

Arkansas Blue Cross and Blue Shield Standard with Step Therapy and Tier 4 Specialty Formulary

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Table of Contents

INTRODUCTION	7
PREFACE	7
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	8
GENERIC SUBSTITUTION	8
LEGEND	9
NOTICE	9
ANALGESICS	10
COX-2 INHIBITORS	10
GOUT	10
NSAIDS	10
NSAIDS, COMBINATIONS	10
OPIOID ANALGESICS	10
OPIOID PARTIAL AGONISTS	11
SALICYLATES	11
VISCOSUPPLEMENTS	11
ANTI-INFECTIVES	12
ANTHELMINTICS	12
ANTI-BACTERIALS - MISCELLANEOUS	12
ANTIFUNGALS	12
ANTIMALARIALS	12
ANTIRETROVIRAL AGENTS	12
ANTIRETROVIRAL COMBINATION AGENTS	13
ANTITUBERCULAR AGENTS	13
ANTIVIRALS	14
CEPHALOSPORINS	14
ERYTHROMYCINS/MACROLIDES	14
FLUOROQUINOLONES	14
HEPATITIS B	15
HEPATITIS C	15
MISCELLANEOUS	15
NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS	16
PENICILLINS	16
TETRACYCLINES	16
ANTINEOPLASTIC AGENTS	17
ALKYLATING AGENTS	17
ANTIMETABOLITES	17
ANTIMITOTIC, TAXOIDS	17
BIOLOGIC RESPONSE MODIFIERS	17
BIOSIMILARS	17
HORMONAL ANTINEOPLASTIC AGENTS	17
KINASE INHIBITORS	18
MISCELLANEOUS	19
MONOCLONAL ANTIBODIES	19
PROTEASOME INHIBITORS	19
TOPOISOMERASE INHIBITORS	19

CARDIOVASCULAR.....	19
ACE INHIBITOR COMBINATIONS.....	19
ACE INHIBITORS	20
ALDOSTERONE RECEPTOR ANTAGONISTS.....	20
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS.....	20
ANGIOTENSIN II RECEPTOR ANTAGONISTS	22
ANTIARRHYTHMICS.....	22
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS.....	22
ANTILIPEMICS, BILE ACID RESINS.....	22
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	23
ANTILIPEMICS, FIBRATES	23
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS.....	23
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS.....	23
ANTILIPEMICS, MISCELLANEOUS	23
ANTILIPEMICS, OMEGA-3 FATTY ACIDS.....	23
ANTILIPEMICS, PCSK9 INHIBITORS.....	23
BETA-BLOCKER/DIURETIC COMBINATIONS	23
BETA-BLOCKERS	24
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS.....	24
CALCIUM CHANNEL BLOCKERS.....	25
DIGITALIS GLYCOSIDES.....	25
DIRECT RENIN INHIBITORS/COMBINATIONS	25
DIURETICS	25
HEART FAILURE	26
MISCELLANEOUS.....	26
NITRATES.....	26
PULMONARY ARTERIAL HYPERTENSION.....	26
CENTRAL NERVOUS SYSTEM	27
ALCOHOL DETERRENTS.....	27
ANTIANKXIETY.....	27
ANTIDEMENTIA.....	27
ANTIDEPRESSANTS.....	28
ANTIPARKINSONIAN AGENTS	29
ANTIPSYCHOTICS.....	30
ANTISEIZURE AGENTS	31
ATTENTION DEFICIT HYPERACTIVITY DISORDER.....	32
BOTULINUM TOXINS.....	34
HYPNOTICS.....	34
MIGRAINE.....	34
MISCELLANEOUS.....	35
MOVEMENT DISORDERS.....	35
MULTIPLE SCLEROSIS AGENTS	35
MUSCULOSKELETAL THERAPY AGENTS	36
NARCOLEPSY/CATAPLEXY	36
OPIOID AGONIST/ANTAGONIST.....	36
OPIOID ANTAGONIST	36
POSTHERPETIC NEURALGIA (PHN).....	37

SMOKING DETERRENTS.....	37
ENDOCRINE AND METABOLIC	37
ACROMEGALY	37
ANDROGENS	37
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS	37
ANTIDIABETICS, AMYLIN ANALOGS	37
ANTIDIABETICS, BIGUANIDE	37
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS.....	37
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS	37
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS.....	38
ANTIDIABETICS, INCRETIN MIMETIC AGENTS.....	38
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	38
ANTIDIABETICS, INSULIN.....	38
ANTIDIABETICS, INSULIN SENSITIZER.....	38
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	38
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	39
ANTIDIABETICS, MEGLITINIDE	39
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS .	39
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	39
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS	39
ANTIDIABETICS, SULFONYLUREA	39
CALCIUM RECEPTOR AGONISTS.....	39
CALCIUM REGULATORS, BISPHOSPHONATES.....	39
CALCIUM REGULATORS, MISCELLANEOUS	40
CALCIUM REGULATORS, PARATHYROID HORMONES	40
CARNITINE DEFICIENCY AGENTS.....	40
CENTRAL PRECOCIOUS PUBERTY	40
CHELATING AGENTS.....	40
CONTRACEPTIVES.....	40
DIABETIC SUPPLIES.....	42
ENDOMETRIOSIS	42
ENZYME REPLACEMENTS	42
ESTROGENS	42
FERTILITY REGULATORS	43
GAUCHER DISEASE	43
GLUCOCORTICOIDS.....	43
GLUCOSE ELEVATING AGENTS.....	43
HEREDITARY TYROSINEMIA TYPE 1 AGENTS.....	44
HUMAN GROWTH HORMONES	44
MINERALOCORTICOID RECEPTOR ANTAGONISTS	44
MISCELLANEOUS.....	44
PHOSPHATE BINDER AGENTS	44
POLYNEUROPATHY	44
POTASSIUM-REMOVING AGENTS.....	44
PROGESTINS.....	44
THYROID AGENTS.....	44

UTERINE FIBROIDS	45
VASOPRESSINS	45
GASTROINTESTINAL.....	45
ANTICHOLINERGICS	45
ANTIDIARRHEALS	45
ANTIEMETICS	45
H2-RECEPTOR ANTAGONISTS	46
INFLAMMATORY BOWEL DISEASE	46
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION.....	46
IRRITABLE BOWEL SYNDROME WITH DIARRHEA.....	46
LAXATIVES	46
MISCELLANEOUS.....	47
PANCREATIC ENZYMES	47
PROTON PUMP INHIBITORS.....	47
RECTAL, CORTICOSTEROIDS.....	47
ULCER THERAPY COMBINATIONS	47
GENITOURINARY	47
BENIGN PROSTATIC HYPERPLASIA	47
MISCELLANEOUS.....	48
URINARY ANTISPASMODICS	48
VAGINAL ANTI-INFECTIVES	48
HEMATOLOGIC	48
ANTICOAGULANTS	48
BLEEDING DISORDERS AGENTS.....	49
HEMATOPOIETIC GROWTH FACTORS.....	49
HEMOPHILIA A AGENTS	49
HEMOPHILIA B AGENTS	50
MISCELLANEOUS.....	50
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS.....	50
PLATELET AGGREGATION INHIBITORS.....	50
SICKLE CELL DISEASE	50
THROMBOCYTOPENIA AGENTS	50
IMMUNOLOGIC AGENTS.....	50
ALLERGENIC EXTRACTS	50
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED).....	50
AUTOIMMUNE AGENTS (SELF-ADMINISTERED).....	50
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS).....	51
HEREDITARY ANGIOEDEMA	51
IMMUNOGLOBULIN	51
IMMUNOSUPPRESSANTS.....	51
MEDICAL DEVICES	52
THYROID AGENTS.....	52
NUTRITIONAL/SUPPLEMENTS	52
ELECTROLYTES.....	52
PRENATAL VITAMINS	52
VITAMINS	52
OPHTHALMIC	52

ANTI-INFECTIVE/ANTI-INFLAMMATORY	52
ANTI-INFECTIVES	53
ANTI-INFLAMMATORIES	53
ANTIALLERGICS	53
ANTIGLAUCOMA	54
DRY EYE DISEASE	54
MISCELLANEOUS	54
RETINAL DISORDERS	54
RESPIRATORY	54
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	54
ANAPHYLAXIS TREATMENT AGENTS	54
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	54
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS	55
ANTICHOLINERGICS	55
ANTI-HISTAMINE COMBINATIONS	55
ANTI-HISTAMINES	55
BETA AGONISTS	55
COLD/COUGH	55
CYSTIC FIBROSIS	56
LEUKOTRIENE RECEPTOR ANTAGONISTS	56
MAST CELL STABILIZERS	56
MISCELLANEOUS	56
NASAL STEROIDS	56
PULMONARY FIBROSIS AGENTS	56
SEVERE ASTHMA AGENTS	56
STEROID INHALANTS	56
STEROID/BETA-AGONIST COMBINATIONS	57
XANTHINES	57
TOPICAL	57
DERMATOLOGY, ACNE	57
DERMATOLOGY, ACTINIC KERATOSIS	58
DERMATOLOGY, ANTIBIOTICS	58
DERMATOLOGY, ANTIFUNGALS	58
DERMATOLOGY, ANTIPSORIATICS	58
DERMATOLOGY, ANTISEBORRHEICS	58
DERMATOLOGY, ATOPIC DERMATITIS	58
DERMATOLOGY, CORTICOSTEROIDS	59
DERMATOLOGY, LOCAL ANESTHETICS	59
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	59
DERMATOLOGY, ROSACEA	60
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	60
MOUTH/THROAT/DENTAL AGENTS	60
OTIC	60
Index	61

INTRODUCTION

We are pleased to provide the 2024 **Arkansas Blue Cross and Blue Shield Standard with Step Therapy and Tier 4 Specialty Formulary** as a useful reference and informational tool. The Standard with Step Therapy and Tier 4 Specialty Formulary can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The **Standard with Step Therapy and Tier 4 Specialty Formulary** is reflective of current medical practice as of the date of review.

The information contained in this **Standard with Step Therapy and Tier 4 Specialty Formulary** is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This **Standard with Step Therapy and Tier 4 Specialty Formulary** is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the **Standard with Step Therapy and Tier 4 Specialty Formulary** is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at <https://www.ahrq.gov/gam/>.

PREFACE

The **Standard with Step Therapy and Tier 4 Specialty Formulary** is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action.

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not included in the pharmacy benefit. Pharmacy law requires a valid prescription for purchase of needles and syringes in certain states. OTC products are listed for informational purposes. If covered in the pharmacy benefit, OTC products require a valid prescription.

Drugs represented in the **Standard with Step Therapy and Tier 4 Specialty Formulary** may have varying cost to the plan member. Prescription benefit plan may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lowest cost, brand-name medications on the **Standard with Step Therapy and Tier 4 Specialty Formulary** will generally cost more than generics, and brand-name medications not on the list will generally cost the most.

The tiered format places drugs into tiers or levels of cost sharing by the plan member in the following manner:

TIER DESCRIPTION

- Tier 1: Lowest plan member copayment: **All generic, non-specialty drugs**, including those on the ***Standard with Step Therapy and Tier 4 Specialty Formulary***.
- Tier 2: Intermediate plan member copayment: Preferred brand-name products on the ***Standard with Step Therapy and Tier 4 Specialty Formulary*** selected for Tier 2.
- Tier 3: Higher plan member copayment: Products on the ***Standard with Step Therapy and Tier 4 Specialty Formulary*** not selected for Tier 2, and all non-specialty, non-preferred, brand-name products. In most cases, there will be reasonable alternatives in Tier 1 or Tier 2 for products found in this higher tier.
- Tier 4: Highest plan member copayment. Specialty products are at Tier 4.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

Arkansas Blue Cross will utilize the services of the independent National P&T Committee as well as internal pharmacy and medical advisory committees to direct formulary decisions as it relates to our benefit certificates and policies.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product.

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug. Generics may be different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug.

LEGEND

Abbreviation	Description
AGE	Prior Authorization applies for members age 35 and older
MB	Medical Benefit
OTC	Over the counter
PA	Prior Authorization
PA*	Prior Authorization may apply
QL	Quantity Limits
SGM	Specialty Guideline Management
ST	Step Therapy
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

NOTICE

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Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for client notification.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	1	
GOUT		
<i>allopurinol solr 500mg</i>	MB	
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine caps .6mg; tabs .6mg</i>	1	
MITIGARE CAPS .6MG	2	
<i>probenecid tabs 500mg</i>	1	
NSAIDS		
<i>diclofenac sodium soln 1.5%; tb24 100mg; tbec 25mg, 50mg, 75mg</i>	1	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	1	
<i>ibuprofen soln 10mg/ml</i>	MB	
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	1	
<i>meloxicam tabs 7.5mg, 15mg</i>	1	
<i>nabumetone tabs 500mg, 750mg</i>	1	
<i>naproxen tabs 250mg, 275mg, 375mg, 500mg, 550mg</i>	1	
<i>oxaprozin tabs 600mg</i>	1	
<i>sulindac tabs 150mg, 200mg</i>	1	
NSAIDS, COMBINATIONS		
<i>diclofenac sodium-misoprostol delayed release 50-0.2 mg</i>	1	
<i>diclofenac sodium-misoprostol delayed release 75-0.2 mg</i>	1	
OPIOID ANALGESICS		
<i>codeine-acetaminophen soln 120-12 mg/5ml</i>	1	QL; PA*
<i>codeine-acetaminophen tab 300-15 mg</i>	1	QL; PA*
<i>codeine-acetaminophen tab 300-30 mg</i>	1	QL; PA*
<i>codeine-acetaminophen tab 300-60 mg</i>	1	QL; PA*
<i>fentanyl citrate tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	1	QL; PA*
<i>fentanyl transdermal pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	1	QL; PA*
<i>fentanyl transmucosal lozenge lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	1	QL; PA*
<i>hydrocodone ext-rel cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg</i>	1	QL; PA*

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL; PA*
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	QL; PA*
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	QL; PA*
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL; PA*
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL; PA*
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL; PA*
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL; PA*
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL; PA*
<i>hydromorphone liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	1	QL; PA*
<i>hydromorphone soln 1mg/ml, 2mg/ml, 10mg/ml</i>	MB	
<i>hydromorphone ext-rel tb24 8mg, 12mg, 16mg, 32mg</i>	1	QL; PA*
<i>methadone conc 10mg/ml; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbs 40mg</i>	1	QL; PA*
<i>methadone soln 10mg/ml</i>	MB	PA*
<i>morphine soln 10mg/5ml, 20mg/5ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg</i>	1	QL; PA*
<i>morphine soln .5mg/ml, 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml, 50mg/ml</i>	MB	
<i>morphine ext-rel cp24 10mg, 20mg, 30mg, 40mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg, 100mg, 120mg; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	1	QL; PA*
<i>oxycodone caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 15mg, 30mg</i>	1	QL; PA*
<i>oxycodone ext-rel t12a 10mg, 20mg, 40mg, 80mg</i>	1	QL; PA*
<i>oxycodone-acetaminophen tab 5-325 mg</i>	1	QL; PA*
<i>tramadol soln 5mg/ml; tabs 50mg</i>	1	QL; PA*
<i>tramadol ext-rel tb24 100mg, 200mg, 300mg</i>	1	QL; PA*
OPIOID PARTIAL AGONISTS		
<i>BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG</i>	2	PA
<i>buprenorphine hcl film 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg</i>	1	QL
<i>buprenorphine transdermal ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	1	PA
SALICYLATES		
<i>diflunisal tabs 500mg</i>	1	
VISCOSUPPLEMENTS		
<i>DUROLANE PRSY 60MG/3ML</i>	MB	
<i>EUFLEXXA SOSY 20MG/2ML</i>	MB	
<i>GELSYN-3 SOSY 16.8MG/2ML</i>	MB	
<i>SUPARTZ FX SOSY 25MG/2.5ML</i>	MB	

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
ANTHELMINTICS		
EMVERM CHEW 100MG	2	QL
<i>ivermectin tabs 3mg</i>	1	
STROMEKTOL TABS 3MG	3	
ANTI-BACTERIALS - MISCELLANEOUS		
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	MB	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole tabs 250mg, 500mg</i>	1	
ANTIFUNGALS		
DIFLUCAN SUSR 10MG/ML, 40MG/ML; TABS 50MG, 100MG, 150MG, 200MG	3	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1	
<i>fluconazole inj 200 mg/100ml</i>	MB	
<i>fluconazole inj 400 mg/200ml</i>	MB	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	1	PA
<i>nystatin tabs 500000unit</i>	1	
<i>terbinafine tabs 250mg</i>	1	
<i>voriconazole solr 200mg</i>	MB	
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	1	PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1	
<i>mefloquine hcl tabs 250mg</i>	1	
ANTIRETROVIRAL AGENTS		
<i>abacavir soln 20mg/ml; tabs 300mg</i>	1	QL
<i>atazanavir caps 150mg, 200mg, 300mg</i>	1	QL
<i>darunavir tabs 600mg, 800mg</i>	1	QL
<i>efavirenz caps 50mg, 200mg; tabs 600mg</i>	1	QL
<i>emtricitabine caps 200mg</i>	1	QL
<i>etravirine tabs 100mg, 200mg</i>	1	QL
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG, 600MG	2	QL
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	1	QL
<i>maraviroc tabs 150mg, 300mg</i>	1	QL
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 100mg, 400mg</i>	1	QL

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir tabs 100mg</i>	1	QL
TIVICAY TABS 10MG, 25MG, 50MG; TBSO 5MG	2	QL
<i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i>	1	QL

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	QL
<i>abacavir-lamivudine tab 600-300 mg</i>	1	QL
BIKTARVY TAB	2	QL
CABENUVA SUS 400-600	2	SGM, QL
CABENUVA SUS 600-900	2	SGM, QL
CIMDUO TAB 300-300	2	QL
DESCOVY TAB 120-15MG	2	QL
DESCOVY TAB 200/25MG	2	QL
DOVATO TAB 50-300MG	2	QL
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL
GENVOYA TAB	2	QL
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL
ODEFSEY TAB	2	QL
STRIBILD TAB	2	QL
SYM TUZA TAB	2	QL
TRIUMEQ PD TAB	2	QL
TRIUMEQ TAB	2	QL

ANTITUBERCULAR AGENTS

<i>cycloserine caps 250mg</i>	1	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1	
<i>isoniazid soln 100mg/ml</i>	MB	
<i>isoniazid syrp 50mg/5ml; tabs 100mg, 300mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifampin caps 150mg, 300mg</i>	1	
<i>rifampin solr 600mg</i>	MB	
ANTIVIRALS		
<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	1	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
<i>oseltamivir caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	1	QL
PAXLOVID TAB 150-100	2	QL
PAXLOVID TAB 300-100	2	QL
RELENZA AEPB 5MG/BLISTER	2	QL
<i>valacyclovir tabs 1gm, 500mg</i>	1	
<i>valganciclovir solr 50mg/ml; tabs 450mg</i>	1	QL
CEPHALOSPORINS		
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	1	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	1	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	1	
<i>cefuroxime sodium solr 1.5gm, 750mg</i>	MB	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	1	
<i>azithromycin solr 500mg</i>	MB	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>clarithromycin ext-rel tb24 500mg</i>	1	
DIFICID SUSR 40MG/ML; TABS 200MG	2	PA
<i>erythromycins cpep 250mg; susr 200mg/5ml, 400mg/5ml; tabs 250mg, 400mg; tbec 250mg, 333mg, 500mg</i>	1	
FLUOROQUINOLONES		
CIPRO SUSR 5GM/100ML, 500MG/5ML; TABS 250MG, 500MG	3	
<i>ciprofloxacin susr 5gm/100ml, 500mg/5ml; tabs 100mg, 250mg, 500mg, 750mg</i>	1	
<i>ciprofloxacin inj 200 mg/100ml</i>	MB	
<i>ciprofloxacin inj 400 mg/200ml</i>	MB	
<i>levofloxacin soln 25mg/ml</i>	MB	

