



Arkansas Blue Cross and Blue Shield Metallic Formulary

2026 List of Covered Drugs

PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Members must use network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change.

What is the Arkansas Blue Cross and BlueShield Metallic Plans Drug List?

A drug list is a list of covered drugs. Arkansas Blue Cross and Blue Shield works with a team of health care providers to choose drugs that provide quality treatment. Arkansas Blue Cross and Blue Shield covers drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at an Arkansas Blue Cross and Blue Shield network pharmacy
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your plan document or other plan materials.

Can the Drug List change?

The drug list may change from time to time as described in the plan document or other plan materials. The enclosed drug list is the most current drug list covered by Arkansas Blue Cross and Blue Shield Metallic Plans. To get updated information about the drugs covered by Arkansas Blue Cross and Blue Shield Metallic Plans, please visit <https://www.arkansasbluecross.com> or call Member Services at 1-800-863-5561

How do I use the Drug List?

There are two ways to find your drug on the drug list:

1. Medical Condition

The drug list starts on page 6. The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under “anticoagulants.”

- If you know what your drug is used for, look for the category name in the list that starts on page 6
- Then look under the category name for your drug

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index that starts on page 130. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug
- Next to your drug, see the page number where you can find coverage information
- Turn to the page listed in the Index and find the name of your drug in the first column of the list

For more information about your Arkansas Blue Cross and Blue Shield Metallic Plans prescription drug coverage, please look at your plan document and other plan materials.

If you have questions about Arkansas Blue Cross and Blue Shield Metallic Plans, or this drug list please call Member Services at 1-800-863-5561 or visit <https://www.arkansasbluecross.com>.

Arkansas Blue Cross and Blue Shield Metallic Drug List

The drug list that starts on page 6 gives information about the drugs covered by Arkansas Blue Cross and Blue Shield Metallic Plans. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will **generally** be added to the formulary and the associated brand drug will be removed. However, some generic drugs do not cost less than brand-name drugs and may not be added to your formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if Arkansas Blue Cross and Blue Shield Metallic Plans have any special requirements for coverage of your drug. These requirements and limits may include:

- **Prior Authorization:** Arkansas Blue Cross and Blue Shield Metallic Plans needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from Arkansas Blue Cross and Blue Shield Metallic Plans before you fill your prescriptions. If you don't get approval, Arkansas Blue Cross and Blue Shield Metallic Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Arkansas Blue Cross and Blue Shield Metallic Plans limits the amount of the drug that it will cover. For example, Arkansas Blue Cross and Blue Shield Metallic Plans provide 28 caplets per prescription for Tamiflu. Arkansas Blue Cross and Blue Shield Metallic Plans also limits the amount of drugs you may receive within a class of drugs. For these classes, only one drug should be taken at a time for safety reasons. This may be in addition to a standard one-month or three-month supply. These classes are as follows:
 - ANAPHYLAXIS TREATMENT AGENTS
 - ANTIANXIETY
 - ANTISEIZURE AGENTS
 - ANTIVIRALS
 - HYPNOTICS
 - MIGRAINE
 - NSAIDS
 - OPIOID ANALGESICS
 - OPIOID PARTIAL AGONISTS

- PROTON PUMP INHIBITORS
- For opioid-naïve members aged 19 or younger, certain drugs within the opioid class are limited to a three-day or less supply.
- **Step Therapy:** Arkansas Blue Cross and Blue Shield Metallic Plans needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Arkansas Blue Cross and Blue Shield Metallic Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Arkansas Blue Cross and Blue Shield Metallic Plans will then cover Drug B.

What if my drug is not on the Drug List?

If your drug is not on this drug list, call Member Services and make sure that your drug is not covered. If you learn that Arkansas Blue Cross and Blue Shield Metallic Plans does not cover your drug, you have two choices:

- Ask Member Services for a list of similar drugs that are covered by Arkansas Blue Cross and Blue Shield Metallic Plans. When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Arkansas Blue Cross and Blue Shield Metallic Plans. Similar drugs that are preferred and covered by your plan's formulary may be easier to obtain and lower cost to you than non-preferred drugs.
- Ask Arkansas Blue Cross and Blue Shield Metallic Plans to make an exception and cover your drug. You can ask us to cover your drug even if it is not on our drug list.

How do I ask for an exception to Arkansas Blue Cross & Blue Shield Drug List?

You can ask Arkansas Blue Cross and Blue Shield to make an exception to our coverage rules. You can ask us to cover your drug even if it is not on our drug list. Certain products are available at \$0 cost share when utilized for preventive care. Additional products may be available at \$0 cost share, through an exception process, when medically necessary for preventive care.

How likely is it that I will get an exception?

Generally, Arkansas Blue Cross and Blue Shield Metallic Plans will only approve your request for an exception if the preferred drugs included on the plan's drug list would:

- Not be as effective in treating your condition
- Cause you to have adverse medical effects

How do I find out if my exception is granted?

When you ask for a drug list, please send a statement from your prescriber that supports your request. Then:

- We will make our decision within 72 hours of receipt of the information necessary to make a decision.
- You can ask for an expedited (fast) exception if you or your prescriber believe that your health could be seriously harmed by waiting up to three business days for a decision.
- If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your prescriber's supporting statement.

Drug Tier column instructions:

Plans that provide different levels of cost sharing for drugs depending on their tier must include a column indicating the drug's tier placement.

Plans may choose from several methods to indicate the tier placement, including tier numbers from your plan benefit package (e.g., 0/1/2/3), standard tier names from your plan benefit package (e.g., Affordable Care Act (ACA) preventive/generic/preferred brand/other brand), copayment amounts (e.g., \$0/\$10/\$20/\$35), or coinsurance percentages (e.g., 0%/10%/25%). The latter two methods are preferred because they are generally easier for members to understand. If one of the two former methods is used, plans must provide an explanation before the table explaining the copayment amount or coinsurance percentage associated with each tier number or tier name.

Plans that have different copayment amounts or coinsurance percentages for retail and mail-service prescriptions may include both retail and mail service amounts within the same column or include separate columns for retail and mail service prescriptions.

Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

6T Modified Effective 01/01/2026

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		
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	QL (300g every 30 days), OTC
<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 cap 400 mg</i>	2	
<i>fenoprofen calcium tab 600 mg</i>	2	
<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	
<i>ketorolac tromethamine tab 10 mg</i>	2	QL (20 tabs every 30 days)
<i>meclofenamate sodium cap 50 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
VOLTAREN GEL 1% ARTHR	2	QL (300g every 30 days), OTC

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	

OPIOID ANALGESICS

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

Drug Name	Drug Tier	Requirements/Limits
<i>codeine sulfate tab 30 mg</i>	2	ST, PA, QL (42 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 2.5-325</i>	2	ST, PA, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 5-325mg</i>	2	ST, PA, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 7.5-325</i>	2	ST, PA, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 10-325mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	ST, PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	ST, PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	2	ST, PA, 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 tab er 24hr deter 20 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	2	ST, PA, 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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	ST, PA, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	2	ST, PA, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	ST, PA, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	ST, PA, QL (50 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl inj 2 mg/ml</i>	2	PA
<i>hydromorphone hcl tab 2 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 4 mg</i>	2	ST, PA, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 8 mg</i>	2	ST, PA, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab er 24hr 8 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	2	ST, PA; High Strength Requires PA
<i>methadone hcl conc 10 mg/ml</i>	2	PA, QL (30 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5 mg/5ml</i>	2	ST, PA, QL (450 mL every 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	2	ST, PA, QL (225 mL every 30 days)
<i>methadone hcl tab 5 mg</i>	2	ST, PA, QL (90 tabs every 30 days)
<i>methadone hcl tab 10 mg</i>	2	ST, PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tab for oral susp 40 mg</i>	2	PA, QL (9 tabs every 30 days)
<i>methadone hydrochloride i</i>	2	ST, PA, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose</i>	2	PA, QL (9 tabs every 30 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	2	ST, PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	2	ST, PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	2	ST, PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	2	ST, PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	2	ST, PA, 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, PA, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	2	ST, PA, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	2	ST, PA, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	2	ST, PA, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	2	ST, PA, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	2	ST, PA, 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	PA
<i>morphine sulfate iv soln 10 mg/ml</i>	2	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	2	ST, PA, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	ST, PA, 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, PA, QL (135 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab 15 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab 10 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 15 mg</i>	2	ST, PA, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 20 mg</i>	2	ST, PA, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 30 mg</i>	2	ST, PA, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	ST, PA, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	ST, PA, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	ST, PA, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab 5 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab 10 mg</i>	2	ST, PA, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab er 12hr 5 mg</i>	2	ST, PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	2	ST, PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	2	ST, PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	2	ST, PA, 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, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tab er 24hr 100 mg</i>	2	ST, PA, 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, PA, QL (40 tabs every 30 days); Subject to initial 7-day limit
XTAMPZA ER CAP 9MG	3	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	3	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 18MG	3	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 27MG	3	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	3	ST, PA; High Strength Requires Prior Auth
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	3	ST, PA, QL (60 films every 30 days)
BELBUCA MIS 150MCG	3	ST, PA, QL (60 films every 30 days)
BELBUCA MIS 300MCG	3	ST, PA, QL (60 films every 30 days)
BELBUCA MIS 450MCG	3	ST, PA, 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	PA
<i>buprenorphine td patch weekly 5 mcg/hr</i>	2	ST, PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	2	ST, PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	2	ST, PA, 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	

Drug Name	Drug Tier	Requirements/Limits
SALICYLATES		
<i>aspirin ec adult low dose</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	
<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	
<i>lidocaine hcl local soln prefilled syringe 100 mg/5ml (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>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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
KRINTAFEL TAB 150MG	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)
APRETUDE SUS 600MG ER	1	QL (2 vials every 90 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)

Drug Name	Drug Tier	Requirements/Limits
<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 PED TAB 2.5MG	3	QL (180 tabs every 30 days)
EDURANT TAB 25MG	3	QL (60 tabs 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)
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)
<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 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)
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)
<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 50MG	3	QL (60 tabs every 30 days)
TROGARZO INJ 150MG/ML	5	
TYBOST TAB 150MG	3	QL (30 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)

Drug Name	Drug Tier	Requirements/Limits
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)
CABENUVA SUS 400-600	6	PA, QL (1 kit every 30 days)
CABENUVA SUS 600-900	6	PA, QL (1 kit every 60 days); Loading dose of 1 kit in 30 days allowed for initial fill
CIMDUO TAB 300-300	3	QL (30 tabs every 30 days)
DELSTRIGO TAB	3	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	3	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	1	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
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>	1	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
GENVOYA TAB	3	QL (30 tabs every 30 days)
KALETRA SOL	3	QL (480 ml every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	QL (60 tabs 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 675/150	4	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	4	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	
<i>isoniazid tab 300 mg</i>	2	
PRETOMANID TAB 200MG	4	
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	4	
SIRTURO TAB 100MG	4	
TRECATOR 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>cidofovir iv inj 75 mg/ml</i>	2	
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</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 PAK	3	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	3	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	3	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	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	PA, QL (1000 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	5	PA, QL (120 tabs every 30 days)
<i>XERESE CRE 5-1%</i>	4	PA
CEPHALOSPORINS		
<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
<i>cefaclor for susp 250 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
<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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 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>e.e.s. 400</i>	2	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	2	
<i>erythromycin tab 250 mg</i>	2	
<i>erythromycin tab 500 mg</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 333 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	2	
<i>fidaxomicin tab 200 mg</i>	2	PA
ZITHROMAX POW 1GM PAK	3	
FLUOROQUINOLONES		
BAXDELA TAB 450MG	4	
CIPRO (10%) SUS 500MG/5	4	

Drug Name	Drug Tier	Requirements/Limits
<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 B		
<i>adefovir dipivoxil tab 10 mg</i>	5	
BARACLUDE SOL	5	PA, QL (630 mL every 30 days)
<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>lamivudine tab 100 mg (hbv)</i>	2	
HEPATITIS C		
EPCLUSA PAK 150-37.5	4	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	4	PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG	4	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	4	PA, QL (28 tabs every 28 days)
HARVONI PAK	4	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	4	PA, QL (56 pellets every 28 days)
HARVONI TAB 45-200MG	4	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	4	PA, QL (28 tabs every 28 days)
PEGASYS INJ	5	PA
PEGASYS INJ 180MCG/M	5	PA
<i>ribavirin cap 200 mg</i>	2	
<i>ribavirin tab 200 mg</i>	2	
SOVALDI PAK 150MG	6	ST, PA, QL (28 pellets every 28 days)

Drug Name	Drug Tier	Requirements/Limits
SOVALDI PAK 200MG	6	ST, PA, QL (56 pellets every 28 days)
SOVALDI TAB 200MG	6	ST, PA, QL (28 tabs every 28 days)
SOVALDI TAB 400MG	6	ST, PA, QL (28 tabs every 28 days)
VOSEVI TAB	4	PA, QL (28 tabs every 28 days)

MISCELLANEOUS

<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>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	
<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

Drug Name	Drug Tier	Requirements/Limits
<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>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>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

PENICILLINS

<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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)

ANTIASTHMATIC AND BRONCHODILATOR AGENTS**STEROID INHALANTS**

<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	2	QL (0.96 units every 1 day)
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	2	QL (0.96 units every 1 day)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	2	QL (0.85 units every 1 day)

ANTIDEPRESSANTS**N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS**

SPRAVATO SOL 56MG DOS	5	PA
SPRAVATO SOL 84MG DOS	5	PA

ANTIDOTES AND SPECIFIC ANTAGONISTS**OPIOID ANTAGONISTS**

VIVITROL INJ 380MG	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	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>melfhalan hcl for inj 50 mg (base equiv)</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 susp (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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
NIPENT INJ 10MG	3	
<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	
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)
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)
POMALYST CAP 1MG	6	PA, QL (21 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAP 2MG	6	PA, QL (21 caps every 28 days)
POMALYST CAP 3MG	6	PA, QL (21 caps every 28 days)
POMALYST CAP 4MG	6	PA, QL (21 caps every 28 days)
REVLIMID CAP 2.5MG	6	PA, QL (28 caps every 28 days)
REVLIMID CAP 5MG	6	PA, QL (28 caps every 28 days)
REVLIMID CAP 10MG	6	PA, QL (28 caps every 28 days)
REVLIMID CAP 15MG	6	PA, QL (28 caps every 28 days)
REVLIMID CAP 20MG	6	PA, QL (21 caps every 28 days)
REVLIMID CAP 25MG	6	PA, QL (21 caps every 28 days)
THALOMID CAP 50MG	6	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	6	PA, QL (112 caps every 28 days)
TICE BCG INJ	3	
BIOSIMILARS		
GAZYVA INJ 25MG/ML	5	PA
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

Drug Name	Drug Tier	Requirements/Limits
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	5	PA
LYSODREN TAB 500MG	3	
<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	
XTANDI CAP 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)
BRAFTOVI CAP 75MG	5	PA, QL (180 caps every 30 days)
BRUKINSA CAP 80MG	5	PA, QL (120 caps every 30 days)
CABOMETYX TAB 20MG	5	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 40MG	5	PA, QL (30 tabs every 30 days)
CABOMETYX 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)

Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib tab 20 mg</i>	5	PA, QL (90 tabs every 30 days)
<i>dasatinib tab 50 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 70 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 80 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 100 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 140 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	PA, QL (60 tabs every 30 days)
<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	6	PA, QL (30 caps every 30 days)
IMBRUVICA CAP 140MG	6	PA, QL (90 caps every 30 days)
IMBRUVICA SUS 70MG/ML	6	PA, QL (216 ml every 36 days)
IMBRUVICA TAB 140MG	6	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 280MG	6	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TAB 420MG	6	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)
ITOVEBI TAB 3MG	6	PA, QL (60 tabs every 30 days)
ITOVEBI TAB 9MG	6	PA, QL (30 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)
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	6	PA, QL (30 caps every 30 days)
LENVIMA CAP 8 MG	6	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	6	PA, QL (30 caps every 30 days)
LENVIMA CAP 12MG	6	PA, QL (90 caps every 30 days)
LENVIMA CAP 14 MG	6	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	6	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	6	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	6	PA, QL (90 caps every 30 days)
LORBRENA TAB 25MG	6	PA, QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
MEKTOVI TAB 15MG	5	PA, QL (180 tabs every 30 days)
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	5	PA, QL (120 caps every 30 days)
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	5	PA, QL (120 caps every 30 days)
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	5	PA, QL (120 caps 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)
SCEMBLIX TAB 20MG	5	PA, QL (60 tabs every 30 days)
SCEMBLIX TAB 40MG	5	PA, QL (240 tabs every 30 days)
SCEMBLIX TAB 100MG	5	PA, QL (120 tabs every 30 days)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	PA, QL (120 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)
TAFINLAR CAP 50MG	5	PA, QL (120 caps every 30 days)
TAFINLAR CAP 75MG	5	PA, QL (120 caps every 30 days)
TAFINLAR TAB 10MG	5	PA, QL (4 bottles every 28 days)
TAGRISSO TAB 40MG	6	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
TAGRISSO TAB 80MG	6	PA, QL (30 tabs every 30 days)
TRUQAP PAK 160MG	6	PA, QL (64 tabs every 28 days)
TRUQAP PAK 200MG	6	PA, QL (64 tabs every 28 days)
TRUQAP TAB 160MG	6	PA, QL (64 tabs every 28 days)
TRUQAP TAB 200MG	6	PA, QL (64 tabs 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)
VITRAKVI SOL 20MG/ML	6	PA, QL (300 mL 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)
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	

Drug Name	Drug Tier	Requirements/Limits
<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)
ODOMZO CAP 200MG	5	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	5	PA
PHOTOFRIN INJ 75MG	3	
POLIVY INJ 30MG	6	PA
POLIVY INJ 140MG	6	PA
<i>tretinoin cap 10 mg</i>	2	
VISTOGARD PAK 10GM	5	QL (20 packets every 5 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)

MITOTIC INHIBITORS

<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	
<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	
<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	

PLATINUM-BASED AGENTS

<i>carboplatin iv soln 50 mg/5ml</i>	2	
<i>carboplatin iv soln 150 mg/15ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>mesna tab 400 mg</i>	2	
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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>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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
KERENDIA TAB 10MG	4	PA
KERENDIA TAB 20MG	4	PA
KERENDIA TAB 40MG	4	PA
<i>spironolactone tab 25 mg</i>	2	
<i>spironolactone tab 50 mg</i>	2	
<i>spironolactone tab 100 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	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<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	

Drug Name	Drug Tier	Requirements/Limits
<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-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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<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	3	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/afl) tab 80 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) 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, ACL INHIBITORS/COMBINATIONS		
NEXLETOL TAB 180MG	4	PA
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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		
<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

Drug Name	Drug Tier	Requirements/Limits
<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
<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, 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, 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>omega-3-acid ethyl esters cap 1 gm</i>	2	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML	3	QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	3	QL (1 injection every 28 days)
REPATHA SURE INJ 140MG/ML	3	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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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>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	

Drug Name	Drug Tier	Requirements/Limits
<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	
DIURIL SUS 250/5ML	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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>metolazone tab 10 mg</i>	2	
<i>osmitrol viaflex</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 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>CORLANOR SOL 5MG/5ML</i>	3	
<i>ENTRESTO CAP 6-6MG</i>	4	
<i>ENTRESTO CAP 15-16MG</i>	4	
<i>ENTRESTO TAB 24-26MG</i>	4	
<i>ENTRESTO TAB 49-51MG</i>	4	
<i>ENTRESTO TAB 97-103MG</i>	4	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	2	
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	2	
<i>sacubitril-valsartan tab 24-26 mg</i>	2	
<i>sacubitril-valsartan tab 49-51 mg</i>	2	
<i>sacubitril-valsartan tab 97-103 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 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-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 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	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1MG	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG	5	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)

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan tab for oral susp 32 mg</i>	5	PA, QL (112 tabs every 28 days)
OPSUMIT TAB 10MG	5	PA, QL (30 tabs every 30 days)
<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>	5	PA, QL (60 tabs every 30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	5	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	5	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	5	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	5	PA
TYVASO RF KT 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 ST KT 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)
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
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Drug Name	Drug Tier	Requirements/Limits
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	
AMYOTROPHIC LATERAL SCLEROSIS (ALS)		
<i>riluzole tab 50 mg</i>	2	
ANTI-ANXIETY		
ALPRAZOLAM CON 1 MG/ML	3	PA, QL (300 mL every 30 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>alprazolam tab 0.5 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>alprazolam tab 0.25 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>alprazolam tab 1 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>alprazolam tab 2 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>bupirone hcl tab 5 mg</i>	2	
<i>bupirone hcl tab 7.5 mg</i>	2	
<i>bupirone hcl tab 10 mg</i>	2	
<i>bupirone hcl tab 15 mg</i>	2	
<i>bupirone hcl tab 30 mg</i>	2	
<i>chlordiazepoxide hcl cap 5 mg</i>	2	PA, QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 10 mg</i>	2	PA, QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	2	PA, 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	

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate tab 50 mg</i>	2	
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam conc 2 mg/ml</i>	2	PA, QL (150 mL every 30 days)
<i>lorazepam tab 0.5 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>lorazepam tab 1 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>lorazepam tab 2 mg</i>	2	PA, 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	PA, QL (120 caps every 30 days)
<i>oxazepam cap 15 mg</i>	2	PA, QL (120 caps every 30 days)
<i>oxazepam cap 30 mg</i>	2	PA, QL (120 caps every 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	
<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	
<i>memantine hcl cap er 24hr 14 mg</i>	2	
<i>memantine hcl cap er 24hr 21 mg</i>	2	
<i>memantine hcl cap er 24hr 28 mg</i>	2	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl tab 5 mg</i>	2	
<i>memantine hcl tab 10 mg</i>	2	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	
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	(generic of Pristiq)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	(generic of Pristiq)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	(generic of Pristiq)
<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
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
FETZIMA CAP 40MG	4	
FETZIMA CAP 80MG	4	
FETZIMA CAP 120MG	4	
FETZIMA CAP TITRATIO	4	
<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
<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

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl tab 100 mg</i>	2	
<i>tranylcypromine 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	
<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	
<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	ST, 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
ERZOFRI INJ 39/0.25	3	
ERZOFRI INJ 78/0.5ML	3	
ERZOFRI INJ 117/0.75	3	
ERZOFRI INJ 156MG/ML	3	
ERZOFRI INJ 234/1.5	3	
ERZOFRI INJ 351/2.25	3	
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
RYKINDO INJ 25MG	3	
RYKINDO INJ 37.5MG	3	
RYKINDO INJ 50MG	3	
<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	
VRAYLAR CAP 1.5MG	3	
VRAYLAR CAP 3MG	3	
VRAYLAR CAP 4.5MG	3	
VRAYLAR CAP 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	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine chew tab 200 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	PA
<i>clobazam tab 10 mg</i>	2	PA
<i>clobazam tab 20 mg</i>	2	PA
<i>clonazepam tab 0.5 mg</i>	2	PA
<i>clonazepam tab 1 mg</i>	2	PA
<i>clonazepam tab 2 mg</i>	2	PA
<i>clorazepate dipotassium tab 3.75 mg</i>	2	PA, QL (180 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tab 7.5 mg</i>	2	PA, QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 15 mg</i>	2	PA, QL (180 tabs every 30 days)
<i>diazepam inj 5 mg/ml</i>	2	PA
<i>diazepam intensol</i>	2	PA, QL (240 mL every 30 days)
<i>diazepam oral soln 1 mg/ml</i>	2	PA, QL (1200 mL every 30 days)
<i>diazepam tab 2 mg</i>	2	PA, QL (120 tabs every 30 days)
<i>diazepam tab 5 mg</i>	2	PA, QL (120 tabs every 30 days)
<i>diazepam tab 10 mg</i>	2	PA, 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>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	
<i>fosphephenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	2	
<i>fosphephenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	2	
FYCOMPA SUS 0.5MG/ML	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 SPR 5MG	3	PA, 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>perampanel tab 2 mg</i>	2	
<i>perampanel tab 4 mg</i>	2	
<i>perampanel tab 6 mg</i>	2	
<i>perampanel tab 8 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>perampanel tab 10 mg</i>	2	
<i>perampanel tab 12 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**
<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 sprinkle cap 50 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	

