

December 1, 2021



Arkansas Blue Cross and Blue Shield Metallic Formulary

2021 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.**

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

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 141. 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.

BC Arkansas 6 Tier Effective 12/01/2021

Drug Name	Drug Tier	Requirements/Limits
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AMINOGLYCOSIDES**AMINOGLYCOSIDES**

<i>tobramycin nebu soln 300 mg/4ml</i>	5	PA, QL (224 mL / 28 days)
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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	

NON-OPIOID ANALGESICS§

<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	2	QL (48 caps / 25 days; daily limit applies)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	2	QL (48 caps / 25 days; daily limit applies)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	2	QL (48 tabs / 25 days; daily limit applies)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	2	QL (48 caps / 25 days; daily limit applies)
<i>tencon tab 50-325mg</i>	2	QL (48 tabs / 25 days; daily limit applies)

NSAIDS, COMBINATIONS§

<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	

NSAIDS§

<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>etodolac cap 200 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<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>ketoprofen cap 50 mg</i>	2	
<i>ketoprofen cap 75 mg</i>	2	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	2	
<i>ketorolac tromethamine inj 15 mg/ml</i>	2	
<i>ketorolac tromethamine inj 30 mg/ml</i>	2	
<i>ketorolac tromethamine tab 10 mg</i>	2	QL (20 tabs / 25 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 AGONIST/ANTAGONISTS

<i>buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv)</i>	2	QL (3 units / day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (3 units / day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (3 units / day)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (2 units / day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (3 tabs / day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (3 tabs / day); \$0 copay
ZUBSOLV SUB 0.7-0.18	3	QL (3 units / day)
ZUBSOLV SUB 1.4-0.36	3	QL (3 units / day)
ZUBSOLV SUB 2.9-0.71	3	QL (3 units / day)
ZUBSOLV SUB 5.7-1.4	3	QL (3 units / day)
ZUBSOLV SUB 8.6-2.1	3	QL (2 units / day)
ZUBSOLV SUB 11.4-2.9	3	QL (1 unit / day)

OPIOID ANALGESICS§

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	ST, QL (2700 mL / 25 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	ST, QL (400 tabs / 25 days max 13.34/day); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	ST, QL (360 tabs / 25 days max 12/day); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	ST, QL (180 tabs / 25 days max 6/day); Subject to initial 7-day limit
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	2	QL (48 caps / 25 days max 1.6/day)
<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 / 25 days; daily limit applies)
CODEINE SULF TAB 60MG	4	ST, QL (42 tabs / 25 days, max 6/day); Subject to initial 7-day limit
<i>codeine sulfate tab 30 mg</i>	2	ST, QL (42 tabs / 25 days, max 6/day); Subject to initial 7-day limit
<i>endocet tab 2.5-325</i>	2	ST, QL (360 tabs / 25 days max 12/day); 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 / 25 days max 12/day); Subject to initial 7-day limit
<i>endocet tab 7.5-325</i>	2	ST, QL (240 tabs / 25 days max 8/day); Subject to initial 7-day limit
<i>endocet tab 10-325mg</i>	2	ST, QL (180 tabs / 25 days max 6/day); Subject to initial 7-day limit
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	2	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	2	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	2	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	2	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	2	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	2	PA, QL (120 lozenges / 25 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	ST, QL (10 patches / 25 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	ST, QL (10 patches / 25 days)
<i>fentanyl td patch 72hr 50 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 100 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	ST, QL (2700 mL / 25 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	ST, QL (240 tabs / 25 days max 8/day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	ST, QL (180 tabs / 25 days max 6/day); Subject to initial 7-day limit

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	ST, QL (180 tabs / 25 days max 6/day); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	ST, QL (50 tabs / 25 days max 5/day); 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 / 25 days max 6/day); Subject to initial 7-day limit
<i>hydromorphone hcl tab 4 mg</i>	2	ST, QL (150 tabs / 25 days, max 5/day); Subject to initial 7-day limit
<i>hydromorphone hcl tab 8 mg</i>	2	ST, QL (60 tabs / 25 days, max 2/day); Subject to initial 7-day limit
<i>hydromorphone hcl tab er 24hr 8 mg</i>	2	ST, QL (30 tabs / 25 days, max 1/day)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	2	ST, QL (30 tabs / 25 days, max 1/day)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	2	ST, QL (30 tabs / 25 days, max 1/day)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	2	ST, PA; High Strength Requires PA
<i>levorphanol tartrate tab 2 mg</i>	4	ST, QL (120 tabs / 25 days, max 4/day); Subject to initial 7-day limit
<i>levorphanol tartrate tab 3 mg</i>	4	ST, QL (60 tabs / 25 days, max 2/day); Subject to initial 7-day limit
<i>methadone con 10mg/ml</i>	2	ST, QL (60 mL / 25 days; daily limit applies); (generic of Methadone Intensol, indicated for pain)
<i>methadone hcl conc 10 mg/ml</i>	2	QL (30 mL / 25 days; daily limit applies); (indicated for opioid addiction)

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl soln 5 mg/5ml</i>	2	ST, QL (450 mL / 25 days; daily limit applies)
<i>methadone hcl soln 10 mg/5ml</i>	2	ST, QL (300 mL / 25 days; daily limit applies)
<i>methadone hcl tab 5 mg</i>	2	ST, QL (90 tabs / 25 days, max 3/day)
<i>methadone hcl tab 10 mg</i>	2	ST, QL (60 tabs / 25 days, max 2/day)
<i>methadone hcl tab for oral susp 40 mg</i>	2	QL (9 tabs / 25 days)
<i>methadose tab 40mg</i>	2	QL (9 tabs / 25 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	2	ST, QL (30 caps / 25 days, max 1/day)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	2	ST, QL (30 caps / 25 days, max 1/day)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	2	ST, QL (30 caps / 25 days, max 1/day)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	2	ST, QL (30 caps / 25 days, max 1/day)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	2	ST, QL (30 caps / 25 days, max 1/day)
<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 / 25 days, max 2/day)
<i>morphine sulfate cap er 24hr 20 mg</i>	2	ST, QL (60 caps / 25 days, max 2/day)
<i>morphine sulfate cap er 24hr 30 mg</i>	2	ST, QL (60 caps / 25 days, max 2/day)
<i>morphine sulfate cap er 24hr 50 mg</i>	2	ST, QL (30 caps / 25 days, max 1/day)
<i>morphine sulfate cap er 24hr 60 mg</i>	2	ST, QL (30 caps / 25 days, max 1/day)
<i>morphine sulfate cap er 24hr 80 mg</i>	2	ST, QL (30 caps / 25 days, max 1/day)
<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 pf 10 mg/ml</i>	2	
<i>morphine sulfate oral soln 10 mg/5ml</i>	2	ST, QL (900 mL / 25 days; daily limit applies); Subject to initial 7-day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	ST, QL (675 mL / 25 days; daily limit applies); Subject to initial 7-day limit

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	ST, QL (135 mL / 25 days; daily limit applies); Subject to initial 7-day limit
<i>morphine sulfate suppos 5 mg</i>	2	ST, QL (180 suppositories / 25 days, max 6/day); Subject to initial 7-day limit
<i>morphine sulfate suppos 10 mg</i>	2	ST, QL (180 suppositories / 25 days, max 6/day); Subject to initial 7-day limit
<i>morphine sulfate suppos 20 mg</i>	2	ST, QL (120 supp / 25 days, max 4/day); Subject to initial 7-day limit
<i>morphine sulfate suppos 30 mg</i>	2	ST, QL (90 supp / 25 days; daily limit applies); Subject to initial 7-day limit
<i>morphine sulfate tab 15 mg</i>	2	ST, QL (180 tabs / 25 days max 6/day); Subject to initial 7-day limit
<i>morphine sulfate tab 30 mg</i>	2	ST, QL (90 tabs / 25 days, max 3/day); Subject to initial 7-day limit
<i>morphine sulfate tab er 15 mg</i>	2	ST, QL (90 tabs / 25 days, max 3/day)
<i>morphine sulfate tab er 30 mg</i>	2	ST, QL (90 tabs / 25 days, max 3/day)
<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 / 25 days, max 2/day)
NUCYNTA ER TAB 100MG	4	ST, QL (60 tabs / 25 days, max 2/day)
NUCYNTA ER TAB 150MG	4	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
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 / 25 days, max 4/day); Subject to initial 7-day limit
NUCYNTA TAB 75MG	3	ST, QL (90 tabs / 25 days, max 3/day); Subject to initial 7-day limit
NUCYNTA TAB 100MG	3	ST, QL (60 tabs / 25 days, max 2/day); Subject to initial 7-day limit
<i>oxycodone hcl cap 5 mg</i>	2	ST, QL (180 caps / 25 days, max 6/day); Subject to initial 7-day limit
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	ST, QL (90 mL / 25 days; daily limit applies); Subject to initial 7-day limit
<i>oxycodone hcl soln 5 mg/5ml</i>	2	ST, QL (900 mL / 25 days; daily limit applies); Subject to initial 7-day limit
<i>oxycodone hcl tab 5 mg</i>	2	ST, QL (180 tabs / 25 days, max 6/day); Subject to initial 7-day limit
<i>oxycodone hcl tab 10 mg</i>	2	ST, QL (180 tabs / 25 days, max 6/day); Subject to initial 7-day limit
<i>oxycodone hcl tab 15 mg</i>	2	ST, QL (120 tabs / 25 days, max 4/day); Subject to initial 7-day limit
<i>oxycodone hcl tab 20 mg</i>	2	ST, QL (90 tabs / 25 days, max 3/day); Subject to initial 7-day limit

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab 30 mg</i>	2	ST, QL (60 tabs / 25 days, max 2/day); Subject to initial 7-day limit
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	2	ST, QL (60 tabs / 25 days, max 2/day)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	2	ST, QL (60 tabs / 25 days, max 2/day)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	2	ST, QL (60 tabs / 25 days, max 2/day)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	2	ST, QL (60 tabs / 25 days, max 2/day)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	2	ST, PA; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 60 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 / 25 days max 12/day); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	ST, QL (360 tabs / 25 days max 12/day); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	ST, QL (240 tabs / 25 days max 8/day); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	ST, QL (180 tabs / 25 days max 6/day); Subject to initial 7-day limit
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	2	ST, QL (360 tabs / 25 days max 12/day); Subject to initial 7-day limit
<i>oxycodone-ibuprofen tab 5-400 mg</i>	2	ST, QL (28 tabs / 25 days max 4/day); Subject to initial 7-day limit
OXYCONTIN TAB 10MG CR	4	ST, QL (60 tabs / 25 days, max 2/day)
OXYCONTIN TAB 15MG CR	4	ST, QL (60 tabs / 25 days, max 2/day)

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

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TAB 20MG CR	4	ST, QL (60 tabs / 25 days, max 2/day)
OXYCONTIN TAB 30MG CR	4	ST, QL (60 tabs / 25 days, max 2/day)
OXYCONTIN TAB 40MG CR	4	ST, PA; High Strength Requires PA
OXYCONTIN TAB 60MG CR	4	ST, PA; High Strength Requires PA
OXYCONTIN TAB 80MG CR	4	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab 5 mg</i>	2	ST, QL (180 tabs / 25 days, max 6/day); Subject to initial 7-day limit
<i>oxymorphone hcl tab 10 mg</i>	2	ST, QL (90 tabs / 25 days, max 3/day); Subject to initial 7-day limit
<i>oxymorphone hcl tab er 12hr 5 mg</i>	2	ST, QL (60 tabs / 25 days, max 2/day)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	2	ST, QL (60 tabs / 25 days, max 2/day)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	2	ST, QL (60 tabs / 25 days, max 2/day)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	2	ST, QL (60 tabs / 25 days, max 2/day)
<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 / 25 days, max 6/day); Subject to initial 7-day limit
<i>tramadol hcl tab er 24hr 100 mg</i>	2	ST, QL (30 tabs / 25 days, max 1/day)
<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 / 25 days max 8/day); Subject to initial 7-day limit