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin inj 250 mg/50ml</i>	MB	
<i>levofloxacin inj 500 mg/100ml</i>	MB	
<i>moxifloxacin tabs 400mg</i>	1	
<i>moxifloxacin inj 400 mg/250ml</i>	MB	

HEPATITIS B

<i>entecavir tabs .5mg, 1mg</i>	1	QL
<i>lamivudine tabs 100mg</i>	1	
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	QL
VEMLIDY TABS 25MG	2	QL

HEPATITIS C

EPCLUSA PAK 150-37.5	4	SGM, QL; Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	4	SGM, QL; Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	4	SGM, QL; Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	4	SGM, QL; Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	4	SGM, QL; Genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	4	SGM, QL; Genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	4	SGM, QL; Genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	4	SGM, QL; Genotypes 1, 4, 5, 6
<i>ribavirin caps 200mg; tabs 200mg</i>	4	SGM, QL
VOSEVI TAB	4	SGM, QL; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)

MISCELLANEOUS

<i>clindamycin caps 75mg, 150mg, 300mg; solr 75mg/5ml</i>	1	
<i>clindamycin soln 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	MB	
<i>clindamycin inj 300 mg/50ml</i>	MB	
<i>clindamycin inj 600 mg/50ml</i>	MB	
<i>clindamycin inj 900 mg/50ml</i>	MB	
<i>dapsone tabs 25mg, 100mg</i>	1	
FLAGYL TABS 500MG	3	
<i>linezolid soln 600mg/300ml</i>	MB	
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	1	
<i>metronidazole soln 500mg/100ml</i>	MB	
<i>nitrofurantoin caps 25mg, 50mg, 100mg; susp 25mg/5ml</i>	1	Except NDC 16571074024
<i>pyrimethamine tabs 25mg</i>	1	PA
<i>vancomycin caps 125mg, 250mg</i>	1	QL
XIFAXAN TABS 550MG	2	PA

NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	QL
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PENICILLINS

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1	
<i>amoxicillin-clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin-clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin-clavulanate ext-rel tab 1000-62.5 mg</i>	1	
<i>amoxicillin-clavulanate susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin-clavulanate susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin-clavulanate susp 400-57 mg/5ml</i>	1	
<i>amoxicillin-clavulanate susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin-clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin-clavulanate tab 875-125 mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	MB	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
<i>dicloxacillin caps 250mg, 500mg</i>	1	
<i>penicillin vk solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	

TETRACYCLINES

<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	1	
<i>doxycycline hyclate solr 100mg</i>	MB	
<i>minocycline caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	1	
<i>minocycline hcl tb24 105mg, 135mg</i>	1	
<i>tetracycline caps 250mg, 500mg</i>	1	QL
VIBRAMYCIN CAPS 100MG	3	
VIBRAMYCIN SYRP 50MG/5ML	2	

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide caps 25mg, 50mg</i>	1	
EMCYT CAPS 140MG	2	
<i>melphalan tabs 2mg</i>	1	
<i>melphalan hcl solr 50mg</i>	MB	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	4	SGM
ANTIMETABOLITES		
<i>capecitabine tabs 150mg, 500mg</i>	4	SGM
LONSURF TAB 15-6.14	4	SGM, QL
LONSURF TAB 20-8.19	4	SGM, QL
<i>mercaptopurine tabs 50mg</i>	1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	1	
<i>pemetrexed solr 100mg, 500mg, 750mg, 1000mg</i>	MB	
ANTIMITOTIC, TAXOIDS		
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	MB	
BIOLOGIC RESPONSE MODIFIERS		
ERIVEDGE CAPS 150MG	4	SGM, QL
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	4	SGM, QL
THALOMID CAPS 50MG, 100MG, 150MG, 200MG	4	SGM, QL
BIOSIMILARS		
HERZUMA SOLR 150MG, 420MG	MB	
OGIVRI SOLR 150MG, 420MG	MB	
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	MB	
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	MB	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone tabs 250mg, 500mg</i>	4	SGM, QL
<i>anastrozole tabs 1mg</i>	1	
<i>bicalutamide tabs 50mg</i>	1	
CASODEX TABS 50MG	3	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	4	SGM
ERLEADA TABS 60MG, 240MG	4	SGM, QL
<i>exemestane tabs 25mg</i>	1	
<i>letrozole tabs 2.5mg</i>	1	
<i>leuprolide acetate kit 1mg/0.2ml</i>	4	SGM
<i>megestrol acetate tabs 20mg, 40mg</i>	1	
NUBEQA TABS 300MG	4	SGM, QL
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1	
XTANDI CAPS 40MG; TABS 40MG, 80MG	4	SGM, QL

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Drug Name	Drug Tier	Requirements/Limits
YONSA TABS 125MG	4	SGM, QL
KINASE INHIBITORS		
ALECENSA CAPS 150MG	4	SGM, QL
ALUNBRIG TABS 30MG, 90MG, 180MG	4	SGM, QL
ALUNBRIG PAK	4	SGM, QL
AUGTYRO CAPS 40MG	4	SGM, QL
BOSULIF CAPS 50MG, 100MG; TABS 100MG, 400MG, 500MG	4	SGM, QL
BRAFTOVI CAPS 75MG	4	SGM, QL
BRUKINSA CAPS 80MG	4	SGM, QL
CABOMETYX TABS 20MG, 40MG, 60MG	4	SGM, QL
CALQUENCE TABS 100MG	4	SGM, QL
COPIKTRA CAPS 15MG, 25MG	4	SGM, QL
COTELLIC TABS 20MG	4	SGM, QL
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	4	SGM, QL
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	4	SGM, QL
GAVRETO CAPS 100MG	4	SGM, QL
<i>gefitinib tabs 250mg</i>	4	SGM, QL
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	4	SGM, QL
<i>imatinib mesylate tabs 100mg, 400mg</i>	4	SGM, QL
INLYTA TABS 1MG, 5MG	4	SGM, QL
KISQALI TBP 200MG	4	SGM, QL
KISQALI FEMARA CO-PACK 200 MG DOSE	4	SGM, QL
KISQALI FEMARA CO-PACK 400 MG DOSE	4	SGM, QL
KISQALI FEMARA CO-PACK 600 MG DOSE	4	SGM, QL
KOSELUGO CAPS 10MG, 25MG	4	SGM, QL
<i>lapatinib ditosylate tabs 250mg</i>	4	SGM, QL
LENVIMA CPPK 4MG, 10MG	4	SGM, QL
LENVIMA CAP 14 MG	4	SGM, QL
LENVIMA CAP 18 MG	4	SGM, QL
LENVIMA CAP 24 MG	4	SGM, QL
MEKTOVI TABS 15MG	4	SGM, QL
<i>pazopanib tabs 200mg</i>	4	SGM, QL
RETEVMO CAPS 40MG, 80MG	4	SGM, QL
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	4	SGM, QL
RYDAPT CAPS 25MG	4	SGM, QL
<i>sorafenib tabs 200mg</i>	4	SGM, QL
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	4	SGM, QL
STIVARGA TABS 40MG	4	SGM, QL
<i>sunitinib caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	SGM, QL

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Drug Name	Drug Tier	Requirements/Limits
TAGRISSO TABS 40MG, 80MG	4	SGM, QL
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	4	SGM, QL
XOSPATA TABS 40MG	4	SGM, QL
ZELBORAF TABS 240MG	4	SGM, QL
ZYDELIG TABS 100MG, 150MG	4	SGM, QL
ZYKADIA TABS 150MG	4	SGM, QL

MISCELLANEOUS

<i>bexarotene caps 75mg</i>	4	SGM
<i>hydroxyurea caps 500mg</i>	1	
KRAZATI TABS 200MG	4	SGM, QL
LUMAKRAS TABS 120MG, 320MG	4	SGM, QL
LYNPARZA TABS 100MG, 150MG	4	SGM, QL
ODOMZO CAPS 200MG	4	SGM, QL
<i>tretinoin (chemotherapy) caps 10mg</i>	1	
VISTOGARD PACK 10GM	4	SGM, QL
ZEJULA TABS 100MG, 200MG, 300MG	4	SGM, QL

MONOCLONAL ANTIBODIES

PERJETA SOLN 420MG/14ML	MB	
PHESGO SOL	4	SGM

PROTEASOME INHIBITORS

<i>bortezomib solr 3.5mg</i>	MB	
NINLARO CAPS 2.3MG, 3MG, 4MG	4	SGM, QL

TOPOISOMERASE INHIBITORS

<i>etoposide caps 50mg</i>	1	
<i>etoposide soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i>	MB	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tab 20-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
VASERETIC TAB 10-25MG	3	
ACE INHIBITORS		
ACCUPRIL TABS 5MG, 10MG, 20MG, 40MG	3	
ALTACE CAPS 1.25MG, 2.5MG, 5MG, 10MG	3	
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>enalaprilat inj 1.25mg/ml</i>	MB	
<i>fosinopril tabs 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
LOTENSIN TABS 10MG, 20MG, 40MG	3	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	
<i>quinapril tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	
ZESTRIL TABS 2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tabs 25mg, 50mg</i>	1	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine-olmesartan tab 5-20 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-olmesartan tab 5-40 mg</i>	1	
<i>amlodipine-olmesartan tab 10-20 mg</i>	1	
<i>amlodipine-olmesartan tab 10-40 mg</i>	1	
<i>amlodipine-telmisartan tab 40-5 mg</i>	1	
<i>amlodipine-telmisartan tab 40-10 mg</i>	1	
<i>amlodipine-telmisartan tab 80-5 mg</i>	1	
<i>amlodipine-telmisartan tab 80-10 mg</i>	1	
<i>amlodipine-valsartan tab 5-160 mg</i>	1	
<i>amlodipine-valsartan tab 5-320 mg</i>	1	
<i>amlodipine-valsartan tab 10-160 mg</i>	1	
<i>amlodipine-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>candesartan-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan-hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan-hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan-hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan tabs 4mg, 8mg, 16mg, 32mg</i>	1	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1	
<i>losartan tabs 25mg, 50mg, 100mg</i>	1	
<i>olmesartan tabs 5mg, 20mg, 40mg</i>	1	
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone soln 50mg/ml, 900mg/18ml</i>	MB	
<i>amiodarone tabs 100mg, 200mg, 400mg</i>	1	
<i>disopyramide caps 100mg, 150mg</i>	1	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	4	SGM
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1	
MULTAQ TABS 400MG	2	PA
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1	
<i>sotalol tabs 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/af) tabs 80mg, 120mg, 160mg</i>	1	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL TABS 180MG	2	PA
NEXLIZET TAB 180/10MG	2	PA
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1	
<i>colesevelam pack 3.75gm; tabs 625mg</i>	1	
COLESTID GRAN 5GM; PACK 5GM; TABS 1GM	3	
COLESTID FLAVORED PACK 5GM/7.5GM	3	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1	
QUESTRAN PACK 4GM; POWD 4GM/DOSE	3	
QUESTRAN LIGHT POWD 4GM/DOSE	3	

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tabs 10mg</i>	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate caps 43mg, 67mg, 134mg, 150mg, 200mg; tabs 48mg, 54mg, 145mg, 160mg</i>	1	
<i>fenofibric acid delayed-rel tabs 35mg, 105mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
LOPID TABS 600MG	3	
TRILIPIX CPDR 45MG, 135MG	3	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin tabs 10mg, 20mg</i>	1	AGE
<i>atorvastatin tabs 40mg, 80mg</i>	1	
<i>fluvastatin caps 20mg, 40mg</i>	1	AGE
<i>fluvastatin sodium tb24 80mg</i>	1	AGE
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	AGE
<i>pitavastatin tabs 1mg, 2mg, 4mg</i>	1	AGE
<i>pravastatin tabs 10mg, 20mg, 40mg, 80mg</i>	1	AGE
<i>rosuvastatin tabs 5mg, 10mg</i>	1	AGE
<i>rosuvastatin tabs 20mg, 40mg</i>	1	
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1	AGE
<i>simvastatin tabs 80mg</i>	1	
ZOCOR TABS 10MG, 20MG, 40MG	3	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin ext-rel tbc 500mg, 750mg, 1000mg</i>	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl caps .5gm, 1gm</i>	1	
<i>omega-3 acid ethyl esters cap 1 gm</i>	1	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA SOAJ 140MG/ML; SOCT 420MG/3.5ML; SOSY 140MG/ML	2	PA, QL
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	

AGE - Prior Authorization applies for members age 35 and older MB - Medical Benefit OTC - Over the counter PA - Prior Authorization PA* - Prior Authorization may apply QL - Quantity Limits SGM - Specialty Guideline Management ST - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	

BETA-BLOCKERS

<i>acebutolol caps 200mg, 400mg</i>	1	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>carvedilol phosphate ext-rel cp24 10mg, 20mg, 40mg, 80mg</i>	1	
COREG TABS 3.125MG, 6.25MG, 12.5MG, 25MG	3	
CORGARD TABS 20MG, 40MG, 80MG	3	
<i>labetalol hcl soln 5mg/ml</i>	MB	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate soln 5mg/5ml</i>	MB	
<i>metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	
<i>nebivolol tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>pindolol tabs 5mg, 10mg</i>	1	
<i>propranolol soln 1mg/ml</i>	MB	
<i>propranolol soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg</i>	1	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

<i>amlodipine-atorvastatin tab 2.5-10 mg</i>	1	
<i>amlodipine-atorvastatin tab 2.5-20 mg</i>	1	
<i>amlodipine-atorvastatin tab 2.5-40 mg</i>	1	
<i>amlodipine-atorvastatin tab 5-10 mg</i>	1	
<i>amlodipine-atorvastatin tab 5-20 mg</i>	1	
<i>amlodipine-atorvastatin tab 5-40 mg</i>	1	
<i>amlodipine-atorvastatin tab 5-80 mg</i>	1	
<i>amlodipine-atorvastatin tab 10-10 mg</i>	1	
<i>amlodipine-atorvastatin tab 10-20 mg</i>	1	
<i>amlodipine-atorvastatin tab 10-40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-atorvastatin tab 10-80 mg</i>	1	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine tabs 2.5mg, 5mg, 10mg</i>	1	
<i>diltiazem ext-rel cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	Except generics for CARDIZEM LA
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	1	
<i>nifedipine ext-rel tb24 30mg, 60mg, 90mg</i>	1	
PROCARDIA XL TB24 30MG, 60MG, 90MG	3	
TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	3	
<i>verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc 120mg, 180mg, 240mg</i>	1	
DIGITALIS GLYCOSIDES		
<i>digoxin soln .05mg/ml; tabs 62.5mcg, 125mcg, 250mcg</i>	1	
<i>digoxin soln .25mg/ml</i>	MB	
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren tabs 150mg, 300mg</i>	1	
DIURETICS		
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	1	
<i>acetazolamide sodium solr 500mg</i>	MB	
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
<i>amiloride tabs 5mg</i>	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>bumetanide soln .25mg/ml</i>	MB	
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	1	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>ethacrynic acid tabs 25mg</i>	1	
<i>furosemide soln 10mg/ml</i>	MB	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	1	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	
LASIX TABS 20MG, 40MG, 80MG	3	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
<i>methazolamide tabs 25mg, 50mg</i>	1	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1	
<i>spironolactone-hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	1	
<i>triamterene caps 50mg, 100mg</i>	1	
<i>triamterene-hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazide tab 75-50 mg</i>	1	
HEART FAILURE		
CORLANOR TABS 5MG, 7.5MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>isosorbide dinitrate-hydralazine tab 20-37.5 mg</i>	1	
VERQUVO TABS 2.5MG, 5MG, 10MG	2	PA
MISCELLANEOUS		
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	
<i>epinephrine sosy 1mg/10ml</i>	MB	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	
<i>hydralazine hcl soln 20mg/ml</i>	MB	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>methyldopa tabs 250mg, 500mg</i>	1	
<i>methyldopa & hydrochlorothiazide tab 250-15 mg</i>	1	
<i>methyldopa & hydrochlorothiazide tab 250-25 mg</i>	1	
<i>midodrine tabs 2.5mg, 5mg, 10mg</i>	1	
<i>ranolazine ext-rel tb12 500mg, 1000mg</i>	1	
NITRATES		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	1	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	1	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	1	
NITROLINGUAL SOLN .4MG/SPRAY	3	
NITROSTAT SUBL .3MG, .4MG, .6MG	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	4	SGM, QL
<i>ambrisentan tabs 5mg, 10mg</i>	4	SGM, QL
<i>bosentan tabs 62.5mg, 125mg</i>	4	SGM, QL

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Drug Name	Drug Tier	Requirements/Limits
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	MB	
OPSUMIT TABS 10MG	4	SGM, QL
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	4	SGM
ORENITRAM TAB MONTH 1	4	SGM
ORENITRAM TAB MONTH 2	4	SGM
ORENITRAM TAB MONTH 3	4	SGM
REVATIO SUSR 10MG/ML; TABS 20MG	4	SGM, QL
<i>sildenafil soln 10mg/12.5ml</i>	MB	
<i>sildenafil susr 10mg/ml; tabs 20mg</i>	4	SGM, QL
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	4	SGM, QL
TADLIQ SUSP 20MG/5ML	4	SGM, QL
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	MB	
UPTRAVI SOLR 1800MCG	MB	
UPTRAVI TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	4	SGM, QL
UPTRAVI PACK TAB 200/800	4	SGM, QL

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

<i>acamprosate calcium tbc 333mg</i>	1	
<i>disulfiram tabs 250mg, 500mg</i>	1	

ANTI-ANXIETY

<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tb24 .5mg, 1mg, 2mg, 3mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	1	QL
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	1	
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	1	
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	1	
<i>lorazepam conc 2mg/ml; tabs .5mg, 1mg, 2mg</i>	1	QL
<i>lorazepam soln 2mg/ml, 4mg/ml</i>	MB	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	1	QL

ANTIDEMENTIA

ARICEPT TABS 5MG, 10MG, 23MG	3	
<i>donepezil tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	1	
EXELON PT24 4.6MG/24HR, 9.5MG/24HR, 13.3MG/24HR	3	
<i>galantamine soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	1	
<i>galantamine ext-rel cp24 8mg, 16mg, 24mg</i>	1	
<i>memantine soln 2mg/ml; tabs 5mg, 10mg</i>	1	
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg</i>	1	
<i>memantine titration pak 5-10mg</i>	1	
NAMZARIC CAP	2	

