

January 1, 2025



Arkansas Blue Cross and Blue Shield Metallic Formulary

2025 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 7. 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 7
- 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 7 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 has 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 provides 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
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- 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.

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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.

BCAR_CY25_5T_Aug Update Effective 01/01/2025

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib cap 50 mg</i>	2	
<i>celecoxib cap 100 mg</i>	2	
<i>celecoxib cap 200 mg</i>	2	
GOUT		
<i>allopurinol tab 100 mg</i>	2	
<i>allopurinol tab 300 mg</i>	2	
<i>colchicine tab 0.6 mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat tab 40 mg</i>	2	ST; PA**
<i>febuxostat tab 80 mg</i>	2	ST; PA**
<i>probenecid tab 500 mg</i>	2	
NSAIDS, COMBINATIONS§		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
NSAIDS§		
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	4	
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>etodolac cap 200 mg</i>	2	
<i>etodolac cap 300 mg</i>	2	
<i>etodolac tab 400 mg</i>	2	
<i>etodolac tab 500 mg</i>	2	
<i>etodolac tab er 24hr 400 mg</i>	2	
<i>etodolac tab er 24hr 500 mg</i>	2	
<i>etodolac tab er 24hr 600 mg</i>	2	
<i>fenoprofen calcium tab 600 mg</i>	4	
<i>flurbiprofen tab 50 mg</i>	2	
<i>flurbiprofen tab 100 mg</i>	2	
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	2	
<i>ibuprofen tab 600 mg</i>	2	
<i>ibuprofen tab 800 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

OPIOID ANALGESICS§

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

Drug Name	Drug Tier	Requirements/Limits
<i>codeine sulfate tab 30 mg</i>	2	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 2.5-325</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 5-325mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 7.5-325</i>	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 10-325mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	2	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	ST, PA; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	2	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	2	ST, PA; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	ST, QL (50 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl inj 2 mg/ml</i>	2	
<i>hydromorphone hcl tab 2 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 4 mg</i>	2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 8 mg</i>	2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab er 24hr 8 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	2	ST, PA; High Strength Requires PA
<i>methadone hcl conc 10 mg/ml</i>	2	QL (30 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5 mg/5ml</i>	2	ST, QL (450 mL every 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	2	ST, QL (225 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tab 5 mg</i>	2	ST, QL (90 tabs every 30 days)
<i>methadone hcl tab 10 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>methadone hcl tab for oral susp 40 mg</i>	2	QL (9 tabs every 30 days)
<i>methadone hydrochloride i</i>	2	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose</i>	2	QL (9 tabs every 30 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	2	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	2	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	2	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate iv soln 4 mg/ml</i>	2	
<i>morphine sulfate iv soln 10 mg/ml</i>	2	
<i>morphine sulfate oral soln 10 mg/5ml</i>	2	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	ST, QL (675 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	ST, QL (135 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab 15 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab 30 mg</i>	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab er 15 mg</i>	2	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 30 mg</i>	2	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 60 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	2	ST, PA; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab er 200 mg</i>	2	ST, PA; High Strength Requires PA
<i>nalbuphine hcl inj 10 mg/ml</i>	2	
<i>nalbuphine hcl inj 20 mg/ml</i>	2	
NUCYNTA ER TAB 50MG	4	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 100MG	4	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 150MG	4	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG	4	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 250MG	4	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG	3	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TAB 75MG	3	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TAB 100MG	3	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl cap 5 mg</i>	2	ST, QL (180 caps every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	ST, QL (90 mL every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl soln 5 mg/5ml</i>	2	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 5 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 10 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 15 mg</i>	2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 20 mg</i>	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 30 mg</i>	2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	2	ST, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	2	ST, PA; High Strength Requires PA
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab 5 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab 10 mg</i>	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab er 12hr 5 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	2	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	2	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol hcl tab 50 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>tramadol hcl tab er 24hr 100 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	ST, QL (40 tabs every 30 days); Subject to initial 7-day limit
XTAMPZA ER CAP 9MG	3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 18MG	3	ST, QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 27MG	3	ST, 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, QL (60 films every 30 days)
BELBUCA MIS 150MCG	3	ST, QL (60 films every 30 days)
BELBUCA MIS 300MCG	3	ST, QL (60 films every 30 days)
BELBUCA MIS 450MCG	3	ST, QL (60 films every 30 days)
BELBUCA MIS 600MCG	3	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	3	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	3	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	2	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	2	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	2	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	2	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine td patch weekly 20 mcg/hr</i>	2	ST, PA; High Strength Requires Prior Auth
SUBLOCADE INJ 100/0.5	5	
SUBLOCADE INJ 300/1.5	5	
SALICYLATES		
<i>aspirin 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	

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

ANTI-INFECTIVES**ANTHELMINTICS**

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

ANTI-BACTERIALS - MISCELLANEOUS

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

ANTIFUNGALS

<i>amphotericin b for iv soln 50 mg</i>	2	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	4	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)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	QL (30 caps every 30 days)
<i>darunavir tab 600 mg</i>	2	QL (60 tabs every 30 days)
<i>darunavir tab 800 mg</i>	2	QL (30 tabs every 30 days)
EDURANT TAB 25MG	3	QL (60 tabs every 30 days)
<i>efavirenz cap 50 mg</i>	2	QL (90 caps every 30 days)
<i>efavirenz cap 200 mg</i>	2	QL (90 caps every 30 days)
<i>efavirenz tab 600 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine caps 200 mg</i>	2	QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA SOL 10MG/ML	3	QL (680 ml every 28 days)
<i>etravirine tab 100 mg</i>	2	QL (120 tabs every 30 days)
<i>etravirine tab 200 mg</i>	2	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	QL (120 tabs every 30 days)
FUZEON INJ 90MG	5	PA, QL (60 vials every 30 days)
INTELENCE TAB 25MG	3	QL (120 tabs every 30 days)
ISENTRESS CHW 25MG	3	QL (180 tabs every 30 days)
ISENTRESS CHW 100MG	3	QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	3	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	3	QL (60 packets every 30 days)
ISENTRESS TAB 400MG	3	QL (120 tabs every 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	2	QL (960 ml every 30 days)
<i>lamivudine tab 150 mg</i>	2	QL (60 tabs every 30 days)
<i>lamivudine tab 300 mg</i>	2	QL (30 tabs every 30 days)
<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)
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)

Drug Name	Drug Tier	Requirements/Limits
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	5	PA, QL (1 kit every 30 days)
CABENUVA SUS 600-900	5	PA, QL (1 kit every 30 days)
CIMDUO TAB 300-300	3	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	3	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	3	QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	3	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	QL (30 tabs every 30 days); \$0 copay for pre-exposure prophylaxis
GENVOYA TAB	3	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	QL (120 tabs every 30 days)
ODEFSEY TAB	3	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	4	QL (30 tabs every 30 days)
SYMTUZA TAB	4	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	4	QL (180 tabs every 30 days)
TRIUMEQ TAB	4	QL (30 tabs every 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine cap 250 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	5	
SIRTURO TAB 100MG	5	
TRECTOR TAB 250MG	3	
ANTIVIRALS§		
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>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 TAB 150-100	4	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	4	QL (60 tabs every 30 days)
RELENZA MIS DISKHALE	3	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	2	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	PA, QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	5	PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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 powd pack for susp 1 gm</i>	2	
<i>azithromycin tab 250 mg</i>	2	
<i>azithromycin tab 500 mg</i>	2	
<i>azithromycin tab 600 mg</i>	2	
<i>clarithromycin for susp 125 mg/5ml</i>	2	
<i>clarithromycin for susp 250 mg/5ml</i>	2	
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
DIFICID SUS	3	PA
DIFICID TAB 200MG	3	PA
<i>ery-tab</i>	2	
<i>erythrocin stearate</i>	2	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate tab 400 mg</i>	2	
<i>erythromycin tab 250 mg</i>	2	
<i>erythromycin tab 500 mg</i>	2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	2	
FLUOROQUINOLONES		
BAXDELA TAB 450MG	4	

Drug Name	Drug Tier	Requirements/Limits
CIPRO (10%) SUS 500MG/5	4	
<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	5	ST, PA, QL (28 pellets every 28 days)
SOVALDI PAK 200MG	5	ST, PA, QL (56 pellets every 28 days)

Drug Name	Drug Tier	Requirements/Limits
SOVALDI TAB 200MG	5	ST, PA, QL (28 tabs every 28 days)
SOVALDI TAB 400MG	5	ST, PA, QL (28 tabs every 28 days)
VOSEVI TAB	4	PA, QL (28 tabs every 28 days)
MISCELLANEOUS		
ALINIA SUS 100/5ML	4	QL (540 mL every 30 days)
<i>atovaquone susp 750 mg/5ml</i>	2	
<i>aztreonam for inj 1 gm</i>	2	
<i>aztreonam for inj 2 gm</i>	2	
<i>clindamycin hcl cap 75 mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin hcl cap 300 mg</i>	2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	2	
<i>clindamycin phosphate inj 9 gm/60ml</i>	2	
<i>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

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

PENICILLINS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>minocycline hcl tab 50 mg</i>	2	
<i>minocycline hcl tab 75 mg</i>	2	
<i>minocycline hcl tab 100 mg</i>	2	
<i>tetracycline hcl cap 250 mg</i>	2	QL (120 caps every 30 days)
<i>tetracycline hcl cap 500 mg</i>	2	QL (120 caps every 30 days)

ANTIASTHMATIC AND BRONCHODILATOR AGENTS**STEROID INHALANTS**

<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	2	QL (0.08 inhalers every 1 day)
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	2	QL (0.08 inhalers every 1 day)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	2	QL (0.081 inhalers every 1 day)

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

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

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	

Drug Name	Drug Tier	Requirements/Limits
EMCYT CAP 140MG	5	
GLEOSTINE CAP 10MG	5	
GLEOSTINE CAP 40MG	5	
GLEOSTINE CAP 100MG	5	
GLIADEL WAF 7.7MG	3	
<i>ifosfamide for inj 1 gm</i>	2	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	2	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	2	
LEUKERAN TAB 2MG	3	
MATULANE CAP 50MG	3	
<i>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 liposomal susp (for iv infusion) 2 mg/ml</i>	2	
DOXORUBICIN INJ 2MG/ML	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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>gemcitabine hcl for inj 2 gm</i>	5	
<i>gemcitabine hcl for inj 200 mg</i>	5	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	5	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	5	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	5	
<i>mercaptopurine tab 50 mg</i>	2	
<i>methotrexate sodium for inj 1 gm</i>	2	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	5	
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	5	
TABLOID TAB 40MG	3	

ANTIMITOTIC, TAXOIDS

<i>docetaxel for inj conc 20 mg/ml</i>	2	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	2	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	2	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	2	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	2	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	2	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	2	
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate inj 1 mg/ml</i>	2	
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	2	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	5	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	5	PA, QL (1 pack every 28 days)
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG	5	PA
ERBITUX INJ 200MG	5	PA
ERIVEDGE CAP 150MG	5	PA, QL (30 caps every 30 days)
GAZYVA INJ 25MG/ML	5	PA
KADCYLA INJ 100MG	5	PA
KADCYLA INJ 160MG	5	PA
KEYTRUDA INJ 100MG/4M	5	PA
PADCEV INJ 20MG	5	PA, QL (21 vials every 28 days)
PADCEV INJ 30MG	5	PA, QL (15 vials every 28 days)
POLIVY INJ 30MG	5	PA
POLIVY INJ 140MG	5	PA
POMALYST CAP 1MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 2MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 3MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 4MG	5	PA, QL (21 caps every 28 days)
REVLIMID CAP 2.5MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 5MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 10MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 15MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 20MG	5	PA, QL (21 caps every 28 days)
REVLIMID CAP 25MG	5	PA, QL (21 caps every 28 days)
RUXIENCE INJ 100/10ML	4	PA
RUXIENCE INJ 500/50ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAP 50MG	5	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	5	PA, QL (28 caps every 28 days)
TICE BCG INJ	3	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tab 500 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>anastrozole tab 1 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	2	
ELIGARD INJ 7.5MG	5	PA
ELIGARD INJ 22.5MG	5	PA
ELIGARD INJ 30MG	5	PA
ELIGARD INJ 45MG	5	PA
ERLEADA TAB 60MG	5	PA, QL (120 tabs every 30 days)
ERLEADA TAB 240MG	5	PA, QL (30 tabs every 30 days)
<i>exemestane tab 25 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	5	PA
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	5	PA
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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	5	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	5	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 300MG	5	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 60MG	5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	5	PA, QL (1 kit every 28 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	PA, QL (60 tabs every 30 days)
<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)
INLYTA TAB 1MG	5	PA, QL (240 tabs every 30 days)
INLYTA TAB 5MG	5	PA, QL (120 tabs every 30 days)
JAKAFI TAB 5MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 10MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 15MG	5	PA, QL (60 tabs every 30 days)
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

Drug Name	Drug Tier	Requirements/Limits
KISQALI TAB 600DOSE	5	PA, QL (63 tabs every 28 days); 600 mg dose
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA, QL (180 tabs every 30 days)
LENVIMA CAP 4MG	5	PA, QL (30 caps every 30 days)
LENVIMA CAP 8 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	5	PA, QL (30 caps every 30 days)
LENVIMA CAP 12MG	5	PA, QL (90 caps every 30 days)
LENVIMA CAP 14 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	5	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	5	PA, QL (90 caps every 30 days)
LORBRENA TAB 25MG	5	PA, QL (90 tabs every 30 days)
LORBRENA TAB 100MG	5	PA, QL (30 tabs every 30 days)
MEKINIST SOL 0.05/ML	5	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	5	PA, QL (90 tabs every 30 days)
MEKINIST TAB 2MG	5	PA, QL (30 tabs every 30 days)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	5	PA, QL (120 tabs every 30 days)
RYDAPT CAP 25MG	5	PA, QL (224 caps every 28 days)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	PA, QL (120 tabs every 30 days)
SPRYCEL TAB 20MG	5	PA, QL (90 tabs every 30 days)
SPRYCEL TAB 50MG	5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 70MG	5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 80MG	5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 100MG	5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 140MG	5	PA, QL (30 tabs every 30 days)
STIVARGA TAB 40MG	5	PA, QL (84 tabs every 28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
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)

Drug Name	Drug Tier	Requirements/Limits
TUKYSA TAB 50MG	5	PA, QL (120 tabs every 30 days)
TUKYSA TAB 150MG	5	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	5	PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	5	PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	5	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)
ZELBORAF TAB 240MG	5	PA, QL (240 tabs every 30 days)
ZYDELIG TAB 100MG	5	PA, QL (60 tabs every 30 days)
ZYDELIG TAB 150MG	5	PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	5	PA, QL (90 tabs every 30 days)
MISCELLANEOUS		
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	2	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	2	
<i>bexarotene cap 75 mg</i>	5	PA
<i>hydroxyurea cap 500 mg</i>	2	
IDHIFA TAB 50MG	5	PA, QL (30 tabs every 30 days)
IDHIFA TAB 100MG	5	PA, QL (30 tabs every 30 days)
LYNPARZA TAB 100MG	5	PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	5	PA, QL (120 tabs every 30 days)
NIPENT INJ 10MG	3	
ODOMZO CAP 200MG	5	PA, QL (30 caps every 30 days)
ONCASPASPAR INJ 750/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
PHOTOFRIN INJ 75MG	3	
<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)
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	2	
<i>carboplatin iv soln 150 mg/15ml</i>	2	
<i>carboplatin iv soln 450 mg/45ml</i>	2	
<i>carboplatin iv soln 600 mg/60ml</i>	2	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	
<i>oxaliplatin for iv inj 50 mg</i>	5	
<i>oxaliplatin for iv inj 100 mg</i>	5	
<i>oxaliplatin iv soln 50 mg/10ml</i>	5	
<i>oxaliplatin iv soln 100 mg/20ml</i>	5	
<i>paraplatin</i>	2	
PROTECTIVE AGENTS		
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	2	
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	2	
<i>leucovorin calcium for inj 50 mg</i>	2	
<i>leucovorin calcium for inj 100 mg</i>	2	
<i>leucovorin calcium for inj 200 mg</i>	2	
<i>leucovorin calcium for inj 350 mg</i>	2	
<i>leucovorin calcium for inj 500 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
<i>mesna inj 100 mg/ml</i>	2	
MESNEX TAB 400MG	5	
TOPOISOMERASE INHIBITORS		
<i>etoposide cap 50 mg</i>	2	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	2	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	2	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	2	

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

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

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

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	2	
<i>benazepril hcl tab 10 mg</i>	2	
<i>benazepril hcl tab 20 mg</i>	2	
<i>benazepril hcl tab 40 mg</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	2	
<i>telmisartan-amlodipine tab 40-10 mg</i>	2	
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	2	
<i>candesartan cilexetil tab 8 mg</i>	2	
<i>candesartan cilexetil tab 16 mg</i>	2	
<i>candesartan cilexetil tab 32 mg</i>	2	
<i>irbesartan tab 75 mg</i>	2	
<i>irbesartan tab 150 mg</i>	2	
<i>irbesartan tab 300 mg</i>	2	
<i>losartan potassium tab 25 mg</i>	2	
<i>losartan potassium tab 50 mg</i>	2	
<i>losartan potassium tab 100 mg</i>	2	
<i>olmesartan medoxomil tab 5 mg</i>	2	
<i>olmesartan medoxomil tab 20 mg</i>	2	
<i>olmesartan medoxomil tab 40 mg</i>	2	
<i>telmisartan tab 20 mg</i>	2	
<i>telmisartan tab 40 mg</i>	2	
<i>telmisartan tab 80 mg</i>	2	
<i>valsartan tab 40 mg</i>	2	
<i>valsartan tab 80 mg</i>	2	
<i>valsartan tab 160 mg</i>	2	
<i>valsartan tab 320 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	2	
<i>disopyramide phosphate cap 150 mg</i>	2	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	PA
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	2	
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	2	
MULTAQ TAB 400MG	4	PA
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
<i>pacerone</i>	2	
<i>procainamide hcl inj 100 mg/ml</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	2	
<i>propafenone hcl cap er 12hr 325 mg</i>	2	
<i>propafenone hcl cap er 12hr 425 mg</i>	2	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>sotalol hcl (afib/af) tab 80 mg</i>	2	
<i>sotalol hcl (afib/af) tab 120 mg</i>	2	
<i>sotalol hcl (afib/af) 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	

Drug Name	Drug Tier	Requirements/Limits
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
<i>prevalite</i>	2	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tab 10 mg</i>	2	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	2	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	2	
<i>fenofibrate cap 150 mg</i>	2	
<i>fenofibrate micronized cap 43 mg</i>	2	
<i>fenofibrate micronized cap 67 mg</i>	2	
<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

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	2	\$0 copay for members age 40 through 75
<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

Drug Name	Drug Tier	Requirements/Limits
<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
<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>icosapent ethyl cap 0.5 gm</i>	2	
<i>icosapent ethyl cap 1 gm</i>	2	Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML	3	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	3	PA, QL (1 injection every 28 days)
REPATHA SURE INJ 140MG/ML	3	PA, QL (3 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>metolazone tab 10 mg</i>	2	
<i>osmitrol viaflex</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>torseamide tab 5 mg</i>	2	
<i>torseamide tab 10 mg</i>	2	
<i>torseamide tab 20 mg</i>	2	
<i>torseamide 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		
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	3	
CORLANOR TAB 7.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	2	
<i>clonidine hcl tab 0.2 mg</i>	2	
<i>clonidine hcl tab 0.3 mg</i>	2	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	
<i>guanfacine hcl tab 1 mg</i>	2	
<i>guanfacine hcl tab 2 mg</i>	2	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>methyldopa tab 250 mg</i>	2	
<i>methyldopa tab 500 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	PA, QL (360 caps every 30 days)
<i>ranolazine tab er 12hr 500 mg</i>	2	ST; PA**
<i>ranolazine tab er 12hr 1000 mg</i>	2	ST; PA**
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
NITRO-BID OIN 2%	4	
NITRO-DUR DIS 0.3MG/HR	3	

Drug Name	Drug Tier	Requirements/Limits
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

<i>ambrisentan tab 5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>ambrisentan tab 10 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>bosentan tab 62.5 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>bosentan tab 125 mg</i>	5	PA, QL (60 tabs every 30 days)
OPSUMIT TAB 10MG	5	PA, QL (30 tabs every 30 days)
ORENITRAM TAB 0.25MG	5	PA
ORENITRAM TAB 0.125MG	5	PA
ORENITRAM TAB 1MG	5	PA
ORENITRAM TAB 2.5MG	5	PA
ORENITRAM TAB 5MG	5	PA
ORENITRAM TAB MONTH 1	5	PA
ORENITRAM TAB MONTH 2	5	PA
ORENITRAM TAB MONTH 3	5	PA
<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)

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

CENTRAL NERVOUS SYSTEM**ALCOHOL DETERRENTS**

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

ANTI-ANXIETY§

ALPRAZOLAM CON 1 MG/ML	3	QL (300 mL every 30 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam tab 0.5 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam tab 0.25 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam tab 1 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs every 30 days)
<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	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 10 mg</i>	2	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	2	QL (360 caps every 30 days)
<i>clomipramine hcl cap 25 mg</i>	2	QL (150 caps every 30 days); QL applies to members age 65 and older

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

ANTIDEMENTIA

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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

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

Drug Name	Drug Tier	Requirements/Limits
<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
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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	5	PA, QL (20 cartridges every 30 days)
<i>benztropine mesylate inj 1 mg/ml</i>	2	
<i>benztropine mesylate tab 0.5 mg</i>	2	
<i>benztropine mesylate tab 1 mg</i>	2	
<i>benztropine mesylate tab 2 mg</i>	2	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa tab 25 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	QL (10 units every 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg</i>	2	
<i>oxcarbazepine tab 300 mg</i>	2	
<i>oxcarbazepine tab 600 mg</i>	2	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital tab 15 mg</i>	2	
<i>phenobarbital tab 16.2 mg</i>	2	
<i>phenobarbital tab 30 mg</i>	2	
<i>phenobarbital tab 32.4 mg</i>	2	
<i>phenobarbital tab 60 mg</i>	2	
<i>phenobarbital tab 64.8 mg</i>	2	
<i>phenobarbital tab 97.2 mg</i>	2	
<i>phenobarbital tab 100 mg</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin sodium inj 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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 tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
<i>vigabatrin powd pack 500 mg</i>	5	PA, QL (180 packets every 30 days)
<i>vigabatrin tab 500 mg</i>	5	PA, QL (180 tabs every 30 days)
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	

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
ATTENTION DEFICIT HYPERACTIVITY DISORDERS		
ADZENYS XR TAB 3.1MG	4	QL (60 tabs every 30 days)
ADZENYS XR TAB 6.3MG	4	QL (60 tabs every 30 days)
ADZENYS XR TAB 9.4MG	4	QL (60 tabs every 30 days)
ADZENYS XR TAB 12.5MG	4	QL (30 tabs every 30 days)
ADZENYS XR TAB 15.7 MG	4	QL (30 tabs every 30 days)
ADZENYS XR TAB 18.8MG	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	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	
AZSTARYS CAP 26.1-5.2	3	QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	3	QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	3	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	2	QL (30 caps every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<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**
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)

Drug Name	Drug Tier	Requirements/Limits
DAYVIGO TAB 10MG	3	PA, QL (30 tabs every 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>estazolam tab 1 mg</i>	4	
<i>estazolam tab 2 mg</i>	4	
<i>eszopiclone tab 1 mg</i>	2	
<i>eszopiclone tab 2 mg</i>	2	
<i>eszopiclone tab 3 mg</i>	2	
<i>ramelteon tab 8 mg</i>	2	
<i>tasimelteon capsule 20 mg</i>	5	PA, QL (30 caps every 30 days)
<i>temazepam cap 7.5 mg</i>	2	
<i>temazepam cap 15 mg</i>	2	
<i>temazepam cap 22.5 mg</i>	2	
<i>temazepam cap 30 mg</i>	2	
<i>triazolam tab 0.25 mg</i>	4	
<i>triazolam tab 0.125 mg</i>	4	
<i>zaleplon cap 5 mg</i>	2	
<i>zaleplon cap 10 mg</i>	2	
<i>zolpidem tartrate tab 5 mg</i>	2	
<i>zolpidem tartrate tab 10 mg</i>	2	
<i>zolpidem tartrate tab er 6.25 mg</i>	2	
<i>zolpidem tartrate tab er 12.5 mg</i>	2	
MIGRAINES		
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**
<i>almotriptan malate tab 6.25 mg</i>	2	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	2	QL (12 tabs every 30 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (12 tabs every 30 days)
EMGALITY INJ 100MG/ML	3	ST, QL (3 injections every 30 days); PA**
EMGALITY INJ 120MG/ML	3	ST, QL (2 injections every 30 days); PA**
ERGOMAR SUB 2MG	4	

Drug Name	Drug Tier	Requirements/Limits
<i>ergotamine w/ caffeine tab 1-100 mg</i>	4	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	2	QL (18 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (12 tabs every 30 days)
QULIPTA TAB 10MG	3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 30MG	3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 60MG	3	ST, QL (30 tabs every 30 days); PA**
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (18 tabs every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	2	QL (24 sprays every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	2	QL (12 sprays every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (12 vials every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QL (12 units every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	QL (12 units every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	4	ST, QL (9 tabs every 30 days); PA**
UBRELVY TAB 50MG	3	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	3	ST, QL (16 tabs every 30 days); PA**
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	2	QL (12 sprays every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	2	QL (12 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
EVRYSDI SOL	5	PA, QL (2 bottles every 24 days)
<i>lithium carbonate cap 150 mg</i>	2	
<i>lithium carbonate cap 300 mg</i>	2	
<i>lithium carbonate cap 600 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	2	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	2	
<i>riluzole tab 50 mg</i>	2	
MOVEMENT DISORDERS		
<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)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	5	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	PA, QL (1 kit every 30 days)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	5	PA, QL (30 caps every 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	3	PA, QL (12 syringes every 28 days)
<i>glatopa</i>	3	PA, QL (30 injections every 30 days)
<i>teriflunomide tab 7 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>teriflunomide tab 14 mg</i>	5	PA, QL (30 tabs every 30 days)
TYSABRI INJ 300/15ML	5	PA, QL (1 vial every 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 5 mg</i>	2	
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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
<i>norgesic</i>	4	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	2	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>modafinil tab 100 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	2	PA, QL (60 tabs every 30 days)
SOD OXYBATE SOL 500MG/ML	5	PA, QL (540mL every 30 days)
SUNOSI TAB 75MG	3	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
SUNOSI TAB 150MG	3	PA, QL (30 tabs every 30 days)
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (3 tabs every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (3 tabs every day); \$0 copay
ZUBSOLV SUB 0.7-0.18	3	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36	3	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71	3	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4	3	QL (3 units every day)
ZUBSOLV SUB 8.6-2.1	3	QL (2 units every day)
ZUBSOLV SUB 11.4-2.9	3	QL (1 unit every day)
OPIOID ANTAGONIST		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	
<i>naloxone hcl 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	1	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

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	4	QL (60 tabs every 30 days); QL applies to members age 65 and older
NUEDEXTA CAP 20-10MG	3	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	4	QL (150 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 2-25 mg</i>	4	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-10 mg</i>	4	QL (120 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-25 mg</i>	4	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-50 mg</i>	4	QL (30 units every 30 days); QL applies to members age 65 and older
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INH	1	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	1	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	\$0 limited to 2 treatment cycles/year

