

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 121. 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

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

What if my drug is not on the Drug List?

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

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

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

You can ask Arkansas Blue Cross and Blue Shield to make an exception to our coverage rules. You can ask us to cover your drug even if it is not on our drug list.

Certain products are available at \$0 cost share when utilized for preventive care.

Additional products may be available at \$0 cost share, through an exception process, when medically necessary for preventive care.

How likely is it that I will get an exception?

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

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

How do I find out if my exception is granted?

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

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

Drug Tier column instructions:

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

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

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

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

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

5T Modified 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		
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
NSAIDS, COMBINATIONS		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	ST, QL (400 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	2	ST, QL (300 caps every 30 days); Subject to initial 7-day limit
<i>butorphanol tartrate inj 1 mg/ml</i>	2	
<i>butorphanol tartrate inj 2 mg/ml</i>	2	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2	QL (2 bottles every 30 days)
CODEINE SULF TAB 60MG	4	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
<i>codeine sulfate tab 30 mg</i>	2	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
<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

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

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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
<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

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

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

Drug Name	Drug Tier	Requirements/Limits
SALICYLATES		
<i>aspirin ec adult low dose</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
<i>diflunisal tab 500 mg</i>	2	
<i>goodsense aspirin</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl local inj 0.5%</i>	2	
<i>lidocaine hcl local inj 1%</i>	2	
<i>lidocaine hcl local inj 2%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	2	
ANTI-INFECTIVES		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	4	QL (336 tabs every 365 days)
EMVERM CHW 100MG	4	QL (12 tabs every 365 days)
<i>ivermectin tab 3 mg</i>	2	
<i>praziquantel tab 600 mg</i>	2	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	2	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	2	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>sulfadiazine tab 500 mg</i>	2	
<i>tinidazole tab 250 mg</i>	2	
<i>tinidazole tab 500 mg</i>	2	
<i>tobramycin sulfate for inj 1.2 gm</i>	2	QL (10 vials every 90 days); Quantity limit allows up to 10 vials every 90 days
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	2	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
<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

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
<i>amphotericin b for iv soln 50 mg</i>	2	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	2	
<i>fluconazole tab 200 mg</i>	2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg</i>	2	
<i>griseofulvin ultramicrosize tab 250 mg</i>	2	
<i>itraconazole cap 100 mg</i>	2	PA
<i>itraconazole oral soln 10 mg/ml</i>	2	PA
<i>nystatin tab 500000 unit</i>	2	
<i>posaconazole susp 40 mg/ml</i>	2	PA
<i>posaconazole tab delayed release 100 mg</i>	4	PA
<i>terbinafine hcl tab 250 mg</i>	2	
<i>voriconazole for susp 40 mg/ml</i>	4	PA
<i>voriconazole tab 50 mg</i>	4	PA
<i>voriconazole tab 200 mg</i>	4	PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	2	
COARTEM TAB 20-120MG	4	
KRINTAFEL TAB 150MG	4	
<i>mefloquine hcl tab 250 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
<i>quinine sulfate cap 324 mg</i>	2	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	QL (900 mL every 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	QL (60 tabs every 30 days)
APRETUDE SUS 600MG ER	1	QL (2 vials every 90 days)
APTIVUS CAP 250MG	3	QL (120 caps every 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	QL (30 caps every 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	QL (60 caps every 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
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 60 days); Loading dose of 1 kit in 30 days allowed for initial fill
CIMDUO TAB 300-300	3	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	3	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	1	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
DOVATO TAB 50-300MG	3	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
GENVOYA TAB	3	QL (30 tabs every 30 days)
<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	4	
SIRTURO TAB 100MG	4	
TRECATOR TAB 250MG	3	
ANTIVIRALS		
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>cidofovir iv inj 75 mg/ml</i>	2	
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	QL (360 mL every 90 days)
PAXLOVID 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)
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	

Drug Name	Drug Tier	Requirements/Limits
<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
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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)
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	

Drug Name	Drug Tier	Requirements/Limits
<i>dapsone tab 25 mg</i>	2	
<i>dapsone tab 100 mg</i>	2	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>linezolid for susp 100 mg/5ml</i>	2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	
<i>linezolid tab 600 mg</i>	2	
<i>meropenem iv for soln 1 gm</i>	2	QL (30 vials every 90 days); Quantity limit allows up to 30 vials every 90 days
<i>meropenem iv for soln 500 mg</i>	2	QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	2	QL (20 tabs every 30 days)
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<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>primethamine tab 25 mg</i>	4	PA
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	2	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	2	
<i>trimethoprim tab 100 mg</i>	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	2	QL (80 caps every 10 days)

Drug Name	Drug Tier	Requirements/Limits
<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
<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

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	2	
<i>penicillin v potassium tab 500 mg</i>	2	
<i>pfizerpen</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	

TETRACYCLINES

<i>avidoxy</i>	2	
<i>demeclocycline hcl tab 150 mg</i>	2	
<i>demeclocycline hcl tab 300 mg</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	2	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<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**STERIOD INHALANTS**

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

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

SPRAVATO SOL 56MG DOS	5	PA, QL (Indication-specific limit)
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Drug Name	Drug Tier	Requirements/Limits
SPRAVATO SOL 84MG DOS	5	PA, QL (Indication-specific limit)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS		
VIVITROL INJ 380MG	4	QL (1 vial every 28 days)
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	
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 inj 2 mg/ml</i>	2	
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	2	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	2	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	2	
<i>mitomycin for iv soln 5 mg</i>	2	
<i>mitomycin for iv soln 20 mg</i>	2	
<i>mitomycin for iv soln 40 mg</i>	2	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	5	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	5	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	5	
ANTIMETABOLITES		
<i>azacitidine for inj 100 mg</i>	5	PA
<i>capecitabine tab 150 mg</i>	5	PA
<i>capecitabine tab 500 mg</i>	5	PA
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	2	
<i>clofarabine iv soln 1 mg/ml</i>	2	
<i>cytarabine inj 20 mg/ml</i>	2	
<i>cytarabine inj pf 20 mg/ml</i>	2	
<i>cytarabine inj pf 100 mg/ml</i>	2	
<i>decitabine for inj 50 mg</i>	5	PA
<i>fludarabine phosphate for inj 50 mg</i>	2	
<i>fludarabine phosphate inj 25 mg/ml</i>	2	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	2	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	2	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	2	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	2	
<i>gemcitabine hcl for inj 1 gm</i>	5	
<i>gemcitabine hcl for inj 2 gm</i>	5	
<i>gemcitabine hcl for inj 200 mg</i>	5	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	5	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	5	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	5	
<i>mercaptopurine tab 50 mg</i>	2	
<i>methotrexate sodium for inj 1 gm</i>	2	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
NIPENT INJ 10MG	3	
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	5	
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	5	
TABLOID TAB 40MG	3	

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	5	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	5	PA, QL (1 pack every 28 days)
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG	5	PA
ERBITUX INJ 200MG	5	PA
ERIVEDGE CAP 150MG	5	PA, QL (30 caps every 30 days)
KADCYLA INJ 100MG	5	PA
KADCYLA INJ 160MG	5	PA
KEYTRUDA INJ 100MG/4M	5	PA
PADCEV INJ 20MG	5	PA, QL (21 vials every 28 days)
PADCEV INJ 30MG	5	PA, QL (15 vials every 28 days)
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)
THALOMID CAP 50MG	5	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	5	PA, QL (112 caps every 28 days)
TICE BCG INJ	3	
BIOSIMILARS		
GAZYVA INJ 25MG/ML	5	PA
RUXIENCE INJ 100/10ML	4	PA
RUXIENCE INJ 500/50ML	4	PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tab 500 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>anastrozole tab 1 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	2	
ELIGARD INJ 7.5MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
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)
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>dasatinib tab 20 mg</i>	5	PA, QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib tab 50 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 70 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 80 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 100 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 140 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 2.5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 7.5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 10 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab for oral susp 2 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tabs every 30 days)
<i>everolimus tab for oral susp 5 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	PA, QL (120 tabs every 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	PA, QL (60 tabs every 30 days)
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
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
ODOMZO CAP 200MG	5	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	5	PA
PHOTOFRIN INJ 75MG	3	
POLIVY INJ 30MG	5	PA
POLIVY INJ 140MG	5	PA
<i>tretinoin cap 10 mg</i>	2	
VISTOGARD PAK 10GM	5	QL (20 packets every 5 days)
ZEJULA TAB 100MG	5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 200MG	5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 300MG	5	PA, QL (30 tabs every 30 days)
ZOLINZA CAP 100MG	5	PA, QL (120 caps every 30 days)
MITOTIC INHIBITORS		
<i>docetaxel for inj conc 20 mg/ml</i>	2	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	2	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	2	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	2	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	2	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	2	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	2	
<i>vinblastine sulfate inj 1 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	2	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	2	
<i>carboplatin iv soln 150 mg/15ml</i>	2	
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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>trandolapril-verapamil hcl tab er 1-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	2	
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	2	
<i>benazepril hcl tab 10 mg</i>	2	
<i>benazepril hcl tab 20 mg</i>	2	
<i>benazepril hcl tab 40 mg</i>	2	
<i>captopril tab 12.5 mg</i>	2	
<i>captopril tab 25 mg</i>	2	
<i>captopril tab 50 mg</i>	2	
<i>captopril tab 100 mg</i>	2	
<i>enalapril maleate tab 2.5 mg</i>	2	
<i>enalapril maleate tab 5 mg</i>	2	
<i>enalapril maleate tab 10 mg</i>	2	
<i>enalapril maleate tab 20 mg</i>	2	
<i>fosinopril sodium tab 10 mg</i>	2	
<i>fosinopril sodium tab 20 mg</i>	2	
<i>fosinopril sodium tab 40 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
KERENDIA TAB 10MG	4	PA
KERENDIA TAB 20MG	4	PA
<i>spironolactone tab 25 mg</i>	2	
<i>spironolactone tab 50 mg</i>	2	
<i>spironolactone tab 100 mg</i>	2	
ALPHA BLOCKERS		
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tab 20 mg</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>rosuvastatin calcium tab 40 mg</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tab 5 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	2	\$0 copay for members age 40 through 75
<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	QL (3 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSH INJ 420/3.5	3	QL (1 injection every 28 days)
REPATHA SURE INJ 140MG/ML	3	QL (3 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	2	
<i>atenolol tab 50 mg</i>	2	
<i>atenolol tab 100 mg</i>	2	
<i>betaxolol hcl tab 10 mg</i>	2	
<i>betaxolol hcl tab 20 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	2	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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>toremide tab 5 mg</i>	2	
<i>toremide tab 10 mg</i>	2	
<i>toremide tab 20 mg</i>	2	
<i>toremide tab 100 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	2	
<i>triamterene cap 50 mg</i>	2	
<i>triamterene cap 100 mg</i>	2	
HEART FAILURE		
<i>CORLANOR SOL 5MG/5ML</i>	3	
<i>CORLANOR TAB 5MG</i>	3	
<i>CORLANOR TAB 7.5MG</i>	3	
<i>ENTRESTO CAP 6-6MG</i>	3	
<i>ENTRESTO CAP 15-16MG</i>	3	
<i>ENTRESTO TAB 24-26MG</i>	3	
<i>ENTRESTO TAB 49-51MG</i>	3	
<i>ENTRESTO TAB 97-103MG</i>	3	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	2	
<i>ivabradine hcl tab 7.5 mg (base equiv)</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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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)

Drug Name	Drug Tier	Requirements/Limits
<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)
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	

Drug Name	Drug Tier	Requirements/Limits
AMYOTROPHIC LATERAL SCLEROSIS (ALS)		
<i>riluzole tab 50 mg</i>	2	
ANTI-ANXIETY		
<i>ALPRAZOLAM CON 1 MG/ML</i>	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>buspirone hcl tab 5 mg</i>	2	
<i>buspirone hcl tab 7.5 mg</i>	2	
<i>buspirone hcl tab 10 mg</i>	2	
<i>buspirone hcl tab 15 mg</i>	2	
<i>buspirone hcl tab 30 mg</i>	2	
<i>chlordiazepoxide hcl cap 5 mg</i>	2	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 10 mg</i>	2	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	2	QL (360 caps every 30 days)
<i>clomipramine hcl cap 25 mg</i>	2	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	2	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	2	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	2	
<i>fluvoxamine maleate tab 50 mg</i>	2	
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam conc 2 mg/ml</i>	2	QL (150 mL every 30 days)
<i>lorazepam tab 0.5 mg</i>	2	QL (150 tabs every 30 days)
<i>lorazepam tab 1 mg</i>	2	QL (150 tabs every 30 days)
<i>lorazepam tab 2 mg</i>	2	QL (150 tabs every 30 days)
<i>meprobamate tab 200 mg</i>	2	
<i>meprobamate tab 400 mg</i>	2	
<i>oxazepam cap 10 mg</i>	2	QL (120 caps every 30 days)
<i>oxazepam cap 15 mg</i>	2	QL (120 caps every 30 days)
<i>oxazepam cap 30 mg</i>	2	QL (120 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	
<i>galantamine hydrobromide tab 8 mg</i>	2	
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg</i>	2	
<i>memantine hcl cap er 24hr 14 mg</i>	2	
<i>memantine hcl cap er 24hr 21 mg</i>	2	
<i>memantine hcl cap er 24hr 28 mg</i>	2	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl tab 5 mg</i>	2	
<i>memantine hcl tab 10 mg</i>	2	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	(generic of Pristiq)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	(generic of Pristiq)
<i>doxepin hcl cap 10 mg</i>	2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 75 mg</i>	2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10 mg/ml</i>	2	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	2	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	2	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	2	
EMSAM DIS 6MG/24HR	4	PA
EMSAM DIS 9MG/24HR	4	PA
EMSAM DIS 12MG/24H	4	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	2	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	2	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	2	
FETZIMA CAP 20MG	4	
FETZIMA CAP 40MG	4	
FETZIMA CAP 80MG	4	
FETZIMA CAP 120MG	4	
FETZIMA CAP TITRATIO	4	
<i>fluoxetine hcl cap 10 mg</i>	2	
<i>fluoxetine hcl cap 20 mg</i>	2	
<i>fluoxetine hcl cap 40 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl cap delayed release 90 mg</i>	2	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>fluoxetine hcl tab 10 mg</i>	2	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	2	(generic Sarafem not covered)
<i>imipramine hcl tab 10 mg</i>	2	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	2	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 125 mg</i>	2	PA; High strength requires PA for members age 65 and older
<i>imipramine pamoate cap 150 mg</i>	2	PA; High strength requires PA for members age 65 and older
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

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl cap 75 mg</i>	2	PA; High strength requires PA for members age 65 and older
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	2	
<i>paroxetine hcl tab 20 mg</i>	2	
<i>paroxetine hcl tab 30 mg</i>	2	
<i>paroxetine hcl tab 40 mg</i>	2	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	2	
<i>paroxetine hcl tab er 24hr 25 mg</i>	2	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	2	
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>protriptyline hcl tab 5 mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	
<i>sertraline hcl tab 25 mg</i>	2	
<i>sertraline hcl tab 50 mg</i>	2	
<i>sertraline hcl tab 100 mg</i>	2	
<i>tranylcypromine sulfate tab 10 mg</i>	2	
<i>trazodone hcl tab 50 mg</i>	2	
<i>trazodone hcl tab 100 mg</i>	2	
<i>trazodone hcl tab 150 mg</i>	2	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg</i>	2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 50 mg</i>	2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
TRINTELLIX TAB 5MG	4	ST; PA**
TRINTELLIX TAB 10MG	4	ST; PA**
TRINTELLIX TAB 20MG	4	ST; PA**
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	ST, PA, QL (20 cartridges every 30 days)
<i>benztropine mesylate inj 1 mg/ml</i>	2	
<i>benztropine mesylate tab 0.5 mg</i>	2	
<i>benztropine mesylate tab 1 mg</i>	2	
<i>benztropine mesylate tab 2 mg</i>	2	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa tab 25 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone tab 200 mg</i>	2	
INBRIJA CAP 42MG	5	PA, QL (300 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
VRAYLAR CAP 6MG	3	
<i>ziprasidone hcl cap 20 mg</i>	2	
<i>ziprasidone hcl cap 40 mg</i>	2	
<i>ziprasidone hcl cap 60 mg</i>	2	
<i>ziprasidone hcl cap 80 mg</i>	2	
ANTISEIZURE AGENTS		
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine chew tab 200 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	
<i>clobazam suspension 2.5 mg/ml</i>	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tab 3.75 mg</i>	2	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	2	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 15 mg</i>	2	QL (180 tabs every 30 days)
<i>diazepam inj 5 mg/ml</i>	2	
<i>diazepam intensol</i>	2	QL (240 mL every 30 days)
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL every 30 days)
<i>diazepam tab 2 mg</i>	2	QL (120 tabs every 30 days)
<i>diazepam tab 5 mg</i>	2	QL (120 tabs every 30 days)
<i>diazepam tab 10 mg</i>	2	QL (120 tabs every 30 days)
DILANTIN CAP 30MG	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	
<i>epitol</i>	2	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	2	
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
<i>fosphephenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	2	
<i>fosphephenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	2	
FYCOMPA SUS 0.5MG/ML	4	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide tab 150 mg</i>	2	
<i>lacosamide tab 200 mg</i>	2	
<i>lamotrigine orally disintegrating tab 25 mg</i>	2	
<i>lamotrigine orally disintegrating tab 50 mg</i>	2	
<i>lamotrigine orally disintegrating tab 100 mg</i>	2	
<i>lamotrigine orally disintegrating tab 200 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	2	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	
<i>lamotrigine tab 100 mg</i>	2	
<i>lamotrigine tab 150 mg</i>	2	
<i>lamotrigine tab 200 mg</i>	2	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab er 24hr 25 mg</i>	2	
<i>lamotrigine tab er 24hr 50 mg</i>	2	
<i>lamotrigine tab er 24hr 100 mg</i>	2	
<i>lamotrigine tab er 24hr 200 mg</i>	2	
<i>lamotrigine tab er 24hr 250 mg</i>	2	
<i>lamotrigine tab er 24hr 300 mg</i>	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tab 30 mg</i>	2	
<i>phenobarbital tab 32.4 mg</i>	2	
<i>phenobarbital tab 60 mg</i>	2	
<i>phenobarbital tab 64.8 mg</i>	2	
<i>phenobarbital tab 97.2 mg</i>	2	
<i>phenobarbital tab 100 mg</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin sodium inj 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg</i>	2	ST; PA**
<i>pregabalin cap 50 mg</i>	2	ST; PA**
<i>pregabalin cap 75 mg</i>	2	ST; PA**
<i>pregabalin cap 100 mg</i>	2	ST; PA**
<i>pregabalin cap 150 mg</i>	2	ST; PA**
<i>pregabalin cap 200 mg</i>	2	ST; PA**
<i>pregabalin cap 225 mg</i>	2	ST; PA**
<i>pregabalin cap 300 mg</i>	2	ST; PA**
<i>pregabalin soln 20 mg/ml</i>	2	ST; PA**
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>rufinamide susp 40 mg/ml</i>	2	
<i>rufinamide tab 200 mg</i>	2	
<i>rufinamide tab 400 mg</i>	2	
<i>tiagabine hcl tab 2 mg</i>	2	
<i>tiagabine hcl tab 4 mg</i>	2	
<i>tiagabine hcl tab 12 mg</i>	2	
<i>tiagabine hcl tab 16 mg</i>	2	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
<i>vigabatrin powd pack 500 mg</i>	5	PA, QL (180 packets every 30 days)
<i>vigabatrin tab 500 mg</i>	5	PA, QL (180 tabs every 30 days)
<i>XCOPRI PAK 12.5-25</i>	3	

Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 50-100MG	3	
XCOPRI PAK 100-150	3	
XCOPRI PAK 150-200	3	
XCOPRI TAB 25MG	3	
XCOPRI TAB 50MG	3	
XCOPRI TAB 100MG	3	
XCOPRI TAB 150MG	3	
XCOPRI TAB 200MG	3	
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

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)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	2	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	2	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	2	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	2	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	QL (1,200 mL every 30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 15 mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	2	QL (30 tabs every 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	2	
<i>lisdexamfetamine dimesylate cap 10 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	2	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	2	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	2	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	2	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	2	QL (60 chew tabs every 30 days)
<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)
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

Drug Name	Drug Tier	Requirements/Limits
<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	
MIGRAINE - ERGOTAMINE DERIVATIVES		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	
ERGOMAR SUB 2MG	4	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	4	
MIGRAINE - MISCELLANEOUS		
QULIPTA TAB 10MG	3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 30MG	3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 60MG	3	ST, QL (30 tabs every 30 days); PA**
UBRELVY TAB 50MG	3	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	3	ST, QL (16 tabs every 30 days); PA**
MIGRAINE - MONOCLONAL ANTIBODIES		
AIMOVIG INJ 70MG/ML	3	ST, QL (1 injection every 30 days); PA**
AIMOVIG INJ 140MG/ML	3	ST, QL (1 injection every 30 days); PA**
EMGALITY INJ 100MG/ML	3	ST, QL (3 injections every 30 days); PA**

Drug Name	Drug Tier	Requirements/Limits
EMGALITY INJ 120MG/ML	3	ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill
MIGRAINE - TRIPTANS AND COMBINATIONS		
<i>almotriptan malate tab 6.25 mg</i>	2	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	2	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (12 tabs every 30 days)
<i>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)
<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**
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	2	QL (12 sprays every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	2	QL (12 tabs every 30 days)
MIGRAINES		
AJOVY INJ 225/1.5	3	ST, QL (3 injections every 90 days); PA**
MISCELLANEOUS		
EVRYSDI SOL	5	PA, QL (2 bottles every 24 days)

Drug Name	Drug Tier	Requirements/Limits
MOOD STABILIZERS		
<i>lithium carbonate cap 150 mg</i>	2	
<i>lithium carbonate cap 300 mg</i>	2	
<i>lithium carbonate cap 600 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	2	
MOVEMENT DISORDERS		
<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	
<i>carisoprodol tab 350 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tab 500 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 10 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium cap 25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium cap 50 mg</i>	2	
<i>dantrolene sodium cap 100 mg</i>	2	
<i>metaxalone tab 800 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 500 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 750 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>norgesic</i>	4	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	2	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	
MYASTHENIA GRAVIS		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>modafinil tab 100 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	2	PA, QL (60 tabs every 30 days)
SOD OXYBATE SOL 500MG/ML	5	PA, QL (540mL every 30 days)
SUNOSI TAB 75MG	3	PA, QL (30 tabs every 30 days)
SUNOSI TAB 150MG	3	PA, QL (30 tabs every 30 days)
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (3 tabs every day); \$0 copay

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

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline tab 4-50 mg</i>	4	QL (30 units every 30 days); QL applies to members age 65 and older
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	1	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	1	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine 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
DERMATOLOGICALS		
ECZEMA AGENTS		
DUPIXENT INJ 300/2ML	5	PA, QL (600 mg per 28 days)
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)

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

Drug Name	Drug Tier	Requirements/Limits
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**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	2	PA, QL (3 pens every 30 days)
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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R INJ U-500	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXPEN	3	
NOVOLIN INJ 70/30	3	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	3	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	3	OTC; RELION not covered
NOVOLIN N INJ U-100	3	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	3	OTC; RELION not covered
NOVOLIN R INJ U-100	3	OTC; RELION not covered
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	2	
<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**

Drug Name	Drug Tier	Requirements/Limits
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	
<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)

Drug Name	Drug Tier	Requirements/Limits
CALCIUM REGULATORS, PARATHYROID HORMONES		
TYMLOS INJ	5	PA, QL (1 pen every 30 days)
CENTRAL PRECOCIOUS PUBERTY		
LUPR DEP-PED INJ 3M 30MG	5	PA
LUPR DEP-PED INJ 7.5MG	5	PA
LUPR DEP-PED INJ 11.25MG	5	PA
LUPR DEP-PED INJ 15MG	5	PA
LUPRON DEPOT INJ 45MG	5	PA
SUPPRELIN LA KIT 50MG	5	PA
TRIPTODUR SUS 22.5MG	5	PA
CHELATING AGENTS		
CHEMET CAP 100MG	4	
<i>deferiprone tab 500 mg</i>	5	PA
<i>deferiprone tab 1000 mg</i>	5	PA
FERPRX 2-DAY TAB 1000MG	5	PA
FERRIPROX SOL 100MG/ML	5	PA
CONTRACEPTIVES		
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	1	QL (1 every 300 days)
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
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)
FEMCAP MIS 26MM	1	QL (1 every 300 days)
FEMCAP MIS 30MM	1	QL (1 every 300 days)
FEMLYV TAB 1/0.02MG	1	
<i>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	

Drug Name	Drug Tier	Requirements/Limits
<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)
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

Drug Name	Drug Tier	Requirements/Limits
<i>tilia fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora-28</i>	1	
TRUSTEX/RIA MIS NON-LUB	1	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	1	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	1	
TYBLUME CHW 0.1-0.02	1	
<i>velivet</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>wera</i>	1	
WIDE-SEAL DPR KIT 60	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 65	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 70	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 75	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 80	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 85	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 90	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 95	1	QL (1 every 300 days)
<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

Drug Name	Drug Tier	Requirements/Limits
CHEMSTRIP 2 TES GP	4	OTC
CHEMSTRIP 5 TES OB	4	OTC
CHEMSTRIP 7 TES	4	OTC
CHEMSTRIP 9 TES STRIPS	4	OTC
CHEMSTRIP 10 TES MD	4	OTC
CHEMSTRIP K TES	4	OTC
CHEMSTRIP TES -10 SG	4	OTC
CHEMSTRIP TES UGK	4	OTC
CVS KETONE TES CARE	4	OTC
DEXCOM G5 MIS RECEIVER	3	PA
DEXCOM G5 MIS TRANSMIT	3	PA
DEXCOM G6 MIS RECEIVER	3	PA
DEXCOM G6 MIS SENSOR	3	PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	3	PA
DEXCOM G7 MIS RECEIVER	3	PA
DEXCOM G7 MIS SENSOR	3	PA, QL (3 sensors every 30 days)
DIASCREEN 3 MIS	4	OTC
DIASCREEN 5 MIS	4	OTC
DIASCREEN 6 MIS	4	OTC
DIASCREEN 7 MIS	4	OTC
DIASCREEN 8 MIS	4	OTC
DIASCREEN 9 MIS	4	OTC
DIASCREEN 10 MIS	4	OTC
DIASCREEN MIS 1B	4	OTC
DIASCREEN MIS 1G	4	OTC
DIASCREEN MIS 1K	4	OTC
DIASCREEN MIS 2GK	4	OTC
DIASCREEN MIS 2GP	4	OTC
DIASCREEN MIS 4NL	4	OTC
DIASCREEN MIS 4OBL	4	OTC
DIASCREEN MIS 4PH	4	OTC
DIASCREEN MIS CONTROL	4	OTC
DIASCREEN MIS STRIPS	4	OTC
FASTCLIX MIS LANCETS	3	OTC
INSULIN SYRG MIS 1ML/31G	3	OTC
KETONE TES	4	OTC
KETONE TEST TES	4	OTC
NOVOFINE MIS 32GX6MM	3	OTC
OMNIPOD 5 DX KIT INT G7G6	3	PA, QL (1 kit per 365 days)
OMNIPOD 5 DX MIS POD G7G6	3	PA, QL (10 pods per 30 days)
OMNIPOD 5 G7 KIT INTRO	3	QL (1 kit per 365 days)
OMNIPOD 5 G7 MIS PODS	3	QL (10 pods per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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 ULT BLUE	3	QL (150 Test Strips every 30 days), 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
TWIIST KIT REFILL	3	
TWIIST KIT STARTER	3	
TWIIST REFIL KIT INFUSION	3	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
ORILISSA TAB 150MG	3	PA
ORILISSA TAB 200MG	3	PA
SYNAREL SOL 2MG/ML	5	PA
GLUCOCORTICOIDS		
<i>deflazacort susp 22.75 mg/ml</i>	5	PA, QL (52 mL every 30 days)
<i>deflazacort tab 6 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>deflazacort tab 18 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 30 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 36 mg</i>	5	PA, QL (30 tabs every 30 days)
DEPO-MEDROL INJ 20MG/ML	4	
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
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

Drug Name	Drug Tier	Requirements/Limits
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE		
CERDELGA CAP 84MG	5	PA, QL (56 caps every 28 days)
MENOPAUSAL SYMPTOM AGENTS		
BIJUVA CAP 0.5-100	4	PA; High Risk Medications require PA for members age 70 and older
BIJUVA CAP 1-100MG	4	PA; High Risk Medications require PA for members age 70 and older
CLIMARA PRO DIS WEEKLY	3	
DEPO-ESTRADI INJ 5MG/ML	4	
DUAVEE TAB 0.45-20	3	
ELESTRIN GEL 0.06%	4	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 0.5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 1 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1 mg/gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
<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
<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	

