 days)
<i>naftifine hcl cream 2%</i>	2	QL (60g every 30 days)
<i>nyamyc</i>	2	QL (120g every 30 days)
<i>nystatin cream 100000 unit/gm</i>	2	QL (120g every 30 days)
<i>nystatin oint 100000 unit/gm</i>	2	QL (120g every 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	2	QL (120g every 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	QL (60g every 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	QL (60g every 30 days)
<i>nystop</i>	2	QL (120g every 30 days)
<i>oxiconazole nitrate cream 1%</i>	2	QL (60g every 30 days)
<i>sulconazole nitrate cream 1%</i>	2	QL (60g every 30 days)
<i>sulconazole nitrate solution 1%</i>	2	QL (60 mL every 30 days)
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl cream 5%</i>	4	QL (45g every 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	2	
<i>acitretin cap 17.5 mg</i>	2	
<i>acitretin cap 25 mg</i>	2	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	ST, QL (60 mL every 30 days); PA**
<i>calcitriol oint 3 mcg/gm</i>	4	ST, QL (100g every 30 days); PA**
<i>methoxsalen rapid cap 10 mg</i>	2	
<i>tazarotene cream 0.1%</i>	2	PA
<i>tazarotene gel 0.1%</i>	2	PA
<i>tazarotene gel 0.05%</i>	2	PA
TAZORAC CRE 0.05%	3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	2	QL (120 mL every 30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT INJ 200/1.14	5	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 200MG	5	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 300/2ML	5	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	5	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
EUCRISA OIN 2%	3	ST, QL (60g every 30 days); PA**
<i>pimecrolimus cream 1%</i>	4	ST; PA**
<i>tacrolimus oint 0.1%</i>	4	ST; PA**
<i>tacrolimus oint 0.03%</i>	4	ST; PA**

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i>	2	QL (120g every 30 days)
<i>alclometasone dipropionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	2	QL (120g every 30 days)
<i>amcinonide lotion 0.1%</i>	2	QL (120 mL every 30 days)
<i>amcinonide oint 0.1%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	2	QL (120g every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	QL (120g every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	QL (120 mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	QL (120g every 30 days)
BRYHALI LOT 0.01%	3	QL (120 mL every 30 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	4	ST, QL (60g every 30 days); PA**
<i>clobetasol propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate foam 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate gel 0.05%</i>	2	QL (120g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>clobetasol propionate oint 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	2	QL (120 mL every 30 days)
<i>clobetasol propionate soln 0.05%</i>	2	QL (120 mL every 30 days)
<i>clobetasol propionate spray 0.05%</i>	2	QL (120 mL every 30 days)
<i>clocortolone pivalate cream 0.1%</i>	4	QL (120g every 30 days)
<i>desonide cream 0.05%</i>	2	QL (120g every 30 days)
<i>desonide lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>desonide oint 0.05%</i>	2	QL (120g every 30 days)
<i>desoximetasone cream 0.05%</i>	2	QL (120g every 30 days)
<i>desoximetasone cream 0.25%</i>	2	QL (120g every 30 days)
<i>desoximetasone gel 0.05%</i>	2	QL (120g every 30 days)
<i>desoximetasone oint 0.25%</i>	2	QL (120g every 30 days)
<i>desoximetasone spray 0.25%</i>	4	QL (120 mL every 30 days)
<i>diflorasone diacetate cream 0.05%</i>	4	QL (120g every 30 days)
<i>diflorasone diacetate oint 0.05%</i>	4	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	2	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	2	QL (120g every 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	QL (120 mL every 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	QL (120 mL every 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	2	QL (120g every 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	2	QL (120 mL every 30 days)
<i>fluocinonide cream 0.05%</i>	2	QL (120g every 30 days)
<i>fluocinonide gel 0.05%</i>	2	QL (120g every 30 days)
<i>fluocinonide oint 0.05%</i>	2	QL (120g every 30 days)
<i>fluocinonide soln 0.05%</i>	2	QL (120 mL every 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>fluticasone propionate lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>fluticasone propionate oint 0.005%</i>	2	QL (120g every 30 days)
<i>halobetasol propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>halobetasol propionate oint 0.05%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	2	QL (120 mL every 30 days)
<i>hydrocortisone cream 1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone cream 2.5%</i>	2	QL (120g every 30 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (120 mL every 30 days)
<i>hydrocortisone oint 2.5%</i>	2	QL (120g every 30 days)
<i>hydrocortisone valerate cream 0.2%</i>	2	QL (120g every 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	2	QL (120g every 30 days)
<i>mometasone furoate cream 0.1%</i>	2	QL (120g every 30 days)
<i>mometasone furoate oint 0.1%</i>	2	QL (120g every 30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (120g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide cream 0.5%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	2	QL (120g every 30 days)

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine hcl soln 4%</i>	2	QL (50 mL every 30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	2	QL (60 mL every 30 days)
<i>lidocaine oint 5%</i>	2	QL (50g every 30 days)
<i>lidocaine pain relief pat</i>	2	QL (30 patches every 30 days), OTC
<i>lidocaine patch 5%</i>	2	PA, QL (90 patches every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30g every 30 days)
SYNERA DIS 70-70MG	4	QL (2 patches every 30 days)

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir cream 5%</i>	4	
<i>bexarotene gel 1%</i>	5	PA
CONDYLOX GEL 0.5%	4	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	4	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	QL (300g every 30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	QL (300g every 30 days), OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>penciclovir cream 1%</i>	2	
<i>podofilox gel 0.5%</i>	2	
<i>podofilox soln 0.5%</i>	2	
RECTIV OIN 0.4%	4	
VOLTAREN GEL 1% ARTHR	2	QL (300g every 30 days), OTC

DERMATOLOGY, ROSACEA

<i>azelaic acid gel 15%</i>	2	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	2	PA
FINACEA AER 15%	3	
<i>ivermectin cream 1%</i>	2	PA
<i>metronidazole cream 0.75%</i>	2	QL (60g every 30 days)
<i>metronidazole gel 0.75%</i>	2	QL (60g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole gel 1%</i>	2	QL (60g every 30 days)
<i>metronidazole lotion 0.75%</i>	2	QL (60 mL every 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
<i>crotan</i>	2	
<i>cvs ivermectin lice treat</i>	2	OTC
<i>cvs lice treatment</i>	2	OTC
<i>lice treatment</i>	2	OTC
<i>malathion lotion 0.5%</i>	2	ST; PA**
<i>permethrin cream 5%</i>	2	
<i>spinosad susp 0.9%</i>	2	ST; PA**
DERMATOLOGY, WOUND CARE AGENTS		
<i>REGRANEX GEL 0.01%</i>	4	PA, QL (30g every 30 days)
<i>sodium chloride irrigation soln 0.9%</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	2	
<i>clotrimazole troche 10 mg</i>	2	QL (90 lozenges every 30 days)
<i>lidocaine hcl laryngotracheal soln 4%</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>oralone dental paste</i>	2	
<i>ORAVIG TAB 50MG</i>	4	QL (14 tabs every 30 days)
<i>periogard</i>	2	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
OTIC		
<i>acetic acid otic soln 2%</i>	2	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	4	
<i>CORTISPORIN SUS -TC OTIC</i>	4	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
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<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	65	<i>ARANESP INJ 100MCG</i>	100
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	65	<i>ARANESP INJ 10MCG</i>	100
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	65	<i>ARANESP INJ 150MCG</i>	100
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	64	<i>ARANESP INJ 200MCG</i>	100
<i>amphetamine-dextroamphetamine tab 10 mg</i>	65	<i>ARANESP INJ 25MCG</i>	100
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	65	<i>ARANESP INJ 300MCG</i>	100
<i>amphetamine-dextroamphetamine tab 15 mg</i>	65	<i>ARANESP INJ 40MCG</i>	100
<i>amphetamine-dextroamphetamine tab 20 mg</i>	65	<i>ARANESP INJ 500MCG</i>	100
<i>amphetamine-dextroamphetamine tab 30 mg</i>	65	<i>ARANESP INJ 60MCG</i>	100
<i>amphetamine-dextroamphetamine tab 5 mg</i>	65	<i>ARCALYST INJ 220MG</i>	107
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	65	<i>AREXVY INJ 120MCG</i>	109
<i>amphotericin b for iv soln 50 mg</i>	10	<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	118
<i>ampicillin cap 500 mg</i>	21	<i>aripiprazole oral solution 1 mg/ml</i>	58
<i>ampicillin sodium for inj 1 gm</i>	21	<i>aripiprazole orally disintegrating tab 10 mg</i>	58
<i>ampicillin sodium for inj 2 gm</i>	21	<i>aripiprazole orally disintegrating tab 15 mg</i>	58
<i>anagrelide hcl cap 0.5 mg</i>	101	<i>aripiprazole tab 10 mg</i>	58
<i>anagrelide hcl cap 1 mg</i>	101	<i>aripiprazole tab 15 mg</i>	58
<i>anastrozole tab 1 mg</i>	26	<i>aripiprazole tab 2 mg</i>	58
<i>ANNOVERA MIS</i>	79	<i>aripiprazole tab 20 mg</i>	58
<i>APOKYN INJ 10MG/ML</i>	56	<i>aripiprazole tab 30 mg</i>	58
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	115	<i>aripiprazole tab 5 mg</i>	58
<i>aprepitant capsule 125 mg</i>	92	<i>ARISTADA INJ 1064MG</i>	58
		<i>ARISTADA INJ 441MG/1</i>	58
		<i>ARISTADA INJ 662MG/2</i>	58
		<i>ARISTADA INJ 882MG/3</i>	58
		<i>ARISTADA INJ INITIO</i>	58
		<i>armodafinil tab 150 mg</i>	72
		<i>armodafinil tab 200 mg</i>	72
		<i>armodafinil tab 250 mg</i>	72
		<i>armodafinil tab 50 mg</i>	72
		<i>ARNUITY ELPT INH 100MCG</i>	122
		<i>ARNUITY ELPT INH 200MCG</i>	122
		<i>ARNUITY ELPT INH 50MCG</i>	122

<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	31	<i>atovaquone-proguanil hcl tab 250-100 mg</i> 11	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	31	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> 11	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	58	<i>atropine sulfate ophth soln 1%</i>	115
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	58	<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	92
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	58	<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	92
<i>ashlyna</i>	79	AUTOLET PLAT MIS 1.8MM	83
<i>aspirin enteric coated ad</i>	9	<i>aviane</i>	80
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	101	<i>avidoxy</i>	22
ASTAGRAF XL CAP 0.5MG.....	107	<i>azacitidine for inj 100 mg</i>	23
ASTAGRAF XL CAP 1MG.....	107	AZASITE SOL 1%	113
ASTAGRAF XL CAP 5MG.....	107	<i>azathioprine tab 100 mg</i>	107
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	11	<i>azathioprine tab 50 mg</i>	107
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	11	<i>azathioprine tab 75 mg</i>	107
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	11	<i>azelaic acid gel 15%</i>	128
<i>atenolol & chlorthalidone tab 100-25 mg</i> 40		<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	117
<i>atenolol & chlorthalidone tab 50-25 mg</i> .. 40		<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	117
<i>atenolol tab 100 mg</i>	41	<i>azelastine hcl ophth soln 0.05%</i>	114
<i>atenolol tab 25 mg</i>	40	<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	117
<i>atenolol tab 50 mg</i>	41	<i>azithromycin for susp 100 mg/5ml</i>	17
<i>atomoxetine hcl cap 10 mg (base equiv)</i> .. 65		<i>azithromycin for susp 200 mg/5ml</i>	17
<i>atomoxetine hcl cap 100 mg (base equiv)</i> 65		<i>azithromycin powd pack for susp 1 gm</i>	17
<i>atomoxetine hcl cap 18 mg (base equiv)</i> .. 65		<i>azithromycin tab 250 mg</i>	17
<i>atomoxetine hcl cap 25 mg (base equiv)</i> . 65		<i>azithromycin tab 500 mg</i>	17
<i>atomoxetine hcl cap 40 mg (base equiv)</i> . 65		<i>azithromycin tab 600 mg</i>	17
<i>atomoxetine hcl cap 60 mg (base equiv)</i> . 65		AZSTARYS CAP 26.1-5.2.....	65
<i>atomoxetine hcl cap 80 mg (base equiv)</i> . 65		AZSTARYS CAP 39.2-7.8.....	65
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	38	AZSTARYS CAP 52.3-10.....	65
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	38	<i>aztreonam for inj 1 gm</i>	19
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	38	<i>aztreonam for inj 2 gm</i>	19
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	38	<i>azurette</i>	80
<i>atovaquone susp 750 mg/5ml</i>	19	B	
		<i>bacitracin ophth oint 500 unit/gm</i>	113
		<i>bacitracin-polymyxin b ophth oint</i>	113
		<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	113
		<i>baclofen tab 10 mg</i>	71
		<i>baclofen tab 20 mg</i>	71
		<i>baclofen tab 5 mg</i>	71
		<i>balsalazide disodium cap 750 mg</i>	94

BARACLUDE SOL	15	<i>betamethasone dipropionate augmented</i>	
BASAGLAR INJ 100UNIT	77	<i>oint 0.05%.....</i>	126
BASAGLAR INJ TEMPO PN	77	<i>betamethasone dipropionate cream 0.05%</i>	
BAXDELA TAB 450MG.....	18	.....	126
BELBUCA MIS 150MCG	9	<i>betamethasone dipropionate lotion 0.05%</i>	
BELBUCA MIS 300MCG.....	9	.....	126
BELBUCA MIS 450MCG.....	9	<i>betamethasone valerate aerosol foam</i>	
BELBUCA MIS 600MCG	9	0.12%	126
BELBUCA MIS 750MCG.....	9	<i>betamethasone valerate cream 0.1% (base</i>	
BELBUCA MIS 75MCG.....	9	<i>equivalent)</i>	126
BELBUCA MIS 900MCG	9	<i>betamethasone valerate lotion 0.1% (base</i>	
BELSOMRA TAB 10MG	68	<i>equivalent)</i>	126
BELSOMRA TAB 15MG.....	68	<i>betamethasone valerate oint 0.1% (base</i>	
BELSOMRA TAB 20MG.....	68	<i>equivalent)</i>	126
BELSOMRA TAB 5MG.....	68	BETASERON INJ 0.3MG.....	71
<i>benazepril & hydrochlorothiazide tab 10-</i>		<i>betaxolol hcl ophth soln 0.5%</i>	115
<i>12.5 mg.....</i>	33	<i>betaxolol hcl tab 10 mg.....</i>	41
<i>benazepril & hydrochlorothiazide tab 20-</i>		<i>betaxolol hcl tab 20 mg.....</i>	41
<i>12.5 mg.....</i>	33	<i>bethanechol chloride tab 10 mg</i>	98
<i>benazepril & hydrochlorothiazide tab 20-25</i>		<i>bethanechol chloride tab 25 mg.....</i>	98
<i>mg</i>	33	<i>bethanechol chloride tab 5 mg.....</i>	97
<i>benazepril & hydrochlorothiazide tab 5-</i>		<i>bethanechol chloride tab 50 mg.....</i>	98
<i>6.25 mg.....</i>	33	BETIMOL SOL 0.25%.....	115
<i>benazepril hcl tab 10 mg</i>	34	BETIMOL SOL 0.5%.....	115
<i>benazepril hcl tab 20 mg.....</i>	34	BETOPTIC-S SUS 0.25% OP	115
<i>benazepril hcl tab 40 mg</i>	34	BEVESPI AER 9-4.8MCG.....	116
<i>benazepril hcl tab 5 mg.....</i>	33	<i>bexarotene cap 75 mg.....</i>	31
<i>benzonatate cap 100 mg.....</i>	119	<i>bexarotene gel 1%</i>	128
<i>benzonatate cap 200 mg.....</i>	119	BEXSERO INJ.....	109
<i>benzoyl peroxide-erythromycin gel 5-3%</i>		BEYFORTUS INJ 100MG/ML	108
.....	123	BEYFORTUS INJ 50/0.5ML.....	108
<i>benztropine mesylate inj 1 mg/ml</i>	56	<i>bicalutamide tab 50 mg.....</i>	26
<i>benztropine mesylate tab 0.5 mg</i>	56	BIKTARVY TAB.....	13
<i>benztropine mesylate tab 1 mg</i>	56	<i>bisoprolol & hydrochlorothiazide tab 10-</i>	
<i>benztropine mesylate tab 2 mg.....</i>	56	<i>6.25 mg.....</i>	40
<i>bepotastine besilate ophth soln 1.5%.....</i>	114	<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>	
BESIVANCE SUS 0.6%.....	113	<i>6.25 mg.....</i>	40
<i>betaine powder for oral solution</i>	84	<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>	
<i>betamethasone dipropionate augmented</i>		<i>mg.....</i>	40
<i>cream 0.05%.....</i>	126	<i>bisoprolol fumarate tab 10 mg.....</i>	41
<i>betamethasone dipropionate augmented</i>		<i>bisoprolol fumarate tab 5 mg.....</i>	41
<i>gel 0.05%</i>	126	<i>bleomycin sulfate for inj 15 unit.....</i>	23
<i>betamethasone dipropionate augmented</i>		<i>bleomycin sulfate for inj 30 unit.....</i>	23
<i>lotion 0.05%</i>	126	BOOSTRIX INJ	109

<i>bosentan tab 125 mg</i>	47	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	72
<i>bosentan tab 62.5 mg</i>	47	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	72
<i>BREO ELLIPTA INH 100-25</i>	122	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	73
<i>BREO ELLIPTA INH 200-25</i>	122	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	73
<i>BREO ELLIPTA INH 50-25MCG</i>	122	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	73
<i>BREZTRI AERO AER SPHERE</i>	116	<i>buprenorphine td patch weekly 10 mcg/hr</i>	9
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	128	<i>buprenorphine td patch weekly 15 mcg/hr</i>	9
<i>brimonidine tartrate ophth soln 0.1%</i>	115	<i>buprenorphine td patch weekly 20 mcg/hr</i>	9
<i>brimonidine tartrate ophth soln 0.15%</i>	115	<i>buprenorphine td patch weekly 5 mcg/hr</i> ..	9
<i>brimonidine tartrate ophth soln 0.2%</i>	115	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	9
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	115	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	74
<i>brinzolamide ophth susp 1%</i>	115	<i>bupropion hcl tab 100 mg</i>	51
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	114	<i>bupropion hcl tab 75 mg</i>	51
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	56	<i>bupropion hcl tab er 12hr 100 mg</i>	51
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	56	<i>bupropion hcl tab er 12hr 150 mg</i>	51
<i>BRYHALI LOT 0.01%</i>	126	<i>bupropion hcl tab er 12hr 200 mg</i>	51
<i>budesonide delayed release particles cap 3 mg</i>	94	<i>bupropion hcl tab er 24hr 150 mg</i>	51
<i>budesonide inhalation susp 0.25 mg/2ml</i>	122	<i>bupropion hcl tab er 24hr 300 mg</i>	51
<i>budesonide inhalation susp 0.5 mg/2ml</i>	122	<i>bupropion hcl tab 10 mg</i>	49
<i>budesonide inhalation susp 1 mg/2ml</i>	122	<i>bupropion hcl tab 15 mg</i>	49
<i>budesonide tab er 24hr 9 mg</i>	94	<i>bupropion hcl tab 30 mg</i>	49
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	122	<i>bupropion hcl tab 5 mg</i>	49
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	122	<i>bupropion hcl tab 7.5 mg</i>	49
<i>bumetanide tab 0.5 mg</i>	44	<i>busulfan inj 6 mg/ml</i>	22
<i>bumetanide tab 1 mg</i>	44	<i>butorphanol tartrate inj 1 mg/ml</i>	2
<i>bumetanide tab 2 mg</i>	44	<i>butorphanol tartrate inj 2 mg/ml</i>	2
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	9	<i>butorphanol tartrate nasal soln 10 mg/ml</i> ...2	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	73	C	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	73	<i>cabergoline tab 0.5 mg</i>	90
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	73	<i>CABOMETYX TAB 20MG</i>	27
		<i>CABOMETYX TAB 40MG</i>	27
		<i>CABOMETYX TAB 60MG</i>	27
		<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	125
		<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	126
		<i>calcitonin (salmon) nasal soln 200 unit/act</i>	90