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2MG/3ML	3	PA, QL (3 mL every 28 days)
OZEMPIC INJ 4MG/3ML	3	PA, QL (3 mL every 28 days)
OZEMPIC INJ 8MG/3ML	3	PA, QL (3 mL every 28 days)
TRULICITY INJ 0.75/0.5	3	PA, QL (4 pens every 28 days)
TRULICITY INJ 1.5/0.5	3	PA, QL (4 pens every 28 days)
TRULICITY INJ 3/0.5	3	PA, QL (4 pens every 28 days)
TRULICITY INJ 4.5/0.5	3	PA, QL (4 pens every 28 days)
VICTOZA INJ 18MG/3ML	3	PA, QL (3 pens every 30 days)
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	3	ST; PA**
XULTOPHY INJ 100/3.6	3	ST; PA**
ANTIDIABETICS, INSULIN		
BASAGLAR INJ 100UNIT	3	
BASAGLAR INJ TEMPO PN	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
HUMULIN INJ 70/30	4	OTC
HUMULIN INJ 70/30KWP	4	OTC
HUMULIN N INJ U-100	4	OTC
HUMULIN N INJ U-100KWP	4	OTC
HUMULIN R INJ U-100	4	OTC
HUMULIN R INJ U-500	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXPEN	3	
NOVOLIN INJ 70/30	3	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	3	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	3	OTC; RELION not covered
NOVOLIN N INJ U-100	3	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	3	OTC; RELION not covered
NOVOLIN R INJ U-100	3	OTC; RELION not covered
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>glipizide tab 10 mg</i>	2	
<i>glipizide tab er 24hr 2.5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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, BIPHOSPHONATES		
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	
<i>alendronate sodium tab 5 mg</i>	2	
<i>alendronate sodium tab 10 mg</i>	2	
<i>alendronate sodium tab 35 mg</i>	2	
<i>alendronate sodium tab 70 mg</i>	2	
FOSAMAX + D TAB 70-2800	4	ST; PA**
FOSAMAX + D TAB 70-5600	4	ST; PA**
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	2	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	
<i>pamidronate disodium iv soln 3 mg/ml</i>	2	
<i>risedronate sodium tab 5 mg</i>	2	
<i>risedronate sodium tab 30 mg</i>	2	
<i>risedronate sodium tab 35 mg</i>	2	
<i>risedronate sodium tab 150 mg</i>	2	
<i>risedronate sodium tab delayed release 35 mg</i>	2	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	5	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	5	PA
CALCIUM 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)
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<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)

Drug Name	Drug Tier	Requirements/Limits
FEMCAP MIS 26MM	1	QL (1 every 300 days)
FEMCAP MIS 30MM	1	QL (1 every 300 days)
<i>heather</i>	1	
<i>introvale</i>	1	
<i>jolessa</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kariva</i>	1	
<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)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	QL (4 inj every 300 days)
<i>microgestin 1.5/30</i>	1	
MIRENA IUD SYSTEM	1	QL (1 every 300 days)
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMP 68MG	1	QL (1 every 300 days)

Drug Name	Drug Tier	Requirements/Limits
NEXTSTELLIS TAB 3-14.2MG	1	
<i>nikki</i>	1	
<i>nora-be</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<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	
<i>trivora-28</i>	1	
TRUSTEX/RIA MIS NON-LUB	1	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	1	QL (12 condoms every 30 days), OTC

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>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 9 TES STRIPS	3	OTC
DEXCOM G5 MIS RECEIVER	3	PA
DEXCOM G5 MIS TRANSMIT	3	PA
DEXCOM G6 MIS RECEIVER	3	PA

Drug Name	Drug Tier	Requirements/Limits
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)
DIASTIX TES REAGENT	3	OTC
DIASTIX TES STRIPS	3	OTC
FASTCLIX MIS LANCETS	3	OTC
INSULIN SYRG MIS 1ML/31G	3	OTC
KETO-DIASTIX TES	3	OTC
NOVOFINE MIS 32GX6MM	3	OTC
OMNIPOD 5 DE MIS PODS	3	PA, QL (10 pods per 30 days)
OMNIPOD 5 G7 KIT INTRO	3	PA, QL (1 kit per 365 days)
OMNIPOD 5 G7 MIS PODS	3	PA, QL (10 pods per 30 days)
OMNIPOD 5 KIT DEXG7G6	3	PA, QL (1 kit per 365 days)
OMNIPOD DASH KIT INTRO	3	QL (1 kit per 365 days)
OMNIPOD DASH KIT PDM	3	QL (1 kit per 365 days)
OMNIPOD DASH MIS PODS	3	QL (10 pods per 30 days)
ONETOUCH DEL MIS PLUS 30G	3	OTC
ONETOUCH DEL MIS PLUS 33G	3	OTC
ONETOUCH KIT ULT MINI	3	OTC
ONETOUCH KIT ULTRA 2	3	OTC
ONETOUCH KIT VERIO	3	OTC
ONETOUCH KIT VERIO FL	3	OTC
ONETOUCH KIT VERIO IQ	3	OTC
ONETOUCH KIT VERIO RE	3	OTC
ONETOUCH SOL KIT COMPLETE	3	OTC
ONETOUCH SOL KIT FIT	3	OTC
ONETOUCH SOL KIT REFILL	3	OTC
ONETOUCH SOL KIT STARTER	3	OTC
ONETOUCH TES ULTRA	3	QL (150 Test Strips every 30 days), OTC
ONETOUCH TES VERIO	3	QL (150 Test Strips every 30 days), OTC
SHARPS CONT MIS 2QUART	3	OTC
SOFTCLIX MIS LANCETS	3	OTC
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>danazol cap 200 mg</i>	2	
ORILISSA TAB 150MG	3	PA
ORILISSA TAB 200MG	3	PA
ENZYME REPLACEMENTS		
<i>betaine powder for oral solution</i>	5	PA
<i>carglumic acid soluble tab 200 mg</i>	5	PA
CERDELGA CAP 84MG	5	PA, QL (56 caps every 28 days)
MYALEPT INJ 11.3MG	5	PA, QL (30 vials every 30 days)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA, QL (798g every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA, QL (1200 tabs every 30 days)
ESTROGENS		
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
<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

Drug Name	Drug Tier	Requirements/Limits
<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 0.1 mg/gm</i>	2	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
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

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TAB 0.625MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	4	
<i>yuvafem</i>	2	
GLUCOCORTICOIDS		
<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	
EMFLAZA SUS 22.75/ML	5	PA, QL (52 mL every 30 days)
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
MEDROL TAB 2MG	3	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	2	
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	2	
<i>methylprednisolone tab 4 mg</i>	2	
<i>methylprednisolone tab 8 mg</i>	2	
<i>methylprednisolone tab 16 mg</i>	2	
<i>methylprednisolone tab 32 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	2	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	2	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
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 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
SOLU-MEDROL INJ 2GM	4	
GLUCOSE ELEVATING AGENTS		
<i>glucagon (rdna) for inj kit 1 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPO 1 INJ 0.5/.1ML	3	
GVOKE HYPO 1 INJ 1MG/.2ML	3	
GVOKE KIT SOL 1MG/0.2M	3	
GVOKE PFS INJ	3	
INSTA-GLUCOS GEL 77.4%	3	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
<i>nitisinone cap 2 mg</i>	5	PA
<i>nitisinone cap 5 mg</i>	5	PA
<i>nitisinone cap 10 mg</i>	5	PA
<i>nitisinone cap 20 mg</i>	5	PA
ORFADIN SUS 4MG/ML	5	PA
HUMAN GROWTH HORMONES		
HUMATROPE INJ 6MG	5	PA
HUMATROPE INJ 12MG	5	PA
HUMATROPE INJ 24MG	5	PA
HUMATROPEN MIS FOR 6MG	3	OTC
HUMATROPEN MIS FOR 12MG	3	OTC
HUMATROPEN MIS FOR 24MG	3	OTC
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
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
SYNAREL SOL 2MG/ML	5	PA
TRIPTODUR SUS 22.5MG	5	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	4	PA
KERENDIA TAB 20MG	4	PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	2	
CHOR GONADOT INJ 10000UNT	5	PA
CYSTAGON CAP 50MG	5	PA
CYSTAGON CAP 150MG	5	PA
INCRELEX INJ 40MG/4ML	5	PA
INTRAROSA SUP 6.5MG	4	
OSPHENA TAB 60MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>raltroxifene hcl tab 60 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (60 ampules every 30 days)
SUPPRELIN LA KIT 50MG	5	PA
<i>tolvaptan tab 15 mg</i>	5	PA
<i>tolvaptan tab 30 mg</i>	5	PA
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**
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	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 300 mcg</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
<i>methimazole tab 5 mg</i>	2	
<i>methimazole tab 10 mg</i>	2	
<i>propylthiouracil tab 50 mg</i>	2	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
<i>unithroid</i>	2	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	2	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	2	
<i>dicyclomine hcl cap 10 mg</i>	2	
<i>dicyclomine hcl inj 10 mg/ml</i>	2	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>dicyclomine hcl tab 20 mg</i>	2	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>methscopolamine bromide tab 2.5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>methscopolamine bromide tab 5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
ANTIDIARRHEALS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
<i>loperamide hcl cap 2 mg</i>	2	
MOTOFEN TAB 1-0.025	4	
ANTIEMETICS§		
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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>alosetron hcl tab 0.5 mg (base equiv)</i>	2	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	2	PA
VIBERZI TAB 75MG	3	PA
VIBERZI TAB 100MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
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
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	
<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>sucralfate tab 1 gm</i>	2	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol tab 500 mg</i>	2	
VOWST CAP	5	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	
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	2	Covered for age less than 1 year only
<i>lansoprazole cap delayed release 15 mg</i>	2	
<i>lansoprazole cap delayed release 30 mg</i>	2	
NEXIUM GRA 2.5MG DR	4	Covered for age less than 1 year only
NEXIUM GRA 5MG DR	4	Covered for age less than 1 year only
<i>omeprazole cap delayed release 10 mg</i>	2	
<i>omeprazole cap delayed release 20 mg</i>	2	
<i>omeprazole cap delayed release 40 mg</i>	2	
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	4	QL (90 packets every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	4	QL (90 packets every 365 days)
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
ELMIRON CAP 100MG	4	
<i>potassium citrate tab er 5 meq (540 mg)</i>	2	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	2	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	
<i>urinary pain relief</i>	2	OTC
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	2	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	2	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	2	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	2	
<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	
<i>tropium chloride cap er 24hr 60 mg</i>	2	
<i>tropium 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	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
<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	
<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	
PRADAXA CAP 75MG	4	
<i>warfarin sodium tab 1 mg</i>	2	
<i>warfarin sodium tab 2 mg</i>	2	

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

HEMATOPOIETIC GROWTH FACTORS

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

Drug Name	Drug Tier	Requirements/Limits
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	5	PA
HEMLIBRA INJ 60/0.4	5	PA
HEMLIBRA INJ 105/0.7	5	PA
HEMLIBRA INJ 150/ML	5	PA
HEMLIBRA INJ 300/2ML	5	PA
HEMLIBRA SOL 12/0.4ML	5	PA
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
<i>pentoxifylline tab er 400 mg</i>	2	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	2	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	2	
<i>dipyridamole tab 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	
YOSPRA LA TAB 81-40MG	4	
YOSPRA LA TAB 325-40MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 300DOSE	5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML	5	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
ENBREL INJ 25/0.5ML	5	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	5	PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	5	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	5	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	5	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HYRIMOZ INJ 10/0.1ML	5	PA, QL (2 syringes every 28 days)
HYRIMOZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.8ML	5	PA, QL (4 auto-injectors every 28 days)

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 40/0.8ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (Starter pack - initial dose only)
HYRIMOZ-CROH INJ UC SP	5	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PED INJ CROHNS	5	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PLAQ INJ PSOR/UVE	5	PA, QL (Starter pack - initial dose only)
KEVZARA INJ 150/1.14	5	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 150/1.14	5	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	5	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	5	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
OTEZLA TAB 10/20/30	5	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
RINVOQ LQ SOL 1MG/ML	5	PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis
RINVOQ TAB 15MG ER	5	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis.

Drug Name	Drug Tier	Requirements/Limits
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	5	ST, PA, QL (1 injection every 28 days)
SIMPONI INJ 100MG/ML	5	ST, PA, QL (1 injection every 28 days)
SKYRIZI INJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI INJ 180/1.2	5	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI INJ 360/2.4	5	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI PEN INJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA INJ 45MG/0.5	5	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 45MG/0.5	5	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 90MG/ML	5	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ INJ 80MG/ML	5	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	5	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOL 1MG/ML	5	PA, QL (240 mL every 24 days)
XELJANZ TAB 5MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TAB 10MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
XELJANZ XR TAB 11MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ XR TAB 22MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>leflunomide tab 10 mg</i>	2	
<i>leflunomide tab 20 mg</i>	2	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
HEREDITARY ANGIOEDEMA		
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (45 syringes every 90 days)
TAKHZYRO INJ 150MG/ML	5	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	5	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	5	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	5	PA
ARCALYST INJ 220MG	5	PA, QL (8 vials every 28 days)
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	4	
ASTAGRAF XL CAP 1MG	4	

Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CAP 5MG	4	
<i>azathioprine tab 50 mg</i>	2	
<i>azathioprine tab 75 mg</i>	2	
<i>azathioprine tab 100 mg</i>	2	
CELLCEPT CAP 250MG	4	
CELLCEPT IV INJ 500MG	4	
CELLCEPT SUS 200MG/ML	4	
CELLCEPT TAB 500MG	4	
<i>cyclosporine cap 25 mg</i>	2	
<i>cyclosporine cap 100 mg</i>	2	
<i>cyclosporine iv soln 50 mg/ml</i>	2	
<i>cyclosporine modified cap 25 mg</i>	2	
<i>cyclosporine modified cap 50 mg</i>	2	
<i>cyclosporine modified cap 100 mg</i>	2	
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	
ENVARUSUS XR TAB 0.75MG	4	
ENVARUSUS XR TAB 1MG	4	
ENVARUSUS XR TAB 4MG	4	
<i>everolimus tab 0.5 mg</i>	2	
<i>everolimus tab 0.25 mg</i>	2	
<i>everolimus tab 0.75 mg</i>	2	
<i>everolimus tab 1 mg</i>	2	
<i>engraf</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	

Drug Name	Drug Tier	Requirements/Limits
PROGRAF GRA 0.2MG	4	
PROGRAF GRA 1MG	4	
PROGRAF INJ 5MG/ML	4	
RAPAMUNE SOL 1MG/ML	4	
RAPAMUNE TAB 0.5MG	4	
RAPAMUNE TAB 1MG	4	
RAPAMUNE TAB 2MG	4	
SANDIMMUNE CAP 25MG	4	
SANDIMMUNE CAP 100MG	4	
SANDIMMUNE INJ 50MG/ML	4	
SANDIMMUNE SOL 100MG/ML	4	
<i>sirolimus oral soln 1 mg/ml</i>	2	
<i>sirolimus tab 0.5 mg</i>	2	
<i>sirolimus tab 1 mg</i>	2	
<i>sirolimus tab 2 mg</i>	2	
<i>tacrolimus cap 0.5 mg</i>	2	
<i>tacrolimus cap 1 mg</i>	2	
<i>tacrolimus cap 5 mg</i>	2	
ZORTRESS TAB 0.5MG	4	
ZORTRESS TAB 0.25MG	4	
ZORTRESS TAB 0.75MG	4	
ZORTRESS TAB 1MG	4	
MISCELLANEOUS		
BEYFORTUS INJ 50/0.5ML	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
VACCINES		
ABRYVO 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	

Drug Name	Drug Tier	Requirements/Limits
COMIRNATY INJ 30/0.3ML	1	
DAPTACEL INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAIXIA SUS	1	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10/0.5ML	1	
ENGERIX-B INJ 20MCG/ML	1	
FLUMIST	1	
GARDASIL 9 INJ	1	
HAVRIX INJ 720UNIT	1	
HAVRIX INJ 1440UNIT	1	
HEPLISAV-B INJ 20/0.5ML	1	
HIBERIX SOL 10MCG	1	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
INFLUENZA VACCINE	1	
IPOL INJ INACTIVE	1	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MODERNA INJ 6MO-11Y	1	
MRESVIA INJ 50MCG	1	\$0 copay for members age 19 and older, otherwise not covered
NOVAVAX INJ 2023-24	1	
PEDIARIX INJ 0.5ML	1	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB INJ	1	\$0 copay for members age 18 and younger, otherwise not covered

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

Drug Name	Drug Tier	Requirements/Limits
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	

MIGRAINE PRODUCTS**CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**

AJOVY INJ 225/1.5	3	ST, QL (3 injections every 90 days); PA**
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NUTRITIONAL/SUPPLEMENTS**ELECTROLYTES**

<i>effer-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 microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<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

Drug Name	Drug Tier	Requirements/Limits
<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	
IV REPLACEMENT SOLUTIONS		
<i>potassium chloride inj 2 meq/ml</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	
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>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>cholecalciferol cap 1.25 mg (50000 unit)</i>	2	OTC
<i>cyanocobalamin inj 1000 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>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

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

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

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

ANTI-INFECTIVES

AZASITE SOL 1%	3	
<i>bacitracin ophth oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUS 0.6%	4	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN SUS 5% OP	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polycin</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
<i>sulfacetamide sodium ophth oint 10%</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>trifluridine ophth soln 1%</i>	2	
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
ACUVAIL SOL 0.45%	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
ILEVRO DRO 0.3% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
<i>loteprednol etabonate ophth susp 0.5%</i>	2	
NEVANAC SUS 0.1% OP	3	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	2	
ANTIALLERGICS		
ALOCRI SOL 2%	4	
ALOMIDE SOL 0.1% OP	4	
<i>azelastine hcl ophth soln 0.05%</i>	2	
<i>bepotastine besilate ophth soln 1.5%</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
<i>epinastine hcl ophth soln 0.05%</i>	2	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	2	
ZERVIA DRO 0.24%	4	

Drug Name	Drug Tier	Requirements/Limits
ANTIGLAUCOMA		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETIMOL SOL 0.5%	4	
BETIMOL SOL 0.25%	4	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.1%</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>brinzolamide ophth susp 1%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
IOPIDINE SOL 1% OP	4	
<i>latanoprost ophth soln 0.005%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01% OP	3	ST; PA**
PHOSPHOLINE SOL 0.125%OP	4	
<i>pilocarpine hcl ophth soln 1%</i>	2	
SIMBRINZA SUS 1-0.2%	3	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
DRY EYE DISEASE		
RESTASIS EMU 0.05% OP	2	
RESTASIS MUL EMU 0.05% OP	3	Multi-dose vial remains on preferred brand tier
MISCELLANEOUS		
<i>atropine sulfate ophth soln 1%</i>	2	
CYSTARAN SOL 0.44%	5	PA, QL (4 bottles every 28 days)
<i>phenylephrine hcl ophth soln 2.5%</i>	2	
<i>phenylephrine hcl ophth soln 10%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>proparacaine hcl ophth soln 0.5%</i>	2	
<i>tropicamide ophth soln 0.5%</i>	2	
<i>tropicamide ophth soln 1%</i>	2	
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte</i>	2	
<i>physiosol irrigation</i>	2	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C 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)
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 AER 1.25MCG	3	QL (1 package every 30 days)
SPIRIVA SPR 2.5MCG	3	QL (1 package every 30 days)
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	2	QL (1 package every 30 days)
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	QL (1 package every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTI-HISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	QL (2 bottles every 30 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	2	QL (2 bottles every 30 days)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	2	
<i>carbinoxamine maleate tab 4 mg</i>	2	
<i>clemastine fumarate tab 2.68 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	2	
<i>cyproheptadine hcl tab 4 mg</i>	2	
<i>desloratadine tab 5 mg</i>	2	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	2	
<i>desloratadine tab orally disintegrating 5 mg</i>	2	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 10 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<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

Drug Name	Drug Tier	Requirements/Limits
<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)
<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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	2	QL (6 tabs every day); Subject to initial 7-day limit
<i>hydromet</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine vc</i>	2	
<i>promethazine 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	
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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	
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	
NASAL STEROIDS§		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (3 containers every 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 container every 30 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	QL (2 packages every 30 days)
OMNARIS SPR	4	ST, QL (1 package every 30 days); PA**
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	2	QL (1 package every 30 days), OTC
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	5	PA, QL (60 caps every 30 days)
OFEV CAP 150MG	5	PA, QL (60 caps every 30 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (270 caps every 30 days)
<i>pirfenidone tab 267 mg</i>	5	PA, QL (270 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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		
FASENRA INJ 10MG/0.5	5	PA, QL (1 syringe every 56 days)
FASENRA INJ 30MG/ML	5	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	5	PA, QL (1 syringe every 56 days)
XOLAIR INJ 75/0.5	5	PA, QL (2 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)
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)
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)

Drug Name	Drug Tier	Requirements/Limits
<i>breynd</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)

XANTHINES

<i>aminophylline inj 25 mg/ml</i>	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%</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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>tretinoin cream 0.025%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	2	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod cream 5%</i>	2	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	2	
<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	
XEPI CRE 1%	4	PA, QL (30g every 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	2	QL (120g every 30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	QL (120g every 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	QL (120 mL every 30 days)
<i>ciclopirox shampoo 1%</i>	2	QL (120 mL every 30 days)
<i>ciclopirox solution 8%</i>	2	
<i>clotrimazole cream 1%</i>	2	QL (120g every 30 days)
<i>clotrimazole soln 1%</i>	2	QL (120 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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 gel 0.1%</i>	2	PA
<i>tazarotene gel 0.05%</i>	2	PA
TAZORAC CRE 0.05%	3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	2	QL (120 mL every 30 days)
<i>selenium sulfide lotion 2.5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT INJ 200/1.14	5	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 200MG	5	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	5	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	5	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
EUCRISA OIN 2%	3	ST, QL (60g every 30 days); PA**
<i>pimecrolimus cream 1%</i>	4	ST; PA**
<i>tacrolimus oint 0.1%</i>	4	ST; PA**
<i>tacrolimus oint 0.03%</i>	4	ST; PA**
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	2	QL (120g every 30 days)
<i>alclometasone dipropionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	2	QL (120g every 30 days)
<i>amcinonide oint 0.1%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	2	QL (120g every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	QL (120g every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	QL (120 mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	QL (120g every 30 days)
BRYHALI LOT 0.01%	3	QL (120 mL every 30 days)
<i>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)

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

Drug Name	Drug Tier	Requirements/Limits
<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)
<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>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	QL (300g every 30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	QL (300g every 30 days), OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>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	
VOLTAREN GEL 1% ARTHR	2	QL (300g every 30 days), OTC
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	2	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	2	PA
FINACEA AER 15%	3	
<i>ivermectin cream 1%</i>	2	PA
<i>metronidazole cream 0.75%</i>	2	QL (60g every 30 days)
<i>metronidazole gel 0.75%</i>	2	QL (60g every 30 days)
<i>metronidazole gel 1%</i>	2	QL (60g every 30 days)
<i>metronidazole lotion 0.75%</i>	2	QL (60 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
<i>crotan</i>	2	
<i>cvs ivermectin lice treat</i>	2	OTC
<i>cvs lice treatment</i>	2	OTC
<i>lice treatment</i>	2	OTC
<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	
<i>sm lice treatment</i>	2	OTC
<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	
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	
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<i>alyacen 7/7/7</i>	80		
<i>amantadine hcl cap 100 mg</i>	57		
<i>amantadine hcl soln 50 mg/5ml</i>	57		
<i>amantadine hcl tab 100 mg</i>	57		

<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	35	<i>amoxicillin (trihydrate) chew tab 125 mg</i>	25
.....	35	<i>amoxicillin (trihydrate) chew tab 250 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	35	<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	25
.....	35	<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	25
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	35	<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	25
.....	35	<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	25
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	35	<i>amoxicillin (trihydrate) tab 500 mg</i>	25
.....	35	<i>amoxicillin (trihydrate) tab 875 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	35	<i>amphetamine-dextroamphetamine cap er 24hr</i>	
.....	35	10 mg	66
<i>amlodipine besylate-olmesartan medoxomil tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
10-20 mg	37	15 mg	66
<i>amlodipine besylate-olmesartan medoxomil tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
10-40 mg	37	20 mg	66
<i>amlodipine besylate-olmesartan medoxomil tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
5-20 mg	37	25 mg	66
<i>amlodipine besylate-olmesartan medoxomil tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
5-40 mg	37	30 mg	66
<i>amlodipine besylate-valsartan tab 10-160 mg</i> .	37	<i>amphetamine-dextroamphetamine cap er 24hr 5</i>	
<i>amlodipine besylate-valsartan tab 10-320 mg</i> .	37	mg	66
<i>amlodipine besylate-valsartan tab 5-160 mg</i> ...	37	<i>amphetamine-dextroamphetamine tab 10 mg</i> .	66
<i>amlodipine besylate-valsartan tab 5-320 mg</i> ...	37	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	
<i>amoxapine tab 100 mg</i>	52	.....	66
<i>amoxapine tab 150 mg</i>	52	<i>amphetamine-dextroamphetamine tab 15 mg</i> .	66
<i>amoxapine tab 25 mg</i>	52	<i>amphetamine-dextroamphetamine tab 20 mg</i> .	66
<i>amoxapine tab 50 mg</i>	52	<i>amphetamine-dextroamphetamine tab 30 mg</i> .	66
<i>amoxicil cap & clarithro tab & lansopraz cap dr</i>		<i>amphetamine-dextroamphetamine tab 5 mg</i> ...	66
500 & 500 & 30mg	98	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	66
<i>amoxicillin & k clavulanate chew tab 200-28.5</i>		<i>amphotericin b for iv soln 50 mg</i>	15
mg.....	24	<i>ampicillin cap 500 mg</i>	25
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>		<i>ampicillin sodium for inj 1 gm</i>	25
.....	24	<i>ampicillin sodium for inj 2 gm</i>	25
<i>amoxicillin & k clavulanate for susp 200-28.5</i>		<i>anagrelide hcl cap 0.5 mg</i>	102
mg/5ml	24	<i>anagrelide hcl cap 1 mg</i>	102
<i>amoxicillin & k clavulanate for susp 250-62.5</i>		<i>anastrozole tab 1 mg</i>	30
mg/5ml	24	ANNOVERA MIS.....	80
<i>amoxicillin & k clavulanate for susp 400-57</i>		APOKYN INJ 10MG/ML.....	57
mg/5ml	24	<i>apraclonidine hcl ophth soln 0.5% (base</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9</i>		equivalent)	116
mg/5ml	24	<i>aprepitant capsule 125 mg</i>	93
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	24	<i>aprepitant capsule 40 mg</i>	93
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	25	<i>aprepitant capsule 80 mg</i>	93
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	25	<i>aprepitant capsule therapy pack 80 & 125 mg</i> ..	93
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5</i>		APRETUDE SUS 600MG ER.....	16
mg.....	25	<i>apri</i>	80
<i>amoxicillin (trihydrate) cap 250 mg</i>	25	APTIVUS CAP 250MG	16
<i>amoxicillin (trihydrate) cap 500 mg</i>	25	<i>aranelle</i>	80

ARANESP INJ 100MCG.....	101	ASTAGRAF XL CAP 5MG	108
ARANESP INJ 10MCG.....	101	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	16
ARANESP INJ 150MCG.....	101	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	16
ARANESP INJ 200MCG.....	101	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	16
ARANESP INJ 25MCG.....	101	<i>atenolol & chlorthalidone tab 100-25 mg</i>	42
ARANESP INJ 300MCG.....	101	<i>atenolol & chlorthalidone tab 50-25 mg</i>	42
ARANESP INJ 40MCG.....	101	<i>atenolol tab 100 mg</i>	43
ARANESP INJ 500MCG.....	101	<i>atenolol tab 25 mg</i>	43
ARANESP INJ 60MCG.....	101	<i>atenolol tab 50 mg</i>	43
ARCALYST INJ 220MG.....	107	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	66
AREXVY INJ 120MCG	109	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	66
<i>arformoterol tartrate soln nebu 15 mcg/2ml</i>		<i>atomoxetine hcl cap 18 mg (base equiv)</i>	66
<i>(base equiv)</i>	119	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	66
<i>aripiprazole oral solution 1 mg/ml</i>	59	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	66
<i>aripiprazole orally disintegrating tab 10 mg</i>	59	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	66
<i>aripiprazole orally disintegrating tab 15 mg</i>	59	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	66
<i>aripiprazole tab 10 mg</i>	59	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	
<i>aripiprazole tab 15 mg</i>	59	.....	40
<i>aripiprazole tab 2 mg</i>	59	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	
<i>aripiprazole tab 20 mg</i>	59	.....	40
<i>aripiprazole tab 30 mg</i>	59	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	
<i>aripiprazole tab 5 mg</i>	59	.....	40
ARISTADA INJ 1064MG.....	59	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	
ARISTADA INJ 441MG/1.....	59	.....	40
ARISTADA INJ 662MG/2	59	<i>atovaquone susp 750 mg/5ml</i>	23
ARISTADA INJ 882MG/3	59	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	16
ARISTADA INJ INITIO.....	59	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	16
<i>armodafinil tab 150 mg</i>	72	<i>atropine sulfate ophth soln 1%</i>	116
<i>armodafinil tab 200 mg</i>	72	<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05</i>	
<i>armodafinil tab 250 mg</i>	72	<i>mg/ml)</i>	93
<i>armodafinil tab 50 mg</i>	72	<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1</i>	
ARNUITY ELPT INH 100MCG.....	122	<i>mg/ml)</i>	93
ARNUITY ELPT INH 200MCG.....	122	<i>aviane</i>	80
ARNUITY ELPT INH 50MCG.....	122	<i>avidoxy</i>	25
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i> .	33	<i>azacitidine for inj 100 mg</i>	27
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i> ...	33	AZASITE SOL 1%	114
<i>asenapine maleate sl tab 10 mg (base equiv)</i> ... 59		<i>azathioprine tab 100 mg</i>	108
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i> .. 59		<i>azathioprine tab 50 mg</i>	108
<i>asenapine maleate sl tab 5 mg (base equiv)</i> 59		<i>azathioprine tab 75 mg</i>	108
<i>ashlyna</i>	80	<i>azelaic acid gel 15%</i>	128
ASMANEX HFA AER 100 MCG	122	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	
ASMANEX HFA AER 200 MCG	122	.....	118
ASMANEX HFA AER 50MCG	122	<i>azelastine hcl nasal spray 0.15% (205.5</i>	
<i>aspirin ec adult low dose</i>	14	<i>mcg/spray)</i>	118
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .. 102		<i>azelastine hcl ophth soln 0.05%</i>	115
ASTAGRAF XL CAP 0.5MG.....	107	<i>azelastine hcl-fluticasone prop nasal spray 137-</i>	
ASTAGRAF XL CAP 1MG.....	107	<i>50 mcg/act</i>	117

