



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 11/01/2024

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib cap 50 mg</i>	2	
<i>celecoxib cap 100 mg</i>	2	
<i>celecoxib cap 200 mg</i>	2	
GOUT		
<i>allopurinol tab 100 mg</i>	2	
<i>allopurinol tab 300 mg</i>	2	
<i>colchicine tab 0.6 mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat tab 40 mg</i>	2	ST; PA**
<i>febuxostat tab 80 mg</i>	2	ST; PA**
<i>probenecid tab 500 mg</i>	2	
NSAIDS, COMBINATIONS§		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
NSAIDS§		
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium (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

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

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

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

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

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

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

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

SALICYLATES

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

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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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Drug Name	Drug Tier	Requirements/Limits
<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)
ANTITUBERCULAR AGENTS		
<i>cycloserine cap 250 mg</i>	2	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid inj 100 mg/ml</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	2	
<i>isoniazid tab 300 mg</i>	2	
PRETOMANID TAB 200MG	4	
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	
ANTIVIRALS§		
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>cidofovir iv inj 75 mg/ml</i>	2	
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	

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

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

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

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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
doxy 100	2	
doxycycline hyclate cap 50 mg	2	
doxycycline hyclate cap 100 mg	2	
doxycycline hyclate for inj 100 mg	2	
doxycycline hyclate tab 20 mg	2	
doxycycline hyclate tab 100 mg	2	
doxycycline monohydrate cap 50 mg	2	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate for susp 25 mg/5ml	2	
doxycycline monohydrate tab 50 mg	2	
doxycycline monohydrate tab 75 mg	2	
doxycycline monohydrate tab 150 mg	2	
minocycline hcl cap 50 mg	2	
minocycline hcl cap 75 mg	2	
minocycline hcl cap 100 mg	2	
minocycline hcl tab 50 mg	2	
minocycline hcl tab 75 mg	2	
minocycline hcl tab 100 mg	2	
tetracycline hcl cap 250 mg	2	QL (120 caps every 30 days)
tetracycline hcl cap 500 mg	2	QL (120 caps every 30 days)

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS**STERIOD INHALANTS**

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

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

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

ANTIDOTES AND SPECIFIC ANTAGONISTS**OPIOID ANTAGONISTS**

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

busulfan inj 6 mg/ml	2	
carmustine for inj 100 mg	2	
cyclophosphamide cap 25 mg	2	
cyclophosphamide cap 50 mg	2	
cyclophosphamide for inj 1 gm	5	
cyclophosphamide for inj 2 gm	5	
cyclophosphamide for inj 500 mg	5	
dacarbazine for inj 100 mg	2	
dacarbazine for inj 200 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
EMCYT CAP 140MG	5	
GLEOSTINE CAP 10MG	5	
GLEOSTINE CAP 40MG	5	
GLEOSTINE CAP 100MG	5	
GLIADEL WAF 7.7MG	3	
<i>ifosfamide for inj 1 gm</i>	2	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	2	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	2	
LEUKERAN TAB 2MG	3	
MATULANE CAP 50MG	3	
<i>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
ANTIBIOTICS		
<i>adriamycin</i>	2	
<i>bleomycin sulfate for inj 15 unit</i>	2	
<i>bleomycin sulfate for inj 30 unit</i>	2	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	2	
<i>doxorubicin hcl for inj 10 mg</i>	2	
<i>doxorubicin hcl inj 2 mg/ml</i>	2	
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	2	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	2	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	2	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	2	
<i>mitomycin for iv soln 5 mg</i>	2	
<i>mitomycin for iv soln 20 mg</i>	2	
<i>mitomycin for iv soln 40 mg</i>	2	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	5	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	5	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	5	
ANTIMETABOLITES		
<i>azacitidine for inj 100 mg</i>	5	PA
<i>capecitabine tab 150 mg</i>	5	PA
<i>capecitabine tab 500 mg</i>	5	PA
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	2	
<i>clofarabine iv soln 1 mg/ml</i>	2	
<i>cytarabine inj 20 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate inj 1 mg/ml	2	
vincristine sulfate iv soln 1 mg/ml	2	
vinorelbine tartrate inj 10 mg/ml (base equiv)	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>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	5	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	5	PA, QL (1 pack every 28 days)
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG	5	PA
ERBITUX INJ 200MG	5	PA
ERIVEDGE CAP 150MG	5	PA, QL (30 caps every 30 days)
GAZYVA INJ 25MG/ML	5	PA
KADCYLA INJ 100MG	5	PA
KADCYLA INJ 160MG	5	PA
KEYTRUDA INJ 100MG/4M	5	PA
PADCEV INJ 20MG	5	PA, QL (21 vials every 28 days)
PADCEV INJ 30MG	5	PA, QL (15 vials every 28 days)
POLIVY INJ 30MG	5	PA
POLIVY INJ 140MG	5	PA
POMALYST CAP 1MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 2MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 3MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 4MG	5	PA, QL (21 caps every 28 days)
REVLIMID CAP 2.5MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 5MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 10MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 15MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 20MG	5	PA, QL (21 caps every 28 days)
REVLIMID CAP 25MG	5	PA, QL (21 caps every 28 days)
RUXIENCE INJ 100/10ML	4	PA
RUXIENCE INJ 500/50ML	4	PA
THALOMID CAP 50MG	5	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	5	PA, QL (28 caps every 28 days)
THALOMID CAP 150MG	5	PA, QL (56 caps every 28 days)
THALOMID CAP 200MG	5	PA, QL (56 caps every 28 days)
TICE BCG INJ	3	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tab 500 mg</i>	5	PA, QL (60 tabs every 30 days)

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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>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)
KINASE INHIBITORS		
ALECENSA CAP 150MG	5	PA, QL (240 caps every 30 days)
CABOMETYX TAB 20MG	5	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 40MG	5	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 60MG	5	PA, QL (30 tabs every 30 days)
CALQUENCE TAB 100MG	5	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	5	PA, QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
XALKORI CAP 20MG	5	PA, QL (120 pellets every 30 days)
XALKORI CAP 50MG	5	PA, QL (120 pellets every 30 days)
XALKORI CAP 150MG	5	PA, QL (180 pellets every 30 days)
XALKORI CAP 200MG	5	PA, QL (120 caps every 30 days)
XALKORI CAP 250MG	5	PA, QL (120 caps every 30 days)
ZELBORAF TAB 240MG	5	PA, QL (240 tabs every 30 days)
ZYDELIG TAB 100MG	5	PA, QL (60 tabs every 30 days)
ZYDELIG TAB 150MG	5	PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	5	PA, QL (90 tabs every 30 days)
MISCELLANEOUS		
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	2	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	2	
<i>bexarotene cap 75 mg</i>	5	PA
<i>hydroxyurea cap 500 mg</i>	2	
IDHIFA TAB 50MG	5	PA, QL (30 tabs every 30 days)
IDHIFA TAB 100MG	5	PA, QL (30 tabs every 30 days)
LYNPARZA TAB 100MG	5	PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	5	PA, QL (120 tabs every 30 days)
NIPENT INJ 10MG	3	
ODOMZO CAP 200MG	5	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	5	PA
PHOTOFRIN INJ 75MG	3	
<i>tretinoin cap 10 mg</i>	2	
VISTOGARD PAK 10GM	5	QL (20 packets every 5 days)
ZEJULA CAP 100MG	5	PA, QL (90 caps every 30 days)
ZEJULA TAB 100MG	5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 200MG	5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 300MG	5	PA, QL (30 tabs every 30 days)
ZOLINZA CAP 100MG	5	PA, QL (120 caps every 30 days)
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	2	
<i>carboplatin iv soln 150 mg/15ml</i>	2	
<i>carboplatin iv soln 450 mg/45ml</i>	2	
<i>carboplatin iv soln 600 mg/60ml</i>	2	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	

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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>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	
<i>oxaliplatin for iv inj 50 mg</i>	5	
<i>oxaliplatin for iv inj 100 mg</i>	5	
<i>oxaliplatin iv soln 50 mg/10ml</i>	5	
<i>oxaliplatin iv soln 100 mg/20ml</i>	5	
<i>paraplatin</i>	2	
PROTECTIVE AGENTS		
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	2	
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	2	
<i>leucovorin calcium for inj 50 mg</i>	2	
<i>leucovorin calcium for inj 100 mg</i>	2	
<i>leucovorin calcium for inj 200 mg</i>	2	
<i>leucovorin calcium for inj 350 mg</i>	2	
<i>leucovorin calcium for inj 500 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
<i>mesna inj 100 mg/ml</i>	2	
MESNEX TAB 400MG	5	
TOPOISOMERASE INHIBITORS		
<i>etoposide cap 50 mg</i>	2	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	2	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	2	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	2	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	5	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	5	
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	2	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	5	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	2	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	2	

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

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	2	
<i>benazepril hcl tab 10 mg</i>	2	
<i>benazepril hcl tab 20 mg</i>	2	
<i>benazepril hcl tab 40 mg</i>	2	
<i>captopril tab 12.5 mg</i>	2	
<i>captopril tab 25 mg</i>	2	
<i>captopril tab 50 mg</i>	2	
<i>captopril tab 100 mg</i>	2	
<i>enalapril maleate tab 2.5 mg</i>	2	
<i>enalapril maleate tab 5 mg</i>	2	
<i>enalapril maleate tab 10 mg</i>	2	
<i>enalapril maleate tab 20 mg</i>	2	
<i>fosinopril sodium tab 10 mg</i>	2	
<i>fosinopril sodium tab 20 mg</i>	2	
<i>fosinopril sodium tab 40 mg</i>	2	
<i>lisinopril tab 2.5 mg</i>	2	
<i>lisinopril tab 5 mg</i>	2	
<i>lisinopril tab 10 mg</i>	2	
<i>lisinopril tab 20 mg</i>	2	
<i>lisinopril tab 30 mg</i>	2	
<i>lisinopril tab 40 mg</i>	2	
<i>moexipril hcl tab 7.5 mg</i>	2	
<i>moexipril hcl tab 15 mg</i>	2	
<i>perindopril erbumine tab 2 mg</i>	2	
<i>perindopril erbumine tab 4 mg</i>	2	

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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>perindopril erbumine tab 8 mg</i>	2	
<i>quinapril hcl tab 5 mg</i>	2	
<i>quinapril hcl tab 10 mg</i>	2	
<i>quinapril hcl tab 20 mg</i>	2	
<i>quinapril hcl tab 40 mg</i>	2	
<i>ramipril cap 1.25 mg</i>	2	
<i>ramipril cap 2.5 mg</i>	2	
<i>ramipril cap 5 mg</i>	2	
<i>ramipril cap 10 mg</i>	2	
<i>trandolapril tab 1 mg</i>	2	
<i>trandolapril tab 2 mg</i>	2	
<i>trandolapril tab 4 mg</i>	2	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
<i>spironolactone tab 25 mg</i>	2	
<i>spironolactone tab 50 mg</i>	2	
<i>spironolactone tab 100 mg</i>	2	
ALPHA BLOCKERS		
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	2	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	2	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	2	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil tab 5 mg</i>	2	
<i>olmesartan medoxomil tab 20 mg</i>	2	
<i>olmesartan medoxomil tab 40 mg</i>	2	
<i>telmisartan tab 20 mg</i>	2	
<i>telmisartan tab 40 mg</i>	2	
<i>telmisartan tab 80 mg</i>	2	
<i>valsartan tab 40 mg</i>	2	
<i>valsartan tab 80 mg</i>	2	
<i>valsartan tab 160 mg</i>	2	
<i>valsartan tab 320 mg</i>	2	
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	2	
<i>disopyramide phosphate cap 150 mg</i>	2	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	PA
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	2	
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	2	
MULTAQ TAB 400MG	4	PA
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
<i>pacerone</i>	2	
<i>procainamide hcl inj 100 mg/ml</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	2	
<i>propafenone hcl cap er 12hr 325 mg</i>	2	
<i>propafenone hcl cap er 12hr 425 mg</i>	2	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>sotalol hcl (afib/af) tab 80 mg</i>	2	
<i>sotalol hcl (afib/af) tab 120 mg</i>	2	
<i>sotalol hcl (afib/af) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<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
<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

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tab 40 mg</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tab 5 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	2	ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl cap 0.5 gm</i>	2	
<i>icosapent ethyl cap 1 gm</i>	2	Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML	3	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	3	PA, QL (1 injection every 28 days)
REPATHA SURE INJ 140MG/ML	3	PA, QL (3 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	2	
<i>atenolol tab 50 mg</i>	2	
<i>atenolol tab 100 mg</i>	2	
<i>betaxolol hcl tab 10 mg</i>	2	
<i>betaxolol hcl tab 20 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	2	
<i>carvedilol tab 3.125 mg</i>	2	
<i>carvedilol tab 6.25 mg</i>	2	
<i>carvedilol tab 12.5 mg</i>	2	
<i>carvedilol tab 25 mg</i>	2	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	
<i>metoprolol tartrate tab 25 mg</i>	2	
<i>metoprolol tartrate tab 50 mg</i>	2	
<i>metoprolol tartrate tab 100 mg</i>	2	
<i>nadolol tab 20 mg</i>	2	
<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	

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

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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>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>diltiazem hcl tab er 24hr 120 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	2	
<i>isradipine cap 5 mg</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	2	
<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	

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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>nisoldipine tab er 24hr 25.5 mg</i>	2	
<i>nisoldipine tab er 24hr 30 mg</i>	2	
<i>nisoldipine tab er 24hr 34 mg</i>	2	
<i>nisoldipine tab er 24hr 40 mg</i>	2	
<i>verapamil hcl cap er 24hr 100 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	
<i>verapamil hcl cap er 24hr 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 300 mg</i>	2	
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl tab 40 mg</i>	2	
<i>verapamil hcl tab 80 mg</i>	2	
<i>verapamil hcl tab 120 mg</i>	2	
<i>verapamil hcl tab er 120 mg</i>	2	
<i>verapamil hcl tab er 180 mg</i>	2	
<i>verapamil hcl tab er 240 mg</i>	2	
DIGITALIS GLYCOSIDES		
<i>digoxin oral soln 0.05 mg/ml</i>	2	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	2	
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	2	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	2	
DIURETICS		
<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>DIURIL SUS 250/5ML</i>	4	
<i>ethacrynic acid tab 25 mg</i>	4	
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	2	
<i>furosemide tab 40 mg</i>	2	

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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>furosemide tab 80 mg</i>	2	
<i>hydrochlorothiazide cap 12.5 mg</i>	2	
<i>hydrochlorothiazide tab 12.5 mg</i>	2	
<i>hydrochlorothiazide tab 25 mg</i>	2	
<i>hydrochlorothiazide tab 50 mg</i>	2	
<i>indapamide tab 1.25 mg</i>	2	
<i>indapamide tab 2.5 mg</i>	2	
<i>mannitol iv soln 20%</i>	2	
<i>mannitol iv soln 25%</i>	2	
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	2	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>osmitrol viaflex</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>toremide tab 5 mg</i>	2	
<i>toremide tab 10 mg</i>	2	
<i>toremide tab 20 mg</i>	2	
<i>toremide tab 100 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	2	
<i>triamterene cap 50 mg</i>	2	
<i>triamterene cap 100 mg</i>	2	
HEART FAILURE		
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	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	2	
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	2	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	2	
<i>clonidine hcl tab 0.2 mg</i>	2	
<i>clonidine hcl tab 0.3 mg</i>	2	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</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>clonidine td patch weekly 0.3 mg/24hr</i>	2	
<i>guanfacine hcl tab 1 mg</i>	2	
<i>guanfacine hcl tab 2 mg</i>	2	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>methyldopa tab 250 mg</i>	2	
<i>methyldopa tab 500 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	PA, QL (360 caps every 30 days)
<i>ranolazine tab er 12hr 500 mg</i>	2	ST; PA**
<i>ranolazine tab er 12hr 1000 mg</i>	2	ST; PA**

NITRATES

<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
NITRO-BID OIN 2%	4	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	

PULMONARY ARTERIAL HYPERTENSION

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)

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Drug Name	Drug Tier	Requirements/Limits
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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	
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxazepam cap 15 mg</i>	2	QL (120 caps every 30 days)
<i>oxazepam cap 30 mg</i>	2	QL (120 caps every 30 days)
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	
<i>galantamine hydrobromide tab 8 mg</i>	2	
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg</i>	2	
<i>memantine hcl cap er 24hr 14 mg</i>	2	
<i>memantine hcl cap er 24hr 21 mg</i>	2	
<i>memantine hcl cap er 24hr 28 mg</i>	2	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl tab 5 mg</i>	2	
<i>memantine hcl tab 10 mg</i>	2	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	
ANTIDEPRESSANTS§		
<i>amitriptyline hcl tab 10 mg</i>	2	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 25 mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 50 mg</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 75 mg</i>	2	PA; High strength requires PA for members age 65 and older

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Drug Name	Drug Tier	Requirements/Limits
<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
<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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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

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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>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
<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	

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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>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	2	
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl tab 10 mg</i>	2	
<i>vilazodone hcl tab 20 mg</i>	2	
<i>vilazodone hcl tab 40 mg</i>	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN INJ 10MG/ML	5	PA, QL (20 cartridges every 30 days)
<i>benztropine mesylate inj 1 mg/ml</i>	2	
<i>benztropine mesylate tab 0.5 mg</i>	2	
<i>benztropine mesylate tab 1 mg</i>	2	
<i>benztropine mesylate tab 2 mg</i>	2	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa tab 25 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	

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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>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone tab 200 mg</i>	2	
INBRIJA CAP 42MG	5	PA, QL (300 caps every 30 days)
NEUPRO DIS 1MG/24HR	3	
NEUPRO DIS 2MG/24HR	3	
NEUPRO DIS 3MG/24HR	3	
NEUPRO DIS 4MG/24HR	3	
NEUPRO DIS 6MG/24HR	3	
NEUPRO DIS 8MG/24HR	3	
ONGENTYS CAP 25MG	4	PA
ONGENTYS CAP 50MG	4	PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
<i>selegiline hcl cap 5 mg</i>	2	
<i>selegiline hcl tab 5 mg</i>	2	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl tab 2 mg</i>	2	
<i>trihexyphenidyl hcl tab 5 mg</i>	2	
ANTIPSYCHOTICS		
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole orally disintegrating tab 10 mg</i>	2	

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

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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>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	
<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	

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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>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	
ANTISEIZURE AGENTS§		
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobazam suspension 2.5 mg/ml</i>	2	
<i>clobazam tab 10 mg</i>	2	
<i>clobazam tab 20 mg</i>	2	
<i>clonazepam tab 0.5 mg</i>	2	
<i>clonazepam tab 1 mg</i>	2	
<i>clonazepam tab 2 mg</i>	2	
<i>clorazepate dipotassium tab 3.75 mg</i>	2	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	2	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 15 mg</i>	2	QL (180 tabs every 30 days)
<i>diazepam inj 5 mg/ml</i>	2	
<i>diazepam intensol</i>	2	QL (240 mL every 30 days)
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL every 30 days)
<i>diazepam tab 2 mg</i>	2	QL (120 tabs every 30 days)
<i>diazepam tab 5 mg</i>	2	QL (120 tabs every 30 days)
<i>diazepam tab 10 mg</i>	2	QL (120 tabs every 30 days)
DILANTIN CAP 30MG	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	
<i>epitol</i>	2	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	2	
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
<i>fosphephenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	2	
<i>fosphephenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	2	
FYCOMPA SUS 0.5MG/ML	4	
FYCOMPA TAB 2MG	4	
FYCOMPA TAB 4MG	4	
FYCOMPA TAB 6MG	4	
FYCOMPA TAB 8MG	4	
FYCOMPA TAB 10MG	4	
FYCOMPA TAB 12MG	4	
<i>gabapentin cap 100 mg</i>	2	QL (6 caps every day)
<i>gabapentin cap 300 mg</i>	2	QL (6 caps every day)
<i>gabapentin cap 400 mg</i>	2	QL (6 caps every day)
<i>gabapentin oral soln 250 mg/5ml</i>	2	QL (72 mL every day)

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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>gabapentin tab 600 mg</i>	2	QL (6 tabs every day)
<i>gabapentin tab 800 mg</i>	2	QL (4 tabs every day)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	2	
<i>lacosamide oral solution 10 mg/ml</i>	2	
<i>lacosamide tab 50 mg</i>	2	
<i>lacosamide tab 100 mg</i>	2	
<i>lacosamide tab 150 mg</i>	2	
<i>lacosamide tab 200 mg</i>	2	
<i>lamotrigine orally disintegrating tab 25 mg</i>	2	
<i>lamotrigine orally disintegrating tab 50 mg</i>	2	
<i>lamotrigine orally disintegrating tab 100 mg</i>	2	
<i>lamotrigine orally disintegrating tab 200 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	2	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	
<i>lamotrigine tab 100 mg</i>	2	
<i>lamotrigine tab 150 mg</i>	2	
<i>lamotrigine tab 200 mg</i>	2	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab er 24hr 25 mg</i>	2	
<i>lamotrigine tab er 24hr 50 mg</i>	2	
<i>lamotrigine tab er 24hr 100 mg</i>	2	
<i>lamotrigine tab er 24hr 200 mg</i>	2	
<i>lamotrigine tab er 24hr 250 mg</i>	2	
<i>lamotrigine tab er 24hr 300 mg</i>	2	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
<i>methsuximide cap 300 mg</i>	2	
NAYZILAM SPR 5MG	3	QL (10 units every 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	

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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>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	
<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	

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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>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	

ATTENTION DEFICIT HYPERACTIVITY DISORDERS

ADZENYS XR TAB 3.1MG	4	QL (60 tabs every 30 days)
ADZENYS XR TAB 6.3MG	4	QL (60 tabs every 30 days)
ADZENYS XR TAB 9.4MG	4	QL (60 tabs every 30 days)
ADZENYS XR TAB 12.5MG	4	QL (30 tabs every 30 days)
ADZENYS XR TAB 15.7 MG	4	QL (30 tabs every 30 days)
ADZENYS XR TAB 18.8MG	4	QL (30 tabs every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (30 tabs every 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	

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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
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)
<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)

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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>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)
FIBROMYALGIA		
SAVELLA MIS TITR PAK	4	ST; PA**
SAVELLA TAB 12.5MG	4	ST; PA**
SAVELLA TAB 25MG	4	ST; PA**
SAVELLA TAB 50MG	4	ST; PA**
SAVELLA TAB 100MG	4	ST; PA**
HYPNOTICS§		
BELSOMRA TAB 5MG	3	ST; PA**
BELSOMRA TAB 10MG	3	ST; PA**

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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
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	
MIGRAINES		
AJOVY INJ 225/1.5	3	ST, QL (3 injections every 90 days); PA**
<i>almotriptan malate tab 6.25 mg</i>	2	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	2	QL (12 tabs every 30 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (12 tabs every 30 days)
EMGALITY INJ 100MG/ML	3	ST, QL (3 injections every 30 days); PA**
EMGALITY INJ 120MG/ML	3	ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill

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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>ergotamine w/ caffeine tab 1-100 mg</i>	4	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	2	QL (18 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (12 tabs every 30 days)
QULIPTA TAB 10MG	3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 30MG	3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 60MG	3	ST, QL (30 tabs every 30 days); PA**
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (18 tabs every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	2	QL (24 sprays every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	2	QL (12 sprays every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (12 vials every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QL (12 units every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	QL (12 units every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	4	ST, QL (9 tabs every 30 days); PA**
UBRELVY TAB 50MG	3	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	3	ST, QL (16 tabs every 30 days); PA**
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	2	QL (12 sprays every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	2	QL (12 tabs every 30 days)
MISCELLANEOUS		
EVRYSDI SOL	5	PA, QL (2 bottles every 24 days)
<i>lithium carbonate cap 150 mg</i>	2	
<i>lithium carbonate cap 300 mg</i>	2	
<i>lithium carbonate cap 600 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	2	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	2	
<i>riluzole tab 50 mg</i>	2	
MOVEMENT DISORDERS		
<i>tetrabenazine tab 12.5 mg</i>	5	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ 0.3MG	5	PA, QL (14 injections every 28 days)
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 & 240 mg</i>	5	PA, QL (1 kit every 30 days)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	5	PA, QL (30 caps every 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	3	PA, QL (12 syringes every 28 days)
<i>glatopa</i>	3	PA, QL (30 injections every 30 days)
<i>teriflunomide tab 7 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>teriflunomide tab 14 mg</i>	5	PA, QL (30 tabs every 30 days)
TYSABRI INJ 300/15ML	5	PA, QL (1 vial every 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 5 mg</i>	2	
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<i>carisoprodol tab 350 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tab 500 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older

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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>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)
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (3 tabs every day); \$0 copay

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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>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (3 tabs every day); \$0 copay
ZUBSOLV SUB 0.7-0.18	3	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36	3	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71	3	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4	3	QL (3 units every day)
ZUBSOLV SUB 8.6-2.1	3	QL (2 units every day)
ZUBSOLV SUB 11.4-2.9	3	QL (1 unit every day)
OPIOID ANTAGONIST		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	OTC
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	\$0 copay
NARCAN SPR 4MG	1	OTC
OPIOID PARTIAL AGONISTS§		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	4	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	4	QL (60 tabs every 30 days); QL applies to members age 65 and older
NUEDEXTA CAP 20-10MG	3	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	4	QL (150 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 2-25 mg</i>	4	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-10 mg</i>	4	QL (120 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-25 mg</i>	4	QL (60 units every 30 days); QL applies to members age 65 and older

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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>perphenazine-amitriptyline tab 4-50 mg</i>	4	QL (30 units every 30 days); QL applies to members age 65 and older
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	1	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	1	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	\$0 limited to 2 treatment cycles/year