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Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 9MG	3	ST, QL (60 caps / 25 days, max 2/day)
XTAMPZA ER CAP 13.5MG	3	ST, QL (60 caps / 25 days, max 2/day)
XTAMPZA ER CAP 18MG	3	ST, QL (60 caps / 25 days, max 2/day)
XTAMPZA ER CAP 27MG	3	ST, QL (60 caps / 25 days, max 2/day)
XTAMPZA ER CAP 36MG	3	ST, PA; High Strength Requires Prior Auth

OPIOID PARTIAL AGONISTS§

BELBUCA MIS 75MCG	3	ST, QL (60 films / 25 days, max 2/day)
BELBUCA MIS 150MCG	3	ST, QL (60 films / 25 days, max 2/day)
BELBUCA MIS 300MCG	3	ST, QL (60 films / 25 days, max 2/day)
BELBUCA MIS 450MCG	3	ST, QL (60 films / 25 days, max 2/day)
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 hcl sl tab 2 mg (base equiv)</i>	1	QL (90 tabs / 25 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 / 25 days); \$0 copay; Must obtain approval after the first 30 day supply
<i>buprenorphine td patch weekly 5 mcg/hr</i>	2	ST, QL (4 patches / 25 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	2	ST, QL (4 patches / 25 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	2	ST, QL (4 patches / 25 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	

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Drug Name	Drug Tier	Requirements/Limits
SUBLOCADE INJ 300/1.5	5	
SALICYLATES		
<i>aspirin chw 81mg</i>	1	QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>aspirin low tab 81mg ec</i>	1	QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>diflunisal tab 500 mg</i>	2	
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
XELJANZ SOL 1MG/ML	5	PA, QL (240 mL / 24 days)
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	2	ST, QL (30 tabs / 25 days, max 1/day)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	2	ST, QL (30 tabs / 25 days, max 1/day)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	2	ST, QL (30 tabs / 25 days, max 1/day)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	2	ST, QL (30 tabs / 25 days, max 1/day)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	2	ST, QL (30 tabs / 25 days, max 1/day)
<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
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	2	
ANTI-INFECTIVE AGENTS - MISC.		
ANTIPROTOZOAL AGENTS		
<i>nitazoxanide tab 500 mg</i>	2	QL (20 tabs / 25 days)
ANTI-INFECTIVES		
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>paromomycin sulfate cap 250 mg</i>	2	
SULFADIAZINE TAB 500MG	4	
<i>tinidazole tab 250 mg</i>	2	
<i>tinidazole tab 500 mg</i>	2	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	PA, QL (280 mL / 28 days)
<i>tobramycin sulfate for inj 1.2 gm</i>	2	QL (10 vials per 90 days)
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	2	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	2	QL (100mL per 90 days)
ANTI-INFECTIVES - MISCELLANEOUS		
ALINIA SUS 100/5ML	4	QL (540mL / 25 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	
CAYSTON INH 75MG	5	PA, QL (84 vials / 28 days)
<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	
EMVERM CHW 100MG	4	QL (12 tabs / 365 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	
<i>ivermectin tab 3 mg</i>	2	PA, QL (9 tabs / 90 days)
<i>linezolid for susp 100 mg/5ml</i>	2	
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	
<i>linezolid tab 600 mg</i>	2	
<i>meropenem iv for soln 1 gm</i>	2	QL (30 vials per 90 days)
<i>meropenem iv for soln 500 mg</i>	2	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
<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 nebulization soln 300 mg</i>	2	
<i>pentamidine isethionate for soln 300 mg</i>	2	
<i>polymyxin b sulfate for inj 500000 unit</i>	2	
<i>praziquantel tab 600 mg</i>	2	QL (24 tabs / 365 days)
PRIMSOL SOL 50MG/5ML	3	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	2	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	2	
<i>trimethoprim tab 100 mg</i>	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	QL (80 caps / 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	2	QL (80 caps / 10 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	2	QL (20 vials / 30 days)
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	2	QL (1 vial / 30 days)
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	2	QL (1 vial / 30 days)
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	2	QL (20 vials / 30 days)
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	2	
XIFAXAN TAB 200MG	3	QL (9 tabs / 25 days)
XIFAXAN TAB 550MG	3	PA
ANTIFUNGALS		
<i>amphotericin b for iv soln 50 mg</i>	2	
BIO-STATIN CAP 500000	3	
BIO-STATIN CAP 1000000	3	
<i>bio-statin pow</i>	2	
CRESEMBA CAP 186 MG	4	
<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
NOXAFIL SUS 40MG/ML	3	PA
<i>nystatin tab 500000 unit</i>	2	
<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

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Drug Name	Drug Tier	Requirements/Limits
<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 / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
APTIVUS CAP 250MG	3	QL (120 caps / 30 days)
APTIVUS SOL	3	QL (285 mL / 28 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	QL (30 caps / 30 days)
CRIXIVAN CAP 200MG	3	QL (450 caps / 30 days)
CRIXIVAN CAP 400MG	3	QL (180 caps / 30 days)
<i>didanosine delayed release capsule 200 mg</i>	2	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 250 mg</i>	2	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	2	QL (30 caps / 30 days)
EDURANT TAB 25MG	3	QL (60 tabs / 30 days)
<i>efavirenz cap 50 mg</i>	2	QL (90 caps / 30 days)
<i>efavirenz cap 200 mg</i>	2	QL (90 caps / 30 days)
<i>efavirenz tab 600 mg</i>	2	QL (30 tabs / 30 days)
<i>emtricitabine caps 200 mg</i>	2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML	3	QL (680 ml / 28 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	QL (120 tabs / 30 days)
FUZEON INJ 90MG	5	PA, QL (60 vials / 30 days)
INTELENCE TAB 25MG	3	QL (120 tabs / 30 days)
INTELENCE TAB 100MG	3	QL (120 tabs / 30 days)
INTELENCE TAB 200MG	3	QL (60 tabs / 30 days)
INVIRASE TAB 500MG	3	QL (120 tabs / 30 days)
ISENTRESS CHW 25MG	3	QL (180 tabs / 30 days)
ISENTRESS CHW 100MG	3	QL (180 tabs / 30 days)
ISENTRESS HD TAB 600MG	3	QL (60 tabs / 30 days)
ISENTRESS POW 100MG	3	QL (60 packets / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS TAB 400MG	3	QL (120 tabs / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	2	QL (900 ml / 30 days)
<i>lamivudine tab 150 mg</i>	2	QL (60 tabs / 30 days)
<i>lamivudine tab 300 mg</i>	2	QL (30 tabs / 30 days)
LEXIVA SUS 50MG/ML	3	QL (1575 mL / 28 days)
<i>nevirapine susp 50 mg/5ml</i>	2	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg</i>	2	QL (60 tabs / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	2	QL (90 tabs / 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	2	QL (30 tabs / 30 days)
NORVIR POW 100MG	3	QL (360 packets / 30 days)
NORVIR SOL 80MG/ML	3	QL (480 mL / 30 days)
PREZISTA SUS 100MG/ML	3	QL (400 ml / 30 days)
PREZISTA TAB 75MG	3	QL (300 tabs / 30 days)
PREZISTA TAB 150MG	3	QL (180 tabs / 30 days)
PREZISTA TAB 600MG	3	QL (60 tabs / 30 days)
PREZISTA TAB 800MG	3	QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG	4	QL (180 tabs / 30 days)
RETROVIR INJ 10MG/ML	3	
REYATAZ POW 50MG	3	QL (180 packets / 30 days)
<i>ritonavir tab 100 mg</i>	2	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML	3	QL (1840 mL / 30 days)
SELZENTRY TAB 25MG	3	QL (240 tabs / 30 days)
SELZENTRY TAB 75MG	3	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG	3	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG	3	QL (120 tabs / 30 days)
<i>stavudine cap 15 mg</i>	2	QL (60 caps / 30 days)
<i>stavudine cap 20 mg</i>	2	QL (60 caps / 30 days)
<i>stavudine cap 30 mg</i>	2	QL (60 caps / 30 days)
<i>stavudine cap 40 mg</i>	2	QL (60 caps / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG	3	QL (360 tabs / 30 days)
TIVICAY TAB 10MG	3	QL (240 tabs / 30 days)
TIVICAY TAB 25MG	3	QL (60 tabs / 30 days)
TIVICAY TAB 50MG	3	QL (60 tabs / 30 days)
TROGARZO INJ 150MG/ML	5	
TYBOST TAB 150MG	3	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG	3	QL (30 caps / 30 days)
VIDEX SOL 2GM	3	QL (1200 ml / 30 days)
VIRACEPT TAB 250MG	3	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG	3	QL (120 tabs / 30 days)
VIREAD POW 40MG/GM	3	QL (240 gm / 30 days)
VIREAD TAB 150MG	3	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIREAD TAB 200MG	3	QL (30 tabs / 30 days)
VIREAD TAB 250MG	3	QL (30 tabs / 30 days)
<i>zidovudine cap 100 mg</i>	2	QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	2	QL (1800 ml / 30 days)
<i>zidovudine tab 300 mg</i>	2	QL (60 tabs / 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	2	QL (60 tabs / 30 days)
BIKTARVY TAB	3	QL (30 tabs / 30 days)
CIMDUO TAB 300-300	3	QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG	3	QL (30 tabs / 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	3	QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2	QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	QL (30 tabs / 30 days); \$0 copay for pre-exposure prophylaxis
EVOTAZ TAB 300-150	3	QL (30 tabs / 30 days)
GENVOYA TAB	3	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG	3	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG	3	QL (120 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	QL (390 mL / 30 days)
ODEFSEY TAB	3	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	3	QL (30 tabs / 30 days)
TEMIXYS TAB 300-300	3	QL (30 tabs / 30 days)
TRIUMEQ TAB	3	QL (30 tabs / 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	

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Drug Name	Drug Tier	Requirements/Limits
PASER GRA 4GM	4	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
RIFAMATE CAP	3	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
RIFATER TAB	3	
SIRTURO TAB 20MG	6	PA
SIRTURO TAB 100MG	6	PA
TRECTOR TAB 250MG	3	
ANTIVIRALS§		
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	5	
BARACLUDE SOL	4	QL (630 mL / 30 days)
<i>cidofovir iv inj 75 mg/ml</i>	2	
<i>entecavir tab 0.5 mg</i>	5	QL (30 tabs / 30 days)
<i>entecavir tab 1 mg</i>	5	QL (30 tabs / 30 days)
EPIVIR HBV SOL 5MG/ML	3	
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
<i>lamivudine tab 100 mg (hbv)</i>	2	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QL (40 caps / 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	QL (20 caps / 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	QL (20 caps / 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	QL (360 mL / 90 days)
RELENZA MIS DISKHALE	3	QL (2 inhalers / 90 days)
<i>ribavirin for inhal soln 6 gm</i>	2	
<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 / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	5	PA, QL (120 tabs / 30 days)
VEMLIDY TAB 25MG	4	PA, QL (30 tabs / 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>cefditoren pivoxil tab 200 mg (base equivalent)</i>	2	
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	2	
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for inj 2 gm</i>	2	
<i>cefixime cap 400 mg</i>	2	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil tab 500 mg</i>	2	
<i>ceftazidime for iv soln 2 gm</i>	2	
<i>ceftriaxone sodium for inj 1 gm</i>	2	
<i>ceftriaxone sodium for inj 2 gm</i>	2	
<i>ceftriaxone sodium for inj 10 gm</i>	2	
<i>ceftriaxone sodium for inj 250 mg</i>	2	
<i>ceftriaxone sodium for inj 500 mg</i>	2	
<i>ceftriaxone sodium for iv soln 1 gm</i>	2	
<i>ceftriaxone sodium for iv soln 2 gm</i>	2	
<i>cefuroxime axetil tab 250 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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 inj 1gm</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	QL (6 tabs per 5 days)
<i>azithromycin tab 500 mg</i>	2	
<i>azithromycin tab 600 mg</i>	2	
<i>clarithromycin for susp 125 mg/5ml</i>	2	
<i>clarithromycin for susp 250 mg/5ml</i>	2	
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
DIFICID TAB 200MG	3	PA
<i>e.e.s. 400 tab 400mg</i>	2	
<i>ery-tab tab 250mg ec</i>	2	
<i>ery-tab tab 333mg ec</i>	2	
<i>ery-tab tab 500mg ec</i>	2	
<i>erythrocin tab 250mg</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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	2	
<i>levofloxacin tab 500 mg</i>	2	
<i>levofloxacin tab 750 mg</i>	2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
<i>ofloxacin tab 300 mg</i>	2	
<i>ofloxacin tab 400 mg</i>	2	
HEPATITIS C		
EPCLUSA TAB 400-100	5	PA, QL (28 tabs / 28 days)
HARVONI PAK	5	PA, QL (28 pellets / 28 days)
HARVONI PAK 45-200MG	5	PA, QL (28 pellets / 28 days)
HARVONI TAB 45-200MG	5	PA, QL (28 tabs / 28 days)
HARVONI TAB 90-400MG	5	PA, QL (28 tabs / 28 days)
PEGASYS INJ	5	PA
PEGASYS INJ 180MCG/M	5	PA
<i>ribavirin cap 200 mg</i>	2	PA
<i>ribavirin tab 200 mg</i>	2	PA
SOVALDI PAK 150MG	6	ST, PA, QL (28 pellets / 28 days)
SOVALDI PAK 200MG	6	ST, PA, QL (28 pellets / 28 days)
SOVALDI TAB 200MG	6	ST, PA, QL (28 tabs / 28 days)
SOVALDI TAB 400MG	6	ST, PA, QL (28 tabs / 28 days)
VOSEVI TAB	5	PA, QL (28 tabs / 28 days)
ZEPATIER TAB 50-100MG	6	ST, PA, QL (28 tabs / 28 days)
PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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 inj 20000000</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	

