



# Arkansas Blue Cross and Blue Shield Metallic Formulary

## 2024 List of Covered Drugs

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

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

### ***What is the Arkansas Blue Cross and Blue Shield Metallic Plans Drug List?***

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

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

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

### ***Can the Drug List change?***

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

### ***How do I use the Drug List?***

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

#### ***1. Medical Condition***

The drug list starts on page 5. The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under “anticoagulants.”

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

#### ***2. Alphabetical Listing***

If you are not sure what category to look under, look for your drug in the Index that starts on page 121. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

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

For more information about your Arkansas Blue Cross and Blue Shield Metallic Plans prescription drug coverage, please look at your plan document and other plan materials. If you have questions about Arkansas Blue Cross and Blue Shield Metallic Plans, or this drug list please call Member Services at 1-800-863-5561 or visit <https://www.arkansasbluecross.com>.

## Arkansas Blue Cross and Blue Shield Metallic Plans' Drug List

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

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

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

- **Prior Approval:** Arkansas Blue Cross and Blue Shield needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from Arkansas Blue Cross and Blue Shield before you fill your prescriptions. If you don't get approval, Arkansas Blue Cross and Blue Shield may not cover the drug
- **Quantity Limits:** For certain drugs, Arkansas Blue Cross and Blue Shield limits the amount of the drug that it will cover. For example, Arkansas Blue Cross and Blue Shield provides 28 caplets per 90 day prescription for Tamiflu. This may be in addition to a standard one-month or three-month supply
- **Step Therapy:** Arkansas Blue Cross and Blue Shield needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Arkansas Blue Cross and Blue Shield may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Arkansas Blue Cross and Blue Shield will then cover Drug B
- **Specialty Medications:** Arkansas Blue Cross and Blue Shield requires that specialty medications be filled at a network specialty pharmacy.

### What if my drug is not on the Drug List?

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

- Ask Member Services for a list of similar drugs that are covered by Arkansas Blue Cross and Blue Shield Metallic Plans. When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Arkansas Blue Cross and Blue Shield Metallic Plans. Similar drugs that are preferred and covered by your plan's formulary may be easier to obtain and lower cost to you than non-preferred drugs.

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

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

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

*Drug Tier column instructions:*

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

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

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

**BCBS\_AR\_5T Effective 12/01/2024**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANALGESICS</b>		
<b>COX-2 INHIBITORS</b>		
<i>celecoxib cap 50 mg</i>	2	
<i>celecoxib cap 100 mg</i>	2	
<i>celecoxib cap 200 mg</i>	2	
<b>GOUT</b>		
<i>allopurinol tab 100 mg</i>	2	
<i>allopurinol tab 300 mg</i>	2	
<i>colchicine tab 0.6 mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat tab 40 mg</i>	2	ST; PA**
<i>febuxostat tab 80 mg</i>	2	ST; PA**
<i>probenecid tab 500 mg</i>	2	
<b>NSAIDS, COMBINATIONS§</b>		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<b>NSAIDS§</b>		
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	4	
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>etodolac cap 200 mg</i>	2	
<i>etodolac cap 300 mg</i>	2	
<i>etodolac tab 400 mg</i>	2	
<i>etodolac tab 500 mg</i>	2	
<i>etodolac tab er 24hr 400 mg</i>	2	
<i>etodolac tab er 24hr 500 mg</i>	2	
<i>etodolac tab er 24hr 600 mg</i>	2	
<i>fenoprofen calcium tab 600 mg</i>	4	
<i>flurbiprofen tab 50 mg</i>	2	
<i>flurbiprofen tab 100 mg</i>	2	
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	2	
<i>ibuprofen tab 600 mg</i>	2	
<i>ibuprofen tab 800 mg</i>	2	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	2	
<i>ketorolac tromethamine inj 15 mg/ml</i>	2	
<i>ketorolac tromethamine inj 30 mg/ml</i>	2	

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ketorolac tromethamine tab 10 mg</i>	2	QL (20 tabs every 30 days)
<i>meclofenamate sodium cap 50 mg</i>	2	
<i>meclofenamate sodium cap 100 mg</i>	2	
<i>mefenamic acid cap 250 mg</i>	2	
<i>meloxicam tab 7.5 mg</i>	2	
<i>meloxicam tab 15 mg</i>	2	
<i>nabumetone tab 500 mg</i>	2	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen tab 250 mg</i>	2	
<i>naproxen tab 375 mg</i>	2	
<i>naproxen tab 500 mg</i>	2	
<i>oxaprozin tab 600 mg</i>	2	
<i>piroxicam cap 10 mg</i>	2	
<i>piroxicam cap 20 mg</i>	2	
<i>sulindac tab 150 mg</i>	2	
<i>sulindac tab 200 mg</i>	2	
<i>tolmetin sodium cap 400 mg</i>	2	
<i>tolmetin sodium tab 600 mg</i>	2	
<b>OPIOID ANALGESICS§</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	ST, QL (400 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	2	ST, QL (300 caps every 30 days); Subject to initial 7-day limit
<i>butorphanol tartrate inj 1 mg/ml</i>	2	
<i>butorphanol tartrate inj 2 mg/ml</i>	2	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2	QL (2 bottles every 30 days)
CODEINE SULF TAB 60MG	4	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
<i>codeine sulfate tab 30 mg</i>	2	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 2.5-325</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>endocet tab 5-325mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 7.5-325</i>	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 10-325mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	2	PA, QL (120 lozenges every 30 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	2	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	2	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	2	ST, PA; High Strength Requires PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	ST, QL (50 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl inj 2 mg/ml</i>	2	
<i>hydromorphone hcl tab 2 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 4 mg</i>	2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 8 mg</i>	2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab er 24hr 8 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	2	ST, PA; High Strength Requires PA
<i>methadone hcl conc 10 mg/ml</i>	2	QL (30 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5 mg/5ml</i>	2	ST, QL (450 mL every 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	2	ST, QL (225 mL every 30 days)
<i>methadone hcl tab 5 mg</i>	2	ST, QL (90 tabs every 30 days)
<i>methadone hcl tab 10 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>methadone hcl tab for oral susp 40 mg</i>	2	QL (9 tabs every 30 days)
<i>methadone hydrochloride i</i>	2	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose</i>	2	QL (9 tabs every 30 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	2	ST, QL (30 caps every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate beads cap er 24hr 120 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	2	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	2	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	2	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate iv soln 4 mg/ml</i>	2	
<i>morphine sulfate iv soln 10 mg/ml</i>	2	
<i>morphine sulfate oral soln 10 mg/5ml</i>	2	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	ST, QL (675 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	ST, QL (135 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab 15 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab 30 mg</i>	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab er 15 mg</i>	2	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 30 mg</i>	2	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 60 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	2	ST, PA; High Strength Requires PA
<i>nalbuphine hcl inj 10 mg/ml</i>	2	
<i>nalbuphine hcl inj 20 mg/ml</i>	2	
NUCYNTA ER TAB 50MG	4	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 100MG	4	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 150MG	4	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG	4	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 250MG	4	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG	3	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxymorphone hcl tab 10 mg</i>	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab er 12hr 5 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	2	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	2	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol hcl tab 50 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>tramadol hcl tab er 24hr 100 mg</i>	2	ST, QL (30 tabs every 30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	ST, QL (40 tabs every 30 days); Subject to initial 7-day limit
XTAMPZA ER CAP 9MG	3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 18MG	3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 27MG	3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	3	ST, PA; High Strength Requires Prior Auth
<b>OPIOID PARTIAL AGONISTS§</b>		
BELBUCA MIS 75MCG	3	ST, QL (60 films every 30 days)
BELBUCA MIS 150MCG	3	ST, QL (60 films every 30 days)
BELBUCA MIS 300MCG	3	ST, QL (60 films every 30 days)
BELBUCA MIS 450MCG	3	ST, QL (60 films every 30 days)
BELBUCA MIS 600MCG	3	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	3	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	3	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	2	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	2	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	2	ST, QL (4 patches every 30 days)

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

**SALICYLATES**

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

**ANESTHETICS****LOCAL ANESTHETICS**

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

**ANTI-INFECTIVES****ANTHELMINTICS**

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

**ANTI-BACTERIALS - MISCELLANEOUS**

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	QL (60 tabs every 30 days)
APRETUDE SUS 600MG ER	4	QL (2 vials every 90 days)
APTIVUS CAP 250MG	3	QL (120 caps every 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	QL (30 caps every 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	QL (60 caps every 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	QL (30 caps every 30 days)
<i>darunavir tab 600 mg</i>	2	QL (60 tabs every 30 days)
<i>darunavir tab 800 mg</i>	2	QL (30 tabs every 30 days)
EDURANT TAB 25MG	3	QL (60 tabs every 30 days)
<i>efavirenz cap 50 mg</i>	2	QL (90 caps every 30 days)
<i>efavirenz cap 200 mg</i>	2	QL (90 caps every 30 days)
<i>efavirenz tab 600 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine caps 200 mg</i>	2	QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	3	QL (680 ml every 28 days)
<i>etravirine tab 100 mg</i>	2	QL (120 tabs every 30 days)
<i>etravirine tab 200 mg</i>	2	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	QL (120 tabs every 30 days)
FUZEON INJ 90MG	5	PA, QL (60 vials every 30 days)
INTELENCE TAB 25MG	3	QL (120 tabs every 30 days)
ISENTRESS CHW 25MG	3	QL (180 tabs every 30 days)
ISENTRESS CHW 100MG	3	QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	3	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	3	QL (60 packets every 30 days)
ISENTRESS TAB 400MG	3	QL (120 tabs every 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	2	QL (960 ml every 30 days)
<i>lamivudine tab 150 mg</i>	2	QL (60 tabs every 30 days)
<i>lamivudine tab 300 mg</i>	2	QL (30 tabs every 30 days)
LEXIVA SUS 50MG/ML	3	QL (1575 mL every 28 days)
<i>maraviroc tab 150 mg</i>	2	QL (60 tabs every 30 days)
<i>maraviroc tab 300 mg</i>	2	QL (120 tabs every 30 days)
<i>nevirapine susp 50 mg/5ml</i>	2	QL (1200 mL every 30 days)
<i>nevirapine tab 200 mg</i>	2	QL (60 tabs every 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	2	QL (90 tabs every 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	2	QL (30 tabs every 30 days)
NORVIR POW 100MG	3	QL (360 packets every 30 days)
PREZISTA SUS 100MG/ML	3	QL (400 ml every 30 days)
PREZISTA TAB 75MG	3	QL (300 tabs every 30 days)
PREZISTA TAB 150MG	3	QL (180 tabs every 30 days)
RETROVIR INJ 10MG/ML	3	
REYATAZ POW 50MG	3	QL (180 packets every 30 days)
<i>ritonavir tab 100 mg</i>	2	QL (360 tabs every 30 days)
SELZENTRY SOL 20MG/ML	3	QL (1840 mL every 30 days)
SELZENTRY TAB 25MG	3	QL (240 tabs every 30 days)
SELZENTRY TAB 75MG	3	QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>stavudine cap 15 mg</i>	2	QL (60 caps every 30 days)
<i>stavudine cap 20 mg</i>	2	QL (60 caps every 30 days)
<i>stavudine cap 30 mg</i>	2	QL (60 caps every 30 days)
<i>stavudine cap 40 mg</i>	2	QL (60 caps every 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	QL (30 tabs every 30 days)
TIVICAY PD TAB 5MG	3	QL (360 tabs every 30 days)
TIVICAY TAB 10MG	3	QL (240 tabs every 30 days)
TIVICAY TAB 25MG	3	QL (60 tabs every 30 days)
TIVICAY TAB 50MG	3	QL (60 tabs every 30 days)
TROGARZO INJ 150MG/ML	5	
TYBOST TAB 150MG	3	QL (30 tabs every 30 days)
VIRACEPT TAB 250MG	3	QL (300 tabs every 30 days)
VIRACEPT TAB 625MG	3	QL (120 tabs every 30 days)
VIREAD POW 40MG/GM	3	QL (240 gm every 30 days)
VIREAD TAB 150MG	3	QL (30 tabs every 30 days)
VIREAD TAB 200MG	3	QL (30 tabs every 30 days)
VIREAD TAB 250MG	3	QL (30 tabs every 30 days)
<i>zidovudine cap 100 mg</i>	2	QL (180 caps every 30 days)
<i>zidovudine syrup 10 mg/ml</i>	2	QL (1920 ml every 30 days)
<i>zidovudine tab 300 mg</i>	2	QL (60 tabs every 30 days)

**ANTIRETROVIRAL COMBINATION AGENTS**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	QL (30 tabs every 30 days)
BIKTARVY TAB	3	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	5	PA, QL (1 kit every 30 days)
CABENUVA SUS 600-900	5	PA, QL (1 kit every 60 days); Loading dose of 1 kit in 30 days allowed for initial fill
CIMDUO TAB 300-300	3	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	3	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	3	QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	3	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	QL (30 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	QL (30 tabs every 30 days); \$0 copay for pre-exposure prophylaxis
EVOTAZ TAB 300-150	3	QL (30 tabs every 30 days)
GENVOYA TAB	3	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	QL (120 tabs every 30 days)
ODEFSEY TAB	3	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	3	QL (30 tabs every 30 days)
SYMTUZA TAB	4	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	4	QL (180 tabs every 30 days)
TRIUMEQ TAB	4	QL (30 tabs every 30 days)
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine cap 250 mg</i>	2	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid inj 100 mg/ml</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	2	
<i>isoniazid tab 300 mg</i>	2	
PRETOMANID TAB 200MG	4	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
SIRTURO TAB 20MG	4	
SIRTURO TAB 100MG	4	
TRECTOR TAB 250MG	3	
<b>ANTIVIRALS§</b>		
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>cidofovir iv inj 75 mg/ml</i>	2	
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	QL (360 mL every 90 days)
PAXLOVID TAB 150-100	4	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	4	QL (60 tabs every 30 days)
RELENZA MIS DISKHALE	3	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	2	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	PA, QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	5	PA, QL (120 tabs every 30 days)

**CEPHALOSPORINS**

<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
<i>cefaclor for susp 125 mg/5ml</i>	2	
<i>cefaclor for susp 250 mg/5ml</i>	2	
<i>cefaclor for susp 375 mg/5ml</i>	2	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	2	
<i>cefazolin sodium for inj 1 gm</i>	2	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for iv soln 2 gm</i>	2	
<i>cefixime cap 400 mg</i>	2	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil tab 500 mg</i>	2	
<i>ceftazidime for iv soln 2 gm</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ceftriaxone sodium for inj 1 gm</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 2 gm</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 10 gm</i>	2	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 250 mg</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 500 mg</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for iv soln 1 gm</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for iv soln 2 gm</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cephalexin cap 250 mg</i>	2	
<i>cephalexin cap 500 mg</i>	2	
<i>cephalexin cap 750 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
<i>cephalexin tab 250 mg</i>	2	
<i>cephalexin tab 500 mg</i>	2	
SUPRAX CHW 100MG	3	
SUPRAX CHW 200MG	3	
SUPRAX SUS 500/5ML	3	
<i>tazicef</i>	2	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin for susp 100 mg/5ml</i>	2	
<i>azithromycin for susp 200 mg/5ml</i>	2	
<i>azithromycin powd pack for susp 1 gm</i>	2	
<i>azithromycin tab 250 mg</i>	2	
<i>azithromycin tab 500 mg</i>	2	
<i>azithromycin tab 600 mg</i>	2	
<i>clarithromycin for susp 125 mg/5ml</i>	2	
<i>clarithromycin for susp 250 mg/5ml</i>	2	
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin tab er 24hr 500 mg</i>	2	
DIFICID SUS	3	PA
DIFICID TAB 200MG	3	PA
<i>ery-tab</i>	2	
<i>erythrocin stearate</i>	2	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate tab 400 mg</i>	2	
<i>erythromycin tab 250 mg</i>	2	
<i>erythromycin tab 500 mg</i>	2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	2	
<b>FLUOROQUINOLONES</b>		
BAXDELA TAB 450MG	4	
CIPRO (10%) SUS 500MG/5	4	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	2	
<i>levofloxacin iv soln 25 mg/ml</i>	2	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	2	
<i>levofloxacin tab 500 mg</i>	2	
<i>levofloxacin tab 750 mg</i>	2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
<i>ofloxacin tab 300 mg</i>	2	
<i>ofloxacin tab 400 mg</i>	2	
<b>HEPATITIS B</b>		
<i>adefovir dipivoxil tab 10 mg</i>	5	
BARACLUDGE SOL	5	PA, QL (630 mL every 30 days)
<i>entecavir tab 0.5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>entecavir tab 1 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>lamivudine tab 100 mg (hbv)</i>	2	
VEMLIDY TAB 25MG	4	PA, QL (30 tabs every 30 days)
<b>HEPATITIS C</b>		
EPCLUSA PAK 150-37.5	4	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	4	PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG	4	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	4	PA, QL (28 tabs every 28 days)
HARVONI PAK	4	PA, QL (28 pellets every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HARVONI PAK 45-200MG	4	PA, QL (56 pellets every 28 days)
HARVONI TAB 45-200MG	4	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	4	PA, QL (28 tabs every 28 days)
PEGASYS INJ	5	PA
PEGASYS INJ 180MCG/M	5	PA
<i>ribavirin cap 200 mg</i>	2	
<i>ribavirin tab 200 mg</i>	2	
SOVALDI PAK 150MG	5	ST, PA, QL (28 pellets every 28 days)
SOVALDI PAK 200MG	5	ST, PA, QL (56 pellets every 28 days)
SOVALDI TAB 200MG	5	ST, PA, QL (28 tabs every 28 days)
SOVALDI TAB 400MG	5	ST, PA, QL (28 tabs every 28 days)
VOSEVI TAB	4	PA, QL (28 tabs every 28 days)
ZEPATIER TAB 50-100MG	5	ST, PA, QL (28 tabs every 28 days)

**MISCELLANEOUS**

ALINIA SUS 100/5ML	4	QL (540 mL every 30 days)
<i>atovaquone susp 750 mg/5ml</i>	2	
<i>aztreonam for inj 1 gm</i>	2	
<i>aztreonam for inj 2 gm</i>	2	
<i>clindamycin hcl cap 75 mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin hcl cap 300 mg</i>	2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	2	
<i>clindamycin phosphate inj 9 gm/60ml</i>	2	
<i>clindamycin phosphate inj 300 mg/2ml</i>	2	
<i>clindamycin phosphate inj 600 mg/4ml</i>	2	
<i>dapsone tab 25 mg</i>	2	
<i>dapsone tab 100 mg</i>	2	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>linezolid for susp 100 mg/5ml</i>	2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	
<i>linezolid tab 600 mg</i>	2	
<i>meropenem iv for soln 1 gm</i>	2	QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meropenem iv for soln 500 mg</i>	2	QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	2	QL (20 tabs every 30 days)
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin susp 25 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate for inj soln 300 mg</i>	2	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	
<i>polymyxin b sulfate for inj 500000 unit</i>	2	
<i>pyrimethamine tab 25 mg</i>	4	PA
<i>trimethoprim tab 100 mg</i>	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	2	QL (80 caps every 10 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	2	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	2	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	2	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	2	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days

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Drug Name	Drug Tier	Requirements/Limits
<b>PENICILLINS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>amoxicillin (trihydrate) cap 250 mg</i>	2	
<i>amoxicillin (trihydrate) cap 500 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) tab 500 mg</i>	2	
<i>amoxicillin (trihydrate) tab 875 mg</i>	2	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	2	
<i>ampicillin sodium for inj 2 gm</i>	2	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
<i>penicillin g potassium for inj 5000000 unit</i>	2	
<i>penicillin g potassium for inj 20000000 unit</i>	2	
<i>penicillin g sodium for inj 5000000 unit</i>	2	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	2	
<i>penicillin v potassium tab 500 mg</i>	2	
<i>pfizerpen</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
<b>TETRACYCLINES</b>		
<i>avidoxy</i>	2	
<i>demeclocycline hcl tab 150 mg</i>	2	
<i>demeclocycline hcl tab 300 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxy 100</i>	2	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	2	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>minocycline hcl tab 50 mg</i>	2	
<i>minocycline hcl tab 75 mg</i>	2	
<i>minocycline hcl tab 100 mg</i>	2	
<i>tetracycline hcl cap 250 mg</i>	2	QL (120 caps every 30 days)
<i>tetracycline hcl cap 500 mg</i>	2	QL (120 caps every 30 days)
<b>ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>STEROID INHALANTS</b>		
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	2	QL (0.08 inhalers every 1 day)
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	2	QL (0.08 inhalers every 1 day)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	2	QL (0.081 inhalers every 1 day)
<b>ANTIDEPRESSANTS</b>		
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO SOL 56MG DOS	5	PA; QL
SPRAVATO SOL 84MG DOS	5	PA; QL
<b>ANTIDIABETICS</b>		
<b>INCRETIN MIMETIC AGENTS</b>		
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	2	PA, QL (3 pens every 30 days)
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>OPIOID ANTAGONISTS</b>		
VIVITROL INJ 380MG	4	QL (1 vial every 28 days)
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>busulfan inj 6 mg/ml</i>	2	
<i>carmustine for inj 100 mg</i>	2	
<i>cyclophosphamide cap 25 mg</i>	2	
<i>cyclophosphamide cap 50 mg</i>	2	
<i>cyclophosphamide for inj 1 gm</i>	5	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide for inj 2 gm</i>	5	
<i>cyclophosphamide for inj 500 mg</i>	5	
<i>dacarbazine for inj 100 mg</i>	2	
<i>dacarbazine for inj 200 mg</i>	2	
EMCYT CAP 140MG	5	
GLEOSTINE CAP 10MG	5	
GLEOSTINE CAP 40MG	5	
GLEOSTINE CAP 100MG	5	
GLIADEL WAF 7.7MG	3	
<i>ifosfamide for inj 1 gm</i>	2	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	2	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	2	
LEUKERAN TAB 2MG	3	
MATULANE CAP 50MG	3	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	2	
<i>melphalan tab 2 mg</i>	2	
TEMODAR INJ 100MG	5	PA
<i>temozolomide cap 5 mg</i>	5	PA
<i>temozolomide cap 20 mg</i>	5	PA
<i>temozolomide cap 100 mg</i>	5	PA
<i>temozolomide cap 140 mg</i>	5	PA
<i>temozolomide cap 180 mg</i>	5	PA
<i>temozolomide cap 250 mg</i>	5	PA
<b>ANTIBIOTICS</b>		
<i>adriamycin</i>	2	
<i>bleomycin sulfate for inj 15 unit</i>	2	
<i>bleomycin sulfate for inj 30 unit</i>	2	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	2	
<i>doxorubicin hcl for inj 10 mg</i>	2	
<i>doxorubicin hcl inj 2 mg/ml</i>	2	
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	2	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	2	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	2	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	2	
<i>mitomycin for iv soln 5 mg</i>	2	
<i>mitomycin for iv soln 20 mg</i>	2	
<i>mitomycin for iv soln 40 mg</i>	2	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	5	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	5	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	5	
<b>ANTIMETABOLITES</b>		
<i>azacitidine for inj 100 mg</i>	5	PA

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

**ANTIMITOTIC, TAXOIDS**

docetaxel for inj conc 20 mg/ml	2	
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	2	
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	2	
docetaxel soln for iv infusion 20 mg/2ml	2	
docetaxel soln for iv infusion 80 mg/8ml	2	
docetaxel soln for iv infusion 160 mg/16ml	2	
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	2	
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	2	
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	2	
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate inj 1 mg/ml</i>	2	
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	2	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	
<b>ANTINEOPLASTIC, BCL-2 INHIBITORS</b>		
VENCLEXTA TAB 10MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	5	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	5	PA, QL (1 pack every 28 days)
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
ERBITUX INJ 100MG	5	PA
ERBITUX INJ 200MG	5	PA
ERIVEDGE CAP 150MG	5	PA, QL (30 caps every 30 days)
GAZYVA INJ 25MG/ML	5	PA
KADCYLA INJ 100MG	5	PA
KADCYLA INJ 160MG	5	PA
KEYTRUDA INJ 100MG/4M	5	PA
PADCEV INJ 20MG	5	PA, QL (21 vials every 28 days)
PADCEV INJ 30MG	5	PA, QL (15 vials every 28 days)
POLIVY INJ 30MG	5	PA
POLIVY INJ 140MG	5	PA
POMALYST CAP 1MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 2MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 3MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 4MG	5	PA, QL (21 caps every 28 days)
REVLIMID CAP 2.5MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 5MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 10MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 15MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 20MG	5	PA, QL (21 caps every 28 days)
REVLIMID CAP 25MG	5	PA, QL (21 caps every 28 days)
RUXIENCE INJ 100/10ML	4	PA
RUXIENCE INJ 500/50ML	4	PA
THALOMID CAP 50MG	5	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	5	PA, QL (112 caps every 28 days)
THALOMID CAP 150MG	5	PA, QL (56 caps every 28 days)
THALOMID CAP 200MG	5	PA, QL (56 caps every 28 days)
TICE BCG INJ	3	

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Drug Name	Drug Tier	Requirements/Limits
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tab 500 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>anastrozole tab 1 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	2	
ELIGARD INJ 7.5MG	5	PA
ELIGARD INJ 22.5MG	5	PA
ELIGARD INJ 30MG	5	PA
ELIGARD INJ 45MG	5	PA
ERLEADA TAB 60MG	5	PA, QL (120 tabs every 30 days)
ERLEADA TAB 240MG	5	PA, QL (30 tabs every 30 days)
<i>exemestane tab 25 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	5	PA
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	5	PA
LYSODREN TAB 500MG	3	
<i>megestrol acetate tab 20 mg</i>	2	
<i>megestrol acetate tab 40 mg</i>	2	
<i>nilutamide tab 150 mg</i>	2	
NUBEQA TAB 300MG	5	PA, QL (120 tabs every 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	2	
XTANDI CAP 40MG	5	PA, QL (120 caps every 30 days)
XTANDI TAB 40MG	5	PA, QL (120 tabs every 30 days)
XTANDI TAB 80MG	5	PA, QL (60 tabs every 30 days)
YONSA TAB 125MG	5	PA, QL (120 tabs every 30 days)
<b>KINASE INHIBITORS</b>		
ALECENSA CAP 150MG	5	PA, QL (240 caps every 30 days)
CABOMETYX TAB 20MG	5	PA, QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TAB 40MG	5	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 60MG	5	PA, QL (30 tabs every 30 days)
CALQUENCE TAB 100MG	5	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	5	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 300MG	5	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 60MG	5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	5	PA, QL (1 kit every 28 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 2.5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 7.5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 10 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab for oral susp 2 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tabs every 30 days)
<i>everolimus tab for oral susp 5 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	PA, QL (120 tabs every 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	PA, QL (60 tabs every 30 days)
IMBRUVICA CAP 70MG	5	PA, QL (30 caps every 30 days)
IMBRUVICA CAP 140MG	5	PA, QL (90 caps every 30 days)
IMBRUVICA SUS 70MG/ML	5	PA, QL (216 ml every 36 days)
IMBRUVICA TAB 140MG	5	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 280MG	5	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 420MG	5	PA, QL (30 tabs every 30 days)
INLYTA TAB 1MG	5	PA, QL (240 tabs every 30 days)
INLYTA TAB 5MG	5	PA, QL (120 tabs every 30 days)
JAKAFI TAB 5MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 10MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 15MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 20MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 25MG	5	PA, QL (60 tabs every 30 days)
KISQALI TAB 200DOSE	5	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TAB 400DOSE	5	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TAB 600DOSE	5	PA, QL (63 tabs every 28 days); 600 mg dose
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA, QL (180 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LENVIMA CAP 4MG	5	PA, QL (30 caps every 30 days)
LENVIMA CAP 8 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	5	PA, QL (30 caps every 30 days)
LENVIMA CAP 12MG	5	PA, QL (90 caps every 30 days)
LENVIMA CAP 14 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	5	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	5	PA, QL (90 caps every 30 days)
LORBRENA TAB 25MG	5	PA, QL (90 tabs every 30 days)
LORBRENA TAB 100MG	5	PA, QL (30 tabs every 30 days)
MEKINIST SOL 0.05/ML	5	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	5	PA, QL (90 tabs every 30 days)
MEKINIST TAB 2MG	5	PA, QL (30 tabs every 30 days)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	5	PA, QL (120 tabs every 30 days)
RYDAPT CAP 25MG	5	PA, QL (224 caps every 28 days)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	PA, QL (120 tabs every 30 days)
SPRYCEL TAB 20MG	5	PA, QL (90 tabs every 30 days)
SPRYCEL TAB 50MG	5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 70MG	5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 80MG	5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 100MG	5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 140MG	5	PA, QL (30 tabs every 30 days)
STIVARGA TAB 40MG	5	PA, QL (84 tabs every 28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
TAFINLAR CAP 50MG	5	PA, QL (120 caps every 30 days)
TAFINLAR CAP 75MG	5	PA, QL (120 caps every 30 days)
TAFINLAR TAB 10MG	5	PA, QL (4 bottles every 28 days)
TUKYSA TAB 50MG	5	PA, QL (120 tabs every 30 days)
TUKYSA TAB 150MG	5	PA, QL (120 tabs every 30 days)
VERZENIO TAB 50MG	5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 100MG	5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 150MG	5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 200MG	5	PA, QL (56 tabs every 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VITRAKVI CAP 25MG	5	PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	5	PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	5	PA, QL (300 mL every 30 days)
XALKORI CAP 20MG	5	PA, QL (120 pellets every 30 days)
XALKORI CAP 50MG	5	PA, QL (120 pellets every 30 days)
XALKORI CAP 150MG	5	PA, QL (180 pellets every 30 days)
XALKORI CAP 200MG	5	PA, QL (120 caps every 30 days)
XALKORI CAP 250MG	5	PA, QL (120 caps every 30 days)
ZELBORAF TAB 240MG	5	PA, QL (240 tabs every 30 days)
ZYDELIG TAB 100MG	5	PA, QL (60 tabs every 30 days)
ZYDELIG TAB 150MG	5	PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	5	PA, QL (90 tabs every 30 days)
<b>MISCELLANEOUS</b>		
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	2	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	2	
<i>bexarotene cap 75 mg</i>	5	PA
<i>hydroxyurea cap 500 mg</i>	2	
IDHIFA TAB 50MG	5	PA, QL (30 tabs every 30 days)
IDHIFA TAB 100MG	5	PA, QL (30 tabs every 30 days)
LYNPARZA TAB 100MG	5	PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	5	PA, QL (120 tabs every 30 days)
NIPENT INJ 10MG	3	
ODOMZO CAP 200MG	5	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	5	PA
PHOTOFRIN INJ 75MG	3	
<i>tretinoin cap 10 mg</i>	2	
VISTOGARD PAK 10GM	5	QL (20 packets every 5 days)
ZEJULA CAP 100MG	5	PA, QL (90 caps every 30 days)
ZEJULA TAB 100MG	5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 200MG	5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 300MG	5	PA, QL (30 tabs every 30 days)
ZOLINZA CAP 100MG	5	PA, QL (120 caps every 30 days)
<b>PLATINUM-BASED AGENTS</b>		
<i>carboplatin iv soln 50 mg/5ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>carboplatin iv soln 150 mg/15ml</i>	2	
<i>carboplatin iv soln 450 mg/45ml</i>	2	
<i>carboplatin iv soln 600 mg/60ml</i>	2	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	
<i>oxaliplatin for iv inj 50 mg</i>	5	
<i>oxaliplatin for iv inj 100 mg</i>	5	
<i>oxaliplatin iv soln 50 mg/10ml</i>	5	
<i>oxaliplatin iv soln 100 mg/20ml</i>	5	
<i>paraplatin</i>	2	
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	2	
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	2	
<i>leucovorin calcium for inj 50 mg</i>	2	
<i>leucovorin calcium for inj 100 mg</i>	2	
<i>leucovorin calcium for inj 200 mg</i>	2	
<i>leucovorin calcium for inj 350 mg</i>	2	
<i>leucovorin calcium for inj 500 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
<i>mesna inj 100 mg/ml</i>	2	
MESNEX TAB 400MG	5	
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide cap 50 mg</i>	2	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	2	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	2	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	2	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	5	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	5	
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	2	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	5	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	2	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
<i>dasatinib tab 20 mg</i>	5	PA, QL (90 tabs every 30 days)
<i>dasatinib tab 50 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 70 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 80 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 100 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 140 mg</i>	5	PA, QL (30 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	2	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	2	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	2	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	2	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	2	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tab 5 mg</i>	2	
<i>benazepril hcl tab 10 mg</i>	2	
<i>benazepril hcl tab 20 mg</i>	2	
<i>benazepril hcl tab 40 mg</i>	2	
<i>captopril tab 12.5 mg</i>	2	
<i>captopril tab 25 mg</i>	2	
<i>captopril tab 50 mg</i>	2	
<i>captopril tab 100 mg</i>	2	
<i>enalapril maleate tab 2.5 mg</i>	2	
<i>enalapril maleate tab 5 mg</i>	2	
<i>enalapril maleate tab 10 mg</i>	2	
<i>enalapril maleate tab 20 mg</i>	2	
<i>fosinopril sodium tab 10 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fosinopril sodium tab 20 mg</i>	2	
<i>fosinopril sodium tab 40 mg</i>	2	
<i>lisinopril tab 2.5 mg</i>	2	
<i>lisinopril tab 5 mg</i>	2	
<i>lisinopril tab 10 mg</i>	2	
<i>lisinopril tab 20 mg</i>	2	
<i>lisinopril tab 30 mg</i>	2	
<i>lisinopril tab 40 mg</i>	2	
<i>moexipril hcl tab 7.5 mg</i>	2	
<i>moexipril hcl tab 15 mg</i>	2	
<i>perindopril erbumine tab 2 mg</i>	2	
<i>perindopril erbumine tab 4 mg</i>	2	
<i>perindopril erbumine tab 8 mg</i>	2	
<i>quinapril hcl tab 5 mg</i>	2	
<i>quinapril hcl tab 10 mg</i>	2	
<i>quinapril hcl tab 20 mg</i>	2	
<i>quinapril hcl tab 40 mg</i>	2	
<i>ramipril cap 1.25 mg</i>	2	
<i>ramipril cap 2.5 mg</i>	2	
<i>ramipril cap 5 mg</i>	2	
<i>ramipril cap 10 mg</i>	2	
<i>trandolapril tab 1 mg</i>	2	
<i>trandolapril tab 2 mg</i>	2	
<i>trandolapril tab 4 mg</i>	2	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
<i>spironolactone tab 25 mg</i>	2	
<i>spironolactone tab 50 mg</i>	2	
<i>spironolactone tab 100 mg</i>	2	
<b>ALPHA BLOCKERS</b>		
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	2	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	2	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	2	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	2	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	2	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	2	
<i>telmisartan-amlodipine tab 40-10 mg</i>	2	
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil tab 4 mg</i>	2	
<i>candesartan cilexetil tab 8 mg</i>	2	
<i>candesartan cilexetil tab 16 mg</i>	2	
<i>candesartan cilexetil tab 32 mg</i>	2	
<i>irbesartan tab 75 mg</i>	2	
<i>irbesartan tab 150 mg</i>	2	
<i>irbesartan tab 300 mg</i>	2	
<i>losartan potassium tab 25 mg</i>	2	
<i>losartan potassium tab 50 mg</i>	2	
<i>losartan potassium tab 100 mg</i>	2	
<i>olmesartan medoxomil tab 5 mg</i>	2	
<i>olmesartan medoxomil tab 20 mg</i>	2	
<i>olmesartan medoxomil tab 40 mg</i>	2	
<i>telmisartan tab 20 mg</i>	2	
<i>telmisartan tab 40 mg</i>	2	
<i>telmisartan tab 80 mg</i>	2	
<i>valsartan tab 40 mg</i>	2	
<i>valsartan tab 80 mg</i>	2	
<i>valsartan tab 160 mg</i>	2	
<i>valsartan tab 320 mg</i>	2	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	2	
<i>disopyramide phosphate cap 150 mg</i>	2	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	PA
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	2	
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	2	
MULTAQ TAB 400MG	4	PA
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
<i>pacerone</i>	2	
<i>procainamide hcl inj 100 mg/ml</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	2	
<i>propafenone hcl cap er 12hr 325 mg</i>	2	
<i>propafenone hcl cap er 12hr 425 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
<b>ANTILIPEMICS, BILE ACID RESINS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	2	
<i>cholestyramine powder 4 gm/dose</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
<i>prevalite</i>	2	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR</b>		
<i>ezetimibe tab 10 mg</i>	2	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	2	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	2	
<i>fenofibrate cap 150 mg</i>	2	
<i>fenofibrate micronized cap 43 mg</i>	2	
<i>fenofibrate micronized cap 67 mg</i>	2	
<i>fenofibrate micronized cap 134 mg</i>	2	
<i>fenofibrate micronized cap 200 mg</i>	2	
<i>fenofibrate tab 48 mg</i>	2	
<i>fenofibrate tab 54 mg</i>	2	
<i>fenofibrate tab 145 mg</i>	2	
<i>fenofibrate tab 160 mg</i>	2	
<i>gemfibrozil tab 600 mg</i>	2	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	2	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 1 mg</i>	2	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 2 mg</i>	2	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 4 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	2	\$0 copay for members age 40 through 75