Drug Name	Drug Tier	Requirements/Limits
MENEST TAB 0.3MG	4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	4	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
PREMARIN TAB 0.3MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	4	
<i>yuvafem</i>	2	
MISCELLANEOUS		
<i>betaine powder for oral solution</i>	5	PA
<i>cabergoline tab 0.5 mg</i>	2	
CHOR GONADOT INJ 10000UNT	5	PA
CYSTAGON CAP 50MG	5	PA
CYSTAGON CAP 150MG	5	PA
INCRELEX INJ 40MG/4ML	5	PA
INTRAROSA SUP 6.5MG	4	
MYALEPT INJ 11.3MG	5	PA, QL (30 vials every 30 days)
OSPHENA TAB 60MG	4	PA
<i>raloxifene hcl tab 60 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA
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)
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
UREA CYCLE DISORDER		
<i>carglumic acid soluble tab 200 mg</i>	5	PA
PHEBURANE MIS 483/GM	5	PA, QL (672g every 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA, QL (798g every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA, QL (1200 tabs every 30 days)
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
VITAMIN D ANALOGS		
<i>calcitriol cap 0.5 mcg</i>	2	
<i>calcitriol cap 0.25 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	2	
<i>doxercalciferol cap 0.5 mcg</i>	2	
<i>doxercalciferol cap 1 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol cap 2.5 mcg</i>	2	
<i>paricalcitol cap 1 mcg</i>	2	
<i>paricalcitol cap 2 mcg</i>	2	
<i>paricalcitol cap 4 mcg</i>	2	
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>atropine sulfate soln prefill syr 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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
ELMIRON CAP 100MG	4	
<i>eq urinary pain relief</i>	2	OTC
<i>potassium citrate tab er 5 meq (540 mg)</i>	2	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	2	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	2	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	2	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	2	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	2	
<i>mirabegron tab er 24 hr 25 mg</i>	2	
<i>mirabegron tab er 24 hr 50 mg</i>	2	
MYRBETRIQ SUS 8MG/ML	3	
<i>oxybutynin chloride solution 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	

HEMATOLOGIC**ANTICOAGULANTS**

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	2	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	2	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	2	
ELIQUIS ST P TAB 5MG	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	2	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 2500/ML	4	
FRAGMIN INJ 5000/0.2	4	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>warfarin sodium tab 2.5 mg</i>	2	
<i>warfarin sodium tab 3 mg</i>	2	
<i>warfarin sodium tab 4 mg</i>	2	
<i>warfarin sodium tab 5 mg</i>	2	
<i>warfarin sodium tab 6 mg</i>	2	
<i>warfarin sodium tab 7.5 mg</i>	2	
<i>warfarin sodium tab 10 mg</i>	2	
XARELTO STAR TAB 15/20MG	3	
XARELTO SUS 1MG/ML	3	
XARELTO TAB 2.5MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	5	PA
ARANESP INJ 25MCG	5	PA
ARANESP INJ 40MCG	5	PA
ARANESP INJ 60MCG	5	PA
ARANESP INJ 100MCG	5	PA
ARANESP INJ 150MCG	5	PA
ARANESP INJ 200MCG	5	PA
ARANESP INJ 300MCG	5	PA
ARANESP INJ 500MCG	5	PA
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

Drug Name	Drug Tier	Requirements/Limits
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
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	
<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

Drug Name	Drug Tier	Requirements/Limits
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	
YOSPRALA TAB 81-40MG	4	
YOSPRALA TAB 325-40MG	4	
SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
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 (6 vials every 56 days)
TREMFYA INJ 200/20ML	5	PA, QL (One time induction dose for UC diagnosis only); Preferred agent for Ulcerative Colitis
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA INJ 162/0.9	5	ST, PA, QL (4 syringes every 28 days)
ACTEMRA INJ ACTPEN	5	ST, PA, QL (4 injections 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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 300DOSE	5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	5	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
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)

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.8ML	5	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ INJ 40/0.8ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (Starter pack - initial dose only)
HYRIMOZ-CROH INJ UC SP	5	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PED INJ CROHNS	5	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PLAQ INJ 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	5	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	5	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 20MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
RINVOQ LQ SOL 1MG/ML	5	PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis

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

Drug Name	Drug Tier	Requirements/Limits
TALTZ INJ 20/0.25	5	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TALTZ INJ 40/0.5ML	5	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TALTZ INJ 80MG/ML	5	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	5	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
TREMFYA INJ 200/2ML	5	PA, QL (1 injection every 28 days); Preferred agent for Ulcerative Colitis
VELSIPITY TAB 2MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis
XELJANZ SOL 1MG/ML	5	PA, QL (240 mL every 24 days)
XELJANZ TAB 5MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TAB 10MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
XELJANZ XR TAB 11MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ XR TAB 22MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.

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)

Drug Name	Drug Tier	Requirements/Limits
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	
ASTAGRAF XL CAP 5MG	4	
<i>azathioprine tab 50 mg</i>	2	
<i>azathioprine tab 75 mg</i>	2	
<i>azathioprine tab 100 mg</i>	2	
CELLCEPT CAP 250MG	4	
CELLCEPT IV INJ 500MG	4	
CELLCEPT SUS 200MG/ML	4	
CELLCEPT TAB 500MG	4	
<i>cyclosporine cap 25 mg</i>	2	
<i>cyclosporine cap 100 mg</i>	2	
<i>cyclosporine iv soln 50 mg/ml</i>	2	
<i>cyclosporine modified cap 25 mg</i>	2	
<i>cyclosporine modified cap 50 mg</i>	2	
<i>cyclosporine modified cap 100 mg</i>	2	
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	
ENVARUSUS XR TAB 0.75MG	4	
ENVARUSUS XR TAB 1MG	4	
ENVARUSUS XR TAB 4MG	4	
<i>everolimus tab 0.5 mg</i>	2	
<i>everolimus tab 0.25 mg</i>	2	
<i>everolimus tab 0.75 mg</i>	2	
<i>everolimus tab 1 mg</i>	2	
<i>gengraf</i>	2	
<i>mycophenolate mofetil cap 250 mg</i>	2	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	2	
<i>mycophenolate mofetil tab 500 mg</i>	2	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	
MYFORTIC TAB 180MG	4	
MYFORTIC TAB 360MG	4	
NEORAL CAP 25MG	4	
NEORAL CAP 100MG	4	
NEORAL SOL 100MG/ML	4	
NULOJIX INJ 250MG	4	
PROGRAF CAP 0.5MG	4	
PROGRAF CAP 1MG	4	
PROGRAF CAP 5MG	4	
PROGRAF GRA 0.2MG	4	
PROGRAF GRA 1MG	4	
PROGRAF INJ 5MG/ML	4	
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		
ABRYSVO INJ	1	

Drug Name	Drug Tier	Requirements/Limits
ACTHIB INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	1	
AREXVY INJ 120MCG	1	\$0 copay for members age 19 and older, otherwise not covered
BEXSERO INJ	1	
BOOSTRIX INJ	1	
CAPVAXIVE INJ 0.5ML	1	
COMIRNATY INJ 30/0.3ML	1	
COMIRNATY INJ 2024-25	1	
DAPTACEL INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	1	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10/0.5ML	1	
ENGERIX-B INJ 20MCG/ML	1	
FLUAD INJ 2024-25	1	
FLUMIST NASA LIQ 2024-25	1	
GARDASIL 9 INJ	1	
HAVRIX INJ 720UNIT	1	
HAVRIX INJ 1440UNIT	1	
HEPLISAV-B INJ 20/0.5ML	1	
HIBERIX SOL 10MCG	1	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	1	\$0 copay for members age 18 and younger, otherwise not covered
JYNNEOS INJ	1	
KINRIX INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MODERNA INJ 6MO-11Y	1	
MODERNA INJ 2024-25	1	

Drug Name	Drug Tier	Requirements/Limits
MRESVIA INJ 50MCG	1	\$0 copay for members age 19 and older, otherwise not covered
NOVAVAX INJ 2023-24	1	
NOVAVAX INJ 2024-25	1	
PEDIARIX INJ 0.5ML	1	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	1	
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

Drug Name	Drug Tier	Requirements/Limits
TENIVAC INJ 5-2LF	1	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	1	
TWINRIX INJ	1	\$0 copay for members age 19 and older, otherwise not covered
VAQTA INJ 25/0.5ML	1	
VAQTA INJ 50UNT/ML	1	
VARIVAX INJ	1	
VAXELIS INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	1	

NUTRITIONAL/SUPPLEMENTS***ELECTROLYTES***

<i>effer-k</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m15</i>	2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	2	
<i>monoject sodium chloride</i>	2	
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 15 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	
<i>sodium chloride iv soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	2	
<i>sodium chloride iv soln 3%</i>	2	
<i>sodium chloride iv soln 5%</i>	2	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	2	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
<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
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	2	
PRENATAL VITAMINS		
<i>elite-ob</i>	2	
<i>inatal gt</i>	2	
<i>pnv-dha</i>	2	
<i>pnv-select</i>	2	
<i>prenatal 19</i>	2	
<i>trinate</i>	2	
VITAMINS		
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	2	OTC
<i>cyanocobalamin inj 1000 mcg/ml</i>	2	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	2	
<i>folic acid cap 0.8 mg</i>	1	QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 1 mg</i>	2	
<i>folic acid tab 400 mcg</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 800 mcg</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>multi-vitamin/fluoride dr</i>	2	
<i>multi-vitamin/fluoride/ir</i>	2	
<i>multivitamin/fluoride</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	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
ANTIGLAUCOMA BETA-BLOCKERS		
<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>carteolol hcl ophth soln 1%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	2	
ANTIGLAUCOMA COMBINATION AGENTS		
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
SIMBRINZA SUS 1-0.2%	3	
CARBONIC ANHYDRASE INHIBITORS		
<i>brinzolamide ophth susp 1%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	2	
DRY EYE DISEASE		
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)

Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine hcl ophth soln 2.5%</i>	2	
<i>phenylephrine hcl ophth soln 10%</i>	2	
PHOSPHOLINE SOL 0.125%OP	4	
<i>pilocarpine hcl ophth soln 1%</i>	2	
<i>proparacaine hcl ophth soln 0.5%</i>	2	
<i>tropicamide ophth soln 0.5%</i>	2	
<i>tropicamide ophth soln 1%</i>	2	
PROSTAGLANDINS		
<i>latanoprost ophth soln 0.005%</i>	2	
LUMIGAN SOL 0.01% OP	3	ST; PA**
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
SYMPATHOMIMETICS		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
<i>brimonidine tartrate ophth soln 0.1%</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
IOPIDINE SOL 1% OP	4	
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte</i>	2	
<i>physiosol irrigation</i>	2	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C INJ 1000MG	5	PA
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	2	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	2	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	3	QL (4 auto-injectors every 30 days)
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)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>benzonatate cap 200 mg</i>	2	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL (60 mL every day), OTC; Subject to initial 7-day limit
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	2	QL (10 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	2	QL (6 tabs every day); Subject to initial 7-day limit
<i>hydromet</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine vc</i>	2	
<i>promethazine 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	PA
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	
MAST CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	QL (2 boxes every 30 days)
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	2	
<i>acetylcysteine inhal soln 20%</i>	2	
<i>roflumilast tab 250 mcg</i>	2	PA
<i>roflumilast tab 500 mcg</i>	2	PA
<i>sodium chloride soln nebu 0.9%</i>	2	
<i>sodium chloride soln nebu 3%</i>	2	
<i>sodium chloride soln nebu 7%</i>	2	
<i>sodium chloride soln nebu 10%</i>	2	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (3 containers every 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 container every 30 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	QL (2 packages every 30 days)
OMNARIS SPR	4	ST, QL (1 package every 30 days); PA**
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	2	QL (1 package every 30 days), OTC
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	5	PA, QL (60 caps every 30 days)
OFEV CAP 150MG	5	PA, QL (60 caps every 30 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (270 caps every 30 days)
<i>pirfenidone tab 267 mg</i>	5	PA, QL (270 tabs every 30 days)
<i>pirfenidone tab 801 mg</i>	5	PA, QL (90 tabs every 30 days)
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER MIS PLUS	3	
FLEXICHAMBER MIS MASK SM	3	

Drug Name	Drug Tier	Requirements/Limits
HOLD CHAMBER MIS MEDIUM	3	OTC
PANDA MASK MIS PEDIATRI	3	OTC
SEVERE ASTHMA AGENTS		
DUPIXENT INJ 200MG	5	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	5	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
FASENRA INJ 10MG/0.5	5	PA, QL (1 syringe every 56 days)
FASENRA INJ 30MG/ML	5	PA, QL (1 syringe every 28 days)
FASENRA PEN INJ 30MG/ML	5	PA, QL (1 auto-injector every 28 days)
XOLAIR INJ 75/0.5	5	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	5	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	5	PA, QL (8 pens every 28 days)
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)
<i>breynd</i>	2	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QL (3 packages every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	QL (3 packages every 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (1 package every 30 days)

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
<i>isotretinoin cap 30 mg</i>	2	PA
<i>isotretinoin cap 40 mg</i>	2	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin cream 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	2	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod cream 5%</i>	2	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	2	
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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 cream 0.05%</i>	2	PA
<i>tazarotene gel 0.1%</i>	2	PA
<i>tazarotene gel 0.05%</i>	2	PA
TAZORAC CRE 0.05%	3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	2	QL (120 mL every 30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT INJ 200/1.14	5	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 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**

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oint 0.025%</i>	2	QL (120g every 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	2	QL (120 mL every 30 days)
<i>fluocinonide cream 0.05%</i>	2	QL (120g every 30 days)
<i>fluocinonide gel 0.05%</i>	2	QL (120g every 30 days)
<i>fluocinonide oint 0.05%</i>	2	QL (120g every 30 days)
<i>fluocinonide soln 0.05%</i>	2	QL (120 mL every 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>fluticasone propionate lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>fluticasone propionate oint 0.005%</i>	2	QL (120g every 30 days)
<i>halobetasol propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>halobetasol propionate oint 0.05%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	2	QL (120 mL every 30 days)
<i>hydrocortisone cream 1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone cream 2.5%</i>	2	QL (120g every 30 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (120 mL every 30 days)
<i>hydrocortisone oint 2.5%</i>	2	QL (120g every 30 days)
<i>hydrocortisone valerate cream 0.2%</i>	2	QL (120g every 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	2	QL (120g every 30 days)
<i>mometasone furoate cream 0.1%</i>	2	QL (120g every 30 days)
<i>mometasone furoate oint 0.1%</i>	2	QL (120g every 30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	2	QL (120g every 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl soln 4%</i>	2	QL (50 mL every 30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	2	QL (60 mL every 30 days)
<i>lidocaine oint 5%</i>	2	QL (50g every 30 days)
<i>lidocaine pain relief pat</i>	2	QL (30 patches every 30 days), OTC
<i>lidocaine patch 5%</i>	2	PA, QL (90 patches every 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
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>periogard</i>	2	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
OTIC		
<i>acetic acid otic soln 2%</i>	2	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>	4	
CORTISPORIN SUS -TC OTIC	4	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	

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ALCOHOL PREP PAD	76	<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	13
ALECENSA CAP 150MG	27	<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i> ..	13
<i>alendronate sodium oral soln 70 mg/75ml</i>	72	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i> ..	42
<i>alendronate sodium tab 10 mg</i>	72	<i>amiloride hcl tab 5 mg</i>	42
<i>alendronate sodium tab 35 mg</i>	72	<i>aminophylline inj 25 mg/ml</i>	114
<i>alendronate sodium tab 5 mg</i>	72	<i>amiodarone hcl tab 200 mg</i>	35
<i>alendronate sodium tab 70 mg</i>	72	<i>amiodarone hcl tab 400 mg</i>	35
<i>alfuzosin hcl tab er 24hr 10 mg</i>	90	<i>amitriptyline hcl tab 10 mg</i>	47
ALINIA SUS 100/5ML	20	<i>amitriptyline hcl tab 100 mg</i>	47
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	42	<i>amitriptyline hcl tab 150 mg</i>	48
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	42	<i>amitriptyline hcl tab 25 mg</i>	47
<i>allopurinol tab 100 mg</i>	6	<i>amitriptyline hcl tab 50 mg</i>	47
<i>allopurinol tab 300 mg</i>	6	<i>amitriptyline hcl tab 75 mg</i>	47
<i>almotriptan malate tab 12.5 mg</i>	64	<i>amlodipine besylate tab 10 mg (base equivalent)</i>	41
<i>almotriptan malate tab 6.25 mg</i>	64	<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	40
ALOCRI SOL 2%	107	<i>amlodipine besylate tab 5 mg (base equivalent)</i>	40
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i> ..	70	<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	40
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	70	<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	40
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i> ..	70	<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	40
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	70	<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	40
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	70	<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	40
ALOMIDE SOL 0.1% OP	107	<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	40
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	88	<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	40
<i>alose tron hcl tab 1 mg (base equiv)</i>	88	<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	40
ALPRAZOLAM CON 1 MG/ML	46	<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	40
<i>alprazolam orally disintegrating tab 0.25 mg</i> ..	46	<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	40
<i>alprazolam orally disintegrating tab 0.5 mg</i>	46	<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	40
<i>alprazolam orally disintegrating tab 1 mg</i>	46	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	32
<i>alprazolam orally disintegrating tab 2 mg</i>	46		
<i>alprazolam tab 0.25 mg</i>	46		
<i>alprazolam tab 0.5 mg</i>	46		
<i>alprazolam tab 1 mg</i>	46		
<i>alprazolam tab 2 mg</i>	46		
<i>altavera</i>	73		
ALVESCO AER 160MCG.....	113		
ALVESCO AER 80MCG.....	113		
<i>alyacen 1/35</i>	73		
<i>alyacen 7/7/7</i>	73		
<i>amantadine hcl cap 100 mg</i>	52		
<i>amantadine hcl soln 50 mg/5ml</i>	52		
<i>amantadine hcl tab 100 mg</i>	52		

<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	32	<i>amoxicillin (trihydrate) chew tab 125 mg</i>	22
.....	32	<i>amoxicillin (trihydrate) chew tab 250 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	32	<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	22
.....	32	<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	32	<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	22
.....	32	<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	32	<i>amoxicillin (trihydrate) tab 500 mg</i>	22
.....	32	<i>amoxicillin (trihydrate) tab 875 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	32	<i>amphetamine-dextroamphetamine cap er 24hr</i>	
.....	32	10 mg	60
<i>amlodipine besylate-olmesartan medoxomil tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
10-20 mg	33	15 mg	60
<i>amlodipine besylate-olmesartan medoxomil tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
10-40 mg	33	20 mg	60
<i>amlodipine besylate-olmesartan medoxomil tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
5-20 mg	33	25 mg	60
<i>amlodipine besylate-olmesartan medoxomil tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
5-40 mg	33	30 mg	60
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	34	<i>amphetamine-dextroamphetamine cap er 24hr 5</i>	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	34	mg	60
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	33	<i>amphetamine-dextroamphetamine tab 10 mg</i>	60
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	34	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	
<i>amoxapine tab 100 mg</i>	48	.....	60
<i>amoxapine tab 150 mg</i>	48	<i>amphetamine-dextroamphetamine tab 15 mg</i>	60
<i>amoxapine tab 25 mg</i>	48	<i>amphetamine-dextroamphetamine tab 20 mg</i>	60
<i>amoxapine tab 50 mg</i>	48	<i>amphetamine-dextroamphetamine tab 30 mg</i>	60
<i>amoxicil cap & clarithro tab & lansopraz cap dr</i>		<i>amphetamine-dextroamphetamine tab 5 mg</i>	60
500 & 500 & 30mg	90	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	60
<i>amoxicillin & k clavulanate chew tab 200-28.5</i>	22	<i>amphotericin b for iv soln 50 mg</i>	14
mg	22	<i>ampicillin cap 500 mg</i>	22
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	22	<i>ampicillin sodium for inj 1 gm</i>	22
.....	22	<i>ampicillin sodium for inj 2 gm</i>	22
<i>amoxicillin & k clavulanate for susp 200-28.5</i>		<i>anagrelide hcl cap 0.5 mg</i>	94
mg/5ml	22	<i>anagrelide hcl cap 1 mg</i>	94
<i>amoxicillin & k clavulanate for susp 250-62.5</i>		<i>anastrozole tab 1 mg</i>	26
mg/5ml	22	ANNOVERA MIS	73
<i>amoxicillin & k clavulanate for susp 400-57</i>		APOKYN INJ 10MG/ML	52
mg/5ml	22	<i>apraclonidine hcl ophth soln 0.5% (base</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9</i>		equivalent)	108
mg/5ml	22	<i>aprepitant capsule 125 mg</i>	86
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	22	<i>aprepitant capsule 40 mg</i>	86
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	22	<i>aprepitant capsule 80 mg</i>	86
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	22	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	86
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5</i>		APRETUDE SUS 600MG ER	14
mg	22	<i>apri</i>	73
<i>amoxicillin (trihydrate) cap 250 mg</i>	22	APTIVUS CAP 250MG	14
<i>amoxicillin (trihydrate) cap 500 mg</i>	22	<i>aranelle</i>	73

ARANESP INJ 100MCG.....	93	ASTAGRAF XL CAP 5MG	100
ARANESP INJ 10MCG.....	93	atazanavir sulfate cap 150 mg (base equiv)	14
ARANESP INJ 150MCG.....	93	atazanavir sulfate cap 200 mg (base equiv)	14
ARANESP INJ 200MCG.....	93	atazanavir sulfate cap 300 mg (base equiv)	14
ARANESP INJ 25MCG.....	93	atenolol & chlorthalidone tab 100-25 mg.....	39
ARANESP INJ 300MCG.....	93	atenolol & chlorthalidone tab 50-25 mg.....	39
ARANESP INJ 40MCG.....	93	atenolol tab 100 mg	39
ARANESP INJ 500MCG.....	93	atenolol tab 25 mg	39
ARANESP INJ 60MCG.....	93	atenolol tab 50 mg	39
ARCALYST INJ 220MG.....	100	atomoxetine hcl cap 10 mg (base equiv)	60
AREXVY INJ 120MCG	102	atomoxetine hcl cap 100 mg (base equiv)	60
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv).....	110	atomoxetine hcl cap 18 mg (base equiv)	60
aripiprazole oral solution 1 mg/ml.....	53	atomoxetine hcl cap 25 mg (base equiv)	60
aripiprazole orally disintegrating tab 10 mg	53	atomoxetine hcl cap 40 mg (base equiv)	60
aripiprazole orally disintegrating tab 15 mg	53	atomoxetine hcl cap 60 mg (base equiv)	60
aripiprazole tab 10 mg	53	atomoxetine hcl cap 80 mg (base equiv)	60
aripiprazole tab 15 mg	53	atorvastatin calcium tab 10 mg (base equivalent)	36
aripiprazole tab 2 mg	53	atorvastatin calcium tab 20 mg (base equivalent)	37
aripiprazole tab 20 mg	53	atorvastatin calcium tab 40 mg (base equivalent)	37
aripiprazole tab 30 mg	54	atorvastatin calcium tab 80 mg (base equivalent)	37
aripiprazole tab 5 mg	53	atovaquone susp 750 mg/5ml	20
ARISTADA INJ 1064MG.....	54	atovaquone-proguanil hcl tab 250-100 mg	14
ARISTADA INJ 441MG/1.....	54	atovaquone-proguanil hcl tab 62.5-25 mg	14
ARISTADA INJ 662MG/2	54	atropine sulfate ophth soln 1%.....	107
ARISTADA INJ 882MG/3	54	atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml).....	86
ARISTADA INJ INITIO.....	54	atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml).....	86
armodafinil tab 150 mg.....	66	aviane	73
armodafinil tab 200 mg.....	66	avidoxy	23
armodafinil tab 250 mg.....	66	azacitidine for inj 100 mg	25
armodafinil tab 50 mg.....	66	AZASITE SOL 1%	106
ARNUITY ELPT INH 100MCG.....	113	azathioprine tab 100 mg.....	100
ARNUITY ELPT INH 200MCG.....	113	azathioprine tab 50 mg.....	100
ARNUITY ELPT INH 50MCG.....	113	azathioprine tab 75 mg.....	100
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml) .	30	azelaic acid gel 15%.....	119
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml) ...	30	azelastine hcl nasal spray 0.1% (137 mcg/spray)	109
asenapine maleate sl tab 10 mg (base equiv) ..	54	azelastine hcl nasal spray 0.15% (205.5 mcg/spray).....	109
asenapine maleate sl tab 2.5 mg (base equiv) .	54	azelastine hcl ophth soln 0.05%.....	107
asenapine maleate sl tab 5 mg (base equiv)	54	azelastine hcl-fluticasone prop nasal spray 137- 50 mcg/act.....	109
ashlyna	73		
ASMANEX HFA AER 100 MCG.....	113		
ASMANEX HFA AER 200 MCG.....	113		
ASMANEX HFA AER 50MCG.....	113		
aspirin ec adult low dose	13		
aspirin-dipyridamole cap er 12hr 25-200 mg ...	94		
ASTAGRAF XL CAP 0.5MG.....	100		
ASTAGRAF XL CAP 1MG.....	100		

<i>azithromycin for susp 100 mg/5ml</i>	19	<i>benzonatate cap 100 mg</i>	110
<i>azithromycin for susp 200 mg/5ml</i>	19	<i>benzonatate cap 200 mg</i>	111
<i>azithromycin powd pack for susp 1 gm</i>	19	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	114
<i>azithromycin tab 250 mg</i>	19	<i>benztropine mesylate inj 1 mg/ml</i>	52
<i>azithromycin tab 500 mg</i>	19	<i>benztropine mesylate tab 0.5 mg</i>	52
<i>azithromycin tab 600 mg</i>	19	<i>benztropine mesylate tab 1 mg</i>	52
AZSTARYS CAP 26.1-5.2	60	<i>benztropine mesylate tab 2 mg</i>	52
AZSTARYS CAP 39.2-7.8	60	<i>bepotastine besilate ophth soln 1.5%</i>	107
AZSTARYS CAP 52.3-10.....	60	BESIVANCE SUS 0.6%	106
<i>aztreonam for inj 1 gm</i>	20	<i>betaine powder for oral solution</i>	83
<i>aztreonam for inj 2 gm</i>	20	<i>betamethasone dipropionate augmented cream</i> <i>0.05%</i>	117
<i>azurette</i>	73	<i>betamethasone dipropionate augmented gel</i> <i>0.05%</i>	117
<i>bacitracin ophth oint 500 unit/gm</i>	106	<i>betamethasone dipropionate augmented lotion</i> <i>0.05%</i>	117
<i>bacitracin-polymyxin b ophth oint</i>	106	<i>betamethasone dipropionate augmented oint</i> <i>0.05%</i>	117
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	105	<i>betamethasone dipropionate cream 0.05%</i>	117
<i>baclofen tab 10 mg</i>	65	<i>betamethasone dipropionate lotion 0.05%</i>	117
<i>baclofen tab 20 mg</i>	65	<i>betamethasone valerate aerosol foam 0.12%</i>	117
<i>baclofen tab 5 mg</i>	65	<i>betamethasone valerate cream 0.1% (base</i> <i>equivalent)</i>	117
<i>balsalazide disodium cap 750 mg</i>	88	<i>betamethasone valerate lotion 0.1% (base</i> <i>equivalent)</i>	117
BARACLUDGE SOL.....	20	<i>betamethasone valerate oint 0.1% (base</i> <i>equivalent)</i>	117
BASAGLAR INJ 100UNIT.....	70	BETASERON INJ 0.3MG	65
BASAGLAR INJ TEMPO PN	70	<i>betaxolol hcl ophth soln 0.5%</i>	107
BAXDELA TAB 450MG.....	19	<i>betaxolol hcl tab 10 mg</i>	39
BELBUCA MIS 150MCG.....	12	<i>betaxolol hcl tab 20 mg</i>	39
BELBUCA MIS 300MCG.....	12	<i>bethanechol chloride tab 10 mg</i>	91
BELBUCA MIS 450MCG.....	12	<i>bethanechol chloride tab 25 mg</i>	91
BELBUCA MIS 600MCG.....	12	<i>bethanechol chloride tab 5 mg</i>	91
BELBUCA MIS 750MCG.....	12	<i>bethanechol chloride tab 50 mg</i>	91
BELBUCA MIS 75MCG.....	12	BETIMOL SOL 0.25%	107
BELBUCA MIS 900MCG.....	12	BETIMOL SOL 0.5%	107
BELSOMRA TAB 10MG	62	BETOPTIC-S SUS 0.25% OP	107
BELSOMRA TAB 15MG	62	BEVESPI AER 9-4.8MCG	108
BELSOMRA TAB 20MG	62	<i>bexarotene cap 75 mg</i>	30
BELSOMRA TAB 5MG	62	<i>bexarotene gel 1%</i>	118
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	32	BEXSERO INJ	102
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	32	BEYFORTUS INJ 100MG/ML.....	101
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	32	BEYFORTUS INJ 50/0.5ML.....	101
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	32	<i>bicalutamide tab 50 mg</i>	26
<i>benazepril hcl tab 10 mg</i>	32	BIJUVA CAP 0.5-100	81
<i>benazepril hcl tab 20 mg</i>	32	BIJUVA CAP 1-100MG	81
<i>benazepril hcl tab 40 mg</i>	32		
<i>benazepril hcl tab 5 mg</i>	32		