ENDOCRINE AND METABOLIC**ACROMEGALY**

<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	5	PA, QL (225 ml every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	PA, QL (45 ml every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	5	PA, QL (90 ml every 30 days)
SOMATULINE INJ 60/0.2ML	5	PA, QL (1 injection every 28 days)
SOMATULINE INJ 90/0.3ML	5	PA, QL (1 injection every 28 days)
SOMATULINE INJ 120/.5ML	5	PA, QL (1 injection every 28 days)
SOMAVERT INJ 10MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 15MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 20MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 25MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 30MG	5	PA, QL (30 vials every 30 days)
ANDROGENS		
<i>oxandrolone tab 2.5 mg</i>	2	
<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
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tab 25 mg</i>	2	
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
<i>miglitol tab 25 mg</i>	2	
<i>miglitol tab 50 mg</i>	2	
<i>miglitol tab 100 mg</i>	2	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	4	ST; PA**
SYMLINPEN 120 INJ 1000MCG	4	ST; PA**
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl tab 500 mg</i>	2	
<i>metformin hcl tab 850 mg</i>	2	\$0 copay for members age 35-70 for prevention of diabetes
<i>metformin hcl tab 1000 mg</i>	2	
<i>metformin hcl tab er 24hr 500 mg</i>	2	
<i>metformin hcl tab er 24hr 750 mg</i>	2	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	2	
<i>glipizide-metformin hcl tab 5-500 mg</i>	2	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	2	ST; PA**
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	2	ST; PA**
JANUMET TAB 50-500MG	3	ST; PA**
JANUMET TAB 50-1000	3	ST; PA**
JANUMET XR TAB 50-500MG	3	ST; PA**
JANUMET XR TAB 50-1000	3	ST; PA**
JANUMET XR TAB 100-1000	3	ST; PA**
JENTADUETO TAB XR	4	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	2	ST; PA**
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	2	ST; PA**
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	2	ST; PA**
JANUVIA TAB 25MG	3	ST; PA**
JANUVIA TAB 50MG	3	ST; PA**
JANUVIA TAB 100MG	3	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
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)
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)
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	3	ST; PA**
XULTOPHY INJ 100/3.6	3	ST; PA**
ANTIDIABETICS, INSULIN		
BASAGLAR INJ 100UNIT	3	
BASAGLAR INJ TEMPO PN	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
HUMULIN INJ 70/30	4	OTC
HUMULIN INJ 70/30KWP	4	OTC
HUMULIN N INJ U-100	4	OTC

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN N INJ U-100KWP	4	OTC
HUMULIN R INJ U-100	4	OTC
HUMULIN R INJ U-500	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXPEN	3	
NOVOLIN INJ 70/30	3	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	3	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	3	OTC; RELION not covered
NOVOLIN N INJ U-100	3	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	3	OTC; RELION not covered
NOVOLIN R INJ U-100	3	OTC; RELION not covered
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	2	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	2	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	2	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	2	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	2	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	2	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	2	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tab 60 mg</i>	2	
<i>nateglinide tab 120 mg</i>	2	
<i>repaglinide tab 0.5 mg</i>	2	
<i>repaglinide tab 1 mg</i>	2	
<i>repaglinide tab 2 mg</i>	2	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
SYNJARDY TAB	3	ST; PA**
SYNJARDY TAB 5-500MG	3	ST; PA**
SYNJARDY TAB 5-1000MG	3	ST; PA**
SYNJARDY TAB 12.5-500	3	ST; PA**
SYNJARDY XR TAB	3	ST; PA**
SYNJARDY XR TAB 5-1000MG	3	ST; PA**
SYNJARDY XR TAB 10-1000	3	ST; PA**

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 25-1000	3	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	3	ST; PA**
GLYXAMBI TAB 25-5 MG	3	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
JARDIANCE TAB 10MG	3	ST; PA**
JARDIANCE TAB 25MG	3	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride tab 1 mg</i>	2	
<i>glimepiride tab 2 mg</i>	2	
<i>glimepiride tab 4 mg</i>	2	
<i>glipizide tab 5 mg</i>	2	
<i>glipizide tab 10 mg</i>	2	
<i>glipizide tab er 24hr 2.5 mg</i>	2	
<i>glipizide tab er 24hr 5 mg</i>	2	
<i>glipizide tab er 24hr 10 mg</i>	2	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	5	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	5	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	PA, QL (120 tabs every 30 days)
CALCIUM REGULATORS, BISPHOSPHONATES		
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	
<i>alendronate sodium tab 5 mg</i>	2	
<i>alendronate sodium tab 10 mg</i>	2	
<i>alendronate sodium tab 35 mg</i>	2	
<i>alendronate sodium tab 70 mg</i>	2	
FOSAMAX + D TAB 70-2800	4	ST; PA**
FOSAMAX + D TAB 70-5600	4	ST; PA**
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	2	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	
<i>pamidronate disodium iv soln 3 mg/ml</i>	2	
<i>risedronate sodium tab 5 mg</i>	2	
<i>risedronate sodium tab 30 mg</i>	2	
<i>risedronate sodium tab 35 mg</i>	2	
<i>risedronate sodium tab 150 mg</i>	2	
<i>risedronate sodium tab delayed release 35 mg</i>	2	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	5	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	5	PA
CALCIUM REGULATORS, MISCELLANEOUS		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PROLIA INJ 60MG/ML	5	PA, QL (60mg every 24 weeks)
CALCIUM REGULATORS, PARATHYROID HORMONES		
TYMLOS INJ	5	PA, QL (1 pen every 30 days)
CHELATING AGENTS		
CHEMET CAP 100MG	4	
<i>deferiprone tab 500 mg</i>	5	PA
<i>deferiprone tab 1000 mg</i>	5	PA
FERPRX 2-DAY TAB 1000MG	5	PA
FERRIPROX SOL 100MG/ML	5	PA
CONTRACEPTIVES		
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	1	QL (1 every 300 days)
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>camila</i>	1	
<i>camrese</i>	1	
CAYA DPR	1	QL (1 every 300 days)
<i>chateal eq</i>	1	
CONDOMS MIS	1	QL (12 condoms every 30 days), OTC
<i>cryselle-28</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>delyla</i>	1	
DEPO-SQ PROV INJ 104	1	QL (4 inj every 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
DUREX MIS REALFEEL	1	QL (12 condoms every 30 days), OTC
<i>elinest</i>	1	
ELLA TAB 30MG	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL (13 every 300 days)
<i>falmina</i>	1	
FC2 FEMALE MIS CONDOM	1	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	1	QL (1 every 300 days)
FEMCAP MIS 26MM	1	QL (1 every 300 days)
FEMCAP MIS 30MM	1	QL (1 every 300 days)
<i>heather</i>	1	
<i>introvale</i>	1	
<i>jolessa</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kurvelo</i>	1	
KYLEENA IUD 19.5MG	1	QL (1 every 300 days)
<i>larin 1.5/30</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	1	
<i>levora 0.15/30-28</i>	1	
LILETTA IUD 52MG	1	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>luttera</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)

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Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 1.5/30</i>	1	
MIRENA IUD SYSTEM	1	QL (1 every 300 days)
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMP 68MG	1	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	1	
<i>nikki</i>	1	
<i>nora-be</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>ocella</i>	1	
OMNIFLEX DPR	1	QL (1 every 300 days)
OPILL TAB 0.075MG	1	OTC
PARAGARD IUD T380A	1	QL (1 unit every 300 days)
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
SKYLA IUD 13.5MG	1	QL (1 every 300 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>take action</i>	1	OTC
<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

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

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Drug Name	Drug Tier	Requirements/Limits
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
SHARPS CONT MIS 2QUART	3	OTC
SOFTCLIX MIS LANCETS	3	OTC
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
ORLISSA TAB 150MG	3	PA
ORLISSA TAB 200MG	3	PA
ENZYME REPLACEMENTS		
<i>betaine powder for oral solution</i>	5	PA
<i>carglumic acid soluble tab 200 mg</i>	5	PA
CERDELGA CAP 84MG	5	PA, QL (56 caps every 28 days)
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

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA, QL (798g every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA, QL (1200 tabs every 30 days)
ESTROGENS		
CLIMARA PRO DIS WEEKLY	3	
DEPO-ESTRADI INJ 5MG/ML	4	
DUAVEE TAB 0.45-20	3	
ELESTRIN GEL 0.06%	4	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 0.5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 1 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1 mg/gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
EVAMIST SPR 1.53MG	4	PA; High Risk Medications require PA for members age 70 and older
IMVEXXY MAIN SUP 4MCG	3	
IMVEXXY MAIN SUP 10MCG	3	
IMVEXXY STRT SUP 4MCG	3	
IMVEXXY STRT SUP 10MCG	3	
<i>jinteli</i>	2	
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

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Drug Name	Drug Tier	Requirements/Limits
MENEST TAB 1.25MG	4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	4	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
PREMARIN TAB 0.3MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	4	
<i>yuvafem</i>	2	
GLUCOCORTICOIDS		
<i>deflazacort susp 22.75 mg/ml</i>	5	PA, QL (52 mL every 30 days)
<i>deflazacort tab 6 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>deflazacort tab 18 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 30 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 36 mg</i>	5	PA, QL (30 tabs every 30 days)
DEPO-MEDROL INJ 20MG/ML	4	
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
<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	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
SOLU-MEDROL INJ 2GM	4	
GLUCOSE ELEVATING AGENTS		
<i>glucagon (rdna) for inj kit 1 mg</i>	2	
GVOKE HYPO 1 INJ 0.5/.1ML	3	
GVOKE HYPO 1 INJ 1MG/.2ML	3	
GVOKE KIT SOL 1MG/0.2M	3	
GVOKE PFS INJ	3	
INSTA-GLUCOS GEL 77.4%	3	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
<i>nitisinone cap 2 mg</i>	5	PA
<i>nitisinone cap 5 mg</i>	5	PA
<i>nitisinone cap 10 mg</i>	5	PA
<i>nitisinone cap 20 mg</i>	5	PA
ORFADIN SUS 4MG/ML	5	PA
HUMAN GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	5	PA
GENOTROPIN INJ 0.4MG	5	PA
GENOTROPIN INJ 0.6MG	5	PA
GENOTROPIN INJ 0.8MG	5	PA
GENOTROPIN INJ 1.2MG	5	PA
GENOTROPIN INJ 1.4MG	5	PA
GENOTROPIN INJ 1.6MG	5	PA
GENOTROPIN INJ 1.8MG	5	PA
GENOTROPIN INJ 1MG	5	PA
GENOTROPIN INJ 2MG	5	PA
GENOTROPIN INJ 5MG	5	PA
GENOTROPIN INJ 12MG	5	PA
NORDIPEN 5 MIS DEVICE	3	
NORDIPEN DEL MIS SYSTEM	3	OTC
NORDITROPIN INJ 5/1.5ML	5	PA
NORDITROPIN INJ 10/1.5ML	5	PA
NORDITROPIN INJ 15/1.5ML	5	PA
NORDITROPIN INJ 30/3ML	5	PA
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
SYNAREL SOL 2MG/ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TRIPTODUR SUS 22.5MG	5	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	4	PA
KERENDIA TAB 20MG	4	PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	2	
CHOR GONADOT INJ 10000UNT	5	PA
CYSTAGON CAP 50MG	5	PA
CYSTAGON CAP 150MG	5	PA
INCRELEX INJ 40MG/4ML	5	PA
INTRAROSA SUP 6.5MG	4	
OSPHENA TAB 60MG	4	PA
<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
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	2	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	2	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	2	
PHOSLYRA SOL	3	
<i>sevelamer carbonate packet 0.8 gm</i>	2	
<i>sevelamer carbonate packet 2.4 gm</i>	2	
<i>sevelamer carbonate tab 800 mg</i>	2	
VELPHORO CHW 500MG	3	
POTASSIUM-REMOVING AGENTS		
<i>sps</i>	2	
PROGESTINS		
CRINONE GEL 4% VAG	3	
CRINONE GEL 8% VAG	3	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	2	
<i>medroxyprogesterone acetate tab 5 mg</i>	2	
<i>medroxyprogesterone acetate tab 10 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate susp 625 mg/5ml</i>	2	
<i>norethindrone acetate tab 5 mg</i>	2	
<i>progesterone cap 100 mg</i>	2	
<i>progesterone cap 200 mg</i>	2	
THYROID AGENTS		
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 300 mcg</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
<i>methimazole tab 5 mg</i>	2	
<i>methimazole tab 10 mg</i>	2	
<i>propylthiouracil tab 50 mg</i>	2	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
<i>unithroid</i>	2	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	2	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	2	
<i>dicyclomine hcl cap 10 mg</i>	2	
<i>dicyclomine hcl inj 10 mg/ml</i>	2	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>dicyclomine hcl tab 20 mg</i>	2	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>methscopolamine bromide tab 2.5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>methscopolamine bromide tab 5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
ANTIDIARRHEALS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
<i>loperamide hcl cap 2 mg</i>	2	
MOTOFEN TAB 1-0.025	4	
ANTIEMETICS§		
AKYNZEO CAP 300-0.5	4	QL (2 caps every 28 days)
<i>aprepitant capsule 40 mg</i>	2	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	2	QL (4 caps every 28 days)
<i>aprepitant capsule 125 mg</i>	2	QL (2 caps every 28 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	QL (2 packs every 28 days)
<i>compro</i>	2	
<i>dronabinol cap 2.5 mg</i>	2	QL (60 caps every 30 days)
<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	

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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>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	2	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	2	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	2	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	QL (20 mL every 28 days)
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	QL (20 mL every 28 days)
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	2	QL (20 mL every 28 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	2	QL (200 mL every 28 days)
<i>ondansetron hcl tab 4 mg</i>	2	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 8 mg</i>	2	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 24 mg</i>	2	QL (2 tabs every 28 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	2	QL (18 tabs every 28 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	2	QL (18 tabs every 28 days)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl inj 25 mg/ml</i>	2	
<i>promethazine hcl inj 50 mg/ml</i>	2	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl suppos 12.5 mg</i>	2	
<i>promethazine hcl suppos 25 mg</i>	2	
<i>promethazine hcl tab 12.5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan</i>	2	
SANCUSO DIS 3.1MG	3	QL (2 patches every 28 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	2	
<i>trimethobenzamide hcl cap 300 mg</i>	2	
VARUBI TAB 90MG	3	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tab 200 mg</i>	2	
<i>cimetidine tab 300 mg</i>	2	
<i>cimetidine tab 400 mg</i>	2	

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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>cimetidine tab 800 mg</i>	2	
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine preservative free inj 20 mg/2ml</i>	2	
<i>famotidine tab 20 mg</i>	2	
<i>famotidine tab 40 mg</i>	2	
<i>nizatidine cap 150 mg</i>	2	
<i>nizatidine cap 300 mg</i>	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	2	
<i>budesonide tab er 24hr 9 mg</i>	2	
DIPENTUM CAP 250MG	4	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>mesalamine cap dr 400 mg</i>	2	
<i>mesalamine cap er 24hr 0.375 gm</i>	2	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine tab delayed release 1.2 gm</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	2	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAP 72MCG	3	
LINZESS CAP 145MCG	3	
LINZESS CAP 290MCG	3	
<i>lubiprostone cap 8 mcg</i>	2	
<i>lubiprostone cap 24 mcg</i>	2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	2	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	2	PA
VIBERZI TAB 75MG	3	PA
VIBERZI TAB 100MG	3	PA
LAXATIVES		
CLENPIQ SOL	1	\$0 copay for members age 45 through 75, Tier 2 for all others
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	

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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
OSMOPREP TAB 1.5GM	4	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	\$0 copay for members age 45 through 75, otherwise not covered
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PEG-PREP KIT	1	\$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	1	\$0 copay for members age 45 through 75, otherwise not covered
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	2	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	\$0 copay for members age 45 through 75, otherwise not covered
SUFLAVE SOL	1	\$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	1	\$0 copay for members age 45 through 75, otherwise not covered
MISCELLANEOUS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOVANTIK TAB 12.5MG	3	
MOVANTIK TAB 25MG	3	
SUCRAID SOL 8500/ML	4	PA, QL (354 mL every 30 days)
<i>sucrafate tab 1 gm</i>	2	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	PA
CREON CAP 6000UNIT	3	PA
CREON CAP 12000UNT	3	PA
CREON CAP 24000UNT	3	PA
CREON CAP 36000UNT	3	PA
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

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 15000UNT	3	PA
ZENPEP CAP 20000UNT	3	PA
ZENPEP CAP 25000UNT	3	PA
ZENPEP CAP 40000UNT	3	PA
ZENPEP CAP 60000UNT	3	PA
PROTON PUMP INHIBITORS§		
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	2	Covered for age less than 1 year only
<i>lansoprazole cap delayed release 15 mg</i>	2	
<i>lansoprazole cap delayed release 30 mg</i>	2	
NEXIUM GRA 2.5MG DR	4	Covered for age less than 1 year only
NEXIUM GRA 5MG DR	4	Covered for age less than 1 year only
<i>omeprazole cap delayed release 10 mg</i>	2	
<i>omeprazole cap delayed release 20 mg</i>	2	
<i>omeprazole cap delayed release 40 mg</i>	2	
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	4	QL (90 packets every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	4	QL (90 packets every 365 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	2	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	2	
<i>rabeprazole sodium ec tab 20 mg</i>	2	
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone perianal cream 1%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>proctozone-hc</i>	2	
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	2	
HELIDAC MIS THERAPY	4	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	
CARDURA XL TAB 4MG	4	ST; PA**
CARDURA XL TAB 8MG	4	ST; PA**
<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	

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

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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>oxybutynin chloride solution 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	
<i>solifenacin succinate tab 5 mg</i>	2	
<i>solifenacin succinate tab 10 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
<i>tropium chloride cap er 24hr 60 mg</i>	2	
<i>tropium chloride tab 20 mg</i>	2	

VAGINAL ANTI-INFECTIVES

CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
GYNAZOLE-1 CRE 2%	4	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>miconazole 3</i>	2	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	

HEMATOLOGIC**ANTICOAGULANTS**

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
<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	
THROMBOCYTOPENIA AGENTS		
DOPTELET TAB 20MG (10 TABLETS)	5	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS)	5	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS)	5	PA, QL (2 cartons every 30 days)
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
ACTEMRA INJ 80MG/4ML	5	ST, PA, QL (20 vials every 28 days)
ACTEMRA INJ 200/10ML	5	ST, PA, QL (8 vials every 28 days)
ACTEMRA INJ 400/20ML	5	ST, PA, QL (4 vials every 28 days)
INFLIXIMAB INJ 100MG	5	PA, QL (5 vials every 42 days)
SIMPONI ARIA SOL 50MG/4ML	5	PA, QL (200 mg every 8 weeks)
SKYRIZI SOL 60MG/ML	5	PA, QL (6 vials every 56 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA INJ 162/0.9	5	ST, PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
COSENTYX INJ 75MG/0.5	5	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	5	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

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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
COSENTYX INJ 300DOSE	5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	5	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML	5	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
ENBREL INJ 25/0.5ML	5	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	5	PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	5	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	5	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	5	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA INJ 10/0.1ML	5	PA, QL (2 injections every 28 days)
HUMIRA INJ 20/0.2ML	5	PA, QL (4 injections every 28 days)
HUMIRA INJ 40/0.4ML	5	PA, QL (4 injections every 28 days)

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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
HUMIRA KIT 40MG/0.8	5	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	5	PA, QL (Starter pack - initial dose only); (80mg and 40mg dual strength kit)
HUMIRA PEDIA INJ CROHNS	5	PA, QL (Starter pack - initial dose only); (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML	5	PA, QL (4 injections every 28 days)
HUMIRA PEN INJ 40MG/0.8	5	PA, QL (4 pens every 28 days)
HUMIRA PEN INJ 80/0.8ML	5	PA, QL (2 pens every 28 days)
HUMIRA PEN KIT PS/UV	5	PA, QL (Starter pack - initial dose only)
HYRIMOZ INJ 10/0.1ML	5	PA, QL (2 syringes every 28 days)
HYRIMOZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.8ML	5	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ INJ 40/0.8ML	5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (Starter pack - initial dose only)
HYRIMOZ-CROH INJ UC SP	5	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PED INJ CROHNS	5	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PLAQ INJ 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

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Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 200/1.14	5	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	5	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
OTEZLA TAB 10/20	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.
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

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Drug Name	Drug Tier	Requirements/Limits
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
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.

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TAB 22MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>leflunomide tab 10 mg</i>	2	
<i>leflunomide tab 20 mg</i>	2	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
HEREDITARY ANGIOEDEMA		
HAEGARDA INJ 2000UNIT	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)
IMMUNOGLOBULIN		
CUTAQUIG SOL 1.65GM	5	PA
CUTAQUIG SOL 1GM	5	PA
CUTAQUIG SOL 2GM	5	PA
CUTAQUIG SOL 3.3GM	5	PA
CUTAQUIG SOL 4GM	5	PA
CUTAQUIG SOL 8GM	5	PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	5	PA
ARCALYST INJ 220MG	5	PA, QL (8 vials every 28 days)
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	4	
ASTAGRAF XL CAP 1MG	4	
ASTAGRAF XL CAP 5MG	4	
<i>azathioprine tab 50 mg</i>	2	
<i>azathioprine tab 75 mg</i>	2	
<i>azathioprine tab 100 mg</i>	2	
CELLCEPT CAP 250MG	4	
CELLCEPT IV INJ 500MG	4	
CELLCEPT SUS 200MG/ML	4	
CELLCEPT TAB 500MG	4	
<i>cyclosporine cap 25 mg</i>	2	
<i>cyclosporine cap 100 mg</i>	2	
<i>cyclosporine iv soln 50 mg/ml</i>	2	
<i>cyclosporine modified cap 25 mg</i>	2	
<i>cyclosporine modified cap 50 mg</i>	2	
<i>cyclosporine modified cap 100 mg</i>	2	
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	
ENVARUSUS XR TAB 0.75MG	4	
ENVARUSUS XR TAB 1MG	4	

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

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Drug Name	Drug Tier	Requirements/Limits
ZORTRESS TAB 0.75MG	4	
ZORTRESS TAB 1MG	4	
MISCELLANEOUS		
BEYFORTUS INJ 50/0.5ML	1	\$0 copay for members age 18 and younger, otherwise not covered
BEYFORTUS INJ 100MG/ML	1	\$0 copay for members age 18 and younger, otherwise not covered
VACCINES		
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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

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Drug Name	Drug Tier	Requirements/Limits
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	

NUTRITIONAL/SUPPLEMENTS***ELECTROLYTES***

<i>effer-k</i>	2	
<i>fluoritab</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m15</i>	2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	2	
<i>monoject sodium chloride</i>	2	
<i>nafrinse drops</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>potassium chloride cap er 8 meq</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	2	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	2	
IV REPLACEMENT SOLUTIONS		
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>sodium chloride iv soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	2	
<i>sodium chloride iv soln 3%</i>	2	
<i>sodium chloride iv soln 5%</i>	2	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	2	
PRENATAL VITAMINS		
<i>elite-ob</i>	2	
<i>inatal gt</i>	2	
<i>pnv-dha</i>	2	
<i>pnv-select</i>	2	
<i>prenatal 19</i>	2	
<i>trinate</i>	2	
VITAMINS		
<i>calcitriol cap 0.5 mcg</i>	2	
<i>calcitriol cap 0.25 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	2	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	2	OTC
<i>cyanocobalamin inj 1000 mcg/ml</i>	2	
<i>doxercalciferol cap 0.5 mcg</i>	2	
<i>doxercalciferol cap 1 mcg</i>	2	
<i>doxercalciferol cap 2.5 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	

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

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

ANTI-INFECTIVES

AZASITE SOL 1%	3	
<i>bacitracin ophth oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUS 0.6%	4	

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

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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>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	2	
ZERVIAE DRO 0.24%	4	
ANTIGLAUCOMA		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETIMOL SOL 0.5%	4	
BETIMOL SOL 0.25%	4	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.1%</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>brinzolamide ophth susp 1%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
IOPIDINE SOL 1% OP	4	
<i>latanoprost ophth soln 0.005%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01% OP	3	ST; PA**
PHOSPHOLINE SOL 0.125%OP	4	
<i>pilocarpine hcl ophth soln 1%</i>	2	
SIMBRINZA SUS 1-0.2%	3	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
DRY EYE DISEASE		
RESTASIS EMU 0.05% OP	2	
RESTASIS MUL EMU 0.05% OP	3	Multi-dose vial remains on preferred brand tier
MISCELLANEOUS		
<i>atropine sulfate ophth soln 1%</i>	2	
CYSTARAN SOL 0.44%	5	PA, QL (4 bottles every 28 days)
<i>phenylephrine hcl ophth soln 2.5%</i>	2	
<i>phenylephrine hcl ophth soln 10%</i>	2	
<i>proparacaine hcl ophth soln 0.5%</i>	2	
<i>tropicamide ophth soln 0.5%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tropicamide ophth soln 1%</i>	2	
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte</i>	2	
<i>physiosol irrigation</i>	2	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C INJ 1000MG	5	PA
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	2	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	2	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	3	QL (4 auto-injectors every 30 days)
EPIPEN-JR INJ 0.15MG	3	QL (4 auto-injectors every 30 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§		
BEVESPI AER 9-4.8MCG	3	QL (1 package every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	3	QL (1 package every 30 days)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS§		
BREZTRI AERO AER SPHERE	3	QL (1 package every 30 days)
TRELEGY AER 100MCG	3	QL (1 package every 30 days)
TRELEGY AER 200MCG	3	QL (1 package every 30 days)
ANTICHOLINERGICS§		
<i>ipratropium bromide inhal soln 0.02%</i>	2	QL (5 boxes every 30 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	
SPIRIVA AER 1.25MCG	3	QL (1 package every 30 days)
SPIRIVA SPR 2.5MCG	3	QL (1 package every 30 days)
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	2	QL (1 package every 30 days)
ANTIHISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	QL (1 package every 30 days)
ANTIHISTAMINES§		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	QL (2 bottles every 30 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	2	QL (2 bottles every 30 days)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	2	
<i>carbinoxamine maleate tab 4 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate tab 2.68 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	2	
<i>cyproheptadine hcl tab 4 mg</i>	2	
<i>desloratadine tab 5 mg</i>	2	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	2	
<i>desloratadine tab orally disintegrating 5 mg</i>	2	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 10 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<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