<i>calcitriol cap 0.25 mcg</i>	112	<i>carbidopa & levodopa tab 25-100 mg</i>	56
<i>calcitriol cap 0.5 mcg</i>	112	<i>carbidopa & levodopa tab 25-250 mg</i>	56
<i>calcitriol oint 3 mcg/gm</i>	125	<i>carbidopa & levodopa tab er 25-100 mg</i> ..	56
<i>calcitriol oral soln 1 mcg/ml</i>	112	<i>carbidopa & levodopa tab er 50-200 mg</i> .	56
<i>calcium acetate (phosphate binder) cap</i> <i>667 mg (169 mg ca)</i>	90	<i>carbidopa tab 25 mg</i>	56
<i>calcium acetate (phosphate binder) tab 667</i> <i>mg</i>	90	<i>carbidopa-levodopa-entacapone tabs 12.5-</i> <i>50-200 mg</i>	56
CALQUENCE TAB 100MG	27	<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	56
<i>camila</i>	80	<i>carbidopa-levodopa-entacapone tabs 25-</i> <i>100-200 mg</i>	56
<i>candesartan cilexetil tab 16 mg</i>	36	<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	56
<i>candesartan cilexetil tab 32 mg</i>	36	<i>carbidopa-levodopa-entacapone tabs 37.5-</i> <i>150-200 mg</i>	57
<i>candesartan cilexetil tab 4 mg</i>	36	<i>carbidopa-levodopa-entacapone tabs 50-</i> <i>200-200 mg</i>	57
<i>candesartan cilexetil tab 8 mg</i>	36	<i>carbinoxamine maleate soln 4 mg/5ml</i> ...	117
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 16-12.5 mg</i>	35	<i>carbinoxamine maleate tab 4 mg</i>	117
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-12.5 mg</i>	35	<i>carboplatin iv soln 150 mg/15ml</i>	32
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-25 mg</i>	35	<i>carboplatin iv soln 450 mg/45ml</i>	32
<i>capecitabine tab 150 mg</i>	23	<i>carboplatin iv soln 50 mg/5ml</i>	32
<i>capecitabine tab 500 mg</i>	23	<i>carboplatin iv soln 600 mg/60ml</i>	32
CAPRELSA TAB 100MG	27	CARDURA XL TAB 4MG	97
CAPRELSA TAB 300MG	27	CARDURA XL TAB 8MG	97
<i>captopril tab 100 mg</i>	34	CAREFINE MIS 32GX6MM	83
<i>captopril tab 12.5 mg</i>	34	<i>carglumic acid soluble tab 200 mg</i>	84
<i>captopril tab 25 mg</i>	34	<i>carisoprodol tab 350 mg</i>	71
<i>captopril tab 50 mg</i>	34	<i>carmustine for inj 100 mg</i>	22
<i>carbamazepine cap er 12hr 100 mg</i>	60	<i>carteolol hcl ophth soln 1%</i>	115
<i>carbamazepine cap er 12hr 200 mg</i>	60	<i>cartia xt</i>	42
<i>carbamazepine cap er 12hr 300 mg</i>	61	<i>carvedilol phosphate cap er 24hr 10 mg</i> ...	41
<i>carbamazepine chew tab 100 mg</i>	61	<i>carvedilol phosphate cap er 24hr 20 mg</i> ..	41
<i>carbamazepine susp 100 mg/5ml</i>	61	<i>carvedilol phosphate cap er 24hr 40 mg</i> ..	41
<i>carbamazepine tab 200 mg</i>	61	<i>carvedilol phosphate cap er 24hr 80 mg</i> ..	41
<i>carbamazepine tab er 12hr 100 mg</i>	61	<i>carvedilol tab 12.5 mg</i>	41
<i>carbamazepine tab er 12hr 200 mg</i>	61	<i>carvedilol tab 25 mg</i>	41
<i>carbamazepine tab er 12hr 400 mg</i>	61	<i>carvedilol tab 3.125 mg</i>	41
<i>carbidopa & levodopa orally disintegrating</i> <i>tab 10-100 mg</i>	56	<i>carvedilol tab 6.25 mg</i>	41
<i>carbidopa & levodopa orally disintegrating</i> <i>tab 25-100 mg</i>	56	CAYA DPR	80
<i>carbidopa & levodopa orally disintegrating</i> <i>tab 25-250 mg</i>	56	CAYSTON INH 75MG	119
<i>carbidopa & levodopa tab 10-100 mg</i>	56	<i>cefaclor cap 250 mg</i>	16
		<i>cefaclor cap 500 mg</i>	16
		<i>cefaclor for susp 125 mg/5ml</i>	16

<i>cefaclor for susp 250 mg/5ml</i>	16	<i>cephalexin for susp 125 mg/5ml</i>	17
<i>cefaclor for susp 375 mg/5ml</i>	16	<i>cephalexin for susp 250 mg/5ml</i>	17
<i>cefadroxil cap 500 mg</i>	16	<i>cephalexin tab 250 mg</i>	17
<i>cefadroxil for susp 250 mg/5ml</i>	16	<i>cephalexin tab 500 mg</i>	17
<i>cefadroxil for susp 500 mg/5ml</i>	16	CERDELGA CAP 84MG.....	84
<i>cefadroxil tab 1 gm</i>	16	<i>cevimeline hcl cap 30 mg</i>	129
<i>cefazolin sodium for inj 1 gm</i>	16	<i>chateal eq</i>	80
<i>cefdinir cap 300 mg</i>	16	CHEMET CAP 100MG.....	79
<i>cefdinir for susp 125 mg/5ml</i>	16	CHEMSTRIP 9 TES STRIPS.....	83
<i>cefdinir for susp 250 mg/5ml</i>	16	<i>chlordiazepoxide hcl cap 10 mg</i>	49
<i>cefepime hcl for inj 1 gm</i>	16	<i>chlordiazepoxide hcl cap 25 mg</i>	49
<i>cefepime hcl for iv soln 2 gm</i>	16	<i>chlordiazepoxide hcl cap 5 mg</i>	49
<i>cefixime cap 400 mg</i>	16	<i>chlordiazepoxide-amitriptyline tab 10-25</i>	
<i>cefixime for susp 100 mg/5ml</i>	16	<i>mg</i>	73
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>		<i>chlordiazepoxide-amitriptyline tab 5-12.5</i>	
<i>.....</i>	16	<i>mg</i>	73
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	16	<i>chlorhexidine gluconate soln 0.12%</i>	129
<i>cefpodoxime proxetil tab 100 mg</i>	16	<i>chloroquine phosphate tab 250 mg</i>	11
<i>cefpodoxime proxetil tab 200 mg</i>	16	<i>chloroquine phosphate tab 500 mg</i>	11
<i>cefprozil for susp 125 mg/5ml</i>	16	<i>chlorpromazine hcl inj 25 mg/ml</i>	58
<i>cefprozil for susp 250 mg/5ml</i>	16	<i>chlorpromazine hcl inj 50 mg/2ml</i>	58
<i>cefprozil tab 250 mg</i>	16	<i>chlorpromazine hcl tab 10 mg</i>	58
<i>cefprozil tab 500 mg</i>	16	<i>chlorpromazine hcl tab 100 mg</i>	58
<i>ceftazidime for iv soln 2 gm</i>	16	<i>chlorpromazine hcl tab 200 mg</i>	58
<i>ceftriaxone sodium for inj 1 gm</i>	16	<i>chlorpromazine hcl tab 25 mg</i>	58
<i>ceftriaxone sodium for inj 10 gm</i>	16	<i>chlorpromazine hcl tab 50 mg</i>	58
<i>ceftriaxone sodium for inj 2 gm</i>	16	<i>chlorthalidone tab 25 mg</i>	44
<i>ceftriaxone sodium for inj 250 mg</i>	17	<i>chlorthalidone tab 50 mg</i>	44
<i>ceftriaxone sodium for inj 500 mg</i>	17	<i>chlorzoxazone tab 500 mg</i>	71
<i>ceftriaxone sodium for iv soln 1 gm</i>	17	<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	112
<i>ceftriaxone sodium for iv soln 2 gm</i>	17	<i>cholestyramine light powder 4 gm/dose</i> ..	37
<i>cefuroxime axetil tab 250 mg</i>	17	<i>cholestyramine light powder packets 4 gm</i>	
<i>cefuroxime axetil tab 500 mg</i>	17	<i>.....</i>	37
<i>celecoxib cap 100 mg</i>	1	<i>cholestyramine powder 4 gm/dose</i>	37
<i>celecoxib cap 200 mg</i>	1	<i>cholestyramine powder packets 4 gm</i>	37
<i>celecoxib cap 50 mg</i>	1	<i>choline fenofibrate cap dr 135 mg</i>	
CELLCEPT CAP 250MG.....	107	<i>(fenofibric acid equiv)</i>	37
CELLCEPT IV INJ 500MG.....	107	<i>choline fenofibrate cap dr 45 mg (fenofibric</i>	
CELLCEPT SUS 200MG/ML.....	107	<i>acid equiv)</i>	37
CELLCEPT TAB 500MG.....	107	CHOR GONADOT INJ 10000UNT.....	90
<i>cephalexin cap 250 mg</i>	17	<i>ciclopirox gel 0.77%</i>	124
<i>cephalexin cap 500 mg</i>	17	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>cephalexin cap 750 mg</i>	17	<i>equiv)</i>	124

<i>ciclopirox olamine susp 0.77% (base equiv)</i>	<i>clarithromycin tab er 24hr 500 mg</i>	17
.....	<i>clemastine fumarate tab 2.68 mg</i>	117
<i>ciclopirox shampoo 1%</i>	CLENPIQ SOL	95
<i>ciclopirox solution 8%</i>	CLEOCIN SUP 100MG.....	98
<i>cidofovir iv inj 75 mg/ml</i>	CLIMARA PRO DIS WEEKLY	84
<i>cilostazol tab 100 mg</i>	<i>clindamycin hcl cap 150 mg</i>	19
<i>cilostazol tab 50 mg</i>	<i>clindamycin hcl cap 300 mg</i>	19
CIMDUO TAB 300-300	<i>clindamycin hcl cap 75 mg</i>	19
<i>cimetidine tab 200 mg</i>	<i>clindamycin palmitate hcl for soln 75</i>	
<i>cimetidine tab 300 mg</i>	<i>mg/5ml (base equiv)</i>	19
<i>cimetidine tab 400 mg</i>	<i>clindamycin phosphate foam 1%</i>	123
<i>cimetidine tab 800 mg</i>	<i>clindamycin phosphate gel 1%</i>	123
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	<i>clindamycin phosphate inj 300 mg/2ml</i> ...	19
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	<i>clindamycin phosphate inj 600 mg/4ml</i> ...	19
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	<i>clindamycin phosphate inj 9 gm/60ml</i>	19
CIPRO (10%) SUS 500MG/5.....	<i>clindamycin phosphate lotion 1%</i>	123
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	<i>clindamycin phosphate soln 1%</i>	123
<i>equivalent)</i>	<i>clindamycin phosphate swab 1%</i>	123
<i>ciprofloxacin hcl otic soln 0.2% (base</i>	<i>clindamycin phosphate vaginal cream 2%</i>	
<i>equivalent)</i>.....	.....	98
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	<i>clindamycin phosphate-benzoyl peroxide</i>	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	<i>gel 1.2-2.5%</i>	123
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	<i>clindamycin phosphate-benzoyl peroxide</i>	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	<i>gel 1-5%</i>	123
<i>ciprofloxacin-dexamethasone otic susp</i>	<i>clindamycin phosph-benzoyl peroxide</i>	
<i>0.3-0.1%</i>	<i>(refrig) gel 1.2 (1)-5%</i>	123
<i>ciprofloxacin-fluocinolone acetone (pf) otic</i>	<i>clobazam suspension 2.5 mg/ml</i>	61
<i>soln 0.3-0.025%</i>	<i>clobazam tab 10 mg</i>	61
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	<i>clobazam tab 20 mg</i>	61
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	<i>clobetasol propionate cream 0.05%</i>	126
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	<i>clobetasol propionate emollient base cream</i>	
<i>citalopram hydrobromide oral soln 10</i>	<i>0.05%</i>	126
<i>mg/5ml</i>	<i>clobetasol propionate foam 0.05%</i>	126
<i>citalopram hydrobromide tab 10 mg (base</i>	<i>clobetasol propionate gel 0.05%</i>	126
<i>equiv)</i>	<i>clobetasol propionate lotion 0.05%</i>	127
<i>citalopram hydrobromide tab 20 mg (base</i>	<i>clobetasol propionate oint 0.05%</i>	127
<i>equiv)</i>	<i>clobetasol propionate shampoo 0.05%</i>	127
<i>citalopram hydrobromide tab 40 mg (base</i>	<i>clobetasol propionate soln 0.05%</i>	127
<i>equiv)</i>	<i>clobetasol propionate spray 0.05%</i>	127
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i> ...	<i>clocortolone pivalate cream 0.1%</i>	127
<i>clarithromycin for susp 125 mg/5ml</i>	<i>clofarabine iv soln 1 mg/ml</i>	24
<i>clarithromycin for susp 250 mg/5ml</i>	<i>clomipramine hcl cap 25 mg</i>	49
<i>clarithromycin tab 250 mg</i>	<i>clomipramine hcl cap 50 mg</i>	49
<i>clarithromycin tab 500 mg</i>	<i>clomipramine hcl cap 75 mg</i>	49

<i>clonazepam tab 0.5 mg</i>	61	<i>colestipol hcl granules 5 gm</i>	37
<i>clonazepam tab 1 mg</i>	61	<i>colestipol hcl tab 1 gm</i>	37
<i>clonazepam tab 2 mg</i>	61	COMETRIQ KIT 100MG.....	27
<i>clonidine hcl tab 0.1 mg</i>	45	COMETRIQ KIT 140MG.....	27
<i>clonidine hcl tab 0.2 mg</i>	45	COMETRIQ KIT 60MG	27
<i>clonidine hcl tab 0.3 mg</i>	45	COMIRNATY INJ 30/0.3ML.....	109
<i>clonidine td patch weekly 0.1 mg/24hr</i>	45	<i>compro</i>	92
<i>clonidine td patch weekly 0.2 mg/24hr</i>	45	CONDOMS MIS	80
<i>clonidine td patch weekly 0.3 mg/24hr</i>	45	CONDYLOX GEL 0.5%.....	128
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	101	COPAXONE INJ 40MG/ML.....	71
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	101	CORLANOR SOL 5MG/5ML.....	45
<i>clorazepate dipotassium tab 15 mg</i>	61	CORLANOR TAB 5MG	45
<i>clorazepate dipotassium tab 3.75 mg</i>	61	CORLANOR TAB 7.5MG.....	45
<i>clorazepate dipotassium tab 7.5 mg</i>	61	CORTISPORIN SUS -TC OTIC	129
<i>clotrimazole cream 1%</i>	124	COSENTYX INJ 150MG/ML	102
<i>clotrimazole soln 1%</i>	124	COSENTYX INJ 300DOSE.....	102
<i>clotrimazole troche 10 mg</i>	129	COSENTYX INJ 75MG/0.5.....	102
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	124	COSENTYX PEN INJ 150MG/ML.....	102
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	124	COSENTYX PEN INJ 300DOSE	102
<i>clozapine orally disintegrating tab 100 mg</i>	58	COSENTYX UNO INJ 300/2ML	103
<i>clozapine orally disintegrating tab 12.5 mg</i>	58	CREON CAP 12000UNT.....	96
<i>clozapine orally disintegrating tab 150 mg</i>	58	CREON CAP 24000UNT.....	96
<i>clozapine orally disintegrating tab 200 mg</i>	58	CREON CAP 3000UNIT	96
<i>clozapine orally disintegrating tab 25 mg</i> 58		CREON CAP 36000UNT.....	96
<i>clozapine tab 100 mg</i>	58	CREON CAP 6000UNIT	96
<i>clozapine tab 200 mg</i>	58	CRINONE GEL 4% VAG	91
<i>clozapine tab 25 mg</i>	58	CRINONE GEL 8% VAG	91
<i>clozapine tab 50 mg</i>	58	<i>cromolyn sodium ophth soln 4%</i>	114
COARTEM TAB 20-120MG.....	11	<i>cromolyn sodium oral conc 100 mg/5ml</i> ..	95
CODEINE SULF TAB 60MG.....	2	<i>cromolyn sodium soln nebu 20 mg/2ml</i> ..	121
<i>codeine sulfate tab 30 mg</i>	2	<i>crotan</i>	129
<i>colchicine tab 0.6 mg</i>	1	<i>cryselle-28</i>	80
<i>colchicine w/ probenecid tab 0.5-500 mg</i> ..	1	CUTAQUIG SOL 1.65GM	107
<i>colesevelam hcl packet for susp 3.75 gm</i> 37		CUTAQUIG SOL 1GM	107
<i>colesevelam hcl tab 625 mg</i>	37	CUTAQUIG SOL 2GM.....	107
<i>colestipol hcl granule packets 5 gm</i>	37	CUTAQUIG SOL 3.3GM.....	107
		CUTAQUIG SOL 4GM.....	107
		CUTAQUIG SOL 8GM.....	107
		<i>cvs ivermectin lice treat</i>	129
		<i>cvs lice treatment</i>	129
		<i>cvs sleep-aid nighttime</i>	68
		<i>cyanocobalamin inj 1000 mcg/ml</i>	112
		<i>cyclobenzaprine hcl tab 10 mg</i>	71
		<i>cyclobenzaprine hcl tab 5 mg</i>	71

<i>cyclophosphamide cap 25 mg</i>	22	<i>dasetta 7/7/7</i>	80
<i>cyclophosphamide cap 50 mg</i>	22	<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	23
<i>cyclophosphamide for inj 1 gm</i>	22	DAYVIGO TAB 10MG.....	68
<i>cyclophosphamide for inj 2 gm</i>	22	DAYVIGO TAB 5MG.....	68
<i>cyclophosphamide for inj 500 mg</i>	22	<i>decitabine for inj 50 mg</i>	24
<i>cycloserine cap 250 mg</i>	14	<i>deferiprone tab 1000 mg</i>	79
<i>cyclosporine cap 100 mg</i>	107	<i>deferiprone tab 500 mg</i>	79
<i>cyclosporine cap 25 mg</i>	107	<i>delyla</i>	80
<i>cyclosporine iv soln 50 mg/ml</i>	107	<i>demeclocycline hcl tab 150 mg</i>	22
<i>cyclosporine modified cap 100 mg</i>	107	<i>demeclocycline hcl tab 300 mg</i>	22
<i>cyclosporine modified cap 25 mg</i>	107	DENGVAXIA SUS.....	109
<i>cyclosporine modified cap 50 mg</i>	107	DEPO-ESTRADI INJ 5MG/ML.....	84
<i>cyclosporine modified oral soln 100 mg/ml</i>	107	DEPO-MEDROL INJ 20MG/ML.....	87
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	117	DEPO-SQ PROV INJ 104.....	80
<i>cyproheptadine hcl tab 4 mg</i>	117	DESCOVY TAB 120-15MG.....	13
CYSTAGON CAP 150MG.....	84	DESCOVY TAB 200/25MG.....	14
CYSTAGON CAP 50MG.....	84	<i>desipramine hcl tab 10 mg</i>	52
CYSTARAN SOL 0.44%.....	115	<i>desipramine hcl tab 100 mg</i>	52
<i>cytarabine inj 20 mg/ml</i>	24	<i>desipramine hcl tab 150 mg</i>	52
<i>cytarabine inj pf 100 mg/ml</i>	24	<i>desipramine hcl tab 25 mg</i>	52
<i>cytarabine inj pf 20 mg/ml</i>	24	<i>desipramine hcl tab 50 mg</i>	52
D		<i>desipramine hcl tab 75 mg</i>	52
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	99	<i>desloratadine tab 5 mg</i>	117
<i>dacarbazine for inj 100 mg</i>	22	<i>desloratadine tab orally disintegrating 2.5 mg</i>	117
<i>dacarbazine for inj 200 mg</i>	22	<i>desloratadine tab orally disintegrating 5 mg</i>	117
<i>dalfampridine tab er 12hr 10 mg</i>	71	<i>desmopressin acetate inj 4 mcg/ml</i>	92
<i>danazol cap 100 mg</i>	84	<i>desmopressin acetate nasal spray soln 0.01%</i>	92
<i>danazol cap 200 mg</i>	84	<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	92
<i>danazol cap 50 mg</i>	84	<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	92
<i>dantrolene sodium cap 100 mg</i>	72	<i>desmopressin acetate tab 0.1 mg</i>	92
<i>dantrolene sodium cap 25 mg</i>	71	<i>desmopressin acetate tab 0.2 mg</i>	92
<i>dantrolene sodium cap 50 mg</i>	72	<i>desonide cream 0.05%</i>	127
<i>dapsone tab 100 mg</i>	19	<i>desonide lotion 0.05%</i>	127
<i>dapsone tab 25 mg</i>	19	<i>desonide oint 0.05%</i>	127
DAPTACEL INJ.....	109	<i>desoximetasone cream 0.05%</i>	127
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	98	<i>desoximetasone cream 0.25%</i>	127
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	98	<i>desoximetasone gel 0.05%</i>	127
<i>darunavir tab 600 mg</i>	11	<i>desoximetasone oint 0.25%</i>	127
<i>darunavir tab 800 mg</i>	11		
<i>dasetta 1/35</i>	80		

<i>desoximetasone spray 0.25%</i>	127	<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	65
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	52	<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	65
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	52	<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	65
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	52	<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	66
DEXAMETHASON CON 1MG/ML.....	87	<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	65
<i>dexamethasone elixir 0.5 mg/5ml</i>	87	<i>dexmethylphenidate hcl tab 10 mg</i>	66
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	87	<i>dexmethylphenidate hcl tab 2.5 mg</i>	66
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	87	<i>dexmethylphenidate hcl tab 5 mg</i>	66
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	87	<i>dextrazoxane hcl for inj 250 mg (base equivalent)</i>	32
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	87	<i>dextrazoxane hcl for inj 500 mg (base equivalent)</i>	32
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	87	<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	66
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	87	<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	66
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	114	<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	66
<i>dexamethasone soln 0.5 mg/5ml</i>	87	<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	66
<i>dexamethasone tab 0.5 mg</i>	87	<i>dextroamphetamine sulfate tab 10 mg</i>	66
<i>dexamethasone tab 0.75 mg</i>	87	<i>dextroamphetamine sulfate tab 15 mg</i>	66
<i>dexamethasone tab 1 mg</i>	87	<i>dextroamphetamine sulfate tab 20 mg</i> ...	66
<i>dexamethasone tab 1.5 mg</i>	87	<i>dextroamphetamine sulfate tab 30 mg</i> ...	66
<i>dexamethasone tab 2 mg</i>	87	<i>dextroamphetamine sulfate tab 5 mg</i>	66
<i>dexamethasone tab 4 mg</i>	87	DIASCREEN 10 MIS.....	83
<i>dexamethasone tab 6 mg</i>	87	DIASTIX TES STRIPS.....	83
DEXCOM G5 MIS RECEIVER.....	83	<i>diazepam inj 5 mg/ml</i>	61
DEXCOM G5 MIS TRANSMIT	83	<i>diazepam intensol</i>	61
DEXCOM G6 MIS RECEIVER	83	<i>diazepam oral soln 1 mg/ml</i>	61
DEXCOM G6 MIS SENSOR	83	<i>diazepam tab 10 mg</i>	61
DEXCOM G6 MIS TRANSMIT	83	<i>diazepam tab 2 mg</i>	61
DEXCOM G7 MIS RECEIVER.....	83	<i>diazepam tab 5 mg</i>	61
DEXCOM G7 MIS SENSOR	83	<i>diclofenac potassium tab 50 mg</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	65	<i>diclofenac sodium (actinic keratoses) gel 3%</i>	128
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	65	<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	128
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	65	<i>diclofenac sodium ophth soln 0.1%</i>	114