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Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
<i>avidoxy tab 100mg</i>	2	
<i>demeclocycline hcl tab 150 mg</i>	2	
<i>demeclocycline hcl tab 300 mg</i>	2	
<i>doxy 100 inj 100mg</i>	2	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	2	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline hyclate tab delayed release 75 mg</i>	2	
<i>doxycycline hyclate tab delayed release 150 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>minocycline hcl tab 50 mg</i>	2	
<i>minocycline hcl tab 75 mg</i>	2	
<i>minocycline hcl tab 100 mg</i>	2	
<i>morgidox cap 1x100mg</i>	2	
<i>tetracycline hcl cap 250 mg</i>	2	
<i>tetracycline hcl cap 500 mg</i>	2	
VIBRAMYCIN SYP 50MG/5ML	4	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
SYMPATHOMIMETICS		
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	2	QL (60 vials / 25 days)
ANTIDIABETICS		
ANTIDIABETIC COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	2	PA**
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	2	PA**
DIABETIC OTHER		
<i>glucagon (rdna) for inj kit 1 mg</i>	2	
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 4MG/3ML	3	QL (1 pen / 21 days)

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Drug Name	Drug Tier	Requirements/Limits
ANTIMALARIALS		
ANTIMALARIALS		
<i>pyrimethamine tab 25 mg</i>	4	PA
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>busulfan inj 6 mg/ml</i>	2	
<i>carmustine for inj 100 mg</i>	2	
<i>cyclophosphamide cap 25 mg</i>	2	
<i>cyclophosphamide cap 50 mg</i>	2	
<i>cyclophosphamide for inj 1 gm</i>	5	
<i>cyclophosphamide for inj 2 gm</i>	5	
<i>cyclophosphamide for inj 500 mg</i>	5	
<i>dacarbazine for inj 100 mg</i>	2	
<i>dacarbazine for inj 200 mg</i>	2	
EMCYT CAP 140MG	5	
GLEOSTINE CAP 10MG	5	
GLEOSTINE CAP 40MG	5	
GLEOSTINE CAP 100MG	5	
GLIADEL WAF 7.7MG	3	
<i>ifosfamide for inj 1 gm</i>	2	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	2	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	2	
LEUKERAN TAB 2MG	3	
<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
ANTHRACYCLINES		
<i>adriamycin inj 10mg</i>	2	
<i>adriamycin inj 50mg</i>	2	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	2	
<i>doxorubicin hcl inj 2 mg/ml</i>	2	
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	2	
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	2	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	2	
<i>bleomycin sulfate for inj 30 unit</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	
ANTIMETABOLITES		
<i>adrucil inj 500/10ml</i>	2	
ALIMTA INJ 100MG	5	
ALIMTA INJ 500MG	5	
<i>azacitidine for inj 100 mg</i>	5	PA
<i>capecitabine tab 150 mg</i>	5	PA, QL (120 tabs / 30 days)
<i>capecitabine tab 500 mg</i>	5	PA, QL (300 tabs / 30 days)
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	2	
<i>clofarabine iv soln 1 mg/ml</i>	2	
<i>cytarabine inj 20 mg/ml</i>	2	
<i>cytarabine inj pf 20 mg/ml</i>	2	
<i>cytarabine inj pf 100 mg/ml</i>	2	
<i>decitabine for inj 50 mg</i>	5	PA
<i>floxuridine for inj 0.5 gm</i>	2	
<i>fludarabine phosphate for inj 50 mg</i>	2	
<i>fludarabine phosphate inj 25 mg/ml</i>	2	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	2	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	2	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	2	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	2	
<i>gemcitabine hcl for inj 1 gm</i>	5	
<i>gemcitabine hcl for inj 2 gm</i>	5	
<i>gemcitabine hcl for inj 200 mg</i>	5	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	5	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	5	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	5	
<i>mercaptopurine tab 50 mg</i>	2	
<i>methotrexate sodium for inj 1 gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
NIPENT INJ 10MG	3	
TABLOID TAB 40MG	3	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	3	
<i>docetaxel for inj conc 20 mg/ml</i>	2	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	2	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	2	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	2	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	2	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	2	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	2	
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate inj 1 mg/ml</i>	2	
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	2	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG	5	PA
ERBITUX INJ 200MG	5	PA
ERIVEDGE CAP 150MG	5	PA, QL (30 caps / 30 days)
FARYDAK CAP 10MG	5	PA, QL (6 caps / 21 days)
FARYDAK CAP 15MG	5	PA, QL (6 caps / 21 days)
FARYDAK CAP 20MG	5	PA, QL (6 caps / 21 days)

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Drug Name	Drug Tier	Requirements/Limits
GAZYVA INJ 25MG/ML	5	PA
IBRANCE CAP 75MG	5	PA, QL (21 caps / 28 days)
IBRANCE CAP 100MG	5	PA, QL (21 caps / 28 days)
IBRANCE CAP 125MG	5	PA, QL (21 caps / 28 days)
IBRANCE TAB 75MG	5	PA, QL (21 tabs / 28 days)
IBRANCE TAB 100MG	5	PA, QL (21 tabs / 28 days)
IBRANCE TAB 125MG	5	PA, QL (21 tabs / 28 days)
KADCYLA INJ 100MG	5	PA
KADCYLA INJ 160MG	5	PA
KEYTRUDA INJ 100MG/4M	5	PA
KISQALI TAB 200DOSE	5	PA, QL (21 tabs / 28 days); 200 mg dose
KISQALI TAB 400DOSE	5	PA, QL (42 tabs / 28 days); 400 mg dose
KISQALI TAB 600DOSE	5	PA, QL (63 tabs / 28 days); 600 mg dose
LYNPARZA TAB 100MG	5	PA, QL (120 tabs / 30 days)
LYNPARZA TAB 150MG	5	PA, QL (120 tabs / 30 days)
RYDAPT CAP 25MG	6	PA, QL (224 caps / 28 days)
ZEJULA CAP 100MG	5	PA, QL (90 caps / 30 days)
ZOLINZA CAP 100MG	5	PA, QL (120 caps / 30 days)