<i>azithromycin for susp 100 mg/5ml</i>	21	<i>benazepril hcl tab 5 mg</i>	35
<i>azithromycin for susp 200 mg/5ml</i>	21	<i>benzonatate cap 100 mg</i>	119
<i>azithromycin powd pack for susp 1 gm</i>	21	<i>benzonatate cap 200 mg</i>	119
<i>azithromycin tab 250 mg</i>	21	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	123
<i>azithromycin tab 500 mg</i>	21	<i>benztropine mesylate inj 1 mg/ml</i>	57
<i>azithromycin tab 600 mg</i>	21	<i>benztropine mesylate tab 0.5 mg</i>	57
AZSTARYS CAP 26.1-5.2	66	<i>benztropine mesylate tab 1 mg</i>	57
AZSTARYS CAP 39.2-7.8	66	<i>benztropine mesylate tab 2 mg</i>	57
AZSTARYS CAP 52.3-10	66	<i>bepotastine besilate ophth soln 1.5%</i>	115
<i>aztreonam for inj 1 gm</i>	23	BESIVANCE SUS 0.6%	114
<i>aztreonam for inj 2 gm</i>	23	<i>betaine powder for oral solution</i>	85
<i>azurette</i>	80	<i>betamethasone dipropionate augmented cream</i> <i>0.05%</i>	126
B		<i>betamethasone dipropionate augmented gel</i> <i>0.05%</i>	126
<i>bacitracin ophth oint 500 unit/gm</i>	114	<i>betamethasone dipropionate augmented lotion</i> <i>0.05%</i>	126
<i>bacitracin-polymyxin b ophth oint</i>	114	<i>betamethasone dipropionate augmented oint</i> <i>0.05%</i>	126
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	114	<i>betamethasone dipropionate cream 0.05%</i>	126
<i>baclofen tab 10 mg</i>	71	<i>betamethasone dipropionate lotion 0.05%</i>	126
<i>baclofen tab 20 mg</i>	71	<i>betamethasone valerate aerosol foam 0.12%</i>	126
<i>baclofen tab 5 mg</i>	71	<i>betamethasone valerate cream 0.1% (base</i> <i>equivalent)</i>	126
<i>balsalazide disodium cap 750 mg</i>	95	<i>betamethasone valerate lotion 0.1% (base</i> <i>equivalent)</i>	126
BARACLUDGE SOL	22	<i>betamethasone valerate oint 0.1% (base</i> <i>equivalent)</i>	126
BASAGLAR INJ 100UNIT	77	BETASERON INJ 0.3MG	71
BASAGLAR INJ TEMPO PN	77	<i>betaxolol hcl ophth soln 0.5%</i>	116
BAXDELA TAB 450MG	21	<i>betaxolol hcl tab 10 mg</i>	43
BELBUCA MIS 150MCG	14	<i>betaxolol hcl tab 20 mg</i>	43
BELBUCA MIS 300MCG	14	<i>bethanechol chloride tab 10 mg</i>	98
BELBUCA MIS 450MCG	14	<i>bethanechol chloride tab 25 mg</i>	99
BELBUCA MIS 600MCG	14	<i>bethanechol chloride tab 5 mg</i>	98
BELBUCA MIS 750MCG	14	<i>bethanechol chloride tab 50 mg</i>	99
BELBUCA MIS 75MCG	14	BETIMOL SOL 0.25%	116
BELBUCA MIS 900MCG	14	BETIMOL SOL 0.5%	116
BELSOMRA TAB 10MG	68	BETOPTIC-S SUS 0.25% OP	116
BELSOMRA TAB 15MG	68	BEVESPI AER 9-4.8MCG	117
BELSOMRA TAB 20MG	68	<i>bexarotene cap 75 mg</i>	33
BELSOMRA TAB 5MG	68	<i>bexarotene gel 1%</i>	128
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	35	BEXSERO INJ	109
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	35	BEYFORTUS INJ 100MG/ML	109
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	35	BEYFORTUS INJ 50/0.5ML	109
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	35	<i>bicalutamide tab 50 mg</i>	30
<i>benazepril hcl tab 10 mg</i>	35	BIJUVA CAP 0.5-100	85
<i>benazepril hcl tab 20 mg</i>	35		
<i>benazepril hcl tab 40 mg</i>	35		

BIJUVA CAP 1-100MG.....	85	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	73
BIKTARVY TAB.....	18	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	73
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	43	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	73
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	42	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	73
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	43	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	73
<i>bisoprolol fumarate tab 10 mg</i>	43	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	73
<i>bisoprolol fumarate tab 5 mg</i>	43	<i>buprenorphine td patch weekly 10 mcg/hr</i>	14
<i>bleomycin sulfate for inj 15 unit</i>	27	<i>buprenorphine td patch weekly 15 mcg/hr</i>	14
<i>bleomycin sulfate for inj 30 unit</i>	27	<i>buprenorphine td patch weekly 20 mcg/hr</i>	14
BOOSTRIX INJ.....	109	<i>buprenorphine td patch weekly 5 mcg/hr</i>	14
<i>bosentan tab 125 mg</i>	49	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	14
<i>bosentan tab 62.5 mg</i>	49	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	74
BREO ELLIPTA INH 100-25	122	<i>bupropion hcl tab 100 mg</i>	52
BREO ELLIPTA INH 200-25	122	<i>bupropion hcl tab 75 mg</i>	52
BREO ELLIPTA INH 50-25MCG	122	<i>bupropion hcl tab er 12hr 100 mg</i>	52
<i>breyna</i>	123	<i>bupropion hcl tab er 12hr 150 mg</i>	52
BREZTRI AERO AER SPHERE.....	117	<i>bupropion hcl tab er 12hr 200 mg</i>	52
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	128	<i>bupropion hcl tab er 24hr 150 mg</i>	53
<i>brimonidine tartrate ophth soln 0.1%</i>	116	<i>bupropion hcl tab er 24hr 300 mg</i>	53
<i>brimonidine tartrate ophth soln 0.15%</i>	116	<i>bupropion hcl tab 10 mg</i>	50
<i>brimonidine tartrate ophth soln 0.2%</i>	116	<i>bupropion hcl tab 15 mg</i>	50
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	116	<i>bupropion hcl tab 30 mg</i>	50
<i>brinzolamide ophth susp 1%</i>	116	<i>bupropion hcl tab 5 mg</i>	50
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	115	<i>bupropion hcl tab 7.5 mg</i>	50
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	57	<i>busulfan inj 6 mg/ml</i>	26
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	57	<i>butorphanol tartrate inj 1 mg/ml</i>	8
BRYHALI LOT 0.01%	126	<i>butorphanol tartrate inj 2 mg/ml</i>	8
<i>budesonide delayed release particles cap 3 mg</i> 95		<i>butorphanol tartrate nasal soln 10 mg/ml</i>	8
<i>budesonide inhalation susp 0.25 mg/2ml</i>	122	C	
<i>budesonide inhalation susp 0.5 mg/2ml</i>	122	CABENUVA SUS 400-600.....	18
<i>budesonide inhalation susp 1 mg/2ml</i>	122	CABENUVA SUS 600-900.....	18
<i>budesonide tab er 24hr 9 mg</i>	95	<i>cabergoline tab 0.5 mg</i>	90
<i>bumetanide tab 0.5 mg</i>	46	CABOMETYX TAB 20MG.....	31
<i>bumetanide tab 1 mg</i>	47	CABOMETYX TAB 40MG.....	31
<i>bumetanide tab 2 mg</i>	47	CABOMETYX TAB 60MG.....	31
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i> ..	14	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	125
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	73	<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	125
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	73	<i>calcitonin (salmon) nasal soln 200 unit/act</i>	79
		<i>calcitriol cap 0.25 mcg</i>	113

<i>calcitriol cap 0.5 mcg</i>	113	<i>carbidopa & levodopa tab er 25-100 mg</i>	57
<i>calcitriol oint 3 mcg/gm</i>	125	<i>carbidopa & levodopa tab er 50-200 mg</i>	57
<i>calcitriol oral soln 1 mcg/ml</i>	113	<i>carbidopa tab 25 mg</i>	57
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	91	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	57
<i>calcium acetate (phosphate binder) tab 667 mg</i>	91	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	57
CALQUENCE TAB 100MG	31	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	57
<i>camila</i>	80	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	57
<i>camrese</i>	80	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	58
<i>candesartan cilexetil tab 16 mg</i>	38	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	58
<i>candesartan cilexetil tab 32 mg</i>	38	<i>carbinoxamine maleate soln 4 mg/5ml</i>	118
<i>candesartan cilexetil tab 4 mg</i>	38	<i>carbinoxamine maleate tab 4 mg</i>	118
<i>candesartan cilexetil tab 8 mg</i>	38	<i>carboplatin iv soln 150 mg/15ml</i>	34
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	37	<i>carboplatin iv soln 450 mg/45ml</i>	34
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	37	<i>carboplatin iv soln 50 mg/5ml</i>	34
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	37	<i>carboplatin iv soln 600 mg/60ml</i>	34
<i>capecitabine tab 150 mg</i>	27	CARDURA XL TAB 4MG	98
<i>capecitabine tab 500 mg</i>	27	CARDURA XL TAB 8MG	98
CAPRELSA TAB 100MG	31	CAREFINE MIS 32GX6MM	83
CAPRELSA TAB 300MG	31	<i>carglumic acid soluble tab 200 mg</i>	85
<i>captopril tab 100 mg</i>	36	<i>carisoprodol tab 350 mg</i>	72
<i>captopril tab 12.5 mg</i>	36	<i>carmustine for inj 100 mg</i>	26
<i>captopril tab 25 mg</i>	36	<i>carteolol hcl ophth soln 1%</i>	116
<i>captopril tab 50 mg</i>	36	<i>cartia xt</i>	45
CAPVAXIVE INJ 0.5ML	109	<i>carvedilol phosphate cap er 24hr 10 mg</i>	43
<i>carbamazepine cap er 12hr 100 mg</i>	62	<i>carvedilol phosphate cap er 24hr 20 mg</i>	43
<i>carbamazepine cap er 12hr 200 mg</i>	62	<i>carvedilol phosphate cap er 24hr 40 mg</i>	43
<i>carbamazepine cap er 12hr 300 mg</i>	62	<i>carvedilol phosphate cap er 24hr 80 mg</i>	43
<i>carbamazepine chew tab 100 mg</i>	62	<i>carvedilol tab 12.5 mg</i>	43
<i>carbamazepine susp 100 mg/5ml</i>	62	<i>carvedilol tab 25 mg</i>	43
<i>carbamazepine tab 200 mg</i>	62	<i>carvedilol tab 3.125 mg</i>	43
<i>carbamazepine tab er 12hr 100 mg</i>	62	<i>carvedilol tab 6.25 mg</i>	43
<i>carbamazepine tab er 12hr 200 mg</i>	62	CAYA DPR	80
<i>carbamazepine tab er 12hr 400 mg</i>	62	CAYSTON INH 75MG	120
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	57	<i>cefaclor cap 250 mg</i>	20
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	57	<i>cefaclor cap 500 mg</i>	20
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	57	<i>cefaclor for susp 250 mg/5ml</i>	20
<i>carbidopa & levodopa tab 10-100 mg</i>	57	<i>cefadroxil cap 500 mg</i>	20
<i>carbidopa & levodopa tab 25-100 mg</i>	57	<i>cefadroxil for susp 250 mg/5ml</i>	20
<i>carbidopa & levodopa tab 25-250 mg</i>	57	<i>cefadroxil for susp 500 mg/5ml</i>	20
		<i>cefadroxil tab 1 gm</i>	20
		<i>cefazolin sodium for inj 1 gm</i>	20

<i>cefdinir cap 300 mg</i>	20	<i>chlordiazepoxide hcl cap 5 mg</i>	50
<i>cefdinir for susp 125 mg/5ml</i>	20	<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	74
<i>cefdinir for susp 250 mg/5ml</i>	20	<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i> ..	73
<i>cefepime hcl for inj 1 gm</i>	20	<i>chlorhexidine gluconate soln 0.12%</i>	129
<i>cefepime hcl for iv soln 2 gm</i>	20	<i>chloroquine phosphate tab 250 mg</i>	16
<i>cefixime cap 400 mg</i>	20	<i>chloroquine phosphate tab 500 mg</i>	16
<i>cefixime for susp 100 mg/5ml</i>	20	<i>chlorpromazine hcl inj 25 mg/ml</i>	59
<i>cefixime for susp 200 mg/5ml</i>	20	<i>chlorpromazine hcl inj 50 mg/2ml</i>	59
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	20	<i>chlorpromazine hcl tab 10 mg</i>	59
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	20	<i>chlorpromazine hcl tab 100 mg</i>	59
<i>cefpodoxime proxetil tab 100 mg</i>	20	<i>chlorpromazine hcl tab 200 mg</i>	59
<i>cefpodoxime proxetil tab 200 mg</i>	20	<i>chlorpromazine hcl tab 25 mg</i>	59
<i>cefprozil for susp 125 mg/5ml</i>	20	<i>chlorpromazine hcl tab 50 mg</i>	59
<i>cefprozil for susp 250 mg/5ml</i>	20	<i>chlorthalidone tab 25 mg</i>	47
<i>cefprozil tab 250 mg</i>	20	<i>chlorthalidone tab 50 mg</i>	47
<i>cefprozil tab 500 mg</i>	20	<i>chlorzoxazone tab 500 mg</i>	72
<i>ceftazidime for iv soln 2 gm</i>	20	<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	113
<i>ceftriaxone sodium for inj 1 gm</i>	20	<i>cholestyramine light powder 4 gm/dose</i>	39
<i>ceftriaxone sodium for inj 10 gm</i>	20	<i>cholestyramine light powder packets 4 gm</i>	39
<i>ceftriaxone sodium for inj 2 gm</i>	20	<i>cholestyramine powder 4 gm/dose</i>	39
<i>ceftriaxone sodium for inj 250 mg</i>	20	<i>cholestyramine powder packets 4 gm</i>	39
<i>ceftriaxone sodium for inj 500 mg</i>	20	<i>choline fenofibrate cap dr 135 mg (fenofibric acid</i> <i>equiv)</i>	40
<i>ceftriaxone sodium for iv soln 1 gm</i>	21	<i>choline fenofibrate cap dr 45 mg (fenofibric acid</i> <i>equiv)</i>	40
<i>ceftriaxone sodium for iv soln 2 gm</i>	21	CHOR GONADOT INJ 10000UNT	90
<i>cefuroxime axetil tab 250 mg</i>	21	<i>ciclopirox gel 0.77%</i>	124
<i>cefuroxime axetil tab 500 mg</i>	21	<i>ciclopirox olamine cream 0.77% (base equiv)</i> ..	124
<i>celecoxib cap 100 mg</i>	7	<i>ciclopirox olamine susp 0.77% (base equiv)</i>	124
<i>celecoxib cap 200 mg</i>	7	<i>ciclopirox shampoo 1%</i>	124
<i>celecoxib cap 50 mg</i>	7	<i>ciclopirox solution 8%</i>	124
CELLCEPT CAP 250MG	108	<i>cidofovir iv inj 75 mg/ml</i>	19
CELLCEPT IV INJ 500MG	108	<i>cilostazol tab 100 mg</i>	102
CELLCEPT SUS 200MG/ML.....	108	<i>cilostazol tab 50 mg</i>	102
CELLCEPT TAB 500MG	108	CIMDUO TAB 300-300.....	18
<i>cephalexin cap 250 mg</i>	21	<i>cimetidine tab 200 mg</i>	95
<i>cephalexin cap 500 mg</i>	21	<i>cimetidine tab 300 mg</i>	95
<i>cephalexin cap 750 mg</i>	21	<i>cimetidine tab 400 mg</i>	95
<i>cephalexin for susp 125 mg/5ml</i>	21	<i>cimetidine tab 800 mg</i>	95
<i>cephalexin for susp 250 mg/5ml</i>	21	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	79
<i>cephalexin tab 250 mg</i>	21	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	79
<i>cephalexin tab 500 mg</i>	21	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	79
CERDELGA CAP 84MG	85	CIPRO (10%) SUS 500MG/5.....	22
<i>cevimeline hcl cap 30 mg</i>	129	<i>ciprofloxacin hcl ophth soln 0.3% (base</i> <i>equivalent)</i>	114
<i>chateal eq</i>	80	<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	129
CHEMET CAP 100MG.....	79		
CHEMSTRIP 9 TES STRIPS	83		
<i>chlordiazepoxide hcl cap 10 mg</i>	50		
<i>chlordiazepoxide hcl cap 25 mg</i>	50		

<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	22	<i>clobazam tab 20 mg</i>	62
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	22	<i>clobetasol propionate cream 0.05%</i>	126
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	22	<i>clobetasol propionate emo</i>	126
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	129	<i>clobetasol propionate foam 0.05%</i>	126
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln</i> <i>0.3-0.025%</i>	129	<i>clobetasol propionate gel 0.05%</i>	126
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	34	<i>clobetasol propionate lotion 0.05%</i>	126
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	34	<i>clobetasol propionate oint 0.05%</i>	127
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	34	<i>clobetasol propionate shampoo 0.05%</i>	127
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	53	<i>clobetasol propionate soln 0.05%</i>	127
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	53	<i>clobetasol propionate spray 0.05%</i>	127
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	53	<i>clocortolone pivalate cream 0.1%</i>	127
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	53	<i>clofarabine iv soln 1 mg/ml</i>	28
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	28	<i>clomipramine hcl cap 25 mg</i>	50
<i>clarithromycin for susp 125 mg/5ml</i>	21	<i>clomipramine hcl cap 50 mg</i>	51
<i>clarithromycin for susp 250 mg/5ml</i>	21	<i>clomipramine hcl cap 75 mg</i>	51
<i>clarithromycin tab 250 mg</i>	21	<i>clonazepam tab 0.5 mg</i>	62
<i>clarithromycin tab 500 mg</i>	21	<i>clonazepam tab 1 mg</i>	62
<i>clarithromycin tab er 24hr 500 mg</i>	21	<i>clonazepam tab 2 mg</i>	62
<i>clemastine fumarate tab 2.68 mg</i>	118	<i>clonidine hcl tab 0.1 mg</i>	48
CLENPIQ SOL.....	96	<i>clonidine hcl tab 0.2 mg</i>	48
CLEOCIN SUP 100MG	99	<i>clonidine hcl tab 0.3 mg</i>	48
CLIMARA PRO DIS WEEKLY	85	<i>clonidine td patch weekly 0.1 mg/24hr</i>	48
<i>clindamycin hcl cap 150 mg</i>	23	<i>clonidine td patch weekly 0.2 mg/24hr</i>	48
<i>clindamycin hcl cap 300 mg</i>	23	<i>clonidine td patch weekly 0.3 mg/24hr</i>	48
<i>clindamycin hcl cap 75 mg</i>	23	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	102
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i> <i>(base equiv)</i>	23	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	102
<i>clindamycin phosphate foam 1%</i>	123	<i>clorazepate dipotassium tab 15 mg</i>	62
<i>clindamycin phosphate gel 1%</i>	123	<i>clorazepate dipotassium tab 3.75 mg</i>	62
<i>clindamycin phosphate inj 9 gm/60ml</i>	23	<i>clorazepate dipotassium tab 7.5 mg</i>	62
<i>clindamycin phosphate lotion 1%</i>	123	<i>clotrimazole cream 1%</i>	124
<i>clindamycin phosphate soln 1%</i>	123	<i>clotrimazole soln 1%</i>	124
<i>clindamycin phosphate swab 1%</i>	123	<i>clotrimazole troche 10 mg</i>	129
<i>clindamycin phosphate vaginal cream 2%</i>	99	<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	125
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-</i> <i>2.5%</i>	123	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	125
<i>clindamycin phosphate-benzoyl peroxide gel 1-</i> <i>5%</i>	123	<i>clozapine orally disintegrating tab 100 mg</i>	59
<i>clindamycin phosph-benzoyl peroxide (refrig) gel</i> <i>1.2 (1)-5%</i>	123	<i>clozapine orally disintegrating tab 12.5 mg</i>	59
<i>clobazam suspension 2.5 mg/ml</i>	62	<i>clozapine orally disintegrating tab 150 mg</i>	59
<i>clobazam tab 10 mg</i>	62	<i>clozapine orally disintegrating tab 200 mg</i>	59
		<i>clozapine orally disintegrating tab 25 mg</i>	59
		<i>clozapine tab 100 mg</i>	59
		<i>clozapine tab 200 mg</i>	59
		<i>clozapine tab 25 mg</i>	59
		<i>clozapine tab 50 mg</i>	59
		COARTEM TAB 20-120MG	16
		CODEINE SULF TAB 60MG	8

<i>codeine sulfate tab 30 mg</i>	9	<i>cyclobenzaprine hcl tab 10 mg</i>	72
<i>colchicine tab 0.6 mg</i>	7	<i>cyclobenzaprine hcl tab 5 mg</i>	72
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	7	<i>cyclophosphamide cap 25 mg</i>	26
<i>colesevelam hcl packet for susp 3.75 gm</i>	40	<i>cyclophosphamide cap 50 mg</i>	26
<i>colesevelam hcl tab 625 mg</i>	40	<i>cyclophosphamide for inj 1 gm</i>	26
<i>colestipol hcl granule packets 5 gm</i>	40	<i>cyclophosphamide for inj 2 gm</i>	26
<i>colestipol hcl granules 5 gm</i>	40	<i>cyclophosphamide for inj 500 mg</i>	26
<i>colestipol hcl tab 1 gm</i>	40	<i>cycloserine cap 250 mg</i>	18
COMETRIQ KIT 100MG.....	31	<i>cyclosporine cap 100 mg</i>	108
COMETRIQ KIT 140MG.....	31	<i>cyclosporine cap 25 mg</i>	108
COMETRIQ KIT 60MG.....	31	<i>cyclosporine iv soln 50 mg/ml</i>	108
COMIRNATY INJ 30/0.3ML.....	110	<i>cyclosporine modified cap 100 mg</i>	108
<i>compro</i>	93	<i>cyclosporine modified cap 25 mg</i>	108
CONDOMS MIS.....	80	<i>cyclosporine modified cap 50 mg</i>	108
CORLANOR SOL 5MG/5ML.....	47	<i>cyclosporine modified oral soln 100 mg/ml</i>	108
CORLANOR TAB 5MG.....	47	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	118
CORLANOR TAB 7.5MG.....	47	<i>cyproheptadine hcl tab 4 mg</i>	118
CORTIFOAM AER 90MG.....	95	CYSTAGON CAP 150MG.....	90
CORTISPORIN SUS -TC OTIC.....	129	CYSTAGON CAP 50MG.....	90
COSENTYX INJ 150MG/ML.....	103	CYSTARAN SOL 0.44%.....	116
COSENTYX INJ 300DOSE.....	103	<i>cytarabine inj 20 mg/ml</i>	28
COSENTYX INJ 75MG/0.5.....	103	<i>cytarabine inj pf 100 mg/ml</i>	28
COSENTYX PEN INJ 150MG/ML.....	103	<i>cytarabine inj pf 20 mg/ml</i>	28
COSENTYX PEN INJ 300DOSE.....	104	D	
COSENTYX UNO INJ 300/2ML.....	104	<i>dabigatran etexilate mesylate cap 110 mg</i>	
CREON CAP 12000UNT.....	97	<i>(etexilate base eq)</i>	100
CREON CAP 24000UNT.....	97	<i>dabigatran etexilate mesylate cap 150 mg</i>	
CREON CAP 3000UNIT.....	97	<i>(etexilate base eq)</i>	100
CREON CAP 36000UNT.....	97	<i>dacarbazine for inj 100 mg</i>	26
CREON CAP 6000UNIT.....	97	<i>dacarbazine for inj 200 mg</i>	26
CRINONE GEL 4% VAG.....	91	<i>dalfampridine tab er 12hr 10 mg</i>	71
CRINONE GEL 8% VAG.....	91	<i>danazol cap 100 mg</i>	84
<i>cromolyn sodium ophth soln 4%</i>	115	<i>danazol cap 200 mg</i>	85
<i>cromolyn sodium oral conc 100 mg/5ml</i>	96	<i>danazol cap 50 mg</i>	84
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	121	<i>dantrolene sodium cap 100 mg</i>	72
<i>crotan</i>	129	<i>dantrolene sodium cap 25 mg</i>	72
<i>cryselle-28</i>	80	<i>dantrolene sodium cap 50 mg</i>	72
CUTAQUIG SOL 1.65GM.....	107	<i>dapsone tab 100 mg</i>	23
CUTAQUIG SOL 1GM.....	107	<i>dapsone tab 25 mg</i>	23
CUTAQUIG SOL 2GM.....	107	DAPTACEL INJ.....	110
CUTAQUIG SOL 3.3GM.....	107	<i>darifenacin hydrobromide tab er 24hr 15 mg</i>	
CUTAQUIG SOL 4GM.....	107	<i>(base equiv)</i>	99
CUTAQUIG SOL 8GM.....	107	<i>darifenacin hydrobromide tab er 24hr 7.5 mg</i>	
<i>cvs ivermectin lice treat</i>	129	<i>(base equiv)</i>	99
<i>cvs lice treatment</i>	129	<i>darunavir tab 600 mg</i>	16
<i>cvs sleep-aid nighttime</i>	68	<i>darunavir tab 800 mg</i>	16
<i>cyanocobalamin inj 1000 mcg/ml</i>	113	<i>dasetta 1/35</i>	80