<i>diclofenac sodium tab delayed release 25 mg</i>	1	<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	43
<i>diclofenac sodium tab delayed release 50 mg</i>	1	<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	43
<i>diclofenac sodium tab delayed release 75 mg</i>	1	<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	43
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	43
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	43
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	43
<i>dicloxacillin sodium cap 250 mg</i>	21	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	43
<i>dicloxacillin sodium cap 500 mg</i>	21	<i>diltiazem hcl tab 120 mg</i>	43
<i>dicyclomine hcl cap 10 mg</i>	92	<i>diltiazem hcl tab 30 mg</i>	43
<i>dicyclomine hcl inj 10 mg/ml</i>	92	<i>diltiazem hcl tab 60 mg</i>	43
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	92	<i>diltiazem hcl tab 90 mg</i>	43
<i>dicyclomine hcl tab 20 mg</i>	92	<i>diltiazem hcl tab er 24hr 120 mg</i>	43
<i>DIFICID SUS</i>	17	<i>dilt-xr</i>	42
<i>DIFICID TAB 200MG</i>	17	<i>dimethyl fumarate capsule delayed release 120 mg</i>	71
<i>diflorasone diacetate cream 0.05%</i>	127	<i>dimethyl fumarate capsule delayed release 240 mg</i>	71
<i>diflorasone diacetate oint 0.05%</i>	127	<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	71
<i>diflunisal tab 500 mg</i>	9	<i>DIPENTUM CAP 250MG</i>	94
<i>difluprednate ophth emulsion 0.05%</i>	114	<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	117
<i>digoxin oral soln 0.05 mg/ml</i>	44	<i>diphenhydramine hcl inj 50 mg/ml</i>	117
<i>digoxin tab 125 mcg (0.125 mg)</i>	44	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	92
<i>digoxin tab 250 mcg (0.25 mg)</i>	44	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	92
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	44	<i>dipyridamole tab 25 mg</i>	101
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	69	<i>dipyridamole tab 50 mg</i>	101
<i>DILANTIN CAP 30MG</i>	61	<i>dipyridamole tab 75 mg</i>	101
<i>diltiazem hcl cap er 12hr 120 mg</i>	42	<i>disopyramide phosphate cap 100 mg</i>	36
<i>diltiazem hcl cap er 12hr 60 mg</i>	42	<i>disopyramide phosphate cap 150 mg</i>	36
<i>diltiazem hcl cap er 12hr 90 mg</i>	42	<i>disulfiram tab 250 mg</i>	48
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	42	<i>disulfiram tab 500 mg</i>	48
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	42	<i>DIURIL SUS 250/5ML</i>	44
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	42	<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	61
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	43		
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	43		
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	43		

<i>divalproex sodium tab delayed release 125 mg</i>	61	<i>doxepin hcl cap 50 mg</i>	52
<i>divalproex sodium tab delayed release 250 mg</i>	61	<i>doxepin hcl cap 75 mg</i>	52
<i>divalproex sodium tab delayed release 500 mg</i>	61	<i>doxepin hcl conc 10 mg/ml</i>	53
<i>divalproex sodium tab er 24 hr 250 mg</i>	61	<i>doxepin hcl cream 5%</i>	125
<i>divalproex sodium tab er 24 hr 500 mg</i>	61	<i>doxercalciferol cap 0.5 mcg</i>	112
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	24	<i>doxercalciferol cap 1 mcg</i>	112
<i>docetaxel for inj conc 20 mg/ml</i>	24	<i>doxercalciferol cap 2.5 mcg</i>	112
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	24	<i>doxorubicin hcl for inj 10 mg</i>	23
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	24	<i>doxorubicin hcl inj 2 mg/ml</i>	23
<i>docetaxel soln for iv infusion 20 mg/2ml</i> .	24	<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	23
<i>docetaxel soln for iv infusion 80 mg/8ml</i> .	24	<i>doxy 100</i>	22
<i>dofetilide cap 125 mcg (0.125 mg)</i>	36	<i>doxycycline hyclate cap 100 mg</i>	22
<i>dofetilide cap 250 mcg (0.25 mg)</i>	36	<i>doxycycline hyclate cap 50 mg</i>	22
<i>dofetilide cap 500 mcg (0.5 mg)</i>	36	<i>doxycycline hyclate for inj 100 mg</i>	22
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	50	<i>doxycycline hyclate tab 100 mg</i>	22
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	49	<i>doxycycline hyclate tab 20 mg</i>	22
<i>donepezil hydrochloride tab 10 mg</i>	50	<i>doxycycline monohydrate cap 100 mg</i>	22
<i>donepezil hydrochloride tab 23 mg</i>	50	<i>doxycycline monohydrate cap 50 mg</i>	22
<i>donepezil hydrochloride tab 5 mg</i>	50	<i>doxycycline monohydrate for susp 25 mg/5ml</i>	22
DOPTELET TAB 20MG (10 TABLETS)	100	<i>doxycycline monohydrate tab 150 mg</i>	22
DOPTELET TAB 20MG (15 TABLETS)	100	<i>doxycycline monohydrate tab 50 mg</i>	22
DOPTELET TAB 20MG (30 TABLETS)	100	<i>doxycycline monohydrate tab 75 mg</i>	22
<i>dorzolamide hcl ophth soln 2%</i>	115	<i>dronabinol cap 10 mg</i>	93
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	115	<i>dronabinol cap 2.5 mg</i>	93
DOVATO TAB 50-300MG	14	<i>dronabinol cap 5 mg</i>	93
<i>doxazosin mesylate tab 1 mg</i>	97	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	80
<i>doxazosin mesylate tab 2 mg</i>	97	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	80
<i>doxazosin mesylate tab 4 mg</i>	97	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	80
<i>doxazosin mesylate tab 8 mg</i>	97	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	80
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i> 68		DROXIA CAP 200MG	101
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i> 68		DROXIA CAP 300MG	101
<i>doxepin hcl cap 10 mg</i>	52	DROXIA CAP 400MG	101
<i>doxepin hcl cap 100 mg</i>	52	DUAVEE TAB 0.45-20	84
<i>doxepin hcl cap 150 mg</i>	52	<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	53
<i>doxepin hcl cap 25 mg</i>	52	<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	53

<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	53
DUPIXENT INJ 100/0.67	121
DUPIXENT INJ 200/1.14.....	125
DUPIXENT INJ 200MG.....	125
DUPIXENT INJ 300/2ML	126
DUREX MIS REALFEEL	80
<i>dutasteride cap 0.5 mg</i>	97
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	97

E

<i>econazole nitrate cream 1%</i>	124
EDURANT TAB 25MG.....	11
<i>efavirenz cap 200 mg</i>	12
<i>efavirenz cap 50 mg</i>	11
<i>efavirenz tab 600 mg</i>	12
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	14
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	14
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	14
<i>effer-k</i>	111
ELESTRIN GEL 0.06%.....	85
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	69
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	69
ELIGARD INJ 22.5MG.....	26
ELIGARD INJ 30MG.....	26
ELIGARD INJ 45MG.....	26
ELIGARD INJ 7.5MG.....	26
<i>elinest</i>	80
ELIQUIS ST P TAB 5MG.....	99
ELIQUIS TAB 2.5MG	99
ELIQUIS TAB 5MG	99
<i>elite-ob</i>	112
ELLA TAB 30MG.....	80
ELMIRON CAP 100MG.....	98
EMCYT CAP 140MG.....	22
EMFLAZA SUS 22.75/ML.....	87
EMFLAZA TAB 18MG.....	88
EMFLAZA TAB 30MG.....	88
EMFLAZA TAB 36MG.....	88

EMFLAZA TAB 6MG.....	88
EMGALITY INJ 100MG/ML.....	69
EMGALITY INJ 120MG/ML.....	69
EMSAM DIS 12MG/24H.....	53
EMSAM DIS 6MG/24HR.....	53
EMSAM DIS 9MG/24HR.....	53
<i>emtricitabine caps 200 mg</i>	12
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	14
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	14
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	14
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	14
EMTRIVA SOL 10MG/ML.....	12
EMVERM CHW 100MG.....	10
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	33
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	33
<i>enalapril maleate tab 10 mg</i>	34
<i>enalapril maleate tab 2.5 mg</i>	34
<i>enalapril maleate tab 20 mg</i>	34
<i>enalapril maleate tab 5 mg</i>	34
ENBREL INJ 25/0.5ML.....	103
ENBREL INJ 25MG.....	103
ENBREL INJ 50MG/ML	103
ENBREL MINI INJ 50MG/ML	103
ENBREL SRCLK INJ 50MG/ML	103
ENCARE SUP 100MG.....	97
<i>endocet tab 10-325mg</i>	3
<i>endocet tab 2.5-325</i>	3
<i>endocet tab 5-325mg</i>	3
<i>endocet tab 7.5-325</i>	3
ENGERIX-B INJ 10/0.5ML.....	109
ENGERIX-B INJ 20MCG/ML.....	109
<i>enoxaparin sodium inj 300 mg/3ml</i>	99
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	99
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	99
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	99

<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	99	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	28
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	99	<i>erlotinib hcl tab 25 mg (base equivalent)</i> ..	27
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	99	<i>errin</i>	80
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	99	<i>ERTACZO CRE 2%</i>	124
<i>enpresse-28</i>	80	<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	19
<i>enskyce</i>	80	<i>ery</i>	123
<i>entacapone tab 200 mg</i>	57	<i>ery-tab</i>	17
<i>entecavir tab 0.5 mg</i>	15	<i>erythrocin stearate</i>	17
<i>entecavir tab 1 mg</i>	15	<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	17
<i>ENTRESTO TAB 24-26MG</i>	45	<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	18
<i>ENTRESTO TAB 49-51MG</i>	45	<i>erythromycin ethylsuccinate tab 400 mg</i> . 18	
<i>ENTRESTO TAB 97-103MG</i>	45	<i>erythromycin gel 2%</i>	123
<i>enulose</i>	95	<i>erythromycin ophth oint 5 mg/gm</i>	113
<i>ENVARBUS XR TAB 0.75MG</i>	107	<i>erythromycin soln 2%</i>	123
<i>ENVARBUS XR TAB 1MG</i>	107	<i>erythromycin tab 250 mg</i>	18
<i>ENVARBUS XR TAB 4MG</i>	107	<i>erythromycin tab 500 mg</i>	18
<i>EPCLUSA PAK 150-37.5</i>	18	<i>erythromycin w/ delayed release particles cap 250 mg</i>	18
<i>EPCLUSA PAK 200-50MG</i>	18	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	53
<i>EPCLUSA TAB 200-50MG</i>	18	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	53
<i>EPCLUSA TAB 400-100</i>	18	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	53
<i>epinastine hcl ophth soln 0.05%</i>	114	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	53
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	116	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	96
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	116	<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	96
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	116	<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	96
<i>EPIPEN 2-PAK INJ 0.3MG</i>	116	<i>estazolam tab 1 mg</i>	68
<i>EPIPEN-JR INJ 0.15MG</i>	116	<i>estazolam tab 2 mg</i>	68
<i>epitol</i>	61	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	85
<i>eplerenone tab 25 mg</i>	34	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	85
<i>eplerenone tab 50 mg</i>	34	<i>estradiol tab 0.5 mg</i>	85
<i>ERBITUX INJ 100MG</i>	25	<i>estradiol tab 1 mg</i>	85
<i>ERBITUX INJ 200MG</i>	25	<i>estradiol tab 2 mg</i>	85
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> .	112		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	69		
<i>ERIVEDGE CAP 150MG</i>	25		
<i>ERLEADA TAB 240MG</i>	26		
<i>ERLEADA TAB 60MG</i>	26		
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	28		

estradiol td gel 0.25 mg/0.25gm (0.1%) ..	85
estradiol td gel 0.5 mg/0.5gm (0.1%).....	85
estradiol td gel 0.75 mg/0.75gm (0.1%) ..	85
estradiol td gel 1 mg/gm (0.1%)	85
estradiol td gel 1.25 mg/1.25gm (0.1%)	85
estradiol td patch twice weekly 0.025 mg/24hr.....	85
estradiol td patch twice weekly 0.0375 mg/24hr.....	85
estradiol td patch twice weekly 0.05 mg/24hr.....	85
estradiol td patch twice weekly 0.075 mg/24hr.....	85
estradiol td patch twice weekly 0.1 mg/24hr	85
estradiol td patch weekly 0.025 mg/24hr	86
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	86
estradiol td patch weekly 0.05 mg/24hr..	86
estradiol td patch weekly 0.06 mg/24hr..	86
estradiol td patch weekly 0.075 mg/24hr	86
estradiol td patch weekly 0.1 mg/24hr	86
estradiol vaginal cream 0.1 mg/gm	86
estradiol valerate im in oil 20 mg/ml	86
estradiol valerate im in oil 40 mg/ml	86
ESTROGEL GEL.....	86
eszopiclone tab 1 mg.....	68
eszopiclone tab 2 mg	68
eszopiclone tab 3 mg	68
ethacrynic acid tab 25 mg	44
ethambutol hcl tab 100 mg.....	14
ethambutol hcl tab 400 mg.....	14
ethosuximide cap 250 mg	61
ethosuximide soln 250 mg/5ml	61
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....	80
etodolac cap 200 mg	1
etodolac cap 300 mg	1
etodolac tab 400 mg.....	1
etodolac tab 500 mg	1
etodolac tab er 24hr 400 mg.....	1
etodolac tab er 24hr 500 mg.....	1
etodolac tab er 24hr 600 mg.....	1

etonogestrel-ethinyl estradiol va ring 0.120- 0.015 mg/24hr	80
etoposide cap 50 mg.....	32
etoposide inj 1 gm/50ml (20 mg/ml).....	32
etoposide inj 100 mg/5ml (20 mg/ml)	32
etoposide inj 500 mg/25ml (20 mg/ml) ...	32
etravirine tab 100 mg	12
etravirine tab 200 mg	12
EUCRISA OIN 2%	126
EVAMIST SPR 1.53MG.....	86
everolimus tab 0.25 mg.....	107
everolimus tab 0.5 mg	107
everolimus tab 0.75 mg.....	107
everolimus tab 1 mg.....	107
everolimus tab 10 mg.....	28
everolimus tab 2.5 mg	28
everolimus tab 5 mg	28
everolimus tab 7.5 mg	28
everolimus tab for oral susp 2 mg	28
everolimus tab for oral susp 3 mg	28
everolimus tab for oral susp 5 mg	28
EVOTAZ TAB 300-150	14
EVRYSDI SOL.....	70
exemestane tab 25 mg	26
ezetimibe tab 10 mg.....	37
ezetimibe-simvastatin tab 10-10 mg	38
ezetimibe-simvastatin tab 10-20 mg.....	38
ezetimibe-simvastatin tab 10-40 mg.....	38
ezetimibe-simvastatin tab 10-80 mg.....	38
F	
falmina.....	80
famciclovir tab 125 mg.....	15
famciclovir tab 250 mg.....	15
famciclovir tab 500 mg.....	15
famotidine for susp 40 mg/5ml	94
famotidine in nacl 0.9% iv soln 20 mg/50ml	94
famotidine preservative free inj 20 mg/2ml	94
famotidine tab 20 mg.....	94
famotidine tab 40 mg	94
FASENRA INJ 30MG/ML.....	122
FASENRA PEN INJ 30MG/ML	122
FC2 FEMALE MIS CONDOM	80

<i>febuxostat tab 40 mg</i>	1	<i>fesoterodine fumarate tab er 24hr 8 mg</i> ...	98
<i>febuxostat tab 80 mg</i>	1	FETZIMA CAP 120MG.....	53
<i>felbamate susp 600 mg/5ml</i>	61	FETZIMA CAP 20MG.....	53
<i>felbamate tab 400 mg</i>	61	FETZIMA CAP 40MG.....	53
<i>felbamate tab 600 mg</i>	61	FETZIMA CAP 80MG.....	53
<i>felodipine tab er 24hr 10 mg</i>	43	FETZIMA CAP TITRATIO.....	53
<i>felodipine tab er 24hr 2.5 mg</i>	43	FIASP FLEX INJ TOUCH.....	77
<i>felodipine tab er 24hr 5 mg</i>	43	FIASP INJ 100/ML.....	77
FEMCAP MIS 22MM.....	80	FIASP PENFIL INJ U-100.....	77
FEMCAP MIS 26MM.....	80	FINACEA AER 15%.....	128
FEMCAP MIS 30MM.....	80	<i>finasteride tab 5 mg</i>	97
<i>fenofibrate cap 150 mg</i>	37	<i>finngolimod hcl cap 0.5 mg (base equiv)</i>	71
<i>fenofibrate micronized cap 134 mg</i>	38	<i>flecainide acetate tab 100 mg</i>	36
<i>fenofibrate micronized cap 200 mg</i>	38	<i>flecainide acetate tab 150 mg</i>	36
<i>fenofibrate micronized cap 43 mg</i>	37	<i>flecainide acetate tab 50 mg</i>	36
<i>fenofibrate micronized cap 67 mg</i>	37	FLEXICHAMBER MIS MASK SM.....	121
<i>fenofibrate tab 145 mg</i>	38	<i>fluconazole for susp 10 mg/ml</i>	10
<i>fenofibrate tab 160 mg</i>	38	<i>fluconazole for susp 40 mg/ml</i>	10
<i>fenofibrate tab 48 mg</i>	38	<i>fluconazole tab 100 mg</i>	11
<i>fenofibrate tab 54 mg</i>	38	<i>fluconazole tab 150 mg</i>	11
<i>fenopropfen calcium tab 600 mg</i>	1	<i>fluconazole tab 200 mg</i>	11
<i>fentanyl citrate lozenge on a handle 1200</i> <i>mcg</i>	3	<i>fluconazole tab 50 mg</i>	11
<i>fentanyl citrate lozenge on a handle 1600</i> <i>mcg</i>	3	<i>fludarabine phosphate for inj 50 mg</i>	24
<i>fentanyl citrate lozenge on a handle 200</i> <i>mcg</i>	3	<i>fludarabine phosphate inj 25 mg/ml</i>	24
<i>fentanyl citrate lozenge on a handle 400</i> <i>mcg</i>	3	<i>fludrocortisone acetate tab 0.1 mg</i>	88
<i>fentanyl citrate lozenge on a handle 600</i> <i>mcg</i>	3	FLUMIST.....	109
<i>fentanyl citrate lozenge on a handle 800</i> <i>mcg</i>	3	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	121
<i>fentanyl td patch 72hr 100 mcg/hr</i>	3	<i>fluocinolone acetonide (otic) oil 0.01%</i> ...	129
<i>fentanyl td patch 72hr 12 mcg/hr</i>	3	<i>fluocinolone acetonide cream 0.01%</i>	127
<i>fentanyl td patch 72hr 25 mcg/hr</i>	3	<i>fluocinolone acetonide cream 0.025%</i> ...	127
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	3	<i>fluocinolone acetonide oil 0.01% (body oil)</i>	127
<i>fentanyl td patch 72hr 50 mcg/hr</i>	3	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	127
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	3	<i>fluocinolone acetonide oint 0.025%</i>	127
<i>fentanyl td patch 72hr 75 mcg/hr</i>	3	<i>fluocinolone acetonide soln 0.01%</i>	127
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	3	<i>fluocinonide cream 0.05%</i>	127
FERPRX 2-DAY TAB 1000MG.....	79	<i>fluocinonide gel 0.05%</i>	127
FERRIPROX SOL 100MG/ML.....	79	<i>fluocinonide oint 0.05%</i>	127
<i>fesoterodine fumarate tab er 24hr 4 mg</i> ..	98	<i>fluocinonide soln 0.05%</i>	127
		<i>fluoritab</i>	111
		<i>fluorouracil cream 5%</i>	124

<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>		<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	38
.....	24	<i>fluvoxamine maleate cap er 24hr 100 mg.</i>	49
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>		<i>fluvoxamine maleate cap er 24hr 150 mg.</i>	49
.....	24	<i>fluvoxamine maleate tab 100 mg</i>	49
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>		<i>fluvoxamine maleate tab 25 mg</i>	49
.....	24	<i>fluvoxamine maleate tab 50 mg</i>	49
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>		<i>folic acid cap 0.8 mg</i>	112
.....	24	<i>folic acid tab 1 mg</i>	112
<i>fluorouracil soln 2%</i>	124	<i>folic acid tab 400 mcg</i>	112
<i>fluorouracil soln 5%</i>	124	<i>folic acid tab 800 mcg</i>	113
<i>fluoxetine hcl cap 10 mg</i>	53	<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	99
<i>fluoxetine hcl cap 20 mg</i>	53	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	99
<i>fluoxetine hcl cap 40 mg</i>	53	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	99
<i>fluoxetine hcl cap delayed release 90 mg</i>	53	<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	99
<i>fluoxetine hcl solution 20 mg/5ml</i>	53	<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	118
<i>fluoxetine hcl tab 10 mg</i>	53	FOSAMAX + D TAB 70-2800	79
<i>fluoxetine hcl tab 20 mg</i>	53	FOSAMAX + D TAB 70-5600	79
<i>fluphenazine decanoate inj 25 mg/ml</i>	58	<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	12
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	58	<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	10
<i>fluphenazine hcl inj 2.5 mg/ml</i>	58	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	33
<i>fluphenazine hcl oral conc 5 mg/ml</i>	58	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	33
<i>fluphenazine hcl tab 1 mg</i>	58	<i>fosinopril sodium tab 10 mg</i>	34
<i>fluphenazine hcl tab 10 mg</i>	59	<i>fosinopril sodium tab 20 mg</i>	34
<i>fluphenazine hcl tab 2.5 mg</i>	58	<i>fosinopril sodium tab 40 mg</i>	34
<i>fluphenazine hcl tab 5 mg</i>	58	<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	62
<i>flurbiprofen sodium ophth soln 0.03%</i>	114	<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	62
<i>flurbiprofen tab 100 mg</i>	1	FRAGMIN INJ 10000/ML	99
<i>flurbiprofen tab 50 mg</i>	1	FRAGMIN INJ 12500UNT	99
<i>fluticasone propionate cream 0.05%</i>	127	FRAGMIN INJ 15000UNT	99
<i>fluticasone propionate lotion 0.05%</i>	127	FRAGMIN INJ 18000UNT	99
<i>fluticasone propionate nasal susp 50 mcg/act</i>	121	FRAGMIN INJ 2500/0.2	99
<i>fluticasone propionate oint 0.005%</i>	127	FRAGMIN INJ 2500/ML	99
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	122		
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	122		
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	123		
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	38		
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	38		