Drug Name	Drug Tier	Requirements/Limits
<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)
XCOPRI PAK 12.5-25	3	
XCOPRI PAK 50-100MG	3	
XCOPRI PAK 100-150	3	
XCOPRI PAK 150-200	3	
XCOPRI TAB 25MG	3	
XCOPRI TAB 50MG	3	
XCOPRI TAB 100MG	3	
XCOPRI TAB 150MG	3	
XCOPRI TAB 200MG	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 DISORDER

<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)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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)
<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>lisdexamfetamine dimesylate cap 10 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	2	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	2	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	2	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	2	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	2	QL (60 chew tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	2	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	2	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	2	QL (30 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	2	QL (30 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	2	QL (30 chew tabs every 30 days)
<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)
<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)
<i>zenzedi</i>	2	QL (120 tabs every 30 days)
FIBROMYALGIA		
SAVELLA MIS TITR PAK	4	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
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	PA
<i>estazolam tab 2 mg</i>	4	PA
<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	PA
<i>temazepam cap 15 mg</i>	2	PA
<i>temazepam cap 22.5 mg</i>	2	PA
<i>temazepam cap 30 mg</i>	2	PA
<i>triazolam tab 0.25 mg</i>	4	PA
<i>triazolam tab 0.125 mg</i>	4	PA
<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	
MIGRAINE - ERGOTAMINE DERIVATIVES		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	
ERGOMAR SUB 2MG	4	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE - MISCELLANEOUS		
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**
UBRELVY TAB 50MG	3	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	3	ST, QL (16 tabs every 30 days); PA**
MIGRAINE - MONOCLONAL ANTIBODIES		
AIMOVIG INJ 70MG/ML	3	ST, QL (1 injection every 30 days); PA**
AIMOVIG INJ 140MG/ML	3	ST, QL (1 injection every 30 days); PA**
EMGALITY INJ 100MG/ML	3	ST, QL (3 injections every 30 days); PA**
EMGALITY INJ 120MG/ML	3	ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill
MIGRAINE - TRIPTANS AND COMBINATIONS		
<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>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)
<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)
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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**
<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)
MIGRAINES		
AJOVY INJ 225/1.5	3	ST, QL (3 injections every 90 days); PA**
MISCELLANEOUS		
EVRYSDI SOL	6	PA, QL (2 bottles every 24 days)
EVRYSDI TAB 5MG	6	PA, QL (30 tabs every 30 days)
MOOD STABILIZERS		
<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	
<i>lithium oral solution 8 meq/5ml</i>	2	
MOVEMENT DISORDERS		
AUSTEDO TAB 6MG	5	PA, QL (60 tabs every 30 days)
AUSTEDO TAB 9MG	5	PA, QL (120 tabs every 30 days)
AUSTEDO TAB 12MG	5	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tab 12.5 mg</i>	5	PA, QL (120 tabs every 30 days)
<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)
<i>dalfampridine tab er 12hr 10 mg</i>	5	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
KESIMPTA INJ 20/.4ML	5	PA, QL (1 pen every 28 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	
<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

Drug Name	Drug Tier	Requirements/Limits
<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	
MYASTHENIA GRAVIS		
<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	
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 OXYBATE SOL 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)
XYWAV SOL 0.5GM/ML	5	PA, QL (540 ml 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)
<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

Drug Name	Drug Tier	Requirements/Limits
<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 nasal spray 4 mg/0.1ml</i>	1	OTC
<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
NARCAN SPR 4MG	2	OTC
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
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	2	
NUDEXTA 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
<i>perphenazine-amitriptyline tab 4-10 mg</i>	4	QL (120 units every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<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
<i>nicotine transdermal syst</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>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

DERMATOLOGICALS**ECZEMA AGENTS**

DUPIXENT INJ 300/2ML	5	PA, QL (600 mg per 28 days)
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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>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	
<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	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	4	ST; PA**
SYMLNPEN 120 INJ 1000MCG	4	ST; PA**
ANTIDIABETICS, BIGUANIDE		
metformin hcl tab 500 mg	2	
metformin hcl tab 850 mg	2	\$0 copay for members age 35-70 for prevention of diabetes
metformin hcl tab 1000 mg	2	
metformin hcl tab er 24hr 500 mg	2	
metformin hcl tab er 24hr 750 mg	2	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	2	
glipizide-metformin hcl tab 2.5-500 mg	2	
glipizide-metformin hcl tab 5-500 mg	2	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
alogliptin-metformin hcl tab 12.5-500 mg	2	ST; PA**
alogliptin-metformin hcl tab 12.5-1000 mg	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**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	2	ST; PA**
alogliptin benzoate tab 12.5 mg (base equiv)	2	ST; PA**
alogliptin benzoate tab 25 mg (base equiv)	2	ST; PA**
JANUVIA TAB 25MG	3	ST; PA**
JANUVIA TAB 50MG	3	ST; PA**
JANUVIA TAB 100MG	3	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	2	ST, PA, QL (3 pens every 30 days)
MOUNJARO INJ 2/5/0.5	3	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 5MG/0.5	3	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 7.5/0.5	3	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 10MG/0.5	3	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 12.5/0.5	3	ST, QL (4 pens every 28 days); PA**

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO INJ 15MG/0.5	3	ST, QL (4 pens every 28 days); PA**
OZEMPIC INJ 2MG/3ML	3	ST, PA, QL (3 mL every 28 days)
OZEMPIC INJ 4MG/3ML	3	ST, PA, QL (3 mL every 28 days)
OZEMPIC INJ 8MG/3ML	3	ST, PA, QL (3 mL every 28 days)
TRULICITY INJ 0.75/0.5	3	ST, PA, QL (4 pens every 28 days)
TRULICITY INJ 1.5/0.5	3	ST, PA, QL (4 pens every 28 days)
TRULICITY INJ 3/0.5	3	ST, PA, QL (4 pens every 28 days)
TRULICITY INJ 4.5/0.5	3	ST, PA, QL (4 pens every 28 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	
FIASP PMPCRT INJ U-100	3	
GLARGIN YFGN INJ 100U/ML	3	
GLARGIN YFGN SOL 100U/ML	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tab 10 mg</i>	2	
<i>glipizide tab er 24hr 2.5 mg</i>	2	
<i>glipizide tab er 24hr 5 mg</i>	2	
<i>glipizide tab er 24hr 10 mg</i>	2	
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)
CALCIUM REGULATORS, BISPHOSPHONATES		
<i>alendronate sodium oral soln 70 mg/75ml</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	
FOSAMAX + D TAB 70-5600	4	
<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 REGULATORS, MISCELLANEOUS		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
PROLIA INJ 60MG/ML	5	PA, QL (60mg every 24 weeks)
CALCIUM REGULATORS, PARATHYROID HORMONES		
TYMLOS INJ	5	PA, QL (1 pen every 30 days)
CENTRAL PRECOCIOUS PUBERTY		
LUPR DEP-PED INJ 3M 30MG	5	PA
LUPR DEP-PED INJ 7.5MG	5	PA
LUPR DEP-PED INJ 11.25MG	5	PA
LUPR DEP-PED INJ 15MG	5	PA
LUPRON DEPOT INJ 45MG	5	PA
SUPPRELIN LA KIT 50MG	5	PA
TRIPTODUR SUS 22.5MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
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
CONTRACEPTIVES		
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</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	
AVERI TAB	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>camila</i>	1	
<i>camrese</i>	1	
CAYA DPR	1	QL (1 every 300 days)
<i>chateal eq</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-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol 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	

Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 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)
FEMLYV TAB 1/0.02MG	1	
<i>galbriela</i>	1	
<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	
<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 0.15-0.03 mg</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-ethinyl estradiol-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)

Drug Name	Drug Tier	Requirements/Limits
<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)
MIUDELLA IUD COPPER	1	QL (1 unit every 300 days)
<i>mono-linyah</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 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	
<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)
OPILL TAB 0.075MG	1	OTC
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	
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

Drug Name	Drug Tier	Requirements/Limits
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)
<i>xelria fe</i>	1	
<i>xulane</i>	1	
<i>zovia 1/35</i>	1	

DIABETIC SUPPLIES

ACCU-CHEK KIT AVIVA PL	3	OTC
ACCU-CHEK KIT FASTCLIX	3	OTC
ACCU-CHEK KIT GUIDE	3	OTC
ACCU-CHEK KIT GUIDE ME	3	OTC
ACCU-CHEK KIT NANO	3	OTC
ACCU-CHEK KIT SOFTCLIX	3	OTC
ACCU-CHEK LIQ COMPACT	3	OTC
ACCU-CHEK LIQ GUIDE	3	OTC
ACCU-CHEK LIQ SMART	3	OTC
ACCU-CHEK SOL	3	OTC
ACCU-CHEK SOL COMPACT	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
CAREFINE MIS 32GX6MM	3	OTC
CHEMSTRIP 2 TES GP	4	OTC
CHEMSTRIP 5 TES OB	4	OTC
CHEMSTRIP 7 TES	4	OTC
CHEMSTRIP 9 TES STRIPS	4	OTC
CHEMSTRIP 10 TES MD	4	OTC
CHEMSTRIP K TES	4	OTC

Drug Name	Drug Tier	Requirements/Limits
CHEMSTRIP TES -10 SG	4	OTC
CHEMSTRIP TES UGK	4	OTC
CVS KETONE TES CARE	4	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 3 MIS	4	OTC
DIASCREEN 5 MIS	4	OTC
DIASCREEN 6 MIS	4	OTC
DIASCREEN 7 MIS	4	OTC
DIASCREEN 8 MIS	4	OTC
DIASCREEN 9 MIS	4	OTC
DIASCREEN 10 MIS	4	OTC
DIASCREEN MIS 1B	4	OTC
DIASCREEN MIS 1G	4	OTC
DIASCREEN MIS 1K	4	OTC
DIASCREEN MIS 2GK	4	OTC
DIASCREEN MIS 2GP	4	OTC
DIASCREEN MIS 4NL	4	OTC
DIASCREEN MIS 4OBL	4	OTC
DIASCREEN MIS 4PH	4	OTC
DIASCREEN MIS CONTROL	4	OTC
DIASTIX TES STRIPS	4	OTC
FASTCLIX MIS LANCETS	3	OTC
INSULIN SYRG MIS 1ML/31G	3	OTC
KETONE TES	4	OTC
KETONE TEST TES	4	OTC
NOVOFINE MIS 32GX6MM	3	OTC
OMNIPOD 5 DX KIT INT G7G6	3	PA, QL (1 kit per 730 days)
OMNIPOD 5 DX MIS POD G7G6	3	PA, QL (10 pods per 30 days)
OMNIPOD 5 G7 KIT INTRO	3	QL (1 kit per 730 days)
OMNIPOD 5 G7 MIS PODS	3	QL (10 pods per 30 days)
OMNIPOD DASH KIT INTRO	3	QL (1 kit per 730 days)
OMNIPOD DASH KIT PDM	3	QL (1 kit per 730 days)
OMNIPOD DASH MIS PODS	3	QL (10 pods per 30 days)
SHARPS CONT MIS 2QUART	3	OTC
SOFTCLIX MIS LANCETS	3	OTC

Drug Name	Drug Tier	Requirements/Limits
TWIIST KIT REFILL	3	
TWIIST REFIL KIT INFUSION	3	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
ORILISSA TAB 150MG	3	PA
ORILISSA TAB 200MG	3	PA
SYNAREL SOL 2MG/ML	6	PA
GLUCOCORTICOIDS		
<i>deflazacort susp 22.75 mg/ml</i>	5	PA, QL (52 mL every 30 days)
<i>deflazacort tab 6 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>deflazacort tab 18 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 30 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 36 mg</i>	5	PA, QL (30 tabs every 30 days)
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 sodium phosphate inj soln pref syr 4 mg/ml</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	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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 phosphate oral soln 5 mg/5ml (base equiv)</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	
PREDNISONE 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	
<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 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	

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPO 1 INJ 0.5/.1ML	3	
GVOKE HYPO 1 INJ 1/0.2ML	3	
GVOKE KIT SOL 1/0.2ML	3	
GVOKE PFS INJ 1/0.2ML	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 SUS 4MG/ML	5	PA
HUMAN GROWTH HORMONES		
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
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE		
CERDELGA CAP 84MG	5	PA, QL (56 caps every 28 days)
MENOPAUSAL SYMPTOM AGENTS		
BIJUVA CAP 0.5-100	4	PA; High Risk Medications require PA for members age 70 and older
BIJUVA CAP 1-100MG	4	PA; High Risk Medications require PA for members age 70 and older
CLIMARA PRO DIS WEEKLY	3	
DEPO-ESTRADI INJ 5MG/ML	4	
DUAVEE TAB 0.45-20	3	
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 gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 0.5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
<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
<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

Drug Name	Drug Tier	Requirements/Limits
<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 0.01%</i>	2	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
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	
<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

Drug Name	Drug Tier	Requirements/Limits
PREMARIN VAG CRE 0.625MG	4	
<i>yuvafem</i>	2	
MISCELLANEOUS		
<i>betaine powder for oral solution</i>	5	PA
<i>cabergoline tab 0.5 mg</i>	2	
CHOR GONADOT INJ 10000UNT	5	PA
CORTROPHIN INJ 40/0.5ML	5	PA, QL (28 syringes every 28 days)
CORTROPHIN INJ 80UNT/ML	5	PA, QL (28 syringes every 28 days)
CORTROPHIN INJ 80UNT/ML	5	PA, QL (35 mL every 21 days)
CYSTAGON CAP 50MG	5	PA
CYSTAGON CAP 150MG	5	PA
INCRELEX INJ 40MG/4ML	5	PA
INTRAROSA SUP 6.5MG	4	
MYALEPT INJ 11.3MG	5	PA, QL (30 vials every 30 days)
OSPHENA TAB 60MG	4	PA
<i>raloxifene hcl tab 60 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<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
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)
<i>tolvaptan tab 15 mg</i>	5	PA
<i>tolvaptan tab 30 mg</i>	5	PA
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	
<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	
VELPHORO CHW 500MG	4	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM-REMOVING AGENTS		
<i>sps</i>	2	
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 40 mg/ml</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	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
<i>unithroid</i>	2	
UREA CYCLE DISORDER		
<i>carglumic acid soluble tab 200 mg</i>	5	PA
PHEBURANE MIS 483/GM	5	PA, QL (672g every 30 days)
<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)
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	
VITAMIN D ANALOGS		
<i>calcitriol cap 0.5 mcg</i>	2	
<i>calcitriol cap 0.25 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	2	
<i>doxercalciferol cap 0.5 mcg</i>	2	
<i>doxercalciferol cap 1 mcg</i>	2	
<i>doxercalciferol cap 2.5 mcg</i>	2	
<i>paricalcitol cap 1 mcg</i>	2	
<i>paricalcitol cap 2 mcg</i>	2	
<i>paricalcitol cap 4 mcg</i>	2	
GASTROINTESTINAL		
ANTICHOLINERGICS		
<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	

Drug Name	Drug Tier	Requirements/Limits
<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		
AKYNZEO CAP 300-0.5	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	
<i>dronabinol cap 2.5 mg</i>	2	QL (60 caps every 30 days)
<i>dronabinol cap 5 mg</i>	2	QL (60 caps every 30 days)
<i>dronabinol cap 10 mg</i>	2	QL (60 caps every 30 days)
<i>granisetron hcl inj 1 mg/ml</i>	2	QL (2 mL every 28 days)
<i>granisetron hcl tab 1 mg</i>	2	QL (12 tabs every 28 days)
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	2	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	2	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	2	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	QL (20 mL every 28 days)
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	QL (20 mL every 28 days)
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	2	QL (20 mL every 28 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	2	QL (200 mL every 28 days)
<i>ondansetron hcl tab 4 mg</i>	2	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 8 mg</i>	2	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 24 mg</i>	2	QL (2 tabs every 28 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	2	QL (18 tabs every 28 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	2	QL (18 tabs every 28 days)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl inj 25 mg/ml</i>	2	
<i>promethazine hcl inj 50 mg/ml</i>	2	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl suppos 12.5 mg</i>	2	
<i>promethazine hcl suppos 25 mg</i>	2	
<i>promethazine hcl tab 12.5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<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	
SANCUSO DIS 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	
CORTIFOAM AER 90MG	3	
DIPENTUM CAP 250MG	4	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>mesalamine cap dr 400 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>lubiprostone cap 8 mcg</i>	2	
<i>lubiprostone cap 24 mcg</i>	2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	2	PA
<i>alose tron 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	
<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

Drug Name	Drug Tier	Requirements/Limits
SUFLAVE SOL	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	
IQIRVO TAB 80MG	5	PA, QL (30 tabs every 30 days)
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOVANTIK TAB 12.5MG	3	
MOVANTIK TAB 25MG	3	
SUCRAID SOL 8500/ML	4	PA, QL (354 mL every 30 days)
<i>sucrafate 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	
VOWST CAP	6	PA, QL (12 caps every 30 days)
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	

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	2	Covered for age less than 1 year only
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	2	Covered for age less than 1 year only
<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	
<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)
<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	
CARDURA XL TAB 8MG	4	
<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)

Drug Name	Drug Tier	Requirements/Limits
<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 SPONGE MIS	1	OTC
VCF VAGINAL GEL CONTRACE	1	OTC
VCF VAGINAL MIS CONTRACP	1	OTC
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	2	
<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>eq urinary pain relief</i>	2	OTC
<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	
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	
<i>mirabegron tab er 24 hr 25 mg</i>	2	
<i>mirabegron tab er 24 hr 50 mg</i>	2	
MYRBETRIQ SUS 8MG/ML	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	

Drug Name	Drug Tier	Requirements/Limits
<i>trosipium chloride cap er 24hr 60 mg</i>	2	
<i>trosipium chloride tab 20 mg</i>	2	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
GYNAZOLE-1 CRE 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	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	2	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	2	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	2	
ELIQUIS ST P 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	

Drug Name	Drug Tier	Requirements/Limits
<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 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	
<i>jantoven</i>	2	
<i>rivaroxaban for susp 1 mg/ml</i>	2	
<i>rivaroxaban tab 2.5 mg</i>	2	
<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 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
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

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM INJ 300MCG	5	PA
NIVESTYM INJ 480/0.8	5	PA
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
HEMLIBRA SOL 12/0.4ML	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	
<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	
YOSPRALA TAB 81-40MG	4	
YOSPRALA TAB 325-40MG	4	

Drug Name	Drug Tier	Requirements/Limits
SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
THROMBOCYTOPENIA AGENTS		
ALVAIZ TAB 9MG	5	PA, QL (60 tabs every 30 days)
ALVAIZ TAB 18MG	5	PA, QL (90 tabs every 30 days)
ALVAIZ TAB 36MG	5	PA, QL (90 tabs every 30 days)
ALVAIZ TAB 54MG	5	PA, QL (60 tabs every 30 days)
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)
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
ACTEMRA INJ 80MG/4ML	6	ST, PA, QL (20 vials every 28 days)
ACTEMRA INJ 200/10ML	6	ST, PA, QL (8 vials every 28 days)
ACTEMRA INJ 400/20ML	6	ST, PA, QL (4 vials every 28 days)
ENTYVIO INJ 300MG	6	PA, QL (1 vial every 56 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 (6 vials every 56 days)
TREMFYA INJ 200/20ML	5	PA, QL (One time induction dose only)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA INJ 162/0.9	6	ST, PA, QL (4 syringes every 28 days)
ACTEMRA INJ ACTPEN	6	ST, PA, QL (4 injections every 28 days)
ADALIMU-ADAZ INJ 10/0.1ML	5	PA, QL (2 syringes every 28 days)
ADALIMU-ADAZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
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)
ADALIMU-ADAZ INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 syringes every 28 days)
CIMZIA PREFL KIT 200MG/ML	5	PA, QL (2 kits every 28 days); Preferred agent for NRAXSPA
CIMZIA START KIT 200MG/ML	5	PA, QL (1 kit every 28 days); Preferred agent for NRAXSPA
COSENTYX INJ 75MG/0.5	5	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	5	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX INJ 300DOSE	5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	5	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, 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, Hidradenitis Suppurativa, NRAXSPA, 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
ENTYVIO PEN INJ 108/0.68	6	PA, QL (2 pens every 28 days)
HYRIMOZ CD/ INJ UC/HS SP	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ-PLAQ INJ PSORIASI	5	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
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
OTEZLA TAB 10/20	5	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	5	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 20MG	5	PA, QL (60 tabs every 30 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
PYZCHIVA INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA INJ 45/0.5ML	5	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA INJ 90MG/ML	5	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
RINVOQ LQ SOL 1MG/ML	5	PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 15MG ER	5	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, NRAXSPA, 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 and Ulcerative Colitis
SKYRIZI INJ 360/2.4	5	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI PEN INJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
TALTZ INJ 20/0.25	5	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TALTZ INJ 40/0.5ML	5	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TALTZ INJ 80MG/ML	5	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 100MG/ML	5	PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
TREMFYA INJ 200/2ML	5	PA, QL (1 injection every 28 days); Preferred agent for Crohn's Disease and Ulcerative Colitis
VELSIPITY TAB 2MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis
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.
YESINTEK INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
YESINTEK INJ 45/0.5ML	5	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
YESINTEK INJ 90MG/ML	5	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and 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

Drug Name	Drug Tier	Requirements/Limits
HEREDITARY ANGIOEDEMA		
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (45 syringes every 90 days)
TAKHZYRO INJ 150MG/ML	6	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	6	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	6	PA, QL (2 vials every 28 days)
IMMUNOGLOBULIN		
CUTAQUIG SOL 1.65GM	5	PA
CUTAQUIG SOL 1GM	5	PA
CUTAQUIG SOL 2GM	5	PA
CUTAQUIG SOL 3.3GM	5	PA
CUTAQUIG SOL 4GM	5	PA
CUTAQUIG SOL 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 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>mycophenolate mofetil tab 500 mg</i>	2	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	
<i>mycophenolate sodium tab dr 360 mg (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	
SANDIMMUNE CAP 25MG	4	
SANDIMMUNE CAP 100MG	4	
SANDIMMUNE INJ 50MG/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	1	\$0 copay for members age 18 and younger, otherwise not covered
BEYFORTUS INJ 100MG/ML	1	\$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
ENFLONIA INJ 105MG	1	\$0 copay for members age 18 and younger, otherwise not covered
VACCINES		
ABRYSVO INJ	1	
ACTHIB INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	1	
AREXVY INJ 120MCG	1	\$0 copay for members age 19 and older, otherwise not covered
BEXSERO INJ	1	
BOOSTRIX INJ	1	
CAPVAXIVE INJ 0.5ML	1	
COMIRNATY 5- INJ 11/25-26	1	
COMIRNATY INJ 30/.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	
FLUAD INJ 2025-26	1	
FLUMIST NASA LIQ 2025-26	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
IPOL INJ INACTIVE	1	
JYNNEOS INJ	1	
KINRIX INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	

Drug Name	Drug Tier	Requirements/Limits
MENVEO SOL	1	
MNEXSPIKE INJ 2025-26	1	
MRESVIA INJ 50MCG	1	\$0 copay for members age 19 and older, otherwise not covered
NUVAXOVID INJ 2025-26	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
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER 6M-4Y INJ 2024-25	1	
PNEUMOVAX 23 INJ 25/0.5	1	
PREVNAR 20 INJ	1	
PRIORIX INJ	1	
PROQUAD 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 2025-26	1	
TENIVAC INJ 5-2LF	1	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	1	

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

NUTRITIONAL/SUPPLEMENTS***ELECTROLYTES***

<i>effe-r-k</i>	2	
<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>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride inj 2 meq/ml</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 15 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 chloride iv soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	2	
<i>sodium chloride iv soln 3%</i>	2	
<i>sodium chloride iv soln 5%</i>	2	
<i>sodium chloride preservative free (pf) inj 0.9%</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
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	2	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride 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 tab 1 mg f (from 2.2 mg naf)</i>	2	
PRENATAL VITAMINS		
<i>elite-ob</i>	2	
<i>inatal gt</i>	2	
<i>pnv-dha</i>	2	
<i>pnv-select</i>	2	
<i>prenatal 19</i>	2	
<i>trinate</i>	2	
VITAMINS		
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	2	OTC
<i>cyanocobalamin inj 1000 mcg/ml</i>	2	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	2	
<i>folic acid cap 0.8 mg</i>	1	QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 1 mg</i>	2	
<i>folic acid tab 400 mcg</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<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>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	2	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	2	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	2	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	2	
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	2	
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	2	
<i>phytonadione tab 5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
pyridoxine hcl tab 25 mg	2	OTC
pyridoxine hcl tab 50 mg	2	OTC
tri-vite/fluoride	2	