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rosuvastatin calcium tab 20 mg</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>rosuvastatin calcium tab 40 mg</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tab 5 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	2	ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b>		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	
<b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS</b>		
<i>icosapent ethyl cap 0.5 gm</i>	2	
<i>icosapent ethyl cap 1 gm</i>	2	Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTILIPEMICS, PCSK9 INHIBITORS</b>		
REPATHA INJ 140MG/ML	3	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	3	PA, QL (1 injection every 28 days)
REPATHA SURE INJ 140MG/ML	3	PA, QL (3 pens every 28 days)
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	2	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	2	
<i>atenolol tab 50 mg</i>	2	
<i>atenolol tab 100 mg</i>	2	
<i>betaxolol hcl tab 10 mg</i>	2	
<i>betaxolol hcl tab 20 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	2	
<i>carvedilol tab 3.125 mg</i>	2	
<i>carvedilol tab 6.25 mg</i>	2	
<i>carvedilol tab 12.5 mg</i>	2	
<i>carvedilol tab 25 mg</i>	2	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metoprolol tartrate tab 25 mg</i>	2	
<i>metoprolol tartrate tab 50 mg</i>	2	
<i>metoprolol tartrate tab 100 mg</i>	2	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	2	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	2	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	2	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	2	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>diltiazem hcl tab er 24hr 120 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	2	
<i>isradipine cap 5 mg</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
<i>nifedipine tab er 24hr 30 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	2	
<i>nisoldipine tab er 24hr 8.5 mg</i>	2	
<i>nisoldipine tab er 24hr 17 mg</i>	2	
<i>nisoldipine tab er 24hr 20 mg</i>	2	
<i>nisoldipine tab er 24hr 25.5 mg</i>	2	
<i>nisoldipine tab er 24hr 30 mg</i>	2	
<i>nisoldipine tab er 24hr 34 mg</i>	2	
<i>nisoldipine tab er 24hr 40 mg</i>	2	
<i>verapamil hcl cap er 24hr 100 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	
<i>verapamil hcl cap er 24hr 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 300 mg</i>	2	
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl tab 40 mg</i>	2	
<i>verapamil hcl tab 80 mg</i>	2	
<i>verapamil hcl tab 120 mg</i>	2	
<i>verapamil hcl tab er 120 mg</i>	2	
<i>verapamil hcl tab er 180 mg</i>	2	
<i>verapamil hcl tab er 240 mg</i>	2	
<b>DIGITALIS GLYCOSIDES</b>		
<i>digoxin oral soln 0.05 mg/ml</i>	2	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	2	
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	
<b>DIRECT RENIN INHIBITORS/COMBINATIONS</b>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	2	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	2	
<b>DIURETICS</b>		
<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
DIURIL SUS 250/5ML	4	
<i>ethacrynic acid tab 25 mg</i>	4	
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	2	
<i>furosemide tab 40 mg</i>	2	
<i>furosemide tab 80 mg</i>	2	
<i>hydrochlorothiazide cap 12.5 mg</i>	2	
<i>hydrochlorothiazide tab 12.5 mg</i>	2	
<i>hydrochlorothiazide tab 25 mg</i>	2	
<i>hydrochlorothiazide tab 50 mg</i>	2	
<i>indapamide tab 1.25 mg</i>	2	
<i>indapamide tab 2.5 mg</i>	2	
<i>mannitol iv soln 20%</i>	2	
<i>mannitol iv soln 25%</i>	2	
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	2	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>osmitrol viaflex</i>	2	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	2	
<i>toremide tab 5 mg</i>	2	
<i>toremide tab 10 mg</i>	2	
<i>toremide tab 20 mg</i>	2	
<i>toremide tab 100 mg</i>	2	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	2	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	2	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	2	
<i>triamterene cap 50 mg</i>	2	
<i>triamterene cap 100 mg</i>	2	
<b>HEART FAILURE</b>		
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	3	
CORLANOR TAB 7.5MG	3	
ENTRESTO CAP 6-6MG	3	
ENTRESTO CAP 15-16MG	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ivabradine hcl tab 5 mg (base equiv)</i>	2	
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	2	
<b>MISCELLANEOUS</b>		
<i>clonidine hcl tab 0.1 mg</i>	2	
<i>clonidine hcl tab 0.2 mg</i>	2	
<i>clonidine hcl tab 0.3 mg</i>	2	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	
<i>guanfacine hcl tab 1 mg</i>	2	
<i>guanfacine hcl tab 2 mg</i>	2	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>methyldopa tab 250 mg</i>	2	
<i>methyldopa tab 500 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	PA, QL (360 caps every 30 days)
<i>ranolazine tab er 12hr 500 mg</i>	2	ST; PA**
<i>ranolazine tab er 12hr 1000 mg</i>	2	ST; PA**
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
NITRO-BID OIN 2%	4	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS TAB 0.5MG	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1MG	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG	5	PA, QL (90 tabs every 30 days)
<i>ambrisentan tab 5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>ambrisentan tab 10 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>bosentan tab 62.5 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>bosentan tab 125 mg</i>	5	PA, QL (60 tabs every 30 days)
OPSUMIT TAB 10MG	5	PA, QL (30 tabs every 30 days)
ORENITRAM TAB 0.25MG	5	PA
ORENITRAM TAB 0.125MG	5	PA
ORENITRAM TAB 1MG	5	PA
ORENITRAM TAB 2.5MG	5	PA
ORENITRAM TAB 5MG	5	PA
ORENITRAM TAB MONTH 1	5	PA
ORENITRAM TAB MONTH 2	5	PA
ORENITRAM TAB MONTH 3	5	PA
REMODULIN INJ 1MG/ML	5	PA
REMODULIN INJ 2.5MG/ML	5	PA
REMODULIN INJ 5MG/ML	5	PA
REMODULIN INJ 10MG/ML	5	PA
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	5	PA
<i>sildenafil citrate tab 20 mg</i>	5	PA, QL (360 tabs every 30 days)
<i>tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tabs every 30 days)
TYVASO RF KT SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)
TYVASO ST KT SOL 0.6MG/ML	5	PA, QL (28 ampules every 28 days)
UPTRAVI INJ 1800MCG	5	PA
UPTRAVI PACK TAB 200/800	5	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	5	PA, QL (140 tabs every 28 days)
UPTRAVI TAB 400MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 600MCG	5	PA, QL (60 tabs every 30 days)

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

**CENTRAL NERVOUS SYSTEM****ALCOHOL DETERRENTS**

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

**ANTI-ANXIETY\$**

ALPRAZOLAM CON 1 MG/ML	3	QL (300 mL every 30 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam tab 0.5 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam tab 0.25 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam tab 1 mg</i>	2	QL (150 tabs every 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs every 30 days)
<i>bupirone hcl tab 5 mg</i>	2	
<i>bupirone hcl tab 7.5 mg</i>	2	
<i>bupirone hcl tab 10 mg</i>	2	
<i>bupirone hcl tab 15 mg</i>	2	
<i>bupirone hcl tab 30 mg</i>	2	
<i>chlordiazepoxide hcl cap 5 mg</i>	2	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 10 mg</i>	2	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	2	QL (360 caps every 30 days)
<i>clomipramine hcl cap 25 mg</i>	2	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	2	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	2	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluvoxamine maleate tab 50 mg</i>	2	
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam conc 2 mg/ml</i>	2	QL (150 mL every 30 days)
<i>lorazepam tab 0.5 mg</i>	2	QL (150 tabs every 30 days)
<i>lorazepam tab 1 mg</i>	2	QL (150 tabs every 30 days)
<i>lorazepam tab 2 mg</i>	2	QL (150 tabs every 30 days)
<i>meprobamate tab 200 mg</i>	2	
<i>meprobamate tab 400 mg</i>	2	
<i>oxazepam cap 10 mg</i>	2	QL (120 caps every 30 days)
<i>oxazepam cap 15 mg</i>	2	QL (120 caps every 30 days)
<i>oxazepam cap 30 mg</i>	2	QL (120 caps every 30 days)
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	
<i>galantamine hydrobromide tab 8 mg</i>	2	
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg</i>	2	
<i>memantine hcl cap er 24hr 14 mg</i>	2	
<i>memantine hcl cap er 24hr 21 mg</i>	2	
<i>memantine hcl cap er 24hr 28 mg</i>	2	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl tab 5 mg</i>	2	
<i>memantine hcl tab 10 mg</i>	2	
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desipramine hcl tab 50 mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 75 mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 100 mg</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 150 mg</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	2	(generic of Pristiq)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	(generic of Pristiq)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	(generic of Pristiq)
<i>doxepin hcl cap 10 mg</i>	2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 75 mg</i>	2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10 mg/ml</i>	2	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	2	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	2	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	2	
EMSAM DIS 6MG/24HR	4	PA

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Drug Name	Drug Tier	Requirements/Limits
EMSAM DIS 9MG/24HR	4	PA
EMSAM DIS 12MG/24H	4	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	2	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	2	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	2	
FETZIMA CAP 20MG	4	
FETZIMA CAP 40MG	4	
FETZIMA CAP 80MG	4	
FETZIMA CAP 120MG	4	
FETZIMA CAP TITRATIO	4	
<i>fluoxetine hcl cap 10 mg</i>	2	
<i>fluoxetine hcl cap 20 mg</i>	2	
<i>fluoxetine hcl cap 40 mg</i>	2	
<i>fluoxetine hcl cap delayed release 90 mg</i>	2	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>fluoxetine hcl tab 10 mg</i>	2	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	2	(generic Sarafem not covered)
<i>imipramine hcl tab 10 mg</i>	2	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	2	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 125 mg</i>	2	PA; High strength requires PA for members age 65 and older
<i>imipramine pamoate cap 150 mg</i>	2	PA; High strength requires PA for members age 65 and older
MARPLAN TAB 10MG	4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	
<i>mirtazapine tab 7.5 mg</i>	2	
<i>mirtazapine tab 15 mg</i>	2	
<i>mirtazapine tab 30 mg</i>	2	
<i>mirtazapine tab 45 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nefazodone hcl tab 50 mg</i>	2	
<i>nefazodone hcl tab 100 mg</i>	2	
<i>nefazodone hcl tab 150 mg</i>	2	
<i>nefazodone hcl tab 200 mg</i>	2	
<i>nefazodone hcl tab 250 mg</i>	2	
<i>nortriptyline hcl cap 10 mg</i>	2	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 25 mg</i>	2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 50 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 75 mg</i>	2	PA; High strength requires PA for members age 65 and older
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	2	
<i>paroxetine hcl tab 20 mg</i>	2	
<i>paroxetine hcl tab 30 mg</i>	2	
<i>paroxetine hcl tab 40 mg</i>	2	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	2	
<i>paroxetine hcl tab er 24hr 25 mg</i>	2	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	2	
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>protriptyline hcl tab 5 mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	
<i>sertraline hcl tab 25 mg</i>	2	
<i>sertraline hcl tab 50 mg</i>	2	
<i>sertraline hcl tab 100 mg</i>	2	
<i>tranylcypromine sulfate tab 10 mg</i>	2	
<i>trazodone hcl tab 50 mg</i>	2	
<i>trazodone hcl tab 100 mg</i>	2	
<i>trazodone hcl tab 150 mg</i>	2	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg</i>	2	QL (60 caps every 30 days); QL applies to members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trimipramine maleate cap 50 mg</i>	2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
TRINTELLIX TAB 5MG	4	ST; PA**
TRINTELLIX TAB 10MG	4	ST; PA**
TRINTELLIX TAB 20MG	4	ST; PA**
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	2	
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl tab 10 mg</i>	2	
<i>vilazodone hcl tab 20 mg</i>	2	
<i>vilazodone hcl tab 40 mg</i>	2	
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN INJ 10MG/ML	5	PA, QL (20 cartridges every 30 days)
<i>benztropine mesylate inj 1 mg/ml</i>	2	
<i>benztropine mesylate tab 0.5 mg</i>	2	
<i>benztropine mesylate tab 1 mg</i>	2	
<i>benztropine mesylate tab 2 mg</i>	2	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	2	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	2	
<i>carbidopa tab 25 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone tab 200 mg</i>	2	
INBRIJA CAP 42MG	5	PA, QL (300 caps every 30 days)
NEUPRO DIS 1MG/24HR	3	
NEUPRO DIS 2MG/24HR	3	
NEUPRO DIS 3MG/24HR	3	
NEUPRO DIS 4MG/24HR	3	
NEUPRO DIS 6MG/24HR	3	
NEUPRO DIS 8MG/24HR	3	
ONGENTYS CAP 25MG	4	PA
ONGENTYS CAP 50MG	4	PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
<i>selegiline hcl cap 5 mg</i>	2	
<i>selegiline hcl tab 5 mg</i>	2	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl tab 2 mg</i>	2	
<i>trihexyphenidyl hcl tab 5 mg</i>	2	
<b>ANTIPSYCHOTICS</b>		
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole orally disintegrating tab 10 mg</i>	2	
<i>aripiprazole orally disintegrating tab 15 mg</i>	2	
<i>aripiprazole tab 2 mg</i>	2	
<i>aripiprazole tab 5 mg</i>	2	
<i>aripiprazole tab 10 mg</i>	2	
<i>aripiprazole tab 15 mg</i>	2	
<i>aripiprazole tab 20 mg</i>	2	
<i>aripiprazole tab 30 mg</i>	2	
ARISTADA INJ 441MG/1.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	
ARISTADA INJ 1064MG	3	
ARISTADA INJ INITIO	3	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	2	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	2	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	2	
<i>chlorpromazine hcl inj 25 mg/ml</i>	2	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	2	
<i>chlorpromazine hcl tab 10 mg</i>	2	
<i>chlorpromazine hcl tab 25 mg</i>	2	
<i>chlorpromazine hcl tab 50 mg</i>	2	
<i>chlorpromazine hcl tab 100 mg</i>	2	
<i>chlorpromazine hcl tab 200 mg</i>	2	
<i>clozapine orally disintegrating tab 12.5 mg</i>	2	
<i>clozapine orally disintegrating tab 25 mg</i>	2	
<i>clozapine orally disintegrating tab 100 mg</i>	2	
<i>clozapine orally disintegrating tab 150 mg</i>	2	
<i>clozapine orally disintegrating tab 200 mg</i>	2	
<i>clozapine tab 25 mg</i>	2	
<i>clozapine tab 50 mg</i>	2	
<i>clozapine tab 100 mg</i>	2	
<i>clozapine tab 200 mg</i>	2	
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluphenazine hcl oral conc 5 mg/ml</i>	2	
<i>fluphenazine hcl tab 1 mg</i>	2	
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	
<i>fluphenazine hcl tab 10 mg</i>	2	
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	
<i>haloperidol tab 5 mg</i>	2	
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
<i>loxapine succinate cap 5 mg</i>	2	
<i>loxapine succinate cap 10 mg</i>	2	
<i>loxapine succinate cap 25 mg</i>	2	
<i>loxapine succinate cap 50 mg</i>	2	
<i>lurasidone hcl tab 20 mg</i>	2	
<i>lurasidone hcl tab 40 mg</i>	2	
<i>lurasidone hcl tab 60 mg</i>	2	
<i>lurasidone hcl tab 80 mg</i>	2	
<i>lurasidone hcl tab 120 mg</i>	2	
<i>olanzapine for im inj 10 mg</i>	2	
<i>olanzapine orally disintegrating tab 5 mg</i>	2	
<i>olanzapine orally disintegrating tab 10 mg</i>	2	
<i>olanzapine orally disintegrating tab 15 mg</i>	2	
<i>olanzapine orally disintegrating tab 20 mg</i>	2	
<i>olanzapine tab 2.5 mg</i>	2	
<i>olanzapine tab 5 mg</i>	2	
<i>olanzapine tab 7.5 mg</i>	2	
<i>olanzapine tab 10 mg</i>	2	
<i>olanzapine tab 15 mg</i>	2	
<i>olanzapine tab 20 mg</i>	2	
<i>paliperidone tab er 24hr 1.5 mg</i>	2	
<i>paliperidone tab er 24hr 3 mg</i>	2	
<i>paliperidone tab er 24hr 6 mg</i>	2	
<i>paliperidone tab er 24hr 9 mg</i>	2	
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	
<i>perphenazine tab 8 mg</i>	2	
<i>perphenazine tab 16 mg</i>	2	
<i>quetiapine fumarate tab 25 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quetiapine fumarate tab 50 mg</i>	2	
<i>quetiapine fumarate tab 100 mg</i>	2	
<i>quetiapine fumarate tab 200 mg</i>	2	
<i>quetiapine fumarate tab 300 mg</i>	2	
<i>quetiapine fumarate tab 400 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	
<i>risperidone orally disintegrating tab 0.5 mg</i>	2	
<i>risperidone orally disintegrating tab 0.25 mg</i>	2	
<i>risperidone orally disintegrating tab 1 mg</i>	2	
<i>risperidone orally disintegrating tab 2 mg</i>	2	
<i>risperidone orally disintegrating tab 3 mg</i>	2	
<i>risperidone orally disintegrating tab 4 mg</i>	2	
<i>risperidone soln 1 mg/ml</i>	2	
<i>risperidone tab 0.5 mg</i>	2	
<i>risperidone tab 0.25 mg</i>	2	
<i>risperidone tab 1 mg</i>	2	
<i>risperidone tab 2 mg</i>	2	
<i>risperidone tab 3 mg</i>	2	
<i>risperidone tab 4 mg</i>	2	
<i>thioridazine hcl tab 10 mg</i>	2	
<i>thioridazine hcl tab 25 mg</i>	2	
<i>thioridazine hcl tab 50 mg</i>	2	
<i>thioridazine hcl tab 100 mg</i>	2	
<i>thiothixene cap 1 mg</i>	2	
<i>thiothixene cap 2 mg</i>	2	
<i>thiothixene cap 5 mg</i>	2	
<i>thiothixene cap 10 mg</i>	2	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	
VRAYLAR CAP 1.5-3MG	3	
VRAYLAR CAP 1.5MG	3	
VRAYLAR CAP 3MG	3	
VRAYLAR CAP 4.5MG	3	
VRAYLAR CAP 6MG	3	
<i>ziprasidone hcl cap 20 mg</i>	2	
<i>ziprasidone hcl cap 40 mg</i>	2	
<i>ziprasidone hcl cap 60 mg</i>	2	
<i>ziprasidone hcl cap 80 mg</i>	2	

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



Drug Name	Drug Tier	Requirements/Limits
<b>ANTIEPILEPTIC AGENTS§</b>		
carbamazepine cap er 12hr 100 mg	2	
carbamazepine cap er 12hr 200 mg	2	
carbamazepine cap er 12hr 300 mg	2	
carbamazepine chew tab 100 mg	2	
carbamazepine susp 100 mg/5ml	2	
carbamazepine tab 200 mg	2	
carbamazepine tab er 12hr 100 mg	2	
carbamazepine tab er 12hr 200 mg	2	
carbamazepine tab er 12hr 400 mg	2	
clobazam suspension 2.5 mg/ml	2	
clobazam tab 10 mg	2	
clobazam tab 20 mg	2	
clonazepam tab 0.5 mg	2	
clonazepam tab 1 mg	2	
clonazepam tab 2 mg	2	
clorazepate dipotassium tab 3.75 mg	2	QL (180 tabs every 30 days)
clorazepate dipotassium tab 7.5 mg	2	QL (180 tabs every 30 days)
clorazepate dipotassium tab 15 mg	2	QL (180 tabs every 30 days)
diazepam inj 5 mg/ml	2	
diazepam intensol	2	QL (240 mL every 30 days)
diazepam oral soln 1 mg/ml	2	QL (1200 mL every 30 days)
diazepam tab 2 mg	2	QL (120 tabs every 30 days)
diazepam tab 5 mg	2	QL (120 tabs every 30 days)
diazepam tab 10 mg	2	QL (120 tabs every 30 days)
DILANTIN CAP 30MG	4	
divalproex sodium cap delayed release sprinkle 125 mg	2	
divalproex sodium tab delayed release 125 mg	2	
divalproex sodium tab delayed release 250 mg	2	
divalproex sodium tab delayed release 500 mg	2	
divalproex sodium tab er 24 hr 250 mg	2	
divalproex sodium tab er 24 hr 500 mg	2	
epitol	2	
ethosuximide cap 250 mg	2	
ethosuximide soln 250 mg/5ml	2	
felbamate susp 600 mg/5ml	2	
felbamate tab 400 mg	2	
felbamate tab 600 mg	2	
fosphephenytoin sodium inj 100 mg/2ml (phenytoin equiv)	2	
fosphephenytoin sodium inj 500 mg/10ml (phenytoin equiv)	2	
FYCOMPA SUS 0.5MG/ML	4	

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

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 2MG	4	
FYCOMPA TAB 4MG	4	
FYCOMPA TAB 6MG	4	
FYCOMPA TAB 8MG	4	
FYCOMPA TAB 10MG	4	
FYCOMPA TAB 12MG	4	
<i>gabapentin cap 100 mg</i>	2	QL (6 caps every day)
<i>gabapentin cap 300 mg</i>	2	QL (6 caps every day)
<i>gabapentin cap 400 mg</i>	2	QL (6 caps every day)
<i>gabapentin oral soln 250 mg/5ml</i>	2	QL (72 mL every day)
<i>gabapentin tab 600 mg</i>	2	QL (6 tabs every day)
<i>gabapentin tab 800 mg</i>	2	QL (4 tabs every day)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	2	
<i>lacosamide oral solution 10 mg/ml</i>	2	
<i>lacosamide tab 50 mg</i>	2	
<i>lacosamide tab 100 mg</i>	2	
<i>lacosamide tab 150 mg</i>	2	
<i>lacosamide tab 200 mg</i>	2	
<i>lamotrigine orally disintegrating tab 25 mg</i>	2	
<i>lamotrigine orally disintegrating tab 50 mg</i>	2	
<i>lamotrigine orally disintegrating tab 100 mg</i>	2	
<i>lamotrigine orally disintegrating tab 200 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	2	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	2	
<i>lamotrigine tab 100 mg</i>	2	
<i>lamotrigine tab 150 mg</i>	2	
<i>lamotrigine tab 200 mg</i>	2	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab er 24hr 25 mg</i>	2	
<i>lamotrigine tab er 24hr 50 mg</i>	2	
<i>lamotrigine tab er 24hr 100 mg</i>	2	
<i>lamotrigine tab er 24hr 200 mg</i>	2	
<i>lamotrigine tab er 24hr 250 mg</i>	2	
<i>lamotrigine tab er 24hr 300 mg</i>	2	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
<i>methsuximide cap 300 mg</i>	2	
NAYZILAM SPR 5MG	3	QL (10 units every 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg</i>	2	
<i>oxcarbazepine tab 300 mg</i>	2	
<i>oxcarbazepine tab 600 mg</i>	2	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital tab 15 mg</i>	2	
<i>phenobarbital tab 16.2 mg</i>	2	
<i>phenobarbital tab 30 mg</i>	2	
<i>phenobarbital tab 32.4 mg</i>	2	
<i>phenobarbital tab 60 mg</i>	2	
<i>phenobarbital tab 64.8 mg</i>	2	
<i>phenobarbital tab 97.2 mg</i>	2	
<i>phenobarbital tab 100 mg</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin sodium inj 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg</i>	2	ST; PA**
<i>pregabalin cap 50 mg</i>	2	ST; PA**
<i>pregabalin cap 75 mg</i>	2	ST; PA**
<i>pregabalin cap 100 mg</i>	2	ST; PA**
<i>pregabalin cap 150 mg</i>	2	ST; PA**
<i>pregabalin cap 200 mg</i>	2	ST; PA**
<i>pregabalin cap 225 mg</i>	2	ST; PA**
<i>pregabalin cap 300 mg</i>	2	ST; PA**
<i>pregabalin soln 20 mg/ml</i>	2	ST; PA**
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>rufinamide susp 40 mg/ml</i>	2	
<i>rufinamide tab 200 mg</i>	2	
<i>rufinamide tab 400 mg</i>	2	
<i>tiagabine hcl tab 2 mg</i>	2	
<i>tiagabine hcl tab 4 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hcl tab 12 mg</i>	2	
<i>tiagabine hcl tab 16 mg</i>	2	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
<i>vigabatrin powd pack 500 mg</i>	5	PA, QL (180 packets every 30 days)
<i>vigabatrin tab 500 mg</i>	5	PA, QL (180 tabs every 30 days)
XCOPRI PAK 12.5-25	3	
XCOPRI PAK 50-100MG	3	
XCOPRI PAK 100-150	3	
XCOPRI PAK 150-200	3	
XCOPRI TAB 25MG	3	
XCOPRI TAB 50MG	3	
XCOPRI TAB 100MG	3	
XCOPRI TAB 150MG	3	
XCOPRI TAB 200MG	3	
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDERS</b>		
<i>ADZENYS XR TAB 3.1MG</i>	4	QL (60 tabs every 30 days)
<i>ADZENYS XR TAB 6.3MG</i>	4	QL (60 tabs every 30 days)
<i>ADZENYS XR TAB 9.4MG</i>	4	QL (60 tabs every 30 days)
<i>ADZENYS XR TAB 12.5MG</i>	4	QL (30 tabs every 30 days)
<i>ADZENYS XR TAB 15.7 MG</i>	4	QL (30 tabs every 30 days)
<i>ADZENYS XR TAB 18.8MG</i>	4	QL (30 tabs every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (90 tabs every 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (30 tabs every 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	
AZSTARYS CAP 26.1-5.2	3	QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	3	QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	3	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	2	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	2	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	2	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	2	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	QL (1,200 mL every 30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 15 mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	2	QL (30 tabs every 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	2	
<i>methamphetamine hcl tab 5 mg</i>	2	QL (150 tabs every 30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	2	QL (30 caps every 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl cap er 30 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	2	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 5 mg</i>	2	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 10 mg</i>	2	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL (900 mL every 30 days)
<i>methylphenidate hcl tab 5 mg</i>	2	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 10 mg</i>	2	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 20 mg</i>	2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	2	QL (30 tabs every 30 days)
VYVANSE CAP 10MG	3	QL (60 caps every 30 days)
VYVANSE CAP 20MG	3	QL (60 caps every 30 days)
VYVANSE CAP 30MG	3	QL (60 caps every 30 days)
VYVANSE CAP 40MG	3	QL (30 caps every 30 days)
VYVANSE CAP 50MG	3	QL (30 caps every 30 days)
VYVANSE CAP 60MG	3	QL (30 caps every 30 days)
VYVANSE CAP 70MG	3	QL (30 caps every 30 days)
VYVANSE CHW 10MG	3	QL (60 chew tabs every 30 days)
VYVANSE CHW 20MG	3	QL (60 chew tabs every 30 days)
VYVANSE CHW 30MG	3	QL (60 chew tabs every 30 days)
VYVANSE CHW 40MG	3	QL (30 chew tabs every 30 days)
VYVANSE CHW 50MG	3	QL (30 chew tabs every 30 days)
VYVANSE CHW 60MG	3	QL (30 chew tabs every 30 days)
<i>zenzedi</i>	2	QL (120 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>FIBROMYALGIA</b>		
SAVELLA MIS TITR PAK	4	ST; PA**
SAVELLA TAB 12.5MG	4	ST; PA**
SAVELLA TAB 25MG	4	ST; PA**
SAVELLA TAB 50MG	4	ST; PA**
SAVELLA TAB 100MG	4	ST; PA**
<b>HYPNOTICS§</b>		
BELSOMRA TAB 5MG	3	ST; PA**
BELSOMRA TAB 10MG	3	ST; PA**
BELSOMRA TAB 15MG	3	ST; PA**
BELSOMRA TAB 20MG	3	ST; PA**
<i>cvs sleep-aid nighttime</i>	2	OTC
DAYVIGO TAB 5MG	3	PA, QL (30 tabs every 30 days)
DAYVIGO TAB 10MG	3	PA, QL (30 tabs every 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>estazolam tab 1 mg</i>	4	
<i>estazolam tab 2 mg</i>	4	
<i>eszopiclone tab 1 mg</i>	2	
<i>eszopiclone tab 2 mg</i>	2	
<i>eszopiclone tab 3 mg</i>	2	
<i>ramelteon tab 8 mg</i>	2	
<i>tasimelteon capsule 20 mg</i>	5	PA, QL (30 caps every 30 days)
<i>temazepam cap 7.5 mg</i>	2	
<i>temazepam cap 15 mg</i>	2	
<i>temazepam cap 22.5 mg</i>	2	
<i>temazepam cap 30 mg</i>	2	
<i>triazolam tab 0.25 mg</i>	4	
<i>triazolam tab 0.125 mg</i>	4	
<i>zaleplon cap 5 mg</i>	2	
<i>zaleplon cap 10 mg</i>	2	
<i>zolpidem tartrate tab 5 mg</i>	2	
<i>zolpidem tartrate tab 10 mg</i>	2	
<i>zolpidem tartrate tab er 6.25 mg</i>	2	
<i>zolpidem tartrate tab er 12.5 mg</i>	2	
<b>MIGRAINE§</b>		
AJOVY INJ 225/1.5	3	ST, QL (3 injections every 90 days); PA**
<i>almotriptan malate tab 6.25 mg</i>	2	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	2	QL (12 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (12 tabs every 30 days)
EMGALITY INJ 100MG/ML	3	ST, QL (3 injections every 30 days); PA**
EMGALITY INJ 120MG/ML	3	ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill
<i>ergotamine w/ caffeine tab 1-100 mg</i>	4	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	2	QL (18 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (12 tabs every 30 days)
QULIPTA TAB 10MG	3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 30MG	3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 60MG	3	ST, QL (30 tabs every 30 days); PA**
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (18 tabs every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	2	QL (24 sprays every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	2	QL (12 sprays every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (12 vials every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QL (12 units every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	QL (12 units every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	4	ST, QL (9 tabs every 30 days); PA**
UBRELVY TAB 50MG	3	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	3	ST, QL (16 tabs every 30 days); PA**
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	2	QL (12 sprays every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	2	QL (12 tabs every 30 days)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zolmitriptan orally disintegrating tab 5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	2	QL (12 tabs every 30 days)
<b>MISCELLANEOUS</b>		
EVRYSDI SOL	5	PA, QL (2 bottles every 24 days)
<i>lithium carbonate cap 150 mg</i>	2	
<i>lithium carbonate cap 300 mg</i>	2	
<i>lithium carbonate cap 600 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	2	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	2	
<i>riluzole tab 50 mg</i>	2	
<b>MOVEMENT DISORDERS</b>		
<i>tetrabenazine tab 12.5 mg</i>	5	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (60 tabs every 30 days)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BETASERON INJ 0.3MG	5	PA, QL (14 injections every 28 days)
COPAXONE INJ 40MG/ML	5	PA, QL (12 syringes every 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	5	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	5	PA, QL (1 kit every 30 days)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	5	PA, QL (30 caps every 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	3	PA, QL (12 syringes every 28 days)
<i>glatopa</i>	3	PA, QL (30 injections every 30 days)
<i>teriflunomide tab 7 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>teriflunomide tab 14 mg</i>	5	PA, QL (30 tabs every 30 days)
TYSABRI INJ 300/15ML	5	PA, QL (1 vial every 28 days)
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen tab 5 mg</i>	2	
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carisprodol tab 350 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tab 500 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 10 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium cap 25 mg</i>	2	
<i>dantrolene sodium cap 50 mg</i>	2	
<i>dantrolene sodium cap 100 mg</i>	2	
<i>metaxalone tab 800 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 500 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 750 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>norgesic</i>	4	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	2	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	