FRAGMIN INJ 5000/0.2	99
FRAGMIN INJ 7500/0.3.....	99
FRAGMIN INJ 95000UNT	99
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	69
<i>fulvestrant inj soln pref syr 250 mg/5ml</i> ...	26
<i>furosemide inj 10 mg/ml</i>	44
<i>furosemide oral soln 10 mg/ml</i>	44
<i>furosemide oral soln 8 mg/ml</i>	44
<i>furosemide tab 20 mg</i>	44
<i>furosemide tab 40 mg</i>	44
<i>furosemide tab 80 mg</i>	44
FUZEON INJ 90MG.....	12
FYCOMPA SUS 0.5MG/ML.....	62
FYCOMPA TAB 10MG	62
FYCOMPA TAB 12MG.....	62
FYCOMPA TAB 2MG	62
FYCOMPA TAB 4MG.....	62
FYCOMPA TAB 6MG.....	62
FYCOMPA TAB 8MG.....	62
FYLNETRA INJ 6MG/0.6.....	100
G	
<i>gabapentin cap 100 mg</i>	62
<i>gabapentin cap 300 mg</i>	62
<i>gabapentin cap 400 mg</i>	62
<i>gabapentin oral soln 250 mg/5ml</i>	62
<i>gabapentin tab 600 mg</i>	62
<i>gabapentin tab 800 mg</i>	62
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	50
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	50
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	50
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	50
<i>galantamine hydrobromide tab 12 mg</i>	50
<i>galantamine hydrobromide tab 4 mg</i>	50
<i>galantamine hydrobromide tab 8 mg</i>	50
GARDASIL 9 INJ	109
<i>gatifloxacin ophth soln 0.5%</i>	113
<i>gavilyte-c</i>	95
<i>gavilyte-g</i>	95
GAZYVA INJ 25MG/ML	25

<i>gemcitabine hcl for inj 1 gm</i>	24
<i>gemcitabine hcl for inj 2 gm</i>	24
<i>gemcitabine hcl for inj 200 mg</i>	24
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	24
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	24
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	24
<i>gemfibrozil tab 600 mg</i>	38
GEMTESA TAB 75MG	98
<i>generlac</i>	95
<i>gengraf</i>	107
GENOTROPIN INJ 0.2MG.....	89
GENOTROPIN INJ 0.4MG	89
GENOTROPIN INJ 0.6MG	89
GENOTROPIN INJ 0.8MG	89
GENOTROPIN INJ 1.2MG	89
GENOTROPIN INJ 1.4MG	89
GENOTROPIN INJ 1.6MG	89
GENOTROPIN INJ 1.8MG	89
GENOTROPIN INJ 12MG	89
GENOTROPIN INJ 1MG.....	89
GENOTROPIN INJ 2MG.....	89
GENOTROPIN INJ 5MG.....	89
<i>gentamicin sulfate cream 0.1%</i>	124
<i>gentamicin sulfate inj 40 mg/ml</i>	10
<i>gentamicin sulfate oint 0.1%</i>	124
<i>gentamicin sulfate ophth soln 0.3%</i>	113
GENVOYA TAB	14
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	71
<i>glatopa</i>	71
GLEOSTINE CAP 100MG.....	23
GLEOSTINE CAP 10MG	23
GLEOSTINE CAP 40MG.....	23
GLIADEL WAF 7.7MG	23
<i>glimepiride tab 1 mg</i>	78
<i>glimepiride tab 2 mg</i>	78
<i>glimepiride tab 4 mg</i>	78
<i>glipizide tab 10 mg</i>	78
<i>glipizide tab 5 mg</i>	78
<i>glipizide tab er 24hr 10 mg</i>	78
<i>glipizide tab er 24hr 2.5 mg</i>	78

<i>glipizide tab er 24hr 5 mg</i>	78
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ...	76
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ...	76
<i>glipizide-metformin hcl tab 5-500 mg</i>	76
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<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	92
<i>glycopyrrolate oral soln 1 mg/5ml</i>	92
<i>glycopyrrolate tab 1 mg</i>	92
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<i>guanfacine hcl tab 1 mg</i>	46
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<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	66
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	66
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	66
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<i>haloperidol lactate inj 5 mg/ml</i>	59
<i>haloperidol lactate oral conc 2 mg/ml</i>	59
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<i>heparin sodium (porcine) inj 5000 unit/ml</i>	99
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<i>hydralazine hcl tab 100 mg.....</i>	46	<i>hydrocortisone perianal cream 1%.....</i>	97
<i>hydralazine hcl tab 25 mg.....</i>	46	<i>hydrocortisone perianal cream 2.5%.....</i>	97
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<i>hydrocodone bitartrate tab er 24hr deter 20 mg.....</i>	3	<i>hydromorphone hcl tab 8 mg.....</i>	4
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<i>hydrocodone bitartrate tab er 24hr deter 60 mg.....</i>	4	<i>hydromorphone hcl tab er 24hr 32 mg.....</i>	4
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<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....</i>	4	<i>hydroxychloroquine sulfate tab 200 mg.....</i>	106
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<i>hydrocodone-acetaminophen tab 5-325 mg.....</i>	4	<i>hydroxyzine hcl im soln 25 mg/ml.....</i>	117
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<i>ibuprofen tab 400 mg</i>	1	<i>indapamide tab 1.25 mg</i>	45
<i>ibuprofen tab 600 mg</i>	1	<i>indapamide tab 2.5 mg</i>	45
<i>ibuprofen tab 800 mg</i>	1	INFANRIX INJ	109
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	107	INFLIXIMAB INJ 100MG	102
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<i>imipramine pamoate cap 100 mg</i>	54	<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	33
<i>imipramine pamoate cap 125 mg</i>	54	ISENTRESS CHW 100MG.....	12
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<i>isosorbide dinitrate tab 10 mg</i>	46	<i>jolessa</i>	80
<i>isosorbide dinitrate tab 20 mg</i>	46	JUBLIA SOL 10%	124
<i>isosorbide dinitrate tab 30 mg</i>	46	<i>junel 1.5/30</i>	80
<i>isosorbide dinitrate tab 5 mg</i>	46	<i>junel 1/20</i>	80
<i>isosorbide dinitrate-hydralazine hcl tab 20-</i> <i>37.5 mg</i>	45	<i>junel fe 1.5/30</i>	80
<i>isosorbide mononitrate tab 10 mg</i>	46	<i>junel fe 1/20</i>	80
<i>isosorbide mononitrate tab 20 mg</i>	46	<i>junel fe 24</i>	80
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<i>isotretinoin cap 10 mg</i>	123	KALYDECO GRA 13.4MG.....	119
<i>isotretinoin cap 20 mg</i>	123	KALYDECO GRA 5.8MG.....	119
<i>isotretinoin cap 30 mg</i>	123	KALYDECO PAK 25MG.....	120
<i>isotretinoin cap 40 mg</i>	123	KALYDECO PAK 50MG	120
<i>isradipine cap 2.5 mg</i>	43	KALYDECO PAK 75MG.....	120
<i>isradipine cap 5 mg</i>	43	KALYDECO TAB 150MG.....	120
<i>itraconazole cap 100 mg</i>	11	<i>kariva</i>	80
<i>itraconazole oral soln 10 mg/ml</i>	11	<i>kelnor 1/35</i>	81
IV PREP WIPE PAD.....	124	KERENDIA TAB 10MG.....	90
<i>ivermectin cream 1%</i>	128	KERENDIA TAB 20MG.....	90
<i>ivermectin tab 3 mg</i>	10	<i>ketoconazole cream 2%</i>	125
J		<i>ketoconazole shampoo 2%</i>	125
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JAKAFI TAB 20MG.....	29	<i>ketorolac tromethamine inj 15 mg/ml</i>	1
JAKAFI TAB 25MG	29	<i>ketorolac tromethamine inj 30 mg/ml</i>	1
JAKAFI TAB 5MG.....	28	<i>ketorolac tromethamine ophth soln 0.4%</i>	114
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<i>klor-con 8</i>	111	<i>lamotrigine tab chewable dispersible 5 mg</i>	62
<i>klor-con m15</i>	111	<i>lamotrigine tab er 24hr 100 mg</i>	62
<i>kurvelo</i>	81	<i>lamotrigine tab er 24hr 200 mg</i>	62
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L		<i>lamotrigine tab er 24hr 250 mg</i>	62
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<i>labetalol hcl tab 200 mg</i>	41	<i>lamotrigine tab er 24hr 50 mg</i>	62
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<i>lacosamide tab 100 mg</i>	62	<i>lanthanum carbonate chew tab 1000 mg</i> (elemental).....	90
<i>lacosamide tab 150 mg</i>	62	<i>lanthanum carbonate chew tab 500 mg</i> (elemental).....	90
<i>lacosamide tab 200 mg</i>	62	<i>lanthanum carbonate chew tab 750 mg</i> (elemental).....	90
<i>lacosamide tab 50 mg</i>	62	<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	29
<i>lactic acid (ammonium lactate) cream 12%</i>	128	<i>larin 1.5/30</i>	81
<i>lactic acid (ammonium lactate) lotion 12%</i>	128	<i>latanoprost ophth soln 0.005%</i>	115
<i>lactulose solution 10 gm/15ml</i>	95	<i>leena</i>	81
<i>lamivudine oral soln 10 mg/ml</i>	12	<i>leflunomide tab 10 mg</i>	106
<i>lamivudine tab 100 mg (hbv)</i>	15	<i>leflunomide tab 20 mg</i>	106
<i>lamivudine tab 150 mg</i>	12	LENVIMA CAP 10 MG	29
<i>lamivudine tab 300 mg</i>	12	LENVIMA CAP 12MG	29
<i>lamivudine-zidovudine tab 150-300 mg</i>	14	LENVIMA CAP 14 MG	29
<i>lamotrigine orally disintegrating tab 100 mg</i>	62	LENVIMA CAP 18 MG	29
<i>lamotrigine orally disintegrating tab 200 mg</i>	62	LENVIMA CAP 20 MG	29
<i>lamotrigine orally disintegrating tab 25 mg</i>	62	LENVIMA CAP 24 MG	29
<i>lamotrigine orally disintegrating tab 50 mg</i>	62	LENVIMA CAP 4MG	29
<i>lamotrigine tab 100 mg</i>	62	LENVIMA CAP 8 MG	29
<i>lamotrigine tab 150 mg</i>	62	<i>lessina</i>	81
<i>lamotrigine tab 200 mg</i>	62	<i>letrozole tab 2.5 mg</i>	26
<i>lamotrigine tab 25 mg</i>	62	<i>leucovorin calcium for inj 100 mg</i>	32
<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i> <i>starter kit</i>	62	<i>leucovorin calcium for inj 200 mg</i>	32
<i>lamotrigine tab 35 x 25 mg starter kit</i>	62	<i>leucovorin calcium for inj 350 mg</i>	32
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i> <i>starter kit</i>	62	<i>leucovorin calcium for inj 50 mg</i>	32
		<i>leucovorin calcium for inj 500 mg</i>	32
		<i>leucovorin calcium tab 10 mg</i>	32
		<i>leucovorin calcium tab 15 mg</i>	32
		<i>leucovorin calcium tab 25 mg</i>	32

<i>leucovorin calcium tab 5 mg</i>	32	<i>levonorgestrel & ethinyl estradiol tab 0.1</i>	
LEUKERAN TAB 2MG	23	<i>mg-20 mcg</i>	81
<i>leuprolide acetate inj kit 1 mg/0.2ml (5</i>		<i>levonorgestrel & ethinyl estradiol tab 0.15</i>	
<i>mg/ml)</i>	26	<i>mg-30 mcg</i>	81
<i>levabuterol hcl soln nebu 0.31 mg/3ml</i>		<i>levonorgestrel-ethinyl estradiol-fe tab 0.1</i>	
<i>(base equiv)</i>	118	<i>mg-20 mcg (21)</i>	81
<i>levabuterol hcl soln nebu 0.63 mg/3ml</i>		<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i>	
<i>(base equiv)</i>	118	<i>est tab 0.01mg(7)</i>	81
<i>levabuterol hcl soln nebu 1.25 mg/3ml</i>		<i>levora 0.15/30-28</i>	81
<i>(base equiv)</i>	119	<i>levothyroxine sodium tab 100 mcg</i>	91
<i>levabuterol hcl soln nebu conc 1.25</i>		<i>levothyroxine sodium tab 112 mcg</i>	91
<i>mg/0.5ml (base equiv)</i>	119	<i>levothyroxine sodium tab 125 mcg</i>	91
<i>levabuterol tartrate inhal aerosol 45</i>		<i>levothyroxine sodium tab 137 mcg</i>	91
<i>mcg/act (base equiv)</i>	119	<i>levothyroxine sodium tab 150 mcg</i>	91
LEVEMIR INJ	77	<i>levothyroxine sodium tab 175 mcg</i>	91
LEVEMIR INJ FLEXPEN	77	<i>levothyroxine sodium tab 200 mcg</i>	91
<i>levetiracetam in sodium chloride iv soln</i>		<i>levothyroxine sodium tab 25 mcg</i>	91
<i>1000 mg/100ml</i>	63	<i>levothyroxine sodium tab 300 mcg</i>	91
<i>levetiracetam in sodium chloride iv soln</i>		<i>levothyroxine sodium tab 50 mcg</i>	91
<i>1500 mg/100ml</i>	63	<i>levothyroxine sodium tab 75 mcg</i>	91
<i>levetiracetam in sodium chloride iv soln</i>		<i>levothyroxine sodium tab 88 mcg</i>	91
<i>500 mg/100ml</i>	63	<i>levoxyl</i>	91
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>		LEXIVA SUS 50MG/ML	12
.....	63	<i>lice treatment</i>	129
<i>levetiracetam oral soln 100 mg/ml</i>	63	<i>lidocaine hcl (cardiac) iv pf soln pref syr 50</i>	
<i>levetiracetam tab 1000 mg</i>	63	<i>mg/5ml(1%)</i>	37
<i>levetiracetam tab 250 mg</i>	63	<i>lidocaine hcl (cardiac) iv soln pref syr 100</i>	
<i>levetiracetam tab 500 mg</i>	63	<i>mg/5ml (2%)</i>	37
<i>levetiracetam tab 750 mg</i>	63	<i>lidocaine hcl laryngotracheal soln 4%</i> ...	129
<i>levetiracetam tab er 24hr 500 mg</i>	63	<i>lidocaine hcl local inj 0.5%</i>	9
<i>levetiracetam tab er 24hr 750 mg</i>	63	<i>lidocaine hcl local inj 1%</i>	9
<i>levobunolol hcl ophth soln 0.5%</i>	115	<i>lidocaine hcl local inj 2%</i>	10
<i>levocetirizine dihydrochloride soln 2.5</i>		<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>mg/5ml (0.5 mg/ml)</i>	118	<i>0.5%</i>	10
<i>levocetirizine dihydrochloride tab 5 mg</i> ..	118	<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>levofloxacin iv soln 25 mg/ml</i>	18	<i>1%</i>	10
<i>levofloxacin oral soln 25 mg/ml</i>	18	<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>levofloxacin tab 250 mg</i>	18	<i>2%</i>	10
<i>levofloxacin tab 500 mg</i>	18	<i>lidocaine hcl soln 4%</i>	128
<i>levofloxacin tab 750 mg</i>	18	<i>lidocaine hcl urethral/mucosal gel prefilled</i>	
<i>levonest</i>	81	<i>syringe 2%</i>	128
<i>levonorgestrel & ethinyl estradiol (91-day)</i>		<i>lidocaine hcl viscous soln 2%</i>	129
<i>tab 0.15-0.03 mg</i>	81	<i>lidocaine oint 5%</i>	128
		<i>lidocaine pain relief pat</i>	128

<i>lidocaine patch 5%</i>	128	<i>losartan potassium & hydrochlorothiazide</i>	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	128	<i>tab 100-12.5 mg</i>	35
LILETTA IUD 52MG.....	81	<i>losartan potassium & hydrochlorothiazide</i>	
<i>linezolid for susp 100 mg/5ml</i>	19	<i>tab 100-25 mg</i>	35
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i> 19		<i>losartan potassium & hydrochlorothiazide</i>	
<i>linezolid tab 600 mg</i>	19	<i>tab 50-12.5 mg</i>	35
LINZESS CAP 145MCG.....	94	<i>losartan potassium tab 100 mg</i>	36
LINZESS CAP 290MCG.....	94	<i>losartan potassium tab 25 mg</i>	36
LINZESS CAP 72MCG	94	<i>losartan potassium tab 50 mg</i>	36
<i>liothyronine sodium tab 25 mcg</i>	91	<i>loteprednol etabonate ophth susp 0.5%</i> .	114
<i>liothyronine sodium tab 5 mcg</i>	91	<i>lovastatin tab 10 mg</i>	38
<i>liothyronine sodium tab 50 mcg</i>	91	<i>lovastatin tab 20 mg</i>	38
<i>lisinopril & hydrochlorothiazide tab 10-12.5</i>		<i>lovastatin tab 40 mg</i>	38
<i>mg</i>	33	<i>low-ogestrel</i>	81
<i>lisinopril & hydrochlorothiazide tab 20-12.5</i>		<i>loxapine succinate cap 10 mg</i>	59
<i>mg</i>	33	<i>loxapine succinate cap 25 mg</i>	59
<i>lisinopril & hydrochlorothiazide tab 20-25</i>		<i>loxapine succinate cap 5 mg</i>	59
<i>mg</i>	33	<i>loxapine succinate cap 50 mg</i>	59
<i>lisinopril tab 10 mg</i>	34	<i>lubiprostone cap 24 mcg</i>	95
<i>lisinopril tab 2.5 mg</i>	34	<i>lubiprostone cap 8 mcg</i>	95
<i>lisinopril tab 20 mg</i>	34	<i>luliconazole cream 1%</i>	125
<i>lisinopril tab 30 mg</i>	34	LUMIGAN SOL 0.01%	115
<i>lisinopril tab 40 mg</i>	34	<i>lurasidone hcl tab 120 mg</i>	59
<i>lisinopril tab 5 mg</i>	34	<i>lurasidone hcl tab 20 mg</i>	59
<i>lithium carbonate cap 150 mg</i>	70	<i>lurasidone hcl tab 40 mg</i>	59
<i>lithium carbonate cap 300 mg</i>	70	<i>lurasidone hcl tab 60 mg</i>	59
<i>lithium carbonate cap 600 mg</i>	70	<i>lurasidone hcl tab 80 mg</i>	59
<i>lithium carbonate tab 300 mg</i>	70	<i>lutera</i>	81
<i>lithium carbonate tab er 300 mg</i>	70	LYNPARZA TAB 100MG	31
<i>lithium carbonate tab er 450 mg</i>	70	LYNPARZA TAB 150MG.....	31
LITHIUM SOL 8MEQ/5ML.....	70	LYSODREN TAB 500MG	27
LO LOESTRIN TAB 1-10-10.....	81	M	
<i>loperamide hcl cap 2 mg</i>	92	<i>magnesium sulfate in dextrose 5% iv soln 1</i>	
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>		<i>gm/100ml</i>	111
<i>(80-20 mg/ml)</i>	14	<i>magnesium sulfate inj 50%</i>	111
<i>lopinavir-ritonavir tab 100-25 mg</i>	14	<i>magnesium sulfate iv soln 2 gm/50ml (40</i>	
<i>lopinavir-ritonavir tab 200-50 mg</i>	14	<i>mg/ml)</i>	111
<i>lorazepam conc 2 mg/ml</i>	49	<i>malathion lotion 0.5%</i>	129
<i>lorazepam tab 0.5 mg</i>	49	<i>mannitol iv soln 20%</i>	45
<i>lorazepam tab 1 mg</i>	49	<i>mannitol iv soln 25%</i>	45
<i>lorazepam tab 2 mg</i>	49	<i>maraviroc tab 150 mg</i>	12
LORBRENA TAB 100MG	29	<i>maraviroc tab 300 mg</i>	12
LORBRENA TAB 25MG	29	<i>marlissa</i>	81
<i>loryna</i>	81	MARPLAN TAB 10MG.....	54

