

April 1, 2024



Arkansas Blue Cross and Blue Shield Metallic Formulary

2024 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 Blue Shield Metallic Plans Drug List?

A drug list is a list of covered drugs. Arkansas Blue Cross and Blue Shield Metallic Plans works with a team of health care providers to choose drugs that provide quality treatment. Arkansas Blue Cross and Blue Shield Metallic Plans cover 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 Metallic Plans 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 <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 5. 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 the next page.
- 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 119. 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 Plans' Drug List

The drug list set forth below gives information about the drugs covered by Arkansas Blue Cross and Blue Shield Metallic Plans.

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

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

- **Prior Approval:** Arkansas Blue Cross and Blue Shield 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 before you fill your prescriptions. If you don't get approval, Arkansas Blue Cross and Blue Shield may not cover the drug
- **Quantity Limits:** For certain drugs, Arkansas Blue Cross and Blue Shield limits the amount of the drug that it will cover. For example, Arkansas Blue Cross and Blue Shield provides 28 caplets per 90 day prescription for Tamiflu. This may be in addition to a standard one-month or three-month supply
- **Step Therapy:** Arkansas Blue Cross and Blue Shield 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 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 will then cover Drug B
- **Specialty Medications:** Arkansas Blue Cross and Blue Shield requires that specialty medications be filled at a network specialty pharmacy.

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 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 to make an exception and cover your drug. Exception requests may include:
 - You can ask us to cover your drug, even if it is not on our drug list.
 - You can ask us to remove coverage restrictions or limits on your drug. For example, for certain drugs, Arkansas Blue Cross and Blue Shield limits the amount of the drug that we will cover. If your drug has this quantity limit, you can ask us to remove the limit and cover more.

Generally, Arkansas Blue Cross and Blue Shield will only approve your request for an exception if the preferred drugs included on the plan's drug list are not as effective in treating your condition or cause you to have adverse medical effects.

The table below tells you the copayment or coinsurance amount (i.e., the share of the drug's cost that you will pay) for drugs in each tier.

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., 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.

BCBS_AR_6T Effective 04/01/2024

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib cap 50 mg</i>	2	
<i>celecoxib cap 100 mg</i>	2	
<i>celecoxib cap 200 mg</i>	2	
GOUT		
<i>allopurinol tab 100 mg</i>	2	
<i>allopurinol tab 300 mg</i>	2	
<i>colchicine tab 0.6 mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat tab 40 mg</i>	2	ST; PA**
<i>febuxostat tab 80 mg</i>	2	ST; PA**
<i>probenecid tab 500 mg</i>	2	
NSAIDS, COMBINATIONS§		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
NSAIDS§		
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>etodolac cap 200 mg</i>	2	
<i>etodolac cap 300 mg</i>	2	
<i>etodolac tab 400 mg</i>	2	
<i>etodolac tab 500 mg</i>	2	
<i>etodolac tab er 24hr 400 mg</i>	2	
<i>etodolac tab er 24hr 500 mg</i>	2	
<i>etodolac tab er 24hr 600 mg</i>	2	
<i>fenoprofen calcium tab 600 mg</i>	4	
<i>flurbiprofen tab 50 mg</i>	2	
<i>flurbiprofen tab 100 mg</i>	2	
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	2	
<i>ibuprofen tab 600 mg</i>	2	
<i>ibuprofen tab 800 mg</i>	2	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	2	
<i>ketorolac tromethamine inj 15 mg/ml</i>	2	
<i>ketorolac tromethamine inj 30 mg/ml</i>	2	
<i>ketorolac tromethamine tab 10 mg</i>	2	QL (20 tabs every 30 days)

PA - Prior Authorization (applies to pharmacy benefit only) QL - Quantity Limits ST - Step Therapy

Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

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

OPIOID ANALGESICS§

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	ST, QL (400 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	2	ST, QL (300 caps every 30 days); Subject to initial 7-day limit
<i>butorphanol tartrate inj 1 mg/ml</i>	2	
<i>butorphanol tartrate inj 2 mg/ml</i>	2	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2	QL (2 bottles every 30 days)
CODEINE SULF TAB 60MG	4	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
<i>codeine sulfate tab 30 mg</i>	2	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 2.5-325</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate beads cap er 24hr 120 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	2	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	2	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	2	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate iv soln 4 mg/ml</i>	2	
<i>morphine sulfate iv soln 10 mg/ml</i>	2	
<i>morphine sulfate oral soln 10 mg/5ml</i>	2	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	ST, QL (675 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	ST, QL (135 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab 15 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab 30 mg</i>	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab er 15 mg</i>	2	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 30 mg</i>	2	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 60 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	2	ST, PA; High Strength Requires PA
<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

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TAB 75MG	3	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TAB 100MG	3	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl cap 5 mg</i>	2	ST, QL (180 caps every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	ST, QL (90 mL every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl soln 5 mg/5ml</i>	2	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 5 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 10 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 15 mg</i>	2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 20 mg</i>	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 30 mg</i>	2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	2	ST, PA; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	2	ST, PA; High Strength Requires PA
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<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

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

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)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine td patch weekly 10 mcg/hr</i>	2	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine td patch weekly 20 mcg/hr</i>	2	ST, PA; High Strength Requires Prior Auth
SUBLOCADE INJ 100/0.5	5	
SUBLOCADE INJ 300/1.5	5	

SALICYLATES

<i>aspirin enteric coated ad</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
<i>diflunisal tab 500 mg</i>	2	
<i>goodsense aspirin</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered

ANESTHETICS**LOCAL ANESTHETICS**

<i>lidocaine hcl local inj 0.5%</i>	2	
<i>lidocaine hcl local inj 1%</i>	2	
<i>lidocaine hcl local inj 2%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	2	

ANTI-INFECTIVES**ANTHELMINTICS**

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

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	2	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	2	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>sulfadiazine tab 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	2	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	2	
<i>tinidazole tab 250 mg</i>	2	

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole tab 500 mg</i>	2	
<i>tobramycin sulfate for inj 1.2 gm</i>	2	QL (10 vials every 90 days); Quantity limit allows up to 10 vials every 90 days
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	2	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	2	QL (100mL every 90 days); Quantity limit allows up to 100mL every 90 days
ANTIFUNGALS		
<i>amphotericin b for iv soln 50 mg</i>	2	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	2	
<i>fluconazole tab 200 mg</i>	2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg</i>	2	
<i>griseofulvin ultramicrosize tab 250 mg</i>	2	
<i>itraconazole cap 100 mg</i>	2	PA
<i>itraconazole oral soln 10 mg/ml</i>	2	PA
<i>nystatin tab 500000 unit</i>	2	
<i>posaconazole susp 40 mg/ml</i>	2	PA
<i>posaconazole tab delayed release 100 mg</i>	4	PA
<i>terbinafine hcl tab 250 mg</i>	2	
<i>voriconazole for susp 40 mg/ml</i>	4	PA
<i>voriconazole tab 50 mg</i>	4	PA
<i>voriconazole tab 200 mg</i>	4	PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl tab 250 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
<i>quinine sulfate cap 324 mg</i>	2	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	QL (900 mL every 30 days)

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	QL (60 tabs every 30 days)
APTIVUS CAP 250MG	3	QL (120 caps every 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	QL (30 caps every 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	QL (60 caps every 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	QL (30 caps every 30 days)
<i>darunavir tab 600 mg</i>	2	QL (60 tabs every 30 days)
<i>darunavir tab 800 mg</i>	2	QL (30 tabs every 30 days)
EDURANT TAB 25MG	3	QL (60 tabs every 30 days)
<i>efavirenz cap 50 mg</i>	2	QL (90 caps every 30 days)
<i>efavirenz cap 200 mg</i>	2	QL (90 caps every 30 days)
<i>efavirenz tab 600 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine caps 200 mg</i>	2	QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	3	QL (680 ml every 28 days)
<i>etravirine tab 100 mg</i>	2	QL (120 tabs every 30 days)
<i>etravirine tab 200 mg</i>	2	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	QL (120 tabs every 30 days)
FUZEON INJ 90MG	5	PA, QL (60 vials every 30 days)
INTELENCE TAB 25MG	3	QL (120 tabs every 30 days)
ISENTRESS CHW 25MG	3	QL (180 tabs every 30 days)
ISENTRESS CHW 100MG	3	QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	3	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	3	QL (60 packets every 30 days)
ISENTRESS TAB 400MG	3	QL (120 tabs every 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	2	QL (960 ml every 30 days)
<i>lamivudine tab 150 mg</i>	2	QL (60 tabs every 30 days)
<i>lamivudine tab 300 mg</i>	2	QL (30 tabs every 30 days)
LEXIVA SUS 50MG/ML	3	QL (1575 mL every 28 days)
<i>maraviroc tab 150 mg</i>	2	QL (60 tabs every 30 days)
<i>maraviroc tab 300 mg</i>	2	QL (120 tabs every 30 days)
<i>nevirapine susp 50 mg/5ml</i>	2	QL (1200 mL every 30 days)
<i>nevirapine tab 200 mg</i>	2	QL (60 tabs every 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	2	QL (90 tabs every 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	2	QL (30 tabs every 30 days)
NORVIR POW 100MG	3	QL (360 packets every 30 days)
PREZISTA SUS 100MG/ML	3	QL (400 ml every 30 days)
PREZISTA TAB 75MG	3	QL (300 tabs every 30 days)
PREZISTA TAB 150MG	3	QL (180 tabs every 30 days)
RETROVIR INJ 10MG/ML	3	
REYATAZ POW 50MG	3	QL (180 packets every 30 days)
<i>ritonavir tab 100 mg</i>	2	QL (360 tabs every 30 days)
SELZENTRY SOL 20MG/ML	3	QL (1840 mL every 30 days)
SELZENTRY TAB 25MG	3	QL (240 tabs every 30 days)
SELZENTRY TAB 75MG	3	QL (60 tabs every 30 days)
<i>stavudine cap 15 mg</i>	2	QL (60 caps every 30 days)

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
<i>stavudine cap 20 mg</i>	2	QL (60 caps every 30 days)
<i>stavudine cap 30 mg</i>	2	QL (60 caps every 30 days)
<i>stavudine cap 40 mg</i>	2	QL (60 caps every 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	QL (30 tabs every 30 days)
TIVICAY PD TAB 5MG	3	QL (360 tabs every 30 days)
TIVICAY TAB 10MG	3	QL (240 tabs every 30 days)
TIVICAY TAB 25MG	3	QL (60 tabs every 30 days)
TIVICAY TAB 50MG	3	QL (60 tabs every 30 days)
TROGARZO INJ 150MG/ML	5	
TYBOST TAB 150MG	3	QL (30 tabs every 30 days)
VIRACEPT TAB 250MG	3	QL (300 tabs every 30 days)
VIRACEPT TAB 625MG	3	QL (120 tabs every 30 days)
VIREAD POW 40MG/GM	3	QL (240 gm every 30 days)
VIREAD TAB 150MG	3	QL (30 tabs every 30 days)
VIREAD TAB 200MG	3	QL (30 tabs every 30 days)
VIREAD TAB 250MG	3	QL (30 tabs every 30 days)
<i>zidovudine cap 100 mg</i>	2	QL (180 caps every 30 days)
<i>zidovudine syrup 10 mg/ml</i>	2	QL (1920 ml every 30 days)
<i>zidovudine tab 300 mg</i>	2	QL (60 tabs every 30 days)

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	QL (30 tabs every 30 days)
BIKTARVY TAB	3	QL (30 tabs every 30 days)
CIMDUO TAB 300-300	3	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	3	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	3	QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	3	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	QL (30 tabs every 30 days); \$0 copay for pre-exposure prophylaxis

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Drug Name	Drug Tier	Requirements/Limits
EVOTAZ TAB 300-150	3	QL (30 tabs every 30 days)
GENVOYA TAB	3	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	QL (120 tabs every 30 days)
ODEFSEY TAB	3	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	3	QL (30 tabs every 30 days)
SYMTUZA TAB	4	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	4	QL (180 tabs every 30 days)
TRIUMEQ TAB	4	QL (30 tabs every 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine cap 250 mg</i>	2	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid inj 100 mg/ml</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	2	
<i>isoniazid tab 300 mg</i>	2	
PRETOMANID TAB 200MG	4	PA
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
SIRTURO TAB 20MG	6	PA
SIRTURO TAB 100MG	6	PA
TRECTOR TAB 250MG	3	
ANTIVIRALS§		
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	5	
BARACLUDE SOL	5	PA, QL (630 mL every 30 days)
<i>cidofovir iv inj 75 mg/ml</i>	2	
<i>entecavir tab 0.5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>entecavir tab 1 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
<i>lamivudine tab 100 mg (hbv)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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)
VEMLIDY TAB 25MG	4	PA, QL (30 tabs every 30 days)
CEPHALOSPORINS		
<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
<i>cefaclor for susp 125 mg/5ml</i>	2	
<i>cefaclor for susp 250 mg/5ml</i>	2	
<i>cefaclor for susp 375 mg/5ml</i>	2	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	2	
<i>cefazolin sodium for inj 1 gm</i>	2	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for iv soln 2 gm</i>	2	
<i>cefixime cap 400 mg</i>	2	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil tab 500 mg</i>	2	
<i>ceftazidime for iv soln 2 gm</i>	2	

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>cephalexin cap 500 mg</i>	2	
<i>cephalexin cap 750 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
<i>cephalexin tab 250 mg</i>	2	
<i>cephalexin tab 500 mg</i>	2	
SUPRAX CHW 100MG	3	
SUPRAX CHW 200MG	3	
SUPRAX SUS 500/5ML	3	
<i>tazicef</i>	2	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	2	
<i>azithromycin for susp 200 mg/5ml</i>	2	
<i>azithromycin powd pack for susp 1 gm</i>	2	
<i>azithromycin tab 250 mg</i>	2	
<i>azithromycin tab 500 mg</i>	2	
<i>azithromycin tab 600 mg</i>	2	
<i>clarithromycin for susp 125 mg/5ml</i>	2	
<i>clarithromycin for susp 250 mg/5ml</i>	2	
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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 100 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	2	
<i>levofloxacin iv soln 25 mg/ml</i>	2	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	2	
<i>levofloxacin tab 500 mg</i>	2	
<i>levofloxacin tab 750 mg</i>	2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
<i>ofloxacin tab 300 mg</i>	2	
<i>ofloxacin tab 400 mg</i>	2	
HEPATITIS C		
EPCLUSA PAK 150-37.5	5	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	5	PA, QL (28 pellets every 28 days)
EPCLUSA TAB 200-50MG	5	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	5	PA, QL (28 tabs every 28 days)
HARVONI PAK	5	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	5	PA, QL (28 pellets every 28 days)
HARVONI TAB 45-200MG	5	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	5	PA, QL (28 tabs every 28 days)
PEGASYS INJ	5	PA
PEGASYS INJ 180MCG/M	5	PA
<i>ribavirin cap 200 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin tab 200 mg</i>	2	
SOVALDI PAK 150MG	6	ST, PA, QL (28 pellets every 28 days)
SOVALDI PAK 200MG	6	ST, PA, QL (28 pellets every 28 days)
SOVALDI TAB 200MG	6	ST, PA, QL (28 tabs every 28 days)
SOVALDI TAB 400MG	6	ST, PA, QL (28 tabs every 28 days)
VOSEVI TAB	5	PA, QL (28 tabs every 28 days)
ZEPATIER TAB 50-100MG	6	ST, PA, QL (28 tabs every 28 days)

MISCELLANEOUS

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

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

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	

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>amoxicillin (trihydrate) cap 250 mg</i>	2	
<i>amoxicillin (trihydrate) cap 500 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) tab 500 mg</i>	2	
<i>amoxicillin (trihydrate) tab 875 mg</i>	2	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	2	
<i>ampicillin sodium for inj 2 gm</i>	2	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
<i>penicillin g potassium for inj 5000000 unit</i>	2	
<i>penicillin g potassium for inj 20000000 unit</i>	2	
<i>penicillin g sodium for inj 5000000 unit</i>	2	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	2	
<i>penicillin v potassium tab 500 mg</i>	2	
<i>pfizerpen</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
TETRACYCLINES		
<i>avidoxy</i>	2	
<i>demeclocycline hcl tab 150 mg</i>	2	
<i>demeclocycline hcl tab 300 mg</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	2	
<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	

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

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

ANTIDOTES AND SPECIFIC ANTAGONISTS**OPIOID ANTAGONISTS**

VIVITROL INJ 380MG	4	QL (1 vial every 28 days)
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ANTINEOPLASTIC AGENTS**ALKYLATING AGENTS**

<i>busulfan inj 6 mg/ml</i>	2	
<i>carmustine for inj 100 mg</i>	2	
<i>cyclophosphamide cap 25 mg</i>	2	
<i>cyclophosphamide cap 50 mg</i>	2	
<i>cyclophosphamide for inj 1 gm</i>	5	
<i>cyclophosphamide for inj 2 gm</i>	5	
<i>cyclophosphamide for inj 500 mg</i>	5	
<i>dacarbazine for inj 100 mg</i>	2	
<i>dacarbazine for inj 200 mg</i>	2	
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>melphalan hcl for inj 50 mg (base equiv)</i>	2	
<i>melphalan tab 2 mg</i>	2	
TEMODAR INJ 100MG	5	PA
<i>temozolomide cap 5 mg</i>	5	PA
<i>temozolomide cap 20 mg</i>	5	PA
<i>temozolomide cap 100 mg</i>	5	PA
<i>temozolomide cap 140 mg</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
temozolomide cap 180 mg	5	PA
temozolomide cap 250 mg	5	PA
ANTIBIOTICS		
adriamycin	2	
bleomycin sulfate for inj 15 unit	2	
bleomycin sulfate for inj 30 unit	2	
daunorubicin hcl iv soln 20 mg/4ml (base equiv)	2	
doxorubicin hcl for inj 10 mg	2	
doxorubicin hcl inj 2 mg/ml	2	
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	2	
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	2	
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	2	
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	2	
mitomycin for iv soln 5 mg	2	
mitomycin for iv soln 20 mg	2	
mitomycin for iv soln 40 mg	2	
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	5	
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	5	
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	5	
ANTIMETABOLITES		
azacitidine for inj 100 mg	5	PA
capecitabine tab 150 mg	5	PA
capecitabine tab 500 mg	5	PA
cladribine iv soln 10 mg/10ml (1 mg/ml)	2	
clofarabine iv soln 1 mg/ml	2	
cytarabine inj 20 mg/ml	2	
cytarabine inj pf 20 mg/ml	2	
cytarabine inj pf 100 mg/ml	2	
decitabine for inj 50 mg	5	PA
fludarabine phosphate for inj 50 mg	2	
fludarabine phosphate inj 25 mg/ml	2	
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	2	
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	2	
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	2	
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	2	
gemcitabine hcl for inj 1 gm	5	
gemcitabine hcl for inj 2 gm	5	
gemcitabine hcl for inj 200 mg	5	
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	5	
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	5	
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine tab 50 mg</i>	2	
<i>methotrexate sodium for inj 1 gm</i>	2	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	5	
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	5	
TABLOID TAB 40MG	3	
ANTIMITOTIC, TAXOIDS		
<i>docetaxel for inj conc 20 mg/ml</i>	2	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	2	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	2	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	2	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	2	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	2	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	2	
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate inj 1 mg/ml</i>	2	
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	2	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	5	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	5	PA, QL (1 pack every 28 days)
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG	5	PA
ERBITUX INJ 200MG	5	PA
ERIVEDGE CAP 150MG	5	PA, QL (30 caps every 30 days)
GAZYVA INJ 25MG/ML	5	PA
KADCYLA INJ 100MG	5	PA
KADCYLA INJ 160MG	5	PA
KEYTRUDA INJ 100MG/4M	5	PA
PADCEV INJ 20MG	6	PA, QL (21 vials every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PADCEV INJ 30MG	6	PA, QL (15 vials every 28 days)
POLIVY INJ 30MG	6	PA
POLIVY INJ 140MG	6	PA
POMALYST CAP 1MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 2MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 3MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 4MG	5	PA, QL (21 caps every 28 days)
REVLIMID CAP 2.5MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 5MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 10MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 15MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 20MG	5	PA, QL (21 caps every 28 days)
REVLIMID CAP 25MG	5	PA, QL (21 caps every 28 days)
THALOMID CAP 50MG	5	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	5	PA, QL (28 caps every 28 days)
THALOMID CAP 150MG	5	PA, QL (56 caps every 28 days)
THALOMID CAP 200MG	5	PA, QL (56 caps every 28 days)
TICE BCG INJ	3	

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tab 500 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>anastrozole tab 1 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	2	
ELIGARD INJ 7.5MG	5	PA
ELIGARD INJ 22.5MG	5	PA
ELIGARD INJ 30MG	5	PA
ELIGARD INJ 45MG	5	PA
ERLEADA TAB 60MG	5	PA, QL (120 tabs every 30 days)
ERLEADA TAB 240MG	5	PA, QL (30 tabs every 30 days)
<i>exemestane tab 25 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	5	PA
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	5	PA
LYSODREN TAB 500MG	3	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate tab 20 mg</i>	2	
<i>megestrol acetate tab 40 mg</i>	2	
<i>nilutamide tab 150 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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	6	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	5	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 300MG	5	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 60MG	5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	5	PA, QL (1 kit every 28 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 2.5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 7.5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 10 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab for oral susp 2 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tabs every 30 days)
<i>everolimus tab for oral susp 5 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	PA, QL (120 tabs every 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	PA, QL (60 tabs every 30 days)
IMBRUVICA CAP 70MG	5	PA, QL (30 caps every 30 days)
IMBRUVICA CAP 140MG	5	PA, QL (90 caps every 30 days)
IMBRUVICA SUS 70MG/ML	5	PA, QL (216 ml every 36 days)
IMBRUVICA TAB 140MG	5	PA, QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TAB 280MG	5	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 420MG	5	PA, QL (30 tabs every 30 days)
INLYTA TAB 1MG	5	PA, QL (240 tabs every 30 days)
INLYTA TAB 5MG	5	PA, QL (120 tabs every 30 days)
JAKAFI TAB 5MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 10MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 15MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 20MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 25MG	5	PA, QL (60 tabs every 30 days)
KISQALI TAB 200DOSE	5	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TAB 400DOSE	5	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TAB 600DOSE	5	PA, QL (63 tabs every 28 days); 600 mg dose
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA, QL (180 tabs every 30 days)
LENVIMA CAP 4MG	5	PA, QL (30 caps every 30 days)
LENVIMA CAP 8 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	5	PA, QL (30 caps every 30 days)
LENVIMA CAP 12MG	5	PA, QL (90 caps every 30 days)
LENVIMA CAP 14 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	5	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	5	PA, QL (90 caps every 30 days)
LORBRENA TAB 25MG	6	PA, QL (90 tabs every 30 days)
LORBRENA TAB 100MG	6	PA, QL (30 tabs every 30 days)
MEKINIST SOL 0.05/ML	5	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	5	PA, QL (90 tabs every 30 days)
MEKINIST TAB 2MG	5	PA, QL (30 tabs every 30 days)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	5	PA, QL (120 tabs every 30 days)
RYDAPT CAP 25MG	6	PA, QL (224 caps every 28 days)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	PA, QL (120 tabs every 30 days)
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)

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Drug Name	Drug Tier	Requirements/Limits
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	6	PA, QL (120 tabs every 30 days)
TUKYSA TAB 150MG	6	PA, QL (120 tabs every 30 days)
VERZENIO TAB 50MG	5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 100MG	5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 150MG	5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 200MG	5	PA, QL (56 tabs every 28 days)
VITRAKVI CAP 25MG	6	PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	6	PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	6	PA, QL (300 mL every 30 days)
VOTRIENT TAB 200MG	5	PA, QL (120 tabs every 30 days)
XALKORI CAP 20MG	5	PA, QL (120 pellets every 30 days)
XALKORI CAP 50MG	5	PA, QL (120 pellets every 30 days)
XALKORI CAP 150MG	5	PA, QL (180 pellets every 30 days)
XALKORI CAP 200MG	5	PA, QL (120 caps every 30 days)
XALKORI CAP 250MG	5	PA, QL (120 caps every 30 days)
ZELBORAF TAB 240MG	5	PA, QL (240 tabs every 30 days)
ZYDELIG TAB 100MG	5	PA, QL (60 tabs every 30 days)
ZYDELIG TAB 150MG	5	PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	5	PA, QL (90 tabs every 30 days)
MISCELLANEOUS		
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	2	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	2	
<i>bexarotene cap 75 mg</i>	5	PA
<i>hydroxyurea cap 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
IDHIFA TAB 50MG	5	PA, QL (30 tabs every 30 days)
IDHIFA TAB 100MG	5	PA, QL (30 tabs every 30 days)
LYNPARZA TAB 100MG	5	PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	5	PA, QL (120 tabs every 30 days)
NIPENT INJ 10MG	3	
ODOMZO CAP 200MG	5	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	5	PA
PHOTOFRIN INJ 75MG	3	
<i>tretinoin cap 10 mg</i>	2	
VISTOGARD PAK 10GM	5	QL (20 packets every 5 days)
ZEJULA CAP 100MG	5	PA, QL (90 caps every 30 days)
ZEJULA TAB 100MG	5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 200MG	5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 300MG	5	PA, QL (30 tabs every 30 days)
ZOLINZA CAP 100MG	5	PA, QL (120 caps every 30 days)

PLATINUM-BASED AGENTS

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

PROTECTIVE AGENTS

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

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
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	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	2	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	2	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	2	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	2	
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	2	
<i>benazepril hcl tab 10 mg</i>	2	

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	2	
<i>candesartan cilexetil tab 8 mg</i>	2	
<i>candesartan cilexetil tab 16 mg</i>	2	
<i>candesartan cilexetil tab 32 mg</i>	2	
<i>irbesartan tab 75 mg</i>	2	
<i>irbesartan tab 150 mg</i>	2	
<i>irbesartan tab 300 mg</i>	2	
<i>losartan potassium tab 25 mg</i>	2	
<i>losartan potassium tab 50 mg</i>	2	
<i>losartan potassium tab 100 mg</i>	2	
<i>olmesartan medoxomil tab 5 mg</i>	2	
<i>olmesartan medoxomil tab 20 mg</i>	2	
<i>olmesartan medoxomil tab 40 mg</i>	2	
<i>telmisartan tab 20 mg</i>	2	
<i>telmisartan tab 40 mg</i>	2	
<i>telmisartan tab 80 mg</i>	2	
<i>valsartan tab 40 mg</i>	2	
<i>valsartan tab 80 mg</i>	2	
<i>valsartan tab 160 mg</i>	2	
<i>valsartan tab 320 mg</i>	2	
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	2	
<i>disopyramide phosphate cap 150 mg</i>	2	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	PA
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	2	
MULTAQ TAB 400MG	4	PA
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
<i>pacerone</i>	2	
<i>procainamide hcl inj 100 mg/ml</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	2	
<i>propafenone hcl cap er 12hr 325 mg</i>	2	
<i>propafenone hcl cap er 12hr 425 mg</i>	2	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>sotalol hcl (afib/af) tab 80 mg</i>	2	
<i>sotalol hcl (afib/af) tab 120 mg</i>	2	
<i>sotalol hcl (afib/af) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
ANTILIPEMICS, 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tab 54 mg</i>	2	
<i>fenofibrate tab 145 mg</i>	2	
<i>fenofibrate tab 160 mg</i>	2	
<i>gemfibrozil tab 600 mg</i>	2	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	2	\$0 copay for members age 40 through 75
<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

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>rosuvastatin calcium tab 40 mg</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tab 5 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	2	ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl cap 0.5 gm</i>	2	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	
<i>metoprolol tartrate tab 25 mg</i>	2	
<i>metoprolol tartrate tab 50 mg</i>	2	
<i>metoprolol tartrate tab 100 mg</i>	2	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	2	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	2	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	2	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<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	

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
<i>isradipine cap 5 mg</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	2	
<i>nisoldipine tab er 24hr 8.5 mg</i>	2	
<i>nisoldipine tab er 24hr 17 mg</i>	2	
<i>nisoldipine tab er 24hr 20 mg</i>	2	
<i>nisoldipine tab er 24hr 25.5 mg</i>	2	
<i>nisoldipine tab er 24hr 30 mg</i>	2	
<i>nisoldipine tab er 24hr 34 mg</i>	2	
<i>nisoldipine tab er 24hr 40 mg</i>	2	
<i>taztia xt</i>	2	
<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	

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide tab 250 mg</i>	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>DIURIL SUS 250/5ML</i>	4	
<i>ethacrynic acid tab 25 mg</i>	4	
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	2	
<i>furosemide tab 40 mg</i>	2	
<i>furosemide tab 80 mg</i>	2	
<i>hydrochlorothiazide cap 12.5 mg</i>	2	
<i>hydrochlorothiazide tab 12.5 mg</i>	2	
<i>hydrochlorothiazide tab 25 mg</i>	2	
<i>hydrochlorothiazide tab 50 mg</i>	2	
<i>indapamide tab 1.25 mg</i>	2	
<i>indapamide tab 2.5 mg</i>	2	
<i>mannitol iv soln 20%</i>	2	
<i>mannitol iv soln 25%</i>	2	
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	2	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>osmitrol viaflex</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>spironolactone tab 25 mg</i>	2	
<i>spironolactone tab 50 mg</i>	2	
<i>spironolactone tab 100 mg</i>	2	
<i>toremide tab 5 mg</i>	2	
<i>toremide tab 10 mg</i>	2	
<i>toremide tab 20 mg</i>	2	
<i>toremide tab 100 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	2	
<i>triamterene cap 50 mg</i>	2	
<i>triamterene cap 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
HEART FAILURE		
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	3	
CORLANOR TAB 7.5MG	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	2	
<i>clonidine hcl tab 0.2 mg</i>	2	
<i>clonidine hcl tab 0.3 mg</i>	2	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	
<i>guanfacine hcl tab 1 mg</i>	2	
<i>guanfacine hcl tab 2 mg</i>	2	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>methyldopa tab 250 mg</i>	2	
<i>methyldopa tab 500 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	PA, QL (360 caps every 30 days)
<i>ranolazine tab er 12hr 500 mg</i>	2	ST; PA**
<i>ranolazine tab er 12hr 1000 mg</i>	2	ST; PA**
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
NITRO-BID OIN 2%	4	

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Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TAB 0.5MG	6	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG	6	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1MG	6	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG	6	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG	6	PA, QL (90 tabs every 30 days)
<i>ambrisentan tab 5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>ambrisentan tab 10 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>bosentan tab 62.5 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>bosentan tab 125 mg</i>	5	PA, QL (60 tabs every 30 days)
OPSUMIT TAB 10MG	5	PA, QL (30 tabs every 30 days)
ORENITRAM TAB 0.25MG	5	PA
ORENITRAM TAB 0.125MG	5	PA
ORENITRAM TAB 1MG	5	PA
ORENITRAM TAB 2.5MG	5	PA
ORENITRAM TAB 5MG	5	PA
ORENITRAM TAB MONTH 1	5	PA
ORENITRAM TAB MONTH 2	5	PA
ORENITRAM TAB MONTH 3	5	PA
REMODULIN INJ 1MG/ML	6	PA
REMODULIN INJ 2.5MG/ML	6	PA
REMODULIN INJ 5MG/ML	6	PA
REMODULIN INJ 10MG/ML	6	PA
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	5	PA
<i>sildenafil citrate tab 20 mg</i>	5	PA, QL (360 tabs every 30 days)
<i>tadalafil tab 20 mg (pah)</i>	6	PA, QL (60 tabs every 30 days)
TYVASO REFIL SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)
TYVASO START SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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	

ANTI-ANXIETY\$

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

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

ANTIDEMENTIA

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	
<i>galantamine hydrobromide tab 8 mg</i>	2	
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 14 mg</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 21 mg</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 28 mg</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 5 mg</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 10 mg</i>	2	PA; PA applies for members less than 30 years of age

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	PA
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	PA
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	PA
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	PA
ANTIDEPRESSANTS§		
<i>amitriptyline hcl tab 10 mg</i>	2	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 25 mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 50 mg</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 75 mg</i>	2	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 100 mg</i>	2	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 150 mg</i>	2	PA; High strength requires PA for members age 65 and older
<i>amoxapine tab 25 mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 50 mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 100 mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 150 mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>bupropion hcl tab 75 mg</i>	2	
<i>bupropion hcl tab 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 150 mg</i>	2	
<i>bupropion hcl tab er 12hr 200 mg</i>	2	
<i>bupropion hcl tab er 24hr 150 mg</i>	2	
<i>bupropion hcl tab er 24hr 300 mg</i>	2	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	