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tabs / 30 days)
<i>anastrozole tab 1 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	2	
DEPO-PROVERA INJ 400/ML	4	
ELIGARD INJ 7.5MG	5	PA
ELIGARD INJ 22.5MG	5	PA
ELIGARD INJ 30MG	5	PA
ELIGARD INJ 45MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ERLEADA TAB 60MG	5	PA, QL (120 tabs / 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>flutamide cap 125 mg</i>	2	
<i>fulvestrant inj 250 mg/5ml</i>	5	PA
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide acetate inj kit 5 mg/ml</i>	5	PA
LUPR DEP-PED INJ 3M 30MG	5	PA
LUPR DEP-PED INJ 7.5MG	5	PA
LUPR DEP-PED INJ 11.25MG	5	PA
LUPR DEP-PED INJ 15MG	5	PA
LYSODREN TAB 500MG	3	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate susp 625 mg/5ml</i>	2	
<i>megestrol acetate tab 20 mg</i>	2	
<i>megestrol acetate tab 40 mg</i>	2	
<i>nilutamide tab 150 mg</i>	2	
NUBEQA TAB 300MG	5	PA, QL (120 tabs / 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 / 30 days)
YONSA TAB 125MG	5	PA, QL (120 tabs / 30 days)
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	5	PA, QL (60 tabs / 30 days)
AFINITOR DIS TAB 3MG	5	PA, QL (90 tabs / 30 days)
AFINITOR DIS TAB 5MG	5	PA, QL (60 tabs / 30 days)
AFINITOR TAB 10MG	5	PA, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ALECENSA CAP 150MG	5	PA, QL (240 caps / 30 days)
BOSULIF TAB 100MG	5	PA, QL (90 tabs / 30 days)
BOSULIF TAB 400MG	5	PA, QL (30 tabs / 30 days)
BOSULIF TAB 500MG	5	PA, QL (30 tabs / 30 days)
CALQUENCE CAP 100MG	6	PA, QL (60 caps / 30 days)
CAPRELSA TAB 100MG	5	PA, QL (60 tabs / 30 days)
CAPRELSA TAB 300MG	5	PA, QL (30 tabs / 30 days)
COMETRIQ KIT 60MG	5	PA, QL (1 kit / 28 days)
COMETRIQ KIT 100MG	5	PA, QL (1 kit / 28 days)
COMETRIQ KIT 140MG	5	PA, QL (1 kit / 28 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	PA, QL (60 tabs / 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	PA, QL (30 tabs / 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	PA, QL (30 tabs / 30 days)
<i>everolimus tab 2.5 mg</i>	5	PA, QL (30 tabs / 30 days)
<i>everolimus tab 5 mg</i>	5	PA, QL (30 tabs / 30 days)
<i>everolimus tab 7.5 mg</i>	5	PA, QL (30 tabs / 30 days)
ICLUSIG TAB 15MG	5	PA, QL (30 tabs / 30 days)
ICLUSIG TAB 45MG	5	PA, QL (30 tabs / 30 days)
IDHIFA TAB 50MG	5	PA, QL (30 tabs / 30 days)
IDHIFA TAB 100MG	5	PA, QL (30 tabs / 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	PA, QL (90 tabs / 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	PA, QL (60 tabs / 30 days)
IMBRUVICA CAP 70MG	5	PA, QL (30 caps / 30 days)
IMBRUVICA CAP 140MG	5	PA, QL (90 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TAB 140MG	5	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 280MG	5	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 420MG	5	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 560MG	5	PA, QL (30 tabs / 30 days)
INLYTA TAB 1MG	5	PA, QL (240 tabs / 30 days)
INLYTA TAB 5MG	5	PA, QL (120 tabs / 30 days)
JAKAFI TAB 5MG	5	PA, QL (60 tabs / 30 days)
JAKAFI TAB 10MG	5	PA, QL (60 tabs / 30 days)
JAKAFI TAB 15MG	5	PA, QL (60 tabs / 30 days)
JAKAFI TAB 20MG	5	PA, QL (60 tabs / 30 days)
JAKAFI TAB 25MG	5	PA, QL (60 tabs / 30 days)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA, QL (180 tabs / 30 days)
LENVIMA CAP 4MG	5	PA, QL (30 caps / 30 days)
LENVIMA CAP 8 MG	5	PA, QL (60 caps / 30 days)
LENVIMA CAP 10 MG	5	PA, QL (30 caps / 30 days)
LENVIMA CAP 12MG	5	PA, QL (90 caps / 30 days)
LENVIMA CAP 14 MG	5	PA, QL (60 caps / 30 days)
LENVIMA CAP 18 MG	5	PA, QL (90 caps / 30 days)
LENVIMA CAP 20 MG	5	PA, QL (60 caps / 30 days)
LENVIMA CAP 24 MG	5	PA, QL (90 caps / 30 days)
LORBRENA TAB 25MG	6	PA, QL (90 tabs / 30 days)
LORBRENA TAB 100MG	6	PA, QL (30 tabs / 30 days)
MEKINIST TAB 0.5MG	5	PA, QL (90 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MEKINIST TAB 2MG	5	PA, QL (30 tabs / 30 days)
NEXAVAR TAB 200MG	5	PA, QL (120 tabs / 30 days)
SPRYCEL TAB 20MG	5	PA, QL (90 tabs / 30 days)
SPRYCEL TAB 50MG	5	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 70MG	5	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 80MG	5	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 100MG	5	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 140MG	5	PA, QL (30 tabs / 30 days)
STIVARGA TAB 40MG	5	PA, QL (84 tabs / 28 days)
SUTENT CAP 12.5MG	5	PA, QL (30 caps / 30 days)
SUTENT CAP 25MG	5	PA, QL (30 caps / 30 days)
SUTENT CAP 37.5MG	5	PA, QL (30 caps / 30 days)
SUTENT CAP 50MG	5	PA, QL (30 caps / 30 days)
TAFINLAR CAP 50MG	5	PA, QL (120 caps / 30 days)
TAFINLAR CAP 75MG	5	PA, QL (120 caps / 30 days)
TUKYSA TAB 50MG	6	PA, QL (120 tabs / 30 days)
TUKYSA TAB 150MG	6	PA, QL (120 tabs / 30 days)
TYKERB TAB 250MG	5	PA, QL (180 tabs / 30 days)
VITRAKVI CAP 25MG	6	PA, QL (180 caps / 30 days)
VITRAKVI CAP 100MG	6	PA, QL (60 caps / 30 days)
VITRAKVI SOL 20MG/ML	6	PA, QL (300 mL / 30 days)
VOTRIENT TAB 200MG	5	PA, QL (120 tabs / 30 days)
XALKORI CAP 200MG	5	PA, QL (60 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XALKORI CAP 250MG	5	PA, QL (60 caps / 30 days)
ZELBORAF TAB 240MG	5	PA, QL (240 tabs / 30 days)
ZYDELIG TAB 100MG	5	PA, QL (60 tabs / 30 days)
ZYDELIG TAB 150MG	5	PA, QL (60 tabs / 30 days)
ZYKADIA TAB 150MG	5	PA, QL (90 tabs / 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
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
<i>hydroxyurea cap 500 mg</i>	2	
MATULANE CAP 50MG	3	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	5	PA
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	5	PA
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	5	PA
ODOMZO CAP 200MG	5	PA, QL (30 caps / 30 days)
ONCASPAR INJ 750/ML	5	PA
PHOTOFRIN INJ 75MG	3	
QUADRAMET INJ 1850MBQ	3	
TICE BCG INJ	3	
<i>tretinoin cap 10 mg</i>	2	
VISTOGARD PAK 10GM	5	QL (20 packets / 5 days)
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	2	
<i>carboplatin iv soln 150 mg/15ml</i>	2	
<i>carboplatin iv soln 450 mg/45ml</i>	2	
<i>carboplatin iv soln 600 mg/60ml</i>	2	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	
<i>oxaliplatin for iv inj 50 mg</i>	5	
<i>oxaliplatin for iv inj 100 mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin iv soln 50 mg/10ml</i>	5	
<i>oxaliplatin iv soln 100 mg/20ml</i>	5	
<i>paraplatin inj 1000mg</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 100 mg/5ml (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	
TENIPOSIDE INJ 50MG/5ML	3	
<i>toposar inj 1gm/50ml</i>	2	
<i>toposar inj 100/5ml</i>	2	
<i>toposar inj 500/25ml</i>	2	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 500 mg</i>	5	PA, QL (60 tabs / 30 days)
XTANDI TAB 40MG	5	PA, QL (120 tabs / 30 days)
XTANDI TAB 80MG	5	PA, QL (60 tabs / 30 days)
ANTINEOPLASTIC ENZYME INHIBITORS		
CABOMETYX TAB 20MG	5	PA, QL (30 tabs / 30 days)
CABOMETYX TAB 40MG	5	PA, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TAB 60MG	5	PA, QL (30 tabs / 30 days)
ICLUSIG TAB 10MG	5	PA, QL (30 tabs / 30 days)
ICLUSIG TAB 30MG	5	PA, QL (30 tabs / 30 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	PA, QL (30 caps / 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	5	PA, QL (30 caps / 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	5	PA, QL (30 caps / 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	5	PA, QL (30 caps / 30 days)
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	5	PA, QL (120 tabs / 30 days)
VENCLEXTA TAB 50MG	5	PA, QL (120 tabs / 30 days)
VENCLEXTA TAB 100MG	5	PA, QL (180 tabs / 30 days)
VENCLEXTA TAB START PK	5	PA, QL (1 pack / 28 days)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
DIBENZAPINES		
<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	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	QL (30 tabs / 30 days)
<i>etravirine tab 100 mg</i>	2	QL (120 tabs / 30 days)
<i>etravirine tab 200 mg</i>	2	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	QL (240 tabs / 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	QL (120 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
HEPATITIS AGENTS		
EPCLUSA TAB 200-50MG	5	PA, QL (28 tabs / 28 days)
BETA BLOCKERS		
BETA BLOCKERS CARDIO-SELECTIVE		
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	2	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	2	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	2	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	2	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	2	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>perindopril erbumine tab 8 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl tab 5 mg</i>	2	
<i>quinapril hcl tab 10 mg</i>	2	
<i>quinapril hcl tab 20 mg</i>	2	
<i>quinapril hcl tab 40 mg</i>	2	
<i>ramipril cap 1.25 mg</i>	2	
<i>ramipril cap 2.5 mg</i>	2	
<i>ramipril cap 5 mg</i>	2	
<i>ramipril cap 10 mg</i>	2	
<i>trandolapril tab 1 mg</i>	2	
<i>trandolapril tab 2 mg</i>	2	
<i>trandolapril tab 4 mg</i>	2	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
ALPHA BLOCKERS		
<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 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	
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	

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

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Drug Name	Drug Tier	Requirements/Limits
<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	
EDARBI TAB 40MG	4	ST; PA**
EDARBI TAB 80MG	4	ST; PA**
<i>eprosartan mesylate tab 600 mg</i>	2	
<i>irbesartan tab 75 mg</i>	2	
<i>irbesartan tab 150 mg</i>	2	
<i>irbesartan tab 300 mg</i>	2	
<i>losartan potassium tab 25 mg</i>	2	
<i>losartan potassium tab 50 mg</i>	2	
<i>losartan potassium tab 100 mg</i>	2	
<i>olmesartan medoxomil tab 5 mg</i>	2	
<i>olmesartan medoxomil tab 20 mg</i>	2	
<i>olmesartan medoxomil tab 40 mg</i>	2	
<i>telmisartan tab 20 mg</i>	2	
<i>telmisartan tab 40 mg</i>	2	
<i>telmisartan tab 80 mg</i>	2	
<i>valsartan tab 40 mg</i>	2	
<i>valsartan tab 80 mg</i>	2	
<i>valsartan tab 160 mg</i>	2	
<i>valsartan tab 320 mg</i>	2	
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>mexiletine hcl cap 150 mg</i>	2	
<i>mexiletine hcl cap 200 mg</i>	2	
<i>mexiletine hcl cap 250 mg</i>	2	
MULTAQ TAB 400MG	4	PA
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
<i>pacerone tab 100mg</i>	2	
<i>pacerone tab 200mg</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>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>sorine tab 80mg</i>	2	
<i>sorine tab 120mg</i>	2	
<i>sorine tab 160mg</i>	2	
<i>sorine tab 240mg</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
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	

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Drug Name	Drug Tier	Requirements/Limits
<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 pow 4gm</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/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	2	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	2	
<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

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

Drug Name	Drug Tier	Requirements/Limits
<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>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	
<i>rosuvastatin calcium tab 40 mg</i>	2	
<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**
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>omega-3-acid ethyl esters cap 1 gm</i>	2	
VASCEPA CAP 0.5GM	3	
VASCEPA CAP 1GM	3	
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT INJ 75MG/ML	5	PA, QL (2 pens / 28 days)
PRALUENT INJ 150MG/ML	5	PA, QL (2 pens / 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	2	
<i>propranolol & hydrochlorothiazide tab 80-25 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	
BYSTOLIC TAB 2.5MG	4	
BYSTOLIC TAB 5MG	4	
BYSTOLIC TAB 10MG	4	
BYSTOLIC TAB 20MG	4	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<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>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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
CARDIZEM LA TAB 120MG	4	
<i>cartia xt cap 120/24hr</i>	2	
<i>cartia xt cap 180/24hr</i>	2	
<i>cartia xt cap 240/24hr</i>	2	
<i>cartia xt cap 300/24hr</i>	2	
<i>dilt-xr cap 120mg</i>	2	
<i>dilt-xr cap 180mg</i>	2	
<i>dilt-xr cap 240mg</i>	2	
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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>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 tab 180mg/24</i>	2	
<i>matzim la tab 240mg/24</i>	2	
<i>matzim la tab 300mg/24</i>	2	
<i>matzim la tab 360mg/24</i>	2	
<i>matzim la tab 420mg/24</i>	2	
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	2	
<i>nisoldipine tab er 24hr 8.5 mg</i>	2	
<i>nisoldipine tab er 24hr 17 mg</i>	2	
<i>nisoldipine tab er 24hr 20 mg</i>	2	
<i>nisoldipine tab er 24hr 25.5 mg</i>	2	
<i>nisoldipine tab er 24hr 30 mg</i>	2	
<i>nisoldipine tab er 24hr 34 mg</i>	2	
<i>nisoldipine tab er 24hr 40 mg</i>	2	
<i>taztia xt cap 120mg/24</i>	2	
<i>taztia xt cap 180mg/24</i>	2	
<i>taztia xt cap 240mg/24</i>	2	
<i>taztia xt cap 300mg er</i>	2	
<i>taztia xt cap 360mg/24</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	

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

Drug Name	Drug Tier	Requirements/Limits
<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>digox tab 0.25mg</i>	2	
<i>digox tab 0.125mg</i>	2	
<i>digoxin oral soln 0.05 mg/ml</i>	2	
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	
LANOXIN TAB 0.0625MG	3	
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	
ALDACTAZIDE TAB 50/50	3	
<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>chlorothiazide tab 250 mg</i>	2	
<i>chlorothiazide tab 500 mg</i>	2	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
DIURIL SUS 250/5ML	4	
<i>ethacrynic acid tab 25 mg</i>	4	
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	2	
<i>furosemide tab 40 mg</i>	2	
<i>furosemide tab 80 mg</i>	2	
<i>hydrochlorothiazide cap 12.5 mg</i>	2	
<i>hydrochlorothiazide tab 12.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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 inj 5%</i>	2	
<i>osmitrol inj 10%</i>	2	
<i>osmitrol inj 15%</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>spironolactone tab 25 mg</i>	2	
<i>spironolactone tab 50 mg</i>	2	
<i>spironolactone tab 100 mg</i>	2	
<i>toremide tab 5 mg</i>	2	
<i>toremide tab 10 mg</i>	2	
<i>toremide tab 20 mg</i>	2	
<i>toremide tab 100 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	2	
<i>triamterene cap 50 mg</i>	2	
<i>triamterene cap 100 mg</i>	2	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	2	
<i>clonidine hcl tab 0.2 mg</i>	2	
<i>clonidine hcl tab 0.3 mg</i>	2	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	3	
CORLANOR TAB 7.5MG	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<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 250mg</i>	2	
<i>methyldopa tab 500mg</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 / 25 days)
<i>ranolazine tab er 12hr 500 mg</i>	2	ST; PA**
<i>ranolazine tab er 12hr 1000 mg</i>	2	ST; PA**