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Drug Name	Drug Tier	Requirements/Limits
BETA AGONISTS§		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers every 30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	QL (120 vials every 30 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	QL (5 boxes every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg</i>	2	
<i>albuterol sulfate tab 4 mg</i>	2	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	2	QL (60 vials every 30 days)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	2	QL (60 vials every 30 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	2	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	2	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	QL (45 mL every 30 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	2	QL (2 inhalers every 30 days)
SEREVENT DIS AER 50MCG	3	QL (1 package every 30 days)
STRIVERDI AER 2.5MCG	3	QL (1 package every 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	
COLD/COUGH		
<i>benzonatate cap 100 mg</i>	2	
<i>benzonatate cap 200 mg</i>	2	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL (60 mL every day), OTC; Subject to initial 7-day limit
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	2	QL (10 mL every day); Subject to initial 7-day limit
<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	

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Drug Name	Drug Tier	Requirements/Limits
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)
SYMDEKO TAB 100-150	5	PA, QL (56 tabs every 28 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	5	PA, QL (224 mL every 28 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	5	PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	5	PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	5	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	5	PA, QL (84 tabs every 28 days)
LEUKOTRIENE MODIFIERS		
<i>zileuton tab er 12hr 600 mg</i>	4	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
MAST CELL STABILIZERS§		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	QL (2 boxes every 30 days)
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	2	
<i>acetylcysteine inhal soln 20%</i>	2	
<i>roflumilast tab 250 mcg</i>	2	PA
<i>roflumilast tab 500 mcg</i>	2	PA
<i>sodium chloride soln nebu 0.9%</i>	2	
<i>sodium chloride soln nebu 3%</i>	2	
<i>sodium chloride soln nebu 7%</i>	2	
<i>sodium chloride soln nebu 10%</i>	2	
NASAL STEROIDS§		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (3 containers every 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 container every 30 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	QL (2 packages every 30 days)
OMNARIS SPR	4	ST, QL (1 package every 30 days); PA**
<i>triamcinolone acetanide nasal aerosol suspension 55 mcg/act</i>	2	QL (1 package every 30 days), OTC
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	5	PA, QL (60 caps every 30 days)
OFEV CAP 150MG	5	PA, QL (60 caps every 30 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (270 caps every 30 days)
<i>pirfenidone tab 267 mg</i>	5	PA, QL (270 tabs every 30 days)
<i>pirfenidone tab 801 mg</i>	5	PA, QL (90 tabs every 30 days)
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER MIS PLUS	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS MEDIUM	3	OTC
PANDA MASK MIS PEDIATRI	3	OTC
SEVERE ASTHMA AGENTS		
DUPIXENT INJ 100/0.67	5	PA, QL (2 syringes every 28 days); Indicated for Asthma
FASENRA INJ 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)

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR INJ 75/0.5	5	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	5	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	5	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	5	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	5	PA, QL (4 syringes every 28 days)
XOLAIR SOL 150MG	5	PA, QL (8 vials every 28 days)
STEROID INHALANTS§		
ALVESCO AER 80MCG	4	QL (3 packages every 30 days)
ALVESCO AER 160MCG	4	QL (2 packages every 30 days)
ARNUITY ELPT INH 50MCG	3	QL (1 package every 30 days)
ARNUITY ELPT INH 100MCG	3	QL (1 package every 30 days)
ARNUITY ELPT INH 200MCG	3	QL (1 package every 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	QL (2 boxes every 30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	QL (3 boxes every 30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	2	QL (1 box every 30 days)
QVAR REDIIHA AER 80MCG	3	QL (2 packages every 30 days)
QVAR REDIIHAL AER 40MCG	3	QL (2 packages every 30 days)
STEROID/BETA-AGONIST COMBINATIONS§		
AIRSUPRA AER 90-80MCG	3	QL (3 packages every 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	3	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	3	QL (1 package every 30 days)
<i>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	

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Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
<i>adapalene cream 0.1%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.1%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.3%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	2	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (47g every 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	QL (45g every 30 days)
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	QL (75g every 30 days)
<i>clindamycin phosphate lotion 1%</i>	2	QL (60 mL every 30 days)
<i>clindamycin phosphate soln 1%</i>	2	QL (60 mL every 30 days)
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	QL (50g every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	2	QL (50g every 30 days)
<i>ery</i>	2	
<i>erythromycin gel 2%</i>	2	QL (60g every 30 days)
<i>erythromycin soln 2%</i>	2	QL (60 mL every 30 days)
<i>isotretinoin cap 10 mg</i>	2	PA
<i>isotretinoin cap 20 mg</i>	2	PA
<i>isotretinoin cap 30 mg</i>	2	PA
<i>isotretinoin cap 40 mg</i>	2	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin microsphere gel 0.04%</i>	2	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod cream 5%</i>	2	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
IV PREP WIPE PAD	3	OTC
<i>mupirocin oint 2%</i>	2	QL (30g every 30 days)
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd</i>	2	
SULFAMYLON CRE 85MG/GM	4	
XEPI CRE 1%	4	PA, QL (30g every 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	2	QL (120g every 30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	QL (120g every 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	QL (120 mL every 30 days)
<i>ciclopirox shampoo 1%</i>	2	QL (120 mL every 30 days)
<i>ciclopirox solution 8%</i>	2	
<i>clotrimazole cream 1%</i>	2	QL (120g every 30 days)
<i>clotrimazole soln 1%</i>	2	QL (120 mL every 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (60g every 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	QL (60 mL every 30 days)
<i>econazole nitrate cream 1%</i>	2	QL (60g every 30 days)
ERTACZO CRE 2%	4	QL (60g every 30 days)
JUBLIA SOL 10%	4	PA, QL (4 mL every 28 days)
<i>ketoconazole cream 2%</i>	2	QL (120g every 30 days)
<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)

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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>sulconazole nitrate solution 1%</i>	2	QL (60 mL every 30 days)
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl cream 5%</i>	4	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	2	
<i>acitretin cap 17.5 mg</i>	2	
<i>acitretin cap 25 mg</i>	2	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	ST, QL (60 mL every 30 days); PA**
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	4	ST, QL (60g every 30 days); PA**
<i>calcitriol oint 3 mcg/gm</i>	4	ST, QL (100g every 30 days); PA**
<i>methoxsalen rapid cap 10 mg</i>	2	
<i>tazarotene cream 0.1%</i>	2	PA
<i>tazarotene gel 0.1%</i>	2	PA
<i>tazarotene gel 0.05%</i>	2	PA
TAZORAC CRE 0.05%	3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	2	QL (120 mL every 30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT INJ 200/1.14	5	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 200MG	5	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	5	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	5	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
EUCRISA OIN 2%	3	ST, QL (60g every 30 days); PA**
<i>pimecrolimus cream 1%</i>	4	ST; PA**
<i>tacrolimus oint 0.1%</i>	4	ST; PA**
<i>tacrolimus oint 0.03%</i>	4	ST; PA**
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	2	QL (120g every 30 days)
<i>alclometasone dipropionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	2	QL (120g every 30 days)
<i>amcinonide lotion 0.1%</i>	2	QL (120 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amcinonide oint 0.1%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	2	QL (120g every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	QL (120g every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	QL (120 mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	QL (120g every 30 days)
BRYHALI LOT 0.01%	3	QL (120 mL every 30 days)
<i>clobetasol propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate emo</i>	2	QL (120g every 30 days)
<i>clobetasol propionate foam 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate gel 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>clobetasol propionate oint 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	2	QL (120 mL every 30 days)
<i>clobetasol propionate soln 0.05%</i>	2	QL (120 mL every 30 days)
<i>clobetasol propionate spray 0.05%</i>	2	QL (120 mL every 30 days)
<i>clocortolone pivalate cream 0.1%</i>	4	QL (120g every 30 days)
<i>desonide cream 0.05%</i>	2	QL (120g every 30 days)
<i>desonide lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>desonide oint 0.05%</i>	2	QL (120g every 30 days)
<i>desoximetasone cream 0.05%</i>	2	QL (120g every 30 days)
<i>desoximetasone cream 0.25%</i>	2	QL (120g every 30 days)
<i>desoximetasone gel 0.05%</i>	2	QL (120g every 30 days)
<i>desoximetasone oint 0.25%</i>	2	QL (120g every 30 days)
<i>desoximetasone spray 0.25%</i>	4	QL (120 mL every 30 days)
<i>diflorasone diacetate cream 0.05%</i>	4	QL (120g every 30 days)
<i>diflorasone diacetate oint 0.05%</i>	4	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	2	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	2	QL (120g every 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	QL (120 mL every 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	QL (120 mL every 30 days)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>fluticasone propionate lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>fluticasone propionate oint 0.005%</i>	2	QL (120g every 30 days)
<i>halobetasol propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>halobetasol propionate oint 0.05%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	2	QL (120 mL every 30 days)
<i>hydrocortisone cream 1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone cream 2.5%</i>	2	QL (120g every 30 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (120 mL every 30 days)
<i>hydrocortisone oint 2.5%</i>	2	QL (120g every 30 days)
<i>hydrocortisone valerate cream 0.2%</i>	2	QL (120g every 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	2	QL (120g every 30 days)
<i>mometasone furoate cream 0.1%</i>	2	QL (120g every 30 days)
<i>mometasone furoate oint 0.1%</i>	2	QL (120g every 30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	2	QL (120g every 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl soln 4%</i>	2	QL (50 mL every 30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	2	QL (60 mL every 30 days)
<i>lidocaine oint 5%</i>	2	QL (50g every 30 days)
<i>lidocaine pain relief pat</i>	2	QL (30 patches every 30 days), OTC
<i>lidocaine patch 5%</i>	2	PA, QL (90 patches every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30g every 30 days)
SYNERA DIS 70-70MG	4	QL (2 patches every 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir cream 5%</i>	4	
<i>bexarotene gel 1%</i>	5	PA
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>podofilox gel 0.5%</i>	2	
<i>podofilox soln 0.5%</i>	2	
VOLTAREN GEL 1% ARTHR	2	QL (300g every 30 days), OTC
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	2	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	2	PA
FINACEA AER 15%	3	
<i>ivermectin cream 1%</i>	2	PA
<i>metronidazole cream 0.75%</i>	2	QL (60g every 30 days)
<i>metronidazole gel 0.75%</i>	2	QL (60g every 30 days)
<i>metronidazole gel 1%</i>	2	QL (60g every 30 days)
<i>metronidazole lotion 0.75%</i>	2	QL (60 mL every 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
<i>crotan</i>	2	
<i>cvs ivermectin lice treat</i>	2	OTC
<i>cvs lice treatment</i>	2	OTC
<i>lice treatment</i>	2	OTC
<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	
<i>sm lice treatment</i>	2	OTC
<i>spinosad susp 0.9%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX GEL 0.01%	4	PA, QL (30g every 30 days)
<i>sodium chloride irrigation soln 0.9%</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	2	
<i>clotrimazole troche 10 mg</i>	2	QL (90 lozenges every 30 days)
<i>lidocaine hcl laryngotracheal soln 4%</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>oralone dental paste</i>	2	
ORAVIG TAB 50MG	4	QL (14 tabs every 30 days)
<i>perio gard</i>	2	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
OTIC		
<i>acetic acid otic soln 2%</i>	2	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	4	

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

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<i>allopurinol tab 100 mg</i>	5	<i>amitriptyline hcl tab 25 mg</i>	47
<i>allopurinol tab 300 mg</i>	5	<i>amitriptyline hcl tab 50 mg</i>	47
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<i>alprazolam orally disintegrating tab 0.25 mg</i> ..	46	<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	40
<i>alprazolam orally disintegrating tab 0.5 mg</i>	46	<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	40
<i>alprazolam orally disintegrating tab 1 mg</i>	46	<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	40
<i>alprazolam orally disintegrating tab 2 mg</i>	46	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	31
<i>alprazolam tab 0.25 mg</i>	46	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	31
<i>alprazolam tab 0.5 mg</i>	46		
<i>alprazolam tab 1 mg</i>	46		
<i>alprazolam tab 2 mg</i>	46		
<i>altavera</i>	73		
ALVESCO AER 160MCG.....	113		
ALVESCO AER 80MCG.....	113		
<i>alyacen 1/35</i>	73		
<i>alyacen 7/7/7</i>	73		
<i>amantadine hcl cap 100 mg</i>	52		
<i>amantadine hcl soln 50 mg/5ml</i>	52		
<i>amantadine hcl tab 100 mg</i>	52		
<i>ambrisentan tab 10 mg</i>	45		
<i>ambrisentan tab 5 mg</i>	45		
<i>amcinonide lotion 0.1%</i>	116		

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	31	<i>amoxicillin (trihydrate) for susp 125 mg/5ml....</i>	22
.....	31	<i>amoxicillin (trihydrate) for susp 200 mg/5ml....</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	31	<i>amoxicillin (trihydrate) for susp 250 mg/5ml....</i>	22
.....	31	<i>amoxicillin (trihydrate) for susp 400 mg/5ml....</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	31	<i>amoxicillin (trihydrate) tab 500 mg</i>	22
.....	31	<i>amoxicillin (trihydrate) tab 875 mg</i>	22
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	31	<i>amphetamine-dextroamphetamine cap er 24hr</i>	
.....	31	10 mg.....	60
<i>amlodipine besylate-olmesartan medoxomil tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
10-20 mg	33	15 mg.....	60
<i>amlodipine besylate-olmesartan medoxomil tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
10-40 mg	33	20 mg.....	60
<i>amlodipine besylate-olmesartan medoxomil tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
5-20 mg	33	25 mg.....	60
<i>amlodipine besylate-olmesartan medoxomil tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
5-40 mg	33	30 mg.....	60
<i>amlodipine besylate-valsartan tab 10-160 mg.</i>	33	<i>amphetamine-dextroamphetamine cap er 24hr 5</i>	
<i>amlodipine besylate-valsartan tab 10-320 mg.</i>	33	mg.....	60
<i>amlodipine besylate-valsartan tab 5-160 mg ...</i>	33	<i>amphetamine-dextroamphetamine tab 10 mg.</i>	60
<i>amlodipine besylate-valsartan tab 5-320 mg ...</i>	33	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	
<i>amoxapine tab 100 mg</i>	48	.....	60
<i>amoxapine tab 150 mg</i>	48	<i>amphetamine-dextroamphetamine tab 15 mg.</i>	60
<i>amoxapine tab 25 mg</i>	48	<i>amphetamine-dextroamphetamine tab 20 mg.</i>	60
<i>amoxapine tab 50 mg</i>	48	<i>amphetamine-dextroamphetamine tab 30 mg.</i>	60
<i>amoxicil cap & clarithro tab & lansopraz cap dr</i>		<i>amphetamine-dextroamphetamine tab 5 mg... </i>	60
500 & 500 & 30mg	89	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	60
<i>amoxicillin & k clavulanate chew tab 200-28.5</i>		<i>amphotericin b for iv soln 50 mg</i>	13
mg	22	<i>ampicillin cap 500 mg</i>	22
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>		<i>ampicillin sodium for inj 1 gm</i>	22
.....	22	<i>ampicillin sodium for inj 2 gm</i>	22
<i>amoxicillin & k clavulanate for susp 200-28.5</i>		<i>anagrelide hcl cap 0.5 mg</i>	93
mg/5ml.....	22	<i>anagrelide hcl cap 1 mg</i>	93
<i>amoxicillin & k clavulanate for susp 250-62.5</i>		<i>anastrozole tab 1 mg</i>	27
mg/5ml.....	22	<i>ANNOVERA MIS</i>	73
<i>amoxicillin & k clavulanate for susp 400-57</i>		<i>APOKYN INJ 10MG/ML</i>	52
mg/5ml.....	22	<i>apraclonidine hcl ophth soln 0.5% (base</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9</i>		equivalent).....	107
mg/5ml.....	22	<i>aprepitant capsule 125 mg</i>	85
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	22	<i>aprepitant capsule 40 mg</i>	85
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	22	<i>aprepitant capsule 80 mg</i>	85
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	22	<i>aprepitant capsule therapy pack 80 & 125 mg .</i>	85
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5</i>		<i>APRETUDE SUS 600MG ER.....</i>	14
mg	22	<i>apri</i>	73
<i>amoxicillin (trihydrate) cap 250 mg.....</i>	22	<i>APTIVUS CAP 250MG</i>	14
<i>amoxicillin (trihydrate) cap 500 mg.....</i>	22	<i>aranelle.....</i>	73
<i>amoxicillin (trihydrate) chew tab 125 mg.....</i>	22	<i>ARANESP INJ 100MCG</i>	92
<i>amoxicillin (trihydrate) chew tab 250 mg.....</i>	22	<i>ARANESP INJ 10MCG</i>	92

ARANESP INJ 150MCG.....	92	<i>atenolol & chlorthalidone tab 50-25 mg</i>	38
ARANESP INJ 200MCG.....	92	<i>atenolol tab 100 mg</i>	39
ARANESP INJ 25MCG.....	92	<i>atenolol tab 25 mg</i>	39
ARANESP INJ 300MCG.....	92	<i>atenolol tab 50 mg</i>	39
ARANESP INJ 40MCG.....	92	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	60
ARANESP INJ 500MCG.....	92	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	60
ARANESP INJ 60MCG.....	92	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	60
ARCALYST INJ 220MG.....	99	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	60
AREXVY INJ 120MCG	101	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	60
<i>arformoterol tartrate soln nebu 15 mcg/2ml</i>		<i>atomoxetine hcl cap 60 mg (base equiv)</i>	60
<i>(base equiv)</i>	110	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	60
<i>aripiprazole oral solution 1 mg/ml</i>	53	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	
<i>aripiprazole orally disintegrating tab 10 mg</i>	53	.....	36
<i>aripiprazole orally disintegrating tab 15 mg</i>	54	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	
<i>aripiprazole tab 10 mg</i>	54	.....	36
<i>aripiprazole tab 15 mg</i>	54	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	
<i>aripiprazole tab 2 mg</i>	54	.....	36
<i>aripiprazole tab 20 mg</i>	54	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	
<i>aripiprazole tab 30 mg</i>	54	.....	37
<i>aripiprazole tab 5 mg</i>	54	<i>atovaquone susp 750 mg/5ml</i>	20
ARISTADA INJ 1064MG.....	54	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	13
ARISTADA INJ 441MG/1.	54	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	13
ARISTADA INJ 662MG/2	54	<i>atropine sulfate ophth soln 1%</i>	107
ARISTADA INJ 882MG/3	54	<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05</i>	
ARISTADA INJ INITIO.....	54	<i>mg/ml)</i>	85
<i>armodafinil tab 150 mg</i>	66	<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1</i>	
<i>armodafinil tab 200 mg</i>	66	<i>mg/ml)</i>	85
<i>armodafinil tab 250 mg</i>	66	AUTOLET PLAT MIS 1.8MM.....	76
<i>armodafinil tab 50 mg</i>	66	<i>aviane</i>	73
ARNUITY ELPT INH 100MCG.....	113	<i>avidoxy</i>	22
ARNUITY ELPT INH 200MCG.....	113	<i>azacitidine for inj 100 mg</i>	24
ARNUITY ELPT INH 50MCG.....	113	AZASITE SOL 1%.....	105
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i> .	30	<i>azathioprine tab 100 mg</i>	99
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i> ...	30	<i>azathioprine tab 50 mg</i>	99
<i>asenapine maleate sl tab 10 mg (base equiv)</i> ..	54	<i>azathioprine tab 75 mg</i>	99
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i> .	54	<i>azelaic acid gel 15%</i>	119
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	54	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	
<i>ashlyna</i>	73	.....	108
<i>aspirin ec adult low dose</i>	12	<i>azelastine hcl nasal spray 0.15% (205.5</i>	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> ...	93	<i>mcg/spray)</i>	108
ASTAGRAF XL CAP 0.5MG.....	99	<i>azelastine hcl ophth soln 0.05%</i>	106
ASTAGRAF XL CAP 1MG.....	99	<i>azelastine hcl-fluticasone prop nasal spray 137-</i>	
ASTAGRAF XL CAP 5MG.....	99	<i>50 mcg/act</i>	108
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	14	<i>azithromycin for susp 100 mg/5ml</i>	18
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	14	<i>azithromycin for susp 200 mg/5ml</i>	18
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	14	<i>azithromycin powd pack for susp 1 gm</i>	18
<i>atenolol & chlorthalidone tab 100-25 mg</i>	39	<i>azithromycin tab 250 mg</i>	18

<i>azithromycin tab 500 mg</i>	18	<i>benztropine mesylate inj 1 mg/ml</i>	52
<i>azithromycin tab 600 mg</i>	18	<i>benztropine mesylate tab 0.5 mg</i>	52
AZSTARYS CAP 26.1-5.2.....	61	<i>benztropine mesylate tab 1 mg</i>	52
AZSTARYS CAP 39.2-7.8.....	61	<i>benztropine mesylate tab 2 mg</i>	52
AZSTARYS CAP 52.3-10.....	61	<i>bepotastine besilate ophth soln 1.5%</i>	106
<i>aztreonam for inj 1 gm</i>	20	BESIVANCE SUS 0.6%.....	105
<i>aztreonam for inj 2 gm</i>	20	<i>betaine powder for oral solution</i>	77
<i>azurette</i>	73	<i>betamethasone dipropionate augmented cream</i> <i>0.05%</i>	117
B		<i>betamethasone dipropionate augmented gel</i> <i>0.05%</i>	117
<i>bacitracin ophth oint 500 unit/gm</i>	105	<i>betamethasone dipropionate augmented lotion</i> <i>0.05%</i>	117
<i>bacitracin-polymyxin b ophth oint</i>	105	<i>betamethasone dipropionate augmented oint</i> <i>0.05%</i>	117
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	105	<i>betamethasone dipropionate cream 0.05%</i>	117
<i>baclofen tab 10 mg</i>	65	<i>betamethasone dipropionate lotion 0.05%</i>	117
<i>baclofen tab 20 mg</i>	65	<i>betamethasone valerate aerosol foam 0.12%</i>	117
<i>baclofen tab 5 mg</i>	65	<i>betamethasone valerate cream 0.1% (base</i> <i>equivalent)</i>	117
<i>balsalazide disodium cap 750 mg</i>	87	<i>betamethasone valerate lotion 0.1% (base</i> <i>equivalent)</i>	117
BARACLUDGE SOL.....	19	<i>betamethasone valerate oint 0.1% (base</i> <i>equivalent)</i>	117
BASAGLAR INJ 100UNIT.....	70	BETASERON INJ 0.3MG	65
BASAGLAR INJ TEMPO PN	70	<i>betaxolol hcl ophth soln 0.5%</i>	107
BAXDELA TAB 450MG.....	19	<i>betaxolol hcl tab 10 mg</i>	39
BELBUCA MIS 150MCG.....	11	<i>betaxolol hcl tab 20 mg</i>	39
BELBUCA MIS 300MCG.....	11	<i>bethanechol chloride tab 10 mg</i>	90
BELBUCA MIS 450MCG.....	11	<i>bethanechol chloride tab 25 mg</i>	90
BELBUCA MIS 600MCG.....	11	<i>bethanechol chloride tab 5 mg</i>	90
BELBUCA MIS 750MCG.....	11	<i>bethanechol chloride tab 50 mg</i>	90
BELBUCA MIS 75MCG.....	11	BETIMOL SOL 0.25%	107
BELBUCA MIS 900MCG.....	11	BETIMOL SOL 0.5%	107
BELSOMRA TAB 10MG	62	BETOPTIC-S SUS 0.25% OP.....	107
BELSOMRA TAB 15MG	63	BEVESPI AER 9-4.8MCG	108
BELSOMRA TAB 20MG	63	<i>bexarotene cap 75 mg</i>	30
BELSOMRA TAB 5MG	62	<i>bexarotene gel 1%</i>	118
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	31	BEXSERO INJ	101
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	31	BEYFORTUS INJ 100MG/ML.....	101
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	31	BEYFORTUS INJ 50/0.5ML.....	101
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	31	<i>bicalutamide tab 50 mg</i>	27
<i>benazepril hcl tab 10 mg</i>	32	BIKTARVY TAB.....	15
<i>benazepril hcl tab 20 mg</i>	32	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	39
<i>benazepril hcl tab 40 mg</i>	32	<i>bisoprolol & 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>	110		
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	114		