MATULANE CAP 50MG.....	23	MENVEO SOL	109
<i>matzim la</i>	43	<i>meprobamate tab 200 mg</i>	49
<i>meclizine hcl tab 12.5 mg</i>	93	<i>meprobamate tab 400 mg</i>	49
<i>meclizine hcl tab 25 mg</i>	93	<i>mercaptapurine tab 50 mg</i>	24
<i>meclofenamate sodium cap 100 mg</i>	2	<i>meropenem iv for soln 1 gm</i>	19
<i>meclofenamate sodium cap 50 mg</i>	2	<i>meropenem iv for soln 500 mg</i>	19
MEDROL TAB 2MG.....	88	<i>mesalamine cap dr 400 mg</i>	94
<i>medroxyprogesterone acetate im susp 150</i> <i>mg/ml</i>	81	<i>mesalamine cap er 24hr 0.375 gm</i>	94
<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i>	81	<i>mesalamine enema 4 gm</i>	94
<i>medroxyprogesterone acetate tab 10 mg</i>	91	<i>mesalamine rectal enema 4 gm & cleanser</i> <i>wipe kit</i>	94
<i>medroxyprogesterone acetate tab 2.5 mg</i>	91	<i>mesalamine suppos 1000 mg</i>	94
<i>medroxyprogesterone acetate tab 5 mg</i> ..	91	<i>mesalamine tab delayed release 1.2 gm</i> ...	94
<i>mefenamic acid cap 250 mg</i>	2	<i>mesalamine tab delayed release 800 mg</i>	94
<i>mefloquine hcl tab 250 mg</i>	11	<i>mesna inj 100 mg/ml</i>	32
<i>megestrol acetate susp 40 mg/ml</i>	27	MESNEX TAB 400MG.....	32
<i>megestrol acetate susp 625 mg/5ml</i>	91	<i>metaxalone tab 800 mg</i>	72
<i>megestrol acetate tab 20 mg</i>	27	<i>metformin hcl tab 1000 mg</i>	76
<i>megestrol acetate tab 40 mg</i>	27	<i>metformin hcl tab 500 mg</i>	76
MEKINIST SOL 0.05/ML.....	29	<i>metformin hcl tab 850 mg</i>	76
MEKINIST TAB 0.5MG.....	29	<i>metformin hcl tab er 24hr 500 mg</i>	76
MEKINIST TAB 2MG.....	29	<i>metformin hcl tab er 24hr 750 mg</i>	76
<i>meloxicam tab 15 mg</i>	2	<i>methadone hcl conc 10 mg/ml</i>	5
<i>meloxicam tab 7.5 mg</i>	2	<i>methadone hcl soln 10 mg/5ml</i>	5
<i>melphalan hcl for inj 50 mg (base equiv)</i> .	23	<i>methadone hcl soln 5 mg/5ml</i>	5
<i>melphalan tab 2 mg</i>	23	<i>methadone hcl tab 10 mg</i>	5
<i>memantine hcl cap er 24hr 14 mg</i>	50	<i>methadone hcl tab 5 mg</i>	5
<i>memantine hcl cap er 24hr 21 mg</i>	50	<i>methadone hcl tab for oral susp 40 mg</i>	5
<i>memantine hcl cap er 24hr 28 mg</i>	50	<i>methadone hydrochloride i</i>	5
<i>memantine hcl cap er 24hr 7 mg</i>	50	<i>methadose</i>	5
<i>memantine hcl oral solution 2 mg/ml</i>	50	<i>methamphetamine hcl tab 5 mg</i>	66
<i>memantine hcl tab 10 mg</i>	50	<i>methazolamide tab 25 mg</i>	45
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i> <i>titration pack</i>	50	<i>methazolamide tab 50 mg</i>	45
<i>memantine hcl tab 5 mg</i>	50	<i>methenamine hippurate tab 1 gm</i>	19
MENACTRA INJ	109	<i>methimazole tab 10 mg</i>	91
MENEST TAB 0.3MG.....	86	<i>methimazole tab 5 mg</i>	91
MENEST TAB 0.625MG.....	86	<i>methocarbamol tab 500 mg</i>	72
MENEST TAB 1.25MG.....	86	<i>methocarbamol tab 750 mg</i>	72
MENEST TAB 2.5MG.....	86	<i>methotrexate sodium for inj 1 gm</i>	24
MENQUADFI INJ	109	<i>methotrexate sodium inj 250 mg/10ml (25</i> <i>mg/ml)</i>	24
MENTAX CRE 1%.....	125	<i>methotrexate sodium inj 50 mg/2ml (25</i> <i>mg/ml)</i>	24
MENVEO INJ	109		

<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml).....</i>	<i>24</i>	<i>methylphenidate hcl tab er osmotic release (osm) 54 mg.....</i>	<i>67</i>
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....</i>	<i>24</i>	<i>methylprednisolone acetate inj susp 40 mg/ml.....</i>	<i>88</i>
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....</i>	<i>24</i>	<i>methylprednisolone acetate inj susp 80 mg/ml.....</i>	<i>88</i>
<i>methotrexate sodium tab 2.5 mg (base equiv).....</i>	<i>106</i>	<i>methylprednisolone sod succ for inj 1000 mg (base equiv).....</i>	<i>88</i>
<i>methoxsalen rapid cap 10 mg.....</i>	<i>125</i>	<i>methylprednisolone sod succ for inj 125 mg (base equiv).....</i>	<i>88</i>
<i>methscopolamine bromide tab 2.5 mg....</i>	<i>92</i>	<i>methylprednisolone tab 16 mg.....</i>	<i>88</i>
<i>methscopolamine bromide tab 5 mg.....</i>	<i>92</i>	<i>methylprednisolone tab 32 mg.....</i>	<i>88</i>
<i>methsuximide cap 300 mg.....</i>	<i>63</i>	<i>methylprednisolone tab 4 mg.....</i>	<i>88</i>
<i>methyl dopa tab 250 mg.....</i>	<i>46</i>	<i>methylprednisolone tab 8 mg.....</i>	<i>88</i>
<i>methyl dopa tab 500 mg.....</i>	<i>46</i>	<i>methylprednisolone tab therapy pack 4 mg (21).....</i>	<i>88</i>
<i>methylphenidate hcl cap er 10 mg (cd)....</i>	<i>66</i>	<i>metoclopramide hcl inj 5 mg/ml (base equivalent).....</i>	<i>93</i>
<i>methylphenidate hcl cap er 20 mg (cd) ...</i>	<i>66</i>	<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq).....</i>	<i>93</i>
<i>methylphenidate hcl cap er 24hr 20 mg (la).....</i>	<i>66</i>	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....</i>	<i>93</i>
<i>methylphenidate hcl cap er 24hr 30 mg (la).....</i>	<i>66</i>	<i>metoclopramide hcl tab 10 mg (base equivalent).....</i>	<i>93</i>
<i>methylphenidate hcl cap er 24hr 40 mg (la).....</i>	<i>66</i>	<i>metoclopramide hcl tab 5 mg (base equivalent).....</i>	<i>93</i>
<i>methylphenidate hcl cap er 24hr 60 mg (la).....</i>	<i>66</i>	<i>metolazone tab 10 mg.....</i>	<i>45</i>
<i>methylphenidate hcl cap er 30 mg (cd) ...</i>	<i>66</i>	<i>metolazone tab 2.5 mg.....</i>	<i>45</i>
<i>methylphenidate hcl cap er 40 mg (cd) ...</i>	<i>66</i>	<i>metolazone tab 5 mg.....</i>	<i>45</i>
<i>methylphenidate hcl cap er 50 mg (cd) ...</i>	<i>67</i>	<i>metoprolol & hydrochlorothiazide tab 100-25 mg.....</i>	<i>40</i>
<i>methylphenidate hcl cap er 60 mg (cd) ...</i>	<i>67</i>	<i>metoprolol & hydrochlorothiazide tab 100-50 mg.....</i>	<i>40</i>
<i>methylphenidate hcl chew tab 10 mg.....</i>	<i>67</i>	<i>metoprolol & hydrochlorothiazide tab 50-25 mg.....</i>	<i>40</i>
<i>methylphenidate hcl chew tab 2.5 mg....</i>	<i>67</i>	<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv).....</i>	<i>41</i>
<i>methylphenidate hcl chew tab 5 mg.....</i>	<i>67</i>	<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv).....</i>	<i>41</i>
<i>methylphenidate hcl soln 10 mg/5ml.....</i>	<i>67</i>	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv).....</i>	<i>41</i>
<i>methylphenidate hcl soln 5 mg/5ml.....</i>	<i>67</i>	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv).....</i>	<i>41</i>
<i>methylphenidate hcl tab 10 mg.....</i>	<i>67</i>	<i>metoprolol tartrate tab 100 mg.....</i>	<i>41</i>
<i>methylphenidate hcl tab 20 mg.....</i>	<i>67</i>		
<i>methylphenidate hcl tab 5 mg.....</i>	<i>67</i>		
<i>methylphenidate hcl tab er 10 mg.....</i>	<i>67</i>		
<i>methylphenidate hcl tab er 20 mg.....</i>	<i>67</i>		
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg.....</i>	<i>67</i>		
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg.....</i>	<i>67</i>		
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg.....</i>	<i>67</i>		

<i>metoprolol tartrate tab 25 mg</i>	41	<i>mirtazapine tab 45 mg</i>	54
<i>metoprolol tartrate tab 50 mg</i>	41	<i>mirtazapine tab 7.5 mg</i>	54
<i>metronidazole cap 375 mg</i>	19	<i>misoprostol tab 100 mcg</i>	95
<i>metronidazole cream 0.75%</i>	128	<i>misoprostol tab 200 mcg</i>	95
<i>metronidazole gel 0.75%</i>	128	<i>mitomycin for iv soln 20 mg</i>	23
<i>metronidazole gel 1%</i>	129	<i>mitomycin for iv soln 40 mg</i>	23
<i>metronidazole iv soln 500 mg/100ml</i>	19	<i>mitomycin for iv soln 5 mg</i>	23
<i>metronidazole lotion 0.75%</i>	129	<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i> <i>mg/ml)</i>	23
<i>metronidazole tab 250 mg</i>	20	<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2</i> <i>mg/ml)</i>	23
<i>metronidazole tab 500 mg</i>	20	<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i> <i>mg/ml)</i>	23
<i>metronidazole vaginal gel 0.75%</i>	98	M-M-R II INJ.....	109
<i>miconazole 3</i>	98	<i>modafinil tab 100 mg</i>	72
<i>microgestin 1.5/30</i>	81	<i>modafinil tab 200 mg</i>	72
<i>midodrine hcl tab 10 mg</i>	46	MODERNA INJ 6MO-11Y.....	109
<i>midodrine hcl tab 2.5 mg</i>	46	<i>moexipril hcl tab 15 mg</i>	34
<i>midodrine hcl tab 5 mg</i>	46	<i>moexipril hcl tab 7.5 mg</i>	34
<i>miglitol tab 100 mg</i>	76	<i>mometasone furoate cream 0.1%</i>	127
<i>miglitol tab 25 mg</i>	76	<i>mometasone furoate nasal susp 50</i> <i>mcg/act</i>	121
<i>miglitol tab 50 mg</i>	76	<i>mometasone furoate oint 0.1%</i>	127
<i>mimvey</i>	86	<i>mometasone furoate solution 0.1% (lotion)</i>	127
<i>minocycline hcl cap 100 mg</i>	22	<i>monoject sodium chloride</i>	111
<i>minocycline hcl cap 50 mg</i>	22	<i>mono-lyyah</i>	81
<i>minocycline hcl cap 75 mg</i>	22	<i>montelukast sodium chew tab 4 mg (base</i> <i>equiv)</i>	120
<i>minocycline hcl tab 100 mg</i>	22	<i>montelukast sodium chew tab 5 mg (base</i> <i>equiv)</i>	120
<i>minocycline hcl tab 50 mg</i>	22	<i>montelukast sodium oral granules packet 4</i> <i>mg (base equiv)</i>	120
<i>minocycline hcl tab 75 mg</i>	22	<i>montelukast sodium tab 10 mg (base equiv)</i>	120
<i>minoxidil tab 10 mg</i>	46	<i>morphine sulfate beads cap er 24hr 120 mg</i>	5
<i>minoxidil tab 2.5 mg</i>	46	<i>morphine sulfate beads cap er 24hr 30 mg</i> 5	
MIRCERA INJ 100MCG.....	100	<i>morphine sulfate beads cap er 24hr 45 mg</i> 5	
MIRCERA INJ 120MCG.....	100	<i>morphine sulfate beads cap er 24hr 60 mg</i> 5	
MIRCERA INJ 150MCG.....	100	<i>morphine sulfate beads cap er 24hr 75 mg</i> 5	
MIRCERA INJ 200MCG.....	100	<i>morphine sulfate beads cap er 24hr 90 mg</i> 5	
MIRCERA INJ 30MCG.....	100	<i>morphine sulfate cap er 24hr 10 mg</i>	5
MIRCERA INJ 50MCG.....	100	<i>morphine sulfate cap er 24hr 100 mg</i>	5
MIRCERA INJ 75MCG.....	100		
MIRENA IUD SYSTEM.....	81		
<i>mirtazapine orally disintegrating tab 15 mg</i>	54		
<i>mirtazapine orally disintegrating tab 30 mg</i>	54		
<i>mirtazapine orally disintegrating tab 45 mg</i>	54		
<i>mirtazapine tab 15 mg</i>	54		
<i>mirtazapine tab 30 mg</i>	54		

<i>morphine sulfate cap er 24hr 20 mg</i>	5	MYRBETRIQ SUS 8MG/ML.....	98
<i>morphine sulfate cap er 24hr 30 mg</i>	5	MYRBETRIQ TAB 25MG.....	98
<i>morphine sulfate cap er 24hr 50 mg</i>	5	MYRBETRIQ TAB 50MG.....	98
<i>morphine sulfate cap er 24hr 60 mg</i>	5	N	
<i>morphine sulfate cap er 24hr 80 mg</i>	5	<i>nabumetone tab 500 mg</i>	2
<i>morphine sulfate iv soln 10 mg/ml</i>	5	<i>nabumetone tab 750 mg</i>	2
<i>morphine sulfate iv soln 4 mg/ml</i>	5	<i>nadolol tab 20 mg</i>	41
<i>morphine sulfate oral soln 10 mg/5ml</i>	6	<i>nadolol tab 40 mg</i>	41
<i>morphine sulfate oral soln 100 mg/5ml (20</i> <i>mg/ml)</i>	6	<i>nadolol tab 80 mg</i>	41
<i>morphine sulfate oral soln 20 mg/5ml</i>	6	<i>nafrinse drops</i>	111
<i>morphine sulfate tab 15 mg</i>	6	<i>naftifine hcl cream 1%</i>	125
<i>morphine sulfate tab 30 mg</i>	6	<i>naftifine hcl cream 2%</i>	125
<i>morphine sulfate tab er 100 mg</i>	6	<i>nalbuphine hcl inj 10 mg/ml</i>	6
<i>morphine sulfate tab er 15 mg</i>	6	<i>nalbuphine hcl inj 20 mg/ml</i>	6
<i>morphine sulfate tab er 200 mg</i>	6	<i>naloxone hcl inj 0.4 mg/ml</i>	73
<i>morphine sulfate tab er 30 mg</i>	6	<i>naloxone hcl inj 4 mg/10ml</i>	73
<i>morphine sulfate tab er 60 mg</i>	6	<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	73
MOTOFEN TAB 1-0.025.....	92	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	73
MOVANTIK TAB 12.5MG.....	96	<i>naloxone hcl soln prefilled syringe 2</i> <i>mg/2ml</i>	73
MOVANTIK TAB 25MG.....	96	<i>naltrexone hcl tab 50 mg</i>	73
<i>moxifloxacin hcl ophth soln 0.5% (base eq)</i> <i>(2 times daily)</i>	114	<i>naproxen tab 250 mg</i>	2
<i>moxifloxacin hcl ophth soln 0.5% (base</i> <i>equiv)</i>	114	<i>naproxen tab 375 mg</i>	2
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	18	<i>naproxen tab 500 mg</i>	2
MULTAQ TAB 400MG.....	37	<i>naratriptan hcl tab 1 mg (base equiv)</i>	69
<i>multivitamin/fluoride</i>	113	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	69
<i>multi-vitamin/fluoride dr</i>	113	NATACYN SUS 5% OP.....	114
<i>multi-vitamin/fluoride/ir</i>	113	<i>nateglinide tab 120 mg</i>	78
<i>mupirocin oint 2%</i>	124	<i>nateglinide tab 60 mg</i>	78
MYALEPT INJ 11.3MG.....	84	NAYZILAM SPR 5MG.....	63
<i>mycophenolate mofetil cap 250 mg</i>	107	<i>nebivolol hcl tab 10 mg (base equivalent)</i>	41
<i>mycophenolate mofetil for oral susp 200</i> <i>mg/ml</i>	107	<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	41
<i>mycophenolate mofetil hcl for iv soln 500</i> <i>mg (base equiv)</i>	107	<i>nebivolol hcl tab 20 mg (base equivalent)</i>	41
<i>mycophenolate mofetil tab 500 mg</i>	108	<i>nebivolol hcl tab 5 mg (base equivalent)</i>	41
<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i>	108	<i>necon 0.5/35-28</i>	81
<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i>	108	<i>nefazodone hcl tab 100 mg</i>	54
MYFORTIC TAB 180MG.....	108	<i>nefazodone hcl tab 150 mg</i>	54
MYFORTIC TAB 360MG.....	108	<i>nefazodone hcl tab 200 mg</i>	54
		<i>nefazodone hcl tab 250 mg</i>	54
		<i>nefazodone hcl tab 50 mg</i>	54
		<i>neomycin sulfate tab 500 mg</i>	10
		<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i> <i>400unt-10000unt op oin</i>	114

<i>neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	114	<i>nifedipine tab er 24hr 30 mg</i>	43
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	113	<i>nifedipine tab er 24hr 60 mg</i>	43
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	113	<i>nifedipine tab er 24hr 90 mg</i>	43
<i>neomycin-polymyxin-hc ophth susp</i>	113	<i>nifedipine tab er 24hr osmotic release 30 mg</i>	43
<i>neomycin-polymyxin-hc otic soln 1%</i>	129	<i>nifedipine tab er 24hr osmotic release 60 mg</i>	43
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	129	<i>nifedipine tab er 24hr osmotic release 90 mg</i>	43
NEORAL CAP 100MG.....	108	<i>nikki</i>	81
NEORAL CAP 25MG.....	108	<i>nilutamide tab 150 mg</i>	27
NEORAL SOL 100MG/ML.....	108	<i>nimodipine cap 30 mg</i>	43
NEUPRO DIS 1MG/24HR.....	57	NIPENT INJ 10MG.....	31
NEUPRO DIS 2MG/24HR.....	57	<i>nisoldipine tab er 24hr 17 mg</i>	43
NEUPRO DIS 3MG/24HR.....	57	<i>nisoldipine tab er 24hr 20 mg</i>	43
NEUPRO DIS 4MG/24HR.....	57	<i>nisoldipine tab er 24hr 25.5 mg</i>	43
NEUPRO DIS 6MG/24HR.....	57	<i>nisoldipine tab er 24hr 30 mg</i>	43
NEUPRO DIS 8MG/24HR.....	57	<i>nisoldipine tab er 24hr 34 mg</i>	43
NEVANAC SUS 0.1% OP	114	<i>nisoldipine tab er 24hr 40 mg</i>	43
<i>nevirapine susp 50 mg/5ml</i>	12	<i>nisoldipine tab er 24hr 8.5 mg</i>	43
<i>nevirapine tab 200 mg</i>	12	<i>nitazoxanide tab 500 mg</i>	20
<i>nevirapine tab er 24hr 100 mg</i>	12	<i>nitisinone cap 10 mg</i>	89
<i>nevirapine tab er 24hr 400 mg</i>	12	<i>nitisinone cap 2 mg</i>	89
NEXIUM GRA 2.5MG DR	96	<i>nitisinone cap 20 mg</i>	89
NEXIUM GRA 5MG DR	96	<i>nitisinone cap 5 mg</i>	89
NEXPLANON IMP 68MG.....	81	NITRO-BID OIN 2%.....	46
NEXTSTELLIS TAB 3-14.2MG.....	81	NITRO-DUR DIS 0.3MG/HR.....	46
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	40	NITRO-DUR DIS 0.8MG/HR.....	46
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	40	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	20
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	40	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	20
<i>nicardipine hcl cap 20 mg</i>	43	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	20
<i>nicardipine hcl cap 30 mg</i>	43	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	20
<i>nicotine polacrilex gum 2 mg</i>	74	<i>nitrofurantoin susp 25 mg/5ml</i>	20
<i>nicotine polacrilex gum 4 mg</i>	74	<i>nitroglycerin sl tab 0.3 mg</i>	46
<i>nicotine polacrilex lozenge 2 mg</i>	74	<i>nitroglycerin sl tab 0.4 mg</i>	46
<i>nicotine step 3</i>	74	<i>nitroglycerin sl tab 0.6 mg</i>	46
<i>nicotine td patch 24hr 14 mg/24hr</i>	74	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	46
<i>nicotine td patch 24hr 21 mg/24hr</i>	74	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	46
<i>nicotine td patch 24hr 7 mg/24hr</i>	74	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	46
NICOTROL INH	74	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	46
NICOTROL NS SPR 10MG/ML.....	74		

<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	46	NORVIR POW 100MG.....	12
NIVESTYM INJ 300/0.5.....	100	NOVAVAX VAC INJ COVID-19.....	109
NIVESTYM INJ 300MCG.....	100	NOVOFINE MIS 32GX6MM.....	83
NIVESTYM INJ 480/0.8.....	100	NOVOLIN INJ 70/30.....	77
NIVESTYM INJ 480MCG.....	101	NOVOLIN INJ 70/30 FP.....	77
<i>nizatidine cap 150 mg</i>	94	NOVOLIN N INJ 100 UNIT.....	77
<i>nizatidine cap 300 mg</i>	94	NOVOLIN N INJ U-100.....	77
<i>nora-be</i>	81	NOVOLIN R INJ 100 UNIT.....	77
NORDIPEN 5 MIS DEVICE.....	89	NOVOLIN R INJ U-100.....	77
NORDIPEN DEL MIS SYSTEM.....	89	NOVOLOG INJ 100/ML.....	77
NORDITROPIN INJ 10/1.5ML.....	89	NOVOLOG INJ FLEXPEN.....	77
NORDITROPIN INJ 15/1.5ML.....	89	NOVOLOG INJ PENFILL.....	77
NORDITROPIN INJ 30/3ML.....	89	NOVOLOG MIX INJ 70/30.....	77
NORDITROPIN INJ 5/1.5ML.....	89	NOVOLOG MIX INJ FLEXPEN.....	77
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	81	NUBEQA TAB 300MG.....	27
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	81	NUCYNTA ER TAB 100MG.....	6
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	81	NUCYNTA ER TAB 150MG.....	6
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	81	NUCYNTA ER TAB 200MG.....	6
<i>norethindrone acetate tab 5 mg</i>	91	NUCYNTA ER TAB 250MG.....	6
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	87	NUCYNTA ER TAB 50MG.....	6
<i>norethindrone tab 0.35 mg</i>	82	NUCYNTA TAB 100MG.....	7
<i>norgesic</i>	72	NUCYNTA TAB 50MG.....	6
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	82	NUCYNTA TAB 75MG.....	6
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	82	NUEDEXTA CAP 20-10MG.....	73
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	82	NULOJIX INJ 250MG.....	108
NORPACE CAP 100MG CR.....	37	<i>nyamyc</i>	125
NORPACE CAP 150MG CR.....	37	<i>nylia 1/35</i>	82
<i>nortrel 0.5/35 (28)</i>	82	<i>nystatin cream 100000 unit/gm</i>	125
<i>nortrel 1/35</i>	82	<i>nystatin oint 100000 unit/gm</i>	125
<i>nortrel 7/7/7</i>	82	<i>nystatin susp 100000 unit/ml</i>	129
<i>nortriptyline hcl cap 10 mg</i>	54	<i>nystatin tab 500000 unit</i>	11
<i>nortriptyline hcl cap 25 mg</i>	54	<i>nystatin topical powder 100000 unit/gm</i>	125
<i>nortriptyline hcl cap 50 mg</i>	54	<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	125
<i>nortriptyline hcl cap 75 mg</i>	54	<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	125
<i>nortriptyline hcl soln 10 mg/5ml</i>	54	<i>nystop</i>	125
		NYVEPRIA INJ 6/0.6ML.....	101
		o	
		<i>ocella</i>	82
		<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	75
		<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	75