<i>dasetta 7/7/7</i>	80	<i>desvenlafaxine succinate tab er 24hr 100 mg</i>	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>		<i>(base equiv)</i>	53
.....	27	<i>desvenlafaxine succinate tab er 24hr 25 mg (base</i>	
DAYVIGO TAB 10MG	69	<i>equiv)</i>	53
DAYVIGO TAB 5MG	68	<i>desvenlafaxine succinate tab er 24hr 50 mg (base</i>	
<i>decitabine for inj 50 mg</i>	28	<i>equiv)</i>	53
<i>deferiprone tab 1000 mg</i>	79	DEXAMETHASON CON 1MG/ML.....	88
<i>deferiprone tab 500 mg</i>	79	<i>dexamethasone elixir 0.5 mg/5ml</i>	88
<i>deflazacort tab 18 mg</i>	88	<i>dexamethasone sod phosphate preservative free</i>	
<i>deflazacort tab 30 mg</i>	88	<i>inj 10 mg/ml</i>	88
<i>deflazacort tab 36 mg</i>	88	<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	
<i>deflazacort tab 6 mg</i>	88	.....	88
<i>delyla</i>	80	<i>dexamethasone sodium phosphate inj 100</i>	
<i>demeclocycline hcl tab 150 mg</i>	25	<i>mg/10ml</i>	88
<i>demeclocycline hcl tab 300 mg</i>	25	<i>dexamethasone sodium phosphate inj 120</i>	
DENGVAXIA SUS	110	<i>mg/30ml</i>	88
DEPO-ESTRADI INJ 5MG/ML	85	<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	
DEPO-MEDROL INJ 20MG/ML.....	88	.....	88
DEPO-SQ PROV INJ 104	80	<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	88
DESCOVY TAB 120-15MG	18	<i>dexamethasone sodium phosphate inj soln pref</i>	
DESCOVY TAB 200/25MG.....	18	<i>syr 4 mg/ml</i>	88
<i>desipramine hcl tab 10 mg</i>	53	<i>dexamethasone sodium phosphate ophth soln</i>	
<i>desipramine hcl tab 100 mg</i>	53	<i>0.1%</i>	115
<i>desipramine hcl tab 150 mg</i>	53	<i>dexamethasone soln 0.5 mg/5ml</i>	88
<i>desipramine hcl tab 25 mg</i>	53	<i>dexamethasone tab 0.5 mg</i>	88
<i>desipramine hcl tab 50 mg</i>	53	<i>dexamethasone tab 0.75 mg</i>	88
<i>desipramine hcl tab 75 mg</i>	53	<i>dexamethasone tab 1 mg</i>	88
<i>desloratadine tab 5 mg</i>	118	<i>dexamethasone tab 1.5 mg</i>	88
<i>desloratadine tab orally disintegrating 2.5 mg</i>	118	<i>dexamethasone tab 2 mg</i>	88
<i>desloratadine tab orally disintegrating 5 mg</i> ..	118	<i>dexamethasone tab 4 mg</i>	88
<i>desmopressin acetate inj 4 mcg/ml</i>	92	<i>dexamethasone tab 6 mg</i>	88
<i>desmopressin acetate nasal spray soln 0.01%</i> ..	92	DEXCOM G5 MIS RECEIVER.....	83
<i>desmopressin acetate nasal spray soln 0.01%</i>		DEXCOM G5 MIS TRANSMIT	83
<i>(refrigerated)</i>	92	DEXCOM G6 MIS RECEIVER.....	83
<i>desmopressin acetate preservative free (pf) inj 4</i>		DEXCOM G6 MIS SENSOR	84
<i>mcg/ml</i>	92	DEXCOM G6 MIS TRANSMIT	84
<i>desmopressin acetate tab 0.1 mg</i>	92	DEXCOM G7 MIS RECEIVER.....	84
<i>desmopressin acetate tab 0.2 mg</i>	92	DEXCOM G7 MIS SENSOR	84
<i>desonide cream 0.05%</i>	127	<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	66
<i>desonide lotion 0.05%</i>	127	<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	66
<i>desonide oint 0.05%</i>	127	<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	66
<i>desoximetasone cream 0.05%</i>	127	<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	66
<i>desoximetasone cream 0.25%</i>	127	<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	66
<i>desoximetasone gel 0.05%</i>	127	<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	66
<i>desoximetasone oint 0.25%</i>	127	<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	67
<i>desoximetasone spray 0.25%</i>	127	<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	66
		<i>dexmethylphenidate hcl tab 10 mg</i>	67

<i>dexmethylphenidate hcl tab 2.5 mg</i>	67	<i>diflunisal tab 500 mg</i>	14
<i>dexmethylphenidate hcl tab 5 mg</i>	67	<i>difluprednate ophth emulsion 0.05%</i>	115
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	34	<i>digoxin oral soln 0.05 mg/ml</i>	46
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	34	<i>digoxin tab 125 mcg (0.125 mg)</i>	46
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	67	<i>digoxin tab 250 mcg (0.25 mg)</i>	46
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	67	<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	46
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> .	67	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	69
<i>dextroamphetamine sulfate oral solution 5</i> <i>mg/5ml</i>	67	DILANTIN CAP 30MG.....	62
<i>dextroamphetamine sulfate tab 10 mg</i>	67	<i>diltiazem hcl cap er 12hr 120 mg</i>	45
<i>dextroamphetamine sulfate tab 15 mg</i>	67	<i>diltiazem hcl cap er 12hr 60 mg</i>	45
<i>dextroamphetamine sulfate tab 20 mg</i>	67	<i>diltiazem hcl cap er 12hr 90 mg</i>	45
<i>dextroamphetamine sulfate tab 30 mg</i>	67	<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	45
<i>dextroamphetamine sulfate tab 5 mg</i>	67	<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	45
DIASTIX TES REAGENT	84	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	45
DIASTIX TES STRIPS.....	84	<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	45
<i>diazepam inj 5 mg/ml</i>	62	<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	45
<i>diazepam intensol</i>	62	<i>diltiazem hcl extended release beads cap er 24hr</i> <i>120 mg</i>	45
<i>diazepam oral soln 1 mg/ml</i>	62	<i>diltiazem hcl extended release beads cap er 24hr</i> <i>180 mg</i>	45
<i>diazepam tab 10 mg</i>	62	<i>diltiazem hcl extended release beads cap er 24hr</i> <i>240 mg</i>	45
<i>diazepam tab 2 mg</i>	62	<i>diltiazem hcl extended release beads cap er 24hr</i> <i>300 mg</i>	45
<i>diazepam tab 5 mg</i>	62	<i>diltiazem hcl extended release beads cap er 24hr</i> <i>360 mg</i>	45
<i>diclofenac potassium tab 50 mg</i>	7	<i>diltiazem hcl extended release beads cap er 24hr</i> <i>420 mg</i>	45
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	7	<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	45
<i>diclofenac sodium gel 1% (1.16% diethylamine</i> <i>equiv)</i>	128	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	45
<i>diclofenac sodium ophth soln 0.1%</i>	115	<i>diltiazem hcl tab 120 mg</i>	45
<i>diclofenac sodium tab delayed release 25 mg</i>	7	<i>diltiazem hcl tab 30 mg</i>	45
<i>diclofenac sodium tab delayed release 50 mg</i>	7	<i>diltiazem hcl tab 60 mg</i>	45
<i>diclofenac sodium tab delayed release 75 mg</i>	7	<i>diltiazem hcl tab 90 mg</i>	45
<i>diclofenac sodium tab er 24hr 100 mg</i>	7	<i>diltiazem hcl tab er 24hr 120 mg</i>	45
<i>diclofenac w/ misoprostol tab delayed release</i> <i>50-0.2 mg</i>	7	<i>dilt-xr</i>	45
<i>diclofenac w/ misoprostol tab delayed release</i> <i>75-0.2 mg</i>	7	<i>dimethyl fumarate capsule delayed release 120</i> <i>mg</i>	71
<i>dicloxacillin sodium cap 250 mg</i>	25	<i>dimethyl fumarate capsule delayed release 240</i> <i>mg</i>	71
<i>dicloxacillin sodium cap 500 mg</i>	25	<i>dimethyl fumarate capsule dr starter pack 120</i> <i>mg & 240 mg</i>	71
<i>dicyclomine hcl cap 10 mg</i>	93	DIPENTUM CAP 250MG	95
<i>dicyclomine hcl inj 10 mg/ml</i>	93	<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	118
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	93	<i>diphenhydramine hcl inj 50 mg/ml</i>	118
<i>dicyclomine hcl tab 20 mg</i>	93	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	93
DIFICID SUS.....	21		
DIFICID TAB 200MG.....	21		
<i>diflorasone diacetate cream 0.05%</i>	127		
<i>diflorasone diacetate oint 0.05%</i>	127		

<i>diphenoxylate w/ atropine tab 2.5-0.025 mg ...</i>	93	<i>doxepin hcl cap 150 mg</i>	54
<i>dipyridamole tab 25 mg</i>	102	<i>doxepin hcl cap 25 mg</i>	53
<i>dipyridamole tab 50 mg</i>	102	<i>doxepin hcl cap 50 mg</i>	53
<i>dipyridamole tab 75 mg</i>	102	<i>doxepin hcl cap 75 mg</i>	53
<i>disopyramide phosphate cap 100 mg</i>	39	<i>doxepin hcl conc 10 mg/ml</i>	54
<i>disopyramide phosphate cap 150 mg</i>	39	<i>doxepin hcl cream 5%</i>	125
<i>disulfiram tab 250 mg</i>	50	<i>doxercalciferol cap 0.5 mcg</i>	113
<i>disulfiram tab 500 mg</i>	50	<i>doxercalciferol cap 1 mcg</i>	113
DIURIL SUS 250/5ML	47	<i>doxercalciferol cap 2.5 mcg</i>	113
<i>divalproex sodium cap delayed release sprinkle</i>		<i>doxorubicin hcl for inj 10 mg.....</i>	27
<i>125 mg.....</i>	62	<i>doxorubicin hcl liposomal susp (for iv infusion) 2</i>	
<i>divalproex sodium tab delayed release 125 mg</i>	62	<i>mg/ml.....</i>	27
<i>divalproex sodium tab delayed release 250 mg</i>	62	DOXORUBICIN INJ 2MG/ML.....	27
<i>divalproex sodium tab delayed release 500 mg</i>	62	<i>doxy 100.....</i>	25
<i>divalproex sodium tab er 24 hr 250 mg</i>	62	<i>doxycycline hyclate cap 100 mg.....</i>	25
<i>divalproex sodium tab er 24 hr 500 mg</i>	62	<i>doxycycline hyclate cap 50 mg.....</i>	25
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml). 28</i>		<i>doxycycline hyclate for inj 100 mg.....</i>	25
<i>docetaxel for inj conc 20 mg/ml.....</i>	28	<i>doxycycline hyclate tab 100 mg.....</i>	26
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)... 28</i>		<i>doxycycline hyclate tab 20 mg.....</i>	26
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	28	<i>doxycycline monohydrate cap 100 mg</i>	26
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	28	<i>doxycycline monohydrate cap 50 mg</i>	26
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	28	<i>doxycycline monohydrate for susp 25 mg/5ml..</i>	26
<i>dofetilide cap 125 mcg (0.125 mg)</i>	39	<i>doxycycline monohydrate tab 150 mg.....</i>	26
<i>dofetilide cap 250 mcg (0.25 mg).....</i>	39	<i>doxycycline monohydrate tab 50 mg.....</i>	26
<i>dofetilide cap 500 mcg (0.5 mg).....</i>	39	<i>doxycycline monohydrate tab 75 mg.....</i>	26
<i>donepezil hydrochloride orally disintegrating tab</i>		<i>dronabinol cap 10 mg</i>	93
<i>10 mg.....</i>	51	<i>dronabinol cap 2.5 mg</i>	93
<i>donepezil hydrochloride orally disintegrating tab</i>		<i>dronabinol cap 5 mg</i>	93
<i>5 mg.....</i>	51	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg ...</i>	80
<i>donepezil hydrochloride tab 10 mg.....</i>	51	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg ...</i>	80
<i>donepezil hydrochloride tab 23 mg.....</i>	51	<i>drospirenone-ethinyl estrad-levomefolate tab 3-</i>	
<i>donepezil hydrochloride tab 5 mg.....</i>	51	<i>0.02-0.451 mg</i>	80
DOPTELET TAB 20MG (10 TABLETS).....	103	<i>drospirenone-ethinyl estrad-levomefolate tab 3-</i>	
DOPTELET TAB 20MG (15 TABLETS).....	103	<i>0.03-0.451 mg</i>	80
DOPTELET TAB 20MG (30 TABLETS).....	103	DROXIA CAP 200MG	102
<i>dorzolamide hcl ophth soln 2%</i>	116	DROXIA CAP 300MG	102
<i>dorzolamide hcl-timolol maleate ophth soln 2-</i>		DROXIA CAP 400MG	102
<i>0.5%.....</i>	116	DUAVEE TAB 0.45-20	85
DOVATO TAB 50-300MG	18	<i>duloxetine hcl enteric coated pellets cap 20 mg</i>	
<i>doxazosin mesylate tab 1 mg.....</i>	98	<i>(base eq).....</i>	54
<i>doxazosin mesylate tab 2 mg.....</i>	98	<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	
<i>doxazosin mesylate tab 4 mg.....</i>	98	<i>(base eq).....</i>	54
<i>doxazosin mesylate tab 8 mg.....</i>	98	<i>duloxetine hcl enteric coated pellets cap 60 mg</i>	
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	69	<i>(base eq).....</i>	54
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	69	DUPIXENT INJ 200/1.14	126
<i>doxepin hcl cap 10 mg.....</i>	53	DUPIXENT INJ 200MG	126
<i>doxepin hcl cap 100 mg.....</i>	54	DUPIXENT INJ 300/2ML	126

DUREX MIS REALFEEL.....	80	<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
<i>dutasteride cap 0.5 mg</i>	98	<i>200-300 mg</i>	18
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	98	EMTRIVA SOL 10MG/ML.....	17
E		EMVERM CHW 100MG	15
<i>econazole nitrate cream 1%</i>	125	<i>enalapril maleate & hydrochlorothiazide tab 10-</i>	
EDURANT TAB 25MG.....	16	<i>25 mg</i>	35
<i>efavirenz cap 200 mg</i>	16	<i>enalapril maleate & hydrochlorothiazide tab 5-</i>	
<i>efavirenz cap 50 mg</i>	16	<i>12.5 mg</i>	35
<i>efavirenz tab 600 mg</i>	16	<i>enalapril maleate tab 10 mg</i>	36
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-</i>		<i>enalapril maleate tab 2.5 mg</i>	36
<i>300 mg</i>	18	<i>enalapril maleate tab 20 mg</i>	36
<i>efavirenz-lamivudine-tenofovir df tab 400-300-</i>		<i>enalapril maleate tab 5 mg</i>	36
<i>300 mg</i>	18	ENBREL INJ 25/0.5ML.....	104
<i>efavirenz-lamivudine-tenofovir df tab 600-300-</i>		ENBREL INJ 25MG	104
<i>300 mg</i>	18	ENBREL INJ 50MG/ML.....	104
<i>effe-r-k</i>	112	ENBREL MINI INJ 50MG/ML.....	104
ELESTRIN GEL 0.06%.....	85	ENBREL SRCLK INJ 50MG/ML.....	104
<i>eletriptan hydrobromide tab 20 mg (base</i>		ENCARE SUP 100MG	98
<i>equivalent)</i>	69	<i>endocet tab 10-325mg</i>	9
<i>eletriptan hydrobromide tab 40 mg (base</i>		<i>endocet tab 2.5-325</i>	9
<i>equivalent)</i>	69	<i>endocet tab 5-325mg</i>	9
ELIGARD INJ 22.5MG	30	<i>endocet tab 7.5-325</i>	9
ELIGARD INJ 30MG	30	ENGERIX-B INJ 10/0.5ML	110
ELIGARD INJ 45MG	30	ENGERIX-B INJ 20MCG/ML	110
ELIGARD INJ 7.5MG	30	<i>enoxaparin sodium inj 300 mg/3ml</i>	100
<i>elinest</i>	80	<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	
ELIQUIS ST P TAB 5MG	100	.....	100
ELIQUIS TAB 2.5MG.....	100	<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	
ELIQUIS TAB 5MG.....	100	.....	100
<i>elite-ob</i>	113	<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	
ELLA TAB 30MG	80	.....	100
ELMIRON CAP 100MG	99	<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	
EMCYT CAP 140MG	27	.....	100
EMFLAZA SUS 22.75/ML.....	88	<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	
EMGALITY INJ 100MG/ML.....	69	.....	100
EMGALITY INJ 120MG/ML.....	69	<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	
EMSAM DIS 12MG/24H.....	54	.....	100
EMSAM DIS 6MG/24HR.....	54	<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	
EMSAM DIS 9MG/24HR.....	54	.....	100
<i>emtricitabine caps 200 mg</i>	16	<i>enpresse-28</i>	80
<i>emtricitabine-tenofovir disoproxil fumarate tab</i>		<i>enskyce</i>	80
<i>100-150 mg</i>	18	<i>entacapone tab 200 mg</i>	58
<i>emtricitabine-tenofovir disoproxil fumarate tab</i>		<i>entecavir tab 0.5 mg</i>	22
<i>133-200 mg</i>	18	<i>entecavir tab 1 mg</i>	22
<i>emtricitabine-tenofovir disoproxil fumarate tab</i>		ENTRESTO TAB 24-26MG	48
<i>167-250 mg</i>	18	ENTRESTO TAB 49-51MG	48
		ENTRESTO TAB 97-103MG	48

<i>enulose</i>	96	<i>erythromycin w/ delayed release particles cap</i>	
ENVARSUS XR TAB 0.75MG	108	250 mg	21
ENVARSUS XR TAB 1MG	108	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
ENVARSUS XR TAB 4MG	108	.....	54
EPCLUSA PAK 150-37.5.....	22	<i>escitalopram oxalate tab 10 mg (base equiv) ...</i>	54
EPCLUSA PAK 200-50MG.....	22	<i>escitalopram oxalate tab 20 mg (base equiv) ...</i>	54
EPCLUSA TAB 200-50MG.....	22	<i>escitalopram oxalate tab 5 mg (base equiv).....</i>	54
EPCLUSA TAB 400-100.....	22	<i>esomeprazole magnesium cap delayed release 20</i>	
<i>epinastine hcl ophth soln 0.05%</i>	115	mg (base eq).....	97
<i>epinephrine solution auto-injector 0.15</i>		<i>esomeprazole magnesium cap delayed release 40</i>	
<i>mg/0.15ml (1:1000)</i>	117	mg (base eq).....	97
<i>epinephrine solution auto-injector 0.15 mg/0.3ml</i>		<i>esomeprazole magnesium for delayed release</i>	
<i>(1:2000)</i>	117	<i>susp packet 10 mg</i>	97
<i>epinephrine solution auto-injector 0.3 mg/0.3ml</i>		<i>estazolam tab 1 mg</i>	69
<i>(1:1000)</i>	117	<i>estazolam tab 2 mg</i>	69
EPIPEN 2-PAK INJ 0.3MG	117	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	
<i>epitol</i>	62	.....	85
<i>eplerenone tab 25 mg</i>	36	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	
<i>eplerenone tab 50 mg</i>	36	.....	85
ERBITUX INJ 100MG	29	<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-</i>	
ERBITUX INJ 200MG	29	<i>dose pump)</i>	85
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	113	<i>estradiol tab 0.5 mg</i>	85
ERGOMAR SUB 2MG	69	<i>estradiol tab 1 mg</i>	85
<i>ergotamine w/ caffeine tab 1-100 mg</i>	70	<i>estradiol tab 2 mg</i>	85
ERIVEDGE CAP 150MG	29	<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	86
ERLEADA TAB 240MG.....	30	<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	86
ERLEADA TAB 60MG.....	30	<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	86
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	31	<i>estradiol td gel 1 mg/gm (0.1%)</i>	86
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	31	<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	86
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	31	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	
<i>errin</i>	80	.....	86
ERTACZO CRE 2%.....	125	<i>estradiol td patch twice weekly 0.05 mg/24hr ..</i>	86
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>		<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	86
.....	23	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	86
<i>ery</i>	123	<i>estradiol td patch weekly 0.025 mg/24hr.....</i>	86
<i>ery-tab</i>	21	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5</i>	
<i>erythrocin stearate</i>	21	<i>mcg/24hr)</i>	87
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>		<i>estradiol td patch weekly 0.05 mg/24hr.....</i>	86
.....	21	<i>estradiol td patch weekly 0.06 mg/24hr.....</i>	86
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>		<i>estradiol td patch weekly 0.075 mg/24hr.....</i>	87
.....	21	<i>estradiol td patch weekly 0.1 mg/24hr.....</i>	86
<i>erythromycin ethylsuccinate tab 400 mg</i>	21	<i>estradiol vaginal cream 0.1 mg/gm.....</i>	87
<i>erythromycin gel 2%</i>	123	<i>estradiol valerate im in oil 20 mg/ml.....</i>	87
<i>erythromycin ophth oint 5 mg/gm</i>	114	<i>estradiol valerate im in oil 40 mg/ml.....</i>	87
<i>erythromycin soln 2%</i>	123	<i>eszopiclone tab 1 mg</i>	69
<i>erythromycin tab 250 mg</i>	21	<i>eszopiclone tab 2 mg</i>	69
<i>erythromycin tab 500 mg</i>	21		

<i>eszopiclone tab 3 mg</i>	69	<i>famciclovir tab 500 mg</i>	19
<i>ethacrynic acid tab 25 mg</i>	47	<i>famotidine for susp 40 mg/5ml</i>	95
<i>ethambutol hcl tab 100 mg</i>	19	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	95
<i>ethambutol hcl tab 400 mg</i>	19	<i>famotidine preservative free inj 20 mg/2ml</i>	95
<i>ethosuximide cap 250 mg</i>	62	<i>famotidine tab 20 mg</i>	95
<i>ethosuximide soln 250 mg/5ml</i>	63	<i>famotidine tab 40 mg</i>	95
<i>ethynodiol diacetate & ethinyl estradiol tab 1</i> <i>mg-50 mcg</i>	80	FASENRA INJ 10MG/0.5	122
<i>etodolac cap 200 mg</i>	7	FASENRA INJ 30MG/ML	122
<i>etodolac cap 300 mg</i>	7	FASENRA PEN INJ 30MG/ML.....	122
<i>etodolac tab 400 mg</i>	7	FASTCLIX MIS LANCETS	84
<i>etodolac tab 500 mg</i>	7	FC2 FEMALE MIS CONDOM	80
<i>etodolac tab er 24hr 400 mg</i>	7	<i>febuxostat tab 40 mg</i>	7
<i>etodolac tab er 24hr 500 mg</i>	7	<i>febuxostat tab 80 mg</i>	7
<i>etodolac tab er 24hr 600 mg</i>	7	<i>felbamate susp 600 mg/5ml</i>	63
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015</i> <i>mg/24hr</i>	80	<i>felbamate tab 400 mg</i>	63
<i>etoposide cap 50 mg</i>	34	<i>felbamate tab 600 mg</i>	63
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	34	<i>felodipine tab er 24hr 10 mg</i>	45
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	34	<i>felodipine tab er 24hr 2.5 mg</i>	45
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	34	<i>felodipine tab er 24hr 5 mg</i>	45
<i>etravirine tab 100 mg</i>	17	FEMCAP MIS 22MM.....	80
<i>etravirine tab 200 mg</i>	17	FEMCAP MIS 26MM.....	81
EUCRISA OIN 2%.....	126	FEMCAP MIS 30MM.....	81
EVAMIST SPR 1.53MG	87	<i>fenofibrate cap 150 mg</i>	40
<i>everolimus tab 0.25 mg</i>	108	<i>fenofibrate micronized cap 134 mg</i>	40
<i>everolimus tab 0.5 mg</i>	108	<i>fenofibrate micronized cap 200 mg</i>	40
<i>everolimus tab 0.75 mg</i>	108	<i>fenofibrate micronized cap 43 mg</i>	40
<i>everolimus tab 1 mg</i>	108	<i>fenofibrate micronized cap 67 mg</i>	40
<i>everolimus tab 10 mg</i>	31	<i>fenofibrate tab 145 mg</i>	40
<i>everolimus tab 2.5 mg</i>	31	<i>fenofibrate tab 160 mg</i>	40
<i>everolimus tab 5 mg</i>	31	<i>fenofibrate tab 48 mg</i>	40
<i>everolimus tab 7.5 mg</i>	31	<i>fenofibrate tab 54 mg</i>	40
<i>everolimus tab for oral susp 2 mg</i>	31	<i>fenopropfen calcium tab 600 mg</i>	7
<i>everolimus tab for oral susp 3 mg</i>	31	<i>fentanyl citrate lozenge on a handle 1200 mcg</i> ...9	
<i>everolimus tab for oral susp 5 mg</i>	31	<i>fentanyl citrate lozenge on a handle 1600 mcg</i> ...9	
EVRYSOI SOL.....	71	<i>fentanyl citrate lozenge on a handle 200 mcg</i>.....9	
<i>exemestane tab 25 mg</i>	30	<i>fentanyl citrate lozenge on a handle 400 mcg</i>.....9	
<i>ezetimibe tab 10 mg</i>	40	<i>fentanyl citrate lozenge on a handle 600 mcg</i>.....9	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	42	<i>fentanyl citrate lozenge on a handle 800 mcg</i>.....9	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	42	<i>fentanyl td patch 72hr 100 mcg/hr</i>	9
<i>ezetimibe-simvastatin tab 10-40 mg</i>	42	<i>fentanyl td patch 72hr 12 mcg/hr</i>	9
<i>ezetimibe-simvastatin tab 10-80 mg</i>	42	<i>fentanyl td patch 72hr 25 mcg/hr</i>	9
F		<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	9
<i>falmina</i>	80	<i>fentanyl td patch 72hr 50 mcg/hr</i>	9
<i>famciclovir tab 125 mg</i>	19	<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	9
<i>famciclovir tab 250 mg</i>	19	<i>fentanyl td patch 72hr 75 mcg/hr</i>	9
		<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	9
		FERPRX 2-DAY TAB 1000MG	79

FERRIPROX SOL 100MG/ML	79	fluoxetine hcl cap 10 mg	54
fesoterodine fumarate tab er 24hr 4 mg	99	fluoxetine hcl cap 20 mg	54
fesoterodine fumarate tab er 24hr 8 mg	99	fluoxetine hcl cap 40 mg	54
FETZIMA CAP 120MG	54	fluoxetine hcl cap delayed release 90 mg	54
FETZIMA CAP 20MG	54	fluoxetine hcl solution 20 mg/5ml	54
FETZIMA CAP 40MG	54	fluoxetine hcl tab 10 mg	54
FETZIMA CAP 80MG	54	fluoxetine hcl tab 20 mg	54
FETZIMA CAP TITRATIO	54	fluphenazine decanoate inj 25 mg/ml	59
FIASP FLEX INJ TOUCH.....	77	fluphenazine hcl elixir 2.5 mg/5ml.....	59
FIASP INJ 100/ML	77	fluphenazine hcl inj 2.5 mg/ml.....	59
FIASP PENFIL INJ U-100	77	fluphenazine hcl oral conc 5 mg/ml.....	59
FINACEA AER 15%.....	128	fluphenazine hcl tab 1 mg.....	59
finasteride tab 5 mg	98	fluphenazine hcl tab 10 mg.....	60
fingolimod hcl cap 0.5 mg (base equiv).....	71	fluphenazine hcl tab 2.5 mg.....	60
flecainide acetate tab 100 mg.....	39	fluphenazine hcl tab 5 mg.....	60
flecainide acetate tab 150 mg.....	39	flurbiprofen sodium ophth soln 0.03%.....	115
flecainide acetate tab 50 mg.....	39	flurbiprofen tab 100 mg.....	7
FLEXICHAMBER MIS MASK SM.....	122	flurbiprofen tab 50 mg.....	7
fluconazole for susp 10 mg/ml.....	15	fluticasone propionate cream 0.05%.....	127
fluconazole for susp 40 mg/ml.....	15	fluticasone propionate hfa inhal aer 110 mcg/act	26
fluconazole tab 100 mg.....	15	.....	26
fluconazole tab 150 mg.....	16	fluticasone propionate hfa inhal aer 220 mcg/act	26
fluconazole tab 200 mg.....	16	.....	26
fluconazole tab 50 mg.....	15	fluticasone propionate hfa inhal aero 44 mcg/act	26
fludarabine phosphate for inj 50 mg.....	28	.....	26
fludarabine phosphate inj 25 mg/ml.....	28	fluticasone propionate lotion 0.05%.....	127
fludrocortisone acetate tab 0.1 mg.....	88	fluticasone propionate nasal susp 50 mcg/act	121
FLUMIST.....	110	fluticasone propionate oint 0.005%.....	127
flunisolide nasal soln 25 mcg/act (0.025%).....	121	fluticasone-salmeterol aer powder ba 100-50	123
fluocinolone acetonide (otic) oil 0.01%	129	mcg/act	123
fluocinolone acetonide cream 0.01%	127	fluticasone-salmeterol aer powder ba 250-50	123
fluocinolone acetonide cream 0.025%	127	mcg/act	123
fluocinolone acetonide oil 0.01% (body oil)	127	fluticasone-salmeterol aer powder ba 500-50	123
fluocinolone acetonide oil 0.01% (scalp oil)	127	mcg/act	123
fluocinolone acetonide oint 0.025%.....	127	fluvastatin sodium cap 20 mg (base equivalent)	41
fluocinolone acetonide soln 0.01%.....	127	.....	41
fluocinonide cream 0.05%.....	127	fluvastatin sodium cap 40 mg (base equivalent)	41
fluocinonide gel 0.05%.....	127	.....	41
fluocinonide oint 0.05%.....	127	fluvastatin sodium tab er 24 hr 80 mg (base	41
fluocinonide soln 0.05%.....	127	equivalent)	41
fluorouracil cream 5%	124	fluvoxamine maleate cap er 24hr 100 mg	51
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	28	fluvoxamine maleate cap er 24hr 150 mg	51
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	28	fluvoxamine maleate tab 100 mg	51
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	28	fluvoxamine maleate tab 25 mg	51
fluorouracil iv soln 500 mg/10ml (50 mg/ml) ...	28	fluvoxamine maleate tab 50 mg	51
fluorouracil soln 2%.....	124	folic acid cap 0.8 mg	113
fluorouracil soln 5%.....	124	folic acid tab 1 mg.....	113