NITRATES

DILATRATE SR CAP 40MG	4	
<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	
<i>minitran dis 0.1mg/hr</i>	2	
<i>minitran dis 0.2mg/hr</i>	2	
<i>minitran dis 0.4mg/hr</i>	2	
<i>minitran dis 0.6mg/hr</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	

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Drug Name	Drug Tier	Requirements/Limits
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TAB 0.5MG	6	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1.5MG	6	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1MG	6	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2.5MG	6	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2MG	6	PA, QL (90 tabs / 30 days)
<i>ambrisentan tab 5 mg</i>	5	PA, QL (30 tabs / 30 days)
<i>ambrisentan tab 10 mg</i>	5	PA, QL (30 tabs / 30 days)
<i>bosentan tab 62.5 mg</i>	5	PA, QL (60 tabs / 30 days)
<i>bosentan tab 125 mg</i>	5	PA, QL (60 tabs / 30 days)
OPSUMIT TAB 10MG	5	PA, QL (30 tabs / 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
REMODULIN INJ 1MG/ML	6	PA
REMODULIN INJ 2.5MG/ML	6	PA
REMODULIN INJ 5MG/ML	6	PA
REMODULIN INJ 10MG/ML	6	PA
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	5	PA
<i>sildenafil citrate tab 20 mg</i>	5	PA, QL (90 tabs / 30 days)
<i>tadalafil tab 20 mg (pah)</i>	6	PA, QL (60 tabs / 30 days)
TRACLEER TAB 32MG	5	PA, QL (112 tabs / 28 days)
TYVASO START SOL 0.6MG/ML	5	PA, QL (28 ampules / 28 days)
UPTRAVI TAB 200/800	5	PA, QL (1 pack / 28 days)
UPTRAVI TAB 200MCG	5	PA, QL (140 tabs / 28 days)
UPTRAVI TAB 400MCG	5	PA, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 600MCG	5	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG	5	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1000MCG	5	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG	5	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG	5	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG	5	PA, QL (60 tabs / 30 days)
VENTAVIS SOL 10MCG/ML	5	PA, QL (270 ampules / 30 days)
VENTAVIS SOL 20MCG/ML	5	PA, QL (270 ampules / 30 days)

CARDIOVASCULAR AGENTS - MISC.***PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***

UPTRAVI INJ 1800MCG	5	PA
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CENTRAL NERVOUS SYSTEM***ANTI-ANXIETY***

ALPRAZOLAM CON 1 MG/ML	3	QL (300 mL / 25 days; daily limit applies)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	2	QL (150 tabs / 25 days; daily limit applies)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	2	QL (150 tabs / 25 days; daily limit applies)
<i>alprazolam orally disintegrating tab 1 mg</i>	2	QL (150 tabs / 25 days; daily limit applies)
<i>alprazolam orally disintegrating tab 2 mg</i>	2	QL (150 tabs / 25 days; daily limit applies)
<i>alprazolam tab 0.5 mg</i>	2	QL (150 tabs / 25 days; daily limit applies)
<i>alprazolam tab 0.25 mg</i>	2	QL (150 tabs / 25 days; daily limit applies)
<i>alprazolam tab 1 mg</i>	2	QL (150 tabs / 25 days; daily limit applies)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 25 days; daily limit applies)
<i>lorazepam conc 2 mg/ml</i>	2	QL (150 mL / 25 days; daily limit applies)
<i>lorazepam tab 0.5 mg</i>	2	QL (150 tabs / 25 days; daily limit applies)
<i>lorazepam tab 1 mg</i>	2	QL (150 tabs / 25 days; daily limit applies)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tab 2 mg</i>	2	QL (150 tabs / 25 days; daily limit applies)
<i>meprobamate tab 200 mg</i>	2	
<i>meprobamate tab 400 mg</i>	2	
<i>oxazepam cap 10 mg</i>	2	QL (120 caps / 25 days; daily limit applies)
<i>oxazepam cap 15 mg</i>	2	QL (120 caps / 25 days; daily limit applies)
<i>oxazepam cap 30 mg</i>	2	QL (120 caps / 25 days; daily limit applies)

ANTICONVULSANTS§

APTIOM TAB 200MG	4	PA
APTIOM TAB 400MG	4	PA
APTIOM TAB 600MG	4	PA
APTIOM TAB 800MG	4	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	4	PA
BRIVIACT TAB 10MG	4	PA
BRIVIACT TAB 25MG	4	PA
BRIVIACT TAB 50MG	4	PA
BRIVIACT TAB 75MG	4	PA
BRIVIACT TAB 100MG	4	PA
<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	
CELONTIN CAP 300MG	4	
<i>clobazam suspension 2.5 mg/ml</i>	2	PA
<i>clobazam tab 10 mg</i>	2	PA
<i>clobazam tab 20 mg</i>	2	PA
<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 / 25 days; daily limit applies)
<i>clorazepate dipotassium tab 7.5 mg</i>	2	QL (180 tabs / 25 days; daily limit applies)
<i>clorazepate dipotassium tab 15 mg</i>	2	QL (180 tabs / 25 days; daily limit applies)

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam con 5mg/ml</i>	2	QL (240 mL / 25 days; daily limit applies)
<i>diazepam inj 5 mg/ml</i>	2	
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL / 25 days; daily limit applies)
<i>diazepam tab 2 mg</i>	2	QL (120 tabs / 25 days; daily limit applies)
<i>diazepam tab 5 mg</i>	2	QL (120 tabs / 25 days; daily limit applies)
<i>diazepam tab 10 mg</i>	2	QL (120 tabs / 25 days; daily limit applies)
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	
EPIDIOLEX SOL 100MG/ML	6	PA, QL (800 mL / 30 days)
<i>epitol tab 200mg</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>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	2	
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	2	
FYCOMPA SUS 0.5MG/ML	3	
FYCOMPA TAB 2MG	3	
FYCOMPA TAB 4MG	3	
FYCOMPA TAB 6MG	3	
FYCOMPA TAB 8MG	3	
FYCOMPA TAB 10MG	3	
FYCOMPA TAB 12MG	3	
<i>gabapentin cap 100 mg</i>	2	
<i>gabapentin cap 300 mg</i>	2	
<i>gabapentin cap 400 mg</i>	2	
<i>gabapentin oral soln 250 mg/5ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin tab 600 mg</i>	2	
<i>gabapentin tab 800 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>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg</i>	2	
<i>oxcarbazepine tab 300 mg</i>	2	
<i>oxcarbazepine tab 600 mg</i>	2	
PEGANONE TAB 250MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
<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 chew tab 50 mg</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>tiagabine hcl tab 2 mg</i>	2	
<i>tiagabine hcl tab 4 mg</i>	2	
<i>tiagabine hcl tab 12 mg</i>	2	
<i>tiagabine hcl tab 16 mg</i>	2	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
<i>vigabatrin powd pack 500 mg</i>	5	PA, QL (180 packets / 30 days)
<i>vigabatrin tab 500 mg</i>	5	PA, QL (180 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VIMPAT INJ 200MG/20	4	
VIMPAT SOL 10MG/ML	4	
VIMPAT TAB 50MG	4	
VIMPAT TAB 100MG	4	
VIMPAT TAB 150MG	4	
VIMPAT TAB 200MG	4	
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
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>ergoloid mesylates tab 1 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	
<i>galantamine hydrobromide tab 8 mg</i>	2	
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 14 mg</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 21 mg</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 28 mg</i>	2	PA; PA applies for members less than 30 years of age
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA; PA applies for members less than 30 years of age

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CAP 40MG	4	ST, QL (30 caps / 25 days); PA**
FETZIMA CAP 80MG	4	ST, QL (30 caps / 25 days); PA**
FETZIMA CAP 120MG	4	ST, QL (30 caps / 25 days); PA**
FETZIMA CAP TITRATIO	4	ST, QL (30 caps / 25 days); PA**
<i>fluoxetine hcl cap 10 mg</i>	2	
<i>fluoxetine hcl cap 20 mg</i>	2	
<i>fluoxetine hcl cap 40 mg</i>	2	
<i>fluoxetine hcl cap delayed release 90 mg</i>	2	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>fluoxetine hcl tab 10 mg</i>	2	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	2	(generic Sarafem not covered)
<i>imipramine hcl tab 10 mg</i>	2	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	2	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	2	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	2	QL (30 caps / 25 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
<i>maprotiline hcl tab 25 mg</i>	2	
<i>maprotiline hcl tab 50 mg</i>	2	
<i>maprotiline hcl tab 75 mg</i>	2	
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	

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

Drug Name	Drug Tier	Requirements/Limits
<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 / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 25 mg</i>	2	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 50 mg</i>	2	QL (30 caps / 25 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 / 25 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 / 25 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	2	QL (60 tabs / 25 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	

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

Drug Name	Drug Tier	Requirements/Limits
<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 / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 50 mg</i>	2	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	2	QL (30 caps / 25 days); QL applies to members age 65 and older
TRINTELLIX TAB 5MG	4	ST; PA**
TRINTELLIX TAB 10MG	4	ST; PA**
TRINTELLIX TAB 20MG	4	ST; PA**
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	2	
VIIBRYD KIT STARTER	4	ST; PA**
VIIBRYD TAB 10MG	4	ST; PA**
VIIBRYD TAB 20MG	4	ST; PA**
VIIBRYD TAB 40MG	4	ST; PA**
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	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<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>tolcapone tab 100 mg</i>	2	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl tab 2 mg</i>	2	
<i>trihexyphenidyl hcl tab 5 mg</i>	2	
ANTIPSYCHOTICS		
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole orally disintegrating tab 10 mg</i>	2	
<i>aripiprazole orally disintegrating tab 15 mg</i>	2	
<i>aripiprazole tab 2 mg</i>	2	
<i>aripiprazole tab 5 mg</i>	2	
<i>aripiprazole tab 10 mg</i>	2	
<i>aripiprazole tab 15 mg</i>	2	
<i>aripiprazole tab 20 mg</i>	2	
<i>aripiprazole tab 30 mg</i>	2	
ARISTADA INJ 441MG/1.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ 1064MG	3	
ARISTADA INJ INITIO	3	
CHLORPROMAZINE HCL INJ 25 MG/ML	2	
CHLORPROMAZINE HCL INJ 50 MG/2ML	2	
<i>chlorpromazine hcl tab 10 mg</i>	2	
<i>chlorpromazine hcl tab 25 mg</i>	2	
<i>chlorpromazine hcl tab 50 mg</i>	2	
<i>chlorpromazine hcl tab 100 mg</i>	2	
<i>chlorpromazine hcl tab 200 mg</i>	2	
<i>clozapine orally disintegrating tab 12.5 mg</i>	2	
<i>clozapine orally disintegrating tab 25 mg</i>	2	
<i>clozapine orally disintegrating tab 100 mg</i>	2	
<i>clozapine orally disintegrating tab 150 mg</i>	2	
<i>clozapine orally disintegrating tab 200 mg</i>	2	
<i>clozapine tab 25 mg</i>	2	
<i>clozapine tab 50 mg</i>	2	
<i>clozapine tab 100 mg</i>	2	
<i>clozapine tab 200 mg</i>	2	
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	2	
<i>fluphenazine hcl tab 1 mg</i>	2	
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	
<i>fluphenazine hcl tab 10 mg</i>	2	
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	
<i>haloperidol tab 5 mg</i>	2	
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
LATUDA TAB 20MG	3	ST; PA**
LATUDA TAB 40MG	3	ST; PA**
LATUDA TAB 60MG	3	ST; PA**
LATUDA TAB 80MG	3	ST; PA**
LATUDA TAB 120MG	3	ST; PA**
<i>loxapine succinate cap 5 mg</i>	2	
<i>loxapine succinate cap 10 mg</i>	2	
<i>loxapine succinate cap 25 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate cap 50 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	
REXULTI TAB 0.5MG	4	ST; PA**
REXULTI TAB 0.25MG	4	ST; PA**
REXULTI TAB 1MG	4	ST; PA**
REXULTI TAB 2MG	4	ST; PA**
REXULTI TAB 3MG	4	ST; PA**
REXULTI TAB 4MG	4	ST; PA**
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone soln 1 mg/ml</i>	2	
<i>risperidone tab 0.5 mg</i>	2	
<i>risperidone tab 0.25 mg</i>	2	
<i>risperidone tab 1 mg</i>	2	
<i>risperidone tab 2 mg</i>	2	
<i>risperidone tab 3 mg</i>	2	
<i>risperidone tab 4 mg</i>	2	
<i>thioridazine hcl tab 10 mg</i>	2	
<i>thioridazine hcl tab 25 mg</i>	2	
<i>thioridazine hcl tab 50 mg</i>	2	
<i>thioridazine hcl tab 100 mg</i>	2	
<i>thiothixene cap 1 mg</i>	2	
<i>thiothixene cap 2 mg</i>	2	
<i>thiothixene cap 5 mg</i>	2	
<i>thiothixene cap 10 mg</i>	2	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	
<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	