**NARCOLEPSY/CATAPLEXY**

<i>armodafinil tab 50 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>modafinil tab 100 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	2	PA, QL (60 tabs every 30 days)
SOD OXYBATE SOL 500MG/ML	5	PA, QL (540mL every 30 days)
SUNOSI TAB 75MG	3	PA, QL (30 tabs every 30 days)
SUNOSI TAB 150MG	3	PA, QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>OPIOID AGONIST/ANTAGONIST</b>		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (3 tabs every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (3 tabs every day); \$0 copay
ZUBSOLV SUB 0.7-0.18	3	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36	3	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71	3	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4	3	QL (3 units every day)
ZUBSOLV SUB 8.6-2.1	3	QL (2 units every day)
ZUBSOLV SUB 11.4-2.9	3	QL (1 unit every day)
<b>OPIOID ANTAGONIST</b>		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	OTC
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	\$0 copay
NARCAN SPR 4MG	1	OTC
<b>OPIOID PARTIAL AGONISTS§</b>		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	4	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	4	QL (60 tabs every 30 days); QL applies to members age 65 and older
NUEDEXTA CAP 20-10MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>perphenazine-amitriptyline tab 2-10 mg</i>	4	QL (150 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 2-25 mg</i>	4	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-10 mg</i>	4	QL (120 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-25 mg</i>	4	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-50 mg</i>	4	QL (30 units every 30 days); QL applies to members age 65 and older
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	1	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	1	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	\$0 limited to 2 treatment cycles/year

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	1	\$0 limited to 2 treatment cycles/year
<b>DERMATOLOGICALS</b>		
<b>ANTIPSORIATICS</b>		
<i>tazarotene cream 0.05%</i>	2	PA
<b>ENDOCRINE AND METABOLIC</b>		
<b>ACROMEGALY</b>		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	5	PA, QL (225 ml every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	PA, QL (45 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	5	PA, QL (90 ml every 30 days)
SOMATULINE INJ 60/0.2ML	5	PA, QL (1 injection every 28 days)
SOMATULINE INJ 90/0.3ML	5	PA, QL (1 injection every 28 days)
SOMATULINE INJ 120/.5ML	5	PA, QL (1 injection every 28 days)
SOMAVERT INJ 10MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 15MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 20MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 25MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 30MG	5	PA, QL (30 vials every 30 days)
<b>ANDROGENS</b>		
<i>oxandrolone tab 2.5 mg</i>	2	
<i>oxandrolone tab 10 mg</i>	2	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone td gel 10mg/act (2%)</i>	2	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	PA
<b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose tab 25 mg</i>	2	
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
<i>miglitol tab 25 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>miglitol tab 50 mg</i>	2	
<i>miglitol tab 100 mg</i>	2	
<b>ANTIDIABETICS, AMYLIN ANALOGS</b>		
SYMLINPEN 60 INJ 1000MCG	4	ST; PA**
SYMLNPEN 120 INJ 1000MCG	4	ST; PA**
<b>ANTIDIABETICS, BIGUANIDE</b>		
<i>metformin hcl tab 500 mg</i>	2	
<i>metformin hcl tab 850 mg</i>	2	\$0 copay for members age 35-70 for prevention of diabetes
<i>metformin hcl tab 1000 mg</i>	2	
<i>metformin hcl tab er 24hr 500 mg</i>	2	
<i>metformin hcl tab er 24hr 750 mg</i>	2	
<b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	2	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	2	
<i>glipizide-metformin hcl tab 5-500 mg</i>	2	
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS</b>		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	2	ST; PA**
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	2	ST; PA**
JANUMET TAB 50-500MG	3	ST; PA**
JANUMET TAB 50-1000	3	ST; PA**
JANUMET XR TAB 50-500MG	3	ST; PA**
JANUMET XR TAB 50-1000	3	ST; PA**
JANUMET XR TAB 100-1000	3	ST; PA**
JENTADUETO TAB XR	4	ST; PA**
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	2	ST; PA**
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	2	ST; PA**
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	2	ST; PA**
JANUVIA TAB 25MG	3	ST; PA**
JANUVIA TAB 50MG	3	ST; PA**
JANUVIA TAB 100MG	3	ST; PA**
<b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>		
OZEMPIC INJ 2MG/3ML	3	PA, QL (3 mL every 28 days)
OZEMPIC INJ 4MG/3ML	3	PA, QL (3 mL every 28 days)
OZEMPIC INJ 8MG/3ML	3	PA, QL (3 mL every 28 days)
TRULICITY INJ 0.75/0.5	3	ST, PA, QL (4 pens every 28 days)
TRULICITY INJ 1.5/0.5	3	ST, PA, QL (4 pens every 28 days)
TRULICITY INJ 3/0.5	3	ST, PA, QL (4 pens every 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRULICITY INJ 4.5/0.5	3	ST, PA, QL (4 pens every 28 days)
VICTOZA INJ 18MG/3ML	3	PA, QL (3 pens every 30 days)
<b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>		
SOLIQUA INJ 100/33	3	ST; PA**
XULTOPHY INJ 100/3.6	3	ST; PA**
<b>ANTIDIABETICS, INSULIN</b>		
BASAGLAR INJ 100UNIT	3	
BASAGLAR INJ TEMPO PN	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
HUMULIN INJ 70/30	4	OTC
HUMULIN INJ 70/30KWP	4	OTC
HUMULIN N INJ U-100	4	OTC
HUMULIN N INJ U-100KWP	4	OTC
HUMULIN R INJ U-100	4	OTC
HUMULIN R INJ U-500	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXPEN	3	
NOVOLIN INJ 70/30	3	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	3	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	3	OTC; RELION not covered
NOVOLIN N INJ U-100	3	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	3	OTC; RELION not covered
NOVOLIN R INJ U-100	3	OTC; RELION not covered
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
<b>ANTIDIABETICS, INSULIN SENSITIZER</b>		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	2	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	2	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	2	
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	2	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	2	
<b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	2	
<b>ANTIDIABETICS, MEGLITINIDE</b>		
<i>nateglinide tab 60 mg</i>	2	
<i>nateglinide tab 120 mg</i>	2	
<i>repaglinide tab 0.5 mg</i>	2	
<i>repaglinide tab 1 mg</i>	2	
<i>repaglinide tab 2 mg</i>	2	
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS</b>		
SYNJARDY TAB	3	ST; PA**
SYNJARDY TAB 5-500MG	3	ST; PA**
SYNJARDY TAB 5-1000MG	3	ST; PA**
SYNJARDY TAB 12.5-500	3	ST; PA**
SYNJARDY XR TAB	3	ST; PA**
SYNJARDY XR TAB 5-1000MG	3	ST; PA**
SYNJARDY XR TAB 10-1000	3	ST; PA**
SYNJARDY XR TAB 25-1000	3	ST; PA**
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS</b>		
GLYXAMBI TAB 10-5 MG	3	ST; PA**
GLYXAMBI TAB 25-5 MG	3	ST; PA**
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>		
JARDIANCE TAB 10MG	3	ST; PA**
JARDIANCE TAB 25MG	3	ST; PA**
<b>ANTIDIABETICS, SULFONYLUREA</b>		
<i>glimepiride tab 1 mg</i>	2	
<i>glimepiride tab 2 mg</i>	2	
<i>glimepiride tab 4 mg</i>	2	
<i>glipizide tab 5 mg</i>	2	
<i>glipizide tab 10 mg</i>	2	
<i>glipizide tab er 24hr 2.5 mg</i>	2	
<i>glipizide tab er 24hr 5 mg</i>	2	
<i>glipizide tab er 24hr 10 mg</i>	2	
<b>CALCIUM RECEPTOR AGONISTS</b>		
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	5	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	5	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	PA, QL (120 tabs every 30 days)
<b>CALCIUM REGULATORS, BISPHTHONATES</b>		
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	
<i>alendronate sodium tab 5 mg</i>	2	
<i>alendronate sodium tab 10 mg</i>	2	
<i>alendronate sodium tab 35 mg</i>	2	
<i>alendronate sodium tab 70 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
FOSAMAX + D TAB 70-2800	4	ST; PA**
FOSAMAX + D TAB 70-5600	4	ST; PA**
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	2	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	
<i>pamidronate disodium iv soln 3 mg/ml</i>	2	
<i>risedronate sodium tab 5 mg</i>	2	
<i>risedronate sodium tab 30 mg</i>	2	
<i>risedronate sodium tab 35 mg</i>	2	
<i>risedronate sodium tab 150 mg</i>	2	
<i>risedronate sodium tab delayed release 35 mg</i>	2	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	5	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	5	PA
<b>CALCIUM REGULATORS, MISCELLANEOUS</b>		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
PROLIA INJ 60MG/ML	5	PA, QL (60mg every 24 weeks)
<b>CALCIUM REGULATORS, PARATHYROID HORMONES</b>		
TYMLOS INJ	5	PA, QL (1 pen every 30 days)
<b>CHELATING AGENTS</b>		
CHEMET CAP 100MG	4	
<i>deferiprone tab 500 mg</i>	5	PA
<i>deferiprone tab 1000 mg</i>	5	PA
FERPRX 2-DAY TAB 1000MG	5	PA
FERRIPROX SOL 100MG/ML	5	PA
<b>CONTRACEPTIVES</b>		
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	1	QL (1 every 300 days)
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>camila</i>	1	
<i>camrese</i>	1	
CAYA DPR	1	QL (1 every 300 days)
<i>chateal eq</i>	1	
CONDOMS MIS	1	QL (12 condoms every 30 days), OTC
<i>cryselle-28</i>	1	
<i>dasetta 1/35</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dasetta 7/7/7</i>	1	
<i>delyla</i>	1	
DEPO-SQ PROV INJ 104	1	QL (4 inj every 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
DUREX MIS REALFEEL	1	QL (12 condoms every 30 days), OTC
<i>elinest</i>	1	
ELLA TAB 30MG	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i>	1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL (13 every 300 days)
<i>falmina</i>	1	
FC2 FEMALE MIS CONDOM	1	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	1	QL (1 every 300 days)
FEMCAP MIS 26MM	1	QL (1 every 300 days)
FEMCAP MIS 30MM	1	QL (1 every 300 days)
<i>heather</i>	1	
<i>introvale</i>	1	
<i>jolessa</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kurvelo</i>	1	
KYLEENA IUD 19.5MG	1	QL (1 every 300 days)
<i>larin 1.5/30</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	1	
<i>levora 0.15/30-28</i>	1	
LILETTA IUD 52MG	1	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	QL (4 inj every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	QL (4 inj every 300 days)
<i>microgestin 1.5/30</i>	1	
MIRENA IUD SYSTEM	1	QL (1 every 300 days)
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMP 68MG	1	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	1	
<i>nikki</i>	1	
<i>nora-be</i>	1	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>ocella</i>	1	
OMNIFLEX DPR	1	QL (1 every 300 days)
OPILL TAB 0.075MG	1	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PARAGARD IUD T380A	1	QL (1 unit every 300 days)
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
SKYLA IUD 13.5MG	1	QL (1 every 300 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>take action</i>	1	OTC
<i>tilia fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora-28</i>	1	
TRUSTEX/RIA MIS NON-LUB	1	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	1	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	1	
TYBLUME CHW 0.1-0.02	1	
<i>velivet</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>wera</i>	1	
WIDE-SEAL DPR KIT 60	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 65	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 70	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 75	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 80	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 85	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 90	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 95	1	QL (1 every 300 days)
<i>xulane</i>	1	
<i>zovia 1/35</i>	1	
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK KIT AVIVA PL	3	OTC
ACCU-CHEK KIT GUIDE	3	OTC
ACCU-CHEK KIT GUIDE ME	3	OTC
ACCU-CHEK KIT NANO	3	OTC
ACCU-CHEK LIQ SMART	3	OTC
ACCU-CHEK TES AVIVA PL	3	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES GUIDE	3	QL (150 Test Strips every 30 days), OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACCU-CHEK TES SMART	3	QL (150 Test Strips every 30 days), OTC
ALCOHOL PREP PAD	3	OTC
AUTOLET PLAT MIS 1.8MM	3	OTC
CAREFINE MIS 32GX6MM	3	OTC
CHEMSTRIP 9 TES STRIPS	3	OTC
DEXCOM G5 MIS RECEIVER	3	PA
DEXCOM G5 MIS TRANSMIT	3	PA
DEXCOM G6 MIS RECEIVER	3	PA
DEXCOM G6 MIS SENSOR	3	PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	3	PA
DEXCOM G7 MIS RECEIVER	3	PA
DEXCOM G7 MIS SENSOR	3	PA, QL (3 sensors every 30 days)
DIASCREEN 10 MIS	3	OTC
DIASTIX TES STRIPS	3	OTC
INSULIN SYRG MIS 1ML/31G	3	OTC
KETO-DIASTIX TES	3	OTC
LANCING DEVI MIS	3	OTC
NOVOFINE MIS 32GX6MM	3	OTC
OMNIPOD 5 DEXG7G6 INTRO K	3	PA, QL (1 kit per 365 days)
OMNIPOD 5 DEXG7G6 PODS (G	3	PA, QL (10 pods per 30 days)
OMNIPOD 5 G7 KIT INTRO	3	PA, QL (1 kit per 365 days)
OMNIPOD 5 G7 MIS PODS	3	PA, QL (10 pods per 30 days)
OMNIPOD DASH KIT INTRO	3	QL (1 kit per 365 days)
OMNIPOD DASH KIT PDM	3	QL (1 kit per 365 days)
OMNIPOD DASH MIS PODS	3	QL (10 pods per 30 days)
ONETOUCH KIT ULT MINI	3	OTC
ONETOUCH KIT ULTRA 2	3	OTC
ONETOUCH KIT VERIO	3	OTC
ONETOUCH KIT VERIO FL	3	OTC
ONETOUCH KIT VERIO IQ	3	OTC
ONETOUCH KIT VERIO RE	3	OTC
ONETOUCH SOL KIT COMPLETE	3	OTC
ONETOUCH SOL KIT FIT	3	OTC
ONETOUCH SOL KIT REFILL	3	OTC
ONETOUCH SOL KIT STARTER	3	OTC
ONETOUCH TES ULTRA	3	QL (150 Test Strips every 30 days), OTC
ONETOUCH TES VERIO	3	QL (150 Test Strips every 30 days), OTC
ONETOUCH ULTRA	3	QL (150 Test Strips every 30 days), OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SHARPS CONT MIS 2QUART	3	OTC
SOFTCLIX MIS LANCETS	3	OTC
<b>ENDOMETRIOSIS</b>		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
ORILISSA TAB 150MG	3	PA
ORILISSA TAB 200MG	3	PA
<b>ENZYME REPLACEMENTS</b>		
<i>betaine powder for oral solution</i>	5	PA
<i>carglumic acid soluble tab 200 mg</i>	5	PA
CERDELGA CAP 84MG	5	PA, QL (56 caps every 28 days)
MYALEPT INJ 11.3MG	5	PA, QL (30 vials every 30 days)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA, QL (798g every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA, QL (1200 tabs every 30 days)
<b>ESTROGENS</b>		
CLIMARA PRO DIS WEEKLY	3	
DEPO-ESTRADI INJ 5MG/ML	4	
DUAVEE TAB 0.45-20	3	
ELESTRIN GEL 0.06%	4	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 0.5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 1 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1 mg/gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
EVAMIST SPR 1.53MG	4	PA; High Risk Medications require PA for members age 70 and older
IMVEXXY MAIN SUP 4MCG	3	
IMVEXXY MAIN SUP 10MCG	3	
IMVEXXY STRT SUP 4MCG	3	
IMVEXXY STRT SUP 10MCG	3	
<i>jinteli</i>	2	
MENEST TAB 0.3MG	4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	4	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
PREMARIN TAB 0.3MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	4	
<i>yuvafem</i>	2	
<b>GLUCOCORTICOIDS</b>		
<i>deflazacort susp 22.75 mg/ml</i>	5	PA, QL (52 mL every 30 days)
<i>deflazacort tab 6 mg</i>	5	PA, QL (60 tabs every 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
PREDNISONE CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	2	
<i>prednisone tab 1 mg</i>	2	
<i>prednisone tab 2.5 mg</i>	2	
<i>prednisone tab 5 mg</i>	2	
<i>prednisone tab 10 mg</i>	2	
<i>prednisone tab 20 mg</i>	2	
<i>prednisone tab 50 mg</i>	2	
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
SOLU-MEDROL INJ 2GM	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>glucagon (rdna) for inj kit 1 mg</i>	2	
GVOKE HYPO 1 INJ 0.5/.1ML	3	
GVOKE HYPO 1 INJ 1MG/.2ML	3	
GVOKE KIT SOL 1MG/0.2M	3	
GVOKE PFS INJ	3	
INSTA-GLUCOS GEL 77.4%	3	OTC
<b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS</b>		
<i>nitisinone cap 2 mg</i>	5	PA
<i>nitisinone cap 5 mg</i>	5	PA
<i>nitisinone cap 10 mg</i>	5	PA
<i>nitisinone cap 20 mg</i>	5	PA
ORFADIN SUS 4MG/ML	5	PA
<b>HUMAN GROWTH HORMONES</b>		
GENOTROPIN INJ 0.2MG	5	PA
GENOTROPIN INJ 0.4MG	5	PA
GENOTROPIN INJ 0.6MG	5	PA
GENOTROPIN INJ 0.8MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN INJ 1.2MG	5	PA
GENOTROPIN INJ 1.4MG	5	PA
GENOTROPIN INJ 1.6MG	5	PA
GENOTROPIN INJ 1.8MG	5	PA
GENOTROPIN INJ 1MG	5	PA
GENOTROPIN INJ 2MG	5	PA
GENOTROPIN INJ 5MG	5	PA
GENOTROPIN INJ 12MG	5	PA
NORDIPEN 5 MIS DEVICE	3	
NORDIPEN DEL MIS SYSTEM	3	OTC
NORDITROPIN INJ 5/1.5ML	5	PA
NORDITROPIN INJ 10/1.5ML	5	PA
NORDITROPIN INJ 15/1.5ML	5	PA
NORDITROPIN INJ 30/3ML	5	PA
<b>LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS</b>		
SYNAREL SOL 2MG/ML	5	PA
TRIPTODUR SUS 22.5MG	5	PA
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TAB 10MG	4	PA
KERENDIA TAB 20MG	4	PA
<b>MISCELLANEOUS</b>		
<i>cabergoline tab 0.5 mg</i>	2	
CHOR GONADOT INJ 10000UNT	5	PA
CYSTAGON CAP 50MG	5	PA
CYSTAGON CAP 150MG	5	PA
INCRELEX INJ 40MG/4ML	5	PA
INTRAROSA SUP 6.5MG	4	
OSPHENA TAB 60MG	4	PA
<i>raloxifene hcl tab 60 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (60 ampules every 30 days)
SUPPRELIN LA KIT 50MG	5	PA
<i>tolvaptan tab 15 mg</i>	5	PA
<i>tolvaptan tab 30 mg</i>	5	PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	2	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	2	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	2	
PHOSLYRA SOL	3	
<i>sevelamer carbonate packet 0.8 gm</i>	2	
<i>sevelamer carbonate packet 2.4 gm</i>	2	
<i>sevelamer carbonate tab 800 mg</i>	2	
VELPHORO CHW 500MG	3	
<b>POTASSIUM-REMOVING AGENTS</b>		
<i>sps</i>	2	
<b>PROGESTINS</b>		
CRINONE GEL 4% VAG	3	
CRINONE GEL 8% VAG	3	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	2	
<i>medroxyprogesterone acetate tab 5 mg</i>	2	
<i>medroxyprogesterone acetate tab 10 mg</i>	2	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate susp 625 mg/5ml</i>	2	
<i>norethindrone acetate tab 5 mg</i>	2	
<i>progesterone cap 100 mg</i>	2	
<i>progesterone cap 200 mg</i>	2	
<b>THYROID AGENTS</b>		
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 300 mcg</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
<i>methimazole tab 5 mg</i>	2	
<i>methimazole tab 10 mg</i>	2	
<i>propylthiouracil tab 50 mg</i>	2	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	

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

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
<i>unithroid</i>	2	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate inj 4 mcg/ml</i>	2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
<b>GASTROINTESTINAL</b>		
<b>ANTICHOLINERGICS</b>		
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	2	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	2	
<i>dicyclomine hcl cap 10 mg</i>	2	
<i>dicyclomine hcl inj 10 mg/ml</i>	2	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>dicyclomine hcl tab 20 mg</i>	2	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>methscopolamine bromide tab 2.5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>methscopolamine bromide tab 5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<b>ANTIDIARRHEALS</b>		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl cap 2 mg</i>	2	
MOTOFEN TAB 1-0.025	4	
<b>ANTIEMETICS§</b>		
AKYNZEO CAP 300-0.5	4	QL (2 caps every 28 days)
<i>aprepitant capsule 40 mg</i>	2	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	2	QL (4 caps every 28 days)
<i>aprepitant capsule 125 mg</i>	2	QL (2 caps every 28 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	2	QL (2 packs every 28 days)
<i>compro</i>	2	
<i>dronabinol cap 2.5 mg</i>	2	QL (60 caps every 30 days)
<i>dronabinol cap 5 mg</i>	2	QL (60 caps every 30 days)
<i>dronabinol cap 10 mg</i>	2	QL (60 caps every 30 days)
<i>granisetron hcl inj 1 mg/ml</i>	2	QL (2 mL every 28 days)
<i>granisetron hcl tab 1 mg</i>	2	QL (12 tabs every 28 days)
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	2	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	2	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	2	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	QL (20 mL every 28 days)
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	QL (20 mL every 28 days)
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	2	QL (20 mL every 28 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	2	QL (200 mL every 28 days)
<i>ondansetron hcl tab 4 mg</i>	2	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 8 mg</i>	2	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 24 mg</i>	2	QL (2 tabs every 28 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	2	QL (18 tabs every 28 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	2	QL (18 tabs every 28 days)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl inj 25 mg/ml</i>	2	
<i>promethazine hcl inj 50 mg/ml</i>	2	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl suppos 12.5 mg</i>	2	
<i>promethazine hcl suppos 25 mg</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl tab 12.5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan</i>	2	
SANCUSO DIS 3.1MG	3	QL (2 patches every 28 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	2	
<i>trimethobenzamide hcl cap 300 mg</i>	2	
VARUBI TAB 90MG	3	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine tab 200 mg</i>	2	
<i>cimetidine tab 300 mg</i>	2	
<i>cimetidine tab 400 mg</i>	2	
<i>cimetidine tab 800 mg</i>	2	
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine preservative free inj 20 mg/2ml</i>	2	
<i>famotidine tab 20 mg</i>	2	
<i>famotidine tab 40 mg</i>	2	
<i>nizatidine cap 150 mg</i>	2	
<i>nizatidine cap 300 mg</i>	2	
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	2	
<i>budesonide tab er 24hr 9 mg</i>	2	
DIPENTUM CAP 250MG	4	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>mesalamine cap dr 400 mg</i>	2	
<i>mesalamine cap er 24hr 0.375 gm</i>	2	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine tab delayed release 1.2 gm</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	2	
<b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>		
LINZESS CAP 72MCG	3	
LINZESS CAP 145MCG	3	

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

Drug Name	Drug Tier	Requirements/Limits
LINZESS CAP 290MCG	3	
<i>lubiprostone cap 8 mcg</i>	2	
<i>lubiprostone cap 24 mcg</i>	2	
<b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	2	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	2	PA
VIBERZI TAB 75MG	3	PA
VIBERZI TAB 100MG	3	PA
<b>LAXATIVES</b>		
CLENPIQ SOL	1	\$0 copay for members age 45 through 75, Tier 2 for all others
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
OSMOPREP TAB 1.5GM	4	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	\$0 copay for members age 45 through 75, otherwise not covered
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PEG-PREP KIT	1	\$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	1	\$0 copay for members age 45 through 75, otherwise not covered
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	2	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	\$0 copay for members age 45 through 75, otherwise not covered
SUFLAVE SOL	1	\$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	1	\$0 copay for members age 45 through 75, otherwise not covered
<b>MISCELLANEOUS</b>		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOVANTIK TAB 12.5MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MOVANTIK TAB 25MG	3	
SUCRAID SOL 8500/ML	4	PA, QL (354 mL every 30 days)
<i>sucralfate tab 1 gm</i>	2	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
<b>PANCREATIC ENZYMES</b>		
CREON CAP 3000UNIT	3	PA
CREON CAP 6000UNIT	3	PA
CREON CAP 12000UNT	3	PA
CREON CAP 24000UNT	3	PA
CREON CAP 36000UNT	3	PA
VIOKACE TAB 10440	3	PA
VIOKACE TAB 20880	3	PA
ZENPEP CAP 3000UNIT	3	PA
ZENPEP CAP 5000UNIT	3	PA
ZENPEP CAP 10000UNT	3	PA
ZENPEP CAP 15000UNT	3	PA
ZENPEP CAP 20000UNT	3	PA
ZENPEP CAP 25000UNT	3	PA
ZENPEP CAP 40000UNT	3	PA
ZENPEP CAP 60000UNT	3	PA
<b>PROTON PUMP INHIBITORS§</b>		
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	2	Covered for age less than 1 year only
<i>lansoprazole cap delayed release 15 mg</i>	2	
<i>lansoprazole cap delayed release 30 mg</i>	2	
NEXIUM GRA 2.5MG DR	4	Covered for age less than 1 year only
NEXIUM GRA 5MG DR	4	Covered for age less than 1 year only
<i>omeprazole cap delayed release 10 mg</i>	2	
<i>omeprazole cap delayed release 20 mg</i>	2	
<i>omeprazole cap delayed release 40 mg</i>	2	
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	4	QL (90 packets every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	4	QL (90 packets every 365 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	2	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole sodium ec tab 20 mg</i>	2	
<b>RECTAL, CORTICOSTEROIDS</b>		
<i>hydrocortisone perianal cream 1%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>proctozone-hc</i>	2	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	2	
HELIDAC MIS THERAPY	4	
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	
CARDURA XL TAB 4MG	4	ST; PA**
CARDURA XL TAB 8MG	4	ST; PA**
<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>dutasteride cap 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	
<i>finasteride tab 5 mg</i>	2	
<i>silodosin cap 4 mg</i>	2	
<i>silodosin cap 8 mg</i>	2	
<i>tadalafil tab 2.5 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>tadalafil tab 5 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	2	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	2	
<b>CONTRACEPTIVES</b>		
ENCARE SUP 100MG	1	OTC
GYNOL II GEL 3%	1	OTC
PHEXXI GEL	1	
TODAY SPONGE MIS	1	OTC
VCF VAGINAL GEL CONTRACE	1	OTC
VCF VAGINAL MIS CONTRACP	1	OTC
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
ELMIRON CAP 100MG	4	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium citrate tab er 5 meq (540 mg)</i>	2	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	2	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	
<i>urinary pain relief</i>	2	OTC
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	2	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	2	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	2	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	2	
GEMTESA TAB 75MG	4	
<i>mirabegron tab er 24 hr 25 mg</i>	2	
<i>mirabegron tab er 24 hr 50 mg</i>	2	
MYRBETRIQ SUS 8MG/ML	3	
MYRBETRIQ TAB 25MG	3	
MYRBETRIQ TAB 50MG	3	
<i>oxybutynin chloride solution 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	
<i>solifenacin succinate tab 5 mg</i>	2	
<i>solifenacin succinate tab 10 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
<i>trospium chloride cap er 24hr 60 mg</i>	2	
<i>trospium chloride tab 20 mg</i>	2	
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
GYNAZOLE-1 CRE 2%	4	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>miconazole 3</i>	2	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	2	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	2	
ELIQUIS ST P TAB 5MG	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	2	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 2500/ML	4	
FRAGMIN INJ 5000/0.2	4	
FRAGMIN INJ 7500/0.3	4	
FRAGMIN INJ 10000/ML	4	
FRAGMIN INJ 12500UNT	4	
FRAGMIN INJ 15000UNT	4	
FRAGMIN INJ 18000UNT	4	
FRAGMIN INJ 95000UNT	4	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	
<i>jantoven</i>	2	
PRADAXA CAP 75MG	4	
<i>warfarin sodium tab 1 mg</i>	2	
<i>warfarin sodium tab 2 mg</i>	2	
<i>warfarin sodium tab 2.5 mg</i>	2	
<i>warfarin sodium tab 3 mg</i>	2	
<i>warfarin sodium tab 4 mg</i>	2	
<i>warfarin sodium tab 5 mg</i>	2	
<i>warfarin sodium tab 6 mg</i>	2	
<i>warfarin sodium tab 7.5 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tab 10 mg	2	
XARELTO STAR TAB 15/20MG	3	
XARELTO SUS 1MG/ML	3	
XARELTO TAB 2.5MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP INJ 10MCG	5	PA
ARANESP INJ 25MCG	5	PA
ARANESP INJ 40MCG	5	PA
ARANESP INJ 60MCG	5	PA
ARANESP INJ 100MCG	5	PA
ARANESP INJ 150MCG	5	PA
ARANESP INJ 200MCG	5	PA
ARANESP INJ 300MCG	5	PA
ARANESP INJ 500MCG	5	PA
FYLNETRA INJ 6MG/0.6	5	PA, QL (2 syringes every 28 days)
MIRCERA INJ 30MCG	5	PA
MIRCERA INJ 50MCG	5	PA
MIRCERA INJ 75MCG	5	PA
MIRCERA INJ 100MCG	5	PA
MIRCERA INJ 120MCG	5	PA
MIRCERA INJ 150MCG	5	PA
MIRCERA INJ 200MCG	5	PA
NIVESTYM INJ 300/0.5	5	PA
NIVESTYM INJ 300MCG	5	PA
NIVESTYM INJ 480/0.8	5	PA
NIVESTYM INJ 480MCG	5	PA
NYVEPRIA INJ 6/0.6ML	5	PA, QL (2 syringes every 28 days)
RETACRIT INJ 2000UNIT	5	PA
RETACRIT INJ 3000UNIT	5	PA
RETACRIT INJ 4000UNIT	5	PA
RETACRIT INJ 10000UNT	5	PA
RETACRIT INJ 20000UNI	5	PA
RETACRIT INJ 40000UNT	5	PA
<b>HEMOPHILIA A AGENTS</b>		
HEMLIBRA INJ 30MG/ML	5	PA
HEMLIBRA INJ 60/0.4	5	PA
HEMLIBRA INJ 105/0.7	5	PA
HEMLIBRA INJ 150/ML	5	PA
HEMLIBRA INJ 300/2ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
HEMLIBRA SOL 12/0.4ML	5	PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
<i>pentoxifylline tab er 400 mg</i>	2	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	2	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	2	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	2	
<i>dipyridamole tab 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	
YOSPRA LA TAB 81-40MG	4	
YOSPRA LA TAB 325-40MG	4	
<b>THROMBOCYTOPENIA AGENTS</b>		
DOPTELET TAB 20MG (10 TABLETS)	5	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS)	5	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS)	5	PA, QL (2 cartons every 30 days)
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</b>		
ACTEMRA INJ 80MG/4ML	5	ST, PA, QL (20 vials every 28 days)
ACTEMRA INJ 200/10ML	5	ST, PA, QL (8 vials every 28 days)
ACTEMRA INJ 400/20ML	5	ST, PA, QL (4 vials every 28 days)
INFLIXIMAB INJ 100MG	5	PA, QL (5 vials every 42 days)
SIMPONI ARIA SOL 50MG/4ML	5	PA, QL (200 mg every 8 weeks)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SKYRIZI SOL 60MG/ML	5	PA, QL (6 vials every 56 days)
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED)</b>		
ACTEMRA INJ 162/0.9	5	ST, PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
COSENTYX INJ 75MG/0.5	5	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	5	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE	5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	5	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML	5	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
ENBREL INJ 25/0.5ML	5	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	5	PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	5	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENBREL MINI INJ 50MG/ML	5	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	5	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA INJ 10/0.1ML	5	PA, QL (2 injections every 28 days)
HUMIRA INJ 20/0.2ML	5	PA, QL (4 injections every 28 days)
HUMIRA INJ 40/0.4ML	5	PA, QL (4 injections every 28 days)
HUMIRA KIT 40MG/0.8	5	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	5	PA, QL (Starter pack - initial dose only); (80mg and 40mg dual strength kit)
HUMIRA PEDIA INJ CROHNS	5	PA, QL (Starter pack - initial dose only); (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML	5	PA, QL (4 injections every 28 days)
HUMIRA PEN INJ 40MG/0.8	5	PA, QL (4 pens every 28 days)
HUMIRA PEN INJ 80/0.8ML	5	PA, QL (2 pens every 28 days)
HUMIRA PEN KIT PS/UV	5	PA, QL (Starter pack - initial dose only)
HYRIMOZ INJ 10/0.1ML	5	PA, QL (2 syringes every 28 days)
HYRIMOZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.8ML	5	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ INJ 40/0.8ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)