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
<i>rivastigmine caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1	
<i>rivastigmine transdermal pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>bupropion tabs 75mg, 100mg</i>	1	
<i>bupropion ext-rel tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i>	1	
CELEXA TABS 10MG, 20MG, 40MG	3	
<i>citalopram soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	1	
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>desvenlafaxine ext-rel tb24 25mg, 50mg, 100mg</i>	1	
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	1	
<i>duloxetine cpep 20mg, 30mg, 40mg, 60mg</i>	1	
<i>escitalopram soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	1	
<i>fluoxetine caps 10mg, 20mg, 40mg; soln 20mg/5ml; tabs 10mg, 20mg</i>	1	Except generics for SARAFEM
<i>fluoxetine hcl cpdr 90mg</i>	1	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	1	
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	1	
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	1	
<i>paroxetine hcl susp 10mg/5ml; tabs 10mg, 20mg, 30mg, 40mg</i>	1	
<i>paroxetine hcl ext-rel tb24 12.5mg, 25mg, 37.5mg</i>	1	Except NDC 60505367503
<i>phenelzine sulfate tabs 15mg</i>	1	
REMERON TABS 15MG, 30MG	3	
REMERON SOLTAB TBDP 15MG, 30MG, 45MG	3	
<i>sertraline conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	1	
<i>tranylcypromine sulfate tabs 10mg</i>	1	
<i>trazodone tabs 50mg, 100mg, 150mg, 300mg</i>	1	
TRINTELLIX TABS 5MG, 10MG, 20MG	2	ST, PA
<i>venlafaxine tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine ext-rel cp24 37.5mg, 75mg, 150mg</i>	1	
<i>venlafaxine hcl tb24 225mg</i>	1	
<i>vilazodone tabs 10mg, 20mg, 40mg</i>	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine caps 100mg; soln 50mg/5ml; tabs 100mg</i>	1	
<i>benztropine mesylate soln 1mg/ml</i>	MB	
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	1	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa-levodopa ext-rel tab er 25-100 mg</i>	1	
<i>carbidopa-levodopa ext-rel tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone tabs 200mg</i>	1	
INBRIJA CAPS 42MG	4	SGM, QL
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
PARLODEL CAPS 5MG; TABS 2.5MG	3	
<i>pramipexole tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>pramipexole ext-rel tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	1	
<i>rasagiline tabs .5mg, 1mg</i>	1	
<i>ropinirole tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>ropinirole ext-rel tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	1	
RYTARY CAP 95MG	2	

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
<i>selegiline caps 5mg; tabs 5mg</i>	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1	
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	2	
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	1	
<i>chlorpromazine hcl soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	1	
CLOZARIL TABS 25MG, 50MG, 100MG, 200MG	3	
<i>fluphenazine decanoate soln 25mg/ml</i>	1	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	1	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	1	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	1	
<i>lurasidone tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	1	
<i>olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	1	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	1	
PERSERIS PRSY 90MG, 120MG	2	
<i>quetiapine tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg</i>	1	
<i>quetiapine ext-rel tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	1	
RISPERDAL SOLN 1MG/ML; TABS .5MG, 1MG, 2MG, 3MG, 4MG	3	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	
SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG	3	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	1	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	1	
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	2	
VRAYLAR CAP 1.5-3MG	2	

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ziprasidone caps 20mg, 40mg, 60mg, 80mg; solr 20mg	1	
ZYPREXA TABS 2.5MG, 5MG, 7.5MG, 10MG, 15MG, 20MG	3	
ZYPREXA ZYDIS TBDP 5MG, 10MG, 15MG, 20MG	3	

ANTISEIZURE AGENTS

APTIOM TABS 200MG, 400MG, 600MG, 800MG	2	
carbamazepine chew 100mg; susp 100mg/5ml; tabs 200mg	1	
carbamazepine ext-rel cp12 100mg, 200mg, 300mg; tb12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100MG, 200MG, 300MG	3	
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	1	
clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg	1	QL
diazepam conc 5mg/ml; soln 5mg/5ml; tabs 2mg, 5mg, 10mg	1	QL
diazepam soln 5mg/ml	MB	
diazepam rectal gel 2.5mg, 10mg, 20mg	1	
divalproex sodium csdr 125mg; tbec 125mg, 250mg, 500mg	1	
divalproex sodium ext-rel tb24 250mg, 500mg	1	
ethosuximide caps 250mg; soln 250mg/5ml	1	
FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	2	
gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg	1	
lacosamide soln 10mg/ml; tabs 50mg, 100mg, 150mg, 200mg	1	
lacosamide soln 200mg/20ml	MB	
lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tbdp 25mg, 50mg, 100mg, 200mg	1	
lamotrigine ext-rel tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam soln 500mg/5ml</i>	MB	
<i>levetiracetam ext-rel tb24 500mg, 750mg</i>	1	
MYSOLINE TABS 50MG, 250MG	3	
NAYZILAM SOLN 5MG/0.1ML	2	
NEURONTIN CAPS 100MG, 300MG, 400MG; SOLN 250MG/5ML; TABS 600MG, 800MG	3	
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	1	
OXTELLAR XR TB24 150MG, 300MG, 600MG	2	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1	
<i>phenobarbital soln 65mg/ml, 130mg/ml</i>	MB	
<i>phenytoin chew 50mg; susp 100mg/4ml</i>	1	
<i>phenytoin soln 50mg/ml</i>	MB	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	1	ST, PA, QL
<i>primidone tabs 50mg, 250mg</i>	1	
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	1	
<i>tiagabine tabs 2mg, 4mg, 12mg, 16mg</i>	1	
TOPAMAX TABS 25MG, 50MG, 100MG, 200MG	3	
TOPAMAX SPRINKLE CPSP 15MG, 25MG	3	
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1	
<i>valproic acid caps 250mg; soln 250mg/5ml</i>	1	
VALTOCO LIQD 5MG/0.1ML, 10MG/0.1ML; LQPK 7.5MG/0.1ML, 10MG/0.1ML	2	
<i>vigabatrin pack 500mg; tabs 500mg</i>	4	SGM, QL
XCOPRI TABS 50MG, 100MG, 150MG, 200MG	2	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 50-200MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
ZARONTIN CAPS 250MG; SOLN 250MG/5ML	3	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 5 mg</i>	1	QL
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 10 mg</i>	1	QL
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 12.5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 15 mg</i>	1	QL
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 20 mg</i>	1	QL
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 25 mg</i>	1	QL
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 30 mg</i>	1	QL
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 37.5 mg</i>	1	QL
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 50 mg</i>	1	QL
<i>amphetamine-dextroamphetamine mixed salts tab 5 mg</i>	1	QL
<i>amphetamine-dextroamphetamine mixed salts tab 7.5 mg</i>	1	QL
<i>amphetamine-dextroamphetamine mixed salts tab 10 mg</i>	1	QL
<i>amphetamine-dextroamphetamine mixed salts tab 12.5 mg</i>	1	QL
<i>amphetamine-dextroamphetamine mixed salts tab 15 mg</i>	1	QL
<i>amphetamine-dextroamphetamine mixed salts tab 20 mg</i>	1	QL
<i>amphetamine-dextroamphetamine mixed salts tab 30 mg</i>	1	QL
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	1	QL
AZSTARYS CAP 26.1-5.2	2	QL
AZSTARYS CAP 39.2-7.8	2	QL
AZSTARYS CAP 52.3-10.	2	QL
<i>clonidine hcl (adhd) tb12 .1mg</i>	1	
DEXEDRINE CP24 5MG, 10MG, 15MG	3	QL
<i>dexmethylphenidate ext-rel cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	QL
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	1	QL
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL
FOCALIN TABS 2.5MG, 5MG, 10MG	3	QL
<i>guanfacine ext-rel tb24 1mg, 2mg, 3mg, 4mg</i>	1	
<i>lisdexamfetamine caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	QL
METHYLIN SOLN 5MG/5ML, 10MG/5ML	3	QL

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate chew 2.5mg, 5mg, 10mg; ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg</i>	1	QL
<i>methylphenidate ext-rel cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; tbc 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	1	QL
QELBREE CP24 100MG, 150MG, 200MG	2	QL
RITALIN TABS 5MG, 10MG, 20MG	3	QL
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG, 80MG, 100MG	3	QL
BOTULINUM TOXINS		
DYSPORT SOLR 300UNIT, 500UNIT	MB	
XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	MB	
HYPNOTICS		
AMBIEN TABS 5MG, 10MG	3	
AMBIEN CR TBCR 6.25MG, 12.5MG	3	
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	2	ST, PA
DAYVIGO TABS 5MG, 10MG	2	ST, PA
<i>doxepin tabs 3mg, 6mg</i>	1	
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1	
<i>ramelteon tabs 8mg</i>	1	
RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG	3	
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1	
<i>zolpidem tabs 5mg, 10mg</i>	1	
<i>zolpidem ext-rel tbc 6.25mg, 12.5mg</i>	1	
MIGRAINE		
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	2	ST, PA, QL
D.H.E. 45 SOLN 1MG/ML	2	
<i>dihydroergotamine mesylate soln 1mg/ml</i>	1	
<i>eletriptan tabs 20mg, 40mg</i>	1	QL
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	2	ST, PA, QL
IMITREX SOLN 6MG/0.5ML; TABS 25MG, 50MG, 100MG	3	QL
IMITREX STATDOSE REFILL SOCT 4MG/0.5ML, 6MG/0.5ML	3	QL
IMITREX STATDOSE SYSTEM SOAJ 4MG/0.5ML, 6MG/0.5ML	3	QL
<i>naratriptan tabs 1mg, 2.5mg</i>	1	QL
NURTEC ODT TBDP 75MG	2	ST, PA, QL
ONZETRA XSAIL EXHP 11MG/NOSEPC	2	ST, PA, QL
QULIPTA TABS 10MG, 30MG, 60MG	2	ST, PA, QL
RELPAK TABS 20MG, 40MG	3	QL

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	1	QL
<i>sumatriptan soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 5mg/act, 6mg/0.5ml, 20mg/act; sosy 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	1	QL
UBRELVY TABS 50MG, 100MG	2	ST, PA, QL
ZEMBRACE SYMTOUCH SOAJ 3MG/0.5ML	2	ST, PA, QL
<i>zolmitriptan soln 2.5mg, 5mg; tabs 2.5mg, 5mg; tbdp 2.5mg</i>	1	QL
MISCELLANEOUS		
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i>	1	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg</i>	1	
RADICAVA ORS SUSP 105MG/5ML	4	SGM, QL
MOVEMENT DISORDERS		
AUSTEDO TABS 6MG, 9MG, 12MG	4	SGM, QL
AUSTEDO XR TB24 6MG, 12MG, 24MG	4	SGM, QL
AUSTEDO XR TAB TITR KIT	4	SGM, QL
INGREZZA CAPS 40MG, 60MG, 80MG	4	SGM, QL
INGREZZA CAP 40-80MG	4	SGM, QL
<i>tetrabenazine tabs 12.5mg, 25mg</i>	4	SGM, QL
MULTIPLE SCLEROSIS AGENTS		
AVONEX AJKT 30MCG/0.5ML; PSKT 30MCG/0.5ML	4	SGM, QL
BETASERON KIT .3MG	4	SGM, QL
COPAXONE SOSY 40MG/ML	4	SGM, QL
<i>dimethyl fumarate delayed-rel cpdr 120mg, 240mg</i>	4	SGM, QL
<i>dimethyl fumarate delayed-rel starter pack 120 mg & 240 mg</i>	4	SGM, QL
<i>fingolimod caps .5mg</i>	4	SGM, QL
<i>glatiramer sosy 20mg/ml, 40mg/ml</i>	4	SGM, QL
KESIMPTA SOAJ 20MG/0.4ML	4	SGM, QL
MAYZENT TABS .25MG, 1MG, 2MG; TBPK .25MG	4	SGM, QL
OCREVUS SOLN 300MG/10ML	MB	
REBIF SOAJ 22MCG/0.5ML, 44MCG/0.5ML; SOSY 22MCG/0.5ML, 44MCG/0.5ML	4	SGM, QL
REBIF REBIDO INJ TITRATN	4	SGM, QL
REBIF TITRTN INJ PACK	4	SGM, QL
<i>teriflunomide tabs 7mg, 14mg</i>	4	SGM, QL
TYSABRI CONC 300MG/15ML	MB	
VUMERITY CPDR 231MG	4	SGM, QL
ZEPOSIA CAPS .92MG	4	SGM, QL
ZEPOSIA 7DAY CAP STR PACK	4	SGM, QL
ZEPOSIA CAP STR KIT	4	SGM, QL

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Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen soln 5mg/5ml, 10mg/5ml</i>	1	PA
<i>baclofen soln 40mg/20ml, 500mcg/ml, 20000mcg/20ml</i>	MB	
<i>baclofen tabs 5mg, 10mg, 20mg</i>	1	
<i>carisoprodol tabs 350mg</i>	1	
<i>chlorzoxazone tabs 500mg</i>	1	Except NDC 73007001303
<i>cyclobenzaprine tabs 5mg, 10mg</i>	1	
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	1	
<i>dantrolene sodium solr 20mg</i>	MB	
LYVISPAH PACK 5MG, 10MG, 20MG	2	PA
<i>metaxalone tabs 800mg</i>	1	
<i>methocarbamol soln 1000mg/10ml</i>	MB	Except NDCs 69036091010, 69036093090, 70868090190
<i>methocarbamol tabs 500mg, 750mg</i>	1	Except NDCs 69036091010, 69036093090, 70868090190
<i>tizanidine hcl tabs 2mg, 4mg</i>	1	
ZANAFLEX TABS 4MG	3	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1	PA
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	4	SGM, QL
<i>modafinil tabs 100mg, 200mg</i>	1	PA
SUNOSI TABS 75MG, 150MG	2	PA
WAKIX TABS 4.45MG, 17.8MG	4	SGM, QL
XYWAV SOL 0.5GM/ML	4	SGM, QL
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tab 2-0.5 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tab 8-2 mg</i>	1	QL
ZUBSOLV SUB 0.7-0.18	2	QL
ZUBSOLV SUB 1.4-0.36	2	QL
ZUBSOLV SUB 2.9-0.71	2	QL
ZUBSOLV SUB 5.7-1.4	2	QL
ZUBSOLV SUB 8.6-2.1	2	QL
ZUBSOLV SUB 11.4-2.9	2	QL
OPIOID ANTAGONIST		
<i>naloxone liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	1	
<i>naltrexone hcl tabs 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
POSTHERPETIC NEURALGIA (PHN)		
<i>gabapentin tabs 300mg, 600mg</i>	1	ST, PA, QL
GRALISE TABS 300MG, 450MG, 600MG, 750MG, 900MG	2	ST, PA
<i>pregabalin ext-rel tb24 82.5mg, 165mg, 330mg</i>	1	ST, PA, QL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	1	
<i>varenicline tartrate tabs .5mg, 1mg</i>	1	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	
ENDOCRINE AND METABOLIC		
ACROMEGALY		
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	4	SGM, QL
ANDROGENS		
NATESTO GEL 5.5MG/ACT	2	PA
<i>testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	1	PA; Except authorized generics for TESTIM and VOGELXO
<i>testosterone soln 30mg/act</i>	1	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate soln 200mg/ml</i>	1	PA
XYOSTED SOAJ 50MG/0.5ML, 75MG/0.5ML, 100MG/0.5ML	2	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	1	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN SOPN 1500MCG/1.5ML, 2700MCG/2.7ML	2	
ANTIDIABETICS, BIGUANIDE		
<i>metformin soln 500mg/5ml; tabs 500mg, 850mg, 1000mg</i>	1	
<i>metformin ext-rel tb24 500mg, 750mg</i>	1	Except generics for FORTAMET and GLUMETZA
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin tab 2.5-250 mg</i>	1	
<i>glipizide-metformin tab 2.5-500 mg</i>	1	
<i>glipizide-metformin tab 5-500 mg</i>	1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
<i>saxagliptin-metformin ext-rel tb24 2.5-1000 mg</i>	1	
<i>saxagliptin-metformin ext-rel tb24 5-500 mg</i>	1	
<i>saxagliptin-metformin ext-rel tb24 5-1000 mg</i>	1	
TRIJARDY XR TAB	2	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TABS 25MG, 50MG, 100MG	2	
<i>saxagliptin tabs 2.5mg, 5mg</i>	1	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	2	PA, QL
RYBELSUS TABS 3MG, 7MG, 14MG	2	PA, QL
TRULICITY SOPN .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	PA, QL
VICTOZA SOPN 18MG/3ML	2	PA, QL
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	
XULTOPHY INJ 100/3.6	2	
ANTIDIABETICS, INSULIN		
FIASP SOLN 100UNIT/ML	2	
FIASP FLEXTOUCH SOPN 100UNIT/ML	2	
FIASP PENFILL SOCT 100UNIT/ML	2	
HUMULIN R U-500 SOLN 500UNIT/ML; SOPN 500UNIT/ML	2	
LANTUS SOLN 100UNIT/ML; SOPN 100UNIT/ML	2	
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN N SUPN 100UNIT/ML; SUSP 100UNIT/ML	2	OTC
NOVOLIN R SOLN 100UNIT/ML; SOPN 100UNIT/ML	2	OTC
NOVOLOG SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO SOPN 300UNIT/ML	2	
TRESIBA SOLN 100UNIT/ML; SOPN 100UNIT/ML, 200UNIT/ML	2	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone tabs 15mg, 30mg, 45mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
<i>pioglitazone-metformin tab 15-500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone-metformin tab 15-850 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<i>pioglitazone-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone-glimepiride tab 30-4 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tabs 60mg, 120mg</i>	1	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
FARXIGA TABS 5MG, 10MG	2	
JARDIANCE TABS 10MG, 25MG	2	
ANTIDIABETICS, SULFONYLUREA		
AMARYL TABS 1MG, 2MG, 4MG	3	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide tabs 5mg, 10mg</i>	1	
<i>glipizide ext-rel tb24 2.5mg, 5mg, 10mg</i>	1	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet tabs 30mg, 60mg, 90mg</i>	4	SGM, QL
CALCIUM REGULATORS, BISPHOSPHONATES		
ACTONEL TABS 35MG, 150MG	3	
<i>alendronate soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	1	
AELVIA TBEC 35MG	3	