BIKTARVY TAB	16	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	67
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>		<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	67
.....	39	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>		<i>(base equiv)</i>	66
.....	39	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>		<i>(base equiv)</i>	66
.....	39	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i>	
<i>bisoprolol fumarate tab 10 mg</i>	39	<i>(base equiv)</i>	66
<i>bisoprolol fumarate tab 5 mg</i>	39	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i>	
<i>bleomycin sulfate for inj 15 unit</i>	24	<i>(base equiv)</i>	66
<i>bleomycin sulfate for inj 30 unit</i>	24	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	
BOOSTRIX INJ	102	<i>(base equiv)</i>	66
<i>bosentan tab 125 mg</i>	45	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>	
<i>bosentan tab 62.5 mg</i>	44	<i>(base equiv)</i>	67
BREO ELLIPTA INH 100-25	113	<i>buprenorphine td patch weekly 10 mcg/hr</i>	12
BREO ELLIPTA INH 200-25	113	<i>buprenorphine td patch weekly 15 mcg/hr</i>	12
BREO ELLIPTA INH 50-25MCG	113	<i>buprenorphine td patch weekly 20 mcg/hr</i>	12
<i>breyana</i>	113	<i>buprenorphine td patch weekly 5 mcg/hr</i>	12
BREZTRI AERO AER SPHERE	108	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	12
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>		<i>bupropion hcl (smoking deterrent) tab er 12hr</i>	
.....	119	150 mg	68
<i>brimonidine tartrate ophth soln 0.1%</i>	108	<i>bupropion hcl tab 100 mg</i>	48
<i>brimonidine tartrate ophth soln 0.15%</i>	108	<i>bupropion hcl tab 75 mg</i>	48
<i>brimonidine tartrate ophth soln 0.2%</i>	108	<i>bupropion hcl tab er 12hr 100 mg</i>	48
<i>brimonidine tartrate-timolol maleate ophth soln</i>		<i>bupropion hcl tab er 12hr 150 mg</i>	48
0.2-0.5%	107	<i>bupropion hcl tab er 12hr 200 mg</i>	48
<i>brinzolamide ophth susp 1%</i>	107	<i>bupropion hcl tab er 24hr 150 mg</i>	48
<i>bromfenac sodium ophth soln 0.09% (base equiv)</i>		<i>bupropion hcl tab er 24hr 300 mg</i>	48
<i>(once-daily)</i>	106	<i>bupirone hcl tab 10 mg</i>	46
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>bupirone hcl tab 15 mg</i>	46
<i>equivalent)</i>	52	<i>bupirone hcl tab 30 mg</i>	46
<i>bromocriptine mesylate tab 2.5 mg (base</i>		<i>bupirone hcl tab 5 mg</i>	46
<i>equivalent)</i>	52	<i>bupirone hcl tab 7.5 mg</i>	46
BRYHALI LOT 0.01%.....	117	<i>busulfan inj 6 mg/ml</i>	24
<i>budesonide delayed release particles cap 3 mg</i>	88	<i>butorphanol tartrate inj 1 mg/ml</i>	7
<i>budesonide inhalation susp 0.25 mg/2ml</i>	113	<i>butorphanol tartrate inj 2 mg/ml</i>	7
<i>budesonide inhalation susp 0.5 mg/2ml</i>	113	<i>butorphanol tartrate nasal soln 10 mg/ml</i>	7
<i>budesonide inhalation susp 1 mg/2ml</i>	113	CABENUVA SUS 400-600.....	16
<i>budesonide tab er 24hr 9 mg</i>	88	CABENUVA SUS 600-900.....	16
<i>budesonide-formoterol fumarate dihyd aerosol</i>		<i>cabergoline tab 0.5 mg</i>	83
160-4.5 mcg/act	114	CABOMETYX TAB 20MG.....	27
<i>budesonide-formoterol fumarate dihyd aerosol</i>		CABOMETYX TAB 40MG.....	27
80-4.5 mcg/act	113	CABOMETYX TAB 60MG.....	27
<i>bumetanide tab 0.5 mg</i>	42	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	116
<i>bumetanide tab 1 mg</i>	42	<i>calcipotriene-betamethasone dipropionate oint</i>	
<i>bumetanide tab 2 mg</i>	42	0.005-0.064%	116
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i> ..	12	<i>calcitonin (salmon) nasal soln 200 unit/act</i>	72

<i>calcitriol cap 0.25 mcg</i>	85	<i>carbidopa & levodopa tab 25-100 mg</i>	52
<i>calcitriol cap 0.5 mcg</i>	85	<i>carbidopa & levodopa tab 25-250 mg</i>	52
<i>calcitriol oint 3 mcg/gm</i>	116	<i>carbidopa & levodopa tab er 25-100 mg</i>	52
<i>calcitriol oral soln 1 mcg/ml</i>	85	<i>carbidopa & levodopa tab er 50-200 mg</i>	52
<i>calcium acetate (phosphate binder) cap 667 mg</i> <i>(169 mg ca)</i>	84	<i>carbidopa tab 25 mg</i>	52
<i>calcium acetate (phosphate binder) tab 667 mg</i>	84	<i>carbidopa-levodopa-entacapone tabs 12.5-50-</i> <i>200 mg</i>	52
CALQUENCE TAB 100MG	27	<i>carbidopa-levodopa-entacapone tabs 18.75-75-</i> <i>200 mg</i>	52
<i>camila</i>	73	<i>carbidopa-levodopa-entacapone tabs 25-100-200</i> <i>mg</i>	52
<i>camrese</i>	73	<i>carbidopa-levodopa-entacapone tabs 31.25-125-</i> <i>200 mg</i>	52
<i>candesartan cilexetil tab 16 mg</i>	35	<i>carbidopa-levodopa-entacapone tabs 37.5-150-</i> <i>200 mg</i>	52
<i>candesartan cilexetil tab 32 mg</i>	35	<i>carbidopa-levodopa-entacapone tabs 50-200-200</i> <i>mg</i>	52
<i>candesartan cilexetil tab 4 mg</i>	35	<i>carbinoxamine maleate soln 4 mg/5ml</i>	109
<i>candesartan cilexetil tab 8 mg</i>	35	<i>carbinoxamine maleate tab 4 mg</i>	109
<i>candesartan cilexetil-hydrochlorothiazide tab 16-</i> <i>12.5 mg</i>	34	<i>carboplatin iv soln 150 mg/15ml</i>	31
<i>candesartan cilexetil-hydrochlorothiazide tab 32-</i> <i>12.5 mg</i>	34	<i>carboplatin iv soln 450 mg/45ml</i>	31
<i>candesartan cilexetil-hydrochlorothiazide tab 32-</i> <i>25 mg</i>	34	<i>carboplatin iv soln 50 mg/5ml</i>	31
<i>capecitabine tab 150 mg</i>	25	<i>carboplatin iv soln 600 mg/60ml</i>	31
<i>capecitabine tab 500 mg</i>	25	CARDURA XL TAB 4MG	90
CAPRELSA TAB 100MG	27	CARDURA XL TAB 8MG	90
CAPRELSA TAB 300MG	27	CAREFINE MIS 32GX6MM	76
<i>captopril tab 100 mg</i>	32	<i>carglumic acid soluble tab 200 mg</i>	85
<i>captopril tab 12.5 mg</i>	32	<i>carisoprodol tab 350 mg</i>	65
<i>captopril tab 25 mg</i>	32	<i>carmustine for inj 100 mg</i>	24
<i>captopril tab 50 mg</i>	32	<i>carteolol hcl ophth soln 1%</i>	107
CAPVAXIVE INJ 0.5ML	102	<i>cartia xt</i>	41
<i>carbamazepine cap er 12hr 100 mg</i>	56	<i>carvedilol phosphate cap er 24hr 10 mg</i>	39
<i>carbamazepine cap er 12hr 200 mg</i>	56	<i>carvedilol phosphate cap er 24hr 20 mg</i>	39
<i>carbamazepine cap er 12hr 300 mg</i>	56	<i>carvedilol phosphate cap er 24hr 40 mg</i>	39
<i>carbamazepine chew tab 100 mg</i>	56	<i>carvedilol phosphate cap er 24hr 80 mg</i>	39
<i>carbamazepine chew tab 200 mg</i>	56	<i>carvedilol tab 12.5 mg</i>	39
<i>carbamazepine susp 100 mg/5ml</i>	56	<i>carvedilol tab 25 mg</i>	39
<i>carbamazepine tab 200 mg</i>	56	<i>carvedilol tab 3.125 mg</i>	39
<i>carbamazepine tab er 12hr 100 mg</i>	56	<i>carvedilol tab 6.25 mg</i>	39
<i>carbamazepine tab er 12hr 200 mg</i>	56	CAYA DPR	73
<i>carbamazepine tab er 12hr 400 mg</i>	56	CAYSTON INH 75MG	111
<i>carbidopa & levodopa orally disintegrating tab</i> <i>10-100 mg</i>	52	<i>cefaclor cap 250 mg</i>	17
<i>carbidopa & levodopa orally disintegrating tab</i> <i>25-100 mg</i>	52	<i>cefaclor cap 500 mg</i>	17
<i>carbidopa & levodopa orally disintegrating tab</i> <i>25-250 mg</i>	52	<i>cefaclor for susp 250 mg/5ml</i>	17
<i>carbidopa & levodopa tab 10-100 mg</i>	52	<i>cefadroxil cap 500 mg</i>	17
		<i>cefadroxil for susp 250 mg/5ml</i>	18
		<i>cefadroxil for susp 500 mg/5ml</i>	18

<i>cefadroxil tab 1 gm</i>	18	CHEMSTRIP 2 TES GP	77
<i>cefazolin sodium for inj 1 gm</i>	18	CHEMSTRIP 5 TES OB	77
<i>cefdinir cap 300 mg</i>	18	CHEMSTRIP 7 TES.....	77
<i>cefdinir for susp 125 mg/5ml</i>	18	CHEMSTRIP 9 TES STRIPS	77
<i>cefdinir for susp 250 mg/5ml</i>	18	CHEMSTRIP K TES.....	77
<i>cefepime hcl for inj 1 gm</i>	18	CHEMSTRIP TES -10 SG	77
<i>cefepime hcl for iv soln 2 gm</i>	18	CHEMSTRIP TES UGK.....	77
<i>cefixime cap 400 mg</i>	18	<i>chlordiazepoxide hcl cap 10 mg</i>	46
<i>cefixime for susp 100 mg/5ml</i>	18	<i>chlordiazepoxide hcl cap 25 mg</i>	46
<i>cefixime for susp 200 mg/5ml</i>	18	<i>chlordiazepoxide hcl cap 5 mg</i>	46
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	18	<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i> ...	67
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	18	<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i> ..	67
<i>cefpodoxime proxetil tab 100 mg</i>	18	<i>chlorhexidine gluconate soln 0.12%</i>	119
<i>cefpodoxime proxetil tab 200 mg</i>	18	<i>chloroquine phosphate tab 250 mg</i>	14
<i>cefprozil for susp 125 mg/5ml</i>	18	<i>chloroquine phosphate tab 500 mg</i>	14
<i>cefprozil for susp 250 mg/5ml</i>	18	<i>chlorpromazine hcl inj 25 mg/ml</i>	54
<i>cefprozil tab 250 mg</i>	18	<i>chlorpromazine hcl inj 50 mg/2ml</i>	54
<i>cefprozil tab 500 mg</i>	18	<i>chlorpromazine hcl tab 10 mg</i>	54
<i>ceftazidime for iv soln 2 gm</i>	18	<i>chlorpromazine hcl tab 100 mg</i>	54
<i>ceftriaxone sodium for inj 1 gm</i>	18	<i>chlorpromazine hcl tab 200 mg</i>	54
<i>ceftriaxone sodium for inj 10 gm</i>	18	<i>chlorpromazine hcl tab 25 mg</i>	54
<i>ceftriaxone sodium for inj 2 gm</i>	18	<i>chlorpromazine hcl tab 50 mg</i>	54
<i>ceftriaxone sodium for inj 250 mg</i>	18	<i>chlorthalidone tab 25 mg</i>	42
<i>ceftriaxone sodium for inj 500 mg</i>	18	<i>chlorthalidone tab 50 mg</i>	42
<i>ceftriaxone sodium for iv soln 1 gm</i>	18	<i>chlorzoxazone tab 500 mg</i>	65
<i>ceftriaxone sodium for iv soln 2 gm</i>	18	<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	105
<i>cefuroxime axetil tab 250 mg</i>	18	<i>cholestyramine light powder 4 gm/dose</i>	36
<i>cefuroxime axetil tab 500 mg</i>	18	<i>cholestyramine light powder packets 4 gm</i>	36
<i>celecoxib cap 100 mg</i>	6	<i>cholestyramine powder 4 gm/dose</i>	36
<i>celecoxib cap 200 mg</i>	6	<i>cholestyramine powder packets 4 gm</i>	36
<i>celecoxib cap 50 mg</i>	6	<i>choline fenofibrate cap dr 135 mg (fenofibric acid</i> <i>equiv)</i>	36
CELLCEPT CAP 250MG	100	<i>choline fenofibrate cap dr 45 mg (fenofibric acid</i> <i>equiv)</i>	36
CELLCEPT IV INJ 500MG	100	CHOR GONADOT INJ 10000UNT	83
CELLCEPT SUS 200MG/ML.....	100	<i>ciclopirox gel 0.77%</i>	115
<i>cephalexin cap 250 mg</i>	18	<i>ciclopirox olamine cream 0.77% (base equiv)</i> .	115
<i>cephalexin cap 500 mg</i>	19	<i>ciclopirox olamine susp 0.77% (base equiv)</i> ...	115
<i>cephalexin cap 750 mg</i>	19	<i>ciclopirox shampoo 1%</i>	115
<i>cephalexin for susp 125 mg/5ml</i>	19	<i>ciclopirox solution 8%</i>	115
<i>cephalexin for susp 250 mg/5ml</i>	19	<i>cidofovir iv inj 75 mg/ml</i>	17
<i>cephalexin tab 250 mg</i>	19	<i>cilostazol tab 100 mg</i>	94
<i>cephalexin tab 500 mg</i>	19	<i>cilostazol tab 50 mg</i>	94
CERDELGA CAP 84MG	81	CIMDUO TAB 300-300	16
<i>cevimeline hcl cap 30 mg</i>	119	<i>cimetidine tab 200 mg</i>	87
<i>chateal eq</i>	73	<i>cimetidine tab 300 mg</i>	87
CHEMET CAP 100MG.....	73	<i>cimetidine tab 400 mg</i>	87
CHEMSTRIP 10 TES MD	77		

<i>cimetidine tab 800 mg</i>	87	<i>clindamycin phosphate vaginal cream 2%</i>	92
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	72	<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	114
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	72	<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	114
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	72	<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	114
<i>CIPRO (10%) SUS 500MG/5</i>	19	<i>clobazam suspension 2.5 mg/ml</i>	56
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	106	<i>clobazam tab 10 mg</i>	56
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	120	<i>clobazam tab 20 mg</i>	56
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	19	<i>clobetasol propionate cream 0.05%</i>	117
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	19	<i>clobetasol propionate emo</i>	117
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	19	<i>clobetasol propionate foam 0.05%</i>	117
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	120	<i>clobetasol propionate gel 0.05%</i>	117
<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>	120	<i>clobetasol propionate lotion 0.05%</i>	117
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	31	<i>clobetasol propionate oint 0.05%</i>	117
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	31	<i>clobetasol propionate shampoo 0.05%</i>	117
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	31	<i>clobetasol propionate soln 0.05%</i>	117
<i>citalopram hydrobromide oral soln 10 mg/5ml</i> 48		<i>clobetasol propionate spray 0.05%</i>	117
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	48	<i>clocortolone pivalate cream 0.1%</i>	117
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	48	<i>clofarabine iv soln 1 mg/ml</i>	25
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	48	<i>clomipramine hcl cap 25 mg</i>	46
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	25	<i>clomipramine hcl cap 50 mg</i>	46
<i>clarithromycin for susp 125 mg/5ml</i>	19	<i>clomipramine hcl cap 75 mg</i>	46
<i>clarithromycin for susp 250 mg/5ml</i>	19	<i>clonazepam tab 0.5 mg</i>	56
<i>clarithromycin tab 250 mg</i>	19	<i>clonazepam tab 1 mg</i>	56
<i>clarithromycin tab 500 mg</i>	19	<i>clonazepam tab 2 mg</i>	56
<i>clarithromycin tab er 24hr 500 mg</i>	19	<i>clonidine hcl tab 0.1 mg</i>	43
<i>clemastine fumarate tab 2.68 mg</i>	109	<i>clonidine hcl tab 0.2 mg</i>	43
<i>CLENPIQ SOL</i>	88	<i>clonidine hcl tab 0.3 mg</i>	43
<i>CLEOCIN SUP 100MG</i>	92	<i>clonidine td patch weekly 0.1 mg/24hr</i>	43
<i>CLIMARA PRO DIS WEEKLY</i>	81	<i>clonidine td patch weekly 0.2 mg/24hr</i>	44
<i>clindamycin hcl cap 150 mg</i>	20	<i>clonidine td patch weekly 0.3 mg/24hr</i>	44
<i>clindamycin hcl cap 300 mg</i>	20	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i> ..	94
<i>clindamycin hcl cap 75 mg</i>	20	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	94
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	20	<i>clorazepate dipotassium tab 15 mg</i>	57
<i>clindamycin phosphate foam 1%</i>	114	<i>clorazepate dipotassium tab 3.75 mg</i>	57
<i>clindamycin phosphate gel 1%</i>	114	<i>clorazepate dipotassium tab 7.5 mg</i>	57
<i>clindamycin phosphate inj 9 gm/60ml</i>	20	<i>clotrimazole cream 1%</i>	115
<i>clindamycin phosphate lotion 1%</i>	114	<i>clotrimazole soln 1%</i>	115
<i>clindamycin phosphate soln 1%</i>	114	<i>clotrimazole troche 10 mg</i>	119
<i>clindamycin phosphate swab 1%</i>	114	<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	115
		<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	115
		<i>clozapine orally disintegrating tab 100 mg</i>	54
		<i>clozapine orally disintegrating tab 12.5 mg</i>	54

<i>clozapine orally disintegrating tab 150 mg</i>	54	CUTAQUIG SOL 1.65GM.....	100
<i>clozapine orally disintegrating tab 200 mg</i>	54	CUTAQUIG SOL 1GM.....	100
<i>clozapine orally disintegrating tab 25 mg</i>	54	CUTAQUIG SOL 2GM.....	100
<i>clozapine tab 100 mg</i>	54	CUTAQUIG SOL 3.3GM.....	100
<i>clozapine tab 200 mg</i>	54	CUTAQUIG SOL 4GM.....	100
<i>clozapine tab 25 mg</i>	54	CUTAQUIG SOL 8GM.....	100
<i>clozapine tab 50 mg</i>	54	<i>cvs ivermectin lice treat</i>	119
COARTEM TAB 20-120MG	14	CVS KETONE TES CARE	77
CODEINE SULF TAB 60MG	7	<i>cvs lice treatment</i>	119
<i>codeine sulfate tab 30 mg</i>	7	<i>cvs sleep-aid nighttime</i>	62
<i>colchicine tab 0.6 mg</i>	6	<i>cyanocobalamin inj 1000 mcg/ml</i>	105
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	6	<i>cyclobenzaprine hcl tab 10 mg</i>	65
<i>colesevelam hcl packet for susp 3.75 gm</i>	36	<i>cyclobenzaprine hcl tab 5 mg</i>	65
<i>colesevelam hcl tab 625 mg</i>	36	<i>cyclophosphamide cap 25 mg</i>	24
<i>colestipol hcl granule packets 5 gm</i>	36	<i>cyclophosphamide cap 50 mg</i>	24
<i>colestipol hcl granules 5 gm</i>	36	<i>cyclophosphamide for inj 1 gm</i>	24
<i>colestipol hcl tab 1 gm</i>	36	<i>cyclophosphamide for inj 2 gm</i>	24
COMETRIQ KIT 100MG	27	<i>cyclophosphamide for inj 500 mg</i>	24
COMETRIQ KIT 140MG	27	<i>cycloserine cap 250 mg</i>	16
COMETRIQ KIT 60MG	27	<i>cyclosporine cap 100 mg</i>	100
COMIRNATY INJ 2024-25.....	102	<i>cyclosporine cap 25 mg</i>	100
COMIRNATY INJ 30/0.3ML	102	<i>cyclosporine iv soln 50 mg/ml</i>	100
<i>compro</i>	86	<i>cyclosporine modified cap 100 mg</i>	100
CONDOMS MIS.....	73	<i>cyclosporine modified cap 25 mg</i>	100
CORLANOR SOL 5MG/5ML	43	<i>cyclosporine modified cap 50 mg</i>	100
CORLANOR TAB 5MG	43	<i>cyclosporine modified oral soln 100 mg/ml</i> ...	100
CORLANOR TAB 7.5MG	43	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	109
CORTIFOAM AER 90MG.....	88	<i>cyproheptadine hcl tab 4 mg</i>	109
CORTISPORIN SUS -TC OTIC.....	120	CYSTAGON CAP 150MG	83
COSENTYX INJ 150MG/ML.....	95	CYSTAGON CAP 50MG	83
COSENTYX INJ 300DOSE	96	CYSTARAN SOL 0.44%	107
COSENTYX INJ 75MG/0.5.....	95	<i>cytarabine inj 20 mg/ml</i>	25
COSENTYX PEN INJ 150MG/ML	96	<i>cytarabine inj pf 100 mg/ml</i>	25
COSENTYX PEN INJ 300DOSE.....	96	<i>cytarabine inj pf 20 mg/ml</i>	25
COSENTYX UNO INJ 300/2ML.....	96	<i>dabigatran etexilate mesylate cap 110 mg</i> <i>(etexilate base eq)</i>	92
CREON CAP 12000UNT	89	<i>dabigatran etexilate mesylate cap 150 mg</i> <i>(etexilate base eq)</i>	92
CREON CAP 24000UNT.....	89	<i>dabigatran etexilate mesylate cap 75 mg</i> <i>(etexilate base eq)</i>	92
CREON CAP 3000UNIT	89	<i>dacarbazine for inj 100 mg</i>	24
CREON CAP 36000UNT	89	<i>dacarbazine for inj 200 mg</i>	24
CREON CAP 6000UNIT	89	<i>dalfampridine tab er 12hr 10 mg</i>	65
CRINONE GEL 4% VAG	84	<i>danazol cap 100 mg</i>	78
CRINONE GEL 8% VAG	84	<i>danazol cap 200 mg</i>	78
<i>cromolyn sodium ophth soln 4%</i>	107	<i>danazol cap 50 mg</i>	78
<i>cromolyn sodium oral conc 100 mg/5ml</i>	89	<i>dantrolene sodium cap 100 mg</i>	66
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	112		
<i>crotran</i>	119		
<i>cryselle-28</i>	73		

<i>dantrolene sodium cap 25 mg</i>	65	<i>desloratadine tab orally disintegrating 2.5 mg</i>	109
<i>dantrolene sodium cap 50 mg</i>	66	<i>desloratadine tab orally disintegrating 5 mg</i> ..	109
<i>dapsone tab 100 mg</i>	21	<i>desmopressin acetate inj 4 mcg/ml</i>	85
<i>dapsone tab 25 mg</i>	21	<i>desmopressin acetate nasal spray soln 0.01%</i> ..	85
DAPTACEL INJ	102	<i>desmopressin acetate nasal spray soln 0.01%</i> (refrigerated)	85
<i>darifenacin hydrobromide tab er 24hr 15 mg</i> (base equiv)	91	<i>desmopressin acetate preservative free (pf) inj 4</i> <i>mcg/ml</i>	85
<i>darifenacin hydrobromide tab er 24hr 7.5 mg</i> (base equiv)	91	<i>desmopressin acetate tab 0.1 mg</i>	85
<i>darunavir tab 600 mg</i>	14	<i>desmopressin acetate tab 0.2 mg</i>	85
<i>darunavir tab 800 mg</i>	14	<i>desonide cream 0.05%</i>	117
<i>dasatinib tab 100 mg</i>	28	<i>desonide lotion 0.05%</i>	117
<i>dasatinib tab 140 mg</i>	28	<i>desonide oint 0.05%</i>	117
<i>dasatinib tab 20 mg</i>	27	<i>desoximetasone cream 0.05%</i>	117
<i>dasatinib tab 50 mg</i>	28	<i>desoximetasone cream 0.25%</i>	117
<i>dasatinib tab 70 mg</i>	28	<i>desoximetasone gel 0.05%</i>	117
<i>dasatinib tab 80 mg</i>	28	<i>desoximetasone oint 0.25%</i>	117
<i>dasetta 1/35</i>	73	<i>desoximetasone spray 0.25%</i>	117
<i>dasetta 7/7/7</i>	73	<i>desvenlafaxine succinate tab er 24hr 100 mg</i> (base equiv)	49
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	24	<i>desvenlafaxine succinate tab er 24hr 25 mg (base</i> <i>equiv)</i>	48
DAYVIGO TAB 10MG	62	<i>desvenlafaxine succinate tab er 24hr 50 mg (base</i> <i>equiv)</i>	49
DAYVIGO TAB 5MG	62	DEXAMETHASON CON 1MG/ML.....	78
<i>decitabine for inj 50 mg</i>	25	<i>dexamethasone elixir 0.5 mg/5ml</i>	78
<i>deferiprone tab 1000 mg</i>	73	<i>dexamethasone sod phosphate preservative free</i> <i>inj 10 mg/ml</i>	78
<i>deferiprone tab 500 mg</i>	73	<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	79
<i>deflazacort susp 22.75 mg/ml</i>	78	<i>dexamethasone sodium phosphate inj 100</i> <i>mg/10ml</i>	79
<i>deflazacort tab 18 mg</i>	78	<i>dexamethasone sodium phosphate inj 120</i> <i>mg/30ml</i>	79
<i>deflazacort tab 30 mg</i>	78	<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	79
<i>deflazacort tab 36 mg</i>	78	<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	79
<i>deflazacort tab 6 mg</i>	78	<i>dexamethasone sodium phosphate inj soln pref</i> <i>syr 4 mg/ml</i>	79
<i>delyla</i>	73	<i>dexamethasone sodium phosphate ophth soln</i> <i>0.1%</i>	106
<i>demeclocycline hcl tab 150 mg</i>	23	<i>dexamethasone soln 0.5 mg/5ml</i>	79
<i>demeclocycline hcl tab 300 mg</i>	23	<i>dexamethasone tab 0.5 mg</i>	79
DENGVAXIA SUS	102	<i>dexamethasone tab 0.75 mg</i>	79
DEPO-ESTRADI INJ 5MG/ML.....	81	<i>dexamethasone tab 1 mg</i>	79
DEPO-MEDROL INJ 20MG/ML.....	78	<i>dexamethasone tab 1.5 mg</i>	79
DEPO-SQ PROV INJ 104	73	<i>dexamethasone tab 2 mg</i>	79
DESCOVY TAB 120-15MG	16		
DESCOVY TAB 200/25MG	16		
<i>desipramine hcl tab 10 mg</i>	48		
<i>desipramine hcl tab 100 mg</i>	48		
<i>desipramine hcl tab 150 mg</i>	48		
<i>desipramine hcl tab 25 mg</i>	48		
<i>desipramine hcl tab 50 mg</i>	48		
<i>desipramine hcl tab 75 mg</i>	48		
<i>desloratadine tab 5 mg</i>	109		