<i>folic acid tab 400 mcg</i>	113	FYCOMPA SUS 0.5MG/ML	63
<i>folic acid tab 800 mcg</i>	114	FYCOMPA TAB 10MG	63
<i>fondaparinux sodium subcutaneous inj 10</i> <i>mg/0.8ml</i>	100	FYCOMPA TAB 12MG	63
<i>fondaparinux sodium subcutaneous inj 2.5</i> <i>mg/0.5ml</i>	100	FYCOMPA TAB 2MG	63
<i>fondaparinux sodium subcutaneous inj 5</i> <i>mg/0.4ml</i>	100	FYCOMPA TAB 4MG	63
<i>fondaparinux sodium subcutaneous inj 7.5</i> <i>mg/0.6ml</i>	100	FYCOMPA TAB 6MG	63
<i>formoterol fumarate soln nebu 20 mcg/2ml</i> ..	119	FYCOMPA TAB 8MG	63
FOSAMAX + D TAB 70-2800.....	79	FYLNETRA INJ 6MG/0.6.....	101
FOSAMAX + D TAB 70-5600.....	79	G	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	17	<i>gabapentin cap 100 mg</i>	63
<i>fosfomycin tromethamine powd pack 3 gm (base</i> <i>equivalent)</i>	15	<i>gabapentin cap 300 mg</i>	63
<i>fosinopril sodium & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	35	<i>gabapentin cap 400 mg</i>	63
<i>fosinopril sodium & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	35	<i>gabapentin oral soln 250 mg/5ml</i>	63
<i>fosinopril sodium tab 10 mg</i>	36	<i>gabapentin tab 600 mg</i>	63
<i>fosinopril sodium tab 20 mg</i>	36	<i>gabapentin tab 800 mg</i>	63
<i>fosinopril sodium tab 40 mg</i>	36	<i>galantamine hydrobromide cap er 24hr 16 mg</i> ..51	
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin</i> <i>equiv)</i>	63	<i>galantamine hydrobromide cap er 24hr 24 mg</i> ..51	
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin</i> <i>equiv)</i>	63	<i>galantamine hydrobromide cap er 24hr 8 mg</i> ...51	
FRAGMIN INJ 10000/ML.....	100	<i>galantamine hydrobromide oral soln 4 mg/ml</i> ..51	
FRAGMIN INJ 12500UNT	100	<i>galantamine hydrobromide tab 12 mg</i>	51
FRAGMIN INJ 15000UNT	100	<i>galantamine hydrobromide tab 4 mg</i>	51
FRAGMIN INJ 18000UNT	100	<i>galantamine hydrobromide tab 8 mg</i>	51
FRAGMIN INJ 2500/0.2.....	100	GARDASIL 9 INJ.....	110
FRAGMIN INJ 2500/ML.....	100	<i>gatifloxacin ophth soln 0.5%</i>	114
FRAGMIN INJ 5000/0.2.....	100	<i>gavilyte-c</i>	96
FRAGMIN INJ 7500/0.3.....	100	<i>gavilyte-g</i>	96
FRAGMIN INJ 95000UNT	100	GAZYVA INJ 25MG/ML.....	29
<i>frovatriptan succinate tab 2.5 mg (base</i> <i>equivalent)</i>	70	<i>gemcitabine hcl for inj 1 gm</i>	28
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	30	<i>gemcitabine hcl for inj 2 gm</i>	28
<i>furosemide inj 10 mg/ml</i>	47	<i>gemcitabine hcl for inj 200 mg</i>	28
<i>furosemide oral soln 10 mg/ml</i>	47	<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i> <i>(base equiv)</i>	28
<i>furosemide oral soln 8 mg/ml</i>	47	<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i> <i>(base equiv)</i>	28
<i>furosemide tab 20 mg</i>	47	<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i> <i>(base equiv)</i>	28
<i>furosemide tab 40 mg</i>	47	<i>gemfibrozil tab 600 mg</i>	40
<i>furosemide tab 80 mg</i>	47	<i>generlac</i>	96
FUZEON INJ 90MG	17	<i>gengraf</i>	108
		<i>gentamicin sulfate cream 0.1%</i>	124
		<i>gentamicin sulfate inj 40 mg/ml</i>	15
		<i>gentamicin sulfate oint 0.1%</i>	124
		<i>gentamicin sulfate ophth soln 0.3%</i>	114
		GENVOYA TAB	18
		<i>glatiramer acetate soln prefilled syringe 40</i> <i>mg/ml</i>	71
		<i>glatopa</i>	71

GLEOSTINE CAP 100MG	27	<i>haloperidol decanoate im soln 100 mg/ml</i>	60
GLEOSTINE CAP 10MG	27	<i>haloperidol decanoate im soln 50 mg/ml</i>	60
GLEOSTINE CAP 40MG	27	<i>haloperidol lactate inj 5 mg/ml</i>	60
GLIADEL WAF 7.7MG	27	<i>haloperidol lactate oral conc 2 mg/ml</i>	60
<i>glimepiride tab 1 mg</i>	78	<i>haloperidol tab 0.5 mg</i>	60
<i>glimepiride tab 2 mg</i>	78	<i>haloperidol tab 1 mg</i>	60
<i>glimepiride tab 4 mg</i>	78	<i>haloperidol tab 10 mg</i>	60
<i>glipizide tab 10 mg</i>	78	<i>haloperidol tab 2 mg</i>	60
<i>glipizide tab 5 mg</i>	78	<i>haloperidol tab 20 mg</i>	60
<i>glipizide tab er 24hr 10 mg</i>	79	<i>haloperidol tab 5 mg</i>	60
<i>glipizide tab er 24hr 2.5 mg</i>	78	HARVONI PAK	22
<i>glipizide tab er 24hr 5 mg</i>	79	HARVONI PAK 45-200MG	22
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	76	HARVONI TAB 45-200MG	22
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	76	HARVONI TAB 90-400MG	22
<i>glipizide-metformin hcl tab 5-500 mg</i>	76	HAVRIX INJ 1440UNIT	110
<i>glucagon (rdna) for inj kit 1 mg</i>	89	HAVRIX INJ 720UNIT	110
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	93	<i>heather</i>	81
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	93	HELIDAC MIS THERAPY	98
<i>glycopyrrolate oral soln 1 mg/5ml</i>	93	HEMLIBRA INJ 105/0.7	102
<i>glycopyrrolate tab 1 mg</i>	93	HEMLIBRA INJ 150/ML	102
<i>glycopyrrolate tab 2 mg</i>	93	HEMLIBRA INJ 300/2ML	102
GLYXAMBI TAB 10-5 MG	78	HEMLIBRA INJ 30MG/ML	102
GLYXAMBI TAB 25-5 MG	78	HEMLIBRA INJ 60/0.4	102
<i>goodsense aspirin</i>	14	HEMLIBRA SOL 12/0.4ML	102
<i>goodsense nicotine polacr</i>	74	<i>heparin sodium (porcine) inj 1000 unit/ml</i>	100
<i>granisetron hcl inj 1 mg/ml</i>	93	<i>heparin sodium (porcine) inj 10000 unit/ml</i>	100
<i>granisetron hcl tab 1 mg</i>	93	<i>heparin sodium (porcine) inj 20000 unit/ml</i>	100
<i>griseofulvin microsize susp 125 mg/5ml</i>	16	<i>heparin sodium (porcine) inj 5000 unit/ml</i>	100
<i>griseofulvin microsize tab 500 mg</i>	16	<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	100
<i>griseofulvin ultramicrosize tab 125 mg</i>	16	<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	100
<i>griseofulvin ultramicrosize tab 250 mg</i>	16	HEPLISAV-B INJ 20/0.5ML	110
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	119	HIBERIX SOL 10MCG	110
<i>guanfacine hcl tab 1 mg</i>	48	HOLD CHAMBER MIS MEDIUM	122
<i>guanfacine hcl tab 2 mg</i>	48	HUMATROPE INJ 12MG	90
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	67	HUMATROPE INJ 24MG	90
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	67	HUMATROPE INJ 6MG	90
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	67	HUMATROPEN MIS FOR 12MG	90
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	67	HUMATROPEN MIS FOR 24MG	90
GVOKE HYPO 1 INJ 0.5/.1ML	90	HUMATROPEN MIS FOR 6MG	90
GVOKE HYPO 1 INJ 1MG/.2ML	90	HUMULIN INJ 70/30	77
GVOKE KIT SOL 1MG/0.2M	90	HUMULIN INJ 70/30KWP	77
GVOKE PFS INJ	90	HUMULIN N INJ U-100	77
GYNAZOLE-1 CRE 2%	99	HUMULIN N INJ U-100KWP	77
GYNOL II GEL 3%	98	HUMULIN R INJ U-100	77
H		HUMULIN R INJ U-500	77
<i>halobetasol propionate cream 0.05%</i>	127	<i>hydralazine hcl tab 10 mg</i>	48
<i>halobetasol propionate oint 0.05%</i>	127		

<i>hydralazine hcl tab 100 mg</i>	48	<i>hydrocortisone valerate oint 0.2%</i>	127
<i>hydralazine hcl tab 25 mg</i>	48	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> ..	129
<i>hydralazine hcl tab 50 mg</i>	48	<i>hydromet</i>	120
<i>hydrochlorothiazide cap 12.5 mg</i>	47	<i>hydromorphone hcl inj 2 mg/ml</i>	10
<i>hydrochlorothiazide tab 12.5 mg</i>	47	<i>hydromorphone hcl tab 2 mg</i>	10
<i>hydrochlorothiazide tab 25 mg</i>	47	<i>hydromorphone hcl tab 4 mg</i>	10
<i>hydrochlorothiazide tab 50 mg</i>	47	<i>hydromorphone hcl tab 8 mg</i>	10
<i>hydrocod polst-chlorphen polst er susp 10-8</i> <i>mg/5ml</i>	119	<i>hydromorphone hcl tab er 24hr 12 mg</i>	10
<i>hydrocodone bitart-homatropine methylbrom</i> <i>soln 5-1.5 mg/5ml</i>	120	<i>hydromorphone hcl tab er 24hr 16 mg</i>	10
<i>hydrocodone bitart-homatropine methylbromide</i> <i>tab 5-1.5 mg</i>	120	<i>hydromorphone hcl tab er 24hr 32 mg</i>	10
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	10	<i>hydromorphone hcl tab er 24hr 8 mg</i>	10
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	10	<i>hydroxychloroquine sulfate tab 200 mg</i>	107
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	10	<i>hydroxyurea cap 500 mg</i>	33
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	10	<i>hydroxyzine hcl im soln 25 mg/ml</i>	118
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	10	<i>hydroxyzine hcl im soln 50 mg/ml</i>	118
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	10	<i>hydroxyzine hcl syrup 10 mg/5ml</i>	118
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	10	<i>hydroxyzine hcl tab 10 mg</i>	118
<i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i>	10	<i>hydroxyzine hcl tab 25 mg</i>	118
<i>hydrocodone-acetaminophen tab 10-325 mg</i> ..	10	<i>hydroxyzine hcl tab 50 mg</i>	118
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	10	<i>hydroxyzine pamoate cap 100 mg</i>	119
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .	10	<i>hydroxyzine pamoate cap 25 mg</i>	118
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	10	<i>hydroxyzine pamoate cap 50 mg</i>	118
<i>hydrocortisone butyrate cream 0.1%</i>	127	HYRIMOZ INJ 10/0.1ML	104
<i>hydrocortisone butyrate oint 0.1%</i>	127	HYRIMOZ INJ 20/0.2ML	104
<i>hydrocortisone butyrate soln 0.1%</i>	127	HYRIMOZ INJ 40/0.4ML	104
<i>hydrocortisone cream 1%</i>	127	HYRIMOZ INJ 40/0.8ML	104, 105
<i>hydrocortisone cream 2.5%</i>	127	HYRIMOZ INJ 80/0.8ML	105
<i>hydrocortisone enema 100 mg/60ml</i>	95	HYRIMOZ SENS INJ 80/0.8ML	105
<i>hydrocortisone lotion 2.5%</i>	127	HYRIMOZ-CROH INJ UC SP	105
<i>hydrocortisone oint 2.5%</i>	127	HYRIMOZ-PED INJ CROHNS	105
<i>hydrocortisone perianal cream 1%</i>	98	HYRIMOZ-PLAQ INJ PSOR/UYE	105
<i>hydrocortisone perianal cream 2.5%</i>	98	I	
<i>hydrocortisone tab 10 mg</i>	88	<i>ibandronate sodium iv soln 3 mg/3ml (base</i> <i>equivalent)</i>	79
<i>hydrocortisone tab 20 mg</i>	88	<i>ibandronate sodium tab 150 mg (base</i> <i>equivalent)</i>	79
<i>hydrocortisone tab 5 mg</i>	88	<i>ibuprofen susp 100 mg/5ml</i>	7
<i>hydrocortisone valerate cream 0.2%</i>	127	<i>ibuprofen tab 400 mg</i>	7
		<i>ibuprofen tab 600 mg</i>	7
		<i>ibuprofen tab 800 mg</i>	7
		<i>icatibant acetate subcutaneous soln pref syr 30</i> <i>mg/3ml</i>	107
		<i>icosapent ethyl cap 0.5 gm</i>	42
		<i>icosapent ethyl cap 1 gm</i>	42
		<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	27
		<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	27
		<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	27

IDHIFA TAB 100MG	33	<i>irbesartan tab 300 mg</i>	38
IDHIFA TAB 50MG	33	<i>irbesartan tab 75 mg</i>	38
<i>ifosfamide for inj 1 gm</i>	27	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	37
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	27	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	37
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	27	<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	35
ILEVRO DRO 0.3% OP	115	<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	35
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	31	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	35
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	31	<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	35
<i>imipramine hcl tab 10 mg</i>	54	ISENTRESS CHW 100MG	17
<i>imipramine hcl tab 25 mg</i>	55	ISENTRESS CHW 25MG	17
<i>imipramine hcl tab 50 mg</i>	55	ISENTRESS HD TAB 600MG	17
<i>imipramine pamoate cap 100 mg</i>	55	ISENTRESS POW 100MG	17
<i>imipramine pamoate cap 125 mg</i>	55	ISENTRESS TAB 400MG	17
<i>imipramine pamoate cap 150 mg</i>	55	<i>isoniazid inj 100 mg/ml</i>	19
<i>imipramine pamoate cap 75 mg</i>	55	<i>isoniazid syrup 50 mg/5ml</i>	19
<i>imiquimod cream 5%</i>	124	<i>isoniazid tab 100 mg</i>	19
IMVEXXY MAIN SUP 10MCG	87	<i>isoniazid tab 300 mg</i>	19
IMVEXXY MAIN SUP 4MCG	87	<i>isosorbide dinitrate tab 10 mg</i>	48
IMVEXXY STRT SUP 10MCG	87	<i>isosorbide dinitrate tab 20 mg</i>	48
IMVEXXY STRT SUP 4MCG	87	<i>isosorbide dinitrate tab 30 mg</i>	48
<i>inatal gt</i>	113	<i>isosorbide dinitrate tab 5 mg</i>	48
INBRIJA CAP 42MG	58	<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5</i> <i>mg</i>	48
INCRELEX INJ 40MG/4ML	90	<i>isosorbide mononitrate tab 10 mg</i>	48
<i>indapamide tab 1.25 mg</i>	47	<i>isosorbide mononitrate tab 20 mg</i>	48
<i>indapamide tab 2.5 mg</i>	47	<i>isosorbide mononitrate tab er 24hr 120 mg</i>	48
INFANRIX INJ	110	<i>isosorbide mononitrate tab er 24hr 30 mg</i>	48
INFLIXIMAB INJ 100MG	103	<i>isosorbide mononitrate tab er 24hr 60 mg</i>	48
INFLUENZA VACCINE	110	<i>isotretinoin cap 10 mg</i>	123
INLYTA TAB 1MG	31	<i>isotretinoin cap 20 mg</i>	123
INLYTA TAB 5MG	31	<i>isotretinoin cap 30 mg</i>	124
INSTA-GLUCOS GEL 77.4%.....	90	<i>isotretinoin cap 40 mg</i>	124
INSULIN SYRG MIS 1ML/31G	84	<i>isradipine cap 2.5 mg</i>	45
INTELENCE TAB 25MG	17	<i>isradipine cap 5 mg</i>	45
INTRAROSA SUP 6.5MG.....	90	<i>itraconazole cap 100 mg</i>	16
<i>introvale</i>	81	<i>itraconazole oral soln 10 mg/ml</i>	16
IOPIDINE SOL 1% OP.....	116	IV PREP WIPE PAD.....	124
IPOL INJ INACTIVE.....	110	<i>ivermectin cream 1%</i>	128
<i>ipratropium bromide inhal soln 0.02%</i>	117	<i>ivermectin tab 3 mg</i>	15
<i>ipratropium bromide nasal soln 0.03% (21</i> <i>mcg/spray)</i>	117	J	
<i>ipratropium bromide nasal soln 0.06% (42</i> <i>mcg/spray)</i>	117	JAKAFI TAB 10MG	31
<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i> <i>mg/3ml</i>	117	JAKAFI TAB 15MG	31
<i>irbesartan tab 150 mg</i>	38	JAKAFI TAB 20MG	31
		JAKAFI TAB 25MG	31
		JAKAFI TAB 5MG	31

<i>jantoven</i>	100	KISQALI TAB 400DOSE.....	31
JANUMET TAB 50-1000.....	76	KISQALI TAB 600DOSE.....	32
JANUMET TAB 50-500MG.....	76	<i>klor-con 10</i>	112
JANUMET XR TAB 100-1000.....	76	<i>klor-con 8</i>	112
JANUMET XR TAB 50-1000.....	76	<i>klor-con m15</i>	112
JANUMET XR TAB 50-500MG.....	76	KRINTAFEL TAB 150MG.....	16
JANUVIA TAB 100MG.....	76	<i>kurvelo</i>	81
JANUVIA TAB 25MG.....	76	KYLEENA IUD 19.5MG.....	81
JANUVIA TAB 50MG.....	76	L	
JARDIANCE TAB 10MG.....	78	<i>labetalol hcl tab 100 mg</i>	43
JARDIANCE TAB 25MG.....	78	<i>labetalol hcl tab 200 mg</i>	43
<i>jinteli</i>	87	<i>labetalol hcl tab 300 mg</i>	43
<i>jolessa</i>	81	<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	63
JUBLIA SOL 10%.....	125	<i>lacosamide oral solution 10 mg/ml</i>	63
<i>junel 1.5/30</i>	81	<i>lacosamide tab 100 mg</i>	63
<i>junel 1/20</i>	81	<i>lacosamide tab 150 mg</i>	63
<i>junel fe 1.5/30</i>	81	<i>lacosamide tab 200 mg</i>	63
<i>junel fe 1/20</i>	81	<i>lacosamide tab 50 mg</i>	63
<i>junel fe 24</i>	81	<i>lactic acid (ammonium lactate) cream 12%</i>	128
K		<i>lactic acid (ammonium lactate) lotion 12%</i>	128
KADCYLA INJ 100MG.....	29	<i>lactulose solution 10 gm/15ml</i>	96
KADCYLA INJ 160MG.....	29	<i>lamivudine oral soln 10 mg/ml</i>	17
KALYDECO GRA 13.4MG.....	120	<i>lamivudine tab 100 mg (hbv)</i>	22
KALYDECO GRA 5.8MG.....	120	<i>lamivudine tab 150 mg</i>	17
KALYDECO PAK 25MG.....	120	<i>lamivudine tab 300 mg</i>	17
KALYDECO PAK 50MG.....	120	<i>lamivudine-zidovudine tab 150-300 mg</i>	18
KALYDECO PAK 75MG.....	120	<i>lamotrigine orally disintegrating tab 100 mg</i>	63
KALYDECO TAB 150MG.....	120	<i>lamotrigine orally disintegrating tab 200 mg</i>	63
<i>kariva</i>	81	<i>lamotrigine orally disintegrating tab 25 mg</i>	63
<i>kelnor 1/35</i>	81	<i>lamotrigine orally disintegrating tab 50 mg</i>	63
KERENDIA TAB 10MG.....	90	<i>lamotrigine tab 100 mg</i>	63
KERENDIA TAB 20MG.....	90	<i>lamotrigine tab 150 mg</i>	63
<i>ketoconazole cream 2%</i>	125	<i>lamotrigine tab 200 mg</i>	63
<i>ketoconazole shampoo 2%</i>	125	<i>lamotrigine tab 25 mg</i>	63
KETO-DIASTIX TES.....	84	<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	63
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	8	<i>lamotrigine tab 35 x 25 mg starter kit</i>	63
<i>ketorolac tromethamine inj 15 mg/ml</i>	8	<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	63
<i>ketorolac tromethamine inj 30 mg/ml</i>	8	<i>lamotrigine tab chewable dispersible 25 mg</i>	63
<i>ketorolac tromethamine ophth soln 0.4%</i>	115	<i>lamotrigine tab chewable dispersible 5 mg</i>	63
<i>ketorolac tromethamine ophth soln 0.5%</i>	115	<i>lamotrigine tab er 24hr 100 mg</i>	64
<i>ketorolac tromethamine tab 10 mg</i>	8	<i>lamotrigine tab er 24hr 200 mg</i>	64
KEVZARA INJ 150/1.14.....	105	<i>lamotrigine tab er 24hr 25 mg</i>	64
KEVZARA INJ 200/1.14.....	105	<i>lamotrigine tab er 24hr 250 mg</i>	64
KEYTRUDA INJ 100MG/4M.....	29	<i>lamotrigine tab er 24hr 300 mg</i>	64
KINRIX INJ.....	110	<i>lamotrigine tab er 24hr 50 mg</i>	64
KISQALI TAB 200DOSE.....	31		

<i>lansoprazole cap delayed release 15 mg</i>	97	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	64
<i>lansoprazole cap delayed release 30 mg</i>	97	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	64
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	91	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	64
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	91	<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	64
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	91	<i>levetiracetam oral soln 100 mg/ml</i>	64
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	32	<i>levetiracetam tab 1000 mg</i>	64
<i>larin 1.5/30</i>	81	<i>levetiracetam tab 250 mg</i>	64
<i>latanoprost ophth soln 0.005%</i>	116	<i>levetiracetam tab 500 mg</i>	64
<i>leena</i>	81	<i>levetiracetam tab 750 mg</i>	64
<i>leflunomide tab 10 mg</i>	107	<i>levetiracetam tab er 24hr 500 mg</i>	64
<i>leflunomide tab 20 mg</i>	107	<i>levetiracetam tab er 24hr 750 mg</i>	64
LENVIMA CAP 10 MG	32	<i>levobunolol hcl ophth soln 0.5%</i>	116
LENVIMA CAP 12MG	32	<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	119
LENVIMA CAP 14 MG	32	<i>levocetirizine dihydrochloride tab 5 mg</i>	119
LENVIMA CAP 18 MG	32	<i>levofloxacin iv soln 25 mg/ml</i>	22
LENVIMA CAP 20 MG	32	<i>levofloxacin oral soln 25 mg/ml</i>	22
LENVIMA CAP 24 MG	32	<i>levofloxacin tab 250 mg</i>	22
LENVIMA CAP 4MG	32	<i>levofloxacin tab 500 mg</i>	22
LENVIMA CAP 8 MG	32	<i>levofloxacin tab 750 mg</i>	22
<i>lessina</i>	81	<i>levonest</i>	81
<i>letrozole tab 2.5 mg</i>	30	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	81
<i>leucovorin calcium for inj 100 mg</i>	34	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	81
<i>leucovorin calcium for inj 200 mg</i>	34	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	81
<i>leucovorin calcium for inj 350 mg</i>	34	<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	81
<i>leucovorin calcium for inj 50 mg</i>	34	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	81
<i>leucovorin calcium for inj 500 mg</i>	34	<i>levora 0.15/30-28</i>	81
<i>leucovorin calcium tab 10 mg</i>	34	<i>levothyroxine sodium tab 100 mcg</i>	92
<i>leucovorin calcium tab 15 mg</i>	34	<i>levothyroxine sodium tab 112 mcg</i>	92
<i>leucovorin calcium tab 25 mg</i>	34	<i>levothyroxine sodium tab 125 mcg</i>	92
<i>leucovorin calcium tab 5 mg</i>	34	<i>levothyroxine sodium tab 137 mcg</i>	92
LEUKERAN TAB 2MG	27	<i>levothyroxine sodium tab 150 mcg</i>	92
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i> 30		<i>levothyroxine sodium tab 175 mcg</i>	92
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	119	<i>levothyroxine sodium tab 200 mcg</i>	92
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	119	<i>levothyroxine sodium tab 25 mcg</i>	91
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	119	<i>levothyroxine sodium tab 300 mcg</i>	92
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	119	<i>levothyroxine sodium tab 50 mcg</i>	91
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	119	<i>levothyroxine sodium tab 75 mcg</i>	91
LEVEMIR INJ.....	77	<i>levothyroxine sodium tab 88 mcg</i>	92
LEVEMIR INJ FLEXPEN.....	77		

<i>levoxyl</i>	92	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> ..	35
<i>lice treatment</i>	129	<i>lisinopril tab 10 mg</i>	36
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50</i>		<i>lisinopril tab 2.5 mg</i>	36
<i>mg/5ml(1%)</i>	39	<i>lisinopril tab 20 mg</i>	36
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml</i>		<i>lisinopril tab 30 mg</i>	36
<i>(2%)</i>	39	<i>lisinopril tab 40 mg</i>	36
<i>lidocaine hcl laryngotracheal soln 4%</i>	129	<i>lisinopril tab 5 mg</i>	36
<i>lidocaine hcl local inj 0.5%</i>	14	<i>lithium carbonate cap 150 mg</i>	71
<i>lidocaine hcl local inj 1%</i>	14	<i>lithium carbonate cap 300 mg</i>	71
<i>lidocaine hcl local inj 2%</i>	15	<i>lithium carbonate cap 600 mg</i>	71
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>		<i>lithium carbonate tab 300 mg</i>	71
.....	15	<i>lithium carbonate tab er 300 mg</i>	71
<i>lidocaine hcl local preservative free (pf) inj 1%</i> .	15	<i>lithium carbonate tab er 450 mg</i>	71
<i>lidocaine hcl local preservative free (pf) inj 2%</i> .	15	<i>lithium oral solution 8 meq/5ml</i>	71
<i>lidocaine hcl soln 4%</i>	128	<i>LO LOESTRIN TAB 1-10-10</i>	81
<i>lidocaine hcl urethral/mucosal gel prefilled</i>		<i>loperamide hcl cap 2 mg</i>	93
<i>syringe 2%</i>	128	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20</i>	
<i>lidocaine hcl viscous soln 2%</i>	129	<i>mg/ml)</i>	18
<i>lidocaine oint 5%</i>	128	<i>lopinavir-ritonavir tab 100-25 mg</i>	18
<i>lidocaine pain relief pat</i>	128	<i>lopinavir-ritonavir tab 200-50 mg</i>	18
<i>lidocaine patch 5%</i>	128	<i>lorazepam conc 2 mg/ml</i>	51
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	128	<i>lorazepam tab 0.5 mg</i>	51
<i>LILETTA IUD 52MG</i>	81	<i>lorazepam tab 1 mg</i>	51
<i>linezolid for susp 100 mg/5ml</i>	23	<i>lorazepam tab 2 mg</i>	51
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	23	<i>LORBRENA TAB 100MG</i>	32
<i>linezolid tab 600 mg</i>	23	<i>LORBRENA TAB 25MG</i>	32
<i>LINZESS CAP 145MCG</i>	95	<i>loryna</i>	81
<i>LINZESS CAP 290MCG</i>	95	<i>losartan potassium & hydrochlorothiazide tab</i>	
<i>LINZESS CAP 72MCG</i>	95	<i>100-12.5 mg</i>	37
<i>liothyronine sodium tab 25 mcg</i>	92	<i>losartan potassium & hydrochlorothiazide tab</i>	
<i>liothyronine sodium tab 5 mcg</i>	92	<i>100-25 mg</i>	37
<i>liothyronine sodium tab 50 mcg</i>	92	<i>losartan potassium & hydrochlorothiazide tab</i>	
<i>lisdexafetamine dimesylate cap 10 mg</i>	67	<i>50-12.5 mg</i>	37
<i>lisdexafetamine dimesylate cap 20 mg</i>	67	<i>losartan potassium tab 100 mg</i>	38
<i>lisdexafetamine dimesylate cap 30 mg</i>	67	<i>losartan potassium tab 25 mg</i>	38
<i>lisdexafetamine dimesylate cap 40 mg</i>	67	<i>losartan potassium tab 50 mg</i>	38
<i>lisdexafetamine dimesylate cap 50 mg</i>	67	<i>loteprednol etabonate ophth susp 0.5%</i>	115
<i>lisdexafetamine dimesylate cap 60 mg</i>	67	<i>lovastatin tab 10 mg</i>	41
<i>lisdexafetamine dimesylate cap 70 mg</i>	67	<i>lovastatin tab 20 mg</i>	41
<i>lisdexafetamine dimesylate chew tab 10 mg</i> .	67	<i>lovastatin tab 40 mg</i>	41
<i>lisdexafetamine dimesylate chew tab 20 mg</i> .	67	<i>low-ogestrel</i>	81
<i>lisdexafetamine dimesylate chew tab 30 mg</i> .	67	<i>loxapine succinate cap 10 mg</i>	60
<i>lisdexafetamine dimesylate chew tab 40 mg</i> .	67	<i>loxapine succinate cap 25 mg</i>	60
<i>lisdexafetamine dimesylate chew tab 50 mg</i> .	67	<i>loxapine succinate cap 5 mg</i>	60
<i>lisdexafetamine dimesylate chew tab 60 mg</i> .	67	<i>loxapine succinate cap 50 mg</i>	60
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	35	<i>lubiprostone cap 24 mcg</i>	95
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	35	<i>lubiprostone cap 8 mcg</i>	95