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX TABS 70MG	3	
<i>ibandronate soln 3mg/3ml</i>	MB	
<i>ibandronate tabs 150mg</i>	1	
<i>risedronate tabs 5mg, 30mg, 35mg, 150mg</i>	1	
<i>risedronate sodium tbec 35mg</i>	1	
CALCIUM REGULATORS, MISCELLANEOUS		
<i>calcitonin-salmon soln 200unit/act, 200unit/ml</i>	1	
PROLIA SOSY 60MG/ML	MB	
CALCIUM REGULATORS, PARATHYROID HORMONES		
<i>teriparatide sopn 600mcg/2.4ml</i>	4	SGM, QL
TYMLOS SOPN 3120MCG/1.56ML	4	SGM, QL
CARNITINE DEFICIENCY AGENTS		
<i>levocarnitine soln 1gm/10ml; tabs 330mg</i>	1	
CENTRAL PRECOCIOUS PUBERTY		
FENSOLVI KIT 45MG	MB	
LUPRON DEPOT-PED KIT 7.5MG, 11.25MG, 15MG, 30MG	MB	
LUPRON DEPOT-PED (6-MONTH KIT 45MG	MB	
SUPPRELIN LA KIT 50MG	MB	
CHELATING AGENTS		
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbs 125mg, 250mg, 500mg</i>	4	SGM
<i>deferiprone tabs 500mg, 1000mg</i>	1	PA
<i>deferoxamine solr 2gm, 500mg</i>	MB	
<i>penicillamine caps 250mg; tabs 250mg</i>	4	SGM, QL
<i>trientine caps 250mg</i>	4	SGM
CONTRACEPTIVES		
ANNOVERA MIS	2	QL
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>ethinyl estradiol-drospirenone tab 3-0.02 mg</i>	1	
<i>ethinyl estradiol-drospirenone tab 3-0.03 mg</i>	1	
<i>ethinyl estradiol-drospirenone-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>ethinyl estradiol-drospirenone-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>ethinyl estradiol-etonogestrel va ring 0.12-0.015 mg/24hr</i>	1	QL
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.1-0.02mg(84) & 0.01mg(7)</i>	1	
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03mg(84) & 0.01mg(7)</i>	1	
<i>ethinyl estradiol-levonorgestrel continuous tab 90-20 mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel tab 0.1 mg-20 mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel tab 0.15 mg-30 mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel-iron tab 0.1 mg-20 mcg (21)</i>	1	
<i>ethinyl estradiol-norelgestromin td ptwk 150-35 mcg/24hr</i>	1	
<i>ethinyl estradiol-norethindrone acetate tab 1 mg-20 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate tab 1.5 mg-30 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron cap 1 mg-20 mcg (24)</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.4 mg-35 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.8 mg-25 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 1 mg-20 mcg (24)</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron tab 1 mg-20 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron tab 1.5 mg-30 mcg</i>	1	
<i>ethinyl estradiol-norgestimate tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>ethinyl estradiol-norgestimate tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>ethinyl estradiol-norgestimate tab 0.25 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL
KYLEENA IUD 19.5MG	MB	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	
<i>medroxyprogesterone susp 150mg/ml; susy 150mg/ml</i>	1	QL
MIRENA IUD 20MCG/DAY	MB	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone (contraceptive) tabs .35mg</i>	1	
SKYLA IUD 13.5MG	MB	
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	2	OTC
ACCU-CHEK GUIDE STRIPS AND KITS	2	OTC
ACCU-CHEK SMARTVIEW STRIPS AND KITS	2	OTC
BD ULTRAFINE INSULIN SYRINGES AND NEEDLES	2	OTC
DEXCOM CONTINUOUS GLUCOSE MONITORING SENSOR	2	PA, QL
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	2	PA
OMNIPOD 5 INSULIN INFUSION PUMP	2	PA, QL
OMNIPOD DASH INSULIN INFUSION PUMP	2	QL
ONETOUCH LANCETS / LANCING DEVICE	2	OTC
ONETOUCH ULTRA STRIPS AND KITS	2	OTC
ONETOUCH VERIO STRIPS AND KITS	2	OTC
ENDOMETRIOSIS		
<i>danazol caps 50mg, 100mg, 200mg</i>	1	
ORILISSA TABS 150MG, 200MG	2	PA
ENZYME REPLACEMENTS		
<i>betaine powder for oral solution</i>	1	PA
ELFABRIO SOLN 20MG/10ML	MB	
FABRAZYME SOLR 5MG, 35MG	MB	
GALAFOLD CAPS 123MG	4	SGM, QL
PHEBURANE PLLT 483MG/GM	4	SGM, QL
<i>sapropterin pack 100mg, 500mg; tabs 100mg</i>	4	SGM
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	4	SGM, QL
ESTROGENS		
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
ESTRACE TABS .5MG, 1MG, 2MG	3	
<i>estradiol gel .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>	1	
<i>estradiol vaginal crea .1mg/gm; tabs 10mcg</i>	1	
<i>estradiol-norethindrone tab 0.5 mg-2.5 mcg</i>	1	
<i>estradiol-norethindrone tab 0.5-0.1 mg</i>	1	
<i>estradiol-norethindrone tab 1 mg-5 mcg</i>	1	
<i>estradiol-norethindrone tab 1-0.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
IMVEXXY INST 4MCG, 10MCG	2	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
VAGIFEM TABS 10MCG	2	
FERTILITY REGULATORS		
<i>clomiphene citrate tabs 50mg</i>	1	
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	4	SGM, QL
GANIRELIX ACETATE SOSY 250MCG/0.5ML	1	SGM
MENOPUR SOLR 75UNIT	4	SGM
OVIDREL INJ 250MCG/0.5ML	4	SGM
GAUCHER DISEASE		
CERDELGA CAPS 84MG	4	SGM, QL
CEREZYME SOLR 400UNIT	MB	
GLUCOCORTICOIDS		
CORTEF TABS 5MG, 10MG, 20MG	3	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	1	
<i>dexamethasone soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	MB	
<i>fludrocortisone tabs .1mg</i>	1	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	1	
MEDROL TABS 2MG, 4MG, 8MG, 16MG, 32MG	3	
MEDROL DOSEPAK TBPK 4MG	3	
<i>methylprednisolone solr 40mg, 125mg, 500mg, 1000mg; susp 40mg/ml, 80mg/ml</i>	MB	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1	
<i>prednisolone tabs 5mg</i>	1	
<i>prednisolone sodium phosphate tbdp 10mg, 15mg, 30mg</i>	1	
<i>prednisolone solution soln 6.7mg/5ml, 15mg/5ml, 25mg/5ml</i>	1	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	1	
GLUCOSE ELEVATING AGENTS		
BAQSIMI POWD 3MG/DOSE	2	
<i>glucagon, human recombinant kit 1mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
GVOKE SOAJ .5MG/0.1ML, 1MG/0.2ML; SOLN 1MG/0.2ML; SOSY .5MG/0.1ML, 1MG/0.2ML	2	
ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML	2	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	1	SGM
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP 4MG/ML	2	SGM
HUMAN GROWTH HORMONES		
HUMATROPE CART 6MG, 12MG, 24MG	4	SGM
NORDITROPIN SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	4	SGM
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	4	SGM
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10MG, 20MG	2	PA
MISCELLANEOUS		
<i>cabergoline tabs .5mg</i>	1	
EVISTA TABS 60MG	3	
<i>raloxifene tabs 60mg</i>	1	
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210MG	2	
<i>calcium acetate caps 667mg; tabs 667mg</i>	1	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	1	
POLYNEUROPATHY		
TEGSEDI SOSY 284MG/1.5ML	4	SGM, QL
POTASSIUM-REMOVING AGENTS		
VELTASSA PACK 8.4GM, 16.8GM, 25.2GM	2	
PROGESTINS		
CRINONE GEL 4%, 8%	2	PA
ENDOMETRIN INST 100MG	2	PA
<i>hydroxyprogesterone caproate oil 250mg/ml</i>	MB	
<i>medroxyprogesterone tabs 2.5mg, 5mg, 10mg</i>	1	
<i>megestrol acetate susp 400mg/10ml, 625mg/5ml</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	
<i>progesterone, micronized caps 100mg, 200mg</i>	1	
PROVERA TABS 2.5MG, 5MG, 10MG	3	
THYROID AGENTS		
<i>levothyroxine tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>liothyronine soln 10mcg/ml</i>	MB	
<i>liothyronine tabs 5mcg, 25mcg, 50mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methimazole tabs 5mg, 10mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	2	
UTERINE FIBROIDS		
MYFEMBREE TAB	2	PA
ORIAHNN CAP	2	PA
VASOPRESSINS		
<i>desmopressin acetate tabs .1mg, .2mg</i>	1	
<i>desmopressin acetate spray soln .01%</i>	1	
<i>desmopressin acetate spray refrigerated soln .01%</i>	1	
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>dicyclomine caps 10mg; soln 10mg/5ml; tabs 20mg</i>	1	
<i>dicyclomine soln 10mg/ml</i>	MB	
ANTIDIARRHEALS		
<i>diphenoxylate-atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide caps 2mg</i>	1	
ANTIEMETICS		
<i>aprepitant caps 40mg, 80mg, 125mg</i>	1	QL
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL
<i>doxylamine-pyridoxine delayed-rel tab 10-10 mg</i>	1	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	1	PA, QL
<i>granisetron soln 1mg/ml, 4mg/4ml</i>	MB	
<i>granisetron tabs 1mg</i>	1	QL
MARINOL CAPS 2.5MG, 5MG, 10MG	3	PA, QL
<i>meclizine tabs 12.5mg, 25mg, 50mg</i>	1	
<i>metoclopramide soln 5mg/ml</i>	MB	
<i>metoclopramide soln 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	1	
<i>ondansetron soln 4mg/2ml, 40mg/20ml; sosy 4mg/2ml</i>	MB	
<i>ondansetron soln 4mg/5ml; tabs 4mg, 8mg, 24mg; tbdp 4mg, 8mg</i>	1	QL
<i>prochlorperazine soln 10mg/2ml, 50mg/10ml; supp 25mg; tabs 5mg, 10mg</i>	1	
<i>promethazine soln 6.25mg/5ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>promethazine soln 25mg/ml, 50mg/ml</i>	MB	
<i>promethazine hcl supp 50mg</i>	1	
REGLAN TABS 5MG, 10MG	3	

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Drug Name	Drug Tier	Requirements/Limits
SANCUSO PTCH 3.1MG/24HR	2	PA, QL
<i>scopolamine transdermal pt72 1mg/3days</i>	1	
<i>trimethobenzamide caps 300mg</i>	1	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1	
<i>cimetidine hcl soln 300mg/5ml</i>	1	
<i>famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml</i>	MB	
<i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>	1	
<i>famotidine inj 20mg/50ml</i>	MB	
PEPCID TABS 20MG, 40MG	3	
INFLAMMATORY BOWEL DISEASE		
AZULFIDINE TABS 500MG	3	
AZULFIDINE EN-TABS TBEC 500MG	3	
<i>balsalazide caps 750mg</i>	1	
<i>budesonide tb24 9mg</i>	1	
<i>budesonide delayed-rel cpep 3mg</i>	1	
CORTIFOAM FOAM 10%	2	
<i>hydrocortisone enem 100mg/60ml</i>	1	
<i>mesalamine supp 1000mg</i>	1	
<i>mesalamine delayed-rel cpdr 400mg; tbec 1.2gm, 800mg</i>	1	
<i>mesalamine ext-rel cp24 .375gm; cpcr 500mg</i>	1	
<i>mesalamine suspension enem 4gm</i>	1	
<i>mesalamine w/ cleanser kit 4gm</i>	1	
ROWASA KIT 4GM	3	
<i>sulfasalazine tabs 500mg</i>	1	
<i>sulfasalazine delayed-rel tbec 500mg</i>	1	
UCERIS TB24 9MG	2	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAPS 72MCG, 145MCG, 290MCG	2	
<i>lubiprostone caps 8mcg, 24mcg</i>	1	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron tabs .5mg, 1mg</i>	1	
VIBERZI TABS 75MG, 100MG	2	
LAXATIVES		
CLENPIQ SOL	2	AGE
<i>lactulose soln 10gm/15ml</i>	1	
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	1	
<i>peg 3350-electrolytes</i>	1	Except generics for MOVIPREP
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>misoprostol tabs 100mcg, 200mcg</i>	1	
MOVANTIK TABS 12.5MG, 25MG	2	PA
<i>sucralfate tabs 1gm</i>	1	
SYMPROIC TABS .2MG	2	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	1	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNIT	2	
CREON CAP 24000UNIT	2	
CREON CAP 36000UNIT	2	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNIT	2	
ZENPEP CAP 15000UNIT	2	
ZENPEP CAP 20000UNIT	2	
ZENPEP CAP 25000UNIT	2	
ZENPEP CAP 40000UNIT	2	
ZENPEP CAP 60000UNIT	2	
PROTON PUMP INHIBITORS		
<i>esomeprazole delayed-rel cpdr 20mg, 40mg; pack 10mg, 20mg, 40mg</i>	1	
<i>esomeprazole sodium solr 40mg</i>	MB	
<i>lansoprazole delayed-rel cpdr 15mg, 30mg</i>	1	
<i>omeprazole delayed-rel cpdr 10mg, 20mg, 40mg</i>	1	
<i>pantoprazole delayed-rel tbec 20mg, 40mg</i>	1	QL
<i>pantoprazole sodium solr 40mg</i>	MB	
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone crea 1%, 2.5%</i>	1	
PROCTOFOAM-HC AER 1%	2	
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin ext-rel tb24 10mg</i>	1	
AVODART CAPS .5MG	3	
CARDURA TABS 1MG, 2MG, 4MG, 8MG	3	
<i>doxazosin tabs 1mg, 2mg, 4mg, 8mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride caps .5mg</i>	1	
<i>dutasteride-tamsulosin cap 0.5-0.4 mg</i>	1	
<i>finasteride tabs 5mg</i>	1	
FLOMAX CAPS .4MG	3	
PROSCAR TABS 5MG	3	
<i>silodosin caps 4mg, 8mg</i>	1	
<i>tamsulosin caps .4mg</i>	1	
<i>terazosin caps 1mg, 2mg, 5mg, 10mg</i>	1	

MISCELLANEOUS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i>	1	
<i>tiopronin tabs 100mg</i>	1	PA
<i>tiopronin delayed-rel tbec 100mg, 300mg</i>	1	PA

URINARY ANTISPASMODICS

<i>darifenacin ext-rel tb24 7.5mg, 15mg</i>	1	
DETROL TABS 1MG, 2MG	3	
<i>fesoterodine ext-rel tb24 4mg, 8mg</i>	1	
GEMTESA TABS 75MG	2	ST, PA
<i>oxybutynin soln 5mg/5ml; tabs 5mg</i>	1	
<i>oxybutynin ext-rel tb24 5mg, 10mg, 15mg</i>	1	
<i>solifenacin tabs 5mg, 10mg</i>	1	
<i>tolterodine tabs 1mg, 2mg</i>	1	
<i>tolterodine ext-rel cp24 2mg, 4mg</i>	1	
<i>trospium tabs 20mg</i>	1	
<i>trospium ext-rel cp24 60mg</i>	1	

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal crea 2%</i>	1	
<i>metronidazole vaginal gel .75%</i>	1	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	1	

HEMATOLOGIC

ANTICOAGULANTS

ELIQUIS TABS 2.5MG, 5MG; TBP 5MG	2	
<i>enoxaparin soln 300mg/3ml; soty 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	1	
<i>fondaparinux soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	1	
<i>warfarin tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	
XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG	2	

Drug Name	Drug Tier	Requirements/Limits
XARELTO STAR TAB 15/20MG	2	
BLEEDING DISORDERS AGENTS		
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	MB	
SEVENFACT SOLR 1MG, 5MG	MB	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	MB	
FYLNETRA SOSY 6MG/0.6ML	4	SGM, QL
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	4	SGM
NYVEPRIA SOSY 6MG/0.6ML	4	SGM, QL
<i>plerixafor soln 24mg/1.2ml</i>	4	SGM
PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	MB	
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	MB	
HEMOPHILIA A AGENTS		
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	MB	
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	MB	
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	MB	
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	MB	
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	MB	
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	MB	
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	MB	
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	MB	
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	MB	
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	MB	

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	MB	
HEMOPHILIA B AGENTS		
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	MB	
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	MB	
MISCELLANEOUS		
<i>anagrelide hcl caps .5mg, 1mg</i>	1	
<i>cilostazol tabs 50mg, 100mg</i>	1	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SOLN 1080MG/20ML	4	SGM, QL
SOLIRIS SOLN 300MG/30ML	MB	
PLATELET AGGREGATION INHIBITORS		
BRILINTA TABS 60MG, 90MG	2	
<i>clopidogrel tabs 75mg, 300mg</i>	1	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1	
<i>dipyridamole ext-rel-aspirin cap 25-200 mg</i>	1	
<i>prasugrel tabs 5mg, 10mg</i>	1	
SICKLE CELL DISEASE		
ENDARI PACK 5GM	4	SGM, QL
THROMBOCYTOPENIA AGENTS		
DOPTELET TABS 20MG	4	SGM, QL
PROMACTA PACK 12.5MG, 25MG; TABS 12.5MG, 25MG, 50MG, 75MG	4	SGM, QL
TAVALISSE TABS 100MG, 150MG	4	SGM, QL
IMMUNOLOGIC AGENTS		
ALLERGENIC EXTRACTS		
GRASTEK SUBL 2800BAU	2	PA
ORALAIR SUB 300 IR	2	PA
RAGWITEK SUBL 12AMBA1-U	2	PA
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
AVSOLA SOLR 100MG	MB	
ILUMYA SOSY 100MG/ML	MB	
REMICADE SOLR 100MG	MB	
SIMPONI ARIA SOLN 50MG/4ML	MB	
SKYRIZI INTRAVENOUS SOLN 600MG/10ML	MB	
STELARA INTRAVENOUS SOLN 130MG/26ML	MB	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	4	SGM, QL

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOAJ 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML	4	SGM, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	4	SGM, QL
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	4	SGM, QL
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML	4	SGM, QL
OTEZLA TABS 30MG	4	SGM, QL
OTEZLA TAB 10/20/30	4	SGM, QL
RINVOQ TB24 15MG, 30MG, 45MG	4	SGM, QL
SKYRIZI SUBCUTANEOUS SOAJ 150MG/ML; SOCT 180MG/1.2ML, 360MG/2.4ML; SOSY 150MG/ML	4	SGM, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	4	SGM, QL
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	4	SGM, QL
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	4	SGM, QL
XELJANZ XR TB24 11MG, 22MG	4	SGM, QL
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>leflunomide tabs 10mg, 20mg</i>	1	
<i>methotrexate sodium tabs 2.5mg</i>	1	
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML	4	SGM, QL
HEREDITARY ANGIOEDEMA		
<i>icatibant sosy 30mg/3ml</i>	4	SGM, QL
ORLADEYO CAPS 110MG, 150MG	4	SGM, QL
RUCONEST SOLR 2100UNIT	MB	
TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML	4	SGM, QL
IMMUNOGLOBULIN		
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	4	SGM
IMMUNOSUPPRESSANTS		
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	1	
<i>cyclosporine caps 25mg, 100mg</i>	1	
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	1	
ENSPRYNG SOSY 120MG/ML	4	SGM, QL
<i>everolimus tabs .25mg, .5mg, .75mg, 1mg</i>	1	

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	1	
<i>mycophenolate mofetil hcl solr 500mg</i>	MB	
<i>mycophenolate sodium tbec 180mg, 360mg</i>	1	
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	1	