<i>dexamethasone tab 4 mg</i>	79	DIASCREEN MIS 4OBL	77
<i>dexamethasone tab 6 mg</i>	79	DIASCREEN MIS 4PH	77
DEXCOM G5 MIS RECEIVER	77	DIASCREEN MIS CONTROL	77
DEXCOM G5 MIS TRANSMIT.....	77	DIASTIX TES STRIPS	77
DEXCOM G6 MIS RECEIVER	77	<i>diazepam inj 5 mg/ml</i>	57
DEXCOM G6 MIS SENSOR.....	77	<i>diazepam intensol</i>	57
DEXCOM G6 MIS TRANSMIT.....	77	<i>diazepam oral soln 1 mg/ml</i>	57
DEXCOM G7 MIS RECEIVER	77	<i>diazepam tab 10 mg</i>	57
DEXCOM G7 MIS SENSOR.....	77	<i>diazepam tab 2 mg</i>	57
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	60	<i>diazepam tab 5 mg</i>	57
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	60	<i>diclofenac potassium tab 50 mg</i>	6
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	61	<i>diclofenac sodium (actinic keratoses) gel 3%</i>	6
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	61	<i>diclofenac sodium gel 1% (1.16% diethylamine</i> <i>equiv)</i>	118, 119
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	61	<i>diclofenac sodium ophth soln 0.1%</i>	106
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	61	<i>diclofenac sodium tab delayed release 25 mg</i>	6
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	61	<i>diclofenac sodium tab delayed release 50 mg</i>	6
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	60	<i>diclofenac sodium tab delayed release 75 mg</i>	6
<i>dexmethylphenidate hcl tab 10 mg</i>	61	<i>diclofenac sodium tab er 24hr 100 mg</i>	6
<i>dexmethylphenidate hcl tab 2.5 mg</i>	61	<i>diclofenac w/ misoprostol tab delayed release</i> <i>50-0.2 mg</i>	7
<i>dexmethylphenidate hcl tab 5 mg</i>	61	<i>diclofenac w/ misoprostol tab delayed release</i> <i>75-0.2 mg</i>	7
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	31	<i>dicloxacillin sodium cap 250 mg</i>	22
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	31	<i>dicloxacillin sodium cap 500 mg</i>	22
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> 61		<i>dicyclomine hcl cap 10 mg</i>	86
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> 61		<i>dicyclomine hcl inj 10 mg/ml</i>	86
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> . 61		<i>dicyclomine hcl oral soln 10 mg/5ml</i>	86
<i>dextroamphetamine sulfate oral solution 5</i> <i>mg/5ml</i>	61	<i>dicyclomine hcl tab 20 mg</i>	86
<i>dextroamphetamine sulfate tab 10 mg</i>	61	DIFICID SUS.....	19
<i>dextroamphetamine sulfate tab 15 mg</i>	61	DIFICID TAB 200MG	19
<i>dextroamphetamine sulfate tab 20 mg</i>	61	<i>diflorasone diacetate cream 0.05%</i>	117
<i>dextroamphetamine sulfate tab 30 mg</i>	61	<i>diflorasone diacetate oint 0.05%</i>	117
<i>dextroamphetamine sulfate tab 5 mg</i>	61	<i>diflunisal tab 500 mg</i>	13
DIASCREEN 10 MIS	77	<i>difluprednate ophth emulsion 0.05%</i>	106
DIASCREEN 3 MIS	77	<i>digoxin oral soln 0.05 mg/ml</i>	42
DIASCREEN 5 MIS	77	<i>digoxin tab 125 mcg (0.125 mg)</i>	42
DIASCREEN 6 MIS	77	<i>digoxin tab 250 mcg (0.25 mg)</i>	42
DIASCREEN 7 MIS	77	<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	42
DIASCREEN 8 MIS	77	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	63
DIASCREEN 9 MIS	77	DILANTIN CAP 30MG	57
DIASCREEN MIS 1B.....	77	<i>diltiazem hcl cap er 12hr 120 mg</i>	41
DIASCREEN MIS 1G.....	77	<i>diltiazem hcl cap er 12hr 60 mg</i>	41
DIASCREEN MIS 1K.....	77	<i>diltiazem hcl cap er 12hr 90 mg</i>	41
DIASCREEN MIS 2GK.....	77	<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> 41	
DIASCREEN MIS 2GP.....	77	<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> 41	
DIASCREEN MIS 4NL.....	77	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> 41	

<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	41	<i>divalproex sodium tab er 24 hr 250 mg</i>	57
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	41	<i>divalproex sodium tab er 24 hr 500 mg</i>	57
<i>diltiazem hcl extended release beads cap er 24hr</i>		<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	30
<i>120 mg</i>	41	<i>docetaxel for inj conc 20 mg/ml</i>	30
<i>diltiazem hcl extended release beads cap er 24hr</i>		<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	30
<i>180 mg</i>	41	<i>docetaxel soln for iv infusion 160 mg/16ml</i>	30
<i>diltiazem hcl extended release beads cap er 24hr</i>		<i>docetaxel soln for iv infusion 20 mg/2ml</i>	30
<i>240 mg</i>	41	<i>docetaxel soln for iv infusion 80 mg/8ml</i>	30
<i>diltiazem hcl extended release beads cap er 24hr</i>		<i>dofetilide cap 125 mcg (0.125 mg)</i>	35
<i>300 mg</i>	41	<i>dofetilide cap 250 mcg (0.25 mg)</i>	35
<i>diltiazem hcl extended release beads cap er 24hr</i>		<i>dofetilide cap 500 mcg (0.5 mg)</i>	35
<i>360 mg</i>	41	<i>donepezil hydrochloride orally disintegrating tab</i>	
<i>diltiazem hcl extended release beads cap er 24hr</i>		<i>10 mg</i>	47
<i>420 mg</i>	41	<i>donepezil hydrochloride orally disintegrating tab</i>	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	41	<i>5 mg</i>	47
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	41	<i>donepezil hydrochloride tab 10 mg</i>	47
<i>diltiazem hcl tab 120 mg</i>	41	<i>donepezil hydrochloride tab 23 mg</i>	47
<i>diltiazem hcl tab 30 mg</i>	41	<i>donepezil hydrochloride tab 5 mg</i>	47
<i>diltiazem hcl tab 60 mg</i>	41	DOPTELET TAB 20MG (10 TABLETS)	95
<i>diltiazem hcl tab 90 mg</i>	41	DOPTELET TAB 20MG (15 TABLETS)	95
<i>diltiazem hcl tab er 24hr 120 mg</i>	41	DOPTELET TAB 20MG (30 TABLETS)	95
<i>dilt-xr</i>	41	<i>dorzolamide hcl ophth soln 2%</i>	107
<i>dimethyl fumarate capsule delayed release 120</i>		<i>dorzolamide hcl-timolol maleate ophth soln 2-</i>	
<i>mg</i>	65	<i>0.5%</i>	107
<i>dimethyl fumarate capsule delayed release 240</i>		DOVATO TAB 50-300MG	16
<i>mg</i>	65	<i>doxazosin mesylate tab 1 mg</i>	90
<i>dimethyl fumarate capsule dr starter pack 120</i>		<i>doxazosin mesylate tab 2 mg</i>	90
<i>mg & 240 mg</i>	65	<i>doxazosin mesylate tab 4 mg</i>	90
DIPENTUM CAP 250MG	88	<i>doxazosin mesylate tab 8 mg</i>	91
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	109	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	62
<i>diphenhydramine hcl inj 50 mg/ml</i>	109	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	63
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>		<i>doxepin hcl cap 10 mg</i>	49
.....	86	<i>doxepin hcl cap 100 mg</i>	49
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	86	<i>doxepin hcl cap 150 mg</i>	49
<i>dipyridamole tab 25 mg</i>	94	<i>doxepin hcl cap 25 mg</i>	49
<i>dipyridamole tab 50 mg</i>	94	<i>doxepin hcl cap 50 mg</i>	49
<i>dipyridamole tab 75 mg</i>	94	<i>doxepin hcl cap 75 mg</i>	49
<i>disopyramide phosphate cap 100 mg</i>	35	<i>doxepin hcl conc 10 mg/ml</i>	49
<i>disopyramide phosphate cap 150 mg</i>	35	<i>doxepin hcl cream 5%</i>	116
<i>disulfiram tab 250 mg</i>	45	<i>doxercalciferol cap 0.5 mcg</i>	85
<i>disulfiram tab 500 mg</i>	45	<i>doxercalciferol cap 1 mcg</i>	85
DIURIL SUS 250/5ML	42	<i>doxercalciferol cap 2.5 mcg</i>	86
<i>divalproex sodium cap delayed release sprinkle</i>		<i>doxorubicin hcl for inj 10 mg</i>	24
<i>125 mg</i>	57	<i>doxorubicin hcl inj 2 mg/ml</i>	24
<i>divalproex sodium tab delayed release 125 mg</i>	57	<i>doxorubicin hcl liposomal susp (for iv infusion) 2</i>	
<i>divalproex sodium tab delayed release 250 mg</i>	57	<i>mg/ml</i>	24
<i>divalproex sodium tab delayed release 500 mg</i>	57	<i>doxy 100</i>	23

<i>doxycycline hyclate cap 100 mg</i>	23	<i>effer-k</i>	104
<i>doxycycline hyclate cap 50 mg</i>	23	ELESTRIN GEL 0.06%	81
<i>doxycycline hyclate for inj 100 mg</i>	23	<i>eletriptan hydrobromide tab 20 mg (base</i>	
<i>doxycycline hyclate tab 100 mg</i>	23	<i>equivalent)</i>	64
<i>doxycycline hyclate tab 20 mg</i>	23	<i>eletriptan hydrobromide tab 40 mg (base</i>	
<i>doxycycline monohydrate cap 100 mg</i>	23	<i>equivalent)</i>	64
<i>doxycycline monohydrate cap 50 mg</i>	23	ELIGARD INJ 22.5MG	27
<i>doxycycline monohydrate for susp 25 mg/5ml</i> . 23		ELIGARD INJ 30MG	27
<i>doxycycline monohydrate tab 150 mg</i>	23	ELIGARD INJ 45MG	27
<i>doxycycline monohydrate tab 50 mg</i>	23	ELIGARD INJ 7.5MG	26
<i>doxycycline monohydrate tab 75 mg</i>	23	<i>elinest</i>	74
<i>dronabinol cap 10 mg</i>	86	ELIQUIS ST P TAB 5MG.....	92
<i>dronabinol cap 2.5 mg</i>	86	ELIQUIS TAB 2.5MG	92
<i>dronabinol cap 5 mg</i>	86	ELIQUIS TAB 5MG	92
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .. 73		<i>elite-ob</i>	105
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .. 73		ELLA TAB 30MG	74
<i>drospirenone-ethinyl estrad-levomefolate tab 3-</i>		ELMIRON CAP 100MG.....	91
<i>0.02-0.451 mg</i>	73	EMCYT CAP 140MG	24
<i>drospirenone-ethinyl estrad-levomefolate tab 3-</i>		EMFLAZA SUS 22.75/ML	79
<i>0.03-0.451 mg</i>	73	EMGALITY INJ 100MG/ML	63
DROXIA CAP 200MG.....	95	EMGALITY INJ 120MG/ML	64
DROXIA CAP 300MG.....	95	EMSAM DIS 12MG/24H	49
DROXIA CAP 400MG.....	95	EMSAM DIS 6MG/24HR	49
DUAVEE TAB 0.45-20.....	81	EMSAM DIS 9MG/24HR	49
<i>duloxetine hcl enteric coated pellets cap 20 mg</i>		<i>emtricitabine caps 200 mg</i>	15
<i>(base eq)</i>	49	<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>		<i>100-150 mg</i>	16
<i>(base eq)</i>	49	<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
<i>duloxetine hcl enteric coated pellets cap 60 mg</i>		<i>133-200 mg</i>	16
<i>(base eq)</i>	49	<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
DUPIXENT INJ 200/1.14.....	116	<i>167-250 mg</i>	16
DUPIXENT INJ 200MG	113	<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
DUPIXENT INJ 300/2ML.....	68, 113, 116	<i>200-300 mg</i>	16
DUREX MIS REALFEEL	74	EMTRIVA SOL 10MG/ML.....	15
<i>dutasteride cap 0.5 mg</i>	91	EMVERM CHW 100MG	13
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	91	<i>enalapril maleate & hydrochlorothiazide tab 10-</i>	
<i>econazole nitrate cream 1%</i>	115	<i>25 mg</i>	32
EDURANT TAB 25MG.....	14	<i>enalapril maleate & hydrochlorothiazide tab 5-</i>	
<i>efavirenz cap 200 mg</i>	15	<i>12.5 mg</i>	32
<i>efavirenz cap 50 mg</i>	15	<i>enalapril maleate tab 10 mg</i>	32
<i>efavirenz tab 600 mg</i>	15	<i>enalapril maleate tab 2.5 mg</i>	32
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-</i>		<i>enalapril maleate tab 20 mg</i>	32
<i>300 mg</i>	16	<i>enalapril maleate tab 5 mg</i>	32
<i>efavirenz-lamivudine-tenofovir df tab 400-300-</i>		ENBREL INJ 25/0.5ML	96
<i>300 mg</i>	16	ENBREL INJ 25MG	96
<i>efavirenz-lamivudine-tenofovir df tab 600-300-</i>		ENBREL INJ 50MG/ML	96
<i>300 mg</i>	16	ENBREL MINI INJ 50MG/ML.....	96

ENBREL SRCLK INJ 50MG/ML	96	<i>epitol</i>	57
ENCARE SUP 100MG	91	<i>eplerenone tab 25 mg</i>	33
<i>endocet tab 10-325mg</i>	8	<i>eplerenone tab 50 mg</i>	33
<i>endocet tab 2.5-325</i>	7	<i>eq urinary pain relief</i>	91
<i>endocet tab 5-325mg</i>	7	ERBITUX INJ 100MG.....	26
<i>endocet tab 7.5-325</i>	8	ERBITUX INJ 200MG.....	26
ENGERIX-B INJ 10/0.5ML.....	102	<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	105
ENGERIX-B INJ 20MCG/ML.....	102	ERGOMAR SUB 2MG.....	63
<i>enoxaparin sodium inj 300 mg/3ml</i>	92	<i>ergotamine w/ caffeine tab 1-100 mg</i>	63
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	92	ERIVEDGE CAP 150MG.....	26
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	92	ERLEADA TAB 240MG	27
.....	92	ERLEADA TAB 60MG	27
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	92	<i>erlotinib hcl tab 100 mg (base equivalent)</i>	28
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	92	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	28
.....	92	<i>erlotinib hcl tab 25 mg (base equivalent)</i>	28
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	92	<i>errin</i>	74
.....	92	ERTACZO CRE 2%	115
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	92	<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	21
.....	92	<i>ery</i>	114
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	92	<i>ery-tab</i>	19
.....	92	<i>erythrocin stearate</i>	19
<i>enpresse-28</i>	74	<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	19
<i>enskyce</i>	74	.....	19
<i>entacapone tab 200 mg</i>	52	<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	19
<i>entecavir tab 0.5 mg</i>	20	.....	19
<i>entecavir tab 1 mg</i>	20	<i>erythromycin ethylsuccinate tab 400 mg</i>	19
ENTRESTO CAP 15-16MG	43	<i>erythromycin gel 2%</i>	114
ENTRESTO CAP 6-6MG	43	<i>erythromycin ophth oint 5 mg/gm</i>	106
ENTRESTO TAB 24-26MG	43	<i>erythromycin soln 2%</i>	114
ENTRESTO TAB 49-51MG	43	<i>erythromycin tab 250 mg</i>	19
ENTRESTO TAB 97-103MG	43	<i>erythromycin tab 500 mg</i>	19
<i>enulose</i>	88	<i>erythromycin w/ delayed release particles cap</i>	19
ENVARUSUS XR TAB 0.75MG	100	<i>250 mg</i>	19
ENVARUSUS XR TAB 1MG	100	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	49
ENVARUSUS XR TAB 4MG	100	.....	49
EPCLUSA PAK 150-37.5.....	20	<i>escitalopram oxalate tab 10 mg (base equiv)</i> ...	49
EPCLUSA PAK 200-50MG.....	20	<i>escitalopram oxalate tab 20 mg (base equiv)</i> ...	49
EPCLUSA TAB 200-50MG	20	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	49
EPCLUSA TAB 400-100.....	20	<i>esomeprazole magnesium cap delayed release</i>	20
<i>epinastine hcl ophth soln 0.05%</i>	107	<i>mg (base eq)</i>	90
<i>epinephrine solution auto-injector 0.15</i>	108	<i>esomeprazole magnesium cap delayed release</i>	40
<i>mg/0.15ml (1:1000)</i>	108	<i>mg (base eq)</i>	90
<i>epinephrine solution auto-injector 0.15 mg/0.3ml</i>	108	<i>esomeprazole magnesium for delayed release</i>	90
<i>(1:2000)</i>	108	<i>susp packet 10 mg</i>	90
<i>epinephrine solution auto-injector 0.3 mg/0.3ml</i>	108	<i>estazolam tab 1 mg</i>	63
<i>(1:1000)</i>	108	<i>estazolam tab 2 mg</i>	63
EPIPEN 2-PAK INJ 0.3MG	108		

<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	81	<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015</i> <i>mg/24hr</i>	74
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	81	<i>etoposide cap 50 mg</i>	31
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-</i> <i>dose pump)</i>	81	<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	31
<i>estradiol tab 0.5 mg</i>	81	<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	31
<i>estradiol tab 1 mg</i>	81	<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	31
<i>estradiol tab 2 mg</i>	81	<i>etravirine tab 100 mg</i>	15
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	81	<i>etravirine tab 200 mg</i>	15
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	81	EUCRISA OIN 2%	116
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	81	EVAMIST SPR 1.53MG.....	82
<i>estradiol td gel 1 mg/gm (0.1%)</i>	81	<i>everolimus tab 0.25 mg</i>	100
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	81	<i>everolimus tab 0.5 mg</i>	100
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	82	<i>everolimus tab 0.75 mg</i>	100
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	82	<i>everolimus tab 1 mg</i>	100
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> .	82	<i>everolimus tab 10 mg</i>	28
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	82	<i>everolimus tab 2.5 mg</i>	28
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> ...	82	<i>everolimus tab 5 mg</i>	28
<i>estradiol td patch weekly 0.025 mg/24hr</i>	82	<i>everolimus tab 7.5 mg</i>	28
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5</i> <i>mcg/24hr)</i>	82	<i>everolimus tab for oral susp 2 mg</i>	28
<i>estradiol td patch weekly 0.05 mg/24hr</i>	82	<i>everolimus tab for oral susp 3 mg</i>	28
<i>estradiol td patch weekly 0.06 mg/24hr</i>	82	<i>everolimus tab for oral susp 5 mg</i>	28
<i>estradiol td patch weekly 0.075 mg/24hr</i>	82	EVRYSDI SOL	64
<i>estradiol td patch weekly 0.1 mg/24hr</i>	82	<i>exemestane tab 25 mg</i>	27
<i>estradiol vaginal cream 0.1 mg/gm</i>	82	<i>ezetimibe tab 10 mg</i>	36
<i>estradiol valerate im in oil 20 mg/ml</i>	82	<i>ezetimibe-simvastatin tab 10-10 mg</i>	38
<i>estradiol valerate im in oil 40 mg/ml</i>	82	<i>ezetimibe-simvastatin tab 10-20 mg</i>	38
<i>eszopiclone tab 1 mg</i>	63	<i>ezetimibe-simvastatin tab 10-40 mg</i>	38
<i>eszopiclone tab 2 mg</i>	63	<i>ezetimibe-simvastatin tab 10-80 mg</i>	38
<i>eszopiclone tab 3 mg</i>	63	<i>falmina</i>	74
<i>ethacrynic acid tab 25 mg</i>	42	<i>famciclovir tab 125 mg</i>	17
<i>ethambutol hcl tab 100 mg</i>	17	<i>famciclovir tab 250 mg</i>	17
<i>ethambutol hcl tab 400 mg</i>	17	<i>famciclovir tab 500 mg</i>	17
<i>ethosuximide cap 250 mg</i>	57	<i>famotidine for susp 40 mg/5ml</i>	88
<i>ethosuximide soln 250 mg/5ml</i>	57	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	88
<i>ethynodiol diacetate & ethinyl estradiol tab 1</i> <i>mg-50 mcg</i>	74	<i>famotidine preservative free inj 20 mg/2ml</i>	88
<i>etodolac cap 200 mg</i>	6	<i>famotidine tab 20 mg</i>	88
<i>etodolac cap 300 mg</i>	6	<i>famotidine tab 40 mg</i>	88
<i>etodolac tab 400 mg</i>	6	FASENRA INJ 10MG/0.5	113
<i>etodolac tab 500 mg</i>	6	FASENRA INJ 30MG/ML	113
<i>etodolac tab er 24hr 400 mg</i>	6	FASENRA PEN INJ 30MG/ML.....	113
<i>etodolac tab er 24hr 500 mg</i>	6	FASTCLIX MIS LANCETS	77
<i>etodolac tab er 24hr 600 mg</i>	6	FC2 FEMALE MIS CONDOM	74
		<i>febuxostat tab 40 mg</i>	6
		<i>febuxostat tab 80 mg</i>	6
		<i>felbamate susp 600 mg/5ml</i>	57
		<i>felbamate tab 400 mg</i>	57
		<i>felbamate tab 600 mg</i>	57

<i>felodipine tab er 24hr 10 mg</i>	41	<i>flecainide acetate tab 150 mg</i>	35
<i>felodipine tab er 24hr 2.5 mg</i>	41	<i>flecainide acetate tab 50 mg</i>	35
<i>felodipine tab er 24hr 5 mg</i>	41	FLEXICHAMBER MIS MASK SM	112
FEMCAP MIS 22MM	74	FLUAD INJ 2024-25	102
FEMCAP MIS 26MM	74	<i>fluconazole for susp 10 mg/ml</i>	14
FEMCAP MIS 30MM	74	<i>fluconazole for susp 40 mg/ml</i>	14
FEMLYV TAB 1/0.02MG	74	<i>fluconazole tab 100 mg</i>	14
<i>fenofibrate cap 150 mg</i>	36	<i>fluconazole tab 150 mg</i>	14
<i>fenofibrate micronized cap 134 mg</i>	36	<i>fluconazole tab 200 mg</i>	14
<i>fenofibrate micronized cap 200 mg</i>	36	<i>fluconazole tab 50 mg</i>	14
<i>fenofibrate micronized cap 43 mg</i>	36	<i>fludarabine phosphate for inj 50 mg</i>	25
<i>fenofibrate micronized cap 67 mg</i>	36	<i>fludarabine phosphate inj 25 mg/ml</i>	25
<i>fenofibrate tab 145 mg</i>	36	<i>fludrocortisone acetate tab 0.1 mg</i>	79
<i>fenofibrate tab 160 mg</i>	36	FLUMIST NASA LIQ 2024-25.....	102
<i>fenofibrate tab 48 mg</i>	36	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	112
<i>fenofibrate tab 54 mg</i>	36	<i>fluocinolone acetonide (otic) oil 0.01%</i>	120
<i>fenopropfen calcium tab 600 mg</i>	6	<i>fluocinolone acetonide cream 0.01%</i>	117
<i>fentanyl citrate lozenge on a handle 1200 mcg</i> ..	8	<i>fluocinolone acetonide cream 0.025%</i>	117
<i>fentanyl citrate lozenge on a handle 1600 mcg</i> ..	8	<i>fluocinolone acetonide oil 0.01% (body oil)</i> ...	117
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	8	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> ...	117
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	8	<i>fluocinolone acetonide oint 0.025%</i>	118
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	8	<i>fluocinolone acetonide soln 0.01%</i>	118
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	8	<i>fluocinonide cream 0.05%</i>	118
<i>fentanyl td patch 72hr 100 mcg/hr</i>	8	<i>fluocinonide gel 0.05%</i>	118
<i>fentanyl td patch 72hr 12 mcg/hr</i>	8	<i>fluocinonide oint 0.05%</i>	118
<i>fentanyl td patch 72hr 25 mcg/hr</i>	8	<i>fluocinonide soln 0.05%</i>	118
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	8	<i>fluorouracil cream 5%</i>	115
<i>fentanyl td patch 72hr 50 mcg/hr</i>	8	<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	25
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	8	<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i> ...	25
<i>fentanyl td patch 72hr 75 mcg/hr</i>	8	<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	25
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	8	<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i> ...	25
FERPRX 2-DAY TAB 1000MG.....	73	<i>fluorouracil soln 2%</i>	115
FERRIPROX SOL 100MG/ML	73	<i>fluorouracil soln 5%</i>	115
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	91	<i>fluoxetine hcl cap 10 mg</i>	49
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	91	<i>fluoxetine hcl cap 20 mg</i>	49
FETZIMA CAP 120MG	49	<i>fluoxetine hcl cap 40 mg</i>	49
FETZIMA CAP 20MG	49	<i>fluoxetine hcl cap delayed release 90 mg</i>	50
FETZIMA CAP 40MG	49	<i>fluoxetine hcl solution 20 mg/5ml</i>	50
FETZIMA CAP 80MG	49	<i>fluoxetine hcl tab 10 mg</i>	50
FETZIMA CAP TITRATIO	49	<i>fluoxetine hcl tab 20 mg</i>	50
FIASP FLEX INJ TOUCH.....	70	<i>fluphenazine decanoate inj 25 mg/ml</i>	54
FIASP INJ 100/ML	70	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	54
FIASP PENFIL INJ U-100	70	<i>fluphenazine hcl inj 2.5 mg/ml</i>	54
FINACEA AER 15%	119	<i>fluphenazine hcl oral conc 5 mg/ml</i>	54
<i>finasteride tab 5 mg</i>	91	<i>fluphenazine hcl tab 1 mg</i>	54
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	65	<i>fluphenazine hcl tab 10 mg</i>	54
<i>flecainide acetate tab 100 mg</i>	35	<i>fluphenazine hcl tab 2.5 mg</i>	54

<i>fluphenazine hcl tab 5 mg</i>	54	<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	15
<i>flurbiprofen sodium ophth soln 0.03%</i>	106	<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	13
<i>flurbiprofen tab 100 mg</i>	6	<i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i>	32
<i>flurbiprofen tab 50 mg</i>	6	<i>fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg</i>	32
<i>fluticasone propionate cream 0.05%</i>	118	<i>fosinopril sodium tab 10 mg</i>	32
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	23	<i>fosinopril sodium tab 20 mg</i>	32
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	23	<i>fosinopril sodium tab 40 mg</i>	32
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	23	<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	57
<i>fluticasone propionate lotion 0.05%</i>	118	<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	57
<i>fluticasone propionate nasal susp 50 mcg/act</i>	112	FRAGMIN INJ 10000/ML	93
<i>fluticasone propionate oint 0.005%</i>	118	FRAGMIN INJ 12500UNT.....	93
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	114	FRAGMIN INJ 15000UNT.....	93
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	114	FRAGMIN INJ 18000UNT.....	93
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	114	FRAGMIN INJ 2500/0.2	92
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	37	FRAGMIN INJ 2500/ML	92
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	37	FRAGMIN INJ 5000/0.2	92
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	37	FRAGMIN INJ 7500/0.3	93
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	46	FRAGMIN INJ 95000UNT.....	93
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	46	<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	64
<i>fluvoxamine maleate tab 100 mg</i>	46	<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	27
<i>fluvoxamine maleate tab 25 mg</i>	46	<i>furosemide inj 10 mg/ml</i>	42
<i>fluvoxamine maleate tab 50 mg</i>	46	<i>furosemide oral soln 10 mg/ml</i>	42
<i>folic acid cap 0.8 mg</i>	105	<i>furosemide oral soln 8 mg/ml</i>	42
<i>folic acid tab 1 mg</i>	105	<i>furosemide tab 20 mg</i>	43
<i>folic acid tab 400 mcg</i>	105	<i>furosemide tab 40 mg</i>	43
<i>folic acid tab 800 mcg</i>	105	<i>furosemide tab 80 mg</i>	43
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	92	FUZEON INJ 90MG	15
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	92	FYCOMPA SUS 0.5MG/ML	57
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	92	FYCOMPA TAB 10MG.....	57
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	92	FYCOMPA TAB 12MG.....	57
<i>formoterol fumarate soln nebu 20 mcg/2ml</i> ...	110	FYCOMPA TAB 2MG.....	57
FOSAMAX + D TAB 70-2800.....	72	FYCOMPA TAB 4MG.....	57
FOSAMAX + D TAB 70-5600.....	72	FYCOMPA TAB 6MG.....	57
		FYCOMPA TAB 8MG.....	57
		FYLNETRA INJ 6MG/0.6.....	93
		<i>gabapentin cap 100 mg</i>	57
		<i>gabapentin cap 300 mg</i>	57
		<i>gabapentin cap 400 mg</i>	57
		<i>gabapentin oral soln 250 mg/5ml</i>	57
		<i>gabapentin tab 600 mg</i>	57