<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>		<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i>	
.....	39	(base equiv)	66
<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)	66
<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)	66
BOOSTRIX INJ	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
BREO ELLIPTA INH 100-25	113	<i>buprenorphine td patch weekly 15 mcg/hr</i>	12
BREO ELLIPTA INH 200-25	113	<i>buprenorphine td patch weekly 20 mcg/hr</i>	12
BREO ELLIPTA INH 50-25MCG	113	<i>buprenorphine td patch weekly 5 mcg/hr</i>	11
BREZTRI AERO AER SPHERE	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
BRYHALI LOT 0.01%	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	C	
<i>budesonide tab er 24hr 9 mg</i>	87	CABENUVA SUS 400-600	15
<i>budesonide-formoterol fumarate dihyd aerosol</i>		CABENUVA SUS 600-900	15
160-4.5 mcg/act	113	<i>cabergoline tab 0.5 mg</i>	83
<i>budesonide-formoterol fumarate dihyd aerosol</i>		CABOMETYX TAB 20MG	27
80-4.5 mcg/act	113	CABOMETYX TAB 40MG	27
<i>bumetanide tab 0.5 mg</i>	42	CABOMETYX TAB 60MG	27
<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>	72
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	67	<i>calcitriol cap 0.25 mcg</i>	104
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i>		<i>calcitriol cap 0.5 mcg</i>	104
(base equiv)	66	<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>	104
(base equiv)	66		

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	83	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	52
<i>calcium acetate (phosphate binder) tab 667 mg</i>	83	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	52
CALQUENCE TAB 100MG	27	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	52
<i>camila</i>	73	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	52
<i>camrese</i>	73	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	53
<i>candesartan cilexetil tab 16 mg</i>	34	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	53
<i>candesartan cilexetil tab 32 mg</i>	34	<i>carbinoxamine maleate soln 4 mg/5ml</i>	108
<i>candesartan cilexetil tab 4 mg</i>	34	<i>carbinoxamine maleate tab 4 mg</i>	108
<i>candesartan cilexetil tab 8 mg</i>	34	<i>carboplatin iv soln 150 mg/15ml</i>	30
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	33	<i>carboplatin iv soln 450 mg/45ml</i>	30
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	33	<i>carboplatin iv soln 50 mg/5ml</i>	30
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	33	<i>carboplatin iv soln 600 mg/60ml</i>	30
<i>capecitabine tab 150 mg</i>	24	CARDURA XL TAB 4MG	89
<i>capecitabine tab 500 mg</i>	24	CARDURA XL TAB 8MG	89
CAPRELSA TAB 100MG	27	CAREFINE MIS 32GX6MM	76
CAPRELSA TAB 300MG	28	<i>carglumic acid soluble tab 200 mg</i>	77
<i>captopril tab 100 mg</i>	32	<i>carisoprodol tab 350 mg</i>	65
<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>	40
CAPVAXIVE INJ 0.5ML	101	<i>carvedilol phosphate cap er 24hr 10 mg</i>	39
<i>carbamazepine cap er 12hr 100 mg</i>	56	<i>carvedilol phosphate cap er 24hr 20 mg</i>	39
<i>carbamazepine cap er 12hr 200 mg</i>	56	<i>carvedilol phosphate cap er 24hr 40 mg</i>	39
<i>carbamazepine cap er 12hr 300 mg</i>	56	<i>carvedilol phosphate cap er 24hr 80 mg</i>	39
<i>carbamazepine chew tab 100 mg</i>	56	<i>carvedilol tab 12.5 mg</i>	39
<i>carbamazepine susp 100 mg/5ml</i>	56	<i>carvedilol tab 25 mg</i>	39
<i>carbamazepine tab 200 mg</i>	56	<i>carvedilol tab 3.125 mg</i>	39
<i>carbamazepine tab er 12hr 100 mg</i>	56	<i>carvedilol tab 6.25 mg</i>	39
<i>carbamazepine tab er 12hr 200 mg</i>	56	CAYA DPR	73
<i>carbamazepine tab er 12hr 400 mg</i>	56	CAYSTON INH 75MG	111
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	52	<i>cefaclor cap 250 mg</i>	17
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	52	<i>cefaclor cap 500 mg</i>	17
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	52	<i>cefaclor for susp 125 mg/5ml</i>	17
<i>carbidopa & levodopa tab 10-100 mg</i>	52	<i>cefaclor for susp 250 mg/5ml</i>	17
<i>carbidopa & levodopa tab 25-100 mg</i>	52	<i>cefaclor for susp 375 mg/5ml</i>	17
<i>carbidopa & levodopa tab 25-250 mg</i>	52	<i>cefadroxil cap 500 mg</i>	17
<i>carbidopa & levodopa tab er 25-100 mg</i>	52	<i>cefadroxil for susp 250 mg/5ml</i>	17
<i>carbidopa & levodopa tab er 50-200 mg</i>	52	<i>cefadroxil for susp 500 mg/5ml</i>	17
<i>carbidopa tab 25 mg</i>	52	<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>	42
<i>cefprozil tab 250 mg</i>	17	<i>chlorthalidone tab 50 mg</i>	42
<i>cefprozil tab 500 mg</i>	17	<i>chlorzoxazone tab 500 mg</i>	65
<i>ceftazidime for iv soln 2 gm</i>	17	<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	104
<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>	93
CELLCEPT SUS 200MG/ML.....	99	<i>cilostazol tab 50 mg</i>	93
CELLCEPT TAB 500MG	99	CIMDUO TAB 300-300	15
<i>cephalexin cap 250 mg</i>	18	<i>cimetidine tab 200 mg</i>	86
<i>cephalexin cap 500 mg</i>	18	<i>cimetidine tab 300 mg</i>	86
<i>cephalexin cap 750 mg</i>	18	<i>cimetidine tab 400 mg</i>	86
<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	77	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>	119
CHEMET CAP 100MG.....	73	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	19
CHEMSTRIP 9 TES STRIPS.....	76		
<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>	119	<i>clobetasol propionate cream 0.05%</i>	117
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln</i> <i>0.3-0.025%</i>	119	<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>	30	<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>	24	<i>clocortolone pivalate cream 0.1%</i>	117
<i>clarithromycin for susp 125 mg/5ml</i>	18	<i>clofarabine iv soln 1 mg/ml</i>	24
<i>clarithromycin for susp 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	87	<i>clonazepam tab 2 mg</i>	57
CLEOCIN SUP 100MG	91	<i>clonidine hcl tab 0.1 mg</i>	43
CLIMARA PRO DIS WEEKLY	78	<i>clonidine hcl tab 0.2 mg</i>	43
<i>clindamycin hcl cap 150 mg</i>	20	<i>clonidine hcl tab 0.3 mg</i>	43
<i>clindamycin hcl cap 300 mg</i>	20	<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	43
<i>clindamycin hcl cap 75 mg</i>	20	<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	43
<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> ..	93
<i>clindamycin phosphate gel 1%</i>	114	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	93
<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>	119
<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>	85
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	94
COSENTYX INJ 300DOSE	95
COSENTYX INJ 75MG/0.5	94
COSENTYX PEN INJ 150MG/ML	95
COSENTYX PEN INJ 300DOSE	95
COSENTYX UNO INJ 300/2ML	95
CREON CAP 12000UNT	88
CREON CAP 24000UNT	88
CREON CAP 3000UNIT	88
CREON CAP 36000UNT	88
CREON CAP 6000UNIT	88
CRINONE GEL 4% VAG	83
CRINONE GEL 8% VAG	83
<i>cromolyn sodium ophth soln 4%</i>	106
<i>cromolyn sodium oral conc 100 mg/5ml</i>	88
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	112
<i>crotan</i>	119
<i>cryselle-28</i>	73
CUTAQUIG SOL 1.65GM	99
CUTAQUIG SOL 1GM	99
CUTAQUIG SOL 2GM	99
CUTAQUIG SOL 3.3GM	99
CUTAQUIG SOL 4GM	99
CUTAQUIG SOL 8GM	99
<i>cvs ivermectin lice treat</i>	119

<i>cvs lice treatment</i>	119
<i>cvs sleep-aid nighttime</i>	63
<i>cyanocobalamin inj 1000 mcg/ml</i>	104
<i>cyclobenzaprine hcl tab 10 mg</i>	66
<i>cyclobenzaprine hcl tab 5 mg</i>	65
<i>cyclophosphamide cap 25 mg</i>	23
<i>cyclophosphamide cap 50 mg</i>	23
<i>cyclophosphamide for inj 1 gm</i>	23
<i>cyclophosphamide for inj 2 gm</i>	23
<i>cyclophosphamide for inj 500 mg</i>	23
<i>cycloserine cap 250 mg</i>	16
<i>cyclosporine cap 100 mg</i>	99
<i>cyclosporine cap 25 mg</i>	99
<i>cyclosporine iv soln 50 mg/ml</i>	99
<i>cyclosporine modified cap 100 mg</i>	99
<i>cyclosporine modified cap 25 mg</i>	99
<i>cyclosporine modified cap 50 mg</i>	99
<i>cyclosporine modified oral soln 100 mg/ml</i>	99
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	109
<i>cyproheptadine hcl tab 4 mg</i>	109
CYSTAGON CAP 150MG	83
CYSTAGON CAP 50MG	83
CYSTARAN SOL 0.44%	107
<i>cytarabine inj 20 mg/ml</i>	24
<i>cytarabine inj pf 100 mg/ml</i>	25
<i>cytarabine inj pf 20 mg/ml</i>	25

D

<i>dabigatran etexilate mesylate cap 110 mg</i> <i>(etexilate base eq)</i>	91
<i>dabigatran etexilate mesylate cap 150 mg</i> <i>(etexilate base eq)</i>	91
<i>dabigatran etexilate mesylate cap 75 mg</i> <i>(etexilate base eq)</i>	91
<i>dacarbazine for inj 100 mg</i>	23
<i>dacarbazine for inj 200 mg</i>	23
<i>dalfampridine tab er 12hr 10 mg</i>	65
<i>danazol cap 100 mg</i>	77
<i>danazol cap 200 mg</i>	77
<i>danazol cap 50 mg</i>	77
<i>dantrolene sodium cap 100 mg</i>	66
<i>dantrolene sodium cap 25 mg</i>	66
<i>dantrolene sodium cap 50 mg</i>	66
<i>dapsone tab 100 mg</i>	20
<i>dapsone tab 25 mg</i>	20
DAPTACEL INJ	101
<i>darifenacin hydrobromide tab er 24hr 15 mg</i> <i>(base equiv)</i>	90

<i>darifenacin hydrobromide tab er 24hr 7.5 mg</i>		<i>desoximetasone cream 0.05%</i>	117
<i>(base equiv)</i>	90	<i>desoximetasone cream 0.25%</i>	117
<i>darunavir tab 600 mg</i>	14	<i>desoximetasone gel 0.05%</i>	117
<i>darunavir tab 800 mg</i>	14	<i>desoximetasone oint 0.25%</i>	117
<i>dasetta 1/35</i>	73	<i>desoximetasone spray 0.25%</i>	117
<i>dasetta 7/7/7</i>	73	<i>desvenlafaxine succinate tab er 24hr 100 mg</i>	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>		<i>(base equiv)</i>	49
.....	24	<i>desvenlafaxine succinate tab er 24hr 25 mg (base</i>	
DAYVIGO TAB 10MG	63	<i>equiv)</i>	49
DAYVIGO TAB 5MG	63	<i>desvenlafaxine succinate tab er 24hr 50 mg (base</i>	
<i>decitabine for inj 50 mg</i>	25	<i>equiv)</i>	49
<i>deferiprone tab 1000 mg</i>	73	DEXAMETHASON CON 1MG/ML.....	80
<i>deferiprone tab 500 mg</i>	73	<i>dexamethasone elixir 0.5 mg/5ml</i>	80
<i>deflazacort susp 22.75 mg/ml</i>	80	<i>dexamethasone sod phosphate preservative free</i>	
<i>deflazacort tab 18 mg</i>	80	<i>inj 10 mg/ml</i>	80
<i>deflazacort tab 30 mg</i>	80	<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	
<i>deflazacort tab 36 mg</i>	80	.....	80
<i>deflazacort tab 6 mg</i>	80	<i>dexamethasone sodium phosphate inj 100</i>	
<i>delyla</i>	73	<i>mg/10ml</i>	80
<i>demeclocycline hcl tab 150 mg</i>	22	<i>dexamethasone sodium phosphate inj 120</i>	
<i>demeclocycline hcl tab 300 mg</i>	22	<i>mg/30ml</i>	80
DENG VAXIA SUS	101	<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	
DEPO-ESTRADI INJ 5MG/ML.....	78	.....	80
DEPO-MEDROL INJ 20MG/ML	80	<i>dexamethasone sodium phosphate inj 4 mg/ml</i> 80	
DEPO-SQ PROV INJ 104	73	<i>dexamethasone sodium phosphate inj soln pref</i>	
DESCOVY TAB 120-15MG	15	<i>syr 4 mg/ml</i>	80
DESCOVY TAB 200/25MG	15	<i>dexamethasone sodium phosphate ophth soln</i>	
<i>desipramine hcl tab 10 mg</i>	48	<i>0.1%</i>	106
<i>desipramine hcl tab 100 mg</i>	48	<i>dexamethasone soln 0.5 mg/5ml</i>	80
<i>desipramine hcl tab 150 mg</i>	48	<i>dexamethasone tab 0.5 mg</i>	81
<i>desipramine hcl tab 25 mg</i>	48	<i>dexamethasone tab 0.75 mg</i>	81
<i>desipramine hcl tab 50 mg</i>	48	<i>dexamethasone tab 1 mg</i>	81
<i>desipramine hcl tab 75 mg</i>	48	<i>dexamethasone tab 1.5 mg</i>	81
<i>desloratadine tab 5 mg</i>	109	<i>dexamethasone tab 2 mg</i>	81
<i>desloratadine tab orally disintegrating 2.5 mg</i> 109		<i>dexamethasone tab 4 mg</i>	81
<i>desloratadine tab orally disintegrating 5 mg</i> ..109		<i>dexamethasone tab 6 mg</i>	81
<i>desmopressin acetate inj 4 mcg/ml</i>	84	DEXCOM G5 MIS RECEIVER.....	76
<i>desmopressin acetate nasal spray soln 0.01%</i> ..	84	DEXCOM G5 MIS TRANSMIT	76
<i>desmopressin acetate nasal spray soln 0.01%</i>		DEXCOM G6 MIS RECEIVER.....	76
<i>(refrigerated)</i>	84	DEXCOM G6 MIS SENSOR	76
<i>desmopressin acetate preservative free (pf) inj 4</i>		DEXCOM G6 MIS TRANSMIT	76
<i>mcg/ml</i>	85	DEXCOM G7 MIS RECEIVER.....	76
<i>desmopressin acetate tab 0.1 mg</i>	85	DEXCOM G7 MIS SENSOR	76
<i>desmopressin acetate tab 0.2 mg</i>	85	<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	61
<i>desonide cream 0.05%</i>	117	<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	61
<i>desonide lotion 0.05%</i>	117	<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	61
<i>desonide oint 0.05%</i>	117	<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	61

<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	61	<i>dicyclomine hcl tab 20 mg</i>	85
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	61	DIFICID SUS	19
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	61	DIFICID TAB 200MG	19
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	61	<i>diflorasone diacetate cream 0.05%</i>	117
<i>dexmethylphenidate hcl tab 10 mg</i>	61	<i>diflorasone diacetate oint 0.05%</i>	117
<i>dexmethylphenidate hcl tab 2.5 mg</i>	61	<i>diflunisal tab 500 mg</i>	12
<i>dexmethylphenidate hcl tab 5 mg</i>	61	<i>difluprednate ophth emulsion 0.05%</i>	106
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	31	<i>digoxin oral soln 0.05 mg/ml</i>	42
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	31	<i>digoxin tab 125 mcg (0.125 mg)</i>	42
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	61	<i>digoxin tab 250 mcg (0.25 mg)</i>	42
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	61	<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	42
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> .	61	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	63
<i>dextroamphetamine sulfate oral solution 5</i> <i>mg/5ml</i>	61	DILANTIN CAP 30MG	57
<i>dextroamphetamine sulfate tab 10 mg</i>	61	<i>diltiazem hcl cap er 12hr 120 mg</i>	41
<i>dextroamphetamine sulfate tab 15 mg</i>	61	<i>diltiazem hcl cap er 12hr 60 mg</i>	40
<i>dextroamphetamine sulfate tab 20 mg</i>	61	<i>diltiazem hcl cap er 12hr 90 mg</i>	41
<i>dextroamphetamine sulfate tab 30 mg</i>	61	<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	41
<i>dextroamphetamine sulfate tab 5 mg</i>	61	<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	41
DIASCREEN 10 MIS	76	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	41
DIASTIX TES STRIPS.....	77	<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	41
<i>diazepam inj 5 mg/ml</i>	57	<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	41
<i>diazepam intensol</i>	57	<i>diltiazem hcl extended release beads cap er 24hr</i> <i>120 mg</i>	41
<i>diazepam oral soln 1 mg/ml</i>	57	<i>diltiazem hcl extended release beads cap er 24hr</i> <i>180 mg</i>	41
<i>diazepam tab 10 mg</i>	57	<i>diltiazem hcl extended release beads cap er 24hr</i> <i>240 mg</i>	41
<i>diazepam tab 2 mg</i>	57	<i>diltiazem hcl extended release beads cap er 24hr</i> <i>300 mg</i>	41
<i>diazepam tab 5 mg</i>	57	<i>diltiazem hcl extended release beads cap er 24hr</i> <i>360 mg</i>	41
<i>diclofenac potassium tab 50 mg</i>	5	<i>diltiazem hcl extended release beads cap er 24hr</i> <i>420 mg</i>	41
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	5	<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	41
<i>diclofenac sodium gel 1% (1.16% diethylamine</i> <i>equiv)</i>	118	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	41
<i>diclofenac sodium ophth soln 0.1%</i>	106	<i>diltiazem hcl tab 120 mg</i>	41
<i>diclofenac sodium tab delayed release 25 mg</i>	5	<i>diltiazem hcl tab 30 mg</i>	41
<i>diclofenac sodium tab delayed release 50 mg</i>	5	<i>diltiazem hcl tab 60 mg</i>	41
<i>diclofenac sodium tab delayed release 75 mg</i>	5	<i>diltiazem hcl tab 90 mg</i>	41
<i>diclofenac sodium tab er 24hr 100 mg</i>	5	<i>diltiazem hcl tab er 24hr 120 mg</i>	41
<i>diclofenac w/ misoprostol tab delayed release</i> <i>50-0.2 mg</i>	5	<i>dilt-xr</i>	40
<i>diclofenac w/ misoprostol tab delayed release</i> <i>75-0.2 mg</i>	5	<i>dimethyl fumarate capsule delayed release 120</i> <i>mg</i>	65
<i>dicloxacillin sodium cap 250 mg</i>	22	<i>dimethyl fumarate capsule delayed release 240</i> <i>mg</i>	65
<i>dicloxacillin sodium cap 500 mg</i>	22	<i>dimethyl fumarate capsule dr starter pack 120</i> <i>mg & 240 mg</i>	65
<i>dicyclomine hcl cap 10 mg</i>	85		
<i>dicyclomine hcl inj 10 mg/ml</i>	85		
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	85		

DIPENTUM CAP 250MG.....	87	doxazosin mesylate tab 8 mg	90
diphenhydramine hcl elixir 12.5 mg/5ml	109	doxepin hcl (sleep) tab 3 mg (base equiv)	63
diphenhydramine hcl inj 50 mg/ml.....	109	doxepin hcl (sleep) tab 6 mg (base equiv)	63
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml		doxepin hcl cap 10 mg	49
.....	85	doxepin hcl cap 100 mg	49
diphenoxylate w/ atropine tab 2.5-0.025 mg ...	85	doxepin hcl cap 150 mg	49
dipyridamole tab 25 mg	94	doxepin hcl cap 25 mg	49
dipyridamole tab 50 mg	94	doxepin hcl cap 50 mg	49
dipyridamole tab 75 mg	94	doxepin hcl cap 75 mg	49
disopyramide phosphate cap 100 mg.....	35	doxepin hcl conc 10 mg/ml	49
disopyramide phosphate cap 150 mg.....	35	doxepin hcl cream 5%	116
disulfiram tab 250 mg	46	doxercalciferol cap 0.5 mcg	104
disulfiram tab 500 mg	46	doxercalciferol cap 1 mcg	104
DIURIL SUS 250/5ML	42	doxercalciferol cap 2.5 mcg	104
divalproex sodium cap delayed release sprinkle		doxorubicin hcl for inj 10 mg.....	24
125 mg	57	doxorubicin hcl inj 2 mg/ml	24
divalproex sodium tab delayed release 125 mg	57	doxorubicin hcl liposomal susp (for iv infusion) 2	
divalproex sodium tab delayed release 250 mg	57	mg/ml	24
divalproex sodium tab delayed release 500 mg	57	doxy 100	23
divalproex sodium tab er 24 hr 250 mg	57	doxycycline hyclate cap 100 mg.....	23
divalproex sodium tab er 24 hr 500 mg	57	doxycycline hyclate cap 50 mg.....	23
docetaxel for inj conc 160 mg/8ml (20 mg/ml) 25		doxycycline hyclate for inj 100 mg	23
docetaxel for inj conc 20 mg/ml	25	doxycycline hyclate tab 100 mg	23
docetaxel for inj conc 80 mg/4ml (20 mg/ml) ..	25	doxycycline hyclate tab 20 mg	23
docetaxel soln for iv infusion 160 mg/16ml.....	25	doxycycline monohydrate cap 100 mg.....	23
docetaxel soln for iv infusion 20 mg/2ml.....	25	doxycycline monohydrate cap 50 mg.....	23
docetaxel soln for iv infusion 80 mg/8ml.....	25	doxycycline monohydrate for susp 25 mg/5ml .	23
dofetilide cap 125 mcg (0.125 mg)	35	doxycycline monohydrate tab 150 mg	23
dofetilide cap 250 mcg (0.25 mg)	35	doxycycline monohydrate tab 50 mg	23
dofetilide cap 500 mcg (0.5 mg)	35	doxycycline monohydrate tab 75 mg	23
donepezil hydrochloride orally disintegrating tab		dronabinol cap 10 mg	85
10 mg	47	dronabinol cap 2.5 mg	85
donepezil hydrochloride orally disintegrating tab		dronabinol cap 5 mg	85
5 mg	47	drospirenone-ethinyl estradiol tab 3-0.02 mg... 73	
donepezil hydrochloride tab 10 mg	47	drospirenone-ethinyl estradiol tab 3-0.03 mg... 73	
donepezil hydrochloride tab 23 mg	47	drospirenone-ethinyl estrad-levomefolate tab 3-	
donepezil hydrochloride tab 5 mg	47	0.02-0.451 mg.....	73
DOPTELET TAB 20MG (10 TABLETS)	94	drospirenone-ethinyl estrad-levomefolate tab 3-	
DOPTELET TAB 20MG (15 TABLETS)	94	0.03-0.451 mg.....	73
DOPTELET TAB 20MG (30 TABLETS)	94	DROXIA CAP 200MG	93
dorzolamide hcl ophth soln 2%.....	107	DROXIA CAP 300MG	93
dorzolamide hcl-timolol maleate ophth soln 2-		DROXIA CAP 400MG	93
0.5%	107	DUAVEE TAB 0.45-20	78
DOVATO TAB 50-300MG	15	duloxetine hcl enteric coated pellets cap 20 mg	
doxazosin mesylate tab 1 mg	89	(base eq)	49
doxazosin mesylate tab 2 mg	89	duloxetine hcl enteric coated pellets cap 30 mg	
doxazosin mesylate tab 4 mg	89	(base eq)	49

<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	49	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	15
DUPIXENT INJ 100/0.67.....	112	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	15
DUPIXENT INJ 200/1.14.....	116	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	16
DUPIXENT INJ 200MG.....	116	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	16
DUPIXENT INJ 300/2ML.....	116	EMTRIVA SOL 10MG/ML.....	14
DUREX MIS REALFEEL.....	73	EMVERM CHW 100MG.....	12
<i>dutasteride cap 0.5 mg</i>	90	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	32
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	90	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	32
E		<i>enalapril maleate tab 10 mg</i>	32
<i>econazole nitrate cream 1%</i>	115	<i>enalapril maleate tab 2.5 mg</i>	32
EDURANT TAB 25MG.....	14	<i>enalapril maleate tab 20 mg</i>	32
<i>efavirenz cap 200 mg</i>	14	<i>enalapril maleate tab 5 mg</i>	32
<i>efavirenz cap 50 mg</i>	14	ENBREL INJ 25/0.5ML.....	95
<i>efavirenz tab 600 mg</i>	14	ENBREL INJ 25MG.....	95
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	15	ENBREL INJ 50MG/ML.....	95
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	15	ENBREL MINI INJ 50MG/ML.....	95
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	15	ENBREL SRCLK INJ 50MG/ML.....	95
<i>effek-k</i>	103	ENCARE SUP 100MG.....	90
ELESTRIN GEL 0.06%.....	78	<i>endocet tab 10-325mg</i>	7
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	63	<i>endocet tab 2.5-325</i>	6
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	63	<i>endocet tab 5-325mg</i>	7
ELIGARD INJ 22.5MG.....	27	<i>endocet tab 7.5-325</i>	7
ELIGARD INJ 30MG.....	27	ENERGIX-B INJ 10/0.5ML.....	101
ELIGARD INJ 45MG.....	27	ENERGIX-B INJ 20MCG/ML.....	101
ELIGARD INJ 7.5MG.....	27	<i>enoxaparin sodium inj 300 mg/3ml</i>	91
<i>elinest</i>	73	<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	91
ELIQUIS ST P TAB 5MG.....	91	<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	91
ELIQUIS TAB 2.5MG.....	91	<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	91
ELIQUIS TAB 5MG.....	91	<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	91
<i>elite-ob</i>	104	<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	91
ELLA TAB 30MG.....	73	<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	91
ELMIRON CAP 100MG.....	90	<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	91
EMCYT CAP 140MG.....	24	<i>enpresse-28</i>	73
EMFLAZA SUS 22.75/ML.....	81	<i>enskyce</i>	73
EMGALITY INJ 100MG/ML.....	63	<i>entacapone tab 200 mg</i>	53
EMGALITY INJ 120MG/ML.....	63	<i>entecavir tab 0.5 mg</i>	19
EMSAM DIS 12MG/24H.....	49		
EMSAM DIS 6MG/24HR.....	49		
EMSAM DIS 9MG/24HR.....	49		
<i>emtricitabine caps 200 mg</i>	14		