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

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl conc 10 mg/ml</i>	2	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	2	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	2	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	2	
EMSAM DIS 6MG/24HR	4	PA
EMSAM DIS 9MG/24HR	4	PA
EMSAM DIS 12MG/24H	4	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	2	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	2	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	2	
FETZIMA CAP 20MG	4	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 40MG	4	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 80MG	4	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 120MG	4	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP TITRATIO	4	ST, QL (30 caps every 30 days); PA**
<i>fluoxetine hcl cap 10 mg</i>	2	
<i>fluoxetine hcl cap 20 mg</i>	2	
<i>fluoxetine hcl cap 40 mg</i>	2	
<i>fluoxetine hcl cap delayed release 90 mg</i>	2	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>fluoxetine hcl tab 10 mg</i>	2	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	2	(generic Sarafem not covered)
<i>imipramine hcl tab 10 mg</i>	2	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	2	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

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

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl tab 10 mg</i>	2	
<i>vilazodone hcl tab 20 mg</i>	2	
<i>vilazodone hcl tab 40 mg</i>	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
APOKYN INJ 10MG/ML	6	PA, QL (20 cartridges every 30 days)
<i>benztropine mesylate inj 1 mg/ml</i>	2	
<i>benztropine mesylate tab 0.5 mg</i>	2	
<i>benztropine mesylate tab 1 mg</i>	2	
<i>benztropine mesylate tab 2 mg</i>	2	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa tab 25 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone tab 200 mg</i>	2	
INBRIJA CAP 42MG	5	PA, QL (300 caps every 30 days)
NEUPRO DIS 1MG/24HR	3	
NEUPRO DIS 2MG/24HR	3	
NEUPRO DIS 3MG/24HR	3	
NEUPRO DIS 4MG/24HR	3	
NEUPRO DIS 6MG/24HR	3	
NEUPRO DIS 8MG/24HR	3	
ONGENTYS CAP 25MG	4	PA
ONGENTYS CAP 50MG	4	PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tab 2.5 mg</i>	2	
<i>olanzapine tab 5 mg</i>	2	
<i>olanzapine tab 7.5 mg</i>	2	
<i>olanzapine tab 10 mg</i>	2	
<i>olanzapine tab 15 mg</i>	2	
<i>olanzapine tab 20 mg</i>	2	
<i>paliperidone tab er 24hr 1.5 mg</i>	2	
<i>paliperidone tab er 24hr 3 mg</i>	2	
<i>paliperidone tab er 24hr 6 mg</i>	2	
<i>paliperidone tab er 24hr 9 mg</i>	2	
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	
<i>perphenazine tab 8 mg</i>	2	
<i>perphenazine tab 16 mg</i>	2	
<i>quetiapine fumarate tab 25 mg</i>	2	
<i>quetiapine fumarate tab 50 mg</i>	2	
<i>quetiapine fumarate tab 100 mg</i>	2	
<i>quetiapine fumarate tab 200 mg</i>	2	
<i>quetiapine fumarate tab 300 mg</i>	2	
<i>quetiapine fumarate tab 400 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	
<i>risperidone orally disintegrating tab 0.5 mg</i>	2	
<i>risperidone orally disintegrating tab 0.25 mg</i>	2	
<i>risperidone orally disintegrating tab 1 mg</i>	2	
<i>risperidone orally disintegrating tab 2 mg</i>	2	
<i>risperidone orally disintegrating tab 3 mg</i>	2	
<i>risperidone orally disintegrating tab 4 mg</i>	2	
<i>risperidone soln 1 mg/ml</i>	2	
<i>risperidone tab 0.5 mg</i>	2	
<i>risperidone tab 0.25 mg</i>	2	
<i>risperidone tab 1 mg</i>	2	
<i>risperidone tab 2 mg</i>	2	
<i>risperidone tab 3 mg</i>	2	
<i>risperidone tab 4 mg</i>	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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 1.5-3MG	3	
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 susp 100 mg/5ml</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	
<i>clobazam suspension 2.5 mg/ml</i>	2	
<i>clobazam tab 10 mg</i>	2	
<i>clobazam tab 20 mg</i>	2	
<i>clonazepam tab 0.5 mg</i>	2	
<i>clonazepam tab 1 mg</i>	2	
<i>clonazepam tab 2 mg</i>	2	
<i>clorazepate dipotassium tab 3.75 mg</i>	2	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	2	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 15 mg</i>	2	QL (180 tabs every 30 days)
<i>diazepam inj 5 mg/ml</i>	2	
<i>diazepam intensol</i>	2	QL (240 mL every 30 days)
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL every 30 days)
<i>diazepam tab 2 mg</i>	2	QL (120 tabs every 30 days)
<i>diazepam tab 5 mg</i>	2	QL (120 tabs every 30 days)
<i>diazepam tab 10 mg</i>	2	QL (120 tabs every 30 days)
DILANTIN CAP 30MG	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
<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	
<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**

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin cap 50 mg</i>	2	ST; PA**
<i>pregabalin cap 75 mg</i>	2	ST; PA**
<i>pregabalin cap 100 mg</i>	2	ST; PA**
<i>pregabalin cap 150 mg</i>	2	ST; PA**
<i>pregabalin cap 200 mg</i>	2	ST; PA**
<i>pregabalin cap 225 mg</i>	2	ST; PA**
<i>pregabalin cap 300 mg</i>	2	ST; PA**
<i>pregabalin soln 20 mg/ml</i>	2	ST; PA**
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>rufinamide susp 40 mg/ml</i>	2	
<i>rufinamide tab 200 mg</i>	2	
<i>rufinamide tab 400 mg</i>	2	
<i>tiagabine hcl tab 2 mg</i>	2	
<i>tiagabine hcl tab 4 mg</i>	2	
<i>tiagabine hcl tab 12 mg</i>	2	
<i>tiagabine hcl tab 16 mg</i>	2	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
<i>vigabatrin powd pack 500 mg</i>	5	PA, QL (180 packets every 30 days)
<i>vigabatrin tab 500 mg</i>	5	PA, QL (180 tabs every 30 days)
XCOPRI PAK 12.5-25	3	
XCOPRI PAK 50-100MG	3	
XCOPRI PAK 100-150	3	
XCOPRI PAK 150-200	3	
XCOPRI TAB 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 DISORDERS		
ADZENYS XR TAB 3.1MG	4	QL (60 tabs every 30 days)
ADZENYS XR TAB 6.3MG	4	QL (60 tabs every 30 days)

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
ADZENYS XR TAB 9.4MG	4	QL (60 tabs every 30 days)
ADZENYS XR TAB 12.5MG	4	QL (30 tabs every 30 days)
ADZENYS XR TAB 15.7 MG	4	QL (30 tabs every 30 days)
ADZENYS XR TAB 18.8MG	4	QL (30 tabs every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (30 tabs every 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	
AZSTARYS CAP 26.1-5.2	3	QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	3	QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	3	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	2	QL (30 caps every 30 days)
<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)

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate tab 15 mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	2	QL (30 tabs every 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	2	
<i>methamphetamine hcl tab 5 mg</i>	2	QL (150 tabs every 30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	2	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 5 mg</i>	2	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 10 mg</i>	2	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL (900 mL every 30 days)
<i>methylphenidate hcl tab 5 mg</i>	2	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 10 mg</i>	2	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 20 mg</i>	2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	2	QL (30 tabs every 30 days)
VYVANSE CAP 10MG	3	QL (60 caps every 30 days)
VYVANSE CAP 20MG	3	QL (60 caps every 30 days)
VYVANSE CAP 30MG	3	QL (60 caps every 30 days)
VYVANSE CAP 40MG	3	QL (30 caps every 30 days)
VYVANSE CAP 50MG	3	QL (30 caps every 30 days)

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 60MG	3	QL (30 caps every 30 days)
VYVANSE CAP 70MG	3	QL (30 caps every 30 days)
VYVANSE CHW 10MG	3	QL (60 chew tabs every 30 days)
VYVANSE CHW 20MG	3	QL (60 chew tabs every 30 days)
VYVANSE CHW 30MG	3	QL (60 chew tabs every 30 days)
VYVANSE CHW 40MG	3	QL (30 chew tabs every 30 days)
VYVANSE CHW 50MG	3	QL (30 chew tabs every 30 days)
VYVANSE CHW 60MG	3	QL (30 chew tabs every 30 days)
<i>zenzedi</i>	2	QL (120 tabs every 30 days)
FIBROMYALGIA		
SAVELLA MIS TITR PAK	4	ST; PA**
SAVELLA TAB 12.5MG	4	ST; PA**
SAVELLA TAB 25MG	4	ST; PA**
SAVELLA TAB 50MG	4	ST; PA**
SAVELLA TAB 100MG	4	ST; PA**
HYPNOTICS		
BELSOMRA TAB 5MG	3	ST; PA**
BELSOMRA TAB 10MG	3	ST; PA**
BELSOMRA TAB 15MG	3	ST; PA**
BELSOMRA TAB 20MG	3	ST; PA**
<i>cvs sleep-aid nighttime</i>	2	OTC
DAYVIGO TAB 5MG	3	PA, QL (30 tabs every 30 days)
DAYVIGO TAB 10MG	3	PA, QL (30 tabs every 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>estazolam tab 1 mg</i>	4	
<i>estazolam tab 2 mg</i>	4	
<i>eszopiclone tab 1 mg</i>	2	
<i>eszopiclone tab 2 mg</i>	2	
<i>eszopiclone tab 3 mg</i>	2	
<i>ramelteon tab 8 mg</i>	2	
<i>tasimelteon capsule 20 mg</i>	5	PA, QL (30 caps every 30 days)
<i>temazepam cap 7.5 mg</i>	2	
<i>temazepam cap 15 mg</i>	2	

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

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

MIGRAINES

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

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	QL (12 units every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	4	ST, QL (9 tabs every 30 days); PA**
UBRELVY TAB 50MG	3	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	3	ST, QL (16 tabs every 30 days); PA**
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	2	QL (12 sprays every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	2	QL (12 tabs every 30 days)
MISCELLANEOUS		
EVRYSDI SOL	6	PA, QL (2 bottles every 24 days)
<i>lithium carbonate cap 150 mg</i>	2	
<i>lithium carbonate cap 300 mg</i>	2	
<i>lithium carbonate cap 600 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
LITHIUM SOL 8MEQ/5ML	4	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	2	
<i>riluzole tab 50 mg</i>	2	
MOVEMENT DISORDERS		
<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)
COPAXONE INJ 40MG/ML	5	PA, QL (12 syringes every 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	6	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	5	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	PA, QL (1 kit every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
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
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (3 tabs every day); \$0 copay
ZUBSOLV SUB 0.7-0.18	3	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36	3	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71	3	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4	3	QL (3 units every day)
ZUBSOLV SUB 8.6-2.1	3	QL (2 units every day)
ZUBSOLV SUB 11.4-2.9	3	QL (1 unit every day)
OPIOID ANTAGONIST		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	\$0 copay
OPIOID PARTIAL AGONISTS§		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply

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Drug Name	Drug Tier	Requirements/Limits
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
<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

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

ENDOCRINE AND METABOLIC**ACROMEGALY**

<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	5	PA, QL (225 ml every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	PA, QL (45 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	5	PA, QL (90 ml every 30 days)
SOMATULINE INJ 60/0.2ML	5	PA, QL (1 injection every 28 days)
SOMATULINE INJ 90/0.3ML	5	PA, QL (1 injection every 28 days)
SOMATULINE INJ 120/.5ML	5	PA, QL (1 injection every 28 days)
SOMAVERT INJ 10MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 15MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 20MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 25MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 30MG	5	PA, QL (30 vials every 30 days)

ANDROGENS

<i>oxandrolone tab 2.5 mg</i>	2	PA
<i>oxandrolone tab 10 mg</i>	2	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone td gel 10mg/act (2%)</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
testosterone td gel 25 mg/2.5gm (1%)	2	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	2	
acarbose tab 50 mg	2	
acarbose tab 100 mg	2	
miglitol tab 25 mg	2	
miglitol tab 50 mg	2	
miglitol tab 100 mg	2	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	4	ST; PA**
SYMLNPEN 120 INJ 1000MCG	4	ST; PA**
ANTIDIABETICS, BIGUANIDE		
metformin hcl tab 500 mg	2	
metformin hcl tab 850 mg	2	\$0 copay for members age 35-70 for prevention of diabetes
metformin hcl tab 1000 mg	2	
metformin hcl tab er 24hr 500 mg	2	
metformin hcl tab er 24hr 750 mg	2	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	2	
glipizide-metformin hcl tab 2.5-500 mg	2	
glipizide-metformin hcl tab 5-500 mg	2	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	2	ST; PA**
alogliptin benzoate tab 12.5 mg (base equiv)	2	ST; PA**
alogliptin benzoate tab 25 mg (base equiv)	2	ST; PA**
JANUVIA TAB 25MG	3	ST; PA**
JANUVIA TAB 50MG	3	ST; PA**
JANUVIA TAB 100MG	3	ST; PA**
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
alogliptin-metformin hcl tab 12.5-500 mg	2	ST; PA**
alogliptin-metformin hcl tab 12.5-1000 mg	2	ST; PA**
JANUMET TAB 50-500MG	3	ST; PA**
JANUMET TAB 50-1000	3	ST; PA**
JANUMET XR TAB 50-500MG	3	ST; PA**
JANUMET XR TAB 50-1000	3	ST; PA**
JANUMET XR TAB 100-1000	3	ST; PA**
JENTADUETO TAB XR	4	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2MG/3ML	3	PA, QL (3 mL every 28 days)
OZEMPIC INJ 4MG/3ML	3	PA, QL (3 mL every 28 days)
OZEMPIC INJ 8MG/3ML	3	PA, QL (3 mL every 28 days)
TRULICITY INJ 0.75/0.5	3	PA, QL (4 pens every 28 days)

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	1	
<i>levora 0.15/30-28</i>	1	
LILETTA IUD 52MG	1	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	QL (4 inj every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	QL (4 inj every 300 days)
<i>microgestin 1.5/30</i>	1	
MIRENA IUD SYSTEM	1	QL (1 every 300 days)
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMP 68MG	1	QL (1 every 300 days)
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)
PARAGARD IUD T380A	1	QL (1 unit every 300 days)
<i>portia-28</i>	1	
<i>reclipsen</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>rivelsa</i>	1	
SKYLA IUD 13.5MG	1	QL (1 every 300 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>take action</i>	1	OTC
<i>tilia fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora-28</i>	1	
TRUSTEX/RIA MIS NON-LUB	1	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	1	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	1	
TYBLUME CHW 0.1-0.02	1	
<i>velivet</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>wera</i>	1	
WIDE-SEAL DPR KIT 60	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 65	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 70	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 75	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 80	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 85	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 90	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 95	1	QL (1 every 300 days)
<i>xulane</i>	1	
<i>zovia 1/35</i>	1	
DIABETIC SUPPLIES		
ACCU-CHEK KIT AVIVA PL	3	OTC
ACCU-CHEK KIT GUIDE	3	OTC
ACCU-CHEK KIT GUIDE ME	3	OTC
ACCU-CHEK KIT NANO	3	OTC
ACCU-CHEK LIQ SMART	3	OTC
ACCU-CHEK TES AVIVA PL	3	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES GUIDE	3	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES SMART	3	QL (150 Test Strips every 30 days), OTC
ALCOHOL PREP PAD	3	OTC
AUTOLET PLAT MIS 1.8MM	3	OTC

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Drug Name	Drug Tier	Requirements/Limits
CAREFINE MIS 32GX6MM	3	OTC
CHEMSTRIP 9 TES STRIPS	3	OTC
DEXCOM G5 MIS RECEIVER	3	PA
DEXCOM G5 MIS TRANSMIT	3	PA
DEXCOM G6 MIS RECEIVER	3	PA
DEXCOM G6 MIS SENSOR	3	PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	3	PA
DEXCOM G7 MIS RECEIVER	3	PA
DEXCOM G7 MIS SENSOR	3	PA, QL (3 sensors every 30 days)
DIASCREEN 10 MIS	3	OTC
DIASTIX TES STRIPS	3	OTC
INSULIN SYRG MIS 1ML/31G	3	OTC
KETO-DIASTIX TES	3	OTC
LANCING DEVI MIS	3	OTC
NOVOFINE MIS 32GX6MM	3	OTC
OMNIPOD 5 G6 KIT INTRO	3	PA, QL (1 kit per 365 days)
OMNIPOD 5 G6 MIS PODS	3	PA, QL (10 pods per 30 days)
OMNIPOD 5 G7 KIT INTRO	3	PA, QL (1 kit per 365 days)
OMNIPOD 5 G7 MIS PODS	3	PA, QL (10 pods per 30 days)
OMNIPOD DASH KIT INTRO	3	QL (1 kit per 365 days)
OMNIPOD DASH KIT PDM	3	QL (1 kit per 365 days)
OMNIPOD DASH MIS PODS	3	QL (10 pods per 30 days)
ONETOUCH KIT ULT MINI	3	OTC
ONETOUCH KIT ULTRA 2	3	OTC
ONETOUCH KIT VERIO	3	OTC
ONETOUCH KIT VERIO FL	3	OTC
ONETOUCH KIT VERIO IQ	3	OTC
ONETOUCH KIT VERIO RE	3	OTC
ONETOUCH SOL KIT COMPLETE	3	OTC
ONETOUCH SOL KIT FIT	3	OTC
ONETOUCH SOL KIT REFILL	3	OTC
ONETOUCH SOL KIT STARTER	3	OTC
ONETOUCH TES ULTRA	3	QL (150 Test Strips every 30 days), OTC
ONETOUCH TES VERIO	3	QL (150 Test Strips every 30 days), OTC
SHARPS CONT MIS 2QUART	3	OTC
SOFTCLIX MIS LANCETS	3	OTC
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ORLISSA TAB 150MG	3	PA
ORLISSA TAB 200MG	3	PA
ENZYME REPLACEMENTS		
<i>betaine powder for oral solution</i>	5	PA
<i>carglumic acid soluble tab 200 mg</i>	5	PA
CERDELGA CAP 84MG	5	PA, QL (56 caps every 28 days)
CYSTAGON CAP 50MG	5	PA
CYSTAGON CAP 150MG	5	PA
MYALEPT INJ 11.3MG	5	PA, QL (30 vials every 30 days)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA, QL (798g every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA, QL (1200 tabs every 30 days)
ESTROGENS		
CLIMARA PRO DIS WEEKLY	3	
DEPO-ESTRADI INJ 5MG/ML	4	
DUAVEE TAB 0.45-20	3	
ELESTRIN GEL 0.06%	4	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol tab 0.5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 1 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1 mg/gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older

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

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Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAIN SUP 10MCG	3	
IMVEXXY STRT SUP 4MCG	3	
IMVEXXY STRT SUP 10MCG	3	
<i>jinteli</i>	2	
MENEST TAB 0.3MG	4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	4	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
PREMARIN TAB 0.3MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	4	
<i>yuvafem</i>	2	
GLUCOCORTICOIDS		
DEPO-MEDROL INJ 20MG/ML	4	
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
EMFLAZA SUS 22.75/ML	6	PA, QL (52 mL every 30 days)
EMFLAZA TAB 6MG	6	PA, QL (60 tabs every 30 days)
EMFLAZA TAB 18MG	6	PA, QL (30 tabs every 30 days)
EMFLAZA TAB 30MG	6	PA, QL (30 tabs every 30 days)
EMFLAZA TAB 36MG	6	PA, QL (30 tabs every 30 days)
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
MEDROL TAB 2MG	3	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	2	
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	2	
<i>methylprednisolone tab 4 mg</i>	2	
<i>methylprednisolone tab 8 mg</i>	2	
<i>methylprednisolone tab 16 mg</i>	2	
<i>methylprednisolone tab 32 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	2	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	2	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
PREDNISONE CON 5MG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
<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 1MG/.2ML	3	
GVOKE HYPO 1 INJ .5/.1ML	3	
GVOKE KIT SOL 1MG/0.2M	3	
GVOKE PFS INJ	3	
INSTA-GLUCOS GEL 77.4%	3	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
<i>nitisinone cap 2 mg</i>	5	PA
<i>nitisinone cap 5 mg</i>	5	PA
<i>nitisinone cap 10 mg</i>	5	PA
<i>nitisinone cap 20 mg</i>	5	PA
ORFADIN CAP 20MG	5	PA
ORFADIN SUS 4MG/ML	5	PA
HUMAN GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	5	PA
GENOTROPIN INJ 0.4MG	5	PA
GENOTROPIN INJ 0.6MG	5	PA
GENOTROPIN INJ 0.8MG	5	PA
GENOTROPIN INJ 1.2MG	5	PA
GENOTROPIN INJ 1.4MG	5	PA
GENOTROPIN INJ 1.6MG	5	PA
GENOTROPIN INJ 1.8MG	5	PA
GENOTROPIN INJ 1MG	5	PA
GENOTROPIN INJ 2MG	5	PA
GENOTROPIN INJ 5MG	5	PA
GENOTROPIN INJ 12MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
NORDIPEN 5 MIS DEVICE	3	
NORDIPEN DEL MIS SYSTEM	3	OTC
NORDITROPIN INJ 5/1.5ML	5	PA
NORDITROPIN INJ 10/1.5ML	5	PA
NORDITROPIN INJ 15/1.5ML	5	PA
NORDITROPIN INJ 30/3ML	5	PA
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
SYNAREL SOL 2MG/ML	6	PA
TRIPTODUR SUS 22.5MG	5	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	4	PA
KERENDIA TAB 20MG	4	PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	2	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
CHOR GONADOT INJ 10000UNT	5	PA
INCRELEX INJ 40MG/4ML	5	PA
INTRAROSA SUP 6.5MG	4	
OSPHENA TAB 60MG	4	PA
PROLIA INJ 60MG/ML	5	PA, QL (60mg every 24 weeks)
<i>raloxifene hcl tab 60 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR INJ 0.3MG/ML	6	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.6MG/ML	6	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.9MG/ML	6	PA, QL (60 ampules every 30 days)
SUPPRELIN LA KIT 50MG	5	PA
<i>tolvaptan tab 15 mg</i>	5	PA
<i>tolvaptan tab 30 mg</i>	5	PA
TYMLOS INJ	5	PA, QL (1 pen every 30 days)
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	2	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	2	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	2	
PHOSLYRA SOL	3	
<i>sevelamer carbonate packet 0.8 gm</i>	2	
<i>sevelamer carbonate packet 2.4 gm</i>	2	
<i>sevelamer carbonate tab 800 mg</i>	2	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>unithroid</i>	2	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	2	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	2	
<i>dicyclomine hcl cap 10 mg</i>	2	
<i>dicyclomine hcl inj 10 mg/ml</i>	2	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>dicyclomine hcl tab 20 mg</i>	2	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>methscopolamine bromide tab 2.5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>methscopolamine bromide tab 5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
ANTIDIARRHEALS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
<i>loperamide hcl cap 2 mg</i>	2	
MOTOFEN TAB 1-0.025	4	
ANTIEMETICS§		
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)

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Drug Name	Drug Tier	Requirements/Limits
dronabinol cap 5 mg	2	QL (60 caps every 30 days)
dronabinol cap 10 mg	2	QL (60 caps every 30 days)
granisetron hcl inj 1 mg/ml	2	QL (2 mL every 28 days)
granisetron hcl tab 1 mg	2	QL (12 tabs every 28 days)
meclizine hcl tab 12.5 mg	2	
meclizine hcl tab 25 mg	2	
metoclopramide hcl inj 5 mg/ml (base equivalent)	2	
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	2	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	2	
metoclopramide hcl tab 5 mg (base equivalent)	2	
metoclopramide hcl tab 10 mg (base equivalent)	2	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	2	QL (20 mL every 28 days)
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	2	QL (20 mL every 28 days)
ondansetron hcl inj soln pref syr 4 mg/2ml	2	QL (20 mL every 28 days)
ondansetron hcl oral soln 4 mg/5ml	2	QL (200 mL every 28 days)
ondansetron hcl tab 4 mg	2	QL (18 tabs every 28 days)
ondansetron hcl tab 8 mg	2	QL (18 tabs every 28 days)
ondansetron hcl tab 24 mg	2	QL (2 tabs every 28 days)
ondansetron orally disintegrating tab 4 mg	2	QL (18 tabs every 28 days)
ondansetron orally disintegrating tab 8 mg	2	QL (18 tabs every 28 days)
prochlorperazine maleate tab 5 mg (base equivalent)	2	
prochlorperazine maleate tab 10 mg (base equivalent)	2	
prochlorperazine suppos 25 mg	2	
promethazine hcl inj 25 mg/ml	2	
promethazine hcl inj 50 mg/ml	2	
promethazine hcl suppos 12.5 mg	2	
promethazine hcl suppos 25 mg	2	
promethazine hcl syrup 6.25 mg/5ml	2	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 12.5 mg	2	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 25 mg	2	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 50 mg	2	PA; High Risk Medications require PA for members age 70 and older
promethegan	2	
SANCUSO DIS 3.1MG	3	QL (2 patches every 28 days)
scopolamine td patch 72hr 1 mg/3days	2	
trimethobenzamide hcl cap 300 mg	2	

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
VARUBI TAB 90MG	3	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tab 200 mg</i>	2	
<i>cimetidine tab 300 mg</i>	2	
<i>cimetidine tab 400 mg</i>	2	
<i>cimetidine tab 800 mg</i>	2	
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine preservative free inj 20 mg/2ml</i>	2	
<i>famotidine tab 20 mg</i>	2	
<i>famotidine tab 40 mg</i>	2	
<i>nizatidine cap 150 mg</i>	2	
<i>nizatidine cap 300 mg</i>	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	2	
<i>budesonide tab er 24hr 9 mg</i>	2	
DIPENTUM CAP 250MG	4	PA
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>mesalamine cap dr 400 mg</i>	2	
<i>mesalamine cap er 24hr 0.375 gm</i>	2	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine tab delayed release 1.2 gm</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	2	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAP 72MCG	3	
LINZESS CAP 145MCG	3	
LINZESS CAP 290MCG	3	
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
OSMOPREP TAB 1.5GM	4	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	\$0 copay for members age 45 through 75, otherwise not covered
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PEG-PREP KIT	1	\$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	1	\$0 copay for members age 45 through 75, otherwise not covered
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	2	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	\$0 copay for members age 45 through 75, otherwise not covered
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>sucrafate tab 1 gm</i>	2	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
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

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Drug Name	Drug Tier	Requirements/Limits
VIOKACE TAB 10440	3	PA
VIOKACE TAB 20880	3	PA
ZENPEP CAP 3000UNIT	3	PA
ZENPEP CAP 5000UNIT	3	PA
ZENPEP CAP 10000UNT	3	PA
ZENPEP CAP 15000UNT	3	PA
ZENPEP CAP 20000UNT	3	PA
ZENPEP CAP 25000UNT	3	PA
ZENPEP CAP 40000UNT	3	PA
ZENPEP CAP 60000UNT	3	PA
PROTON PUMP INHIBITORS§		
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	2	Covered for age less than 1 year only
<i>lansoprazole cap delayed release 15 mg</i>	2	
<i>lansoprazole cap delayed release 30 mg</i>	2	
NEXIUM GRA 2.5MG DR	4	Covered for age less than 1 year only
NEXIUM GRA 5MG DR	4	Covered for age less than 1 year only
<i>omeprazole cap delayed release 10 mg</i>	2	
<i>omeprazole cap delayed release 20 mg</i>	2	
<i>omeprazole cap delayed release 40 mg</i>	2	
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	4	QL (90 packets every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	4	QL (90 packets every 365 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	2	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	2	
<i>rabeprazole sodium ec tab 20 mg</i>	2	
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	

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Drug Name	Drug Tier	Requirements/Limits
CARDURA XL TAB 4MG	4	ST; PA**
CARDURA XL TAB 8MG	4	ST; PA**
<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>dutasteride cap 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	
<i>finasteride tab 5 mg</i>	2	
<i>silodosin cap 4 mg</i>	2	
<i>silodosin cap 8 mg</i>	2	
<i>tadalafil tab 2.5 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>tadalafil tab 5 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	2	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	2	
CONTRACEPTIVES		
ENCARE SUP 100MG	1	OTC
GYNOL II GEL 3%	1	OTC
PHEXXI GEL	1	
TODAY SPONGE MIS	1	OTC
VCF VAGINAL GEL CONTRACE	1	OTC
VCF VAGINAL MIS CONTRACP	1	OTC
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
ELMIRON CAP 100MG	4	
<i>potassium citrate tab er 5 meq (540 mg)</i>	2	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	2	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	
<i>urinary pain relief</i>	2	OTC
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	2	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	2	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	2	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	2	
GEMTESA TAB 75MG	4	

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Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ SUS 8MG/ML	3	
MYRBETRIQ TAB 25MG	3	
MYRBETRIQ TAB 50MG	3	
<i>oxybutynin chloride solution 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	
<i>solifenacin succinate tab 5 mg</i>	2	
<i>solifenacin succinate tab 10 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
<i>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 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	2	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 2500/ML	4	
FRAGMIN INJ 5000/0.2	4	
FRAGMIN INJ 7500/0.3	4	
FRAGMIN INJ 10000/ML	4	
FRAGMIN INJ 12500UNT	4	
FRAGMIN INJ 15000UNT	4	
FRAGMIN INJ 18000UNT	4	
FRAGMIN INJ 95000UNT	4	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	
<i>jantoven</i>	2	
PRADAXA CAP 75MG	4	
PRADAXA CAP 110MG	4	
<i>warfarin sodium tab 1 mg</i>	2	
<i>warfarin sodium tab 2 mg</i>	2	
<i>warfarin sodium tab 2.5 mg</i>	2	
<i>warfarin sodium tab 3 mg</i>	2	
<i>warfarin sodium tab 4 mg</i>	2	
<i>warfarin sodium tab 5 mg</i>	2	
<i>warfarin sodium tab 6 mg</i>	2	
<i>warfarin sodium tab 7.5 mg</i>	2	
<i>warfarin sodium tab 10 mg</i>	2	
XARELTO STAR TAB 15/20MG	3	
XARELTO SUS 1MG/ML	3	
XARELTO TAB 2.5MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	5	PA
ARANESP INJ 25MCG	5	PA
ARANESP INJ 40MCG	5	PA
ARANESP INJ 60MCG	5	PA
ARANESP INJ 100MCG	5	PA
ARANESP INJ 150MCG	5	PA
ARANESP INJ 200MCG	5	PA
ARANESP INJ 300MCG	5	PA
ARANESP INJ 500MCG	5	PA
DOPTELET TAB 20MG (10 TABLETS)	5	PA, QL (1 carton every 5 days)

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Drug Name	Drug Tier	Requirements/Limits
DOPTELET TAB 20MG (15 TABLETS)	5	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS)	5	PA, QL (2 cartons every 30 days)
FYLNETRA INJ 6MG/0.6	5	PA, QL (2 syringes every 28 days)
MIRCERA INJ 30MCG	5	PA
MIRCERA INJ 50MCG	5	PA
MIRCERA INJ 75MCG	5	PA
MIRCERA INJ 100MCG	5	PA
MIRCERA INJ 120MCG	5	PA
MIRCERA INJ 150MCG	5	PA
MIRCERA INJ 200MCG	5	PA
NIVESTYM INJ 300/0.5	5	PA
NIVESTYM INJ 300MCG	5	PA
NIVESTYM INJ 480/0.8	5	PA
NIVESTYM INJ 480MCG	5	PA
NYVEPRIA INJ 6/0.6ML	5	PA, QL (2 syringes every 28 days)
RETACRIT INJ 2000UNIT	5	PA
RETACRIT INJ 3000UNIT	5	PA
RETACRIT INJ 4000UNIT	5	PA
RETACRIT INJ 10000UNT	5	PA
RETACRIT INJ 20000UNI	5	PA
RETACRIT INJ 40000UNT	5	PA
HEMOPHILIA A AGENTS		
HEMLIBRA INJ 30MG/ML	6	PA
HEMLIBRA INJ 60/0.4	6	PA
HEMLIBRA INJ 105/0.7	6	PA
HEMLIBRA INJ 150/ML	6	PA
HEMLIBRA INJ 300/2ML	6	PA
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
<i>pentoxifylline tab er 400 mg</i>	2	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	2	
<i>dipyridamole tab 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	
YOSPRALA TAB 81-40MG	4	
YOSPRALA TAB 325-40MG	4	

IMMUNOLOGIC AGENTS***AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)***

ACTEMRA INJ 80MG/4ML	6	ST, PA, QL (10 vials every 14 days)
ACTEMRA INJ 200/10ML	6	ST, PA, QL (4 vials every 14 days)
ACTEMRA INJ 400/20ML	6	ST, PA, QL (2 vials every 14 days)
INFLIXIMAB INJ 100MG	5	PA, QL (5 vials every 42 days)
SIMPONI ARIA SOL 50MG/4ML	6	PA, QL (200 mg every 8 weeks)
SKYRIZI SOL 60MG/ML	5	PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease

AUTOIMMUNE AGENTS (SELF-ADMINISTERED)