<i>gabapentin tab 800 mg</i>	57	<i>glipizide-metformin hcl tab 5-500 mg</i>	70
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	47	<i>glucagon (rdna) for inj kit 1 mg</i>	80
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	47	<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	86
<i>galantamine hydrobromide cap er 24hr 8 mg</i> ..	47	<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	86
<i>galantamine hydrobromide oral soln 4 mg/ml</i> ..	47	<i>glycopyrrolate oral soln 1 mg/5ml</i>	86
<i>galantamine hydrobromide tab 12 mg</i>	47	<i>glycopyrrolate tab 1 mg</i>	86
<i>galantamine hydrobromide tab 4 mg</i>	47	<i>glycopyrrolate tab 2 mg</i>	86
<i>galantamine hydrobromide tab 8 mg</i>	47	GLYXAMBI TAB 10-5 MG	72
GARDASIL 9 INJ	102	GLYXAMBI TAB 25-5 MG	72
<i>gatifloxacin ophth soln 0.5%</i>	106	<i>goodsense aspirin</i>	13
<i>gavilyte-c</i>	88	<i>goodsense nicotine polacr</i>	68
<i>gavilyte-g</i>	88	<i>granisetron hcl inj 1 mg/ml</i>	86
GAZYVA INJ 25MG/ML	26	<i>granisetron hcl tab 1 mg</i>	86
<i>gemcitabine hcl for inj 1 gm</i>	25	<i>griseofulvin microsize susp 125 mg/5ml</i>	14
<i>gemcitabine hcl for inj 2 gm</i>	25	<i>griseofulvin microsize tab 500 mg</i>	14
<i>gemcitabine hcl for inj 200 mg</i>	25	<i>griseofulvin ultramicrosize tab 125 mg</i>	14
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i>		<i>griseofulvin ultramicrosize tab 250 mg</i>	14
<i>(base equiv)</i>	25	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	111
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i>		<i>guanfacine hcl tab 1 mg</i>	44
<i>(base equiv)</i>	25	<i>guanfacine hcl tab 2 mg</i>	44
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i>		<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> ..	61
<i>(base equiv)</i>	25	<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> ..	61
<i>gemfibrozil tab 600 mg</i>	36	<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> ..	61
<i>generlac</i>	88	<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> ..	61
<i>gengraf</i>	100	GVOKE HYPO 1 INJ 0.5/.1ML	80
<i>gentamicin sulfate cream 0.1%</i>	115	GVOKE HYPO 1 INJ 1MG/.2ML	80
<i>gentamicin sulfate inj 40 mg/ml</i>	13	GVOKE KIT SOL 1MG/0.2M	80
<i>gentamicin sulfate oint 0.1%</i>	115	GVOKE PFS INJ	80
<i>gentamicin sulfate ophth soln 0.3%</i>	106	GYNAZOLE-1 CRE 2%	92
GENVOYA TAB	16	GYNOL II GEL 3%	91
<i>glatiramer acetate soln prefilled syringe 40</i>		<i>halobetasol propionate cream 0.05%</i>	118
<i>mg/ml</i>	65	<i>halobetasol propionate oint 0.05%</i>	118
<i>glatopa</i>	65	<i>haloperidol decanoate im soln 100 mg/ml</i>	54
GLEOSTINE CAP 100MG	24	<i>haloperidol decanoate im soln 50 mg/ml</i>	54
GLEOSTINE CAP 10MG	24	<i>haloperidol lactate inj 5 mg/ml</i>	54
GLEOSTINE CAP 40MG	24	<i>haloperidol lactate oral conc 2 mg/ml</i>	54
GLIADEL WAF 7.7MG	24	<i>haloperidol tab 0.5 mg</i>	54
<i>glimepiride tab 1 mg</i>	72	<i>haloperidol tab 1 mg</i>	54
<i>glimepiride tab 2 mg</i>	72	<i>haloperidol tab 10 mg</i>	54
<i>glimepiride tab 4 mg</i>	72	<i>haloperidol tab 2 mg</i>	54
<i>glipizide tab 10 mg</i>	72	<i>haloperidol tab 20 mg</i>	54
<i>glipizide tab 5 mg</i>	72	<i>haloperidol tab 5 mg</i>	54
<i>glipizide tab er 24hr 10 mg</i>	72	HARVONI PAK	20
<i>glipizide tab er 24hr 2.5 mg</i>	72	HARVONI PAK 45-200MG	20
<i>glipizide tab er 24hr 5 mg</i>	72	HARVONI TAB 45-200MG	20
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	70	HARVONI TAB 90-400MG	20
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	70	HAVRIX INJ 1440UNIT	102

HAVRIX INJ 720UNIT.....	102	<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	8
<i>heather</i>	74	.....	8
HELIDAC MIS THERAPY.....	90	<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	8
HEMLIBRA INJ 105/0.7.....	94	<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	8
HEMLIBRA INJ 150/ML.....	94	<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	8
HEMLIBRA INJ 300/2ML.....	94	<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	8
HEMLIBRA INJ 30MG/ML.....	94	<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	8
HEMLIBRA INJ 60/0.4.....	94	<i>hydrocodone-acetaminophen soln 7.5-325</i>	
HEMLIBRA SOL 12/0.4ML.....	94	<i>mg/15ml</i>	8
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	93	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	9
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	93	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	9
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	93	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	9
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	93	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	9
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i> ...	93	<i>hydrocortisone butyrate cream 0.1%</i>	118
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>		<i>hydrocortisone butyrate oint 0.1%</i>	118
.....	93	<i>hydrocortisone butyrate soln 0.1%</i>	118
HEPLISAV-B INJ 20/0.5ML.....	102	<i>hydrocortisone cream 1%</i>	118
HIBERIX SOL 10MCG.....	102	<i>hydrocortisone cream 2.5%</i>	118
HOLD CHAMBER MIS MEDIUM.....	113	<i>hydrocortisone enema 100 mg/60ml</i>	88
HUMATROPE INJ 12MG.....	80	<i>hydrocortisone lotion 2.5%</i>	118
HUMATROPE INJ 24MG.....	80	<i>hydrocortisone oint 2.5%</i>	118
HUMATROPE INJ 6MG.....	80	<i>hydrocortisone perianal cream 1%</i>	90
HUMATROPEN MIS FOR 12MG.....	80	<i>hydrocortisone perianal cream 2.5%</i>	90
HUMATROPEN MIS FOR 24MG.....	80	<i>hydrocortisone tab 10 mg</i>	79
HUMATROPEN MIS FOR 6MG.....	80	<i>hydrocortisone tab 20 mg</i>	79
HUMULIN INJ 70/30.....	70	<i>hydrocortisone tab 5 mg</i>	79
HUMULIN INJ 70/30KWP.....	70	<i>hydrocortisone valerate cream 0.2%</i>	118
HUMULIN N INJ U-100.....	70	<i>hydrocortisone valerate oint 0.2%</i>	118
HUMULIN N INJ U-100KWP.....	70	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> ..	120
HUMULIN R INJ U-100.....	70	<i>hydromet</i>	111
HUMULIN R INJ U-500.....	71	<i>hydromorphone hcl inj 2 mg/ml</i>	9
<i>hydralazine hcl tab 10 mg</i>	44	<i>hydromorphone hcl tab 2 mg</i>	9
<i>hydralazine hcl tab 100 mg</i>	44	<i>hydromorphone hcl tab 4 mg</i>	9
<i>hydralazine hcl tab 25 mg</i>	44	<i>hydromorphone hcl tab 8 mg</i>	9
<i>hydralazine hcl tab 50 mg</i>	44	<i>hydromorphone hcl tab er 24hr 12 mg</i>	9
<i>hydrochlorothiazide cap 12.5 mg</i>	43	<i>hydromorphone hcl tab er 24hr 16 mg</i>	9
<i>hydrochlorothiazide tab 12.5 mg</i>	43	<i>hydromorphone hcl tab er 24hr 32 mg</i>	9
<i>hydrochlorothiazide tab 25 mg</i>	43	<i>hydromorphone hcl tab er 24hr 8 mg</i>	9
<i>hydrochlorothiazide tab 50 mg</i>	43	<i>hydroxychloroquine sulfate tab 200 mg</i>	99
<i>hydrocod polst-chlorphen polst er susp 10-8</i>		<i>hydroxyurea cap 500 mg</i>	30
<i>mg/5ml</i>	111	<i>hydroxyzine hcl im soln 25 mg/ml</i>	109
<i>hydrocodone bitart-homatropine methylbrom</i>		<i>hydroxyzine hcl im soln 50 mg/ml</i>	109
<i>soln 5-1.5 mg/5ml</i>	111	<i>hydroxyzine hcl syrup 10 mg/5ml</i>	109
<i>hydrocodone bitart-homatropine methylbromide</i>		<i>hydroxyzine hcl tab 10 mg</i>	109
<i>tab 5-1.5 mg</i>	111	<i>hydroxyzine hcl tab 25 mg</i>	109
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>		<i>hydroxyzine hcl tab 50 mg</i>	110
.....	8	<i>hydroxyzine pamoate cap 100 mg</i>	110

<i>hydroxyzine pamoate cap 25 mg</i>	110	IMVEXXY STRT SUP 4MCG	82
<i>hydroxyzine pamoate cap 50 mg</i>	110	<i>inatal gt</i>	105
HYRIMOZ INJ 10/0.1ML.....	96	INBRIJA CAP 42MG	52
HYRIMOZ INJ 20/0.2ML.....	96	INCRELEX INJ 40MG/4ML.....	83
HYRIMOZ INJ 40/0.4ML.....	96, 97	<i>indapamide tab 1.25 mg</i>	43
HYRIMOZ INJ 40/0.8ML.....	97	<i>indapamide tab 2.5 mg</i>	43
HYRIMOZ INJ 80/0.8ML.....	97	INFANRIX INJ.....	102
HYRIMOZ SENS INJ 80/0.8ML.....	97	INFLIXIMAB INJ 100MG.....	95
HYRIMOZ-CROH INJ UC SP.....	97	INLYTA TAB 1MG	28
HYRIMOZ-PED INJ CROHNS	97	INLYTA TAB 5MG	28
HYRIMOZ-PLAQ INJ PSOR/UVE.....	97	INSTA-GLUCOS GEL 77.4%	80
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	72	INSULIN SYRG MIS 1ML/31G.....	77
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	72	INTELENCE TAB 25MG	15
<i>ibuprofen susp 100 mg/5ml</i>	6	INTRAROSA SUP 6.5MG	83
<i>ibuprofen tab 400 mg</i>	6	<i>introvale</i>	74
<i>ibuprofen tab 600 mg</i>	6	IOPIDINE SOL 1% OP	108
<i>ibuprofen tab 800 mg</i>	6	IPOL INJ INACTIVE	102
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	99	<i>ipratropium bromide inhal soln 0.02%</i>	109
<i>icosapent ethyl cap 0.5 gm</i>	38	<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	109
<i>icosapent ethyl cap 1 gm</i>	38	<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	109
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	25	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	108
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	25	<i>irbesartan tab 150 mg</i>	35
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	24	<i>irbesartan tab 300 mg</i>	35
IDHIFA TAB 100MG	30	<i>irbesartan tab 75 mg</i>	35
IDHIFA TAB 50MG	30	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	34
<i>ifosfamide for inj 1 gm</i>	24	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	34
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	24	<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	31
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	24	<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	31
ILEVRO DRO 0.3% OP	106	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	31
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	28	<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	31
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	28	ISENTRESS CHW 100MG	15
<i>imipramine hcl tab 10 mg</i>	50	ISENTRESS CHW 25MG	15
<i>imipramine hcl tab 25 mg</i>	50	ISENTRESS HD TAB 600MG	15
<i>imipramine hcl tab 50 mg</i>	50	ISENTRESS POW 100MG	15
<i>imipramine pamoate cap 100 mg</i>	50	ISENTRESS TAB 400MG	15
<i>imipramine pamoate cap 125 mg</i>	50	<i>isoniazid inj 100 mg/ml</i>	17
<i>imipramine pamoate cap 150 mg</i>	50	<i>isoniazid syrup 50 mg/5ml</i>	17
<i>imipramine pamoate cap 75 mg</i>	50	<i>isoniazid tab 100 mg</i>	17
<i>imiqumod cream 5%</i>	115	<i>isoniazid tab 300 mg</i>	17
IMVEXXY MAIN SUP 10MCG.....	82	<i>isosorbide dinitrate tab 10 mg</i>	44
IMVEXXY MAIN SUP 4MCG.....	82	<i>isosorbide dinitrate tab 20 mg</i>	44
IMVEXXY STRT SUP 10MCG	82	<i>isosorbide dinitrate tab 30 mg</i>	44

<i>isosorbide dinitrate tab 5 mg</i>	44	KADCYLA INJ 160MG	26
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	43	KALYDECO GRA 13.4MG	111
<i>isosorbide mononitrate tab 10 mg</i>	44	KALYDECO GRA 5.8MG	111
<i>isosorbide mononitrate tab 20 mg</i>	44	KALYDECO PAK 25MG	111
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	44	KALYDECO PAK 50MG	111
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	44	KALYDECO PAK 75MG	111
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	44	KALYDECO TAB 150MG	111
<i>isotretinoin cap 10 mg</i>	114	<i>kariva</i>	74
<i>isotretinoin cap 20 mg</i>	114	<i>kelnor 1/35</i>	74
<i>isotretinoin cap 30 mg</i>	114	KERENDIA TAB 10MG	33
<i>isotretinoin cap 40 mg</i>	114	KERENDIA TAB 20MG	33
<i>isradipine cap 2.5 mg</i>	41	<i>ketoconazole cream 2%</i>	115
<i>isradipine cap 5 mg</i>	41	<i>ketoconazole shampoo 2%</i>	116
<i>itraconazole cap 100 mg</i>	14	KETONE TES	77
<i>itraconazole oral soln 10 mg/ml</i>	14	KETONE TEST TES	77
IV PREP WIPE PAD	115	<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	6
<i>ivabradine hcl tab 5 mg (base equiv)</i>	43	<i>ketorolac tromethamine inj 15 mg/ml</i>	6
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	43	<i>ketorolac tromethamine inj 30 mg/ml</i>	6
<i>ivermectin cream 1%</i>	119	<i>ketorolac tromethamine ophth soln 0.4%</i>	107
<i>ivermectin tab 3 mg</i>	13	<i>ketorolac tromethamine ophth soln 0.5%</i>	107
JAKAFI TAB 10MG	28	<i>ketorolac tromethamine tab 10 mg</i>	6
JAKAFI TAB 15MG	28	KEVZARA INJ 150/1.14	97
JAKAFI TAB 20MG	28	KEVZARA INJ 200/1.14	97
JAKAFI TAB 25MG	28	KEYTRUDA INJ 100MG/4M	26
JAKAFI TAB 5MG	28	KINRIX INJ	102
<i>jantoven</i>	93	KISQALI TAB 200DOSE	28
JANUMET TAB 50-1000	70	KISQALI TAB 400DOSE	28
JANUMET TAB 50-500MG	70	KISQALI TAB 600DOSE	28
JANUMET XR TAB 100-1000	70	<i>klor-con 10</i>	104
JANUMET XR TAB 50-1000	70	<i>klor-con 8</i>	104
JANUMET XR TAB 50-500MG	70	<i>klor-con m15</i>	104
JANUVIA TAB 100MG	70	KRINTAFEL TAB 150MG	14
JANUVIA TAB 25MG	70	<i>kurvelo</i>	74
JANUVIA TAB 50MG	70	KYLEENA IUD 19.5MG	74
JARDIANCE TAB 10MG	72	<i>labetalol hcl tab 100 mg</i>	39
JARDIANCE TAB 25MG	72	<i>labetalol hcl tab 200 mg</i>	39
<i>jinteli</i>	82	<i>labetalol hcl tab 300 mg</i>	39
<i>jolessa</i>	74	<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	57
JUBLIA SOL 10%	115	<i>lacosamide oral solution 10 mg/ml</i>	57
<i>junel 1.5/30</i>	74	<i>lacosamide tab 100 mg</i>	57
<i>junel 1/20</i>	74	<i>lacosamide tab 150 mg</i>	58
<i>junel fe 1.5/30</i>	74	<i>lacosamide tab 200 mg</i>	58
<i>junel fe 1/20</i>	74	<i>lacosamide tab 50 mg</i>	57
<i>junel fe 24</i>	74	<i>lactic acid (ammonium lactate) cream 12%</i>	119
JYNNEOS INJ	102	<i>lactic acid (ammonium lactate) lotion 12%</i>	119
KADCYLA INJ 100MG	26	<i>lactulose solution 10 gm/15ml</i>	88

<i>lamivudine oral soln 10 mg/ml</i>	15	LENVIMA CAP 8 MG.....	28
<i>lamivudine tab 100 mg (hbv)</i>	20	<i>lessina</i>	74
<i>lamivudine tab 150 mg</i>	15	<i>letrozole tab 2.5 mg</i>	27
<i>lamivudine tab 300 mg</i>	15	<i>leucovorin calcium for inj 100 mg</i>	31
<i>lamivudine-zidovudine tab 150-300 mg</i>	16	<i>leucovorin calcium for inj 200 mg</i>	31
<i>lamotrigine orally disintegrating tab 100 mg</i> ...	58	<i>leucovorin calcium for inj 350 mg</i>	31
<i>lamotrigine orally disintegrating tab 200 mg</i> ...	58	<i>leucovorin calcium for inj 50 mg</i>	31
<i>lamotrigine orally disintegrating tab 25 mg</i>	58	<i>leucovorin calcium for inj 500 mg</i>	31
<i>lamotrigine orally disintegrating tab 50 mg</i>	58	<i>leucovorin calcium tab 10 mg</i>	31
<i>lamotrigine tab 100 mg</i>	58	<i>leucovorin calcium tab 15 mg</i>	31
<i>lamotrigine tab 150 mg</i>	58	<i>leucovorin calcium tab 25 mg</i>	31
<i>lamotrigine tab 200 mg</i>	58	<i>leucovorin calcium tab 5 mg</i>	31
<i>lamotrigine tab 25 mg</i>	58	LEUKERAN TAB 2MG.....	24
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	58	<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i> 27	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	58	<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	110
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	58	<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	110
<i>lamotrigine tab chewable dispersible 25 mg</i>	58	<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	110
<i>lamotrigine tab chewable dispersible 5 mg</i>	58	<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	110
<i>lamotrigine tab er 24hr 100 mg</i>	58	<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	110
<i>lamotrigine tab er 24hr 200 mg</i>	58	LEVEMIR INJ.....	71
<i>lamotrigine tab er 24hr 25 mg</i>	58	LEVEMIR INJ FLEXPEN.....	71
<i>lamotrigine tab er 24hr 250 mg</i>	58	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	58
<i>lamotrigine tab er 24hr 300 mg</i>	58	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	58
<i>lamotrigine tab er 24hr 50 mg</i>	58	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	58
<i>lansoprazole cap delayed release 15 mg</i>	90	<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	58
<i>lansoprazole cap delayed release 30 mg</i>	90	<i>levetiracetam oral soln 100 mg/ml</i>	58
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	84	<i>levetiracetam tab 1000 mg</i>	58
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	84	<i>levetiracetam tab 250 mg</i>	58
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	84	<i>levetiracetam tab 500 mg</i>	58
<i>lapatinib ditosylate tab 250 mg (base equiv)</i> ...	28	<i>levetiracetam tab 750 mg</i>	58
<i>larin 1.5/30</i>	74	<i>levetiracetam tab er 24hr 500 mg</i>	58
<i>latanoprost ophth soln 0.005%</i>	108	<i>levetiracetam tab er 24hr 750 mg</i>	58
<i>leena</i>	74	<i>levobunolol hcl ophth soln 0.5%</i>	107
<i>leflunomide tab 10 mg</i>	99	<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	110
<i>leflunomide tab 20 mg</i>	99	<i>levocetirizine dihydrochloride tab 5 mg</i>	110
LENVIMA CAP 10 MG.....	28	<i>levofloxacin iv soln 25 mg/ml</i>	19
LENVIMA CAP 12MG.....	28	<i>levofloxacin oral soln 25 mg/ml</i>	19
LENVIMA CAP 14 MG.....	28	<i>levofloxacin tab 250 mg</i>	19
LENVIMA CAP 18 MG.....	28		
LENVIMA CAP 20 MG.....	28		
LENVIMA CAP 24 MG.....	28		
LENVIMA CAP 4MG.....	28		

<i>levofloxacin tab 500 mg</i>	19	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	118
<i>levofloxacin tab 750 mg</i>	19	LILETTA IUD 52MG	74
<i>levonest</i>	74	<i>linezolid for susp 100 mg/5ml</i>	21
<i>levonorgestrel & ethinyl estradiol (91-day) tab</i> <i>0.15-0.03 mg</i>	74	<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	21
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20</i> <i>mcg</i>	74	<i>linezolid tab 600 mg</i>	21
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30</i> <i>mcg</i>	74	LINZESS CAP 145MCG	88
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20</i> <i>mcg (21)</i>	74	LINZESS CAP 290MCG	88
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est</i> <i>tab 0.01mg(7)</i>	74	LINZESS CAP 72MCG	88
<i>levora 0.15/30-28</i>	74	<i>liothyronine sodium tab 25 mcg</i>	85
<i>levothyroxine sodium tab 100 mcg</i>	84	<i>liothyronine sodium tab 5 mcg</i>	85
<i>levothyroxine sodium tab 112 mcg</i>	84	<i>liothyronine sodium tab 50 mcg</i>	85
<i>levothyroxine sodium tab 125 mcg</i>	84	<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	70
<i>levothyroxine sodium tab 137 mcg</i>	84	<i>lisdexamphetamine dimesylate cap 10 mg</i>	61
<i>levothyroxine sodium tab 150 mcg</i>	84	<i>lisdexamphetamine dimesylate cap 20 mg</i>	61
<i>levothyroxine sodium tab 175 mcg</i>	85	<i>lisdexamphetamine dimesylate cap 30 mg</i>	61
<i>levothyroxine sodium tab 200 mcg</i>	85	<i>lisdexamphetamine dimesylate cap 40 mg</i>	61
<i>levothyroxine sodium tab 25 mcg</i>	84	<i>lisdexamphetamine dimesylate cap 50 mg</i>	61
<i>levothyroxine sodium tab 300 mcg</i>	85	<i>lisdexamphetamine dimesylate cap 60 mg</i>	61
<i>levothyroxine sodium tab 50 mcg</i>	84	<i>lisdexamphetamine dimesylate cap 70 mg</i>	61
<i>levothyroxine sodium tab 75 mcg</i>	84	<i>lisdexamphetamine dimesylate chew tab 10 mg</i> .	61
<i>levothyroxine sodium tab 88 mcg</i>	84	<i>lisdexamphetamine dimesylate chew tab 20 mg</i> .	61
<i>levoxyl</i>	85	<i>lisdexamphetamine dimesylate chew tab 30 mg</i> .	61
<i>lice treatment</i>	119	<i>lisdexamphetamine dimesylate chew tab 40 mg</i> .	61
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50</i> <i>mg/5ml(1%)</i>	35	<i>lisdexamphetamine dimesylate chew tab 50 mg</i> .	61
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml</i> <i>(2%)</i>	35	<i>lisdexamphetamine dimesylate chew tab 60 mg</i> .	61
<i>lidocaine hcl laryngotracheal soln 4%</i>	119	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> 32	
<i>lidocaine hcl local inj 0.5%</i>	13	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> 32	
<i>lidocaine hcl local inj 1%</i>	13	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> ..	32
<i>lidocaine hcl local inj 2%</i>	13	<i>lisinopril tab 10 mg</i>	33
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	13	<i>lisinopril tab 2.5 mg</i>	33
<i>lidocaine hcl local preservative free (pf) inj 1%</i> .	13	<i>lisinopril tab 20 mg</i>	33
<i>lidocaine hcl local preservative free (pf) inj 2%</i> .	13	<i>lisinopril tab 30 mg</i>	33
<i>lidocaine hcl soln 4%</i>	118	<i>lisinopril tab 40 mg</i>	33
<i>lidocaine hcl urethral/mucosal gel prefilled</i> <i>syringe 2%</i>	118	<i>lisinopril tab 5 mg</i>	33
<i>lidocaine hcl viscous soln 2%</i>	119	<i>lithium carbonate cap 150 mg</i>	65
<i>lidocaine oint 5%</i>	118	<i>lithium carbonate cap 300 mg</i>	65
<i>lidocaine pain relief pat</i>	118	<i>lithium carbonate cap 600 mg</i>	65
<i>lidocaine patch 5%</i>	118	<i>lithium carbonate tab 300 mg</i>	65
		<i>lithium carbonate tab er 300 mg</i>	65
		<i>lithium carbonate tab er 450 mg</i>	65
		<i>lithium oral solution 8 meq/5ml</i>	65
		LO LOESTRIN TAB 1-10-10	74
		<i>loperamide hcl cap 2 mg</i>	86
		<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20</i> <i>mg/ml)</i>	16
		<i>lopinavir-ritonavir tab 100-25 mg</i>	16

<i>lopinavir-ritonavir tab 200-50 mg</i>	16	<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	104
<i>lorazepam conc 2 mg/ml</i>	46	<i>malathion lotion 0.5%</i>	119
<i>lorazepam tab 0.5 mg</i>	46	<i>mannitol iv soln 20%</i>	43
<i>lorazepam tab 1 mg</i>	46	<i>mannitol iv soln 25%</i>	43
<i>lorazepam tab 2 mg</i>	46	<i>maraviroc tab 150 mg</i>	15
LORBRENA TAB 100MG	28	<i>maraviroc tab 300 mg</i>	15
LORBRENA TAB 25MG	28	<i>marlissa</i>	75
<i>loryna</i>	75	MARPLAN TAB 10MG	50
<i>losartan potassium & hydrochlorothiazide tab</i> <i>100-12.5 mg</i>	34	MATULANE CAP 50MG	24
<i>losartan potassium & hydrochlorothiazide tab</i> <i>100-25 mg</i>	34	<i>matzim la</i>	41
<i>losartan potassium & hydrochlorothiazide tab</i> <i>50-12.5 mg</i>	34	<i>meclizine hcl tab 12.5 mg</i>	86
<i>losartan potassium tab 100 mg</i>	35	<i>meclizine hcl tab 25 mg</i>	86
<i>losartan potassium tab 25 mg</i>	35	<i>meclofenamate sodium cap 100 mg</i>	6
<i>losartan potassium tab 50 mg</i>	35	<i>meclofenamate sodium cap 50 mg</i>	6
<i>loteprednol etabonate ophth susp 0.5%</i>	107	MEDROL TAB 2MG.....	79
<i>lovastatin tab 10 mg</i>	37	<i>medroxyprogesterone acetate im susp 150</i> <i>mg/ml</i>	75
<i>lovastatin tab 20 mg</i>	37	<i>medroxyprogesterone acetate im susp prefilled</i> <i>syr 150 mg/ml</i>	75
<i>lovastatin tab 40 mg</i>	37	<i>medroxyprogesterone acetate tab 10 mg</i>	84
<i>low-ogestrel</i>	75	<i>medroxyprogesterone acetate tab 2.5 mg</i>	84
<i>loxapine succinate cap 10 mg</i>	55	<i>medroxyprogesterone acetate tab 5 mg</i>	84
<i>loxapine succinate cap 25 mg</i>	55	<i>mefenamic acid cap 250 mg</i>	6
<i>loxapine succinate cap 5 mg</i>	54	<i>mefloquine hcl tab 250 mg</i>	14
<i>loxapine succinate cap 50 mg</i>	55	<i>megestrol acetate susp 40 mg/ml</i>	84
<i>lubiprostone cap 24 mcg</i>	88	<i>megestrol acetate susp 625 mg/5ml</i>	84
<i>lubiprostone cap 8 mcg</i>	88	<i>megestrol acetate tab 20 mg</i>	27
<i>luliconazole cream 1%</i>	116	<i>megestrol acetate tab 40 mg</i>	27
LUMIGAN SOL 0.01% OP	108	MEKINIST SOL 0.05/ML.....	29
LUPR DEP-PED INJ 11.25MG.....	73	MEKINIST TAB 0.5MG	29
LUPR DEP-PED INJ 15MG.....	73	MEKINIST TAB 2MG	29
LUPR DEP-PED INJ 3M 30MG	73	<i>meloxicam tab 15 mg</i>	7
LUPR DEP-PED INJ 7.5MG.....	73	<i>meloxicam tab 7.5 mg</i>	6
LUPRON DEPOT INJ 45MG.....	73	<i>melphalan hcl for inj 50 mg (base equiv)</i>	24
<i>lurasidone hcl tab 120 mg</i>	55	<i>memantine hcl cap er 24hr 14 mg</i>	47
<i>lurasidone hcl tab 20 mg</i>	55	<i>memantine hcl cap er 24hr 21 mg</i>	47
<i>lurasidone hcl tab 40 mg</i>	55	<i>memantine hcl cap er 24hr 28 mg</i>	47
<i>lurasidone hcl tab 60 mg</i>	55	<i>memantine hcl cap er 24hr 7 mg</i>	47
<i>lurasidone hcl tab 80 mg</i>	55	<i>memantine hcl oral solution 2 mg/ml</i>	47
<i>lutra</i>	75	<i>memantine hcl tab 10 mg</i>	47
LYNPARZA TAB 100MG.....	30	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i> <i>titration pack</i>	47
LYNPARZA TAB 150MG.....	30	<i>memantine hcl tab 5 mg</i>	47
LYSODREN TAB 500MG	27	MENEST TAB 0.3MG	83
<i>magnesium sulfate in dextrose 5% iv soln 1</i> <i>gm/100ml</i>	104	MENEST TAB 0.625MG	83
<i>magnesium sulfate inj 50%</i>	104	MENEST TAB 1.25MG	83