<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	75	<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i> ..	35
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	75	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	35
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	75	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i> ...	35
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	75	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i> ..	35
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	75	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	35
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	75	<i>olopatadine hcl nasal soln 0.6%</i>	118
<i>ODEFSEY TAB</i>	14	<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	114
<i>ODOMZO CAP 200MG</i>	31	<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	114
<i>OFEV CAP 100MG</i>	121	<i>omega-3-acid ethyl esters cap 1 gm</i>	40
<i>OFEV CAP 150MG</i>	121	<i>omeprazole cap delayed release 10 mg</i> ...	96
<i>ofloxacin ophth soln 0.3%</i>	114	<i>omeprazole cap delayed release 20 mg</i> ...	96
<i>ofloxacin otic soln 0.3%</i>	129	<i>omeprazole cap delayed release 40 mg</i> ...	96
<i>ofloxacin tab 300 mg</i>	18	<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	96
<i>ofloxacin tab 400 mg</i>	18	<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	96
<i>olanzapine for im inj 10 mg</i>	59	<i>OMNARIS SPR</i>	121
<i>olanzapine orally disintegrating tab 10 mg</i>	59	<i>OMNIFLEX DPR</i>	82
<i>olanzapine orally disintegrating tab 15 mg</i>	59	<i>OMNIPOD 5 G6 KIT INTRO</i>	83
<i>olanzapine orally disintegrating tab 20 mg</i>	59	<i>OMNIPOD 5 G6 MIS PODS</i>	83
<i>olanzapine orally disintegrating tab 5 mg</i>	59	<i>OMNIPOD 5 G7 KIT INTRO</i>	83
<i>olanzapine tab 10 mg</i>	59	<i>OMNIPOD 5 G7 MIS PODS</i>	83
<i>olanzapine tab 15 mg</i>	59	<i>OMNIPOD DASH KIT INTRO</i>	83
<i>olanzapine tab 2.5 mg</i>	59	<i>OMNIPOD DASH KIT PDM</i>	83
<i>olanzapine tab 20 mg</i>	59	<i>OMNIPOD DASH MIS PODS</i>	83
<i>olanzapine tab 5 mg</i>	59	<i>ONCASPAR INJ 750/ML</i>	31
<i>olanzapine tab 7.5 mg</i>	59	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i> ..	93
<i>olmesartan medoxomil tab 20 mg</i>	36	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	93
<i>olmesartan medoxomil tab 40 mg</i>	36	<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	93
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	35	<i>ondansetron hcl oral soln 4 mg/5ml</i>	93
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	35	<i>ondansetron hcl tab 24 mg</i>	93
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>	35	<i>ondansetron hcl tab 4 mg</i>	93
		<i>ondansetron hcl tab 8 mg</i>	93
		<i>ondansetron orally disintegrating tab 4 mg</i>	93

<i>ondansetron orally disintegrating tab 8 mg</i>		<i>oseltamivir phosphate for susp 6 mg/ml</i>	
.....	93	(base equiv).....	15
ONETOUCH KIT ULT MINI	83	<i>osmitrol viaflex</i>	45
ONETOUCH KIT ULTRA 2	83	OSMOPREP TAB 1.5GM.....	95
ONETOUCH KIT VERIO	84	OSPHENA TAB 60MG.....	90
ONETOUCH KIT VERIO FL	84	OTEZLA TAB 10/20/30.....	105
ONETOUCH KIT VERIO IQ.....	84	OTEZLA TAB 30MG.....	105
ONETOUCH KIT VERIO RE.....	84	<i>oxaliplatin for iv inj 100 mg</i>	32
ONETOUCH SOL KIT COMPLETE.....	84	<i>oxaliplatin for iv inj 50 mg</i>	32
ONETOUCH SOL KIT FIT.....	84	<i>oxaliplatin iv soln 100 mg/20ml</i>	32
ONETOUCH SOL KIT REFILL	84	<i>oxaliplatin iv soln 50 mg/10ml</i>	32
ONETOUCH SOL KIT STARTER.....	84	<i>oxandrolone tab 10 mg</i>	75
ONETOUCH TES ULTRA	84	<i>oxandrolone tab 2.5 mg</i>	75
ONETOUCH TES VERIO	84	<i>oxaprozin tab 600 mg</i>	2
ONGENTYS CAP 25MG.....	57	<i>oxazepam cap 10 mg</i>	49
ONGENTYS CAP 50MG	57	<i>oxazepam cap 15 mg</i>	49
OPSUMIT TAB 10MG.....	47	<i>oxazepam cap 30 mg</i>	49
<i>oralone dental paste</i>	129	<i>oxcarbazepine susp 300 mg/5ml (60</i>	
ORAVIG TAB 50MG.....	129	<i>mg/ml)</i>	63
ORENITRAM TAB 0.125MG.....	47	<i>oxcarbazepine tab 150 mg</i>	63
ORENITRAM TAB 0.25MG.....	47	<i>oxcarbazepine tab 300 mg</i>	63
ORENITRAM TAB 1MG.....	47	<i>oxcarbazepine tab 600 mg</i>	63
ORENITRAM TAB 2.5MG	47	<i>oxiconazole nitrate cream 1%</i>	125
ORENITRAM TAB 5MG	47	<i>oxybutynin chloride solution 5 mg/5ml</i>	98
ORENITRAM TAB MONTH 1.....	47	<i>oxybutynin chloride tab 5 mg</i>	98
ORENITRAM TAB MONTH 2.....	47	<i>oxybutynin chloride tab er 24hr 10 mg</i>	98
ORENITRAM TAB MONTH 3.....	47	<i>oxybutynin chloride tab er 24hr 15 mg</i>	98
ORFADIN CAP 20MG.....	89	<i>oxybutynin chloride tab er 24hr 5 mg</i>	98
ORFADIN SUS 4MG/ML.....	89	<i>oxycodone hcl cap 5 mg</i>	7
ORLISSA TAB 150MG.....	84	<i>oxycodone hcl conc 100 mg/5ml (20</i>	
ORLISSA TAB 200MG.....	84	<i>mg/ml)</i>	7
ORKAMBI GRA 100-125	120	<i>oxycodone hcl soln 5 mg/5ml</i>	7
ORKAMBI GRA 150-188	120	<i>oxycodone hcl tab 10 mg</i>	7
ORKAMBI GRA 75-94MG	120	<i>oxycodone hcl tab 15 mg</i>	7
ORKAMBI TAB 100-125.....	120	<i>oxycodone hcl tab 20 mg</i>	7
ORKAMBI TAB 200-125	120	<i>oxycodone hcl tab 30 mg</i>	7
<i>orphenadrine citrate inj 30 mg/ml</i>	72	<i>oxycodone hcl tab 5 mg</i>	7
<i>orphenadrine citrate tab er 12hr 100 mg</i> ..	72	<i>oxycodone hcl tab er 12hr deter 10 mg</i>	7
<i>oseltamivir phosphate cap 30 mg (base</i>		<i>oxycodone hcl tab er 12hr deter 20 mg</i>	7
<i>equiv)</i>	15	<i>oxycodone hcl tab er 12hr deter 40 mg</i>	7
<i>oseltamivir phosphate cap 45 mg (base</i>		<i>oxycodone hcl tab er 12hr deter 80 mg</i>	7
<i>equiv)</i>	15	<i>oxycodone w/ acetaminophen tab 10-325</i>	
<i>oseltamivir phosphate cap 75 mg (base</i>		<i>mg</i>	8
<i>equiv)</i>	15		

<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	7	<i>paroxetine hcl tab 10 mg</i>	54
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	7	<i>paroxetine hcl tab 20 mg</i>	54
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	7	<i>paroxetine hcl tab 30 mg</i>	54
<i>oxymorphone hcl tab 10 mg</i>	8	<i>paroxetine hcl tab 40 mg</i>	54
<i>oxymorphone hcl tab 5 mg</i>	8	<i>paroxetine hcl tab er 24hr 12.5 mg</i>	55
<i>oxymorphone hcl tab er 12hr 10 mg</i>	8	<i>paroxetine hcl tab er 24hr 25 mg</i>	55
<i>oxymorphone hcl tab er 12hr 15 mg</i>	8	<i>paroxetine hcl tab er 24hr 37.5 mg</i>	55
<i>oxymorphone hcl tab er 12hr 20 mg</i>	8	PAXLOVID TAB 150-100.....	15
<i>oxymorphone hcl tab er 12hr 30 mg</i>	8	PAXLOVID TAB 300-100	15
<i>oxymorphone hcl tab er 12hr 40 mg</i>	8	<i>pazopanib hcl tab 200 mg (base equiv)</i>	29
<i>oxymorphone hcl tab er 12hr 5 mg</i>	8	PEDIARIX INJ 0.5ML.....	109
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	8	PEDVAX HIB INJ.....	109
OZEMPIC INJ 2MG/3ML.....	76	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	95
OZEMPIC INJ 4MG/3ML.....	76	<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	95
OZEMPIC INJ 8MG/3ML.....	76	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	95
P		PEGASYS INJ.....	18
<i>pacerone</i>	37	PEGASYS INJ 180MCG/M.....	18
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	25	PEG-PREP KIT	95
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	25	<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	24
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i> ..	24	<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	24
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	25	PENBRAYA INJ.....	110
PADCEV INJ 20MG	25	<i>peniclovir cream 1%</i>	128
PADCEV INJ 30MG	25	<i>penicillamine tab 250 mg</i>	79
<i>paliperidone tab er 24hr 1.5 mg</i>	59	<i>penicillin g potassium for inj 20000000 unit</i>	21
<i>paliperidone tab er 24hr 3 mg</i>	59	<i>penicillin g potassium for inj 5000000 unit</i>	21
<i>paliperidone tab er 24hr 6 mg</i>	59	<i>penicillin g sodium for inj 5000000 unit</i> ...	21
<i>paliperidone tab er 24hr 9 mg</i>	59	<i>penicillin v potassium for soln 125 mg/5ml</i>	21
<i>pamidronate disodium iv soln 3 mg/ml</i>	79	<i>penicillin v potassium for soln 250 mg/5ml</i>	21
PANDA MASK MIS PEDIATRI.....	121	<i>penicillin v potassium tab 250 mg</i>	21
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	97	<i>penicillin v potassium tab 500 mg</i>	21
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	97	PENTACEL INJ	110
PARAGARD IUD T380A.....	82	<i>pentamidine isethionate for inj soln 300 mg</i>	20
<i>paraplatin</i>	32	<i>pentamidine isethionate for nebulization soln 300 mg</i>	20
<i>paricalcitol cap 1 mcg</i>	113		
<i>paricalcitol cap 2 mcg</i>	113		
<i>paricalcitol cap 4 mcg</i>	113		

<i>pentoxifylline tab er 400 mg</i>	101	<i>pilocarpine hcl ophth soln 1%</i>	115
<i>perindopril erbumine tab 2 mg</i>	34	<i>pilocarpine hcl tab 5 mg</i>	129
<i>perindopril erbumine tab 4 mg</i>	34	<i>pilocarpine hcl tab 7.5 mg</i>	129
<i>perindopril erbumine tab 8 mg</i>	34	<i>pimecrolimus cream 1%</i>	126
<i>periogard</i>	129	<i>pimozide tab 1 mg</i>	74
<i>permethrin cream 5%</i>	129	<i>pimozide tab 2 mg</i>	74
<i>perphenazine tab 16 mg</i>	59	<i>pindolol tab 10 mg</i>	41
<i>perphenazine tab 2 mg</i>	59	<i>pindolol tab 5 mg</i>	41
<i>perphenazine tab 4 mg</i>	59	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	77
<i>perphenazine tab 8 mg</i>	59	<i>pioglitazone hcl tab 30 mg (base equiv)</i> ...	78
<i>perphenazine-amitriptyline tab 2-10 mg</i> ..	73	<i>pioglitazone hcl tab 45 mg (base equiv)</i> ..	78
<i>perphenazine-amitriptyline tab 2-25 mg</i> ..	73	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> .78	
<i>perphenazine-amitriptyline tab 4-10 mg</i> ..	74	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> 78	
<i>perphenazine-amitriptyline tab 4-25 mg</i> ..	74	<i>pioglitazone hcl-metformin hcl tab 15-500</i>	
<i>perphenazine-amitriptyline tab 4-50 mg</i> .74		<i>mg</i>	78
<i>PFIZER 5-11Y INJ 2023-24</i>	110	<i>pioglitazone hcl-metformin hcl tab 15-850</i>	
<i>PFIZER 6M-4Y INJ 2023-24</i>	110	<i>mg</i>	78
<i>pfizerpen</i>	21	<i>piperacillin sod-tazobactam na for inj 3.375</i>	
<i>phenelzine sulfate tab 15 mg</i>	55	<i>gm (3-0.375 gm)</i>	21
<i>phenobarbital elixir 20 mg/5ml</i>	63	<i>piperacillin sod-tazobactam sod for inj 2.25</i>	
<i>phenobarbital tab 100 mg</i>	63	<i>gm (2-0.25 gm)</i>	21
<i>phenobarbital tab 15 mg</i>	63	<i>piperacillin sod-tazobactam sod for inj 40.5</i>	
<i>phenobarbital tab 16.2 mg</i>	63	<i>gm (36-4.5 gm)</i>	22
<i>phenobarbital tab 30 mg</i>	63	<i>pirfenidone cap 267 mg</i>	121
<i>phenobarbital tab 32.4 mg</i>	63	<i>pirfenidone tab 267 mg</i>	121
<i>phenobarbital tab 60 mg</i>	63	<i>pirfenidone tab 801 mg</i>	121
<i>phenobarbital tab 64.8 mg</i>	63	<i>piroxicam cap 10 mg</i>	2
<i>phenobarbital tab 97.2 mg</i>	63	<i>piroxicam cap 20 mg</i>	2
<i>phenoxybenzamine hcl cap 10 mg</i>	46	<i>pitavastatin calcium tab 1 mg</i>	39
<i>phenylephrine hcl ophth soln 10%</i>	116	<i>pitavastatin calcium tab 2 mg</i>	39
<i>phenylephrine hcl ophth soln 2.5%</i>	115	<i>pitavastatin calcium tab 4 mg</i>	39
<i>phenytoin infatabs</i>	63	<i>PLENVU SOL</i>	95
<i>phenytoin sodium extended cap 100 mg</i> .63		<i>PNEUMOVAX 23 INJ 25/0.5</i>	110
<i>phenytoin sodium extended cap 200 mg</i> 63		<i>pnv-dha</i>	112
<i>phenytoin sodium extended cap 300 mg</i> 63		<i>pnv-select</i>	112
<i>phenytoin sodium inj 50 mg/ml</i>	63	<i>podofilox gel 0.5%</i>	128
<i>phenytoin susp 125 mg/5ml</i>	63	<i>podofilox soln 0.5%</i>	128
<i>PHEXXI GEL</i>	97	<i>POLIVY INJ 140MG</i>	25
<i>PHOSLYRA SOL</i>	90	<i>POLIVY INJ 30MG</i>	25
<i>PHOSPHOLINE SOL 0.125%OP</i>	115	<i>polycin</i>	114
<i>PHOTOFRIN INJ 75MG</i>	31	<i>polyethylene glycol 3350 oral powder 17</i>	
<i>physiolyte</i>	116	<i>gm/scoop</i>	95
<i>physiosol irrigation</i>	116	<i>polymyxin b sulfate for inj 500000 unit</i> ...	20
<i>phytonadione tab 5 mg</i>	113		

<i>polymyxin b-trimethoprim ophth soln</i>		<i>pramipexole dihydrochloride tab er 24hr</i>	
10000 unit/ml-0.1%.....	114	0.75 mg	57
POMALYST CAP 1MG.....	25	<i>pramipexole dihydrochloride tab er 24hr 1.5</i>	
POMALYST CAP 2MG.....	25	<i>mg.....</i>	57
POMALYST CAP 3MG.....	25	<i>pramipexole dihydrochloride tab er 24hr</i>	
POMALYST CAP 4MG.....	25	2.25 mg.....	57
<i>portia-28.....</i>	82	<i>pramipexole dihydrochloride tab er 24hr 3</i>	
<i>posaconazole susp 40 mg/ml.....</i>	11	<i>mg.....</i>	57
<i>posaconazole tab delayed release 100 mg</i>	11	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride cap er 10 meq.....</i>	111	3.75 mg.....	57
<i>potassium chloride cap er 8 meq.....</i>	111	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride inj 2 meq/ml.....</i>	112	4.5 mg.....	57
<i>potassium chloride microencapsulated crys</i>		<i>prasugrel hcl tab 10 mg (base equiv)</i>	101
<i>er tab 10 meq.....</i>	111	<i>prasugrel hcl tab 5 mg (base equiv).....</i>	101
<i>potassium chloride microencapsulated crys</i>		<i>pravastatin sodium tab 10 mg.....</i>	39
<i>er tab 20 meq.....</i>	111	<i>pravastatin sodium tab 20 mg.....</i>	39
<i>potassium chloride oral soln 10% (20</i>		<i>pravastatin sodium tab 40 mg.....</i>	39
<i>meq/15ml).....</i>	111	<i>pravastatin sodium tab 80 mg.....</i>	39
<i>potassium chloride oral soln 20% (40</i>		<i>praziquantel tab 600 mg.....</i>	10
<i>meq/15ml).....</i>	111	<i>prazosin hcl cap 1 mg.....</i>	34
<i>potassium chloride tab er 10 meq.....</i>	111	<i>prazosin hcl cap 2 mg.....</i>	34
<i>potassium chloride tab er 20 meq (1500</i>		<i>prazosin hcl cap 5 mg.....</i>	34
<i>mg).....</i>	111	<i>PRED SOD PHO SOL 1% OP.....</i>	114
<i>potassium chloride tab er 8 meq (600 mg)</i>		<i>prednisolone acetate ophth susp 1%.....</i>	114
<i>.....</i>	111	<i>prednisolone sod phos orally disintegr tab</i>	
<i>potassium citrate tab er 10 meq (1080 mg)</i>		10 mg (base eq).....	88
<i>.....</i>	98	<i>prednisolone sod phos orally disintegr tab</i>	
<i>potassium citrate tab er 15 meq (1620 mg)</i>		15 mg (base eq).....	88
<i>.....</i>	98	<i>prednisolone sod phos orally disintegr tab</i>	
<i>potassium citrate tab er 5 meq (540 mg).</i>	98	30 mg (base eq).....	88
<i>PRADAXA CAP 110MG.....</i>	100	<i>prednisolone sod phosph oral soln 6.7</i>	
<i>PRADAXA CAP 75MG.....</i>	99	<i>mg/5ml (5 mg/5ml base).....</i>	88
<i>pramipexole dihydrochloride tab 0.125 mg</i>		<i>prednisolone sod phosphate oral soln 15</i>	
<i>.....</i>	57	<i>mg/5ml (base equiv).....</i>	88
<i>pramipexole dihydrochloride tab 0.25 mg</i>		<i>prednisolone sodium phosphate oral soln</i>	
<i>.....</i>	57	25 mg/5ml (base eq).....	88
<i>pramipexole dihydrochloride tab 0.5 mg.</i>	57	<i>prednisolone soln 15 mg/5ml.....</i>	88
<i>pramipexole dihydrochloride tab 0.75 mg</i>		<i>PREDNISON CON 5MG/ML.....</i>	88
<i>.....</i>	57	<i>prednisone oral soln 5 mg/5ml.....</i>	88
<i>pramipexole dihydrochloride tab 1 mg.....</i>	57	<i>prednisone tab 1 mg.....</i>	88
<i>pramipexole dihydrochloride tab 1.5 mg..</i>	57	<i>prednisone tab 10 mg.....</i>	88
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>prednisone tab 2.5 mg.....</i>	88
0.375 mg.....	57	<i>prednisone tab 20 mg.....</i>	88
		<i>prednisone tab 5 mg.....</i>	88