ACTEMRA INJ 162/0.9	6	ST, PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
COSENTYX INJ 75MG/0.5	5	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	5	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

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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
HUMIRA INJ 10/0.1ML	5	PA, QL (2 injections every 28 days)
HUMIRA INJ 20/0.2ML	5	PA, QL (4 injections every 28 days)
HUMIRA INJ 40/0.4ML	5	PA, QL (4 injections every 28 days)

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

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 200/1.14	5	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	5	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
OTEZLA TAB 10/20/30	5	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
RINVOQ TAB 15MG ER	5	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis.
RINVOQ TAB 30MG ER	5	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.
RINVOQ TAB 45MG ER	5	PA, QL (One time induction dose for CD/UC diagnosis only); Preferred agent for Crohn's Disease and Ulcerative Colitis.
SIMPONI INJ 50/0.5ML	6	ST, PA, QL (1 injection every 28 days)
SIMPONI INJ 100MG/ML	6	ST, PA, QL (1 injection every 28 days)
SKYRIZI INJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI INJ 180/1.2	5	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI INJ 360/2.4	5	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI PEN INJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45MG/0.5	5	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 45MG/0.5	5	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 90MG/ML	5	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ INJ 80MG/ML	5	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	5	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis
XELJANZ SOL 1MG/ML	5	PA, QL (240 mL every 24 days)
XELJANZ TAB 5MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TAB 10MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
XELJANZ XR TAB 11MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ XR TAB 22MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>leflunomide tab 10 mg</i>	2	
<i>leflunomide tab 20 mg</i>	2	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
HEREDITARY ANGIOEDEMA		
HAEGARDA INJ 2000UNIT	6	PA, QL (20 vials every 30 days)
HAEGARDA INJ 3000UNIT	6	PA, QL (20 vials every 30 days)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (45 syringes every 90 days)
IMMUNOGLOBULIN		
CUTAQUIG SOL 1.65GM	5	PA

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Drug Name	Drug Tier	Requirements/Limits
CUTAQUIG SOL 1GM	5	PA
CUTAQUIG SOL 2GM	5	PA
CUTAQUIG SOL 3.3GM	5	PA
CUTAQUIG SOL 4GM	5	PA
CUTAQUIG SOL 8GM	5	PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	6	PA
ARCALYST INJ 220MG	5	PA, QL (8 vials every 28 days)
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	4	
ASTAGRAF XL CAP 1MG	4	
ASTAGRAF XL CAP 5MG	4	
<i>azathioprine tab 50 mg</i>	2	
<i>azathioprine tab 75 mg</i>	2	
<i>azathioprine tab 100 mg</i>	2	
CELLCEPT CAP 250MG	4	
CELLCEPT IV INJ 500MG	4	
CELLCEPT SUS 200MG/ML	4	
CELLCEPT TAB 500MG	4	
<i>cyclosporine cap 25 mg</i>	2	
<i>cyclosporine cap 100 mg</i>	2	
<i>cyclosporine 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	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	
MYFORTIC TAB 180MG	4	

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Drug Name	Drug Tier	Requirements/Limits
MYFORTIC TAB 360MG	4	
NEORAL CAP 25MG	4	
NEORAL CAP 100MG	4	
NEORAL SOL 100MG/ML	4	
NULOJIX INJ 250MG	4	
PROGRAF CAP 0.5MG	4	
PROGRAF CAP 1MG	4	
PROGRAF CAP 5MG	4	
PROGRAF GRA 0.2MG	4	
PROGRAF GRA 1MG	4	
PROGRAF INJ 5MG/ML	4	
RAPAMUNE SOL 1MG/ML	4	
RAPAMUNE TAB 0.5MG	4	
RAPAMUNE TAB 1MG	4	
RAPAMUNE TAB 2MG	4	
SANDIMMUNE CAP 25MG	4	
SANDIMMUNE CAP 100MG	4	
SANDIMMUNE INJ 50MG/ML	4	
SANDIMMUNE SOL 100MG/ML	4	
<i>sirolimus oral soln 1 mg/ml</i>	2	
<i>sirolimus tab 0.5 mg</i>	2	
<i>sirolimus tab 1 mg</i>	2	
<i>sirolimus tab 2 mg</i>	2	
<i>tacrolimus cap 0.5 mg</i>	2	
<i>tacrolimus cap 1 mg</i>	2	
<i>tacrolimus cap 5 mg</i>	2	
ZORTRESS TAB 0.5MG	4	
ZORTRESS TAB 0.25MG	4	
ZORTRESS TAB 0.75MG	4	
ZORTRESS TAB 1MG	4	
MISCELLANEOUS		
BEYFORTUS INJ 50/0.5ML	3	
BEYFORTUS INJ 100MG/ML	3	
VACCINES		
ABRYSCO INJ	3	
ACTHIB INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	1	
AREXVY INJ 120MCG	3	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
COMIRNATY INJ 30/0.3ML	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
<i>effer-k</i>	2	
<i>fluoritab</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m15</i>	2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	2	
<i>monoject sodium chloride</i>	2	
<i>nafrinse drops</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<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	
IV REPLACEMENT SOLUTIONS		
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>sodium chloride iv soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	2	
<i>sodium chloride iv soln 3%</i>	2	
<i>sodium chloride iv soln 5%</i>	2	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VITAMINS		
<i>elite-ob</i>	2	
<i>inatal gt</i>	2	
<i>pnv-dha</i>	2	
<i>pnv-select</i>	2	
<i>prenatal 19</i>	2	
<i>trinate</i>	2	
VITAMINS		
<i>calcitriol cap 0.5 mcg</i>	2	
<i>calcitriol cap 0.25 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	2	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	2	OTC
<i>cyanocobalamin inj 1000 mcg/ml</i>	2	
<i>doxercalciferol cap 0.5 mcg</i>	2	
<i>doxercalciferol cap 1 mcg</i>	2	
<i>doxercalciferol cap 2.5 mcg</i>	2	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	2	
<i>folic acid cap 0.8 mg</i>	1	QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 1 mg</i>	2	
<i>folic acid tab 400 mcg</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 800 mcg</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>multi-vitamin/fluoride dr</i>	2	
<i>multi-vitamin/fluoride/ir</i>	2	
<i>multivitamin/fluoride</i>	2	
<i>paricalcitol cap 1 mcg</i>	2	
<i>paricalcitol cap 2 mcg</i>	2	
<i>paricalcitol cap 4 mcg</i>	2	
<i>phytonadione tab 5 mg</i>	2	
<i>pyridoxine hcl tab 25 mg</i>	2	OTC
<i>pyridoxine hcl tab 50 mg</i>	2	OTC
<i>tri-vite/fluoride</i>	2	
<i>vitamins a/c/d/fluoride</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
westab max	2	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	4	
ANTI-INFECTIVES		
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	QL (20 mL every 30 days)
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
ILEVRO DRO 0.3% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
<i>loteprednol etabonate ophth susp 0.5%</i>	2	
NEVANAC SUS 0.1% OP	3	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	2	
ANTIALLERGICS		
ALOCRI SOL 2%	4	
ALOMIDE SOL 0.1% OP	4	
<i>azelastine hcl ophth soln 0.05%</i>	2	
<i>bepotastine besilate ophth soln 1.5%</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
<i>epinastine hcl ophth soln 0.05%</i>	2	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	2	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	2	
ZERVIA DRO 0.24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	4	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETIMOL SOL 0.5%	4	
BETIMOL SOL 0.25%	4	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.1%</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>brinzolamide ophth susp 1%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
IOPIDINE SOL 1% OP	4	
<i>latanoprost ophth soln 0.005%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	ST; PA**
PHOSPHOLINE SOL 0.125%OP	4	
<i>pilocarpine hcl ophth soln 1%</i>	2	
SIMBRINZA SUS 1-0.2%	3	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
DRY EYE DISEASE		
RESTASIS EMU 0.05% OP	2	
RESTASIS MUL EMU 0.05% OP	3	Multi-dose vial remains on preferred brand tier
MISCELLANEOUS		
<i>atropine sulfate ophth soln 1%</i>	2	
CYSTARAN SOL 0.44%	6	PA, QL (4 bottles every 28 days)
<i>phenylephrine hcl ophth soln 2.5%</i>	2	
<i>phenylephrine hcl ophth soln 10%</i>	2	
<i>proparacaine hcl ophth soln 0.5%</i>	2	
<i>tropicamide ophth soln 0.5%</i>	2	
<i>tropicamide ophth soln 1%</i>	2	
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte</i>	2	
<i>physiosol irrigation</i>	2	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C 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)
EPIPEN-JR INJ 0.15MG	3	QL (4 auto-injectors every 30 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§		
BEVESPI AER 9-4.8MCG	3	QL (1 package every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	3	QL (1 package every 30 days)

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS§		
BREZTRI AERO AER SPHERE	3	QL (1 package every 30 days)
TRELEGY AER 100MCG	3	QL (1 package every 30 days)
TRELEGY AER 200MCG	3	QL (1 package every 30 days)
ANTICHOLINERGICS§		
<i>ipratropium bromide inhal soln 0.02%</i>	2	QL (5 boxes every 30 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	
SPIRIVA AER 1.25MCG	3	QL (1 package every 30 days)
SPIRIVA CAP HANDIHLR	3	QL (1 package every 30 days)
SPIRIVA SPR 2.5MCG	3	QL (1 package every 30 days)
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	2	QL (1 package every 30 days)
ANTIHISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	QL (1 package every 30 days)
ANTIHISTAMINES§		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	QL (2 bottles every 30 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	2	QL (2 bottles every 30 days)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	2	
<i>carbinoxamine maleate tab 4 mg</i>	2	
<i>clemastine fumarate tab 2.68 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	2	
<i>cyproheptadine hcl tab 4 mg</i>	2	
<i>desloratadine tab 5 mg</i>	2	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	2	
<i>desloratadine tab orally disintegrating 5 mg</i>	2	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tab 10 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 100 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	2	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
<i>olopatadine hcl nasal soln 0.6%</i>	2	QL (1 container every 30 days)
<i>ryclora</i>	4	PA; High Risk Medications require PA for members age 70 and older

BETA AGONISTS§

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers every 30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	QL (120 vials every 30 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	QL (5 boxes every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg</i>	2	
<i>albuterol sulfate tab 4 mg</i>	2	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	2	QL (60 vials every 30 days)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	2	QL (60 vials every 30 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	2	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	2	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	QL (300 mL every 30 days)
<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)

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

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Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 150-188	5	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	5	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	5	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	5	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	5	PA, QL (56 tabs every 28 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	5	PA, QL (224 mL every 28 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	5	PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	5	PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	5	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	5	PA, QL (84 tabs every 28 days)
LEUKOTRIENE MODIFIERS		
<i>zileuton tab er 12hr 600 mg</i>	4	PA
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	
MAST CELL STABILIZERS§		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	QL (2 boxes every 30 days)
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	2	
<i>acetylcysteine inhal soln 20%</i>	2	
<i>roflumilast tab 250 mcg</i>	2	PA
<i>roflumilast tab 500 mcg</i>	2	PA
<i>sodium chloride soln nebu 0.9%</i>	2	
<i>sodium chloride soln nebu 3%</i>	2	
<i>sodium chloride soln nebu 7%</i>	2	
<i>sodium chloride soln nebu 10%</i>	2	
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**

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	2	QL (1 package every 30 days), OTC
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	5	PA, QL (60 caps every 30 days)
OFEV CAP 150MG	5	PA, QL (60 caps every 30 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (270 caps every 30 days)
<i>pirfenidone tab 267 mg</i>	5	PA, QL (270 tabs every 30 days)
<i>pirfenidone tab 801 mg</i>	5	PA, QL (90 tabs every 30 days)
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER MIS PLUS	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS MEDIUM	3	OTC
PANDA MASK MIS PEDIATRI	3	OTC
SEVERE ASTHMA AGENTS		
DUPIXENT INJ 100/0.67	5	PA, QL (2 syringes every 28 days); Indicated for Asthma
FASENRA INJ 30MG/ML	5	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	5	PA, QL (1 syringe every 56 days)
XOLAIR INJ 75/0.5	5	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	5	PA, QL (8 syringes every 28 days)
XOLAIR SOL 150MG	5	PA, QL (8 vials every 28 days)
STEROID INHALANTS§		
ALVESCO AER 80MCG	4	QL (3 packages every 30 days)
ALVESCO AER 160MCG	4	QL (2 packages every 30 days)
ARNUITY ELPT INH 50MCG	3	QL (1 package every 30 days)
ARNUITY ELPT INH 100MCG	3	QL (1 package every 30 days)
ARNUITY ELPT INH 200MCG	3	QL (1 package every 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	QL (2 boxes every 30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	QL (3 boxes every 30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	2	QL (1 box every 30 days)
QVAR REDIIHA AER 80MCG	3	QL (2 packages every 30 days)
QVAR REDIIHAL AER 40MCG	3	QL (2 packages every 30 days)
STEROID/BETA-AGONIST COMBINATIONS§		
BREO ELLIPTA INH 50-25MCG	3	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	3	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	3	QL (1 package every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QL (3 packages every 30 days)

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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	

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Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin cream 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	2	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod cream 5%</i>	2	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	2	QL (120g every 30 days)
<i>gentamicin sulfate oint 0.1%</i>	2	QL (120g every 30 days)
IV PREP WIPE PAD	3	OTC
<i>mupirocin oint 2%</i>	2	QL (30g every 30 days)
<i>silver sulfadiazine cream 1%</i>	2	
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>luliconazole cream 1%</i>	4	QL (60g every 30 days)
MENTAX CRE 1%	4	QL (60g every 30 days)
<i>naftifine hcl cream 1%</i>	2	QL (60g every 30 days)
<i>naftifine hcl cream 2%</i>	2	QL (60g every 30 days)
<i>nyamyc</i>	2	QL (120g every 30 days)
<i>nystatin cream 100000 unit/gm</i>	2	QL (120g every 30 days)
<i>nystatin oint 100000 unit/gm</i>	2	QL (120g every 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	2	QL (120g every 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	QL (60g every 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	QL (60g every 30 days)
<i>nystop</i>	2	QL (120g every 30 days)
<i>oxiconazole nitrate cream 1%</i>	2	QL (60g every 30 days)
<i>sulconazole nitrate cream 1%</i>	2	QL (60g every 30 days)
<i>sulconazole nitrate solution 1%</i>	2	QL (60 mL every 30 days)
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl cream 5%</i>	4	QL (45g every 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	2	
<i>acitretin cap 17.5 mg</i>	2	
<i>acitretin cap 25 mg</i>	2	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	ST, QL (60 mL every 30 days); PA**
<i>calcitriol oint 3 mcg/gm</i>	4	ST, QL (100g every 30 days); PA**
<i>methoxsalen rapid cap 10 mg</i>	2	
<i>tazarotene cream 0.1%</i>	2	PA
<i>tazarotene gel 0.1%</i>	2	PA
<i>tazarotene gel 0.05%</i>	2	PA
TAZORAC CRE 0.05%	3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	2	QL (120 mL every 30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT INJ 200/1.14	5	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 200MG	5	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	5	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis

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Tier 1 - Preventive, Tier 2 - Generics, Tier 3 - Preferred Brands, Tier 4 - Non-Preferred Brands, Tier 5 - Preferred Specialty Medications, Tier 6 - Non-Preferred Specialty Medications

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 300/2ML	5	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
EUCRISA OIN 2%	3	ST, QL (60g every 30 days); PA**
<i>pimecrolimus cream 1%</i>	4	ST; PA**
<i>tacrolimus oint 0.1%</i>	4	ST; PA**
<i>tacrolimus oint 0.03%</i>	4	ST; PA**
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	2	QL (120g every 30 days)
<i>alclometasone dipropionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	2	QL (120g every 30 days)
<i>amcinonide lotion 0.1%</i>	2	QL (120 mL every 30 days)
<i>amcinonide oint 0.1%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	2	QL (120g every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	QL (120g every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	QL (120 mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	QL (120g every 30 days)
BRYHALI LOT 0.01%	3	QL (120 mL every 30 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	4	ST, QL (60g every 30 days); PA**
<i>clobetasol propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate foam 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate gel 0.05%</i>	2	QL (120g every 30 days)
<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)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine pain relief pat</i>	2	QL (30 patches every 30 days), OTC
<i>lidocaine patch 5%</i>	2	PA, QL (90 patches every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30g every 30 days)
SYNERA DIS 70-70MG	4	QL (2 patches every 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir cream 5%</i>	4	
<i>bexarotene gel 1%</i>	5	PA
CONDYLOX GEL 0.5%	4	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	4	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	QL (300g every 30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	QL (300g every 30 days), OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>penciclovir cream 1%</i>	2	
<i>podofilox gel 0.5%</i>	2	
<i>podofilox soln 0.5%</i>	2	
RECTIV OIN 0.4%	4	
VOLTAREN GEL 1% ARTHR	2	QL (300g every 30 days), OTC
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	2	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	2	PA
FINACEA AER 15%	3	
<i>ivermectin cream 1%</i>	2	PA
<i>metronidazole cream 0.75%</i>	2	QL (60g every 30 days)
<i>metronidazole gel 0.75%</i>	2	QL (60g every 30 days)
<i>metronidazole gel 1%</i>	2	QL (60g every 30 days)
<i>metronidazole lotion 0.75%</i>	2	QL (60 mL every 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
<i>crotan</i>	2	
<i>cvs ivermectin lice treat</i>	2	OTC
<i>cvs lice treatment</i>	2	OTC
<i>lice treatment</i>	2	OTC
<i>malathion lotion 0.5%</i>	2	ST; PA**
<i>permethrin cream 5%</i>	2	
<i>spinosad susp 0.9%</i>	2	ST; PA**
DERMATOLOGY, WOUND CARE AGENTS		
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	

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Drug Name	Drug Tier	Requirements/Limits
<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 acetone dental paste 0.1%</i>	2	
OTIC		
<i>acetic acid otic soln 2%</i>	2	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	4	
CORTISPORIN SUS -TC OTIC	4	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
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<i>amoxapine tab 25 mg</i>	47	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	60
<i>amoxapine tab 50 mg</i>	47	<i>amphetamine-dextroamphetamine tab 10 mg</i>	60
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	88	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	60
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	21	<i>amphetamine-dextroamphetamine tab 15 mg</i>	60
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	21	<i>amphetamine-dextroamphetamine tab 20 mg</i>	60
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	21	<i>amphetamine-dextroamphetamine tab 30 mg</i>	60
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	21	<i>amphetamine-dextroamphetamine tab 5 mg</i>	60
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	21	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	60
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	21	<i>amphotericin b for iv soln 50 mg</i>	13
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	21	<i>ampicillin cap 500 mg</i>	22
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	22	<i>ampicillin sodium for inj 1 gm</i>	22
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	22	<i>ampicillin sodium for inj 2 gm</i>	22
		<i>anagrelide hcl cap 0.5 mg</i>	92
		<i>anagrelide hcl cap 1 mg</i>	92
		<i>anastrozole tab 1 mg</i>	26
		<i>ANNOVERA MIS</i>	72
		<i>APOKYN INJ 10MG/ML</i>	52
		<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	105
		<i>aprepitant capsule 125 mg</i>	84
		<i>aprepitant capsule 40 mg</i>	84
		<i>aprepitant capsule 80 mg</i>	84

<i>aprepitant capsule therapy pack 80 & 125 mg</i> . 84	ASTAGRAF XL CAP 0.5MG .....98
<i>apri</i> 72	ASTAGRAF XL CAP 1MG .....98
APTIVUS CAP 250MG 14	ASTAGRAF XL CAP 5MG .....98
<i>aranelle</i> 72	<i>atazanavir sulfate cap 150 mg (base equiv)</i> .....14
ARANESP INJ 100MCG..... 91	<i>atazanavir sulfate cap 200 mg (base equiv)</i> .....14
ARANESP INJ 10MCG..... 91	<i>atazanavir sulfate cap 300 mg (base equiv)</i> .....14
ARANESP INJ 150MCG..... 91	<i>atenolol & chlorthalidone tab 100-25 mg</i> .....38
ARANESP INJ 200MCG..... 91	<i>atenolol & chlorthalidone tab 50-25 mg</i>.....38
ARANESP INJ 25MCG..... 91	<i>atenolol tab 100 mg</i>.....38
ARANESP INJ 300MCG..... 91	<i>atenolol tab 25 mg</i>.....38
ARANESP INJ 40MCG..... 91	<i>atenolol tab 50 mg</i>.....38
ARANESP INJ 500MCG..... 91	<i>atomoxetine hcl cap 10 mg (base equiv)</i> .....60
ARANESP INJ 60MCG..... 91	<i>atomoxetine hcl cap 100 mg (base equiv)</i> .....60
ARCALYST INJ 220MG..... 98	<i>atomoxetine hcl cap 18 mg (base equiv)</i> .....60
AREXVY INJ 120MCG 99	<i>atomoxetine hcl cap 25 mg (base equiv)</i> .....60
<i>arformoterol tartrate soln nebu 15 mcg/2ml</i>	<i>atomoxetine hcl cap 40 mg (base equiv)</i> .....60
<i>(base equiv)</i> 108	<i>atomoxetine hcl cap 60 mg (base equiv)</i> .....60
<i>aripiprazole oral solution 1 mg/ml</i> 53	<i>atomoxetine hcl cap 80 mg (base equiv)</i> .....60
<i>aripiprazole orally disintegrating tab 10 mg</i> 53	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>
<i>aripiprazole orally disintegrating tab 15 mg</i> 53	.....36
<i>aripiprazole tab 10 mg</i> 53	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>
<i>aripiprazole tab 15 mg</i> 53	.....36
<i>aripiprazole tab 2 mg</i> 53	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>
<i>aripiprazole tab 20 mg</i> 53	.....36
<i>aripiprazole tab 30 mg</i> 53	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>
<i>aripiprazole tab 5 mg</i> 53	.....36
ARISTADA INJ 1064MG..... 53	<i>atovaquone susp 750 mg/5ml</i> .....20
ARISTADA INJ 441MG/1..... 53	<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....13
ARISTADA INJ 662MG/2 53	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....13
ARISTADA INJ 882MG/3 53	<i>atropine sulfate ophth soln 1%</i> .....106
ARISTADA INJ INITIO..... 53	<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05</i>
<i>armodafinil tab 150 mg</i> 66	<i>mg/ml)</i> .....84
<i>armodafinil tab 200 mg</i> 66	<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1</i>
<i>armodafinil tab 250 mg</i> 66	<i>mg/ml)</i> .....84
<i>armodafinil tab 50 mg</i> 66	AUTOLET PLAT MIS 1.8MM..... 75
ARNUITY ELPT INH 100MCG..... 111	<i>aviane</i>.....72
ARNUITY ELPT INH 200MCG..... 111	<i>avidoxy</i> .....22
ARNUITY ELPT INH 50MCG..... 111	<i>azacitidine for inj 100 mg</i>.....24
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i> . 29	AZASITE SOL 1% .....104
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i> ... 29	<i>azathioprine tab 100 mg</i>.....98
<i>asenapine maleate sl tab 10 mg (base equiv)</i> ... 53	<i>azathioprine tab 50 mg</i>.....98
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i> .. 53	<i>azathioprine tab 75 mg</i>.....98
<i>asenapine maleate sl tab 5 mg (base equiv)</i> 53	<i>azelaic acid gel 15%</i> .....117
<i>ashlyna</i> 72	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>
<i>aspirin enteric coated ad</i> 12	.....107
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> 92	

<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	107	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	31
<i>azelastine hcl ophth soln 0.05%</i>	105	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	31
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	107	<i>benazepril hcl tab 10 mg</i>	31
<i>azithromycin for susp 100 mg/5ml</i>	18	<i>benazepril hcl tab 20 mg</i>	32
<i>azithromycin for susp 200 mg/5ml</i>	18	<i>benazepril hcl tab 40 mg</i>	32
<i>azithromycin powd pack for susp 1 gm</i>	18	<i>benazepril hcl tab 5 mg</i>	31
<i>azithromycin tab 250 mg</i>	18	<i>benzonatate cap 100 mg</i>	109
<i>azithromycin tab 500 mg</i>	18	<i>benzonatate cap 200 mg</i>	109
<i>azithromycin tab 600 mg</i>	18	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	112
<i>AZSTARYS CAP 26.1-5.2</i>	60	<i>benztropine mesylate inj 1 mg/ml</i>	52
<i>AZSTARYS CAP 39.2-7.8</i>	60	<i>benztropine mesylate tab 0.5 mg</i>	52
<i>AZSTARYS CAP 52.3-10</i>	60	<i>benztropine mesylate tab 1 mg</i>	52
<i>aztreonam for inj 1 gm</i>	20	<i>benztropine mesylate tab 2 mg</i>	52
<i>aztreonam for inj 2 gm</i>	20	<i>bepotastine besilate ophth soln 1.5%</i>	105
<i>azurette</i>	72	<i>BESIVANCE SUS 0.6%</i>	104
B		<i>betaine powder for oral solution</i>	77
<i>bacitracin ophth oint 500 unit/gm</i>	104	<i>betamethasone dipropionate augmented cream 0.05%</i>	115
<i>bacitracin-polymyxin b ophth oint</i>	104	<i>betamethasone dipropionate augmented gel 0.05%</i>	115
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	104	<i>betamethasone dipropionate augmented lotion 0.05%</i>	115
<i>baclofen tab 10 mg</i>	65	<i>betamethasone dipropionate augmented oint 0.05%</i>	115
<i>baclofen tab 20 mg</i>	65	<i>betamethasone dipropionate cream 0.05%</i>	115
<i>baclofen tab 5 mg</i>	65	<i>betamethasone dipropionate lotion 0.05%</i>	115
<i>balsalazide disodium cap 750 mg</i>	86	<i>betamethasone valerate aerosol foam 0.12%</i>	115
<i>BARACLUDGE SOL</i>	16	<i>betamethasone valerate cream 0.1% (base equivalent)</i>	115
<i>BASAGLAR INJ 100UNIT</i>	70	<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	115
<i>BASAGLAR INJ TEMPO PN</i>	70	<i>betamethasone valerate oint 0.1% (base equivalent)</i>	115
<i>BAXDELA TAB 450MG</i>	19	<i>BETASERON INJ 0.3MG</i>	64
<i>BELBUCA MIS 150MCG</i>	11	<i>betaxolol hcl ophth soln 0.5%</i>	105
<i>BELBUCA MIS 300MCG</i>	11	<i>betaxolol hcl tab 10 mg</i>	38
<i>BELBUCA MIS 450MCG</i>	11	<i>betaxolol hcl tab 20 mg</i>	38
<i>BELBUCA MIS 600MCG</i>	11	<i>bethanechol chloride tab 10 mg</i>	89
<i>BELBUCA MIS 750MCG</i>	11	<i>bethanechol chloride tab 25 mg</i>	89
<i>BELBUCA MIS 75MCG</i>	11	<i>bethanechol chloride tab 5 mg</i>	89
<i>BELBUCA MIS 900MCG</i>	11	<i>bethanechol chloride tab 50 mg</i>	89
<i>BELSOMRA TAB 10MG</i>	62	<i>BETIMOL SOL 0.25%</i>	105
<i>BELSOMRA TAB 15MG</i>	62	<i>BETIMOL SOL 0.5%</i>	105
<i>BELSOMRA TAB 20MG</i>	62	<i>BETOPTIC-S SUS 0.25% OP</i>	105
<i>BELSOMRA TAB 5MG</i>	62		
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	31		
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	31		

BEVESPI AER 9-4.8MCG	106	<i>budesonide-formoterol fumarate dihyd aerosol</i>	
<i>bexarotene cap 75 mg</i>	29	160-4.5 mcg/act.....	112
<i>bexarotene gel 1%</i>	117	<i>budesonide-formoterol fumarate dihyd aerosol</i>	
BEXSERO INJ	99	80-4.5 mcg/act.....	111
BEYFORTUS INJ 100MG/ML	99	<i>bumetanide tab 0.5 mg</i>	42
BEYFORTUS INJ 50/0.5ML	99	<i>bumetanide tab 1 mg</i>	42
<i>bicalutamide tab 50 mg</i>	26	<i>bumetanide tab 2 mg</i>	42
BIKTARVY TAB.....	15	<i>buprenorphine hcl inj 0.3 mg/ml (base equiv) ...</i>	11
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>		<i>buprenorphine hcl sl tab 2 mg (base equiv).....</i>	66
.....	38	<i>buprenorphine hcl sl tab 8 mg (base equiv).....</i>	66
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>		<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i>	
.....	38	<i>(base equiv).....</i>	66
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>		<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	
.....	38	<i>(base equiv).....</i>	66
<i>bisoprolol fumarate tab 10 mg</i>	38	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i>	
<i>bisoprolol fumarate tab 5 mg</i>	38	<i>(base equiv).....</i>	66
<i>bleomycin sulfate for inj 15 unit</i>	24	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i>	
<i>bleomycin sulfate for inj 30 unit</i>	24	<i>(base equiv).....</i>	66
BOOSTRIX INJ.....	99	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	
<i>bosentan tab 125 mg</i>	44	<i>(base equiv).....</i>	66
<i>bosentan tab 62.5 mg</i>	44	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>	
BREO ELLIPTA INH 100-25	111	<i>(base equiv).....</i>	66
BREO ELLIPTA INH 200-25	111	<i>buprenorphine td patch weekly 10 mcg/hr</i>	12
BREO ELLIPTA INH 50-25MCG	111	<i>buprenorphine td patch weekly 15 mcg/hr</i>	12
BREZTRI AERO AER SPHERE.....	107	<i>buprenorphine td patch weekly 20 mcg/hr</i>	12
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>		<i>buprenorphine td patch weekly 5 mcg/hr</i>	11
.....	117	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	11
<i>brimonidine tartrate ophth soln 0.1%</i>	105	<i>bupropion hcl (smoking deterrent) tab er 12hr</i>	
<i>brimonidine tartrate ophth soln 0.15%</i>	105	150 mg	67
<i>brimonidine tartrate ophth soln 0.2%</i>	105	<i>bupropion hcl tab 100 mg</i>	47
<i>brimonidine tartrate-timolol maleate ophth soln</i>		<i>bupropion hcl tab 75 mg</i>	47
0.2-0.5%.....	105	<i>bupropion hcl tab er 12hr 100 mg</i>	47
<i>brinzolamide ophth susp 1%</i>	105	<i>bupropion hcl tab er 12hr 150 mg</i>	47
<i>bromfenac sodium ophth soln 0.09% (base equiv)</i>		<i>bupropion hcl tab er 12hr 200 mg</i>	47
<i>(once-daily)</i>	104	<i>bupropion hcl tab er 24hr 150 mg</i>	47
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>bupropion hcl tab er 24hr 300 mg</i>	47
<i>equivalent)</i>	52	<i>bupirone hcl tab 10 mg</i>	45
<i>bromocriptine mesylate tab 2.5 mg (base</i>		<i>bupirone hcl tab 15 mg</i>	45
<i>equivalent)</i>	52	<i>bupirone hcl tab 30 mg</i>	45
BRYHALI LOT 0.01%.....	115	<i>bupirone hcl tab 5 mg</i>	45
<i>budesonide delayed release particles cap 3 mg</i>	86	<i>bupirone hcl tab 7.5 mg</i>	45
<i>budesonide inhalation susp 0.25 mg/2ml</i>	111	<i>busulfan inj 6 mg/ml</i>	23
<i>budesonide inhalation susp 0.5 mg/2ml</i>	111	<i>butorphanol tartrate inj 1 mg/ml</i>	6
<i>budesonide inhalation susp 1 mg/2ml</i>	111	<i>butorphanol tartrate inj 2 mg/ml</i>	6
<i>budesonide tab er 24hr 9 mg</i>	86	<i>butorphanol tartrate nasal soln 10 mg/ml</i>	6