OPHTHALMIC**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

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

ANTI-INFECTIVES

AZASITE SOL 1%	3	
bacitracin ophth oint 500 unit/gm	2	
bacitracin-polymyxin b ophth oint	2	
BESIVANCE SUS 0.6%	4	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	2	
erythromycin ophth oint 5 mg/gm	2	
gatifloxacin ophth soln 0.5%	2	
gentamicin sulfate ophth soln 0.3%	2	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	2	
moxifloxacin hcl ophth soln 0.5% (base equiv)	2	
NATACYN SUS 5% OP	3	
neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-polymyxin-gramicidin op sol 1.75-10000-0.025mg-unt-mg/ml	2	
ofloxacin ophth soln 0.3%	2	
polycin	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	2	
sulfacetamide sodium ophth oint 10%	2	
sulfacetamide sodium ophth soln 10%	2	
tobramycin ophth soln 0.3%	2	
trifluridine ophth soln 1%	2	
ZIRGAN GEL 0.15%	4	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFLAMMATORIES		
ACUVAIL SOL 0.45% OP	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	
<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 0.2% (base equivalent)</i>	2	
ZERVIA DRO 0.24%	4	
ANTIGLAUCOMA BETA-BLOCKERS		
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETOPTIC-S SUS 0.25% OP	3	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</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	
ANTIGLAUCOMA COMBINATION AGENTS		
<i>brimonidine tartrate-timolol maleate ophth soln 0.2- 0.5%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
SIMBRINZA SUS 1-0.2%	3	
CARBONIC ANHYDRASE INHIBITORS		
<i>brinzolamide ophth susp 1%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	2	
DRY EYE DISEASE		
<i>cyclosporine (ophth) emulsion 0.05%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
RESTASIS MUL EMU 0.05% OP	3	
TRYPYR SOL 0.003%	3	
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	
<i>phenylephrine hcl ophth soln 10%</i>	2	
PHOSPHOLINE SOL 0.125%OP	4	
<i>pilocarpine hcl ophth soln 1%</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	
PROSTAGLANDINS		
<i>latanoprost ophth soln 0.005%</i>	2	
LUMIGAN SOL 0.01% OP	3	ST; PA**
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
SYMPATHOMIMETICS		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
<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	
IOPIDINE SOL 1% OP	4	
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte</i>	2	
<i>physiosol irrigation</i>	2	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C INJ 1000MG	5	PA
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)

Drug Name	Drug Tier	Requirements/Limits
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	
SPIRIVA RESP AER 1.25MCG	3	QL (1 package every 30 days)
SPIRIVA RESP AER 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)
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	QL (1 package every 30 days)
ANTI-HISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 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

Drug Name	Drug Tier	Requirements/Limits
<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
<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)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	QL (300 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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 & phenylephrine syrup 6.25-5 mg/5ml</i>	2	
<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	
TUXARIN ER TAB 54.3-8MG	4	QL (2 tabs 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)
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)

Drug Name	Drug Tier	Requirements/Limits
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
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	
<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 inhal soln 10%</i>	2	
<i>acetylcysteine inhal soln 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	

Drug Name	Drug Tier	Requirements/Limits
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	QL (1 package every 30 days)
<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		
AEROCHAMBER MIS PLUS	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS MEDIUM	3	OTC
PANDA MASK MIS PEDIATRI	3	OTC
SEVERE ASTHMA AGENTS		
DUPIXENT INJ 200MG	5	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	5	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
NUCALA INJ 40MG/0.4	5	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	5	PA, QL (3 autoinjectors every 28 days)
NUCALA INJ 100MG/ML	5	PA, QL (3 syringes every 28 days)
XOLAIR INJ 75/0.5	5	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	5	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	5	PA, QL (8 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR INJ 150MG/ML	5	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	5	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	5	PA, QL (4 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)
ASMANEX HFA AER 50MCG	3	QL (1 package every 30 days)
ASMANEX HFA AER 100 MCG	3	QL (1 package every 30 days)
ASMANEX HFA AER 200 MCG	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)
<i>fluticasone furoate aerosol powder breath activ 50 mcg/act</i>	2	QL (1 package every 30 days)
<i>fluticasone furoate aerosol powder breath activ 100 mcg/act</i>	2	QL (1 package every 30 days)
<i>fluticasone furoate aerosol powder breath activ 200 mcg/act</i>	2	QL (1 package every 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA AER 90-80MCG	3	QL (3 packages every 30 days)
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>breyna</i>	2	QL (3 packages 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)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (1 package every 30 days)

Drug Name	Drug Tier	Requirements/Limits
XANTHINES		
AMINOPHYLLIN INJ 25MG/ML	2	
<i>theophylline elixir 80 mg/15ml</i>	2	
<i>theophylline soln 80 mg/15ml</i>	2	
<i>theophylline tab er 12hr 300 mg</i>	2	
<i>theophylline tab er 12hr 450 mg</i>	2	
<i>theophylline tab er 24hr 400 mg</i>	2	
<i>theophylline tab er 24hr 600 mg</i>	2	
TOPICAL		
DERMATOLOGY, ACNE		
<i>adapalene cream 0.1%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.1%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.3%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	2	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (47g every 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	QL (45g every 30 days)
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1% (twice-daily)</i>	2	QL (75g every 30 days)
<i>clindamycin phosphate lotion 1%</i>	2	QL (60 mL every 30 days)
<i>clindamycin phosphate soln 1%</i>	2	QL (60 mL every 30 days)
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	QL (50g every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	2	QL (50g every 30 days)
<i>ery</i>	2	
<i>erythromycin gel 2%</i>	2	QL (60g every 30 days)
<i>erythromycin soln 2%</i>	2	QL (60 mL every 30 days)
<i>isotretinoin cap 10 mg</i>	2	PA
<i>isotretinoin cap 20 mg</i>	2	PA
<i>isotretinoin cap 30 mg</i>	2	PA
<i>isotretinoin cap 40 mg</i>	2	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<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

Drug Name	Drug Tier	Requirements/Limits
<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>diclofenac sodium (actinic keratoses) gel 3%</i>	4	
<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	
<i>gentamicin sulfate oint 0.1%</i>	2	
IV PREP WIPE PAD	3	OTC
<i>mupirocin oint 2%</i>	2	QL (30g every 30 days)
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd</i>	2	
SULFAMYLON CRE 85MG/GM	4	
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)
<i>ketoconazole cream 2%</i>	2	QL (120g every 30 days)
<i>luliconazole cream 1%</i>	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)

Drug Name	Drug Tier	Requirements/Limits
<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	
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>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	4	ST, QL (60g 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 cream 0.05%</i>	2	PA
<i>tazarotene gel 0.1%</i>	2	PA
<i>tazarotene gel 0.05%</i>	2	PA
<i>ZORYVE CRE 0.3%</i>	3	
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		
<i>DUPIXENT INJ 200/1.14</i>	5	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
<i>DUPIXENT INJ 300/2ML</i>	5	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
<i>EBGLYSS INJ 250/2ML</i>	5	PA, QL (2 pens every 28 days)
<i>EBGLYSS INJ 250/2ML</i>	5	PA, QL (2 syringes every 28 days)
<i>EUCRISA OIN 2%</i>	3	ST, QL (60g every 30 days); PA**

Drug Name	Drug Tier	Requirements/Limits
<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 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)
<i>BRYHALI LOT 0.01%</i>	3	QL (120 mL every 30 days)
<i>clobetasol propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate emo</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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30g every 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir cream 5%</i>	4	
<i>bexarotene gel 1%</i>	5	PA
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>nitroglycerin oint 0.4%</i>	2	
<i>penciclovir cream 1%</i>	2	
<i>podofilox gel 0.5%</i>	2	
<i>podofilox soln 0.5%</i>	2	
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)
<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>gnp lice treatment</i>	2	OTC
<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	
<i>spinosad susp 0.9%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX GEL 0.01%	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	
ORAVIG TAB 50MG	4	QL (14 tabs every 30 days)
<i>perio gard</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	

Drug Name	Drug Tier	Requirements/Limits
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	
CORTISPORIN SUS -TC OTIC	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>acyclovir tab 800 mg</i>	21
ADACEL INJ.....	150
ADALIMU-ADAZ INJ 10/0.1ML	142
ADALIMU-ADAZ INJ 20/0.2ML	142
ADALIMU-ADAZ INJ 40/0.4ML.....	142
ADALIMU-ADAZ INJ 80/0.8ML.....	142
ADALIMU-FKJP KIT 20/0.4ML.....	142
ADALIMU-FKJP KIT 40/0.8ML.....	142
<i>adapalene cream 0.1%</i>	168
<i>adapalene gel 0.1%</i>	168
<i>adapalene gel 0.3%</i>	168
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	168
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	168
<i>adefovir dipivoxil tab 10 mg</i>	25
ADEMPAS TAB 0.5MG	64
ADEMPAS TAB 1.5MG	64
ADEMPAS TAB 1MG	64
ADEMPAS TAB 2.5MG	64
ADEMPAS TAB 2MG	64
<i>adriamycin</i>	32
ADZENYS XR TAB 12.5MG	89
ADZENYS XR TAB 15.7 MG	89
ADZENYS XR TAB 18.8MG	89
ADZENYS XR TAB 3.1MG.....	89
ADZENYS XR TAB 6.3MG.....	89
ADZENYS XR TAB 9.4MG.....	89
AEROCHAMBER MIS PLUS	166
AIMOVIG INJ 140MG/ML	95
AIMOVIG INJ 70MG/ML.....	95
AIRSUPRA AER 90-80MCG	167
AJOVY INJ 225/1.5	96
AKYNZEO CAP 300-0.5	127
<i>ala-cort</i>	172
<i>albendazole tab 200 mg</i>	15
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	162

<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	162	ALVAIZ TAB 36MG.....	141
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	162	ALVAIZ TAB 54MG.....	141
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	162	ALVAIZ TAB 9MG	141
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	162	ALVESCO AER 160MCG.....	166
<i>albuterol sulfate syrup 2 mg/5ml</i>	162	ALVESCO AER 80MCG	166
<i>albuterol sulfate tab 2 mg</i>	162	<i>alyacen 1/35</i>	109
<i>albuterol sulfate tab 4 mg</i>	162	<i>alyacen 7/7/7</i>	109
<i>alclometasone dipropionate cream 0.05%</i>	172	<i>amantadine hcl cap 100 mg</i>	75
<i>alclometasone dipropionate oint 0.05%</i>	172	<i>amantadine hcl soln 50 mg/5ml</i>	75
ALCOHOL PREP PAD.....	114	<i>amantadine hcl tab 100 mg</i>	75
ALECENSA CAP 150MG	37	<i>ambrisentan tab 10 mg</i>	64
<i>alendronate sodium oral soln 70 mg/75ml</i> ...	108	<i>ambrisentan tab 5 mg</i>	64
<i>alendronate sodium tab 10 mg</i>	108	<i>amcinonide oint 0.1%</i>	172
<i>alendronate sodium tab 35 mg</i>	108	<i>amethyst</i>	109
<i>alendronate sodium tab 70 mg</i>	108	<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i> ..	15
<i>alfuzosin hcl tab er 24hr 10 mg</i>	134	<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	15
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	60	.....	15
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	60	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	60
<i>allopurinol tab 100 mg</i>	6	<i>amiloride hcl tab 5 mg</i>	60
<i>allopurinol tab 300 mg</i>	6	AMINOPHYLLIN INJ 25MG/ML	168
<i>almotriptan malate tab 12.5 mg</i>	95	<i>amiodarone hcl tab 200 mg</i>	49
<i>almotriptan malate tab 6.25 mg</i>	95	<i>amiodarone hcl tab 400 mg</i>	49
ALOCRI SOL 2%	157	<i>amitriptyline hcl tab 10 mg</i>	69
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	104	<i>amitriptyline hcl tab 100 mg</i>	69
.....	104	<i>amitriptyline hcl tab 150 mg</i>	69
<i>alogliptin benzoate tab 25 mg (base equiv)</i> ..	104	<i>amitriptyline hcl tab 25 mg</i>	69
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	104	<i>amitriptyline hcl tab 50 mg</i>	69
.....	104	<i>amitriptyline hcl tab 75 mg</i>	69
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i> ..	104	<i>amlodipine besylate tab 10 mg (base equivalent)</i>	57
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	104	<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	57
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	130	<i>amlodipine besylate tab 5 mg (base equivalent)</i>	57
<i>alosetron hcl tab 1 mg (base equiv)</i>	131	.....	57
ALPRAZOLAM CON 1 MG/ML	66	<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	57
<i>alprazolam orally disintegrating tab 0.25 mg</i>	66	<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	57
<i>alprazolam orally disintegrating tab 0.5 mg</i> ..	66	<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	57
<i>alprazolam orally disintegrating tab 1 mg</i>	66	<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	57
<i>alprazolam orally disintegrating tab 2 mg</i>	66	<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	56
<i>alprazolam tab 0.25 mg</i>	66	<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	56
<i>alprazolam tab 0.5 mg</i>	66	<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	57
<i>alprazolam tab 1 mg</i>	66		
<i>alprazolam tab 2 mg</i>	66		
<i>altavera</i>	109		
ALVAIZ TAB 18MG.....	141		

<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	57	<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i> 29	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	57	<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i> 29	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	57	<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i> 29	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	57	<i>amoxicillin (trihydrate) tab 500 mg</i>	29
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	44	<i>amoxicillin (trihydrate) tab 875 mg</i>	29
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	44	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	89
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	44	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	89
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	44	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	89
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	44	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	89
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	44	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	90
<i>amlodipine besylate-valsartan tab 10-160 mg</i> 47		<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	89
<i>amlodipine besylate-valsartan tab 10-320 mg</i> 47		<i>amphetamine-dextroamphetamine tab 10 mg</i>	90
<i>amlodipine besylate-valsartan tab 5-160 mg</i> . 47		<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	90
<i>amlodipine besylate-valsartan tab 5-320 mg</i> . 47		<i>amphetamine-dextroamphetamine tab 15 mg</i>	90
<i>amoxapine tab 100 mg</i>	69	<i>amphetamine-dextroamphetamine tab 20 mg</i>	90
<i>amoxapine tab 150 mg</i>	69	<i>amphetamine-dextroamphetamine tab 30 mg</i>	90
<i>amoxapine tab 25 mg</i>	69	<i>amphetamine-dextroamphetamine tab 5 mg</i> . 90	
<i>amoxapine tab 50 mg</i>	69	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	90
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	134	<i>amphotericin b for iv soln 50 mg</i>	16
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	28	<i>ampicillin cap 500 mg</i>	29
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	28	<i>ampicillin sodium for inj 1 gm</i>	29
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	28	<i>ampicillin sodium for inj 2 gm</i>	29
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	28	<i>anagrelide hcl cap 0.5 mg</i>	140
<i>amoxicillin & k clavulanate tab 250-125 mg</i> ..	28	<i>anagrelide hcl cap 1 mg</i>	140
<i>amoxicillin & k clavulanate tab 500-125 mg</i> ..	28	<i>anastrozole tab 1 mg</i>	36
<i>amoxicillin & k clavulanate tab 875-125 mg</i> ..	28	<i>ANNOVERA MIS</i>	109
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	28	<i>APOKYN INJ 10MG/ML</i>	75
<i>amoxicillin (trihydrate) cap 250 mg</i>	28	<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	159
<i>amoxicillin (trihydrate) cap 500 mg</i>	29	<i>aprepitant capsule 125 mg</i>	127
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	29	<i>aprepitant capsule 40 mg</i>	127
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	29	<i>aprepitant capsule 80 mg</i>	127
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i> 29		<i>aprepitant capsule therapy pack 80 & 125 mg</i>	127
		<i>APRETUDE SUS 600MG ER</i>	17
		<i>apri</i>	109

APTIVUS CAP 250MG	17	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	
<i>aranelle</i>	109	.....	140
ARANESP INJ 100MCG	139	ASTAGRAF XL CAP 0.5MG.....	147
ARANESP INJ 10MCG.....	139	ASTAGRAF XL CAP 1MG	147
ARANESP INJ 150MCG	139	ASTAGRAF XL CAP 5MG	148
ARANESP INJ 200MCG	139	<i>atazanavir sulfate cap 150 mg (base equiv) ..</i>	17
ARANESP INJ 25MCG.....	139	<i>atazanavir sulfate cap 200 mg (base equiv) ..</i>	17
ARANESP INJ 300MCG	139	<i>atazanavir sulfate cap 300 mg (base equiv) ..</i>	17
ARANESP INJ 40MCG.....	139	<i>atenolol & chlorthalidone tab 100-25 mg</i>	54
ARANESP INJ 500MCG	139	<i>atenolol & chlorthalidone tab 50-25 mg.....</i>	54
ARANESP INJ 60MCG.....	139	<i>atenolol tab 100 mg</i>	54
ARCALYST INJ 220MG.....	147	<i>atenolol tab 25 mg.....</i>	54
AREXVY INJ 120MCG.....	150	<i>atenolol tab 50 mg.....</i>	54
<i>arformoterol tartrate soln nebu 15 mcg/2ml</i>		<i>atomoxetine hcl cap 10 mg (base equiv)</i>	90
<i>(base equiv)</i>	162	<i>atomoxetine hcl cap 100 mg (base equiv).....</i>	90
<i>aripiprazole oral solution 1 mg/ml</i>	78	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	90
<i>aripiprazole orally disintegrating tab 10 mg .</i>	78	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	90
<i>aripiprazole orally disintegrating tab 15 mg .</i>	78	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	90
<i>aripiprazole tab 10 mg</i>	78	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	90
<i>aripiprazole tab 15 mg</i>	78	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	90
<i>aripiprazole tab 2 mg.....</i>	78	<i>atorvastatin calcium tab 10 mg (base</i>	
<i>aripiprazole tab 20 mg</i>	78	<i>equivalent)</i>	52
<i>aripiprazole tab 30 mg</i>	78	<i>atorvastatin calcium tab 20 mg (base</i>	
<i>aripiprazole tab 5 mg.....</i>	78	<i>equivalent)</i>	52
ARISTADA INJ 1064MG	78	<i>atorvastatin calcium tab 40 mg (base</i>	
ARISTADA INJ 441MG/1.....	78	<i>equivalent)</i>	52
ARISTADA INJ 662MG/2	78	<i>atorvastatin calcium tab 80 mg (base</i>	
ARISTADA INJ 882MG/3	78	<i>equivalent)</i>	52
ARISTADA INJ INITIO	78	<i>atovaquone susp 750 mg/5ml</i>	26
<i>armodafinil tab 150 mg.....</i>	99	<i>atovaquone-proguanil hcl tab 250-100 mg.....</i>	17
<i>armodafinil tab 200 mg.....</i>	99	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	17
<i>armodafinil tab 250 mg.....</i>	99	<i>atropine sulfate ophth soln 1%</i>	158
<i>armodafinil tab 50 mg</i>	99	<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1</i>	
ARNUITY ELPT INH 100MCG	167	<i>mg/ml)</i>	126
ARNUITY ELPT INH 200MCG	167	AUSTEDO TAB 12MG.....	97
ARNUITY ELPT INH 50MCG.....	166	AUSTEDO TAB 6MG	97
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>		AUSTEDO TAB 9MG	97
.....	41	AVERI TAB	109
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	41	<i>aviane</i>	109
<i>asenapine maleate sl tab 10 mg (base equiv) .</i>	79	<i>avidoxy</i>	30
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	78	<i>azacitidine for inj 100 mg</i>	33
<i>asenapine maleate sl tab 5 mg (base equiv)....</i>	78	AZASITE SOL 1%.....	156
<i>ashlyna</i>	109	<i>azathioprine tab 100 mg.....</i>	148
ASMANEX HFA AER 100 MCG.....	167	<i>azathioprine tab 50 mg</i>	148
ASMANEX HFA AER 200 MCG.....	167	<i>azathioprine tab 75 mg</i>	148
ASMANEX HFA AER 50MCG.....	167	<i>azelaic acid gel 15%</i>	175
<i>aspirin ec adult low dose</i>	14	<i>azelastine hcl nasal spray 0.1% (137</i>	
		<i>mcg/spray)</i>	160

<i>azelastine hcl ophth soln 0.05%</i>	157	<i>benazepril hcl tab 40 mg</i>	45
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	160	<i>benazepril hcl tab 5 mg</i>	45
<i>azithromycin for susp 100 mg/5ml</i>	23	<i>benzonatate cap 100 mg</i>	163
<i>azithromycin for susp 200 mg/5ml</i>	24	<i>benzonatate cap 200 mg</i>	163
<i>azithromycin tab 250 mg</i>	24	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	168
<i>azithromycin tab 500 mg</i>	24	<i>benztropine mesylate inj 1 mg/ml</i>	75
<i>azithromycin tab 600 mg</i>	24	<i>benztropine mesylate tab 0.5 mg</i>	75
<i>AZSTARYS CAP 26.1-5.2</i>	90	<i>benztropine mesylate tab 1 mg</i>	75
<i>AZSTARYS CAP 39.2-7.8</i>	90	<i>benztropine mesylate tab 2 mg</i>	75
<i>AZSTARYS CAP 52.3-10</i>	90	<i>bepotastine besilate ophth soln 1.5%</i>	157
<i>aztreonam for inj 1 gm</i>	26	<i>BESIVANCE SUS 0.6%</i>	156
<i>aztreonam for inj 2 gm</i>	26	<i>betaine powder for oral solution</i>	122
<i>azurette</i>	109	<i>betamethasone dipropionate augmented cream 0.05%</i>	172
B		<i>betamethasone dipropionate augmented gel 0.05%</i>	172
<i>bacitracin ophth oint 500 unit/gm</i>	156	<i>betamethasone dipropionate augmented lotion 0.05%</i>	172
<i>bacitracin-polymyxin b ophth oint</i>	156	<i>betamethasone dipropionate augmented oint 0.05%</i>	172
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	155	<i>betamethasone dipropionate cream 0.05%...</i>	172
<i>baclofen tab 10 mg</i>	98	<i>betamethasone dipropionate lotion 0.05% ...</i>	172
<i>baclofen tab 20 mg</i>	98	<i>betamethasone valerate aerosol foam 0.12%</i>	172
<i>baclofen tab 5 mg</i>	98	<i>betamethasone valerate cream 0.1% (base equivalent)</i>	172
<i>balsalazide disodium cap 750 mg</i>	130	<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	172
<i>BARACLUDGE SOL</i>	25	<i>betamethasone valerate oint 0.1% (base equivalent)</i>	172
<i>BASAGLAR INJ 100UNIT</i>	105	<i>BETASERON INJ 0.3MG</i>	97
<i>BASAGLAR INJ TEMPO PN</i>	105	<i>betaxolol hcl ophth soln 0.5%</i>	157
<i>BAXDELA TAB 450MG</i>	24	<i>betaxolol hcl tab 10 mg</i>	55
<i>BELBUCA MIS 150MCG</i>	14	<i>betaxolol hcl tab 20 mg</i>	55
<i>BELBUCA MIS 300MCG</i>	14	<i>bethanechol chloride tab 10 mg</i>	135
<i>BELBUCA MIS 450MCG</i>	14	<i>bethanechol chloride tab 25 mg</i>	135
<i>BELBUCA MIS 600MCG</i>	14	<i>bethanechol chloride tab 5 mg</i>	135
<i>BELBUCA MIS 750MCG</i>	14	<i>bethanechol chloride tab 50 mg</i>	135
<i>BELBUCA MIS 75MCG</i>	14	<i>BETOPTIC-S SUS 0.25% OP</i>	157
<i>BELBUCA MIS 900MCG</i>	14	<i>BEVESPI AER 9-4.8MCG</i>	160
<i>BELSOMRA TAB 10MG</i>	93	<i>bexarotene cap 75 mg</i>	41
<i>BELSOMRA TAB 15MG</i>	93	<i>bexarotene gel 1%</i>	175
<i>BELSOMRA TAB 20MG</i>	93	<i>BEXSERO INJ</i>	150
<i>BELSOMRA TAB 5MG</i>	93	<i>BEYFORTUS INJ 100MG/ML</i>	150
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	45	<i>BEYFORTUS INJ 50/0.5ML</i>	150
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	45	<i>bicalutamide tab 50 mg</i>	36
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	45	<i>BIJUVA CAP 0.5-100</i>	119
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	45	<i>BIJUVA CAP 1-100MG</i>	120
<i>benazepril hcl tab 10 mg</i>	45		
<i>benazepril hcl tab 20 mg</i>	45		