MEDICAL DEVICES

THYROID AGENTS

<i>dipyridamole (diagnostic) soln 5mg/ml</i>	MB	
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NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>potassium chloride cpcr 8meq, 10meq; tbcr 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride liquid soln 10%, 20%</i>	1	
<i>potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq</i>	1	
<i>sodium fluoride chew 1mg; tabs 1mg</i>	1	
<i>sodium fluoride chew .25mg, .5mg; soln .125mg/drop, .5mg/ml; tabs .5mg</i>	1	AGE

PRENATAL VITAMINS

<i>prenatal vitamins</i>	1	
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VITAMINS

<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1	
<i>calcitriol soln 1mcg/ml</i>	MB	
<i>cyanocobalamin soln 1000mcg/ml</i>	1	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	1	
<i>doxercalciferol soln 4mcg/2ml</i>	MB	
<i>folic acid soln 5mg/ml</i>	MB	
<i>folic acid tabs 1mg</i>	1	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	1	
<i>multivitamins</i>	1	Except for Activite, Dexifol, HylaVite, MultiPro, TronVite, Vitasure
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	1	
<i>paricalcitol soln 2mcg/ml, 5mcg/ml</i>	MB	
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	1	OTC
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	1	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>MAXITROL OIN 0.1% OP</i>	3	
<i>MAXITROL SUS 0.1% OP</i>	3	
<i>neomycin-polymyxin b-bacitracin-hydrocortisone oint 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin b-dexamethasone oint 0.1%</i>	1	
<i>neomycin-polymyxin b-dexamethasone susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
<i>ciprofloxacin soln .3%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gentamicin soln .3%</i>	1	QL
<i>levofloxacin soln .5%, 1.5%</i>	1	
<i>moxifloxacin soln .5%</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin soln .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POLYTRIM SOL OP	3	
<i>sulfacetamide oint 10%; soln 10%</i>	1	
<i>tobramycin soln .3%</i>	1	
TOBEX OINT .3%; SOLN .3%	3	
<i>trifluridine soln 1%</i>	1	
VIGAMOX SOLN .5%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
<i>bromfenac soln .07%, .075%, .09%</i>	1	
<i>dexamethasone soln .1%</i>	1	
<i>diclofenac soln .1%</i>	1	
<i>difluprednate emul .05%</i>	1	
<i>fluorometholone (ophth) susp .1%</i>	1	
ILEVRO SUSP .3%	2	
<i>ketorolac soln .4%, .5%</i>	1	
<i>loteprednol gel .5%; susp .5%</i>	1	
<i>prednisolone acetate susp 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
<i>azelastine soln .05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bepotastine soln 1.5%</i>	1	
<i>cromolyn sodium soln 4%</i>	1	
<i>loteprednol susp .2%</i>	1	
<i>olopatadine soln .1%, .2%</i>	1	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%, .15%	2	
<i>betaxolol hcl (ophth) soln .5%</i>	1	
BETOPTIC S SUSP .25%	2	
<i>bimatoprost soln .03%</i>	1	
<i>brimonidine soln .1%, .15%, .2%</i>	1	
<i>brimonidine-timolol soln 0.2-0.5%</i>	1	
<i>brinzolamide susp 1%</i>	1	
<i>dorzolamide soln 2%</i>	1	
<i>dorzolamide-timolol sol 22.3-6.8 mg/ml pf</i>	1	
<i>dorzolamide-timolol soln 22.3-6.8 mg/ml</i>	1	
<i>latanoprost soln .005%</i>	1	
<i>levobunolol hcl soln .5%</i>	1	
SIMBRINZA SUS 1-0.2%	2	
<i>tafluprost soln .015mg/ml</i>	1	
<i>timolol maleate solg .25%, .5%; soln .25%, .5%</i>	1	
<i>travoprost soln .004%</i>	1	
DRY EYE DISEASE		
RESTASIS EMUL .05%	1	
RESTASIS EMUL .05%	2	Multidose
XIIDRA SOLN 5%	2	
MISCELLANEOUS		
<i>cyclopentolate hcl soln .5%, 2%</i>	1	
RETINAL DISORDERS		
BYOOVIZ SOLN .5MG/0.05ML	MB	
CIMERLI SOLN .3MG/0.05ML, .5MG/0.05ML	MB	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C SOLN 1000MG/20ML; SOLR 1000MG	MB	
ZEMAIRA SOLR 1000MG, 4000MG, 5000MG	MB	
ANAPHYLAXIS TREATMENT AGENTS		
AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML, .3MG/0.3ML	2	
<i>epinephrine soaj .15mg/0.15ml, .3mg/0.3ml; soln 1mg/ml, 30mg/30ml</i>	1	Except NDCs 00093-XXXX-XX, 49502-XXXX-XX
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	QL

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol inhalation solution 0.5-2.5(3) mg/3ml</i>	1	QL
STIOLTO AER 2.5-2.5	2	QL
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS		
BREZTRI AERO AER SPHERE	2	QL
TRELEGY AER 100MCG	2	QL
TRELEGY AER 200MCG	2	QL
ANTICHOLINERGICS		
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1	
<i>ipratropium inhalation soln .02%</i>	1	QL
SPIRIVA AERS 1.25MCG/ACT, 2.5MCG/ACT; CAPS 18MCG	2	QL
<i>tiotropium bromide monohydrate caps 18mcg</i>	1	QL
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine-fluticasone nasal spray 137-50 mcg/act</i>	1	QL
ANTI-HISTAMINES		
<i>azelastine soln .1%, .15%</i>	1	QL
<i>cetirizine hcl soln 1mg/ml</i>	1	
<i>clemastine fumarate tabs 2.68mg</i>	1	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	1	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml</i>	MB	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	1	
<i>levocetirizine soln 2.5mg/5ml; tabs 5mg</i>	1	
<i>olopatadine soln .6%</i>	1	QL
BETA AGONISTS		
<i>albuterol inhalation solution nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	QL
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg</i>	1	
<i>albuterol sulfate cfc-free aers 108mcg/act</i>	1	QL; Except NDCs 00093317431, 66993001968
<i>formoterol inhalation solution nebu 20mcg/2ml</i>	1	QL
<i>levalbuterol tartrate cfc-free aero 45mcg/act</i>	1	QL
SEREVENT AEPB 50MCG/DOSE	2	QL
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	2	QL
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	1	
COLD/COUGH		
<i>benzonatate caps 100mg, 200mg</i>	1	Except NDCs 69336012615, 69499032915
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
CYSTIC FIBROSIS		
<i>tobramycin inhalation solution nebu 300mg/4ml, 300mg/5ml</i>	4	SGM, QL
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg, 20mg</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	QL
MISCELLANEOUS		
<i>roflumilast tabs 250mcg, 500mcg</i>	1	
NASAL STEROIDS		
<i>flunisolide soln .025%</i>	1	QL
<i>fluticasone susp 50mcg/act</i>	1	QL
<i>mometasone susp 50mcg/act</i>	1	QL
PULMONARY FIBROSIS AGENTS		
<i>OFEV CAPS 100MG, 150MG</i>	4	SGM, QL
<i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>	4	SGM, QL
SEVERE ASTHMA AGENTS		
<i>DUPIXENT SOSY 100MG/0.67ML</i>	4	SGM, QL
<i>FASENRA SOAJ 30MG/ML; SOSY 30MG/ML</i>	4	SGM, QL
<i>NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML</i>	4	SGM, QL; Except lyophilized powder
<i>TEZSPIRE SOAJ 210MG/1.91ML</i>	4	SGM, QL
<i>XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML</i>	4	SGM, QL
STEROID INHALANTS		
<i>budesonide inhalation susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	1	QL
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	1	QL
<i>PULMICORT SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML</i>	3	QL
<i>PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT</i>	2	QL

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Drug Name	Drug Tier	Requirements/Limits
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA AER 90-80MCG	2	QL
BREO ELLIPTA INH 50-25MCG	2	QL
BREO ELLIPTA INH 100-25	2	QL; Except certain NDCs
BREO ELLIPTA INH 200-25	2	QL; Except certain NDCs
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL; Except certain NDCs
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL; Except certain NDCs
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL; Except certain NDCs
<i>wixela inhub aer 100/50</i>	1	QL
<i>wixela inhub aer 250/50</i>	1	QL
<i>wixela inhub aer 500/50</i>	1	QL

XANTHINES

<i>theophylline tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg</i>	1	
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TOPICAL

DERMATOLOGY, ACNE

<i>adapalene crea .1%; gel .1%, .3%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
AKLIEF CREA .005%	2	
BENZAC AC WASH LIQD 5%	3	
BENZAMYCIN GEL 5-3%	3	QL
<i>benzoyl peroxide foam 9.8%; gel 8%</i>	1	
<i>clindamycin gel 1%</i>	1	QL; Except NDC 68682046275
<i>clindamycin lotn 1%</i>	1	
<i>clindamycin soln 1%</i>	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	QL
<i>clindamycin-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL
<i>clindamycin-benzoyl peroxide gel 1-5%</i>	1	QL
<i>clindamycin-benzoyl peroxide gel 1.2-2.5%</i>	1	QL
<i>dapsone gel 5%, 7.5%</i>	1	
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
<i>erythromycin gel 2%</i>	1	QL
<i>erythromycin soln 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin-benzoyl peroxide gel 5-3%</i>	1	QL
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	1	PA
KLARON LOTN 10%	3	
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	
<i>sulfacetamide sodium (acne) lotn 10%</i>	1	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .04%, .05%, .1%</i>	1	
TWYNEO CRE 0.1-3%	2	
WINLEVI CREA 1%	2	PA
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil crea 5%; soln 2%, 5%</i>	1	
<i>imiquimod crea 3.75%, 5%</i>	1	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin crea .1%; oint .1%</i>	1	QL
<i>mupirocin oint 2%</i>	1	QL
<i>silver sulfadiazine crea 1%</i>	1	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox crea .77%; gel .77%; sham 1%; soln 8%</i>	1	
<i>ciclopirox susp .77%</i>	1	QL
<i>ciclopirox solution kit 8%</i>	1	QL
<i>clotrimazole crea 1%; soln 1%</i>	1	
<i>econazole crea 1%</i>	1	QL
<i>ketoconazole crea 2%</i>	1	QL
<i>naftifine hcl crea 1%, 2%; gel 1%, 2%</i>	1	
NAFTIN GEL 1%, 2%	2	PA
<i>nystatin crea 100000unit/gm; oint 100000unit/gm</i>	1	
<i>nystatin powd 100000unit/gm</i>	1	QL
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	1	PA
<i>calcipotriene oint .005%; soln .005%</i>	1	QL
ENSTILAR AER	2	QL
<i>methoxsalen caps 10mg</i>	1	
<i>tazarotene crea .1%; gel .05%, .1%</i>	1	PA
VTAMA CREA 1%	2	PA
ZORYVE CREA .3%	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole sham 2%</i>	1	
<i>selenium sulfide lotn 2.5%</i>	1	
ZORYVE FOAM .3%	2	PA
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SOSY 150MG/ML	4	SGM, QL
CIBINQO TABS 50MG, 100MG, 200MG	4	SGM, QL

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOPN 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	4	SGM, QL
EUCRISA OINT 2%	2	ST, PA, QL
OPZELURA CREA 1.5%	2	PA
<i>pimecrolimus crea 1%</i>	1	PA
RINVOQ TB24 15MG, 30MG, 45MG	4	SGM, QL
<i>tacrolimus oint .03%, .1%</i>	1	PA

DERMATOLOGY, CORTICOSTEROIDS

<i>alclometasone dipropionate crea .05%; oint .05%</i>	1	QL
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	1	QL
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	1	QL
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	1	QL
BRYHALI LOTN .01%	2	PA
<i>clobetasol crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%; sham .05%</i>	1	QL; Except clobetasol emollient foam
<i>clobetasol propionate soln .05%</i>	1	QL
<i>desonide crea .05%; lotn .05%; oint .05%</i>	1	QL
<i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>	1	QL
<i>fluocinolone acetonide crea .01%, .025%; oint .025%; soln .01%</i>	1	QL
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	1	QL
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	1	QL
<i>halobetasol crea .05%; oint .05%</i>	1	QL
<i>hydrocortisone crea 1%, 2.5%; oint 1%, 2.5%</i>	1	QL
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	1	QL
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1	QL
<i>mometasone crea .1%; oint .1%; soln .1%</i>	1	QL
<i>prednicarbate crea .1%; oint .1%</i>	1	QL
<i>triamcinolone crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%</i>	1	QL

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine ptch 5%</i>	1	PA
<i>lidocaine hcl gel 2%</i>	1	QL
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene (topical) gel 1%</i>	4	SGM
<i>diclofenac sodium gel 1%</i>	1	QL
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	1	
<i>podofilox gel .5%; soln .5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	1	PA
<i>brimonidine gel .33%</i>	1	PA
<i>doxycycline (rosacea) cpdr 40mg</i>	1	
FINACEA FOAM 15%	2	PA
<i>ivermectin (rosacea) crea 1%</i>	1	PA
METROCREAM CREA .75%	3	QL
METROGEL GEL 1%	3	QL
METROLOTION LOTN .75%	3	QL
<i>metronidazole crea .75%; gel .75%, 1%; lotn .75%</i>	1	QL
ORACEA CPDR 40MG	2	
SOOLANTRA CREA 1%	2	PA
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
<i>ivermectin (pediculicide) lotn .5%</i>	1	
<i>malathion lotn .5%</i>	1	
<i>permethrin crea 5%</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl caps 30mg</i>	1	
<i>clotrimazole troc 10mg</i>	1	QL
<i>lidocaine hcl (mouth-throat) soln 2%</i>	1	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1	
<i>sodium fluoride (dental) soln .2%</i>	1	
<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>	1	
<i>triamcinolone acetonide (mouth) pste .1%</i>	1	
OTIC		
<i>acetic acid soln 2%</i>	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>neomycin-polymyxin b-hydrocortisone otic soln 1%</i>	1	
<i>neomycin-polymyxin b-hydrocortisone otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln .3%</i>	1	

Index

A	
<i>abacavir</i>	14
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	14
<i>abacavir-lamivudine tab 600-300 mg</i>	14
ABILIFY MAINTENA	33
<i>abiraterone</i>	19
<i>acamprosate calcium</i>	30
<i>acarbose</i>	42
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	47
ACCU-CHEK GUIDE STRIPS AND KITS	47
ACCU-CHEK SMARTVIEW STRIPS AND KITS	47
ACCUPRIL	22
<i>acebutolol</i>	26
<i>acetazolamide</i>	28
<i>acetazolamide sodium</i>	28
<i>acetic acid</i>	67
<i>acitretin</i>	65
ACTONEL	44
ACTOPLUS MET TAB 15-500MG	43
ACTOPLUS MET TAB 15-850MG	43
ACULAR	59
ACULAR LS	59
<i>acyclovir</i>	15
ADALIMUMAB-ADAZ	56
<i>adapalene</i>	64
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	64
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	64
ADBRY	65
ADEMPAS	30
ADVATE	55
ADYNOVATE	55
AFSTYLA	55
AIRSUPRA AER 90-80MCG	63
AJOVY	38
AKLIEF	64
<i>albuterol inhalation solution</i>	62
<i>albuterol sulfate</i>	62
<i>albuterol sulfate cfc-free</i>	62
<i>alclometasone dipropionate</i>	65
ALDACTAZIDE TAB 25/25	28
ALDACTAZIDE TAB 50/50	28
ALECENSA	20
<i>alendronate</i>	44
<i>alfuzosin ext-rel</i>	53
<i>aliskiren</i>	28
<i>allopurinol</i>	11
<i>alosetron</i>	52
ALPHAGAN P	60
<i>alprazolam</i>	30
ALPROLIX	55
ALTACE	22
ALUNBRIG	20
ALUNBRIG PAK	20
<i>amantadine</i>	32
AMARYL	44
AMBIEN	38
AMBIEN CR	38
<i>ambrisentan</i>	30
<i>amiloride</i>	28
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	28
<i>amiodarone</i>	24
<i>amitriptyline hcl</i>	31
<i>amlodipine</i>	28
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	21
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	21
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	21
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	21
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	21
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	21
<i>amlodipine-atorvastatin tab 10-10 mg</i>	27
<i>amlodipine-atorvastatin tab 10-20 mg</i>	27
<i>amlodipine-atorvastatin tab 10-40 mg</i>	27
<i>amlodipine-atorvastatin tab 10-80 mg</i>	27
<i>amlodipine-atorvastatin tab 2.5-10 mg</i>	27
<i>amlodipine-atorvastatin tab 2.5-20 mg</i>	27
<i>amlodipine-atorvastatin tab 2.5-40 mg</i>	27
<i>amlodipine-atorvastatin tab 5-10 mg</i>	27
<i>amlodipine-atorvastatin tab 5-20 mg</i>	27
<i>amlodipine-atorvastatin tab 5-40 mg</i>	27
<i>amlodipine-atorvastatin tab 5-80 mg</i>	27
<i>amlodipine-olmesartan tab 10-20 mg</i>	23