C	
<i>cabergoline tab 0.5 mg</i>	82
CABOMETYX TAB 20MG	27
CABOMETYX TAB 40MG	27
CABOMETYX TAB 60MG	27
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	114
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	115
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	82
<i>calcitriol cap 0.25 mcg</i>	103
<i>calcitriol cap 0.5 mcg</i>	103
<i>calcitriol oint 3 mcg/gm</i>	114
<i>calcitriol oral soln 1 mcg/ml</i>	103
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	82
<i>calcium acetate (phosphate binder) tab 667 mg</i>	82
CALQUENCE TAB 100MG.....	27
<i>camila</i>	72
<i>candesartan cilexetil tab 16 mg</i>	34
<i>candesartan cilexetil tab 32 mg</i>	34
<i>candesartan cilexetil tab 4 mg</i>	34
<i>candesartan cilexetil tab 8 mg</i>	34
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	33
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	33
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	33
<i>capecitabine tab 150 mg</i>	24
<i>capecitabine tab 500 mg</i>	24
CAPRELSA TAB 100MG	27
CAPRELSA TAB 300MG	27
<i>captopril tab 100 mg</i>	32
<i>captopril tab 12.5 mg</i>	32
<i>captopril tab 25 mg</i>	32
<i>captopril tab 50 mg</i>	32
<i>carbamazepine cap er 12hr 100 mg</i>	56
<i>carbamazepine cap er 12hr 200 mg</i>	56
<i>carbamazepine cap er 12hr 300 mg</i>	56
<i>carbamazepine chew tab 100 mg</i>	56
<i>carbamazepine susp 100 mg/5ml</i>	56
<i>carbamazepine tab 200 mg</i>	56
<i>carbamazepine tab er 12hr 100 mg</i>	56
<i>carbamazepine tab er 12hr 200 mg</i>	56
<i>carbamazepine tab er 12hr 400 mg</i>	56
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	52
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	52
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	52
<i>carbidopa & levodopa tab 10-100 mg</i>	52
<i>carbidopa & levodopa tab 25-100 mg</i>	52
<i>carbidopa & levodopa tab 25-250 mg</i>	52
<i>carbidopa & levodopa tab er 25-100 mg</i>	52
<i>carbidopa & levodopa tab er 50-200 mg</i>	52
<i>carbidopa tab 25 mg</i>	52
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	52
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	52
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	52
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	52
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	52
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	52
<i>carbinoxamine maleate soln 4 mg/5ml</i>	107
<i>carbinoxamine maleate tab 4 mg</i>	107
<i>carboplatin iv soln 150 mg/15ml</i>	30
<i>carboplatin iv soln 450 mg/45ml</i>	30
<i>carboplatin iv soln 50 mg/5ml</i>	30
<i>carboplatin iv soln 600 mg/60ml</i>	30
CARDURA XL TAB 4MG.....	89
CARDURA XL TAB 8MG.....	89
CAREFINE MIS 32GX6MM	76
<i>carglumic acid soluble tab 200 mg</i>	77
<i>carisoprodol tab 350 mg</i>	65
<i>carmustine for inj 100 mg</i>	23
<i>carteolol hcl ophth soln 1%</i>	105
<i>cartia xt</i>	40
<i>carvedilol phosphate cap er 24hr 10 mg</i>	38
<i>carvedilol phosphate cap er 24hr 20 mg</i>	38
<i>carvedilol phosphate cap er 24hr 40 mg</i>	38
<i>carvedilol phosphate cap er 24hr 80 mg</i>	38
<i>carvedilol tab 12.5 mg</i>	38
<i>carvedilol tab 25 mg</i>	38
<i>carvedilol tab 3.125 mg</i>	38
<i>carvedilol tab 6.25 mg</i>	38

CAYA DPR.....	72	<i>cephalexin cap 500 mg</i>	18
CAYSTON INH 75MG.....	109	<i>cephalexin cap 750 mg</i>	18
<i>cefaclor cap 250 mg</i>	17	<i>cephalexin for susp 125 mg/5ml</i>	18
<i>cefaclor cap 500 mg</i>	17	<i>cephalexin for susp 250 mg/5ml</i>	18
<i>cefaclor for susp 125 mg/5ml</i>	17	<i>cephalexin tab 250 mg</i>	18
<i>cefaclor for susp 250 mg/5ml</i>	17	<i>cephalexin tab 500 mg</i>	18
<i>cefaclor for susp 375 mg/5ml</i>	17	CERDELGA CAP 84MG	77
<i>cefadroxil cap 500 mg</i>	17	<i>cevimeline hcl cap 30 mg</i>	117
<i>cefadroxil for susp 250 mg/5ml</i>	17	<i>chateal eq</i>	72
<i>cefadroxil for susp 500 mg/5ml</i>	17	CHEMET CAP 100MG	72
<i>cefadroxil tab 1 gm</i>	17	CHEMSTRIP 9 TES STRIPS	76
<i>cefazolin sodium for inj 1 gm</i>	17	<i>chlordiazepoxide hcl cap 10 mg</i>	45
<i>cefdinir cap 300 mg</i>	17	<i>chlordiazepoxide hcl cap 25 mg</i>	45
<i>cefdinir for susp 125 mg/5ml</i>	17	<i>chlordiazepoxide hcl cap 5 mg</i>	45
<i>cefdinir for susp 250 mg/5ml</i>	17	<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	67
<i>cefepime hcl for inj 1 gm</i>	17	<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i> ..	67
<i>cefepime hcl for iv soln 2 gm</i>	17	<i>chlorhexidine gluconate soln 0.12%</i>	117
<i>cefixime cap 400 mg</i>	17	<i>chloroquine phosphate tab 250 mg</i>	13
<i>cefixime for susp 100 mg/5ml</i>	17	<i>chloroquine phosphate tab 500 mg</i>	13
<i>cefixime for susp 200 mg/5ml</i>	17	<i>chlorpromazine hcl inj 25 mg/ml</i>	53
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	17	<i>chlorpromazine hcl inj 50 mg/2ml</i>	53
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	17	<i>chlorpromazine hcl tab 10 mg</i>	53
<i>cefpodoxime proxetil tab 100 mg</i>	17	<i>chlorpromazine hcl tab 100 mg</i>	54
<i>cefpodoxime proxetil tab 200 mg</i>	17	<i>chlorpromazine hcl tab 200 mg</i>	54
<i>cefprozil for susp 125 mg/5ml</i>	17	<i>chlorpromazine hcl tab 25 mg</i>	53
<i>cefprozil for susp 250 mg/5ml</i>	17	<i>chlorpromazine hcl tab 50 mg</i>	54
<i>cefprozil tab 250 mg</i>	17	<i>chlorthalidone tab 25 mg</i>	42
<i>cefprozil tab 500 mg</i>	17	<i>chlorthalidone tab 50 mg</i>	42
<i>ceftazidime for iv soln 2 gm</i>	17	<i>chlorzoxazone tab 500 mg</i>	65
<i>ceftriaxone sodium for inj 1 gm</i>	18	<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	103
<i>ceftriaxone sodium for inj 10 gm</i>	18	<i>cholestyramine light powder 4 gm/dose</i>	35
<i>ceftriaxone sodium for inj 2 gm</i>	18	<i>cholestyramine light powder packets 4 gm</i>	35
<i>ceftriaxone sodium for inj 250 mg</i>	18	<i>cholestyramine powder 4 gm/dose</i>	35
<i>ceftriaxone sodium for inj 500 mg</i>	18	<i>cholestyramine powder packets 4 gm</i>	35
<i>ceftriaxone sodium for iv soln 1 gm</i>	18	<i>choline fenofibrate cap dr 135 mg (fenofibric acid</i> <i>equiv)</i>	35
<i>ceftriaxone sodium for iv soln 2 gm</i>	18	<i>choline fenofibrate cap dr 45 mg (fenofibric acid</i> <i>equiv)</i>	35
<i>cefuroxime axetil tab 250 mg</i>	18	CHOR GONADOT INJ 10000UNT	82
<i>cefuroxime axetil tab 500 mg</i>	18	<i>ciclopirox gel 0.77%</i>	113
<i>celecoxib cap 100 mg</i>	5	<i>ciclopirox olamine cream 0.77% (base equiv)</i> ..	113
<i>celecoxib cap 200 mg</i>	5	<i>ciclopirox olamine susp 0.77% (base equiv)</i>	113
<i>celecoxib cap 50 mg</i>	5	<i>ciclopirox shampoo 1%</i>	113
CELLCEPT CAP 250MG	98	<i>ciclopirox solution 8%</i>	113
CELLCEPT IV INJ 500MG	98	<i>cidofovir iv inj 75 mg/ml</i>	16
CELLCEPT SUS 200MG/ML.....	98	<i>cilostazol tab 100 mg</i>	92
CELLCEPT TAB 500MG	98		
<i>cephalexin cap 250 mg</i>	18		

<i>cilostazol tab 50 mg</i>	92	<i>clindamycin palmitate hcl for soln 75 mg/5ml</i>	
<i>CIMDUO TAB 300-300</i>	15	<i>(base equiv)</i>	20
<i>cimetidine tab 200 mg</i>	86	<i>clindamycin phosphate foam 1%</i>	112
<i>cimetidine tab 300 mg</i>	86	<i>clindamycin phosphate gel 1%</i>	112
<i>cimetidine tab 400 mg</i>	86	<i>clindamycin phosphate inj 300 mg/2ml</i>	20
<i>cimetidine tab 800 mg</i>	86	<i>clindamycin phosphate inj 600 mg/4ml</i>	20
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	72	<i>clindamycin phosphate inj 9 gm/60ml</i>	20
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	72	<i>clindamycin phosphate lotion 1%</i>	112
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	72	<i>clindamycin phosphate soln 1%</i>	112
<i>CIPRO (10%) SUS 500MG/5</i>	19	<i>clindamycin phosphate swab 1%</i>	112
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>		<i>clindamycin phosphate vaginal cream 2%</i>	90
<i>equivalent)</i>	104	<i>clindamycin phosphate-benzoyl peroxide gel 1.2-</i>	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>		<i>2.5%</i>	112
.....	118	<i>clindamycin phosphate-benzoyl peroxide gel 1-</i>	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	19	<i>5%</i>	112
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	19	<i>clindamycin phosph-benzoyl peroxide (refrig) gel</i>	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	19	<i>1.2 (1)-5%</i>	112
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	19	<i>clobazam suspension 2.5 mg/ml</i>	56
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>		<i>clobazam tab 10 mg</i>	56
.....	118	<i>clobazam tab 20 mg</i>	56
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln</i>		<i>clobetasol propionate cream 0.05%</i>	115
<i>0.3-0.025%</i>	118	<i>clobetasol propionate emollient base cream</i>	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	30	<i>0.05%</i>	115
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	30	<i>clobetasol propionate foam 0.05%</i>	115
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	30	<i>clobetasol propionate gel 0.05%</i>	115
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	47	<i>clobetasol propionate lotion 0.05%</i>	115
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>		<i>clobetasol propionate oint 0.05%</i>	115
.....	48	<i>clobetasol propionate shampoo 0.05%</i>	115
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>		<i>clobetasol propionate soln 0.05%</i>	115
.....	48	<i>clobetasol propionate spray 0.05%</i>	115
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>		<i>clocortolone pivalate cream 0.1%</i>	115
.....	48	<i>clofarabine iv soln 1 mg/ml</i>	24
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	24	<i>clomipramine hcl cap 25 mg</i>	45
<i>clarithromycin for susp 125 mg/5ml</i>	18	<i>clomipramine hcl cap 50 mg</i>	45
<i>clarithromycin for susp 250 mg/5ml</i>	18	<i>clomipramine hcl cap 75 mg</i>	46
<i>clarithromycin tab 250 mg</i>	18	<i>clonazepam tab 0.5 mg</i>	56
<i>clarithromycin tab 500 mg</i>	18	<i>clonazepam tab 1 mg</i>	56
<i>clarithromycin tab er 24hr 500 mg</i>	19	<i>clonazepam tab 2 mg</i>	56
<i>clemastine fumarate tab 2.68 mg</i>	107	<i>clonidine hcl tab 0.1 mg</i>	43
<i>CLENPIQ SOL</i>	86	<i>clonidine hcl tab 0.2 mg</i>	43
<i>CLEOCIN SUP 100MG</i>	90	<i>clonidine hcl tab 0.3 mg</i>	43
<i>CLIMARA PRO DIS WEEKLY</i>	77	<i>clonidine td patch weekly 0.1 mg/24hr</i>	43
<i>clindamycin hcl cap 150 mg</i>	20	<i>clonidine td patch weekly 0.2 mg/24hr</i>	43
<i>clindamycin hcl cap 300 mg</i>	20	<i>clonidine td patch weekly 0.3 mg/24hr</i>	43
<i>clindamycin hcl cap 75 mg</i>	20	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	93
		<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	92

<i>clorazepate dipotassium tab 15 mg</i>	56	COSENTYX UNO INJ 300/2ML	94
<i>clorazepate dipotassium tab 3.75 mg</i>	56	CREON CAP 12000UNT	87
<i>clorazepate dipotassium tab 7.5 mg</i>	56	CREON CAP 24000UNT	87
<i>clotrimazole cream 1%</i>	113	CREON CAP 3000UNIT	87
<i>clotrimazole soln 1%</i>	113	CREON CAP 36000UNT	87
<i>clotrimazole troche 10 mg</i>	118	CREON CAP 6000UNIT	87
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	113	CRINONE GEL 4% VAG.....	83
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	113	CRINONE GEL 8% VAG.....	83
<i>clozapine orally disintegrating tab 100 mg</i>	54	<i>cromolyn sodium ophth soln 4%</i>	105
<i>clozapine orally disintegrating tab 12.5 mg</i>	54	<i>cromolyn sodium oral conc 100 mg/5ml</i>	87
<i>clozapine orally disintegrating tab 150 mg</i>	54	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	110
<i>clozapine orally disintegrating tab 200 mg</i>	54	<i>crotran</i>	117
<i>clozapine orally disintegrating tab 25 mg</i>	54	<i>cryselle-28</i>	72
<i>clozapine tab 100 mg</i>	54	CUTAQUIG SOL 1.65GM.....	97
<i>clozapine tab 200 mg</i>	54	CUTAQUIG SOL 1GM.....	98
<i>clozapine tab 25 mg</i>	54	CUTAQUIG SOL 2GM.....	98
<i>clozapine tab 50 mg</i>	54	CUTAQUIG SOL 3.3GM.....	98
COARTEM TAB 20-120MG.....	13	CUTAQUIG SOL 4GM.....	98
CODEINE SULF TAB 60MG	6	CUTAQUIG SOL 8GM.....	98
<i>codeine sulfate tab 30 mg</i>	6	<i>cvs ivermectin lice treat</i>	117
<i>colchicine tab 0.6 mg</i>	5	<i>cvs lice treatment</i>	117
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	5	<i>cvs sleep-aid nighttime</i>	62
<i>colesevelam hcl packet for susp 3.75 gm</i>	35	<i>cyanocobalamin inj 1000 mcg/ml</i>	103
<i>colesevelam hcl tab 625 mg</i>	35	<i>cyclobenzaprine hcl tab 10 mg</i>	65
<i>colestipol hcl granule packets 5 gm</i>	35	<i>cyclobenzaprine hcl tab 5 mg</i>	65
<i>colestipol hcl granules 5 gm</i>	35	<i>cyclophosphamide cap 25 mg</i>	23
<i>colestipol hcl tab 1 gm</i>	35	<i>cyclophosphamide cap 50 mg</i>	23
COMETRIQ KIT 100MG	27	<i>cyclophosphamide for inj 1 gm</i>	23
COMETRIQ KIT 140MG	27	<i>cyclophosphamide for inj 2 gm</i>	23
COMETRIQ KIT 60MG	27	<i>cyclophosphamide for inj 500 mg</i>	23
COMIRNATY INJ 30/0.3ML	99	<i>cycloserine cap 250 mg</i>	16
<i>compro</i>	84	<i>cyclosporine cap 100 mg</i>	98
CONDOMS MIS.....	72	<i>cyclosporine cap 25 mg</i>	98
CONDYLOX GEL 0.5%.....	117	<i>cyclosporine iv soln 50 mg/ml</i>	98
COPAXONE INJ 40MG/ML	64	<i>cyclosporine modified cap 100 mg</i>	98
CORLANOR SOL 5MG/5ML.....	43	<i>cyclosporine modified cap 25 mg</i>	98
CORLANOR TAB 5MG	43	<i>cyclosporine modified cap 50 mg</i>	98
CORLANOR TAB 7.5MG	43	<i>cyclosporine modified oral soln 100 mg/ml</i>	98
CORTISPORIN SUS -TC OTIC.....	118	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	107
COSENTYX INJ 150MG/ML	93	<i>cyproheptadine hcl tab 4 mg</i>	107
COSENTYX INJ 300DOSE	94	CYSTAGON CAP 150MG	77
COSENTYX INJ 75MG/0.5	93	CYSTAGON CAP 50MG	77
COSENTYX PEN INJ 150MG/ML.....	94	CYSTARAN SOL 0.44%	106
COSENTYX PEN INJ 300DOSE.....	94	<i>cytarabine inj 20 mg/ml</i>	24
		<i>cytarabine inj pf 100 mg/ml</i>	24
		<i>cytarabine inj pf 20 mg/ml</i>	24

D	
<i>dabigatran etexilate mesylate cap 150 mg</i> (etexilate base eq)	90
<i>dacarbazine for inj 100 mg</i>	23
<i>dacarbazine for inj 200 mg</i>	23
<i>dalfampridine tab er 12hr 10 mg</i>	64
<i>danazol cap 100 mg</i>	76
<i>danazol cap 200 mg</i>	76
<i>danazol cap 50 mg</i>	76
<i>dantrolene sodium cap 100 mg</i>	65
<i>dantrolene sodium cap 25 mg</i>	65
<i>dantrolene sodium cap 50 mg</i>	65
<i>dapsone tab 100 mg</i>	20
<i>dapsone tab 25 mg</i>	20
DAPTACEL INJ	100
<i>darifenacin hydrobromide tab er 24hr 15 mg</i> (base equiv)	89
<i>darifenacin hydrobromide tab er 24hr 7.5 mg</i> (base equiv)	89
<i>darunavir tab 600 mg</i>	14
<i>darunavir tab 800 mg</i>	14
<i>dasetta 1/35</i>	72
<i>dasetta 7/7/7</i>	72
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	24
DAYVIGO TAB 10MG	62
DAYVIGO TAB 5MG	62
<i>decitabine for inj 50 mg</i>	24
<i>deferiprone tab 1000 mg</i>	72
<i>deferiprone tab 500 mg</i>	72
<i>delyla</i>	73
<i>demeclocycline hcl tab 150 mg</i>	22
<i>demeclocycline hcl tab 300 mg</i>	22
DENGVAXIA SUS	100
DEPO-ESTRADI INJ 5MG/ML	77
DEPO-MEDROL INJ 20MG/ML	79
DEPO-SQ PROV INJ 104	73
DESCOVY TAB 120-15MG	15
DESCOVY TAB 200/25MG	15
<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>	107
<i>desloratadine tab orally disintegrating 2.5 mg</i>	107
<i>desloratadine tab orally disintegrating 5 mg</i> ..	107
<i>desmopressin acetate inj 4 mcg/ml</i>	84
<i>desmopressin acetate nasal spray soln 0.01%</i> ...84	
<i>desmopressin acetate nasal spray soln 0.01%</i> (refrigerated).....	84
<i>desmopressin acetate preservative free (pf) inj 4</i> <i>mcg/ml</i>	84
<i>desmopressin acetate tab 0.1 mg</i>	84
<i>desmopressin acetate tab 0.2 mg</i>	84
<i>desonide cream 0.05%</i>	115
<i>desonide lotion 0.05%</i>	115
<i>desonide oint 0.05%</i>	115
<i>desoximetasone cream 0.05%</i>	115
<i>desoximetasone cream 0.25%</i>	115
<i>desoximetasone gel 0.05%</i>	116
<i>desoximetasone oint 0.25%</i>	116
<i>desoximetasone spray 0.25%</i>	116
<i>desvenlafaxine succinate tab er 24hr 100 mg</i> (base equiv)	48
<i>desvenlafaxine succinate tab er 24hr 25 mg (base</i> <i>equiv)</i>	48
<i>desvenlafaxine succinate tab er 24hr 50 mg (base</i> <i>equiv)</i>	48
DEXAMETHASON CON 1MG/ML	79
<i>dexamethasone elixir 0.5 mg/5ml</i>	79
<i>dexamethasone sod phosphate preservative free</i> <i>inj 10 mg/ml</i>	79
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	79
<i>dexamethasone sodium phosphate inj 100</i> <i>mg/10ml</i>	80
<i>dexamethasone sodium phosphate inj 120</i> <i>mg/30ml</i>	80
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	79
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	79
<i>dexamethasone sodium phosphate ophth soln</i> <i>0.1%</i>	104
<i>dexamethasone soln 0.5 mg/5ml</i>	80
<i>dexamethasone tab 0.5 mg</i>	80
<i>dexamethasone tab 0.75 mg</i>	80
<i>dexamethasone tab 1 mg</i>	80
<i>dexamethasone tab 1.5 mg</i>	80
<i>dexamethasone tab 2 mg</i>	80
<i>dexamethasone tab 4 mg</i>	80

<i>dexamethasone tab 6 mg</i>	80	<i>diclofenac sodium tab delayed release 25 mg</i>	5
DEXCOM G5 MIS RECEIVER.....	76	<i>diclofenac sodium tab delayed release 50 mg</i>	5
DEXCOM G5 MIS TRANSMIT	76	<i>diclofenac sodium tab delayed release 75 mg</i>	5
DEXCOM G6 MIS RECEIVER.....	76	<i>diclofenac sodium tab er 24hr 100 mg</i>	5
DEXCOM G6 MIS SENSOR.....	76	<i>diclofenac w/ misoprostol tab delayed release</i>	
DEXCOM G6 MIS TRANSMIT	76	<i>50-0.2 mg</i>	5
DEXCOM G7 MIS RECEIVER.....	76	<i>diclofenac w/ misoprostol tab delayed release</i>	
DEXCOM G7 MIS SENSOR.....	76	<i>75-0.2 mg</i>	5
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	60	<i>dicloxacillin sodium cap 250 mg</i>	22
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	60	<i>dicloxacillin sodium cap 500 mg</i>	22
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	60	<i>dicyclomine hcl cap 10 mg</i>	84
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	60	<i>dicyclomine hcl inj 10 mg/ml</i>	84
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	60	<i>dicyclomine hcl oral soln 10 mg/5ml</i>	84
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	60	<i>dicyclomine hcl tab 20 mg</i>	84
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	60	DIFICID SUS	19
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	60	DIFICID TAB 200MG	19
<i>dexmethylphenidate hcl tab 10 mg</i>	60	<i>diflorasone diacetate cream 0.05%</i>	116
<i>dexmethylphenidate hcl tab 2.5 mg</i>	60	<i>diflorasone diacetate oint 0.05%</i>	116
<i>dexmethylphenidate hcl tab 5 mg</i>	60	<i>diflunisal tab 500 mg</i>	12
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>		<i>difluprednate ophth emulsion 0.05%</i>	105
.....	30	<i>digoxin oral soln 0.05 mg/ml</i>	41
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>		<i>digoxin tab 125 mcg (0.125 mg)</i>	41
.....	30	<i>digoxin tab 250 mcg (0.25 mg)</i>	41
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> 60		<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	41
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> 60		<i>dihydroergotamine mesylate inj 1 mg/ml</i>	63
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> . 60		DILANTIN CAP 30MG.....	56
<i>dextroamphetamine sulfate oral solution 5</i>		<i>diltiazem hcl cap er 12hr 120 mg</i>	40
<i>mg/5ml</i>	60	<i>diltiazem hcl cap er 12hr 60 mg</i>	40
<i>dextroamphetamine sulfate tab 10 mg</i>	60	<i>diltiazem hcl cap er 12hr 90 mg</i>	40
<i>dextroamphetamine sulfate tab 15 mg</i>	61	<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> 40	
<i>dextroamphetamine sulfate tab 20 mg</i>	61	<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> 40	
<i>dextroamphetamine sulfate tab 30 mg</i>	61	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> 40	
<i>dextroamphetamine sulfate tab 5 mg</i>	60	<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> 40	
DIASCREEN 10 MIS	76	<i>diltiazem hcl coated beads cap er 24hr 360 mg</i> 40	
DIASTIX TES STRIPS.....	76	<i>diltiazem hcl extended release beads cap er 24hr</i>	
<i>diazepam inj 5 mg/ml</i>	56	<i>120 mg</i>	40
<i>diazepam intensol</i>	56	<i>diltiazem hcl extended release beads cap er 24hr</i>	
<i>diazepam oral soln 1 mg/ml</i>	56	<i>180 mg</i>	40
<i>diazepam tab 10 mg</i>	56	<i>diltiazem hcl extended release beads cap er 24hr</i>	
<i>diazepam tab 2 mg</i>	56	<i>240 mg</i>	40
<i>diazepam tab 5 mg</i>	56	<i>diltiazem hcl extended release beads cap er 24hr</i>	
<i>diclofenac potassium tab 50 mg</i>	5	<i>300 mg</i>	40
<i>diclofenac sodium (actinic keratoses) gel 3%</i> .. 117		<i>diltiazem hcl extended release beads cap er 24hr</i>	
<i>diclofenac sodium gel 1% (1.16% diethylamine</i>		<i>360 mg</i>	40
<i>equiv)</i>	117	<i>diltiazem hcl extended release beads cap er 24hr</i>	
<i>diclofenac sodium ophth soln 0.1%</i>	105	<i>420 mg</i>	40

<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml) ...</i>	40	<i>donepezil hydrochloride orally disintegrating tab</i>	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	40	<i>5 mg</i>	46
<i>diltiazem hcl tab 120 mg</i>	40	<i>donepezil hydrochloride tab 10 mg</i>	46
<i>diltiazem hcl tab 30 mg</i>	40	<i>donepezil hydrochloride tab 23 mg</i>	46
<i>diltiazem hcl tab 60 mg</i>	40	<i>donepezil hydrochloride tab 5 mg</i>	46
<i>diltiazem hcl tab 90 mg</i>	40	<i>DOPTELET TAB 20MG (10 TABLETS)</i>	91
<i>diltiazem hcl tab er 24hr 120 mg</i>	40	<i>DOPTELET TAB 20MG (15 TABLETS)</i>	92
<i>dilt-xr</i>	40	<i>DOPTELET TAB 20MG (30 TABLETS)</i>	92
<i>dimethyl fumarate capsule delayed release 120</i>		<i>dorzolamide hcl ophth soln 2%</i>	105
<i>mg.....</i>	64	<i>dorzolamide hcl-timolol maleate ophth soln 2-</i>	
<i>dimethyl fumarate capsule delayed release 240</i>		<i>0.5%.....</i>	105
<i>mg.....</i>	64	<i>DOVATO TAB 50-300MG.....</i>	15
<i>dimethyl fumarate capsule dr starter pack 120</i>		<i>doxazosin mesylate tab 1 mg</i>	89
<i>mg & 240 mg</i>	64	<i>doxazosin mesylate tab 2 mg</i>	89
<i>DIPENTUM CAP 250MG</i>	86	<i>doxazosin mesylate tab 4 mg</i>	89
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	107	<i>doxazosin mesylate tab 8 mg</i>	89
<i>diphenhydramine hcl inj 50 mg/ml</i>	107	<i>doxepin hcl (sleep) tab 3 mg (base equiv).....</i>	62
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>		<i>doxepin hcl (sleep) tab 6 mg (base equiv).....</i>	62
<i>.....</i>	84	<i>doxepin hcl cap 10 mg</i>	48
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg ...</i>	84	<i>doxepin hcl cap 100 mg</i>	48
<i>dipyridamole tab 25 mg</i>	93	<i>doxepin hcl cap 150 mg</i>	48
<i>dipyridamole tab 50 mg</i>	93	<i>doxepin hcl cap 25 mg</i>	48
<i>dipyridamole tab 75 mg</i>	93	<i>doxepin hcl cap 50 mg</i>	48
<i>disopyramide phosphate cap 100 mg</i>	34	<i>doxepin hcl cap 75 mg</i>	48
<i>disopyramide phosphate cap 150 mg</i>	34	<i>doxepin hcl conc 10 mg/ml</i>	49
<i>disulfiram tab 250 mg</i>	45	<i>doxepin hcl cream 5%</i>	114
<i>disulfiram tab 500 mg</i>	45	<i>doxercalciferol cap 0.5 mcg</i>	103
<i>DIURIL SUS 250/5ML</i>	42	<i>doxercalciferol cap 1 mcg</i>	103
<i>divalproex sodium cap delayed release sprinkle</i>		<i>doxercalciferol cap 2.5 mcg</i>	103
<i>125 mg.....</i>	56	<i>doxorubicin hcl for inj 10 mg.....</i>	24
<i>divalproex sodium tab delayed release 125 mg</i>	56	<i>doxorubicin hcl inj 2 mg/ml.....</i>	24
<i>divalproex sodium tab delayed release 250 mg</i>	57	<i>doxorubicin hcl liposomal inj (for iv infusion) 2</i>	
<i>divalproex sodium tab delayed release 500 mg</i>	57	<i>mg/ml.....</i>	24
<i>divalproex sodium tab er 24 hr 250 mg</i>	57	<i>doxy 100.....</i>	22
<i>divalproex sodium tab er 24 hr 500 mg</i>	57	<i>doxycycline hyclate cap 100 mg.....</i>	22
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml). 25</i>		<i>doxycycline hyclate cap 50 mg.....</i>	22
<i>docetaxel for inj conc 20 mg/ml</i>	25	<i>doxycycline hyclate for inj 100 mg</i>	22
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)...</i>	25	<i>doxycycline hyclate tab 100 mg</i>	22
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	25	<i>doxycycline hyclate tab 20 mg</i>	22
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	25	<i>doxycycline monohydrate cap 100 mg</i>	22
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	25	<i>doxycycline monohydrate cap 50 mg</i>	22
<i>dofetilide cap 125 mcg (0.125 mg)</i>	34	<i>doxycycline monohydrate for susp 25 mg/5ml..</i>	23
<i>dofetilide cap 250 mcg (0.25 mg).....</i>	34	<i>doxycycline monohydrate tab 150 mg.....</i>	23
<i>dofetilide cap 500 mcg (0.5 mg).....</i>	34	<i>doxycycline monohydrate tab 50 mg.....</i>	23
<i>donepezil hydrochloride orally disintegrating tab</i>		<i>doxycycline monohydrate tab 75 mg.....</i>	23
<i>10 mg.....</i>	46	<i>dronabinol cap 10 mg</i>	85

<i>dronabinol cap 2.5 mg</i>	84	ELIGARD INJ 7.5MG	26
<i>dronabinol cap 5 mg</i>	85	<i>elinest</i>	73
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> ..	73	ELIQUIS ST P TAB 5MG	90
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> ..	73	ELIQUIS TAB 2.5MG.....	90
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	73	ELIQUIS TAB 5MG.....	90
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	73	<i>elite-ob</i>	103
DROXIA CAP 200MG.....	92	ELLA TAB 30MG.....	73
DROXIA CAP 300MG.....	92	ELMIRON CAP 100MG.....	89
DROXIA CAP 400MG.....	92	EMCYT CAP 140MG.....	23
DUAVEE TAB 0.45-20.....	77	EMFLAZA SUS 22.75/ML	80
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	49	EMFLAZA TAB 18MG	80
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	49	EMFLAZA TAB 30MG	80
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	49	EMFLAZA TAB 36MG	80
DUPIXENT INJ 100/0.67	111	EMFLAZA TAB 6MG	80
DUPIXENT INJ 200/1.14.....	114	EMGALITY INJ 100MG/ML	63
DUPIXENT INJ 200MG	114	EMGALITY INJ 120MG/ML	63
DUPIXENT INJ 300/2ML.....	114, 115	EMSAM DIS 12MG/24H	49
DUREX MIS REALFEEL	73	EMSAM DIS 6MG/24HR	49
<i>dutasteride cap 0.5 mg</i>	89	EMSAM DIS 9MG/24HR	49
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	89	<i>emtricitabine caps 200 mg</i>	14
E		<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	15
<i>econazole nitrate cream 1%</i>	113	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	15
EDURANT TAB 25MG.....	14	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	15
<i>efavirenz cap 200 mg</i>	14	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	15
<i>efavirenz cap 50 mg</i>	14	EMTRIVA SOL 10MG/ML.....	14
<i>efavirenz tab 600 mg</i>	14	EMVERM CHW 100MG	12
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	15	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	31
<i>efavirenz-emtricitabine-tenofovir df tab 400-300-300 mg</i>	15	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	31
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	15	<i>enalapril maleate tab 10 mg</i>	32
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	15	<i>enalapril maleate tab 2.5 mg</i>	32
<i>effer-k</i>	102	<i>enalapril maleate tab 20 mg</i>	32
ELESTRIN GEL 0.06%.....	77	<i>enalapril maleate tab 5 mg</i>	32
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	63	ENBREL INJ 25/0.5ML.....	94
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	63	ENBREL INJ 25MG	94
ELIGARD INJ 22.5MG	26	ENBREL INJ 50MG/ML.....	94
ELIGARD INJ 30MG	26	ENBREL MINI INJ 50MG/ML.....	94
ELIGARD INJ 45MG	26	ENBREL SRCLK INJ 50MG/ML.....	94
		ENCARE SUP 100MG	89
		<i>endocet tab 10-325mg</i>	7
		<i>endocet tab 2.5-325</i>	6