MENEST TAB 2.5MG	83	<i>methotrexate sodium inj pf 1000 mg/40ml (25</i>	
MENQUADFI INJ	102	<i>mg/ml)</i>	25
MENVEO INJ	102	<i>methotrexate sodium inj pf 250 mg/10ml (25</i>	
MENVEO SOL.....	102	<i>mg/ml)</i>	25
<i>meprobamate tab 200 mg</i>	46	<i>methotrexate sodium inj pf 50 mg/2ml (25</i>	
<i>meprobamate tab 400 mg</i>	46	<i>mg/ml)</i>	25
<i>mercaptopurine tab 50 mg.....</i>	25	<i>methotrexate sodium tab 2.5 mg (base equiv) .</i>	99
<i>meropenem iv for soln 1 gm.....</i>	21	<i>methoxsalen rapid cap 10 mg.....</i>	116
<i>meropenem iv for soln 500 mg.....</i>	21	<i>methscopolamine bromide tab 2.5 mg</i>	86
<i>mesalamine cap dr 400 mg</i>	88	<i>methscopolamine bromide tab 5 mg</i>	86
<i>mesalamine cap er 24hr 0.375 gm</i>	88	<i>methsuximide cap 300 mg.....</i>	58
<i>mesalamine enema 4 gm</i>	88	<i>methyl dopa tab 250 mg.....</i>	44
<i>mesalamine rectal enema 4 gm & cleanser wipe</i>		<i>methyl dopa tab 500 mg.....</i>	44
<i>kit</i>	88	<i>methylphenidate hcl cap er 10 mg (cd).....</i>	61
<i>mesalamine suppos 1000 mg</i>	88	<i>methylphenidate hcl cap er 20 mg (cd).....</i>	61
<i>mesalamine tab delayed release 1.2 gm</i>	88	<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	61
<i>mesalamine tab delayed release 800 mg</i>	88	<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	61
<i>mesna inj 100 mg/ml</i>	31	<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	62
MESNEX TAB 400MG.....	31	<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	62
<i>metaxalone tab 800 mg</i>	66	<i>methylphenidate hcl cap er 30 mg (cd).....</i>	62
<i>metformin hcl tab 1000 mg.....</i>	69	<i>methylphenidate hcl cap er 40 mg (cd).....</i>	62
<i>metformin hcl tab 500 mg.....</i>	69	<i>methylphenidate hcl cap er 50 mg (cd).....</i>	62
<i>metformin hcl tab 850 mg.....</i>	69	<i>methylphenidate hcl cap er 60 mg (cd).....</i>	62
<i>metformin hcl tab er 24hr 500 mg</i>	69	<i>methylphenidate hcl chew tab 10 mg.....</i>	62
<i>metformin hcl tab er 24hr 750 mg</i>	69	<i>methylphenidate hcl chew tab 2.5 mg.....</i>	62
<i>methadone hcl conc 10 mg/ml.....</i>	9	<i>methylphenidate hcl chew tab 5 mg.....</i>	62
<i>methadone hcl soln 10 mg/5ml.....</i>	9	<i>methylphenidate hcl soln 10 mg/5ml</i>	62
<i>methadone hcl soln 5 mg/5ml.....</i>	9	<i>methylphenidate hcl soln 5 mg/5ml</i>	62
<i>methadone hcl tab 10 mg</i>	9	<i>methylphenidate hcl tab 10 mg</i>	62
<i>methadone hcl tab 5 mg</i>	9	<i>methylphenidate hcl tab 20 mg</i>	62
<i>methadone hcl tab for oral susp 40 mg.....</i>	9	<i>methylphenidate hcl tab 5 mg</i>	62
<i>methadone hydrochloride i</i>	9	<i>methylphenidate hcl tab er 10 mg.....</i>	62
<i>methadose</i>	9	<i>methylphenidate hcl tab er 20 mg.....</i>	62
<i>methamphetamine hcl tab 5 mg</i>	61	<i>methylphenidate hcl tab er osmotic release (osm)</i>	
<i>methazolamide tab 25 mg</i>	43	<i>18 mg.....</i>	62
<i>methazolamide tab 50 mg</i>	43	<i>methylphenidate hcl tab er osmotic release (osm)</i>	
<i>methenamine hippurate tab 1 gm.....</i>	21	<i>27 mg.....</i>	62
<i>methimazole tab 10 mg</i>	85	<i>methylphenidate hcl tab er osmotic release (osm)</i>	
<i>methimazole tab 5 mg</i>	85	<i>36 mg.....</i>	62
<i>methocarbamol tab 500 mg.....</i>	66	<i>methylphenidate hcl tab er osmotic release (osm)</i>	
<i>methocarbamol tab 750 mg.....</i>	66	<i>54 mg.....</i>	62
<i>methotrexate sodium for inj 1 gm.....</i>	25	<i>methylprednisolone acetate inj susp 40 mg/ml</i>	79
<i>methotrexate sodium inj 250 mg/10ml (25</i>		<i>methylprednisolone acetate inj susp 80 mg/ml</i>	79
<i>mg/ml)</i>	25	<i>methylprednisolone sod succ for inj 1000 mg</i>	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>		<i>(base equiv)</i>	79
<i>.....</i>	25	<i>methylprednisolone sod succ for inj 125 mg (base</i>	
		<i>equiv)</i>	79

<i>methylprednisolone tab 16 mg</i>	79	<i>midodrine hcl tab 10 mg</i>	44
<i>methylprednisolone tab 32 mg</i>	79	<i>midodrine hcl tab 2.5 mg</i>	44
<i>methylprednisolone tab 4 mg</i>	79	<i>midodrine hcl tab 5 mg</i>	44
<i>methylprednisolone tab 8 mg</i>	79	<i>miglitol tab 100 mg</i>	69
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	79	<i>miglitol tab 25 mg</i>	69
<i>metoclopramide hcl inj 5 mg/ml (base</i> <i>equivalent)</i>	87	<i>miglitol tab 50 mg</i>	69
<i>metoclopramide hcl orally disintegrating tab 5</i> <i>mg (base eq)</i>	87	<i>mimvey</i>	83
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i> <i>(base equiv)</i>	87	<i>minocycline hcl cap 100 mg</i>	23
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	87	<i>minocycline hcl cap 50 mg</i>	23
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	87	<i>minocycline hcl cap 75 mg</i>	23
<i>metolazone tab 10 mg</i>	43	<i>minocycline hcl tab 100 mg</i>	23
<i>metolazone tab 2.5 mg</i>	43	<i>minocycline hcl tab 50 mg</i>	23
<i>metolazone tab 5 mg</i>	43	<i>minocycline hcl tab 75 mg</i>	23
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	39	<i>minoxidil tab 10 mg</i>	44
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	39	<i>minoxidil tab 2.5 mg</i>	44
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	39	<i>mirabegron tab er 24 hr 25 mg</i>	91
<i>metoprolol succinate tab er 24hr 100 mg</i> <i>(tartrate equiv)</i>	39	<i>mirabegron tab er 24 hr 50 mg</i>	91
<i>metoprolol succinate tab er 24hr 200 mg</i> <i>(tartrate equiv)</i>	39	MIRCERA INJ 100MCG	94
<i>metoprolol succinate tab er 24hr 25 mg (tartrate</i> <i>equiv)</i>	39	MIRCERA INJ 120MCG	94
<i>metoprolol succinate tab er 24hr 50 mg (tartrate</i> <i>equiv)</i>	39	MIRCERA INJ 150MCG	94
<i>metoprolol tartrate tab 100 mg</i>	39	MIRCERA INJ 200MCG	94
<i>metoprolol tartrate tab 25 mg</i>	39	MIRCERA INJ 30MCG	93
<i>metoprolol tartrate tab 50 mg</i>	39	MIRCERA INJ 50MCG	93
<i>metronidazole cap 375 mg</i>	21	MIRCERA INJ 75MCG	93
<i>metronidazole cream 0.75%</i>	119	MIRENA IUD SYSTEM	75
<i>metronidazole gel 0.75%</i>	119	<i>mirtazapine orally disintegrating tab 15 mg</i>	50
<i>metronidazole gel 1%</i>	119	<i>mirtazapine orally disintegrating tab 30 mg</i>	50
<i>metronidazole iv soln 500 mg/100ml</i>	21	<i>mirtazapine orally disintegrating tab 45 mg</i>	50
<i>metronidazole lotion 0.75%</i>	119	<i>mirtazapine tab 15 mg</i>	50
<i>metronidazole tab 250 mg</i>	21	<i>mirtazapine tab 30 mg</i>	50
<i>metronidazole tab 500 mg</i>	21	<i>mirtazapine tab 45 mg</i>	50
<i>metronidazole vaginal gel 0.75%</i>	92	<i>mirtazapine tab 7.5 mg</i>	50
<i>miconazole 3</i>	92	<i>misoprostol tab 100 mcg</i>	89
<i>microgestin 1.5/30</i>	75	<i>misoprostol tab 200 mcg</i>	89
		<i>mitomycin for iv soln 20 mg</i>	25
		<i>mitomycin for iv soln 40 mg</i>	25
		<i>mitomycin for iv soln 5 mg</i>	25
		<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	25
		<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2</i> <i>mg/ml)</i>	25
		<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	25
		M-M-R II INJ	102
		<i>modafinil tab 100 mg</i>	66
		<i>modafinil tab 200 mg</i>	66
		MODERNA INJ 2024-25	102

MODERNA INJ 6MO-11Y	102	<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	106
<i>moexipril hcl tab 15 mg</i>	33	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	19
<i>moexipril hcl tab 7.5 mg</i>	33	MRESVIA INJ 50MCG	103
<i>mometasone furoate cream 0.1%</i>	118	MULTAQ TAB 400MG	35
<i>mometasone furoate nasal susp 50 mcg/act</i> ..	112	<i>multivitamin/fluoride</i>	105
<i>mometasone furoate oint 0.1%</i>	118	<i>multi-vitamin/fluoride dr</i>	105
<i>mometasone furoate solution 0.1% (lotion)</i> ..	118	<i>multi-vitamin/fluoride/ir</i>	105
<i>monoject sodium chloride</i>	104	<i>mupirocin oint 2%</i>	115
<i>mono-linyah</i>	75	MYALEPT INJ 11.3MG	83
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	112	<i>mycophenolate mofetil cap 250 mg</i>	100
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	112	<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	100
<i>montelukast sodium oral granules packet 4 mg</i> <i>(base equiv)</i>	112	<i>mycophenolate mofetil hcl for iv soln 500 mg</i> <i>(base equiv)</i>	100
<i>montelukast sodium tab 10 mg (base equiv)</i> ...	112	<i>mycophenolate mofetil tab 500 mg</i>	100
<i>morphine sulfate beads cap er 24hr 120 mg</i>	9	<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i>	100
<i>morphine sulfate beads cap er 24hr 30 mg</i>	9	<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i>	101
<i>morphine sulfate beads cap er 24hr 45 mg</i>	9	MYFORTIC TAB 180MG	101
<i>morphine sulfate beads cap er 24hr 60 mg</i>	9	MYFORTIC TAB 360MG	101
<i>morphine sulfate beads cap er 24hr 75 mg</i>	9	MYRBETRIQ SUS 8MG/ML	91
<i>morphine sulfate beads cap er 24hr 90 mg</i>	9	<i>nabumetone tab 500 mg</i>	7
<i>morphine sulfate cap er 24hr 10 mg</i>	9	<i>nabumetone tab 750 mg</i>	7
<i>morphine sulfate cap er 24hr 100 mg</i>	10	<i>nadolol tab 20 mg</i>	39
<i>morphine sulfate cap er 24hr 20 mg</i>	9	<i>nadolol tab 40 mg</i>	40
<i>morphine sulfate cap er 24hr 30 mg</i>	10	<i>nadolol tab 80 mg</i>	40
<i>morphine sulfate cap er 24hr 50 mg</i>	10	<i>naftifine hcl cream 1%</i>	116
<i>morphine sulfate cap er 24hr 60 mg</i>	10	<i>naftifine hcl cream 2%</i>	116
<i>morphine sulfate cap er 24hr 80 mg</i>	10	<i>nalbuphine hcl inj 10 mg/ml</i>	10
<i>morphine sulfate iv soln 10 mg/ml</i>	10	<i>nalbuphine hcl inj 20 mg/ml</i>	10
<i>morphine sulfate iv soln 4 mg/ml</i>	10	<i>naloxone hcl inj 0.4 mg/ml</i>	67
<i>morphine sulfate oral soln 10 mg/5ml</i>	10	<i>naloxone hcl inj 4 mg/10ml</i>	67
<i>morphine sulfate oral soln 100 mg/5ml (20</i> <i>mg/ml)</i>	10	<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	67
<i>morphine sulfate oral soln 20 mg/5ml</i>	10	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	67
<i>morphine sulfate tab 15 mg</i>	10	<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	67
<i>morphine sulfate tab 30 mg</i>	10	<i>naltrexone hcl tab 50 mg</i>	67
<i>morphine sulfate tab er 100 mg</i>	10	<i>naproxen tab 250 mg</i>	7
<i>morphine sulfate tab er 15 mg</i>	10	<i>naproxen tab 375 mg</i>	7
<i>morphine sulfate tab er 200 mg</i>	10	<i>naproxen tab 500 mg</i>	7
<i>morphine sulfate tab er 30 mg</i>	10	<i>naratriptan hcl tab 1 mg (base equiv)</i>	64
<i>morphine sulfate tab er 60 mg</i>	10	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	64
MOTOFEN TAB 1-0.025	86	NARCAN SPR 4MG	67
MOVANTIK TAB 12.5MG	89	NATACYN SUS 5% OP	106
MOVANTIK TAB 25MG	89	<i>nateglinide tab 120 mg</i>	71
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2</i> <i>times daily)</i>	106	<i>nateglinide tab 60 mg</i>	71
		NAYZILAM SPR 5MG	58

<i>neбиволол hcl tab 10 mg (base equivalent)</i>	40	<i>nicotine polacrilex gum 4 mg</i>	68
<i>neбиволол hcl tab 2.5 mg (base equivalent)</i>	40	<i>nicotine polacrilex lozenge 2 mg</i>	68
<i>neбиволол hcl tab 20 mg (base equivalent)</i>	40	<i>nicotine step 3</i>	68
<i>neбиволол hcl tab 5 mg (base equivalent)</i>	40	<i>nicotine td patch 24hr 14 mg/24hr</i>	68
<i>necon 0.5/35-28</i>	75	<i>nicotine td patch 24hr 21 mg/24hr</i>	68
<i>nefazodone hcl tab 100 mg</i>	50	<i>nicotine td patch 24hr 7 mg/24hr</i>	68
<i>nefazodone hcl tab 150 mg</i>	50	NICOTROL INH	68
<i>nefazodone hcl tab 200 mg</i>	50	NICOTROL NS SPR 10MG/ML	68
<i>nefazodone hcl tab 250 mg</i>	50	<i>nifedipine tab er 24hr 30 mg</i>	41
<i>nefazodone hcl tab 50 mg</i>	50	<i>nifedipine tab er 24hr 60 mg</i>	41
<i>neomycin sulfate tab 500 mg</i>	13	<i>nifedipine tab er 24hr 90 mg</i>	41
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	106	<i>nifedipine tab er 24hr osmotic release 30 mg</i> ...	41
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	106	<i>nifedipine tab er 24hr osmotic release 60 mg</i> ...	41
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	106	<i>nifedipine tab er 24hr osmotic release 90 mg</i> ...	41
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	106	<i>nikki</i>	75
<i>neomycin-polymyxin-hc ophth susp</i>	106	<i>nilutamide tab 150 mg</i>	27
<i>neomycin-polymyxin-hc otic soln 1%</i>	120	<i>nimodipine cap 30 mg</i>	41
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	120	NIPENT INJ 10MG	25
NEORAL CAP 100MG	101	<i>nisoldipine tab er 24hr 17 mg</i>	42
NEORAL CAP 25MG	101	<i>nisoldipine tab er 24hr 20 mg</i>	42
NEORAL SOL 100MG/ML	101	<i>nisoldipine tab er 24hr 25.5 mg</i>	42
NEUPRO DIS 1MG/24HR	53	<i>nisoldipine tab er 24hr 30 mg</i>	42
NEUPRO DIS 2MG/24HR	53	<i>nisoldipine tab er 24hr 34 mg</i>	42
NEUPRO DIS 3MG/24HR	53	<i>nisoldipine tab er 24hr 40 mg</i>	42
NEUPRO DIS 4MG/24HR	53	<i>nisoldipine tab er 24hr 8.5 mg</i>	42
NEUPRO DIS 6MG/24HR	53	<i>nitazoxanide tab 500 mg</i>	21
NEUPRO DIS 8MG/24HR	53	<i>nitisinone cap 10 mg</i>	80
NEVANAC SUS 0.1% OP	107	<i>nitisinone cap 2 mg</i>	80
<i>nevirapine susp 50 mg/5ml</i>	15	<i>nitisinone cap 20 mg</i>	80
<i>nevirapine tab 200 mg</i>	15	<i>nitisinone cap 5 mg</i>	80
<i>nevirapine tab er 24hr 400 mg</i>	15	NITRO-BID OIN 2%	44
NEXIUM GRA 2.5MG DR	90	NITRO-DUR DIS 0.3MG/HR	44
NEXIUM GRA 5MG DR	90	NITRO-DUR DIS 0.8MG/HR	44
NEXLETOL TAB 180MG	36	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	21
NEXPLANON IMP 68MG	75	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	21
NEXTSTELLIS TAB 3-14.2MG	75	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	21
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	38	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	21
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	38	<i>nitrofurantoin susp 25 mg/5ml</i>	21
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	38	<i>nitroglycerin oint 0.4%</i>	119
<i>nicardipine hcl cap 20 mg</i>	41	<i>nitroglycerin sl tab 0.3 mg</i>	44
<i>nicardipine hcl cap 30 mg</i>	41	<i>nitroglycerin sl tab 0.4 mg</i>	44
<i>nicotine polacrilex gum 2 mg</i>	68	<i>nitroglycerin sl tab 0.6 mg</i>	44
		<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	44
		<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	44
		<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	44
		<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	44

<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	44	NOVOFINE MIS 32GX6MM	77
NIVESTYM INJ 300/0.5.....	94	NOVOLIN INJ 70/30	71
NIVESTYM INJ 300MCG	94	NOVOLIN INJ 70/30 FP.....	71
NIVESTYM INJ 480/0.8.....	94	NOVOLIN N INJ 100 UNIT.....	71
NIVESTYM INJ 480MCG	94	NOVOLIN N INJ U-100.....	71
<i>nizatidine cap 150 mg</i>	88	NOVOLIN R INJ 100 UNIT	71
<i>nizatidine cap 300 mg</i>	88	NOVOLIN R INJ U-100	71
<i>nora-be</i>	75	NOVOLOG INJ 100/ML.....	71
NORDIPEN 5 MIS DEVICE.....	80	NOVOLOG INJ FLEXPEN.....	71
NORDIPEN DEL MIS SYSTEM.....	80	NOVOLOG INJ PENFILL.....	71
NORDITROPIN INJ 10/1.5ML	80	NOVOLOG MIX INJ 70/30.....	71
NORDITROPIN INJ 15/1.5ML	80	NOVOLOG MIX INJ FLEXPEN	71
NORDITROPIN INJ 30/3ML	80	NUBEQA TAB 300MG.....	27
NORDITROPIN INJ 5/1.5ML	80	NUCYNTA ER TAB 100MG	10
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	75	NUCYNTA ER TAB 150MG	10
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	75	NUCYNTA ER TAB 200MG	10
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	75	NUCYNTA ER TAB 250MG	10
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	75	NUCYNTA ER TAB 50MG	10
<i>norethindrone acetate tab 5 mg</i>	84	NUCYNTA TAB 100MG	10
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	83	NUCYNTA TAB 50MG	10
<i>norethindrone tab 0.35 mg</i>	75	NUCYNTA TAB 75MG	10
<i>norgesic</i>	66	NUDEXTA CAP 20-10MG	67
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	75	NULOJIX INJ 250MG.....	101
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	75	<i>nyamyc</i>	116
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	75	<i>nylia 1/35</i>	75
NORPACE CAP 100MG CR.....	35	<i>nystatin cream 100000 unit/gm</i>	116
NORPACE CAP 150MG CR.....	35	<i>nystatin oint 100000 unit/gm</i>	116
<i>nortrel 0.5/35 (28)</i>	75	<i>nystatin susp 100000 unit/ml</i>	119
<i>nortrel 1/35</i>	75	<i>nystatin tab 500000 unit</i>	14
<i>nortrel 7/7/7</i>	75	<i>nystatin topical powder 100000 unit/gm</i>	116
<i>nortriptyline hcl cap 10 mg</i>	50	<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	116
<i>nortriptyline hcl cap 25 mg</i>	50	<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	116
<i>nortriptyline hcl cap 50 mg</i>	50	<i>nystop</i>	116
<i>nortriptyline hcl cap 75 mg</i>	51	NYVEPRIA INJ 6/0.6ML.....	94
<i>nortriptyline hcl soln 10 mg/5ml</i>	51	<i>ocella</i>	75
NORVIR POW 100MG	15	<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> 68	
NOVAVAX INJ 2023-24	103	<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i> .69	
NOVAVAX INJ 2024-25	103	<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> 69	
		<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> 68	
		<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> 69	
		<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	69
		<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	69

<i>octreotide acetate subcutaneous soln pref syr</i>		<i>omeprazole-sodium bicarbonate powd pack for</i>	
500 mcg/ml	69	<i>susp 20-1680 mg</i>	90
ODEFSEY TAB.....	16	<i>omeprazole-sodium bicarbonate powd pack for</i>	
ODOMZO CAP 200MG	30	<i>susp 40-1680 mg</i>	90
OFEV CAP 100MG.....	112	OMNARIS SPR	112
OFEV CAP 150MG.....	112	OMNIFLEX DPR	75
<i>ofloxacin ophth soln 0.3%</i>	106	OMNIPOD 5 DX KIT INT G7G6.....	77
<i>ofloxacin otic soln 0.3%</i>	120	OMNIPOD 5 DX MIS POD G7G6	77
<i>ofloxacin tab 300 mg</i>	19	OMNIPOD 5 G7 KIT INTRO	77
<i>ofloxacin tab 400 mg</i>	20	OMNIPOD 5 G7 MIS PODS	77
<i>olanzapine for im inj 10 mg</i>	55	OMNIPOD DASH KIT INTRO	78
<i>olanzapine orally disintegrating tab 10 mg</i>	55	OMNIPOD DASH KIT PDM.....	78
<i>olanzapine orally disintegrating tab 15 mg</i>	55	OMNIPOD DASH MIS PODS.....	78
<i>olanzapine orally disintegrating tab 20 mg</i>	55	ONCASPAR INJ 750/ML.....	30
<i>olanzapine orally disintegrating tab 5 mg</i>	55	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	87
<i>olanzapine tab 10 mg</i>	55	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	87
<i>olanzapine tab 15 mg</i>	55	<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	87
<i>olanzapine tab 2.5 mg</i>	55	<i>ondansetron hcl oral soln 4 mg/5ml</i>	87
<i>olanzapine tab 20 mg</i>	55	<i>ondansetron hcl tab 24 mg</i>	87
<i>olanzapine tab 5 mg</i>	55	<i>ondansetron hcl tab 4 mg</i>	87
<i>olanzapine tab 7.5 mg</i>	55	<i>ondansetron hcl tab 8 mg</i>	87
<i>olmesartan medoxomil tab 20 mg</i>	35	<i>ondansetron orally disintegrating tab 4 mg</i>	87
<i>olmesartan medoxomil tab 40 mg</i>	35	<i>ondansetron orally disintegrating tab 8 mg</i>	87
<i>olmesartan medoxomil tab 5 mg</i>	35	ONETOUCH DEL MIS PLUS 30G.....	78
<i>olmesartan medoxomil-hydrochlorothiazide tab</i>		ONETOUCH DEL MIS PLUS 33G.....	78
20-12.5 mg	34	ONETOUCH KIT ULT MINI	78
<i>olmesartan medoxomil-hydrochlorothiazide tab</i>		ONETOUCH KIT ULTRA 2.....	78
40-12.5 mg	34	ONETOUCH KIT VERIO	78
<i>olmesartan medoxomil-hydrochlorothiazide tab</i>		ONETOUCH KIT VERIO FL.....	78
40-25 mg	34	ONETOUCH KIT VERIO IQ.....	78
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>		ONETOUCH KIT VERIO RE.....	78
20-5-12.5 mg	34	ONETOUCH SOL KIT COMPLETE	78
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>		ONETOUCH SOL KIT FIT.....	78
40-10-12.5 mg	34	ONETOUCH SOL KIT REFILL	78
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>		ONETOUCH SOL KIT STARTER	78
40-10-25 mg	34	ONETOUCH TES ULT BLUE	78
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>		ONETOUCH TES ULTRA	78
40-5-12.5 mg	34	ONETOUCH TES VERIO.....	78
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>		ONGENTYS CAP 25MG	53
40-5-25 mg	34	ONGENTYS CAP 50MG	53
<i>olopatadine hcl nasal soln 0.6%</i>	110	OPILL TAB 0.075MG	75
<i>olopatadine hcl ophth soln 0.2% (base</i>		OPSUMIT TAB 10MG.....	45
<i>equivalent)</i>	107	<i>oralone dental paste</i>	119
<i>omega-3-acid ethyl esters cap 1 gm</i>	38	ORAVIG TAB 50MG	119
<i>omeprazole cap delayed release 10 mg</i>	90	ORENITRAM TAB 0.125MG	45
<i>omeprazole cap delayed release 20 mg</i>	90	ORENITRAM TAB 0.25MG	45
<i>omeprazole cap delayed release 40 mg</i>	90	ORENITRAM TAB 1MG	45