<i>amlodipine-olmesartan tab 10-40 mg</i>	23	<i>amphetamine-dextroamphetamine mixed salts</i>	
<i>amlodipine-olmesartan tab 5-20 mg</i>	23	<i>ext-rel cap er 24hr 37.5 mg</i>	37
<i>amlodipine-olmesartan tab 5-40 mg</i>	23	<i>amphetamine-dextroamphetamine mixed salts</i>	
<i>amlodipine-telmisartan tab 40-10 mg</i>	23	<i>ext-rel cap er 24hr 5 mg</i>	36
<i>amlodipine-telmisartan tab 40-5 mg</i>	23	<i>amphetamine-dextroamphetamine mixed salts</i>	
<i>amlodipine-telmisartan tab 80-10 mg</i>	23	<i>ext-rel cap er 24hr 50 mg</i>	37
<i>amlodipine-telmisartan tab 80-5 mg</i>	23	<i>amphetamine-dextroamphetamine mixed salts</i>	
<i>amlodipine-valsartan tab 10-160 mg</i>	23	<i>tab 10 mg</i>	37
<i>amlodipine-valsartan tab 10-320 mg</i>	23	<i>amphetamine-dextroamphetamine mixed salts</i>	
<i>amlodipine-valsartan tab 5-160 mg</i>	23	<i>tab 12.5 mg</i>	37
<i>amlodipine-valsartan tab 5-320 mg</i>	23	<i>amphetamine-dextroamphetamine mixed salts</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab</i>		<i>tab 15 mg</i>	37
<i>10-160-12.5 mg</i>	23	<i>amphetamine-dextroamphetamine mixed salts</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab</i>		<i>tab 20 mg</i>	37
<i>10-160-25 mg</i>	23	<i>amphetamine-dextroamphetamine mixed salts</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab</i>		<i>tab 30 mg</i>	37
<i>10-320-25 mg</i>	23	<i>amphetamine-dextroamphetamine mixed salts</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-</i>		<i>tab 5 mg</i>	37
<i>160-12.5 mg</i>	23	<i>amphetamine-dextroamphetamine mixed salts</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-</i>		<i>tab 7.5 mg</i>	37
<i>160-25 mg</i>	23	<i>ampicillin</i>	18
<i>amoxicil cap & clarithro tab & lansopraz cap dr</i>		<i>ampicillin sodium</i>	18
<i>500 & 500 & 30mg</i>	53	<i>anagrelide hcl</i>	56
<i>amoxicillin</i>	18	<i>anastrozole</i>	19
<i>amoxicillin-clavulanate chew tab 200-28.5 mg</i>	18	<i>ANNOVERA MIS</i>	45
<i>amoxicillin-clavulanate chew tab 400-57 mg</i> ...	18	<i>ANORO ELLIPT AER 62.5-25</i>	61
<i>amoxicillin-clavulanate ext-rel tab 1000-62.5 mg</i>		<i>aprepitant</i>	50
.....	18	<i>aprepitant capsule therapy pack 80 & 125 mg</i> ..	50
<i>amoxicillin-clavulanate susp 200-28.5 mg/5ml</i>	18	<i>APTIOM</i>	34
<i>amoxicillin-clavulanate susp 250-62.5 mg/5ml</i>	18	<i>ARANESP</i>	54
<i>amoxicillin-clavulanate susp 400-57 mg/5ml</i> ...	18	<i>ARICEPT</i>	30
<i>amoxicillin-clavulanate susp 600-42.9 mg/5ml</i>	18	<i>aripiprazole</i>	33
<i>amoxicillin-clavulanate tab 250-125 mg</i>	18	<i>armodafinil</i>	40
<i>amoxicillin-clavulanate tab 500-125 mg</i>	18	<i>atazanavir</i>	14
<i>amoxicillin-clavulanate tab 875-125 mg</i>	18	<i>ATELVIA</i>	44
<i>amphetamine-dextroamphetamine mixed salts</i>		<i>atenolol</i>	26
<i>ext-rel cap er 24hr 10 mg</i>	36	<i>atenolol & chlorthalidone tab 100-25 mg</i>	26
<i>amphetamine-dextroamphetamine mixed salts</i>		<i>atenolol & chlorthalidone tab 50-25 mg</i>	26
<i>ext-rel cap er 24hr 12.5 mg</i>	37	<i>atomoxetine</i>	37
<i>amphetamine-dextroamphetamine mixed salts</i>		<i>atorvastatin</i>	25
<i>ext-rel cap er 24hr 15 mg</i>	37	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	13
<i>amphetamine-dextroamphetamine mixed salts</i>		<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	13
<i>ext-rel cap er 24hr 20 mg</i>	37	<i>AUGMENTIN SUS 125/5ML</i>	18
<i>amphetamine-dextroamphetamine mixed salts</i>		<i>AUGMENTIN SUS 250/5ML</i>	18
<i>ext-rel cap er 24hr 25 mg</i>	37	<i>AUGMENTIN SUS ES-600</i>	18
<i>amphetamine-dextroamphetamine mixed salts</i>		<i>AUGMENTIN TAB 500MG</i>	18
<i>ext-rel cap er 24hr 30 mg</i>	37	<i>AUGTYRO</i>	20

AURYXIA	49	<i>betamethasone dipropionate augmented</i>	66
AUSTEDO	39	<i>betamethasone valerate</i>	66
AUSTEDO XR	39	BETASERON	39
AUSTEDO XR TAB TITR KIT	39	<i>betaxolol hcl (ophth)</i>	60
AUVI-Q	61	<i>bethanechol chloride</i>	53
AVODART	53	BETOPTIC S	60
AVONEX	39	<i>bexarotene</i>	21
AVSOLA	56	<i>bexarotene (topical)</i>	66
<i>azathioprine</i>	57	<i>bicalutamide</i>	19
<i>azelaic acid</i>	66	BIKTARVY TAB	14
<i>azelastine</i>	60, 61	<i>bimatoprost</i>	60
<i>azelastine-fluticasone nasal spray 137-50</i>		<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>mcg/act</i>	61	.....	26
<i>azithromycin</i>	16	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
AZSTARYS CAP 26.1-5.2	37	.....	26
AZSTARYS CAP 39.2-7.8	37	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
AZSTARYS CAP 52.3-10	37	.....	26
AZULFIDINE	51	<i>bisoprolol fumarate</i>	26
AZULFIDINE EN-TABS	51	<i>bortezomib</i>	21
B		<i>bosentan</i>	30
<i>bacitracin (ophthalmic)</i>	59	BOSULIF	20
<i>bacitracin-polymyxin b ophth oint</i>	59	BRAFTOVI	20
<i>baclofen</i>	40	BREO ELLIPTA INH 100-25	63
<i>balsalazide</i>	51	BREO ELLIPTA INH 200-25	63
BAQSIMI	49	BREO ELLIPTA INH 50-25MCG	63
BD ULTRAFINE INSULIN SYRINGES AND NEEDLES		BREZTRI AERO AER SPHERE	61
.....	47	BRILINTA	56
BELBUCA	12	<i>brimonidine</i>	60, 66
BELSOMRA	38	<i>brimonidine-timolol soln 0.2-0.5%</i>	60
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>		<i>brinzolamide</i>	60
.....	22	<i>bromfenac</i>	59
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>		<i>bromocriptine mesylate</i>	32
.....	22	BRUKINSA	20
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>		BRYHALI	66
.....	22	<i>budesonide</i>	51
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>		<i>budesonide delayed-rel</i>	51
.....	22	<i>budesonide inhalation</i>	63
<i>benazepril hcl</i>	22	<i>budesonide-formoterol fumarate dihyd aerosol</i>	
BENZAC AC WASH	64	<i>160-4.5 mcg/act</i>	63
BENZAMYCIN GEL 5-3%	64	<i>budesonide-formoterol fumarate dihyd aerosol</i>	
<i>benzonatate</i>	62	<i>80-4.5 mcg/act</i>	63
<i>benzoyl peroxide</i>	64	<i>bumetanide</i>	28
<i>benztropine mesylate</i>	32	<i>buprenorphine hcl</i>	12
<i>bepotastine</i>	60	<i>buprenorphine transdermal</i>	13
BESIVANCE	59	<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	
<i>betaine powder for oral solution</i>	47	.....	41
<i>betamethasone dipropionate (topical)</i>	66		

<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	41	CARBATROL	35
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	41	<i>carbidopa & levodopa orally disintegrating tab</i>	
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	41	10-100 mg	32
<i>buprenorphine-naloxone sublingual tab 2-0.5 mg</i>	41	<i>carbidopa & levodopa orally disintegrating tab</i>	
<i>buprenorphine-naloxone sublingual tab 8-2 mg</i>	41	25-100 mg	32
<i>bupropion</i>	31	<i>carbidopa & levodopa orally disintegrating tab</i>	
<i>bupropion ext-rel</i>	31	25-250 mg	32
<i>bupropion hcl (smoking deterrent)</i>	41	<i>carbidopa & levodopa tab 10-100 mg</i>	32
<i>bupirone hcl</i>	30	<i>carbidopa & levodopa tab 25-100 mg</i>	32
BYOOVIZ	60	<i>carbidopa & levodopa tab 25-250 mg</i>	32
C		<i>carbidopa-levodopa ext-rel tab er 25-100 mg</i> ...	32
CABENUVA SUS 400-600	14	<i>carbidopa-levodopa ext-rel tab er 50-200 mg</i> ...	32
CABENUVA SUS 600-900	14	<i>carbidopa-levodopa-entacapone tabs 12.5-50-</i>	
<i>cabergoline</i>	49	200 mg	32
CABOMETYX	20	<i>carbidopa-levodopa-entacapone tabs 18.75-75-</i>	
CADUET TAB 10-10MG	27	200 mg	32
CADUET TAB 10-20MG	27	<i>carbidopa-levodopa-entacapone tabs 25-100-200</i>	
CADUET TAB 10-40MG	27	mg	33
CADUET TAB 10-80MG	27	<i>carbidopa-levodopa-entacapone tabs 31.25-125-</i>	
CADUET TAB 5-10MG	27	200 mg	33
CADUET TAB 5-20MG	27	<i>carbidopa-levodopa-entacapone tabs 37.5-150-</i>	
CADUET TAB 5-40MG	27	200 mg	33
CADUET TAB 5-80MG	27	<i>carbidopa-levodopa-entacapone tabs 50-200-200</i>	
<i>calcipotriene</i>	65	mg	33
<i>calcitonin-salmon</i>	45	CARDURA	53
<i>calcitriol</i>	58	<i>carisoprodol</i>	40
<i>calcium acetate</i>	49	<i>carvedilol</i>	27
CALQUENCE	20	<i>carvedilol phosphate ext-rel</i>	27
<i>candesartan</i>	24	CASODEX	19
<i>candesartan-hydrochlorothiazide tab 16-12.5 mg</i>	23	<i>cefadroxil</i>	15
<i>candesartan-hydrochlorothiazide tab 32-12.5 mg</i>	23	<i>cefdinir</i>	15
<i>candesartan-hydrochlorothiazide tab 32-25 mg</i>	23	<i>cefixime</i>	15
<i>capecitabine</i>	19	<i>cefprozil</i>	15
<i>captopril</i>	22	<i>cefuroxime axetil</i>	15
<i>captopril & hydrochlorothiazide tab 25-15 mg.</i>	22	<i>cefuroxime sodium</i>	15
<i>captopril & hydrochlorothiazide tab 25-25 mg.</i>	22	<i>celecoxib</i>	11
<i>captopril & hydrochlorothiazide tab 50-15 mg.</i>	22	CELEXA	31
<i>captopril & hydrochlorothiazide tab 50-25 mg.</i>	22	<i>cephalexin</i>	16
<i>carbamazepine</i>	34	CERDELGA	48
<i>carbamazepine ext-rel</i>	35	CEREZYME	48
		<i>cetirizine hcl</i>	61
		<i>cevimeline hcl</i>	67
		<i>chloroquine phosphate</i>	13
		<i>chlorpromazine hcl</i>	33
		<i>chlorthalidone</i>	28
		<i>chlorzoxazone</i>	40
		<i>cholestyramine</i>	25

<i>cholestyramine light</i>	25	<i>codeine-acetaminophen tab 300-15 mg</i>	11
CIBINQO.....	65	<i>codeine-acetaminophen tab 300-30 mg</i>	11
<i>ciclopirox</i>	65	<i>codeine-acetaminophen tab 300-60 mg</i>	11
<i>ciclopirox solution kit 8%</i>	65	<i>colchicine</i>	11
<i>cilostazol</i>	56	<i>colesevelam</i>	25
CIMDUO TAB 300-300	14	COLESTID	25
CIMERLI	60	COLESTID FLAVORED.....	25
<i>cimetidine</i>	51	<i>colestipol hcl</i>	25
<i>cimetidine hcl</i>	51	COMBIPATCH DIS	47
<i>cinacalcet</i>	44	COPAXONE	39
CIPRO	16	COPIKTRA	20
<i>ciprofloxacin</i>	16, 59	COREG	27
<i>ciprofloxacin inj 200 mg/100ml</i>	16	CORGARD	27
<i>ciprofloxacin inj 400 mg/200ml</i>	16	CORLANOR	29
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	67	CORTEF	48
<i>citalopram</i>	31	CORTIFOAM	51
<i>clarithromycin</i>	16	COSENTYX	56
<i>clarithromycin ext-rel</i>	16	COTELIC	20
<i>clemastine fumarate</i>	61	CREON CAP 12000UNT	52
CLENPIQ SOL.....	52	CREON CAP 24000UNT	52
CLIMARA PRO DIS WEEKLY	47	CREON CAP 3000UNIT	52
<i>clindamycin</i>	17, 64	CREON CAP 36000UNT	52
<i>clindamycin inj 300 mg/50ml</i>	17	CREON CAP 6000UNIT	52
<i>clindamycin inj 600 mg/50ml</i>	17	CRINONE	50
<i>clindamycin inj 900 mg/50ml</i>	17	<i>cromolyn sodium</i>	60, 62
<i>clindamycin phosphate vaginal</i>	54	CUTAQUIG.....	57
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	64	<i>cyanocobalamin</i>	58
<i>clindamycin-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	64	<i>cyclobenzaprine</i>	40
<i>clindamycin-benzoyl peroxide gel 1.2-2.5%</i>	64	<i>cyclopentolate hcl</i>	60
<i>clindamycin-benzoyl peroxide gel 1-5%</i>	64	<i>cyclophosphamide</i>	18
<i>clobazam</i>	35	<i>cycloserine</i>	15
<i>clobetasol</i>	66	<i>cyclosporine</i>	57
<i>clobetasol propionate</i>	66	<i>cyclosporine modified (for microemulsion)</i>	57
<i>clomiphene citrate</i>	48	<i>cyproheptadine hcl</i>	61
<i>clomipramine hcl</i>	30	D	
<i>clonazepam</i>	35	D.H.E. 45.....	38
<i>clonidine</i>	29	<i>danazol</i>	47
<i>clonidine hcl</i>	29	<i>dantrolene sodium</i>	40
<i>clonidine hcl (adhd)</i>	37	<i>dapsone</i>	17, 64
<i>clopidogrel</i>	56	<i>darifenacin ext-rel</i>	54
<i>clotrimazole</i>	65, 67	<i>darunavir</i>	14
<i>clozapine</i>	33	DAYVIGO	38
CLOZARIL	34	<i>deferasirox</i>	45
<i>codeine-acetaminophen soln 120-12 mg/5ml</i> ..	11	<i>deferiprone</i>	45
		<i>deferoxamine</i>	45
		DESCOVY TAB 120-15MG.....	14
		DESCOVY TAB 200/25MG	14

<i>desipramine hcl</i>	31	<i>disulfiram</i>	30
<i>desmopressin acetate</i>	50	<i>divalproex sodium</i>	35
<i>desmopressin acetate spray</i>	50	<i>divalproex sodium ext-rel</i>	35
<i>desmopressin acetate spray refrigerated</i>	50	<i>dofetilide</i>	25
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	45	<i>donepezil</i>	31
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	45	DOPTELET	56
<i>desonide</i>	66	<i>dorzolamide</i>	60
<i>desoximetasone</i>	66	<i>dorzolamide-timolol sol 22.3-6.8 mg/ml pf</i>	60
<i>desvenlafaxine ext-rel</i>	31	<i>dorzolamide-timolol soln 22.3-6.8 mg/ml</i>	60
DETROL.....	54	DOVATO TAB 50-300MG.....	14
<i>dexamethasone</i>	48, 59	<i>doxazosin</i>	53
DEXCOM CONTINUOUS GLUCOSE MONITORING SENSOR.....	47	<i>doxepin</i>	38
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM.....	47	<i>doxepin hcl</i>	31
DEXEDRINE	37	<i>doxercalciferol</i>	58
<i>dexmethylphenidate ext-rel</i>	37	<i>doxycycline (rosacea)</i>	66
<i>dexmethylphenidate hcl</i>	37	<i>doxycycline hyclate</i>	18
<i>dextroamphetamine sulfate</i>	37	<i>doxylamine-pyridoxine delayed-rel tab 10-10 mg</i>	51
<i>diazepam</i>	35	<i>dronabinol</i>	51
<i>diazepam rectal</i>	35	DUAVEE TAB 0.45-20	47
<i>diclofenac</i>	60	DUETACT TAB 30-2MG.....	43
<i>diclofenac sodium</i>	11, 66	DUETACT TAB 30-4MG.....	43
<i>diclofenac sodium-misoprostol delayed release 50-0.2 mg</i>	11	<i>duloxetine</i>	31
<i>diclofenac sodium-misoprostol delayed release 75-0.2 mg</i>	11	DUPIXENT	63, 65
<i>dicloxacillin</i>	18	DUROLANE	13
<i>dicyclomine</i>	50	<i>dutasteride</i>	53
DIFICID.....	16	<i>dutasteride-tamsulosin cap 0.5-0.4 mg</i>	53
DIFLUCAN	13	DYSPORT	38
<i>diflunisal</i>	13	E	
<i>difluprednate</i>	60	<i>econazole</i>	65
<i>digoxin</i>	28	<i>efavirenz</i>	14
<i>dihydroergotamine mesylate</i>	38	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	14
<i>diltiazem ext-rel</i>	28	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	14
<i>dimethyl fumarate delayed-rel</i>	39	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	14
<i>dimethyl fumarate delayed-rel starter pack 120 mg & 240 mg</i>	39	<i>eletriptan</i>	38
<i>diphenoxylate-atropine liq 2.5-0.025 mg/5ml</i> ..	50	ELFABRIO.....	47
<i>diphenoxylate-atropine tab 2.5-0.025 mg</i>	50	ELIGARD	19
<i>dipyridamole</i>	56	ELIQUIS.....	54
<i>dipyridamole (diagnostic)</i>	58	ELOCTATE	55
<i>dipyridamole ext-rel-aspirin cap 25-200 mg</i>	56	EMCYT	18
<i>disopyramide</i>	25	EMGALITY.....	38
		EMPAVELI.....	56
		<i>emtricitabine</i>	14