ATTENTION DEFICIT HYPERACTIVITY DISORDERS

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (90 caps / 25 days; daily limit applies)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (90 caps / 25 days; daily limit applies)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 25 days; daily limit applies)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 25 days; daily limit applies)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 25 days; daily limit applies)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 25 days; daily limit applies)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (90 tabs / 25 days; daily limit applies)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (90 tabs / 25 days; daily limit applies)

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (90 tabs / 25 days; daily limit applies)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (90 tabs / 25 days; daily limit applies)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 25 days; daily limit applies)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (60 tabs / 25 days; daily limit applies)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (30 tabs / 25 days; daily limit applies)
<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	
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	2	QL (60 caps / 25 days; daily limit applies)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	2	QL (60 caps / 25 days; daily limit applies)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	2	QL (60 caps / 25 days; daily limit applies)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	2	QL (60 caps / 25 days; daily limit applies)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	2	QL (30 caps / 25 days; daily limit applies)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	2	QL (30 caps / 25 days; daily limit applies)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	2	QL (30 caps / 25 days; daily limit applies)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	2	QL (30 caps / 25 days; daily limit applies)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	2	QL (120 tabs / 25 days; daily limit applies)
<i>dexmethylphenidate hcl tab 5 mg</i>	2	QL (120 tabs / 25 days; daily limit applies)
<i>dexmethylphenidate hcl tab 10 mg</i>	2	QL (60 tabs / 25 days; daily limit applies)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL (120 caps / 25 days; daily limit applies)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	2	QL (120 caps / 25 days; daily limit applies)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	2	QL (60 caps / 25 days; daily limit applies)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	QL (1,200 mL / 25 days; daily limit applies)
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL (120 tabs / 25 days; daily limit applies)
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL (120 tabs / 25 days; daily limit applies)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	2	PA**
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	2	PA**
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	2	PA**
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	2	PA**
<i>methamphetamine hcl tab 5 mg</i>	2	QL (150 tabs / 25 days; daily limit applies)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	2	QL (60 caps / 25 days; daily limit applies)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	2	QL (60 caps / 25 days; daily limit applies)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	2	QL (60 caps / 25 days; daily limit applies)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	2	QL (60 caps / 25 days; daily limit applies)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	2	QL (30 caps / 25 days; daily limit applies)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	2	QL (30 caps / 25 days; daily limit applies)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	2	QL (60 caps / 25 days; daily limit applies)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	2	QL (30 caps / 25 days; daily limit applies)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	2	QL (30 caps / 25 days; daily limit applies)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	2	QL (30 caps / 25 days; daily limit applies)
<i>methylphenidate hcl chew tab 2.5 mg</i>	2	QL (180 chew tabs / 25 days; daily limit applies)
<i>methylphenidate hcl chew tab 5 mg</i>	2	QL (180 chew tabs / 25 days; daily limit applies)
<i>methylphenidate hcl chew tab 10 mg</i>	2	QL (180 chew tabs / 25 days; daily limit applies)
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL (1800 mL / 25 days; daily limit applies)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL (900 mL / 25 days; daily limit applies)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab 5 mg</i>	2	QL (180 tabs / 25 days; daily limit applies)
<i>methylphenidate hcl tab 10 mg</i>	2	QL (180 tabs / 25 days; daily limit applies)
<i>methylphenidate hcl tab 20 mg</i>	2	QL (90 tabs / 25 days; daily limit applies)
<i>methylphenidate hcl tab er 10 mg</i>	2	QL (90 tabs / 25 days; daily limit applies)
<i>methylphenidate hcl tab er 20 mg</i>	2	QL (90 tabs / 25 days; daily limit applies)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	2	QL (60 tabs / 25 days; daily limit applies)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	2	QL (60 tabs / 25 days; daily limit applies)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL (60 tabs / 25 days; daily limit applies)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	2	QL (30 tabs / 25 days; daily limit applies)
VYVANSE CAP 10MG	3	QL (60 caps / 25 days; daily limit applies)
VYVANSE CAP 20MG	3	QL (60 caps / 25 days; daily limit applies)
VYVANSE CAP 30MG	3	QL (60 caps / 25 days; daily limit applies)
VYVANSE CAP 40MG	3	QL (30 caps / 25 days; daily limit applies)
VYVANSE CAP 50MG	3	QL (30 caps / 25 days; daily limit applies)
VYVANSE CAP 60MG	3	QL (30 caps / 25 days; daily limit applies)
VYVANSE CAP 70MG	3	QL (30 caps / 25 days; daily limit applies)
VYVANSE CHW 10MG	3	QL (60 tabs / 25 days; daily limit applies)
VYVANSE CHW 20MG	3	QL (60 tabs / 25 days; daily limit applies)
VYVANSE CHW 30MG	3	QL (60 tabs / 25 days; daily limit applies)
VYVANSE CHW 40MG	3	QL (30 tabs / 25 days; daily limit applies)
VYVANSE CHW 50MG	3	QL (30 tabs / 25 days; daily limit applies)
VYVANSE CHW 60MG	3	QL (30 tabs / 25 days; daily limit applies)
<i>zenzedi tab 2.5mg</i>	2	QL (120 tabs / 25 days; daily limit applies)

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Drug Name	Drug Tier	Requirements/Limits
<i>zenzedi tab 7.5mg</i>	2	QL (120 tabs / 25 days; daily limit applies)
<i>zenzedi tab 15mg</i>	2	QL (60 tabs / 25 days; daily limit applies)
<i>zenzedi tab 20mg</i>	2	QL (60 tabs / 25 days; daily limit applies)
<i>zenzedi tab 30mg</i>	2	QL (30 tabs / 25 days; daily limit applies)

HYPNOTICS§

BELSOMRA TAB 5MG	3	ST; PA**
BELSOMRA TAB 10MG	3	ST; PA**
BELSOMRA TAB 15MG	3	ST; PA**
BELSOMRA TAB 20MG	3	ST; PA**
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	2	QL applies to members age 65 and older
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	2	QL applies to members age 65 and older
<i>eszopiclone tab 1 mg</i>	2	
<i>eszopiclone tab 2 mg</i>	2	
<i>eszopiclone tab 3 mg</i>	2	
HETLIOZ CAP 20MG	6	PA
<i>ramelteon tab 8 mg</i>	2	
<i>sleep-aid tab 25mg</i>	2	OTC
<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>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§

AIMOVIG INJ 70MG/ML	3	ST, QL (2 injections / 25 days); PA**
AIMOVIG INJ 140MG/ML	3	ST, QL (1 injection / 25 days); PA**
AJOVY INJ 225/1.5	3	ST, QL (3 injections / 75 days); PA**
<i>almotriptan malate tab 6.25 mg</i>	2	QL (12 tabs / 25 days; daily limit applies)
<i>almotriptan malate tab 12.5 mg</i>	2	QL (12 tabs / 25 days; daily limit applies)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs / 25 days; daily limit applies)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (12 tabs / 25 days; daily limit applies)
EMGALITY INJ 100MG/ML	3	ST, QL (3 injections / 25 days); PA**
EMGALITY INJ 120MG/ML	3	ST, QL (2 injections / 25 days); PA**
<i>ergotamine w/ caffeine tab 1-100 mg</i>	4	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	2	QL (18 tabs / 25 days; daily limit applies)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (12 tabs / 25 days; daily limit applies)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (12 tabs / 25 days; daily limit applies)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (18 tabs / 25 days; daily limit applies)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (18 tabs / 25 days; daily limit applies)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (18 tabs / 25 days; daily limit applies)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (18 tabs / 25 days; daily limit applies)
<i>sumatriptan nasal spray 5 mg/act</i>	2	QL (24 sprays / 25 days; daily limit applies)
<i>sumatriptan nasal spray 20 mg/act</i>	2	QL (12 sprays / 25 days; daily limit applies)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (12 vials / 25 days; daily limit applies)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QL (18 syringes / 25 days; daily limit applies)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QL (12 units / 25 days; daily limit applies)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	QL (18 syringes / 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	QL (12 units / 25 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	2	QL (12 units / 25 days; daily limit applies)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs / 25 days; daily limit applies)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs / 25 days; daily limit applies)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs / 25 days; daily limit applies)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	4	ST, QL (9 tabs / 25 days; daily limit applies); PA**
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	2	QL (12 tabs / 25 days; daily limit applies)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	2	QL (12 tabs / 25 days; daily limit applies)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs / 25 days; daily limit applies)
<i>zolmitriptan tab 5 mg</i>	2	QL (12 tabs / 25 days; daily limit applies)

MISCELLANEOUS

<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>clomipramine hcl cap 25 mg</i>	2	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	2	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	2	QL (90 caps / 25 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	
GUANIDINE TAB 125MG	4	
<i>lithium carbonate cap 150 mg</i>	2	
<i>lithium carbonate cap 300 mg</i>	2	
<i>lithium carbonate cap 600 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
LITHIUM SOL 8MEQ/5ML	4	
NUEDEXTA CAP 20-10MG	3	PA
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
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**
<i>tetrabenazine tab 12.5 mg</i>	5	PA, QL (120 tabs / 30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (60 tabs / 30 days)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG	5	PA, QL (30 tabs / 30 days)
AUBAGIO TAB 14MG	5	PA, QL (30 tabs / 30 days)
AVONEX PEN KIT 30MCG	6	ST, PA, QL (4 injections / 28 days)
AVONEX PREFL KIT 30MCG	6	ST, PA, QL (4 injections / 28 days)
BETASERON INJ 0.3MG	5	PA, QL (14 injections / 28 days)
COPAXONE INJ 20MG/ML	5	PA, QL (30 injections / 30 days)
COPAXONE INJ 40MG/ML	5	PA, QL (12 syringes / 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	6	PA, QL (60 tabs / 30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	PA, QL (14 caps / 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	5	PA, QL (60 caps / 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	PA, QL (1 kit / 30 days)
GILENYA CAP 0.5MG	5	PA, QL (30 caps / 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	3	PA, QL (12 syringes / 28 days)
<i>glatopa inj 20mg/ml</i>	3	PA, QL (30 injections / 30 days)
PLEGRIDY INJ	6	ST, PA, QL (1 carton / 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY INJ PEN	6	ST, PA, QL (1 carton / 28 days)
PLEGRIDY INJ STARTER	6	ST, PA, QL (1 kit / 28 days)
PLEGRIDY PEN INJ STARTER	6	ST, PA, QL (1 pack / 28 days)
REBIF INJ 22/0.5	5	PA, QL (12 syringes / 28 days)
REBIF INJ 44/0.5	5	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ 22/0.5	5	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ 44/0.5	5	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ TITRATN	5	PA, QL (1 box / 28 days)
REBIF TITRTN INJ PACK	5	PA, QL (1 box / 28 days)
TYSABRI INJ 300/15ML	5	PA, QL (1 vial / 28 days)

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tab 5 mg</i>	2	
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<i>carisoprodol tab 350 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tab 500 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 10 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium cap 25 mg</i>	2	
<i>dantrolene sodium cap 50 mg</i>	2	
<i>dantrolene sodium cap 100 mg</i>	2	
<i>metaxalone tab 800 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older