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



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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RINVOQ TAB 45MG ER	5	PA, QL (One time induction dose for CD/UC diagnosis only); Preferred agent for Crohn's Disease and Ulcerative Colitis.
SIMPONI INJ 50/0.5ML	5	ST, PA, QL (1 injection every 28 days)
SIMPONI INJ 100MG/ML	5	ST, PA, QL (1 injection every 28 days)
SKYRIZI INJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI INJ 180/1.2	5	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI INJ 360/2.4	5	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI PEN INJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA INJ 45MG/0.5	5	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 45MG/0.5	5	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 90MG/ML	5	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ INJ 20/0.25	5	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TALTZ INJ 40/0.5ML	5	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TALTZ INJ 80MG/ML	5	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	5	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XELJANZ SOL 1MG/ML	5	PA, QL (240 mL every 24 days)
XELJANZ TAB 5MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TAB 10MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
XELJANZ XR TAB 11MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ XR TAB 22MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>leflunomide tab 10 mg</i>	2	
<i>leflunomide tab 20 mg</i>	2	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
<b>HEREDITARY ANGIOEDEMA</b>		
HAEGARDA INJ 2000UNIT	5	PA, QL (20 vials every 30 days)
HAEGARDA INJ 3000UNIT	5	PA, QL (20 vials every 30 days)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (45 syringes every 90 days)
<b>IMMUNOGLOBULIN</b>		
CUTAQUIG SOL 1.65GM	5	PA
CUTAQUIG SOL 1GM	5	PA
CUTAQUIG SOL 2GM	5	PA
CUTAQUIG SOL 3.3GM	5	PA
CUTAQUIG SOL 4GM	5	PA
CUTAQUIG SOL 8GM	5	PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE INJ 2MU/0.5	5	PA
ARCALYST INJ 220MG	5	PA, QL (8 vials every 28 days)
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL CAP 0.5MG	4	
ASTAGRAF XL CAP 1MG	4	
ASTAGRAF XL CAP 5MG	4	
<i>azathioprine tab 50 mg</i>	2	
<i>azathioprine tab 75 mg</i>	2	
<i>azathioprine tab 100 mg</i>	2	
CELLCEPT CAP 250MG	4	
CELLCEPT IV INJ 500MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT SUS 200MG/ML	4	
CELLCEPT TAB 500MG	4	
<i>cyclosporine cap 25 mg</i>	2	
<i>cyclosporine cap 100 mg</i>	2	
<i>cyclosporine iv soln 50 mg/ml</i>	2	
<i>cyclosporine modified cap 25 mg</i>	2	
<i>cyclosporine modified cap 50 mg</i>	2	
<i>cyclosporine modified cap 100 mg</i>	2	
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	
ENVARUSUS XR TAB 0.75MG	4	
ENVARUSUS XR TAB 1MG	4	
ENVARUSUS XR TAB 4MG	4	
<i>everolimus tab 0.5 mg</i>	2	
<i>everolimus tab 0.25 mg</i>	2	
<i>everolimus tab 0.75 mg</i>	2	
<i>everolimus tab 1 mg</i>	2	
<i>gengraf</i>	2	
<i>mycophenolate mofetil cap 250 mg</i>	2	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	2	
<i>mycophenolate mofetil tab 500 mg</i>	2	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	
MYFORTIC TAB 180MG	4	
MYFORTIC TAB 360MG	4	
NEORAL CAP 25MG	4	
NEORAL CAP 100MG	4	
NEORAL SOL 100MG/ML	4	
NULOJIX INJ 250MG	4	
PROGRAF CAP 0.5MG	4	
PROGRAF CAP 1MG	4	
PROGRAF CAP 5MG	4	
PROGRAF GRA 0.2MG	4	
PROGRAF GRA 1MG	4	
PROGRAF INJ 5MG/ML	4	
RAPAMUNE SOL 1MG/ML	4	
RAPAMUNE TAB 0.5MG	4	
RAPAMUNE TAB 1MG	4	
RAPAMUNE TAB 2MG	4	
SANDIMMUNE CAP 25MG	4	
SANDIMMUNE CAP 100MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE INJ 50MG/ML	4	
SANDIMMUNE SOL 100MG/ML	4	
<i>sirolimus oral soln 1 mg/ml</i>	2	
<i>sirolimus tab 0.5 mg</i>	2	
<i>sirolimus tab 1 mg</i>	2	
<i>sirolimus tab 2 mg</i>	2	
<i>tacrolimus cap 0.5 mg</i>	2	
<i>tacrolimus cap 1 mg</i>	2	
<i>tacrolimus cap 5 mg</i>	2	
ZORTRESS TAB 0.5MG	4	
ZORTRESS TAB 0.25MG	4	
ZORTRESS TAB 0.75MG	4	
ZORTRESS TAB 1MG	4	
<b>MISCELLANEOUS</b>		
BEYFORTUS INJ 50/0.5ML	1	\$0 copay for members age 18 and younger, otherwise not covered
BEYFORTUS INJ 100MG/ML	1	\$0 copay for members age 18 and younger, otherwise not covered
<b>VACCINES</b>		
ABRYSCO INJ	1	
ACTHIB INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	1	
AREXVY INJ 120MCG	1	\$0 copay for members age 19 and older, otherwise not covered
BEXSERO INJ	1	
BOOSTRIX INJ	1	
CAPVAXIVE INJ 0.5ML	1	
COMIRNATY INJ 30/0.3ML	1	
COMIRNATY INJ 2024-25	1	
DAPTACEL INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	1	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10/0.5ML	1	
ENGERIX-B INJ 20MCG/ML	1	
FLUMIST	1	
GARDASIL 9 INJ	1	

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Drug Name	Drug Tier	Requirements/Limits
HAVRIX INJ 720UNIT	1	
HAVRIX INJ 1440UNIT	1	
HEPLISAV-B INJ 20/0.5ML	1	
HIBERIX SOL 10MCG	1	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
INFLUENZA VACCINE	1	
IPOL INJ INACTIVE	1	\$0 copay for members age 18 and younger, otherwise not covered
JYNNEOS INJ	1	
KINRIX INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MODERNA INJ 6MO-11Y	1	
MODERNA INJ 2024-25	1	
MRESVIA INJ 50MCG	1	\$0 copay for members age 19 and older, otherwise not covered
NOVAVAX INJ 2023-24	1	
NOVAVAX INJ 2024-25	1	
PEDIARIX INJ 0.5ML	1	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	1	
PENTACEL INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER 5-11Y INJ 2023-24	1	
PFIZER 6M-4Y INJ 2023-24	1	
PNEUMOVAX 23 INJ 25/0.5	1	
PREHEVBRIO SUS 10MCG/ML	1	
PREVNAR 13 INJ	1	
PREVNAR 20 INJ	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRIORIX INJ	1	
PROQUAD INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	1	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVA HB INJ 5MCG/0.5	1	
RECOMBIVA HB INJ 10MCG/ML	1	
RECOMBIVA-HB INJ 40MCG/ML	1	
ROTARIX SUS	1	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	1	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX INJ 50/0.5ML	1	\$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX INJ 50/0.5ML	1	
TDVAX INJ 2-2 LF	1	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	1	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	1	
TWINRIX INJ	1	\$0 copay for members age 19 and older, otherwise not covered
VAQTA INJ 25/0.5ML	1	
VAQTA INJ 50UNT/ML	1	
VARIVAX INJ	1	
VAXELIS INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	1	
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>POTASSIUM</b>		
<i>potassium chloride tab er 15 meq</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
<i>effe-r-k</i>	2	
<i>fluoritab</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m15</i>	2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	2	
<i>monoject sodium chloride</i>	2	
<i>nafrinse drops</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	2	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	2	
<b>IV REPLACEMENT SOLUTIONS</b>		
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>sodium chloride iv soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	2	
<i>sodium chloride iv soln 3%</i>	2	
<i>sodium chloride iv soln 5%</i>	2	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	2	



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

Drug Name	Drug Tier	Requirements/Limits
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	4	
<b>ANTI-INFECTIVES</b>		
AZASITE SOL 1%	3	
<i>bacitracin ophth oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUS 0.6%	4	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN SUS 5% OP	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polycin</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
<i>sulfacetamide sodium ophth oint 10%</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>trifluridine ophth soln 1%</i>	2	
ZIRGAN GEL 0.15%	4	
<b>ANTI-INFLAMMATORIES</b>		
ACUVAIL SOL 0.45%	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
<b>DRY EYE DISEASE</b>		
RESTASIS EMU 0.05% OP	2	
RESTASIS MUL EMU 0.05% OP	3	Multi-dose vial remains on preferred brand tier
<b>MISCELLANEOUS</b>		
<i>atropine sulfate ophth soln 1%</i>	2	
CYSTARAN SOL 0.44%	5	PA, QL (4 bottles every 28 days)
<i>phenylephrine hcl ophth soln 2.5%</i>	2	
<i>phenylephrine hcl ophth soln 10%</i>	2	
<i>proparacaine hcl ophth soln 0.5%</i>	2	
<i>tropicamide ophth soln 0.5%</i>	2	
<i>tropicamide ophth soln 1%</i>	2	
<b>OTHER</b>		
<b>IRRIGATION SOLUTIONS</b>		
<i>physiolyte</i>	2	
<i>physiosol irrigation</i>	2	
<b>RESPIRATORY</b>		
<b>ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS</b>		
PROLASTIN-C INJ 1000MG	5	PA
<b>ANAPHYLAXIS TREATMENT AGENTS</b>		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	2	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	2	QL (4 auto-injectors every 30 days); (generic of Adrenallick)
EPIPEN 2-PAK INJ 0.3MG	3	QL (4 auto-injectors every 30 days)
EPIPEN-JR INJ 0.15MG	3	QL (4 auto-injectors every 30 days)
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§</b>		
BEVESPI AER 9-4.8MCG	3	QL (1 package every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	3	QL (1 package every 30 days)
<b>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS§</b>		
BREZTRI AERO AER SPHERE	3	QL (1 package every 30 days)

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

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

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

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

**BETA AGONISTS§**

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers every 30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	QL (120 vials every 30 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	QL (5 boxes every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg</i>	2	
<i>albuterol sulfate tab 4 mg</i>	2	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	2	QL (60 vials every 30 days)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	2	QL (60 vials every 30 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	2	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	2	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	QL (45 mL every 30 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	2	QL (2 inhalers every 30 days)
SEREVENT DIS AER 50MCG	3	QL (1 package every 30 days)
STRIVERDI AER 2.5MCG	3	QL (1 package every 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	

**COLD/COUGH**

<i>benzonatate cap 100 mg</i>	2	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benzonatate cap 200 mg</i>	2	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL (60 mL every day), OTC; Subject to initial 7-day limit
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	2	QL (10 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	2	QL (6 tabs every day); Subject to initial 7-day limit
<i>hydromet</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine vc</i>	2	
<i>promethazine vc/codeine</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	2	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	2	
TUZISTRA XR SUS	4	QL (20 mL every day); Subject to initial 7-day limit

**CYSTIC FIBROSIS**

CAYSTON INH 75MG	5	PA, QL (84 vials every 28 days)
KALYDECO GRA 5.8MG	5	PA, QL (56 packets every 28 days)
KALYDECO GRA 13.4MG	5	PA, QL (56 packets every 28 days)
KALYDECO PAK 25MG	5	PA, QL (56 packets every 28 days)
KALYDECO PAK 50MG	5	PA, QL (56 packets every 28 days)
KALYDECO PAK 75MG	5	PA, QL (56 packets every 28 days)
KALYDECO TAB 150MG	5	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 75-94MG	5	PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	5	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	5	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	5	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	5	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	5	PA, QL (56 tabs every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMDEKO TAB 100-150	5	PA, QL (56 tabs every 28 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	5	PA, QL (224 mL every 28 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	5	PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	5	PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	5	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	5	PA, QL (84 tabs every 28 days)
<b>LEUKOTRIENE MODIFIERS</b>		
<i>zileuton tab er 12hr 600 mg</i>	4	
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	
<b>MAST CELL STABILIZERS§</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	QL (2 boxes every 30 days)
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhal soln 10%</i>	2	
<i>acetylcysteine inhal soln 20%</i>	2	
<i>roflumilast tab 250 mcg</i>	2	PA
<i>roflumilast tab 500 mcg</i>	2	PA
<i>sodium chloride soln nebu 0.9%</i>	2	
<i>sodium chloride soln nebu 3%</i>	2	
<i>sodium chloride soln nebu 7%</i>	2	
<i>sodium chloride soln nebu 10%</i>	2	
<b>NASAL STEROIDS§</b>		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (3 containers every 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 container every 30 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	QL (2 packages every 30 days)
OMNARIS SPR	4	ST, QL (1 package every 30 days); PA**
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	2	QL (1 package every 30 days), OTC
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV CAP 100MG	5	PA, QL (60 caps every 30 days)
OFEV CAP 150MG	5	PA, QL (60 caps every 30 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (270 caps every 30 days)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pirfenidone tab 267 mg</i>	5	PA, QL (270 tabs every 30 days)
<i>pirfenidone tab 801 mg</i>	5	PA, QL (90 tabs every 30 days)
<b>RESPIRATORY THERAPY SUPPLIES</b>		
AEROCHAMBER MIS PLUS	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS MEDIUM	3	OTC
PANDA MASK MIS PEDIATRI	3	OTC
<b>SEVERE ASTHMA AGENTS</b>		
DUPIXENT INJ 100/0.67	5	PA, QL (2 syringes every 28 days); Indicated for Asthma
FASENRA INJ 10MG/0.5	5	PA, QL (1 syringe every 56 days)
FASENRA INJ 30MG/ML	5	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	5	PA, QL (1 syringe every 56 days)
XOLAIR INJ 75/0.5	5	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	5	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	5	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	5	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	5	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	5	PA, QL (4 syringes every 28 days)
XOLAIR SOL 150MG	5	PA, QL (8 vials every 28 days)
<b>STEROID INHALANTS§</b>		
ALVESCO AER 80MCG	4	QL (3 packages every 30 days)
ALVESCO AER 160MCG	4	QL (2 packages every 30 days)
ARNUITY ELPT INH 50MCG	3	QL (1 package every 30 days)
ARNUITY ELPT INH 100MCG	3	QL (1 package every 30 days)
ARNUITY ELPT INH 200MCG	3	QL (1 package every 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	QL (2 boxes every 30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	QL (3 boxes every 30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	2	QL (1 box every 30 days)
QVAR REDIIHA AER 80MCG	3	QL (2 packages every 30 days)
QVAR REDIIHAL AER 40MCG	3	QL (2 packages every 30 days)
<b>STEROID/BETA-AGONIST COMBINATIONS§</b>		
AIRSUPRA AER 90-80MCG	3	QL (3 packages every 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	3	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	3	QL (1 package every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	QL (3 packages every 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (1 package every 30 days)

**XANTHINES**

<i>aminophylline inj 25 mg/ml</i>	2	
<i>theophylline elixir 80 mg/15ml</i>	2	
<i>theophylline soln 80 mg/15ml</i>	2	
<i>theophylline tab er 12hr 300 mg</i>	2	
<i>theophylline tab er 12hr 450 mg</i>	2	
<i>theophylline tab er 24hr 400 mg</i>	2	
<i>theophylline tab er 24hr 600 mg</i>	2	

**TOPICAL****DERMATOLOGY, ACNE**

<i>adapalene cream 0.1%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.1%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.3%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	2	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (47g every 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	QL (45g every 30 days)
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	QL (75g every 30 days)
<i>clindamycin phosphate lotion 1%</i>	2	QL (60 mL every 30 days)
<i>clindamycin phosphate soln 1%</i>	2	QL (60 mL every 30 days)
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	QL (50g every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	2	QL (50g every 30 days)
<i>ery</i>	2	
<i>erythromycin gel 2%</i>	2	QL (60g every 30 days)
<i>erythromycin soln 2%</i>	2	QL (60 mL every 30 days)
<i>isotretinoin cap 10 mg</i>	2	PA
<i>isotretinoin cap 20 mg</i>	2	PA
<i>isotretinoin cap 30 mg</i>	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isotretinoin cap 40 mg</i>	2	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<i>tretinoin cream 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	2	PA; PA applies for members age 35 and older
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>		
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod cream 5%</i>	2	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
IV PREP WIPE PAD	3	OTC
<i>mupirocin oint 2%</i>	2	QL (30g every 30 days)
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd</i>	2	
SULFAMYLON CRE 85MG/GM	4	
XEPI CRE 1%	4	PA, QL (30g every 30 days)
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox gel 0.77%</i>	2	QL (120g every 30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	QL (120g every 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	QL (120 mL every 30 days)
<i>ciclopirox shampoo 1%</i>	2	QL (120 mL every 30 days)
<i>ciclopirox solution 8%</i>	2	
<i>clotrimazole cream 1%</i>	2	QL (120g every 30 days)
<i>clotrimazole soln 1%</i>	2	QL (120 mL every 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (60g every 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	QL (60 mL every 30 days)
<i>econazole nitrate cream 1%</i>	2	QL (60g every 30 days)
ERTACZO CRE 2%	4	QL (60g every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JUBLIA SOL 10%	4	PA, QL (4 mL every 28 days)
<i>ketoconazole cream 2%</i>	2	QL (120g every 30 days)
<i>luliconazole cream 1%</i>	4	QL (60g every 30 days)
MENTAX CRE 1%	4	QL (60g every 30 days)
<i>naftifine hcl cream 1%</i>	2	QL (60g every 30 days)
<i>naftifine hcl cream 2%</i>	2	QL (60g every 30 days)
<i>nyamyc</i>	2	QL (120g every 30 days)
<i>nystatin cream 100000 unit/gm</i>	2	QL (120g every 30 days)
<i>nystatin oint 100000 unit/gm</i>	2	QL (120g every 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	2	QL (120g every 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	QL (60g every 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	QL (60g every 30 days)
<i>nystop</i>	2	QL (120g every 30 days)
<i>oxiconazole nitrate cream 1%</i>	2	QL (60g every 30 days)
<i>sulconazole nitrate cream 1%</i>	2	QL (60g every 30 days)
<i>sulconazole nitrate solution 1%</i>	2	QL (60 mL every 30 days)
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>doxepin hcl cream 5%</i>	4	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin cap 10 mg</i>	2	
<i>acitretin cap 17.5 mg</i>	2	
<i>acitretin cap 25 mg</i>	2	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	ST, QL (60 mL every 30 days); PA**
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	4	ST, QL (60g every 30 days); PA**
<i>calcitriol oint 3 mcg/gm</i>	4	ST, QL (100g every 30 days); PA**
<i>methoxsalen rapid cap 10 mg</i>	2	
<i>tazarotene cream 0.1%</i>	2	PA
<i>tazarotene gel 0.1%</i>	2	PA
<i>tazarotene gel 0.05%</i>	2	PA
TAZORAC CRE 0.05%	3	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo 2%</i>	2	QL (120 mL every 30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
<b>DERMATOLOGY, ATOPIC DERMATITIS</b>		
DUPIXENT INJ 200/1.14	5	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 200MG	5	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 300/2ML	5	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	5	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
EUCRISA OIN 2%	3	ST, QL (60g every 30 days); PA**
<i>pimecrolimus cream 1%</i>	4	ST; PA**
<i>tacrolimus oint 0.1%</i>	4	ST; PA**
<i>tacrolimus oint 0.03%</i>	4	ST; PA**

**DERMATOLOGY, CORTICOSTEROIDS**

<i>ala-cort</i>	2	QL (120g every 30 days)
<i>alclometasone dipropionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	2	QL (120g every 30 days)
<i>amcinonide lotion 0.1%</i>	2	QL (120 mL every 30 days)
<i>amcinonide oint 0.1%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	2	QL (120g every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	QL (120g every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	QL (120 mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	QL (120g every 30 days)
BRYHALI LOT 0.01%	3	QL (120 mL every 30 days)
<i>clobetasol propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate emo</i>	2	QL (120g every 30 days)
<i>clobetasol propionate foam 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate gel 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>clobetasol propionate oint 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	2	QL (120 mL every 30 days)
<i>clobetasol propionate soln 0.05%</i>	2	QL (120 mL every 30 days)
<i>clobetasol propionate spray 0.05%</i>	2	QL (120 mL every 30 days)
<i>clocortolone pivalate cream 0.1%</i>	4	QL (120g every 30 days)
<i>desonide cream 0.05%</i>	2	QL (120g every 30 days)
<i>desonide lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>desonide oint 0.05%</i>	2	QL (120g every 30 days)
<i>desoximetasone cream 0.05%</i>	2	QL (120g every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desoximetasone cream 0.25%</i>	2	QL (120g every 30 days)
<i>desoximetasone gel 0.05%</i>	2	QL (120g every 30 days)
<i>desoximetasone oint 0.25%</i>	2	QL (120g every 30 days)
<i>desoximetasone spray 0.25%</i>	4	QL (120 mL every 30 days)
<i>diflorasone diacetate cream 0.05%</i>	4	QL (120g every 30 days)
<i>diflorasone diacetate oint 0.05%</i>	4	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	2	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	2	QL (120g every 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	QL (120 mL every 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	QL (120 mL every 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	2	QL (120g every 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	2	QL (120 mL every 30 days)
<i>fluocinonide cream 0.05%</i>	2	QL (120g every 30 days)
<i>fluocinonide gel 0.05%</i>	2	QL (120g every 30 days)
<i>fluocinonide oint 0.05%</i>	2	QL (120g every 30 days)
<i>fluocinonide soln 0.05%</i>	2	QL (120 mL every 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>fluticasone propionate lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>fluticasone propionate oint 0.005%</i>	2	QL (120g every 30 days)
<i>halobetasol propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>halobetasol propionate oint 0.05%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	2	QL (120 mL every 30 days)
<i>hydrocortisone cream 1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone cream 2.5%</i>	2	QL (120g every 30 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (120 mL every 30 days)
<i>hydrocortisone oint 2.5%</i>	2	QL (120g every 30 days)
<i>hydrocortisone valerate cream 0.2%</i>	2	QL (120g every 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	2	QL (120g every 30 days)
<i>mometasone furoate cream 0.1%</i>	2	QL (120g every 30 days)
<i>mometasone furoate oint 0.1%</i>	2	QL (120g every 30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	2	QL (120g every 30 days)

**DERMATOLOGY, LOCAL ANESTHETICS**

<i>lidocaine hcl soln 4%</i>	2	QL (50 mL every 30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	2	QL (60 mL every 30 days)

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<i>lidocaine oint 5%</i>	2	QL (50g every 30 days)
<i>lidocaine pain relief pat</i>	2	QL (30 patches every 30 days), OTC
<i>lidocaine patch 5%</i>	2	PA, QL (90 patches every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30g every 30 days)
SYNERA DIS 70-70MG	4	QL (2 patches every 30 days)
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>acyclovir cream 5%</i>	4	
<i>bexarotene gel 1%</i>	5	PA
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	QL (300g every 30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	QL (300g every 30 days), OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>nitroglycerin oint 0.4%</i>	2	
<i>penciclovir cream 1%</i>	2	
<i>podofilox gel 0.5%</i>	2	
<i>podofilox soln 0.5%</i>	2	
VOLTAREN GEL 1% ARTHR	2	QL (300g every 30 days), OTC
<b>DERMATOLOGY, ROSACEA</b>		
<i>azelaic acid gel 15%</i>	2	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	2	PA
FINACEA AER 15%	3	
<i>ivermectin cream 1%</i>	2	PA
<i>metronidazole cream 0.75%</i>	2	QL (60g every 30 days)
<i>metronidazole gel 0.75%</i>	2	QL (60g every 30 days)
<i>metronidazole gel 1%</i>	2	QL (60g every 30 days)
<i>metronidazole lotion 0.75%</i>	2	QL (60 mL every 30 days)
<b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b>		
<i>crotan</i>	2	
<i>cvs ivermectin lice treat</i>	2	OTC
<i>cvs lice treatment</i>	2	OTC
<i>lice treatment</i>	2	OTC
<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	
<i>sm lice treatment</i>	2	OTC
<i>spinosad susp 0.9%</i>	2	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGANEX GEL 0.01%	4	PA, QL (30g every 30 days)
<i>sodium chloride irrigation soln 0.9%</i>	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clotrimazole troche 10 mg</i>	2	QL (90 lozenges every 30 days)
<i>lidocaine hcl laryngotracheal soln 4%</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>oralone dental paste</i>	2	
ORAVIG TAB 50MG	4	QL (14 tabs every 30 days)
<i>periogard</i>	2	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
<b>OTIC</b>		
<i>acetic acid otic soln 2%</i>	2	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	4	
CORTISPORIN SUS -TC OTIC	4	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
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<i>benazepril hcl tab 40 mg</i> .....	32	<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> .....	39
<i>benazepril hcl tab 5 mg</i> .....	32		
<i>benzonatate cap 100 mg</i> .....	110		
<i>benzonatate cap 200 mg</i> .....	111		
<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	114		

<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>		<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i>	
.....	39	(base equiv) .....	67
<i>bisoprolol fumarate tab 10 mg</i> .....	39	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i>	
<i>bisoprolol fumarate tab 5 mg</i> .....	39	(base equiv) .....	67
<i>bleomycin sulfate for inj 15 unit</i> .....	24	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	
<i>bleomycin sulfate for inj 30 unit</i> .....	24	(base equiv) .....	67
<b>BOOSTRIX INJ</b> .....	101	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>	
<i>bosentan tab 125 mg</i> .....	45	(base equiv) .....	67
<i>bosentan tab 62.5 mg</i> .....	45	<i>buprenorphine td patch weekly 10 mcg/hr</i> .....	12
<b>BREO ELLIPTA INH 100-25</b> .....	113	<i>buprenorphine td patch weekly 15 mcg/hr</i> .....	12
<b>BREO ELLIPTA INH 200-25</b> .....	113	<i>buprenorphine td patch weekly 20 mcg/hr</i> .....	12
<b>BREO ELLIPTA INH 50-25MCG</b> .....	113	<i>buprenorphine td patch weekly 5 mcg/hr</i> .....	11
<b>BREZTRI AERO AER SPHERE</b> .....	108	<i>buprenorphine td patch weekly 7.5 mcg/hr</i> .....	11
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>		<i>bupropion hcl (smoking deterrent) tab er 12hr</i>	
.....	119	150 mg.....	68
<i>brimonidine tartrate ophth soln 0.1%</i> .....	107	<i>bupropion hcl tab 100 mg</i> .....	48
<i>brimonidine tartrate ophth soln 0.15%</i> .....	107	<i>bupropion hcl tab 75 mg</i> .....	48
<i>brimonidine tartrate ophth soln 0.2%</i> .....	107	<i>bupropion hcl tab er 12hr 100 mg</i> .....	48
<i>brimonidine tartrate-timolol maleate ophth soln</i>		<i>bupropion hcl tab er 12hr 150 mg</i> .....	48
0.2-0.5% .....	107	<i>bupropion hcl tab er 12hr 200 mg</i> .....	48
<i>brinzolamide ophth susp 1%</i> .....	107	<i>bupropion hcl tab er 24hr 150 mg</i> .....	48
<i>bromfenac sodium ophth soln 0.09% (base equiv)</i>		<i>bupropion hcl tab er 24hr 300 mg</i> .....	48
(once-daily).....	106	<i>bupirone hcl tab 10 mg</i> .....	46
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>bupirone hcl tab 15 mg</i> .....	46
<i>equivalent)</i> .....	52	<i>bupirone hcl tab 30 mg</i> .....	46
<i>bromocriptine mesylate tab 2.5 mg (base</i>		<i>bupirone hcl tab 5 mg</i> .....	46
<i>equivalent)</i> .....	52	<i>bupirone hcl tab 7.5 mg</i> .....	46
<b>BRYHALI LOT 0.01%</b> .....	117	<i>busulfan inj 6 mg/ml</i> .....	23
<i>budesonide delayed release particles cap 3 mg</i>	87	<i>butorphanol tartrate inj 1 mg/ml</i> .....	6
<i>budesonide inhalation susp 0.25 mg/2ml</i> .....	113	<i>butorphanol tartrate inj 2 mg/ml</i> .....	6
<i>budesonide inhalation susp 0.5 mg/2ml</i> .....	113	<i>butorphanol tartrate nasal soln 10 mg/ml</i> .....	6
<i>budesonide inhalation susp 1 mg/2ml</i> .....	113	<b>C</b>	
<i>budesonide tab er 24hr 9 mg</i> .....	87	<b>CABENUVA SUS 400-600</b> .....	15
<i>budesonide-formoterol fumarate dihyd aerosol</i>		<b>CABENUVA SUS 600-900</b> .....	15
160-4.5 mcg/act .....	114	<i>cabergoline tab 0.5 mg</i> .....	83
<i>budesonide-formoterol fumarate dihyd aerosol</i>		<b>CABOMETYX TAB 20MG</b> .....	27
80-4.5 mcg/act .....	114	<b>CABOMETYX TAB 40MG</b> .....	28
<i>bumetanide tab 0.5 mg</i> .....	42	<b>CABOMETYX TAB 60MG</b> .....	28
<i>bumetanide tab 1 mg</i> .....	42	<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .....	116
<i>bumetanide tab 2 mg</i> .....	42	<i>calcipotriene-betamethasone dipropionate oint</i>	
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i> ..	11	0.005-0.064%.....	116
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i> .....	67	<i>calcitonin (salmon) nasal soln 200 unit/act</i> .....	73
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i> .....	67	<i>calcitriol cap 0.25 mcg</i> .....	105
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i>		<i>calcitriol cap 0.5 mcg</i> .....	105
(base equiv) .....	67	<i>calcitriol oint 3 mcg/gm</i> .....	116
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>		<i>calcitriol oral soln 1 mcg/ml</i> .....	105
(base equiv) .....	67		

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> .....	83	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	53
<i>calcium acetate (phosphate binder) tab 667 mg</i> .....	83	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	53
<i>CALQUENCE TAB 100MG</i> .....	28	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	53
<i>camila</i> .....	73	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	53
<i>camrese</i> .....	73	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	53
<i>candesartan cilexetil tab 16 mg</i> .....	35	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....	53
<i>candesartan cilexetil tab 32 mg</i> .....	35	<i>carbinoxamine maleate soln 4 mg/5ml</i> .....	109
<i>candesartan cilexetil tab 4 mg</i> .....	35	<i>carbinoxamine maleate tab 4 mg</i> .....	109
<i>candesartan cilexetil tab 8 mg</i> .....	35	<i>carboplatin iv soln 150 mg/15ml</i> .....	31
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> .....	34	<i>carboplatin iv soln 450 mg/45ml</i> .....	31
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> .....	34	<i>carboplatin iv soln 50 mg/5ml</i> .....	30
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> .....	34	<i>carboplatin iv soln 600 mg/60ml</i> .....	31
<i>capecitabine tab 150 mg</i> .....	25	<i>CARDURA XL TAB 4MG</i> .....	90
<i>capecitabine tab 500 mg</i> .....	25	<i>CARDURA XL TAB 8MG</i> .....	90
<i>CAPRELSA TAB 100MG</i> .....	28	<i>CAREFINE MIS 32GX6MM</i> .....	77
<i>CAPRELSA TAB 300MG</i> .....	28	<i>carglumic acid soluble tab 200 mg</i> .....	78
<i>captopril tab 100 mg</i> .....	32	<i>carisoprodol tab 350 mg</i> .....	66
<i>captopril tab 12.5 mg</i> .....	32	<i>carmustine for inj 100 mg</i> .....	23
<i>captopril tab 25 mg</i> .....	32	<i>carteolol hcl ophth soln 1%</i> .....	107
<i>captopril tab 50 mg</i> .....	32	<i>cartia xt</i> .....	41
<i>CAPVAXIVE INJ 0.5ML</i> .....	101	<i>carvedilol phosphate cap er 24hr 10 mg</i> .....	39
<i>carbamazepine cap er 12hr 100 mg</i> .....	57	<i>carvedilol phosphate cap er 24hr 20 mg</i> .....	39
<i>carbamazepine cap er 12hr 200 mg</i> .....	57	<i>carvedilol phosphate cap er 24hr 40 mg</i> .....	39
<i>carbamazepine cap er 12hr 300 mg</i> .....	57	<i>carvedilol phosphate cap er 24hr 80 mg</i> .....	39
<i>carbamazepine chew tab 100 mg</i> .....	57	<i>carvedilol tab 12.5 mg</i> .....	39
<i>carbamazepine susp 100 mg/5ml</i> .....	57	<i>carvedilol tab 25 mg</i> .....	39
<i>carbamazepine tab 200 mg</i> .....	57	<i>carvedilol tab 3.125 mg</i> .....	39
<i>carbamazepine tab er 12hr 100 mg</i> .....	57	<i>carvedilol tab 6.25 mg</i> .....	39
<i>carbamazepine tab er 12hr 200 mg</i> .....	57	<i>CAYA DPR</i> .....	73
<i>carbamazepine tab er 12hr 400 mg</i> .....	57	<i>CAYSTON INH 75MG</i> .....	111
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i> .....	52	<i>cefaclor cap 250 mg</i> .....	17
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i> .....	52	<i>cefaclor cap 500 mg</i> .....	17
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i> .....	52	<i>cefaclor for susp 125 mg/5ml</i> .....	17
<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	52	<i>cefaclor for susp 250 mg/5ml</i> .....	17
<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....	52	<i>cefaclor for susp 375 mg/5ml</i> .....	17
<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....	53	<i>cefadroxil cap 500 mg</i> .....	17
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	53	<i>cefadroxil for susp 250 mg/5ml</i> .....	17
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	53	<i>cefadroxil for susp 500 mg/5ml</i> .....	17
<i>carbidopa tab 25 mg</i> .....	53	<i>cefadroxil tab 1 gm</i> .....	17
		<i>cefazolin sodium for inj 1 gm</i> .....	17
		<i>cefdinir cap 300 mg</i> .....	17

<i>cefdinir for susp 125 mg/5ml</i> .....	17	<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i> ...	67
<i>cefdinir for susp 250 mg/5ml</i> .....	17	<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i> ..	67
<i>cefepime hcl for inj 1 gm</i> .....	17	<i>chlorhexidine gluconate soln 0.12%</i> .....	119
<i>cefepime hcl for iv soln 2 gm</i> .....	17	<i>chloroquine phosphate tab 250 mg</i> .....	13
<i>cefixime cap 400 mg</i> .....	17	<i>chloroquine phosphate tab 500 mg</i> .....	13
<i>cefixime for susp 100 mg/5ml</i> .....	17	<i>chlorpromazine hcl inj 25 mg/ml</i> .....	54
<i>cefixime for susp 200 mg/5ml</i> .....	17	<i>chlorpromazine hcl inj 50 mg/2ml</i> .....	54
<i>cefpodoxime proxetil for susp 100 mg/5ml</i> .....	17	<i>chlorpromazine hcl tab 10 mg</i> .....	54
<i>cefpodoxime proxetil for susp 50 mg/5ml</i> .....	17	<i>chlorpromazine hcl tab 100 mg</i> .....	54
<i>cefpodoxime proxetil tab 100 mg</i> .....	17	<i>chlorpromazine hcl tab 200 mg</i> .....	54
<i>cefpodoxime proxetil tab 200 mg</i> .....	17	<i>chlorpromazine hcl tab 25 mg</i> .....	54
<i>cefprozil for susp 125 mg/5ml</i> .....	17	<i>chlorpromazine hcl tab 50 mg</i> .....	54
<i>cefprozil for susp 250 mg/5ml</i> .....	17	<i>chlorthalidone tab 25 mg</i> .....	43
<i>cefprozil tab 250 mg</i> .....	17	<i>chlorthalidone tab 50 mg</i> .....	43
<i>cefprozil tab 500 mg</i> .....	17	<i>chlorzoxazone tab 500 mg</i> .....	66
<i>ceftazidime for iv soln 2 gm</i> .....	17	<i>cholecalciferol cap 1.25 mg (50000 unit)</i> .....	105
<i>ceftriaxone sodium for inj 1 gm</i> .....	18	<i>cholestyramine light powder 4 gm/dose</i> .....	36
<i>ceftriaxone sodium for inj 10 gm</i> .....	18	<i>cholestyramine light powder packets 4 gm</i> .....	36
<i>ceftriaxone sodium for inj 2 gm</i> .....	18	<i>cholestyramine powder 4 gm/dose</i> .....	36
<i>ceftriaxone sodium for inj 250 mg</i> .....	18	<i>cholestyramine powder packets 4 gm</i> .....	36
<i>ceftriaxone sodium for inj 500 mg</i> .....	18	<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> .....	36
<i>ceftriaxone sodium for iv soln 1 gm</i> .....	18	<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i> .....	36
<i>ceftriaxone sodium for iv soln 2 gm</i> .....	18	CHOR GONADOT INJ 10000UNT .....	83
<i>cefuroxime axetil tab 250 mg</i> .....	18	<i>ciclopirox gel 0.77%</i> .....	115
<i>cefuroxime axetil tab 500 mg</i> .....	18	<i>ciclopirox olamine cream 0.77% (base equiv)</i> .	115
<i>celecoxib cap 100 mg</i> .....	5	<i>ciclopirox olamine susp 0.77% (base equiv)</i> ....	115
<i>celecoxib cap 200 mg</i> .....	5	<i>ciclopirox shampoo 1%</i> .....	115
<i>celecoxib cap 50 mg</i> .....	5	<i>ciclopirox solution 8%</i> .....	115
CELLCEPT CAP 250MG .....	99	<i>cidofovir iv inj 75 mg/ml</i> .....	16
CELLCEPT IV INJ 500MG .....	99	<i>cilostazol tab 100 mg</i> .....	94
CELLCEPT SUS 200MG/ML.....	100	<i>cilostazol tab 50 mg</i> .....	94
CELLCEPT TAB 500MG .....	100	CIMDUO TAB 300-300 .....	15
<i>cephalexin cap 250 mg</i> .....	18	<i>cimetidine tab 200 mg</i> .....	87
<i>cephalexin cap 500 mg</i> .....	18	<i>cimetidine tab 300 mg</i> .....	87
<i>cephalexin cap 750 mg</i> .....	18	<i>cimetidine tab 400 mg</i> .....	87
<i>cephalexin for susp 125 mg/5ml</i> .....	18	<i>cimetidine tab 800 mg</i> .....	87
<i>cephalexin for susp 250 mg/5ml</i> .....	18	<i>cinacalcet hcl tab 30 mg (base equiv)</i> .....	72
<i>cephalexin tab 250 mg</i> .....	18	<i>cinacalcet hcl tab 60 mg (base equiv)</i> .....	72
<i>cephalexin tab 500 mg</i> .....	18	<i>cinacalcet hcl tab 90 mg (base equiv)</i> .....	72
CERDELGA CAP 84MG .....	78	CIPRO (10%) SUS 500MG/5.....	19
<i>cevimeline hcl cap 30 mg</i> .....	119	<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> .....	106
<i>chateal eq</i> .....	73	<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i> .....	120
CHEMET CAP 100MG.....	73	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i> .....	19
CHEMSTRIP 9 TES STRIPS.....	77		
<i>chlordiazepoxide hcl cap 10 mg</i> .....	46		
<i>chlordiazepoxide hcl cap 25 mg</i> .....	46		
<i>chlordiazepoxide hcl cap 5 mg</i> .....	46		