<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>	87	<i>erythromycin w/ delayed release particles cap</i>	
ENVARUSUS XR TAB 0.75MG	99	250 mg	19
ENVARUSUS XR TAB 1MG	99	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
ENVARUSUS XR TAB 4MG	100	.....	49
EPCLUSA PAK 150-37.5	19	<i>escitalopram oxalate tab 10 mg (base equiv)</i> ...	49
EPCLUSA PAK 200-50MG	19	<i>escitalopram oxalate tab 20 mg (base equiv)</i> ...	49
EPCLUSA TAB 200-50MG	19	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	49
EPCLUSA TAB 400-100	19	<i>esomeprazole magnesium cap delayed release 20</i>	
<i>epinastine hcl ophth soln 0.05%</i>	106	mg (base eq)	89
<i>epinephrine solution auto-injector 0.15</i>		<i>esomeprazole magnesium cap delayed release 40</i>	
mg/0.15ml (1:1000)	108	mg (base eq)	89
<i>epinephrine solution auto-injector 0.15 mg/0.3ml</i>		<i>esomeprazole magnesium for delayed release</i>	
(1:2000)	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
(1:1000)	108	<i>estazolam tab 2 mg</i>	63
EPIPEN 2-PAK INJ 0.3MG	108	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	
EPIPEN-JR INJ 0.15MG	108	.....	78
<i>epitol</i>	57	<i>estradiol & 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>	78
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>	78
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	28	<i>estradiol td gel 1 mg/gm (0.1%)</i>	78
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	28	<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	78
<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>	73	<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>	78
.....	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>	78
<i>ery-tab</i>	19	<i>estradiol td patch weekly 0.025 mg/24hr</i>	79
<i>erythrocin stearate</i>	19	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5</i>	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>		<i>mcg/24hr)</i>	79
.....	19	<i>estradiol td patch weekly 0.05 mg/24hr</i>	79
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>		<i>estradiol td patch weekly 0.06 mg/24hr</i>	79
.....	19	<i>estradiol td patch weekly 0.075 mg/24hr</i>	79

<i>estradiol td patch weekly 0.1 mg/24hr</i>	79	<i>ezetimibe-simvastatin tab 10-20 mg</i>	38
<i>estradiol vaginal cream 0.1 mg/gm</i>	79	<i>ezetimibe-simvastatin tab 10-40 mg</i>	38
<i>estradiol valerate im in oil 20 mg/ml</i>	79	<i>ezetimibe-simvastatin tab 10-80 mg</i>	38
<i>estradiol valerate im in oil 40 mg/ml</i>	79	F	
<i>eszopiclone tab 1 mg</i>	63	<i>falmina</i>	74
<i>eszopiclone tab 2 mg</i>	63	<i>famciclovir tab 125 mg</i>	16
<i>eszopiclone tab 3 mg</i>	63	<i>famciclovir tab 250 mg</i>	16
<i>ethacrynic acid tab 25 mg</i>	42	<i>famciclovir tab 500 mg</i>	16
<i>ethambutol hcl tab 100 mg</i>	16	<i>famotidine for susp 40 mg/5ml</i>	87
<i>ethambutol hcl tab 400 mg</i>	16	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	87
<i>ethosuximide cap 250 mg</i>	57	<i>famotidine preservative free inj 20 mg/2ml</i>	87
<i>ethosuximide soln 250 mg/5ml</i>	57	<i>famotidine tab 20 mg</i>	87
<i>ethynodiol diacetate & ethinyl estradiol tab 1</i>		<i>famotidine tab 40 mg</i>	87
<i>mg-50 mcg</i>	74	FASENRA INJ 10MG/0.5	112
<i>etodolac cap 200 mg</i>	5	FASENRA INJ 30MG/ML	112
<i>etodolac cap 300 mg</i>	5	FASENRA PEN INJ 30MG/ML.....	112
<i>etodolac tab 400 mg</i>	5	FC2 FEMALE MIS CONDOM	74
<i>etodolac tab 500 mg</i>	5	<i>febuxostat tab 40 mg</i>	5
<i>etodolac tab er 24hr 400 mg</i>	5	<i>febuxostat tab 80 mg</i>	5
<i>etodolac tab er 24hr 500 mg</i>	5	<i>felbamate susp 600 mg/5ml</i>	57
<i>etodolac tab er 24hr 600 mg</i>	5	<i>felbamate tab 400 mg</i>	57
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015</i>		<i>felbamate tab 600 mg</i>	57
<i>mg/24hr</i>	74	<i>felodipine tab er 24hr 10 mg</i>	41
<i>etoposide cap 50 mg</i>	31	<i>felodipine tab er 24hr 2.5 mg</i>	41
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	31	<i>felodipine tab er 24hr 5 mg</i>	41
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	31	FEMCAP MIS 22MM.....	74
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	31	FEMCAP MIS 26MM.....	74
<i>etravirine tab 100 mg</i>	14	FEMCAP MIS 30MM.....	74
<i>etravirine tab 200 mg</i>	14	<i>fenofibrate cap 150 mg</i>	36
EUCRISA OIN 2%.....	116	<i>fenofibrate micronized cap 134 mg</i>	36
EVAMIST SPR 1.53MG	79	<i>fenofibrate micronized cap 200 mg</i>	36
<i>everolimus tab 0.25 mg</i>	100	<i>fenofibrate micronized cap 43 mg</i>	36
<i>everolimus tab 0.5 mg</i>	100	<i>fenofibrate micronized cap 67 mg</i>	36
<i>everolimus tab 0.75 mg</i>	100	<i>fenofibrate tab 145 mg</i>	36
<i>everolimus tab 1 mg</i>	100	<i>fenofibrate tab 160 mg</i>	36
<i>everolimus tab 10 mg</i>	28	<i>fenofibrate tab 48 mg</i>	36
<i>everolimus tab 2.5 mg</i>	28	<i>fenofibrate tab 54 mg</i>	36
<i>everolimus tab 5 mg</i>	28	<i>fenopropfen calcium tab 600 mg</i>	5
<i>everolimus tab 7.5 mg</i>	28	<i>fentanyl citrate lozenge on a handle 1200 mcg</i> ..	7
<i>everolimus tab for oral susp 2 mg</i>	28	<i>fentanyl citrate lozenge on a handle 1600 mcg</i> ..	7
<i>everolimus tab for oral susp 3 mg</i>	28	<i>fentanyl citrate lozenge on a handle 200 mcg</i>	7
<i>everolimus tab for oral susp 5 mg</i>	28	<i>fentanyl citrate lozenge on a handle 400 mcg</i>	7
EVOTAZ TAB 300-150	16	<i>fentanyl citrate lozenge on a handle 600 mcg</i>	7
EVRYSDI SOL.....	64	<i>fentanyl citrate lozenge on a handle 800 mcg</i>	7
<i>exemestane tab 25 mg</i>	27	<i>fentanyl td patch 72hr 100 mcg/hr</i>	7
<i>ezetimibe tab 10 mg</i>	36	<i>fentanyl td patch 72hr 12 mcg/hr</i>	7
<i>ezetimibe-simvastatin tab 10-10 mg</i>	38	<i>fentanyl td patch 72hr 25 mcg/hr</i>	7

<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>	90	<i>fluoxetine hcl cap 10 mg</i>	49
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	90	<i>fluoxetine hcl cap 20 mg</i>	50
FETZIMA CAP 120MG	49	<i>fluoxetine hcl cap 40 mg</i>	50
FETZIMA CAP 20MG	49	<i>fluoxetine hcl cap delayed release 90 mg</i>	50
FETZIMA CAP 40MG	49	<i>fluoxetine hcl solution 20 mg/5ml</i>	50
FETZIMA CAP 80MG	49	<i>fluoxetine hcl tab 10 mg</i>	50
FETZIMA CAP TITRATIO	49	<i>fluoxetine hcl tab 20 mg</i>	50
FIASP FLEX INJ TOUCH.....	70	<i>fluphenazine decanoate inj 25 mg/ml</i>	54
FIASP INJ 100/ML	70	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	54
FIASP PENFIL INJ U-100	70	<i>fluphenazine hcl inj 2.5 mg/ml</i>	54
FINACEA AER 15%	119	<i>fluphenazine hcl oral conc 5 mg/ml</i>	54
<i>finasteride tab 5 mg</i>	90	<i>fluphenazine hcl tab 1 mg</i>	54
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	65	<i>fluphenazine hcl tab 10 mg</i>	54
<i>flecainide acetate tab 100 mg</i>	35	<i>fluphenazine hcl tab 2.5 mg</i>	54
<i>flecainide acetate tab 150 mg</i>	35	<i>fluphenazine hcl tab 5 mg</i>	54
<i>flecainide acetate tab 50 mg</i>	35	<i>flurbiprofen sodium ophth soln 0.03%</i>	106
FLEXICHAMBER MIS MASK SM	112	<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>	113
FLUMIST	101	<i>fluticasone-salmeterol aer powder ba 250-50</i> <i>mcg/act</i>	113
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	112	<i>fluticasone-salmeterol aer powder ba 500-50</i> <i>mcg/act</i>	113
<i>fluocinolone acetonide (otic) oil 0.01%</i>	120	<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	37
<i>fluocinolone acetonide cream 0.01%</i>	117	<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	37
<i>fluocinolone acetonide cream 0.025%</i>	117	<i>fluvastatin sodium tab er 24 hr 80 mg (base</i> <i>equivalent)</i>	37
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	117		
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	117		
<i>fluocinolone acetonide oint 0.025%</i>	117		
<i>fluocinolone acetonide soln 0.01%</i>	117		
<i>fluocinonide cream 0.05%</i>	117		
<i>fluocinonide gel 0.05%</i>	117		
<i>fluocinonide oint 0.05%</i>	117		
<i>fluocinonide soln 0.05%</i>	117		
<i>fluoritab</i>	103		

<i>fluvoxamine maleate cap er 24hr 100 mg</i>	46	<i>furosemide inj 10 mg/ml</i>	42
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	46	<i>furosemide oral soln 10 mg/ml</i>	42
<i>fluvoxamine maleate tab 100 mg</i>	46	<i>furosemide oral soln 8 mg/ml</i>	42
<i>fluvoxamine maleate tab 25 mg</i>	46	<i>furosemide tab 20 mg</i>	42
<i>fluvoxamine maleate tab 50 mg</i>	46	<i>furosemide tab 40 mg</i>	42
<i>folic acid cap 0.8 mg</i>	105	<i>furosemide tab 80 mg</i>	43
<i>folic acid tab 1 mg</i>	105	FUZEON INJ 90MG	14
<i>folic acid tab 400 mcg</i>	105	FYCOMPA SUS 0.5MG/ML	57
<i>folic acid tab 800 mcg</i>	105	FYCOMPA TAB 10MG.....	57
<i>fondaparinux sodium subcutaneous inj 10</i>		FYCOMPA TAB 12MG.....	57
<i>mg/0.8ml</i>	92	FYCOMPA TAB 2MG.....	57
<i>fondaparinux sodium subcutaneous inj 2.5</i>		FYCOMPA TAB 4MG.....	57
<i>mg/0.5ml</i>	91	FYCOMPA TAB 6MG.....	57
<i>fondaparinux sodium subcutaneous inj 5</i>		FYCOMPA TAB 8MG.....	57
<i>mg/0.4ml</i>	91	FYLNETRA INJ 6MG/0.6.....	93
<i>fondaparinux sodium subcutaneous inj 7.5</i>		G	
<i>mg/0.6ml</i>	91	<i>gabapentin cap 100 mg</i>	57
<i>formoterol fumarate soln nebu 20 mcg/2ml</i> ...	110	<i>gabapentin cap 300 mg</i>	57
FOSAMAX + D TAB 70-2800.....	72	<i>gabapentin cap 400 mg</i>	57
FOSAMAX + D TAB 70-5600.....	72	<i>gabapentin oral soln 250 mg/5ml</i>	57
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>		<i>gabapentin tab 600 mg</i>	58
.....	14	<i>gabapentin tab 800 mg</i>	58
<i>fosfomycin tromethamine powd pack 3 gm (base</i>		<i>galantamine hydrobromide cap er 24hr 16 mg</i>	47
<i>equivalent)</i>	12	<i>galantamine hydrobromide cap er 24hr 24 mg</i>	47
<i>fosinopril sodium & hydrochlorothiazide tab 10-</i>		<i>galantamine hydrobromide cap er 24hr 8 mg</i> ..	47
<i>12.5 mg</i>	32	<i>galantamine hydrobromide oral soln 4 mg/ml</i> .	47
<i>fosinopril sodium & hydrochlorothiazide tab 20-</i>		<i>galantamine hydrobromide tab 12 mg</i>	47
<i>12.5 mg</i>	32	<i>galantamine hydrobromide tab 4 mg</i>	47
<i>fosinopril sodium tab 10 mg</i>	32	<i>galantamine hydrobromide tab 8 mg</i>	47
<i>fosinopril sodium tab 20 mg</i>	32	GARDASIL 9 INJ	101
<i>fosinopril sodium tab 40 mg</i>	32	<i>gatifloxacin ophth soln 0.5%</i>	106
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin</i>		<i>gavilyte-c</i>	87
<i>equiv)</i>	57	<i>gavilyte-g</i>	87
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin</i>		GAZYVA INJ 25MG/ML.....	26
<i>equiv)</i>	57	<i>gemcitabine hcl for inj 1 gm</i>	25
FRAGMIN INJ 10000/ML.....	92	<i>gemcitabine hcl for inj 2 gm</i>	25
FRAGMIN INJ 12500UNT	92	<i>gemcitabine hcl for inj 200 mg</i>	25
FRAGMIN INJ 15000UNT	92	<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i>	
FRAGMIN INJ 18000UNT	92	<i>(base equiv)</i>	25
FRAGMIN INJ 2500/0.2.....	92	<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i>	
FRAGMIN INJ 2500/ML.....	92	<i>(base equiv)</i>	25
FRAGMIN INJ 5000/0.2.....	92	<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i>	
FRAGMIN INJ 7500/0.3.....	92	<i>(base equiv)</i>	25
FRAGMIN INJ 95000UNT	92	<i>gemfibrozil tab 600 mg</i>	36
<i>frovatriptan succinate tab 2.5 mg (base</i>		GEMTESA TAB 75MG	90
<i>equivalent)</i>	64	<i>generlac</i>	87
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	27	<i>gengraf</i>	100

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	82	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	110
GENOTROPIN INJ 1.4MG	82	<i>guanfacine hcl tab 1 mg</i>	44
GENOTROPIN INJ 1.6MG	82	<i>guanfacine hcl tab 2 mg</i>	44
GENOTROPIN INJ 1.8MG	82	<i>guanfacine hcl tab er 24hr 1 mg (base equiv) ...</i>	61
GENOTROPIN INJ 12MG	82	<i>guanfacine hcl tab er 24hr 2 mg (base equiv) ...</i>	61
GENOTROPIN INJ 1MG	82	<i>guanfacine hcl tab er 24hr 3 mg (base equiv) ...</i>	61
GENOTROPIN INJ 2MG	82	<i>guanfacine hcl tab er 24hr 4 mg (base equiv) ...</i>	61
GENOTROPIN INJ 5MG	82	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>		H	
<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>	54
GLIADEL WAF 7.7MG.....	24	<i>haloperidol decanoate im soln 50 mg/ml</i>	54
<i>glimepiride tab 1 mg</i>	72	<i>haloperidol lactate inj 5 mg/ml.....</i>	54
<i>glimepiride tab 2 mg</i>	72	<i>haloperidol lactate oral conc 2 mg/ml</i>	54
<i>glimepiride tab 4 mg</i>	72	<i>haloperidol tab 0.5 mg.....</i>	54
<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>	69	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	101
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	85	HAVRIX INJ 720UNIT	101
<i>glycopyrrolate oral soln 1 mg/5ml</i>	85	<i>heather</i>	74
<i>glycopyrrolate tab 1 mg</i>	85	HELIDAC MIS THERAPY	89
<i>glycopyrrolate tab 2 mg</i>	85	HEMLIBRA INJ 105/0.7	93
GLYXAMBI TAB 10-5 MG	72	HEMLIBRA INJ 150/ML.....	93
GLYXAMBI TAB 25-5 MG	72	HEMLIBRA INJ 300/2ML.....	93
<i>goodsense aspirin.....</i>	12	HEMLIBRA INJ 30MG/ML.....	93
<i>goodsense nicotine polacr</i>	68	HEMLIBRA INJ 60/0.4.....	93
<i>granisetron hcl inj 1 mg/ml</i>	85	HEMLIBRA SOL 12/0.4ML	93
<i>granisetron hcl tab 1 mg</i>	85	<i>heparin sodium (porcine) inj 1000 unit/ml.....</i>	92

<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>		<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.....	101	<i>hydrocortisone butyrate cream 0.1%</i>	118
HIBERIX SOL 10MCG.....	101	<i>hydrocortisone butyrate oint 0.1%</i>	118
HOLD CHAMBER MIS MEDIUM	112	<i>hydrocortisone butyrate soln 0.1%</i>	118
HUMIRA INJ 10/0.1ML	95	<i>hydrocortisone cream 1%</i>	118
HUMIRA INJ 20/0.2ML	95	<i>hydrocortisone cream 2.5%</i>	118
HUMIRA INJ 40/0.4ML	95	<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>	89
HUMIRA PEN INJ 40MG/0.8	96	<i>hydrocortisone perianal cream 2.5%</i>	89
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	70	<i>hydrocortisone tab 5 mg</i>	81
HUMULIN INJ 70/30KWP.....	70	<i>hydrocortisone valerate cream 0.2%</i>	118
HUMULIN N INJ U-100.....	70	<i>hydrocortisone valerate oint 0.2%</i>	118
HUMULIN N INJ U-100KWP	71	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> ..	120
HUMULIN R INJ U-100	71	<i>hydromet</i>	110
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>	110	<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>	110	<i>hydroxyzine hcl syrup 10 mg/5ml</i>	109
<i>hydrocodone bitart-homatropine methylbromide</i>		<i>hydroxyzine hcl tab 10 mg</i>	109
<i>tab 5-1.5 mg</i>	110	<i>hydroxyzine hcl tab 25 mg</i>	109
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>		<i>hydroxyzine hcl tab 50 mg</i>	109
.....	7	<i>hydroxyzine pamoate cap 100 mg</i>	109
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>		<i>hydroxyzine pamoate cap 25 mg</i>	109
.....	7	<i>hydroxyzine pamoate cap 50 mg</i>	109
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i> 7		HYRIMOZ INJ 10/0.1ML	96
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i> 7		HYRIMOZ INJ 20/0.2ML	96
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i> 7		HYRIMOZ INJ 40/0.4ML	96
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i> 7		HYRIMOZ INJ 40/0.8ML	96
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i> 7		HYRIMOZ INJ 80/0.8ML	96

HYRIMOZ SENS INJ 80/0.8ML	96	IMVEXXY STRT SUP 4MCG	79
HYRIMOZ-CROH INJ UC SP.....	96	<i>inatal gt</i>	104
HYRIMOZ-PED INJ CROHNS	96	INBRIJA CAP 42MG	53
HYRIMOZ-PLAQ INJ PSOR/UVE.....	96	INCRELEX INJ 40MG/4ML.....	83
I		<i>indapamide tab 1.25 mg</i>	43
<i>ibandronate sodium iv soln 3 mg/3ml (base</i>		<i>indapamide tab 2.5 mg</i>	43
<i>equivalent)</i>	72	INFANRIX INJ.....	101
<i>ibandronate sodium tab 150 mg (base</i>		INFLIXIMAB INJ 100MG.....	94
<i>equivalent)</i>	72	INFLUENZA VACCINE.....	101
<i>ibuprofen susp 100 mg/5ml</i>	5	INLYTA TAB 1MG	28
<i>ibuprofen tab 400 mg</i>	5	INLYTA TAB 5MG	28
<i>ibuprofen tab 600 mg</i>	5	INSTA-GLUCOS GEL 77.4%	82
<i>ibuprofen tab 800 mg</i>	5	INSULIN SYRG MIS 1ML/31G.....	77
<i>icatibant acetate subcutaneous soln pref syr 30</i>		INTELENCE TAB 25MG	14
<i>mg/3ml</i>	99	INTRAROSA SUP 6.5MG	83
<i>icosapent ethyl cap 0.5 gm</i>	38	<i>introvale</i>	74
<i>icosapent ethyl cap 1 gm</i>	38	IOPIDINE SOL 1% OP	107
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	24	IPOL INJ INACTIVE	102
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	24	<i>ipratropium bromide inhal soln 0.02%</i>	108
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	24	<i>ipratropium bromide nasal soln 0.03% (21</i>	
IDHIFA TAB 100MG	30	<i>mcg/spray)</i>	108
IDHIFA TAB 50MG	30	<i>ipratropium bromide nasal soln 0.06% (42</i>	
<i>ifosfamide for inj 1 gm</i>	24	<i>mcg/spray)</i>	108
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	24	<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	24	<i>mg/3ml</i>	108
ILEVRO DRO 0.3% OP	106	<i>irbesartan tab 150 mg</i>	34
<i>imatinib mesylate tab 100 mg (base equivalent)</i>		<i>irbesartan tab 300 mg</i>	34
.....	28	<i>irbesartan tab 75 mg</i>	34
<i>imatinib mesylate tab 400 mg (base equivalent)</i>		<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	
.....	28	.....	33
IMBRUVICA CAP 140MG.....	28	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	
IMBRUVICA CAP 70MG.....	28	.....	33
IMBRUVICA SUS 70MG/ML	28	<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	31
IMBRUVICA TAB 140MG.....	28	<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	31
IMBRUVICA TAB 280MG.....	28	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	31
IMBRUVICA TAB 420MG.....	28	<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	31
<i>imipramine hcl tab 10 mg</i>	50	ISENTRESS CHW 100MG	14
<i>imipramine hcl tab 25 mg</i>	50	ISENTRESS CHW 25MG	14
<i>imipramine hcl tab 50 mg</i>	50	ISENTRESS HD TAB 600MG	14
<i>imipramine pamoate cap 100 mg</i>	50	ISENTRESS POW 100MG	14
<i>imipramine pamoate cap 125 mg</i>	50	ISENTRESS TAB 400MG	14
<i>imipramine pamoate cap 150 mg</i>	50	<i>isoniazid inj 100 mg/ml</i>	16
<i>imipramine pamoate cap 75 mg</i>	50	<i>isoniazid syrup 50 mg/5ml</i>	16
<i>imiquimod cream 5%</i>	115	<i>isoniazid tab 100 mg</i>	16
IMVEXXY MAIN SUP 10MCG.....	79	<i>isoniazid tab 300 mg</i>	16
IMVEXXY MAIN SUP 4MCG.....	79	<i>isosorbide dinitrate tab 10 mg</i>	44
IMVEXXY STRT SUP 10MCG	79	<i>isosorbide dinitrate tab 20 mg</i>	44

<i>isosorbide dinitrate tab 30 mg</i>	44	<i>junel fe 24</i>	74
<i>isosorbide dinitrate tab 5 mg</i>	44	JYNNEOS INJ	102
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	43	K	
<i>isosorbide mononitrate tab 10 mg</i>	44	KADCYLA INJ 100MG	26
<i>isosorbide mononitrate tab 20 mg</i>	44	KADCYLA INJ 160MG	26
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	44	KALYDECO GRA 13.4MG	111
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	44	KALYDECO GRA 5.8MG	111
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	44	KALYDECO PAK 25MG	111
<i>isotretinoin cap 10 mg</i>	114	KALYDECO PAK 50MG	111
<i>isotretinoin cap 20 mg</i>	114	KALYDECO PAK 75MG	111
<i>isotretinoin cap 30 mg</i>	114	KALYDECO TAB 150MG	111
<i>isotretinoin cap 40 mg</i>	114	<i>kariva</i>	74
<i>isradipine cap 2.5 mg</i>	41	<i>kelnor 1/35</i>	74
<i>isradipine cap 5 mg</i>	41	KERENDIA TAB 10MG	83
<i>itraconazole cap 100 mg</i>	13	KERENDIA TAB 20MG	83
<i>itraconazole oral soln 10 mg/ml</i>	13	<i>ketoconazole cream 2%</i>	115
IV PREP WIPE PAD	115	<i>ketoconazole shampoo 2%</i>	116
<i>ivabradine hcl tab 5 mg (base equiv)</i>	43	KETO-DIASTIX TES	77
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	43	<i>ketorolac tromethamine im inj 60 mg/2ml (30 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
J		<i>ketorolac tromethamine ophth soln 0.4%</i>	106
JAKAFI TAB 10MG	28	<i>ketorolac tromethamine ophth soln 0.5%</i>	106
JAKAFI TAB 15MG	28	<i>ketorolac tromethamine tab 10 mg</i>	6
JAKAFI TAB 20MG	28	KEVZARA INJ 150/1.14	96
JAKAFI TAB 25MG	28	KEVZARA INJ 200/1.14	97
JAKAFI TAB 5MG	28	KEYTRUDA INJ 100MG/4M	26
<i>jantoven</i>	92	KINRIX INJ	102
JANUMET TAB 50-1000	70	KISQALI TAB 200DOSE	28
JANUMET TAB 50-500MG	70	KISQALI TAB 400DOSE	28
JANUMET XR TAB 100-1000	70	KISQALI TAB 600DOSE	28
JANUMET XR TAB 50-1000	70	<i>klor-con 10</i>	103
JANUMET XR TAB 50-500MG	70	<i>klor-con 8</i>	103
JANUVIA TAB 100MG	70	<i>klor-con m15</i>	103
JANUVIA TAB 25MG	70	<i>kurvelo</i>	74
JANUVIA TAB 50MG	70	KYLEENA IUD 19.5MG	74
JARDIANCE TAB 10MG	72	L	
JARDIANCE TAB 25MG	72	<i>labetalol hcl tab 100 mg</i>	39
JENTADUETO TAB XR	70	<i>labetalol hcl tab 200 mg</i>	39
<i>jinteli</i>	79	<i>labetalol hcl tab 300 mg</i>	39
<i>jolessa</i>	74	<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	58
JUBLIA SOL 10%	115	<i>lacosamide oral solution 10 mg/ml</i>	58
<i>junel 1.5/30</i>	74	<i>lacosamide tab 100 mg</i>	58
<i>junel 1/20</i>	74	<i>lacosamide tab 150 mg</i>	58
<i>junel fe 1.5/30</i>	74	<i>lacosamide tab 200 mg</i>	58
<i>junel fe 1/20</i>	74	<i>lacosamide tab 50 mg</i>	58