BIKTARVY TAB	19	<i>bumetanide tab 1 mg</i>	60
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	54	<i>bumetanide tab 2 mg</i>	60
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	54	<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	14
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	54	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i> ..	100
<i>bisoprolol fumarate tab 10 mg</i>	55	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i> ..	100
<i>bisoprolol fumarate tab 5 mg</i>	55	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	99
<i>bleomycin sulfate for inj 15 unit</i>	32	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	99
<i>bleomycin sulfate for inj 30 unit</i>	32	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	99
BOOSTRIX INJ.....	150	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	99
<i>bosentan tab 125 mg</i>	64	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	100
<i>bosentan tab 62.5 mg</i>	64	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	100
<i>bosentan tab for oral susp 32 mg</i>	64	<i>buprenorphine td patch weekly 10 mcg/hr</i>	14
BRAFTOVI CAP 75MG.....	37	<i>buprenorphine td patch weekly 15 mcg/hr</i>	14
BREO ELLIPTA INH 100-25	167	<i>buprenorphine td patch weekly 20 mcg/hr</i>	14
BREO ELLIPTA INH 200-25	167	<i>buprenorphine td patch weekly 5 mcg/hr</i>	14
BREO ELLIPTA INH 50-25MCG	167	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	14
<i>breyna</i>	167	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	101
BREZTRI AERO AER SPHERE.....	160	<i>bupropion hcl tab 100 mg</i>	69
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	175	<i>bupropion hcl tab 75 mg</i>	69
<i>brimonidine tartrate ophth soln 0.1%</i>	159	<i>bupropion hcl tab er 12hr 100 mg</i>	69
<i>brimonidine tartrate ophth soln 0.15%</i>	159	<i>bupropion hcl tab er 12hr 150 mg</i>	69
<i>brimonidine tartrate ophth soln 0.2%</i>	159	<i>bupropion hcl tab er 12hr 200 mg</i>	69
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	158	<i>bupropion hcl tab er 24hr 150 mg</i>	69
<i>brinzolamide ophth susp 1%</i>	158	<i>bupropion hcl tab er 24hr 300 mg</i>	69
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	157	<i>bupirone hcl tab 10 mg</i>	66
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	75	<i>bupirone hcl tab 15 mg</i>	66
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	75	<i>bupirone hcl tab 30 mg</i>	66
BRUKINSA CAP 80MG	37	<i>bupirone hcl tab 5 mg</i>	66
BRYHALI LOT 0.01%	173	<i>bupirone hcl tab 7.5 mg</i>	66
<i>budesonide delayed release particles cap 3 mg</i>	130	<i>busulfan inj 6 mg/ml</i>	31
<i>budesonide inhalation susp 0.25 mg/2ml</i>	167	<i>butorphanol tartrate inj 1 mg/ml</i>	8
<i>budesonide inhalation susp 0.5 mg/2ml</i>	167	<i>butorphanol tartrate inj 2 mg/ml</i>	8
<i>budesonide inhalation susp 1 mg/2ml</i>	167	<i>butorphanol tartrate nasal soln 10 mg/ml</i>	8
<i>budesonide tab er 24hr 9 mg</i>	130	C	
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	167	CABENUVA SUS 400-600	19
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	167	CABENUVA SUS 600-900	19
<i>bumetanide tab 0.5 mg</i>	60	<i>cabergoline tab 0.5 mg</i>	122
		CABOMETYX TAB 20MG.....	37
		CABOMETYX TAB 40MG.....	37
		CABOMETYX TAB 60MG.....	37
		<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	171

<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	171	<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	76
<i>calcitonin (salmon) nasal soln 200 unit/act</i> .	109	<i>carbidopa & levodopa tab 10-100 mg</i>	76
<i>calcitriol cap 0.25 mcg</i>	126	<i>carbidopa & levodopa tab 25-100 mg</i>	76
<i>calcitriol cap 0.5 mcg</i>	126	<i>carbidopa & levodopa tab 25-250 mg</i>	76
<i>calcitriol oint 3 mcg/gm</i>	171	<i>carbidopa & levodopa tab er 25-100 mg</i>	76
<i>calcitriol oral soln 1 mcg/ml</i>	126	<i>carbidopa & levodopa tab er 50-200 mg</i>	76
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	123	<i>carbidopa tab 25 mg</i>	76
<i>calcium acetate (phosphate binder) tab 667 mg</i>	123	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	76
CALQUENCE TAB 100MG	37	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	76
<i>camila</i>	109	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	76
<i>camrese</i>	110	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	76
<i>candesartan cilexetil tab 16 mg</i>	49	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	76
<i>candesartan cilexetil tab 32 mg</i>	49	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	76
<i>candesartan cilexetil tab 4 mg</i>	49	<i>carbinoxamine maleate soln 4 mg/5ml</i>	160
<i>candesartan cilexetil tab 8 mg</i>	49	<i>carbinoxamine maleate tab 4 mg</i>	161
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	47	<i>carboplatin iv soln 150 mg/15ml</i>	43
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	47	<i>carboplatin iv soln 450 mg/45ml</i>	43
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	47	<i>carboplatin iv soln 50 mg/5ml</i>	43
<i>capecitabine tab 150 mg</i>	33	<i>carboplatin iv soln 600 mg/60ml</i>	43
<i>capecitabine tab 500 mg</i>	33	CARDURA XL TAB 4MG	134
CAPRELSA TAB 100MG	37	CARDURA XL TAB 8MG	134
CAPRELSA TAB 300MG	37	CAREFINE MIS 32GX6MM	114
<i>captopril tab 100 mg</i>	46	<i>carglumic acid soluble tab 200 mg</i>	126
<i>captopril tab 12.5 mg</i>	46	<i>carisoprodol tab 350 mg</i>	98
<i>captopril tab 25 mg</i>	46	<i>carmustine for inj 100 mg</i>	31
<i>captopril tab 50 mg</i>	46	<i>carteolol hcl ophth soln 1%</i>	158
CAPVAXIVE INJ 0.5ML	150	<i>cartia xt</i>	57
<i>carbamazepine cap er 12hr 100 mg</i>	83	<i>carvedilol phosphate cap er 24hr 10 mg</i>	55
<i>carbamazepine cap er 12hr 200 mg</i>	83	<i>carvedilol phosphate cap er 24hr 20 mg</i>	55
<i>carbamazepine cap er 12hr 300 mg</i>	83	<i>carvedilol phosphate cap er 24hr 40 mg</i>	55
<i>carbamazepine chew tab 100 mg</i>	83	<i>carvedilol phosphate cap er 24hr 80 mg</i>	55
<i>carbamazepine chew tab 200 mg</i>	83	<i>carvedilol tab 12.5 mg</i>	55
<i>carbamazepine susp 100 mg/5ml</i>	83	<i>carvedilol tab 25 mg</i>	55
<i>carbamazepine tab 200 mg</i>	83	<i>carvedilol tab 3.125 mg</i>	55
<i>carbamazepine tab er 12hr 100 mg</i>	83	<i>carvedilol tab 6.25 mg</i>	55
<i>carbamazepine tab er 12hr 200 mg</i>	83	CAYA DPR	110
<i>carbamazepine tab er 12hr 400 mg</i>	83	CAYSTON INH 75MG	163
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	75	<i>cefaclor cap 250 mg</i>	22
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	75	<i>cefaclor cap 500 mg</i>	22
		<i>cefaclor for susp 250 mg/5ml</i>	22
		<i>cefadroxil cap 500 mg</i>	22

<i>cefadroxil for susp 250 mg/5ml</i>	22	CHEMSTRIP 10 TES MD.....	114
<i>cefadroxil for susp 500 mg/5ml</i>	22	CHEMSTRIP 2 TES GP.....	114
<i>cefadroxil tab 1 gm</i>	22	CHEMSTRIP 5 TES OB.....	114
<i>cefazolin sodium for inj 1 gm</i>	22	CHEMSTRIP 7 TES.....	114
<i>cefдинир cap 300 mg</i>	22	CHEMSTRIP 9 TES STRIPS.....	114
<i>cefдинир for susp 125 mg/5ml</i>	22	CHEMSTRIP K TES.....	114
<i>cefдинир for susp 250 mg/5ml</i>	22	CHEMSTRIP TES -10 SG.....	114
<i>cefepime hcl for inj 1 gm</i>	22	CHEMSTRIP TES UGK.....	114
<i>cefepime hcl for iv soln 2 gm</i>	22	<i>chlordiazepoxide hcl cap 10 mg</i>	66
<i>cefixime cap 400 mg</i>	22	<i>chlordiazepoxide hcl cap 25 mg</i>	66
<i>cefixime for susp 100 mg/5ml</i>	22	<i>chlordiazepoxide hcl cap 5 mg</i>	66
<i>cefixime for susp 200 mg/5ml</i>	22	<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	101
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	22	<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	100
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	22	<i>chlorhexidine gluconate soln 0.12%</i>	176
<i>cefpodoxime proxetil tab 100 mg</i>	22	<i>chloroquine phosphate tab 250 mg</i>	17
<i>cefpodoxime proxetil tab 200 mg</i>	22	<i>chloroquine phosphate tab 500 mg</i>	17
<i>cefprozil for susp 125 mg/5ml</i>	22	<i>chlorpromazine hcl inj 25 mg/ml</i>	79
<i>cefprozil for susp 250 mg/5ml</i>	22	<i>chlorpromazine hcl inj 50 mg/2ml</i>	79
<i>cefprozil tab 250 mg</i>	22	<i>chlorpromazine hcl tab 10 mg</i>	79
<i>cefprozil tab 500 mg</i>	23	<i>chlorpromazine hcl tab 100 mg</i>	79
<i>ceftazidime for iv soln 2 gm</i>	23	<i>chlorpromazine hcl tab 200 mg</i>	79
<i>ceftriaxone sodium for inj 1 gm</i>	23	<i>chlorpromazine hcl tab 25 mg</i>	79
<i>ceftriaxone sodium for inj 10 gm</i>	23	<i>chlorpromazine hcl tab 50 mg</i>	79
<i>ceftriaxone sodium for inj 2 gm</i>	23	<i>chlorthalidone tab 25 mg</i>	60
<i>ceftriaxone sodium for inj 250 mg</i>	23	<i>chlorthalidone tab 50 mg</i>	60
<i>ceftriaxone sodium for inj 500 mg</i>	23	<i>chlorzoxazone tab 500 mg</i>	98
<i>ceftriaxone sodium for iv soln 1 gm</i>	23	<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	154
<i>ceftriaxone sodium for iv soln 2 gm</i>	23	<i>cholestyramine light powder 4 gm/dose</i>	51
<i>cefuroxime axetil tab 250 mg</i>	23	<i>cholestyramine light powder packets 4 gm</i>	51
<i>cefuroxime axetil tab 500 mg</i>	23	<i>cholestyramine powder 4 gm/dose</i>	51
<i>celecoxib cap 100 mg</i>	6	<i>cholestyramine powder packets 4 gm</i>	51
<i>celecoxib cap 200 mg</i>	6	<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	51
<i>celecoxib cap 50 mg</i>	6	<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	51
CELLCEPT CAP 250MG.....	148	CHOR GONADOT INJ 10000UNT.....	122
CELLCEPT IV INJ 500MG.....	148	<i>ciclopirox gel 0.77%</i>	170
CELLCEPT SUS 200MG/ML.....	148	<i>ciclopirox olamine cream 0.77% (base equiv)</i>	170
CELLCEPT TAB 500MG.....	148	<i>ciclopirox olamine susp 0.77% (base equiv)</i> ..	170
<i>cephalexin cap 250 mg</i>	23	<i>ciclopirox shampoo 1%</i>	170
<i>cephalexin cap 500 mg</i>	23	<i>ciclopirox solution 8%</i>	170
<i>cephalexin cap 750 mg</i>	23	<i>cidofovir iv inj 75 mg/ml</i>	21
<i>cephalexin for susp 125 mg/5ml</i>	23	<i>cilostazol tab 100 mg</i>	140
<i>cephalexin for susp 250 mg/5ml</i>	23	<i>cilostazol tab 50 mg</i>	140
<i>cephalexin tab 250 mg</i>	23	CIMDUO TAB 300-300.....	19
<i>cephalexin tab 500 mg</i>	23		
CERDELGA CAP 84MG.....	119		
<i>cevimeline hcl cap 30 mg</i>	176		
<i>chateal eq</i>	110		
CHEMET CAP 100MG.....	109		

<i>cimetidine tab 200 mg</i>	129	<i>clindamycin phosphate gel 1% (twice-daily)</i>	168
<i>cimetidine tab 300 mg</i>	129	<i>clindamycin phosphate lotion 1%</i>	168
<i>cimetidine tab 400 mg</i>	129	<i>clindamycin phosphate soln 1%</i>	169
<i>cimetidine tab 800 mg</i>	129	<i>clindamycin phosphate swab 1%</i>	169
CIMZIA PREFL KIT 200MG/ML	142	<i>clindamycin phosphate vaginal cream 2%</i>	136
CIMZIA START KIT 200MG/ML.....	142	<i>clindamycin phosphate-benzoyl peroxide gel</i>	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	108	1.2-2.5%.....	169
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	108	<i>clindamycin phosphate-benzoyl peroxide gel 1-</i>	
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	108	5%.....	169
CIPRO (10%) SUS 500MG/5	25	<i>clindamycin phosph-benzoyl peroxide (refrig)</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>		<i>gel 1.2 (1)-5%</i>	168
<i>equivalent)</i>	156	<i>clobazam suspension 2.5 mg/ml</i>	83
<i>ciprofloxacin hcl otic soln 0.2% (base</i>		<i>clobazam tab 10 mg</i>	83
<i>equivalent)</i>	177	<i>clobazam tab 20 mg</i>	83
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	25	<i>clobetasol propionate cream 0.05%</i>	173
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	25	<i>clobetasol propionate emo</i>	173
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	25	<i>clobetasol propionate foam 0.05%</i>	173
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>		<i>clobetasol propionate gel 0.05%</i>	173
.....	177	<i>clobetasol propionate lotion 0.05%</i>	173
<i>ciprofloxacin-fluocinolone aceton (pf) otic soln</i>		<i>clobetasol propionate oint 0.05%</i>	173
0.3-0.025%	177	<i>clobetasol propionate shampoo 0.05%</i>	173
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	43	<i>clobetasol propionate soln 0.05%</i>	173
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	43	<i>clobetasol propionate spray 0.05%</i>	173
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	43	<i>clocortolone pivalate cream 0.1%</i>	173
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>		<i>clofarabine iv soln 1 mg/ml</i>	33
.....	69	<i>clomipramine hcl cap 25 mg</i>	66
<i>citalopram hydrobromide tab 10 mg (base</i>		<i>clomipramine hcl cap 50 mg</i>	66
<i>equiv)</i>	70	<i>clomipramine hcl cap 75 mg</i>	67
<i>citalopram hydrobromide tab 20 mg (base</i>		<i>clonazepam tab 0.5 mg</i>	83
<i>equiv)</i>	70	<i>clonazepam tab 1 mg</i>	83
<i>citalopram hydrobromide tab 40 mg (base</i>		<i>clonazepam tab 2 mg</i>	83
<i>equiv)</i>	70	<i>clonidine hcl tab 0.1 mg</i>	62
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	33	<i>clonidine hcl tab 0.2 mg</i>	62
<i>clarithromycin for susp 125 mg/5ml</i>	24	<i>clonidine hcl tab 0.3 mg</i>	62
<i>clarithromycin for susp 250 mg/5ml</i>	24	<i>clonidine td patch weekly 0.1 mg/24hr</i>	62
<i>clarithromycin tab 250 mg</i>	24	<i>clonidine td patch weekly 0.2 mg/24hr</i>	62
<i>clarithromycin tab 500 mg</i>	24	<i>clonidine td patch weekly 0.3 mg/24hr</i>	62
<i>clarithromycin tab er 24hr 500 mg</i>	24	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	
<i>clemastine fumarate tab 2.68 mg</i>	161	.....	140
CLENPIQ SOL	131	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	140
CLEOCIN SUP 100MG	136	<i>clorazepate dipotassium tab 15 mg</i>	84
CLIMARA PRO DIS WEEKLY	120	<i>clorazepate dipotassium tab 3.75 mg</i>	84
<i>clindamycin hcl cap 150 mg</i>	26	<i>clorazepate dipotassium tab 7.5 mg</i>	84
<i>clindamycin hcl cap 300 mg</i>	26	<i>clotrimazole cream 1%</i>	170
<i>clindamycin hcl cap 75 mg</i>	26	<i>clotrimazole soln 1%</i>	170
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i>		<i>clotrimazole troche 10 mg</i>	176
<i>(base equiv)</i>	26	<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	
<i>clindamycin phosphate foam 1%</i>	168	.....	170

<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	170	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	165
<i>clozapine orally disintegrating tab 100 mg</i>	79	<i>crotan</i>	176
<i>clozapine orally disintegrating tab 12.5 mg</i>	79	<i>cryselle-28</i>	110
<i>clozapine orally disintegrating tab 150 mg</i>	79	CUTAQUIG SOL 1.65GM	147
<i>clozapine orally disintegrating tab 200 mg</i>	79	CUTAQUIG SOL 1GM	147
<i>clozapine orally disintegrating tab 25 mg</i>	79	CUTAQUIG SOL 2GM	147
<i>clozapine tab 100 mg</i>	79	CUTAQUIG SOL 3.3GM	147
<i>clozapine tab 200 mg</i>	79	CUTAQUIG SOL 4GM	147
<i>clozapine tab 25 mg</i>	79	CUTAQUIG SOL 8GM	147
<i>clozapine tab 50 mg</i>	79	<i>cvs ivermectin lice treat</i>	176
COARTEM TAB 20-120MG	17	CVS KETONE TES CARE	114
CODEINE SULF TAB 60MG	8	<i>cvs sleep-aid nighttime</i>	93
<i>codeine sulfate tab 30 mg</i>	8	<i>cyanocobalamin inj 1000 mcg/ml</i>	154
<i>colchicine tab 0.6 mg</i>	6	<i>cyclobenzaprine hcl tab 10 mg</i>	98
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	6	<i>cyclobenzaprine hcl tab 5 mg</i>	98
<i>colesevelam hcl packet for susp 3.75 gm</i>	51	<i>cyclophosphamide cap 25 mg</i>	31
<i>colesevelam hcl tab 625 mg</i>	51	<i>cyclophosphamide cap 50 mg</i>	31
<i>colestipol hcl granule packets 5 gm</i>	51	<i>cyclophosphamide for inj 1 gm</i>	31
<i>colestipol hcl granules 5 gm</i>	51	<i>cyclophosphamide for inj 2 gm</i>	31
<i>colestipol hcl tab 1 gm</i>	51	<i>cyclophosphamide for inj 500 mg</i>	31
COMETRIQ KIT 100MG	37	<i>cycloserine cap 250 mg</i>	20
COMETRIQ KIT 140MG	37	<i>cyclosporine (ophth) emulsion 0.05%</i>	158
COMETRIQ KIT 60MG	37	<i>cyclosporine cap 100 mg</i>	148
COMIRNATY 5- INJ 11/25-26	150	<i>cyclosporine cap 25 mg</i>	148
COMIRNATY INJ 30/.3ML	150	<i>cyclosporine modified cap 100 mg</i>	148
<i>compro</i>	127	<i>cyclosporine modified cap 25 mg</i>	148
CONDOMS MIS	110	<i>cyclosporine modified cap 50 mg</i>	148
CORLANOR SOL 5MG/5ML	62	<i>cyclosporine modified oral soln 100 mg/ml</i>	148
CORTIFOAM AER 90MG	130	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	161
CORTISPORIN SUS -TC OTIC	177	<i>cyproheptadine hcl tab 4 mg</i>	161
CORTROPHIN INJ 40/0.5ML	122	CYSTAGON CAP 150MG	123
CORTROPHIN INJ 80UNT/ML	122, 123	CYSTAGON CAP 50MG	123
COSENTYX INJ 150MG/ML	142	CYSTARAN SOL 0.44%	158
COSENTYX INJ 300DOSE	142	<i>cytarabine inj 20 mg/ml</i>	33
COSENTYX INJ 75MG/0.5	142	<i>cytarabine inj pf 100 mg/ml</i>	33
COSENTYX PEN INJ 150MG/ML	143	<i>cytarabine inj pf 20 mg/ml</i>	33
COSENTYX PEN INJ 300DOSE	143	D	
COSENTYX UNO INJ 300/2ML	143	<i>dabigatran etexilate mesylate cap 110 mg</i>	
CREON CAP 12000UNT	132	<i>(etexilate base eq)</i>	136
CREON CAP 24000UNT	132	<i>dabigatran etexilate mesylate cap 150 mg</i>	
CREON CAP 3000UNIT	132	<i>(etexilate base eq)</i>	136
CREON CAP 36000UNT	132	<i>dabigatran etexilate mesylate cap 75 mg</i>	
CREON CAP 6000UNIT	132	<i>(etexilate base eq)</i>	136
CRINONE GEL 4% VAG	124	<i>dacarbazine for inj 100 mg</i>	31
CRINONE GEL 8% VAG	124	<i>dacarbazine for inj 200 mg</i>	31
<i>cromolyn sodium ophth soln 4%</i>	157	<i>dalfampridine tab er 12hr 10 mg</i>	97
<i>cromolyn sodium oral conc 100 mg/5ml</i>	131	<i>danazol cap 100 mg</i>	116
		<i>danazol cap 200 mg</i>	116

<i>danazol cap 50 mg</i>	116	<i>desipramine hcl tab 75 mg</i>	70
<i>dantrolene sodium cap 100 mg</i>	98	<i>desloratadine tab 5 mg</i>	161
<i>dantrolene sodium cap 25 mg</i>	98	<i>desloratadine tab orally disintegrating 2.5 mg</i>	
<i>dantrolene sodium cap 50 mg</i>	98	.....	161
<i>dapsone tab 100 mg</i>	26	<i>desloratadine tab orally disintegrating 5 mg</i>	161
<i>dapsone tab 25 mg</i>	26	<i>desmopressin acetate inj 4 mcg/ml</i>	126
DAPTACEL INJ.....	150	<i>desmopressin acetate nasal spray soln 0.01%</i>	
<i>darifenacin hydrobromide tab er 24hr 15 mg</i>		.....	126
<i>(base equiv)</i>	135	<i>desmopressin acetate nasal spray soln 0.01%</i>	
<i>darifenacin hydrobromide tab er 24hr 7.5 mg</i>		<i>(refrigerated)</i>	126
<i>(base equiv)</i>	135	<i>desmopressin acetate preservative free (pf) inj 4</i>	
<i>darunavir tab 600 mg</i>	17	<i>mcg/ml</i>	126
<i>darunavir tab 800 mg</i>	17	<i>desmopressin acetate tab 0.1 mg</i>	126
<i>dasatinib tab 100 mg</i>	37	<i>desmopressin acetate tab 0.2 mg</i>	126
<i>dasatinib tab 140 mg</i>	37	<i>desonide cream 0.05%</i>	173
<i>dasatinib tab 20 mg</i>	37	<i>desonide lotion 0.05%</i>	173
<i>dasatinib tab 50 mg</i>	37	<i>desonide oint 0.05%</i>	173
<i>dasatinib tab 70 mg</i>	37	<i>desoximetasone cream 0.05%</i>	173
<i>dasatinib tab 80 mg</i>	37	<i>desoximetasone cream 0.25%</i>	173
<i>dasetta 1/35</i>	110	<i>desoximetasone gel 0.05%</i>	173
<i>dasetta 7/7/7</i>	110	<i>desoximetasone oint 0.25%</i>	173
<i>daunorubicin hcl iv soln 20 mg/4ml (base</i>		<i>desoximetasone spray 0.25%</i>	173
<i>equiv)</i>	32	<i>desvenlafaxine succinate tab er 24hr 100 mg</i>	
DAYVIGO TAB 10MG.....	94	<i>(base equiv)</i>	70
DAYVIGO TAB 5MG	94	<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	
<i>decitabine for inj 50 mg</i>	33	<i>(base equiv)</i>	70
<i>deferiprone tab 1000 mg</i>	109	<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	
<i>deferiprone tab 500 mg</i>	109	<i>(base equiv)</i>	70
<i>deflazacort susp 22.75 mg/ml</i>	116	DEXAMETHASON CON 1MG/ML.....	116
<i>deflazacort tab 18 mg</i>	116	<i>dexamethasone elixir 0.5 mg/5ml</i>	116
<i>deflazacort tab 30 mg</i>	116	<i>dexamethasone sod phosphate preservative free</i>	
<i>deflazacort tab 36 mg</i>	116	<i>inj 10 mg/ml</i>	116
<i>deflazacort tab 6 mg</i>	116	<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	
DELSTRIGO TAB	19	.....	116
<i>delyla</i>	110	<i>dexamethasone sodium phosphate inj 100</i>	
<i>demeclocycline hcl tab 150 mg</i>	30	<i>mg/10ml</i>	116
<i>demeclocycline hcl tab 300 mg</i>	30	<i>dexamethasone sodium phosphate inj 120</i>	
DENGVAXIA SUS.....	150	<i>mg/30ml</i>	116
DEPO-ESTRADI INJ 5MG/ML	120	<i>dexamethasone sodium phosphate inj 20</i>	
DEPO-MEDROL INJ 20MG/ML.....	116	<i>mg/5ml</i>	116
DEPO-SQ PROV INJ 104.....	110	<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	
DESCOVY TAB 120-15MG.....	19	.....	116
DESCOVY TAB 200/25MG	19	<i>dexamethasone sodium phosphate inj soln pref</i>	
<i>desipramine hcl tab 10 mg</i>	70	<i>syr 4 mg/ml</i>	117
<i>desipramine hcl tab 100 mg</i>	70	<i>dexamethasone sodium phosphate ophth soln</i>	
<i>desipramine hcl tab 150 mg</i>	70	<i>0.1%</i>	157
<i>desipramine hcl tab 25 mg</i>	70	<i>dexamethasone soln 0.5 mg/5ml</i>	117
<i>desipramine hcl tab 50 mg</i>	70	<i>dexamethasone tab 0.5 mg</i>	117