<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> .....	19	<i>clobazam suspension 2.5 mg/ml</i> .....	57
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> .....	19	<i>clobazam tab 10 mg</i> .....	57
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i> .....	19	<i>clobazam tab 20 mg</i> .....	57
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	120	<i>clobetasol propionate cream 0.05%</i> .....	117
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln</i> <i>0.3-0.025%</i> .....	120	<i>clobetasol propionate emollient</i> .....	117
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .....	31	<i>clobetasol propionate foam 0.05%</i> .....	117
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .....	31	<i>clobetasol propionate gel 0.05%</i> .....	117
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> .....	31	<i>clobetasol propionate lotion 0.05%</i> .....	117
<i>citalopram hydrobromide oral soln 10 mg/5ml</i> 48		<i>clobetasol propionate ointment 0.05%</i> .....	117
<i>citalopram hydrobromide tab 10 mg (base equiv)</i> .....	48	<i>clobetasol propionate shampoo 0.05%</i> .....	117
<i>citalopram hydrobromide tab 20 mg (base equiv)</i> .....	48	<i>clobetasol propionate soln 0.05%</i> .....	117
<i>citalopram hydrobromide tab 40 mg (base equiv)</i> .....	48	<i>clobetasol propionate spray 0.05%</i> .....	117
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i> .....	25	<i>clocortolone pivalate cream 0.1%</i> .....	117
<i>clarithromycin for suspension 125 mg/5ml</i> .....	18	<i>clofarabine iv soln 1 mg/ml</i> .....	25
<i>clarithromycin for suspension 250 mg/5ml</i> .....	18	<i>clomipramine hcl cap 25 mg</i> .....	46
<i>clarithromycin tab 250 mg</i> .....	18	<i>clomipramine hcl cap 50 mg</i> .....	46
<i>clarithromycin tab 500 mg</i> .....	18	<i>clomipramine hcl cap 75 mg</i> .....	46
<i>clarithromycin tab er 24hr 500 mg</i> .....	19	<i>clonazepam tab 0.5 mg</i> .....	57
<i>clemastine fumarate tab 2.68 mg</i> .....	109	<i>clonazepam tab 1 mg</i> .....	57
CLENPIQ SOL .....	88	<i>clonazepam tab 2 mg</i> .....	57
CLEOCIN SUP 100MG .....	91	<i>clonidine hcl tab 0.1 mg</i> .....	44
CLIMARA PRO DIS WEEKLY .....	78	<i>clonidine hcl tab 0.2 mg</i> .....	44
<i>clindamycin hcl cap 150 mg</i> .....	20	<i>clonidine hcl tab 0.3 mg</i> .....	44
<i>clindamycin hcl cap 300 mg</i> .....	20	<i>clonidine transdermal patch weekly 0.1 mg/24hr</i> .....	44
<i>clindamycin hcl cap 75 mg</i> .....	20	<i>clonidine transdermal patch weekly 0.2 mg/24hr</i> .....	44
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i> <i>(base equiv)</i> .....	20	<i>clonidine transdermal patch weekly 0.3 mg/24hr</i> .....	44
<i>clindamycin phosphate foam 1%</i> .....	114	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i> ..	94
<i>clindamycin phosphate gel 1%</i> .....	114	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> ....	94
<i>clindamycin phosphate inj 300 mg/2ml</i> .....	20	<i>clorazepate dipotassium tab 15 mg</i> .....	57
<i>clindamycin phosphate inj 600 mg/4ml</i> .....	20	<i>clorazepate dipotassium tab 3.75 mg</i> .....	57
<i>clindamycin phosphate inj 9 gm/60ml</i> .....	20	<i>clorazepate dipotassium tab 7.5 mg</i> .....	57
<i>clindamycin phosphate lotion 1%</i> .....	114	<i>clotrimazole cream 1%</i> .....	115
<i>clindamycin phosphate soln 1%</i> .....	114	<i>clotrimazole soln 1%</i> .....	115
<i>clindamycin phosphate swab 1%</i> .....	114	<i>clotrimazole troche 10 mg</i> .....	120
<i>clindamycin phosphate vaginal cream 2%</i> .....	91	<i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....	115
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-</i> <i>2.5%</i> .....	114	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> .....	115
<i>clindamycin phosphate-benzoyl peroxide gel 1-</i> <i>5%</i> .....	114	<i>clozapine orally disintegrating tab 100 mg</i> .....	54
<i>clindamycin phosph-benzoyl peroxide (refrig) gel</i> <i>1.2 (1)-5%</i> .....	114	<i>clozapine orally disintegrating tab 12.5 mg</i> .....	54
		<i>clozapine orally disintegrating tab 150 mg</i> .....	54
		<i>clozapine orally disintegrating tab 200 mg</i> .....	54
		<i>clozapine orally disintegrating tab 25 mg</i> .....	54
		<i>clozapine tab 100 mg</i> .....	54
		<i>clozapine tab 200 mg</i> .....	54
		<i>clozapine tab 25 mg</i> .....	54
		<i>clozapine tab 50 mg</i> .....	54

COARTEM TAB 20-120MG .....	13
CODEINE SULF TAB 60MG .....	6
<i>codeine sulfate tab 30 mg</i> .....	6
<i>colchicine tab 0.6 mg</i> .....	5
<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	5
<i>colesevelam hcl packet for susp 3.75 gm</i> .....	36
<i>colesevelam hcl tab 625 mg</i> .....	36
<i>colestipol hcl granule packets 5 gm</i> .....	36
<i>colestipol hcl granules 5 gm</i> .....	36
<i>colestipol hcl tab 1 gm</i> .....	36
COMETRIQ KIT 100MG .....	28
COMETRIQ KIT 140MG .....	28
COMETRIQ KIT 60MG .....	28
COMIRNATY INJ 2024-25 .....	101
COMIRNATY INJ 30/0.3ML .....	101
<i>compro</i> .....	86
CONDOMS MIS .....	73
COPAXONE INJ 40MG/ML .....	65
CORLANOR SOL 5MG/5ML .....	43
CORLANOR TAB 5MG .....	43
CORLANOR TAB 7.5MG .....	43
CORTISPORIN SUS -TC OTIC .....	120
COSENTYX INJ 150MG/ML .....	95
COSENTYX INJ 300DOSE .....	95
COSENTYX INJ 75MG/0.5 .....	95
COSENTYX PEN INJ 150MG/ML .....	95
COSENTYX PEN INJ 300DOSE .....	95
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<i>diphenhydramine hcl inj 50 mg/ml</i> .....	109	<i>doxazosin mesylate tab 8 mg</i> .....	90
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> .....	85	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i> .....	63
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> ...	85	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i> .....	63
<i>dipyridamole tab 25 mg</i> .....	94	<i>doxepin hcl cap 10 mg</i> .....	49
<i>dipyridamole tab 50 mg</i> .....	94	<i>doxepin hcl cap 100 mg</i> .....	49
<i>dipyridamole tab 75 mg</i> .....	94	<i>doxepin hcl cap 150 mg</i> .....	49
<i>disopyramide phosphate cap 100 mg</i> .....	35	<i>doxepin hcl cap 25 mg</i> .....	49
<i>disopyramide phosphate cap 150 mg</i> .....	35	<i>doxepin hcl cap 50 mg</i> .....	49
<i>disulfiram tab 250 mg</i> .....	46	<i>doxepin hcl cap 75 mg</i> .....	49
<i>disulfiram tab 500 mg</i> .....	46	<i>doxepin hcl conc 10 mg/ml</i> .....	49
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<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i> ..	25	<i>doxycycline hyclate cap 50 mg</i> .....	23
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<i>docetaxel soln for iv infusion 20 mg/2ml</i> .....	25	<i>doxycycline hyclate tab 100 mg</i> .....	23
<i>docetaxel soln for iv infusion 80 mg/8ml</i> .....	25	<i>doxycycline hyclate tab 20 mg</i> .....	23
<i>dofetilide cap 125 mcg (0.125 mg)</i> .....	35	<i>doxycycline monohydrate cap 100 mg</i> .....	23
<i>dofetilide cap 250 mcg (0.25 mg)</i> .....	35	<i>doxycycline monohydrate cap 50 mg</i> .....	23
<i>dofetilide cap 500 mcg (0.5 mg)</i> .....	35	<i>doxycycline monohydrate for susp 25 mg/5ml</i> .	23
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<i>duloxetine hcl enteric coated pellets cap 30 mg</i>		<i>emtricitabine caps 200 mg .....</i>	14
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<i>efavirenz cap 50 mg .....</i>	14	<i>enalapril maleate tab 10 mg.....</i>	32
<i>efavirenz tab 600 mg.....</i>	14	<i>enalapril maleate tab 2.5 mg.....</i>	32
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<i>300 mg .....</i>	15	ENBREL INJ 25MG .....	95
<i>efavirenz-lamivudine-tenofovir df tab 600-300-</i>		ENBREL INJ 50MG/ML .....	95
<i>300 mg .....</i>	15	ENBREL MINI INJ 50MG/ML.....	96
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<i>eletriptan hydrobromide tab 40 mg (base</i>		<i>endocet tab 5-325mg .....</i>	7
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EMFLAZA SUS 22.75/ML.....	81	<i>.....</i>	92

<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>		<i>ery-tab</i> .....	19
.....	92	<i>erythrocin stearate</i> .....	19
<i>enpresse-28</i> .....	74	<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	19
<i>enskyce</i> .....	74	.....	19
<i>entacapone tab 200 mg</i> .....	53	<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	19
<i>entecavir tab 0.5 mg</i> .....	19	.....	19
<i>entecavir tab 1 mg</i> .....	19	<i>erythromycin ethylsuccinate tab 400 mg</i> .....	19
ENTRESTO CAP 15-16MG .....	43	<i>erythromycin gel 2%</i> .....	114
ENTRESTO CAP 6-6MG .....	43	<i>erythromycin ophth oint 5 mg/gm</i> .....	106
ENTRESTO TAB 24-26MG .....	43	<i>erythromycin soln 2%</i> .....	114
ENTRESTO TAB 49-51MG .....	43	<i>erythromycin tab 250 mg</i> .....	19
ENTRESTO TAB 97-103MG .....	43	<i>erythromycin tab 500 mg</i> .....	19
<i>enulose</i> .....	88	<i>erythromycin w/ delayed release particles cap</i>	
ENVARUSUS XR TAB 0.75MG .....	100	250 mg .....	19
ENVARUSUS XR TAB 1MG .....	100	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
ENVARUSUS XR TAB 4MG .....	100	.....	50
EPCLUSA PAK 150-37.5.....	19	<i>escitalopram oxalate tab 10 mg (base equiv)</i> ...	50
EPCLUSA PAK 200-50MG .....	19	<i>escitalopram oxalate tab 20 mg (base equiv)</i> ...	50
EPCLUSA TAB 200-50MG .....	19	<i>escitalopram oxalate tab 5 mg (base equiv)</i> ....	50
EPCLUSA TAB 400-100.....	19	<i>esomeprazole magnesium cap delayed release 20</i>	
<i>epinastine hcl ophth soln 0.05%</i> .....	107	mg (base eq) .....	89
<i>epinephrine solution auto-injector 0.15</i>		<i>esomeprazole magnesium cap delayed release 40</i>	
<i>mg/0.15ml (1:1000)</i> .....	108	mg (base eq) .....	89
<i>epinephrine solution auto-injector 0.15 mg/0.3ml</i>		<i>esomeprazole magnesium for delayed release</i>	
<i>(1:2000)</i> .....	108	<i>susp packet 10 mg</i> .....	89
<i>epinephrine solution auto-injector 0.3 mg/0.3ml</i>		<i>estazolam tab 1 mg</i> .....	63
<i>(1:1000)</i> .....	108	<i>estazolam tab 2 mg</i> .....	63
EPIPEN 2-PAK INJ 0.3MG .....	108	<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	
EPIPEN-JR INJ 0.15MG .....	108	.....	78
<i>epitol</i> .....	57	<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	
<i>eplerenone tab 25 mg</i> .....	33	.....	78
<i>eplerenone tab 50 mg</i> .....	33	<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-</i>	
ERBITUX INJ 100MG .....	26	<i>dose pump)</i> .....	78
ERBITUX INJ 200MG .....	26	<i>estradiol tab 0.5 mg</i> .....	78
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> .....	105	<i>estradiol tab 1 mg</i> .....	78
<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	64	<i>estradiol tab 2 mg</i> .....	78
ERIVEDGE CAP 150MG .....	26	<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i> .....	79
ERLEADA TAB 240MG.....	27	<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i> .....	78
ERLEADA TAB 60MG.....	27	<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i> .....	79
<i>erlotinib hcl tab 100 mg (base equivalent)</i> .....	28	<i>estradiol td gel 1 mg/gm (0.1%)</i> .....	79
<i>erlotinib hcl tab 150 mg (base equivalent)</i> .....	28	<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i> .....	79
<i>erlotinib hcl tab 25 mg (base equivalent)</i> .....	28	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	79
<i>errin</i> .....	74	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	
ERTACZO CRE 2%.....	115	.....	79
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>		<i>estradiol td patch twice weekly 0.05 mg/24hr..</i>	79
.....	20	<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	79
<i>ery</i> .....	114	<i>estradiol td patch twice weekly 0.1 mg/24hr....</i>	79

<i>estradiol td patch weekly 0.025 mg/24hr</i> .....	79	<i>everolimus tab for oral susp 5 mg</i> .....	28
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> .....	79	EVOTAZ TAB 300-150.....	16
<i>estradiol td patch weekly 0.05 mg/24hr</i> .....	79	EVRYSDI SOL .....	65
<i>estradiol td patch weekly 0.06 mg/24hr</i> .....	79	<i>exemestane tab 25 mg</i> .....	27
<i>estradiol td patch weekly 0.075 mg/24hr</i> .....	79	<i>ezetimibe tab 10 mg</i> .....	36
<i>estradiol td patch weekly 0.1 mg/24hr</i> .....	79	<i>ezetimibe-simvastatin tab 10-10 mg</i> .....	38
<i>estradiol vaginal cream 0.1 mg/gm</i> .....	79	<i>ezetimibe-simvastatin tab 10-20 mg</i> .....	38
<i>estradiol valerate im in oil 20 mg/ml</i> .....	80	<i>ezetimibe-simvastatin tab 10-40 mg</i> .....	38
<i>estradiol valerate im in oil 40 mg/ml</i> .....	80	<i>ezetimibe-simvastatin tab 10-80 mg</i> .....	38
<i>eszopiclone tab 1 mg</i> .....	63	<b>F</b>	
<i>eszopiclone tab 2 mg</i> .....	63	<i>falmina</i> .....	74
<i>eszopiclone tab 3 mg</i> .....	63	<i>famciclovir tab 125 mg</i> .....	16
<i>ethacrynic acid tab 25 mg</i> .....	43	<i>famciclovir tab 250 mg</i> .....	16
<i>ethambutol hcl tab 100 mg</i> .....	16	<i>famciclovir tab 500 mg</i> .....	16
<i>ethambutol hcl tab 400 mg</i> .....	16	<i>famotidine for susp 40 mg/5ml</i> .....	87
<i>ethosuximide cap 250 mg</i> .....	57	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> .....	87
<i>ethosuximide soln 250 mg/5ml</i> .....	57	<i>famotidine preservative free inj 20 mg/2ml</i> .....	87
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> .....	74	<i>famotidine tab 20 mg</i> .....	87
<i>etodolac cap 200 mg</i> .....	5	<i>famotidine tab 40 mg</i> .....	87
<i>etodolac cap 300 mg</i> .....	5	FASENRA INJ 10MG/0.5 .....	113
<i>etodolac tab 400 mg</i> .....	5	FASENRA INJ 30MG/ML.....	113
<i>etodolac tab 500 mg</i> .....	5	FASENRA PEN INJ 30MG/ML.....	113
<i>etodolac tab er 24hr 400 mg</i> .....	5	FC2 FEMALE MIS CONDOM .....	74
<i>etodolac tab er 24hr 500 mg</i> .....	5	<i>febuxostat tab 40 mg</i> .....	5
<i>etodolac tab er 24hr 600 mg</i> .....	5	<i>febuxostat tab 80 mg</i> .....	5
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> .....	74	<i>felbamate susp 600 mg/5ml</i> .....	57
<i>etoposide cap 50 mg</i> .....	31	<i>felbamate tab 400 mg</i> .....	57
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i> .....	31	<i>felbamate tab 600 mg</i> .....	57
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i> .....	31	<i>felodipine tab er 24hr 10 mg</i> .....	41
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i> .....	31	<i>felodipine tab er 24hr 2.5 mg</i> .....	41
<i>etravirine tab 100 mg</i> .....	14	<i>felodipine tab er 24hr 5 mg</i> .....	41
<i>etravirine tab 200 mg</i> .....	14	FEMCAP MIS 22MM.....	74
EUCRISA OIN 2%.....	117	FEMCAP MIS 26MM.....	74
EVAMIST SPR 1.53MG .....	80	FEMCAP MIS 30MM.....	74
<i>everolimus tab 0.25 mg</i> .....	100	<i>fenofibrate cap 150 mg</i> .....	36
<i>everolimus tab 0.5 mg</i> .....	100	<i>fenofibrate micronized cap 134 mg</i> .....	36
<i>everolimus tab 0.75 mg</i> .....	100	<i>fenofibrate micronized cap 200 mg</i> .....	36
<i>everolimus tab 1 mg</i> .....	100	<i>fenofibrate micronized cap 43 mg</i> .....	36
<i>everolimus tab 10 mg</i> .....	28	<i>fenofibrate micronized cap 67 mg</i> .....	36
<i>everolimus tab 2.5 mg</i> .....	28	<i>fenofibrate tab 145 mg</i> .....	36
<i>everolimus tab 5 mg</i> .....	28	<i>fenofibrate tab 160 mg</i> .....	36
<i>everolimus tab 7.5 mg</i> .....	28	<i>fenofibrate tab 48 mg</i> .....	36
<i>everolimus tab for oral susp 2 mg</i> .....	28	<i>fenofibrate tab 54 mg</i> .....	36
<i>everolimus tab for oral susp 3 mg</i> .....	28	<i>fenopropfen calcium tab 600 mg</i> .....	5
		<i>fentanyl citrate lozenge on a handle 1200 mcg</i> ..	7
		<i>fentanyl citrate lozenge on a handle 1600 mcg</i> ..	7
		<i>fentanyl citrate lozenge on a handle 200 mcg</i> ....	7



<i>fentanyl citrate lozenge on a handle 400 mcg</i> ....	7	<i>fluocinolone acetonide soln 0.01%</i> .....	118
<i>fentanyl citrate lozenge on a handle 600 mcg</i> ....	7	<i>fluocinonide cream 0.05%</i> .....	118
<i>fentanyl citrate lozenge on a handle 800 mcg</i> ....	7	<i>fluocinonide gel 0.05%</i> .....	118
<i>fentanyl td patch 72hr 100 mcg/hr</i> .....	7	<i>fluocinonide oint 0.05%</i> .....	118
<i>fentanyl td patch 72hr 12 mcg/hr</i> .....	7	<i>fluocinonide soln 0.05%</i> .....	118
<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	7	<i>fluoritab</i> .....	104
<i>fentanyl td patch 72hr 37.5 mcg/hr</i> .....	7	<i>fluorouracil cream 5%</i> .....	115
<i>fentanyl td patch 72hr 50 mcg/hr</i> .....	7	<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i> .....	25
<i>fentanyl td patch 72hr 62.5 mcg/hr</i> .....	7	<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i> ....	25
<i>fentanyl td patch 72hr 75 mcg/hr</i> .....	7	<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i> .....	25
<i>fentanyl td patch 72hr 87.5 mcg/hr</i> .....	7	<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i> ...	25
FERPRX 2-DAY TAB 1000MG.....	73	<i>fluorouracil soln 2%</i> .....	115
FERRIPROX SOL 100MG/ML .....	73	<i>fluorouracil soln 5%</i> .....	115
<i>fesoterodine fumarate tab er 24hr 4 mg</i> .....	91	<i>fluoxetine hcl cap 10 mg</i> .....	50
<i>fesoterodine fumarate tab er 24hr 8 mg</i> .....	91	<i>fluoxetine hcl cap 20 mg</i> .....	50
FETZIMA CAP 120MG .....	50	<i>fluoxetine hcl cap 40 mg</i> .....	50
FETZIMA CAP 20MG .....	50	<i>fluoxetine hcl cap delayed release 90 mg</i> .....	50
FETZIMA CAP 40MG .....	50	<i>fluoxetine hcl solution 20 mg/5ml</i> .....	50
FETZIMA CAP 80MG .....	50	<i>fluoxetine hcl tab 10 mg</i> .....	50
FETZIMA CAP TITRATIO .....	50	<i>fluoxetine hcl tab 20 mg</i> .....	50
FIASP FLEX INJ TOUCH.....	71	<i>fluphenazine decanoate inj 25 mg/ml</i> .....	54
FIASP INJ 100/ML .....	71	<i>fluphenazine hcl elixir 2.5 mg/5ml</i> .....	54
FIASP PENFIL INJ U-100 .....	71	<i>fluphenazine hcl inj 2.5 mg/ml</i> .....	54
FINACEA AER 15% .....	119	<i>fluphenazine hcl oral conc 5 mg/ml</i> .....	55
<i>finasteride tab 5 mg</i> .....	90	<i>fluphenazine hcl tab 1 mg</i> .....	55
<i>fingolimod hcl cap 0.5 mg (base equiv)</i> .....	65	<i>fluphenazine hcl tab 10 mg</i> .....	55
<i>flecainide acetate tab 100 mg</i> .....	35	<i>fluphenazine hcl tab 2.5 mg</i> .....	55
<i>flecainide acetate tab 150 mg</i> .....	35	<i>fluphenazine hcl tab 5 mg</i> .....	55
<i>flecainide acetate tab 50 mg</i> .....	35	<i>flurbiprofen sodium ophth soln 0.03%</i> .....	107
FLEXICHAMBER MIS MASK SM .....	113	<i>flurbiprofen tab 100 mg</i> .....	5
<i>fluconazole for susp 10 mg/ml</i> .....	13	<i>flurbiprofen tab 50 mg</i> .....	5
<i>fluconazole for susp 40 mg/ml</i> .....	13	<i>fluticasone propionate cream 0.05%</i> .....	118
<i>fluconazole tab 100 mg</i> .....	13	<i>fluticasone propionate hfa inhal aer 110 mcg/act</i> .....	23
<i>fluconazole tab 150 mg</i> .....	13	<i>fluticasone propionate hfa inhal aer 220 mcg/act</i> .....	23
<i>fluconazole tab 200 mg</i> .....	13	<i>fluticasone propionate hfa inhal aero 44 mcg/act</i> .....	23
<i>fluconazole tab 50 mg</i> .....	13	<i>fluticasone propionate lotion 0.05%</i> .....	118
<i>fludarabine phosphate for inj 50 mg</i> .....	25	<i>fluticasone propionate nasal susp 50 mcg/act</i> .....	112
<i>fludarabine phosphate inj 25 mg/ml</i> .....	25	<i>fluticasone propionate oint 0.005%</i> .....	118
<i>fludrocortisone acetate tab 0.1 mg</i> .....	81	<i>fluticasone-salmeterol aer powder ba 100-50</i> <i>mcg/act</i> .....	114
FLUMIST .....	101	<i>fluticasone-salmeterol aer powder ba 250-50</i> <i>mcg/act</i> .....	114
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> .....	112	<i>fluticasone-salmeterol aer powder ba 500-50</i> <i>mcg/act</i> .....	114
<i>fluocinolone acetonide (otic) oil 0.01%</i> .....	120		
<i>fluocinolone acetonide cream 0.01%</i> .....	118		
<i>fluocinolone acetonide cream 0.025%</i> .....	118		
<i>fluocinolone acetonide oil 0.01% (body oil)</i> .....	118		
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> .....	118		
<i>fluocinolone acetonide oint 0.025%</i> .....	118		

<i>fluvastatin sodium cap 20 mg (base equivalent)</i> .....	37	FRAGMIN INJ 5000/0.2 .....	92
<i>fluvastatin sodium cap 40 mg (base equivalent)</i> .....	37	FRAGMIN INJ 7500/0.3 .....	92
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> .....	37	FRAGMIN INJ 95000UNT.....	92
<i>fluvoxamine maleate cap er 24hr 100 mg</i> .....	46	<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i> .....	64
<i>fluvoxamine maleate cap er 24hr 150 mg</i> .....	46	<i>fulvestrant inj soln pref syr 250 mg/5ml</i> .....	27
<i>fluvoxamine maleate tab 100 mg</i> .....	47	<i>furosemide inj 10 mg/ml</i> .....	43
<i>fluvoxamine maleate tab 25 mg</i> .....	46	<i>furosemide oral soln 10 mg/ml</i> .....	43
<i>fluvoxamine maleate tab 50 mg</i> .....	47	<i>furosemide oral soln 8 mg/ml</i> .....	43
<i>folic acid cap 0.8 mg</i> .....	105	<i>furosemide tab 20 mg</i> .....	43
<i>folic acid tab 1 mg</i> .....	105	<i>furosemide tab 40 mg</i> .....	43
<i>folic acid tab 400 mcg</i> .....	105	<i>furosemide tab 80 mg</i> .....	43
<i>folic acid tab 800 mcg</i> .....	105	FUZEON INJ 90MG .....	14
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> .....	92	FYCOMPA SUS 0.5MG/ML .....	57
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> .....	92	FYCOMPA TAB 10MG.....	58
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> .....	92	FYCOMPA TAB 12MG.....	58
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> .....	92	FYCOMPA TAB 2MG.....	58
<i>formoterol fumarate soln nebu 20 mcg/2ml</i> ...	110	FYCOMPA TAB 4MG.....	58
FOSAMAX + D TAB 70-2800.....	73	FYCOMPA TAB 6MG.....	58
FOSAMAX + D TAB 70-5600.....	73	FYCOMPA TAB 8MG.....	58
<i>fosamprenavir calcium tab 700 mg (base equiv)</i> .....	14	FYLNETRA INJ 6MG/0.6.....	93
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i> .....	12	<b>G</b>	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	32	<i>gabapentin cap 100 mg</i> .....	58
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	32	<i>gabapentin cap 300 mg</i> .....	58
<i>fosinopril sodium tab 10 mg</i> .....	32	<i>gabapentin cap 400 mg</i> .....	58
<i>fosinopril sodium tab 20 mg</i> .....	33	<i>gabapentin oral soln 250 mg/5ml</i> .....	58
<i>fosinopril sodium tab 40 mg</i> .....	33	<i>gabapentin tab 600 mg</i> .....	58
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i> .....	57	<i>gabapentin tab 800 mg</i> .....	58
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i> .....	57	<i>galantamine hydrobromide cap er 24hr 16 mg</i> 47	
FRAGMIN INJ 10000/ML.....	92	<i>galantamine hydrobromide cap er 24hr 24 mg</i> 47	
FRAGMIN INJ 12500UNT .....	92	<i>galantamine hydrobromide cap er 24hr 8 mg</i> .. 47	
FRAGMIN INJ 15000UNT .....	92	<i>galantamine hydrobromide oral soln 4 mg/ml</i> . 47	
FRAGMIN INJ 18000UNT .....	92	<i>galantamine hydrobromide tab 12 mg</i> .....	47
FRAGMIN INJ 2500/0.2.....	92	<i>galantamine hydrobromide tab 4 mg</i> .....	47
FRAGMIN INJ 2500/ML.....	92	<i>galantamine hydrobromide tab 8 mg</i> .....	47
		GARDASIL 9 INJ .....	101
		<i>gatifloxacin ophth soln 0.5%</i> .....	106
		<i>gavilyte-c</i> .....	88
		<i>gavilyte-g</i> .....	88
		GAZYVA INJ 25MG/ML.....	26
		<i>gemcitabine hcl for inj 1 gm</i> .....	25
		<i>gemcitabine hcl for inj 2 gm</i> .....	25
		<i>gemcitabine hcl for inj 200 mg</i> .....	25
		<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i> .....	25
		<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i> .....	25

<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i>		GLYXAMBI TAB 10-5 MG .....	72
<i>(base equiv)</i> .....	25	GLYXAMBI TAB 25-5 MG .....	72
<i>gemfibrozil tab 600 mg</i> .....	36	<i>goodsense aspirin</i> .....	12
GEMTESA TAB 75MG .....	91	<i>goodsense nicotine polacr</i> .....	68
<i>generlac</i> .....	88	<i>granisetron hcl inj 1 mg/ml</i> .....	86
<i>gengraf</i> .....	100	<i>granisetron hcl tab 1 mg</i> .....	86
GENOTROPIN INJ 0.2MG .....	82	<i>griseofulvin microsize susp 125 mg/5ml</i> .....	13
GENOTROPIN INJ 0.4MG .....	82	<i>griseofulvin microsize tab 500 mg</i> .....	13
GENOTROPIN INJ 0.6MG .....	82	<i>griseofulvin ultramicrosize tab 125 mg</i> .....	13
GENOTROPIN INJ 0.8MG .....	82	<i>griseofulvin ultramicrosize tab 250 mg</i> .....	13
GENOTROPIN INJ 1.2MG .....	83	<i>guaifenesin-codeine soln 100-10 mg/5ml</i> .....	111
GENOTROPIN INJ 1.4MG .....	83	<i>guanfacine hcl tab 1 mg</i> .....	44
GENOTROPIN INJ 1.6MG .....	83	<i>guanfacine hcl tab 2 mg</i> .....	44
GENOTROPIN INJ 1.8MG .....	83	<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> ... 61	
GENOTROPIN INJ 12MG .....	83	<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> ... 61	
GENOTROPIN INJ 1MG .....	83	<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> ... 61	
GENOTROPIN INJ 2MG .....	83	<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> ... 61	
GENOTROPIN INJ 5MG .....	83	GVOKE HYPO 1 INJ 0.5/.1ML.....	82
<i>gentamicin sulfate cream 0.1%</i> .....	115	GVOKE HYPO 1 INJ 1MG/.2ML.....	82
<i>gentamicin sulfate inj 40 mg/ml</i> .....	12	GVOKE KIT SOL 1MG/0.2M .....	82
<i>gentamicin sulfate oint 0.1%</i> .....	115	GVOKE PFS INJ .....	82
<i>gentamicin sulfate ophth soln 0.3%</i> .....	106	GYNAZOLE-1 CRE 2%.....	91
GENVOYA TAB .....	16	GYNOL II GEL 3% .....	90
<i>glatiramer acetate soln prefilled syringe 40</i>		<b>H</b>	
<i>mg/ml</i> .....	65	HAEGARDA INJ 2000UNIT .....	99
<i>glatopa</i> .....	65	HAEGARDA INJ 3000UNIT .....	99
GLEOSTINE CAP 100MG .....	24	<i>halobetasol propionate cream 0.05%</i> .....	118
GLEOSTINE CAP 10MG .....	24	<i>halobetasol propionate oint 0.05%</i> .....	118
GLEOSTINE CAP 40MG .....	24	<i>haloperidol decanoate im soln 100 mg/ml</i> .....	55
GLIADEL WAF 7.7MG.....	24	<i>haloperidol decanoate im soln 50 mg/ml</i> .....	55
<i>glimepiride tab 1 mg</i> .....	72	<i>haloperidol lactate inj 5 mg/ml</i> .....	55
<i>glimepiride tab 2 mg</i> .....	72	<i>haloperidol lactate oral conc 2 mg/ml</i> .....	55
<i>glimepiride tab 4 mg</i> .....	72	<i>haloperidol tab 0.5 mg</i> .....	55
<i>glipizide tab 10 mg</i> .....	72	<i>haloperidol tab 1 mg</i> .....	55
<i>glipizide tab 5 mg</i> .....	72	<i>haloperidol tab 10 mg</i> .....	55
<i>glipizide tab er 24hr 10 mg</i> .....	72	<i>haloperidol tab 2 mg</i> .....	55
<i>glipizide tab er 24hr 2.5 mg</i> .....	72	<i>haloperidol tab 20 mg</i> .....	55
<i>glipizide tab er 24hr 5 mg</i> .....	72	<i>haloperidol tab 5 mg</i> .....	55
<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	70	HARVONI PAK .....	19
<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	70	HARVONI PAK 45-200MG .....	20
<i>glipizide-metformin hcl tab 5-500 mg</i> .....	70	HARVONI TAB 45-200MG .....	20
<i>glucagon (rdna) for inj kit 1 mg</i> .....	82	HARVONI TAB 90-400MG .....	20
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i> .....	85	HAVRIX INJ 1440UNIT .....	102
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i> .....	85	HAVRIX INJ 720UNIT .....	102
<i>glycopyrrolate oral soln 1 mg/5ml</i> .....	85	<i>heather</i> .....	74
<i>glycopyrrolate tab 1 mg</i> .....	85	HELIDAC MIS THERAPY .....	90
<i>glycopyrrolate tab 2 mg</i> .....	85	HEMLIBRA INJ 105/0.7 .....	93