ORENITRAM TAB 2.5MG	45	<i>oxycodone hcl tab 10 mg</i>	11
ORENITRAM TAB 5MG	45	<i>oxycodone hcl tab 15 mg</i>	11
ORENITRAM TAB MONTH 1.....	45	<i>oxycodone hcl tab 20 mg</i>	11
ORENITRAM TAB MONTH 2.....	45	<i>oxycodone hcl tab 30 mg</i>	11
ORENITRAM TAB MONTH 3.....	45	<i>oxycodone hcl tab 5 mg</i>	11
ORFADIN SUS 4MG/ML	80	<i>oxycodone hcl tab er 12hr deter 10 mg</i>	11
ORLISSA TAB 150MG	78	<i>oxycodone hcl tab er 12hr deter 20 mg</i>	11
ORLISSA TAB 200MG	78	<i>oxycodone hcl tab er 12hr deter 40 mg</i>	11
ORKAMBI GRA 100-125	111	<i>oxycodone w/ acetaminophen tab 10-325 mg</i> .	11
ORKAMBI GRA 150-188	111	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	11
ORKAMBI GRA 75-94MG	111	<i>oxycodone w/ acetaminophen tab 5-325 mg</i> ...	11
ORKAMBI TAB 100-125	111	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	11
ORKAMBI TAB 200-125	111	<i>oxymorphone hcl tab 10 mg</i>	11
<i>orphenadrine citrate inj 30 mg/ml</i>	66	<i>oxymorphone hcl tab 5 mg</i>	11
<i>orphenadrine citrate tab er 12hr 100 mg</i>	66	<i>oxymorphone hcl tab er 12hr 10 mg</i>	11
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	17	<i>oxymorphone hcl tab er 12hr 15 mg</i>	11
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	17	<i>oxymorphone hcl tab er 12hr 20 mg</i>	12
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	17	<i>oxymorphone hcl tab er 12hr 30 mg</i>	12
<i>oseltamivir phosphate for susp 6 mg/ml (base</i>		<i>oxymorphone hcl tab er 12hr 40 mg</i>	12
<i>equiv)</i>	17	<i>oxymorphone hcl tab er 12hr 5 mg</i>	11
<i>osmitrol viaflex</i>	43	<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	11
OSPHENA TAB 60MG	83	OZEMPIC INJ 2MG/3ML.....	70
OTEZLA TAB 10/20	97	OZEMPIC INJ 4MG/3ML.....	70
OTEZLA TAB 10/20/30	97	OZEMPIC INJ 8MG/3ML.....	70
OTEZLA TAB 20MG	97	<i>pacerone</i>	35
OTEZLA TAB 30MG	97	<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	30
<i>oxaliplatin for iv inj 100 mg</i>	31	<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	30
<i>oxaliplatin for iv inj 50 mg</i>	31	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	30
<i>oxaliplatin iv soln 100 mg/20ml</i>	31	<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	30
<i>oxaliplatin iv soln 50 mg/10ml</i>	31	PADCEV INJ 20MG	26
<i>oxaprozin tab 600 mg</i>	7	PADCEV INJ 30MG	26
<i>oxazepam cap 10 mg</i>	46	<i>paliperidone tab er 24hr 1.5 mg</i>	55
<i>oxazepam cap 15 mg</i>	46	<i>paliperidone tab er 24hr 3 mg</i>	55
<i>oxazepam cap 30 mg</i>	46	<i>paliperidone tab er 24hr 6 mg</i>	55
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> ...	58	<i>paliperidone tab er 24hr 9 mg</i>	55
<i>oxcarbazepine tab 150 mg</i>	58	<i>pamidronate disodium iv soln 3 mg/ml</i>	72
<i>oxcarbazepine tab 300 mg</i>	58	PANDA MASK MIS PEDIATRI	113
<i>oxcarbazepine tab 600 mg</i>	58	<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	
<i>oxiconazole nitrate cream 1%</i>	116	.....	90
<i>oxybutynin chloride solution 5 mg/5ml</i>	91	<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	
<i>oxybutynin chloride tab 5 mg</i>	91	.....	90
<i>oxybutynin chloride tab er 24hr 10 mg</i>	91	PARAGARD IUD T380A.....	75
<i>oxybutynin chloride tab er 24hr 15 mg</i>	92	<i>paraplatin</i>	31
<i>oxybutynin chloride tab er 24hr 5 mg</i>	91	<i>paricalcitol cap 1 mcg</i>	86
<i>oxycodone hcl cap 5 mg</i>	11	<i>paricalcitol cap 2 mcg</i>	86
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> ...	11	<i>paricalcitol cap 4 mcg</i>	86
<i>oxycodone hcl soln 5 mg/5ml</i>	11	<i>paroxetine hcl tab 10 mg</i>	51

<i>paroxetine hcl tab 20 mg</i>	51	<i>perphenazine-amitriptyline tab 2-25 mg</i>	67
<i>paroxetine hcl tab 30 mg</i>	51	<i>perphenazine-amitriptyline tab 4-10 mg</i>	67
<i>paroxetine hcl tab 40 mg</i>	51	<i>perphenazine-amitriptyline tab 4-25 mg</i>	67
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	51	<i>perphenazine-amitriptyline tab 4-50 mg</i>	68
<i>paroxetine hcl tab er 24hr 25 mg</i>	51	PFIZER 5-11Y INJ 2023-24	103
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	51	PFIZER 6M-4Y INJ 2023-24	103
PAXLOVID TAB 150-100.....	17	<i>pfizerpen</i>	23
PAXLOVID TAB 300-100.....	17	PHEBURANE MIS 483/GM.....	85
<i>pazopanib hcl tab 200 mg (base equiv)</i>	29	<i>phenelzine sulfate tab 15 mg</i>	51
PEDIARIX INJ 0.5ML.....	103	<i>phenobarbital elixir 20 mg/5ml</i>	58
PEDVAX HIB INJ	103	<i>phenobarbital tab 100 mg</i>	59
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> <i>236 gm</i>	89	<i>phenobarbital tab 15 mg</i>	58
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for</i> <i>soln 100 gm</i>	89	<i>phenobarbital tab 16.2 mg</i>	58
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> ..	89	<i>phenobarbital tab 30 mg</i>	59
PEGASYS INJ	20	<i>phenobarbital tab 32.4 mg</i>	59
PEGASYS INJ 180MCG/M.....	20	<i>phenobarbital tab 60 mg</i>	59
PEG-PREP KIT.....	89	<i>phenobarbital tab 64.8 mg</i>	59
<i>pemetrexed disodium for iv soln 100 mg (base</i> <i>equiv)</i>	25	<i>phenobarbital tab 97.2 mg</i>	59
<i>pemetrexed disodium for iv soln 500 mg (base</i> <i>equiv)</i>	25	<i>phenoxybenzamine hcl cap 10 mg</i>	44
PENBRAYA INJ	103	<i>phenylephrine hcl ophth soln 10%</i>	108
<i>peniclovir cream 1%</i>	119	<i>phenylephrine hcl ophth soln 2.5%</i>	108
<i>penicillin g potassium for inj 20000000 unit</i>	22	<i>phenytoin infatabs</i>	59
<i>penicillin g potassium for inj 5000000 unit</i>	22	<i>phenytoin sodium extended cap 100 mg</i>	59
<i>penicillin g sodium for inj 5000000 unit</i>	22	<i>phenytoin sodium extended cap 200 mg</i>	59
<i>penicillin v potassium for soln 125 mg/5ml</i>	22	<i>phenytoin sodium extended cap 300 mg</i>	59
<i>penicillin v potassium for soln 250 mg/5ml</i>	23	<i>phenytoin sodium inj 50 mg/ml</i>	59
<i>penicillin v potassium tab 250 mg</i>	23	<i>phenytoin susp 125 mg/5ml</i>	59
<i>penicillin v potassium tab 500 mg</i>	23	PHEXXI GEL	91
PENTACEL INJ	103	PHOSPHOLINE SOL 0.125%OP	108
<i>pentamidine isethionate for inj soln 300 mg</i>	21	PHOTOFRIN INJ 75MG	30
<i>pentamidine isethionate for nebulization soln 300</i> <i>mg</i>	21	<i>physiolyte</i>	108
<i>pentoxifylline tab er 400 mg</i>	94	<i>physiosol irrigation</i>	108
<i>perindopril erbumine tab 2 mg</i>	33	<i>phytonadione tab 5 mg</i>	105
<i>perindopril erbumine tab 4 mg</i>	33	<i>pilocarpine hcl ophth soln 1%</i>	108
<i>perindopril erbumine tab 8 mg</i>	33	<i>pilocarpine hcl tab 5 mg</i>	119
<i>periogard</i>	119	<i>pilocarpine hcl tab 7.5 mg</i>	119
<i>permethrin cream 5%</i>	119	<i>pimecrolimus cream 1%</i>	116
<i>perphenazine tab 16 mg</i>	55	<i>pimozide tab 1 mg</i>	68
<i>perphenazine tab 2 mg</i>	55	<i>pimozide tab 2 mg</i>	68
<i>perphenazine tab 4 mg</i>	55	<i>pindolol tab 10 mg</i>	40
<i>perphenazine tab 8 mg</i>	55	<i>pindolol tab 5 mg</i>	40
<i>perphenazine-amitriptyline tab 2-10 mg</i>	67	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	71
		<i>pioglitazone hcl tab 30 mg (base equiv)</i>	71
		<i>pioglitazone hcl tab 45 mg (base equiv)</i>	71
		<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	71
		<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	71
		<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> .	71

<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	71
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	23
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	23
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	23
<i>pirfenidone cap 267 mg</i>	112
<i>pirfenidone tab 267 mg</i>	112
<i>pirfenidone tab 801 mg</i>	112
<i>piroxicam cap 10 mg</i>	7
<i>piroxicam cap 20 mg</i>	7
<i>pitavastatin calcium tab 1 mg</i>	37
<i>pitavastatin calcium tab 2 mg</i>	37
<i>pitavastatin calcium tab 4 mg</i>	37
<i>PLENVU SOL</i>	89
<i>PNEUMOVAX 23 INJ 25/0.5</i>	103
<i>pnv-dha</i>	105
<i>pnv-select</i>	105
<i>podofilox gel 0.5%</i>	119
<i>podofilox soln 0.5%</i>	119
<i>POLIVY INJ 140MG</i>	30
<i>POLIVY INJ 30MG</i>	30
<i>polycin</i>	106
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	89
<i>polymyxin b sulfate for inj 500000 unit</i>	21
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	106
<i>POMALYST CAP 1MG</i>	26
<i>POMALYST CAP 2MG</i>	26
<i>POMALYST CAP 3MG</i>	26
<i>POMALYST CAP 4MG</i>	26
<i>portia-28</i>	75
<i>posaconazole susp 40 mg/ml</i>	14
<i>posaconazole tab delayed release 100 mg</i>	14
<i>potassium chloride cap er 10 meq</i>	104
<i>potassium chloride cap er 8 meq</i>	104
<i>potassium chloride inj 2 meq/ml</i>	104
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	104
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	104
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	104
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	104
<i>potassium chloride tab er 10 meq</i>	104
<i>potassium chloride tab er 15 meq</i>	104
<i>potassium chloride tab er 20 meq (1500 mg)</i>	104
<i>potassium chloride tab er 8 meq (600 mg)</i>	104
<i>potassium citrate tab er 10 meq (1080 mg)</i>	91
<i>potassium citrate tab er 15 meq (1620 mg)</i>	91
<i>potassium citrate tab er 5 meq (540 mg)</i>	91
<i>PRADAXA CAP 75MG</i>	93
<i>pramipexole dihydrochloride tab 0.125 mg</i>	53
<i>pramipexole dihydrochloride tab 0.25 mg</i>	53
<i>pramipexole dihydrochloride tab 0.5 mg</i>	53
<i>pramipexole dihydrochloride tab 0.75 mg</i>	53
<i>pramipexole dihydrochloride tab 1 mg</i>	53
<i>pramipexole dihydrochloride tab 1.5 mg</i>	53
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	53
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	53
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	53
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	53
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	53
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	53
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	53
<i>prasugrel hcl tab 10 mg (base equiv)</i>	95
<i>prasugrel hcl tab 5 mg (base equiv)</i>	95
<i>pravastatin sodium tab 10 mg</i>	37
<i>pravastatin sodium tab 20 mg</i>	37
<i>pravastatin sodium tab 40 mg</i>	37
<i>pravastatin sodium tab 80 mg</i>	37
<i>praziquantel tab 600 mg</i>	13
<i>prazosin hcl cap 1 mg</i>	33
<i>prazosin hcl cap 2 mg</i>	33
<i>prazosin hcl cap 5 mg</i>	33
<i>PRED SOD PHO SOL 1% OP</i>	107
<i>prednisolone acetate ophth susp 1%</i>	107
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	79
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	79
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	79
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	79

<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	79	<i>probenecid tab 500 mg</i>	6
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	79	<i>procainamide hcl inj 100 mg/ml</i>	35
<i>prednisolone soln 15 mg/5ml</i>	79	<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	87
PREDNISON CON 5MG/ML	80	<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	87
<i>prednisone oral soln 5 mg/5ml</i>	80	<i>prochlorperazine suppos 25 mg</i>	87
<i>prednisone tab 1 mg</i>	80	<i>proctozone-hc</i>	90
<i>prednisone tab 10 mg</i>	80	<i>progesterone cap 100 mg</i>	84
<i>prednisone tab 2.5 mg</i>	80	<i>progesterone cap 200 mg</i>	84
<i>prednisone tab 20 mg</i>	80	PROGRAF CAP 0.5MG	101
<i>prednisone tab 5 mg</i>	80	PROGRAF CAP 1MG	101
<i>prednisone tab 50 mg</i>	80	PROGRAF CAP 5MG	101
<i>prednisone tab therapy pack 10 mg (21)</i>	80	PROGRAF GRA 0.2MG	101
<i>prednisone tab therapy pack 10 mg (48)</i>	80	PROGRAF GRA 1MG	101
<i>prednisone tab therapy pack 5 mg (21)</i>	80	PROGRAF INJ 5MG/ML	101
<i>prednisone tab therapy pack 5 mg (48)</i>	80	PROLASTIN-C INJ 1000MG	108
<i>pregabalin cap 100 mg</i>	59	PROLIA INJ 60MG/ML	72
<i>pregabalin cap 150 mg</i>	59	<i>promethazine hcl inj 25 mg/ml</i>	87
<i>pregabalin cap 200 mg</i>	59	<i>promethazine hcl inj 50 mg/ml</i>	87
<i>pregabalin cap 225 mg</i>	59	<i>promethazine hcl oral soln 6.25 mg/5ml</i>	87
<i>pregabalin cap 25 mg</i>	59	<i>promethazine hcl suppos 12.5 mg</i>	87
<i>pregabalin cap 300 mg</i>	59	<i>promethazine hcl suppos 25 mg</i>	87
<i>pregabalin cap 50 mg</i>	59	<i>promethazine hcl tab 12.5 mg</i>	87
<i>pregabalin cap 75 mg</i>	59	<i>promethazine hcl tab 25 mg</i>	87
<i>pregabalin soln 20 mg/ml</i>	59	<i>promethazine hcl tab 50 mg</i>	87
PREHEVBRIO SUS 10MCG/ML	103	<i>promethazine vc</i>	111
PREMARIN TAB 0.3MG	83	<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	111
PREMARIN TAB 0.45MG	83	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	111
PREMARIN TAB 0.625MG	83	<i>promethegan</i>	87
PREMARIN TAB 0.9MG	83	<i>propafenone hcl cap er 12hr 225 mg</i>	35
PREMARIN TAB 1.25MG	83	<i>propafenone hcl cap er 12hr 325 mg</i>	35
PREMARIN VAG CRE 0.625MG	83	<i>propafenone hcl cap er 12hr 425 mg</i>	35
<i>prenatal 19</i>	105	<i>propafenone hcl tab 150 mg</i>	36
PRETOMANID TAB 200MG	17	<i>propafenone hcl tab 225 mg</i>	36
<i>prevalite</i>	36	<i>propafenone hcl tab 300 mg</i>	36
PREVNAR 20 INJ	103	<i>propranacaine hcl ophth soln 0.5%</i>	108
PREZCOBIX TAB 800-150	16	<i>propranolol hcl cap er 24hr 120 mg</i>	40
PREZISTA SUS 100MG/ML	15	<i>propranolol hcl cap er 24hr 160 mg</i>	40
PREZISTA TAB 150MG	15	<i>propranolol hcl cap er 24hr 60 mg</i>	40
PREZISTA TAB 75MG	15	<i>propranolol hcl cap er 24hr 80 mg</i>	40
PRIFTIN TAB 150MG	17	<i>propranolol hcl oral soln 20 mg/5ml</i>	40
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	14	<i>propranolol hcl oral soln 40 mg/5ml</i>	40
<i>primidone tab 250 mg</i>	59	<i>propranolol hcl tab 10 mg</i>	40
<i>primidone tab 50 mg</i>	59	<i>propranolol hcl tab 20 mg</i>	40
PRIORIX INJ	103	<i>propranolol hcl tab 40 mg</i>	40

<i>propranolol hcl tab 60 mg</i>	40	RAPAMUNE TAB 0.5MG.....	101
<i>propranolol hcl tab 80 mg</i>	40	RAPAMUNE TAB 1MG.....	101
<i>propylthiouracil tab 50 mg</i>	85	RAPAMUNE TAB 2MG.....	101
PROQUAD INJ.....	103	<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	53
<i>protriptyline hcl tab 10 mg</i>	51	<i>rasagiline mesylate tab 1 mg (base equiv)</i>	53
<i>protriptyline hcl tab 5 mg</i>	51	<i>reclipsen</i>	75
<i>pseudoephed-bromphen-dm syrup 30-2-10</i> <i>mg/5ml</i>	111	RECOMBIVA HB INJ 10MCG/ML	103
<i>pyrazinamide tab 500 mg</i>	17	RECOMBIVA HB INJ 5MCG/0.5.....	103
<i>pyridostigmine bromide oral soln 60 mg/5ml</i> ..	66	RECOMBIVA-HB INJ 40MCG/ML	103
<i>pyridostigmine bromide tab 60 mg</i>	66	REGRANEX GEL 0.01%.....	119
<i>pyridostigmine bromide tab er 180 mg</i>	66	RELENZA MIS DISKHALE	17
<i>pyridoxine hcl tab 25 mg</i>	105	<i>repaglinide tab 0.5 mg</i>	71
<i>pyridoxine hcl tab 50 mg</i>	105	<i>repaglinide tab 1 mg</i>	71
<i>pyrimethamine tab 25 mg</i>	21	<i>repaglinide tab 2 mg</i>	71
QUADRACEL INJ.....	103	REPATHA INJ 140MG/ML.....	38
QUADRACEL INJ 0.5ML.....	103	REPATHA PUSH INJ 420/3.5	39
<i>quetiapine fumarate tab 100 mg</i>	55	REPATHA SURE INJ 140MG/ML.....	39
<i>quetiapine fumarate tab 200 mg</i>	55	RESTASIS EMU 0.05% OP	107
<i>quetiapine fumarate tab 25 mg</i>	55	RESTASIS MUL EMU 0.05% OP.....	107
<i>quetiapine fumarate tab 300 mg</i>	55	RETACRIT INJ 10000UNT	94
<i>quetiapine fumarate tab 400 mg</i>	55	RETACRIT INJ 20000UNI.....	94
<i>quetiapine fumarate tab 50 mg</i>	55	RETACRIT INJ 2000UNIT	94
<i>quetiapine fumarate tab er 24hr 150 mg</i>	55	RETACRIT INJ 3000UNIT	94
<i>quetiapine fumarate tab er 24hr 200 mg</i>	55	RETACRIT INJ 40000UNT	94
<i>quetiapine fumarate tab er 24hr 300 mg</i>	55	RETACRIT INJ 4000UNIT	94
<i>quetiapine fumarate tab er 24hr 400 mg</i>	55	RETROVIR INJ 10MG/ML.....	15
<i>quetiapine fumarate tab er 24hr 50 mg</i>	55	REVLIMID CAP 10MG	26
<i>quinapril hcl tab 10 mg</i>	33	REVLIMID CAP 15MG	26
<i>quinapril hcl tab 20 mg</i>	33	REVLIMID CAP 2.5MG	26
<i>quinapril hcl tab 40 mg</i>	33	REVLIMID CAP 20MG	26
<i>quinapril hcl tab 5 mg</i>	33	REVLIMID CAP 25MG	26
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> .	32	REVLIMID CAP 5MG	26
<i>quinine sulfate cap 324 mg</i>	14	REYATAZ POW 50MG.....	15
QULIPTA TAB 10MG	63	<i>ribavirin cap 200 mg</i>	20
QULIPTA TAB 30MG	63	<i>ribavirin tab 200 mg</i>	20
QULIPTA TAB 60MG	63	<i>rifabutin cap 150 mg</i>	17
<i>rabeprazole sodium ec tab 20 mg</i>	90	<i>rifampin cap 150 mg</i>	17
<i>raloxifene hcl tab 60 mg</i>	83	<i>rifampin cap 300 mg</i>	17
<i>ramelteon tab 8 mg</i>	63	<i>rifampin for inj 600 mg</i>	17
<i>ramipril cap 1.25 mg</i>	33	<i>riluzole tab 50 mg</i>	46
<i>ramipril cap 10 mg</i>	33	<i>rimantadine hydrochloride tab 100 mg</i>	17
<i>ramipril cap 2.5 mg</i>	33	RINVOQ LQ SOL 1MG/ML	97
<i>ramipril cap 5 mg</i>	33	RINVOQ TAB 15MG ER.....	98
<i>ranolazine tab er 12hr 1000 mg</i>	44	RINVOQ TAB 30MG ER.....	98
<i>ranolazine tab er 12hr 500 mg</i>	44	RINVOQ TAB 45MG ER.....	98
RAPAMUNE SOL 1MG/ML.....	101	<i>risedronate sodium tab 150 mg</i>	72
		<i>risedronate sodium tab 30 mg</i>	72

<i>risedronate sodium tab 35 mg</i>	72	<i>rosuvastatin calcium tab 20 mg</i>	38
<i>risedronate sodium tab 5 mg</i>	72	<i>rosuvastatin calcium tab 40 mg</i>	38
<i>risedronate sodium tab delayed release 35 mg</i>	72	<i>rosuvastatin calcium tab 5 mg</i>	37
<i>risperidone orally disintegrating tab 0.25 mg</i> ..	55	ROTARIX SUS.....	103
<i>risperidone orally disintegrating tab 0.5 mg</i>	55	ROTATEQ SOL	103
<i>risperidone orally disintegrating tab 1 mg</i>	55	<i>rufinamide susp 40 mg/ml</i>	59
<i>risperidone orally disintegrating tab 2 mg</i>	55	<i>rufinamide tab 200 mg</i>	59
<i>risperidone orally disintegrating tab 3 mg</i>	55	<i>rufinamide tab 400 mg</i>	59
<i>risperidone orally disintegrating tab 4 mg</i>	55	RUXIENCE INJ 100/10ML	26
<i>risperidone soln 1 mg/ml</i>	56	RUXIENCE INJ 500/50ML	26
<i>risperidone tab 0.25 mg</i>	56	<i>ryclora</i>	110
<i>risperidone tab 0.5 mg</i>	56	RYDAPT CAP 25MG	29
<i>risperidone tab 1 mg</i>	56	SANCUSO DIS 3.1MG	87
<i>risperidone tab 2 mg</i>	56	SANDIMMUNE CAP 100MG	101
<i>risperidone tab 3 mg</i>	56	SANDIMMUNE CAP 25MG	101
<i>risperidone tab 4 mg</i>	56	SANDIMMUNE INJ 50MG/ML	101
<i>ritonavir tab 100 mg</i>	15	SANDIMMUNE SOL 100MG/ML.....	101
<i>rivastigmine tartrate cap 1.5 mg (base</i>		<i>sapropterin dihydrochloride powder packet 100</i>	
<i>equivalent)</i>	47	<i>mg</i>	83
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>		<i>sapropterin dihydrochloride powder packet 500</i>	
<i>.....</i>	47	<i>mg</i>	84
<i>rivastigmine tartrate cap 4.5 mg (base</i>		<i>sapropterin dihydrochloride tab 100 mg</i>	84
<i>equivalent)</i>	47	SAVELLA MIS TITR PAK.....	62
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>		SAVELLA TAB 100MG	62
<i>.....</i>	47	SAVELLA TAB 12.5MG	62
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	47	SAVELLA TAB 25MG	62
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	47	SAVELLA TAB 50MG	62
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	47	<i>scopolamine td patch 72hr 1 mg/3days</i>	87
<i>rivelsa</i>	75	<i>selegiline hcl cap 5 mg</i>	53
<i>rizatriptan benzoate oral disintegrating tab 10</i>		<i>selegiline hcl tab 5 mg</i>	53
<i>mg (base eq)</i>	64	<i>selenium sulfide lotion 2.5%</i>	116
<i>rizatriptan benzoate oral disintegrating tab 5 mg</i>		SELZENTRY SOL 20MG/ML.....	15
<i>(base eq)</i>	64	SEREVENT DIS AER 50MCG	110
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>		<i>sertraline hcl oral concentrate for solution 20</i>	
<i>.....</i>	64	<i>mg/ml</i>	51
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>		<i>sertraline hcl tab 100 mg</i>	51
<i>.....</i>	64	<i>sertraline hcl tab 25 mg</i>	51
<i>roflumilast tab 250 mcg</i>	112	<i>sertraline hcl tab 50 mg</i>	51
<i>roflumilast tab 500 mcg</i>	112	<i>sevelamer carbonate packet 0.8 gm</i>	84
<i>ropinirole hydrochloride tab 0.25 mg</i>	53	<i>sevelamer carbonate packet 2.4 gm</i>	84
<i>ropinirole hydrochloride tab 0.5 mg</i>	53	<i>sevelamer carbonate tab 800 mg</i>	84
<i>ropinirole hydrochloride tab 1 mg</i>	53	SHARPS CONT MIS 2QUART	78
<i>ropinirole hydrochloride tab 2 mg</i>	53	SHINGRIX INJ 50/0.5ML	103
<i>ropinirole hydrochloride tab 3 mg</i>	53	SIGNIFOR INJ 0.3MG/ML	84
<i>ropinirole hydrochloride tab 4 mg</i>	53	SIGNIFOR INJ 0.6MG/ML	84
<i>ropinirole hydrochloride tab 5 mg</i>	53	SIGNIFOR INJ 0.9MG/ML	84
<i>rosuvastatin calcium tab 10 mg</i>	37		

<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	45	<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	105
<i>sildenafil citrate tab 20 mg</i>	45	<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	105
<i>silodosin cap 4 mg</i>	91	<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	105
<i>silodosin cap 8 mg</i>	91	<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i> .	105
<i>silver sulfadiazine cream 1%</i>	115	<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	85
<i>SIMBRINZA SUS 1-0.2%</i>	107	<i>sodium phenylbutyrate tab 500 mg</i>	85
<i>SIMPONI ARIA SOL 50MG/4ML</i>	95	<i>SOFTCLIX MIS LANCETS</i>	78
<i>SIMPONI INJ 100MG/ML</i>	98	<i>solifenacin succinate tab 10 mg</i>	92
<i>SIMPONI INJ 50/0.5ML</i>	98	<i>solifenacin succinate tab 5 mg</i>	92
<i>simvastatin tab 10 mg</i>	38	<i>SOLQUA INJ 100/33</i>	70
<i>simvastatin tab 20 mg</i>	38	<i>SOLU-CORTEF INJ 1000MG</i>	80
<i>simvastatin tab 40 mg</i>	38	<i>SOLU-CORTEF INJ 100MG</i>	80
<i>simvastatin tab 5 mg</i>	38	<i>SOLU-CORTEF INJ 250MG</i>	80
<i>simvastatin tab 80 mg</i>	38	<i>SOLU-CORTEF INJ 500MG</i>	80
<i>sirolimus oral soln 1 mg/ml</i>	101	<i>SOLU-MEDROL INJ 2GM</i>	80
<i>sirolimus tab 0.5 mg</i>	101	<i>SOMATULINE INJ 120/.5ML</i>	69
<i>sirolimus tab 1 mg</i>	101	<i>SOMATULINE INJ 60/0.2ML</i>	69
<i>sirolimus tab 2 mg</i>	101	<i>SOMATULINE INJ 90/0.3ML</i>	69
<i>SIRTURO TAB 100MG</i>	17	<i>SOMAVERT INJ 10MG</i>	69
<i>SIRTURO TAB 20MG</i>	17	<i>SOMAVERT INJ 15MG</i>	69
<i>SKYLA IUD 13.5MG</i>	75	<i>SOMAVERT INJ 20MG</i>	69
<i>SKYRIZI INJ 150MG/ML</i>	98	<i>SOMAVERT INJ 25MG</i>	69
<i>SKYRIZI INJ 180/1.2</i>	98	<i>SOMAVERT INJ 30MG</i>	69
<i>SKYRIZI INJ 360/2.4</i>	98	<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	29
<i>SKYRIZI PEN INJ 150MG/ML</i>	98	<i>sotalol hcl (afib/afI) tab 120 mg</i>	36
<i>SKYRIZI SOL 60MG/ML</i>	95	<i>sotalol hcl (afib/afI) tab 160 mg</i>	36
<i>sm lice treatment</i>	119	<i>sotalol hcl (afib/afI) tab 80 mg</i>	36
<i>sm nicotine transdermal s</i>	68	<i>sotalol hcl tab 120 mg</i>	36
<i>SOD OXYBATE SOL 500MG/ML</i>	66	<i>sotalol hcl tab 160 mg</i>	36
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	89	<i>sotalol hcl tab 240 mg</i>	36
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	104	<i>sotalol hcl tab 80 mg</i>	36
<i>sodium chloride irrigation soln 0.9%</i>	119	<i>SOVALDI PAK 150MG</i>	20
<i>sodium chloride iv soln 0.45%</i>	104	<i>SOVALDI PAK 200MG</i>	20
<i>sodium chloride iv soln 0.9%</i>	104	<i>SOVALDI TAB 200MG</i>	20
<i>sodium chloride iv soln 3%</i>	104	<i>SOVALDI TAB 400MG</i>	20
<i>sodium chloride iv soln 5%</i>	104	<i>SPIKEVAX INJ 50/0.5ML</i>	103
<i>sodium chloride preservative free (pf) inj 0.9%</i>	104	<i>spinosad susp 0.9%</i>	119
<i>sodium chloride soln nebu 0.9%</i>	112	<i>SPIRIVA AER 1.25MCG</i>	109
<i>sodium chloride soln nebu 10%</i>	112	<i>SPIRIVA SPR 2.5MCG</i>	109
<i>sodium chloride soln nebu 3%</i>	112	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	43
<i>sodium chloride soln nebu 7%</i>	112	<i>spironolactone tab 100 mg</i>	33
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	105		
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	104		