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

Drug Name	Drug Tier	Requirements/Limits
<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>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
<i>armodafinil tab 150 mg</i>	2	PA
<i>armodafinil tab 200 mg</i>	2	PA
<i>armodafinil tab 250 mg</i>	2	PA
<i>modafinil tab 100 mg</i>	2	PA
<i>modafinil tab 200 mg</i>	2	PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	2	PA
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	1	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	1	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG	1	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG	1	\$0 limited to 2 treatment cycles/year
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	\$0 copay
NARCAN SPR	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>nicotine dis 7mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine gum 4mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pol loz 4mg mint</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 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 / year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	1	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 7mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 14mg/24h</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 21mg/24h</i>	1	OTC; \$0 limited to 2 treatment cycles/year
VIVITROL INJ 380MG	5	PA, QL (1 vial / 28 days)

CONTRACEPTIVES**COMBINATION CONTRACEPTIVES - ORAL**

NEXTSTELLIS TAB 3-14.2MG	1	
TYBLUME CHW 0.1-0.02	1	

DERMATOLOGICALS**ANTIFUNGALS - TOPICAL**

<i>sulconazole nitrate solution 1%</i>	2	QL (60mL / 25 days)
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ANTIPSORIATICS

COSENTYX INJ 75MG/0.5	5	PA, QL (1 syringe / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 150MG/ML	5	PA, QL (1 syringe / 12 weeks); Preferred agent for Psoriasis
SKYRIZI PEN INJ 150MG/ML	5	PA, QL (1 syringe / 12 weeks); Preferred agent for Psoriasis
CORTICOSTEROIDS - TOPICAL		
<i>clobetasol propionate emollient base cream 0.05%</i>	2	QL (120g / 25 days)
ECZEMA AGENTS		
DUPIXENT INJ 200/1.14	5	PA, QL (400 mg per 28 days)
DUPIXENT INJ 200MG	5	PA, QL (400 mg per 28 days)
DUPIXENT INJ 300/2ML	5	PA, QL (600 mg per 28 days)
SCABICIDES & PEDICULICIDES		
<i>ivermectin lotion 0.5%</i>	2	ST; PA**
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	3	QL (204 Test Strips / 25 days), OTC; 204 Test Strips every 25 days
ACCU-CHEK TES COMPACT	3	QL (204 Test Strips / 25 days), OTC; 204 Test Strips every 25 days
ACCU-CHEK TES GUIDE	3	QL (204 Test Strips / 25 days), OTC; 204 Test Strips every 25 days
ACCU-CHEK TES SMART	3	QL (204 Test Strips / 25 days), OTC; 204 Test Strips every 25 days
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50 TAB 50MG	4	PA
INTRAROSA SUP 6.5MG	4	
<i>methyltestosterone cap 10 mg</i>	2	PA
<i>oxandrolone tab 2.5 mg</i>	2	PA
<i>oxandrolone tab 10 mg</i>	2	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
testosterone td gel 10mg/act (2%)	2	PA
testosterone td gel 25 mg/2.5gm (1%)	2	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	2	
acarbose tab 50 mg	2	
acarbose tab 100 mg	2	
miglitol tab 25 mg	2	
miglitol tab 50 mg	2	
miglitol tab 100 mg	2	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	4	ST; PA**
SYMLNPEN 120 INJ 1000MCG	4	ST; PA**
ANTIDIABETICS, BIGUANIDE		
metformin hcl tab 500 mg	2	
metformin hcl tab 850 mg	2	
metformin hcl tab 1000 mg	2	
metformin hcl tab er 24hr 500 mg	2	
metformin hcl tab er 24hr 750 mg	2	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	2	
glipizide-metformin hcl tab 2.5-500 mg	2	
glipizide-metformin hcl tab 5-500 mg	2	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	2	ST; PA**
alogliptin benzoate tab 12.5 mg (base equiv)	2	ST; PA**
alogliptin benzoate tab 25 mg (base equiv)	2	ST; PA**
JANUVIA TAB 25MG	3	ST; PA**
JANUVIA TAB 50MG	3	ST; PA**
JANUVIA TAB 100MG	3	ST; PA**
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TAB 0.8MG	4	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG	3	ST; PA**
JANUMET TAB 50-1000	3	ST; PA**
JANUMET XR TAB 50-500MG	3	ST; PA**
JANUMET XR TAB 50-1000	3	ST; PA**
JANUMET XR TAB 100-1000	3	ST; PA**
JENTADUETO TAB XR	4	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2/1.5ML	3	ST, QL (2 pens / 21 days); PA**

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Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 0.75/0.5	3	ST, QL (4 pens / 21 days); PA**
TRULICITY INJ 1.5/0.5	3	ST, QL (4 pens / 21 days); PA**
TRULICITY INJ 3/0.5	3	ST, QL (4 pens / 21 days); PA**
TRULICITY INJ 4.5/0.5	3	ST, QL (4 pens / 21 days); PA**
VICTOZA INJ 18MG/3ML	3	ST, QL (3 pen / 25 days); PA**

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	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
HUMULIN INJ 70/30	4	OTC
HUMULIN INJ 70/30KWP	4	OTC
HUMULIN N INJ U-100	4	OTC
HUMULIN N INJ U-100KWP	4	OTC
HUMULIN R INJ U-100	4	OTC
HUMULIN R INJ U-500	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTOUC	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	

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Drug Name	Drug Tier	Requirements/Limits
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-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB	3	ST; PA**
SYNJARDY TAB 5-500MG	3	ST; PA**
SYNJARDY TAB 5-1000MG	3	ST; PA**
SYNJARDY TAB 12.5-500	3	ST; PA**
SYNJARDY XR TAB	3	ST; PA**
SYNJARDY XR TAB 5-1000MG	3	ST; PA**
SYNJARDY XR TAB 10-1000	3	ST; PA**
SYNJARDY XR TAB 25-1000	3	ST; PA**
XIGDUO XR TAB 2.5-1000	3	ST; PA**
XIGDUO XR TAB 5-500MG	3	ST; PA**
XIGDUO XR TAB 5-1000MG	3	ST; PA**
XIGDUO XR TAB 10-500MG	3	ST; PA**
XIGDUO XR TAB 10-1000	3	ST; PA**
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	3	ST; PA**
GLYXAMBI TAB 25-5 MG	3	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA TAB 5MG	3	ST; PA**
FARXIGA TAB 10MG	3	ST; PA**

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Drug Name	Drug Tier	Requirements/Limits
JARDIANCE TAB 10MG	3	ST; PA**
JARDIANCE TAB 25MG	3	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride tab 1 mg</i>	2	
<i>glimepiride tab 2 mg</i>	2	
<i>glimepiride tab 4 mg</i>	2	
<i>glipizide tab 5 mg</i>	2	
<i>glipizide tab 10 mg</i>	2	
<i>glipizide tab er 24hr 2.5 mg</i>	2	
<i>glipizide tab er 24hr 5 mg</i>	2	
<i>glipizide tab er 24hr 10 mg</i>	2	
BISPHOSPHONATES		
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	
<i>alendronate sodium tab 5 mg</i>	2	
<i>alendronate sodium tab 10 mg</i>	2	
<i>alendronate sodium tab 35 mg</i>	2	
<i>alendronate sodium tab 70 mg</i>	2	
FOSAMAX + D TAB 70-2800	4	ST; PA**
FOSAMAX + D TAB 70-5600	4	ST; PA**
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	2	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	
<i>pamidronate disodium iv soln 3 mg/ml</i>	2	
<i>risedronate sodium tab 5 mg</i>	2	
<i>risedronate sodium tab 30 mg</i>	2	
<i>risedronate sodium tab 35 mg</i>	2	
<i>risedronate sodium tab 150 mg</i>	2	
<i>risedronate sodium tab delayed release 35 mg</i>	2	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	5	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	5	PA
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	5	PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	5	PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	PA, QL (120 tabs / 30 days)
CHELATING AGENTS		
CHEMET CAP 100MG	4	
<i>deferiprone tab 500 mg</i>	5	PA
FERPRX 2-DAY TAB 1000MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
FERRIPROX SOL 100MG/ML	5	PA
FERRIPROX TAB 1000MG	5	PA
<i>kionex sus 15gm/60</i>	2	
<i>penicillamine tab 250 mg</i>	2	PA
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	2	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	2	
CONTRACEPTIVES		
<i>altavera tab</i>	1	
<i>alyacen tab 1/35</i>	1	
<i>alyacen tab 7/7/7</i>	1	
<i>amethia tab</i>	1	
<i>amethyst tab 90-20mcg</i>	1	
ANNOVERA MIS	1	QL (1 / 300 days)
<i>apri tab</i>	1	
<i>aranelle tab</i>	1	
<i>ashlyna tab</i>	1	
<i>aviane tab</i>	1	
<i>azurette tab 28 day</i>	1	
<i>camila tab 0.35mg</i>	1	
<i>caziant pak</i>	1	
<i>chateal tab 0.15/30</i>	1	
<i>cryselle-28 tab 28 tabs</i>	1	
<i>cyclafem tab 1/35</i>	1	
<i>cyclafem tab 7/7/7</i>	1	
<i>dasetta tab 1/35</i>	1	
<i>dasetta tab 7/7/7</i>	1	
<i>delyla tab 0.1-0.02</i>	1	
DEPO-SQ PROV INJ 104	1	QL (4 inj / 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 3-0.03 mg</i>	1	
<i>elinest tab</i>	1	
ELLA TAB 30MG	1	
<i>emoquette tab</i>	1	
<i>enpresse-28 tab</i>	1	
<i>enskyce tab</i>	1	
<i>errin tab 0.35mg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	QL (13 / 300 days)
<i>falmina tab</i>	1	
<i>fayosim tab</i>	1	
<i>gianvi tab 3-0.02mg</i>	1	
<i>heather tab 0.35mg</i>	1	
<i>introvale tab</i>	1	
<i>jolessa tab</i>	1	
<i>junel 1.5/30 tab</i>	1	
<i>junel 1/20 tab</i>	1	
<i>junel fe tab 1.5/30</i>	1	
<i>junel fe tab 1/20</i>	1	
<i>kariva tab 28 day</i>	1	
<i>kelnor tab 1/35</i>	1	
<i>kurvelo tab 0.15/30</i>	1	
KYLEENA IUD 19.5MG	1	QL (1 / 300 days)
<i>larin tab 1.5/30</i>	1	
<i>leena tab</i>	1	
<i>lessina tab</i>	1	
<i>levonest tab</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 0.15 mg-30 mcg</i>	1	
<i>levora-28 tab 0.15/30</i>	1	
LILETTA IUD 52MG	1	QL (1 / 300 days)
LO LOESTRIN TAB 1-10-10	1	
<i>loryna tab 3-0.02mg</i>	1	
<i>low-ogestrel tab</i>	1	
<i>lutera tab</i>	1	
<i>marlissa tab 0.15/30</i>	1	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	QL (4 inj / 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	QL (4 inj / 300 days)
<i>mibelas 24 chw fe</i>	1	
<i>microgestin tab 1.5/30</i>	1	
MIRENA IUD SYSTEM	1	QL (1 / 300 days)
<i>mono-linyah tab 0.25-35</i>	1	
<i>necon tab 0.5/35</i>	1	
NEXPLANON IMP 68MG	1	QL (1 / 300 days)
<i>nikki tab 3-0.02mg</i>	1	
<i>nora-be tab 0.35mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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-ethinyl estradiol-fe 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 tab 0.5/35</i>	1	
<i>nortrel tab 1/35</i>	1	
<i>nortrel tab 7/7/7</i>	1	
<i>ocella tab 3-0.03mg</i>	1	
<i>ogestrel tab</i>	1	
<i>orsythia tab</i>	1	
PARAGARD IUD T380A	1	QL (1 unit / 300 days)
<i>pirmella tab 1/35</i>	1	
<i>pirmella tab 7/7/7</i>	1	
<i>portia-28 tab</i>	1	
<i>previfem tab</i>	1	
<i>reclipsen tab</i>	1	
<i>rivelsa tab</i>	1	
SKYLA IUD 13.5MG	1	QL (1 / 300 days)
<i>sprintec 28 tab 28 day</i>	1	
<i>sronyx tab</i>	1	
<i>syeda tab 3-0.03mg</i>	1	
<i>take action tab 1.5mg</i>	1	OTC
<i>tilia fe tab</i>	1	
<i>tri-linyah tab</i>	1	
<i>tri-sprintec tab</i>	1	
<i>trivora-28 tab</i>	1	
TWIRLA DIS 120-30	1	
<i>velivet pak</i>	1	
<i>viorele tab</i>	1	
<i>vyfemla tab 0.4-35</i>	1	
<i>wera tab 0.5/35</i>	1	
<i>xulane dis 150-35</i>	1	
<i>zarah tab 3-0.03mg</i>	1	
<i>zovia 1/35e tab</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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
SYNAREL SOL 2MG/ML	6	PA
ENZYME REPLACEMENTS		
CARBAGLU TAB 200MG	5	PA
CERDELGA CAP 84MG	5	PA, QL (60 caps / 30 days)
CYSTADANE POW	5	PA
CYSTAGON CAP 50MG	5	PA
CYSTAGON CAP 150MG	5	PA
KUVAN TAB 100MG	5	PA
MYALEPT INJ 11.3MG	5	PA, QL (30 vials / 30 days)
<i>nitisinone cap 2 mg</i>	5	PA
<i>nitisinone cap 5 mg</i>	5	PA
<i>nitisinone cap 10 mg</i>	5	PA
ORFADIN CAP 20MG	5	PA
ORFADIN SUS 4MG/ML	5	PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA, QL (600g / 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA, QL (1200 tabs / 30 days)
ESTROGENS		
CLIMARA PRO DIS WEEKLY	3	
DEPO-ESTRADI INJ 5MG/ML	4	
DIVIGEL GEL 0.5MG	4	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 0.25MG	4	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL 0.75MG	4	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 1.25MG	4	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 1MG/GM	4	PA; High Risk Medications require PA for members age 70 and older
DUAVEE TAB 0.45-20	3	
ELESTRIN GEL 0.06%	4	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol tab 0.5 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 1 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
ESTROGEL GEL	4	PA; High Risk Medications require PA for members age 70 and older
EVAMIST SPR 1.53MG	4	PA; High Risk Medications require PA for members age 70 and older
<i>jinteli tab 1mg-5mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
MENEST TAB 0.3MG	4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	4	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey tab 1-0.5mg</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>yuvaferm tab 10mcg</i>	2	
GLUCOCORTICOIDS		
<i>cortisone acetate tab 25 mg</i>	2	
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	