<i>endocet tab 5-325mg</i>	7	ERBITUX INJ 200MG	25
<i>endocet tab 7.5-325</i>	7	<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	103
ENGERIX-B INJ 10/0.5ML	100	<i>ergotamine w/ caffeine tab 1-100 mg</i>	63
ENGERIX-B INJ 20MCG/ML	100	ERIVEDGE CAP 150MG	25
<i>enoxaparin sodium inj 300 mg/3ml</i>	90	ERLEADA TAB 240MG	26
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i> 90		ERLEADA TAB 60MG	26
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	90	<i>erlotinib hcl tab 100 mg (base equivalent)</i>	27
.....	90	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	27
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i> 90		<i>erlotinib hcl tab 25 mg (base equivalent)</i>	27
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	90	<i>errin</i>	73
.....	90	ERTACZO CRE 2%.....	113
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	90	<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	20
.....	90	.....	112
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	90	<i>ery</i>	19
.....	90	<i>ery-tab</i>	19
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	90	<i>erythrocin stearate</i>	19
.....	90	<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	19
<i>enpresse-28</i>	73	.....	19
<i>enskyce</i>	73	<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	19
<i>entacapone tab 200 mg</i>	52	.....	19
<i>entecavir tab 0.5 mg</i>	16	<i>erythromycin ethylsuccinate tab 400 mg</i>	19
<i>entecavir tab 1 mg</i>	16	<i>erythromycin gel 2%</i>	112
ENTRESTO TAB 24-26MG	43	<i>erythromycin ophth oint 5 mg/gm</i>	104
ENTRESTO TAB 49-51MG	43	<i>erythromycin soln 2%</i>	112
ENTRESTO TAB 97-103MG	43	<i>erythromycin tab 250 mg</i>	19
<i>enulose</i>	87	<i>erythromycin tab 500 mg</i>	19
ENVARUSUS XR TAB 0.75MG	98	<i>erythromycin w/ delayed release particles cap</i>	19
ENVARUSUS XR TAB 1MG	98	250 mg	19
ENVARUSUS XR TAB 4MG	98	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	49
EPCLUSA PAK 150-37.5.....	19	.....	49
EPCLUSA PAK 200-50MG.....	19	<i>escitalopram oxalate tab 10 mg (base equiv)</i> ...	49
EPCLUSA TAB 200-50MG.....	19	<i>escitalopram oxalate tab 20 mg (base equiv)</i> ...	49
EPCLUSA TAB 400-100.....	19	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	49
<i>epinastine hcl ophth soln 0.05%</i>	105	<i>esomeprazole magnesium cap delayed release 20</i>	88
<i>epinephrine solution auto-injector 0.15</i>	106	<i>mg (base eq)</i>	88
<i>mg/0.15ml (1:1000)</i>	106	<i>esomeprazole magnesium cap delayed release 40</i>	88
<i>epinephrine solution auto-injector 0.15 mg/0.3ml</i>	106	<i>mg (base eq)</i>	88
<i>(1:2000)</i>	106	<i>esomeprazole magnesium for delayed release</i>	88
<i>epinephrine solution auto-injector 0.3 mg/0.3ml</i>	106	<i>susp packet 10 mg</i>	62
<i>(1:1000)</i>	106	<i>estazolam tab 1 mg</i>	62
EPIPEN 2-PAK INJ 0.3MG	106	<i>estazolam tab 2 mg</i>	77
EPIPEN-JR INJ 0.15MG	106	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	77
<i>epitol</i>	57	.....	77
<i>eplerenone tab 25 mg</i>	32	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	77
<i>eplerenone tab 50 mg</i>	32	.....	77
ERBITUX INJ 100MG	25	<i>estradiol tab 0.5 mg</i>	77

<i>estradiol tab 1 mg</i>	77	<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	31
<i>estradiol tab 2 mg</i>	77	<i>etravirine tab 100 mg</i>	14
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	77	<i>etravirine tab 200 mg</i>	14
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	77	<i>EUCRISA OIN 2%</i>	115
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	77	<i>EVAMIST SPR 1.53MG</i>	78
<i>estradiol td gel 1 mg/gm (0.1%)</i>	77	<i>everolimus tab 0.25 mg</i>	98
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	78	<i>everolimus tab 0.5 mg</i>	98
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	78	<i>everolimus tab 0.75 mg</i>	98
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	78	<i>everolimus tab 1 mg</i>	98
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> ..	78	<i>everolimus tab 10 mg</i>	27
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> ..	78	<i>everolimus tab 2.5 mg</i>	27
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> ...	78	<i>everolimus tab 5 mg</i>	27
<i>estradiol td patch weekly 0.025 mg/24hr</i>	78	<i>everolimus tab 7.5 mg</i>	27
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5</i> <i>mcg/24hr)</i>	78	<i>everolimus tab for oral susp 2 mg</i>	27
<i>estradiol td patch weekly 0.05 mg/24hr</i>	78	<i>everolimus tab for oral susp 3 mg</i>	27
<i>estradiol td patch weekly 0.06 mg/24hr</i>	78	<i>everolimus tab for oral susp 5 mg</i>	27
<i>estradiol td patch weekly 0.075 mg/24hr</i>	78	<i>EVOTAZ TAB 300-150</i>	16
<i>estradiol td patch weekly 0.1 mg/24hr</i>	78	<i>EVRYSDI SOL</i>	64
<i>estradiol vaginal cream 0.1 mg/gm</i>	78	<i>exemestane tab 25 mg</i>	26
<i>estradiol valerate im in oil 20 mg/ml</i>	78	<i>ezetimibe tab 10 mg</i>	35
<i>estradiol valerate im in oil 40 mg/ml</i>	78	<i>ezetimibe-simvastatin tab 10-10 mg</i>	36
<i>ESTROGEL GEL</i>	78	<i>ezetimibe-simvastatin tab 10-20 mg</i>	36
<i>eszopiclone tab 1 mg</i>	62	<i>ezetimibe-simvastatin tab 10-40 mg</i>	36
<i>eszopiclone tab 2 mg</i>	62	<i>ezetimibe-simvastatin tab 10-80 mg</i>	36
<i>eszopiclone tab 3 mg</i>	62	F	
<i>ethacrynic acid tab 25 mg</i>	42	<i>falmina</i>	73
<i>ethambutol hcl tab 100 mg</i>	16	<i>famciclovir tab 125 mg</i>	16
<i>ethambutol hcl tab 400 mg</i>	16	<i>famciclovir tab 250 mg</i>	16
<i>ethosuximide cap 250 mg</i>	57	<i>famciclovir tab 500 mg</i>	16
<i>ethosuximide soln 250 mg/5ml</i>	57	<i>famotidine for susp 40 mg/5ml</i>	86
<i>ethynodiol diacetate & ethinyl estradiol tab 1</i> <i>mg-50 mcg</i>	73	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	86
<i>etodolac cap 200 mg</i>	5	<i>famotidine preservative free inj 20 mg/2ml</i>	86
<i>etodolac cap 300 mg</i>	5	<i>famotidine tab 20 mg</i>	86
<i>etodolac tab 400 mg</i>	5	<i>famotidine tab 40 mg</i>	86
<i>etodolac tab 500 mg</i>	5	<i>FASENRA INJ 30MG/ML</i>	111
<i>etodolac tab er 24hr 400 mg</i>	5	<i>FASENRA PEN INJ 30MG/ML</i>	111
<i>etodolac tab er 24hr 500 mg</i>	5	<i>FC2 FEMALE MIS CONDOM</i>	73
<i>etodolac tab er 24hr 600 mg</i>	5	<i>febuxostat tab 40 mg</i>	5
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015</i> <i>mg/24hr</i>	73	<i>febuxostat tab 80 mg</i>	5
<i>etoposide cap 50 mg</i>	31	<i>felbamate susp 600 mg/5ml</i>	57
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	31	<i>felbamate tab 400 mg</i>	57
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	31	<i>felbamate tab 600 mg</i>	57
		<i>felodipine tab er 24hr 10 mg</i>	40
		<i>felodipine tab er 24hr 2.5 mg</i>	40
		<i>felodipine tab er 24hr 5 mg</i>	40
		<i>FEMCAP MIS 22MM</i>	73

FEMCAP MIS 26MM	73	<i>fluconazole for susp 40 mg/ml</i>	13
FEMCAP MIS 30MM	73	<i>fluconazole tab 100 mg</i>	13
<i>fenofibrate cap 150 mg</i>	35	<i>fluconazole tab 150 mg</i>	13
<i>fenofibrate micronized cap 134 mg</i>	35	<i>fluconazole tab 200 mg</i>	13
<i>fenofibrate micronized cap 200 mg</i>	35	<i>fluconazole tab 50 mg</i>	13
<i>fenofibrate micronized cap 43 mg</i>	35	<i>fludarabine phosphate for inj 50 mg</i>	24
<i>fenofibrate micronized cap 67 mg</i>	35	<i>fludarabine phosphate inj 25 mg/ml</i>	24
<i>fenofibrate tab 145 mg</i>	36	<i>fludrocortisone acetate tab 0.1 mg</i>	80
<i>fenofibrate tab 160 mg</i>	36	FLUMIST	100
<i>fenofibrate tab 48 mg</i>	35	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	110
<i>fenofibrate tab 54 mg</i>	36	<i>fluocinolone acetonide (otic) oil 0.01%</i>	118
<i>fenopropfen calcium tab 600 mg</i>	5	<i>fluocinolone acetonide cream 0.01%</i>	116
<i>fentanyl citrate lozenge on a handle 1200 mcg</i> ..	7	<i>fluocinolone acetonide cream 0.025%</i>	116
<i>fentanyl citrate lozenge on a handle 1600 mcg</i> ..	7	<i>fluocinolone acetonide oil 0.01% (body oil)</i>	116
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	7	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	116
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	7	<i>fluocinolone acetonide oint 0.025%</i>	116
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	7	<i>fluocinolone acetonide soln 0.01%</i>	116
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	7	<i>fluocinonide cream 0.05%</i>	116
<i>fentanyl td patch 72hr 100 mcg/hr</i>	7	<i>fluocinonide gel 0.05%</i>	116
<i>fentanyl td patch 72hr 12 mcg/hr</i>	7	<i>fluocinonide oint 0.05%</i>	116
<i>fentanyl td patch 72hr 25 mcg/hr</i>	7	<i>fluocinonide soln 0.05%</i>	116
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	7	<i>fluoritab</i>	102
<i>fentanyl td patch 72hr 50 mcg/hr</i>	7	<i>fluorouracil cream 5%</i>	113
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	7	<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	24
<i>fentanyl td patch 72hr 75 mcg/hr</i>	7	<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	24
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	7	<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	24
FERPRX 2-DAY TAB 1000MG	72	<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	24
FERRIPROX SOL 100MG/ML	72	<i>fluorouracil soln 2%</i>	113
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	89	<i>fluorouracil soln 5%</i>	113
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	89	<i>fluoxetine hcl cap 10 mg</i>	49
FETZIMA CAP 120MG	49	<i>fluoxetine hcl cap 20 mg</i>	49
FETZIMA CAP 20MG	49	<i>fluoxetine hcl cap 40 mg</i>	49
FETZIMA CAP 40MG	49	<i>fluoxetine hcl cap delayed release 90 mg</i>	49
FETZIMA CAP 80MG	49	<i>fluoxetine hcl solution 20 mg/5ml</i>	49
FETZIMA CAP TITRATIO	49	<i>fluoxetine hcl tab 10 mg</i>	49
FIASP FLEX INJ TOUCH.....	70	<i>fluoxetine hcl tab 20 mg</i>	49
FIASP INJ 100/ML	70	<i>fluphenazine decanoate inj 25 mg/ml</i>	54
FIASP PENFIL INJ U-100	70	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	54
FINACEA AER 15%.....	117	<i>fluphenazine hcl inj 2.5 mg/ml</i>	54
<i>finasteride tab 5 mg</i>	89	<i>fluphenazine hcl oral conc 5 mg/ml</i>	54
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	65	<i>fluphenazine hcl tab 1 mg</i>	54
<i>flecainide acetate tab 100 mg</i>	34	<i>fluphenazine hcl tab 10 mg</i>	54
<i>flecainide acetate tab 150 mg</i>	34	<i>fluphenazine hcl tab 2.5 mg</i>	54
<i>flecainide acetate tab 50 mg</i>	34	<i>fluphenazine hcl tab 5 mg</i>	54
FLEXICHAMBER MIS MASK SM.....	111	<i>flurbiprofen sodium ophth soln 0.03%</i>	105
<i>fluconazole for susp 10 mg/ml</i>	13	<i>flurbiprofen tab 100 mg</i>	5

<i>flurbiprofen tab 50 mg</i>	5	<i>fosinopril sodium tab 20 mg</i>	32
<i>fluticasone propionate cream 0.05%</i>	116	<i>fosinopril sodium tab 40 mg</i>	32
<i>fluticasone propionate lotion 0.05%</i>	116	<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	57
<i>fluticasone propionate nasal susp 50 mcg/act</i>	110	<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	57
<i>fluticasone propionate oint 0.005%</i>	116	FRAGMIN INJ 10000/ML	91
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	112	FRAGMIN INJ 12500UNT	91
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	112	FRAGMIN INJ 15000UNT.....	91
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	112	FRAGMIN INJ 18000UNT	91
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	36	FRAGMIN INJ 2500/0.2	91
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	36	FRAGMIN INJ 2500/ML	91
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	36	FRAGMIN INJ 5000/0.2	91
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	46	FRAGMIN INJ 7500/0.3	91
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	46	FRAGMIN INJ 95000UNT.....	91
<i>fluvoxamine maleate tab 100 mg</i>	46	<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	63
<i>fluvoxamine maleate tab 25 mg</i>	46	<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	26
<i>fluvoxamine maleate tab 50 mg</i>	46	<i>furosemide inj 10 mg/ml</i>	42
<i>folic acid cap 0.8 mg</i>	103	<i>furosemide oral soln 10 mg/ml</i>	42
<i>folic acid tab 1 mg</i>	103	<i>furosemide oral soln 8 mg/ml</i>	42
<i>folic acid tab 400 mcg</i>	103	<i>furosemide tab 20 mg</i>	42
<i>folic acid tab 800 mcg</i>	103	<i>furosemide tab 40 mg</i>	42
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	91	<i>furosemide tab 80 mg</i>	42
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	90	FUZEON INJ 90MG	14
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	90	FYCOMPA SUS 0.5MG/ML	57
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	90	FYCOMPA TAB 10MG	57
<i>formoterol fumarate soln nebu 20 mcg/2ml</i> ..	108	FYCOMPA TAB 12MG	57
FOSAMAX + D TAB 70-2800.....	71	FYCOMPA TAB 2MG	57
FOSAMAX + D TAB 70-5600.....	71	FYCOMPA TAB 4MG	57
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	14	FYCOMPA TAB 6MG	57
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	12	FYCOMPA TAB 8MG	57
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	31	FYLNETRA INJ 6MG/0.6.....	92
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	31	G	
<i>fosinopril sodium tab 10 mg</i>	32	<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>galantamine hydrobromide cap er 24hr 16 mg</i> ..	46
		<i>galantamine hydrobromide cap er 24hr 24 mg</i> ..	46
		<i>galantamine hydrobromide cap er 24hr 8 mg</i> ...	46
		<i>galantamine hydrobromide oral soln 4 mg/ml</i> ..	46
		<i>galantamine hydrobromide tab 12 mg</i>	46
		<i>galantamine hydrobromide tab 4 mg</i>	46

<i>galantamine hydrobromide tab 8 mg</i>	46	<i>glipizide tab 10 mg</i>	71
GARDASIL 9 INJ.....	100	<i>glipizide tab 5 mg</i>	71
<i>gatifloxacin ophth soln 0.5%</i>	104	<i>glipizide tab er 24hr 10 mg</i>	71
<i>gavilyte-c</i>	87	<i>glipizide tab er 24hr 2.5 mg</i>	71
<i>gavilyte-g</i>	87	<i>glipizide tab er 24hr 5 mg</i>	71
GAZYVA INJ 25MG/ML	25	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	69
<i>gemcitabine hcl for inj 1 gm</i>	24	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	69
<i>gemcitabine hcl for inj 2 gm</i>	24	<i>glipizide-metformin hcl tab 5-500 mg</i>	69
<i>gemcitabine hcl for inj 200 mg</i>	24	<i>glucagon (rdna) for inj kit 1 mg</i>	81
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i> <i>(base equiv)</i>	24	<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	84
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i> <i>(base equiv)</i>	24	<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	84
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i> <i>(base equiv)</i>	24	<i>glycopyrrolate oral soln 1 mg/5ml</i>	84
<i>gemfibrozil tab 600 mg</i>	36	<i>glycopyrrolate tab 1 mg</i>	84
GEMTESA TAB 75MG.....	89	<i>glycopyrrolate tab 2 mg</i>	84
<i>generlac</i>	87	GLYXAMBI TAB 10-5 MG	71
<i>gengraf</i>	98	GLYXAMBI TAB 25-5 MG	71
GENOTROPIN INJ 0.2MG	81	<i>goodsense aspirin</i>	12
GENOTROPIN INJ 0.4MG	81	<i>goodsense nicotine polacr</i>	67
GENOTROPIN INJ 0.6MG	81	<i>granisetron hcl inj 1 mg/ml</i>	85
GENOTROPIN INJ 0.8MG	81	<i>granisetron hcl tab 1 mg</i>	85
GENOTROPIN INJ 1.2MG	81	<i>griseofulvin microsize susp 125 mg/5ml</i>	13
GENOTROPIN INJ 1.4MG	81	<i>griseofulvin microsize tab 500 mg</i>	13
GENOTROPIN INJ 1.6MG	81	<i>griseofulvin ultramicrosize tab 125 mg</i>	13
GENOTROPIN INJ 1.8MG	81	<i>griseofulvin ultramicrosize tab 250 mg</i>	13
GENOTROPIN INJ 12MG	81	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	109
GENOTROPIN INJ 1MG	81	<i>guanfacine hcl tab 1 mg</i>	43
GENOTROPIN INJ 2MG	81	<i>guanfacine hcl tab 2 mg</i>	43
GENOTROPIN INJ 5MG	81	<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> ...	61
<i>gentamicin sulfate cream 0.1%</i>	113	<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> ...	61
<i>gentamicin sulfate inj 40 mg/ml</i>	12	<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> ...	61
<i>gentamicin sulfate oint 0.1%</i>	113	<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> ...	61
<i>gentamicin sulfate ophth soln 0.3%</i>	104	GVOKE HYPO 1 INJ .5/.1ML.....	81
GENVOYA TAB	16	GVOKE HYPO 1 INJ 1MG/.2ML.....	81
<i>glatiramer acetate soln prefilled syringe 40</i> <i>mg/ml</i>	65	GVOKE KIT SOL 1MG/0.2M	81
<i>glatopa</i>	65	GVOKE PFS INJ.....	81
GLEOSTINE CAP 100MG	23	GYNAZOLE-1 CRE 2%.....	90
GLEOSTINE CAP 10MG	23	GYNOL II GEL 3%	89
GLEOSTINE CAP 40MG	23	H	
GLIADEL WAF 7.7MG.....	23	HAEGARDA INJ 2000UNIT	97
<i>glimepiride tab 1 mg</i>	71	HAEGARDA INJ 3000UNIT	97
<i>glimepiride tab 2 mg</i>	71	<i>halobetasol propionate cream 0.05%</i>	116
<i>glimepiride tab 4 mg</i>	71	<i>halobetasol propionate oint 0.05%</i>	116
		<i>haloperidol decanoate im soln 100 mg/ml</i>	54
		<i>haloperidol decanoate im soln 50 mg/ml</i>	54
		<i>haloperidol lactate inj 5 mg/ml</i>	54
		<i>haloperidol lactate oral conc 2 mg/ml</i>	54

<i>haloperidol tab 0.5 mg</i>	54	<i>hydralazine hcl tab 50 mg</i>	43
<i>haloperidol tab 1 mg</i>	54	<i>hydrochlorothiazide cap 12.5 mg</i>	42
<i>haloperidol tab 10 mg</i>	54	<i>hydrochlorothiazide tab 12.5 mg</i>	42
<i>haloperidol tab 2 mg</i>	54	<i>hydrochlorothiazide tab 25 mg</i>	42
<i>haloperidol tab 20 mg</i>	54	<i>hydrochlorothiazide tab 50 mg</i>	42
<i>haloperidol tab 5 mg</i>	54	<i>hydrocod polst-chlorphen polst er susp 10-8</i> <i>mg/5ml</i>	109
HARVONI PAK	19	<i>hydrocodone bitart-homatropine methylbrom</i> <i>soln 5-1.5 mg/5ml</i>	109
HARVONI PAK 45-200MG	19	<i>hydrocodone bitart-homatropine methylbromide</i> <i>tab 5-1.5 mg</i>	109
HARVONI TAB 45-200MG	19	<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	7
HARVONI TAB 90-400MG	19	<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	7
HAVRIX INJ 1440UNIT	100	<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i> 7	
HAVRIX INJ 720UNIT	100	<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i> 7	
<i>heather</i>	73	<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i> 7	
HELIDAC MIS THERAPY	88	<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i> 7	
HEMLIBRA INJ 105/0.7	92	<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i> 7	
HEMLIBRA INJ 150/ML	92	<i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i>	8
HEMLIBRA INJ 300/2ML	92	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	8
HEMLIBRA INJ 30MG/ML	92	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	8
HEMLIBRA INJ 60/0.4	92	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	8
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	91	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	8
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	91	<i>hydrocortisone butyrate cream 0.1%</i>	116
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	91	<i>hydrocortisone butyrate oint 0.1%</i>	116
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	91	<i>hydrocortisone butyrate soln 0.1%</i>	116
.....	91	<i>hydrocortisone cream 1%</i>	116
HEPLISAV-B INJ 20/0.5ML	100	<i>hydrocortisone cream 2.5%</i>	116
HIBERIX SOL 10MCG	100	<i>hydrocortisone enema 100 mg/60ml</i>	86
HOLD CHAMBER MIS MEDIUM	111	<i>hydrocortisone lotion 2.5%</i>	116
HUMIRA INJ 10/0.1ML	94	<i>hydrocortisone oint 2.5%</i>	116
HUMIRA INJ 20/0.2ML	94	<i>hydrocortisone perianal cream 1%</i>	88
HUMIRA INJ 40/0.4ML	94	<i>hydrocortisone perianal cream 2.5%</i>	88
HUMIRA KIT 40MG/0.8	95	<i>hydrocortisone tab 10 mg</i>	80
HUMIRA PEDIA INJ CROHNS	95	<i>hydrocortisone tab 20 mg</i>	80
HUMIRA PEN INJ 40/0.4ML	95	<i>hydrocortisone tab 5 mg</i>	80
HUMIRA PEN INJ 40MG/0.8	95	<i>hydrocortisone valerate cream 0.2%</i>	116
HUMIRA PEN INJ 80/0.8ML	95	<i>hydrocortisone valerate oint 0.2%</i>	116
HUMIRA PEN KIT PS/UV	95	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	118
HUMULIN INJ 70/30	70	<i>hydromet</i>	109
HUMULIN INJ 70/30KWP	70	<i>hydromorphone hcl inj 2 mg/ml</i>	8
HUMULIN N INJ U-100	70	<i>hydromorphone hcl tab 2 mg</i>	8
HUMULIN N INJ U-100KWP	70	<i>hydromorphone hcl tab 4 mg</i>	8
HUMULIN R INJ U-100	70		
HUMULIN R INJ U-500	70		
<i>hydralazine hcl tab 10 mg</i>	43		
<i>hydralazine hcl tab 100 mg</i>	43		
<i>hydralazine hcl tab 25 mg</i>	43		

<i>hydromorphone hcl tab 8 mg</i>	8	ILEVRO DRO 0.3% OP	105
<i>hydromorphone hcl tab er 24hr 12 mg</i>	8	<i>imatinib mesylate tab 100 mg (base equivalent)</i>	
<i>hydromorphone hcl tab er 24hr 16 mg</i>	8	.....	27
<i>hydromorphone hcl tab er 24hr 32 mg</i>	8	<i>imatinib mesylate tab 400 mg (base equivalent)</i>	
<i>hydromorphone hcl tab er 24hr 8 mg</i>	8	.....	27
<i>hydroxychloroquine sulfate tab 200 mg</i>	97	IMBRUVICA CAP 140MG	27
<i>hydroxyurea cap 500 mg</i>	29	IMBRUVICA CAP 70MG	27
<i>hydroxyzine hcl im soln 25 mg/ml</i>	107	IMBRUVICA SUS 70MG/ML.....	27
<i>hydroxyzine hcl im soln 50 mg/ml</i>	107	IMBRUVICA TAB 140MG	27
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	107	IMBRUVICA TAB 280MG	28
<i>hydroxyzine hcl tab 10 mg</i>	108	IMBRUVICA TAB 420MG	28
<i>hydroxyzine hcl tab 25 mg</i>	108	<i>imipramine hcl tab 10 mg</i>	49
<i>hydroxyzine hcl tab 50 mg</i>	108	<i>imipramine hcl tab 25 mg</i>	49
<i>hydroxyzine pamoate cap 100 mg</i>	108	<i>imipramine hcl tab 50 mg</i>	49
<i>hydroxyzine pamoate cap 25 mg</i>	108	<i>imipramine pamoate cap 100 mg</i>	50
<i>hydroxyzine pamoate cap 50 mg</i>	108	<i>imipramine pamoate cap 125 mg</i>	50
HYRIMOZ INJ 10/0.1ML.....	95	<i>imipramine pamoate cap 150 mg</i>	50
HYRIMOZ INJ 20/0.2ML.....	95	<i>imipramine pamoate cap 75 mg</i>	49
HYRIMOZ INJ 40/0.4ML.....	95	<i>imiquimod cream 5%</i>	113
HYRIMOZ INJ 40/0.8ML.....	95	IMVEXXY MAIN SUP 10MCG	79
HYRIMOZ INJ 80/0.8ML.....	95	IMVEXXY MAIN SUP 4MCG	78
HYRIMOZ SENS INJ 80/0.8ML.....	95	IMVEXXY STRT SUP 10MCG.....	79
HYRIMOZ-CROH INJ UC SP	95	IMVEXXY STRT SUP 4MCG.....	79
HYRIMOZ-PED INJ CROHNS.....	95	<i>inatal gt</i>	103
HYRIMOZ-PLAQ INJ PSORIASI.....	95	INBRIJA CAP 42MG.....	52
I		INCRELEX INJ 40MG/4ML.....	82
<i>ibandronate sodium iv soln 3 mg/3ml (base</i>		<i>indapamide tab 1.25 mg</i>	42
<i>equivalent)</i>	72	<i>indapamide tab 2.5 mg</i>	42
<i>ibandronate sodium tab 150 mg (base</i>		INFANRIX INJ	100
<i>equivalent)</i>	72	INFLIXIMAB INJ 100MG.....	93
<i>ibuprofen susp 100 mg/5ml</i>	5	INFLUENZA VACCINE.....	100
<i>ibuprofen tab 400 mg</i>	5	INLYTA TAB 1MG.....	28
<i>ibuprofen tab 600 mg</i>	5	INLYTA TAB 5MG.....	28
<i>ibuprofen tab 800 mg</i>	5	INSTA-GLUCOS GEL 77.4%	81
<i>icatibant acetate subcutaneous soln pref syr 30</i>		INSULIN SYRG MIS 1ML/31G.....	76
<i>mg/3ml</i>	97	INTELENCE TAB 25MG	14
<i>icosapent ethyl cap 0.5 gm</i>	37	INTRAROSA SUP 6.5MG	82
<i>icosapent ethyl cap 1 gm</i>	38	<i>introvale</i>	73
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	24	IOPIDINE SOL 1% OP	105
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	24	IPOL INJ INACTIVE	100
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	24	<i>ipratropium bromide inhal soln 0.02%</i>	107
IDHIFA TAB 100MG	30	<i>ipratropium bromide nasal soln 0.03% (21</i>	
IDHIFA TAB 50MG	30	<i>mcg/spray)</i>	107
<i>ifosfamide for inj 1 gm</i>	23	<i>ipratropium bromide nasal soln 0.06% (42</i>	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	23	<i>mcg/spray)</i>	107
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	23		

<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>	JAKAFI TAB 15MG	28
<i>mg/3ml</i>	JAKAFI TAB 20MG	28
<i>irbesartan tab 150 mg</i>	JAKAFI TAB 25MG	28
<i>irbesartan tab 300 mg</i>	JAKAFI TAB 5MG	28
<i>irbesartan tab 75 mg</i>	<i>jantoven</i>	91
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	JANUMET TAB 50-1000	69
.....	JANUMET TAB 50-500MG	69
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	JANUMET XR TAB 100-1000	69
.....	JANUMET XR TAB 50-1000	69
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	JANUMET XR TAB 50-500MG	69
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	JANUVIA TAB 100MG	69
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	JANUVIA TAB 25MG	69
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	JANUVIA TAB 50MG	69
ISENTRESS CHW 100MG	JARDIANCE TAB 10MG	71
ISENTRESS CHW 25MG	JARDIANCE TAB 25MG	71
ISENTRESS HD TAB 600MG	JENTADUETO TAB XR	69
ISENTRESS POW 100MG	<i>jinteli</i>	79
ISENTRESS TAB 400MG	<i>jolessa</i>	73
<i>isoniazid inj 100 mg/ml</i>	JUBLIA SOL 10%	113
<i>isoniazid syrup 50 mg/5ml</i>	<i>junel 1.5/30</i>	73
<i>isoniazid tab 100 mg</i>	<i>junel 1/20</i>	73
<i>isoniazid tab 300 mg</i>	<i>junel fe 1.5/30</i>	73
<i>isosorbide dinitrate tab 10 mg</i>	<i>junel fe 1/20</i>	73
<i>isosorbide dinitrate tab 20 mg</i>	<i>junel fe 24</i>	73
<i>isosorbide dinitrate tab 30 mg</i>	K	
<i>isosorbide dinitrate tab 5 mg</i>	KADCYLA INJ 100MG	25
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5</i>	KADCYLA INJ 160MG	25
<i>mg</i>	KALYDECO GRA 13.4MG	109
<i>isosorbide mononitrate tab 10 mg</i>	KALYDECO GRA 5.8MG	109
<i>isosorbide mononitrate tab 20 mg</i>	KALYDECO PAK 25MG	109
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	KALYDECO PAK 50MG	109
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	KALYDECO PAK 75MG	109
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	KALYDECO TAB 150MG	109
<i>isotretinoin cap 10 mg</i>	<i>kariva</i>	73
<i>isotretinoin cap 20 mg</i>	<i>kelnor 1/35</i>	73
<i>isotretinoin cap 30 mg</i>	KERENDIA TAB 10MG	82
<i>isotretinoin cap 40 mg</i>	KERENDIA TAB 20MG	82
<i>isradipine cap 2.5 mg</i>	<i>ketoconazole cream 2%</i>	113
<i>isradipine cap 5 mg</i>	<i>ketoconazole shampoo 2%</i>	114
<i>itraconazole cap 100 mg</i>	KETO-DIASTIX TES	76
<i>itraconazole oral soln 10 mg/ml</i>	<i>ketorolac tromethamine im inj 60 mg/2ml (30</i>	
IV PREP WIPE PAD	<i>mg/ml)</i>	5
<i>ivermectin cream 1%</i>	<i>ketorolac tromethamine inj 15 mg/ml</i>	5
<i>ivermectin tab 3 mg</i>	<i>ketorolac tromethamine inj 30 mg/ml</i>	5
J	<i>ketorolac tromethamine ophth soln 0.4%</i>	105
JAKAFI TAB 10MG	<i>ketorolac tromethamine ophth soln 0.5%</i>	105