<i>spironolactone tab 25 mg</i>	33	<i>sumatriptan succinate solution auto-injector 6</i>	
<i>spironolactone tab 50 mg</i>	33	<i>mg/0.5ml</i>	64
SPRAVATO SOL 56MG DOS.....	23	<i>sumatriptan succinate solution cartridge 4</i>	
SPRAVATO SOL 84MG DOS.....	24	<i>mg/0.5ml</i>	64
<i>sprintec 28</i>	75	<i>sumatriptan succinate solution cartridge 6</i>	
SPRYCEL TAB 100MG.....	29	<i>mg/0.5ml</i>	64
SPRYCEL TAB 140MG.....	29	<i>sumatriptan succinate tab 100 mg</i>	64
SPRYCEL TAB 20MG.....	29	<i>sumatriptan succinate tab 25 mg</i>	64
SPRYCEL TAB 50MG.....	29	<i>sumatriptan succinate tab 50 mg</i>	64
SPRYCEL TAB 70MG.....	29	<i>sumatriptan-naproxen sodium tab 85-500 mg</i> .	64
SPRYCEL TAB 80MG.....	29	<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	29
<i>sps</i>	84	<i>sunitinib malate cap 25 mg (base equivalent)</i> ..	29
<i>sronyx</i>	75	<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	29
<i>ssd</i>	115	<i>sunitinib malate cap 50 mg (base equivalent)</i> ..	29
STELARA INJ 45MG/0.5	98	SUNOSI TAB 150MG.....	66
STELARA INJ 90MG/ML	98	SUNOSI TAB 75MG	66
STIOLTO AER 2.5-2.5	108	SUPPRELIN LA KIT 50MG.....	73
STIVARGA TAB 40MG	29	SUTAB TAB.....	89
STRIVERDI AER 2.5MCG.....	110	<i>syeda</i>	75
SUBLOCADE INJ 100/0.5.....	12	SYMDEKO TAB 100-150	111
SUBLOCADE INJ 300/1.5.....	12	SYMDEKO TAB 50-75MG.....	111
SUCRAID SOL 8500/ML.....	89	SYMLINPEN 60 INJ 1000MCG.....	69
<i>sucrafate tab 1 gm</i>	89	SYMLNPEN 120 INJ 1000MCG.....	69
SUFLAVE SOL	89	SYMTUZA TAB.....	16
<i>sulconazole nitrate cream 1%</i>	116	SYNAREL SOL 2MG/ML	78
<i>sulconazole nitrate solution 1%</i>	116	SYNJARDY TAB	71
<i>sulfacetamide sodium lotion 10% (acne)</i>	114	SYNJARDY TAB 12.5-500	71
<i>sulfacetamide sodium ophth oint 10%</i>	106	SYNJARDY TAB 5-1000MG	71
<i>sulfacetamide sodium ophth soln 10%</i>	106	SYNJARDY TAB 5-500MG	71
<i>sulfacetamide sodium-prednisolone ophth soln</i>		SYNJARDY XR TAB	71
<i>10-0.23(0.25)%</i>	106	SYNJARDY XR TAB 10-1000	71
<i>sulfadiazine tab 500 mg</i>	13	SYNJARDY XR TAB 25-1000	71
<i>sulfamethoxazole-trimethoprim susp 200-40</i>		SYNJARDY XR TAB 5-1000MG	71
<i>mg/5ml</i>	21	SYNTHROID TAB 100MCG	85
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	21	SYNTHROID TAB 112MCG	85
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	21	SYNTHROID TAB 125MCG	85
.....	21	SYNTHROID TAB 137MCG.....	85
SULFAMYLON CRE 85MG/GM	115	SYNTHROID TAB 150MCG	85
<i>sulfasalazine tab 500 mg</i>	88	SYNTHROID TAB 175MCG	85
<i>sulfasalazine tab delayed release 500 mg</i>	88	SYNTHROID TAB 200MCG	85
<i>sulindac tab 150 mg</i>	7	SYNTHROID TAB 25MCG	85
<i>sulindac tab 200 mg</i>	7	SYNTHROID TAB 300MCG	85
<i>sumatriptan nasal spray 20 mg/act</i>	64	SYNTHROID TAB 50MCG	85
<i>sumatriptan nasal spray 5 mg/act</i>	64	SYNTHROID TAB 75MCG	85
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	64	SYNTHROID TAB 88MCG	85
<i>sumatriptan succinate solution auto-injector 4</i>		TABLOID TAB 40MG.....	25
<i>mg/0.5ml</i>	64	<i>tacrolimus cap 0.5 mg</i>	101

<i>tacrolimus cap 1 mg</i>	101	<i>temozolomide cap 140 mg</i>	24
<i>tacrolimus cap 5 mg</i>	101	<i>temozolomide cap 180 mg</i>	24
<i>tacrolimus oint 0.03%</i>	117	<i>temozolomide cap 20 mg</i>	24
<i>tacrolimus oint 0.1%</i>	117	<i>temozolomide cap 250 mg</i>	24
<i>tadalafil tab 2.5 mg</i>	91	<i>temozolomide cap 5 mg</i>	24
<i>tadalafil tab 20 mg (pah)</i>	45	TENIVAC INJ 5-2LF.....	104
<i>tadalafil tab 5 mg</i>	91	<i>tenofovir disoproxil fumarate tab 300 mg</i>	15
TAFINLAR CAP 50MG.....	29	<i>terazosin hcl cap 1 mg (base equivalent)</i>	91
TAFINLAR CAP 75MG.....	29	<i>terazosin hcl cap 10 mg (base equivalent)</i>	91
TAFINLAR TAB 10MG.....	29	<i>terazosin hcl cap 2 mg (base equivalent)</i>	91
<i>tafluprost preservative free (pf) ophth soln</i> <i>0.0015%</i>	108	<i>terazosin hcl cap 5 mg (base equivalent)</i>	91
<i>take action</i>	75	<i>terbinafine hcl tab 250 mg</i>	14
TAKHZYRO INJ 150MG/ML	99	<i>terbutaline sulfate tab 2.5 mg</i>	110
TAKHZYRO INJ 300/2ML	99, 100	<i>terbutaline sulfate tab 5 mg</i>	110
TALTZ INJ 20/0.25.....	99	<i>terconazole vaginal cream 0.4%</i>	92
TALTZ INJ 40/0.5ML.....	99	<i>terconazole vaginal cream 0.8%</i>	92
TALTZ INJ 80MG/ML.....	99	<i>terconazole vaginal suppos 80 mg</i>	92
<i>tamoxifen citrate tab 10 mg (base equivalent)</i> 27		<i>teriflunomide tab 14 mg</i>	65
<i>tamoxifen citrate tab 20 mg (base equivalent)</i> 27		<i>teriflunomide tab 7 mg</i>	65
<i>tamsulosin hcl cap 0.4 mg</i>	91	<i>testosterone cypionate im inj in oil 100 mg/ml</i> . 69	
<i>tasimelteon capsule 20 mg</i>	63	<i>testosterone cypionate im inj in oil 200 mg/ml</i> . 69	
<i>tazarotene cream 0.05%</i>	116	<i>testosterone enanthate im inj in oil 200 mg/ml</i> 69	
<i>tazarotene cream 0.1%</i>	116	<i>testosterone td gel 10mg/act (2%)</i>	69
<i>tazarotene gel 0.05%</i>	116	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	69
<i>tazarotene gel 0.1%</i>	116	<i>tetrabenazine tab 12.5 mg</i>	65
<i>tazicef</i>	19	<i>tetrabenazine tab 25 mg</i>	65
TAZORAC CRE 0.05%	116	<i>tetracycline hcl cap 250 mg</i>	23
TDVAX INJ 2-2 LF	103	<i>tetracycline hcl cap 500 mg</i>	23
<i>telmisartan tab 20 mg</i>	35	THALOMID CAP 100MG	26
<i>telmisartan tab 40 mg</i>	35	THALOMID CAP 50MG	26
<i>telmisartan tab 80 mg</i>	35	<i>theophylline elixir 80 mg/15ml</i>	114
<i>telmisartan-amlodipine tab 40-10 mg</i>	34	<i>theophylline soln 80 mg/15ml</i>	114
<i>telmisartan-amlodipine tab 40-5 mg</i>	34	<i>theophylline tab er 12hr 300 mg</i>	114
<i>telmisartan-amlodipine tab 80-10 mg</i>	34	<i>theophylline tab er 12hr 450 mg</i>	114
<i>telmisartan-amlodipine tab 80-5 mg</i>	34	<i>theophylline tab er 24hr 400 mg</i>	114
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	34	<i>theophylline tab er 24hr 600 mg</i>	114
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	34	<i>thioridazine hcl tab 10 mg</i>	56
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> 34		<i>thioridazine hcl tab 100 mg</i>	56
<i>temazepam cap 15 mg</i>	63	<i>thioridazine hcl tab 25 mg</i>	56
<i>temazepam cap 22.5 mg</i>	63	<i>thioridazine hcl tab 50 mg</i>	56
<i>temazepam cap 30 mg</i>	63	<i>thiothixene cap 1 mg</i>	56
<i>temazepam cap 7.5 mg</i>	63	<i>thiothixene cap 10 mg</i>	56
TEMODAR INJ 100MG	24	<i>thiothixene cap 2 mg</i>	56
<i>temozolomide cap 100 mg</i>	24	<i>thiothixene cap 5 mg</i>	56
		<i>tiagabine hcl tab 12 mg</i>	59
		<i>tiagabine hcl tab 16 mg</i>	59
		<i>tiagabine hcl tab 2 mg</i>	59

<i>tiagabine hcl tab 4 mg</i>	59	<i>torseamide tab 100 mg</i>	43
TICE BCG INJ	26	<i>torseamide tab 20 mg</i>	43
<i>tilia fe</i>	76	<i>torseamide tab 5 mg</i>	43
<i>timolol maleate ophth gel forming soln 0.25%</i> 107		<i>tramadol hcl tab 50 mg</i>	12
<i>timolol maleate ophth gel forming soln 0.5%</i> ..107		<i>tramadol hcl tab er 24hr 100 mg</i>	12
<i>timolol maleate ophth soln 0.25%</i>.....107		<i>tramadol hcl tab er 24hr 200 mg</i>	12
<i>timolol maleate ophth soln 0.5%</i>.....107		<i>tramadol hcl tab er 24hr 300 mg</i>	12
<i>timolol maleate ophth soln 0.5% (once-daily)</i> .107		<i>tramadol-acetaminophen tab 37.5-325 mg</i>	12
<i>timolol maleate tab 10 mg</i>	40	<i>trandolapril tab 1 mg</i>	33
<i>timolol maleate tab 20 mg</i>	40	<i>trandolapril tab 2 mg</i>	33
<i>timolol maleate tab 5 mg</i>	40	<i>trandolapril tab 4 mg</i>	33
<i>tinidazole tab 250 mg</i>	13	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	32
<i>tinidazole tab 500 mg</i>	13	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	32
<i>tiotropium bromide monohydrate inhal cap 18</i> <i>mcg (base equiv)</i>	109	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	32
TIVICAY PD TAB 5MG.....	15	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	32
TIVICAY TAB 50MG	15	<i>tranexamic acid iv soln 1000 mg/10ml (100</i> <i>mg/ml)</i>	94
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	66	<i>tranexamic acid tab 650 mg</i>	94
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	66	<i>tranylcypromine sulfate tab 10 mg</i>	51
TOBRADEX OIN 0.3-0.1%.....	106	<i>travoprost ophth soln 0.004% (benzalkonium</i> <i>free) (bak free)</i>	108
TOBRADEX ST SUS 0.3-0.05	106	<i>trazodone hcl tab 100 mg</i>	51
<i>tobramycin nebu soln 300 mg/4ml</i>	111	<i>trazodone hcl tab 150 mg</i>	51
<i>tobramycin nebu soln 300 mg/5ml</i>	111	<i>trazodone hcl tab 300 mg</i>	51
<i>tobramycin ophth soln 0.3%</i>	106	<i>trazodone hcl tab 50 mg</i>	51
<i>tobramycin sulfate for inj 1.2 gm</i>	13	TRECTOR TAB 250MG	17
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i> <i>(base equiv)</i>	13	TRELEGY AER 100MCG.....	108
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i> <i>(base equiv)</i>	13	TRELEGY AER 200MCG.....	108
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	106	TREMFYA INJ 100MG/ML	99
TODAY SPONGE MIS.....	91	TREMFYA INJ 200/20ML	95
<i>tolterodine tartrate cap er 24hr 2 mg</i>	92	TREMFYA INJ 200/2ML	99
<i>tolterodine tartrate cap er 24hr 4 mg</i>	92	<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	45
<i>tolterodine tartrate tab 1 mg</i>	92	<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	45
<i>tolterodine tartrate tab 2 mg</i>	92	<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i> ...	45
<i>tolvaptan tab 15 mg</i>	84	<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i> ...	45
<i>tolvaptan tab 30 mg</i>	84	TRESIBA FLEX INJ 100UNIT.....	71
<i>topiramate sprinkle cap 15 mg</i>	59	TRESIBA FLEX INJ 200UNIT.....	71
<i>topiramate sprinkle cap 25 mg</i>	59	TRESIBA INJ 100UNIT	71
<i>topiramate tab 100 mg</i>	59	<i>tretinoin cap 10 mg</i>	30
<i>topiramate tab 200 mg</i>	59	<i>tretinoin cream 0.025%</i>	115
<i>topiramate tab 25 mg</i>	59	<i>tretinoin cream 0.05%</i>	115
<i>topiramate tab 50 mg</i>	59	<i>tretinoin cream 0.1%</i>	115
<i>topotecan hcl for inj 4 mg (base equiv)</i>	31	<i>tretinoin gel 0.01%</i>	115
<i>toremifene citrate tab 60 mg (base equivalent)</i> 27		<i>tretinoin gel 0.025%</i>	115
<i>torseamide tab 10 mg</i>	43	<i>tretinoin gel 0.05%</i>	115
		<i>tretinoin microsphere gel 0.04%</i>	115
		<i>tretinoin microsphere gel 0.1%</i>	115

<i>triamcinolone acetonide cream 0.025%</i>	118	<i>trivora-28</i>	76
<i>triamcinolone acetonide cream 0.1%</i>	118	TROGARZO INJ 150MG/ML.....	15
<i>triamcinolone acetonide cream 0.5%</i>	118	<i>tropicamide ophth soln 0.5%</i>	108
<i>triamcinolone acetonide dental paste 0.1%</i>	119	<i>tropicamide ophth soln 1%</i>	108
<i>triamcinolone acetonide lotion 0.025%</i>	118	<i>trospium chloride cap er 24hr 60 mg</i>	92
<i>triamcinolone acetonide lotion 0.1%</i>	118	<i>trospium chloride tab 20 mg</i>	92
<i>triamcinolone acetonide nasal aerosol</i>		TRULICITY INJ 0.75/0.5.....	70
<i>suspension 55 mcg/act</i>	112	TRULICITY INJ 1.5/0.5.....	70
<i>triamcinolone acetonide oint 0.025%</i>	118	TRULICITY INJ 3/0.5.....	70
<i>triamcinolone acetonide oint 0.1%</i>	118	TRULICITY INJ 4.5/0.5.....	70
<i>triamcinolone acetonide oint 0.5%</i>	118	TRUMENBA INJ	104
<i>triamterene & hydrochlorothiazide cap 37.5-25</i>		TRUSTEX/RIA MIS NON-LUB	76
<i>mg</i>	43	TRUSTX NON-9 MIS RIB/STUD	76
<i>triamterene & hydrochlorothiazide tab 37.5-25</i>		TUKYSA TAB 150MG	29
<i>mg</i>	43	TUKYSA TAB 50MG	29
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>		TWIIST KIT REFILL.....	78
.....	43	TWIIST KIT STARTER.....	78
<i>triamterene cap 100 mg</i>	43	TWIIST REFIL KIT INFUSION.....	78
<i>triamterene cap 50 mg</i>	43	TWINRIX INJ	104
<i>triazolam tab 0.125 mg</i>	63	TWIRLA DIS 120-30	76
<i>triazolam tab 0.25 mg</i>	63	TYBLUME CHW 0.1-0.02	76
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i> .	56	TYBOST TAB 150MG	15
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i> 56		TYMLOS INJ.....	73
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i> .	56	TYSABRI INJ 300/15ML	65
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i> .	56	TYVASO RF KT SOL 0.6MG/ML	45
<i>trifluridine ophth soln 1%</i>	106	TYVASO SOL 0.6MG/ML.....	45
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	53	TYVASO ST KT SOL 0.6MG/ML	45
<i>trihexyphenidyl hcl tab 2 mg</i>	53	UBRELVY TAB 100MG	63
<i>trihexyphenidyl hcl tab 5 mg</i>	53	UBRELVY TAB 50MG	63
TRIKAFTA PAK 59.5MG	111	<i>unithroid</i>	85
TRIKAFTA PAK 75MG	112	UPTRAVI INJ 1800MCG	45
TRIKAFTA TAB.....	112	UPTRAVI PACK TAB 200/800.....	45
<i>tri-linyah</i>	76	UPTRAVI TAB 1000MCG.....	45
<i>trimethobenzamide hcl cap 300 mg</i>	87	UPTRAVI TAB 1200MCG.....	45
<i>trimethoprim tab 100 mg</i>	21	UPTRAVI TAB 1400MCG.....	45
<i>trimipramine maleate cap 100 mg</i>	51	UPTRAVI TAB 1600MCG.....	45
<i>trimipramine maleate cap 25 mg</i>	51	UPTRAVI TAB 200MCG.....	45
<i>trimipramine maleate cap 50 mg</i>	51	UPTRAVI TAB 400MCG.....	45
<i>trinate</i>	105	UPTRAVI TAB 600MCG.....	45
TRINTELLIX TAB 10MG.....	51	UPTRAVI TAB 800MCG.....	45
TRINTELLIX TAB 20MG.....	51	<i>ursodiol cap 300 mg</i>	89
TRINTELLIX TAB 5MG.....	51	<i>ursodiol tab 250 mg</i>	89
TRIPTODUR SUS 22.5MG	73	<i>ursodiol tab 500 mg</i>	89
<i>tri-sprintec</i>	76	<i>valacyclovir hcl tab 1 gm</i>	17
TRIUMEQ PD TAB	16	<i>valacyclovir hcl tab 500 mg</i>	17
TRIUMEQ TAB	16	<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	
<i>tri-vite/fluoride</i>	105	.....	17

<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	17	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	51
<i>valproate sodium inj 100 mg/ml</i>	59	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	51
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	59	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	51
<i>valproic acid cap 250 mg</i>	59	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	52
<i>valsartan tab 160 mg</i>	35	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	51
<i>valsartan tab 320 mg</i>	35	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	51
<i>valsartan tab 40 mg</i>	35	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	52
<i>valsartan tab 80 mg</i>	35	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	52
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	34	<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	52
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	34	<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	52
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	34	<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	52
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	34	VENTAVIS SOL 10MCG/ML	45
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	34	VENTAVIS SOL 20MCG/ML	45
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	21	<i>verapamil hcl cap er 24hr 100 mg</i>	42
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	21	<i>verapamil hcl cap er 24hr 120 mg</i>	42
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	22	<i>verapamil hcl cap er 24hr 180 mg</i>	42
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	22	<i>verapamil hcl cap er 24hr 200 mg</i>	42
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	22	<i>verapamil hcl cap er 24hr 240 mg</i>	42
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	22	<i>verapamil hcl cap er 24hr 300 mg</i>	42
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	22	<i>verapamil hcl cap er 24hr 360 mg</i>	42
VAQTA INJ 25/0.5ML	104	<i>verapamil hcl tab 120 mg</i>	42
VAQTA INJ 50UNT/ML	104	<i>verapamil hcl tab 40 mg</i>	42
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	68	<i>verapamil hcl tab 80 mg</i>	42
<i>varenicline tartrate tab 1 mg (base equiv)</i>	68	<i>verapamil hcl tab er 120 mg</i>	42
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	68	<i>verapamil hcl tab er 180 mg</i>	42
VARIVAX INJ	104	<i>verapamil hcl tab er 240 mg</i>	42
VARUBI TAB 90MG	87	VERZENIO TAB 100MG	29
VAXELIS INJ	104	VERZENIO TAB 150MG	29
VAXNEUVANCE INJ	104	VERZENIO TAB 200MG	29
VCF VAGINAL GEL CONTRACE	91	VERZENIO TAB 50MG	29
VCF VAGINAL MIS CONTRACP	91	VIBERZI TAB 100MG	88
<i>velivet</i>	76	VIBERZI TAB 75MG	88
VELPHORO CHW 500MG	84	VICTOZA INJ 18MG/3ML	70
VELSIPITY TAB 2MG	99	<i>vigabatrin powd pack 500 mg</i>	59
VENCLEXTA TAB 100MG	26	<i>vigabatrin tab 500 mg</i>	59
VENCLEXTA TAB 10MG	26	<i>vilazodone hcl tab 10 mg</i>	52
VENCLEXTA TAB 50MG	26	<i>vilazodone hcl tab 20 mg</i>	52
VENCLEXTA TAB START PK	26	<i>vilazodone hcl tab 40 mg</i>	52
		<i>vinblastine sulfate inj 1 mg/ml</i>	30
		<i>vincristine sulfate iv soln 1 mg/ml</i>	31
		<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	31

<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i>		XALKORI CAP 50MG	29
<i>(base equiv)</i>	31	XARELTO STAR TAB 15/20MG	93
VIOKACE TAB 10440	89	XARELTO SUS 1MG/ML	93
VIOKACE TAB 20880	89	XARELTO TAB 10MG	93
<i>viorele</i>	76	XARELTO TAB 15MG	93
VIREAD POW 40MG/GM	15	XARELTO TAB 2.5MG	93
VIREAD TAB 150MG	15	XARELTO TAB 20MG	93
VIREAD TAB 200MG	15	XCOPRI PAK 100-150	60
VIREAD TAB 250MG	15	XCOPRI PAK 12.5-25	59
VISTOGARD PAK 10GM	30	XCOPRI PAK 150-200	60
VITRAKVI CAP 100MG	29	XCOPRI PAK 50-100MG	60
VITRAKVI CAP 25MG	29	XCOPRI TAB 100MG	60
VITRAKVI SOL 20MG/ML	29	XCOPRI TAB 150MG	60
VIVITROL INJ 380MG	24	XCOPRI TAB 200MG	60
VOLTAREN GEL 1% ARTHR	119	XCOPRI TAB 25MG	60
<i>voriconazole for susp 40 mg/ml</i>	14	XCOPRI TAB 50MG	60
<i>voriconazole tab 200 mg</i>	14	XELJANZ SOL 1MG/ML	99
<i>voriconazole tab 50 mg</i>	14	XELJANZ TAB 10MG	99
VOSEVI TAB	20	XELJANZ TAB 5MG	99
VOWST CAP	89	XELJANZ XR TAB 11MG	99
VRAYLAR CAP 1.5MG	56	XELJANZ XR TAB 22MG	99
VRAYLAR CAP 3MG	56	XEPI CRE 1%	115
VRAYLAR CAP 4.5MG	56	XOLAIR INJ 150MG/ML	113
VRAYLAR CAP 6MG	56	XOLAIR INJ 300/2ML	113
<i>vyfemla</i>	76	XOLAIR INJ 75/0.5	113
<i>warfarin sodium tab 1 mg</i>	93	XOLAIR SOL 150MG	113
<i>warfarin sodium tab 10 mg</i>	93	XTAMPZA ER CAP 13.5MG	12
<i>warfarin sodium tab 2 mg</i>	93	XTAMPZA ER CAP 18MG	12
<i>warfarin sodium tab 2.5 mg</i>	93	XTAMPZA ER CAP 27MG	12
<i>warfarin sodium tab 3 mg</i>	93	XTAMPZA ER CAP 36MG	12
<i>warfarin sodium tab 4 mg</i>	93	XTAMPZA ER CAP 9MG	12
<i>warfarin sodium tab 5 mg</i>	93	XTANDI CAP 40MG	27
<i>warfarin sodium tab 6 mg</i>	93	XTANDI TAB 40MG	27
<i>warfarin sodium tab 7.5 mg</i>	93	XTANDI TAB 80MG	27
<i>wera</i>	76	<i>xulane</i>	76
WIDE-SEAL DPR KIT 60	76	XULTOPHY INJ 100/3.6	70
WIDE-SEAL DPR KIT 65	76	YONSA TAB 125MG	27
WIDE-SEAL DPR KIT 70	76	YOSPRALA TAB 325-40MG	95
WIDE-SEAL DPR KIT 75	76	YOSPRALA TAB 81-40MG	95
WIDE-SEAL DPR KIT 80	76	<i>yuvafem</i>	83
WIDE-SEAL DPR KIT 85	76	<i>zafirlukast tab 10 mg</i>	112
WIDE-SEAL DPR KIT 90	76	<i>zafirlukast tab 20 mg</i>	112
WIDE-SEAL DPR KIT 95	76	<i>zaleplon cap 10 mg</i>	63
XALKORI CAP 150MG	29	<i>zaleplon cap 5 mg</i>	63
XALKORI CAP 200MG	30	ZEJULA TAB 100MG	30
XALKORI CAP 20MG	29	ZEJULA TAB 200MG	30
XALKORI CAP 250MG	30	ZEJULA TAB 300MG	30

ZELBORAF TAB 240MG	30	<i>zolmitriptan orally disintegrating tab 5 mg</i>	64
ZENPEP CAP 10000UNT	89	<i>zolmitriptan tab 2.5 mg</i>	64
ZENPEP CAP 15000UNT	90	<i>zolmitriptan tab 5 mg</i>	64
ZENPEP CAP 20000UNT	90	<i>zolpidem tartrate tab 10 mg</i>	63
ZENPEP CAP 25000UNT	90	<i>zolpidem tartrate tab 5 mg</i>	63
ZENPEP CAP 3000UNIT	89	<i>zolpidem tartrate tab er 12.5 mg</i>	63
ZENPEP CAP 40000UNT	90	<i>zolpidem tartrate tab er 6.25 mg</i>	63
ZENPEP CAP 5000UNIT	89	<i>zonisamide cap 100 mg</i>	60
ZENPEP CAP 60000UNT	90	<i>zonisamide cap 25 mg</i>	60
<i>zenzedi</i>	62	<i>zonisamide cap 50 mg</i>	60
ZERVIAE DRO 0.24%	107	ZORTRESS TAB 0.25MG	101
<i>zidovudine cap 100 mg</i>	15	ZORTRESS TAB 0.5MG	101
<i>zidovudine syrup 10 mg/ml</i>	15	ZORTRESS TAB 0.75MG	101
<i>zidovudine tab 300 mg</i>	15	ZORTRESS TAB 1MG	101
<i>zileuton tab er 12hr 600 mg</i>	112	<i>zovia 1/35</i>	76
<i>ziprasidone hcl cap 20 mg</i>	56	ZUBSOLV SUB 0.7-0.18	67
<i>ziprasidone hcl cap 40 mg</i>	56	ZUBSOLV SUB 1.4-0.36	67
<i>ziprasidone hcl cap 60 mg</i>	56	ZUBSOLV SUB 11.4-2.9	67
<i>ziprasidone hcl cap 80 mg</i>	56	ZUBSOLV SUB 2.9-0.71	67
ZIRGAN GEL 0.15%	106	ZUBSOLV SUB 5.7-1.4	67
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	72	ZUBSOLV SUB 8.6-2.1	67
<i>zoledronic acid iv soln 5 mg/100ml</i>	72	ZYDELIG TAB 100MG	30
ZOLINZA CAP 100MG	30	ZYDELIG TAB 150MG	30
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	64	ZYKADIA TAB 150MG	30
<i>zolmitriptan orally disintegrating tab 2.5 mg ...</i>	64	ZYLET SUS 0.5-0.3%	106