<i>dexamethasone tab 0.75 mg</i>	117	DIASCREEN MIS 1G	115
<i>dexamethasone tab 1 mg</i>	117	DIASCREEN MIS 1K	115
<i>dexamethasone tab 1.5 mg</i>	117	DIASCREEN MIS 2GK	115
<i>dexamethasone tab 2 mg</i>	117	DIASCREEN MIS 2GP	115
<i>dexamethasone tab 4 mg</i>	117	DIASCREEN MIS 4NL	115
<i>dexamethasone tab 6 mg</i>	117	DIASCREEN MIS 4OBL	115
DEXCOM G5 MIS RECEIVER.....	114	DIASCREEN MIS 4PH	115
DEXCOM G5 MIS TRANSMIT	114	DIASCREEN MIS CONTROL	115
DEXCOM G6 MIS RECEIVER.....	114	DIASTIX TES STRIPS.....	115
DEXCOM G6 MIS SENSOR	114	<i>diazepam inj 5 mg/ml</i>	84
DEXCOM G6 MIS TRANSMIT	114	<i>diazepam intensol</i>	84
DEXCOM G7 MIS RECEIVER.....	114	<i>diazepam oral soln 1 mg/ml</i>	84
DEXCOM G7 MIS SENSOR	114	<i>diazepam tab 10 mg</i>	84
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> ...	90	<i>diazepam tab 2 mg</i>	84
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> ...	90	<i>diazepam tab 5 mg</i>	84
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> ...	90	<i>diclofenac potassium tab 50 mg</i>	6
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> ...	90	<i>diclofenac sodium (actinic keratoses) gel 3%</i>	169
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> ...	91	<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	6
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> ...	91	<i>diclofenac sodium ophth soln 0.1%</i>	157
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> ...	91	<i>diclofenac sodium tab delayed release 25 mg</i>	6
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	90	<i>diclofenac sodium tab delayed release 50 mg</i>	6
<i>dexmethylphenidate hcl tab 10 mg</i>	91	<i>diclofenac sodium tab delayed release 75 mg</i>	6
<i>dexmethylphenidate hcl tab 2.5 mg</i>	91	<i>diclofenac sodium tab er 24hr 100 mg</i>	6
<i>dexmethylphenidate hcl tab 5 mg</i>	91	<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	7
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	43	<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	8
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	43	<i>dicloxacillin sodium cap 250 mg</i>	29
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	91	<i>dicloxacillin sodium cap 500 mg</i>	29
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	91	<i>dicyclomine hcl cap 10 mg</i>	127
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> 91		<i>dicyclomine hcl inj 10 mg/ml</i>	127
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	91	<i>dicyclomine hcl oral soln 10 mg/5ml</i>	127
<i>dextroamphetamine sulfate tab 10 mg</i>	91	<i>dicyclomine hcl tab 20 mg</i>	127
<i>dextroamphetamine sulfate tab 15 mg</i>	91	DIFICID SUS.....	24
<i>dextroamphetamine sulfate tab 20 mg</i>	91	DIFICID TAB 200MG	24
<i>dextroamphetamine sulfate tab 30 mg</i>	91	<i>diflorasone diacetate cream 0.05%</i>	173
<i>dextroamphetamine sulfate tab 5 mg</i>	91	<i>diflorasone diacetate oint 0.05%</i>	173
DIASCREEN 10 MIS	115	<i>diflunisal tab 500 mg</i>	14
DIASCREEN 3 MIS.....	114	<i>difluprednate ophth emulsion 0.05%</i>	157
DIASCREEN 5 MIS.....	115	<i>digoxin oral soln 0.05 mg/ml</i>	60
DIASCREEN 6 MIS.....	115	<i>digoxin tab 125 mcg (0.125 mg)</i>	60
DIASCREEN 7 MIS.....	115	<i>digoxin tab 250 mcg (0.25 mg)</i>	60
DIASCREEN 8 MIS.....	115	<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	60
DIASCREEN 9 MIS.....	115	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	94
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		<i>diltiazem hcl cap er 12hr 120 mg</i>	57

<i>diltiazem hcl cap er 12hr 60 mg</i>	57	<i>disopyramide phosphate cap 150 mg</i>	49
<i>diltiazem hcl cap er 12hr 90 mg</i>	57	<i>disulfiram tab 250 mg</i>	66
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	57	<i>disulfiram tab 500 mg</i>	66
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	57	DIURIL SUS 250/5ML.....	60
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	58	<i>divalproex sodium cap delayed release sprinkle</i> 125 mg	84
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	58	<i>divalproex sodium tab delayed release 125 mg</i>	84
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	58	<i>divalproex sodium tab delayed release 250 mg</i>	84
<i>diltiazem hcl extended release beads cap er</i> 24hr 120 mg.....	58	<i>divalproex sodium tab delayed release 500 mg</i>	84
<i>diltiazem hcl extended release beads cap er</i> 24hr 180 mg.....	58	<i>divalproex sodium tab er 24 hr 250 mg</i>	84
<i>diltiazem hcl extended release beads cap er</i> 24hr 240 mg.....	58	<i>divalproex sodium tab er 24 hr 500 mg</i>	84
<i>diltiazem hcl extended release beads cap er</i> 24hr 300 mg.....	58	<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	42
<i>diltiazem hcl extended release beads cap er</i> 24hr 360 mg.....	58	<i>docetaxel for inj conc 20 mg/ml</i>	42
<i>diltiazem hcl extended release beads cap er</i> 24hr 420 mg.....	58	<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i> 42	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i> 58		<i>docetaxel soln for iv infusion 160 mg/16ml ...</i> 42	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	58	<i>docetaxel soln for iv infusion 20 mg/2ml</i>	42
<i>diltiazem hcl tab 120 mg</i>	58	<i>docetaxel soln for iv infusion 80 mg/8ml</i>	42
<i>diltiazem hcl tab 30 mg</i>	58	<i>dofetilide cap 125 mcg (0.125 mg)</i>	49
<i>diltiazem hcl tab 60 mg</i>	58	<i>dofetilide cap 250 mcg (0.25 mg)</i>	49
<i>diltiazem hcl tab 90 mg</i>	58	<i>dofetilide cap 500 mcg (0.5 mg)</i>	50
<i>diltiazem hcl tab er 24hr 120 mg</i>	58	<i>donepezil hydrochloride orally disintegrating</i> tab 10 mg.....	67
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<i>dimethyl fumarate capsule delayed release 240</i> mg.....	97	<i>donepezil hydrochloride tab 23 mg</i>	67
<i>dimethyl fumarate capsule dr starter pack 120</i> mg & 240 mg.....	97	<i>donepezil hydrochloride tab 5 mg</i>	67
DIPENTUM CAP 250MG.....	130	DOPTELET TAB 20MG (10 TABLETS)	141
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	161	DOPTELET TAB 20MG (15 TABLETS)	141
<i>diphenhydramine hcl inj 50 mg/ml</i>	161	DOPTELET TAB 20MG (30 TABLETS)	141
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	127	<i>dorzolamide hcl ophth soln 2%</i>	158
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> 127		<i>dorzolamide hcl-timolol maleate ophth soln 2-</i> 0.5%	158
<i>dipyridamole tab 25 mg</i>	140	DOVATO TAB 50-300MG.....	19
<i>dipyridamole tab 50 mg</i>	140	<i>doxazosin mesylate tab 1 mg</i>	134
<i>dipyridamole tab 75 mg</i>	141	<i>doxazosin mesylate tab 2 mg</i>	134
<i>disopyramide phosphate cap 100 mg</i>	49	<i>doxazosin mesylate tab 4 mg</i>	134
		<i>doxazosin mesylate tab 8 mg</i>	134
		<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	94
		<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	94
		<i>doxepin hcl cap 10 mg</i>	70
		<i>doxepin hcl cap 100 mg</i>	71
		<i>doxepin hcl cap 150 mg</i>	71
		<i>doxepin hcl cap 25 mg</i>	70

<i>doxepin hcl cap 50 mg</i>	70	<i>dutasteride cap 0.5 mg</i>	134
<i>doxepin hcl cap 75 mg</i>	70	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	134
<i>doxepin hcl conc 10 mg/ml</i>	71	E	
<i>doxepin hcl cream 5%</i>	171	<i>e.e.s. 400</i>	24
<i>doxercalciferol cap 0.5 mcg</i>	126	EBGLYSS INJ 250/2ML.....	172
<i>doxercalciferol cap 1 mcg</i>	126	<i>econazole nitrate cream 1%</i>	170
<i>doxercalciferol cap 2.5 mcg</i>	126	EDURANT PED TAB 2.5MG.....	17
<i>doxorubicin hcl for inj 10 mg</i>	32	EDURANT TAB 25MG.....	17
<i>doxorubicin hcl inj 2 mg/ml</i>	32	<i>efavirenz tab 600 mg</i>	17
<i>doxorubicin hcl liposomal susp (for iv infusion)</i>		<i>efavirenz-emtricitabine-tenofovir df tab 600-</i>	
<i>2 mg/ml</i>	32	<i>200-300 mg</i>	19
<i>doxy 100</i>	30	<i>efavirenz-lamivudine-tenofovir df tab 400-300-</i>	
<i>doxycycline hyclate cap 100 mg</i>	30	<i>300 mg</i>	19
<i>doxycycline hyclate cap 50 mg</i>	30	<i>efavirenz-lamivudine-tenofovir df tab 600-300-</i>	
<i>doxycycline hyclate for inj 100 mg</i>	30	<i>300 mg</i>	19
<i>doxycycline hyclate tab 100 mg</i>	30	<i>effer-k</i>	152
<i>doxycycline hyclate tab 20 mg</i>	30	ELESTRIN GEL 0.06%.....	120
<i>doxycycline monohydrate cap 100 mg</i>	30	<i>eletriptan hydrobromide tab 20 mg (base</i>	
<i>doxycycline monohydrate cap 50 mg</i>	30	<i>equivalent)</i>	95
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	30	<i>eletriptan hydrobromide tab 40 mg (base</i>	
<i>doxycycline monohydrate tab 150 mg</i>	30	<i>equivalent)</i>	95
<i>doxycycline monohydrate tab 50 mg</i>	30	ELIGARD INJ 22.5MG.....	36
<i>doxycycline monohydrate tab 75 mg</i>	30	ELIGARD INJ 30MG.....	36
<i>dronabinol cap 10 mg</i>	128	ELIGARD INJ 45MG.....	36
<i>dronabinol cap 2.5 mg</i>	127	ELIGARD INJ 7.5MG.....	36
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<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>		ELIQUIS ST P TAB 5MG.....	137
.....	110	ELIQUIS TAB 2.5MG.....	137
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>		ELIQUIS TAB 5MG.....	137
.....	110	<i>elite-ob</i>	154
<i>drospirenone-ethinyl estrad-levomefolate tab 3-</i>		ELLA TAB 30MG.....	110
<i>0.02-0.451 mg</i>	110	ELMIRON CAP 100MG.....	135
<i>drospirenone-ethinyl estrad-levomefolate tab 3-</i>		EMGALITY INJ 100MG/ML.....	95
<i>0.03-0.451 mg</i>	110	EMGALITY INJ 120MG/ML.....	95
DROXIA CAP 200MG.....	141	EMSAM DIS 12MG/24H.....	71
DROXIA CAP 300MG.....	141	EMSAM DIS 6MG/24HR.....	71
DROXIA CAP 400MG.....	141	EMSAM DIS 9MG/24HR.....	71
DUAVEE TAB 0.45-20.....	120	<i>emtricitabine caps 200 mg</i>	17
<i>duloxetine hcl enteric coated pellets cap 20 mg</i>		<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
<i>(base eq)</i>	71	<i>100-150 mg</i>	19
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>		<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
<i>(base eq)</i>	71	<i>133-200 mg</i>	20
<i>duloxetine hcl enteric coated pellets cap 60 mg</i>		<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
<i>(base eq)</i>	71	<i>167-250 mg</i>	20
DUPIXENT INJ 200/1.14.....	171	<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
DUPIXENT INJ 200MG.....	166	<i>200-300 mg</i>	20
DUPIXENT INJ 300/2ML.....	102, 166, 172	EMTRIVA SOL 10MG/ML.....	17
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<i>enalapril maleate & hydrochlorothiazide tab</i>	
10-25 mg	45
<i>enalapril maleate & hydrochlorothiazide tab 5-</i>	
12.5 mg	45
<i>enalapril maleate tab 10 mg</i>	46
<i>enalapril maleate tab 2.5 mg</i>	46
<i>enalapril maleate tab 20 mg</i>	46
<i>enalapril maleate tab 5 mg</i>	46
ENBREL INJ 25/0.5ML	143
ENBREL INJ 25MG	143
ENBREL INJ 50MG/ML.....	143
ENBREL MINI INJ 50MG/ML	143
ENBREL SRCLK INJ 50MG/ML.....	143
ENCARE SUP 100MG.....	134
<i>endocet tab 10-325mg</i>	8
<i>endocet tab 2.5-325</i>	8
<i>endocet tab 5-325mg</i>	8
<i>endocet tab 7.5-325</i>	8
ENFLONSIA INJ 105MG	150
ENGERIX-B INJ 10/0.5ML.....	150
ENGERIX-B INJ 20MCG/ML.....	150
<i>enoxaparin sodium inj 300 mg/3ml</i>	137
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	
.....	137
<i>enoxaparin sodium inj soln pref syr 120</i>	
<i>mg/0.8ml</i>	137
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	
.....	137
<i>enoxaparin sodium inj soln pref syr 30</i>	
<i>mg/0.3ml</i>	137
<i>enoxaparin sodium inj soln pref syr 40</i>	
<i>mg/0.4ml</i>	137
<i>enoxaparin sodium inj soln pref syr 60</i>	
<i>mg/0.6ml</i>	137
<i>enoxaparin sodium inj soln pref syr 80</i>	
<i>mg/0.8ml</i>	137
<i>enpresse-28</i>	110
<i>enskyce</i>	110
<i>entacapone tab 200 mg</i>	76
<i>entecavir tab 0.5 mg</i>	25
<i>entecavir tab 1 mg</i>	25
ENTRESTO CAP 15-16MG.....	62
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ENTRESTO TAB 24-26MG	62
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<i>enulose</i>	131
ENVARCUS XR TAB 0.75MG	148
ENVARCUS XR TAB 1MG	148
ENVARCUS XR TAB 4MG	148
EPCLUSA PAK 150-37.5.....	25
EPCLUSA PAK 200-50MG.....	25
EPCLUSA TAB 200-50MG.....	25
EPCLUSA TAB 400-100.....	25
<i>epinastine hcl ophth soln 0.05%</i>	157
<i>epinephrine solution auto-injector 0.15</i>	
<i>mg/0.15ml (1:1000)</i>	160
<i>epinephrine solution auto-injector 0.15</i>	
<i>mg/0.3ml (1:2000)</i>	159
<i>epinephrine solution auto-injector 0.3 mg/0.3ml</i>	
<i>(1:1000)</i>	159
EPIPEN 2-PAK INJ 0.3MG	160
<i>eplerenone tab 25 mg</i>	47
<i>eplerenone tab 50 mg</i>	47
<i>eq urinary pain relief</i>	135
ERBITUX INJ 100MG	35
ERBITUX INJ 200MG	35
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	154
ERGOMAR SUB 2MG.....	94
<i>ergotamine w/ caffeine tab 1-100 mg</i>	94
ERIVEDGE CAP 150MG	35
ERLEADA TAB 240MG	36
ERLEADA TAB 60MG	36
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	38
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	38
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	38
errin	110
ERTACZO CRE 2%.....	170
<i>ertapenem sodium for inj 1 gm (base</i>	
<i>equivalent)</i>	26
<i>ery</i>	169
<i>erythromycin ethylsuccinate for susp 200</i>	
<i>mg/5ml</i>	24
<i>erythromycin ethylsuccinate for susp 400</i>	
<i>mg/5ml</i>	24
<i>erythromycin gel 2%</i>	169
<i>erythromycin ophth oint 5 mg/gm</i>	156
<i>erythromycin soln 2%</i>	169
<i>erythromycin tab 250 mg</i>	24
<i>erythromycin tab 500 mg</i>	24
<i>erythromycin tab delayed release 250 mg</i>	24
<i>erythromycin tab delayed release 333 mg</i>	24
<i>erythromycin tab delayed release 500 mg</i>	24

<i>erythromycin w/ delayed release particles cap</i>		<i>estradiol td patch weekly 0.025 mg/24hr</i>	121
250 mg	24	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5</i>	
ERZOFRI INJ 117/0.75	79	<i>mcg/24hr)</i>	121
ERZOFRI INJ 156MG/ML.....	79	<i>estradiol td patch weekly 0.05 mg/24hr</i>	121
ERZOFRI INJ 234/1.5.....	79	<i>estradiol td patch weekly 0.06 mg/24hr</i>	121
ERZOFRI INJ 351/2.25	79	<i>estradiol td patch weekly 0.075 mg/24hr</i>	121
ERZOFRI INJ 39/0.25.....	79	<i>estradiol td patch weekly 0.1 mg/24hr</i>	121
ERZOFRI INJ 78/0.5ML.....	79	<i>estradiol vaginal cream 0.01%</i>	121
<i>escitalopram oxalate soln 5 mg/5ml (base</i>		<i>estradiol valerate im in oil 20 mg/ml</i>	121
<i>equiv)</i>	71	<i>estradiol valerate im in oil 40 mg/ml</i>	121
<i>escitalopram oxalate tab 10 mg (base equiv).</i>	71	<i>eszopiclone tab 1 mg</i>	94
<i>escitalopram oxalate tab 20 mg (base equiv).</i>	71	<i>eszopiclone tab 2 mg</i>	94
<i>escitalopram oxalate tab 5 mg (base equiv) ..</i>	71	<i>eszopiclone tab 3 mg</i>	94
<i>esomeprazole magnesium cap delayed release</i>		<i>ethacrynic acid tab 25 mg</i>	60
20 mg (base eq)	133	<i>ethambutol hcl tab 100 mg</i>	20
<i>esomeprazole magnesium cap delayed release</i>		<i>ethambutol hcl tab 400 mg</i>	20
40 mg (base eq)	133	<i>ethosuximide cap 250 mg</i>	84
<i>esomeprazole magnesium for delayed release</i>		<i>ethosuximide soln 250 mg/5ml</i>	84
<i>susp pack 2.5 mg</i>	133	<i>ethynodiol diacetate & ethinyl estradiol tab 1</i>	
<i>esomeprazole magnesium for delayed release</i>		<i>mg-50 mcg</i>	110
<i>susp packet 10 mg</i>	133	<i>etodolac cap 200 mg</i>	6
<i>esomeprazole magnesium for delayed release</i>		<i>etodolac cap 300 mg</i>	6
<i>susp packet 5 mg</i>	133	<i>etodolac tab 400 mg</i>	6
<i>estazolam tab 1 mg</i>	94	<i>etodolac tab 500 mg</i>	6
<i>estazolam tab 2 mg</i>	94	<i>etodolac tab er 24hr 400 mg</i>	6
<i>estradiol & norethindrone acetate tab 0.5-0.1</i>		<i>etodolac tab er 24hr 500 mg</i>	6
<i>mg</i>	120	<i>etodolac tab er 24hr 600 mg</i>	6
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>		<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015</i>	
.....	120	<i>mg/24hr</i>	110
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-</i>		<i>etoposide cap 50 mg</i>	44
<i>dose pump)</i>	120	<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	44
<i>estradiol tab 0.5 mg</i>	120	<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	44
<i>estradiol tab 1 mg</i>	120	<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	44
<i>estradiol tab 2 mg</i>	120	<i>etravirine tab 100 mg</i>	17
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	120	<i>etravirine tab 200 mg</i>	17
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	120	EUCRISA OIN 2%.....	172
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	120	EVAMIST SPR 1.53MG.....	121
<i>estradiol td gel 1 mg/gm (0.1%)</i>	120	<i>everolimus tab 0.25 mg</i>	148
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	120	<i>everolimus tab 0.5 mg</i>	148
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>		<i>everolimus tab 0.75 mg</i>	148
.....	121	<i>everolimus tab 1 mg</i>	148
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>		<i>everolimus tab 10 mg</i>	38
.....	121	<i>everolimus tab 2.5 mg</i>	38
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>		<i>everolimus tab 5 mg</i>	38
.....	121	<i>everolimus tab 7.5 mg</i>	38
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>		<i>everolimus tab for oral susp 2 mg</i>	38
.....	121	<i>everolimus tab for oral susp 3 mg</i>	38
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	120	<i>everolimus tab for oral susp 5 mg</i>	38