<i>lactic acid (ammonium lactate) cream 12%</i>	118	LENVIMA CAP 18 MG	29
<i>lactic acid (ammonium lactate) lotion 12%</i>	118	LENVIMA CAP 20 MG	29
<i>lactulose solution 10 gm/15ml</i>	87	LENVIMA CAP 24 MG	29
<i>lamivudine oral soln 10 mg/ml</i>	14	LENVIMA CAP 4MG	28
<i>lamivudine tab 100 mg (hbv)</i>	19	LENVIMA CAP 8 MG	28
<i>lamivudine tab 150 mg</i>	14	<i>lessina</i>	74
<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
<i>lamotrigine orally disintegrating tab 100 mg</i> ...	58	<i>leucovorin calcium for inj 200 mg</i>	31
<i>lamotrigine orally disintegrating tab 200 mg</i> ...	58	<i>leucovorin calcium for inj 350 mg</i>	31
<i>lamotrigine orally disintegrating tab 25 mg</i>	58	<i>leucovorin calcium for inj 50 mg</i>	31
<i>lamotrigine orally disintegrating tab 50 mg</i>	58	<i>leucovorin calcium for inj 500 mg</i>	31
<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
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter</i>		LEUKERAN TAB 2MG	24
<i>kit</i>	58	<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	27
<i>lamotrigine tab 35 x 25 mg starter kit</i>	58	<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base</i>	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter</i>		<i>equiv)</i>	110
<i>kit</i>	58	<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base</i>	
<i>lamotrigine tab chewable dispersible 25 mg</i>	58	<i>equiv)</i>	110
<i>lamotrigine tab chewable dispersible 5 mg</i>	58	<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base</i>	
<i>lamotrigine tab er 24hr 100 mg</i>	58	<i>equiv)</i>	110
<i>lamotrigine tab er 24hr 200 mg</i>	58	<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	
<i>lamotrigine tab er 24hr 25 mg</i>	58	<i>(base equiv)</i>	110
<i>lamotrigine tab er 24hr 250 mg</i>	58	<i>levalbuterol tartrate inhal aerosol 45 mcg/act</i>	
<i>lamotrigine tab er 24hr 300 mg</i>	58	<i>(base equiv)</i>	110
<i>lamotrigine tab er 24hr 50 mg</i>	58	LEVEMIR INJ	71
LANCING DEVI MIS	77	LEVEMIR INJ FLEXPEN	71
<i>lansoprazole cap delayed release 15 mg</i>	89	<i>levetiracetam in sodium chloride iv soln 1000</i>	
<i>lansoprazole cap delayed release 30 mg</i>	89	<i>mg/100ml</i>	58
<i>lanthanum carbonate chew tab 1000 mg</i>		<i>levetiracetam in sodium chloride iv soln 1500</i>	
<i>(elemental)</i>	83	<i>mg/100ml</i>	58
<i>lanthanum carbonate chew tab 500 mg</i>		<i>levetiracetam in sodium chloride iv soln 500</i>	
<i>(elemental)</i>	83	<i>mg/100ml</i>	58
<i>lanthanum carbonate chew tab 750 mg</i>		<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	58
<i>(elemental)</i>	83	<i>levetiracetam oral soln 100 mg/ml</i>	58
<i>lapatinib ditosylate tab 250 mg (base equiv)</i> ...	28	<i>levetiracetam tab 1000 mg</i>	58
<i>larin 1.5/30</i>	74	<i>levetiracetam tab 250 mg</i>	58
<i>latanoprost ophth soln 0.005%</i>	107	<i>levetiracetam tab 500 mg</i>	58
<i>leena</i>	74	<i>levetiracetam tab 750 mg</i>	58
<i>leflunomide tab 10 mg</i>	99	<i>levetiracetam tab er 24hr 500 mg</i>	58
<i>leflunomide tab 20 mg</i>	99	<i>levetiracetam tab er 24hr 750 mg</i>	58
LENVIMA CAP 10 MG	28	<i>levobunolol hcl ophth soln 0.5%</i>	107
LENVIMA CAP 12MG	28	<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	
LENVIMA CAP 14 MG	29	<i>(0.5 mg/ml)</i>	109

<i>levocetirizine dihydrochloride tab 5 mg</i>	109	<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	118
<i>levofloxacin iv soln 25 mg/ml</i>	19	<i>lidocaine hcl viscous soln 2%</i>	119
<i>levofloxacin oral soln 25 mg/ml</i>	19	<i>lidocaine oint 5%</i>	118
<i>levofloxacin tab 250 mg</i>	19	<i>lidocaine pain relief pat</i>	118
<i>levofloxacin tab 500 mg</i>	19	<i>lidocaine patch 5%</i>	118
<i>levofloxacin tab 750 mg</i>	19	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	118
<i>levonest</i>	74	LILETTA IUD 52MG.....	74
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	74	<i>linezolid for susp 100 mg/5ml</i>	20
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	74	<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	20
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	74	<i>linezolid tab 600 mg</i>	20
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	74	LINZESS CAP 145MCG.....	87
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	74	LINZESS CAP 290MCG.....	87
<i>levora 0.15/30-28</i>	74	LINZESS CAP 72MCG.....	87
<i>levothyroxine sodium tab 100 mcg</i>	84	<i>liothyronine sodium tab 25 mcg</i>	84
<i>levothyroxine sodium tab 112 mcg</i>	84	<i>liothyronine sodium tab 5 mcg</i>	84
<i>levothyroxine sodium tab 125 mcg</i>	84	<i>liothyronine sodium tab 50 mcg</i>	84
<i>levothyroxine sodium tab 137 mcg</i>	84	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> 32	
<i>levothyroxine sodium tab 150 mcg</i>	84	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> 32	
<i>levothyroxine sodium tab 175 mcg</i>	84	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> ..	32
<i>levothyroxine sodium tab 200 mcg</i>	84	<i>lisinopril tab 10 mg</i>	32
<i>levothyroxine sodium tab 25 mcg</i>	84	<i>lisinopril tab 2.5 mg</i>	32
<i>levothyroxine sodium tab 300 mcg</i>	84	<i>lisinopril tab 20 mg</i>	32
<i>levothyroxine sodium tab 50 mcg</i>	84	<i>lisinopril tab 30 mg</i>	32
<i>levothyroxine sodium tab 75 mcg</i>	84	<i>lisinopril tab 40 mg</i>	32
<i>levothyroxine sodium tab 88 mcg</i>	84	<i>lisinopril tab 5 mg</i>	32
<i>levoxyl</i>	84	<i>lithium carbonate cap 150 mg</i>	64
LEXIVA SUS 50MG/ML.....	14	<i>lithium carbonate cap 300 mg</i>	64
<i>lice treatment</i>	119	<i>lithium carbonate cap 600 mg</i>	64
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	35	<i>lithium carbonate tab 300 mg</i>	65
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	35	<i>lithium carbonate tab er 300 mg</i>	65
<i>lidocaine hcl laryngotracheal soln 4%</i>	119	<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.....	74
<i>lidocaine hcl local inj 2%</i>	12	<i>loperamide hcl cap 2 mg</i>	85
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	12	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	16
<i>lidocaine hcl local preservative free (pf) inj 1%</i> ..	12	<i>lopinavir-ritonavir tab 100-25 mg</i>	16
<i>lidocaine hcl local preservative free (pf) inj 2%</i> ..	12	<i>lopinavir-ritonavir tab 200-50 mg</i>	16
<i>lidocaine hcl soln 4%</i>	118	<i>lorazepam conc 2 mg/ml</i>	46
		<i>lorazepam tab 0.5 mg</i>	46
		<i>lorazepam tab 1 mg</i>	46
		<i>lorazepam tab 2 mg</i>	46
		LORBRENA TAB 100MG.....	29
		LORBRENA TAB 25MG.....	29
		<i>loryna</i>	74

<i>losartan potassium & hydrochlorothiazide tab</i>		<i>meclizine hcl tab 25 mg</i>	85
100-12.5 mg	34	<i>meclofenamate sodium cap 100 mg</i>	6
<i>losartan potassium & hydrochlorothiazide tab</i>		<i>meclofenamate sodium cap 50 mg</i>	6
100-25 mg	34	MEDROL TAB 2MG	81
<i>losartan potassium & hydrochlorothiazide tab</i>		<i>medroxyprogesterone acetate im susp 150</i>	
50-12.5 mg	34	mg/ml	74
<i>losartan potassium tab 100 mg</i>	34	<i>medroxyprogesterone acetate im susp prefilled</i>	
<i>losartan potassium tab 25 mg</i>	34	syr 150 mg/ml	74
<i>losartan potassium tab 50 mg</i>	34	<i>medroxyprogesterone acetate tab 10 mg</i>	83
<i>loteprednol etabonate ophth susp 0.5%</i>	106	<i>medroxyprogesterone acetate tab 2.5 mg</i>	83
<i>lovastatin tab 10 mg</i>	37	<i>medroxyprogesterone acetate tab 5 mg</i>	83
<i>lovastatin tab 20 mg</i>	37	<i>mefenamic acid cap 250 mg</i>	6
<i>lovastatin tab 40 mg</i>	37	<i>mefloquine hcl tab 250 mg</i>	13
<i>low-ogestrel</i>	74	<i>megestrol acetate susp 40 mg/ml</i>	84
<i>loxapine succinate cap 10 mg</i>	55	<i>megestrol acetate susp 625 mg/5ml</i>	84
<i>loxapine succinate cap 25 mg</i>	55	<i>megestrol acetate tab 20 mg</i>	27
<i>loxapine succinate cap 5 mg</i>	55	<i>megestrol acetate tab 40 mg</i>	27
<i>loxapine succinate cap 50 mg</i>	55	MEKINIST SOL 0.05/ML	29
<i>lubiprostone cap 24 mcg</i>	87	MEKINIST TAB 0.5MG	29
<i>lubiprostone cap 8 mcg</i>	87	MEKINIST TAB 2MG	29
<i>luliconazole cream 1%</i>	115	<i>meloxicam tab 15 mg</i>	6
LUMIGAN SOL 0.01% OP	107	<i>meloxicam tab 7.5 mg</i>	6
<i>lurasidone hcl tab 120 mg</i>	55	<i>melphalan hcl for inj 50 mg (base equiv)</i>	24
<i>lurasidone hcl tab 20 mg</i>	55	<i>melphalan tab 2 mg</i>	24
<i>lurasidone hcl tab 40 mg</i>	55	<i>memantine hcl cap er 24hr 14 mg</i>	47
<i>lurasidone hcl tab 60 mg</i>	55	<i>memantine hcl cap er 24hr 21 mg</i>	47
<i>lurasidone hcl tab 80 mg</i>	55	<i>memantine hcl cap er 24hr 28 mg</i>	47
<i>lutera</i>	74	<i>memantine hcl cap er 24hr 7 mg</i>	47
LYNPARZA TAB 100MG	30	<i>memantine hcl oral solution 2 mg/ml</i>	47
LYNPARZA TAB 150MG	30	<i>memantine hcl tab 10 mg</i>	47
LYSODREN TAB 500MG	27	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i>	
M		<i>titration pack</i>	47
<i>magnesium sulfate in dextrose 5% iv soln 1</i>		<i>memantine hcl tab 5 mg</i>	47
<i>gm/100ml</i>	103	MENACTRA INJ	102
<i>magnesium sulfate inj 50%</i>	103	MENEST TAB 0.3MG	79
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>		MENEST TAB 0.625MG	79
.....	103	MENEST TAB 1.25MG	80
<i>malathion lotion 0.5%</i>	119	MENEST TAB 2.5MG	80
<i>mannitol iv soln 20%</i>	43	MENQUADFI INJ	102
<i>mannitol iv soln 25%</i>	43	MENTAX CRE 1%	115
<i>maraviroc tab 150 mg</i>	14	MENVEO INJ	102
<i>maraviroc tab 300 mg</i>	14	MENVEO SOL	102
<i>marlissa</i>	74	<i>meprobamate tab 200 mg</i>	46
MARPLAN TAB 10MG	50	<i>meprobamate tab 400 mg</i>	46
MATULANE CAP 50MG	24	<i>mercaptopurine tab 50 mg</i>	25
<i>matzim la</i>	41	<i>meropenem iv for soln 1 gm</i>	20
<i>meclizine hcl tab 12.5 mg</i>	85	<i>meropenem iv for soln 500 mg</i>	21

<i>mesalamine cap dr 400 mg</i>	87	<i>methsuximide cap 300 mg</i>	58
<i>mesalamine cap er 24hr 0.375 gm</i>	87	<i>methyl dopa tab 250 mg</i>	44
<i>mesalamine enema 4 gm</i>	87	<i>methyl dopa tab 500 mg</i>	44
<i>mesalamine rectal enema 4 gm & cleanser wipe 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>	61
<i>metformin hcl tab 1000 mg</i>	69	<i>methylphenidate hcl cap er 40 mg (cd)</i>	61
<i>metformin hcl tab 500 mg</i>	69	<i>methylphenidate hcl cap er 50 mg (cd)</i>	61
<i>metformin hcl tab 850 mg</i>	69	<i>methylphenidate hcl cap er 60 mg (cd)</i>	61
<i>metformin hcl tab er 24hr 500 mg</i>	69	<i>methylphenidate hcl chew tab 10 mg</i>	61
<i>metformin hcl tab er 24hr 750 mg</i>	69	<i>methylphenidate hcl chew tab 2.5 mg</i>	61
<i>methadone hcl conc 10 mg/ml</i>	8	<i>methylphenidate hcl chew tab 5 mg</i>	61
<i>methadone hcl soln 10 mg/5ml</i>	8	<i>methylphenidate hcl soln 10 mg/5ml</i>	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) 18 mg</i>	62
<i>methazolamide tab 25 mg</i>	43	<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	62
<i>methazolamide tab 50 mg</i>	43	<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	62
<i>methenamine hippurate tab 1 gm</i>	21	<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	62
<i>methimazole tab 10 mg</i>	84	<i>methylprednisolone acetate inj susp 40 mg/ml</i>	81
<i>methimazole tab 5 mg</i>	84	<i>methylprednisolone acetate inj susp 80 mg/ml</i>	81
<i>methocarbamol tab 500 mg</i>	66	<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	81
<i>methocarbamol tab 750 mg</i>	66	<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	81
<i>methotrexate sodium for inj 1 gm</i>	25	<i>methylprednisolone tab 16 mg</i>	81
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	25	<i>methylprednisolone tab 32 mg</i>	81
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	25	<i>methylprednisolone tab 4 mg</i>	81
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	25	<i>methylprednisolone tab 8 mg</i>	81
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	25	<i>methylprednisolone tab therapy pack 4 mg (21)</i>	81
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	25	<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	86
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	99	<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	86
<i>methoxsalen rapid cap 10 mg</i>	116		
<i>methscopolamine bromide tab 2.5 mg</i>	85		
<i>methscopolamine bromide tab 5 mg</i>	85		

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i> <i>(base equiv)</i>	86	<i>minocycline hcl tab 100 mg</i>	23
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	86	<i>minocycline hcl tab 50 mg</i>	23
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	86	<i>minocycline hcl tab 75 mg</i>	23
<i>metolazone tab 10 mg</i>	43	<i>minoxidil tab 10 mg</i>	44
<i>metolazone tab 2.5 mg</i>	43	<i>minoxidil tab 2.5 mg</i>	44
<i>metolazone tab 5 mg</i>	43	<i>mirabegron tab er 24 hr 25 mg</i>	90
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	39	<i>mirabegron tab er 24 hr 50 mg</i>	90
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	39	MIRCERA INJ 100MCG	93
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	39	MIRCERA INJ 120MCG	93
<i>metoprolol succinate tab er 24hr 100 mg</i> <i>(tartrate equiv)</i>	39	MIRCERA INJ 150MCG	93
<i>metoprolol succinate tab er 24hr 200 mg</i> <i>(tartrate equiv)</i>	39	MIRCERA INJ 200MCG	93
<i>metoprolol succinate tab er 24hr 25 mg (tartrate</i> <i>equiv)</i>	39	MIRCERA INJ 30MCG	93
<i>metoprolol succinate tab er 24hr 50 mg (tartrate</i> <i>equiv)</i>	39	MIRCERA INJ 50MCG	93
<i>metoprolol tartrate tab 100 mg</i>	39	MIRCERA INJ 75MCG	93
<i>metoprolol tartrate tab 25 mg</i>	39	MIRENA IUD SYSTEM	75
<i>metoprolol tartrate tab 50 mg</i>	39	<i>mirtazapine orally disintegrating tab 15 mg</i>	50
<i>metronidazole cap 375 mg</i>	21	<i>mirtazapine orally disintegrating tab 30 mg</i>	50
<i>metronidazole cream 0.75%</i>	119	<i>mirtazapine orally disintegrating tab 45 mg</i>	50
<i>metronidazole gel 0.75%</i>	119	<i>mirtazapine tab 15 mg</i>	50
<i>metronidazole gel 1%</i>	119	<i>mirtazapine tab 30 mg</i>	50
<i>metronidazole iv soln 500 mg/100ml</i>	21	<i>mirtazapine tab 45 mg</i>	50
<i>metronidazole lotion 0.75%</i>	119	<i>mirtazapine tab 7.5 mg</i>	50
<i>metronidazole tab 250 mg</i>	21	<i>misoprostol tab 100 mcg</i>	88
<i>metronidazole tab 500 mg</i>	21	<i>misoprostol tab 200 mcg</i>	88
<i>metronidazole vaginal gel 0.75%</i>	91	<i>mitomycin for iv soln 20 mg</i>	24
<i>miconazole 3</i>	91	<i>mitomycin for iv soln 40 mg</i>	24
<i>microgestin 1.5/30</i>	75	<i>mitomycin for iv soln 5 mg</i>	24
<i>midodrine hcl tab 10 mg</i>	44	<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	24
<i>midodrine hcl tab 2.5 mg</i>	44	<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2</i> <i>mg/ml)</i>	24
<i>midodrine hcl tab 5 mg</i>	44	<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	24
<i>miglitol tab 100 mg</i>	69	M-M-R II INJ	102
<i>miglitol tab 25 mg</i>	69	<i>modafinil tab 100 mg</i>	66
<i>miglitol tab 50 mg</i>	69	<i>modafinil tab 200 mg</i>	66
<i>mimvey</i>	80	MODERNA INJ 2024-25.....	102
<i>minocycline hcl cap 100 mg</i>	23	MODERNA INJ 6MO-11Y	102
<i>minocycline hcl cap 50 mg</i>	23	<i>moexipril hcl tab 15 mg</i>	32
<i>minocycline hcl cap 75 mg</i>	23	<i>moexipril hcl tab 7.5 mg</i>	32
		<i>mometasone furoate cream 0.1%</i>	118
		<i>mometasone furoate nasal susp 50 mcg/act</i> ..	112
		<i>mometasone furoate oint 0.1%</i>	118
		<i>mometasone furoate solution 0.1% (lotion)</i> ..	118
		<i>monoject sodium chloride</i>	103
		<i>mono-lynyah</i>	75

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	111	<i>mycophenolate mofetil cap 250 mg</i>	100
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	111	<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	100
<i>montelukast sodium oral granules packet 4 mg</i> <i>(base equiv)</i>	111	<i>mycophenolate mofetil hcl for iv soln 500 mg</i> <i>(base equiv)</i>	100
<i>montelukast sodium tab 10 mg (base equiv)</i> ...	111	<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	90
<i>morphine sulfate beads cap er 24hr 90 mg</i>	8	MYRBETRIQ TAB 25MG.....	90
<i>morphine sulfate cap er 24hr 10 mg</i>	9	MYRBETRIQ TAB 50MG.....	90
<i>morphine sulfate cap er 24hr 100 mg</i>	9	N	
<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>	39
<i>morphine sulfate cap er 24hr 60 mg</i>	9	<i>nadolol tab 40 mg</i>	39
<i>morphine sulfate cap er 24hr 80 mg</i>	9	<i>nadolol tab 80 mg</i>	39
<i>morphine sulfate iv soln 10 mg/ml</i>	9	<i>nafrinse drops</i>	103
<i>morphine sulfate iv soln 4 mg/ml</i>	9	<i>naftifine hcl cream 1%</i>	115
<i>morphine sulfate oral soln 10 mg/5ml</i>	9	<i>naftifine hcl cream 2%</i>	115
<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	85	<i>naproxen tab 375 mg</i>	6
MOVANTIK TAB 12.5MG	88	<i>naproxen tab 500 mg</i>	6
MOVANTIK TAB 25MG	88	<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
MRESVIA INJ 50MCG	102	<i>nateglinide tab 120 mg</i>	71
MULTAQ TAB 400MG	35	<i>nateglinide tab 60 mg</i>	71
<i>multivitamin/fluoride</i>	105	NAYZILAM SPR 5MG	58
<i>multi-vitamin/fluoride dr</i>	105	<i>nebivolol hcl tab 10 mg (base equivalent)</i>	40
<i>multi-vitamin/fluoride/ir</i>	105	<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	39
<i>mupirocin oint 2%</i>	115	<i>nebivolol hcl tab 20 mg (base equivalent)</i>	40
MYALEPT INJ 11.3MG.....	77	<i>nebivolol hcl tab 5 mg (base equivalent)</i>	39
		<i>necon 0.5/35-28</i>	75

<i>nefazodone hcl tab 100 mg</i>	50	<i>nicotine td patch 24hr 7 mg/24hr</i>	68
<i>nefazodone hcl tab 150 mg</i>	50	NICOTROL INH	68
<i>nefazodone hcl tab 200 mg</i>	50	NICOTROL NS SPR 10MG/ML.....	68
<i>nefazodone hcl tab 250 mg</i>	50	<i>nifedipine tab er 24hr 30 mg</i>	41
<i>nefazodone hcl tab 50 mg</i>	50	<i>nifedipine tab er 24hr 60 mg</i>	41
<i>neomycin sulfate tab 500 mg</i>	12	<i>nifedipine tab er 24hr 90 mg</i>	41
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt- 10000unt op oin</i>	106	<i>nifedipine tab er 24hr osmotic release 30 mg...</i>	41
<i>neomycin-polymy-gramicid op sol 1.75-10000- 0.025mg-unt-mg/ml</i>	106	<i>nifedipine tab er 24hr osmotic release 60 mg...</i>	41
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	105	<i>nifedipine tab er 24hr osmotic release 90 mg...</i>	41
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	105	<i>nikki</i>	75
<i>neomycin-polymyxin-hc ophth susp</i>	105	<i>nilutamide tab 150 mg</i>	27
<i>neomycin-polymyxin-hc otic soln 1%</i>	120	<i>nimodipine cap 30 mg</i>	41
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml- 10000 unit/ml-1%</i>	120	NIPENT INJ 10MG	30
NEORAL CAP 100MG	100	<i>nisoldipine tab er 24hr 17 mg</i>	41
NEORAL CAP 25MG	100	<i>nisoldipine tab er 24hr 20 mg</i>	41
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>	41
NEUPRO DIS 6MG/24HR.....	53	<i>nitazoxanide tab 500 mg</i>	21
NEUPRO DIS 8MG/24HR.....	53	<i>nitisinone cap 10 mg</i>	82
NEVANAC SUS 0.1% OP	106	<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>	118
<i>nicardipine hcl cap 20 mg</i>	41	<i>nitroglycerin sl tab 0.3 mg</i>	44
<i>nicardipine hcl cap 30 mg</i>	41	<i>nitroglycerin sl tab 0.4 mg</i>	44
<i>nicotine polacrilex gum 2 mg</i>	68	<i>nitroglycerin sl tab 0.6 mg</i>	44
<i>nicotine polacrilex gum 4 mg</i>	68	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	44
<i>nicotine polacrilex lozenge 2 mg</i>	68	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	44
<i>nicotine step 3</i>	68	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	44
<i>nicotine td patch 24hr 14 mg/24hr</i>	68	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	44
<i>nicotine td patch 24hr 21 mg/24hr</i>	68	<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	44
		NIVESTYM INJ 300/0.5	93
		NIVESTYM INJ 300MCG.....	93
		NIVESTYM INJ 480/0.8	93