HEMLIBRA INJ 150/ML .....	93	<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	7
HEMLIBRA INJ 300/2ML .....	93	<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	7
HEMLIBRA INJ 30MG/ML .....	93	<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	7
HEMLIBRA INJ 60/0.4 .....	93	<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	7
HEMLIBRA SOL 12/0.4ML .....	94	<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	7
<i>heparin sodium (porcine) inj 1000 unit/ml</i> .....	92	<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	7
<i>heparin sodium (porcine) inj 10000 unit/ml</i> .....	92	<i>hydrocodone-acetaminophen soln 7.5-325</i>	
<i>heparin sodium (porcine) inj 20000 unit/ml</i> .....	92	<i>mg/15ml</i> .....	8
<i>heparin sodium (porcine) inj 5000 unit/ml</i> .....	92	<i>hydrocodone-acetaminophen tab 10-325 mg</i> .....	8
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i> ...	92	<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	8
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	92	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> ....	8
.....	92	<i>hydrocodone-ibuprofen tab 10-200 mg</i> .....	8
HEPLISAV-B INJ 20/0.5ML.....	102	<i>hydrocortisone butyrate cream 0.1%</i> .....	118
HIBERIX SOL 10MCG.....	102	<i>hydrocortisone butyrate oint 0.1%</i> .....	118
HOLD CHAMBER MIS MEDIUM .....	113	<i>hydrocortisone butyrate soln 0.1%</i> .....	118
HUMIRA INJ 10/0.1ML .....	96	<i>hydrocortisone cream 1%</i> .....	118
HUMIRA INJ 20/0.2ML .....	96	<i>hydrocortisone cream 2.5%</i> .....	118
HUMIRA INJ 40/0.4ML .....	96	<i>hydrocortisone enema 100 mg/60ml</i> .....	87
HUMIRA KIT 40MG/0.8 .....	96	<i>hydrocortisone lotion 2.5%</i> .....	118
HUMIRA PEDIA INJ CROHNS.....	96	<i>hydrocortisone oint 2.5%</i> .....	118
HUMIRA PEN INJ 40/0.4ML.....	96	<i>hydrocortisone perianal cream 1%</i> .....	90
HUMIRA PEN INJ 40MG/0.8 .....	96	<i>hydrocortisone perianal cream 2.5%</i> .....	90
HUMIRA PEN INJ 80/0.8ML.....	96	<i>hydrocortisone tab 10 mg</i> .....	81
HUMIRA PEN KIT PS/UV .....	96	<i>hydrocortisone tab 20 mg</i> .....	81
HUMULIN INJ 70/30 .....	71	<i>hydrocortisone tab 5 mg</i> .....	81
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HUMULIN N INJ U-100.....	71	<i>hydrocortisone valerate oint 0.2%</i> .....	118
HUMULIN N INJ U-100KWP .....	71	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> ..	120
HUMULIN R INJ U-100 .....	71	<i>hydromet</i> .....	111
HUMULIN R INJ U-500.....	71	<i>hydromorphone hcl inj 2 mg/ml</i> .....	8
<i>hydralazine hcl tab 10 mg</i> .....	44	<i>hydromorphone hcl tab 2 mg</i> .....	8
<i>hydralazine hcl tab 100 mg</i> .....	44	<i>hydromorphone hcl tab 4 mg</i> .....	8
<i>hydralazine hcl tab 25 mg</i> .....	44	<i>hydromorphone hcl tab 8 mg</i> .....	8
<i>hydralazine hcl tab 50 mg</i> .....	44	<i>hydromorphone hcl tab er 24hr 12 mg</i> .....	8
<i>hydrochlorothiazide cap 12.5 mg</i> .....	43	<i>hydromorphone hcl tab er 24hr 16 mg</i> .....	8
<i>hydrochlorothiazide tab 12.5 mg</i> .....	43	<i>hydromorphone hcl tab er 24hr 32 mg</i> .....	8
<i>hydrochlorothiazide tab 25 mg</i> .....	43	<i>hydromorphone hcl tab er 24hr 8 mg</i> .....	8
<i>hydrochlorothiazide tab 50 mg</i> .....	43	<i>hydroxychloroquine sulfate tab 200 mg</i> .....	99
<i>hydrocod polst-chlorphen polst er susp 10-8</i>		<i>hydroxyurea cap 500 mg</i> .....	30
<i>mg/5ml</i> .....	111	<i>hydroxyzine hcl im soln 25 mg/ml</i> .....	109
<i>hydrocodone bitart-homatropine methylbrom</i>		<i>hydroxyzine hcl im soln 50 mg/ml</i> .....	109
<i>soln 5-1.5 mg/5ml</i> .....	111	<i>hydroxyzine hcl syrup 10 mg/5ml</i> .....	109
<i>hydrocodone bitart-homatropine methylbromide</i>		<i>hydroxyzine hcl tab 10 mg</i> .....	109
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<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>		<i>hydroxyzine hcl tab 50 mg</i> .....	110
.....	7	<i>hydroxyzine pamoate cap 100 mg</i> .....	110

<i>hydroxyzine pamoate cap 25 mg</i> .....	110	<i>imipramine pamoate cap 125 mg</i> .....	50
<i>hydroxyzine pamoate cap 50 mg</i> .....	110	<i>imipramine pamoate cap 150 mg</i> .....	50
HYRIMOZ INJ 10/0.1ML.....	96	<i>imipramine pamoate cap 75 mg</i> .....	50
HYRIMOZ INJ 20/0.2ML.....	96	<i>imiquimod cream 5%</i> .....	115
HYRIMOZ INJ 40/0.4ML.....	96	IMVEXXY MAIN SUP 10MCG.....	80
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<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i> .....	24	<i>introvale</i> .....	74
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<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i> .....	24	<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i> .....	109
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i> .....	24	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> .....	108
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<i>imatinib mesylate tab 100 mg (base equivalent)</i> .....	28	<i>irbesartan tab 300 mg</i> .....	35
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<i>imipramine hcl tab 50 mg</i> .....	50	ISENTRESS HD TAB 600MG.....	14
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<i>isosorbide dinitrate tab 10 mg</i> .....	44	<i>junel fe 1.5/30</i> .....	74
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<i>mg</i> .....	43	KADCYLA INJ 100MG .....	26
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<i>isosorbide mononitrate tab 20 mg</i> .....	44	KALYDECO GRA 13.4MG .....	111
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<i>isosorbide mononitrate tab er 24hr 60 mg</i> .....	44	KALYDECO PAK 50MG .....	111
<i>isotretinoin cap 10 mg</i> .....	114	KALYDECO PAK 75MG .....	111
<i>isotretinoin cap 20 mg</i> .....	114	KALYDECO TAB 150MG .....	111
<i>isotretinoin cap 30 mg</i> .....	114	<i>kariva</i> .....	74
<i>isotretinoin cap 40 mg</i> .....	115	<i>kelnor 1/35</i> .....	74
<i>isradipine cap 2.5 mg</i> .....	41	KERENDIA TAB 10MG.....	83
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<i>itraconazole cap 100 mg</i> .....	13	<i>ketoconazole cream 2%</i> .....	116
<i>itraconazole oral soln 10 mg/ml</i> .....	13	<i>ketoconazole shampoo 2%</i> .....	116
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<i>ivabradine hcl tab 7.5 mg (base equiv)</i> .....	44	<i>mg/ml)</i> .....	5
<i>ivermectin cream 1%</i> .....	119	<i>ketorolac tromethamine inj 15 mg/ml</i> .....	5
<i>ivermectin tab 3 mg</i> .....	12	<i>ketorolac tromethamine inj 30 mg/ml</i> .....	6
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<i>labetalol hcl tab 300 mg</i> .....	39	<i>latanoprost ophth soln 0.005%</i> .....	107
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<i>lacosamide oral solution 10 mg/ml</i> .....	58	<i>leflunomide tab 10 mg</i> .....	99
<i>lacosamide tab 100 mg</i> .....	58	<i>leflunomide tab 20 mg</i> .....	99
<i>lacosamide tab 150 mg</i> .....	58	LENVIMA CAP 10 MG.....	29
<i>lacosamide tab 200 mg</i> .....	58	LENVIMA CAP 12MG.....	29
<i>lacosamide tab 50 mg</i> .....	58	LENVIMA CAP 14 MG.....	29
<i>lactic acid (ammonium lactate) cream 12%</i> ....	119	LENVIMA CAP 18 MG.....	29
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<i>lactulose solution 10 gm/15ml</i> .....	88	LENVIMA CAP 24 MG.....	29
<i>lamivudine oral soln 10 mg/ml</i> .....	14	LENVIMA CAP 4MG.....	29
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<i>lamivudine tab 300 mg</i> .....	14	<i>letrozole tab 2.5 mg</i> .....	27
<i>lamivudine-zidovudine tab 150-300 mg</i> .....	16	<i>leucovorin calcium for inj 100 mg</i> .....	31
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<i>lamotrigine tab 100 mg</i> .....	58	<i>leucovorin calcium tab 10 mg</i> .....	31
<i>lamotrigine tab 150 mg</i> .....	58	<i>leucovorin calcium tab 15 mg</i> .....	31
<i>lamotrigine tab 200 mg</i> .....	58	<i>leucovorin calcium tab 25 mg</i> .....	31
<i>lamotrigine tab 25 mg</i> .....	58	<i>leucovorin calcium tab 5 mg</i> .....	31
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<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> .....	58	<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i> .....	110
<i>lamotrigine tab chewable dispersible 25 mg</i> ....	58	<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i> .....	110
<i>lamotrigine tab chewable dispersible 5 mg</i> .....	58	<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i> .....	110
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<i>lamotrigine tab er 24hr 200 mg</i> .....	58	<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i> .....	110
<i>lamotrigine tab er 24hr 25 mg</i> .....	58	LEVEMIR INJ.....	71
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<i>lanthanum carbonate chew tab 500 mg (elemental)</i> .....	84	<i>levetiracetam tab 250 mg</i> .....	59
<i>lanthanum carbonate chew tab 750 mg (elemental)</i> .....	84		
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<i>levetiracetam tab 750 mg</i> .....	59	<i>lidocaine hcl local preservative free (pf) inj 0.5%</i> .....	12
<i>levetiracetam tab er 24hr 500 mg</i> .....	59	<i>lidocaine hcl local preservative free (pf) inj 1%</i> .	12
<i>levetiracetam tab er 24hr 750 mg</i> .....	59	<i>lidocaine hcl local preservative free (pf) inj 2%</i> .	12
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<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i> <i>(0.5 mg/ml)</i> .....	110	<i>lidocaine hcl urethral/mucosal gel prefilled</i> <i>syringe 2%</i> .....	118
<i>levocetirizine dihydrochloride tab 5 mg</i> .....	110	<i>lidocaine hcl viscous soln 2%</i> .....	120
<i>levofloxacin iv soln 25 mg/ml</i> .....	19	<i>lidocaine oint 5%</i> .....	119
<i>levofloxacin oral soln 25 mg/ml</i> .....	19	<i>lidocaine pain relief pat</i> .....	119
<i>levofloxacin tab 250 mg</i> .....	19	<i>lidocaine patch 5%</i> .....	119
<i>levofloxacin tab 500 mg</i> .....	19	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	119
<i>levofloxacin tab 750 mg</i> .....	19	LILETTA IUD 52MG .....	75
<i>levonest</i> .....	74	<i>linezolid for susp 100 mg/5ml</i> .....	20
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab</i> <i>0.15-0.03 mg</i> .....	75	<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i> .....	20
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20</i> <i>mcg</i> .....	75	<i>linezolid tab 600 mg</i> .....	20
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30</i> <i>mcg</i> .....	75	LINZESS CAP 145MCG .....	87
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20</i> <i>mcg (21)</i> .....	75	LINZESS CAP 290MCG .....	88
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est</i> <i>tab 0.01mg(7)</i> .....	74	LINZESS CAP 72MCG .....	87
<i>levora 0.15/30-28</i> .....	75	<i>liothyronine sodium tab 25 mcg</i> .....	84
<i>levothyroxine sodium tab 100 mcg</i> .....	84	<i>liothyronine sodium tab 5 mcg</i> .....	84
<i>levothyroxine sodium tab 112 mcg</i> .....	84	<i>liothyronine sodium tab 50 mcg</i> .....	84
<i>levothyroxine sodium tab 125 mcg</i> .....	84	<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i> .....	23
<i>levothyroxine sodium tab 137 mcg</i> .....	84	<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> 32	
<i>levothyroxine sodium tab 150 mcg</i> .....	84	<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> 32	
<i>levothyroxine sodium tab 175 mcg</i> .....	84	<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> ..	32
<i>levothyroxine sodium tab 200 mcg</i> .....	84	<i>lisinopril tab 10 mg</i> .....	33
<i>levothyroxine sodium tab 25 mcg</i> .....	84	<i>lisinopril tab 2.5 mg</i> .....	33
<i>levothyroxine sodium tab 300 mcg</i> .....	84	<i>lisinopril tab 20 mg</i> .....	33
<i>levothyroxine sodium tab 50 mcg</i> .....	84	<i>lisinopril tab 30 mg</i> .....	33
<i>levothyroxine sodium tab 75 mcg</i> .....	84	<i>lisinopril tab 40 mg</i> .....	33
<i>levothyroxine sodium tab 88 mcg</i> .....	84	<i>lisinopril tab 5 mg</i> .....	33
<i>levoxyl</i> .....	84	<i>lithium carbonate cap 150 mg</i> .....	65
LEXIVA SUS 50MG/ML.....	14	<i>lithium carbonate cap 300 mg</i> .....	65
<i>lice treatment</i> .....	119	<i>lithium carbonate cap 600 mg</i> .....	65
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50</i> <i>mg/5ml(1%)</i> .....	35	<i>lithium carbonate tab 300 mg</i> .....	65
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml</i> <i>(2%)</i> .....	35	<i>lithium carbonate tab er 300 mg</i> .....	65
<i>lidocaine hcl laryngotracheal soln 4%</i> .....	120	<i>lithium carbonate tab er 450 mg</i> .....	65
<i>lidocaine hcl local inj 0.5%</i> .....	12	<i>lithium oral solution 8 meq/5ml</i> .....	65
<i>lidocaine hcl local inj 1%</i> .....	12	LO LOESTRIN TAB 1-10-10.....	75
		<i>loperamide hcl cap 2 mg</i> .....	86
		<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20</i> <i>mg/ml)</i> .....	16
		<i>lopinavir-ritonavir tab 100-25 mg</i> .....	16
		<i>lopinavir-ritonavir tab 200-50 mg</i> .....	16



<i>lorazepam conc 2 mg/ml</i> .....	47	<i>maraviroc tab 150 mg</i> .....	14
<i>lorazepam tab 0.5 mg</i> .....	47	<i>maraviroc tab 300 mg</i> .....	14
<i>lorazepam tab 1 mg</i> .....	47	<i>marlissa</i> .....	75
<i>lorazepam tab 2 mg</i> .....	47	MARPLAN TAB 10MG .....	50
LORBRENA TAB 100MG .....	29	MATULANE CAP 50MG .....	24
LORBRENA TAB 25MG .....	29	<i>matzim la</i> .....	41
<i>loryna</i> .....	75	<i>meclizine hcl tab 12.5 mg</i> .....	86
<i>losartan potassium &amp; hydrochlorothiazide tab</i> <i>100-12.5 mg</i> .....	34	<i>meclizine hcl tab 25 mg</i> .....	86
<i>losartan potassium &amp; hydrochlorothiazide tab</i> <i>100-25 mg</i> .....	34	<i>meclofenamate sodium cap 100 mg</i> .....	6
<i>losartan potassium &amp; hydrochlorothiazide tab</i> <i>50-12.5 mg</i> .....	34	<i>meclofenamate sodium cap 50 mg</i> .....	6
<i>losartan potassium tab 100 mg</i> .....	35	MEDROL TAB 2MG.....	81
<i>losartan potassium tab 25 mg</i> .....	35	<i>medroxyprogesterone acetate im susp 150</i> <i>mg/ml</i> .....	75
<i>losartan potassium tab 50 mg</i> .....	35	<i>medroxyprogesterone acetate im susp prefilled</i> <i>syr 150 mg/ml</i> .....	75
<i>loteprednol etabonate ophth susp 0.5%</i> .....	107	<i>medroxyprogesterone acetate tab 10 mg</i> .....	84
<i>lovastatin tab 10 mg</i> .....	37	<i>medroxyprogesterone acetate tab 2.5 mg</i> .....	84
<i>lovastatin tab 20 mg</i> .....	37	<i>medroxyprogesterone acetate tab 5 mg</i> .....	84
<i>lovastatin tab 40 mg</i> .....	37	<i>mefenamic acid cap 250 mg</i> .....	6
<i>low-ogestrel</i> .....	75	<i>mefloquine hcl tab 250 mg</i> .....	13
<i>loxapine succinate cap 10 mg</i> .....	55	<i>megestrol acetate susp 40 mg/ml</i> .....	84
<i>loxapine succinate cap 25 mg</i> .....	55	<i>megestrol acetate susp 625 mg/5ml</i> .....	84
<i>loxapine succinate cap 5 mg</i> .....	55	<i>megestrol acetate tab 20 mg</i> .....	27
<i>loxapine succinate cap 50 mg</i> .....	55	<i>megestrol acetate tab 40 mg</i> .....	27
<i>lubiprostone cap 24 mcg</i> .....	88	MEKINIST SOL 0.05/ML.....	29
<i>lubiprostone cap 8 mcg</i> .....	88	MEKINIST TAB 0.5MG .....	29
<i>luliconazole cream 1%</i> .....	116	MEKINIST TAB 2MG .....	29
LUMIGAN SOL 0.01% OP .....	107	<i>meloxicam tab 15 mg</i> .....	6
<i>lurasidone hcl tab 120 mg</i> .....	55	<i>meloxicam tab 7.5 mg</i> .....	6
<i>lurasidone hcl tab 20 mg</i> .....	55	<i>melphalan hcl for inj 50 mg (base equiv)</i> .....	24
<i>lurasidone hcl tab 40 mg</i> .....	55	<i>melphalan tab 2 mg</i> .....	24
<i>lurasidone hcl tab 60 mg</i> .....	55	<i>memantine hcl cap er 24hr 14 mg</i> .....	47
<i>lurasidone hcl tab 80 mg</i> .....	55	<i>memantine hcl cap er 24hr 21 mg</i> .....	47
<i>lutera</i> .....	75	<i>memantine hcl cap er 24hr 28 mg</i> .....	47
LYNPARZA TAB 100MG.....	30	<i>memantine hcl cap er 24hr 7 mg</i> .....	47
LYNPARZA TAB 150MG.....	30	<i>memantine hcl oral solution 2 mg/ml</i> .....	47
LYSODREN TAB 500MG .....	27	<i>memantine hcl tab 10 mg</i> .....	47
<b>M</b>		<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg</i> <i>titration pack</i> .....	47
<i>magnesium sulfate in dextrose 5% iv soln 1</i> <i>gm/100ml</i> .....	104	<i>memantine hcl tab 5 mg</i> .....	47
<i>magnesium sulfate inj 50%</i> .....	104	MENACTRA INJ .....	102
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i> .....	104	MENEST TAB 0.3MG .....	80
<i>malathion lotion 0.5%</i> .....	119	MENEST TAB 0.625MG .....	80
<i>mannitol iv soln 20%</i> .....	43	MENEST TAB 1.25MG .....	80
<i>mannitol iv soln 25%</i> .....	43	MENEST TAB 2.5MG .....	80
		MENQUADFI INJ.....	102
		MENTAX CRE 1%.....	116

MENVEO INJ .....	102	<i>methotrexate sodium inj pf 250 mg/10ml (25</i>	
MENVEO SOL.....	102	<i>mg/ml) .....</i>	25
<i>meprobamate tab 200 mg .....</i>	47	<i>methotrexate sodium inj pf 50 mg/2ml (25</i>	
<i>meprobamate tab 400 mg .....</i>	47	<i>mg/ml) .....</i>	25
<i>mercaptopurine tab 50 mg.....</i>	25	<i>methotrexate sodium tab 2.5 mg (base equiv) .</i>	99
<i>meropenem iv for soln 1 gm.....</i>	20	<i>methoxsalen rapid cap 10 mg.....</i>	116
<i>meropenem iv for soln 500 mg.....</i>	21	<i>methscopolamine bromide tab 2.5 mg .....</i>	85
<i>mesalamine cap dr 400 mg .....</i>	87	<i>methscopolamine bromide tab 5 mg .....</i>	85
<i>mesalamine cap er 24hr 0.375 gm .....</i>	87	<i>methsuximide cap 300 mg .....</i>	59
<i>mesalamine enema 4 gm .....</i>	87	<i>methyldopa tab 250 mg.....</i>	44
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe</i>		<i>methyldopa tab 500 mg.....</i>	44
<i>kit .....</i>	87	<i>methylphenidate hcl cap er 10 mg (cd).....</i>	61
<i>mesalamine suppos 1000 mg .....</i>	87	<i>methylphenidate hcl cap er 20 mg (cd).....</i>	61
<i>mesalamine tab delayed release 1.2 gm .....</i>	87	<i>methylphenidate hcl cap er 24hr 20 mg (la) .....</i>	61
<i>mesalamine tab delayed release 800 mg .....</i>	87	<i>methylphenidate hcl cap er 24hr 30 mg (la) .....</i>	61
<i>mesna inj 100 mg/ml .....</i>	31	<i>methylphenidate hcl cap er 24hr 40 mg (la) .....</i>	61
MESNEX TAB 400MG.....	31	<i>methylphenidate hcl cap er 24hr 60 mg (la) .....</i>	61
<i>metaxalone tab 800 mg .....</i>	66	<i>methylphenidate hcl cap er 30 mg (cd).....</i>	62
<i>metformin hcl tab 1000 mg.....</i>	70	<i>methylphenidate hcl cap er 40 mg (cd).....</i>	62
<i>metformin hcl tab 500 mg.....</i>	70	<i>methylphenidate hcl cap er 50 mg (cd).....</i>	62
<i>metformin hcl tab 850 mg.....</i>	70	<i>methylphenidate hcl cap er 60 mg (cd).....</i>	62
<i>metformin hcl tab er 24hr 500 mg .....</i>	70	<i>methylphenidate hcl chew tab 10 mg .....</i>	62
<i>metformin hcl tab er 24hr 750 mg .....</i>	70	<i>methylphenidate hcl chew tab 2.5 mg.....</i>	62
<i>methadone hcl conc 10 mg/ml.....</i>	8	<i>methylphenidate hcl chew tab 5 mg.....</i>	62
<i>methadone hcl soln 10 mg/5ml.....</i>	8	<i>methylphenidate hcl soln 10 mg/5ml .....</i>	62
<i>methadone hcl soln 5 mg/5ml.....</i>	8	<i>methylphenidate hcl soln 5 mg/5ml .....</i>	62
<i>methadone hcl tab 10 mg .....</i>	8	<i>methylphenidate hcl tab 10 mg .....</i>	62
<i>methadone hcl tab 5 mg .....</i>	8	<i>methylphenidate hcl tab 20 mg .....</i>	62
<i>methadone hcl tab for oral susp 40 mg.....</i>	8	<i>methylphenidate hcl tab 5 mg .....</i>	62
<i>methadone hydrochloride i .....</i>	8	<i>methylphenidate hcl tab er 10 mg.....</i>	62
<i>methadose .....</i>	8	<i>methylphenidate hcl tab er 20 mg.....</i>	62
<i>methamphetamine hcl tab 5 mg .....</i>	61	<i>methylphenidate hcl tab er osmotic release (osm)</i>	
<i>methazolamide tab 25 mg .....</i>	43	<i>18 mg.....</i>	62
<i>methazolamide tab 50 mg .....</i>	43	<i>methylphenidate hcl tab er osmotic release (osm)</i>	
<i>methenamine hippurate tab 1 gm.....</i>	21	<i>27 mg.....</i>	62
<i>methimazole tab 10 mg .....</i>	84	<i>methylphenidate hcl tab er osmotic release (osm)</i>	
<i>methimazole tab 5 mg .....</i>	84	<i>36 mg.....</i>	62
<i>methocarbamol tab 500 mg.....</i>	66	<i>methylphenidate hcl tab er osmotic release (osm)</i>	
<i>methocarbamol tab 750 mg.....</i>	66	<i>54 mg.....</i>	62
<i>methotrexate sodium for inj 1 gm.....</i>	25	<i>methylprednisolone acetate inj susp 40 mg/ml</i>	81
<i>methotrexate sodium inj 250 mg/10ml (25</i>		<i>methylprednisolone acetate inj susp 80 mg/ml</i>	81
<i>mg/ml) .....</i>	25	<i>methylprednisolone sod succ for inj 1000 mg</i>	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>		<i>(base equiv) .....</i>	81
<i>.....</i>	25	<i>methylprednisolone sod succ for inj 125 mg (base</i>	
<i>methotrexate sodium inj pf 1000 mg/40ml (25</i>		<i>equiv) .....</i>	81
<i>mg/ml) .....</i>	25	<i>methylprednisolone tab 16 mg .....</i>	81
		<i>methylprednisolone tab 32 mg .....</i>	81

<i>methylprednisolone tab 4 mg</i> .....	81	<i>midodrine hcl tab 5 mg</i> .....	44
<i>methylprednisolone tab 8 mg</i> .....	81	<i>miglitol tab 100 mg</i> .....	70
<i>methylprednisolone tab therapy pack 4 mg (21)</i> .....	81	<i>miglitol tab 25 mg</i> .....	69
<i>metoclopramide hcl inj 5 mg/ml (base</i> <i>equivalent)</i> .....	86	<i>miglitol tab 50 mg</i> .....	70
<i>metoclopramide hcl orally disintegrating tab 5</i> <i>mg (base eq)</i> .....	86	<i>mimvey</i> .....	80
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i> <i>(base equiv)</i> .....	86	<i>minocycline hcl cap 100 mg</i> .....	23
<i>metoclopramide hcl tab 10 mg (base equivalent)</i> .....	86	<i>minocycline hcl cap 50 mg</i> .....	23
<i>metoclopramide hcl tab 5 mg (base equivalent)</i> .....	86	<i>minocycline hcl cap 75 mg</i> .....	23
<i>metolazone tab 10 mg</i> .....	43	<i>minocycline hcl tab 100 mg</i> .....	23
<i>metolazone tab 2.5 mg</i> .....	43	<i>minocycline hcl tab 50 mg</i> .....	23
<i>metolazone tab 5 mg</i> .....	43	<i>minocycline hcl tab 75 mg</i> .....	23
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....	39	<i>minoxidil tab 10 mg</i> .....	44
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> .....	39	<i>minoxidil tab 2.5 mg</i> .....	44
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	39	<i>mirabegron tab er 24 hr 25 mg</i> .....	91
<i>metoprolol succinate tab er 24hr 100 mg</i> <i>(tartrate equiv)</i> .....	39	<i>mirabegron tab er 24 hr 50 mg</i> .....	91
<i>metoprolol succinate tab er 24hr 200 mg</i> <i>(tartrate equiv)</i> .....	39	MIRCERA INJ 100MCG .....	93
<i>metoprolol succinate tab er 24hr 25 mg (tartrate</i> <i>equiv)</i> .....	39	MIRCERA INJ 120MCG .....	93
<i>metoprolol succinate tab er 24hr 50 mg (tartrate</i> <i>equiv)</i> .....	39	MIRCERA INJ 150MCG .....	93
<i>metoprolol tartrate tab 100 mg</i> .....	40	MIRCERA INJ 200MCG .....	93
<i>metoprolol tartrate tab 25 mg</i> .....	40	MIRCERA INJ 30MCG .....	93
<i>metoprolol tartrate tab 50 mg</i> .....	40	MIRCERA INJ 50MCG .....	93
<i>metronidazole cap 375 mg</i> .....	21	MIRCERA INJ 75MCG .....	93
<i>metronidazole cream 0.75%</i> .....	119	MIRENA IUD SYSTEM .....	75
<i>metronidazole gel 0.75%</i> .....	119	<i>mirtazapine orally disintegrating tab 15 mg</i> ....	50
<i>metronidazole gel 1%</i> .....	119	<i>mirtazapine orally disintegrating tab 30 mg</i> ....	50
<i>metronidazole iv soln 500 mg/100ml</i> .....	21	<i>mirtazapine orally disintegrating tab 45 mg</i> ....	50
<i>metronidazole lotion 0.75%</i> .....	119	<i>mirtazapine tab 15 mg</i> .....	50
<i>metronidazole tab 250 mg</i> .....	21	<i>mirtazapine tab 30 mg</i> .....	50
<i>metronidazole tab 500 mg</i> .....	21	<i>mirtazapine tab 45 mg</i> .....	50
<i>metronidazole vaginal gel 0.75%</i> .....	91	<i>mirtazapine tab 7.5 mg</i> .....	50
<i>miconazole 3</i> .....	91	<i>misoprostol tab 100 mcg</i> .....	88
<i>microgestin 1.5/30</i> .....	75	<i>misoprostol tab 200 mcg</i> .....	88
<i>midodrine hcl tab 10 mg</i> .....	44	<i>mitomycin for iv soln 20 mg</i> .....	24
<i>midodrine hcl tab 2.5 mg</i> .....	44	<i>mitomycin for iv soln 40 mg</i> .....	24
		<i>mitomycin for iv soln 5 mg</i> .....	24
		<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i> .....	24
		<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2</i> <i>mg/ml)</i> .....	24
		<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i> .....	24
		M-M-R II INJ .....	102
		<i>modafinil tab 100 mg</i> .....	66
		<i>modafinil tab 200 mg</i> .....	66
		MODERNA INJ 2024-25.....	102
		MODERNA INJ 6MO-11Y.....	102
		<i>moexipril hcl tab 15 mg</i> .....	33

<i>moexipril hcl tab 7.5 mg</i> .....	33	MRESVIA INJ 50MCG.....	102
<i>mometasone furoate cream 0.1%</i> .....	118	MULTAQ TAB 400MG .....	35
<i>mometasone furoate nasal susp 50 mcg/act</i> ..	112	<i>multivitamin/fluoride</i> .....	105
<i>mometasone furoate oint 0.1%</i> .....	118	<i>multi-vitamin/fluoride dr</i> .....	105
<i>mometasone furoate solution 0.1% (lotion)</i> ....	118	<i>multi-vitamin/fluoride/ir</i> .....	105
<i>monoject sodium chloride</i> .....	104	<i>mupirocin oint 2%</i> .....	115
<i>mono-lyyah</i> .....	75	MYALEPT INJ 11.3MG .....	78
<i>montelukast sodium chew tab 4 mg (base equiv)</i> .....	112	<i>mycophenolate mofetil cap 250 mg</i> .....	100
<i>montelukast sodium chew tab 5 mg (base equiv)</i> .....	112	<i>mycophenolate mofetil for oral susp 200 mg/ml</i> .....	100
<i>montelukast sodium oral granules packet 4 mg</i> <i>(base equiv)</i> .....	112	<i>mycophenolate mofetil hcl for iv soln 500 mg</i> <i>(base equiv)</i> .....	100
<i>montelukast sodium tab 10 mg (base equiv)</i> ...112		<i>mycophenolate mofetil tab 500 mg</i> .....	100
<i>morphine sulfate beads cap er 24hr 120 mg</i> .....	9	<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i> .....	100
<i>morphine sulfate beads cap er 24hr 30 mg</i> .....	8	<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i> .....	100
<i>morphine sulfate beads cap er 24hr 45 mg</i> .....	8	MYFORTIC TAB 180MG .....	100
<i>morphine sulfate beads cap er 24hr 60 mg</i> .....	8	MYFORTIC TAB 360MG .....	100
<i>morphine sulfate beads cap er 24hr 75 mg</i> .....	8	MYRBETRIQ SUS 8MG/ML .....	91
<i>morphine sulfate beads cap er 24hr 90 mg</i> .....	8	MYRBETRIQ TAB 25MG.....	91
<i>morphine sulfate cap er 24hr 10 mg</i> .....	9	MYRBETRIQ TAB 50MG.....	91
<i>morphine sulfate cap er 24hr 100 mg</i> .....	9	<b>N</b>	
<i>morphine sulfate cap er 24hr 20 mg</i> .....	9	<i>nabumetone tab 500 mg</i> .....	6
<i>morphine sulfate cap er 24hr 30 mg</i> .....	9	<i>nabumetone tab 750 mg</i> .....	6
<i>morphine sulfate cap er 24hr 50 mg</i> .....	9	<i>nadolol tab 20 mg</i> .....	40
<i>morphine sulfate cap er 24hr 60 mg</i> .....	9	<i>nadolol tab 40 mg</i> .....	40
<i>morphine sulfate cap er 24hr 80 mg</i> .....	9	<i>nadolol tab 80 mg</i> .....	40
<i>morphine sulfate iv soln 10 mg/ml</i> .....	9	<i>nafrinse drops</i> .....	104
<i>morphine sulfate iv soln 4 mg/ml</i> .....	9	<i>naftifine hcl cream 1%</i> .....	116
<i>morphine sulfate oral soln 10 mg/5ml</i> .....	9	<i>naftifine hcl cream 2%</i> .....	116
<i>morphine sulfate oral soln 100 mg/5ml (20</i> <i>mg/ml)</i> .....	9	<i>nalbuphine hcl inj 10 mg/ml</i> .....	9
<i>morphine sulfate oral soln 20 mg/5ml</i> .....	9	<i>nalbuphine hcl inj 20 mg/ml</i> .....	9
<i>morphine sulfate tab 15 mg</i> .....	9	<i>naloxone hcl inj 0.4 mg/ml</i> .....	67
<i>morphine sulfate tab 30 mg</i> .....	9	<i>naloxone hcl inj 4 mg/10ml</i> .....	67
<i>morphine sulfate tab er 100 mg</i> .....	9	<i>naloxone hcl nasal spray 4 mg/0.1ml</i> .....	67
<i>morphine sulfate tab er 15 mg</i> .....	9	<i>naloxone hcl soln cartridge 0.4 mg/ml</i> .....	67
<i>morphine sulfate tab er 200 mg</i> .....	9	<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> ....	67
<i>morphine sulfate tab er 30 mg</i> .....	9	<i>naltrexone hcl tab 50 mg</i> .....	67
<i>morphine sulfate tab er 60 mg</i> .....	9	<i>naproxen tab 250 mg</i> .....	6
MOTOFEN TAB 1-0.025 .....	86	<i>naproxen tab 375 mg</i> .....	6
MOVANTIK TAB 12.5MG .....	88	<i>naproxen tab 500 mg</i> .....	6
MOVANTIK TAB 25MG .....	89	<i>naratriptan hcl tab 1 mg (base equiv)</i> .....	64
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2</i> <i>times daily)</i> .....	106	<i>naratriptan hcl tab 2.5 mg (base equiv)</i> .....	64
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	106	NARCAN SPR 4MG .....	67
<i>moxifloxacin hcl tab 400 mg (base equiv)</i> .....	19	NATACYN SUS 5% OP .....	106
		<i>nateglinide tab 120 mg</i> .....	72