<i>emtricitabine-tenofovir disoproxil fumarate tab</i>		<i>estradiol vaginal</i>	48
100-150 mg	14	<i>estradiol-norethindrone tab 0.5 mg-2.5 mcg</i>	48
<i>emtricitabine-tenofovir disoproxil fumarate tab</i>		<i>estradiol-norethindrone tab 0.5-0.1 mg</i>	48
133-200 mg	14	<i>estradiol-norethindrone tab 1 mg-5 mcg</i>	48
<i>emtricitabine-tenofovir disoproxil fumarate tab</i>		<i>estradiol-norethindrone tab 1-0.5 mg</i>	48
167-250 mg	14	<i>eszopiclone</i>	38
<i>emtricitabine-tenofovir disoproxil fumarate tab</i>		<i>ethacrynic acid</i>	28
200-300 mg	15	<i>ethambutol hcl</i>	15
EMVERM.....	13	<i>ethinyl estradiol-drospirenone tab 3-0.02 mg</i> ...	45
<i>enalapril</i>	22	<i>ethinyl estradiol-drospirenone tab 3-0.03 mg</i> ...	45
<i>enalapril maleate & hydrochlorothiazide tab 10-</i>		<i>ethinyl estradiol-drospirenone-levomefolate tab</i>	
25 mg.....	22	3-0.02-0.451 mg.....	45
<i>enalapril maleate & hydrochlorothiazide tab 5-</i>		<i>ethinyl estradiol-drospirenone-levomefolate tab</i>	
12.5 mg.....	22	3-0.03-0.451 mg.....	45
<i>enalaprilat</i>	22	<i>ethinyl estradiol-etonogestrel va ring 0.12-0.015</i>	
ENBREL	56	mg/24hr	45
ENDARI	56	<i>ethinyl estradiol-levonorgestrel 91-day tab 0.1-</i>	
ENDOMETRIN	50	0.02mg(84) & 0.01mg(7)	45
<i>enoxaparin</i>	54	<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-</i>	
ENSPRYNG	58	0.03 mg	45
ENSTILAR AER.....	65	<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-</i>	
<i>entacapone</i>	33	0.03mg(84) & 0.01mg(7)	46
<i>entecavir</i>	16	<i>ethinyl estradiol-levonorgestrel continuous tab</i>	
ENTRESTO TAB 24-26MG	29	90-20 mcg	46
ENTRESTO TAB 49-51MG	29	<i>ethinyl estradiol-levonorgestrel tab 0.05-</i>	
ENTRESTO TAB 97-103MG	29	30/0.075-40/0.125-30mg-mcg	46
EPCLUSA PAK 150-37.5.....	16	<i>ethinyl estradiol-levonorgestrel tab 0.1 mg-20</i>	
EPCLUSA PAK 200-50MG.....	16	mcg.....	46
EPCLUSA TAB 200-50MG.....	16	<i>ethinyl estradiol-levonorgestrel tab 0.15 mg-30</i>	
EPCLUSA TAB 400-100.....	16	mcg.....	46
EPIDUO FORTE GEL 0.3-2.5%.....	64	<i>ethinyl estradiol-levonorgestrel-iron tab 0.1 mg-</i>	
EPIDUO GEL 0.1-2.5%.....	64	20 mcg (21)	46
<i>epinephrine</i>	29, 61	<i>ethinyl estradiol-norelgestromin td ptwk 150-35</i>	
<i>eplerenone</i>	23	mcg/24hr.....	46
<i>epoprostenol sodium</i>	30	<i>ethinyl estradiol-norethindrone acetate tab 1 mg-</i>	
ERIVEDGE.....	19	20 mcg.....	46
ERLEADA	19	<i>ethinyl estradiol-norethindrone acetate tab 1.5</i>	
<i>erlotinib hcl</i>	20	mg-30 mcg	46
<i>erythromycin</i>	59, 64	<i>ethinyl estradiol-norethindrone acetate-iron cap</i>	
<i>erythromycin-benzoyl peroxide gel 5-3%</i>	64	1 mg-20 mcg (24)	46
<i>erythromycins</i>	16	<i>ethinyl estradiol-norethindrone acetate-iron</i>	
<i>escitalopram</i>	31	chew tab 0.4 mg-35 mcg.....	46
<i>esomeprazole delayed-rel</i>	53	<i>ethinyl estradiol-norethindrone acetate-iron</i>	
<i>esomeprazole sodium</i>	53	chew tab 0.8 mg-25 mcg.....	46
ESPEROCT	55	<i>ethinyl estradiol-norethindrone acetate-iron</i>	
ESTRACE.....	47	chew tab 1 mg-20 mcg (24)	46
<i>estradiol</i>	48		

<i>ethinyl estradiol-norethindrone acetate-iron tab</i> 1 mg-20 mcg.....	46	FIASP FLEXTOUCH	43
<i>ethinyl estradiol-norethindrone acetate-iron tab</i> 1.5 mg-30 mcg.....	46	FIASP PENFILL.....	43
<i>ethinyl estradiol-norethindrone acetate-iron tab</i> 1-20/1-30/1-35 mg-mcg.....	46	FINACEA	67
<i>ethinyl estradiol-norgestimate tab 0.18-</i> 25/0.215-25/0.25-25 mg-mcg.....	46	<i>finasteride</i>	53
<i>ethinyl estradiol-norgestimate tab 0.18-</i> 35/0.215-35/0.25-35 mg-mcg.....	46	<i>fingolimod</i>	39
<i>ethinyl estradiol-norgestimate tab 0.25 mg-35</i> <i>mcg</i>	46	FLAGYL.....	17
<i>ethosuximide</i>	35	<i>flecainide acetate</i>	25
<i>ethynodiol diacetate & ethinyl estradiol tab 1</i> <i>mg-35 mcg</i>	46	FLOMAX.....	53
<i>etodolac</i>	11	<i>fluconazole</i>	13
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015</i> <i>mg/24hr</i>	46	<i>fluconazole inj 200 mg/100ml</i>	13
<i>etoposide</i>	21	<i>fluconazole inj 400 mg/200ml</i>	13
<i>etravirine</i>	14	<i>fludrocortisone</i>	48
EUCRISA.....	65	<i>flunisolide</i>	62
EUFLEXXA	13	<i>fluocinolone acetonide</i>	66
<i>everolimus</i>	20, 58	<i>fluocinonide</i>	66
EVISTA.....	49	<i>fluorometholone (ophth)</i>	60
EXELON	31	<i>fluorouracil</i>	64
<i>exemestane</i>	19	<i>fluoxetine</i>	31
<i>ezetimibe</i>	25	<i>fluoxetine hcl</i>	31
<i>ezetimibe-simvastatin tab 10-10 mg</i>	26	<i>fluphenazine decanoate</i>	34
<i>ezetimibe-simvastatin tab 10-20 mg</i>	26	<i>fluphenazine hcl</i>	34
<i>ezetimibe-simvastatin tab 10-40 mg</i>	26	<i>fluticasone</i>	63
<i>ezetimibe-simvastatin tab 10-80 mg</i>	26	<i>fluticasone propionate</i>	66
F		<i>fluticasone propionate hfa</i>	63
FABRAZYME.....	47	<i>fluticasone-salmeterol aer powder ba 100-50</i> <i>mcg/act</i>	63
<i>famciclovir</i>	15	<i>fluticasone-salmeterol aer powder ba 250-50</i> <i>mcg/act</i>	63
<i>famotidine</i>	51	<i>fluticasone-salmeterol aer powder ba 500-50</i> <i>mcg/act</i>	63
<i>famotidine inj 20mg/50ml</i>	51	<i>fluvastatin</i>	25
FARXIGA.....	44	<i>fluvastatin sodium</i>	25
FASENRA.....	63	<i>fluvoxamine maleate</i>	30
<i>felodipine</i>	28	FOCALIN	37
<i>fenofibrate</i>	25	<i>folic acid</i>	58
<i>fenofibric acid delayed-rel</i>	25	<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5</i> <i>mg</i>	58
FENSOLVI	45	FOLLISTIM AQ.....	48
<i>fentanyl citrate</i>	11	<i>fondaparinux</i>	54
<i>fentanyl transdermal</i>	11	<i>formoterol inhalation solution</i>	62
<i>fentanyl transmucosal lozenge</i>	11	FOSAMAX	44
<i>fesoterodine ext-rel</i>	54	<i>fosinopril</i>	22
FIASP	43	<i>fosinopril-hydrochlorothiazide tab 10-12.5 mg</i> ..22	
		<i>fosinopril-hydrochlorothiazide tab 20-12.5 mg</i> ..22	
		<i>furosemide</i>	28
		FYCOMPA	35
		FYLNETRA	55

G		<i>hydrocodone bitart-homatropine methylbromide</i>
<i>gabapentin</i>	35, 41	<i>tab 5-1.5 mg</i>
GALAFOLD	47	<i>hydrocodone ext-rel</i>
<i>galantamine</i>	31	<i>hydrocodone-acetaminophen soln 10-325</i>
<i>galantamine ext-rel</i>	31	<i>mg/15ml</i>
GANIRELIX ACETATE	48	<i>hydrocodone-acetaminophen soln 7.5-325</i>
GAVRETO	20	<i>mg/15ml</i>
<i>gefitinib</i>	20	<i>hydrocodone-acetaminophen tab 10-300 mg</i> ..
GELSYN-3	13	<i>hydrocodone-acetaminophen tab 10-325 mg</i> ..
<i>gemfibrozil</i>	25	<i>hydrocodone-acetaminophen tab 5-300 mg</i>
GEMTESA.....	54	<i>hydrocodone-acetaminophen tab 5-325 mg</i>
<i>gentamicin</i>	59, 64	<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> ..
GENVOYA TAB	15	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> ..
<i>glatiramer</i>	39	<i>hydrocortisone</i>
<i>glimepiride</i>	44	48, 51, 53, 66
<i>glipizide</i>	44	<i>hydrocortisone butyrate</i>
<i>glipizide ext-rel</i>	44	66
<i>glipizide-metformin tab 2.5-250 mg</i>	42	<i>hydrocortisone valerate</i>
<i>glipizide-metformin tab 2.5-500 mg</i>	42	66
<i>glipizide-metformin tab 5-500 mg</i>	42	<i>hydromorphone</i>
<i>glucagon, human recombinant</i>	49	12
GLYXAMBI TAB 10-5 MG	44	<i>hydromorphone ext-rel</i>
GLYXAMBI TAB 25-5 MG	44	12
GRALISE	41	<i>hydroxychloroquine sulfate</i>
<i>granisetron</i>	51	57
GRASTEK	56	<i>hydroxyprogesterone caproate</i>
<i>griseofulvin ultramicronsize</i>	13	50
<i>guanfacine ext-rel</i>	38	<i>hydroxyurea</i>
<i>guanfacine hcl</i>	29	21
GVOKE	49	<i>hydroxyzine hcl</i>
H		61
<i>halobetasol</i>	66	HYRIMOZ.....
<i>haloperidol</i>	34	57
<i>haloperidol decanoate</i>	34	I
<i>haloperidol lactate</i>	34	<i>ibandronate</i>
HARVONI PAK	17	44
HARVONI PAK 45-200MG.....	17	IBRANCE
HARVONI TAB 45-200MG.....	17	20
HARVONI TAB 90-400MG.....	17	<i>ibuprofen</i>
HERZUMA	19	11
HUMATROPE	49	<i>icatibant</i>
HUMULIN R U-500.....	43	57
<i>hydralazine hcl</i>	29	<i>icosapent ethyl</i>
<i>hydrochlorothiazide</i>	28	26
<i>hydrocodone bitart-homatropine methylbrom</i>		ILEVRO.....
<i>soln 5-1.5 mg/5ml</i>	62	60
		ILUMYA.....
		56
		<i>imatinib mesylate</i>
		20
		<i>imipramine hcl</i>
		31
		<i>imipramine pamoate</i>
		31
		<i>imiquimod</i>
		64
		IMITREX.....
		38
		IMITREX STATDOSE REFILL.....
		39
		IMITREX STATDOSE SYSTEM
		39
		IMVEXXY
		48
		INBRIJA
		33
		<i>indapamide</i>
		28
		INGREZZA
		39
		INGREZZA CAP 40-80MG.....
		39
		INLYTA
		20
		<i>ipratropium bromide (nasal)</i>
		61
		<i>ipratropium inhalation</i>
		61

<i>ipratropium-albuterol inhalation solution 0.5-2.5(3) mg/3ml</i>	61	<i>lactulose</i>	52
<i>irbesartan</i>	24	<i>lactulose (encephalopathy)</i>	52
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	23	<i>lamivudine</i>	14, 16
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	23	<i>lamivudine-zidovudine tab 150-300 mg</i>	15
ISENTRESS.....	14	<i>lamotrigine</i>	35
<i>isoniazid</i>	15	<i>lamotrigine ext-rel</i>	35
<i>isosorbide dinitrate</i>	29	<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	35
<i>isosorbide dinitrate-hydralazine tab 20-37.5 mg</i>	29	<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	35
<i>isosorbide mononitrate</i>	29	<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	35
<i>isotretinoin</i>	64	<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	35
<i>itraconazole</i>	13	<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	35
<i>ivermectin</i>	13	<i>lansoprazole delayed-rel</i>	53
<i>ivermectin (pediculicide)</i>	67	LANTUS.....	43
<i>ivermectin (rosacea)</i>	67	<i>lapatinib ditosylate</i>	20
J		LASIX.....	28
JANUMET TAB 50-1000	42	<i>latanoprost</i>	60
JANUMET TAB 50-500MG	42	<i>leflunomide</i>	57
JANUMET XR TAB 100-1000	42	LENVIMA	20
JANUMET XR TAB 50-1000	42	LENVIMA CAP 14 MG	20
JANUMET XR TAB 50-500MG	42	LENVIMA CAP 18 MG	20
JANUVIA.....	42	LENVIMA CAP 24 MG	20
JARDIANCE.....	44	<i>letrozole</i>	19
JIVI	55	<i>leuprolide acetate</i>	19
K		<i>levalbuterol tartrate cfc-free</i>	62
KERENDIA	49	<i>levetiracetam</i>	35
KESIMPTA	40	<i>levetiracetam ext-rel</i>	35
<i>ketoconazole</i>	65	<i>levobunolol hcl</i>	60
<i>ketorolac</i>	60	<i>levocarnitine</i>	45
KEVZARA.....	57	<i>levocetirizine</i>	61
KISQALI	20	<i>levofloxacin</i>	16, 59
KISQALI FEMARA CO-PACK 200 MG DOSE	20	<i>levofloxacin inj 250 mg/50ml</i>	16
KISQALI FEMARA CO-PACK 400 MG DOSE	20	<i>levofloxacin inj 500 mg/100ml</i>	16
KISQALI FEMARA CO-PACK 600 MG DOSE	20	<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	47
KLARON	64	<i>levothyroxine</i>	50
KOGENATE FS	55	<i>lidocaine</i>	66
KOSELUGO	20	<i>lidocaine hcl</i>	66
KOVALTRY	55	<i>lidocaine hcl (mouth-throat)</i>	67
KRAZATI	21	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	66
KYLEENA	46	<i>linezolid</i>	17
L		LINZESS.....	52
<i>labetalol hcl</i>	27	<i>liothyronine</i>	50
<i>lacosamide</i>	35		
<i>lactic acid (ammonium lactate)</i>	66		

<i>lisdexamfetamine</i>	38	<i>megestrol acetate</i>	19, 50
<i>lisinopril</i>	22	MEKTOVI	20
<i>lisinopril-hydrochlorothiazide tab 10-12.5 mg</i> ..	22	<i>meloxicam</i>	11
<i>lisinopril-hydrochlorothiazide tab 20-12.5 mg</i> ..	22	<i>melphalan</i>	18
<i>lisinopril-hydrochlorothiazide tab 20-25 mg</i>	22	<i>melphalan hcl</i>	18
<i>lithium carbonate</i>	39	<i>memantine</i>	31
LONSURF TAB 15-6.14	19	<i>memantine hcl</i>	31
LONSURF TAB 20-8.19	19	<i>memantine titration pak 5-10mg</i>	31
<i>loperamide</i>	50	MENOPUR	48
LOPID	25	<i>mercaptopurine</i>	19
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20</i> <i>mg/ml)</i>	15	<i>mesalamine</i>	51
<i>lopinavir-ritonavir tab 100-25 mg</i>	15	<i>mesalamine delayed-rel</i>	52
<i>lopinavir-ritonavir tab 200-50 mg</i>	15	<i>mesalamine ext-rel</i>	52
<i>lorazepam</i>	30	<i>mesalamine suspension</i>	52
<i>losartan</i>	24	<i>mesalamine w/ cleanser</i>	52
<i>losartan-hydrochlorothiazide tab 100-12.5 mg</i>	24	<i>metaxalone</i>	40
<i>losartan-hydrochlorothiazide tab 100-25 mg</i> ...	24	<i>metformin</i>	42
<i>losartan-hydrochlorothiazide tab 50-12.5 mg</i> ..	23	<i>metformin ext-rel</i>	42
LOTENSIN.....	23	<i>methadone</i>	12
LOTENSIN HCT TAB 10-12.5	22	<i>methazolamide</i>	28
LOTENSIN HCT TAB 20-12.5	22	<i>methimazole</i>	50
LOTENSIN HCT TAB 20-25MG.....	22	<i>methocarbamol</i>	40
<i>loteprednol</i>	60	<i>methotrexate sodium</i>	19, 57
<i>lovastatin</i>	25	<i>methoxsalen</i>	65
<i>lubiprostone</i>	52	<i>methyl dopa</i>	29
LUMAKRAS	21	<i>methyl dopa & hydrochlorothiazide tab 250-15</i> <i>mg</i>	29
LUMRYZ	40	<i>methyl dopa & hydrochlorothiazide tab 250-25</i> <i>mg</i>	29
LUPRON DEPOT-PED	45	METHYLIN	38
LUPRON DEPOT-PED (6-MONTH).....	45	<i>methylphenidate</i>	38
<i>lurasidone</i>	34	<i>methylphenidate ext-rel</i>	38
LYNPARZA.....	21	<i>methylprednisolone</i>	48, 49
LYVISPAH	40	<i>metoclopramide</i>	51
M		<i>metolazone</i>	28
<i>malathion</i>	67	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	26
<i>maraviroc</i>	14	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	26
MARINOL.....	51	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	26
MAXITROL OIN 0.1% OP	59	<i>metoprolol succinate ext-rel</i>	27
MAXITROL SUS 0.1% OP	59	<i>metoprolol tartrate</i>	27
MAXZIDE TAB 75-50	28	METROCREAM	67
MAXZIDE-25 TAB	28	METROGEL	67
MAYZENT.....	40	METROLOTION.....	67
<i>meclizine</i>	51	<i>metronidazole</i>	17, 67
MEDROL.....	48		
MEDROL DOSEPAK	48		
<i>medroxyprogesterone</i>	47, 50		
<i>mefloquine hcl</i>	14		

<i>metronidazole vaginal</i>	54	<i>neomycin-polymyxin b-dexamethasone oint 0.1%</i>	59
<i>midodrine</i>	29	<i>neomycin-polymyxin b-dexamethasone susp 0.1%</i>	59
<i>minocycline</i>	18	<i>neomycin-polymyxin b-hydrocortisone otic soln</i> 1%.....	67
<i>minocycline hcl</i>	18	<i>neomycin-polymyxin b-hydrocortisone otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	67
MIRENA	47	<i>neomycin-polymyxin-hc ophth susp</i>	59
<i>mirtazapine</i>	32	NEUPRO.....	33
<i>misoprostol</i>	52	NEURONTIN	36
MITIGARE	11	<i>nevirapine</i>	14
<i>modafinil</i>	40	NEXLETOL.....	25
<i>mometasone</i>	63, 66	NEXLIZET TAB 180/10MG.....	25
<i>montelukast</i>	62	<i>niacin ext-rel</i>	26
<i>morphine</i>	12	<i>nifedipine ext-rel</i>	28
<i>morphine ext-rel</i>	12	NINLARO.....	21
MOVANTIK.....	52	<i>nitisinone</i>	49
<i>moxifloxacin</i>	16, 59	<i>nitrofurantoin</i>	17
<i>moxifloxacin inj 400 mg/250ml</i>	16	<i>nitroglycerin</i>	29
MULTAQ	25	NITROLINGUAL.....	29
<i>multivitamins</i>	58	NITROSTAT	29
<i>mupirocin</i>	65	NIVESTYM.....	55
<i>mycophenolate mofetil</i>	58	NORDITROPIN	49
<i>mycophenolate mofetil hcl</i>	58	<i>norethindrone (contraceptive)</i>	47
<i>mycophenolate sodium</i>	58	<i>norethindrone acetate</i>	50
MYFEMBREE TAB.....	50	<i>nortriptyline hcl</i>	32
MYSOLINE.....	35	NOVOEIGHT	55
N		NOVOLIN INJ 70/30.....	43
<i>nabumetone</i>	11	NOVOLIN INJ 70/30 FP	43
<i>nadolol</i>	27	NOVOLIN N.....	43
<i>naftifine hcl</i>	65	NOVOLIN R	43
NAFTIN.....	65	NOVOLOG.....	43
<i>naloxone</i>	41	NOVOLOG MIX INJ 70/30.....	43
<i>naltrexone hcl</i>	41	NOVOLOG MIX INJ FLEXPEN	43
NAMZARIC CAP.....	31	NOVOSEVEN RT.....	54
NAMZARIC CAP 14-10MG	31	NUBEQA	19
NAMZARIC CAP 21-10MG	31	NUCALA.....	63
NAMZARIC CAP 28-10MG	31	NURTEC ODT	39
NAMZARIC CAP 7-10MG	31	NUWIQ	55
<i>naproxen</i>	11	<i>nystatin</i>	13, 65
<i>naratriptan</i>	39	<i>nystatin (mouth-throat)</i>	67
<i>nateglinide</i>	43	NYVEPRIA	55
NATESTO.....	41	O	
NAYZILAM.....	35	OCREVUS.....	40
<i>nebivolol</i>	27	OCUFLOX.....	59
<i>neomycin-polymy-gramicid op sol 1.75-10000-</i> <i>0.025mg-unt-mg/ml</i>	59	ODEFSEY TAB.....	15
<i>neomycin-polymyxin b-bacitracin-hydrocortisone</i> <i>oint 1%</i>	59		