<i>ketorolac tromethamine tab 10 mg</i>	6	<i>lamotrigine tab er 24hr 100 mg</i>	58
KEVZARA INJ 150/1.14	95	<i>lamotrigine tab er 24hr 200 mg</i>	58
KEVZARA INJ 200/1.14	96	<i>lamotrigine tab er 24hr 25 mg</i>	58
KEYTRUDA INJ 100MG/4M.....	25	<i>lamotrigine tab er 24hr 250 mg</i>	58
KINRIX INJ	100	<i>lamotrigine tab er 24hr 300 mg</i>	58
KISQALI TAB 200DOSE	28	<i>lamotrigine tab er 24hr 50 mg</i>	58
KISQALI TAB 400DOSE	28	LANCING DEVI MIS.....	76
KISQALI TAB 600DOSE	28	<i>lansoprazole cap delayed release 15 mg</i>	88
<i>klor-con 10</i>	102	<i>lansoprazole cap delayed release 30 mg</i>	88
<i>klor-con 8</i>	102	<i>lanthanum carbonate chew tab 1000 mg</i> <i>(elemental)</i>	82
<i>klor-con m15</i>	102	<i>lanthanum carbonate chew tab 500 mg</i> <i>(elemental)</i>	82
<i>kurvelo</i>	73	<i>lanthanum carbonate chew tab 750 mg</i> <i>(elemental)</i>	82
KYLEENA IUD 19.5MG	73	<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	28
L		<i>larin 1.5/30</i>	73
<i>labetalol hcl tab 100 mg</i>	38	<i>latanoprost ophth soln 0.005%</i>	105
<i>labetalol hcl tab 200 mg</i>	38	<i>leena</i>	73
<i>labetalol hcl tab 300 mg</i>	38	<i>leflunomide tab 10 mg</i>	97
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	57	<i>leflunomide tab 20 mg</i>	97
<i>lacosamide oral solution 10 mg/ml</i>	57	LENVIMA CAP 10 MG	28
<i>lacosamide tab 100 mg</i>	57	LENVIMA CAP 12MG	28
<i>lacosamide tab 150 mg</i>	57	LENVIMA CAP 14 MG	28
<i>lacosamide tab 200 mg</i>	57	LENVIMA CAP 18 MG	28
<i>lacosamide tab 50 mg</i>	57	LENVIMA CAP 20 MG	28
<i>lactic acid (ammonium lactate) cream 12%</i>	117	LENVIMA CAP 24 MG	28
<i>lactic acid (ammonium lactate) lotion 12%</i>	117	LENVIMA CAP 4MG	28
<i>lactulose solution 10 gm/15ml</i>	87	LENVIMA CAP 8 MG	28
<i>lamivudine oral soln 10 mg/ml</i>	14	<i>lessina</i>	73
<i>lamivudine tab 100 mg (hbv)</i>	16	<i>letrozole tab 2.5 mg</i>	26
<i>lamivudine tab 150 mg</i>	14	<i>leucovorin calcium for inj 100 mg</i>	30
<i>lamivudine tab 300 mg</i>	14	<i>leucovorin calcium for inj 200 mg</i>	30
<i>lamivudine-zidovudine tab 150-300 mg</i>	16	<i>leucovorin calcium for inj 350 mg</i>	30
<i>lamotrigine orally disintegrating tab 100 mg</i> ...	57	<i>leucovorin calcium for inj 50 mg</i>	30
<i>lamotrigine orally disintegrating tab 200 mg</i> ...	57	<i>leucovorin calcium for inj 500 mg</i>	30
<i>lamotrigine orally disintegrating tab 25 mg</i>	57	<i>leucovorin calcium tab 10 mg</i>	30
<i>lamotrigine orally disintegrating tab 50 mg</i>	57	<i>leucovorin calcium tab 15 mg</i>	30
<i>lamotrigine tab 100 mg</i>	57	<i>leucovorin calcium tab 25 mg</i>	30
<i>lamotrigine tab 150 mg</i>	57	<i>leucovorin calcium tab 5 mg</i>	30
<i>lamotrigine tab 200 mg</i>	57	LEUKERAN TAB 2MG	23
<i>lamotrigine tab 25 mg</i>	57	<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i> 26	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter</i> <i>kit</i>	57	<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base</i> <i>equiv)</i>	108
<i>lamotrigine tab 35 x 25 mg starter kit</i>	57	<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base</i> <i>equiv)</i>	108
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter</i> <i>kit</i>	57		
<i>lamotrigine tab chewable dispersible 25 mg</i>	58		
<i>lamotrigine tab chewable dispersible 5 mg</i>	58		

levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv).....	108	levothyroxine sodium tab 137 mcg.....	83
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	108	levothyroxine sodium tab 150 mcg.....	83
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv).....	108	levothyroxine sodium tab 175 mcg.....	83
LEVEMIR INJ.....	70	levothyroxine sodium tab 200 mcg.....	83
LEVEMIR INJ FLEXPEN.....	70	levothyroxine sodium tab 25 mcg.....	83
levetiracetam in sodium chloride iv soln 1000 mg/100ml.....	58	levothyroxine sodium tab 300 mcg.....	83
levetiracetam in sodium chloride iv soln 1500 mg/100ml.....	58	levothyroxine sodium tab 50 mcg.....	83
levetiracetam in sodium chloride iv soln 500 mg/100ml.....	58	levothyroxine sodium tab 75 mcg.....	83
levetiracetam inj 500 mg/5ml (100 mg/ml).....	58	levothyroxine sodium tab 88 mcg.....	83
levetiracetam oral soln 100 mg/ml.....	58	levoxyl.....	83
levetiracetam tab 1000 mg.....	58	LEXIVA SUS 50MG/ML.....	14
levetiracetam tab 250 mg.....	58	lice treatment.....	117
levetiracetam tab 500 mg.....	58	lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%).....	34
levetiracetam tab 750 mg.....	58	lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%).....	35
levetiracetam tab er 24hr 500 mg.....	58	lidocaine hcl laryngotracheal soln 4%.....	118
levetiracetam tab er 24hr 750 mg.....	58	lidocaine hcl local inj 0.5%.....	12
levobunolol hcl ophth soln 0.5%.....	105	lidocaine hcl local inj 1%.....	12
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml).....	108	lidocaine hcl local inj 2%.....	12
levocetirizine dihydrochloride tab 5 mg.....	108	lidocaine hcl local preservative free (pf) inj 0.5%.....	12
levofloxacin iv soln 25 mg/ml.....	19	lidocaine hcl local preservative free (pf) inj 1%.....	12
levofloxacin oral soln 25 mg/ml.....	19	lidocaine hcl local preservative free (pf) inj 2%.....	12
levofloxacin tab 250 mg.....	19	lidocaine hcl soln 4%.....	116
levofloxacin tab 500 mg.....	19	lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	116
levofloxacin tab 750 mg.....	19	lidocaine hcl viscous soln 2%.....	118
levonest.....	73	lidocaine oint 5%.....	116
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	73	lidocaine pain relief pat.....	117
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	74	lidocaine patch 5%.....	117
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	74	lidocaine-prilocaine cream 2.5-2.5%.....	117
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21).....	74	LILETTA IUD 52MG.....	74
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	73	linezolid for susp 100 mg/5ml.....	20
levora 0.15/30-28.....	74	linezolid iv soln 600 mg/300ml (2 mg/ml).....	20
levothyroxine sodium tab 100 mcg.....	83	linezolid tab 600 mg.....	20
levothyroxine sodium tab 112 mcg.....	83	LINZESS CAP 145MCG.....	86
levothyroxine sodium tab 125 mcg.....	83	LINZESS CAP 290MCG.....	86
		LINZESS CAP 72MCG.....	86
		liothyronine sodium tab 25 mcg.....	83
		liothyronine sodium tab 5 mcg.....	83
		liothyronine sodium tab 50 mcg.....	83
		lisinopril & hydrochlorothiazide tab 10-12.5 mg31	
		lisinopril & hydrochlorothiazide tab 20-12.5 mg31	
		lisinopril & hydrochlorothiazide tab 20-25 mg..31	
		lisinopril tab 10 mg.....	32

<i>lisinopril tab 2.5 mg</i>	32	LUMIGAN SOL 0.01%	105
<i>lisinopril tab 20 mg</i>	32	<i>lurasidone hcl tab 120 mg</i>	54
<i>lisinopril tab 30 mg</i>	32	<i>lurasidone hcl tab 20 mg</i>	54
<i>lisinopril tab 40 mg</i>	32	<i>lurasidone hcl tab 40 mg</i>	54
<i>lisinopril tab 5 mg</i>	32	<i>lurasidone hcl tab 60 mg</i>	54
<i>lithium carbonate cap 150 mg</i>	64	<i>lurasidone hcl tab 80 mg</i>	54
<i>lithium carbonate cap 300 mg</i>	64	<i>lutera</i>	74
<i>lithium carbonate cap 600 mg</i>	64	LYNPARZA TAB 100MG	30
<i>lithium carbonate tab 300 mg</i>	64	LYNPARZA TAB 150MG	30
<i>lithium carbonate tab er 300 mg</i>	64	LYSODREN TAB 500MG	26
<i>lithium carbonate tab er 450 mg</i>	64	M	
LITHIUM SOL 8MEQ/5ML.....	64	<i>magnesium sulfate in dextrose 5% iv soln 1</i>	
LO LOESTRIN TAB 1-10-10.....	74	<i>gm/100ml</i>	102
<i>loperamide hcl cap 2 mg</i>	84	<i>magnesium sulfate inj 50%</i>	102
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20</i>		<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	
<i>mg/ml)</i>	16	.....	102
<i>lopinavir-ritonavir tab 100-25 mg</i>	16	<i>malathion lotion 0.5%</i>	117
<i>lopinavir-ritonavir tab 200-50 mg</i>	16	<i>mannitol iv soln 20%</i>	42
<i>lorazepam conc 2 mg/ml</i>	46	<i>mannitol iv soln 25%</i>	42
<i>lorazepam tab 0.5 mg</i>	46	<i>maraviroc tab 150 mg</i>	14
<i>lorazepam tab 1 mg</i>	46	<i>maraviroc tab 300 mg</i>	14
<i>lorazepam tab 2 mg</i>	46	<i>marlissa</i>	74
LORBRENA TAB 100MG	28	MARPLAN TAB 10MG.....	50
LORBRENA TAB 25MG	28	MATULANE CAP 50MG	23
<i>loryna</i>	74	<i>matzim la</i>	41
<i>losartan potassium & hydrochlorothiazide tab</i>		<i>meclizine hcl tab 12.5 mg</i>	85
<i>100-12.5 mg</i>	33	<i>meclizine hcl tab 25 mg</i>	85
<i>losartan potassium & hydrochlorothiazide tab</i>		<i>meclofenamate sodium cap 100 mg</i>	6
<i>100-25 mg</i>	33	<i>meclofenamate sodium cap 50 mg</i>	6
<i>losartan potassium & hydrochlorothiazide tab</i>		MEDROL TAB 2MG	80
<i>50-12.5 mg</i>	33	<i>medroxyprogesterone acetate im susp 150</i>	
<i>losartan potassium tab 100 mg</i>	34	<i>mg/ml</i>	74
<i>losartan potassium tab 25 mg</i>	34	<i>medroxyprogesterone acetate im susp prefilled</i>	
<i>losartan potassium tab 50 mg</i>	34	<i>syr 150 mg/ml</i>	74
<i>loteprednol etabonate ophth susp 0.5%</i>	105	<i>medroxyprogesterone acetate tab 10 mg</i>	83
<i>lovastatin tab 10 mg</i>	36	<i>medroxyprogesterone acetate tab 2.5 mg</i>	83
<i>lovastatin tab 20 mg</i>	36	<i>medroxyprogesterone acetate tab 5 mg</i>	83
<i>lovastatin tab 40 mg</i>	36	<i>mefenamic acid cap 250 mg</i>	6
<i>low-ogestrel</i>	74	<i>mefloquine hcl tab 250 mg</i>	13
<i>loxapine succinate cap 10 mg</i>	54	<i>megestrol acetate susp 40 mg/ml</i>	26
<i>loxapine succinate cap 25 mg</i>	54	<i>megestrol acetate susp 625 mg/5ml</i>	83
<i>loxapine succinate cap 5 mg</i>	54	<i>megestrol acetate tab 20 mg</i>	26
<i>loxapine succinate cap 50 mg</i>	54	<i>megestrol acetate tab 40 mg</i>	26
<i>lubiprostone cap 24 mcg</i>	86	MEKINIST SOL 0.05/ML.....	28
<i>lubiprostone cap 8 mcg</i>	86	MEKINIST TAB 0.5MG	28
<i>luliconazole cream 1%</i>	114	MEKINIST TAB 2MG	28

<i>meloxicam tab 15 mg</i>	6	<i>methadone hcl tab 10 mg</i>	8
<i>meloxicam tab 7.5 mg</i>	6	<i>methadone hcl tab 5 mg</i>	8
<i>melphalan hcl for inj 50 mg (base equiv)</i>	23	<i>methadone hcl tab for oral susp 40 mg</i>	8
<i>melphalan tab 2 mg</i>	23	<i>methadone hydrochloride i</i>	8
<i>memantine hcl cap er 24hr 14 mg</i>	46	<i>methadose</i>	8
<i>memantine hcl cap er 24hr 21 mg</i>	46	<i>methamphetamine hcl tab 5 mg</i>	61
<i>memantine hcl cap er 24hr 28 mg</i>	46	<i>methazolamide tab 25 mg</i>	42
<i>memantine hcl cap er 24hr 7 mg</i>	46	<i>methazolamide tab 50 mg</i>	42
<i>memantine hcl oral solution 2 mg/ml</i>	46	<i>methenamine hippurate tab 1 gm</i>	20
<i>memantine hcl tab 10 mg</i>	46	<i>methimazole tab 10 mg</i>	83
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i>		<i>methimazole tab 5 mg</i>	83
<i>titration pack</i>	47	<i>methocarbamol tab 500 mg</i>	65
<i>memantine hcl tab 5 mg</i>	46	<i>methocarbamol tab 750 mg</i>	65
MENACTRA INJ	100	<i>methotrexate sodium for inj 1 gm</i>	25
MENEST TAB 0.3MG.....	79	<i>methotrexate sodium inj 250 mg/10ml (25</i>	
MENEST TAB 0.625MG.....	79	<i>mg/ml)</i>	25
MENEST TAB 1.25MG.....	79	<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	
MENEST TAB 2.5MG.....	79	.....	25
MENQUADFI INJ	100	<i>methotrexate sodium inj pf 1000 mg/40ml (25</i>	
MENTAX CRE 1%.....	114	<i>mg/ml)</i>	25
MENVEO INJ	100	<i>methotrexate sodium inj pf 250 mg/10ml (25</i>	
MENVEO SOL.....	100	<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> ..	97
<i>meropenem iv for soln 1 gm</i>	20	<i>methoxsalen rapid cap 10 mg</i>	114
<i>meropenem iv for soln 500 mg</i>	20	<i>methscopolamine bromide tab 2.5 mg</i>	84
<i>mesalamine cap dr 400 mg</i>	86	<i>methscopolamine bromide tab 5 mg</i>	84
<i>mesalamine cap er 24hr 0.375 gm</i>	86	<i>methsuximide cap 300 mg</i>	58
<i>mesalamine enema 4 gm</i>	86	<i>methyl dopa tab 250 mg</i>	43
<i>mesalamine rectal enema 4 gm & cleanser wipe</i>		<i>methyl dopa tab 500 mg</i>	43
<i>kit</i>	86	<i>methylphenidate hcl cap er 10 mg (cd)</i>	61
<i>mesalamine suppos 1000 mg</i>	86	<i>methylphenidate hcl cap er 20 mg (cd)</i>	61
<i>mesalamine tab delayed release 1.2 gm</i>	86	<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	61
<i>mesalamine tab delayed release 800 mg</i>	86	<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	61
<i>mesna inj 100 mg/ml</i>	30	<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	61
MESNEX TAB 400MG.....	31	<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	61
<i>metaxalone tab 800 mg</i>	65	<i>methylphenidate hcl cap er 30 mg (cd)</i>	61
<i>metformin hcl tab 1000 mg</i>	69	<i>methylphenidate hcl cap er 40 mg (cd)</i>	61
<i>metformin hcl tab 500 mg</i>	69	<i>methylphenidate hcl cap er 50 mg (cd)</i>	61
<i>metformin hcl tab 850 mg</i>	69	<i>methylphenidate hcl cap er 60 mg (cd)</i>	61
<i>metformin hcl tab er 24hr 500 mg</i>	69	<i>methylphenidate hcl chew tab 10 mg</i>	61
<i>metformin hcl tab er 24hr 750 mg</i>	69	<i>methylphenidate hcl chew tab 2.5 mg</i>	61
<i>methadone hcl conc 10 mg/ml</i>	8	<i>methylphenidate hcl chew tab 5 mg</i>	61
<i>methadone hcl soln 10 mg/5ml</i>	8	<i>methylphenidate hcl soln 10 mg/5ml</i>	61
<i>methadone hcl soln 5 mg/5ml</i>	8	<i>methylphenidate hcl soln 5 mg/5ml</i>	61

<i>methylphenidate hcl tab 10 mg</i>	61	<i>metoprolol succinate tab er 24hr 200 mg</i> <i>(tartrate equiv)</i>	39
<i>methylphenidate hcl tab 20 mg</i>	61	<i>metoprolol succinate tab er 24hr 25 mg (tartrate</i> <i>equiv)</i>	38
<i>methylphenidate hcl tab 5 mg</i>	61	<i>metoprolol succinate tab er 24hr 50 mg (tartrate</i> <i>equiv)</i>	39
<i>methylphenidate hcl tab er 10 mg</i>	61	<i>metoprolol tartrate tab 100 mg</i>	39
<i>methylphenidate hcl tab er 20 mg</i>	61	<i>metoprolol tartrate tab 25 mg</i>	39
<i>methylphenidate hcl tab er osmotic release (osm)</i> <i>18 mg</i>	61	<i>metoprolol tartrate tab 50 mg</i>	39
<i>methylphenidate hcl tab er osmotic release (osm)</i> <i>27 mg</i>	61	<i>metronidazole cap 375 mg</i>	20
<i>methylphenidate hcl tab er osmotic release (osm)</i> <i>36 mg</i>	61	<i>metronidazole cream 0.75%</i>	117
<i>methylphenidate hcl tab er osmotic release (osm)</i> <i>54 mg</i>	61	<i>metronidazole gel 0.75%</i>	117
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	80	<i>metronidazole gel 1%</i>	117
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	80	<i>metronidazole iv soln 500 mg/100ml</i>	20
<i>methylprednisolone sod succ for inj 1000 mg</i> <i>(base equiv)</i>	80	<i>metronidazole lotion 0.75%</i>	117
<i>methylprednisolone sod succ for inj 125 mg (base</i> <i>equiv)</i>	80	<i>metronidazole tab 250 mg</i>	20
<i>methylprednisolone tab 16 mg</i>	80	<i>metronidazole tab 500 mg</i>	20
<i>methylprednisolone tab 32 mg</i>	80	<i>metronidazole vaginal gel 0.75%</i>	90
<i>methylprednisolone tab 4 mg</i>	80	<i>miconazole 3</i>	90
<i>methylprednisolone tab 8 mg</i>	80	<i>microgestin 1.5/30</i>	74
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	80	<i>midodrine hcl tab 10 mg</i>	43
<i>metoclopramide hcl inj 5 mg/ml (base</i> <i>equivalent)</i>	85	<i>midodrine hcl tab 2.5 mg</i>	43
<i>metoclopramide hcl orally disintegrating tab 5</i> <i>mg (base eq)</i>	85	<i>midodrine hcl tab 5 mg</i>	43
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i> <i>(base equiv)</i>	85	<i>miglitol tab 100 mg</i>	69
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	85	<i>miglitol tab 25 mg</i>	69
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	85	<i>miglitol tab 50 mg</i>	69
<i>metolazone tab 10 mg</i>	42	<i>mimvey</i>	79
<i>metolazone tab 2.5 mg</i>	42	<i>minocycline hcl cap 100 mg</i>	23
<i>metolazone tab 5 mg</i>	42	<i>minocycline hcl cap 50 mg</i>	23
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	38	<i>minocycline hcl cap 75 mg</i>	23
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	38	<i>minocycline hcl tab 100 mg</i>	23
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	38	<i>minocycline hcl tab 50 mg</i>	23
<i>metoprolol succinate tab er 24hr 100 mg</i> <i>(tartrate equiv)</i>	39	<i>minocycline hcl tab 75 mg</i>	23
		<i>minoxidil tab 10 mg</i>	43
		<i>minoxidil tab 2.5 mg</i>	43
		MIRCERA INJ 100MCG.....	92
		MIRCERA INJ 120MCG.....	92
		MIRCERA INJ 150MCG.....	92
		MIRCERA INJ 200MCG.....	92
		MIRCERA INJ 30MCG.....	92
		MIRCERA INJ 50MCG.....	92
		MIRCERA INJ 75MCG.....	92
		MIRENA IUD SYSTEM	74
		<i>mirtazapine orally disintegrating tab 15 mg</i>	50
		<i>mirtazapine orally disintegrating tab 30 mg</i>	50
		<i>mirtazapine orally disintegrating tab 45 mg</i>	50

<i>mirtazapine tab 15 mg</i>	50	<i>morphine sulfate cap er 24hr 80 mg</i>	9
<i>mirtazapine tab 30 mg</i>	50	<i>morphine sulfate iv soln 10 mg/ml</i>	9
<i>mirtazapine tab 45 mg</i>	50	<i>morphine sulfate iv soln 4 mg/ml</i>	9
<i>mirtazapine tab 7.5 mg</i>	50	<i>morphine sulfate oral soln 10 mg/5ml</i>	9
<i>misoprostol tab 100 mcg</i>	87	<i>morphine sulfate oral soln 100 mg/5ml (20</i>	
<i>misoprostol tab 200 mcg</i>	87	<i>mg/ml)</i>	9
<i>mitomycin for iv soln 20 mg</i>	24	<i>morphine sulfate oral soln 20 mg/5ml</i>	9
<i>mitomycin for iv soln 40 mg</i>	24	<i>morphine sulfate tab 15 mg</i>	9
<i>mitomycin for iv soln 5 mg</i>	24	<i>morphine sulfate tab 30 mg</i>	9
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>		<i>morphine sulfate tab er 100 mg</i>	9
.....	24	<i>morphine sulfate tab er 15 mg</i>	9
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2</i>		<i>morphine sulfate tab er 200 mg</i>	9
<i>mg/ml)</i>	24	<i>morphine sulfate tab er 30 mg</i>	9
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>		<i>morphine sulfate tab er 60 mg</i>	9
.....	24	MOTOFEN TAB 1-0.025.....	84
M-M-R II INJ.....	100	MOVANTIK TAB 12.5MG.....	87
<i>modafinil tab 100 mg</i>	66	MOVANTIK TAB 25MG.....	87
<i>modafinil tab 200 mg</i>	66	<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2</i>	
MODERNA INJ 6MO-11Y.....	100	<i>times daily)</i>	104
<i>moexipril hcl tab 15 mg</i>	32	<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	104
<i>moexipril hcl tab 7.5 mg</i>	32	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	19
<i>mometasone furoate cream 0.1%</i>	116	MULTAQ TAB 400MG.....	35
<i>mometasone furoate nasal susp 50 mcg/act.</i>	110	<i>multivitamin/fluoride</i>	103
<i>mometasone furoate oint 0.1%</i>	116	<i>multi-vitamin/fluoride dr</i>	103
<i>mometasone furoate solution 0.1% (lotion)</i> ...	116	<i>multi-vitamin/fluoride/ir</i>	103
<i>monoject sodium chloride</i>	102	<i>mupirocin oint 2%</i>	113
<i>mono-lynyah</i>	74	MYALEPT INJ 11.3MG.....	77
<i>montelukast sodium chew tab 4 mg (base equiv)</i>		<i>mycophenolate mofetil cap 250 mg</i>	98
.....	110	<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>		.....	98
.....	110	<i>mycophenolate mofetil hcl for iv soln 500 mg</i>	
<i>montelukast sodium oral granules packet 4 mg</i>		<i>(base equiv)</i>	98
<i>(base equiv)</i>	110	<i>mycophenolate mofetil tab 500 mg</i>	98
<i>montelukast sodium tab 10 mg (base equiv)</i> ..	110	<i>mycophenolate sodium tab dr 180 mg</i>	
<i>morphine sulfate beads cap er 24hr 120 mg</i>	9	<i>(mycophenolic acid equiv)</i>	98
<i>morphine sulfate beads cap er 24hr 30 mg</i>	8	<i>mycophenolate sodium tab dr 360 mg</i>	
<i>morphine sulfate beads cap er 24hr 45 mg</i>	8	<i>(mycophenolic acid equiv)</i>	98
<i>morphine sulfate beads cap er 24hr 60 mg</i>	8	MYFORTIC TAB 180MG.....	98
<i>morphine sulfate beads cap er 24hr 75 mg</i>	8	MYFORTIC TAB 360MG.....	99
<i>morphine sulfate beads cap er 24hr 90 mg</i>	8	MYRBETRIQ SUS 8MG/ML.....	90
<i>morphine sulfate cap er 24hr 10 mg</i>	9	MYRBETRIQ TAB 25MG.....	90
<i>morphine sulfate cap er 24hr 100 mg</i>	9	MYRBETRIQ TAB 50MG.....	90
<i>morphine sulfate cap er 24hr 20 mg</i>	9	N	
<i>morphine sulfate cap er 24hr 30 mg</i>	9	<i>nabumetone tab 500 mg</i>	6
<i>morphine sulfate cap er 24hr 50 mg</i>	9	<i>nabumetone tab 750 mg</i>	6
<i>morphine sulfate cap er 24hr 60 mg</i>	9	<i>nadolol tab 20 mg</i>	39

<i>nadolol tab 40 mg</i>	39	NEORAL CAP 25MG	99
<i>nadolol tab 80 mg</i>	39	NEORAL SOL 100MG/ML	99
<i>nafrinse drops</i>	102	NEUPRO DIS 1MG/24HR	52
<i>naftifine hcl cream 1%</i>	114	NEUPRO DIS 2MG/24HR	52
<i>naftifine hcl cream 2%</i>	114	NEUPRO DIS 3MG/24HR	52
<i>nalbuphine hcl inj 10 mg/ml</i>	9	NEUPRO DIS 4MG/24HR	52
<i>nalbuphine hcl inj 20 mg/ml</i>	9	NEUPRO DIS 6MG/24HR	52
<i>naloxone hcl inj 0.4 mg/ml</i>	66	NEUPRO DIS 8MG/24HR	52
<i>naloxone hcl inj 4 mg/10ml</i>	66	NEVANAC SUS 0.1% OP	105
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	66	<i>nevirapine susp 50 mg/5ml</i>	14
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	66	<i>nevirapine tab 200 mg</i>	14
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	66	<i>nevirapine tab er 24hr 100 mg</i>	14
<i>naltrexone hcl tab 50 mg</i>	66	<i>nevirapine tab er 24hr 400 mg</i>	14
<i>naproxen tab 250 mg</i>	6	NEXIUM GRA 2.5MG DR	88
<i>naproxen tab 375 mg</i>	6	NEXIUM GRA 5MG DR	88
<i>naproxen tab 500 mg</i>	6	NEXPLANON IMP 68MG	74
<i>naratriptan hcl tab 1 mg (base equiv)</i>	63	NEXTSTELLIS TAB 3-14.2MG	74
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	63	<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	37
NATACYN SUS 5% OP	104	<i>niacin tab er 500 mg (antihyperlipidemic)</i>	37
<i>nateglinide tab 120 mg</i>	71	<i>niacin tab er 750 mg (antihyperlipidemic)</i>	37
<i>nateglinide tab 60 mg</i>	71	<i>nicardipine hcl cap 20 mg</i>	41
NAYZILAM SPR 5MG	58	<i>nicardipine hcl cap 30 mg</i>	41
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	39	<i>nicotine polacrilex gum 2 mg</i>	67
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	39	<i>nicotine polacrilex gum 4 mg</i>	67
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	39	<i>nicotine polacrilex lozenge 2 mg</i>	67
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	39	<i>nicotine step 3</i>	67
<i>necon 0.5/35-28</i>	74	<i>nicotine td patch 24hr 14 mg/24hr</i>	67
<i>nefazodone hcl tab 100 mg</i>	50	<i>nicotine td patch 24hr 21 mg/24hr</i>	67
<i>nefazodone hcl tab 150 mg</i>	50	<i>nicotine td patch 24hr 7 mg/24hr</i>	67
<i>nefazodone hcl tab 200 mg</i>	50	NICOTROL INH	68
<i>nefazodone hcl tab 250 mg</i>	50	NICOTROL NS SPR 10MG/ML	68
<i>nefazodone hcl tab 50 mg</i>	50	<i>nifedipine tab er 24hr 30 mg</i>	41
<i>neomycin sulfate tab 500 mg</i>	12	<i>nifedipine tab er 24hr 60 mg</i>	41
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt- 10000unt op oin</i>	104	<i>nifedipine tab er 24hr 90 mg</i>	41
<i>neomycin-polymy-gramicid op sol 1.75-10000- 0.025mg-unt-mg/ml</i>	104	<i>nifedipine tab er 24hr osmotic release 30 mg</i> ...	41
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	104	<i>nifedipine tab er 24hr osmotic release 60 mg</i> ...	41
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	104	<i>nifedipine tab er 24hr osmotic release 90 mg</i> ...	41
<i>neomycin-polymyxin-hc ophth susp</i>	104	<i>nikki</i>	74
<i>neomycin-polymyxin-hc otic soln 1%</i>	118	<i>nilutamide tab 150 mg</i>	26
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml- 10000 unit/ml-1%</i>	118	<i>nimodipine cap 30 mg</i>	41
NEORAL CAP 100MG	99	NIPENT INJ 10MG	30
		<i>nisoldipine tab er 24hr 17 mg</i>	41
		<i>nisoldipine tab er 24hr 20 mg</i>	41
		<i>nisoldipine tab er 24hr 25.5 mg</i>	41
		<i>nisoldipine tab er 24hr 30 mg</i>	41
		<i>nisoldipine tab er 24hr 34 mg</i>	41

<i>nisoldipine tab er 24hr 40 mg</i>	41	<i>norethindrone acetate tab 5 mg</i>	83
<i>nisoldipine tab er 24hr 8.5 mg</i>	41	<i>norethindrone acetate-ethinyl estradiol tab 0.5</i>	
<i>nitazoxanide tab 500 mg</i>	20	<i>mg-2.5 mcg</i>	79
<i>nitisinone cap 10 mg</i>	81	<i>norethindrone tab 0.35 mg</i>	74
<i>nitisinone cap 2 mg</i>	81	<i>norgesic</i>	65
<i>nitisinone cap 20 mg</i>	81	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35</i>	
<i>nitisinone cap 5 mg</i>	81	<i>mcg</i>	74
NITRO-BID OIN 2%.....	43	<i>norgestimate-eth estrad tab 0.18-25/0.215-</i>	
NITRO-DUR DIS 0.3MG/HR.....	44	<i>25/0.25-25 mg-mcg</i>	74
NITRO-DUR DIS 0.8MG/HR.....	44	<i>norgestimate-eth estrad tab 0.18-35/0.215-</i>	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	21	<i>35/0.25-35 mg-mcg</i>	74
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	21	NORPACE CAP 100MG CR	35
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	21	NORPACE CAP 150MG CR	35
<i>nitrofurantoin monohydrate macrocrystalline cap</i>		<i>nortrel 0.5/35 (28)</i>	74
<i>100 mg</i>	21	<i>nortrel 1/35</i>	74
<i>nitrofurantoin susp 25 mg/5ml</i>	21	<i>nortrel 7/7/7</i>	74
<i>nitroglycerin sl tab 0.3 mg</i>	44	<i>nortriptyline hcl cap 10 mg</i>	50
<i>nitroglycerin sl tab 0.4 mg</i>	44	<i>nortriptyline hcl cap 25 mg</i>	50
<i>nitroglycerin sl tab 0.6 mg</i>	44	<i>nortriptyline hcl cap 50 mg</i>	50
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	44	<i>nortriptyline hcl cap 75 mg</i>	50
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	44	<i>nortriptyline hcl soln 10 mg/5ml</i>	50
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	44	NORVIR POW 100MG.....	14
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	44	NOVAVAX VAC INJ COVID-19	100
<i>nitroglycerin tl soln 0.4 mg/spray (400</i>		NOVOFINE MIS 32GX6MM	76
<i>mcg/spray)</i>	44	NOVOLIN INJ 70/30.....	70
NIVESTYM INJ 300/0.5.....	92	NOVOLIN INJ 70/30 FP	70
NIVESTYM INJ 300MCG	92	NOVOLIN N INJ 100 UNIT	70
NIVESTYM INJ 480/0.8.....	92	NOVOLIN N INJ U-100	70
NIVESTYM INJ 480MCG	92	NOVOLIN R INJ 100 UNIT	70
<i>nizatidine cap 150 mg</i>	86	NOVOLIN R INJ U-100	70
<i>nizatidine cap 300 mg</i>	86	NOVOLOG INJ 100/ML	70
<i>nora-be</i>	74	NOVOLOG INJ FLEXPEN.....	70
NORDIPEN 5 MIS DEVICE.....	82	NOVOLOG INJ PENFILL	70
NORDIPEN DEL MIS SYSTEM	82	NOVOLOG MIX INJ 70/30.....	70
NORDITROPIN INJ 10/1.5ML	82	NOVOLOG MIX INJ FLEXPEN	70
NORDITROPIN INJ 15/1.5ML	82	NUBEQA TAB 300MG	27
NORDITROPIN INJ 30/3ML	82	NUCYNTA ER TAB 100MG	9
NORDITROPIN INJ 5/1.5ML	82	NUCYNTA ER TAB 150MG	9
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4</i>		NUCYNTA ER TAB 200MG	9
<i>mg-35 mcg</i>	74	NUCYNTA ER TAB 250MG	9
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8</i>		NUCYNTA ER TAB 50MG	9
<i>mg-25 mcg</i>	74	NUCYNTA TAB 100MG	10
<i>norethindrone ace & ethinyl estradiol tab 1 mg-</i>		NUCYNTA TAB 50MG	9
<i>20 mcg</i>	74	NUCYNTA TAB 75MG	10
<i>norethindrone ace-eth estradiol-fe chew tab 1</i>		NUJEXTA CAP 20-10MG	67
<i>mg-20 mcg (24)</i>	74	NULOJIX INJ 250MG	99