<i>prednisone tab 50 mg</i>	89	<i>progesterone cap 100 mg</i>	91
<i>prednisone tab therapy pack 10 mg (21)</i> ..	89	<i>progesterone cap 200 mg</i>	91
<i>prednisone tab therapy pack 10 mg (48)</i> .	89	PROGRAF CAP 0.5MG.....	108
<i>prednisone tab therapy pack 5 mg (21)</i>	89	PROGRAF CAP 1MG.....	108
<i>prednisone tab therapy pack 5 mg (48)</i> ...	89	PROGRAF CAP 5MG.....	108
<i>pregabalin cap 100 mg</i>	63	PROGRAF GRA 0.2MG.....	108
<i>pregabalin cap 150 mg</i>	63	PROGRAF GRA 1MG.....	108
<i>pregabalin cap 200 mg</i>	63	PROGRAF INJ 5MG/ML	108
<i>pregabalin cap 225 mg</i>	63	PROLASTIN-C INJ 1000MG.....	116
<i>pregabalin cap 25 mg</i>	63	PROLIA INJ 60MG/ML	90
<i>pregabalin cap 300 mg</i>	63	<i>promethazine hcl inj 25 mg/ml</i>	93
<i>pregabalin cap 50 mg</i>	63	<i>promethazine hcl inj 50 mg/ml</i>	93
<i>pregabalin cap 75 mg</i>	63	<i>promethazine hcl suppos 12.5 mg</i>	93
<i>pregabalin soln 20 mg/ml</i>	63	<i>promethazine hcl suppos 25 mg</i>	93
PREHEVBRIO SUS 10MCG/ML.....	110	<i>promethazine hcl syrup 6.25 mg/5ml</i>	93
PREMARIN TAB 0.3MG.....	87	<i>promethazine hcl tab 12.5 mg</i>	93
PREMARIN TAB 0.45MG	87	<i>promethazine hcl tab 25 mg</i>	94
PREMARIN TAB 0.625MG	87	<i>promethazine hcl tab 50 mg</i>	94
PREMARIN TAB 0.9MG.....	87	<i>promethazine vc</i>	119
PREMARIN TAB 1.25MG	87	<i>promethazine vc/codeine</i>	119
PREMARIN VAG CRE 0.625MG.....	87	<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i>	119
<i>prenatal 19</i>	112	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	119
PRETOMANID TAB 200MG.....	15	<i>promethegan</i>	94
<i>prevalite</i>	37	<i>propafenone hcl cap er 12hr 225 mg</i>	37
PREVNAR 13 INJ	110	<i>propafenone hcl cap er 12hr 325 mg</i>	37
PREVNAR 20 INJ.....	110	<i>propafenone hcl cap er 12hr 425 mg</i>	37
PREZCOBIX TAB 800-150	14	<i>propafenone hcl tab 150 mg</i>	37
PREZISTA SUS 100MG/ML.....	12	<i>propafenone hcl tab 225 mg</i>	37
PREZISTA TAB 150MG.....	12	<i>propafenone hcl tab 300 mg</i>	37
PREZISTA TAB 75MG.....	12	<i>proparacaine hcl ophth soln 0.5%</i>	116
PRIFTIN TAB 150MG	15	<i>propranolol hcl cap er 24hr 120 mg</i>	41
<i>primaquine phosphate tab 26.3 mg (15 mg</i> <i>base)</i>	11	<i>propranolol hcl cap er 24hr 160 mg</i>	41
<i>primidone tab 250 mg</i>	64	<i>propranolol hcl cap er 24hr 60 mg</i>	41
<i>primidone tab 50 mg</i>	64	<i>propranolol hcl cap er 24hr 80 mg</i>	41
PRIORIX INJ	110	<i>propranolol hcl oral soln 20 mg/5ml</i>	41
<i>probenecid tab 500 mg</i>	1	<i>propranolol hcl oral soln 40 mg/5ml</i>	41
<i>procainamide hcl inj 100 mg/ml</i>	37	<i>propranolol hcl tab 10 mg</i>	41
<i>prochlorperazine maleate tab 10 mg (base</i> <i>equivalent)</i>	93	<i>propranolol hcl tab 20 mg</i>	42
<i>prochlorperazine maleate tab 5 mg (base</i> <i>equivalent)</i>	93	<i>propranolol hcl tab 40 mg</i>	42
<i>prochlorperazine suppos 25 mg</i>	93	<i>propranolol hcl tab 60 mg</i>	42
<i>proctozone-hc</i>	97	<i>propranolol hcl tab 80 mg</i>	42
		<i>propylthiouracil tab 50 mg</i>	91
		PROQUAD INJ	110

<i>protriptyline hcl tab 10 mg</i>	55
<i>protriptyline hcl tab 5 mg</i>	55
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	119
<i>pyrazinamide tab 500 mg</i>	15
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	70
<i>pyridostigmine bromide tab 60 mg</i>	70
<i>pyridostigmine bromide tab er 180 mg</i>	70
<i>pyridoxine hcl tab 25 mg</i>	113
<i>pyridoxine hcl tab 50 mg</i>	113
<i>pyrimethamine tab 25 mg</i>	20
Q	
<i>QUADRACEL INJ</i>	110
<i>QUADRACEL INJ 0.5ML</i>	110
<i>quetiapine fumarate tab 100 mg</i>	59
<i>quetiapine fumarate tab 200 mg</i>	59
<i>quetiapine fumarate tab 25 mg</i>	59
<i>quetiapine fumarate tab 300 mg</i>	59
<i>quetiapine fumarate tab 400 mg</i>	60
<i>quetiapine fumarate tab 50 mg</i>	59
<i>quetiapine fumarate tab er 24hr 150 mg</i> ..	60
<i>quetiapine fumarate tab er 24hr 200 mg</i> ..	60
<i>quetiapine fumarate tab er 24hr 300 mg</i> ..	60
<i>quetiapine fumarate tab er 24hr 400 mg</i> ..	60
<i>quetiapine fumarate tab er 24hr 50 mg</i>	60
<i>quinapril hcl tab 10 mg</i>	34
<i>quinapril hcl tab 20 mg</i>	34
<i>quinapril hcl tab 40 mg</i>	34
<i>quinapril hcl tab 5 mg</i>	34
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	33
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	33
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	33
<i>quinine sulfate cap 324 mg</i>	11
<i>QULIPTA TAB 10MG</i>	69
<i>QULIPTA TAB 30MG</i>	69
<i>QULIPTA TAB 60MG</i>	69
<i>QVAR REDIIHA AER 80MCG</i>	122
<i>QVAR REDIIHAL AER 40MCG</i>	122
R	
<i>rabeprazole sodium ec tab 20 mg</i>	97

<i>raloxifene hcl tab 60 mg</i>	90
<i>ramelteon tab 8 mg</i>	68
<i>ramipril cap 1.25 mg</i>	34
<i>ramipril cap 10 mg</i>	34
<i>ramipril cap 2.5 mg</i>	34
<i>ramipril cap 5 mg</i>	34
<i>ranolazine tab er 12hr 1000 mg</i>	46
<i>ranolazine tab er 12hr 500 mg</i>	46
<i>RAPAMUNE SOL 1MG/ML</i>	108
<i>RAPAMUNE TAB 0.5MG</i>	108
<i>RAPAMUNE TAB 1MG</i>	108
<i>RAPAMUNE TAB 2MG</i>	108
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	57
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	57
<i>reclipsen</i>	82
<i>RECOMBIVA HB INJ 10MCG/ML</i>	110
<i>RECOMBIVA HB INJ 5MCG/0.5</i>	110
<i>RECOMBIVA-HB INJ 40MCG/ML</i>	110
<i>RECTIV OIN 0.4%</i>	128
<i>REGANEX GEL 0.01%</i>	129
<i>RELENZA MIS DISKHALE</i>	15
<i>REMODULIN INJ 10MG/ML</i>	47
<i>REMODULIN INJ 1MG/ML</i>	47
<i>REMODULIN INJ 2.5MG/ML</i>	47
<i>REMODULIN INJ 5MG/ML</i>	47
<i>repaglinide tab 0.5 mg</i>	78
<i>repaglinide tab 1 mg</i>	78
<i>repaglinide tab 2 mg</i>	78
<i>REPATHA INJ 140MG/ML</i>	40
<i>REPATHA PUSH INJ 420/3.5</i>	40
<i>REPATHA SURE INJ 140MG/ML</i>	40
<i>RESTASIS EMU 0.05% OP</i>	115
<i>RESTASIS MUL EMU 0.05% OP</i>	115
<i>RETACRIT INJ 10000UNT</i>	101
<i>RETACRIT INJ 20000UNI</i>	101
<i>RETACRIT INJ 2000UNIT</i>	101
<i>RETACRIT INJ 3000UNIT</i>	101
<i>RETACRIT INJ 40000UNT</i>	101
<i>RETACRIT INJ 4000UNIT</i>	101
<i>RETROVIR INJ 10MG/ML</i>	13
<i>REVLIMID CAP 10MG</i>	26
<i>REVLIMID CAP 15MG</i>	26
<i>REVLIMID CAP 2.5MG</i>	25

REVLIMID CAP 20MG	26	<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	50
REVLIMID CAP 25MG.....	26	<i>rivastigmine td patch 24hr 13.3 mg/24hr.</i>	50
REVLIMID CAP 5MG.....	26	<i>rivastigmine td patch 24hr 4.6 mg/24hr..</i>	50
REYATAZ POW 50MG.....	13	<i>rivastigmine td patch 24hr 9.5 mg/24hr..</i>	50
<i>ribavirin cap 200 mg</i>	18	<i>rivelsa</i>	82
<i>ribavirin tab 200 mg</i>	19	<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	69
<i>rifabutin cap 150 mg</i>	15	<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	69
<i>rifampin cap 150 mg</i>	15	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	69
<i>rifampin cap 300 mg</i>	15	<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	69
<i>rifampin for inj 600 mg</i>	15	<i>roflumilast tab 250 mcg</i>	121
<i>riluzole tab 50 mg</i>	70	<i>roflumilast tab 500 mcg</i>	121
<i>rimantadine hydrochloride tab 100 mg</i>	15	<i>ropinirole hydrochloride tab 0.25 mg</i>	57
RINVOQ TAB 15MG ER.....	105	<i>ropinirole hydrochloride tab 0.5 mg</i>	57
RINVOQ TAB 30MG ER.....	105	<i>ropinirole hydrochloride tab 1 mg</i>	57
RINVOQ TAB 45MG ER.....	105	<i>ropinirole hydrochloride tab 2 mg</i>	57
<i>risedronate sodium tab 150 mg</i>	79	<i>ropinirole hydrochloride tab 3 mg</i>	57
<i>risedronate sodium tab 30 mg</i>	79	<i>ropinirole hydrochloride tab 4 mg</i>	57
<i>risedronate sodium tab 35 mg</i>	79	<i>ropinirole hydrochloride tab 5 mg</i>	57
<i>risedronate sodium tab 5 mg</i>	79	<i>rosuvastatin calcium tab 10 mg</i>	39
<i>risedronate sodium tab delayed release 35 mg</i>	79	<i>rosuvastatin calcium tab 20 mg</i>	39
<i>risperidone orally disintegrating tab 0.25 mg</i>	60	<i>rosuvastatin calcium tab 40 mg</i>	39
<i>risperidone orally disintegrating tab 0.5 mg</i>	60	<i>rosuvastatin calcium tab 5 mg</i>	39
<i>risperidone orally disintegrating tab 1 mg</i>	60	ROTARIX SUS	110
<i>risperidone orally disintegrating tab 2 mg</i>	60	ROTATEQ SOL	110
<i>risperidone orally disintegrating tab 3 mg</i>	60	<i>rufinamide susp 40 mg/ml</i>	64
<i>risperidone orally disintegrating tab 4 mg</i>	60	<i>rufinamide tab 200 mg</i>	64
<i>risperidone soln 1 mg/ml</i>	60	<i>rufinamide tab 400 mg</i>	64
<i>risperidone tab 0.25 mg</i>	60	<i>ryclora</i>	118
<i>risperidone tab 0.5 mg</i>	60	RYDAPT CAP 25MG.....	29
<i>risperidone tab 1 mg</i>	60	S	
<i>risperidone tab 2 mg</i>	60	SANCUSO DIS 3.1MG.....	94
<i>risperidone tab 3 mg</i>	60	SANDIMMUNE CAP 100MG.....	108
<i>risperidone tab 4 mg</i>	60	SANDIMMUNE CAP 25MG.....	108
<i>ritonavir tab 100 mg</i>	13	SANDIMMUNE INJ 50MG/ML.....	108
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	50	SANDIMMUNE SOL 100MG/ML.....	108
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	50	<i>sapropterin dihydrochloride powder packet 100 mg</i>	84
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	50	<i>sapropterin dihydrochloride powder packet 500 mg</i>	84

<i>sapropterin dihydrochloride tab 100 mg</i> ..	84	<i>sirolimus tab 1 mg</i>	108
SAVELLA MIS TITR PAK.....	68	<i>sirolimus tab 2 mg</i>	108
SAVELLA TAB 100MG.....	68	SIRTURO TAB 100MG.....	15
SAVELLA TAB 12.5MG.....	68	SIRTURO TAB 20MG.....	15
SAVELLA TAB 25MG.....	68	SKYLA IUD 13.5MG.....	82
SAVELLA TAB 50MG.....	68	SKYRIZI INJ 150MG/ML.....	105
<i>scopolamine td patch 72hr 1 mg/3days</i> ...	94	SKYRIZI INJ 180/1.2.....	105
<i>selegiline hcl cap 5 mg</i>	57	SKYRIZI INJ 360/2.4.....	105
<i>selegiline hcl tab 5 mg</i>	57	SKYRIZI PEN INJ 150MG/ML.....	105
<i>selenium sulfide lotion 2.5%</i>	125	SKYRIZI SOL 60MG/ML.....	102
SELZENTRY SOL 20MG/ML.....	13	<i>sm nicotine transdermal s</i>	74
SELZENTRY TAB 25MG.....	13	SOD OXYBATE SOL 500MG/ML.....	72
SELZENTRY TAB 75MG.....	13	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>	
SEREVENT DIS AER 50MCG.....	119	<i>3.13-1.6 gm/177ml</i>	95
<i>sertraline hcl oral concentrate for solution</i>		<i>sodium chloride inj 2.5 meq/ml (14.6%)</i> ...	111
<i>20 mg/ml</i>	55	<i>sodium chloride irrigation soln 0.9%</i>	129
<i>sertraline hcl tab 100 mg</i>	55	<i>sodium chloride iv soln 0.45%</i>	112
<i>sertraline hcl tab 25 mg</i>	55	<i>sodium chloride iv soln 0.9%</i>	112
<i>sertraline hcl tab 50 mg</i>	55	<i>sodium chloride iv soln 3%</i>	112
<i>sevelamer carbonate packet 0.8 gm</i>	90	<i>sodium chloride iv soln 5%</i>	112
<i>sevelamer carbonate packet 2.4 gm</i>	90	<i>sodium chloride preservative free (pf) inj</i>	
<i>sevelamer carbonate tab 800 mg</i>	90	<i>0.9%</i>	112
SHARPS CONT MIS 2QUART	84	<i>sodium chloride soln nebu 0.9%</i>	121
SHINGRIX INJ 50/0.5ML.....	110	<i>sodium chloride soln nebu 10%</i>	121
SIGNIFOR INJ 0.3MG/ML.....	90	<i>sodium chloride soln nebu 3%</i>	121
SIGNIFOR INJ 0.6MG/ML.....	90	<i>sodium chloride soln nebu 7%</i>	121
SIGNIFOR INJ 0.9MG/ML.....	90	<i>sodium fluoride chew tab 0.25 mg f (from</i>	
<i>sildenafil citrate iv soln 10 mg/12.5ml (base</i>		<i>0.55 mg naf)</i>	111
<i>equivalent)</i>	47	<i>sodium fluoride chew tab 0.5 mg f (from 1.1</i>	
<i>sildenafil citrate tab 20 mg</i>	47	<i>mg naf)</i>	111
<i>silodosin cap 4 mg</i>	97	<i>sodium fluoride chew tab 1 mg f (from 2.2</i>	
<i>silodosin cap 8 mg</i>	97	<i>mg naf)</i>	112
<i>silver sulfadiazine cream 1%</i>	124	<i>sodium fluoride soln 0.5 mg/ml f (from 1.1</i>	
SIMBRINZA SUS 1-0.2%.....	115	<i>mg/ml naf)</i>	112
SIMPONI ARIA SOL 50MG/4ML.....	102	<i>sodium fluoride tab 0.5 mg f (from 1.1 mg</i>	
SIMPONI INJ 100MG/ML.....	105	<i>naf)</i>	112
SIMPONI INJ 50/0.5ML.....	105	<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	
<i>simvastatin tab 10 mg</i>	39	.....	112
<i>simvastatin tab 20 mg</i>	39	<i>sodium phenylbutyrate oral powder 3</i>	
<i>simvastatin tab 40 mg</i>	39	<i>gm/teaspoonful</i>	84
<i>simvastatin tab 5 mg</i>	39	<i>sodium phenylbutyrate tab 500 mg</i>	84
<i>simvastatin tab 80 mg</i>	40	SOFTCLIX MIS LANCETS	84
<i>sirolimus oral soln 1 mg/ml</i>	108	<i>solifenacin succinate tab 10 mg</i>	98
<i>sirolimus tab 0.5 mg</i>	108	<i>solifenacin succinate tab 5 mg</i>	98

SOLIQUA INJ 100/33.....	77	<i>sps</i>	79
SOLU-CORTEF INJ 1000MG.....	89	<i>sronyx</i>	82
SOLU-CORTEF INJ 100MG.....	89	<i>ssd</i>	124
SOLU-CORTEF INJ 250MG.....	89	<i>stavudine cap 15 mg</i>	13
SOLU-CORTEF INJ 500MG.....	89	<i>stavudine cap 20 mg</i>	13
SOLU-MEDROL INJ 2GM.....	89	<i>stavudine cap 30 mg</i>	13
SOMATULINE INJ 120/.5ML.....	75	<i>stavudine cap 40 mg</i>	13
SOMATULINE INJ 60/0.2ML.....	75	STELARA INJ 45MG/0.5	106
SOMATULINE INJ 90/0.3ML.....	75	STELARA INJ 90MG/ML	106
SOMAVERT INJ 10MG.....	75	STIOLTO AER 2.5-2.5.....	116
SOMAVERT INJ 15MG.....	75	STIVARGA TAB 40MG.....	30
SOMAVERT INJ 20MG.....	75	STRIVERDI AER 2.5MCG	119
SOMAVERT INJ 25MG.....	75	SUBLOCADE INJ 100/0.5.....	9
SOMAVERT INJ 30MG.....	75	SUBLOCADE INJ 300/1.5.....	9
<i>sorafenib tosylate tab 200 mg (base</i>		SUCRAID SOL 8500/ML.....	96
<i>equivalent)</i>	29	<i>sucralfate tab 1 gm</i>	96
<i>sotalol hcl (afib/afl) tab 120 mg</i>	37	SUFLAVE SOL	95
<i>sotalol hcl (afib/afl) tab 160 mg</i>	37	<i>sulconazole nitrate cream 1%</i>	125
<i>sotalol hcl (afib/afl) tab 80 mg</i>	37	<i>sulconazole nitrate solution 1%</i>	125
<i>sotalol hcl tab 120 mg</i>	37	<i>sulfacetamide sodium lotion 10% (acne)</i> 123	
<i>sotalol hcl tab 160 mg</i>	37	<i>sulfacetamide sodium ophth oint 10%</i>	114
<i>sotalol hcl tab 240 mg</i>	37	<i>sulfacetamide sodium ophth soln 10%</i>	114
<i>sotalol hcl tab 80 mg</i>	37	<i>sulfacetamide sodium-prednisolone ophth</i>	
SOVALDI PAK 150MG	19	<i>soln 10-0.23(0.25)%</i>	113
SOVALDI PAK 200MG.....	19	<i>sulfadiazine tab 500 mg</i>	10
SOVALDI TAB 200MG.....	19	<i>sulfamethoxazole-trimethoprim susp 200-</i>	
SOVALDI TAB 400MG.....	19	<i>40 mg/5ml</i>	10
SPIKEVAX INJ 50/0.5ML.....	110	<i>sulfamethoxazole-trimethoprim tab 400-80</i>	
<i>spinosad susp 0.9%</i>	129	<i>mg</i>	10
SPIRIVA AER 1.25MCG.....	117	<i>sulfamethoxazole-trimethoprim tab 800-</i>	
SPIRIVA CAP HANDIHLR.....	117	<i>160 mg</i>	10
SPIRIVA SPR 2.5MCG	117	SULFAMYLON CRE 85MG/GM.....	124
<i>spironolactone & hydrochlorothiazide tab</i>		<i>sulfasalazine tab 500 mg</i>	94
<i>25-25 mg</i>	45	<i>sulfasalazine tab delayed release 500 mg</i>	
<i>spironolactone tab 100 mg</i>	45	.....	94
<i>spironolactone tab 25 mg</i>	45	<i>sulindac tab 150 mg</i>	2
<i>spironolactone tab 50 mg</i>	45	<i>sulindac tab 200 mg</i>	2
<i>sprintec 28</i>	82	<i>sumatriptan nasal spray 20 mg/act</i>	70
SPRYCEL TAB 100MG.....	30	<i>sumatriptan nasal spray 5 mg/act</i>	69
SPRYCEL TAB 140MG.....	30	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	70
SPRYCEL TAB 20MG.....	30	<i>sumatriptan succinate solution auto-</i>	
SPRYCEL TAB 50MG	30	<i>injector 4 mg/0.5ml</i>	70
SPRYCEL TAB 70MG.....	30	<i>sumatriptan succinate solution auto-</i>	
SPRYCEL TAB 80MG	30	<i>injector 6 mg/0.5ml</i>	70