NIVESTYM INJ 480MCG	93	NOVOLIN R INJ 100 UNIT	71
<i>nizatidine cap 150 mg</i>	87	NOVOLIN R INJ U-100	71
<i>nizatidine cap 300 mg</i>	87	NOVOLOG INJ 100/ML	71
<i>nora-be</i>	75	NOVOLOG INJ FLEXPEN	71
NORDIPEN 5 MIS DEVICE	82	NOVOLOG INJ PENFILL	71
NORDIPEN DEL MIS SYSTEM	82	NOVOLOG MIX INJ 70/30	71
NORDITROPIN INJ 10/1.5ML	82	NOVOLOG MIX INJ FLEXPEN	71
NORDITROPIN INJ 15/1.5ML	82	NUBEQA TAB 300MG	27
NORDITROPIN INJ 30/3ML	82	NUCYNTA ER TAB 100MG	9
NORDITROPIN INJ 5/1.5ML	82	NUCYNTA ER TAB 150MG	9
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4</i>		NUCYNTA ER TAB 200MG	9
<i>mg-35 mcg</i>	75	NUCYNTA ER TAB 250MG	9
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8</i>		NUCYNTA ER TAB 50MG	9
<i>mg-25 mcg</i>	75	NUCYNTA TAB 100MG	10
<i>norethindrone ace & 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>	115
<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>	115
<i>norethindrone tab 0.35 mg</i>	75	<i>nystatin oint 100000 unit/gm</i>	115
<i>norgesic</i>	66	<i>nystatin susp 100000 unit/ml</i>	119
<i>norgestimate & 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>	115
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i>		<i>nystatin-triamcinolone cream 100000-0.1</i>	
<i>25/0.25-25 mg-mcg</i>	75	<i>unit/gm-%</i>	115
<i>norgestimate-eth estrad tab 0.18-35/0.215-</i>		<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-</i>	
<i>35/0.25-35 mg-mcg</i>	75	<i>%</i>	115
NORPACE CAP 100MG CR	35	<i>nystop</i>	115
NORPACE CAP 150MG CR	35	NYVEPRIA INJ 6/0.6ML	93
<i>nortrel 0.5/35 (28)</i>	75	O	
<i>nortrel 1/35</i>	75	<i>ocella</i>	75
<i>nortrel 7/7/7</i>	75	<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	68
<i>nortriptyline hcl cap 10 mg</i>	50	<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	68
<i>nortriptyline hcl cap 25 mg</i>	50	<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	68
<i>nortriptyline hcl cap 50 mg</i>	51	<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	68
<i>nortriptyline hcl cap 75 mg</i>	51	<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	68
<i>nortriptyline hcl soln 10 mg/5ml</i>	51	<i>octreotide acetate subcutaneous soln pref syr</i>	
NORVIR POW 100MG	14	<i>100 mcg/ml</i>	69
NOVAVAX INJ 2023-24	102	<i>octreotide acetate subcutaneous soln pref syr 50</i>	
NOVAVAX INJ 2024-25	102	<i>mcg/ml</i>	69
NOVOFINE MIS 32GX6MM	77	<i>octreotide acetate subcutaneous soln pref syr</i>	
NOVOLIN INJ 70/30	71	<i>500 mcg/ml</i>	69
NOVOLIN INJ 70/30 FP	71	ODEFSEY TAB	16
NOVOLIN N INJ 100 UNIT	71	ODOMZO CAP 200MG	30
NOVOLIN N INJ U-100	71	OFEV CAP 100MG	112

OFEV CAP 150MG.....	112	<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	89
<i>ofloxacin ophth soln 0.3%</i>	106	OMNARIS SPR	112
<i>ofloxacin otic soln 0.3%</i>	120	OMNIFLEX DPR	75
<i>ofloxacin tab 300 mg</i>	19	OMNIPOD 5 DEXG7G6 INTRO K	77
<i>ofloxacin tab 400 mg</i>	19	OMNIPOD 5 DEXG7G6 PODS (G.....	77
<i>olanzapine for im inj 10 mg</i>	55	OMNIPOD 5 G7 KIT INTRO	77
<i>olanzapine orally disintegrating tab 10 mg</i>	55	OMNIPOD 5 G7 MIS PODS	77
<i>olanzapine orally disintegrating tab 15 mg</i>	55	OMNIPOD DASH KIT INTRO	77
<i>olanzapine orally disintegrating tab 20 mg</i>	55	OMNIPOD DASH KIT PDM.....	77
<i>olanzapine orally disintegrating tab 5 mg</i>	55	OMNIPOD DASH MIS PODS.....	77
<i>olanzapine tab 10 mg</i>	55	ONCASPAR INJ 750/ML.....	30
<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
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	34	ONETOUCH KIT ULT MINI	77
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	34	ONETOUCH KIT ULTRA 2.....	77
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	34	ONETOUCH KIT VERIO	77
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	34	ONETOUCH KIT VERIO FL.....	77
<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>	109	ONETOUCH SOL KIT FIT.....	77
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	106	ONETOUCH SOL KIT REFILL	77
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	107	ONETOUCH SOL KIT STARTER	77
<i>omega-3-acid ethyl esters cap 1 gm</i>	38	ONETOUCH TES ULTRA	77
<i>omeprazole cap delayed release 10 mg</i>	89	ONETOUCH TES VERIO.....	77
<i>omeprazole cap delayed release 20 mg</i>	89	ONETOUCH ULTRA.....	77
<i>omeprazole cap delayed release 40 mg</i>	89	ONGENTYS CAP 25MG	53
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	89	ONGENTYS CAP 50MG	53
		OPILL TAB 0.075MG.....	75
		OPSUMIT TAB 10MG.....	45
		<i>oralone dental paste</i>	119
		ORAVIG TAB 50MG	119
		ORENITRAM TAB 0.125MG	45
		ORENITRAM TAB 0.25MG	45
		ORENITRAM TAB 1MG.....	45
		ORENITRAM TAB 2.5MG.....	45
		ORENITRAM TAB 5MG.....	45
		ORENITRAM TAB MONTH 1	45
		ORENITRAM TAB MONTH 2	45

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	77	<i>oxycodone hcl tab 30 mg</i>	10
ORLISSA TAB 200MG	77	<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 cap 75 mg (base equiv)</i>	17	<i>oxymorphone hcl tab 5 mg</i>	10
<i>oseltamivir phosphate for susp 6 mg/ml (base 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
OSMOPREP TAB 1.5GM.....	88	<i>oxymorphone hcl tab er 12hr 20 mg</i>	11
OSPHENA TAB 60MG.....	83	<i>oxymorphone hcl tab er 12hr 30 mg</i>	11
OTEZLA TAB 10/20	97	<i>oxymorphone hcl tab er 12hr 40 mg</i>	11
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	P	
<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>	46	<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> ...	58	<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>	115	<i>pamidronate disodium iv soln 3 mg/ml</i>	72
<i>oxybutynin chloride solution 5 mg/5ml</i>	91	PANDA MASK MIS PEDIATRI	112
<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>oxybutynin chloride tab er 24hr 15 mg</i>	91	<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	91	.....	89
<i>oxycodone hcl cap 5 mg</i>	10	PARAGARD IUD T380A.....	75
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> ...	10	<i>paraplatin</i>	31
<i>oxycodone hcl soln 5 mg/5ml</i>	10	<i>paricalcitol cap 1 mcg</i>	105
<i>oxycodone hcl tab 10 mg</i>	10	<i>paricalcitol cap 2 mcg</i>	105
		<i>paricalcitol cap 4 mcg</i>	105

<i>paroxetine hcl tab 10 mg</i>	51	<i>perphenazine-amitriptyline tab 2-10 mg</i>	67
<i>paroxetine hcl tab 20 mg</i>	51	<i>perphenazine-amitriptyline tab 2-25 mg</i>	67
<i>paroxetine hcl tab 30 mg</i>	51	<i>perphenazine-amitriptyline tab 4-10 mg</i>	67
<i>paroxetine hcl tab 40 mg</i>	51	<i>perphenazine-amitriptyline tab 4-25 mg</i>	67
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	51	<i>perphenazine-amitriptyline tab 4-50 mg</i>	68
<i>paroxetine hcl tab er 24hr 25 mg</i>	51	PFIZER 5-11Y INJ 2023-24	102
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	51	PFIZER 6M-4Y INJ 2023-24	102
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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>236 gm</i>	88	<i>phenobarbital tab 16.2 mg</i>	59
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for</i> <i>soln 100 gm</i>	88	<i>phenobarbital tab 30 mg</i>	59
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> ..	88	<i>phenobarbital tab 32.4 mg</i>	59
PEGASYS INJ	20	<i>phenobarbital tab 60 mg</i>	59
PEGASYS INJ 180MCG/M.....	20	<i>phenobarbital tab 64.8 mg</i>	59
PEG-PREP KIT.....	88	<i>phenobarbital tab 97.2 mg</i>	59
<i>pemetrexed disodium for iv soln 100 mg (base</i> <i>equiv)</i>	25	<i>phenoxybenzamine hcl cap 10 mg</i>	44
<i>pemetrexed disodium for iv soln 500 mg (base</i> <i>equiv)</i>	25	<i>phenylephrine hcl ophth soln 10%</i>	107
PENBRAYA INJ	102	<i>phenylephrine hcl ophth soln 2.5%</i>	107
<i>peniclovir cream 1%</i>	118	<i>phenytoin infatabs</i>	59
<i>penicillin g potassium for inj 20000000 unit</i>	22	<i>phenytoin sodium extended cap 100 mg</i>	59
<i>penicillin g potassium for inj 5000000 unit</i>	22	<i>phenytoin sodium extended cap 200 mg</i>	59
<i>penicillin g sodium for inj 5000000 unit</i>	22	<i>phenytoin sodium extended cap 300 mg</i>	59
<i>penicillin v potassium for soln 125 mg/5ml</i>	22	<i>phenytoin sodium inj 50 mg/ml</i>	59
<i>penicillin v potassium for soln 250 mg/5ml</i>	22	<i>phenytoin susp 125 mg/5ml</i>	59
<i>penicillin v potassium tab 250 mg</i>	22	PHEXXI GEL	90
<i>penicillin v potassium tab 500 mg</i>	22	PHOSLYRA SOL.....	83
PENTACEL INJ	102	PHOSPHOLINE SOL 0.125%OP	107
<i>pentamidine isethionate for inj soln 300 mg</i>	21	PHOTOFRIN INJ 75MG	30
<i>pentamidine isethionate for nebulization soln 300</i> <i>mg</i>	21	<i>physiolyte</i>	108
<i>pentoxifylline tab er 400 mg</i>	93	<i>physiosol irrigation</i>	108
<i>perindopril erbumine tab 2 mg</i>	32	<i>phytonadione tab 5 mg</i>	105
<i>perindopril erbumine tab 4 mg</i>	32	<i>pilocarpine hcl ophth soln 1%</i>	107
<i>perindopril erbumine tab 8 mg</i>	33	<i>pilocarpine hcl tab 5 mg</i>	119
<i>periogard</i>	119	<i>pilocarpine hcl tab 7.5 mg</i>	119
<i>permethrin cream 5%</i>	119	<i>pimecrolimus cream 1%</i>	116
<i>perphenazine tab 16 mg</i>	55	<i>pimozide tab 1 mg</i>	68
<i>perphenazine tab 2 mg</i>	55	<i>pimozide tab 2 mg</i>	68
<i>perphenazine tab 4 mg</i>	55	<i>pindolol tab 10 mg</i>	40
<i>perphenazine tab 8 mg</i>	55	<i>pindolol tab 5 mg</i>	40
		<i>pioglitazone hcl tab 15 mg (base equiv)</i>	71
		<i>pioglitazone hcl tab 30 mg (base equiv)</i>	71
		<i>pioglitazone hcl tab 45 mg (base equiv)</i>	71
		<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	71
		<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	71

<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	71	<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	71	.....	104
<i>piperacillin sod-tazobactam na for inj 3.375 gm</i>		<i>potassium chloride tab er 10 meq</i>	104
<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>	90
<i>piperacillin sod-tazobactam sod for inj 40.5 gm</i>		<i>potassium citrate tab er 15 meq (1620 mg)</i>	90
<i>(36-4.5 gm)</i>	22	<i>potassium citrate tab er 5 meq (540 mg)</i>	90
<i>pirfenidone cap 267 mg</i>	112	PRADAXA CAP 75MG	92
<i>pirfenidone tab 267 mg</i>	112	<i>pramipexole dihydrochloride tab 0.125 mg</i>	53
<i>pirfenidone tab 801 mg</i>	112	<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>	104	.....	53
<i>pnv-select</i>	104	<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>	75	<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>	103	PRED SOD PHO SOL 1% OP	106
<i>potassium chloride inj 2 meq/ml</i>	104	<i>prednisolone acetate ophth susp 1%</i>	106
<i>potassium chloride microencapsulated crys er tab</i>		<i>prednisolone sod phos orally disintegr tab 10 mg</i>	
<i>10 meq</i>	104	<i>(base eq)</i>	81
<i>potassium chloride microencapsulated crys er tab</i>		<i>prednisolone sod phos orally disintegr tab 15 mg</i>	
<i>20 meq</i>	104	<i>(base eq)</i>	81
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>		<i>prednisolone sod phos orally disintegr tab 30 mg</i>	
.....	104	<i>(base eq)</i>	81

<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	81	<i>primidone tab 250 mg</i>	59
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	81	<i>primidone tab 50 mg</i>	59
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	81	PRIORIX INJ	102
<i>prednisolone soln 15 mg/5ml</i>	81	<i>probenecid tab 500 mg</i>	5
PREDNISON CON 5MG/ML	81	<i>procainamide hcl inj 100 mg/ml</i>	35
<i>prednisone oral soln 5 mg/5ml</i>	81	<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	86
<i>prednisone tab 1 mg</i>	81	<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	86
<i>prednisone tab 10 mg</i>	81	<i>prochlorperazine suppos 25 mg</i>	86
<i>prednisone tab 2.5 mg</i>	81	<i>proctozone-hc</i>	89
<i>prednisone tab 20 mg</i>	81	<i>progesterone cap 100 mg</i>	84
<i>prednisone tab 5 mg</i>	81	<i>progesterone cap 200 mg</i>	84
<i>prednisone tab 50 mg</i>	81	PROGRAF CAP 0.5MG	100
<i>prednisone tab therapy pack 10 mg (21)</i>	82	PROGRAF CAP 1MG	100
<i>prednisone tab therapy pack 10 mg (48)</i>	82	PROGRAF CAP 5MG	100
<i>prednisone tab therapy pack 5 mg (21)</i>	82	PROGRAF GRA 0.2MG	100
<i>prednisone tab therapy pack 5 mg (48)</i>	82	PROGRAF GRA 1MG	100
<i>pregabalin cap 100 mg</i>	59	PROGRAF INJ 5MG/ML	100
<i>pregabalin cap 150 mg</i>	59	PROLASTIN-C INJ 1000MG	108
<i>pregabalin cap 200 mg</i>	59	PROLIA INJ 60MG/ML	73
<i>pregabalin cap 225 mg</i>	59	<i>promethazine hcl inj 25 mg/ml</i>	86
<i>pregabalin cap 25 mg</i>	59	<i>promethazine hcl inj 50 mg/ml</i>	86
<i>pregabalin cap 300 mg</i>	59	<i>promethazine hcl oral soln 6.25 mg/5ml</i>	86
<i>pregabalin cap 50 mg</i>	59	<i>promethazine hcl suppos 12.5 mg</i>	86
<i>pregabalin cap 75 mg</i>	59	<i>promethazine hcl suppos 25 mg</i>	86
<i>pregabalin soln 20 mg/ml</i>	59	<i>promethazine hcl tab 12.5 mg</i>	86
PREHEVBRIO SUS 10MCG/ML	102	<i>promethazine hcl tab 25 mg</i>	86
PREMARIN TAB 0.3MG	80	<i>promethazine hcl tab 50 mg</i>	86
PREMARIN TAB 0.45MG	80	<i>promethazine vc</i>	110
PREMARIN TAB 0.625MG	80	<i>promethazine vc/codeine</i>	110
PREMARIN TAB 0.9MG	80	<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	110
PREMARIN TAB 1.25MG	80	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	110
PREMARIN VAG CRE 0.625MG	80	<i>promethagan</i>	86
<i>prenatal 19</i>	104	<i>propafenone hcl cap er 12hr 225 mg</i>	35
PRETOMANID TAB 200MG	16	<i>propafenone hcl cap er 12hr 325 mg</i>	35
<i>prevalite</i>	36	<i>propafenone hcl cap er 12hr 425 mg</i>	35
PREVNAR 13 INJ	102	<i>propafenone hcl tab 150 mg</i>	35
PREVNAR 20 INJ	102	<i>propafenone hcl tab 225 mg</i>	35
PREZCOBIX TAB 800-150	16	<i>propafenone hcl tab 300 mg</i>	35
PREZISTA SUS 100MG/ML	14	<i>proparacaine hcl ophth soln 0.5%</i>	107
PREZISTA TAB 150MG	14	<i>propranolol hcl cap er 24hr 120 mg</i>	40
PREZISTA TAB 75MG	14	<i>propranolol hcl cap er 24hr 160 mg</i>	40
PRIFTIN TAB 150MG	16	<i>propranolol hcl cap er 24hr 60 mg</i>	40
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	13	<i>propranolol hcl cap er 24hr 80 mg</i>	40
		<i>propranolol hcl oral soln 20 mg/5ml</i>	40

<i>propranolol hcl oral soln 40 mg/5ml</i>	40
<i>propranolol hcl tab 10 mg</i>	40
<i>propranolol hcl tab 20 mg</i>	40
<i>propranolol hcl tab 40 mg</i>	40
<i>propranolol hcl tab 60 mg</i>	40
<i>propranolol hcl tab 80 mg</i>	40
<i>propylthiouracil tab 50 mg</i>	84
PROQUAD INJ	102
<i>protriptyline hcl tab 10 mg</i>	51
<i>protriptyline hcl tab 5 mg</i>	51
<i>pseudoephed-bromphen-dm syrup 30-2-10</i> <i>mg/5ml</i>	110
<i>pyrazinamide tab 500 mg</i>	16
<i>pyridostigmine bromide oral soln 60 mg/5ml</i> ..	65
<i>pyridostigmine bromide tab 60 mg</i>	65
<i>pyridostigmine bromide tab er 180 mg</i>	65
<i>pyridoxine hcl tab 25 mg</i>	105
<i>pyridoxine hcl tab 50 mg</i>	105
<i>pyrimethamine tab 25 mg</i>	21
Q	
QUADRACEL INJ.....	102
QUADRACEL INJ 0.5ML.....	102
<i>quetiapine fumarate tab 100 mg</i>	55
<i>quetiapine fumarate tab 200 mg</i>	55
<i>quetiapine fumarate tab 25 mg</i>	55
<i>quetiapine fumarate tab 300 mg</i>	55
<i>quetiapine fumarate tab 400 mg</i>	55
<i>quetiapine fumarate tab 50 mg</i>	55
<i>quetiapine fumarate tab er 24hr 150 mg</i>	55
<i>quetiapine fumarate tab er 24hr 200 mg</i>	55
<i>quetiapine fumarate tab er 24hr 300 mg</i>	55
<i>quetiapine fumarate tab er 24hr 400 mg</i>	55
<i>quetiapine fumarate tab er 24hr 50 mg</i>	55
<i>quinapril hcl tab 10 mg</i>	33
<i>quinapril hcl tab 20 mg</i>	33
<i>quinapril hcl tab 40 mg</i>	33
<i>quinapril hcl tab 5 mg</i>	33
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> .	32
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> .	32
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	32
<i>quinine sulfate cap 324 mg</i>	13
QULIPTA TAB 10MG	64
QULIPTA TAB 30MG	64
QULIPTA TAB 60MG	64
QVAR REDIIHA AER 80MCG	113
QVAR REDIIHAL AER 40MCG	113

R	
<i>rabeprazole sodium ec tab 20 mg</i>	89
<i>raloxifene hcl tab 60 mg</i>	83
<i>ramelteon tab 8 mg</i>	63
<i>ramipril cap 1.25 mg</i>	33
<i>ramipril cap 10 mg</i>	33
<i>ramipril cap 2.5 mg</i>	33
<i>ramipril cap 5 mg</i>	33
<i>ranolazine tab er 12hr 1000 mg</i>	44
<i>ranolazine tab er 12hr 500 mg</i>	44
RAPAMUNE SOL 1MG/ML	100
RAPAMUNE TAB 0.5MG.....	100
RAPAMUNE TAB 1MG.....	100
RAPAMUNE TAB 2MG.....	100
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	53
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	53
<i>reclipsen</i>	75
RECOMBIVA HB INJ 10MCG/ML	103
RECOMBIVA HB INJ 5MCG/0.5.....	103
RECOMBIVA-HB INJ 40MCG/ML	103
REGANEX GEL 0.01%.....	119
RELENZA MIS DISKHALE	17
REMODULIN INJ 10MG/ML.....	45
REMODULIN INJ 1MG/ML.....	45
REMODULIN INJ 2.5MG/ML.....	45
REMODULIN INJ 5MG/ML.....	45
<i>repaglinide tab 0.5 mg</i>	71
<i>repaglinide tab 1 mg</i>	71
<i>repaglinide tab 2 mg</i>	71
REPATHA INJ 140MG/ML.....	38
REPATHA PUSH INJ 420/3.5	38
REPATHA SURE INJ 140MG/ML.....	38
RESTASIS EMU 0.05% OP	107
RESTASIS MUL EMU 0.05% OP	107
RETACRIT INJ 10000UNT	93
RETACRIT INJ 20000UNI.....	93
RETACRIT INJ 2000UNIT.....	93
RETACRIT INJ 3000UNIT	93
RETACRIT INJ 40000UNT	93
RETACRIT INJ 4000UNIT	93
RETROVIR INJ 10MG/ML.....	14
REVLIMID CAP 10MG	26
REVLIMID CAP 15MG	26
REVLIMID CAP 2.5MG	26
REVLIMID CAP 20MG	26
REVLIMID CAP 25MG	26
REVLIMID CAP 5MG	26

REYATAZ POW 50MG	14	<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	64
<i>ribavirin cap 200 mg</i>	20	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	64
<i>ribavirin tab 200 mg</i>	20	<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	64
<i>rifabutin cap 150 mg</i>	16	<i>roflumilast tab 250 mcg</i>	112
<i>rifampin cap 150 mg</i>	16	<i>roflumilast tab 500 mcg</i>	112
<i>rifampin cap 300 mg</i>	16	<i>ropinirole hydrochloride tab 0.25 mg</i>	53
<i>rifampin for inj 600 mg</i>	16	<i>ropinirole hydrochloride tab 0.5 mg</i>	53
<i>riluzole tab 50 mg</i>	65	<i>ropinirole hydrochloride tab 1 mg</i>	53
<i>rimantadine hydrochloride tab 100 mg</i>	17	<i>ropinirole hydrochloride tab 2 mg</i>	53
RINVOQ LQ SOL 1MG/ML.....	97	<i>ropinirole hydrochloride tab 3 mg</i>	53
RINVOQ TAB 15MG ER	97	<i>ropinirole hydrochloride tab 4 mg</i>	53
RINVOQ TAB 30MG ER	97	<i>ropinirole hydrochloride tab 5 mg</i>	53
RINVOQ TAB 45MG ER	97	<i>rosuvastatin calcium tab 10 mg</i>	37
<i>risedronate sodium tab 150 mg</i>	72	<i>rosuvastatin calcium tab 20 mg</i>	37
<i>risedronate sodium tab 30 mg</i>	72	<i>rosuvastatin calcium tab 40 mg</i>	38
<i>risedronate sodium tab 35 mg</i>	72	<i>rosuvastatin calcium tab 5 mg</i>	37
<i>risedronate sodium tab 5 mg</i>	72	ROTARIX SUS.....	103
<i>risedronate sodium tab delayed release 35 mg</i>	72	ROTATEQ SOL	103
<i>risperidone orally disintegrating tab 0.25 mg</i> ..	56	<i>rufinamide susp 40 mg/ml</i>	59
<i>risperidone orally disintegrating tab 0.5 mg</i>	56	<i>rufinamide tab 200 mg</i>	59
<i>risperidone orally disintegrating tab 1 mg</i>	56	<i>rufinamide tab 400 mg</i>	59
<i>risperidone orally disintegrating tab 2 mg</i>	56	RUXIENCE INJ 100/10ML	26
<i>risperidone orally disintegrating tab 3 mg</i>	56	RUXIENCE INJ 500/50ML	26
<i>risperidone orally disintegrating tab 4 mg</i>	56	<i>ryclora</i>	109
<i>risperidone soln 1 mg/ml</i>	56	RYDAPT CAP 25MG	29
<i>risperidone tab 0.25 mg</i>	56	S	
<i>risperidone tab 0.5 mg</i>	56	SANCUSO DIS 3.1MG	86
<i>risperidone tab 1 mg</i>	56	SANDIMMUNE CAP 100MG	100
<i>risperidone tab 2 mg</i>	56	SANDIMMUNE CAP 25MG	100
<i>risperidone tab 3 mg</i>	56	SANDIMMUNE INJ 50MG/ML	100
<i>risperidone tab 4 mg</i>	56	SANDIMMUNE SOL 100MG/ML.....	100
<i>ritonavir tab 100 mg</i>	14	<i>sapropterin dihydrochloride powder packet 100 mg</i>	77
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	47	<i>sapropterin dihydrochloride powder packet 500 mg</i>	77
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	47	<i>sapropterin dihydrochloride tab 100 mg</i>	77
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	47	SAVELLA MIS TITR PAK.....	62
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	47	SAVELLA TAB 100MG	62
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	47	SAVELLA TAB 12.5MG	62
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	47	SAVELLA TAB 25MG	62
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	47	SAVELLA TAB 50MG	62
<i>rivelsa</i>	75	<i>scopolamine td patch 72hr 1 mg/3days</i>	86
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	64	<i>selegiline hcl cap 5 mg</i>	53
		<i>selegiline hcl tab 5 mg</i>	53