EVRYSDI SOL	96	<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	9
EVRYSDI TAB 5MG	96	<i>fentanyl td patch 72hr 75 mcg/hr</i>	9
<i>exemestane tab 25 mg</i>	36	<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	9
<i>ezetimibe tab 10 mg</i>	51	FERPRX 2-DAY TAB 1000MG	109
<i>ezetimibe-simvastatin tab 10-10 mg</i>	53	FERRIPROX SOL 100MG/ML	109
<i>ezetimibe-simvastatin tab 10-20 mg</i>	53	<i>fesoterodine fumarate tab er 24hr 4 mg</i>	135
<i>ezetimibe-simvastatin tab 10-40 mg</i>	53	<i>fesoterodine fumarate tab er 24hr 8 mg</i>	135
<i>ezetimibe-simvastatin tab 10-80 mg</i>	53	FETZIMA CAP 120MG.....	71
F		FETZIMA CAP 20MG	71
<i>falmina</i>	110	FETZIMA CAP 40MG	71
<i>famciclovir tab 125 mg</i>	21	FETZIMA CAP 80MG	71
<i>famciclovir tab 250 mg</i>	21	FETZIMA CAP TITRATIO.....	71
<i>famciclovir tab 500 mg</i>	21	FIASP FLEX INJ TOUCH.....	105
<i>famotidine for susp 40 mg/5ml</i>	129	FIASP INJ 100/ML.....	105
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> 129		FIASP PENFIL INJ U-100.....	105
<i>famotidine preservative free inj 20 mg/2ml</i> ..	129	FIASP PMPCRT INJ U-100	105
<i>famotidine tab 20 mg</i>	129	<i>fidaxomicin tab 200 mg</i>	24
<i>famotidine tab 40 mg</i>	129	FINACEA AER 15%	175
FASTCLIX MIS LANCETS	115	<i>finasteride tab 5 mg</i>	134
FC2 FEMALE MIS CONDOM	110	<i>ingolimod hcl cap 0.5 mg (base equiv)</i>	97
<i>febuxostat tab 40 mg</i>	6	<i>flecainide acetate tab 100 mg</i>	50
<i>febuxostat tab 80 mg</i>	6	<i>flecainide acetate tab 150 mg</i>	50
<i>felbamate susp 600 mg/5ml</i>	84	<i>flecainide acetate tab 50 mg</i>	50
<i>felbamate tab 400 mg</i>	84	FLEXICHAMBER MIS MASK SM	166
<i>felbamate tab 600 mg</i>	84	FLUAD INJ 2025-26	150
<i>felodipine tab er 24hr 10 mg</i>	58	<i>fluconazole for susp 10 mg/ml</i>	16
<i>felodipine tab er 24hr 2.5 mg</i>	58	<i>fluconazole for susp 40 mg/ml</i>	16
<i>felodipine tab er 24hr 5 mg</i>	58	<i>fluconazole tab 100 mg</i>	16
FEMCAP MIS 22MM	110	<i>fluconazole tab 150 mg</i>	16
FEMCAP MIS 26MM	110	<i>fluconazole tab 200 mg</i>	16
FEMCAP MIS 30MM	110	<i>fluconazole tab 50 mg</i>	16
FEMLYV TAB 1/0.02MG	110	<i>fludarabine phosphate for inj 50 mg</i>	33
<i>fenofibrate cap 150 mg</i>	51	<i>fludarabine phosphate inj 25 mg/ml</i>	33
<i>fenofibrate micronized cap 134 mg</i>	51	<i>fludrocortisone acetate tab 0.1 mg</i>	117
<i>fenofibrate micronized cap 200 mg</i>	51	FLUMIST NASA LIQ 2025-26.....	150
<i>fenofibrate micronized cap 43 mg</i>	51	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> ..	165
<i>fenofibrate micronized cap 67 mg</i>	51	<i>fluocinolone acetate (otic) oil 0.01%</i>	177
<i>fenofibrate tab 145 mg</i>	51	<i>fluocinolone acetate cream 0.01%</i>	173
<i>fenofibrate tab 160 mg</i>	52	<i>fluocinolone acetate cream 0.025%</i>	173
<i>fenofibrate tab 48 mg</i>	51	<i>fluocinolone acetate oil 0.01% (body oil)</i> ..	173
<i>fenofibrate tab 54 mg</i>	51	<i>fluocinolone acetate oil 0.01% (scalp oil)</i> ..	173
<i>fenopofen calcium cap 400 mg</i>	6	<i>fluocinolone acetate oint 0.025%</i>	174
<i>fenopofen calcium tab 600 mg</i>	7	<i>fluocinolone acetate soln 0.01%</i>	174
<i>fentanyl td patch 72hr 100 mcg/hr</i>	9	<i>fluocinonide cream 0.05%</i>	174
<i>fentanyl td patch 72hr 12 mcg/hr</i>	8	<i>fluocinonide gel 0.05%</i>	174
<i>fentanyl td patch 72hr 25 mcg/hr</i>	8	<i>fluocinonide oint 0.05%</i>	174
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	9	<i>fluocinonide soln 0.05%</i>	174
<i>fentanyl td patch 72hr 50 mcg/hr</i>	9	<i>fluorouracil cream 5%</i>	169

<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	33	<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	52
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml) .</i>	33	<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	52
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)..</i>	34	<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent).....</i>	52
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	34	<i>fluvoxamine maleate cap er 24hr 100 mg</i>	67
<i>fluorouracil soln 2%.....</i>	169	<i>fluvoxamine maleate cap er 24hr 150 mg</i>	67
<i>fluorouracil soln 5%.....</i>	169	<i>fluvoxamine maleate tab 100 mg</i>	67
<i>fluoxetine hcl cap 10 mg</i>	71	<i>fluvoxamine maleate tab 25 mg</i>	67
<i>fluoxetine hcl cap 20 mg</i>	71	<i>fluvoxamine maleate tab 50 mg</i>	67
<i>fluoxetine hcl cap 40 mg</i>	71	<i>folic acid cap 0.8 mg.....</i>	154
<i>fluoxetine hcl cap delayed release 90 mg</i>	71	<i>folic acid tab 1 mg.....</i>	154
<i>fluoxetine hcl solution 20 mg/5ml</i>	72	<i>folic acid tab 400 mcg</i>	154
<i>fluoxetine hcl tab 10 mg</i>	72	<i>folic acid tab 800 mcg</i>	154
<i>fluoxetine hcl tab 20 mg</i>	72	<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml.....</i>	137
<i>fluphenazine decanoate inj 25 mg/ml.....</i>	79	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....</i>	137
<i>fluphenazine hcl elixir 2.5 mg/5ml.....</i>	79	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml.....</i>	137
<i>fluphenazine hcl inj 2.5 mg/ml.....</i>	79	<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml.....</i>	137
<i>fluphenazine hcl oral conc 5 mg/ml.....</i>	80	<i>formoterol fumarate soln nebu 20 mcg/2ml.</i>	162
<i>fluphenazine hcl tab 1 mg.....</i>	80	<i>FOSAMAX + D TAB 70-2800</i>	108
<i>fluphenazine hcl tab 10 mg</i>	80	<i>FOSAMAX + D TAB 70-5600</i>	108
<i>fluphenazine hcl tab 2.5 mg</i>	80	<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	18
<i>fluphenazine hcl tab 5 mg.....</i>	80	<i>fosfomycin tromethamine powd pack 3 gm (base equivalent).....</i>	15
<i>flurbiprofen sodium ophth soln 0.03%</i>	157	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	45
<i>flurbiprofen tab 100 mg</i>	7	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	45
<i>flurbiprofen tab 50 mg.....</i>	7	<i>fosinopril sodium tab 10 mg.....</i>	46
<i>fluticasone furoate aerosol powder breath activ 100 mcg/act.....</i>	167	<i>fosinopril sodium tab 20 mg.....</i>	46
<i>fluticasone furoate aerosol powder breath activ 200 mcg/act.....</i>	167	<i>fosinopril sodium tab 40 mg.....</i>	46
<i>fluticasone furoate aerosol powder breath activ 50 mcg/act</i>	167	<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv).....</i>	84
<i>fluticasone propionate cream 0.05%</i>	174	<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	84
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	31	<i>FRAGMIN INJ 10000/ML.....</i>	137
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	31	<i>FRAGMIN INJ 12500UNT</i>	137
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	31	<i>FRAGMIN INJ 15000UNT</i>	137
<i>fluticasone propionate lotion 0.05%.....</i>	174	<i>FRAGMIN INJ 18000UNT</i>	138
<i>fluticasone propionate nasal susp 50 mcg/act</i>	165	<i>FRAGMIN INJ 2500/0.2</i>	137
<i>fluticasone propionate oint 0.005%</i>	174	<i>FRAGMIN INJ 2500/ML</i>	137
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	167	<i>FRAGMIN INJ 5000/0.2</i>	137
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	168		
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	168		

FRAGMIN INJ 7500/0.3	137	<i>gentamicin sulfate oint 0.1%</i>	170
FRAGMIN INJ 95000UNT	138	<i>gentamicin sulfate ophth soln 0.3%</i>	156
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<i>furosemide oral soln 10 mg/ml</i>	61	GLARGIN YFGN SOL 100U/ML.....	105
<i>furosemide oral soln 8 mg/ml</i>	61	<i>glatiramer acetate soln prefilled syringe 40</i>	
<i>furosemide tab 20 mg</i>	61	<i>mg/ml</i>	97
<i>furosemide tab 40 mg</i>	61	<i>glatopa</i>	97
<i>furosemide tab 80 mg</i>	61	GLEOSTINE CAP 100MG.....	32
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G		GLIADEL WAF 7.7MG	32
<i>gabapentin cap 100 mg</i>	85	<i>glimepiride tab 1 mg</i>	107
<i>gabapentin cap 300 mg</i>	85	<i>glimepiride tab 2 mg</i>	107
<i>gabapentin cap 400 mg</i>	85	<i>glimepiride tab 4 mg</i>	107
<i>gabapentin oral soln 250 mg/5ml</i>	85	<i>glipizide tab 10 mg</i>	107
<i>gabapentin tab 600 mg</i>	85	<i>glipizide tab 5 mg</i>	107
<i>gabapentin tab 800 mg</i>	85	<i>glipizide tab er 24hr 10 mg</i>	108
<i>galantamine hydrobromide cap er 24hr 16 mg</i>		<i>glipizide tab er 24hr 2.5 mg</i>	107
.....	68	<i>glipizide tab er 24hr 5 mg</i>	108
<i>galantamine hydrobromide cap er 24hr 24 mg</i>		<i>glipizide-metformin hcl tab 2.5-250 mg</i>	104
.....	68	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	104
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	67	<i>glipizide-metformin hcl tab 5-500 mg</i>	104
<i>galantamine hydrobromide oral soln 4 mg/ml</i>		<i>glucagon (rdna) for inj kit 1 mg</i>	119
.....	68	<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	127
<i>galantamine hydrobromide tab 12 mg</i>	68	<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i> ...	127
<i>galantamine hydrobromide tab 4 mg</i>	68	<i>glycopyrrolate oral soln 1 mg/5ml</i>	127
<i>galantamine hydrobromide tab 8 mg</i>	68	<i>glycopyrrolate tab 1 mg</i>	127
<i>galbriela</i>	110	<i>glycopyrrolate tab 2 mg</i>	127
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<i>gavilyte-g</i>	131	<i>goodsense aspirin</i>	14
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<i>gemcitabine hcl for inj 1 gm</i>	34	<i>granisetron hcl inj 1 mg/ml</i>	128
<i>gemcitabine hcl for inj 2 gm</i>	34	<i>granisetron hcl tab 1 mg</i>	128
<i>gemcitabine hcl for inj 200 mg</i>	34	<i>griseofulvin microsize susp 125 mg/5ml</i>	16
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i>		<i>griseofulvin microsize tab 500 mg</i>	16
<i>(base equiv)</i>	34	<i>griseofulvin ultramicrosize tab 125 mg</i>	16
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i>		<i>griseofulvin ultramicrosize tab 250 mg</i>	16
<i>(base equiv)</i>	34	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	163
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i>		<i>guanfacine hcl tab 1 mg</i>	63
<i>(base equiv)</i>	34	<i>guanfacine hcl tab 2 mg</i>	63
<i>gemfibrozil tab 600 mg</i>	52	<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	91
<i>generlac</i>	131	<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	91
<i>gengraf</i>	148	<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	91
<i>gentamicin sulfate cream 0.1%</i>	170	<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	91
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GVOKE PFS INJ 1/0.2ML.....	119	<i>hydralazine hcl tab 100 mg</i>	63
GYNAZOLE-1 CRE 2%	136	<i>hydralazine hcl tab 25 mg</i>	63
GYNOL II GEL 3%	134	<i>hydralazine hcl tab 50 mg</i>	63
H		<i>hydrochlorothiazide cap 12.5 mg</i>	61
<i>halobetasol propionate cream 0.05%</i>	174	<i>hydrochlorothiazide tab 12.5 mg</i>	61
<i>halobetasol propionate oint 0.05%</i>	174	<i>hydrochlorothiazide tab 25 mg</i>	61
<i>haloperidol decanoate im soln 100 mg/ml</i>	80	<i>hydrochlorothiazide tab 50 mg</i>	61
<i>haloperidol decanoate im soln 50 mg/ml</i>	80	<i>hydrocod polst-chlorphen polst er susp 10-8</i> <i>mg/5ml</i>	163
<i>haloperidol lactate inj 5 mg/ml</i>	80	<i>hydrocodone bitart-homatropine methylbrom</i> <i>soln 5-1.5 mg/5ml</i>	163
<i>haloperidol lactate oral conc 2 mg/ml</i>	80	<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	163
<i>haloperidol tab 0.5 mg</i>	80	<i>hydrocodone bitartrate tab er 24hr deter 100</i> <i>mg</i>	9
<i>haloperidol tab 1 mg</i>	80	<i>hydrocodone bitartrate tab er 24hr deter 120</i> <i>mg</i>	9
<i>haloperidol tab 10 mg</i>	80	<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	9
<i>haloperidol tab 2 mg</i>	80	<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	9
<i>haloperidol tab 20 mg</i>	80	<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	9
<i>haloperidol tab 5 mg</i>	80	<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	9
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HARVONI TAB 45-200MG.....	26	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	9
HARVONI TAB 90-400MG.....	26	<i>hydrocodone-acetaminophen tab 2.5-325 mg</i> ...	9
HAVRIX INJ 1440UNIT	151	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	9
HAVRIX INJ 720UNIT.....	150	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> ...	9
<i>heather</i>	110	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	9
HELIDAC MIS THERAPY	134	<i>hydrocortisone butyrate cream 0.1%</i>	174
HEMLIBRA INJ 105/0.7	140	<i>hydrocortisone butyrate oint 0.1%</i>	174
HEMLIBRA INJ 150/ML.....	140	<i>hydrocortisone butyrate soln 0.1%</i>	174
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HEMLIBRA INJ 30MG/ML.....	140	<i>hydrocortisone cream 2.5%</i>	174
HEMLIBRA INJ 60/0.4.....	140	<i>hydrocortisone enema 100 mg/60ml</i>	130
HEMLIBRA SOL 12/0.4ML.....	140	<i>hydrocortisone lotion 2.5%</i>	174
<i>heparin sodium (porcine) inj 1000 unit/ml</i> ...	138	<i>hydrocortisone oint 2.5%</i>	174
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	138	<i>hydrocortisone perianal cream 1%</i>	133
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	138	<i>hydrocortisone perianal cream 2.5%</i>	133
<i>heparin sodium (porcine) inj 5000 unit/ml</i> ...	138	<i>hydrocortisone sodium succinate pf for inj 100</i> <i>mg</i>	117
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<i>hydrocortisone tab 20 mg</i>	117	<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	32
<i>hydrocortisone tab 5 mg</i>	117	<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	32
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<i>hydrocortisone valerate oint 0.2%</i>	174	<i>imatinib mesylate tab 100 mg (base equivalent)</i>	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>		38
.....	177	<i>imatinib mesylate tab 400 mg (base equivalent)</i>	
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<i>hydromorphone hcl inj 2 mg/ml</i>	9	IMBRUVICA CAP 140MG	38
<i>hydromorphone hcl tab 2 mg</i>	10	IMBRUVICA CAP 70MG	38
<i>hydromorphone hcl tab 4 mg</i>	10	IMBRUVICA SUS 70MG/ML.....	38
<i>hydromorphone hcl tab 8 mg</i>	10	IMBRUVICA TAB 140MG.....	38
<i>hydromorphone hcl tab er 24hr 12 mg</i>	10	IMBRUVICA TAB 280MG.....	38
<i>hydromorphone hcl tab er 24hr 16 mg</i>	10	IMBRUVICA TAB 420MG.....	38
<i>hydromorphone hcl tab er 24hr 32 mg</i>	10	<i>imipramine hcl tab 10 mg</i>	72
<i>hydromorphone hcl tab er 24hr 8 mg</i>	10	<i>imipramine hcl tab 25 mg</i>	72
<i>hydroxychloroquine sulfate tab 200 mg</i>	147	<i>imipramine hcl tab 50 mg</i>	72
<i>hydroxyurea cap 500 mg</i>	41	<i>imipramine pamoate cap 100 mg</i>	72
<i>hydroxyzine hcl im soln 25 mg/ml</i>	161	<i>imipramine pamoate cap 125 mg</i>	72
<i>hydroxyzine hcl im soln 50 mg/ml</i>	161	<i>imipramine pamoate cap 150 mg</i>	72
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	161	<i>imipramine pamoate cap 75 mg</i>	72
<i>hydroxyzine hcl tab 10 mg</i>	161	<i>imiquimod cream 5%</i>	170
<i>hydroxyzine hcl tab 25 mg</i>	161	IMVEXXY MAIN SUP 10MCG.....	121
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<i>ibandronate sodium iv soln 3 mg/3ml (base</i>		INLYTA TAB 1MG.....	38
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<i>equivalent)</i>	108	INSULIN SYRG MIS 1ML/31G.....	115
<i>ibuprofen susp 100 mg/5ml</i>	7	INTELENCE TAB 25MG.....	18
<i>ibuprofen tab 400 mg</i>	7	INTRAROSA SUP 6.5MG.....	123
<i>ibuprofen tab 600 mg</i>	7	<i>introvale</i>	110
<i>ibuprofen tab 800 mg</i>	7	IOPIDINE SOL 1% OP.....	159
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<i>mg/3ml</i>	147	<i>ipratropium bromide inhal soln 0.02%</i>	160
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i> ..	33	<i>ipratropium bromide nasal soln 0.03% (21</i>	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i> ..	33	<i>mcg/spray)</i>	160
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	32	<i>ipratropium bromide nasal soln 0.06% (42</i>	
IDHIFA TAB 100MG	41	<i>mcg/spray)</i>	160
IDHIFA TAB 50MG.....	41		

<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>	
<i>mg/3ml</i>	160
IQIRVO TAB 80MG.....	131
<i>irbesartan tab 150 mg</i>	49
<i>irbesartan tab 300 mg</i>	49
<i>irbesartan tab 75 mg</i>	49
<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>	
<i>mg</i>	47
<i>irbesartan-hydrochlorothiazide tab 300-12.5</i>	
<i>mg</i>	47
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	44
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i> ...	44
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	44
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i> ...	44
ISENTRESS CHW 100MG.....	18
ISENTRESS CHW 25MG.....	18
ISENTRESS HD TAB 600MG.....	18
ISENTRESS POW 100MG.....	18
ISENTRESS TAB 400MG	18
<i>isoniazid inj 100 mg/ml</i>	20
<i>isoniazid syrup 50 mg/5ml</i>	20
<i>isoniazid tab 100 mg</i>	20
<i>isoniazid tab 300 mg</i>	20
<i>isosorbide dinitrate tab 10 mg</i>	63
<i>isosorbide dinitrate tab 20 mg</i>	63
<i>isosorbide dinitrate tab 30 mg</i>	63
<i>isosorbide dinitrate tab 5 mg</i>	63
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5</i>	
<i>mg</i>	62
<i>isosorbide mononitrate tab er 24hr 120 mg</i> ...	63
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	63
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	63
<i>isotretinoin cap 10 mg</i>	169
<i>isotretinoin cap 20 mg</i>	169
<i>isotretinoin cap 30 mg</i>	169
<i>isotretinoin cap 40 mg</i>	169
<i>isradipine cap 2.5 mg</i>	58
<i>isradipine cap 5 mg</i>	58
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ITOVEBI TAB 9MG.....	38
<i>itraconazole cap 100 mg</i>	16
<i>itraconazole oral soln 10 mg/ml</i>	16
IV PREP WIPE PAD	170
<i>ivabradine hcl tab 5 mg (base equiv)</i>	62
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	62
<i>ivermectin cream 1%</i>	176
<i>ivermectin tab 3 mg</i>	15

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JAKAFI TAB 15MG.....	39
JAKAFI TAB 20MG.....	39
JAKAFI TAB 25MG.....	39
JAKAFI TAB 5MG	38
<i>jantoven</i>	138
JANUMET TAB 50-1000.....	104
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JANUMET XR TAB 50-1000.....	104
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JANUVIA TAB 25MG	104
JANUVIA TAB 50MG	104
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<i>jinteli</i>	122
<i>jolessa</i>	111
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<i>junel 1/20</i>	111
<i>junel fe 1.5/30</i>	111
<i>junel fe 1/20</i>	111
<i>junel fe 24</i>	111
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KADCYLA INJ 160MG.....	35
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<i>kelnor 1/35</i>	111
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KERENDIA TAB 20MG.....	47
KERENDIA TAB 40MG.....	47
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<i>ketoconazole cream 2%</i>	170
<i>ketoconazole shampoo 2%</i>	171
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KETONE TEST TES.....	115
<i>ketorolac tromethamine im inj 60 mg/2ml (30</i>	
<i>mg/ml)</i>	7

<i>ketorolac tromethamine inj 15 mg/ml</i>	7	<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i>	
<i>ketorolac tromethamine inj 30 mg/ml</i>	7	<i>starter kit</i>	85
<i>ketorolac tromethamine ophth soln 0.4%</i>	157	<i>lamotrigine tab chewable dispersible 25 mg</i> ..	86
<i>ketorolac tromethamine ophth soln 0.5%</i>	157	<i>lamotrigine tab chewable dispersible 5 mg</i>	86
<i>ketorolac tromethamine tab 10 mg</i>	7	<i>lamotrigine tab er 24hr 100 mg</i>	86
KEVZARA INJ 150/1.14	144	<i>lamotrigine tab er 24hr 200 mg</i>	86
KEVZARA INJ 200/1.14	144	<i>lamotrigine tab er 24hr 25 mg</i>	86
KEYTRUDA INJ 100MG/4M.....	35	<i>lamotrigine tab er 24hr 250 mg</i>	86
KINRIX INJ.....	151	<i>lamotrigine tab er 24hr 300 mg</i>	86
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KISQALI TAB 400DOSE.....	39	<i>lansoprazole cap delayed release 15 mg</i>	133
KISQALI TAB 600DOSE.....	39	<i>lansoprazole cap delayed release 30 mg</i>	133
<i>klor-con 10</i>	152	<i>lanthanum carbonate chew tab 1000 mg</i>	
<i>klor-con 8</i>	152	<i>(elemental)</i>	123
<i>klor-con m15</i>	152	<i>lanthanum carbonate chew tab 500 mg</i>	
KRINTAFEL TAB 150MG.....	17	<i>(elemental)</i>	123
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L		<i>lapatinib ditosylate tab 250 mg (base equiv)</i> .	39
<i>labetalol hcl tab 100 mg</i>	55	<i>larin 1.5/30</i>	111
<i>labetalol hcl tab 200 mg</i>	55	<i>latanoprost ophth soln 0.005%</i>	159
<i>labetalol hcl tab 300 mg</i>	55	<i>leena</i>	111
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i> ...	85	<i>leflunomide tab 10 mg</i>	147
<i>lacosamide oral solution 10 mg/ml</i>	85	<i>leflunomide tab 20 mg</i>	147
<i>lacosamide tab 100 mg</i>	85	LENVIMA CAP 10 MG.....	39
<i>lacosamide tab 150 mg</i>	85	LENVIMA CAP 12MG.....	39
<i>lacosamide tab 200 mg</i>	85	LENVIMA CAP 14 MG.....	39
<i>lacosamide tab 50 mg</i>	85	LENVIMA CAP 18 MG.....	39
<i>lactic acid (ammonium lactate) cream 12%</i> .175		LENVIMA CAP 20 MG.....	39
<i>lactic acid (ammonium lactate) lotion 12%</i> ..175		LENVIMA CAP 24 MG.....	39
<i>lactulose solution 10 gm/15ml</i>	131	LENVIMA CAP 4MG	39
<i>lamivudine oral soln 10 mg/ml</i>	18	LENVIMA CAP 8 MG	39
<i>lamivudine tab 100 mg (hbv)</i>	25	<i>lessina</i>	111
<i>lamivudine tab 150 mg</i>	18	<i>letrozole tab 2.5 mg</i>	36
<i>lamivudine tab 300 mg</i>	18	<i>leucovorin calcium for inj 100 mg</i>	43
<i>lamivudine-zidovudine tab 150-300 mg</i>	20	<i>leucovorin calcium for inj 200 mg</i>	43
<i>lamotrigine orally disintegrating tab 100 mg</i> 85		<i>leucovorin calcium for inj 350 mg</i>	43
<i>lamotrigine orally disintegrating tab 200 mg</i> 85		<i>leucovorin calcium for inj 50 mg</i>	43
<i>lamotrigine orally disintegrating tab 25 mg</i> .. 85		<i>leucovorin calcium for inj 500 mg</i>	43
<i>lamotrigine orally disintegrating tab 50 mg</i> .. 85		<i>leucovorin calcium tab 10 mg</i>	44
<i>lamotrigine tab 100 mg</i>	85	<i>leucovorin calcium tab 15 mg</i>	44
<i>lamotrigine tab 150 mg</i>	85	<i>leucovorin calcium tab 25 mg</i>	44
<i>lamotrigine tab 200 mg</i>	85	<i>leucovorin calcium tab 5 mg</i>	44
<i>lamotrigine tab 25 mg</i>	85	LEUKERAN TAB 2MG	32
<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>		<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	
<i>starter kit</i>	85	.....	36
<i>lamotrigine tab 35 x 25 mg starter kit</i>	85	<i>levulbuterol hcl soln nebu 0.31 mg/3ml (base</i>	
		<i>equiv)</i>	162