<i>luliconazole cream 1%</i>	125
LUMIGAN SOL 0.01% OP	116
<i>lurasidone hcl tab 120 mg</i>	60
<i>lurasidone hcl tab 20 mg</i>	60
<i>lurasidone hcl tab 40 mg</i>	60
<i>lurasidone hcl tab 60 mg</i>	60
<i>lurasidone hcl tab 80 mg</i>	60
<i>lutera</i>	81
LYNPARZA TAB 100MG.....	33
LYNPARZA TAB 150MG.....	33
LYSODREN TAB 500MG	30

M

<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	112
<i>magnesium sulfate inj 50%</i>	112
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	112
<i>malathion lotion 0.5%</i>	129
<i>mannitol iv soln 20%</i>	47
<i>mannitol iv soln 25%</i>	47
<i>maraviroc tab 150 mg</i>	17
<i>maraviroc tab 300 mg</i>	17
<i>marlissa</i>	81
MARPLAN TAB 10MG	55
MATULANE CAP 50MG.....	27
<i>matzim la</i>	45
<i>meclizine hcl tab 12.5 mg</i>	93
<i>meclizine hcl tab 25 mg</i>	93
<i>meclofenamate sodium cap 100 mg</i>	8
<i>meclofenamate sodium cap 50 mg</i>	8
MEDROL TAB 2MG	88
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	81
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	81
<i>medroxyprogesterone acetate tab 10 mg</i>	91
<i>medroxyprogesterone acetate tab 2.5 mg</i>	91
<i>medroxyprogesterone acetate tab 5 mg</i>	91
<i>mefenamic acid cap 250 mg</i>	8
<i>mefloquine hcl tab 250 mg</i>	16
<i>megestrol acetate susp 40 mg/ml</i>	91
<i>megestrol acetate susp 625 mg/5ml</i>	91
<i>megestrol acetate tab 20 mg</i>	30
<i>megestrol acetate tab 40 mg</i>	30
MEKINIST SOL 0.05/ML	32
MEKINIST TAB 0.5MG.....	32
MEKINIST TAB 2MG.....	32

<i>meloxicam tab 15 mg</i>	8
<i>meloxicam tab 7.5 mg</i>	8
<i>melphalan hcl for inj 50 mg (base equiv)</i>	27
<i>memantine hcl cap er 24hr 14 mg</i>	51
<i>memantine hcl cap er 24hr 21 mg</i>	51
<i>memantine hcl cap er 24hr 28 mg</i>	51
<i>memantine hcl cap er 24hr 7 mg</i>	51
<i>memantine hcl oral solution 2 mg/ml</i>	51
<i>memantine hcl tab 10 mg</i>	51
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	52
<i>memantine hcl tab 5 mg</i>	51
MENEST TAB 0.3MG.....	87
MENEST TAB 0.625MG.....	87
MENEST TAB 1.25MG.....	87
MENEST TAB 2.5MG.....	87
MENQUADFI INJ	110
MENVEO INJ	110
MENVEO SOL.....	110
<i>meprobamate tab 200 mg</i>	51
<i>meprobamate tab 400 mg</i>	51
<i>mercaptopurine tab 50 mg</i>	28
<i>meropenem iv for soln 1 gm</i>	23
<i>meropenem iv for soln 500 mg</i>	23
<i>mesalamine cap dr 400 mg</i>	95
<i>mesalamine cap er 24hr 0.375 gm</i>	95
<i>mesalamine enema 4 gm</i>	95
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	95
<i>mesalamine suppos 1000 mg</i>	95
<i>mesalamine tab delayed release 1.2 gm</i>	95
<i>mesalamine tab delayed release 800 mg</i>	95
<i>mesna inj 100 mg/ml</i>	34
MESNEX TAB 400MG	34
<i>metaxalone tab 800 mg</i>	72
<i>metformin hcl tab 1000 mg</i>	76
<i>metformin hcl tab 500 mg</i>	76
<i>metformin hcl tab 850 mg</i>	76
<i>metformin hcl tab er 24hr 500 mg</i>	76
<i>metformin hcl tab er 24hr 750 mg</i>	76
<i>methadone hcl conc 10 mg/ml</i>	10
<i>methadone hcl soln 10 mg/5ml</i>	10
<i>methadone hcl soln 5 mg/5ml</i>	10
<i>methadone hcl tab 10 mg</i>	11
<i>methadone hcl tab 5 mg</i>	11
<i>methadone hcl tab for oral susp 40 mg</i>	11
<i>methadone hydrochloride i</i>	11

<i>methadose</i>	11	<i>methylphenidate hcl tab er osmotic release (osm)</i>	
<i>methamphetamine hcl tab 5 mg</i>	67	18 mg	68
<i>methazolamide tab 25 mg</i>	47	<i>methylphenidate hcl tab er osmotic release (osm)</i>	
<i>methazolamide tab 50 mg</i>	47	27 mg	68
<i>methenamine hippurate tab 1 gm</i>	23	<i>methylphenidate hcl tab er osmotic release (osm)</i>	
<i>methimazole tab 10 mg</i>	92	36 mg	68
<i>methimazole tab 5 mg</i>	92	<i>methylphenidate hcl tab er osmotic release (osm)</i>	
<i>methocarbamol tab 500 mg</i>	72	54 mg	68
<i>methocarbamol tab 750 mg</i>	72	<i>methylprednisolone acetate inj susp 40 mg/ml</i>	88
<i>methotrexate sodium for inj 1 gm</i>	28	<i>methylprednisolone acetate inj susp 80 mg/ml</i>	88
<i>methotrexate sodium inj 250 mg/10ml (25</i>		<i>methylprednisolone sod succ for inj 1000 mg</i>	
<i>mg/ml)</i>	28	<i>(base equiv)</i>	89
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>		<i>methylprednisolone sod succ for inj 125 mg (base</i>	
.....	28	<i>equiv)</i>	89
<i>methotrexate sodium inj pf 1000 mg/40ml (25</i>		<i>methylprednisolone tab 16 mg</i>	89
<i>mg/ml)</i>	28	<i>methylprednisolone tab 32 mg</i>	89
<i>methotrexate sodium inj pf 250 mg/10ml (25</i>		<i>methylprednisolone tab 4 mg</i>	89
<i>mg/ml)</i>	28	<i>methylprednisolone tab 8 mg</i>	89
<i>methotrexate sodium inj pf 50 mg/2ml (25</i>		<i>methylprednisolone tab therapy pack 4 mg (21)</i>	
<i>mg/ml)</i>	28	.....	89
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	107	<i>metoclopramide hcl inj 5 mg/ml (base</i>	
<i>methoxsalen rapid cap 10 mg</i>	125	<i>equivalent)</i>	94
<i>methscopolamine bromide tab 2.5 mg</i>	93	<i>metoclopramide hcl orally disintegrating tab 5</i>	
<i>methscopolamine bromide tab 5 mg</i>	93	<i>mg (base eq)</i>	94
<i>methsuximide cap 300 mg</i>	64	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	
<i>methyl dopa tab 250 mg</i>	48	<i>(base equiv)</i>	94
<i>methyl dopa tab 500 mg</i>	48	<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	
<i>methylphenidate hcl cap er 10 mg (cd)</i>	67	.....	94
<i>methylphenidate hcl cap er 20 mg (cd)</i>	67	<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	67	.....	94
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	67	<i>metolazone tab 10 mg</i>	47
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	68	<i>metolazone tab 2.5 mg</i>	47
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	68	<i>metolazone tab 5 mg</i>	47
<i>methylphenidate hcl cap er 30 mg (cd)</i>	68	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>methylphenidate hcl cap er 40 mg (cd)</i>	68	.....	43
<i>methylphenidate hcl cap er 50 mg (cd)</i>	68	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
<i>methylphenidate hcl cap er 60 mg (cd)</i>	68	.....	43
<i>methylphenidate hcl chew tab 10 mg</i>	68	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>methylphenidate hcl chew tab 2.5 mg</i>	68	.....	43
<i>methylphenidate hcl chew tab 5 mg</i>	68	<i>metoprolol succinate tab er 24hr 100 mg</i>	
<i>methylphenidate hcl soln 10 mg/5ml</i>	68	<i>(tartrate equiv)</i>	43
<i>methylphenidate hcl soln 5 mg/5ml</i>	68	<i>metoprolol succinate tab er 24hr 200 mg</i>	
<i>methylphenidate hcl tab 10 mg</i>	68	<i>(tartrate equiv)</i>	43
<i>methylphenidate hcl tab 20 mg</i>	68	<i>metoprolol succinate tab er 24hr 25 mg (tartrate</i>	
<i>methylphenidate hcl tab 5 mg</i>	68	<i>equiv)</i>	43
<i>methylphenidate hcl tab er 10 mg</i>	68	<i>metoprolol succinate tab er 24hr 50 mg (tartrate</i>	
<i>methylphenidate hcl tab er 20 mg</i>	68	<i>equiv)</i>	43

<i>metoprolol tartrate tab 100 mg</i>	43	<i>misoprostol tab 200 mcg</i>	96
<i>metoprolol tartrate tab 25 mg</i>	43	<i>mitomycin for iv soln 20 mg</i>	27
<i>metoprolol tartrate tab 50 mg</i>	43	<i>mitomycin for iv soln 40 mg</i>	27
<i>metronidazole cap 375 mg</i>	23	<i>mitomycin for iv soln 5 mg</i>	27
<i>metronidazole cream 0.75%</i>	128	<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	27
<i>metronidazole gel 0.75%</i>	128	<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2</i> <i>mg/ml)</i>	27
<i>metronidazole gel 1%</i>	128	<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	27
<i>metronidazole iv soln 500 mg/100ml</i>	23	M-M-R II INJ	110
<i>metronidazole lotion 0.75%</i>	128	<i>modafinil tab 100 mg</i>	72
<i>metronidazole tab 250 mg</i>	23	<i>modafinil tab 200 mg</i>	72
<i>metronidazole tab 500 mg</i>	23	MODERNA INJ 6MO-11Y	110
<i>metronidazole vaginal gel 0.75%</i>	99	<i>moexipril hcl tab 15 mg</i>	36
<i>miconazole 3</i>	99	<i>moexipril hcl tab 7.5 mg</i>	36
<i>microgestin 1.5/30</i>	81	<i>mometasone furoate cream 0.1%</i>	127
<i>midodrine hcl tab 10 mg</i>	48	<i>mometasone furoate nasal susp 50 mcg/act</i> ..	121
<i>midodrine hcl tab 2.5 mg</i>	48	<i>mometasone furoate oint 0.1%</i>	128
<i>midodrine hcl tab 5 mg</i>	48	<i>mometasone furoate solution 0.1% (lotion)</i>	128
<i>miglitol tab 100 mg</i>	76	<i>monoject sodium chloride</i>	112
<i>miglitol tab 25 mg</i>	76	<i>mono-lyyah</i>	81
<i>miglitol tab 50 mg</i>	76	<i>montelukast sodium chew tab 4 mg (base equiv)</i>	121
<i>mimvey</i>	87	<i>montelukast sodium chew tab 5 mg (base equiv)</i>	121
<i>minocycline hcl cap 100 mg</i>	26	<i>montelukast sodium oral granules packet 4 mg</i> <i>(base equiv)</i>	121
<i>minocycline hcl cap 50 mg</i>	26	<i>montelukast sodium tab 10 mg (base equiv)</i> ...121	
<i>minocycline hcl cap 75 mg</i>	26	<i>morphine sulfate beads cap er 24hr 120 mg</i>	11
<i>minocycline hcl tab 100 mg</i>	26	<i>morphine sulfate beads cap er 24hr 30 mg</i>	11
<i>minocycline hcl tab 50 mg</i>	26	<i>morphine sulfate beads cap er 24hr 45 mg</i>	11
<i>minocycline hcl tab 75 mg</i>	26	<i>morphine sulfate beads cap er 24hr 60 mg</i>	11
<i>minoxidil tab 10 mg</i>	48	<i>morphine sulfate beads cap er 24hr 75 mg</i>	11
<i>minoxidil tab 2.5 mg</i>	48	<i>morphine sulfate beads cap er 24hr 90 mg</i>	11
<i>mirabegron tab er 24 hr 25 mg</i>	99	<i>morphine sulfate cap er 24hr 10 mg</i>	11
<i>mirabegron tab er 24 hr 50 mg</i>	99	<i>morphine sulfate cap er 24hr 100 mg</i>	11
MIRCERA INJ 100MCG	101	<i>morphine sulfate cap er 24hr 20 mg</i>	11
MIRCERA INJ 120MCG	101	<i>morphine sulfate cap er 24hr 30 mg</i>	11
MIRCERA INJ 150MCG	101	<i>morphine sulfate cap er 24hr 50 mg</i>	11
MIRCERA INJ 200MCG	101	<i>morphine sulfate cap er 24hr 60 mg</i>	11
MIRCERA INJ 30MCG	101	<i>morphine sulfate cap er 24hr 80 mg</i>	11
MIRCERA INJ 50MCG	101	<i>morphine sulfate iv soln 10 mg/ml</i>	11
MIRCERA INJ 75MCG	101	<i>morphine sulfate iv soln 4 mg/ml</i>	11
MIRENA IUD SYSTEM.....	81	<i>morphine sulfate oral soln 10 mg/5ml</i>	11
<i>mirtazapine orally disintegrating tab 15 mg</i>	55	<i>morphine sulfate oral soln 100 mg/5ml (20</i> <i>mg/ml)</i>	11
<i>mirtazapine orally disintegrating tab 30 mg</i>	55		
<i>mirtazapine orally disintegrating tab 45 mg</i>	55		
<i>mirtazapine tab 15 mg</i>	55		
<i>mirtazapine tab 30 mg</i>	55		
<i>mirtazapine tab 45 mg</i>	55		
<i>mirtazapine tab 7.5 mg</i>	55		
<i>misoprostol tab 100 mcg</i>	96		

<i>morphine sulfate oral soln 20 mg/5ml</i>	11	<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	73
<i>morphine sulfate tab 15 mg</i>	11	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	73
<i>morphine sulfate tab 30 mg</i>	11	<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	73
<i>morphine sulfate tab er 100 mg</i>	11	<i>naltrexone hcl tab 50 mg</i>	73
<i>morphine sulfate tab er 15 mg</i>	11	<i>naproxen tab 250 mg</i>	8
<i>morphine sulfate tab er 200 mg</i>	12	<i>naproxen tab 375 mg</i>	8
<i>morphine sulfate tab er 30 mg</i>	11	<i>naproxen tab 500 mg</i>	8
<i>morphine sulfate tab er 60 mg</i>	11	<i>naratriptan hcl tab 1 mg (base equiv)</i>	70
MOTOFEN TAB 1-0.025	93	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	70
MOVANTIK TAB 12.5MG	96	NARCAN SPR 4MG.....	73
MOVANTIK TAB 25MG	96	NATACYN SUS 5% OP	115
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2</i> <i>times daily)</i>	114	<i>nateglinide tab 120 mg</i>	78
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	115	<i>nateglinide tab 60 mg</i>	78
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	22	NAYZILAM SPR 5MG.....	64
MRESVIA INJ 50MCG	110	<i>nebivolol hcl tab 10 mg (base equivalent)</i>	44
MULTAQ TAB 400MG	39	<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	44
<i>multivitamin/fluoride</i>	114	<i>nebivolol hcl tab 20 mg (base equivalent)</i>	44
<i>multi-vitamin/fluoride dr</i>	114	<i>nebivolol hcl tab 5 mg (base equivalent)</i>	44
<i>multi-vitamin/fluoride/ir</i>	114	<i>necon 0.5/35-28</i>	81
<i>mupirocin oint 2%</i>	124	<i>nefazodone hcl tab 100 mg</i>	55
MYALEPT INJ 11.3MG.....	85	<i>nefazodone hcl tab 150 mg</i>	55
<i>mycophenolate mofetil cap 250 mg</i>	108	<i>nefazodone hcl tab 200 mg</i>	55
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	108	<i>nefazodone hcl tab 250 mg</i>	55
<i>mycophenolate mofetil hcl for iv soln 500 mg</i> <i>(base equiv)</i>	108	<i>nefazodone hcl tab 50 mg</i>	55
<i>mycophenolate mofetil tab 500 mg</i>	108	<i>neomycin sulfate tab 500 mg</i>	15
<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i>	108	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-</i> <i>10000unt op oin</i>	115
<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i>	108	<i>neomycin-polymy-gramicid op sol 1.75-10000-</i> <i>0.025mg-unt-mg/ml</i>	115
MYFORTIC TAB 180MG	108	<i>neomycin-polymyxin-dexamethasone ophth oint</i> <i>0.1%</i>	114
MYFORTIC TAB 360MG	108	<i>neomycin-polymyxin-dexamethasone ophth susp</i> <i>0.1%</i>	114
MYRBETRIQ SUS 8MG/ML.....	99	<i>neomycin-polymyxin-hc ophth susp</i>	114
N		<i>neomycin-polymyxin-hc otic soln 1%</i>	129
<i>nabumetone tab 500 mg</i>	8	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-</i> <i>10000 unit/ml-1%</i>	129
<i>nabumetone tab 750 mg</i>	8	NEORAL CAP 100MG	108
<i>nadolol tab 20 mg</i>	43	NEORAL CAP 25MG.....	108
<i>nadolol tab 40 mg</i>	43	NEORAL SOL 100MG/ML.....	108
<i>nadolol tab 80 mg</i>	43	NEUPRO DIS 1MG/24HR	58
<i>naftifine hcl cream 1%</i>	125	NEUPRO DIS 2MG/24HR	58
<i>naftifine hcl cream 2%</i>	125	NEUPRO DIS 3MG/24HR	58
<i>nalbuphine hcl inj 10 mg/ml</i>	12	NEUPRO DIS 4MG/24HR	58
<i>nalbuphine hcl inj 20 mg/ml</i>	12	NEUPRO DIS 6MG/24HR	58
<i>naloxone hcl inj 0.4 mg/ml</i>	73	NEUPRO DIS 8MG/24HR	58
<i>naloxone hcl inj 4 mg/10ml</i>	73	NEVANAC SUS 0.1% OP	115

<i>nevirapine susp 50 mg/5ml</i>	17	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	24
<i>nevirapine tab 200 mg</i>	17	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	23
<i>nevirapine tab er 24hr 400 mg</i>	17	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	24
NEXIUM GRA 2.5MG DR.....	97	<i>nitrofurantoin monohydrate macrocrystalline cap</i> <i>100 mg</i>	24
NEXIUM GRA 5MG DR.....	97	<i>nitrofurantoin susp 25 mg/5ml</i>	24
NEXLETOL TAB 180MG	39	<i>nitroglycerin oint 0.4%</i>	128
NEXPLANON IMP 68MG	81	<i>nitroglycerin sl tab 0.3 mg</i>	49
NEXTSTELLIS TAB 3-14.2MG.....	82	<i>nitroglycerin sl tab 0.4 mg</i>	49
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	42	<i>nitroglycerin sl tab 0.6 mg</i>	49
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	42	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	49
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	42	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	49
<i>nicardipine hcl cap 20 mg</i>	45	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	49
<i>nicardipine hcl cap 30 mg</i>	45	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	49
<i>nicotine polacrilex gum 2 mg</i>	74	<i>nitroglycerin tl soln 0.4 mg/spray (400</i> <i>mcg/spray)</i>	49
<i>nicotine polacrilex gum 4 mg</i>	74	NIVESTYM INJ 300/0.5	101
<i>nicotine polacrilex lozenge 2 mg</i>	74	NIVESTYM INJ 300MCG.....	101
<i>nicotine step 3</i>	74	NIVESTYM INJ 480/0.8	101
<i>nicotine td patch 24hr 14 mg/24hr</i>	74	NIVESTYM INJ 480MCG.....	101
<i>nicotine td patch 24hr 21 mg/24hr</i>	74	<i>nizatidine cap 150 mg</i>	95
<i>nicotine td patch 24hr 7 mg/24hr</i>	74	<i>nizatidine cap 300 mg</i>	95
NICOTROL INH.....	75	<i>nora-be</i>	82
NICOTROL NS SPR 10MG/ML	75	NORDIPEN 5 MIS DEVICE	90
<i>nifedipine tab er 24hr 30 mg</i>	45	NORDIPEN DEL MIS SYSTEM	90
<i>nifedipine tab er 24hr 60 mg</i>	45	NORDITROPIN INJ 10/1.5ML.....	90
<i>nifedipine tab er 24hr 90 mg</i>	46	NORDITROPIN INJ 15/1.5ML.....	90
<i>nifedipine tab er 24hr osmotic release 30 mg</i> ...	46	NORDITROPIN INJ 30/3ML.....	90
<i>nifedipine tab er 24hr osmotic release 60 mg</i> ...	46	NORDITROPIN INJ 5/1.5ML.....	90
<i>nifedipine tab er 24hr osmotic release 90 mg</i> ...	46	<i>norethindrone & ethinyl estradiol-fe chew tab 0.4</i> <i>mg-35 mcg</i>	82
<i>nikki</i>	82	<i>norethindrone & ethinyl estradiol-fe chew tab 0.8</i> <i>mg-25 mcg</i>	82
<i>nilutamide tab 150 mg</i>	30	<i>norethindrone ace & ethinyl estradiol tab 1 mg-</i> <i>20 mcg</i>	82
<i>nimodipine cap 30 mg</i>	46	<i>norethindrone ace-eth estradiol-fe chew tab 1</i> <i>mg-20 mcg (24)</i>	82
NIPENT INJ 10MG	33	<i>norethindrone acetate tab 5 mg</i>	91
<i>nisoldipine tab er 24hr 17 mg</i>	46	<i>norethindrone acetate-ethinyl estradiol tab 0.5</i> <i>mg-2.5 mcg</i>	87
<i>nisoldipine tab er 24hr 20 mg</i>	46	<i>norethindrone tab 0.35 mg</i>	82
<i>nisoldipine tab er 24hr 25.5 mg</i>	46	<i>norgesic</i>	72
<i>nisoldipine tab er 24hr 30 mg</i>	46	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35</i> <i>mcg</i>	82
<i>nisoldipine tab er 24hr 34 mg</i>	46	<i>norgestimate-eth estrad tab 0.18-25/0.215-</i> <i>25/0.25-25 mg-mcg</i>	82
<i>nisoldipine tab er 24hr 40 mg</i>	46		
<i>nisoldipine tab er 24hr 8.5 mg</i>	46		
<i>nitazoxanide tab 500 mg</i>	23		
<i>nitisinone cap 10 mg</i>	90		
<i>nitisinone cap 2 mg</i>	90		
<i>nitisinone cap 20 mg</i>	90		
<i>nitisinone cap 5 mg</i>	90		
NITRO-BID OIN 2%.....	48		
NITRO-DUR DIS 0.3MG/HR.....	48		
NITRO-DUR DIS 0.8MG/HR.....	49		

<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	82
NORPACE CAP 100MG CR	39
NORPACE CAP 150MG CR	39
<i>nortrel 0.5/35 (28)</i>	82
<i>nortrel 1/35</i>	82
<i>nortrel 7/7/7</i>	82
<i>nortriptyline hcl cap 10 mg</i>	55
<i>nortriptyline hcl cap 25 mg</i>	55
<i>nortriptyline hcl cap 50 mg</i>	55
<i>nortriptyline hcl cap 75 mg</i>	55
<i>nortriptyline hcl soln 10 mg/5ml</i>	56
NORVIR POW 100MG	17
NOVAVAX INJ 2023-24	110
NOVOFINE MIS 32GX6MM.....	84
NOVOLIN INJ 70/30	77
NOVOLIN INJ 70/30 FP	77
NOVOLIN N INJ 100 UNIT	77
NOVOLIN N INJ U-100	77
NOVOLIN R INJ 100 UNIT.....	77
NOVOLIN R INJ U-100.....	77
NOVOLOG INJ 100/ML	77
NOVOLOG INJ FLEXPEN	77
NOVOLOG INJ PENFILL	77
NOVOLOG MIX INJ 70/30	77
NOVOLOG MIX INJ FLEXPEN.....	77
NUBEQA TAB 300MG	30
NUCYNTA ER TAB 100MG	12
NUCYNTA ER TAB 150MG	12
NUCYNTA ER TAB 200MG	12
NUCYNTA ER TAB 250MG	12
NUCYNTA ER TAB 50MG	12
NUCYNTA TAB 100MG	12
NUCYNTA TAB 50MG.....	12
NUCYNTA TAB 75MG.....	12
NUEDEXTA CAP 20-10MG	74
NULOJIX INJ 250MG	108
<i>nyamyc</i>	125
<i>nylia 1/35</i>	82
<i>nystatin cream 100000 unit/gm</i>	125
<i>nystatin oint 100000 unit/gm</i>	125
<i>nystatin susp 100000 unit/ml</i>	129
<i>nystatin tab 500000 unit</i>	16
<i>nystatin topical powder 100000 unit/gm</i>	125
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	125

<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	125
<i>nystop</i>	125
NYVEPRIA INJ 6/0.6ML.....	101
O	
<i>ocella</i>	82
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> 75	
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i> .75	
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> 75	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> 75	
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> 75	
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	75
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	75
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	75
ODEFSEY TAB.....	18
ODOMZO CAP 200MG	33
OFEV CAP 100MG	121
OFEV CAP 150MG	121
<i>ofloxacin ophth soln 0.3%</i>	115
<i>ofloxacin otic soln 0.3%</i>	129
<i>ofloxacin tab 300 mg</i>	22
<i>ofloxacin tab 400 mg</i>	22
<i>olanzapine for im inj 10 mg</i>	60
<i>olanzapine orally disintegrating tab 10 mg</i>	60
<i>olanzapine orally disintegrating tab 15 mg</i>	60
<i>olanzapine orally disintegrating tab 20 mg</i>	60
<i>olanzapine orally disintegrating tab 5 mg</i>	60
<i>olanzapine tab 10 mg</i>	60
<i>olanzapine tab 15 mg</i>	60
<i>olanzapine tab 2.5 mg</i>	60
<i>olanzapine tab 20 mg</i>	60
<i>olanzapine tab 5 mg</i>	60
<i>olanzapine tab 7.5 mg</i>	60
<i>olmesartan medoxomil tab 20 mg</i>	38
<i>olmesartan medoxomil tab 40 mg</i>	38
<i>olmesartan medoxomil tab 5 mg</i>	38
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	37
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	37
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	37
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	37