<i>selenium sulfide lotion 2.5%</i>	116	SOD OXYBATE SOL 500MG/ML.....	66
SELZENTRY SOL 20MG/ML	14	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	88
SELZENTRY TAB 25MG.....	14	<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	104
SELZENTRY TAB 75MG.....	14	<i>sodium chloride irrigation soln 0.9%</i>	119
SEREVENT DIS AER 50MCG.....	110	<i>sodium chloride iv soln 0.45%</i>	104
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	51	<i>sodium chloride iv soln 0.9%</i>	104
<i>sertraline hcl tab 100 mg</i>	51	<i>sodium chloride iv soln 3%</i>	104
<i>sertraline hcl tab 25 mg</i>	51	<i>sodium chloride iv soln 5%</i>	104
<i>sertraline hcl tab 50 mg</i>	51	<i>sodium chloride preservative free (pf) inj 0.9%</i>	104
<i>sevelamer carbonate packet 0.8 gm</i>	83	<i>sodium chloride soln nebu 0.9%</i>	112
<i>sevelamer carbonate packet 2.4 gm</i>	83	<i>sodium chloride soln nebu 10%</i>	112
<i>sevelamer carbonate tab 800 mg</i>	83	<i>sodium chloride soln nebu 3%</i>	112
SHARPS CONT MIS 2QUART	77	<i>sodium chloride soln nebu 7%</i>	112
SHINGRIX INJ 50/0.5ML.....	103	<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	104
SIGNIFOR INJ 0.3MG/ML	83	<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	104
SIGNIFOR INJ 0.6MG/ML	83	<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	104
SIGNIFOR INJ 0.9MG/ML	83	<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	104
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	45	<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	104
<i>sildenafil citrate tab 20 mg</i>	45	<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i> .	104
<i>silodosin cap 4 mg</i>	90	<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	78
<i>silodosin cap 8 mg</i>	90	<i>sodium phenylbutyrate tab 500 mg</i>	78
<i>silver sulfadiazine cream 1%</i>	115	SOFTCLIX MIS LANCETS.....	77
SIMBRINZA SUS 1-0.2%	107	<i>solifenacin succinate tab 10 mg</i>	91
SIMPONI ARIA SOL 50MG/4ML	94	<i>solifenacin succinate tab 5 mg</i>	91
SIMPONI INJ 100MG/ML.....	97	SOLQUA INJ 100/33	70
SIMPONI INJ 50/0.5ML.....	97	SOLU-CORTEF INJ 1000MG	82
<i>simvastatin tab 10 mg</i>	38	SOLU-CORTEF INJ 100MG	82
<i>simvastatin tab 20 mg</i>	38	SOLU-CORTEF INJ 250MG	82
<i>simvastatin tab 40 mg</i>	38	SOLU-CORTEF INJ 500MG	82
<i>simvastatin tab 5 mg</i>	38	SOLU-MEDROL INJ 2GM	82
<i>simvastatin tab 80 mg</i>	38	SOMATULINE INJ 120/.5ML	69
<i>sirolimus oral soln 1 mg/ml</i>	100	SOMATULINE INJ 60/0.2ML	69
<i>sirolimus tab 0.5 mg</i>	100	SOMATULINE INJ 90/0.3ML	69
<i>sirolimus tab 1 mg</i>	100	SOMAVERT INJ 10MG	69
<i>sirolimus tab 2 mg</i>	100	SOMAVERT INJ 15MG	69
SIRTURO TAB 100MG	16	SOMAVERT INJ 20MG	69
SIRTURO TAB 20MG	16	SOMAVERT INJ 25MG	69
SKYLA IUD 13.5MG	75	SOMAVERT INJ 30MG	69
SKYRIZI INJ 150MG/ML.....	97	<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	29
SKYRIZI INJ 180/1.2	98		
SKYRIZI INJ 360/2.4	98		
SKYRIZI PEN INJ 150MG/ML	98		
SKYRIZI SOL 60MG/ML	94		
<i>sm lice treatment</i>	119		
<i>sm nicotine transdermal s</i>	68		

<i>sotalol hcl (afib/afI) tab 120 mg</i>	35	<i>sulconazole nitrate solution 1%</i>	116
<i>sotalol hcl (afib/afI) tab 160 mg</i>	35	<i>sulfacetamide sodium lotion 10% (acne)</i>	114
<i>sotalol hcl (afib/afI) tab 80 mg</i>	35	<i>sulfacetamide sodium ophth oint 10%</i>	106
<i>sotalol hcl tab 120 mg</i>	35	<i>sulfacetamide sodium ophth soln 10%</i>	106
<i>sotalol hcl tab 160 mg</i>	35	<i>sulfacetamide sodium-prednisolone ophth soln</i>	
<i>sotalol hcl tab 240 mg</i>	35	<i>10-0.23(0.25)%</i>	105
<i>sotalol hcl tab 80 mg</i>	35	<i>sulfadiazine tab 500 mg</i>	12
SOVALDI PAK 150MG	20	<i>sulfamethoxazole-trimethoprim susp 200-40</i>	
SOVALDI PAK 200MG	20	<i>mg/5ml</i>	12
SOVALDI TAB 200MG	20	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	12
SOVALDI TAB 400MG	20	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	
SPIKEVAX INJ 50/0.5ML.....	103	.....	12
<i>spinosad susp 0.9%</i>	119	SULFAMYLON CRE 85MG/GM	115
SPIRIVA AER 1.25MCG.....	108	<i>sulfasalazine tab 500 mg</i>	87
SPIRIVA SPR 2.5MCG	108	<i>sulfasalazine tab delayed release 500 mg</i>	87
<i>spironolactone & hydrochlorothiazide tab 25-25</i>		<i>sulindac tab 150 mg</i>	6
<i>mg</i>	43	<i>sulindac tab 200 mg</i>	6
<i>spironolactone tab 100 mg</i>	33	<i>sumatriptan nasal spray 20 mg/act</i>	64
<i>spironolactone tab 25 mg</i>	33	<i>sumatriptan nasal spray 5 mg/act</i>	64
<i>spironolactone tab 50 mg</i>	33	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	64
SPRAVATO SOL 56MG DOS.....	23	<i>sumatriptan succinate solution auto-injector 4</i>	
SPRAVATO SOL 84MG DOS.....	23	<i>mg/0.5ml</i>	64
<i>sprintec 28</i>	75	<i>sumatriptan succinate solution auto-injector 6</i>	
SPRYCEL TAB 100MG.....	29	<i>mg/0.5ml</i>	64
SPRYCEL TAB 140MG.....	29	<i>sumatriptan succinate solution cartridge 4</i>	
SPRYCEL TAB 20MG.....	29	<i>mg/0.5ml</i>	64
SPRYCEL TAB 50MG.....	29	<i>sumatriptan succinate solution cartridge 6</i>	
SPRYCEL TAB 70MG.....	29	<i>mg/0.5ml</i>	64
SPRYCEL TAB 80MG.....	29	<i>sumatriptan succinate tab 100 mg</i>	64
<i>sps</i>	83	<i>sumatriptan succinate tab 25 mg</i>	64
<i>sronyx</i>	75	<i>sumatriptan succinate tab 50 mg</i>	64
<i>ssd</i>	115	<i>sumatriptan-naproxen sodium tab 85-500 mg</i> .	64
<i>stavudine cap 15 mg</i>	15	<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	29
<i>stavudine cap 20 mg</i>	15	<i>sunitinib malate cap 25 mg (base equivalent)</i> ..	29
<i>stavudine cap 30 mg</i>	15	<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	29
<i>stavudine cap 40 mg</i>	15	<i>sunitinib malate cap 50 mg (base equivalent)</i> ..	29
STELARA INJ 45MG/0.5	98	SUNOSI TAB 150MG.....	66
STELARA INJ 90MG/ML	98	SUNOSI TAB 75MG	66
STIOLTO AER 2.5-2.5	108	SUPPRELIN LA KIT 50MG.....	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
SUCRAID SOL 8500/ML.....	88	<i>syeda</i>	75
<i>sucralfate tab 1 gm</i>	88	SYMDEKO TAB 100-150	111
SUFLAVE SOL.....	88	SYMDEKO TAB 50-75MG.....	111
<i>sulconazole nitrate cream 1%</i>	115	SYMLINPEN 60 INJ 1000MCG.....	69

SYMLNPEN 120 INJ 1000MCG	69	<i>tazarotene cream 0.1%</i>	116
SYMTUZA TAB	16	<i>tazarotene gel 0.05%</i>	116
SYNAREL SOL 2MG/ML.....	82	<i>tazarotene gel 0.1%</i>	116
SYNERA DIS 70-70MG.....	118	<i>tazicef</i>	18
SYNJARDY TAB.....	71	TAZORAC CRE 0.05%.....	116
SYNJARDY TAB 12.5-500.....	71	TDVAX INJ 2-2 LF.....	103
SYNJARDY TAB 5-1000MG.....	71	<i>telmisartan tab 20 mg</i>	35
SYNJARDY TAB 5-500MG.....	71	<i>telmisartan tab 40 mg</i>	35
SYNJARDY XR TAB.....	71	<i>telmisartan tab 80 mg</i>	35
SYNJARDY XR TAB 10-1000.....	71	<i>telmisartan-amlodipine tab 40-10 mg</i>	34
SYNJARDY XR TAB 25-1000.....	72	<i>telmisartan-amlodipine tab 40-5 mg</i>	34
SYNJARDY XR TAB 5-1000MG.....	71	<i>telmisartan-amlodipine tab 80-10 mg</i>	34
SYNTHROID TAB 100MCG	84	<i>telmisartan-amlodipine tab 80-5 mg</i>	34
SYNTHROID TAB 112MCG	84	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	34
SYNTHROID TAB 125MCG	84	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	34
SYNTHROID TAB 137MCG	84	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	34
SYNTHROID TAB 150MCG	84	<i>temazepam cap 15 mg</i>	63
SYNTHROID TAB 175MCG	84	<i>temazepam cap 22.5 mg</i>	63
SYNTHROID TAB 200MCG	84	<i>temazepam cap 30 mg</i>	63
SYNTHROID TAB 25MCG	84	<i>temazepam cap 7.5 mg</i>	63
SYNTHROID TAB 300MCG	84	TEMODAR INJ 100MG.....	24
SYNTHROID TAB 50MCG	84	<i>temozolomide cap 100 mg</i>	24
SYNTHROID TAB 75MCG	84	<i>temozolomide cap 140 mg</i>	24
SYNTHROID TAB 88MCG	84	<i>temozolomide cap 180 mg</i>	24
T		<i>temozolomide cap 20 mg</i>	24
TABLOID TAB 40MG	25	<i>temozolomide cap 250 mg</i>	24
<i>tacrolimus cap 0.5 mg</i>	100	<i>temozolomide cap 5 mg</i>	24
<i>tacrolimus cap 1 mg</i>	100	TENIVAC INJ 5-2LF.....	103
<i>tacrolimus cap 5 mg</i>	100	<i>tenofovir disoproxil fumarate tab 300 mg</i>	15
<i>tacrolimus oint 0.03%</i>	116	<i>terazosin hcl cap 1 mg (base equivalent)</i>	90
<i>tacrolimus oint 0.1%</i>	116	<i>terazosin hcl cap 10 mg (base equivalent)</i>	90
<i>tadalafil tab 2.5 mg</i>	90	<i>terazosin hcl cap 2 mg (base equivalent)</i>	90
<i>tadalafil tab 20 mg (pah)</i>	45	<i>terazosin hcl cap 5 mg (base equivalent)</i>	90
<i>tadalafil tab 5 mg</i>	90	<i>terbinafine hcl tab 250 mg</i>	13
TAFINLAR CAP 50MG.....	29	<i>terbutaline sulfate tab 2.5 mg</i>	110
TAFINLAR CAP 75MG.....	29	<i>terbutaline sulfate tab 5 mg</i>	110
TAFINLAR TAB 10MG.....	29	<i>terconazole vaginal cream 0.4%</i>	91
<i>tafluprost preservative free (pf) ophth soln</i> <i>0.0015%</i>	107	<i>terconazole vaginal cream 0.8%</i>	91
<i>take action</i>	75	<i>terconazole vaginal suppos 80 mg</i>	91
TALTZ INJ 20/0.25.....	98	<i>teriflunomide tab 14 mg</i>	65
TALTZ INJ 40/0.5ML.....	98	<i>teriflunomide tab 7 mg</i>	65
TALTZ INJ 80MG/ML.....	98	<i>testosterone cypionate im inj in oil 100 mg/ml</i> .69	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	27	<i>testosterone cypionate im inj in oil 200 mg/ml</i> .69	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	27	<i>testosterone enanthate im inj in oil 200 mg/ml</i> 69	
<i>tamsulosin hcl cap 0.4 mg</i>	90	<i>testosterone td gel 10mg/act (2%)</i>	69
<i>tasimelteon capsule 20 mg</i>	63		

<i>testosterone td gel 25 mg/2.5gm (1%)</i>	69	TOBRADEX OIN 0.3-0.1%	105
<i>tetrabenazine tab 12.5 mg</i>	65	TOBRADEX ST SUS 0.3-0.05.....	105
<i>tetrabenazine tab 25 mg</i>	65	<i>tobramycin nebu soln 300 mg/4ml</i>	111
<i>tetracycline hcl cap 250 mg</i>	23	<i>tobramycin nebu soln 300 mg/5ml</i>	111
<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>	113	<i>(base equiv)</i>	13
<i>theophylline soln 80 mg/15ml</i>	113	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
<i>theophylline tab er 12hr 300 mg</i>	113	.....	105
<i>theophylline tab er 12hr 450 mg</i>	113	TODAY SPONGE MIS	90
<i>theophylline tab er 24hr 400 mg</i>	113	<i>tolmetin sodium cap 400 mg</i>	6
<i>theophylline tab er 24hr 600 mg</i>	113	<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>	59
<i>thiothixene cap 5 mg</i>	56	<i>topiramate sprinkle cap 25 mg</i>	59
<i>tiagabine hcl tab 12 mg</i>	59	<i>topiramate tab 100 mg</i>	59
<i>tiagabine hcl tab 16 mg</i>	59	<i>topiramate tab 200 mg</i>	59
<i>tiagabine hcl tab 2 mg</i>	59	<i>topiramate tab 25 mg</i>	59
<i>tiagabine hcl tab 4 mg</i>	59	<i>topiramate tab 50 mg</i>	59
TICE BCG INJ	26	<i>topotecan hcl for inj 4 mg (base equiv)</i>	31
<i>tilia fe</i>	75	<i>toremifene citrate tab 60 mg (base equivalent)</i>	27
<i>timolol maleate ophth gel forming soln 0.25%</i>	107	<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>	107	<i>torseamide tab 20 mg</i>	43
<i>timolol maleate ophth soln 0.5%</i>	107	<i>torseamide tab 5 mg</i>	43
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	107	<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>	108	<i>trandolapril tab 4 mg</i>	33
TIVICAY PD TAB 5MG.....	15	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	32
TIVICAY TAB 10MG.....	15	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	32
TIVICAY TAB 25MG.....	15	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	32
TIVICAY TAB 50MG.....	15	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	32
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	66	<i>tranexamic acid iv soln 1000 mg/10ml (100</i>	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	66	<i>mg/ml)</i>	93

<i>tranexamic acid tab 650 mg</i>	93	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i> ..	56
<i>tranylcyromine sulfate tab 10 mg</i>	51	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i> ..	56
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	107	<i>trifluridine ophth soln 1%</i>	106
<i>trazodone hcl tab 100 mg</i>	51	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	53
<i>trazodone hcl tab 150 mg</i>	51	<i>trihexyphenidyl hcl tab 2 mg</i>	53
<i>trazodone hcl tab 300 mg</i>	51	<i>trihexyphenidyl hcl tab 5 mg</i>	53
<i>trazodone hcl tab 50 mg</i>	51	TRIKAFTA PAK 59.5MG	111
TRECTOR TAB 250MG	16	TRIKAFTA PAK 75MG	111
TRELEGY AER 100MCG	108	TRIKAFTA TAB	111
TRELEGY AER 200MCG	108	<i>tri-linyah</i>	75
TREMFYA INJ 100MG/ML	98	<i>trimethobenzamide hcl cap 300 mg</i>	86
TRESIBA FLEX INJ 100UNIT	71	<i>trimethoprim tab 100 mg</i>	21
TRESIBA FLEX INJ 200UNIT	71	<i>trimipramine maleate cap 100 mg</i>	51
TRESIBA INJ 100UNIT.....	71	<i>trimipramine maleate cap 25 mg</i>	51
<i>tretinoin cap 10 mg</i>	30	<i>trimipramine maleate cap 50 mg</i>	51
<i>tretinoin cream 0.025%</i>	114	<i>trinate</i>	104
<i>tretinoin cream 0.05%</i>	114	TRINTELLIX TAB 10MG	51
<i>tretinoin cream 0.1%</i>	114	TRINTELLIX TAB 20MG	51
<i>tretinoin gel 0.01%</i>	114	TRINTELLIX TAB 5MG	51
<i>tretinoin gel 0.025%</i>	114	TRIPTODUR SUS 22.5MG	83
<i>tretinoin gel 0.05%</i>	114	<i>tri-sprintec</i>	75
<i>tretinoin microsphere gel 0.04%</i>	115	TRIUMEQ PD TAB.....	16
<i>tretinoin microsphere gel 0.1%</i>	114	TRIUMEQ TAB	16
<i>triamcinolone acetone cream 0.025%</i>	118	<i>tri-vite/fluoride</i>	105
<i>triamcinolone acetone cream 0.1%</i>	118	<i>trivora-28</i>	75
<i>triamcinolone acetone cream 0.5%</i>	118	TROGARZO INJ 150MG/ML.....	15
<i>triamcinolone acetone dental paste 0.1%</i>	119	<i>tropicamide ophth soln 0.5%</i>	107
<i>triamcinolone acetone lotion 0.025%</i>	118	<i>tropicamide ophth soln 1%</i>	108
<i>triamcinolone acetone lotion 0.1%</i>	118	<i>tropium chloride cap er 24hr 60 mg</i>	91
<i>triamcinolone acetone nasal aerosol suspension 55 mcg/act</i>	112	<i>tropium chloride tab 20 mg</i>	91
<i>triamcinolone acetone oint 0.025%</i>	118	TRULICITY INJ 0.75/0.5.....	70
<i>triamcinolone acetone oint 0.1%</i>	118	TRULICITY INJ 1.5/0.5.....	70
<i>triamcinolone acetone oint 0.5%</i>	118	TRULICITY INJ 3/0.5.....	70
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	43	TRULICITY INJ 4.5/0.5.....	70
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	43	TRUMENBA INJ	103
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	43	TRUSTEX/RIA MIS NON-LUB	75
<i>triamterene cap 100 mg</i>	43	TRUSTX NON-9 MIS RIB/STUD	76
<i>triamterene cap 50 mg</i>	43	TUKYSA TAB 150MG	29
<i>triazolam tab 0.125 mg</i>	63	TUKYSA TAB 50MG	29
<i>triazolam tab 0.25 mg</i>	63	TUZISTRA XR SUS	111
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i> .	56	TWINRIX INJ	103
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i> 56		TWIRLA DIS 120-30	76
		TYBLUME CHW 0.1-0.02	76
		TYBOST TAB 150MG	15
		TYMLOS INJ.....	73
		TYSABRI INJ 300/15ML	65
		TYVASO RF KT SOL 0.6MG/ML	45

TYVASO SOL 0.6MG/ML	45
TYVASO ST KT SOL 0.6MG/ML.....	45
U	
UBRELVY TAB 100MG	64
UBRELVY TAB 50MG.....	64
<i>unithroid</i>	84
UPTRAVI INJ 1800MCG.....	45
UPTRAVI PACK TAB 200/800	45
UPTRAVI TAB 1000MCG	45
UPTRAVI TAB 1200MCG	45
UPTRAVI TAB 1400MCG	45
UPTRAVI TAB 1600MCG	45
UPTRAVI TAB 200MCG	45
UPTRAVI TAB 400MCG	45
UPTRAVI TAB 600MCG	45
UPTRAVI TAB 800MCG	45
<i>urinary pain relief</i>	90
<i>ursodiol cap 300 mg</i>	88
<i>ursodiol tab 250 mg</i>	88
<i>ursodiol tab 500 mg</i>	88
V	
<i>valacyclovir hcl tab 1 gm</i>	17
<i>valacyclovir hcl tab 500 mg</i>	17
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	17
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	17
<i>valproate sodium inj 100 mg/ml</i>	59
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	59
<i>valproic acid cap 250 mg</i>	60
<i>valsartan tab 160 mg</i>	35
<i>valsartan tab 320 mg</i>	35
<i>valsartan tab 40 mg</i>	35
<i>valsartan tab 80 mg</i>	35
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	34
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> .	34
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	34
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .	34
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	34
<i>vancomycin hcl cap 125 mg (base equivalent)</i> .	21
<i>vancomycin hcl cap 250 mg (base equivalent)</i> .	21
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	21
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	21

<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	21
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	21
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	21
VAQTA INJ 25/0.5ML	103
VAQTA INJ 50UNT/ML	103
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	68
<i>varenicline tartrate tab 1 mg (base equiv)</i>	68
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	68
VARIVAX INJ.....	103
VARUBI TAB 90MG	86
VAXELIS INJ	103
VAXNEUVANCE INJ	103
VCF VAGINAL GEL CONTRACE.....	90
VCF VAGINAL MIS CONTRACP.....	90
<i>velivet</i>	76
VELPHORO CHW 500MG	83
VEMLIDY TAB 25MG	19
VENCLEXTA TAB 100MG	26
VENCLEXTA TAB 10MG	26
VENCLEXTA TAB 50MG	26
VENCLEXTA TAB START PK.....	26
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	52
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	51
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	51
<i>venlafaxine hcl tab 100 mg (base equivalent)</i> ...	52
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	52
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> ..	52
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	52
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	52
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	52
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	52
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	52
VENTAVIS SOL 10MCG/ML.....	45
VENTAVIS SOL 20MCG/ML.....	45
<i>verapamil hcl cap er 24hr 100 mg</i>	42
<i>verapamil hcl cap er 24hr 120 mg</i>	42
<i>verapamil hcl cap er 24hr 180 mg</i>	42

<i>verapamil hcl cap er 24hr 200 mg</i>	42	VRAYLAR CAP 1.5-3MG	56
<i>verapamil hcl cap er 24hr 240 mg</i>	42	VRAYLAR CAP 1.5MG	56
<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
<i>verapamil hcl tab 40 mg</i>	42	<i>vyfemla</i>	76
<i>verapamil hcl tab 80 mg</i>	42	VYVANSE CAP 10MG	62
<i>verapamil hcl tab er 120 mg</i>	42	VYVANSE CAP 20MG	62
<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
VERZENIO TAB 100MG	29	VYVANSE CAP 50MG	62
VERZENIO TAB 150MG	29	VYVANSE CAP 60MG	62
VERZENIO TAB 200MG	29	VYVANSE CAP 70MG	62
VERZENIO TAB 50MG	29	VYVANSE CHW 10MG	62
VIBERZI TAB 100MG	87	VYVANSE CHW 20MG	62
VIBERZI TAB 75MG	87	VYVANSE CHW 30MG	62
VICTOZA INJ 18MG/3ML	70	VYVANSE CHW 40MG	62
<i>vigabatrin powd pack 500 mg</i>	60	VYVANSE CHW 50MG	62
<i>vigabatrin tab 500 mg</i>	60	VYVANSE CHW 60MG	62
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<i>vilazodone hcl tab 10 mg</i>	52	<i>warfarin sodium tab 1 mg</i>	92
<i>vilazodone hcl tab 20 mg</i>	52	<i>warfarin sodium tab 10 mg</i>	92
<i>vilazodone hcl tab 40 mg</i>	52	<i>warfarin sodium tab 2 mg</i>	92
<i>vinblastine sulfate inj 1 mg/ml</i>	25	<i>warfarin sodium tab 2.5 mg</i>	92
<i>vincristine sulfate iv soln 1 mg/ml</i>	25	<i>warfarin sodium tab 3 mg</i>	92
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i> .	25	<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
VIOKACE TAB 10440	88	<i>warfarin sodium tab 7.5 mg</i>	92
VIOKACE TAB 20880	88	<i>wera</i>	76
<i>viorele</i>	76	WIDE-SEAL DPR KIT 60.....	76
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VIRACEPT TAB 625MG	15	WIDE-SEAL DPR KIT 70.....	76
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VITRAKVI SOL 20MG/ML	29	XALKORI CAP 200MG	30
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<i>voriconazole for susp 40 mg/ml</i>	13	XALKORI CAP 50MG	30
<i>voriconazole tab 200 mg</i>	13	XARELTO STAR TAB 15/20MG	92
<i>voriconazole tab 50 mg</i>	13	XARELTO SUS 1MG/ML.....	92
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XARELTO TAB 20MG.....	92	ZENPEP CAP 20000UNT	89
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XCOPRI PAK 12.5-25	60	ZENPEP CAP 3000UNIT	88
XCOPRI PAK 150-200	60	ZENPEP CAP 40000UNT	89
XCOPRI PAK 50-100MG	60	ZENPEP CAP 5000UNIT	88
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<i>xulane</i>	76	<i>zolpidem tartrate tab er 12.5 mg</i>	63
XULTOPHY INJ 100/3.6	70	<i>zolpidem tartrate tab er 6.25 mg</i>	63
Y		<i>zonisamide cap 100 mg</i>	60
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