<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	162	<i>levothyroxine sodium tab 175 mcg</i>	125
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	162	<i>levothyroxine sodium tab 200 mcg</i>	125
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	163	<i>levothyroxine sodium tab 25 mcg</i>	124
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	163	<i>levothyroxine sodium tab 300 mcg</i>	125
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	86	<i>levothyroxine sodium tab 50 mcg</i>	124
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	86	<i>levothyroxine sodium tab 75 mcg</i>	124
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	86	<i>levothyroxine sodium tab 88 mcg</i>	124
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i> ..	86	<i>levoxyl</i>	125
<i>levetiracetam oral soln 100 mg/ml</i>	86	<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	50
<i>levetiracetam tab 1000 mg</i>	86	<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	50
<i>levetiracetam tab 250 mg</i>	86	<i>lidocaine hcl laryngotracheal soln 4%</i>	176
<i>levetiracetam tab 500 mg</i>	86	<i>lidocaine hcl local inj 0.5%</i>	15
<i>levetiracetam tab 750 mg</i>	86	<i>lidocaine hcl local inj 1%</i>	15
<i>levetiracetam tab er 24hr 500 mg</i>	86	<i>lidocaine hcl local inj 2%</i>	15
<i>levetiracetam tab er 24hr 750 mg</i>	86	<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	15
<i>levobunolol hcl ophth soln 0.5%</i>	158	<i>lidocaine hcl local preservative free (pf) inj 1%</i>	15
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	162	<i>lidocaine hcl local preservative free (pf) inj 2%</i>	15
<i>levocetirizine dihydrochloride tab 5 mg</i>	162	<i>lidocaine hcl local soln prefilled syringe 100 mg/5ml (2%)</i>	15
<i>levofloxacin iv soln 25 mg/ml</i>	25	<i>lidocaine hcl soln 4%</i>	175
<i>levofloxacin oral soln 25 mg/ml</i>	25	<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	175
<i>levofloxacin tab 250 mg</i>	25	<i>lidocaine hcl viscous soln 2%</i>	176
<i>levofloxacin tab 500 mg</i>	25	<i>lidocaine oint 5%</i>	175
<i>levofloxacin tab 750 mg</i>	25	<i>lidocaine pain relief pat</i>	175
<i>levonest</i>	111	<i>lidocaine patch 5%</i>	175
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	111	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	175
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	111	<i>LILETTA IUD 52MG</i>	111
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	111	<i>linezolid for susp 100 mg/5ml</i>	26
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	111	<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	26
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	111	<i>linezolid tab 600 mg</i>	26
<i>levora 0.15/30-28</i>	111	<i>LINZESS CAP 145MCG</i>	130
<i>levothyroxine sodium tab 100 mcg</i>	124	<i>LINZESS CAP 290MCG</i>	130
<i>levothyroxine sodium tab 112 mcg</i>	124	<i>LINZESS CAP 72MCG</i>	130
<i>levothyroxine sodium tab 125 mcg</i>	124	<i>liothyronine sodium tab 25 mcg</i>	125
<i>levothyroxine sodium tab 137 mcg</i>	125	<i>liothyronine sodium tab 5 mcg</i>	125
<i>levothyroxine sodium tab 150 mcg</i>	125	<i>liothyronine sodium tab 50 mcg</i>	125
		<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	104
		<i>lisdexamphetamine dimesylate cap 10 mg</i>	91
		<i>lisdexamphetamine dimesylate cap 20 mg</i>	91
		<i>lisdexamphetamine dimesylate cap 30 mg</i>	91
		<i>lisdexamphetamine dimesylate cap 40 mg</i>	91

<i>lisdexamphetamine dimesylate cap 50 mg</i>	92	<i>losartan potassium tab 50 mg</i>	49
<i>lisdexamphetamine dimesylate cap 60 mg</i>	92	<i>loteprednol etabonate ophth susp 0.5%</i>	157
<i>lisdexamphetamine dimesylate cap 70 mg</i>	92	<i>lovastatin tab 10 mg</i>	52
<i>lisdexamphetamine dimesylate chew tab 10 mg</i>	92	<i>lovastatin tab 20 mg</i>	52
<i>lisdexamphetamine dimesylate chew tab 20 mg</i>	92	<i>lovastatin tab 40 mg</i>	52
<i>lisdexamphetamine dimesylate chew tab 30 mg</i>	92	<i>low-ogestrel</i>	111
<i>lisdexamphetamine dimesylate chew tab 40 mg</i>	92	<i>loxapine succinate cap 10 mg</i>	80
<i>lisdexamphetamine dimesylate chew tab 50 mg</i>	92	<i>loxapine succinate cap 25 mg</i>	80
<i>lisdexamphetamine dimesylate chew tab 60 mg</i>	92	<i>loxapine succinate cap 5 mg</i>	80
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>		<i>loxapine succinate cap 50 mg</i>	80
.....	45	<i>lubiprostone cap 24 mcg</i>	130
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>		<i>lubiprostone cap 8 mcg</i>	130
.....	45	<i>luliconazole cream 1%</i>	170
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>		LUMIGAN SOL 0.01% OP.....	159
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<i>lisinopril tab 2.5 mg</i>	46	LUPR DEP-PED INJ 3M 30MG.....	109
<i>lisinopril tab 20 mg</i>	46	LUPR DEP-PED INJ 7.5MG	109
<i>lisinopril tab 30 mg</i>	46	LUPRON DEPOT INJ 45MG	109
<i>lisinopril tab 40 mg</i>	46	<i>lurasidone hcl tab 120 mg</i>	80
<i>lisinopril tab 5 mg</i>	46	<i>lurasidone hcl tab 20 mg</i>	80
<i>lithium carbonate cap 150 mg</i>	97	<i>lurasidone hcl tab 40 mg</i>	80
<i>lithium carbonate cap 300 mg</i>	97	<i>lurasidone hcl tab 60 mg</i>	80
<i>lithium carbonate cap 600 mg</i>	97	<i>lurasidone hcl tab 80 mg</i>	80
<i>lithium carbonate tab 300 mg</i>	97	<i>lutura</i>	111
<i>lithium carbonate tab er 300 mg</i>	97	LYNPARZA TAB 100MG.....	41
<i>lithium carbonate tab er 450 mg</i>	97	LYNPARZA TAB 150MG.....	42
<i>lithium oral solution 8 meq/5ml</i>	97	LYSODREN TAB 500MG.....	36
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<i>lofexidine hcl tab 0.18 mg (base equivalent)</i> .	101	<i>magnesium sulfate in dextrose 5% iv soln 1</i>	
<i>loperamide hcl cap 2 mg</i>	127	<i>gm/100ml</i>	152
<i>lopinavir-ritonavir tab 100-25 mg</i>	20	<i>magnesium sulfate inj 50%</i>	152
<i>lopinavir-ritonavir tab 200-50 mg</i>	20	<i>magnesium sulfate iv soln 2 gm/50ml (40</i>	
<i>lorazepam conc 2 mg/ml</i>	67	<i>mg/ml)</i>	153
<i>lorazepam tab 0.5 mg</i>	67	<i>malathion lotion 0.5%</i>	176
<i>lorazepam tab 1 mg</i>	67	<i>mannitol iv soln 20%</i>	61
<i>lorazepam tab 2 mg</i>	67	<i>mannitol iv soln 25%</i>	61
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LORBRENA TAB 25MG.....	39	<i>maraviroc tab 300 mg</i>	18
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<i>losartan potassium & hydrochlorothiazide tab</i>		<i>matzim la</i>	58
<i>100-25 mg</i>	48	<i>meclizine hcl tab 12.5 mg</i>	128
<i>losartan potassium & hydrochlorothiazide tab</i>		<i>meclizine hcl tab 25 mg</i>	128
<i>50-12.5 mg</i>	47	<i>meclofenamate sodium cap 100 mg</i>	7
<i>losartan potassium tab 100 mg</i>	49	<i>meclofenamate sodium cap 50 mg</i>	7
<i>losartan potassium tab 25 mg</i>	49	MEDROL TAB 2MG	117

<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	111	<i>mesalamine tab delayed release 800 mg</i>	130
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	111	<i>mesna inj 100 mg/ml</i>	44
<i>medroxyprogesterone acetate tab 10 mg</i>	124	<i>mesna tab 400 mg</i>	44
<i>medroxyprogesterone acetate tab 2.5 mg</i>	124	<i>metaxalone tab 800 mg</i>	98
<i>medroxyprogesterone acetate tab 5 mg</i>	124	<i>metformin hcl tab 1000 mg</i>	103
<i>mefenamic acid cap 250 mg</i>	7	<i>metformin hcl tab 500 mg</i>	103
<i>mefloquine hcl tab 250 mg</i>	17	<i>metformin hcl tab 850 mg</i>	103
<i>megestrol acetate susp 40 mg/ml</i>	124	<i>metformin hcl tab er 24hr 500 mg</i>	103
<i>megestrol acetate susp 625 mg/5ml</i>	124	<i>metformin hcl tab er 24hr 750 mg</i>	103
<i>megestrol acetate tab 20 mg</i>	36	<i>methadone hcl conc 10 mg/ml</i>	10
<i>megestrol acetate tab 40 mg</i>	36	<i>methadone hcl soln 10 mg/5ml</i>	10
MEKINIST SOL 0.05/ML.....	39	<i>methadone hcl soln 5 mg/5ml</i>	10
MEKINIST TAB 0.5MG.....	39	<i>methadone hcl tab 10 mg</i>	10
MEKINIST TAB 2MG	39	<i>methadone hcl tab 5 mg</i>	10
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<i>meloxicam tab 15 mg</i>	7	<i>methadone hydrochloride i</i>	10
<i>meloxicam tab 7.5 mg</i>	7	<i>methadose</i>	10
<i>melphalan hcl for inj 50 mg (base equiv)</i>	32	<i>methamphetamine hcl tab 5 mg</i>	92
<i>memantine hcl cap er 24hr 14 mg</i>	68	<i>methazolamide tab 25 mg</i>	61
<i>memantine hcl cap er 24hr 21 mg</i>	68	<i>methazolamide tab 50 mg</i>	61
<i>memantine hcl cap er 24hr 28 mg</i>	68	<i>methenamine hippurate tab 1 gm</i>	27
<i>memantine hcl cap er 24hr 7 mg</i>	68	<i>methimazole tab 10 mg</i>	125
<i>memantine hcl oral solution 2 mg/ml</i>	68	<i>methimazole tab 5 mg</i>	125
<i>memantine hcl tab 10 mg</i>	68	<i>methocarbamol tab 500 mg</i>	98
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	68	<i>methocarbamol tab 750 mg</i>	98
<i>memantine hcl tab 5 mg</i>	68	<i>methotrexate sodium for inj 1 gm</i>	34
MENEST TAB 0.3MG.....	122	<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	34
MENEST TAB 0.625MG.....	122	<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	34
MENEST TAB 1.25MG.....	122	<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	34
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<i>meprobamate tab 200 mg</i>	67	<i>methscopolamine bromide tab 2.5 mg</i>	127
<i>meprobamate tab 400 mg</i>	67	<i>methscopolamine bromide tab 5 mg</i>	127
<i>mercaptopurine tab 50 mg</i>	34	<i>methsuximide cap 300 mg</i>	86
<i>meropenem iv for soln 1 gm</i>	27	<i>methyl dopa tab 250 mg</i>	63
<i>meropenem iv for soln 500 mg</i>	27	<i>methyl dopa tab 500 mg</i>	63
<i>mesalamine cap dr 400 mg</i>	130	<i>methylphenidate hcl cap er 10 mg (cd)</i>	92
<i>mesalamine cap er 24hr 0.375 gm</i>	130	<i>methylphenidate hcl cap er 20 mg (cd)</i>	92
<i>mesalamine enema 4 gm</i>	130	<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> ...	92
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	130	<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> ...	92
<i>mesalamine suppos 1000 mg</i>	130		
<i>mesalamine tab delayed release 1.2 gm</i>	130		

<i>methylphenidate hcl cap er 24hr 40 mg (la) ...</i>	92	<i>metolazone tab 10 mg.....</i>	61
<i>methylphenidate hcl cap er 24hr 60 mg (la) ...</i>	92	<i>metolazone tab 2.5 mg.....</i>	61
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<i>methylphenidate hcl cap er 40 mg (cd).....</i>	92	<i>metoprolol & hydrochlorothiazide tab 100-25</i>	
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<i>mg (base eq).....</i>	128	<i>minocycline hcl tab 100 mg.....</i>	30
<i>metoclopramide hcl soln 5 mg/5ml (10</i>		<i>minocycline hcl tab 50 mg.....</i>	30
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MIRCERA INJ 120MCG	139	<i>morphine sulfate beads cap er 24hr 60 mg</i>	10
MIRCERA INJ 150MCG	139	<i>morphine sulfate beads cap er 24hr 75 mg</i>	10
MIRCERA INJ 200MCG	139	<i>morphine sulfate beads cap er 24hr 90 mg</i>	10
MIRCERA INJ 30MCG	139	<i>morphine sulfate cap er 24hr 10 mg</i>	11
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<i>mirtazapine orally disintegrating tab 45 mg.</i>	72	<i>morphine sulfate cap er 24hr 80 mg</i>	11
<i>mirtazapine tab 15 mg</i>	72	<i>morphine sulfate iv soln 10 mg/ml</i>	11
<i>mirtazapine tab 30 mg</i>	72	<i>morphine sulfate iv soln 4 mg/ml</i>	11
<i>mirtazapine tab 45 mg</i>	72	<i>morphine sulfate oral soln 10 mg/5ml</i>	11
<i>mirtazapine tab 7.5 mg</i>	72	<i>morphine sulfate oral soln 100 mg/5ml (20</i>	
<i>misoprostol tab 100 mcg</i>	132	<i>mg/ml)</i>	11
<i>misoprostol tab 200 mcg</i>	132	<i>morphine sulfate oral soln 20 mg/5ml</i>	11
<i>mitomycin for iv soln 20 mg</i>	33	<i>morphine sulfate tab 15 mg</i>	11
<i>mitomycin for iv soln 40 mg</i>	33	<i>morphine sulfate tab 30 mg</i>	11
<i>mitomycin for iv soln 5 mg</i>	33	<i>morphine sulfate tab er 100 mg</i>	11
<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i>		<i>morphine sulfate tab er 15 mg</i>	11
<i>mg/ml)</i>	33	<i>morphine sulfate tab er 200 mg</i>	11
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2</i>		<i>morphine sulfate tab er 30 mg</i>	11
<i>mg/ml)</i>	33	<i>morphine sulfate tab er 60 mg</i>	11
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<i>mometasone furoate oint 0.1%</i>	174	<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	
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<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	149	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	155
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<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	100	<i>nevirapine tab er 24hr 400 mg</i>	18
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<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	95	<i>nicardipine hcl cap 20 mg</i>	59
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<i>phenylephrine hcl ophth soln 2.5%</i>	158	<i>podofilox gel 0.5%</i>	175
<i>phenytoin infatabs</i>	87	<i>podofilox soln 0.5%</i>	175
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<i>phenytoin sodium extended cap 200 mg</i>	87	POLIVY INJ 30MG	42
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<i>phenytoin sodium inj 50 mg/ml</i>	87	<i>polyethylene glycol 3350 oral powder 17</i>	
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<i>pimecrolimus cream 1%</i>	172	<i>posaconazole tab delayed release 100 mg</i>	16
<i>pimozide tab 1 mg</i>	101	<i>potassium chloride cap er 10 meq</i>	153
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<i>pindolol tab 10 mg</i>	56	<i>potassium chloride inj 2 meq/ml</i>	153
<i>pindolol tab 5 mg</i>	56	<i>potassium chloride microencapsulated crys er</i>	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	106	<i>tab 10 meq</i>	153
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<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	107	<i>meq/15ml)</i>	153
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>		<i>potassium chloride oral soln 20% (40</i>	
.....	106	<i>meq/15ml)</i>	153
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.....	106	<i>potassium chloride tab er 15 meq</i>	153
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<i>pirfenidone tab 801 mg</i>	166	<i>pramipexole dihydrochloride tab 0.5 mg</i>	77
<i>piroxicam cap 10 mg</i>	7	<i>pramipexole dihydrochloride tab 0.75 mg</i>	77
<i>piroxicam cap 20 mg</i>	7	<i>pramipexole dihydrochloride tab 1 mg</i>	77
<i>pitavastatin calcium tab 1 mg</i>	52	<i>pramipexole dihydrochloride tab 1.5 mg</i>	77
<i>pitavastatin calcium tab 2 mg</i>	52	<i>pramipexole dihydrochloride tab er 24hr 0.375</i>	
<i>pitavastatin calcium tab 4 mg</i>	52	<i>mg</i>	77
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..... 77	<i>pregabalin cap 200 mg</i>	88
<i>pramipexole dihydrochloride tab er 24hr 2.25</i>	<i>pregabalin cap 225 mg</i>	88
<i>mg</i> 77	<i>pregabalin cap 25 mg</i>	87
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	<i>pregabalin cap 300 mg</i>	88
..... 77	<i>pregabalin cap 50 mg</i>	87
<i>pramipexole dihydrochloride tab er 24hr 3.75</i>	<i>pregabalin cap 75 mg</i>	87
<i>mg</i> 77	<i>pregabalin soln 20 mg/ml</i>	88
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<i>prasugrel hcl tab 5 mg (base equiv)</i>	PREMARIN TAB 1.25MG	122
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157	<i>prochlorperazine maleate tab 10 mg (base</i>	
<i>prednisolone acetate ophth susp 1%</i>	<i>equivalent)</i>	128
157	<i>prochlorperazine maleate tab 5 mg (base</i>	
<i>prednisolone sod phos orally disintegr tab 10</i>	<i>equivalent)</i>	128
<i>mg (base eq)</i>	<i>prochlorperazine suppos 25 mg</i>	129
118	<i>proctozone-hc</i>	133
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118	PROGRAF CAP 0.5MG	149
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<i>prednisone tab therapy pack 5 mg (48)</i>		
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<i>promethazine hcl inj 50 mg/ml</i>	129
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	129
<i>promethazine hcl suppos 12.5 mg</i>	129
<i>promethazine hcl suppos 25 mg</i>	129
<i>promethazine hcl tab 12.5 mg</i>	129
<i>promethazine hcl tab 25 mg</i>	129
<i>promethazine hcl tab 50 mg</i>	129
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<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	163
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<i>propafenone hcl cap er 12hr 325 mg</i>	50
<i>propafenone hcl cap er 12hr 425 mg</i>	50
<i>propafenone hcl tab 150 mg</i>	50
<i>propafenone hcl tab 225 mg</i>	50
<i>propafenone hcl tab 300 mg</i>	50
<i>proparacaine hcl ophth soln 0.5%</i>	159
<i>propranolol hcl cap er 24hr 120 mg</i>	56
<i>propranolol hcl cap er 24hr 160 mg</i>	56
<i>propranolol hcl cap er 24hr 60 mg</i>	56
<i>propranolol hcl cap er 24hr 80 mg</i>	56
<i>propranolol hcl oral soln 20 mg/5ml</i>	56
<i>propranolol hcl oral soln 40 mg/5ml</i>	56
<i>propranolol hcl tab 10 mg</i>	56
<i>propranolol hcl tab 20 mg</i>	56
<i>propranolol hcl tab 40 mg</i>	56
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<i>propranolol hcl tab 80 mg</i>	56
<i>propylthiouracil tab 50 mg</i>	125
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<i>protriptyline hcl tab 5 mg</i>	73
<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
<i>mg/5ml</i>	163
<i>pyrazinamide tab 500 mg</i>	20
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	99
<i>pyridostigmine bromide tab 60 mg</i>	99
<i>pyridostigmine bromide tab er 180 mg</i>	99
<i>pyridoxine hcl tab 25 mg</i>	155
<i>pyridoxine hcl tab 50 mg</i>	155
<i>pyrimethamine tab 25 mg</i>	27
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<i>quetiapine fumarate tab 200 mg</i>	81
<i>quetiapine fumarate tab 25 mg</i>	81
<i>quetiapine fumarate tab 300 mg</i>	81
<i>quetiapine fumarate tab 400 mg</i>	81
<i>quetiapine fumarate tab 50 mg</i>	81
<i>quetiapine fumarate tab er 24hr 150 mg</i>	81
<i>quetiapine fumarate tab er 24hr 200 mg</i>	81
<i>quetiapine fumarate tab er 24hr 300 mg</i>	82
<i>quetiapine fumarate tab er 24hr 400 mg</i>	82
<i>quetiapine fumarate tab er 24hr 50 mg</i>	81
<i>quinapril hcl tab 10 mg</i>	46
<i>quinapril hcl tab 20 mg</i>	46
<i>quinapril hcl tab 40 mg</i>	46
<i>quinapril hcl tab 5 mg</i>	46
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	
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<i>quinine sulfate cap 324 mg</i>	17
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QULIPTA TAB 30MG	95
QULIPTA TAB 60MG	95
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<i>rabeprazole sodium ec tab 20 mg</i>	133
<i>raloxifene hcl tab 60 mg</i>	123
<i>ramelteon tab 8 mg</i>	94
<i>ramipril cap 1.25 mg</i>	46
<i>ramipril cap 10 mg</i>	46
<i>ramipril cap 2.5 mg</i>	46
<i>ramipril cap 5 mg</i>	46
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<i>ranolazine tab er 12hr 500 mg</i>	63
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<i>rasagiline mesylate tab 1 mg (base equiv)</i>	77
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RECOMBIVA HB INJ 5MCG/0.5	152
RECOMBIVA-HB INJ 40MCG/ML	152
REGRANEX GEL 0.01%	176
RELENZA MIS DISKHALE	21
<i>repaglinide tab 0.5 mg</i>	107
<i>repaglinide tab 1 mg</i>	107
<i>repaglinide tab 2 mg</i>	107
REPATHA INJ 140MG/ML	54
REPATHA PUSH INJ 420/3.5	54
REPATHA SURE INJ 140MG/ML	54
RESTASIS MUL EMU 0.05% OP	158

RETACRIT INJ 10000UNT.....	139	<i>rivastigmine tartrate cap 1.5 mg (base equivalent).....</i>	68
RETACRIT INJ 20000UNI.....	140	<i>rivastigmine tartrate cap 3 mg (base equivalent).....</i>	68
RETACRIT INJ 2000UNIT.....	139	<i>rivastigmine tartrate cap 4.5 mg (base equivalent).....</i>	68
RETACRIT INJ 3000UNIT.....	139	<i>rivastigmine tartrate cap 6 mg (base equivalent).....</i>	68
RETACRIT INJ 40000UNT.....	140	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	68
RETACRIT INJ 4000UNIT.....	139	<i>rivastigmine td patch 24hr 4.6 mg/24hr.....</i>	68
RETROVIR INJ 10MG/ML.....	18	<i>rivastigmine td patch 24hr 9.5 mg/24hr.....</i>	68
REVLIMID CAP 10MG.....	35	<i>rivelsa.....</i>	112
REVLIMID CAP 15MG.....	35	<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....</i>	95
REVLIMID CAP 2.5MG.....	35	<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....</i>	95
REVLIMID CAP 20MG.....	35	<i>rizatriptan benzoate tab 10 mg (base equivalent).....</i>	96
REVLIMID CAP 25MG.....	35	<i>rizatriptan benzoate tab 5 mg (base equivalent).....</i>	95
REVLIMID CAP 5MG.....	35	<i>roflumilast tab 250 mcg</i>	165
REYATAZ POW 50MG.....	18	<i>roflumilast tab 500 mcg</i>	165
<i>ribavirin cap 200 mg</i>	26	<i>ropinirole hydrochloride tab 0.25 mg.....</i>	77
<i>ribavirin tab 200 mg.....</i>	26	<i>ropinirole hydrochloride tab 0.5 mg</i>	77
<i>rifabutin cap 150 mg</i>	20	<i>ropinirole hydrochloride tab 1 mg.....</i>	77
<i>rifampin cap 150 mg.....</i>	21	<i>ropinirole hydrochloride tab 2 mg.....</i>	78
<i>rifampin cap 300 mg.....</i>	21	<i>ropinirole hydrochloride tab 3 mg.....</i>	78
<i>rifampin for inj 600 mg.....</i>	21	<i>ropinirole hydrochloride tab 4 mg.....</i>	78
<i>riluzole tab 50 mg.....</i>	66	<i>ropinirole hydrochloride tab 5 mg.....</i>	78
<i>rimantadine hydrochloride tab 100 mg.....</i>	21	<i>rosuvastatin calcium tab 10 mg</i>	53
RINVOQ LQ SOL 1MG/ML.....	145	<i>rosuvastatin calcium tab 20 mg</i>	53
RINVOQ TAB 15MG ER	145	<i>rosuvastatin calcium tab 40 mg</i>	53
RINVOQ TAB 30MG ER	145	<i>rosuvastatin calcium tab 5 mg.....</i>	53
RINVOQ TAB 45MG ER	145	ROTARIX SUS	152
<i>risedronate sodium tab 150 mg.....</i>	108	ROTATEQ SOL	152
<i>risedronate sodium tab 30 mg</i>	108	<i>rufinamide susp 40 mg/ml</i>	88
<i>risedronate sodium tab 35 mg</i>	108	<i>rufinamide tab 200 mg</i>	88
<i>risedronate sodium tab 5 mg.....</i>	108	<i>rufinamide tab 400 mg</i>	88
<i>risedronate sodium tab delayed release 35 mg</i>	108	<i>ryclora.....</i>	162
<i>risperidone orally disintegrating tab 0.25 mg</i>	82	RYDAPT CAP 25MG	40
<i>risperidone orally disintegrating tab 0.5 mg ..</i>	82	RYKINDO INJ 25MG.....	82
<i>risperidone orally disintegrating tab 1 mg.....</i>	82	RYKINDO INJ 37.5MG	82
<i>risperidone orally disintegrating tab 2 mg.....</i>	82	RYKINDO INJ 50MG.....	82
<i>risperidone orally disintegrating tab 3 mg.....</i>	82	S	
<i>risperidone orally disintegrating tab 4 mg.....</i>	82	<i>sacubitril-valsartan tab 24-26 mg</i>	62
<i>risperidone soln 1 mg/ml.....</i>	82	<i>sacubitril-valsartan tab 49-51 mg</i>	62
<i>risperidone tab 0.25 mg.....</i>	82	<i>sacubitril-valsartan tab 97-103 mg.....</i>	62
<i>risperidone tab 0.5 mg</i>	82	SANCUSO DIS 3.1MG.....	129
<i>risperidone tab 1 mg.....</i>	82		
<i>risperidone tab 2 mg.....</i>	82		
<i>risperidone tab 3 mg.....</i>	82		
<i>risperidone tab 4 mg.....</i>	82		
<i>ritonavir tab 100 mg</i>	18		
<i>rivaroxaban for susp 1 mg/ml.....</i>	138		
<i>rivaroxaban tab 2.5 mg</i>	138		