<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-10-12.5 mg	38	ONETOUCH SOL KIT FIT	84
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-10-25 mg	38	ONETOUCH SOL KIT REFILL	84
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-5-12.5 mg	37	ONETOUCH SOL KIT STARTER	84
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-5-25 mg	38	ONETOUCH TES ULTRA	84
<i>olopatadine hcl nasal soln 0.6%</i>	119	ONETOUCH TES VERIO	84
<i>olopatadine hcl ophth soln 0.2% (base</i> <i>equivalent)</i>	115	ONGENTYS CAP 25MG	58
<i>omega-3-acid ethyl esters cap 1 gm</i>	42	ONGENTYS CAP 50MG	58
<i>omeprazole cap delayed release 10 mg</i>	97	OPILL TAB 0.075MG	82
<i>omeprazole cap delayed release 20 mg</i>	97	OPSUMIT TAB 10MG	49
<i>omeprazole cap delayed release 40 mg</i>	97	<i>oralone dental paste</i>	129
<i>omeprazole-sodium bicarbonate powd pack for</i> <i>susp 20-1680 mg</i>	97	ORAVIG TAB 50MG	129
<i>omeprazole-sodium bicarbonate powd pack for</i> <i>susp 40-1680 mg</i>	97	ORENITRAM TAB 0.125MG	49
OMNARIS SPR	121	ORENITRAM TAB 0.25MG	49
OMNIFLEX DPR	82	ORENITRAM TAB 1MG	49
OMNIPOD 5 DE MIS PODS	84	ORENITRAM TAB 2.5MG	49
OMNIPOD 5 G7 KIT INTRO	84	ORENITRAM TAB 5MG	49
OMNIPOD 5 G7 MIS PODS	84	ORENITRAM TAB MONTH 1	49
OMNIPOD 5 KIT DEXG7G6	84	ORENITRAM TAB MONTH 2	49
OMNIPOD DASH KIT INTRO	84	ORENITRAM TAB MONTH 3	49
OMNIPOD DASH KIT PDM	84	ORFADIN SUS 4MG/ML	90
OMNIPOD DASH MIS PODS	84	ORLISSA TAB 150MG	85
ONCASPAR INJ 750/ML	33	ORLISSA TAB 200MG	85
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	94	ORKAMBI GRA 100-125	120
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	94	ORKAMBI GRA 150-188	120
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	94	ORKAMBI GRA 75-94MG	120
<i>ondansetron hcl oral soln 4 mg/5ml</i>	94	ORKAMBI TAB 100-125	120
<i>ondansetron hcl tab 24 mg</i>	94	ORKAMBI TAB 200-125	120
<i>ondansetron hcl tab 4 mg</i>	94	<i>orphenadrine citrate inj 30 mg/ml</i>	72
<i>ondansetron hcl tab 8 mg</i>	94	<i>orphenadrine citrate tab er 12hr 100 mg</i>	72
<i>ondansetron orally disintegrating tab 4 mg</i>	94	<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	19
<i>ondansetron orally disintegrating tab 8 mg</i>	94	<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	19
ONETOUCH DEL MIS PLUS 30G	84	<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	19
ONETOUCH DEL MIS PLUS 33G	84	<i>oseltamivir phosphate for susp 6 mg/ml (base</i> <i>equiv)</i>	19
ONETOUCH KIT ULT MINI	84	<i>osmitrol viaflex</i>	47
ONETOUCH KIT ULTRA 2	84	OSPHENA TAB 60MG	90
ONETOUCH KIT VERIO	84	OTEZLA TAB 10/20/30	105
ONETOUCH KIT VERIO FL	84	OTEZLA TAB 30MG	105
ONETOUCH KIT VERIO IQ	84	<i>oxaliplatin for iv inj 100 mg</i>	34
ONETOUCH KIT VERIO RE	84	<i>oxaliplatin for iv inj 50 mg</i>	34
ONETOUCH SOL KIT COMPLETE	84	<i>oxaliplatin iv soln 100 mg/20ml</i>	34
		<i>oxaliplatin iv soln 50 mg/10ml</i>	34
		<i>oxaprozin tab 600 mg</i>	8
		<i>oxazepam cap 10 mg</i>	51
		<i>oxazepam cap 15 mg</i>	51
		<i>oxazepam cap 30 mg</i>	51
		<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	64

<i>oxcarbazepine tab 150 mg</i>	64	<i>paliperidone tab er 24hr 9 mg</i>	60
<i>oxcarbazepine tab 300 mg</i>	64	<i>pamidronate disodium iv soln 3 mg/ml</i>	79
<i>oxcarbazepine tab 600 mg</i>	64	PANDA MASK MIS PEDIATRI	122
<i>oxiconazole nitrate cream 1%</i>	125	<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	97
<i>oxybutynin chloride solution 5 mg/5ml</i>	99	<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	97
<i>oxybutynin chloride tab 5 mg</i>	99	PARAGARD IUD T380A	82
<i>oxybutynin chloride tab er 24hr 10 mg</i>	99	<i>paraplatin</i>	34
<i>oxybutynin chloride tab er 24hr 15 mg</i>	99	<i>paricalcitol cap 1 mcg</i>	114
<i>oxybutynin chloride tab er 24hr 5 mg</i>	99	<i>paricalcitol cap 2 mcg</i>	114
<i>oxycodone hcl cap 5 mg</i>	12	<i>paricalcitol cap 4 mcg</i>	114
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	12	<i>paroxetine hcl tab 10 mg</i>	56
<i>oxycodone hcl soln 5 mg/5ml</i>	12	<i>paroxetine hcl tab 20 mg</i>	56
<i>oxycodone hcl tab 10 mg</i>	12	<i>paroxetine hcl tab 30 mg</i>	56
<i>oxycodone hcl tab 15 mg</i>	12	<i>paroxetine hcl tab 40 mg</i>	56
<i>oxycodone hcl tab 20 mg</i>	12	<i>paroxetine hcl tab er 24hr 12.5 mg</i>	56
<i>oxycodone hcl tab 30 mg</i>	12	<i>paroxetine hcl tab er 24hr 25 mg</i>	56
<i>oxycodone hcl tab 5 mg</i>	12	<i>paroxetine hcl tab er 24hr 37.5 mg</i>	56
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	12	PAXLOVID TAB 150-100	19
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	12	PAXLOVID TAB 300-100	19
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	13	<i>pazopanib hcl tab 200 mg (base equiv)</i>	32
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> .	13	PEDIARIX INJ 0.5ML.....	110
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	13	PEDVAX HIB INJ	110
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> ...	13	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> <i>236 gm</i>	96
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	13	<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for</i> <i>soln 100 gm</i>	96
<i>oxymorphone hcl tab 10 mg</i>	13	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> ...	96
<i>oxymorphone hcl tab 5 mg</i>	13	PEGASYS INJ	22
<i>oxymorphone hcl tab er 12hr 10 mg</i>	13	PEGASYS INJ 180MCG/M	22
<i>oxymorphone hcl tab er 12hr 15 mg</i>	13	PEG-PREP KIT.....	96
<i>oxymorphone hcl tab er 12hr 20 mg</i>	13	<i>pemetrexed disodium for iv soln 100 mg (base</i> <i>equiv)</i>	28
<i>oxymorphone hcl tab er 12hr 30 mg</i>	13	<i>pemetrexed disodium for iv soln 500 mg (base</i> <i>equiv)</i>	28
<i>oxymorphone hcl tab er 12hr 40 mg</i>	13	PENBRAYA INJ	111
<i>oxymorphone hcl tab er 12hr 5 mg</i>	13	<i>penciclovir cream 1%</i>	128
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	13	<i>penicillin g potassium for inj 2000000 unit</i>	25
OZEMPIC INJ 2MG/3ML	77	<i>penicillin g potassium for inj 5000000 unit</i>	25
OZEMPIC INJ 4MG/3ML	77	<i>penicillin g sodium for inj 5000000 unit</i>	25
OZEMPIC INJ 8MG/3ML	77	<i>penicillin v potassium for soln 125 mg/5ml</i>	25
P		<i>penicillin v potassium for soln 250 mg/5ml</i>	25
<i>pacerone</i>	39	<i>penicillin v potassium tab 250 mg</i>	25
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	28	<i>penicillin v potassium tab 500 mg</i>	25
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	29	PENTACEL INJ	111
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	28	<i>pentamidine isethionate for inj soln 300 mg</i>	24
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	29		
PADCEV INJ 20MG	29		
PADCEV INJ 30MG	29		
<i>paliperidone tab er 24hr 1.5 mg</i>	60		
<i>paliperidone tab er 24hr 3 mg</i>	60		
<i>paliperidone tab er 24hr 6 mg</i>	60		

<i>pentamidine isethionate for nebulization soln 300 mg</i>	24	<i>pilocarpine hcl tab 7.5 mg</i>	129
<i>pentoxifylline tab er 400 mg</i>	102	<i>pimecrolimus cream 1%</i>	126
<i>perindopril erbumine tab 2 mg</i>	36	<i>pimozide tab 1 mg</i>	74
<i>perindopril erbumine tab 4 mg</i>	36	<i>pimozide tab 2 mg</i>	74
<i>perindopril erbumine tab 8 mg</i>	36	<i>pindolol tab 10 mg</i>	44
<i>periogard</i>	129	<i>pindolol tab 5 mg</i>	44
<i>permethrin cream 5%</i>	129	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	78
<i>perphenazine tab 16 mg</i>	61	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	78
<i>perphenazine tab 2 mg</i>	60	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	78
<i>perphenazine tab 4 mg</i>	60	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	78
<i>perphenazine tab 8 mg</i>	60	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	78
<i>perphenazine-amitriptyline tab 2-10 mg</i>	74	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> .	78
<i>perphenazine-amitriptyline tab 2-25 mg</i>	74	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> .	78
<i>perphenazine-amitriptyline tab 4-10 mg</i>	74	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	25
<i>perphenazine-amitriptyline tab 4-25 mg</i>	74	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	25
<i>perphenazine-amitriptyline tab 4-50 mg</i>	74	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	25
PFIZER 5-11Y INJ 2023-24.....	111	<i>pirfenidone cap 267 mg</i>	121
PFIZER 6M-4Y INJ 2023-24	111	<i>pirfenidone tab 267 mg</i>	121
<i>pfizerpen</i>	25	<i>pirfenidone tab 801 mg</i>	122
<i>phenelzine sulfate tab 15 mg</i>	56	<i>piroxicam cap 10 mg</i>	8
<i>phenobarbital elixir 20 mg/5ml</i>	64	<i>piroxicam cap 20 mg</i>	8
<i>phenobarbital tab 100 mg</i>	64	<i>pitavastatin calcium tab 1 mg</i>	41
<i>phenobarbital tab 15 mg</i>	64	<i>pitavastatin calcium tab 2 mg</i>	41
<i>phenobarbital tab 16.2 mg</i>	64	<i>pitavastatin calcium tab 4 mg</i>	41
<i>phenobarbital tab 30 mg</i>	64	PLENVU SOL	96
<i>phenobarbital tab 32.4 mg</i>	64	PNEUMOVAX 23 INJ 25/0.5	111
<i>phenobarbital tab 60 mg</i>	64	<i>pnv-dha</i>	113
<i>phenobarbital tab 64.8 mg</i>	64	<i>pnv-select</i>	113
<i>phenobarbital tab 97.2 mg</i>	64	<i>podofilox gel 0.5%</i>	128
<i>phenoxybenzamine hcl cap 10 mg</i>	48	<i>podofilox soln 0.5%</i>	128
<i>phenylephrine hcl ophth soln 10%</i>	116	POLIVY INJ 140MG	29
<i>phenylephrine hcl ophth soln 2.5%</i>	116	POLIVY INJ 30MG	29
<i>phenytoin infatabs</i>	64	<i>polycin</i>	115
<i>phenytoin sodium extended cap 100 mg</i>	64	<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	96
<i>phenytoin sodium extended cap 200 mg</i>	64	<i>polymyxin b sulfate for inj 500000 unit</i>	24
<i>phenytoin sodium extended cap 300 mg</i>	64	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	115
<i>phenytoin sodium inj 50 mg/ml</i>	64	POMALYST CAP 1MG	29
<i>phenytoin susp 125 mg/5ml</i>	64	POMALYST CAP 2MG	29
PHEXXI GEL	98	POMALYST CAP 3MG	29
PHOSPHOLINE SOL 0.125%OP.....	116	POMALYST CAP 4MG	29
PHOTOFRIN INJ 75MG.....	34	<i>portia-28</i>	82
<i>physiolyte</i>	117	<i>posaconazole susp 40 mg/ml</i>	16
<i>physiosol irrigation</i>	117		
<i>phytonadione tab 5 mg</i>	114		
<i>pilocarpine hcl ophth soln 1%</i>	116		
<i>pilocarpine hcl tab 5 mg</i>	129		

<i>posaconazole tab delayed release 100 mg</i>	16	<i>prazosin hcl cap 5 mg</i>	37
<i>potassium chloride cap er 10 meq</i>	112	PRED SOD PHO SOL 1% OP	115
<i>potassium chloride cap er 8 meq</i>	112	<i>prednisolone acetate ophth susp 1%</i>	115
<i>potassium chloride inj 2 meq/ml</i>	113	<i>prednisolone sod phos orally disintegr tab 10 mg</i> (base eq).....	89
<i>potassium chloride microencapsulated crys er tab</i> <i>10 meq</i>	112	<i>prednisolone sod phos orally disintegr tab 15 mg</i> (base eq).....	89
<i>potassium chloride microencapsulated crys er tab</i> <i>20 meq</i>	112	<i>prednisolone sod phos orally disintegr tab 30 mg</i> (base eq).....	89
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	112	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5</i> <i>mg/5ml base)</i>	89
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	112	<i>prednisolone sod phosphate oral soln 15 mg/5ml</i> (base equiv).....	89
<i>potassium chloride tab er 10 meq</i>	112	<i>prednisolone sodium phosphate oral soln 25</i> <i>mg/5ml (base eq)</i>	89
<i>potassium chloride tab er 20 meq (1500 mg)</i> .	112	<i>prednisolone soln 15 mg/5ml</i>	89
<i>potassium chloride tab er 8 meq (600 mg)</i>	112	PREDNISON CON 5MG/ML	89
<i>potassium citrate tab er 10 meq (1080 mg)</i>	99	<i>prednisone oral soln 5 mg/5ml</i>	89
<i>potassium citrate tab er 15 meq (1620 mg)</i>	99	<i>prednisone tab 1 mg</i>	89
<i>potassium citrate tab er 5 meq (540 mg)</i>	99	<i>prednisone tab 10 mg</i>	89
PRADAXA CAP 75MG.....	100	<i>prednisone tab 2.5 mg</i>	89
<i>pramipexole dihydrochloride tab 0.125 mg</i>	58	<i>prednisone tab 20 mg</i>	89
<i>pramipexole dihydrochloride tab 0.25 mg</i>	58	<i>prednisone tab 5 mg</i>	89
<i>pramipexole dihydrochloride tab 0.5 mg</i>	58	<i>prednisone tab 50 mg</i>	89
<i>pramipexole dihydrochloride tab 0.75 mg</i>	58	<i>prednisone tab therapy pack 10 mg (21)</i>	89
<i>pramipexole dihydrochloride tab 1 mg</i>	58	<i>prednisone tab therapy pack 10 mg (48)</i>	89
<i>pramipexole dihydrochloride tab 1.5 mg</i>	58	<i>prednisone tab therapy pack 5 mg (21)</i>	89
<i>pramipexole dihydrochloride tab er 24hr 0.375</i> <i>mg</i>	58	<i>prednisone tab therapy pack 5 mg (48)</i>	89
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	58	<i>pregabalin cap 100 mg</i>	65
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	58	<i>pregabalin cap 150 mg</i>	65
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	58	<i>pregabalin cap 200 mg</i>	65
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i> .	58	<i>pregabalin cap 225 mg</i>	65
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	58	<i>pregabalin cap 25 mg</i>	65
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	58	<i>pregabalin cap 300 mg</i>	65
<i>prasugrel hcl tab 10 mg (base equiv)</i>	102	<i>pregabalin cap 50 mg</i>	65
<i>prasugrel hcl tab 5 mg (base equiv)</i>	102	<i>pregabalin cap 75 mg</i>	65
<i>pravastatin sodium tab 10 mg</i>	41	<i>pregabalin soln 20 mg/ml</i>	65
<i>pravastatin sodium tab 20 mg</i>	41	PREHEVBRIO SUS 10MCG/ML.....	111
<i>pravastatin sodium tab 40 mg</i>	41	PREMARIN TAB 0.3MG.....	87
<i>pravastatin sodium tab 80 mg</i>	41	PREMARIN TAB 0.45MG.....	87
<i>praziquantel tab 600 mg</i>	15	PREMARIN TAB 0.625MG.....	88
<i>prazosin hcl cap 1 mg</i>	37	PREMARIN TAB 0.9MG.....	87
<i>prazosin hcl cap 2 mg</i>	37	PREMARIN TAB 1.25MG.....	88
		PREMARIN VAG CRE 0.625MG.....	88
		<i>prenatal 19</i>	113
		PRETOMANID TAB 200MG.....	19
		<i>prevalite</i>	40

PREVNAR 20 INJ.....	111	<i>propafenone hcl tab 300 mg</i>	39
PREZCOBIX TAB 800-150.....	18	<i>proparacaine hcl ophth soln 0.5%</i>	117
PREZISTA SUS 100MG/ML.....	17	<i>propranolol hcl cap er 24hr 120 mg</i>	44
PREZISTA TAB 150MG	17	<i>propranolol hcl cap er 24hr 160 mg</i>	44
PREZISTA TAB 75MG	17	<i>propranolol hcl cap er 24hr 60 mg</i>	44
PRIFTIN TAB 150MG	19	<i>propranolol hcl cap er 24hr 80 mg</i>	44
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	16	<i>propranolol hcl oral soln 20 mg/5ml</i>	44
<i>primidone tab 250 mg</i>	65	<i>propranolol hcl oral soln 40 mg/5ml</i>	44
<i>primidone tab 50 mg</i>	65	<i>propranolol hcl tab 10 mg</i>	44
PRIORIX INJ	111	<i>propranolol hcl tab 20 mg</i>	44
<i>probenecid tab 500 mg</i>	7	<i>propranolol hcl tab 40 mg</i>	44
<i>procainamide hcl inj 100 mg/ml</i>	39	<i>propranolol hcl tab 60 mg</i>	44
<i>prochlorperazine maleate tab 10 mg (base</i> <i>equivalent)</i>	94	<i>propranolol hcl tab 80 mg</i>	44
<i>prochlorperazine maleate tab 5 mg (base</i> <i>equivalent)</i>	94	<i>propylthiouracil tab 50 mg</i>	92
<i>prochlorperazine suppos 25 mg</i>	94	PROQUAD INJ.....	111
<i>proctozone-hc</i>	98	<i>protriptyline hcl tab 10 mg</i>	56
<i>progesterone cap 100 mg</i>	91	<i>protriptyline hcl tab 5 mg</i>	56
<i>progesterone cap 200 mg</i>	91	<i>pseudoephed-bromphen-dm syrup 30-2-10</i> <i>mg/5ml</i>	120
PROGRAF CAP 0.5MG.....	108	<i>pyrazinamide tab 500 mg</i>	19
PROGRAF CAP 1MG.....	108	<i>pyridostigmine bromide oral soln 60 mg/5ml</i> ...	71
PROGRAF CAP 5MG.....	108	<i>pyridostigmine bromide tab 60 mg</i>	71
PROGRAF GRA 0.2MG	109	<i>pyridostigmine bromide tab er 180 mg</i>	71
PROGRAF GRA 1MG	109	<i>pyridoxine hcl tab 25 mg</i>	114
PROGRAF INJ 5MG/ML.....	109	<i>pyridoxine hcl tab 50 mg</i>	114
PROLASTIN-C INJ 1000MG	117	<i>pyrimethamine tab 25 mg</i>	24
PROLIA INJ 60MG/ML.....	79	Q	
<i>promethazine hcl inj 25 mg/ml</i>	94	QUADRACEL INJ	111
<i>promethazine hcl inj 50 mg/ml</i>	94	QUADRACEL INJ 0.5ML	111
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	94	<i>quetiapine fumarate tab 100 mg</i>	61
<i>promethazine hcl suppos 12.5 mg</i>	94	<i>quetiapine fumarate tab 200 mg</i>	61
<i>promethazine hcl suppos 25 mg</i>	94	<i>quetiapine fumarate tab 25 mg</i>	61
<i>promethazine hcl tab 12.5 mg</i>	94	<i>quetiapine fumarate tab 300 mg</i>	61
<i>promethazine hcl tab 25 mg</i>	94	<i>quetiapine fumarate tab 400 mg</i>	61
<i>promethazine hcl tab 50 mg</i>	94	<i>quetiapine fumarate tab 50 mg</i>	61
<i>promethazine vc</i>	120	<i>quetiapine fumarate tab er 24hr 150 mg</i>	61
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	120	<i>quetiapine fumarate tab er 24hr 200 mg</i>	61
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	120	<i>quetiapine fumarate tab er 24hr 300 mg</i>	61
<i>promethegan</i>	94	<i>quetiapine fumarate tab er 24hr 400 mg</i>	61
<i>propafenone hcl cap er 12hr 225 mg</i>	39	<i>quetiapine fumarate tab er 24hr 50 mg</i>	61
<i>propafenone hcl cap er 12hr 325 mg</i>	39	<i>quinapril hcl tab 10 mg</i>	36
<i>propafenone hcl cap er 12hr 425 mg</i>	39	<i>quinapril hcl tab 20 mg</i>	36
<i>propafenone hcl tab 150 mg</i>	39	<i>quinapril hcl tab 40 mg</i>	36
<i>propafenone hcl tab 225 mg</i>	39	<i>quinapril hcl tab 5 mg</i>	36
		<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> ..	35
		<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> ..	35
		<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	35

<i>quinine sulfate cap 324 mg</i>	16	REYATAZ POW 50MG	17
QULIPTA TAB 10MG	70	<i>ribavirin cap 200 mg</i>	22
QULIPTA TAB 30MG	70	<i>ribavirin tab 200 mg</i>	22
QULIPTA TAB 60MG	70	<i>rifabutin cap 150 mg</i>	19
R		<i>rifampin cap 150 mg</i>	19
<i>rabeprazole sodium ec tab 20 mg</i>	97	<i>rifampin cap 300 mg</i>	19
<i>raloxifene hcl tab 60 mg</i>	91	<i>rifampin for inj 600 mg</i>	19
<i>ramelteon tab 8 mg</i>	69	<i>riluzole tab 50 mg</i>	71
<i>ramipril cap 1.25 mg</i>	36	<i>rimantadine hydrochloride tab 100 mg</i>	19
<i>ramipril cap 10 mg</i>	36	RINVOQ LQ SOL 1MG/ML	105
<i>ramipril cap 2.5 mg</i>	36	RINVOQ TAB 15MG ER.....	105
<i>ramipril cap 5 mg</i>	36	RINVOQ TAB 30MG ER.....	106
<i>ranolazine tab er 12hr 1000 mg</i>	48	RINVOQ TAB 45MG ER.....	106
<i>ranolazine tab er 12hr 500 mg</i>	48	<i>risedronate sodium tab 150 mg</i>	79
RAPAMUNE SOL 1MG/ML.....	109	<i>risedronate sodium tab 30 mg</i>	79
RAPAMUNE TAB 0.5MG	109	<i>risedronate sodium tab 35 mg</i>	79
RAPAMUNE TAB 1MG	109	<i>risedronate sodium tab 5 mg</i>	79
RAPAMUNE TAB 2MG	109	<i>risedronate sodium tab delayed release 35 mg</i> .79	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	58	<i>risperidone orally disintegrating tab 0.25 mg</i> ...	61
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	58	<i>risperidone orally disintegrating tab 0.5 mg</i>	61
<i>reclipsen</i>	82	<i>risperidone orally disintegrating tab 1 mg</i>	61
RECOMBIVA HB INJ 10MCG/ML.....	111	<i>risperidone orally disintegrating tab 2 mg</i>	61
RECOMBIVA HB INJ 5MCG/0.5.....	111	<i>risperidone orally disintegrating tab 3 mg</i>	61
RECOMBIVA-HB INJ 40MCG/ML	111	<i>risperidone orally disintegrating tab 4 mg</i>	61
REGANEX GEL 0.01%	129	<i>risperidone soln 1 mg/ml</i>	61
RELENZA MIS DISKHALE	19	<i>risperidone tab 0.25 mg</i>	61
<i>repaglinide tab 0.5 mg</i>	78	<i>risperidone tab 0.5 mg</i>	61
<i>repaglinide tab 1 mg</i>	78	<i>risperidone tab 1 mg</i>	61
<i>repaglinide tab 2 mg</i>	78	<i>risperidone tab 2 mg</i>	61
REPATHA INJ 140MG/ML	42	<i>risperidone tab 3 mg</i>	61
REPATHA PUSH INJ 420/3.5	42	<i>risperidone tab 4 mg</i>	61
REPATHA SURE INJ 140MG/ML.....	42	<i>ritonavir tab 100 mg</i>	17
RESTASIS EMU 0.05% OP.....	116	<i>rivastigmine tartrate cap 1.5 mg (base</i> <i>equivalent)</i>	52
RESTASIS MUL EMU 0.05% OP	116	<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	52
RETACRIT INJ 10000UNT	102	<i>rivastigmine tartrate cap 4.5 mg (base</i> <i>equivalent)</i>	52
RETACRIT INJ 20000UNI	102	<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	52
RETACRIT INJ 2000UNIT	101	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	52
RETACRIT INJ 3000UNIT	101	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	52
RETACRIT INJ 4000UNT	102	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	52
RETACRIT INJ 4000UNIT	102	<i>rivelsa</i>	82
RETROVIR INJ 10MG/ML.....	17	<i>rizatriptan benzoate oral disintegrating tab 10</i> <i>mg (base eq)</i>	70
REVLIMID CAP 10MG.....	29		
REVLIMID CAP 15MG.....	29		
REVLIMID CAP 2.5MG.....	29		
REVLIMID CAP 20MG.....	29		
REVLIMID CAP 25MG.....	29		
REVLIMID CAP 5MG.....	29		

<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	70	<i>selenium sulfide lotion 2.5%</i>	125
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	70	SELZENTRY SOL 20MG/ML.....	17
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	70	SEREVENT DIS AER 50MCG	119
<i>roflumilast tab 250 mcg</i>	121	<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	56
<i>roflumilast tab 500 mcg</i>	121	<i>sertraline hcl tab 100 mg</i>	56
<i>ropinirole hydrochloride tab 0.25 mg</i>	58	<i>sertraline hcl tab 25 mg</i>	56
<i>ropinirole hydrochloride tab 0.5 mg</i>	58	<i>sertraline hcl tab 50 mg</i>	56
<i>ropinirole hydrochloride tab 1 mg</i>	58	<i>sevelamer carbonate packet 0.8 gm</i>	91
<i>ropinirole hydrochloride tab 2 mg</i>	58	<i>sevelamer carbonate packet 2.4 gm</i>	91
<i>ropinirole hydrochloride tab 3 mg</i>	58	<i>sevelamer carbonate tab 800 mg</i>	91
<i>ropinirole hydrochloride tab 4 mg</i>	58	SHARPS CONT MIS 2QUART	84
<i>ropinirole hydrochloride tab 5 mg</i>	58	SHINGRIX INJ 50/0.5ML	111
<i>rosuvastatin calcium tab 10 mg</i>	41	SIGNIFOR INJ 0.3MG/ML.....	91
<i>rosuvastatin calcium tab 20 mg</i>	41	SIGNIFOR INJ 0.6MG/ML.....	91
<i>rosuvastatin calcium tab 40 mg</i>	41	SIGNIFOR INJ 0.9MG/ML.....	91
<i>rosuvastatin calcium tab 5 mg</i>	41	<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	49
ROTARIX SUS	111	<i>sildenafil citrate tab 20 mg</i>	49
ROTATEQ SOL	111	<i>silodosin cap 4 mg</i>	98
<i>rufinamide susp 40 mg/ml</i>	65	<i>silodosin cap 8 mg</i>	98
<i>rufinamide tab 200 mg</i>	65	<i>silver sulfadiazine cream 1%</i>	124
<i>rufinamide tab 400 mg</i>	65	SIMBRINZA SUS 1-0.2%.....	116
RUXIENCE INJ 100/10ML.....	29	SIMPONI ARIA SOL 50MG/4ML.....	103
RUXIENCE INJ 500/50ML.....	29	SIMPONI INJ 100MG/ML.....	106
<i>ryclora</i>	119	SIMPONI INJ 50/0.5ML.....	106
RYDAPT CAP 25MG.....	32	<i>simvastatin tab 10 mg</i>	42
S		<i>simvastatin tab 20 mg</i>	42
SANCUSO DIS 3.1MG.....	94	<i>simvastatin tab 40 mg</i>	42
SANDIMMUNE CAP 100MG	109	<i>simvastatin tab 5 mg</i>	42
SANDIMMUNE CAP 25MG	109	<i>simvastatin tab 80 mg</i>	42
SANDIMMUNE INJ 50MG/ML	109	<i>sirolimus oral soln 1 mg/ml</i>	109
SANDIMMUNE SOL 100MG/ML.....	109	<i>sirolimus tab 0.5 mg</i>	109
<i>sapropterin dihydrochloride powder packet 100 mg</i>	85	<i>sirolimus tab 1 mg</i>	109
<i>sapropterin dihydrochloride powder packet 500 mg</i>	85	<i>sirolimus tab 2 mg</i>	109
<i>sapropterin dihydrochloride tab 100 mg</i>	85	SIRTURO TAB 100MG.....	19
SAVELLA MIS TITR PAK	68	SIRTURO TAB 20MG.....	19
SAVELLA TAB 100MG.....	68	SKYLA IUD 13.5MG.....	82
SAVELLA TAB 12.5MG.....	68	SKYRIZI INJ 150MG/ML	106
SAVELLA TAB 25MG.....	68	SKYRIZI INJ 180/1.2	106
SAVELLA TAB 50MG.....	68	SKYRIZI INJ 360/2.4	106
<i>scopolamine td patch 72hr 1 mg/3days</i>	94	SKYRIZI PEN INJ 150MG/ML.....	106
<i>selegiline hcl cap 5 mg</i>	58	SKYRIZI SOL 60MG/ML.....	103
<i>selegiline hcl tab 5 mg</i>	58	<i>sm lice treatment</i>	129
		<i>sm nicotine transdermal s</i>	75
		SOD OXYBATE SOL 500MG/ML.....	72