<i>nateglinide tab 60 mg</i> .....	72	<i>nicardipine hcl cap 30 mg</i> .....	41
NAYZILAM SPR 5MG .....	59	<i>nicotine polacrilex gum 2 mg</i> .....	68
<i>nebivolol hcl tab 10 mg (base equivalent)</i> .....	40	<i>nicotine polacrilex gum 4 mg</i> .....	68
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i> .....	40	<i>nicotine polacrilex lozenge 2 mg</i> .....	68
<i>nebivolol hcl tab 20 mg (base equivalent)</i> .....	40	<i>nicotine step 3</i> .....	68
<i>nebivolol hcl tab 5 mg (base equivalent)</i> .....	40	<i>nicotine td patch 24hr 14 mg/24hr</i> .....	68
<i>necon 0.5/35-28</i> .....	75	<i>nicotine td patch 24hr 21 mg/24hr</i> .....	68
<i>nefazodone hcl tab 100 mg</i> .....	51	<i>nicotine td patch 24hr 7 mg/24hr</i> .....	68
<i>nefazodone hcl tab 150 mg</i> .....	51	NICOTROL INH .....	68
<i>nefazodone hcl tab 200 mg</i> .....	51	NICOTROL NS SPR 10MG/ML .....	68
<i>nefazodone hcl tab 250 mg</i> .....	51	<i>nifedipine tab er 24hr 30 mg</i> .....	41
<i>nefazodone hcl tab 50 mg</i> .....	51	<i>nifedipine tab er 24hr 60 mg</i> .....	42
<i>neomycin sulfate tab 500 mg</i> .....	12	<i>nifedipine tab er 24hr 90 mg</i> .....	42
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> .....	106	<i>nifedipine tab er 24hr osmotic release 30 mg...</i>	42
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> .....	106	<i>nifedipine tab er 24hr osmotic release 60 mg...</i>	42
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	106	<i>nifedipine tab er 24hr osmotic release 90 mg...</i>	42
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	106	<i>nikki</i> .....	75
<i>neomycin-polymyxin-hc ophth susp</i> .....	106	<i>nilutamide tab 150 mg</i> .....	27
<i>neomycin-polymyxin-hc otic soln 1%</i> .....	120	<i>nimodipine cap 30 mg</i> .....	42
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....	120	NIPENT INJ 10MG .....	30
NEORAL CAP 100MG .....	100	<i>nisoldipine tab er 24hr 17 mg</i> .....	42
NEORAL CAP 25MG .....	100	<i>nisoldipine tab er 24hr 20 mg</i> .....	42
NEORAL SOL 100MG/ML .....	100	<i>nisoldipine tab er 24hr 25.5 mg</i> .....	42
NEUPRO DIS 1MG/24HR .....	53	<i>nisoldipine tab er 24hr 30 mg</i> .....	42
NEUPRO DIS 2MG/24HR .....	53	<i>nisoldipine tab er 24hr 34 mg</i> .....	42
NEUPRO DIS 3MG/24HR .....	53	<i>nisoldipine tab er 24hr 40 mg</i> .....	42
NEUPRO DIS 4MG/24HR .....	53	<i>nisoldipine tab er 24hr 8.5 mg</i> .....	42
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NEUPRO DIS 8MG/24HR .....	53	<i>nitisinone cap 10 mg</i> .....	82
NEVANAC SUS 0.1% OP .....	107	<i>nitisinone cap 2 mg</i> .....	82
<i>nevirapine susp 50 mg/5ml</i> .....	14	<i>nitisinone cap 20 mg</i> .....	82
<i>nevirapine tab 200 mg</i> .....	14	<i>nitisinone cap 5 mg</i> .....	82
<i>nevirapine tab er 24hr 100 mg</i> .....	14	NITRO-BID OIN 2% .....	44
<i>nevirapine tab er 24hr 400 mg</i> .....	14	NITRO-DUR DIS 0.3MG/HR .....	44
NEXIUM GRA 2.5MG DR .....	89	NITRO-DUR DIS 0.8MG/HR .....	44
NEXIUM GRA 5MG DR .....	89	<i>nitrofurantoin macrocrystalline cap 100 mg</i> .....	21
NEXPLANON IMP 68MG .....	75	<i>nitrofurantoin macrocrystalline cap 25 mg</i> .....	21
NEXTSTELLIS TAB 3-14.2MG .....	75	<i>nitrofurantoin macrocrystalline cap 50 mg</i> .....	21
<i>niacin tab er 1000 mg (antihyperlipidemic)</i> .....	38	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> .....	21
<i>niacin tab er 500 mg (antihyperlipidemic)</i> .....	38	<i>nitrofurantoin susp 25 mg/5ml</i> .....	21
<i>niacin tab er 750 mg (antihyperlipidemic)</i> .....	38	<i>nitroglycerin oint 0.4%</i> .....	119
<i>nicardipine hcl cap 20 mg</i> .....	41	<i>nitroglycerin sl tab 0.3 mg</i> .....	44
		<i>nitroglycerin sl tab 0.4 mg</i> .....	44
		<i>nitroglycerin sl tab 0.6 mg</i> .....	44
		<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> .....	44
		<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> .....	45

<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .....	45	NOVAVAX INJ 2023-24.....	102
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<i>nizatidine cap 150 mg</i> .....	87	NOVOLIN R INJ U-100 .....	71
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<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4</i>		NUCYNTA ER TAB 200MG .....	9
<i>mg-35 mcg</i> .....	75	NUCYNTA ER TAB 250MG .....	9
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8</i>		NUCYNTA ER TAB 50MG .....	9
<i>mg-25 mcg</i> .....	75	NUCYNTA TAB 100MG .....	10
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-</i>		NUCYNTA TAB 50MG .....	9
<i>20 mcg</i> .....	75	NUCYNTA TAB 75MG .....	10
<i>norethindrone ace-eth estradiol-fe chew tab 1</i>		NUDEXTA CAP 20-10MG .....	67
<i>mg-20 mcg (24)</i> .....	75	NULOJIX INJ 250MG.....	100
<i>norethindrone acetate tab 5 mg</i> .....	84	<i>nyamyc</i> .....	116
<i>norethindrone acetate-ethinyl estradiol tab 0.5</i>		<i>nylia 1/35</i> .....	75
<i>mg-2.5 mcg</i> .....	80	<i>nystatin cream 100000 unit/gm</i> .....	116
<i>norethindrone tab 0.35 mg</i> .....	75	<i>nystatin oint 100000 unit/gm</i> .....	116
<i>norgesic</i> .....	66	<i>nystatin susp 100000 unit/ml</i> .....	120
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35</i>		<i>nystatin tab 500000 unit</i> .....	13
<i>mcg</i> .....	75	<i>nystatin topical powder 100000 unit/gm</i> .....	116
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<i>norgestimate-eth estrad tab 0.18-35/0.215-</i>		<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-</i>	
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<i>nortrel 7/7/7</i> .....	75	<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> 69	
<i>nortriptyline hcl cap 10 mg</i> .....	51	<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i> .69	
<i>nortriptyline hcl cap 25 mg</i> .....	51	<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> 69	
<i>nortriptyline hcl cap 50 mg</i> .....	51	<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> 69	
<i>nortriptyline hcl cap 75 mg</i> .....	51	<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> 69	
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<i>ofloxacin otic soln 0.3%</i> .....	120	OMNIFLEX DPR .....	75
<i>ofloxacin tab 300 mg</i> .....	19	OMNIPOD 5 DEXG7G6 INTRO K .....	77
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<i>olanzapine orally disintegrating tab 10 mg</i> .....	55	OMNIPOD 5 G7 MIS PODS .....	77
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<i>olanzapine tab 15 mg</i> .....	55	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i> .....	86
<i>olanzapine tab 2.5 mg</i> .....	55	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i> .....	86
<i>olanzapine tab 20 mg</i> .....	55	<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i> .....	86
<i>olanzapine tab 5 mg</i> .....	55	<i>ondansetron hcl oral soln 4 mg/5ml</i> .....	86
<i>olanzapine tab 7.5 mg</i> .....	55	<i>ondansetron hcl tab 24 mg</i> .....	86
<i>olmesartan medoxomil tab 20 mg</i> .....	35	<i>ondansetron hcl tab 4 mg</i> .....	86
<i>olmesartan medoxomil tab 40 mg</i> .....	35	<i>ondansetron hcl tab 8 mg</i> .....	86
<i>olmesartan medoxomil tab 5 mg</i> .....	35	<i>ondansetron orally disintegrating tab 4 mg</i> .....	86
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> .....	34	<i>ondansetron orally disintegrating tab 8 mg</i> .....	86
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<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> .....	34	ONETOUCH KIT VERIO IQ.....	77
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> .....	34	ONETOUCH KIT VERIO RE.....	77
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> .....	34	ONETOUCH SOL KIT COMPLETE .....	77
<i>olopatadine hcl nasal soln 0.6%</i> .....	110	ONETOUCH SOL KIT FIT.....	77
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i> .....	107	ONETOUCH SOL KIT REFILL .....	77
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i> .....	107	ONETOUCH SOL KIT STARTER .....	77
		ONETOUCH TES ULTRA .....	77
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		ONGENTYS CAP 25MG .....	53
		ONGENTYS CAP 50MG .....	53
		OPILL TAB 0.075MG .....	75
		OPSUMIT TAB 10MG.....	45
		<i>oralone dental paste</i> .....	120
		ORAVIG TAB 50MG .....	120
		ORENITRAM TAB 0.125MG .....	45

ORENITRAM TAB 0.25MG .....	45	<i>oxybutynin chloride tab er 24hr 15 mg</i> .....	91
ORENITRAM TAB 1MG .....	45	<i>oxybutynin chloride tab er 24hr 5 mg</i> .....	91
ORENITRAM TAB 2.5MG .....	45	<i>oxycodone hcl cap 5 mg</i> .....	10
ORENITRAM TAB 5MG .....	45	<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> ....	10
ORENITRAM TAB MONTH 1.....	45	<i>oxycodone hcl soln 5 mg/5ml</i> .....	10
ORENITRAM TAB MONTH 2.....	45	<i>oxycodone hcl tab 10 mg</i> .....	10
ORENITRAM TAB MONTH 3.....	45	<i>oxycodone hcl tab 15 mg</i> .....	10
ORFADIN SUS 4MG/ML .....	82	<i>oxycodone hcl tab 20 mg</i> .....	10
ORLISSA TAB 150MG .....	78	<i>oxycodone hcl tab 30 mg</i> .....	10
ORLISSA TAB 200MG .....	78	<i>oxycodone hcl tab 5 mg</i> .....	10
ORKAMBI GRA 100-125 .....	111	<i>oxycodone hcl tab er 12hr deter 10 mg</i> .....	10
ORKAMBI GRA 150-188.....	111	<i>oxycodone hcl tab er 12hr deter 20 mg</i> .....	10
ORKAMBI GRA 75-94MG .....	111	<i>oxycodone hcl tab er 12hr deter 40 mg</i> .....	10
ORKAMBI TAB 100-125 .....	111	<i>oxycodone hcl tab er 12hr deter 80 mg</i> .....	10
ORKAMBI TAB 200-125 .....	111	<i>oxycodone w/ acetaminophen tab 10-325 mg</i> .	10
<i>orphenadrine citrate inj 30 mg/ml</i> .....	66	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> 10	
<i>orphenadrine citrate tab er 12hr 100 mg</i> .....	66	<i>oxycodone w/ acetaminophen tab 5-325 mg</i> ...	10
<i>oseltamivir phosphate cap 30 mg (base equiv)</i> 17		<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> 10	
<i>oseltamivir phosphate cap 45 mg (base equiv)</i> 17		<i>oxymorphone hcl tab 10 mg</i> .....	11
<i>oseltamivir phosphate for susp 6 mg/ml (base</i>		<i>oxymorphone hcl tab 5 mg</i> .....	10
<i>equiv)</i> .....	17	<i>oxymorphone hcl tab er 12hr 10 mg</i> .....	11
<i>osmitrol viaflex</i> .....	43	<i>oxymorphone hcl tab er 12hr 15 mg</i> .....	11
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OSPHENA TAB 60MG.....	83	<i>oxymorphone hcl tab er 12hr 30 mg</i> .....	11
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OTEZLA TAB 10/20/30.....	97	<i>oxymorphone hcl tab er 12hr 5 mg</i> .....	11
OTEZLA TAB 20MG .....	97	<i>oxymorphone hcl tab er 12hr 7.5 mg</i> .....	11
OTEZLA TAB 30MG .....	97	OZEMPIC INJ 2MG/3ML.....	70
<i>oxaliplatin for iv inj 100 mg</i> .....	31	OZEMPIC INJ 4MG/3ML.....	70
<i>oxaliplatin for iv inj 50 mg</i> .....	31	OZEMPIC INJ 8MG/3ML.....	70
<i>oxaliplatin iv soln 100 mg/20ml</i> .....	31	<b>P</b>	
<i>oxaliplatin iv soln 50 mg/10ml</i> .....	31	<i>pacerone</i> .....	35
<i>oxandrolone tab 10 mg</i> .....	69	<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i> .....	25
<i>oxandrolone tab 2.5 mg</i> .....	69	<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i> .....	25
<i>oxaprozin tab 600 mg</i> .....	6	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i> .....	25
<i>oxazepam cap 10 mg</i> .....	47	<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i> .....	25
<i>oxazepam cap 15 mg</i> .....	47	PADCEV INJ 20MG .....	26
<i>oxazepam cap 30 mg</i> .....	47	PADCEV INJ 30MG .....	26
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> ...	59	<i>paliperidone tab er 24hr 1.5 mg</i> .....	55
<i>oxcarbazepine tab 150 mg</i> .....	59	<i>paliperidone tab er 24hr 3 mg</i> .....	55
<i>oxcarbazepine tab 300 mg</i> .....	59	<i>paliperidone tab er 24hr 6 mg</i> .....	55
<i>oxcarbazepine tab 600 mg</i> .....	59	<i>paliperidone tab er 24hr 9 mg</i> .....	55
<i>oxiconazole nitrate cream 1%</i> .....	116	<i>pamidronate disodium iv soln 3 mg/ml</i> .....	73
<i>oxybutynin chloride solution 5 mg/5ml</i> .....	91	PANDA MASK MIS PEDIATRI .....	113
<i>oxybutynin chloride tab 5 mg</i> .....	91	<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	
<i>oxybutynin chloride tab er 24hr 10 mg</i> .....	91	.....	89



<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	89	<i>perindopril erbumine tab 8 mg</i>	33
.....	89	<i>periogard</i>	120
PARAGARD IUD T380A	76	<i>permethrin cream 5%</i>	119
<i>paraplatin</i>	31	<i>perphenazine tab 16 mg</i>	55
<i>paricalcitol cap 1 mcg</i>	105	<i>perphenazine tab 2 mg</i>	55
<i>paricalcitol cap 2 mcg</i>	105	<i>perphenazine tab 4 mg</i>	55
<i>paricalcitol cap 4 mcg</i>	105	<i>perphenazine tab 8 mg</i>	55
<i>paroxetine hcl tab 10 mg</i>	51	<i>perphenazine-amitriptyline tab 2-10 mg</i>	68
<i>paroxetine hcl tab 20 mg</i>	51	<i>perphenazine-amitriptyline tab 2-25 mg</i>	68
<i>paroxetine hcl tab 30 mg</i>	51	<i>perphenazine-amitriptyline tab 4-10 mg</i>	68
<i>paroxetine hcl tab 40 mg</i>	51	<i>perphenazine-amitriptyline tab 4-25 mg</i>	68
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	51	<i>perphenazine-amitriptyline tab 4-50 mg</i>	68
<i>paroxetine hcl tab er 24hr 25 mg</i>	51	PFIZER 5-11Y INJ 2023-24	102
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	51	PFIZER 6M-4Y INJ 2023-24	102
PAXLOVID TAB 150-100	17	<i>pfizerpen</i>	22
PAXLOVID TAB 300-100	17	<i>phenelzine sulfate tab 15 mg</i>	51
<i>pazopanib hcl tab 200 mg (base equiv)</i>	29	<i>phenobarbital elixir 20 mg/5ml</i>	59
PEDIARIX INJ 0.5ML	102	<i>phenobarbital tab 100 mg</i>	59
PEDVAX HIB INJ	102	<i>phenobarbital tab 15 mg</i>	59
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i>		<i>phenobarbital tab 16.2 mg</i>	59
236 gm	88	<i>phenobarbital tab 30 mg</i>	59
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for</i>		<i>phenobarbital tab 32.4 mg</i>	59
soln 100 gm	88	<i>phenobarbital tab 60 mg</i>	59
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	88	<i>phenobarbital tab 64.8 mg</i>	59
PEGASYS INJ	20	<i>phenobarbital tab 97.2 mg</i>	59
PEGASYS INJ 180MCG/M	20	<i>phenoxybenzamine hcl cap 10 mg</i>	44
PEG-PREP KIT	88	<i>phenylephrine hcl ophth soln 10%</i>	108
<i>pemetrexed disodium for iv soln 100 mg (base</i>		<i>phenylephrine hcl ophth soln 2.5%</i>	108
equiv)	25	<i>phenytoin infatabs</i>	59
<i>pemetrexed disodium for iv soln 500 mg (base</i>		<i>phenytoin sodium extended cap 100 mg</i>	59
equiv)	25	<i>phenytoin sodium extended cap 200 mg</i>	59
PENBRAYA INJ	102	<i>phenytoin sodium extended cap 300 mg</i>	59
<i>penciclovir cream 1%</i>	119	<i>phenytoin sodium inj 50 mg/ml</i>	59
<i>penicillin g potassium for inj 20000000 unit</i>	22	<i>phenytoin susp 125 mg/5ml</i>	59
<i>penicillin g potassium for inj 5000000 unit</i>	22	PHEXXI GEL	90
<i>penicillin g sodium for inj 5000000 unit</i>	22	PHOSLYRA SOL	84
<i>penicillin v potassium for soln 125 mg/5ml</i>	22	PHOSPHOLINE SOL 0.125%OP	107
<i>penicillin v potassium for soln 250 mg/5ml</i>	22	PHOTOFRIN INJ 75MG	30
<i>penicillin v potassium tab 250 mg</i>	22	<i>physiolyte</i>	108
<i>penicillin v potassium tab 500 mg</i>	22	<i>physiosol irrigation</i>	108
PENTACEL INJ	102	<i>phytonadione tab 5 mg</i>	105
<i>pentamidine isethionate for inj soln 300 mg</i>	21	<i>pilocarpine hcl ophth soln 1%</i>	107
<i>pentamidine isethionate for nebulization soln 300</i>		<i>pilocarpine hcl tab 5 mg</i>	120
mg	21	<i>pilocarpine hcl tab 7.5 mg</i>	120
<i>pentoxifylline tab er 400 mg</i>	94	<i>pimecrolimus cream 1%</i>	117
<i>perindopril erbumine tab 2 mg</i>	33	<i>pimozide tab 1 mg</i>	68
<i>perindopril erbumine tab 4 mg</i>	33	<i>pimozide tab 2 mg</i>	68

<i>pindolol tab 10 mg</i> .....	40	<i>potassium chloride microencapsulated crys er tab</i>	
<i>pindolol tab 5 mg</i> .....	40	10 meq.....	104
<i>pioglitazone hcl tab 15 mg (base equiv)</i> .....	71	<i>potassium chloride microencapsulated crys er tab</i>	
<i>pioglitazone hcl tab 30 mg (base equiv)</i> .....	71	20 meq.....	104
<i>pioglitazone hcl tab 45 mg (base equiv)</i> .....	71	<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> .....	71	.....	104
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> .....	72	<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> .....	71	.....	104
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> .....	71	<i>potassium chloride tab er 10 meq.....</i>	104
<i>piperacillin sod-tazobactam na for inj 3.375 gm</i>		<i>potassium chloride tab er 15 meq.....</i>	103
<i>(3-0.375 gm)</i> .....	22	<i>potassium chloride tab er 20 meq (1500 mg)</i> .	104
<i>piperacillin sod-tazobactam sod for inj 2.25 gm</i>		<i>potassium chloride tab er 8 meq (600 mg)</i> .....	104
<i>(2-0.25 gm)</i> .....	22	<i>potassium citrate tab er 10 meq (1080 mg)</i> .....	91
<i>piperacillin sod-tazobactam sod for inj 40.5 gm</i>		<i>potassium citrate tab er 15 meq (1620 mg)</i> .....	91
<i>(36-4.5 gm)</i> .....	22	<i>potassium citrate tab er 5 meq (540 mg)</i> .....	91
<i>pirfenidone cap 267 mg</i> .....	112	PRADAXA CAP 75MG .....	92
<i>pirfenidone tab 267 mg</i> .....	113	<i>pramipexole dihydrochloride tab 0.125 mg</i> .....	53
<i>pirfenidone tab 801 mg</i> .....	113	<i>pramipexole dihydrochloride tab 0.25 mg</i> .....	53
<i>piroxicam cap 10 mg</i> .....	6	<i>pramipexole dihydrochloride tab 0.5 mg</i> .....	53
<i>piroxicam cap 20 mg</i> .....	6	<i>pramipexole dihydrochloride tab 0.75 mg</i> .....	53
<i>pitavastatin calcium tab 1 mg</i> .....	37	<i>pramipexole dihydrochloride tab 1 mg</i> .....	53
<i>pitavastatin calcium tab 2 mg</i> .....	37	<i>pramipexole dihydrochloride tab 1.5 mg</i> .....	53
<i>pitavastatin calcium tab 4 mg</i> .....	37	<i>pramipexole dihydrochloride tab er 24hr 0.375</i>	
PLENVU SOL .....	88	<i>mg</i> .....	53
PNEUMOVAX 23 INJ 25/0.5 .....	102	<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	
<i>pnv-dha</i> .....	105	.....	53
<i>pnv-select</i> .....	105	<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	
<i>podofilox gel 0.5%</i> .....	119	.....	53
<i>podofilox soln 0.5%</i> .....	119	<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	
POLIVY INJ 140MG .....	26	.....	53
POLIVY INJ 30MG .....	26	<i>pramipexole dihydrochloride tab er 24hr 3 mg</i> .	53
<i>polycin</i> .....	106	<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	
<i>polyethylene glycol 3350 oral powder 17</i>		.....	53
<i>gm/scoop</i> .....	88	<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	
<i>polymyxin b sulfate for inj 500000 unit</i> .....	21	.....	53
<i>polymyxin b-trimethoprim ophth soln 10000</i>		<i>prasugrel hcl tab 10 mg (base equiv)</i> .....	94
<i>unit/ml-0.1%</i> .....	106	<i>prasugrel hcl tab 5 mg (base equiv)</i> .....	94
POMALYST CAP 1MG.....	26	<i>pravastatin sodium tab 10 mg</i> .....	37
POMALYST CAP 2MG.....	26	<i>pravastatin sodium tab 20 mg</i> .....	37
POMALYST CAP 3MG.....	26	<i>pravastatin sodium tab 40 mg</i> .....	37
POMALYST CAP 4MG.....	26	<i>pravastatin sodium tab 80 mg</i> .....	37
<i>portia-28</i> .....	76	<i>praziquantel tab 600 mg</i> .....	12
<i>posaconazole susp 40 mg/ml</i> .....	13	<i>prazosin hcl cap 1 mg</i> .....	33
<i>posaconazole tab delayed release 100 mg</i> .....	13	<i>prazosin hcl cap 2 mg</i> .....	33
<i>potassium chloride cap er 10 meq</i> .....	104	<i>prazosin hcl cap 5 mg</i> .....	33
<i>potassium chloride cap er 8 meq</i> .....	104	PRED SOD PHO SOL 1% OP .....	107
<i>potassium chloride inj 2 meq/ml</i> .....	104	<i>prednisolone acetate ophth susp 1%</i> .....	107

<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i> .....	81	PREZISTA SUS 100MG/ML.....	14
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i> .....	81	PREZISTA TAB 150MG .....	14
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i> .....	82	PREZISTA TAB 75MG .....	14
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> .....	82	PRIFTIN TAB 150MG .....	16
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> .....	82	<i>primaquine phosphate tab 26.3 mg (15 mg base)</i> .....	13
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> .....	82	<i>primidone tab 250 mg</i> .....	59
<i>prednisolone soln 15 mg/5ml</i> .....	82	<i>primidone tab 50 mg</i> .....	59
PREDNISONE CON 5MG/ML .....	82	PRIORIX INJ .....	103
<i>prednisone oral soln 5 mg/5ml</i> .....	82	<i>probenecid tab 500 mg</i> .....	5
<i>prednisone tab 1 mg</i> .....	82	<i>procainamide hcl inj 100 mg/ml</i> .....	35
<i>prednisone tab 10 mg</i> .....	82	<i>prochlorperazine maleate tab 10 mg (base equivalent)</i> .....	86
<i>prednisone tab 2.5 mg</i> .....	82	<i>prochlorperazine maleate tab 5 mg (base equivalent)</i> .....	86
<i>prednisone tab 20 mg</i> .....	82	<i>prochlorperazine suppos 25 mg</i> .....	86
<i>prednisone tab 5 mg</i> .....	82	<i>proctozone-hc</i> .....	90
<i>prednisone tab 50 mg</i> .....	82	<i>progesterone cap 100 mg</i> .....	84
<i>prednisone tab therapy pack 10 mg (21)</i> .....	82	<i>progesterone cap 200 mg</i> .....	84
<i>prednisone tab therapy pack 10 mg (48)</i> .....	82	PROGRAF CAP 0.5MG .....	100
<i>prednisone tab therapy pack 5 mg (21)</i> .....	82	PROGRAF CAP 1MG .....	100
<i>prednisone tab therapy pack 5 mg (48)</i> .....	82	PROGRAF CAP 5MG .....	100
<i>pregabalin cap 100 mg</i> .....	59	PROGRAF GRA 0.2MG .....	100
<i>pregabalin cap 150 mg</i> .....	59	PROGRAF GRA 1MG.....	100
<i>pregabalin cap 200 mg</i> .....	59	PROGRAF INJ 5MG/ML .....	100
<i>pregabalin cap 225 mg</i> .....	59	PROLASTIN-C INJ 1000MG .....	108
<i>pregabalin cap 25 mg</i> .....	59	PROLIA INJ 60MG/ML .....	73
<i>pregabalin cap 300 mg</i> .....	59	<i>promethazine hcl inj 25 mg/ml</i> .....	86
<i>pregabalin cap 50 mg</i> .....	59	<i>promethazine hcl inj 50 mg/ml</i> .....	86
<i>pregabalin cap 75 mg</i> .....	59	<i>promethazine hcl oral soln 6.25 mg/5ml</i> .....	86
<i>pregabalin soln 20 mg/ml</i> .....	59	<i>promethazine hcl suppos 12.5 mg</i> .....	86
PREHEVBRIO SUS 10MCG/ML .....	102	<i>promethazine hcl suppos 25 mg</i> .....	86
PREMARIN TAB 0.3MG .....	80	<i>promethazine hcl tab 12.5 mg</i> .....	87
PREMARIN TAB 0.45MG .....	80	<i>promethazine hcl tab 25 mg</i> .....	87
PREMARIN TAB 0.625MG .....	80	<i>promethazine hcl tab 50 mg</i> .....	87
PREMARIN TAB 0.9MG .....	80	<i>promethazine vc</i> .....	111
PREMARIN TAB 1.25MG .....	80	<i>promethazine vc/codeine</i> .....	111
PREMARIN VAG CRE 0.625MG .....	80	<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> .....	111
<i>prenatal 19</i> .....	105	<i>promethazine-dm syrup 6.25-15 mg/5ml</i> .....	111
PRETOMANID TAB 200MG .....	16	<i>promethegan</i> .....	87
<i>prevalite</i> .....	36	<i>propafenone hcl cap er 12hr 225 mg</i> .....	35
PREVNAR 13 INJ .....	102	<i>propafenone hcl cap er 12hr 325 mg</i> .....	35
PREVNAR 20 INJ .....	102	<i>propafenone hcl cap er 12hr 425 mg</i> .....	35
PREZCOBIX TAB 800-150 .....	16	<i>propafenone hcl tab 150 mg</i> .....	36
		<i>propafenone hcl tab 225 mg</i> .....	36
		<i>propafenone hcl tab 300 mg</i> .....	36

<i>propracaine hcl ophth soln 0.5%</i> .....	108	QULIPTA TAB 10MG.....	64
<i>propranolol hcl cap er 24hr 120 mg</i> .....	40	QULIPTA TAB 30MG.....	64
<i>propranolol hcl cap er 24hr 160 mg</i> .....	40	QULIPTA TAB 60MG.....	64
<i>propranolol hcl cap er 24hr 60 mg</i> .....	40	QVAR REDIIHA AER 80MCG .....	113
<i>propranolol hcl cap er 24hr 80 mg</i> .....	40	QVAR REDIIHAL AER 40MCG.....	113
<i>propranolol hcl oral soln 20 mg/5ml</i> .....	40	<b>R</b>	
<i>propranolol hcl oral soln 40 mg/5ml</i> .....	40	<i>rabeprazole sodium ec tab 20 mg</i> .....	90
<i>propranolol hcl tab 10 mg</i> .....	40	<i>raloxifene hcl tab 60 mg</i> .....	83
<i>propranolol hcl tab 20 mg</i> .....	40	<i>ramelteon tab 8 mg</i> .....	63
<i>propranolol hcl tab 40 mg</i> .....	40	<i>ramipril cap 1.25 mg</i> .....	33
<i>propranolol hcl tab 60 mg</i> .....	40	<i>ramipril cap 10 mg</i> .....	33
<i>propranolol hcl tab 80 mg</i> .....	40	<i>ramipril cap 2.5 mg</i> .....	33
<i>propylthiouracil tab 50 mg</i> .....	84	<i>ramipril cap 5 mg</i> .....	33
PROQUAD INJ.....	103	<i>ranolazine tab er 12hr 1000 mg</i> .....	44
<i>protriptyline hcl tab 10 mg</i> .....	51	<i>ranolazine tab er 12hr 500 mg</i> .....	44
<i>protriptyline hcl tab 5 mg</i> .....	51	RAPAMUNE SOL 1MG/ML .....	100
<i>pseudoephed-bromphen-dm syrup 30-2-10</i>		RAPAMUNE TAB 0.5MG.....	100
<i>mg/5ml</i> .....	111	RAPAMUNE TAB 1MG.....	100
<i>pyrazinamide tab 500 mg</i> .....	16	RAPAMUNE TAB 2MG.....	100
<i>pyridostigmine bromide oral soln 60 mg/5ml</i> ..	65	<i>rasagiline mesylate tab 0.5 mg (base equiv)</i> .....	53
<i>pyridostigmine bromide tab 60 mg</i> .....	65	<i>rasagiline mesylate tab 1 mg (base equiv)</i> .....	53
<i>pyridostigmine bromide tab er 180 mg</i> .....	65	<i>reclipsen</i> .....	76
<i>pyridoxine hcl tab 25 mg</i> .....	105	RECOMBIVA HB INJ 10MCG/ML .....	103
<i>pyridoxine hcl tab 50 mg</i> .....	105	RECOMBIVA HB INJ 5MCG/0.5.....	103
<i>pyrimethamine tab 25 mg</i> .....	21	RECOMBIVA-HB INJ 40MCG/ML .....	103
<b>Q</b>		REGRANEX GEL 0.01%.....	119
QUADRACEL INJ.....	103	RELENZA MIS DISKHALE .....	17
QUADRACEL INJ 0.5ML.....	103	REMODULIN INJ 10MG/ML.....	45
<i>quetiapine fumarate tab 100 mg</i> .....	56	REMODULIN INJ 1MG/ML.....	45
<i>quetiapine fumarate tab 200 mg</i> .....	56	REMODULIN INJ 2.5MG/ML.....	45
<i>quetiapine fumarate tab 25 mg</i> .....	55	REMODULIN INJ 5MG/ML.....	45
<i>quetiapine fumarate tab 300 mg</i> .....	56	<i>repaglinide tab 0.5 mg</i> .....	72
<i>quetiapine fumarate tab 400 mg</i> .....	56	<i>repaglinide tab 1 mg</i> .....	72
<i>quetiapine fumarate tab 50 mg</i> .....	56	<i>repaglinide tab 2 mg</i> .....	72
<i>quetiapine fumarate tab er 24hr 150 mg</i> .....	56	REPATHA INJ 140MG/ML.....	39
<i>quetiapine fumarate tab er 24hr 200 mg</i> .....	56	REPATHA PUSH INJ 420/3.5 .....	39
<i>quetiapine fumarate tab er 24hr 300 mg</i> .....	56	REPATHA SURE INJ 140MG/ML.....	39
<i>quetiapine fumarate tab er 24hr 400 mg</i> .....	56	RESTASIS EMU 0.05% OP .....	108
<i>quetiapine fumarate tab er 24hr 50 mg</i> .....	56	RESTASIS MUL EMU 0.05% OP.....	108
<i>quinapril hcl tab 10 mg</i> .....	33	RETACRIT INJ 10000UNT .....	93
<i>quinapril hcl tab 20 mg</i> .....	33	RETACRIT INJ 20000UNI.....	93
<i>quinapril hcl tab 40 mg</i> .....	33	RETACRIT INJ 2000UNIT .....	93
<i>quinapril hcl tab 5 mg</i> .....	33	RETACRIT INJ 3000UNIT .....	93
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> .	32	RETACRIT INJ 40000UNT .....	93
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> .	32	RETACRIT INJ 4000UNIT .....	93
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> ....	32	RETROVIR INJ 10MG/ML.....	14
<i>quinine sulfate cap 324 mg</i> .....	13	REVLIMID CAP 10MG .....	26