SANDIMMUNE CAP 100MG.....	149	<i>simvastatin tab 5 mg</i>	53
SANDIMMUNE CAP 25MG	149	<i>simvastatin tab 80 mg</i>	53
SANDIMMUNE INJ 50MG/ML.....	149	<i>sirolimus oral soln 1 mg/ml</i>	149
<i>sapropterin dihydrochloride powder packet 100 mg</i>	123	<i>sirolimus tab 0.5 mg</i>	149
<i>sapropterin dihydrochloride powder packet 500 mg</i>	123	<i>sirolimus tab 1 mg</i>	149
<i>sapropterin dihydrochloride tab 100 mg</i>	123	<i>sirolimus tab 2 mg</i>	149
SAVELLA MIS TITR PAK	93	SIRTURO TAB 100MG.....	21
SAVELLA TAB 100MG	93	SIRTURO TAB 20MG	21
SAVELLA TAB 12.5MG	93	SKYLA IUD 13.5MG.....	112
SAVELLA TAB 25MG.....	93	SKYRIZI INJ 150MG/ML	145
SAVELLA TAB 50MG.....	93	SKYRIZI INJ 180/1.2	145
SCSEMBLIX TAB 100MG.....	40	SKYRIZI INJ 360/2.4	145
SCSEMBLIX TAB 20MG.....	40	SKYRIZI PEN INJ 150MG/ML.....	146
SCSEMBLIX TAB 40MG.....	40	SKYRIZI SOL 60MG/ML	141
<i>scopolamine td patch 72hr 1 mg/3days</i>	129	SOD OXYBATE SOL 500MG/ML.....	99
<i>selegiline hcl cap 5 mg</i>	78	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	131
<i>selegiline hcl tab 5 mg</i>	78	<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	153
<i>selenium sulfide lotion 2.5%</i>	171	<i>sodium chloride irrigation soln 0.9%</i>	176
SELZENTRY SOL 20MG/ML	18	<i>sodium chloride iv soln 0.45%</i>	153
SEREVENT DIS AER 50MCG.....	163	<i>sodium chloride iv soln 0.9%</i>	153
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	73	<i>sodium chloride iv soln 3%</i>	153
<i>sertraline hcl tab 100 mg</i>	74	<i>sodium chloride iv soln 5%</i>	153
<i>sertraline hcl tab 25 mg</i>	73	<i>sodium chloride preservative free (pf) inj 0.9%</i>	153
<i>sertraline hcl tab 50 mg</i>	74	<i>sodium chloride soln nebu 0.9%</i>	165
<i>sevelamer carbonate packet 0.8 gm</i>	124	<i>sodium chloride soln nebu 10%</i>	165
<i>sevelamer carbonate packet 2.4 gm</i>	124	<i>sodium chloride soln nebu 3%</i>	165
<i>sevelamer carbonate tab 800 mg</i>	124	<i>sodium chloride soln nebu 7%</i>	165
SHARPS CONT MIS 2QUART	115	<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	154
SHINGRIX INJ 50/0.5ML.....	152	<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	153
SIGNIFOR INJ 0.3MG/ML	123	<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	154
SIGNIFOR INJ 0.6MG/ML	123	<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	154
SIGNIFOR INJ 0.9MG/ML	123	<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	154
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	64	<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	154
<i>sildenafil citrate tab 20 mg</i>	65	<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	126
<i>silodosin cap 4 mg</i>	134	<i>sodium phenylbutyrate tab 500 mg</i>	126
<i>silodosin cap 8 mg</i>	134	SOFTCLIX MIS LANCETS	115
<i>silver sulfadiazine cream 1%</i>	170	<i>solifenacin succinate tab 10 mg</i>	136
SIMBRINZA SUS 1-0.2%	158	<i>solifenacin succinate tab 5 mg</i>	136
SIMPONI ARIA SOL 50MG/4ML	141	SOLIQUA INJ 100/33	105
SIMPONI INJ 100MG/ML.....	145		
SIMPONI INJ 50/0.5ML.....	145		
<i>simvastatin tab 10 mg</i>	53		
<i>simvastatin tab 20 mg</i>	53		
<i>simvastatin tab 40 mg</i>	53		

SOLU-CORTEF INJ 1000MG.....	119	<i>sulconazole nitrate cream 1%</i>	171
SOLU-CORTEF INJ 250MG	118	<i>sulconazole nitrate solution 1%</i>	171
SOLU-CORTEF INJ 500MG	118	<i>sulfacetamide sodium lotion 10% (acne)</i>	169
SOLU-MEDROL INJ 2GM.....	119	<i>sulfacetamide sodium ophth oint 10%</i>	156
SOMATULINE INJ 120/.5ML.....	102	<i>sulfacetamide sodium ophth soln 10%</i>	156
SOMATULINE INJ 60/0.2ML.....	102	<i>sulfacetamide sodium-prednisolone ophth soln</i>	
SOMATULINE INJ 90/0.3ML.....	102	<i>10-0.23(0.25)%</i>	155
SOMAVERT INJ 10MG.....	102	<i>sulfadiazine tab 500 mg</i>	15
SOMAVERT INJ 15MG.....	103	<i>sulfamethoxazole-trimethoprim susp 200-40</i>	
SOMAVERT INJ 20MG.....	103	<i>mg/5ml</i>	27
SOMAVERT INJ 25MG.....	103	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	
SOMAVERT INJ 30MG.....	103	.....	27
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>		<i>sulfamethoxazole-trimethoprim tab 800-160</i>	
.....	40	<i>mg</i>	28
<i>sotalol hcl (afib/af) tab 120 mg</i>	50	SULFAMYLON CRE 85MG/GM	170
<i>sotalol hcl (afib/af) tab 160 mg</i>	50	<i>sulfasalazine tab 500 mg</i>	130
<i>sotalol hcl (afib/af) tab 80 mg</i>	50	<i>sulfasalazine tab delayed release 500 mg</i>	130
<i>sotalol hcl tab 120 mg</i>	50	<i>sulindac tab 150 mg</i>	7
<i>sotalol hcl tab 160 mg</i>	50	<i>sulindac tab 200 mg</i>	7
<i>sotalol hcl tab 240 mg</i>	50	<i>sumatriptan nasal spray 20 mg/act</i>	96
<i>sotalol hcl tab 80 mg</i>	50	<i>sumatriptan nasal spray 5 mg/act</i>	96
SOVALDI PAK 150MG.....	26	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	96
SOVALDI PAK 200MG.....	26	<i>sumatriptan succinate solution auto-injector 4</i>	
SOVALDI TAB 200MG.....	26	<i>mg/0.5ml</i>	96
SOVALDI TAB 400MG.....	26	<i>sumatriptan succinate solution auto-injector 6</i>	
SPIKEVAX INJ 2025-26	152	<i>mg/0.5ml</i>	96
<i>spinosad susp 0.9%</i>	176	<i>sumatriptan succinate solution cartridge 4</i>	
SPIRIVA RESP AER 1.25MCG	160	<i>mg/0.5ml</i>	96
SPIRIVA RESP AER 2.5MCG.....	160	<i>sumatriptan succinate solution cartridge 6</i>	
<i>spironolactone & hydrochlorothiazide tab 25-25</i>		<i>mg/0.5ml</i>	96
<i>mg</i>	61	<i>sumatriptan succinate tab 100 mg</i>	96
<i>spironolactone tab 100 mg</i>	47	<i>sumatriptan succinate tab 25 mg</i>	96
<i>spironolactone tab 25 mg</i>	47	<i>sumatriptan succinate tab 50 mg</i>	96
<i>spironolactone tab 50 mg</i>	47	<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	
SPRAVATO SOL 56MG DOS	31	.....	96
SPRAVATO SOL 84MG DOS	31	<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	
<i>sprintec 28</i>	112	.....	40
<i>sps</i>	124	<i>sunitinib malate cap 25 mg (base equivalent)</i> 40	
<i>sronyx</i>	112	<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	
<i>ssd</i>	170	.....	40
STIOLTO AER 2.5-2.5.....	160	<i>sunitinib malate cap 50 mg (base equivalent)</i> 40	
STIVARGA TAB 40MG.....	40	SUNOSI TAB 150MG.....	99
STRIVERDI AER 2.5MCG	163	SUNOSI TAB 75MG	99
SUBLOCADE INJ 100/0.5	14	SUPPRELIN LA KIT 50MG.....	109
SUBLOCADE INJ 300/1.5	14	SUTAB TAB	131
SUCRAID SOL 8500/ML.....	132	<i>syeda</i>	112
<i>sucrafate tab 1 gm</i>	132	SYMDEKO TAB 100-150.....	164
SUFLAVE SOL.....	131	SYMDEKO TAB 50-75MG	164

SYMLINPEN 60 INJ 1000MCG	103
SYMLN PEN 120 INJ 1000MCG	103
SYMTUZA TAB.....	20
SYNAREL SOL 2MG/ML.....	116
SYNJARDY TAB.....	107
SYNJARDY TAB 12.5-500	107
SYNJARDY TAB 5-1000MG.....	107
SYNJARDY TAB 5-500MG.....	107
SYNJARDY XR TAB.....	107
SYNJARDY XR TAB 10-1000	107
SYNJARDY XR TAB 25-1000	107
SYNJARDY XR TAB 5-1000MG	107
SYNTHROID TAB 100MCG.....	125
SYNTHROID TAB 112MCG.....	125
SYNTHROID TAB 125MCG.....	125
SYNTHROID TAB 137MCG.....	125
SYNTHROID TAB 150MCG.....	125
SYNTHROID TAB 175MCG.....	125
SYNTHROID TAB 200MCG.....	125
SYNTHROID TAB 25MCG	125
SYNTHROID TAB 300MCG.....	125
SYNTHROID TAB 50MCG	125
SYNTHROID TAB 75MCG	125
SYNTHROID TAB 88MCG	125

T

TABLOID TAB 40MG.....	34
<i>tacrolimus cap 0.5 mg</i>	149
<i>tacrolimus cap 1 mg</i>	149
<i>tacrolimus cap 5 mg</i>	149
<i>tacrolimus oint 0.03%</i>	172
<i>tacrolimus oint 0.1%</i>	172
<i>tadalafil tab 2.5 mg</i>	134
<i>tadalafil tab 20 mg (pah)</i>	65
<i>tadalafil tab 5 mg</i>	134
TAFINLAR CAP 50MG.....	40
TAFINLAR CAP 75MG.....	40
TAFINLAR TAB 10MG	40
<i>tafluprost preservative free (pf) ophth soln</i> <i>0.0015%</i>	159
TAGRISSO TAB 40MG.....	40
TAGRISSO TAB 80MG.....	40
<i>take action</i>	112
TAKHZYRO INJ 150MG/ML.....	147
TAKHZYRO INJ 300/2ML.....	147
TALTZ INJ 20/0.25	146
TALTZ INJ 40/0.5ML	146
TALTZ INJ 80MG/ML.....	146

<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	36
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	36
<i>tamsulosin hcl cap 0.4 mg</i>	134
<i>tasimelteon capsule 20 mg</i>	94
<i>tazarotene cream 0.05%</i>	171
<i>tazarotene cream 0.1%</i>	171
<i>tazarotene gel 0.05%</i>	171
<i>tazarotene gel 0.1%</i>	171
<i>tazicef</i>	23
<i>telmisartan tab 20 mg</i>	49
<i>telmisartan tab 40 mg</i>	49
<i>telmisartan tab 80 mg</i>	49
<i>telmisartan-hydrochlorothiazide tab 40-12.5</i> <i>mg</i>	48
<i>telmisartan-hydrochlorothiazide tab 80-12.5</i> <i>mg</i>	48
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	48
<i>temazepam cap 15 mg</i>	94
<i>temazepam cap 22.5 mg</i>	94
<i>temazepam cap 30 mg</i>	94
<i>temazepam cap 7.5 mg</i>	94
TEMODAR INJ 100MG	32
<i>temozolomide cap 100 mg</i>	32
<i>temozolomide cap 140 mg</i>	32
<i>temozolomide cap 180 mg</i>	32
<i>temozolomide cap 20 mg</i>	32
<i>temozolomide cap 250 mg</i>	32
<i>temozolomide cap 5 mg</i>	32
TENIVAC INJ 5-2LF.....	152
<i>tenofovir disoproxil fumarate tab 300 mg</i>	18
<i>terazosin hcl cap 1 mg (base equivalent)</i>	134
<i>terazosin hcl cap 10 mg (base equivalent)</i>	134
<i>terazosin hcl cap 2 mg (base equivalent)</i>	134
<i>terazosin hcl cap 5 mg (base equivalent)</i>	134
<i>terbinafine hcl tab 250 mg</i>	16
<i>terbutaline sulfate tab 2.5 mg</i>	163
<i>terbutaline sulfate tab 5 mg</i>	163
<i>terconazole vaginal cream 0.4%</i>	136
<i>terconazole vaginal cream 0.8%</i>	136
<i>terconazole vaginal suppos 80 mg</i>	136
<i>teriflunomide tab 14 mg</i>	98
<i>teriflunomide tab 7 mg</i>	98
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	103

<i>testosterone cypionate im inj in oil 200 mg/ml</i>	103	TIVICAY TAB 50MG	18
.....	103	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	99
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	103	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	99
.....	103	TOBRADEX OIN 0.3-0.1%	155
<i>testosterone td gel 10mg/act (2%)</i>	103	TOBRADEX ST SUS 0.3-0.05	155
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	103	<i>tobramycin nebu soln 300 mg/4ml</i>	164
<i>tetrabenazine tab 12.5 mg</i>	97	<i>tobramycin nebu soln 300 mg/5ml</i>	164
<i>tetrabenazine tab 25 mg</i>	97	<i>tobramycin ophth soln 0.3%</i>	156
<i>tetracycline hcl cap 250 mg</i>	31	<i>tobramycin sulfate for inj 1.2 gm</i>	15
<i>tetracycline hcl cap 500 mg</i>	31	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>	16
THALOMID CAP 100MG	35	(base equiv)	16
THALOMID CAP 50MG	35	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	16
<i>theophylline elixir 80 mg/15ml</i>	168	(base equiv)	16
<i>theophylline soln 80 mg/15ml</i>	168	<i>tobramycin-dexamethasone ophth susp 0.3-</i>	155
<i>theophylline tab er 12hr 300 mg</i>	168	0.1%	155
<i>theophylline tab er 12hr 450 mg</i>	168	TODAY SPONGE MIS	135
<i>theophylline tab er 24hr 400 mg</i>	168	<i>tolterodine tartrate cap er 24hr 2 mg</i>	136
<i>theophylline tab er 24hr 600 mg</i>	168	<i>tolterodine tartrate cap er 24hr 4 mg</i>	136
<i>thioridazine hcl tab 10 mg</i>	82	<i>tolterodine tartrate tab 1 mg</i>	136
<i>thioridazine hcl tab 100 mg</i>	82	<i>tolterodine tartrate tab 2 mg</i>	136
<i>thioridazine hcl tab 25 mg</i>	82	<i>tolvaptan tab 15 mg</i>	123
<i>thioridazine hcl tab 50 mg</i>	82	<i>tolvaptan tab 30 mg</i>	123
<i>thiothixene cap 1 mg</i>	82	<i>topiramate sprinkle cap 15 mg</i>	88
<i>thiothixene cap 10 mg</i>	82	<i>topiramate sprinkle cap 25 mg</i>	88
<i>thiothixene cap 2 mg</i>	82	<i>topiramate sprinkle cap 50 mg</i>	88
<i>thiothixene cap 5 mg</i>	82	<i>topiramate tab 100 mg</i>	88
<i>tiagabine hcl tab 12 mg</i>	88	<i>topiramate tab 200 mg</i>	88
<i>tiagabine hcl tab 16 mg</i>	88	<i>topiramate tab 25 mg</i>	88
<i>tiagabine hcl tab 2 mg</i>	88	<i>topiramate tab 50 mg</i>	88
<i>tiagabine hcl tab 4 mg</i>	88	<i>topotecan hcl for inj 4 mg (base equiv)</i>	44
TICE BCG INJ	36	<i>toremifene citrate tab 60 mg (base equivalent)</i>	37
<i>tilia fe</i>	113	.....	37
<i>timolol maleate ophth gel forming soln 0.25%</i>	158	<i>torseamide tab 10 mg</i>	61
.....	158	<i>torseamide tab 100 mg</i>	61
<i>timolol maleate ophth gel forming soln 0.5%</i>	158	<i>torseamide tab 20 mg</i>	61
.....	158	<i>torseamide tab 5 mg</i>	61
<i>timolol maleate ophth soln 0.25%</i>	158	<i>tramadol hcl tab 50 mg</i>	13
<i>timolol maleate ophth soln 0.5%</i>	158	<i>tramadol hcl tab er 24hr 100 mg</i>	13
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	158	<i>tramadol hcl tab er 24hr 200 mg</i>	13
.....	158	<i>tramadol hcl tab er 24hr 300 mg</i>	13
<i>timolol maleate tab 10 mg</i>	56	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	13
<i>timolol maleate tab 20 mg</i>	56	<i>trandolapril tab 1 mg</i>	46
<i>timolol maleate tab 5 mg</i>	56	<i>trandolapril tab 2 mg</i>	47
<i>tinidazole tab 250 mg</i>	15	<i>trandolapril tab 4 mg</i>	47
<i>tinidazole tab 500 mg</i>	15	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	45
<i>tiotropium bromide monohydrate inhal cap</i>	18	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	45
mcg (base equiv)	160	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	45
TIVICAY PD TAB 5MG	18	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	45

<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	140	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	62
<i>tranexamic acid tab 650 mg</i>	140	<i>triamterene cap 100 mg</i>	62
<i>tranylcypromine sulfate tab 10 mg</i>	74	<i>triamterene cap 50 mg</i>	62
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	159	<i>triazolam tab 0.125 mg</i>	94
<i>trazodone hcl tab 100 mg</i>	74	<i>triazolam tab 0.25 mg</i>	94
<i>trazodone hcl tab 150 mg</i>	74	<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	82
<i>trazodone hcl tab 300 mg</i>	74	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	83
<i>trazodone hcl tab 50 mg</i>	74	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	82
TRECTOR TAB 250MG	21	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	83
TRELEGY AER 100MCG	160	<i>trifluridine ophth soln 1%</i>	156
TRELEGY AER 200MCG	160	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	78
TREMFYA INJ 100MG/ML	146	<i>trihexyphenidyl hcl tab 2 mg</i>	78
TREMFYA INJ 200/20ML.....	142	<i>trihexyphenidyl hcl tab 5 mg</i>	78
TREMFYA INJ 200/2ML.....	146	TRIKAFTA PAK 59.5MG	164
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i> .	65	TRIKAFTA PAK 75MG	164
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	65	TRIKAFTA TAB.....	164
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	65	<i>tri-linyah</i>	113
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	65	<i>trimethobenzamide hcl cap 300 mg</i>	129
TRESIBA FLEX INJ 100UNIT	106	<i>trimethoprim tab 100 mg</i>	28
TRESIBA FLEX INJ 200UNIT	106	<i>trimipramine maleate cap 100 mg</i>	74
TRESIBA INJ 100UNIT.....	106	<i>trimipramine maleate cap 25 mg</i>	74
<i>tretinoin cap 10 mg</i>	42	<i>trimipramine maleate cap 50 mg</i>	74
<i>tretinoin cream 0.025%</i>	169	<i>trinate</i>	154
<i>tretinoin cream 0.05%</i>	169	TRINTELLIX TAB 10MG.....	74
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<i>tretinoin gel 0.01%</i>	169	TRINTELLIX TAB 5MG	74
<i>tretinoin gel 0.025%</i>	169	TRIPTODUR SUS 22.5MG	109
<i>tretinoin gel 0.05%</i>	169	<i>tri-sprintec</i>	113
<i>tretinoin microsphere gel 0.04%</i>	169	TRIUMEQ PD TAB	20
<i>tretinoin microsphere gel 0.1%</i>	169	TRIUMEQ TAB	20
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<i>triamcinolone acetonide cream 0.1%</i>	175	TROGARZO INJ 150MG/ML.....	19
<i>triamcinolone acetonide cream 0.5%</i>	175	<i>tropicamide ophth soln 0.5%</i>	159
<i>triamcinolone acetonide dental paste 0.1%</i> ..	176	<i>tropicamide ophth soln 1%</i>	159
<i>triamcinolone acetonide lotion 0.025%</i>	175	<i>trospium chloride cap er 24hr 60 mg</i>	136
<i>triamcinolone acetonide lotion 0.1%</i>	175	<i>trospium chloride tab 20 mg</i>	136
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	165	TRULICITY INJ 0.75/0.5	105
<i>triamcinolone acetonide oint 0.025%</i>	175	TRULICITY INJ 1.5/0.5	105
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TRUQAP TAB 200MG.....	40	<i>valsartan tab 40 mg</i>	49
TRUSTEX/RIA MIS NON-LUB.....	113	<i>valsartan tab 80 mg</i>	49
TRUSTX NON-9 MIS RIB/STUD	113	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	48
TRYPTYR SOL 0.003%	158	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	48
TUKYSA TAB 150MG	41	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	48
TUKYSA TAB 50MG	40	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	48
TUXARIN ER TAB 54.3-8MG	163	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	48
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TWIIST REFIL KIT INFUSION.....	116	<i>vancomycin hcl cap 250 mg (base equivalent)</i>	28
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TWIRLA DIS 120-30.....	113	<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	28
TYBLUME CHW 0.1-0.02	113	<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	28
TYBOST TAB 150MG.....	19	<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	28
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<i>valproate sodium inj 100 mg/ml</i>	88		
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	88		
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XTAMPZA ER CAP 9MG.....	13	<i>zolmitriptan tab 2.5 mg</i>	96
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<i>xulane</i>	113	<i>zolpidem tartrate tab er 12.5 mg</i>	94
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XYWAV SOL 0.5GM/ML	99	<i>zonisamide cap 100 mg</i>	89
Y		<i>zonisamide cap 25 mg</i>	89
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<i>zaleplon cap 10 mg</i>	94	ZUBSOLV SUB 11.4-2.9	100
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