<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	96	<i>sotalol hcl (afib/afI) tab 160 mg</i>	39
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	112	<i>sotalol hcl (afib/afI) tab 80 mg</i>	39
<i>sodium chloride irrigation soln 0.9%</i>	129	<i>sotalol hcl tab 120 mg</i>	39
<i>sodium chloride iv soln 0.45%</i>	113	<i>sotalol hcl tab 160 mg</i>	39
<i>sodium chloride iv soln 0.9%</i>	113	<i>sotalol hcl tab 240 mg</i>	39
<i>sodium chloride iv soln 3%</i>	113	<i>sotalol hcl tab 80 mg</i>	39
<i>sodium chloride iv soln 5%</i>	113	SOVALDI PAK 150MG	22
<i>sodium chloride preservative free (pf) inj 0.9%</i>	113	SOVALDI PAK 200MG	22
<i>sodium chloride soln nebu 0.9%</i>	121	SOVALDI TAB 200MG	23
<i>sodium chloride soln nebu 10%</i>	121	SOVALDI TAB 400MG	23
<i>sodium chloride soln nebu 3%</i>	121	SPIKEVAX INJ 50/0.5ML	111
<i>sodium chloride soln nebu 7%</i>	121	<i>spinosad susp 0.9%</i>	129
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	112	SPIRIVA AER 1.25MCG	117
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	112	SPIRIVA SPR 2.5MCG.....	117
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	112	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	47
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	112	<i>spironolactone tab 100 mg</i>	36
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	113	<i>spironolactone tab 25 mg</i>	36
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	113	<i>spironolactone tab 50 mg</i>	36
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	85	SPRAVATO SOL 56MG DOS	26
<i>sodium phenylbutyrate tab 500 mg</i>	85	SPRAVATO SOL 84MG DOS	26
SOFTCLIX MIS LANCETS	84	<i>sprintec 28</i>	82
<i>solifenacin succinate tab 10 mg</i>	99	SPRYCEL TAB 100MG	32
<i>solifenacin succinate tab 5 mg</i>	99	SPRYCEL TAB 140MG	32
SOLQUA INJ 100/33.....	77	SPRYCEL TAB 20MG	32
SOLU-CORTEF INJ 1000MG	89	SPRYCEL TAB 50MG	32
SOLU-CORTEF INJ 100MG	89	SPRYCEL TAB 70MG	32
SOLU-CORTEF INJ 250MG	89	SPRYCEL TAB 80MG	32
SOLU-CORTEF INJ 500MG	89	<i>sps</i>	91
SOLU-MEDROL INJ 2GM	89	<i>sronyx</i>	82
SOMATULINE INJ 120/.5ML	75	<i>ssd</i>	124
SOMATULINE INJ 60/0.2ML	75	STELARA INJ 45MG/0.5	106
SOMATULINE INJ 90/0.3ML	75	STELARA INJ 90MG/ML	106
SOMAVERT INJ 10MG.....	75	STIOLTO AER 2.5-2.5	117
SOMAVERT INJ 15MG.....	75	STIVARGA TAB 40MG.....	32
SOMAVERT INJ 20MG.....	75	STRIVERDI AER 2.5MCG	119
SOMAVERT INJ 25MG.....	75	SUBLOCADE INJ 100/0.5	14
SOMAVERT INJ 30MG.....	75	SUBLOCADE INJ 300/1.5	14
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	32	SUCRAID SOL 8500/ML	96
<i>sotalol hcl (afib/afI) tab 120 mg</i>	39	<i>sucralfate tab 1 gm</i>	96
		SUFLAVE SOL.....	96
		<i>sulconazole nitrate cream 1%</i>	125
		<i>sulconazole nitrate solution 1%</i>	125
		<i>sulfacetamide sodium lotion 10% (acne)</i>	124
		<i>sulfacetamide sodium ophth oint 10%</i>	115
		<i>sulfacetamide sodium ophth soln 10%</i>	115

<i>sulfacetamide sodium-prednisolone ophth soln</i>	
10-0.23(0.25)%	114
<i>sulfadiazine tab 500 mg</i>	15
<i>sulfamethoxazole-trimethoprim susp 200-40</i>	
<i>mg/5ml</i>	15
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	15
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	15
SULFAMYLON CRE 85MG/GM	124
<i>sulfasalazine tab 500 mg</i>	95
<i>sulfasalazine tab delayed release 500 mg</i>	95
<i>sulindac tab 150 mg</i>	8
<i>sulindac tab 200 mg</i>	8
<i>sumatriptan nasal spray 20 mg/act</i>	70
<i>sumatriptan nasal spray 5 mg/act</i>	70
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	70
<i>sumatriptan succinate solution auto-injector 4</i>	
<i>mg/0.5ml</i>	70
<i>sumatriptan succinate solution auto-injector 6</i>	
<i>mg/0.5ml</i>	70
<i>sumatriptan succinate solution cartridge 4</i>	
<i>mg/0.5ml</i>	70
<i>sumatriptan succinate solution cartridge 6</i>	
<i>mg/0.5ml</i>	70
<i>sumatriptan succinate tab 100 mg</i>	70
<i>sumatriptan succinate tab 25 mg</i>	70
<i>sumatriptan succinate tab 50 mg</i>	70
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	70
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	32
<i>sunitinib malate cap 25 mg (base equivalent)</i> ..	32
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	32
<i>sunitinib malate cap 50 mg (base equivalent)</i> ..	32
SUNOSI TAB 150MG	73
SUNOSI TAB 75MG	72
SUPPRELIN LA KIT 50MG	91
SUTAB TAB	96
<i>syeda</i>	82
SYMDEKO TAB 100-150	120
SYMDEKO TAB 50-75MG	120
SYMLINPEN 60 INJ 1000MCG	76
SYMLINPEN 120 INJ 1000MCG	76
SYMTUZA TAB	18
SYNAREL SOL 2MG/ML	90
SYNJARDY TAB	78
SYNJARDY TAB 12.5-500	78
SYNJARDY TAB 5-1000MG	78
SYNJARDY TAB 5-500MG	78

SYNJARDY XR TAB	78
SYNJARDY XR TAB 10-1000	78
SYNJARDY XR TAB 25-1000	78
SYNJARDY XR TAB 5-1000MG	78
SYNTHROID TAB 100MCG	92
SYNTHROID TAB 112MCG	92
SYNTHROID TAB 125MCG	92
SYNTHROID TAB 137MCG	92
SYNTHROID TAB 150MCG	92
SYNTHROID TAB 175MCG	92
SYNTHROID TAB 200MCG	92
SYNTHROID TAB 25MCG	92
SYNTHROID TAB 300MCG	92
SYNTHROID TAB 50MCG	92
SYNTHROID TAB 75MCG	92
SYNTHROID TAB 88MCG	92
T	
TABLOID TAB 40MG	28
<i>tacrolimus cap 0.5 mg</i>	109
<i>tacrolimus cap 1 mg</i>	109
<i>tacrolimus cap 5 mg</i>	109
<i>tacrolimus oint 0.03%</i>	126
<i>tacrolimus oint 0.1%</i>	126
<i>tadalafil tab 2.5 mg</i>	98
<i>tadalafil tab 20 mg (pah)</i>	49
<i>tadalafil tab 5 mg</i>	98
TAFINLAR CAP 50MG	32
TAFINLAR CAP 75MG	32
TAFINLAR TAB 10MG	32
<i>tafluprost preservative free (pf) ophth soln</i>	
0.0015%	116
<i>take action</i>	82
TAKHZYRO INJ 150MG/ML	107
TAKHZYRO INJ 300/2ML	107
TALTZ INJ 80MG/ML	106
<i>tamoxifen citrate tab 10 mg (base equivalent)</i> ..	30
<i>tamoxifen citrate tab 20 mg (base equivalent)</i> ..	30
<i>tamsulosin hcl cap 0.4 mg</i>	98
<i>tasimelteon capsule 20 mg</i>	69
<i>tazarotene cream 0.1%</i>	125
<i>tazarotene gel 0.05%</i>	125
<i>tazarotene gel 0.1%</i>	125
<i>tazicef</i>	21
TAZORAC CRE 0.05%	125
TDVAX INJ 2-2 LF	111
<i>telmisartan tab 20 mg</i>	38
<i>telmisartan tab 40 mg</i>	38

<i>telmisartan tab 80 mg</i>	38	<i>theophylline soln 80 mg/15ml</i>	123
<i>telmisartan-amlodipine tab 40-10 mg</i>	38	<i>theophylline tab er 12hr 300 mg</i>	123
<i>telmisartan-amlodipine tab 40-5 mg</i>	38	<i>theophylline tab er 12hr 450 mg</i>	123
<i>telmisartan-amlodipine tab 80-10 mg</i>	38	<i>theophylline tab er 24hr 400 mg</i>	123
<i>telmisartan-amlodipine tab 80-5 mg</i>	38	<i>theophylline tab er 24hr 600 mg</i>	123
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	38	<i>thioridazine hcl tab 10 mg</i>	61
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	38	<i>thioridazine hcl tab 100 mg</i>	61
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	38	<i>thioridazine hcl tab 25 mg</i>	61
<i>temazepam cap 15 mg</i>	69	<i>thioridazine hcl tab 50 mg</i>	61
<i>temazepam cap 22.5 mg</i>	69	<i>thiothixene cap 1 mg</i>	61
<i>temazepam cap 30 mg</i>	69	<i>thiothixene cap 10 mg</i>	61
<i>temazepam cap 7.5 mg</i>	69	<i>thiothixene cap 2 mg</i>	61
TEMODAR INJ 100MG	27	<i>thiothixene cap 5 mg</i>	61
<i>temozolomide cap 100 mg</i>	27	<i>tiagabine hcl tab 12 mg</i>	65
<i>temozolomide cap 140 mg</i>	27	<i>tiagabine hcl tab 16 mg</i>	65
<i>temozolomide cap 180 mg</i>	27	<i>tiagabine hcl tab 2 mg</i>	65
<i>temozolomide cap 20 mg</i>	27	<i>tiagabine hcl tab 4 mg</i>	65
<i>temozolomide cap 250 mg</i>	27	TICE BCG INJ	30
<i>temozolomide cap 5 mg</i>	27	<i>tilia fe</i>	82
TENIVAC INJ 5-2LF	111	<i>timolol maleate ophth gel forming soln 0.25%</i>	116
<i>tenofovir disoproxil fumarate tab 300 mg</i>	17	<i>timolol maleate ophth gel forming soln 0.5%</i> ..	116
<i>terazosin hcl cap 1 mg (base equivalent)</i>	98	<i>timolol maleate ophth soln 0.25%</i>	116
<i>terazosin hcl cap 10 mg (base equivalent)</i>	98	<i>timolol maleate ophth soln 0.5%</i>	116
<i>terazosin hcl cap 2 mg (base equivalent)</i>	98	<i>timolol maleate ophth soln 0.5% (once-daily)</i> .	116
<i>terazosin hcl cap 5 mg (base equivalent)</i>	98	<i>timolol maleate tab 10 mg</i>	44
<i>terbinafine hcl tab 250 mg</i>	16	<i>timolol maleate tab 20 mg</i>	44
<i>terbutaline sulfate tab 2.5 mg</i>	119	<i>timolol maleate tab 5 mg</i>	44
<i>terbutaline sulfate tab 5 mg</i>	119	<i>tinidazole tab 250 mg</i>	15
<i>terconazole vaginal cream 0.4%</i>	99	<i>tinidazole tab 500 mg</i>	15
<i>terconazole vaginal cream 0.8%</i>	99	<i>tiotropium bromide monohydrate inhal cap 18</i> <i>mcg (base equiv)</i>	117
<i>terconazole vaginal suppos 80 mg</i>	99	TIVICAY PD TAB 5MG	17
<i>teriflunomide tab 14 mg</i>	71	TIVICAY TAB 50MG.....	17
<i>teriflunomide tab 7 mg</i>	71	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	72
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	75	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	72
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	75	TOBRADEX OIN 0.3-0.1%.....	114
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	76	TOBRADEX ST SUS 0.3-0.05.....	114
<i>testosterone td gel 10mg/act (2%)</i>	76	<i>tobramycin nebu soln 300 mg/4ml</i>	120
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	76	<i>tobramycin nebu soln 300 mg/5ml</i>	120
<i>tetrabenazine tab 12.5 mg</i>	71	<i>tobramycin ophth soln 0.3%</i>	115
<i>tetrabenazine tab 25 mg</i>	71	<i>tobramycin sulfate for inj 1.2 gm</i>	15
<i>tetracycline hcl cap 250 mg</i>	26	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i> <i>(base equiv)</i>	15
<i>tetracycline hcl cap 500 mg</i>	26	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i> <i>(base equiv)</i>	15
THALOMID CAP 100MG.....	30	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	114
THALOMID CAP 50MG.....	30		
<i>theophylline elixir 80 mg/15ml</i>	123		

TODAY SPONGE MIS.....	98	<i>treprostinil inj soln 200 mg/20ml (10 mg/ml) ...</i>	49
<i>tolterodine tartrate cap er 24hr 2 mg</i>	99	<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	49
<i>tolterodine tartrate cap er 24hr 4 mg</i>	99	TRESIBA FLEX INJ 100UNIT.....	77
<i>tolterodine tartrate tab 1 mg</i>	99	TRESIBA FLEX INJ 200UNIT.....	77
<i>tolterodine tartrate tab 2 mg</i>	99	TRESIBA INJ 100UNIT.....	77
<i>tolvaptan tab 15 mg</i>	91	<i>tretinoin cap 10 mg</i>	34
<i>tolvaptan tab 30 mg</i>	91	<i>tretinoin cream 0.025%</i>	124
<i>topiramate sprinkle cap 15 mg</i>	65	<i>tretinoin cream 0.05%</i>	124
<i>topiramate sprinkle cap 25 mg</i>	65	<i>tretinoin cream 0.1%</i>	124
<i>topiramate tab 100 mg</i>	65	<i>tretinoin gel 0.01%</i>	124
<i>topiramate tab 200 mg</i>	65	<i>tretinoin gel 0.025%</i>	124
<i>topiramate tab 25 mg</i>	65	<i>tretinoin gel 0.05%</i>	124
<i>topiramate tab 50 mg</i>	65	<i>tretinoin microsphere gel 0.04%</i>	124
<i>topotecan hcl for inj 4 mg (base equiv)</i>	35	<i>tretinoin microsphere gel 0.1%</i>	124
<i>toremifene citrate tab 60 mg (base equivalent)</i>	30	<i>triamcinolone acetonide cream 0.025%</i>	128
<i>toremifene citrate tab 60 mg (base equivalent)</i>	30	<i>triamcinolone acetonide cream 0.1%</i>	128
<i>torsemide tab 10 mg</i>	47	<i>triamcinolone acetonide cream 0.5%</i>	128
<i>torsemide tab 100 mg</i>	47	<i>triamcinolone acetonide dental paste 0.1%</i>	129
<i>torsemide tab 20 mg</i>	47	<i>triamcinolone acetonide lotion 0.025%</i>	128
<i>torsemide tab 5 mg</i>	47	<i>triamcinolone acetonide lotion 0.1%</i>	128
<i>tramadol hcl tab 50 mg</i>	13	<i>triamcinolone acetonide nasal aerosol</i>	
<i>tramadol hcl tab er 24hr 100 mg</i>	13	<i>suspension 55 mcg/act</i>	121
<i>tramadol hcl tab er 24hr 200 mg</i>	13	<i>triamcinolone acetonide oint 0.025%</i>	128
<i>tramadol hcl tab er 24hr 300 mg</i>	13	<i>triamcinolone acetonide oint 0.1%</i>	128
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	13	<i>triamcinolone acetonide oint 0.5%</i>	128
<i>trandolapril tab 1 mg</i>	36	<i>triamterene & hydrochlorothiazide cap 37.5-25</i>	
<i>trandolapril tab 2 mg</i>	36	<i>mg</i>	47
<i>trandolapril tab 4 mg</i>	36	<i>triamterene & hydrochlorothiazide tab 37.5-25</i>	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	35	<i>mg</i>	47
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	35	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	35	.....	47
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	35	<i>triamterene cap 100 mg</i>	47
<i>tranexamic acid iv soln 1000 mg/10ml (100</i>		<i>triamterene cap 50 mg</i>	47
<i>mg/ml)</i>	102	<i>triazolam tab 0.125 mg</i>	69
<i>tranexamic acid tab 650 mg</i>	102	<i>triazolam tab 0.25 mg</i>	69
<i>tranylcypromine sulfate tab 10 mg</i>	56	<i>trifluoperazine hcl tab 1 mg (base equivalent)</i> ..	61
<i>travoprost ophth soln 0.004% (benzalkonium</i>		<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	61
<i>free) (bak free)</i>	116	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i> ..	61
<i>trazodone hcl tab 100 mg</i>	56	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i> ..	61
<i>trazodone hcl tab 150 mg</i>	56	<i>trifluridine ophth soln 1%</i>	115
<i>trazodone hcl tab 300 mg</i>	56	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	58
<i>trazodone hcl tab 50 mg</i>	56	<i>trihexyphenidyl hcl tab 2 mg</i>	58
TRECTOR TAB 250MG.....	19	<i>trihexyphenidyl hcl tab 5 mg</i>	59
TRELEGY AER 100MCG.....	117	TRIKAFTA PAK 59.5MG.....	120
TRELEGY AER 200MCG.....	117	TRIKAFTA PAK 75MG.....	121
TREMFYA INJ 100MG/ML.....	106	TRIKAFTA TAB.....	121
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	49	<i>tri-linyah</i>	82
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	49		

<i>trimethobenzamide hcl cap 300 mg</i>	94	UPTRAVI TAB 1600MCG.....	50
<i>trimethoprim tab 100 mg</i>	24	UPTRAVI TAB 200MCG.....	50
<i>trimipramine maleate cap 100 mg</i>	56	UPTRAVI TAB 400MCG.....	50
<i>trimipramine maleate cap 25 mg</i>	56	UPTRAVI TAB 600MCG.....	50
<i>trimipramine maleate cap 50 mg</i>	56	UPTRAVI TAB 800MCG.....	50
<i>trinate</i>	113	<i>urinary pain relief</i>	99
TRINTELLIX TAB 10MG.....	56	<i>ursodiol cap 300 mg</i>	96
TRINTELLIX TAB 20MG.....	56	<i>ursodiol tab 250 mg</i>	96
TRINTELLIX TAB 5MG.....	56	<i>ursodiol tab 500 mg</i>	97
TRIPTODUR SUS 22.5MG.....	90	V	
<i>tri-sprintec</i>	82	<i>valacyclovir hcl tab 1 gm</i>	19
TRIUMEQ PD TAB.....	18	<i>valacyclovir hcl tab 500 mg</i>	19
TRIUMEQ TAB.....	18	<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	
<i>tri-vite/fluoride</i>	114	.....	19
<i>trivora-28</i>	82	<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	19
TROGARZO INJ 150MG/ML.....	17	<i>valproate sodium inj 100 mg/ml</i>	65
<i>tropicamide ophth soln 0.5%</i>	117	<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	65
<i>tropicamide ophth soln 1%</i>	117	<i>valproic acid cap 250 mg</i>	65
<i>tropium chloride cap er 24hr 60 mg</i>	99	<i>valsartan tab 160 mg</i>	38
<i>tropium chloride tab 20 mg</i>	99	<i>valsartan tab 320 mg</i>	38
TRULICITY INJ 0.75/0.5.....	77	<i>valsartan tab 40 mg</i>	38
TRULICITY INJ 1.5/0.5.....	77	<i>valsartan tab 80 mg</i>	38
TRULICITY INJ 3/0.5.....	77	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	
TRULICITY INJ 4.5/0.5.....	77	.....	38
TRUMENBA INJ.....	111	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> ..	38
TRUSTEX/RIA MIS NON-LUB.....	82	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	
TRUSTX NON-9 MIS RIB/STUD.....	82	.....	38
TUKYSA TAB 150MG.....	33	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> ..	38
TUKYSA TAB 50MG.....	33	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> ..	38
TWINRIX INJ.....	111	<i>vancomycin hcl cap 125 mg (base equivalent)</i> ..	24
TWIRLA DIS 120-30.....	83	<i>vancomycin hcl cap 250 mg (base equivalent)</i> ..	24
TYBLUME CHW 0.1-0.02.....	83	<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	
TYBOST TAB 150MG.....	17	.....	24
TYMLOS INJ.....	79	<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	24
TYSABRI INJ 300/15ML.....	71	<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	
TYVASO RF KT SOL 0.6MG/ML.....	49	.....	24
TYVASO SOL 0.6MG/ML.....	49	<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	24
TYVASO ST KT SOL 0.6MG/ML.....	49	<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	
U		.....	24
UBRELVY TAB 100MG.....	70	VAQTA INJ 25/0.5ML.....	112
UBRELVY TAB 50MG.....	70	VAQTA INJ 50UNT/ML.....	112
<i>unithroid</i>	92	<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	75
UPTRAVI INJ 1800MCG.....	49	<i>varenicline tartrate tab 1 mg (base equiv)</i>	75
UPTRAVI PACK TAB 200/800.....	49		
UPTRAVI TAB 1000MCG.....	50		
UPTRAVI TAB 1200MCG.....	50		
UPTRAVI TAB 1400MCG.....	50		

<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	75	VERZENIO TAB 150MG.....	33
VARIVAX INJ.....	112	VERZENIO TAB 200MG.....	33
VARUBI TAB 90MG	94	VERZENIO TAB 50MG.....	33
VAXELIS INJ	112	VIBERZI TAB 100MG.....	95
VAXNEUVANCE INJ	112	VIBERZI TAB 75MG.....	95
VCF VAGINAL GEL CONTRACE	98	VICTOZA INJ 18MG/3ML.....	77
VCF VAGINAL MIS CONTRACP	98	<i>vigabatrin powd pack 500 mg</i>	65
<i>velivet</i>	83	<i>vigabatrin tab 500 mg</i>	65
VELPHORO CHW 500MG.....	91	<i>vilazodone hcl tab 10 mg</i>	57
VENCLEXTA TAB 100MG.....	29	<i>vilazodone hcl tab 20 mg</i>	57
VENCLEXTA TAB 10MG.....	29	<i>vilazodone hcl tab 40 mg</i>	57
VENCLEXTA TAB 50MG.....	29	<i>vinblastine sulfate inj 1 mg/ml</i>	29
VENCLEXTA TAB START PK	29	<i>vincristine sulfate iv soln 1 mg/ml</i>	29
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	56	<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i> ..	29
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	56	<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	29
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	56	VIOKACE TAB 10440.....	97
<i>venlafaxine hcl tab 100 mg (base equivalent)</i> ..	57	VIOKACE TAB 20880.....	97
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	57	<i>viorele</i>	83
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> .	57	VIREAD POW 40MG/GM.....	17
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	57	VIREAD TAB 150MG	17
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	57	VIREAD TAB 200MG	17
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	57	VIREAD TAB 250MG	17
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	57	VISTOGARD PAK 10GM	34
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	57	VITAMINS A/C/D/FLUORIDE	114
VENTAVIS SOL 10MCG/ML.....	50	VITRAKVI CAP 100MG	33
VENTAVIS SOL 20MCG/ML.....	50	VITRAKVI CAP 25MG	33
<i>verapamil hcl cap er 24hr 100 mg</i>	46	VITRAKVI SOL 20MG/ML.....	33
<i>verapamil hcl cap er 24hr 120 mg</i>	46	VIVITROL INJ 380MG.....	26
<i>verapamil hcl cap er 24hr 180 mg</i>	46	VOLTAREN GEL 1% ARTHR	128
<i>verapamil hcl cap er 24hr 200 mg</i>	46	<i>voriconazole for susp 40 mg/ml</i>	16
<i>verapamil hcl cap er 24hr 240 mg</i>	46	<i>voriconazole tab 200 mg</i>	16
<i>verapamil hcl cap er 24hr 300 mg</i>	46	<i>voriconazole tab 50 mg</i>	16
<i>verapamil hcl cap er 24hr 360 mg</i>	46	VOSEVI TAB	23
<i>verapamil hcl tab 120 mg</i>	46	VOWST CAP	97
<i>verapamil hcl tab 40 mg</i>	46	VRAYLAR CAP 1.5MG	61
<i>verapamil hcl tab 80 mg</i>	46	VRAYLAR CAP 3MG	61
<i>verapamil hcl tab er 120 mg</i>	46	VRAYLAR CAP 4.5MG	61
<i>verapamil hcl tab er 180 mg</i>	46	VRAYLAR CAP 6MG	62
<i>verapamil hcl tab er 240 mg</i>	46	<i>vyfemla</i>	83
VERZENIO TAB 100MG	33	W	
		<i>warfarin sodium tab 1 mg</i>	100
		<i>warfarin sodium tab 10 mg</i>	101
		<i>warfarin sodium tab 2 mg</i>	100
		<i>warfarin sodium tab 2.5 mg</i>	101
		<i>warfarin sodium tab 3 mg</i>	101
		<i>warfarin sodium tab 4 mg</i>	101

<i>warfarin sodium tab 5 mg</i>	101	XTAMPZA ER CAP 36MG	14
<i>warfarin sodium tab 6 mg</i>	101	XTAMPZA ER CAP 9MG	13
<i>warfarin sodium tab 7.5 mg</i>	101	XTANDI CAP 40MG.....	30
<i>wera</i>	83	XTANDI TAB 40MG	30
WESTAB MAX	114	XTANDI TAB 80MG.....	31
WIDE-SEAL DPR KIT 60	83	<i>xulane</i>	83
WIDE-SEAL DPR KIT 65	83	XULTOPHY INJ 100/3.6.....	77
WIDE-SEAL DPR KIT 70	83	Y	
WIDE-SEAL DPR KIT 75	83	YONSA TAB 125MG.....	31
WIDE-SEAL DPR KIT 80	83	YOSPRALA TAB 325-40MG	102
WIDE-SEAL DPR KIT 85	83	YOSPRALA TAB 81-40MG	102
WIDE-SEAL DPR KIT 90	83	<i>yuvafem</i>	88
WIDE-SEAL DPR KIT 95	83	Z	
X		<i>zafirlukast tab 10 mg</i>	121
XALKORI CAP 150MG.....	33	<i>zafirlukast tab 20 mg</i>	121
XALKORI CAP 200MG.....	33	<i>zaleplon cap 10 mg</i>	69
XALKORI CAP 20MG.....	33	<i>zaleplon cap 5 mg</i>	69
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XALKORI CAP 50MG.....	33	ZEJULA TAB 200MG.....	34
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