<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	70	SYNTHROID TAB 150MCG.....	91
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	70	SYNTHROID TAB 175MCG.....	91
<i>sumatriptan succinate tab 100 mg</i>	70	SYNTHROID TAB 200MCG.....	91
<i>sumatriptan succinate tab 25 mg</i>	70	SYNTHROID TAB 25MCG.....	91
<i>sumatriptan succinate tab 50 mg</i>	70	SYNTHROID TAB 300MCG.....	91
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	70	SYNTHROID TAB 50MCG.....	91
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	30	SYNTHROID TAB 75MCG.....	91
<i>sunitinib malate cap 25 mg (base equivalent)</i>	30	SYNTHROID TAB 88MCG.....	91
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	30	T	
<i>sunitinib malate cap 50 mg (base equivalent)</i>	30	TABLOID TAB 40MG.....	24
SUNOSI TAB 150MG.....	72	<i>tacrolimus cap 0.5 mg</i>	108
SUNOSI TAB 75MG.....	72	<i>tacrolimus cap 1 mg</i>	108
SUPPRELIN LA KIT 50MG.....	90	<i>tacrolimus cap 5 mg</i>	108
SUPRAX CHW 100MG.....	17	<i>tacrolimus oint 0.03%</i>	126
SUPRAX CHW 200MG.....	17	<i>tacrolimus oint 0.1%</i>	126
SUPRAX SUS 500/5ML.....	17	<i>tadalafil tab 2.5 mg</i>	97
SUTAB TAB.....	95	<i>tadalafil tab 20 mg (pah)</i>	47
<i>syeda</i>	82	<i>tadalafil tab 5 mg</i>	97
SYMDEKO TAB 100-150.....	120	TAFINLAR CAP 50MG.....	30
SYMDEKO TAB 50-75MG.....	120	TAFINLAR CAP 75MG.....	30
SYMLINPEN 60 INJ 1000MCG.....	76	TAFINLAR TAB 10MG.....	30
SYMLNPEN 120 INJ 1000MCG.....	76	<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	115
SYMTUZA TAB.....	14	<i>take action</i>	82
SYNAREL SOL 2MG/ML.....	90	TALTZ INJ 80MG/ML.....	106
SYNERA DIS 70-70MG.....	128	<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	27
SYNJARDY TAB.....	78	<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	27
SYNJARDY TAB 12.5-500.....	78	<i>tamsulosin hcl cap 0.4 mg</i>	97
SYNJARDY TAB 5-1000MG.....	78	<i>tasimelteon capsule 20 mg</i>	68
SYNJARDY TAB 5-500MG.....	78	<i>tazarotene cream 0.1%</i>	125
SYNJARDY XR TAB.....	78	<i>tazarotene gel 0.05%</i>	125
SYNJARDY XR TAB 10-1000.....	78	<i>tazarotene gel 0.1%</i>	125
SYNJARDY XR TAB 25-1000.....	78	<i>tazicef</i>	17
SYNJARDY XR TAB 5-1000MG.....	78	TAZORAC CRE 0.05%.....	125
SYNTHROID TAB 100MCG.....	91	<i>taztia xt</i>	43
SYNTHROID TAB 112MCG.....	91	TDVAX INJ 2-2 LF.....	110
SYNTHROID TAB 125MCG.....	91	<i>telmisartan tab 20 mg</i>	36
SYNTHROID TAB 137MCG.....	91	<i>telmisartan tab 40 mg</i>	36
		<i>telmisartan tab 80 mg</i>	36
		<i>telmisartan-amlodipine tab 40-10 mg</i>	36
		<i>telmisartan-amlodipine tab 40-5 mg</i>	35
		<i>telmisartan-amlodipine tab 80-10 mg</i>	36

<i>telmisartan-amlodipine tab 80-5 mg</i>	36	THALOMID CAP 100MG.....	26
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	36	THALOMID CAP 150MG.....	26
<i>telmisartan-hydrochlorothiazide tab 80-125 mg</i>	36	THALOMID CAP 200MG.....	26
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	36	THALOMID CAP 50MG	26
<i>temazepam cap 15 mg</i>	68	<i>theophylline elixir 80 mg/15ml</i>	123
<i>temazepam cap 22.5 mg</i>	69	<i>theophylline soln 80 mg/15ml</i>	123
<i>temazepam cap 30 mg</i>	69	<i>theophylline tab er 12hr 300 mg</i>	123
<i>temazepam cap 7.5 mg</i>	68	<i>theophylline tab er 12hr 450 mg</i>	123
TEMODAR INJ 100MG	23	<i>theophylline tab er 24hr 400 mg</i>	123
<i>temozolomide cap 100 mg</i>	23	<i>theophylline tab er 24hr 600 mg</i>	123
<i>temozolomide cap 140 mg</i>	23	<i>thioridazine hcl tab 10 mg</i>	60
<i>temozolomide cap 180 mg</i>	23	<i>thioridazine hcl tab 100 mg</i>	60
<i>temozolomide cap 20 mg</i>	23	<i>thioridazine hcl tab 25 mg</i>	60
<i>temozolomide cap 250 mg</i>	23	<i>thioridazine hcl tab 50 mg</i>	60
<i>temozolomide cap 5 mg</i>	23	<i>thiothixene cap 1 mg</i>	60
TENIVAC INJ 5-2LF	110	<i>thiothixene cap 10 mg</i>	60
<i>tenofovir disoproxil fumarate tab 300 mg</i> .13		<i>thiothixene cap 2 mg</i>	60
<i>terazosin hcl cap 1 mg (base equivalent)</i> ..	97	<i>thiothixene cap 5 mg</i>	60
<i>terazosin hcl cap 10 mg (base equivalent)</i> 97		<i>tiagabine hcl tab 12 mg</i>	64
<i>terazosin hcl cap 2 mg (base equivalent)</i> . 97		<i>tiagabine hcl tab 16 mg</i>	64
<i>terazosin hcl cap 5 mg (base equivalent)</i> . 97		<i>tiagabine hcl tab 2 mg</i>	64
<i>terbinafine hcl tab 250 mg</i>	11	<i>tiagabine hcl tab 4 mg</i>	64
<i>terbutaline sulfate tab 2.5 mg</i>	119	TICE BCG INJ.....	26
<i>terbutaline sulfate tab 5 mg</i>	119	<i>tilia fe</i>	82
<i>terconazole vaginal cream 0.4%</i>	98	<i>timolol maleate ophth gel forming soln 0.25%</i>	115
<i>terconazole vaginal cream 0.8%</i>	98	<i>timolol maleate ophth gel forming soln 0.5%</i>	115
<i>terconazole vaginal suppos 80 mg</i>	98	<i>timolol maleate ophth soln 0.25%</i>	115
<i>teriflunomide tab 14 mg</i>	71	<i>timolol maleate ophth soln 0.5%</i>	115
<i>teriflunomide tab 7 mg</i>	71	<i>timolol maleate ophth soln 0.5% (once-daily)</i>	115
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	75	<i>timolol maleate tab 10 mg</i>	42
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	75	<i>timolol maleate tab 20 mg</i>	42
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	75	<i>timolol maleate tab 5 mg</i>	42
<i>testosterone td gel 10mg/act (2%)</i>	75	<i>tinidazole tab 250 mg</i>	10
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	75	<i>tinidazole tab 500 mg</i>	10
<i>tetrabenazine tab 12.5 mg</i>	70	<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	117
<i>tetrabenazine tab 25 mg</i>	71	TIVICAY PD TAB 5MG	13
<i>tetracycline hcl cap 250 mg</i>	22	TIVICAY TAB 10MG.....	13
<i>tetracycline hcl cap 500 mg</i>	22	TIVICAY TAB 25MG	13
		TIVICAY TAB 50MG.....	13
		<i>tizanidine hcl tab 2 mg (base equivalent)</i> .72	

<i>triamcinolone acetonide oint 0.1%</i>	128	<i>tropicamide ophth soln 0.5%</i>	116
<i>triamcinolone acetonide oint 0.5%</i>	128	<i>tropicamide ophth soln 1%</i>	116
<i>triamterene & hydrochlorothiazide cap</i>		<i>trospium chloride cap er 24hr 60 mg</i>	98
<i>37.5-25 mg</i>	45	<i>trospium chloride tab 20 mg</i>	98
<i>triamterene & hydrochlorothiazide tab 37.5-</i>		TRULICITY INJ 0.75/0.5.....	77
<i>25 mg</i>	45	TRULICITY INJ 1.5/0.5.....	77
<i>triamterene & hydrochlorothiazide tab 75-</i>		TRULICITY INJ 3/0.5	77
<i>50 mg</i>	45	TRULICITY INJ 4.5/0.5	77
<i>triamterene cap 100 mg</i>	45	TRUMENBA INJ.....	110
<i>triamterene cap 50 mg</i>	45	TRUSTEX/RIA MIS NON-LUB	82
<i>triazolam tab 0.125 mg</i>	69	TRUSTX NON-9 MIS RIB/STUD	82
<i>triazolam tab 0.25 mg</i>	69	TUKYSA TAB 150MG.....	30
<i>trifluoperazine hcl tab 1 mg (base</i>		TUKYSA TAB 50MG.....	30
<i>equivalent)</i>	60	TUZISTRA XR SUS.....	119
<i>trifluoperazine hcl tab 10 mg (base</i>		TWINRIX INJ.....	110
<i>equivalent)</i>	60	TWIRLA DIS 120-30	82
<i>trifluoperazine hcl tab 2 mg (base</i>		TYBLUME CHW 0.1-0.02.....	82
<i>equivalent)</i>	60	TYBOST TAB 150MG.....	13
<i>trifluoperazine hcl tab 5 mg (base</i>		TYMLOS INJ	90
<i>equivalent)</i>	60	TYSABRI INJ 300/15ML	71
<i>trifluridine ophth soln 1%</i>	114	TYVASO REFIL SOL 0.6MG/ML.....	47
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> ...	57	TYVASO SOL 0.6MG/ML.....	47
<i>trihexyphenidyl hcl tab 2 mg</i>	58	TYVASO START SOL 0.6MG/ML.....	47
<i>trihexyphenidyl hcl tab 5 mg</i>	58	U	
TRIKAFTA PAK 59.5MG.....	120	UBRELVY TAB 100MG	70
TRIKAFTA PAK 75MG	120	UBRELVY TAB 50MG.....	70
TRIKAFTA TAB	120	<i>unithroid</i>	92
<i>tri-lynyah</i>	82	UPTRAVI INJ 1800MCG.....	47
<i>trimethobenzamide hcl cap 300 mg</i>	94	UPTRAVI PACK TAB 200/800.....	47
<i>trimethoprim tab 100 mg</i>	20	UPTRAVI TAB 1000MCG.....	48
<i>trimipramine maleate cap 100 mg</i>	55	UPTRAVI TAB 1200MCG	48
<i>trimipramine maleate cap 25 mg</i>	55	UPTRAVI TAB 1400MCG.....	48
<i>trimipramine maleate cap 50 mg</i>	55	UPTRAVI TAB 1600MCG.....	48
<i>trinate</i>	112	UPTRAVI TAB 200MCG.....	48
TRINTELLIX TAB 10MG.....	55	UPTRAVI TAB 400MCG.....	48
TRINTELLIX TAB 20MG	55	UPTRAVI TAB 600MCG.....	48
TRINTELLIX TAB 5MG.....	55	UPTRAVI TAB 800MCG.....	48
TRIPTODUR SUS 22.5MG	90	<i>urinary pain relief</i>	98
<i>tri-sprintec</i>	82	<i>ursodiol cap 300 mg</i>	96
TRIUMEQ PD TAB.....	14	<i>ursodiol tab 250 mg</i>	96
TRIUMEQ TAB.....	14	<i>ursodiol tab 500 mg</i>	96
<i>tri-vite/fluoride</i>	113	V	
<i>trivora-28</i>	82	<i>valacyclovir hcl tab 1 gm</i>	15
TROGARZO INJ 150MG/ML	13	<i>valacyclovir hcl tab 500 mg</i>	15

<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	16	VARUBI TAB 90MG.....	94
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	16	VAXELIS INJ	111
<i>valproate sodium inj 100 mg/ml</i>	64	VAXNEUVANCE INJ.....	111
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	64	VCF VAGINAL GEL CONTRACE.....	97
<i>valproic acid cap 250 mg</i>	64	VCF VAGINAL MIS CONTRACP.....	97
<i>valsartan tab 160 mg</i>	36	<i>velivet</i>	82
<i>valsartan tab 320 mg</i>	36	VELPHORO CHW 500MG.....	91
<i>valsartan tab 40 mg</i>	36	VEMLIDY TAB 25MG	16
<i>valsartan tab 80 mg</i>	36	VENCLEXTA TAB 100MG.....	25
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	36	VENCLEXTA TAB 10MG.....	25
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	36	VENCLEXTA TAB 50MG.....	25
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	36	VENCLEXTA TAB START PK.....	25
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	36	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	55
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	36	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	55
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	20	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	55
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	20	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	55
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	20	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	55
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	20	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	55
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	20	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	55
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	20	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	55
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	20	<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	56
VAQTA INJ 25/0.5ML.....	110	<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	56
VAQTA INJ 50UNT/ML.....	110	<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	56
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	74	VENTAVIS SOL 10MCG/ML.....	48
<i>varenicline tartrate tab 1 mg (base equiv)</i>	74	VENTAVIS SOL 20MCG/ML.....	48
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	74	<i>verapamil hcl cap er 24hr 100 mg</i>	44
VARIVAX INJ	111	<i>verapamil hcl cap er 24hr 120 mg</i>	44
		<i>verapamil hcl cap er 24hr 180 mg</i>	44
		<i>verapamil hcl cap er 24hr 200 mg</i>	44
		<i>verapamil hcl cap er 24hr 240 mg</i>	44
		<i>verapamil hcl cap er 24hr 300 mg</i>	44
		<i>verapamil hcl cap er 24hr 360 mg</i>	44
		<i>verapamil hcl tab 120 mg</i>	44

<i>verapamil hcl tab 40 mg</i>	44	VOTRIENT TAB 200MG.....	31
<i>verapamil hcl tab 80 mg</i>	44	VRAYLAR CAP 1.5-3MG.....	60
<i>verapamil hcl tab er 120 mg</i>	44	VRAYLAR CAP 1.5MG.....	60
<i>verapamil hcl tab er 180 mg</i>	44	VRAYLAR CAP 3MG.....	60
<i>verapamil hcl tab er 240 mg</i>	44	VRAYLAR CAP 4.5MG.....	60
VERZENIO TAB 100MG.....	30	VRAYLAR CAP 6MG.....	60
VERZENIO TAB 150MG.....	30	<i>vyfemla</i>	82
VERZENIO TAB 200MG.....	30	VYVANSE CAP 10MG.....	67
VERZENIO TAB 50MG.....	30	VYVANSE CAP 20MG.....	67
VIBERZI TAB 100MG.....	95	VYVANSE CAP 30MG.....	67
VIBERZI TAB 75MG.....	95	VYVANSE CAP 40MG.....	67
VICTOZA INJ 18MG/3ML.....	77	VYVANSE CAP 50MG.....	67
<i>vigabatrin powd pack 500 mg</i>	64	VYVANSE CAP 60MG.....	67
<i>vigabatrin tab 500 mg</i>	64	VYVANSE CAP 70MG.....	67
VIIBRYD KIT STARTER.....	56	VYVANSE CHW 10MG.....	67
<i>vilazodone hcl tab 10 mg</i>	56	VYVANSE CHW 20MG.....	68
<i>vilazodone hcl tab 20 mg</i>	56	VYVANSE CHW 30MG.....	68
<i>vilazodone hcl tab 40 mg</i>	56	VYVANSE CHW 40MG.....	68
<i>vinblastine sulfate inj 1 mg/ml</i>	25	VYVANSE CHW 50MG.....	68
<i>vincristine sulfate iv soln 1 mg/ml</i>	25	VYVANSE CHW 60MG.....	68
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	25	W	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	25	<i>warfarin sodium tab 1 mg</i>	100
VIOKACE TAB 10440.....	96	<i>warfarin sodium tab 10 mg</i>	100
VIOKACE TAB 20880.....	96	<i>warfarin sodium tab 2 mg</i>	100
<i>viorele</i>	82	<i>warfarin sodium tab 2.5 mg</i>	100
VIRACEPT TAB 250MG.....	13	<i>warfarin sodium tab 3 mg</i>	100
VIRACEPT TAB 625MG.....	13	<i>warfarin sodium tab 4 mg</i>	100
VIREAD POW 40MG/GM.....	13	<i>warfarin sodium tab 5 mg</i>	100
VIREAD TAB 150MG.....	13	<i>warfarin sodium tab 6 mg</i>	100
VIREAD TAB 200MG.....	13	<i>warfarin sodium tab 7.5 mg</i>	100
VIREAD TAB 250MG.....	13	<i>wera</i>	82
VISTOGARD PAK 10GM.....	31	<i>westab max</i>	113
<i>vitamins a/c/d/fluoride</i>	113	WIDE-SEAL DPR KIT 60.....	82
VITRAKVI CAP 100MG.....	30	WIDE-SEAL DPR KIT 65.....	82
VITRAKVI CAP 25MG.....	30	WIDE-SEAL DPR KIT 70.....	82
VITRAKVI SOL 20MG/ML.....	31	WIDE-SEAL DPR KIT 75.....	82
VIVITROL INJ 380MG.....	22	WIDE-SEAL DPR KIT 80.....	82
VOLTAREN GEL 1% ARTHR.....	128	WIDE-SEAL DPR KIT 85.....	82
<i>voriconazole for susp 40 mg/ml</i>	11	WIDE-SEAL DPR KIT 90.....	82
<i>voriconazole tab 200 mg</i>	11	WIDE-SEAL DPR KIT 95.....	82
<i>voriconazole tab 50 mg</i>	11	X	
VOSEVI TAB.....	19	XALKORI CAP 150MG.....	31
		XALKORI CAP 200MG.....	31
		XALKORI CAP 20MG.....	31

XALKORI CAP 250MG.....	31	<i>zaleplon cap 5 mg.....</i>	69
XALKORI CAP 50MG.....	31	ZEJULA CAP 100MG.....	32
XARELTO STAR TAB 15/20MG	100	ZEJULA TAB 100MG.....	32
XARELTO SUS 1MG/ML	100	ZEJULA TAB 200MG.....	32
XARELTO TAB 10MG.....	100	ZEJULA TAB 300MG.....	32
XARELTO TAB 15MG.....	100	ZELBORAF TAB 240MG	31
XARELTO TAB 2.5MG	100	ZENPEP CAP 10000UNT	96
XARELTO TAB 20MG.....	100	ZENPEP CAP 15000UNT	96
XCOPRI PAK 100-150.....	64	ZENPEP CAP 20000UNT	96
XCOPRI PAK 12.5-25.....	64	ZENPEP CAP 25000UNT.....	96
XCOPRI PAK 150-200	64	ZENPEP CAP 3000UNIT.....	96
XCOPRI PAK 50-100MG.....	64	ZENPEP CAP 40000UNT	96
XCOPRI TAB 100MG.....	64	ZENPEP CAP 5000UNIT.....	96
XCOPRI TAB 150MG.....	64	ZENPEP CAP 60000UNT	96
XCOPRI TAB 200MG.....	64	<i>zenzedi.....</i>	68
XCOPRI TAB 50MG.....	64	ZEPATIER TAB 50-100MG	19
XELJANZ SOL 1MG/ML.....	106	ZERVIA TE DRO 0.24%.....	115
XELJANZ TAB 10MG	106	<i>zidovudine cap 100 mg.....</i>	13
XELJANZ TAB 5MG.....	106	<i>zidovudine syrup 10 mg/ml.....</i>	13
XELJANZ XR TAB 11MG.....	106	<i>zidovudine tab 300 mg.....</i>	13
XELJANZ XR TAB 22MG.....	106	<i>zileuton tab er 12hr 600 mg.....</i>	120
XEPI CRE 1%.....	124	<i>ziprasidone hcl cap 20 mg</i>	60
XOLAIR INJ 150MG/ML	122	<i>ziprasidone hcl cap 40 mg</i>	60
XOLAIR INJ 75/0.5.....	122	<i>ziprasidone hcl cap 60 mg</i>	60
XOLAIR SOL 150MG	122	<i>ziprasidone hcl cap 80 mg</i>	60
XTAMPZA ER CAP 13.5MG.....	8	ZIRGAN GEL 0.15%.....	114
XTAMPZA ER CAP 18MG.....	8	<i>zoledronic acid inj conc for iv infusion 4</i>	
XTAMPZA ER CAP 27MG.....	8	<i>mg/5ml.....</i>	79
XTAMPZA ER CAP 36MG	8	<i>zoledronic acid iv soln 5 mg/100ml.....</i>	79
XTAMPZA ER CAP 9MG.....	8	ZOLINZA CAP 100MG.....	32
XTANDI CAP 40MG.....	27	<i>zolmitriptan nasal spray 5 mg/spray unit</i>	70
XTANDI TAB 40MG.....	27	<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	
XTANDI TAB 80MG.....	27	.....	70
<i>xulane</i>	83	<i>zolmitriptan orally disintegrating tab 5 mg</i>	
XULTOPHY INJ 100/3.6.....	77	.....	70
Y		<i>zolmitriptan tab 2.5 mg.....</i>	70
YONSA TAB 125MG.....	27	<i>zolmitriptan tab 5 mg.....</i>	70
YOSPRALA TAB 325-40MG	101	<i>zolpidem tartrate tab 10 mg.....</i>	69
YOSPRALA TAB 81-40MG.....	101	<i>zolpidem tartrate tab 5 mg.....</i>	69
<i>yuvafem.....</i>	87	<i>zolpidem tartrate tab er 12.5 mg.....</i>	69
Z		<i>zolpidem tartrate tab er 6.25 mg.....</i>	69
<i>zafirlukast tab 10 mg.....</i>	120	<i>zonisamide cap 100 mg.....</i>	64
<i>zafirlukast tab 20 mg.....</i>	121	<i>zonisamide cap 25 mg.....</i>	64
<i>zaleplon cap 10 mg.....</i>	69	<i>zonisamide cap 50 mg.....</i>	64

ZORTRESS TAB 0.25MG.....	108	ZUBSOLV SUB 2.9-0.71.....	73
ZORTRESS TAB 0.5MG.....	108	ZUBSOLV SUB 5.7-1.4.....	73
ZORTRESS TAB 0.75MG.....	108	ZUBSOLV SUB 8.6-2.1.....	73
ZORTRESS TAB 1MG.....	108	ZYDELIG TAB 100MG.....	31
<i>zovia</i> 1/35.....	83	ZYDELIG TAB 150MG.....	31
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