<i>nyamyc</i>	114	<i>olmesartan medoxomil tab 40 mg</i>	34
<i>nylia 1/35</i>	74	<i>olmesartan medoxomil tab 5 mg</i>	34
<i>nystatin cream 100000 unit/gm</i>	114	<i>olmesartan medoxomil-hydrochlorothiazide tab</i>	
<i>nystatin oint 100000 unit/gm</i>	114	<i>20-12.5 mg</i>	33
<i>nystatin susp 100000 unit/ml</i>	118	<i>olmesartan medoxomil-hydrochlorothiazide tab</i>	
<i>nystatin tab 500000 unit</i>	13	<i>40-12.5 mg</i>	33
<i>nystatin topical powder 100000 unit/gm</i>	114	<i>olmesartan medoxomil-hydrochlorothiazide tab</i>	
<i>nystatin-triamcinolone cream 100000-0.1</i>		<i>40-25 mg</i>	33
<i>unit/gm-%</i>	114	<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-</i>		<i>20-5-12.5 mg</i>	33
<i>%</i>	114	<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
<i>nystop</i>	114	<i>40-10-12.5 mg</i>	33
<i>NYVEPRIA INJ 6/0.6ML</i>	92	<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
O		<i>40-10-25 mg</i>	33
<i>ocella</i>	74	<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	68	<i>40-5-12.5 mg</i>	33
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	68	<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	68	<i>40-5-25 mg</i>	33
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	68	<i>olopatadine hcl nasal soln 0.6%</i>	108
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	68	<i>olopatadine hcl ophth soln 0.1% (base</i>	
<i>octreotide acetate subcutaneous soln pref syr</i>		<i>equivalent)</i>	105
<i>100 mcg/ml</i>	68	<i>olopatadine hcl ophth soln 0.2% (base</i>	
<i>octreotide acetate subcutaneous soln pref syr 50</i>		<i>equivalent)</i>	105
<i>mcg/ml</i>	68	<i>omega-3-acid ethyl esters cap 1 gm</i>	38
<i>octreotide acetate subcutaneous soln pref syr</i>		<i>omeprazole cap delayed release 10 mg</i>	88
<i>500 mcg/ml</i>	68	<i>omeprazole cap delayed release 20 mg</i>	88
<i>ODEFSEY TAB</i>	16	<i>omeprazole cap delayed release 40 mg</i>	88
<i>ODOMZO CAP 200MG</i>	30	<i>omeprazole-sodium bicarbonate powd pack for</i>	
<i>OFEV CAP 100MG</i>	111	<i>susp 20-1680 mg</i>	88
<i>OFEV CAP 150MG</i>	111	<i>omeprazole-sodium bicarbonate powd pack for</i>	
<i>ofloxacin ophth soln 0.3%</i>	104	<i>susp 40-1680 mg</i>	88
<i>ofloxacin otic soln 0.3%</i>	118	<i>OMNARIS SPR</i>	110
<i>ofloxacin tab 300 mg</i>	19	<i>OMNIFLEX DPR</i>	74
<i>ofloxacin tab 400 mg</i>	19	<i>OMNIPOD 5 G6 KIT INTRO</i>	76
<i>olanzapine for im inj 10 mg</i>	54	<i>OMNIPOD 5 G6 MIS PODS</i>	76
<i>olanzapine orally disintegrating tab 10 mg</i>	54	<i>OMNIPOD 5 G7 KIT INTRO</i>	76
<i>olanzapine orally disintegrating tab 15 mg</i>	54	<i>OMNIPOD 5 G7 MIS PODS</i>	76
<i>olanzapine orally disintegrating tab 20 mg</i>	54	<i>OMNIPOD DASH KIT INTRO</i>	76
<i>olanzapine orally disintegrating tab 5 mg</i>	54	<i>OMNIPOD DASH KIT PDM</i>	76
<i>olanzapine tab 10 mg</i>	55	<i>OMNIPOD DASH MIS PODS</i>	76
<i>olanzapine tab 15 mg</i>	55	<i>ONCASPAR INJ 750/ML</i>	30
<i>olanzapine tab 2.5 mg</i>	55	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	85
<i>olanzapine tab 20 mg</i>	55	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	85
<i>olanzapine tab 5 mg</i>	55	<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	85
<i>olanzapine tab 7.5 mg</i>	55	<i>ondansetron hcl oral soln 4 mg/5ml</i>	85
<i>olmesartan medoxomil tab 20 mg</i>	34	<i>ondansetron hcl tab 24 mg</i>	85

<i>ondansetron hcl tab 4 mg</i>	85	OSMOPREP TAB 1.5GM	87
<i>ondansetron hcl tab 8 mg</i>	85	OSPHENA TAB 60MG	82
<i>ondansetron orally disintegrating tab 4 mg</i>	85	OTEZLA TAB 10/20/30.....	96
<i>ondansetron orally disintegrating tab 8 mg</i>	85	OTEZLA TAB 30MG.....	96
ONETOUCH KIT ULT MINI.....	76	<i>oxaliplatin for iv inj 100 mg</i>	30
ONETOUCH KIT ULTRA 2	76	<i>oxaliplatin for iv inj 50 mg</i>	30
ONETOUCH KIT VERIO	76	<i>oxaliplatin iv soln 100 mg/20ml</i>	30
ONETOUCH KIT VERIO FL.....	76	<i>oxaliplatin iv soln 50 mg/10ml</i>	30
ONETOUCH KIT VERIO IQ	76	<i>oxandrolone tab 10 mg</i>	68
ONETOUCH KIT VERIO RE.....	76	<i>oxandrolone tab 2.5 mg</i>	68
ONETOUCH SOL KIT COMPLETE	76	<i>oxaprozin tab 600 mg</i>	6
ONETOUCH SOL KIT FIT	76	<i>oxazepam cap 10 mg</i>	46
ONETOUCH SOL KIT REFILL.....	76	<i>oxazepam cap 15 mg</i>	46
ONETOUCH SOL KIT STARTER.....	76	<i>oxazepam cap 30 mg</i>	46
ONETOUCH TES ULTRA.....	76	<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	58
ONETOUCH TES VERIO	76	<i>oxcarbazepine tab 150 mg</i>	58
ONGENTYS CAP 25MG	52	<i>oxcarbazepine tab 300 mg</i>	58
ONGENTYS CAP 50MG	52	<i>oxcarbazepine tab 600 mg</i>	58
OPSUMIT TAB 10MG	44	<i>oxiconazole nitrate cream 1%</i>	114
<i>oralone dental paste</i>	118	<i>oxybutynin chloride solution 5 mg/5ml</i>	90
ORAVIG TAB 50MG.....	118	<i>oxybutynin chloride tab 5 mg</i>	90
ORENITRAM TAB 0.125MG	44	<i>oxybutynin chloride tab er 24hr 10 mg</i>	90
ORENITRAM TAB 0.25MG	44	<i>oxybutynin chloride tab er 24hr 15 mg</i>	90
ORENITRAM TAB 1MG	44	<i>oxybutynin chloride tab er 24hr 5 mg</i>	90
ORENITRAM TAB 2.5MG	44	<i>oxycodone hcl cap 5 mg</i>	10
ORENITRAM TAB 5MG	44	<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	10
ORENITRAM TAB MONTH 1	44	<i>oxycodone hcl soln 5 mg/5ml</i>	10
ORENITRAM TAB MONTH 2	44	<i>oxycodone hcl tab 10 mg</i>	10
ORENITRAM TAB MONTH 3	44	<i>oxycodone hcl tab 15 mg</i>	10
ORFADIN CAP 20MG	81	<i>oxycodone hcl tab 20 mg</i>	10
ORFADIN SUS 4MG/ML.....	81	<i>oxycodone hcl tab 30 mg</i>	10
ORLISSA TAB 150MG	77	<i>oxycodone hcl tab 5 mg</i>	10
ORLISSA TAB 200MG	77	<i>oxycodone hcl tab er 12hr deter 10 mg</i>	10
ORKAMBI GRA 100-125.....	109	<i>oxycodone hcl tab er 12hr deter 20 mg</i>	10
ORKAMBI GRA 150-188.....	110	<i>oxycodone hcl tab er 12hr deter 40 mg</i>	10
ORKAMBI GRA 75-94MG.....	109	<i>oxycodone hcl tab er 12hr deter 80 mg</i>	10
ORKAMBI TAB 100-125	110	<i>oxycodone w/ acetaminophen tab 10-325 mg</i> ..	10
ORKAMBI TAB 200-125	110	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> ..	10
<i>orphenadrine citrate inj 30 mg/ml</i>	65	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	10
<i>orphenadrine citrate tab er 12hr 100 mg</i>	65	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> ..	10
<i>oseltamivir phosphate cap 30 mg (base equiv)</i> 17		<i>oxymorphone hcl tab 10 mg</i>	11
<i>oseltamivir phosphate cap 45 mg (base equiv)</i> 17		<i>oxymorphone hcl tab 5 mg</i>	10
<i>oseltamivir phosphate cap 75 mg (base equiv)</i> 17		<i>oxymorphone hcl tab er 12hr 10 mg</i>	11
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	17	<i>oxymorphone hcl tab er 12hr 15 mg</i>	11
<i>osmitrol viaflex</i>	42	<i>oxymorphone hcl tab er 12hr 20 mg</i>	11
		<i>oxymorphone hcl tab er 12hr 30 mg</i>	11

<i>oxymorphone hcl tab er 12hr 40 mg</i>	11	PEGASYS INJ	19
<i>oxymorphone hcl tab er 12hr 5 mg</i>	11	PEGASYS INJ 180MCG/M	19
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	11	PEG-PREP KIT.....	87
OZEMPIC INJ 2MG/3ML	69	<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	25
OZEMPIC INJ 4MG/3ML	69	<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	25
OZEMPIC INJ 8MG/3ML	69	PENBRAYA INJ	100
P		<i>peniclovir cream 1%</i>	117
<i>pacerone</i>	35	<i>penicillamine tab 250 mg</i>	72
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	25	<i>penicillin g potassium for inj 2000000 unit</i>	22
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	25	<i>penicillin g potassium for inj 5000000 unit</i>	22
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	25	<i>penicillin g sodium for inj 5000000 unit</i>	22
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	25	<i>penicillin v potassium for soln 125 mg/5ml</i>	22
PADCEV INJ 20MG	25	<i>penicillin v potassium for soln 250 mg/5ml</i>	22
PADCEV INJ 30MG	26	<i>penicillin v potassium tab 250 mg</i>	22
<i>paliperidone tab er 24hr 1.5 mg</i>	55	<i>penicillin v potassium tab 500 mg</i>	22
<i>paliperidone tab er 24hr 3 mg</i>	55	PENTACEL INJ	100
<i>paliperidone tab er 24hr 6 mg</i>	55	<i>pentamidine isethionate for inj soln 300 mg</i>	21
<i>paliperidone tab er 24hr 9 mg</i>	55	<i>pentamidine isethionate for nebulization soln 300 mg</i>	21
<i>pamidronate disodium iv soln 3 mg/ml</i>	72	<i>pentoxifylline tab er 400 mg</i>	92
PANDA MASK MIS PEDIATRI.....	111	<i>perindopril erbumine tab 2 mg</i>	32
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	88	<i>perindopril erbumine tab 4 mg</i>	32
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	88	<i>perindopril erbumine tab 8 mg</i>	32
PARAGARD IUD T380A	74	<i>perio gard</i>	118
<i>paraplatin</i>	30	<i>permethrin cream 5%</i>	117
<i>paricalcitol cap 1 mcg</i>	103	<i>perphenazine tab 16 mg</i>	55
<i>paricalcitol cap 2 mcg</i>	103	<i>perphenazine tab 2 mg</i>	55
<i>paricalcitol cap 4 mcg</i>	103	<i>perphenazine tab 4 mg</i>	55
<i>paroxetine hcl tab 10 mg</i>	50	<i>perphenazine tab 8 mg</i>	55
<i>paroxetine hcl tab 20 mg</i>	50	<i>perphenazine-amitriptyline tab 2-10 mg</i>	67
<i>paroxetine hcl tab 30 mg</i>	50	<i>perphenazine-amitriptyline tab 2-25 mg</i>	67
<i>paroxetine hcl tab 40 mg</i>	50	<i>perphenazine-amitriptyline tab 4-10 mg</i>	67
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	50	<i>perphenazine-amitriptyline tab 4-25 mg</i>	67
<i>paroxetine hcl tab er 24hr 25 mg</i>	50	<i>perphenazine-amitriptyline tab 4-50 mg</i>	67
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	50	PFIZER 5-11Y INJ 2023-24	100
PAXLOVID TAB 150-100.....	17	PFIZER 6M-4Y INJ 2023-24	100
PAXLOVID TAB 300-100.....	17	<i>pfizerpen</i>	22
<i>pazopanib hcl tab 200 mg (base equiv)</i>	28	<i>phenelzine sulfate tab 15 mg</i>	50
PEDIARIX INJ 0.5ML.....	100	<i>phenobarbital elixir 20 mg/5ml</i>	58
PEDVAX HIB INJ	100	<i>phenobarbital tab 100 mg</i>	58
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	87	<i>phenobarbital tab 15 mg</i>	58
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	87	<i>phenobarbital tab 16.2 mg</i>	58
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> ..	87	<i>phenobarbital tab 30 mg</i>	58
		<i>phenobarbital tab 32.4 mg</i>	58

<i>phenobarbital tab 60 mg</i>	58	<i>pitavastatin calcium tab 2 mg</i>	36
<i>phenobarbital tab 64.8 mg</i>	58	<i>pitavastatin calcium tab 4 mg</i>	36
<i>phenobarbital tab 97.2 mg</i>	58	PLENVU SOL	87
<i>phenoxybenzamine hcl cap 10 mg</i>	43	PNEUMOVAX 23 INJ 25/0.5	101
<i>phenylephrine hcl ophth soln 10%</i>	106	<i>pnv-dha</i>	103
<i>phenylephrine hcl ophth soln 2.5%</i>	106	<i>pnv-select</i>	103
<i>phenytoin infatabs</i>	58	<i>podofilox gel 0.5%</i>	117
<i>phenytoin sodium extended cap 100 mg</i>	58	<i>podofilox soln 0.5%</i>	117
<i>phenytoin sodium extended cap 200 mg</i>	58	POLIVY INJ 140MG	26
<i>phenytoin sodium extended cap 300 mg</i>	58	POLIVY INJ 30MG	26
<i>phenytoin sodium inj 50 mg/ml</i>	58	<i>polycin</i>	104
<i>phenytoin susp 125 mg/5ml</i>	58	<i>polyethylene glycol 3350 oral powder 17</i>	
PHEXXI GEL	89	<i>gm/scoop</i>	87
PHOSLYRA SOL.....	82	<i>polymyxin b sulfate for inj 500000 unit</i>	21
PHOSPHOLINE SOL 0.125%OP.....	105	<i>polymyxin b-trimethoprim ophth soln 10000</i>	
PHOTOFRIN INJ 75MG.....	30	<i>unit/ml-0.1%</i>	104
<i>physiolyte</i>	106	POMALYST CAP 1MG	26
<i>physiosol irrigation</i>	106	POMALYST CAP 2MG	26
<i>phytonadione tab 5 mg</i>	103	POMALYST CAP 3MG	26
<i>pilocarpine hcl ophth soln 1%</i>	105	POMALYST CAP 4MG	26
<i>pilocarpine hcl tab 5 mg</i>	118	<i>portia-28</i>	74
<i>pilocarpine hcl tab 7.5 mg</i>	118	<i>posaconazole susp 40 mg/ml</i>	13
<i>pimecrolimus cream 1%</i>	115	<i>posaconazole tab delayed release 100 mg</i>	13
<i>pimozide tab 1 mg</i>	67	<i>potassium chloride cap er 10 meq</i>	102
<i>pimozide tab 2 mg</i>	67	<i>potassium chloride cap er 8 meq</i>	102
<i>pindolol tab 10 mg</i>	39	<i>potassium chloride inj 2 meq/ml</i>	102
<i>pindolol tab 5 mg</i>	39	<i>potassium chloride microencapsulated crys er tab</i>	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	70	<i>10 meq</i>	102
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	70	<i>potassium chloride microencapsulated crys er tab</i>	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	70	<i>20 meq</i>	102
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	71	<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	71	.....	102
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	70	<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	70	.....	102
<i>piperacillin sod-tazobactam na for inj 3.375 gm</i>		<i>potassium chloride tab er 10 meq</i>	102
<i>(3-0.375 gm)</i>	22	<i>potassium chloride tab er 20 meq (1500 mg)</i> ..	102
<i>piperacillin sod-tazobactam sod for inj 2.25 gm</i>		<i>potassium chloride tab er 8 meq (600 mg)</i>	102
<i>(2-0.25 gm)</i>	22	<i>potassium citrate tab er 10 meq (1080 mg)</i>	89
<i>piperacillin sod-tazobactam sod for inj 40.5 gm</i>		<i>potassium citrate tab er 15 meq (1620 mg)</i>	89
<i>(36-4.5 gm)</i>	22	<i>potassium citrate tab er 5 meq (540 mg)</i>	89
<i>pirfenidone cap 267 mg</i>	111	PRADAXA CAP 110MG	91
<i>pirfenidone tab 267 mg</i>	111	PRADAXA CAP 75MG	91
<i>pirfenidone tab 801 mg</i>	111	<i>pramipexole dihydrochloride tab 0.125 mg</i>	52
<i>piroxicam cap 10 mg</i>	6	<i>pramipexole dihydrochloride tab 0.25 mg</i>	52
<i>piroxicam cap 20 mg</i>	6	<i>pramipexole dihydrochloride tab 0.5 mg</i>	52
<i>pitavastatin calcium tab 1 mg</i>	36	<i>pramipexole dihydrochloride tab 0.75 mg</i>	52

<i>pramipexole dihydrochloride tab 1 mg</i>	52	<i>prednisone tab 5 mg</i>	81
<i>pramipexole dihydrochloride tab 1.5 mg</i>	53	<i>prednisone tab 50 mg</i>	81
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	53	<i>prednisone tab therapy pack 10 mg (21)</i>	81
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	53	<i>prednisone tab therapy pack 10 mg (48)</i>	81
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	53	<i>prednisone tab therapy pack 5 mg (21)</i>	81
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	53	<i>prednisone tab therapy pack 5 mg (48)</i>	81
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	53	<i>pregabalin cap 100 mg</i>	59
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	53	<i>pregabalin cap 150 mg</i>	59
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	53	<i>pregabalin cap 200 mg</i>	59
<i>prasugrel hcl tab 10 mg (base equiv)</i>	93	<i>pregabalin cap 225 mg</i>	59
<i>prasugrel hcl tab 5 mg (base equiv)</i>	93	<i>pregabalin cap 25 mg</i>	58
<i>pravastatin sodium tab 10 mg</i>	37	<i>pregabalin cap 300 mg</i>	59
<i>pravastatin sodium tab 20 mg</i>	37	<i>pregabalin cap 50 mg</i>	59
<i>pravastatin sodium tab 40 mg</i>	37	<i>pregabalin cap 75 mg</i>	59
<i>pravastatin sodium tab 80 mg</i>	37	<i>pregabalin soln 20 mg/ml</i>	59
<i>praziquantel tab 600 mg</i>	12	PREHEVBRIO SUS 10MCG/ML.....	101
<i>prazosin hcl cap 1 mg</i>	32	PREMARIN TAB 0.3MG.....	79
<i>prazosin hcl cap 2 mg</i>	32	PREMARIN TAB 0.45MG.....	79
<i>prazosin hcl cap 5 mg</i>	32	PREMARIN TAB 0.625MG.....	79
PRED SOD PHO SOL 1% OP	105	PREMARIN TAB 0.9MG.....	79
<i>prednisolone acetate ophth susp 1%</i>	105	PREMARIN TAB 1.25MG.....	79
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	80	PREMARIN VAG CRE 0.625MG.....	79
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	80	<i>prenatal 19</i>	103
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	80	PRETOMANID TAB 200MG.....	16
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	80	<i>prevalite</i>	35
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	80	PREVNAR 13 INJ	101
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	80	PREVNAR 20 INJ	101
<i>prednisolone soln 15 mg/5ml</i>	80	PREZCOBIX TAB 800-150.....	16
PREDNISON CON 5MG/ML.....	80	PREZISTA SUS 100MG/ML.....	14
<i>prednisone oral soln 5 mg/5ml</i>	81	PREZISTA TAB 150MG	14
<i>prednisone tab 1 mg</i>	81	PREZISTA TAB 75MG	14
<i>prednisone tab 10 mg</i>	81	PRIFTIN TAB 150MG.....	16
<i>prednisone tab 2.5 mg</i>	81	<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	13
<i>prednisone tab 20 mg</i>	81	<i>primidone tab 250 mg</i>	59
		<i>primidone tab 50 mg</i>	59
		PRIORIX INJ.....	101
		<i>probenecid tab 500 mg</i>	5
		<i>procainamide hcl inj 100 mg/ml</i>	35
		<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	85
		<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	85
		<i>prochlorperazine suppos 25 mg</i>	85
		<i>proctozone-hc</i>	88
		<i>progesterone cap 100 mg</i>	83

<i>progesterone cap 200 mg</i>	83	<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
PROGRAF CAP 0.5MG.....	99	<i>mg/5ml</i>	109
PROGRAF CAP 1MG.....	99	<i>pyrazinamide tab 500 mg</i>	16
PROGRAF CAP 5MG.....	99	<i>pyridostigmine bromide oral soln 60 mg/5ml</i> ...	64
PROGRAF GRA 0.2MG	99	<i>pyridostigmine bromide tab 60 mg</i>	64
PROGRAF GRA 1MG	99	<i>pyridostigmine bromide tab er 180 mg</i>	64
PROGRAF INJ 5MG/ML.....	99	<i>pyridoxine hcl tab 25 mg</i>	103
PROLASTIN-C INJ 1000MG	106	<i>pyridoxine hcl tab 50 mg</i>	103
PROLIA INJ 60MG/ML.....	82	<i>pyrimethamine tab 25 mg</i>	21
<i>promethazine hcl inj 25 mg/ml</i>	85	Q	
<i>promethazine hcl inj 50 mg/ml</i>	85	QUADRACEL INJ	101
<i>promethazine hcl suppos 12.5 mg</i>	85	QUADRACEL INJ 0.5ML	101
<i>promethazine hcl suppos 25 mg</i>	85	<i>quetiapine fumarate tab 100 mg</i>	55
<i>promethazine hcl syrup 6.25 mg/5ml</i>	85	<i>quetiapine fumarate tab 200 mg</i>	55
<i>promethazine hcl tab 12.5 mg</i>	85	<i>quetiapine fumarate tab 25 mg</i>	55
<i>promethazine hcl tab 25 mg</i>	85	<i>quetiapine fumarate tab 300 mg</i>	55
<i>promethazine hcl tab 50 mg</i>	85	<i>quetiapine fumarate tab 400 mg</i>	55
<i>promethazine vc</i>	109	<i>quetiapine fumarate tab 50 mg</i>	55
<i>promethazine vc/codeine</i>	109	<i>quetiapine fumarate tab er 24hr 150 mg</i>	55
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>		<i>quetiapine fumarate tab er 24hr 200 mg</i>	55
.....	109	<i>quetiapine fumarate tab er 24hr 300 mg</i>	55
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	109	<i>quetiapine fumarate tab er 24hr 400 mg</i>	55
<i>promethegan</i>	85	<i>quetiapine fumarate tab er 24hr 50 mg</i>	55
<i>propafenone hcl cap er 12hr 225 mg</i>	35	<i>quinapril hcl tab 10 mg</i>	32
<i>propafenone hcl cap er 12hr 325 mg</i>	35	<i>quinapril hcl tab 20 mg</i>	32
<i>propafenone hcl cap er 12hr 425 mg</i>	35	<i>quinapril hcl tab 40 mg</i>	32
<i>propafenone hcl tab 150 mg</i>	35	<i>quinapril hcl tab 5 mg</i>	32
<i>propafenone hcl tab 225 mg</i>	35	<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> ..	31
<i>propafenone hcl tab 300 mg</i>	35	<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> ..	31
<i>proparacaine hcl ophth soln 0.5%</i>	106	<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	31
<i>propranolol hcl cap er 24hr 120 mg</i>	39	<i>quinine sulfate cap 324 mg</i>	13
<i>propranolol hcl cap er 24hr 160 mg</i>	39	QULIPTA TAB 10MG	63
<i>propranolol hcl cap er 24hr 60 mg</i>	39	QULIPTA TAB 30MG	63
<i>propranolol hcl cap er 24hr 80 mg</i>	39	QULIPTA TAB 60MG	63
<i>propranolol hcl oral soln 20 mg/5ml</i>	39	QVAR REDIIHA AER 80MCG	111
<i>propranolol hcl oral soln 40 mg/5ml</i>	39	QVAR REDIIHAL AER 40MCG.....	111
<i>propranolol hcl tab 10 mg</i>	39	R	
<i>propranolol hcl tab 20 mg</i>	39	<i>rabeprazole sodium ec tab 20 mg</i>	88
<i>propranolol hcl tab 40 mg</i>	39	<i>raloxifene hcl tab 60 mg</i>	82
<i>propranolol hcl tab 60 mg</i>	39	<i>ramelteon tab 8 mg</i>	62
<i>propranolol hcl tab 80 mg</i>	39	<i>ramipril cap 1.25 mg</i>	32
<i>propylthiouracil tab 50 mg</i>	83	<i>ramipril cap 10 mg</i>	32
PROQUAD INJ	101	<i>ramipril cap 2.5 mg</i>	32
<i>protriptyline hcl tab 10 mg</i>	51	<i>ramipril cap 5 mg</i>	32
<i>protriptyline hcl tab 5 mg</i>	50	<i>ranolazine tab er 12hr 1000 mg</i>	43
		<i>ranolazine tab er 12hr 500 mg</i>	43

RAPAMUNE SOL 1MG/ML.....	99	<i>rimantadine hydrochloride tab 100 mg</i>	17
RAPAMUNE TAB 0.5MG	99	RINVOQ TAB 15MG ER.....	96
RAPAMUNE TAB 1MG	99	RINVOQ TAB 30MG ER.....	96
RAPAMUNE TAB 2MG	99	RINVOQ TAB 45MG ER.....	96
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	53	<i>risedronate sodium tab 150 mg</i>	72
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	53	<i>risedronate sodium tab 30 mg</i>	72
<i>reclipsen</i>	74	<i>risedronate sodium tab 35 mg</i>	72
RECOMBIVA HB INJ 10MCG/ML.....	101	<i>risedronate sodium tab 5 mg</i>	72
RECOMBIVA HB INJ 5MCG/0.5.....	101	<i>risedronate sodium tab delayed release 35 mg</i> .72	
RECOMBIVA-HB INJ 40MCG/ML	101	<i>risperidone orally disintegrating tab 0.25 mg</i> ...	55
RECTIV OIN 0.4%	117	<i>risperidone orally disintegrating tab 0.5 mg</i>	55
REGSPAN GEL 0.01%	117	<i>risperidone orally disintegrating tab 1 mg</i>	55
RELENZA MIS DISKHALE	17	<i>risperidone orally disintegrating tab 2 mg</i>	55
REMODULIN INJ 10MG/ML.....	44	<i>risperidone orally disintegrating tab 3 mg</i>	55
REMODULIN INJ 1MG/ML.....	44	<i>risperidone orally disintegrating tab 4 mg</i>	55
REMODULIN INJ 2.5MG/ML.....	44	<i>risperidone soln 1 mg/ml</i>	55
REMODULIN INJ 5MG/ML.....	44	<i>risperidone tab 0.25 mg</i>	55
<i>repaglinide tab 0.5 mg</i>	71	<i>risperidone tab 0.5 mg</i>	55
<i>repaglinide tab 1 mg</i>	71	<i>risperidone tab 1 mg</i>	55
<i>repaglinide tab 2 mg</i>	71	<i>risperidone tab 2 mg</i>	55
REPATHA INJ 140MG/ML	38	<i>risperidone tab 3 mg</i>	55
REPATHA PUSH INJ 420/3.5	38	<i>risperidone tab 4 mg</i>	55
REPATHA SURE INJ 140MG/ML.....	38	<i>ritonavir tab 100 mg</i>	14
RESTASIS EMU 0.05% OP.....	106	<i>rivastigmine tartrate cap 1.5 mg (base</i> <i>equivalent)</i>	47
RESTASIS MUL EMU 0.05% OP	106	<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	47
RETACRIT INJ 10000UNT	92	<i>rivastigmine tartrate cap 4.5 mg (base</i> <i>equivalent)</i>	47
RETACRIT INJ 20000UNI	92	<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	47
RETACRIT INJ 2000UNIT	92	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	47
RETACRIT INJ 3000UNIT	92	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	47
RETACRIT INJ 40000UNT	92	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	47
RETACRIT INJ 4000UNIT	92	<i>rivelsa</i>	75
RETROVIR INJ 10MG/ML.....	14	<i>rizatriptan benzoate oral disintegrating tab 10</i> <i>mg (base eq)</i>	63
REVLIMID CAP 10MG.....	26	<i>rizatriptan benzoate oral disintegrating tab 5 mg</i> <i>(base eq)</i>	63
REVLIMID CAP 15MG.....	26	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	63
REVLIMID CAP 2.5MG.....	26	<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	63
REVLIMID CAP 20MG.....	26	<i>roflumilast tab 250 mcg</i>	110
REVLIMID CAP 25MG.....	26	<i>roflumilast tab 500 mcg</i>	110
REVLIMID CAP 5MG.....	26	<i>ropinirole hydrochloride tab 0.25 mg</i>	53
REYATAZ POW 50MG	14		
<i>ribavirin cap 200 mg</i>	19		
<i>ribavirin tab 200 mg</i>	20		
<i>rifabutin cap 150 mg</i>	16		
<i>rifampin cap 150 mg</i>	16		
<i>rifampin cap 300 mg</i>	16		
<i>rifampin for inj 600 mg</i>	16		
<i>riluzole tab 50 mg</i>	64		

<i>ropinirole hydrochloride tab 0.5 mg</i>	53	<i>sevelamer carbonate packet 0.8 gm</i>	82
<i>ropinirole hydrochloride tab 1 mg</i>	53	<i>sevelamer carbonate packet 2.4 gm</i>	82
<i>ropinirole hydrochloride tab 2 mg</i>	53	<i>sevelamer carbonate tab 800 mg</i>	82
<i>ropinirole hydrochloride tab 3 mg</i>	53	SHARPS CONT MIS 2QUART.....	76
<i>ropinirole hydrochloride tab 4 mg</i>	53	SHINGRIX INJ 50/0.5ML.....	101
<i>ropinirole hydrochloride tab 5 mg</i>	53	SIGNIFOR INJ 0.3MG/ML.....	82
<i>rosuvastatin calcium tab 10 mg</i>	37	SIGNIFOR INJ 0.6MG/ML.....	82
<i>rosuvastatin calcium tab 20 mg</i>	37	SIGNIFOR INJ 0.9MG/ML.....	82
<i>rosuvastatin calcium tab 40 mg</i>	37	<i>sildenafil citrate iv soln 10 mg/12.5ml (base</i>	
<i>rosuvastatin calcium tab 5 mg</i>	37	<i>equivalent)</i>	44
ROTARIX SUS.....	101	<i>sildenafil citrate tab 20 mg</i>	44
ROTATEQ SOL.....	101	<i>silodosin cap 4 mg</i>	89
<i>rufinamide susp 40 mg/ml</i>	59	<i>silodosin cap 8 mg</i>	89
<i>rufinamide tab 200 mg</i>	59	<i>silver sulfadiazine cream 1%</i>	113
<i>rufinamide tab 400 mg</i>	59	SIMBRINZA SUS 1-0.2%.....	105
<i>ryclora</i>	108	SIMPONI ARIA SOL 50MG/4ML.....	93
RYDAPT CAP 25MG.....	28	SIMPONI INJ 100MG/ML.....	96
S		SIMPONI INJ 50/0.5ML.....	96
SANCUSO DIS 3.1MG.....	85	<i>simvastatin tab 10 mg</i>	37
SANDIMMUNE CAP 100MG.....	99	<i>simvastatin tab 20 mg</i>	37
SANDIMMUNE CAP 25MG.....	99	<i>simvastatin tab 40 mg</i>	37
SANDIMMUNE INJ 50MG/ML.....	99	<i>simvastatin tab 5 mg</i>	37
SANDIMMUNE SOL 100MG/ML.....	99	<i>simvastatin tab 80 mg</i>	37
<i>sapropterin dihydrochloride powder packet 100</i>		<i>sirolimus oral soln 1 mg/ml</i>	99
<i>mg</i>	77	<i>sirolimus tab 0.5 mg</i>	99
<i>sapropterin dihydrochloride powder packet 500</i>		<i>sirolimus tab 1 mg</i>	99
<i>mg</i>	77	<i>sirolimus tab 2 mg</i>	99
<i>sapropterin dihydrochloride tab 100 mg</i>	77	SIRTURO TAB 100MG.....	16
SAVELLA MIS TITR PAK.....	62	SIRTURO TAB 20MG.....	16
SAVELLA TAB 100MG.....	62	SKYLA IUD 13.5MG.....	75
SAVELLA TAB 12.5MG.....	62	SKYRIZI INJ 150MG/ML.....	96
SAVELLA TAB 25MG.....	62	SKYRIZI INJ 180/1.2.....	96
SAVELLA TAB 50MG.....	62	SKYRIZI INJ 360/2.4.....	96
<i>scopolamine td patch 72hr 1 mg/3days</i>	85	SKYRIZI PEN INJ 150MG/ML.....	96
<i>selegiline hcl cap 5 mg</i>	53	SKYRIZI SOL 60MG/ML.....	93
<i>selegiline hcl tab 5 mg</i>	53	<i>sm nicotine transdermal s</i>	68
<i>selenium sulfide lotion 2.5%</i>	114	SOD OXYBATE SOL 500MG/ML.....	66
SELZENTRY SOL 20MG/ML.....	14	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6</i>	
SELZENTRY TAB 25MG.....	14	<i>gm/177ml</i>	87
SELZENTRY TAB 75MG.....	14	<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	102
SEREVENT DIS AER 50MCG.....	109	<i>sodium chloride irrigation soln 0.9%</i>	117
<i>sertraline hcl oral concentrate for solution 20</i>		<i>sodium chloride iv soln 0.45%</i>	102
<i>mg/ml</i>	51	<i>sodium chloride iv soln 0.9%</i>	102
<i>sertraline hcl tab 100 mg</i>	51	<i>sodium chloride iv soln 3%</i>	102
<i>sertraline hcl tab 25 mg</i>	51	<i>sodium chloride iv soln 5%</i>	102
<i>sertraline hcl tab 50 mg</i>	51	<i>sodium chloride preservative free (pf) inj 0.9%</i>	102