ODOMZO	21	OVIDREL	48
OFEV	63	oxaprozin.....	11
ofloxacin	59	oxazepam	30
ofloxacin otic	67	oxcarbazepine	36
OGIVRI	19	OXTELLAR XR.....	36
olanzapine	34	oxybutynin.....	54
olmesartan	24	oxybutynin ext-rel	54
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	24	oxycodone	12
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	24	oxycodone ext-rel.....	12
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	24	oxycodone-acetaminophen tab 5-325 mg.....	12
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	24	OZEMPIC	42
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	24	P	
olmesartan-hydrochlorothiazide tab 20-12.5 mg	24	paclitaxel protein-bound particles for iv susp 100 mg	19
olmesartan-hydrochlorothiazide tab 40-12.5 mg	24	pantoprazole delayed-rel	53
olmesartan-hydrochlorothiazide tab 40-25 mg	24	pantoprazole sodium	53
olopatadine	60, 61	paricalcitol.....	58
omega-3 acid ethyl esters cap 1 gm.....	26	PARLODEL.....	33
omeprazole delayed-rel.....	53	paroxetine hcl.....	32
OMNIPOD 5 INSULIN INFUSION PUMP	47	paroxetine hcl ext-rel	32
OMNIPOD DASH INSULIN INFUSION PUMP	47	PAXLOVID TAB 150-100	15
ondansetron	51	PAXLOVID TAB 300-100	15
ONETOUCH LANCETS / LANCING DEVICE.....	47	pazopanib.....	20
ONETOUCH ULTRA STRIPS AND KITS	47	pediatric vitamins acd w/ fluoride soln 0.25 mg/ml.....	58
ONETOUCH VERIO STRIPS AND KITS	47	pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	58
ONZETRA XSAIL.....	39	peg 3350-electrolytes.....	52
OPSUMIT	30	pemetrexed	19
OPZELURA.....	65	penicillamine	45
ORACEA	67	penicillin vk.....	18
ORALAIR SUB 300 IR	56	PEPCID.....	51
ORENITRAM.....	30	perindopril erbumine	23
ORENITRAM TAB MONTH 1	30	PERJETA.....	21
ORENITRAM TAB MONTH 2	30	permethrin	67
ORENITRAM TAB MONTH 3	30	perphenazine.....	34
ORFADIN	49	PERSERIS.....	34
ORIAHNN CAP.....	50	PHEBURANE	47
ORLISSA	47	phenelzine sulfate	32
ORLADEYO	57	phenobarbital.....	36
oseltamivir.....	15	phenytoin	36
OTEZLA	57	phenytoin sodium extended.....	36
OTEZLA TAB 10/20/30.....	57	PHESGO SOL.....	21
		pilocarpine hcl (oral)	67
		pimecrolimus.....	65
		pindolol	27
		pioglitazone.....	43

<i>pioglitazone-glimepiride tab 30-2 mg</i>	43	<i>promethazine</i>	51
<i>pioglitazone-glimepiride tab 30-4 mg</i>	43	<i>promethazine hcl</i>	51
<i>pioglitazone-metformin tab 15-500 mg</i>	43	<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	62
<i>pioglitazone-metformin tab 15-850 mg</i>	43	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	62
<i>pirfenidone</i>	63	<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	62
<i>pitavastatin</i>	25	<i>propafenone hcl</i>	25
<i>plerixafor</i>	55	<i>propranolol</i>	27
<i>podofilox</i>	66	<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	26
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	59	<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	26
POLYTRIM SOL OP	59	<i>propranolol ext-rel</i>	27
<i>potassium chloride</i>	58	<i>propylthiouracil</i>	50
<i>potassium chloride liquid</i>	58	PROSCAR	53
<i>potassium chloride microencapsulated crystals er</i>	58	PROVERA	50
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	53	<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	62
<i>potassium citrate (alkalinizer)</i>	53	PULMICORT	63
<i>pramipexole</i>	33	PULMICORT FLEXHALER.....	63
<i>pramipexole ext-rel</i>	33	<i>pyrazinamide</i>	15
<i>prasugrel</i>	56	<i>pyridostigmine bromide</i>	39
<i>pravastatin</i>	25	<i>pyrimethamine</i>	17
<i>prednicarbate</i>	66	Q	
<i>prednisolone</i>	49	QELBREE	38
<i>prednisolone acetate</i>	60	QUESTRAN	25
PREDNISOLONE SODIUM PHOSP	60	QUESTRAN LIGHT	25
<i>prednisolone sodium phosphate</i>	49	<i>quetiapine</i>	34
<i>prednisolone solution</i>	49	<i>quetiapine ext-rel</i>	34
<i>prednisone</i>	49	<i>quinapril</i>	23
<i>pregabalin</i>	36	<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> ..	22
<i>pregabalin ext-rel</i>	41	<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> ..	22
PREMPHASE TAB	48	<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	22
PREMPRO TAB	48	QULIPTA	39
PREMPRO TAB 0.3-1.5.....	48	R	
PREMPRO TAB 0.45-1.5.....	48	RADICAVA ORS	39
PREMPRO TAB 0.625-5.....	48	RAGWITEK	56
<i>prenatal vitamins</i>	58	<i>raloxifene</i>	49
<i>primidone</i>	36	<i>ramelteon</i>	38
<i>probenecid</i>	11	<i>ramipril</i>	23
PROCARDIA XL.....	28	<i>ranolazine ext-rel</i>	29
<i>prochlorperazine</i>	51	<i>rasagiline</i>	33
PROCRIT.....	55	RASUVO.....	57
PROCTOFOAM-HC AER 1%	53	REBIF	40
<i>progesterone, micronized</i>	50	REBIF REBIDO INJ TITRATN	40
PROLASTIN-C	61	REBIF TITRTN INJ PACK.....	40
PROLIA.....	45		
PROMACTA.....	56		

REBINYN	56	<i>saxagliptin-metformin ext-rel tb24 2.5-1000 mg</i>	42
REGLAN.....	51	<i>saxagliptin-metformin ext-rel tb24 5-1000 mg</i>	42
RELENZA	15	<i>saxagliptin-metformin ext-rel tb24 5-500 mg</i>	42
RELPAK.....	39	<i>scopolamine transdermal</i>	51
REMERON	32	<i>selegiline</i>	33
REMERON SOLTAB	32	<i>selenium sulfide</i>	65
REMICADE	56	SEREVENT	62
<i>repaglinide</i>	43	SEROQUEL.....	34
REPATHA.....	26	<i>sertraline</i>	32
RESTASIS	60	<i>sevelamer carbonate</i>	49
RESTORIL	38	SEVENFACT.....	54
RETACRIT	55	<i>sildenafil</i>	30
RETEVMO	20	<i>silodosin</i>	53
RETIN-A.....	64	<i>silver sulfadiazine</i>	65
REVATIO.....	30	SIMBRINZA SUS 1-0.2%.....	60
REVLIMID.....	19	SIMPONI ARIA	56
<i>ribavirin</i>	17	<i>simvastatin</i>	25, 26
<i>rifampin</i>	15	SINEMET TAB 10-100MG	33
RINVOQ	57, 65	SINEMET TAB 25-100MG	33
<i>risedronate</i>	44	<i>sirolimus</i>	58
<i>risedronate sodium</i>	44	SKYLA.....	47
RISPERDAL	34	SKYRIZI INTRAVENOUS.....	56
<i>risperidone</i>	34	SKYRIZI SUBCUTANEOUS.....	57
RITALIN	38	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6</i>	
<i>ritonavir</i>	14	<i>gm/177ml</i>	52
<i>rivastigmine</i>	31	<i>sodium fluoride</i>	58
<i>rivastigmine transdermal</i>	31	<i>sodium fluoride (dental)</i>	67
<i>rizatriptan</i>	39	<i>sodium fluoride-potassium nitrate gel 1.1-5%</i> ...67	
<i>roflumilast</i>	62	<i>sodium phenylbutyrate</i>	47
<i>ropinirole</i>	33	SOGROYA	49
<i>ropinirole ext-rel</i>	33	<i>solifenacin</i>	54
<i>rosuvastatin</i>	25	SOLQUA INJ 100/33	43
ROWASA	52	SOLIRIS	56
ROZLYTREK	20	SOMATULINE DEPOT.....	41
RUCONEST	57	SOOLANTRA	67
<i>rufinamide</i>	36	<i>sorafenib</i>	20
RUXIENCE	19	<i>sotalol</i>	25
RYBELSUS.....	42	<i>sotalol hcl (afib/afl)</i>	25
RYDAPT	20	SPIRIVA.....	61
RYTARY CAP 145MG	33	<i>spironolactone</i>	23
RYTARY CAP 195MG	33	<i>spironolactone-hydrochlorothiazide tab 25-25 mg</i>	
RYTARY CAP 245MG	33	.....	29
RYTARY CAP 95MG	33	SPRYCEL.....	20
S		STELARA INTRAVENOUS.....	56
SANCUSO	51	STELARA SUBCUTANEOUS	57
<i>sapropterin</i>	47	STIOLTO AER 2.5-2.5	61
<i>saxagliptin</i>	42		

STIVARGA	20	tazarotene	65
STRATTERA	38	TEGSEDI	49
STRIBILD TAB	15	telmisartan	24
STRIVERDI RESPIMAT	62	telmisartan-hydrochlorothiazide tab 40-12.5 mg	
STROMEKTOL	13	.....	24
sucralfate	52	telmisartan-hydrochlorothiazide tab 80-12.5 mg	
sulfacetamide	59	.....	24
sulfacetamide sodium (acne)	64	telmisartan-hydrochlorothiazide tab 80-25 mg	24
sulfacetamide sodium-prednisolone ophth soln		temazepam	38
10-0.23(0.25)%	59	temozolomide	19
sulfamethoxazole-trimethoprim iv soln 400-80		tenofovir disoproxil fumarate	16, 17
mg/5ml	13	terazosin	53
sulfamethoxazole-trimethoprim susp 200-40		terbinafine	13
mg/5ml	13	terbutaline sulfate	62
sulfamethoxazole-trimethoprim tab 400-80 mg	13	terconazole vaginal	54
sulfamethoxazole-trimethoprim tab 800-160 mg		teriflunomide	40
.....	13	teriparatide	45
sulfasalazine	52	testosterone	41, 42
sulfasalazine delayed-rel	52	testosterone cypionate	42
sulindac	11	testosterone enanthate	42
sumatriptan	39	tetrabenazine	39
sunitinib	21	tetracycline	18
SUNOSI	40	TEZSPIRE	63
SUPARTZ FX	13	THALOMID	19
SUPPRELIN LA	45	theophylline	64
SYMLINPEN	42	thiothixene	34
SYMPROIC	52	tiagabine	36
SYMTUZA TAB	15	TIAZAC	28
SYNJARDY TAB	44	timolol maleate	60
SYNJARDY TAB 12.5-500	44	tinidazole	13
SYNJARDY TAB 5-1000MG	44	tiopronin	53
SYNJARDY TAB 5-500MG	44	tiopronin delayed-rel	54
SYNJARDY XR TAB	44	tiotropium bromide monohydrate	61
SYNJARDY XR TAB 10-1000	44	TIVICAY	14
SYNJARDY XR TAB 25-1000	44	tizanidine hcl	40
SYNJARDY XR TAB 5-1000MG	44	TOBRADEX OIN 0.3-0.1%	59
SYNTHROID	50	tobramycin	59
T		tobramycin inhalation solution	62
tacrolimus	58, 65	tobramycin-dexamethasone ophth susp 0.3-0.1%	
tadalafil (pulmonary hypertension)	30	.....	59
TADLIQ	30	TOBREX	59
tafluprost	60	tolterodine	54
TAGRISO	21	tolterodine ext-rel	54
TAKHZYRO	57	TOPAMAX	36
tamoxifen citrate	19	TOPAMAX SPRINKLE	36
tamsulosin	53	topiramate	36
TAVALISSE	56	torsemide	29

TOUJEO.....	43
<i>tramadol</i>	12
<i>tramadol ext-rel</i>	12
<i>trandolapril</i>	23
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	22
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	22
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	22
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	22
<i>tranylcypramine sulfate</i>	32
<i>travoprost</i>	60
<i>trazodone</i>	32
TRELEGY AER 100MCG	61
TRELEGY AER 200MCG	61
TREMFYA	57
<i>treprostinil</i>	30
TRESIBA	43
<i>tretinoin</i>	64
<i>tretinoin (chemotherapy)</i>	21
<i>triamcinolone</i>	66
<i>triamcinolone acetonide (mouth)</i>	67
<i>triamterene</i>	29
<i>triamterene-hydrochlorothiazide cap 37.5-25 mg</i>	29
<i>triamterene-hydrochlorothiazide tab 37.5-25 mg</i>	29
<i>triamterene-hydrochlorothiazide tab 75-50 mg</i>	29
TRIBENZOR20- TAB 5-12.5MG	24
TRIBENZOR40- TAB 10-12.5	24
TRIBENZOR40- TAB 10-25MG.....	24
TRIBENZOR40- TAB 5-12.5MG	24
TRIBENZOR40- TAB 5-25MG.....	24
<i>trientine</i>	45
<i>trifluoperazine hcl</i>	34
<i>trifluridine</i>	59
<i>trihexyphenidyl hcl</i>	33
TRIJARDY XR TAB.....	42
TRILIPIX.....	25
<i>trimethobenzamide</i>	51
TRINTELLIX.....	32
TRIUMEQ PD TAB	15
TRIUMEQ TAB.....	15
<i>tropium</i>	54
<i>tropium ext-rel</i>	54
TRULICITY	42
TWYNEO CRE 0.1-3%.....	64
TYMLOS	45
TYSABRI	40

U	
UBRELVY.....	39
UCERIS.....	52
UPTRAVI	30
UPTRAVI PACK TAB 200/800.....	30
<i>ursodiol</i>	52
V	
VAGIFEM	48
<i>valacyclovir</i>	15
<i>valganciclovir</i>	15
<i>valproic acid</i>	36
<i>valsartan</i>	24
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	24
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> ..	24
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	24
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> ..	24
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> ..	24
VALTOCO	36
<i>vancomycin</i>	17
<i>varenicline tartrate</i>	41
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg</i> <i>start pack</i>	41
VASERETIC TAB 10-25MG	22
VELTASSA	49
VEMLIDY.....	16
<i>venlafaxine</i>	32
<i>venlafaxine ext-rel</i>	32
<i>venlafaxine hcl</i>	32
<i>verapamil ext-rel</i>	28
VERQUVO	29
VIBERZI	52
VIBRAMYCIN	18
VICTOZA	43
<i>vigabatrin</i>	36
VIGAMOX	59
<i>vilazodone</i>	32
VIOKACE TAB 10440.....	52
VIOKACE TAB 20880.....	52
VISTOGARD	21
VITRAKVI	21
<i>voriconazole</i>	13
VOSEVI TAB	17
VRAYLAR.....	34
VRAYLAR CAP 1.5-3MG	34
VTAMA	65

VUMERITY.....	40
VYTORIN TAB 10-10MG.....	26
VYTORIN TAB 10-20MG.....	26
VYTORIN TAB 10-40MG.....	26
VYTORIN TAB 10-80MG.....	26

W

WAKIX.....	41
<i>warfarin</i>	54
WINLEVI.....	64
<i>wixela inhub aer 100/50</i>	63
<i>wixela inhub aer 250/50</i>	63
<i>wixela inhub aer 500/50</i>	63

X

XARELTO.....	54
XARELTO STAR TAB 15/20MG.....	54
XCOPRI.....	36
XCOPRI PAK 100-150.....	36
XCOPRI PAK 12.5-25.....	36
XCOPRI PAK 150-200.....	36
XCOPRI PAK 50-100MG.....	36
XCOPRI PAK 50-200MG.....	36
XELJANZ.....	57
XELJANZ XR.....	57
XEOMIN.....	38
XIFAXAN.....	17
XIGDUO XR TAB 10-1000.....	44
XIGDUO XR TAB 10-500MG.....	44
XIGDUO XR TAB 2.5-1000.....	44
XIGDUO XR TAB 5-1000MG.....	44
XIGDUO XR TAB 5-500MG.....	44
XIIDRA.....	60
XOLAIR.....	63
XOSPATA.....	21
XTANDI.....	19
XULTOPHY INJ 100/3.6.....	43
XYNTHA.....	55
XYOSTED.....	42
XYWAV SOL 0.5GM/ML.....	41

Y

YONSA.....	19
------------	----

Z

<i>zafirlukast</i>	62
ZANAFLEX.....	40
ZARONTIN.....	36
ZEGALOGUE.....	49
ZEJULA.....	21
ZELBORAF.....	21
ZEMAIRA.....	61
ZEMBRACE SYMTOUCH.....	39
ZENPEP CAP 10000UNT.....	52
ZENPEP CAP 15000UNT.....	52
ZENPEP CAP 20000UNT.....	53
ZENPEP CAP 25000UNT.....	53
ZENPEP CAP 3000UNIT.....	52
ZENPEP CAP 40000UNT.....	53
ZENPEP CAP 5000UNIT.....	52
ZENPEP CAP 60000UNT.....	53
ZEPOSIA.....	40
ZEPOSIA 7DAY CAP STR PACK.....	40
ZEPOSIA CAP STR KIT.....	40
ZESTRIL.....	23
<i>zidovudine</i>	14
<i>ziprasidone</i>	34
ZIRABEV.....	19
ZOCOR.....	26
<i>zolmitriptan</i>	39
<i>zolpidem</i>	38
<i>zolpidem ext-rel</i>	38
<i>zonisamide</i>	36
ZORYVE.....	65
ZUBSOLV SUB 0.7-0.18.....	41
ZUBSOLV SUB 1.4-0.36.....	41
ZUBSOLV SUB 11.4-2.9.....	41
ZUBSOLV SUB 2.9-0.71.....	41
ZUBSOLV SUB 5.7-1.4.....	41
ZUBSOLV SUB 8.6-2.1.....	41
ZYDELIG.....	21
ZYKADIA.....	21
ZYPREXA.....	34
ZYPREXA ZYDIS.....	34