REVLIMID CAP 15MG.....	26	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> .....	47
REVLIMID CAP 2.5MG.....	26	<i>rivelsa</i> .....	76
REVLIMID CAP 20MG.....	26	<i>rizatriptan benzoate oral disintegrating tab 10</i>	
REVLIMID CAP 25MG.....	26	<i>mg (base eq)</i> .....	64
REVLIMID CAP 5MG.....	26	<i>rizatriptan benzoate oral disintegrating tab 5 mg</i>	
REYATAZ POW 50MG .....	14	<i>(base eq)</i> .....	64
<i>ribavirin cap 200 mg</i> .....	20	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	
<i>ribavirin tab 200 mg</i> .....	20	.....	64
<i>rifabutin cap 150 mg</i> .....	16	<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	
<i>rifampin cap 150 mg</i> .....	16	.....	64
<i>rifampin cap 300 mg</i> .....	16	<i>roflumilast tab 250 mcg</i> .....	112
<i>rifampin for inj 600 mg</i> .....	16	<i>roflumilast tab 500 mcg</i> .....	112
<i>riluzole tab 50 mg</i> .....	65	<i>ropinirole hydrochloride tab 0.25 mg</i> .....	53
<i>rimantadine hydrochloride tab 100 mg</i> .....	17	<i>ropinirole hydrochloride tab 0.5 mg</i> .....	53
RINVOQ LQ SOL 1MG/ML.....	97	<i>ropinirole hydrochloride tab 1 mg</i> .....	53
RINVOQ TAB 15MG ER .....	97	<i>ropinirole hydrochloride tab 2 mg</i> .....	53
RINVOQ TAB 30MG ER .....	97	<i>ropinirole hydrochloride tab 3 mg</i> .....	53
RINVOQ TAB 45MG ER .....	98	<i>ropinirole hydrochloride tab 4 mg</i> .....	54
<i>risedronate sodium tab 150 mg</i> .....	73	<i>ropinirole hydrochloride tab 5 mg</i> .....	54
<i>risedronate sodium tab 30 mg</i> .....	73	<i>rosuvastatin calcium tab 10 mg</i> .....	37
<i>risedronate sodium tab 35 mg</i> .....	73	<i>rosuvastatin calcium tab 20 mg</i> .....	38
<i>risedronate sodium tab 5 mg</i> .....	73	<i>rosuvastatin calcium tab 40 mg</i> .....	38
<i>risedronate sodium tab delayed release 35 mg</i>	73	<i>rosuvastatin calcium tab 5 mg</i> .....	37
<i>risperidone orally disintegrating tab 0.25 mg</i> ..	56	ROTARIX SUS.....	103
<i>risperidone orally disintegrating tab 0.5 mg</i> ....	56	ROTATEQ SOL .....	103
<i>risperidone orally disintegrating tab 1 mg</i> .....	56	<i>rufinamide susp 40 mg/ml</i> .....	59
<i>risperidone orally disintegrating tab 2 mg</i> .....	56	<i>rufinamide tab 200 mg</i> .....	59
<i>risperidone orally disintegrating tab 3 mg</i> .....	56	<i>rufinamide tab 400 mg</i> .....	59
<i>risperidone orally disintegrating tab 4 mg</i> .....	56	RUXIENCE INJ 100/10ML .....	26
<i>risperidone soln 1 mg/ml</i> .....	56	RUXIENCE INJ 500/50ML .....	26
<i>risperidone tab 0.25 mg</i> .....	56	<i>ryclora</i> .....	110
<i>risperidone tab 0.5 mg</i> .....	56	RYDAPT CAP 25MG .....	29
<i>risperidone tab 1 mg</i> .....	56	<b>S</b>	
<i>risperidone tab 2 mg</i> .....	56	SANCUSO DIS 3.1MG .....	87
<i>risperidone tab 3 mg</i> .....	56	SANDIMMUNE CAP 100MG .....	100
<i>risperidone tab 4 mg</i> .....	56	SANDIMMUNE CAP 25MG .....	100
<i>ritonavir tab 100 mg</i> .....	14	SANDIMMUNE INJ 50MG/ML.....	101
<i>rivastigmine tartrate cap 1.5 mg (base</i>		SANDIMMUNE SOL 100MG/ML.....	101
<i>equivalent)</i> .....	47	<i>sapropterin dihydrochloride powder packet 100</i>	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>		<i>mg</i> .....	78
.....	47	<i>sapropterin dihydrochloride powder packet 500</i>	
<i>rivastigmine tartrate cap 4.5 mg (base</i>		<i>mg</i> .....	78
<i>equivalent)</i> .....	47	<i>sapropterin dihydrochloride tab 100 mg</i> .....	78
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>		SAVELLA MIS TITR PAK.....	63
.....	47	SAVELLA TAB 100MG .....	63
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> .....	47	SAVELLA TAB 12.5MG .....	63
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> .....	47	SAVELLA TAB 25MG .....	63

SAVELLA TAB 50MG .....	63	SKYRIZI PEN INJ 150MG/ML.....	98
scopolamine td patch 72hr 1 mg/3days .....	87	SKYRIZI SOL 60MG/ML.....	95
selegiline hcl cap 5 mg.....	54	sm lice treatment.....	119
selegiline hcl tab 5 mg.....	54	sm nicotine transdermal s.....	68
selenium sulfide lotion 2.5%.....	116	SOD OXYBATE SOL 500MG/ML.....	66
SELZENTRY SOL 20MG/ML .....	14	sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6	
SELZENTRY TAB 25MG.....	14	gm/177ml .....	88
SELZENTRY TAB 75MG.....	14	sodium chloride inj 2.5 meq/ml (14.6%) .....	104
SEREVENT DIS AER 50MCG.....	110	sodium chloride irrigation soln 0.9%.....	119
sertraline hcl oral concentrate for solution 20		sodium chloride iv soln 0.45%.....	104
mg/ml.....	51	sodium chloride iv soln 0.9%.....	104
sertraline hcl tab 100 mg.....	51	sodium chloride iv soln 3%.....	104
sertraline hcl tab 25 mg.....	51	sodium chloride iv soln 5%.....	104
sertraline hcl tab 50 mg.....	51	sodium chloride preservative free (pf) inj 0.9%.....	104
sevelamer carbonate packet 0.8 gm .....	84	sodium chloride soln nebu 0.9%.....	112
sevelamer carbonate packet 2.4 gm .....	84	sodium chloride soln nebu 10%.....	112
sevelamer carbonate tab 800 mg.....	84	sodium chloride soln nebu 3%.....	112
SHARPS CONT MIS 2QUART .....	78	sodium chloride soln nebu 7%.....	112
SHINGRIX INJ 50/0.5ML.....	103	sodium fluoride chew tab 0.25 mg f (from 0.55	
SIGNIFOR INJ 0.3MG/ML.....	83	mg naf) .....	104
SIGNIFOR INJ 0.6MG/ML.....	83	sodium fluoride chew tab 0.5 mg f (from 1.1 mg	
SIGNIFOR INJ 0.9MG/ML.....	83	naf) .....	104
sildenafil citrate iv soln 10 mg/12.5ml (base		sodium fluoride chew tab 1 mg f (from 2.2 mg	
equivalent) .....	45	naf) .....	104
sildenafil citrate tab 20 mg.....	45	sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml	
silodosin cap 4 mg .....	90	naf) .....	104
silodosin cap 8 mg .....	90	sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	
silver sulfadiazine cream 1%.....	115	.....	104
SIMBRINZA SUS 1-0.2% .....	107	sodium fluoride tab 1 mg f (from 2.2 mg naf) .	104
SIMPONI ARIA SOL 50MG/4ML .....	94	sodium phenylbutyrate oral powder 3	
SIMPONI INJ 100MG/ML.....	98	gm/teaspoonful .....	78
SIMPONI INJ 50/0.5ML.....	98	sodium phenylbutyrate tab 500 mg.....	78
simvastatin tab 10 mg.....	38	SOFTCLIX MIS LANCETS.....	78
simvastatin tab 20 mg.....	38	solifenacin succinate tab 10 mg.....	91
simvastatin tab 40 mg.....	38	solifenacin succinate tab 5 mg.....	91
simvastatin tab 5 mg.....	38	SOLQUA INJ 100/33 .....	71
simvastatin tab 80 mg.....	38	SOLU-CORTEF INJ 1000MG .....	82
sirolimus oral soln 1 mg/ml .....	101	SOLU-CORTEF INJ 100MG .....	82
sirolimus tab 0.5 mg.....	101	SOLU-CORTEF INJ 250MG .....	82
sirolimus tab 1 mg.....	101	SOLU-CORTEF INJ 500MG .....	82
sirolimus tab 2 mg.....	101	SOLU-MEDROL INJ 2GM .....	82
SIRTURO TAB 100MG .....	16	SOMATULINE INJ 120/.5ML .....	69
SIRTURO TAB 20MG .....	16	SOMATULINE INJ 60/0.2ML .....	69
SKYLA IUD 13.5MG .....	76	SOMATULINE INJ 90/0.3ML .....	69
SKYRIZI INJ 150MG/ML.....	98	SOMAVERT INJ 10MG .....	69
SKYRIZI INJ 180/1.2 .....	98	SOMAVERT INJ 15MG .....	69
SKYRIZI INJ 360/2.4 .....	98	SOMAVERT INJ 20MG .....	69

SOMAVERT INJ 25MG.....	69	SUCRAID SOL 8500/ML .....	89
SOMAVERT INJ 30MG.....	69	sucralfate tab 1 gm.....	89
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>		SUFLAVE SOL .....	88
.....	29	sulconazole nitrate cream 1% .....	116
<i>sotalol hcl (afib/afI) tab 120 mg</i> .....	36	sulconazole nitrate solution 1% .....	116
<i>sotalol hcl (afib/afI) tab 160 mg</i> .....	36	sulfacetamide sodium lotion 10% (acne) .....	115
<i>sotalol hcl (afib/afI) tab 80 mg</i> .....	36	sulfacetamide sodium ophth oint 10%.....	106
<i>sotalol hcl tab 120 mg</i> .....	36	sulfacetamide sodium ophth soln 10% .....	106
<i>sotalol hcl tab 160 mg</i> .....	36	sulfacetamide sodium-prednisolone ophth soln	
<i>sotalol hcl tab 240 mg</i> .....	36	10-0.23(0.25)% .....	106
<i>sotalol hcl tab 80 mg</i> .....	36	sulfadiazine tab 500 mg.....	12
SOVALDI PAK 150MG .....	20	sulfamethoxazole-trimethoprim susp 200-40	
SOVALDI PAK 200MG .....	20	mg/5ml .....	12
SOVALDI TAB 200MG .....	20	sulfamethoxazole-trimethoprim tab 400-80 mg	12
SOVALDI TAB 400MG .....	20	sulfamethoxazole-trimethoprim tab 800-160 mg	
SPIKEVAX INJ 50/0.5ML.....	103	.....	12
<i>spinosad susp 0.9%</i> .....	119	SULFAMYLON CRE 85MG/GM .....	115
SPIRIVA AER 1.25MCG.....	109	sulfasalazine tab 500 mg .....	87
SPIRIVA SPR 2.5MCG .....	109	sulfasalazine tab delayed release 500 mg .....	87
<i>spironolactone &amp; hydrochlorothiazide tab 25-25</i>		sulindac tab 150 mg .....	6
<i>mg</i> .....	43	sulindac tab 200 mg .....	6
<i>spironolactone tab 100 mg</i> .....	33	sumatriptan nasal spray 20 mg/act.....	64
<i>spironolactone tab 25 mg</i> .....	33	sumatriptan nasal spray 5 mg/act.....	64
<i>spironolactone tab 50 mg</i> .....	33	sumatriptan succinate inj 6 mg/0.5ml .....	64
SPRAVATO SOL 56MG DOS.....	23	sumatriptan succinate solution auto-injector 4	
SPRAVATO SOL 84MG DOS.....	23	mg/0.5ml .....	64
<i>sprintec 28</i> .....	76	sumatriptan succinate solution auto-injector 6	
SPRYCEL TAB 100MG.....	29	mg/0.5ml .....	64
SPRYCEL TAB 140MG .....	29	sumatriptan succinate solution cartridge 4	
SPRYCEL TAB 20MG.....	29	mg/0.5ml .....	64
SPRYCEL TAB 50MG .....	29	sumatriptan succinate solution cartridge 6	
SPRYCEL TAB 70MG .....	29	mg/0.5ml .....	64
SPRYCEL TAB 80MG.....	29	sumatriptan succinate tab 100 mg .....	64
<i>sps</i> .....	84	sumatriptan succinate tab 25 mg .....	64
<i>sronyx</i> .....	76	sumatriptan succinate tab 50 mg .....	64
<i>ssd</i> .....	115	sumatriptan-naproxen sodium tab 85-500 mg .	64
<i>stavudine cap 15 mg</i> .....	15	sunitinib malate cap 12.5 mg (base equivalent)	29
<i>stavudine cap 20 mg</i> .....	15	sunitinib malate cap 25 mg (base equivalent) ..	29
<i>stavudine cap 30 mg</i> .....	15	sunitinib malate cap 37.5 mg (base equivalent)	29
<i>stavudine cap 40 mg</i> .....	15	sunitinib malate cap 50 mg (base equivalent) ..	29
STELARA INJ 45MG/0.5 .....	98	SUNOSI TAB 150MG.....	66
STELARA INJ 90MG/ML .....	98	SUNOSI TAB 75MG .....	66
STIOLTO AER 2.5-2.5 .....	108	SUPPRELIN LA KIT 50MG.....	83
STIVARGA TAB 40MG .....	29	SUPRAX CHW 100MG .....	18
STRIVERDI AER 2.5MCG.....	110	SUPRAX CHW 200MG .....	18
SUBLOCADE INJ 100/0.5.....	12	SUPRAX SUS 500/5ML .....	18
SUBLOCADE INJ 300/1.5.....	12	SUTAB TAB.....	88

<i>syeda</i> .....	76	<i>tamoxifen citrate tab 10 mg (base equivalent)</i> .	27
SYMDEKO TAB 100-150 .....	112	<i>tamoxifen citrate tab 20 mg (base equivalent)</i> .	27
SYMDEKO TAB 50-75MG .....	111	<i>tamsulosin hcl cap 0.4 mg</i> .....	90
SYMLINPEN 60 INJ 1000MCG .....	70	<i>tasimelteon capsule 20 mg</i> .....	63
SYMLNPN 120 INJ 1000MCG .....	70	<i>tazarotene cream 0.05%</i> .....	69
SYMTUZA TAB .....	16	<i>tazarotene cream 0.1%</i> .....	116
SYNAREL SOL 2MG/ML.....	83	<i>tazarotene gel 0.05%</i> .....	116
SYNERA DIS 70-70MG.....	119	<i>tazarotene gel 0.1%</i> .....	116
SYNJARDY TAB.....	72	<i>tazicef</i> .....	18
SYNJARDY TAB 12.5-500.....	72	TAZORAC CRE 0.05%.....	116
SYNJARDY TAB 5-1000MG .....	72	TDVAX INJ 2-2 LF.....	103
SYNJARDY TAB 5-500MG.....	72	<i>telmisartan tab 20 mg</i> .....	35
SYNJARDY XR TAB.....	72	<i>telmisartan tab 40 mg</i> .....	35
SYNJARDY XR TAB 10-1000.....	72	<i>telmisartan tab 80 mg</i> .....	35
SYNJARDY XR TAB 25-1000.....	72	<i>telmisartan-amlodipine tab 40-10 mg</i> .....	34
SYNJARDY XR TAB 5-1000MG.....	72	<i>telmisartan-amlodipine tab 40-5 mg</i> .....	34
SYNTHROID TAB 100MCG .....	85	<i>telmisartan-amlodipine tab 80-10 mg</i> .....	34
SYNTHROID TAB 112MCG .....	85	<i>telmisartan-amlodipine tab 80-5 mg</i> .....	34
SYNTHROID TAB 125MCG .....	85	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> .....	34
SYNTHROID TAB 137MCG .....	85	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	34
SYNTHROID TAB 150MCG .....	85	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	34
SYNTHROID TAB 175MCG .....	85	<i>temazepam cap 15 mg</i> .....	63
SYNTHROID TAB 200MCG .....	85	<i>temazepam cap 22.5 mg</i> .....	63
SYNTHROID TAB 25MCG .....	84	<i>temazepam cap 30 mg</i> .....	63
SYNTHROID TAB 300MCG .....	85	<i>temazepam cap 7.5 mg</i> .....	63
SYNTHROID TAB 50MCG .....	84	TEMODAR INJ 100MG.....	24
SYNTHROID TAB 75MCG .....	85	<i>temozolomide cap 100 mg</i> .....	24
SYNTHROID TAB 88MCG .....	85	<i>temozolomide cap 140 mg</i> .....	24
<b>T</b>		<i>temozolomide cap 180 mg</i> .....	24
TABLOID TAB 40MG .....	25	<i>temozolomide cap 20 mg</i> .....	24
<i>tacrolimus cap 0.5 mg</i> .....	101	<i>temozolomide cap 250 mg</i> .....	24
<i>tacrolimus cap 1 mg</i> .....	101	<i>temozolomide cap 5 mg</i> .....	24
<i>tacrolimus cap 5 mg</i> .....	101	TENIVAC INJ 5-2LF.....	103
<i>tacrolimus oint 0.03%</i> .....	117	<i>tenofovir disoproxil fumarate tab 300 mg</i> .....	15
<i>tacrolimus oint 0.1%</i> .....	117	<i>terazosin hcl cap 1 mg (base equivalent)</i> .....	90
<i>tadalafil tab 2.5 mg</i> .....	90	<i>terazosin hcl cap 10 mg (base equivalent)</i> .....	90
<i>tadalafil tab 20 mg (pah)</i> .....	45	<i>terazosin hcl cap 2 mg (base equivalent)</i> .....	90
<i>tadalafil tab 5 mg</i> .....	90	<i>terazosin hcl cap 5 mg (base equivalent)</i> .....	90
TAFINLAR CAP 50MG.....	29	<i>terbinafine hcl tab 250 mg</i> .....	13
TAFINLAR CAP 75MG.....	29	<i>terbutaline sulfate tab 2.5 mg</i> .....	110
TAFINLAR TAB 10MG.....	29	<i>terbutaline sulfate tab 5 mg</i> .....	110
<i>tafluprost preservative free (pf) ophth soln</i> <i>0.0015%</i> .....	107	<i>terconazole vaginal cream 0.4%</i> .....	91
<i>take action</i> .....	76	<i>terconazole vaginal cream 0.8%</i> .....	91
TALTZ INJ 20/0.25.....	98	<i>terconazole vaginal suppos 80 mg</i> .....	91
TALTZ INJ 40/0.5ML.....	98	<i>teriflunomide tab 14 mg</i> .....	65
TALTZ INJ 80MG/ML.....	98		



<i>teriflunomide tab 7 mg</i> .....	65	TIVICAY TAB 10MG .....	15
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	69	TIVICAY TAB 25MG .....	15
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	69	TIVICAY TAB 50MG .....	15
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	69	<i>tizanidine hcl tab 2 mg (base equivalent)</i> .....	66
<i>testosterone td gel 10mg/act (2%)</i> .....	69	<i>tizanidine hcl tab 4 mg (base equivalent)</i> .....	66
<i>testosterone td gel 25 mg/2.5gm (1%)</i> .....	69	TOBRADEX OIN 0.3-0.1% .....	106
<i>tetrabenazine tab 12.5 mg</i> .....	65	TOBRADEX ST SUS 0.3-0.05.....	106
<i>tetrabenazine tab 25 mg</i> .....	65	<i>tobramycin nebu soln 300 mg/4ml</i> .....	112
<i>tetracycline hcl cap 250 mg</i> .....	23	<i>tobramycin nebu soln 300 mg/5ml</i> .....	112
<i>tetracycline hcl cap 500 mg</i> .....	23	<i>tobramycin ophth soln 0.3%</i> .....	106
THALOMID CAP 100MG.....	26	<i>tobramycin sulfate for inj 1.2 gm</i> .....	13
THALOMID CAP 150MG.....	26	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>	
THALOMID CAP 200MG.....	26	<i>(base equiv)</i> .....	13
THALOMID CAP 50MG.....	26	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	
<i>theophylline elixir 80 mg/15ml</i> .....	114	<i>(base equiv)</i> .....	13
<i>theophylline soln 80 mg/15ml</i> .....	114	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
<i>theophylline tab er 12hr 300 mg</i> .....	114	.....	106
<i>theophylline tab er 12hr 450 mg</i> .....	114	TODAY SPONGE MIS .....	90
<i>theophylline tab er 24hr 400 mg</i> .....	114	<i>tolmetin sodium cap 400 mg</i> .....	6
<i>theophylline tab er 24hr 600 mg</i> .....	114	<i>tolmetin sodium tab 600 mg</i> .....	6
<i>thioridazine hcl tab 10 mg</i> .....	56	<i>tolterodine tartrate cap er 24hr 2 mg</i> .....	91
<i>thioridazine hcl tab 100 mg</i> .....	56	<i>tolterodine tartrate cap er 24hr 4 mg</i> .....	91
<i>thioridazine hcl tab 25 mg</i> .....	56	<i>tolterodine tartrate tab 1 mg</i> .....	91
<i>thioridazine hcl tab 50 mg</i> .....	56	<i>tolterodine tartrate tab 2 mg</i> .....	91
<i>thiothixene cap 1 mg</i> .....	56	<i>tolvaptan tab 15 mg</i> .....	83
<i>thiothixene cap 10 mg</i> .....	56	<i>tolvaptan tab 30 mg</i> .....	83
<i>thiothixene cap 2 mg</i> .....	56	<i>topiramate sprinkle cap 15 mg</i> .....	60
<i>thiothixene cap 5 mg</i> .....	56	<i>topiramate sprinkle cap 25 mg</i> .....	60
<i>tiagabine hcl tab 12 mg</i> .....	60	<i>topiramate tab 100 mg</i> .....	60
<i>tiagabine hcl tab 16 mg</i> .....	60	<i>topiramate tab 200 mg</i> .....	60
<i>tiagabine hcl tab 2 mg</i> .....	59	<i>topiramate tab 25 mg</i> .....	60
<i>tiagabine hcl tab 4 mg</i> .....	59	<i>topiramate tab 50 mg</i> .....	60
TICE BCG INJ .....	26	<i>topotecan hcl for inj 4 mg (base equiv)</i> .....	31
<i>tilia fe</i> .....	76	<i>toremifene citrate tab 60 mg (base equivalent)</i>	27
<i>timolol maleate ophth gel forming soln 0.25%</i>	108	<i>torseamide tab 10 mg</i> .....	43
<i>timolol maleate ophth gel forming soln 0.5%</i>	107	<i>torseamide tab 100 mg</i> .....	43
<i>timolol maleate ophth soln 0.25%</i> .....	108	<i>torseamide tab 20 mg</i> .....	43
<i>timolol maleate ophth soln 0.5%</i> .....	108	<i>torseamide tab 5 mg</i> .....	43
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	108	<i>tramadol hcl tab 50 mg</i> .....	11
<i>timolol maleate tab 10 mg</i> .....	40	<i>tramadol hcl tab er 24hr 100 mg</i> .....	11
<i>timolol maleate tab 20 mg</i> .....	40	<i>tramadol hcl tab er 24hr 200 mg</i> .....	11
<i>timolol maleate tab 5 mg</i> .....	40	<i>tramadol hcl tab er 24hr 300 mg</i> .....	11
<i>tinidazole tab 250 mg</i> .....	12	<i>tramadol-acetaminophen tab 37.5-325 mg</i> .....	11
<i>tinidazole tab 500 mg</i> .....	13	<i>trandolapril tab 1 mg</i> .....	33
<i>tiotropium bromide monohydrate inhal cap 18</i>		<i>trandolapril tab 2 mg</i> .....	33
<i>mcg (base equiv)</i> .....	109	<i>trandolapril tab 4 mg</i> .....	33
TIVICAY PD TAB 5MG.....	15	<i>trandolapril-verapamil hcl tab er 1-240 mg</i> .....	32

<i>trandolapril-verapamil hcl tab er 2-180 mg</i> .....	32	<i>triamterene cap 50 mg</i> .....	43
<i>trandolapril-verapamil hcl tab er 2-240 mg</i> .....	32	<i>triazolam tab 0.125 mg</i> .....	63
<i>trandolapril-verapamil hcl tab er 4-240 mg</i> .....	32	<i>triazolam tab 0.25 mg</i> .....	63
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> .....	94	<i>trifluoperazine hcl tab 1 mg (base equivalent)..</i>	56
<i>tranexamic acid tab 650 mg</i> .....	94	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	56
<i>tranylcypramine sulfate tab 10 mg</i> .....	51	<i>trifluoperazine hcl tab 2 mg (base equivalent)..</i>	56
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> .....	108	<i>trifluoperazine hcl tab 5 mg (base equivalent)..</i>	56
<i>trazodone hcl tab 100 mg</i> .....	51	<i>trifluridine ophth soln 1%</i> .....	106
<i>trazodone hcl tab 150 mg</i> .....	51	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> .....	54
<i>trazodone hcl tab 300 mg</i> .....	51	<i>trihexyphenidyl hcl tab 2 mg</i> .....	54
<i>trazodone hcl tab 50 mg</i> .....	51	<i>trihexyphenidyl hcl tab 5 mg</i> .....	54
TRECTOR TAB 250MG .....	16	TRIKAFTA PAK 59.5MG .....	112
TRELEGY AER 100MCG .....	109	TRIKAFTA PAK 75MG .....	112
TRELEGY AER 200MCG .....	109	TRIKAFTA TAB .....	112
TREMFYA INJ 100MG/ML .....	98	<i>tri-linyah</i> .....	76
TRESIBA FLEX INJ 100UNIT .....	71	<i>trimethobenzamide hcl cap 300 mg</i> .....	87
TRESIBA FLEX INJ 200UNIT .....	71	<i>trimethoprim tab 100 mg</i> .....	21
TRESIBA INJ 100UNIT.....	71	<i>trimipramine maleate cap 100 mg</i> .....	52
<i>tretinoin cap 10 mg</i> .....	30	<i>trimipramine maleate cap 25 mg</i> .....	51
<i>tretinoin cream 0.025%</i> .....	115	<i>trimipramine maleate cap 50 mg</i> .....	52
<i>tretinoin cream 0.05%</i> .....	115	<i>trinate</i> .....	105
<i>tretinoin cream 0.1%</i> .....	115	TRINTELLIX TAB 10MG .....	52
<i>tretinoin gel 0.01%</i> .....	115	TRINTELLIX TAB 20MG .....	52
<i>tretinoin gel 0.025%</i> .....	115	TRINTELLIX TAB 5MG .....	52
<i>tretinoin gel 0.05%</i> .....	115	TRIPTODUR SUS 22.5MG .....	83
<i>tretinoin microsphere gel 0.04%</i> .....	115	<i>tri-sprintec</i> .....	76
<i>tretinoin microsphere gel 0.1%</i> .....	115	TRIUMEQ PD TAB.....	16
<i>triamcinolone acetamide cream 0.025%</i> .....	118	TRIUMEQ TAB .....	16
<i>triamcinolone acetamide cream 0.1%</i> .....	118	<i>tri-vite/fluoride</i> .....	105
<i>triamcinolone acetamide cream 0.5%</i> .....	118	<i>trivora-28</i> .....	76
<i>triamcinolone acetamide dental paste 0.1%</i> ....	120	TROGARZO INJ 150MG/ML.....	15
<i>triamcinolone acetamide lotion 0.025%</i> .....	118	<i>tropicamide ophth soln 0.5%</i> .....	108
<i>triamcinolone acetamide lotion 0.1%</i> .....	118	<i>tropicamide ophth soln 1%</i> .....	108
<i>triamcinolone acetamide nasal aerosol suspension 55 mcg/act</i> .....	112	<i>tropium chloride cap er 24hr 60 mg</i> .....	91
<i>triamcinolone acetamide oint 0.025%</i> .....	118	<i>tropium chloride tab 20 mg</i> .....	91
<i>triamcinolone acetamide oint 0.1%</i> .....	118	TRULICITY INJ 0.75/0.5.....	70
<i>triamcinolone acetamide oint 0.5%</i> .....	118	TRULICITY INJ 1.5/0.5.....	70
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> .....	43	TRULICITY INJ 3/0.5.....	70
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> .....	43	TRULICITY INJ 4.5/0.5.....	71
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> .....	43	TRUMENBA INJ .....	103
<i>triamterene cap 100 mg</i> .....	43	TRUSTEX/RIA MIS NON-LUB .....	76
		TRUSTX NON-9 MIS RIB/STUD .....	76
		TUKYSA TAB 150MG .....	29
		TUKYSA TAB 50MG .....	29
		TUZISTRA XR SUS .....	111
		TWINRIX INJ.....	103
		TWIRLA DIS 120-30 .....	76

TYBLUME CHW 0.1-0.02 .....	76	<i>vancomycin hcl cap 250 mg (base equivalent)..</i>	21
TYBOST TAB 150MG .....	15	<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	21
TYMLOS INJ .....	73	<i>vancomycin hcl for iv soln 10 gm (base equivalent).....</i>	21
TYSABRI INJ 300/15ML .....	65	<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	21
TYVASO RF KT SOL 0.6MG/ML.....	45	<i>vancomycin hcl for iv soln 500 mg (base equivalent).....</i>	21
TYVASO SOL 0.6MG/ML .....	45	<i>vancomycin hcl for iv soln 750 mg (base equivalent).....</i>	21
TYVASO ST KT SOL 0.6MG/ML.....	45	VAQTA INJ 25/0.5ML .....	103
<b>U</b>		VAQTA INJ 50UNT/ML .....	103
UBRELVY TAB 100MG .....	64	<i>varenicline tartrate tab 0.5 mg (base equiv).....</i>	68
UBRELVY TAB 50MG .....	64	<i>varenicline tartrate tab 1 mg (base equiv).....</i>	69
<i>unithroid</i> .....	85	<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack.....</i>	69
UPTRAVI INJ 1800MCG.....	45	VARIVAX INJ.....	103
UPTRAVI PACK TAB 200/800 .....	45	VARUBI TAB 90MG .....	87
UPTRAVI TAB 1000MCG .....	46	VAXELIS INJ .....	103
UPTRAVI TAB 1200MCG .....	46	VAXNEUVANCE INJ .....	103
UPTRAVI TAB 1400MCG .....	46	VCF VAGINAL GEL CONTRACE .....	90
UPTRAVI TAB 1600MCG .....	46	VCF VAGINAL MIS CONTRACP.....	90
UPTRAVI TAB 200MCG .....	45	<i>velivet</i> .....	76
UPTRAVI TAB 400MCG .....	45	VELPHORO CHW 500MG .....	84
UPTRAVI TAB 600MCG .....	45	VEMLIDY TAB 25MG .....	19
UPTRAVI TAB 800MCG .....	46	VENCLEXTA TAB 100MG .....	26
<i>urinary pain relief</i> .....	91	VENCLEXTA TAB 10MG .....	26
<i>ursodiol cap 300 mg</i> .....	89	VENCLEXTA TAB 50MG .....	26
<i>ursodiol tab 250 mg</i> .....	89	VENCLEXTA TAB START PK.....	26
<i>ursodiol tab 500 mg</i> .....	89	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent).....</i>	52
<b>V</b>		<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent).....</i>	52
<i>valacyclovir hcl tab 1 gm</i> .....	17	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent).....</i>	52
<i>valacyclovir hcl tab 500 mg</i> .....	17	<i>venlafaxine hcl tab 100 mg (base equivalent)..</i>	52
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	17	<i>venlafaxine hcl tab 25 mg (base equivalent).....</i>	52
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	17	<i>venlafaxine hcl tab 37.5 mg (base equivalent)..</i>	52
<i>valproate sodium inj 100 mg/ml</i> .....	60	<i>venlafaxine hcl tab 50 mg (base equivalent).....</i>	52
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> .....	60	<i>venlafaxine hcl tab 75 mg (base equivalent).....</i>	52
<i>valproic acid cap 250 mg</i> .....	60	<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent).....</i>	52
<i>valsartan tab 160 mg</i> .....	35	<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent).....</i>	52
<i>valsartan tab 320 mg</i> .....	35	<i>vancomycin hcl cap 125 mg (base equivalent)</i> .	21
<i>valsartan tab 40 mg</i> .....	35		
<i>valsartan tab 80 mg</i> .....	35		
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	34		
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VENTAVIS SOL 20MCG/ML .....	46	<i>voriconazole for susp 40 mg/ml</i> .....	13
<i>verapamil hcl cap er 24hr 100 mg</i> .....	42	<i>voriconazole tab 200 mg</i> .....	13
<i>verapamil hcl cap er 24hr 120 mg</i> .....	42	<i>voriconazole tab 50 mg</i> .....	13
<i>verapamil hcl cap er 24hr 180 mg</i> .....	42	VOSEVI TAB.....	20
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<i>verapamil hcl cap er 24hr 300 mg</i> .....	42	VRAYLAR CAP 3MG .....	56
<i>verapamil hcl cap er 24hr 360 mg</i> .....	42	VRAYLAR CAP 4.5MG .....	56
<i>verapamil hcl tab 120 mg</i> .....	42	VRAYLAR CAP 6MG .....	56
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<i>verapamil hcl tab er 180 mg</i> .....	42	VYVANSE CAP 30MG .....	62
<i>verapamil hcl tab er 240 mg</i> .....	42	VYVANSE CAP 40MG .....	62
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<i>vilazodone hcl tab 20 mg</i> .....	52	<i>warfarin sodium tab 10 mg</i> .....	93
<i>vilazodone hcl tab 40 mg</i> .....	52	<i>warfarin sodium tab 2 mg</i> .....	92
<i>vinblastine sulfate inj 1 mg/ml</i> .....	26	<i>warfarin sodium tab 2.5 mg</i> .....	92
<i>vincristine sulfate iv soln 1 mg/ml</i> .....	26	<i>warfarin sodium tab 3 mg</i> .....	92
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i> .	26	<i>warfarin sodium tab 4 mg</i> .....	92
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i>		<i>warfarin sodium tab 5 mg</i> .....	92
<i>(base equiv)</i> .....	26	<i>warfarin sodium tab 6 mg</i> .....	92
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XARELTO STAR TAB 15/20MG .....	93	ZEJULA TAB 200MG .....	30
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