<i>sodium chloride soln nebu 0.9%</i>	110	SOVALDI TAB 200MG	20
<i>sodium chloride soln nebu 10%</i>	110	SOVALDI TAB 400MG	20
<i>sodium chloride soln nebu 3%</i>	110	SPIKEVAX INJ 50/0.5ML	101
<i>sodium chloride soln nebu 7%</i>	110	<i>spinosad susp 0.9%</i>	117
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	102	SPIRIVA AER 1.25MCG	107
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	102	SPIRIVA CAP HANDIHLR	107
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	102	SPIRIVA SPR 2.5MCG.....	107
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	102	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	42
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	102	<i>spironolactone tab 100 mg</i>	42
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	102	<i>spironolactone tab 25 mg</i>	42
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	77	<i>spironolactone tab 50 mg</i>	42
<i>sodium phenylbutyrate tab 500 mg</i>	77	<i>sprintec 28</i>	75
SOFTCLIX MIS LANCETS	76	SPRYCEL TAB 100MG	28
<i>solifenacin succinate tab 10 mg</i>	90	SPRYCEL TAB 140MG	28
<i>solifenacin succinate tab 5 mg</i>	90	SPRYCEL TAB 20MG	28
SOLQUA INJ 100/33.....	70	SPRYCEL TAB 50MG	28
SOLU-CORTEF INJ 1000MG	81	SPRYCEL TAB 70MG	28
SOLU-CORTEF INJ 100MG	81	SPRYCEL TAB 80MG	28
SOLU-CORTEF INJ 250MG	81	<i>sps</i>	72
SOLU-CORTEF INJ 500MG	81	<i>sronyx</i>	75
SOLU-MEDROL INJ 2GM.....	81	<i>ssd</i>	113
SOMATULINE INJ 120/.5ML	68	<i>stavudine cap 15 mg</i>	14
SOMATULINE INJ 60/0.2ML	68	<i>stavudine cap 20 mg</i>	15
SOMATULINE INJ 90/0.3ML	68	<i>stavudine cap 30 mg</i>	15
SOMAVERT INJ 10MG.....	68	<i>stavudine cap 40 mg</i>	15
SOMAVERT INJ 15MG.....	68	STELARA INJ 45MG/0.5	97
SOMAVERT INJ 20MG.....	68	STELARA INJ 90MG/ML.....	97
SOMAVERT INJ 25MG.....	68	STIOLTO AER 2.5-2.5	106
SOMAVERT INJ 30MG.....	68	STIVARGA TAB 40MG	29
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	28	STRIVERDI AER 2.5MCG	109
<i>sotalol hcl (afib/afI) tab 120 mg</i>	35	SUBLOCADE INJ 100/0.5	12
<i>sotalol hcl (afib/afI) tab 160 mg</i>	35	SUBLOCADE INJ 300/1.5	12
<i>sotalol hcl (afib/afI) tab 80 mg</i>	35	SUCRAID SOL 8500/ML	87
<i>sotalol hcl tab 120 mg</i>	35	<i>sucralfate tab 1 gm</i>	87
<i>sotalol hcl tab 160 mg</i>	35	SUFLAVE SOL.....	87
<i>sotalol hcl tab 240 mg</i>	35	<i>sulconazole nitrate cream 1%</i>	114
<i>sotalol hcl tab 80 mg</i>	35	<i>sulconazole nitrate solution 1%</i>	114
SOVALDI PAK 150MG	20	<i>sulfacetamide sodium lotion 10% (acne)</i>	112
SOVALDI PAK 200MG	20	<i>sulfacetamide sodium ophth oint 10%</i>	104
		<i>sulfacetamide sodium ophth soln 10%</i>	104
		<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	104
		<i>sulfadiazine tab 500 mg</i>	12
		<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	12

<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> 12	SYNJARDY XR TAB 71
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	SYNJARDY XR TAB 10-1000 71
..... 12	SYNJARDY XR TAB 25-1000 71
SULFAMYLON CRE 85MG/GM..... 113	SYNJARDY XR TAB 5-1000MG 71
<i>sulfasalazine tab 500 mg</i> 86	SYNTHROID TAB 100MCG 83
<i>sulfasalazine tab delayed release 500 mg</i> 86	SYNTHROID TAB 112MCG 83
<i>sulindac tab 150 mg</i> 6	SYNTHROID TAB 125MCG 83
<i>sulindac tab 200 mg</i> 6	SYNTHROID TAB 137MCG 83
<i>sumatriptan nasal spray 20 mg/act</i> 63	SYNTHROID TAB 150MCG 83
<i>sumatriptan nasal spray 5 mg/act</i> 63	SYNTHROID TAB 175MCG 83
<i>sumatriptan succinate inj 6 mg/0.5ml</i> 63	SYNTHROID TAB 200MCG 83
<i>sumatriptan succinate solution auto-injector 4</i>	SYNTHROID TAB 25MCG 83
<i>mg/0.5ml</i> 63	SYNTHROID TAB 300MCG 83
<i>sumatriptan succinate solution auto-injector 6</i>	SYNTHROID TAB 50MCG 83
<i>mg/0.5ml</i> 63	SYNTHROID TAB 75MCG 83
<i>sumatriptan succinate solution cartridge 4</i>	SYNTHROID TAB 88MCG 83
<i>mg/0.5ml</i> 64	T
<i>sumatriptan succinate solution cartridge 6</i>	TABLOID TAB 40MG 25
<i>mg/0.5ml</i> 64	<i>tacrolimus cap 0.5 mg</i> 99
<i>sumatriptan succinate tab 100 mg</i> 64	<i>tacrolimus cap 1 mg</i> 99
<i>sumatriptan succinate tab 25 mg</i> 64	<i>tacrolimus cap 5 mg</i> 99
<i>sumatriptan succinate tab 50 mg</i> 64	<i>tacrolimus oint 0.03%</i> 115
<i>sumatriptan-naproxen sodium tab 85-500 mg</i> . 64	<i>tacrolimus oint 0.1%</i> 115
<i>sunitinib malate cap 12.5 mg (base equivalent)</i> 29	<i>tadalafil tab 2.5 mg</i> 89
<i>sunitinib malate cap 25 mg (base equivalent)</i> .. 29	<i>tadalafil tab 20 mg (pah)</i> 44
<i>sunitinib malate cap 37.5 mg (base equivalent)</i> 29	<i>tadalafil tab 5 mg</i> 89
<i>sunitinib malate cap 50 mg (base equivalent)</i> .. 29	TAFINLAR CAP 50MG 29
SUNOSI TAB 150MG 66	TAFINLAR CAP 75MG 29
SUNOSI TAB 75MG 66	TAFINLAR TAB 10MG 29
SUPPRELIN LA KIT 50MG 82	<i>tafluprost preservative free (pf) ophth soln</i>
SUPRAX CHW 100MG..... 18	<i>0.0015%</i> 105
SUPRAX CHW 200MG..... 18	<i>take action</i> 75
SUPRAX SUS 500/5ML..... 18	TALTZ INJ 80MG/ML 97
SUTAB TAB..... 87	<i>tamoxifen citrate tab 10 mg (base equivalent)</i> .27
<i>syeda</i> 75	<i>tamoxifen citrate tab 20 mg (base equivalent)</i> .27
SYMDEKO TAB 100-150..... 110	<i>tamsulosin hcl cap 0.4 mg</i> 89
SYMDEKO TAB 50-75MG..... 110	<i>tasimelteon capsule 20 mg</i> 62
SYMLINPEN 60 INJ 1000MCG 69	<i>tazarotene cream 0.1%</i> 114
SYMLINPEN 120 INJ 1000MCG 69	<i>tazarotene gel 0.05%</i> 114
SYMTUZA TAB..... 16	<i>tazarotene gel 0.1%</i> 114
SYNAREL SOL 2MG/ML..... 82	<i>tazicef</i> 18
SYNERA DIS 70-70MG..... 117	TAZORAC CRE 0.05% 114
SYNJARDY TAB..... 71	<i>taztia xt</i> 41
SYNJARDY TAB 12.5-500..... 71	TDVAX INJ 2-2 LF 101
SYNJARDY TAB 5-1000MG..... 71	<i>telmisartan tab 20 mg</i> 34
SYNJARDY TAB 5-500MG..... 71	<i>telmisartan tab 40 mg</i> 34

<i>telmisartan tab 80 mg</i>	34	THALOMID CAP 200MG	26
<i>telmisartan-amlodipine tab 40-10 mg</i>	33	THALOMID CAP 50MG	26
<i>telmisartan-amlodipine tab 40-5 mg</i>	33	<i>theophylline elixir 80 mg/15ml</i>	112
<i>telmisartan-amlodipine tab 80-10 mg</i>	34	<i>theophylline soln 80 mg/15ml</i>	112
<i>telmisartan-amlodipine tab 80-5 mg</i>	34	<i>theophylline tab er 12hr 300 mg</i>	112
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	34	<i>theophylline tab er 12hr 450 mg</i>	112
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	34	<i>theophylline tab er 24hr 400 mg</i>	112
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	34	<i>theophylline tab er 24hr 600 mg</i>	112
<i>temazepam cap 15 mg</i>	62	<i>thioridazine hcl tab 10 mg</i>	55
<i>temazepam cap 22.5 mg</i>	63	<i>thioridazine hcl tab 100 mg</i>	55
<i>temazepam cap 30 mg</i>	63	<i>thioridazine hcl tab 25 mg</i>	55
<i>temazepam cap 7.5 mg</i>	62	<i>thioridazine hcl tab 50 mg</i>	55
TEMODAR INJ 100MG	23	<i>thiothixene cap 1 mg</i>	55
<i>temozolomide cap 100 mg</i>	23	<i>thiothixene cap 10 mg</i>	56
<i>temozolomide cap 140 mg</i>	23	<i>thiothixene cap 2 mg</i>	55
<i>temozolomide cap 180 mg</i>	24	<i>thiothixene cap 5 mg</i>	56
<i>temozolomide cap 20 mg</i>	23	<i>tiagabine hcl tab 12 mg</i>	59
<i>temozolomide cap 250 mg</i>	24	<i>tiagabine hcl tab 16 mg</i>	59
<i>temozolomide cap 5 mg</i>	23	<i>tiagabine hcl tab 2 mg</i>	59
TENIVAC INJ 5-2LF	101	<i>tiagabine hcl tab 4 mg</i>	59
<i>tenofovir disoproxil fumarate tab 300 mg</i>	15	TICE BCG INJ	26
<i>terazosin hcl cap 1 mg (base equivalent)</i>	89	<i>tilia fe</i>	75
<i>terazosin hcl cap 10 mg (base equivalent)</i>	89	<i>timolol maleate ophth gel forming soln 0.25%</i> 106	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	89	<i>timolol maleate ophth gel forming soln 0.5%</i> ..106	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	89	<i>timolol maleate ophth soln 0.25%</i>	106
<i>terbinafine hcl tab 250 mg</i>	13	<i>timolol maleate ophth soln 0.5%</i>	106
<i>terbutaline sulfate tab 2.5 mg</i>	109	<i>timolol maleate ophth soln 0.5% (once-daily)</i> .106	
<i>terbutaline sulfate tab 5 mg</i>	109	<i>timolol maleate tab 10 mg</i>	39
<i>terconazole vaginal cream 0.4%</i>	90	<i>timolol maleate tab 20 mg</i>	39
<i>terconazole vaginal cream 0.8%</i>	90	<i>timolol maleate tab 5 mg</i>	39
<i>terconazole vaginal suppos 80 mg</i>	90	<i>tinidazole tab 250 mg</i>	12
<i>teriflunomide tab 14 mg</i>	65	<i>tinidazole tab 500 mg</i>	13
<i>teriflunomide tab 7 mg</i>	65	<i>tiotropium bromide monohydrate inhal cap 18</i> <i>mcg (base equiv)</i>	107
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	68	TIVICAY PD TAB 5MG	15
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	68	TIVICAY TAB 10MG.....	15
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	68	TIVICAY TAB 25MG.....	15
<i>testosterone td gel 10mg/act (2%)</i>	68	TIVICAY TAB 50MG.....	15
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	69	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	65
<i>tetrabenazine tab 12.5 mg</i>	64	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	65
<i>tetrabenazine tab 25 mg</i>	64	TOBRADEX OIN 0.3-0.1%.....	104
<i>tetracycline hcl cap 250 mg</i>	23	TOBRADEX ST SUS 0.3-0.05.....	104
<i>tetracycline hcl cap 500 mg</i>	23	<i>tobramycin nebu soln 300 mg/4ml</i>	110
THALOMID CAP 100MG.....	26	<i>tobramycin nebu soln 300 mg/5ml</i>	110
THALOMID CAP 150MG.....	26	<i>tobramycin ophth soln 0.3%</i>	104
		<i>tobramycin sulfate for inj 1.2 gm</i>	13

<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>		<i>trazodone hcl tab 150 mg</i>	51
<i>(base equiv)</i>	13	<i>trazodone hcl tab 300 mg</i>	51
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>		<i>trazodone hcl tab 50 mg</i>	51
<i>(base equiv)</i>	13	TRECTOR TAB 250MG	16
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>		TRELEGY AER 100MCG	107
.....	104	TRELEGY AER 200MCG	107
TODAY SPONGE MIS.....	89	TREMFYA INJ 100MG/ML.....	97
<i>tolmetin sodium cap 400 mg</i>	6	TRESIBA FLEX INJ 100UNIT	70
<i>tolmetin sodium tab 600 mg</i>	6	TRESIBA FLEX INJ 200UNIT	70
<i>tolterodine tartrate cap er 24hr 2 mg</i>	90	TRESIBA INJ 100UNIT	70
<i>tolterodine tartrate cap er 24hr 4 mg</i>	90	<i>tretinoin cap 10 mg</i>	30
<i>tolterodine tartrate tab 1 mg</i>	90	<i>tretinoin cream 0.025%</i>	113
<i>tolterodine tartrate tab 2 mg</i>	90	<i>tretinoin cream 0.05%</i>	113
<i>tolvaptan tab 15 mg</i>	82	<i>tretinoin cream 0.1%</i>	113
<i>tolvaptan tab 30 mg</i>	82	<i>tretinoin gel 0.01%</i>	113
<i>topiramate sprinkle cap 15 mg</i>	59	<i>tretinoin gel 0.025%</i>	113
<i>topiramate sprinkle cap 25 mg</i>	59	<i>tretinoin gel 0.05%</i>	113
<i>topiramate tab 100 mg</i>	59	<i>tretinoin microsphere gel 0.04%</i>	113
<i>topiramate tab 200 mg</i>	59	<i>tretinoin microsphere gel 0.1%</i>	113
<i>topiramate tab 25 mg</i>	59	<i>triamcinolone acetonide cream 0.025%</i>	116
<i>topiramate tab 50 mg</i>	59	<i>triamcinolone acetonide cream 0.1%</i>	116
<i>topotecan hcl for inj 4 mg (base equiv)</i>	31	<i>triamcinolone acetonide cream 0.5%</i>	116
<i>toremifene citrate tab 60 mg (base equivalent)</i>	27	<i>triamcinolone acetonide dental paste 0.1%</i>	118
<i>toremide tab 10 mg</i>	42	<i>triamcinolone acetonide lotion 0.025%</i>	116
<i>toremide tab 100 mg</i>	42	<i>triamcinolone acetonide lotion 0.1%</i>	116
<i>toremide tab 20 mg</i>	42	<i>triamcinolone acetonide nasal aerosol</i>	
<i>toremide tab 5 mg</i>	42	<i>suspension 55 mcg/act</i>	111
<i>tramadol hcl tab 50 mg</i>	11	<i>triamcinolone acetonide oint 0.025%</i>	116
<i>tramadol hcl tab er 24hr 100 mg</i>	11	<i>triamcinolone acetonide oint 0.1%</i>	116
<i>tramadol hcl tab er 24hr 200 mg</i>	11	<i>triamcinolone acetonide oint 0.5%</i>	116
<i>tramadol hcl tab er 24hr 300 mg</i>	11	<i>triamterene & hydrochlorothiazide cap 37.5-25</i>	
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	11	<i>mg</i>	42
<i>trandolapril tab 1 mg</i>	32	<i>triamterene & hydrochlorothiazide tab 37.5-25</i>	
<i>trandolapril tab 2 mg</i>	32	<i>mg</i>	42
<i>trandolapril tab 4 mg</i>	32	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	31	.....	42
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	31	<i>triamterene cap 100 mg</i>	42
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	31	<i>triamterene cap 50 mg</i>	42
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	31	<i>triazolam tab 0.125 mg</i>	63
<i>tranexamic acid iv soln 1000 mg/10ml (100</i>		<i>triazolam tab 0.25 mg</i>	63
<i>mg/ml)</i>	92	<i>trifluoperazine hcl tab 1 mg (base equivalent)</i> ..	56
<i>tranexamic acid tab 650 mg</i>	92	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	56
<i>tranylcypramine sulfate tab 10 mg</i>	51	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i> ..	56
<i>travoprost ophth soln 0.004% (benzalkonium</i>		<i>trifluoperazine hcl tab 5 mg (base equivalent)</i> ..	56
<i>free) (bak free)</i>	106	<i>trifluridine ophth soln 1%</i>	104
<i>trazodone hcl tab 100 mg</i>	51	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	53

<i>trihexyphenidyl hcl tab 2 mg</i>	53
<i>trihexyphenidyl hcl tab 5 mg</i>	53
TRIKAFTA PAK 59.5MG	110
TRIKAFTA PAK 75MG	110
TRIKAFTA TAB	110
<i>tri-linyah</i>	75
<i>trimethobenzamide hcl cap 300 mg</i>	85
<i>trimethoprim tab 100 mg</i>	21
<i>trimipramine maleate cap 100 mg</i>	51
<i>trimipramine maleate cap 25 mg</i>	51
<i>trimipramine maleate cap 50 mg</i>	51
<i>trinate</i>	103
TRINTELLIX TAB 10MG	51
TRINTELLIX TAB 20MG	51
TRINTELLIX TAB 5MG	51
TRIPTODUR SUS 22.5MG	82
<i>tri-sprintec</i>	75
TRIUMEQ PD TAB	16
TRIUMEQ TAB	16
<i>tri-vite/fluoride</i>	103
<i>trivora-28</i>	75
TROGARZO INJ 150MG/ML	15
<i>tropicamide ophth soln 0.5%</i>	106
<i>tropicamide ophth soln 1%</i>	106
<i>tropium chloride cap er 24hr 60 mg</i>	90
<i>tropium chloride tab 20 mg</i>	90
TRULICITY INJ 0.75/0.5	69
TRULICITY INJ 1.5/0.5	70
TRULICITY INJ 3/0.5	70
TRULICITY INJ 4.5/0.5	70
TRUMENBA INJ	101
TRUSTEX/RIA MIS NON-LUB	75
TRUSTX NON-9 MIS RIB/STUD	75
TUKYSA TAB 150MG	29
TUKYSA TAB 50MG	29
TUZISTRA XR SUS	109
TWINRIX INJ	101
TWIRLA DIS 120-30	75
TYBLUME CHW 0.1-0.02	75
TYBOST TAB 150MG	15
TYMLOS INJ	82
TYSABRI INJ 300/15ML	65
TYVASO REFIL SOL 0.6MG/ML	44
TYVASO SOL 0.6MG/ML	44
TYVASO START SOL 0.6MG/ML	44

U	
UBRELVY TAB 100MG	64
UBRELVY TAB 50MG	64
<i>unithroid</i>	84
UPTRAVI INJ 1800MCG	45
UPTRAVI PACK TAB 200/800	45
UPTRAVI TAB 1000MCG	45
UPTRAVI TAB 1200MCG	45
UPTRAVI TAB 1400MCG	45
UPTRAVI TAB 1600MCG	45
UPTRAVI TAB 200MCG	45
UPTRAVI TAB 400MCG	45
UPTRAVI TAB 600MCG	45
UPTRAVI TAB 800MCG	45
<i>urinary pain relief</i>	89
<i>ursodiol cap 300 mg</i>	87
<i>ursodiol tab 250 mg</i>	87
<i>ursodiol tab 500 mg</i>	87
V	
<i>valacyclovir hcl tab 1 gm</i>	17
<i>valacyclovir hcl tab 500 mg</i>	17
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	17
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	17
<i>valproate sodium inj 100 mg/ml</i>	59
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	59
<i>valproic acid cap 250 mg</i>	59
<i>valsartan tab 160 mg</i>	34
<i>valsartan tab 320 mg</i>	34
<i>valsartan tab 40 mg</i>	34
<i>valsartan tab 80 mg</i>	34
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	34
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> ..	34
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	34
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> ..	34
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> ..	34
<i>vancomycin hcl cap 125 mg (base equivalent)</i> ..	21
<i>vancomycin hcl cap 250 mg (base equivalent)</i> ..	21
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	21
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	21

<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	21	<i>verapamil hcl cap er 24hr 180 mg</i>	41
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	21	<i>verapamil hcl cap er 24hr 200 mg</i>	41
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	21	<i>verapamil hcl cap er 24hr 240 mg</i>	41
VAQTA INJ 25/0.5ML.....	101	<i>verapamil hcl cap er 24hr 300 mg</i>	41
VAQTA INJ 50UNT/ML.....	101	<i>verapamil hcl cap er 24hr 360 mg</i>	41
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	68	<i>verapamil hcl tab 120 mg</i>	41
<i>varenicline tartrate tab 1 mg (base equiv)</i>	68	<i>verapamil hcl tab 40 mg</i>	41
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	68	<i>verapamil hcl tab 80 mg</i>	41
VARIVAX INJ.....	101	<i>verapamil hcl tab er 120 mg</i>	41
VARUBI TAB 90MG	86	<i>verapamil hcl tab er 180 mg</i>	41
VAXELIS INJ	101	<i>verapamil hcl tab er 240 mg</i>	41
VAXNEUVANCE INJ	101	VERZENIO TAB 100MG.....	29
VCF VAGINAL GEL CONTRACE	89	VERZENIO TAB 150MG.....	29
VCF VAGINAL MIS CONTRACP.....	89	VERZENIO TAB 200MG.....	29
<i>velivet</i>	75	VERZENIO TAB 50MG.....	29
VELPHORO CHW 500MG	83	VIBERZI TAB 100MG.....	86
VEMLIDY TAB 25MG.....	17	VIBERZI TAB 75MG.....	86
VENCLEXTA TAB 100MG.....	25	VICTOZA INJ 18MG/3ML.....	70
VENCLEXTA TAB 10MG.....	25	<i>vigabatrin powd pack 500 mg</i>	59
VENCLEXTA TAB 50MG.....	25	<i>vigabatrin tab 500 mg</i>	59
VENCLEXTA TAB START PK	25	VIIBRYD KIT STARTER	51
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	51	<i>vilazodone hcl tab 10 mg</i>	51
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	51	<i>vilazodone hcl tab 20 mg</i>	51
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	51	<i>vilazodone hcl tab 40 mg</i>	51
<i>venlafaxine hcl tab 100 mg (base equivalent)</i> ..	51	<i>vinblastine sulfate inj 1 mg/ml</i>	25
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	51	<i>vincristine sulfate iv soln 1 mg/ml</i>	25
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> .	51	<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i> ..	25
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	51	<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	25
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	51	VIOKACE TAB 10440.....	88
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	51	VIOKACE TAB 20880.....	88
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	51	<i>viorele</i>	75
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	51	VIRACEPT TAB 250MG	15
VENTAVIS SOL 10MCG/ML.....	45	VIRACEPT TAB 625MG	15
VENTAVIS SOL 20MCG/ML.....	45	VIREAD POW 40MG/GM.....	15
<i>verapamil hcl cap er 24hr 100 mg</i>	41	VIREAD TAB 150MG	15
<i>verapamil hcl cap er 24hr 120 mg</i>	41	VIREAD TAB 200MG	15
		VIREAD TAB 250MG	15
		VISTOGARD PAK 10GM	30
		<i>vitamins a/c/d/fluoride</i>	103
		VITRAKVI CAP 100MG	29
		VITRAKVI CAP 25MG	29
		VITRAKVI SOL 20MG/ML.....	29
		VIVITROL INJ 380MG.....	23
		VOLTAREN GEL 1% ARTHR	117
		<i>voriconazole for susp 40 mg/ml</i>	13

<i>voriconazole tab 200 mg</i>	13	XALKORI CAP 20MG	29
<i>voriconazole tab 50 mg</i>	13	XALKORI CAP 250MG	29
VOSEVI TAB.....	20	XALKORI CAP 50MG	29
VOTRIENT TAB 200MG	29	XARELTO STAR TAB 15/20MG.....	91
VRAYLAR CAP 1.5-3MG	56	XARELTO SUS 1MG/ML.....	91
VRAYLAR CAP 1.5MG.....	56	XARELTO TAB 10MG	91
VRAYLAR CAP 3MG.....	56	XARELTO TAB 15MG	91
VRAYLAR CAP 4.5MG.....	56	XARELTO TAB 2.5MG	91
VRAYLAR CAP 6MG.....	56	XARELTO TAB 20MG	91
<i>vyfemla</i>	75	XCOPRI PAK 100-150.....	59
VYVANSE CAP 10MG	61	XCOPRI PAK 12.5-25.....	59
VYVANSE CAP 20MG	61	XCOPRI PAK 150-200.....	59
VYVANSE CAP 30MG	61	XCOPRI PAK 50-100MG.....	59
VYVANSE CAP 40MG	61	XCOPRI TAB 100MG	59
VYVANSE CAP 50MG	61	XCOPRI TAB 150MG	59
VYVANSE CAP 60MG	62	XCOPRI TAB 200MG	59
VYVANSE CAP 70MG	62	XCOPRI TAB 50MG	59
VYVANSE CHW 10MG.....	62	XELJANZ SOL 1MG/ML	97
VYVANSE CHW 20MG.....	62	XELJANZ TAB 10MG.....	97
VYVANSE CHW 30MG.....	62	XELJANZ TAB 5MG.....	97
VYVANSE CHW 40MG.....	62	XELJANZ XR TAB 11MG	97
VYVANSE CHW 50MG.....	62	XELJANZ XR TAB 22MG	97
VYVANSE CHW 60MG.....	62	XEPI CRE 1%	113
W		XOLAIR INJ 150MG/ML	111
<i>warfarin sodium tab 1 mg</i>	91	XOLAIR INJ 75/0.5	111
<i>warfarin sodium tab 10 mg</i>	91	XOLAIR SOL 150MG.....	111
<i>warfarin sodium tab 2 mg</i>	91	XTAMPZA ER CAP 13.5MG	11
<i>warfarin sodium tab 2.5 mg</i>	91	XTAMPZA ER CAP 18MG	11
<i>warfarin sodium tab 3 mg</i>	91	XTAMPZA ER CAP 27MG	11
<i>warfarin sodium tab 4 mg</i>	91	XTAMPZA ER CAP 36MG	11
<i>warfarin sodium tab 5 mg</i>	91	XTAMPZA ER CAP 9MG	11
<i>warfarin sodium tab 6 mg</i>	91	XTANDI CAP 40MG.....	27
<i>warfarin sodium tab 7.5 mg</i>	91	XTANDI TAB 40MG.....	27
<i>wera</i>	75	XTANDI TAB 80MG.....	27
<i>westab max</i>	104	<i>xulane</i>	75
WIDE-SEAL DPR KIT 60	75	XULTOPHY INJ 100/3.6.....	70
WIDE-SEAL DPR KIT 65	75	Y	
WIDE-SEAL DPR KIT 70	75	YONSA TAB 125MG.....	27
WIDE-SEAL DPR KIT 75	75	YOSPRALA TAB 325-40MG	93
WIDE-SEAL DPR KIT 80	75	YOSPRALA TAB 81-40MG	93
WIDE-SEAL DPR KIT 85	75	<i>yuvafem</i>	79
WIDE-SEAL DPR KIT 90	75	Z	
WIDE-SEAL DPR KIT 95	75	<i>zafirlukast tab 10 mg</i>	110
X		<i>zafirlukast tab 20 mg</i>	110
XALKORI CAP 150MG.....	29	<i>zaleplon cap 10 mg</i>	63
XALKORI CAP 200MG.....	29	<i>zaleplon cap 5 mg</i>	63

ZEJULA CAP 100MG	30	ZOLINZA CAP 100MG	30
ZEJULA TAB 100MG	30	zolmitriptan nasal spray 5 mg/spray unit	64
ZEJULA TAB 200MG	30	zolmitriptan orally disintegrating tab 2.5 mg	64
ZEJULA TAB 300MG	30	zolmitriptan orally disintegrating tab 5 mg	64
ZELBORAF TAB 240MG	29	zolmitriptan tab 2.5 mg	64
ZENPEP CAP 10000UNT	88	zolmitriptan tab 5 mg	64
ZENPEP CAP 15000UNT	88	zolpidem tartrate tab 10 mg	63
ZENPEP CAP 20000UNT	88	zolpidem tartrate tab 5 mg	63
ZENPEP CAP 25000UNT	88	zolpidem tartrate tab er 12.5 mg	63
ZENPEP CAP 3000UNIT	88	zolpidem tartrate tab er 6.25 mg	63
ZENPEP CAP 40000UNT	88	zonisamide cap 100 mg	59
ZENPEP CAP 5000UNIT	88	zonisamide cap 25 mg	59
ZENPEP CAP 60000UNT	88	zonisamide cap 50 mg	59
zenzedi	62	ZORTRESS TAB 0.25MG	99
ZEPATIER TAB 50-100MG	20	ZORTRESS TAB 0.5MG	99
ZERVIATE DRO 0.24%	105	ZORTRESS TAB 0.75MG	99
zidovudine cap 100 mg	15	ZORTRESS TAB 1MG	99
zidovudine syrup 10 mg/ml	15	zovia 1/35	75
zidovudine tab 300 mg	15	ZUBSOLV SUB 0.7-0.18	66
zileuton tab er 12hr 600 mg	110	ZUBSOLV SUB 1.4-0.36	66
ziprasidone hcl cap 20 mg	56	ZUBSOLV SUB 11.4-2.9	66
ziprasidone hcl cap 40 mg	56	ZUBSOLV SUB 2.9-0.71	66
ziprasidone hcl cap 60 mg	56	ZUBSOLV SUB 5.7-1.4	66
ziprasidone hcl cap 80 mg	56	ZUBSOLV SUB 8.6-2.1	66
ZIRGAN GEL 0.15%	104	ZYDELIG TAB 100MG	29
zoledronic acid inj conc for iv infusion 4 mg/5ml	72	ZYDELIG TAB 150MG	29
zoledronic acid iv soln 5 mg/100ml	72	ZYKADIA TAB 150MG	29
		ZYLET SUS 0.5-0.3%	104