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Drug Name	Drug Tier	Requirements/Limits
<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 soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<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 10 mg/5ml (base equiv)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</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	
<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		
INSTA-GLUCOS GEL 77.4%	3	OTC
HUMAN GROWTH HORMONES		
HUMATROPE INJ 5MG	5	PA
HUMATROPE INJ 6MG	5	PA
HUMATROPE INJ 12MG	5	PA
HUMATROPE INJ 24MG	5	PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	2	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
CHOR GONADOT INJ 10000UNT	5	PA
INCRELEX INJ 40MG/4ML	5	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	5	PA, QL (90 ml / 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	5	PA, QL (90 ml / 30 days)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	5	PA, QL (225 ml / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA, QL (90 ml / 30 days)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	PA, QL (45 ml / 30 days)
OSPHENA TAB 60MG	3	
PROLIA SOL 60MG/ML	5	PA, QL (60mg / 24 weeks)
<i>raloxifene hcl tab 60 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR INJ 0.3MG/ML	6	PA, QL (60 ampules / 30 days)
SIGNIFOR INJ 0.6MG/ML	6	PA, QL (60 ampules / 30 days)
SIGNIFOR INJ 0.9MG/ML	6	PA, QL (60 ampules / 30 days)
SOMATULINE INJ 60/0.2ML	5	PA, QL (1 injection / 28 days)
SOMATULINE INJ 90/0.3ML	5	PA, QL (1 injection / 28 days)
SOMATULINE INJ 120/.5ML	5	PA, QL (1 injection / 28 days)
SOMAVERT INJ 10MG	5	PA, QL (30 vials / 30 days)
SOMAVERT INJ 15MG	5	PA, QL (30 vials / 30 days)
SOMAVERT INJ 20MG	5	PA, QL (30 vials / 30 days)
SOMAVERT INJ 25MG	5	PA, QL (30 vials / 30 days)
SOMAVERT INJ 30MG	5	PA, QL (30 vials / 30 days)
<i>tolvaptan tab 15 mg</i>	5	PA
<i>tolvaptan tab 30 mg</i>	5	PA
TYMLOS INJ	5	PA, QL (1 pen / 30 days)
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
FOSRENOL POW 750MG	4	
FOSRENOL POW 1000MG	4	
PHOSLYRA SOL	3	
<i>sevelamer carbonate packet 0.8 gm</i>	2	
<i>sevelamer carbonate packet 2.4 gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate tab 800 mg</i>	2	
VELPHORO CHW 500MG	4	
PROGESTINS		
CRINONE GEL 4% VAG	3	
CRINONE GEL 8% VAG	3	
LUPANETA KIT 3.75-5	6	PA
LUPANETA KIT 11.25-5	6	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	2	
<i>medroxyprogesterone acetate tab 5 mg</i>	2	
<i>medroxyprogesterone acetate tab 10 mg</i>	2	
<i>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 tab 25mcg</i>	2	
<i>levoxyl tab 50mcg</i>	2	
<i>levoxyl tab 75mcg</i>	2	
<i>levoxyl tab 88mcg</i>	2	
<i>levoxyl tab 100mcg</i>	2	
<i>levoxyl tab 112mcg</i>	2	
<i>levoxyl tab 125mcg</i>	2	
<i>levoxyl tab 137mcg</i>	2	
<i>levoxyl tab 150mcg</i>	2	
<i>levoxyl tab 175mcg</i>	2	
<i>levoxyl tab 200mcg</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	

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Drug Name	Drug Tier	Requirements/Limits
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 tab 25mcg</i>	2	
<i>unithroid tab 50mcg</i>	2	
<i>unithroid tab 75mcg</i>	2	
<i>unithroid tab 88mcg</i>	2	
<i>unithroid tab 100mcg</i>	2	
<i>unithroid tab 112mcg</i>	2	
<i>unithroid tab 125mcg</i>	2	
<i>unithroid tab 200mcg</i>	2	
<i>unithroid tab 300mcg</i>	2	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	2	ST
SOMATOSTATIC AGENTS		
OCTREOTIDE INJ 50MCG/ML	5	PA, QL (90 ml / 30 days)
OCTREOTIDE INJ 100MCG	5	PA, QL (90 ml / 30 days)
OCTREOTIDE INJ 500MCG	5	PA, QL (90 ml / 30 days)
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>atropine sul inj 0.1mg/ml</i>	2	
<i>atropine sul inj 0.05mg/1</i>	2	
CUVPOSA SOL 1MG/5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
<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>ed-spaz tab 0.125mg</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 tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	2	
<i>hyoscyamine sulfate tab 0.125 mg</i>	2	
<i>hyoscyamine sulfate tab disint 0.125 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
<i>nulev tab 0.125mg</i>	2	
<i>oscimin sub 0.125mg</i>	2	
<i>oscimin tab 0.125mg</i>	2	
<i>symax-sl sub 0.125mg</i>	2	
ANTIEMETICS§		
<i>AKYNZEO CAP 300-0.5</i>	4	QL (2 caps / 21 days)
<i>aprepitant capsule 40 mg</i>	2	QL (3 caps / 180 days)
<i>aprepitant capsule 80 mg</i>	2	QL (4 caps / 21 days)
<i>aprepitant capsule 125 mg</i>	2	QL (2 caps / 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	QL (2 packs / 21 days)
<i>compro sup 25mg</i>	2	
<i>dronabinol cap 2.5 mg</i>	2	QL (60 caps / 25 days; daily limit applies)
<i>dronabinol cap 5 mg</i>	2	QL (60 caps / 25 days; daily limit applies)
<i>dronabinol cap 10 mg</i>	2	QL (60 caps / 25 days; daily limit applies)
<i>granisetron hcl inj 1 mg/ml</i>	2	QL (2 mL / 21 days)
<i>granisetron hcl tab 1 mg</i>	2	QL (12 tabs / 21 days)
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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 / 21 days)
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	QL (20 mL / 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	2	QL (200 mL / 21 days)
<i>ondansetron hcl tab 4 mg</i>	2	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 8 mg</i>	2	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 24 mg</i>	2	QL (2 tabs / 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	2	QL (18 tabs / 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	2	QL (18 tabs / 21 days)
<i>phenadoz sup 25mg</i>	2	
<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 suppos 12.5 mg</i>	2	
<i>promethazine hcl suppos 25 mg</i>	2	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<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 sup 12.5mg</i>	2	
<i>promethegan sup 25mg</i>	2	
<i>promethegan sup 50mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
SANCUSO DIS 3.1MG	3	QL (2 patches / 21 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 hcl soln 300 mg/5ml</i>	2	
<i>cimetidine tab 200 mg</i>	2	
<i>cimetidine tab 300 mg</i>	2	
<i>cimetidine tab 400 mg</i>	2	
<i>cimetidine tab 800 mg</i>	2	
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine 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	
<i>nizatidine oral soln 15 mg/ml</i>	2	
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	2	
<i>colocort ene 100mg</i>	2	
DIPENTUM CAP 250MG	4	PA
<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	
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

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Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
CLENPIQ SOL	1	\$0 copay for members age 50 through 74, otherwise not covered
<i>enulose sol 10gm/15</i>	2	
<i>gavilyte-c sol</i>	2	
<i>gavilyte-g sol</i>	2	
<i>gavilyte-n sol flav pk</i>	2	
<i>generlac sol 10gm/15</i>	2	
GOLYTELY SOL	3	
<i>lactulose solution 10 gm/15ml</i>	2	
OSMOPREP TAB 1.5GM	4	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	\$0 copay for members age 50 through 74; Tier 1 for all others
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>peg-prep kit</i>	1	\$0 copay for members age 50 through 74, otherwise not covered
PLENVU SOL	1	\$0 copay for members age 50 through 74, otherwise not covered
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	2	OTC
PREPOPIK PAK	1	\$0 copay for members age 50 through 74, otherwise not covered
SUPREP BOWEL SOL PREP KIT	1	\$0 copay for members age 50 through 74; Tier 2 for all others
MISCELLANEOUS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
<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	
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOTOFEN TAB 1-0.025	4	
MOVANTIK TAB 12.5MG	3	
MOVANTIK TAB 25MG	3	

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Drug Name	Drug Tier	Requirements/Limits
SUCRAID SOL 8500/ML	4	PA, QL (354 mL / 25 days)
<i>sucralfate tab 1 gm</i>	2	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
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
ZENPEP CAP 15000UNT	3	PA
ZENPEP CAP 20000UNT	3	PA
ZENPEP CAP 25000	3	PA
ZENPEP CAP 40000	3	PA
PROTON PUMP INHIBITORS§		
DEXILANT CAP 30MG DR	4	ST; PA**
DEXILANT CAP 60MG DR	4	ST; PA**
<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>lansoprazole cap delayed release 15 mg</i>	2	
<i>lansoprazole cap delayed release 30 mg</i>	2	
<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>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>procto-pak cre 1%</i>	2	
<i>proctosol hc cre 2.5%</i>	2	
<i>proctozone cre -hc 2.5%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL AGENTS - MISC.		
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	2	
<i>lubiprostone cap 24 mcg</i>	2	
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>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 / 25 days)
<i>tadalafil tab 5 mg</i>	2	PA, QL (30 tabs / 25 days)
<i>tamsulosin hcl cap 0.4 mg</i>	2	
CONTRACEPTIVES		
ENCARE SUP 100MG	1	OTC
GYNOL II GEL 3%	1	OTC
SHUR-SEAL GEL 2%	1	OTC
TODAY SPONGE MIS	1	OTC
VCF VAGINAL AER CONTRACP	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>flavoxate hcl tab 100 mg</i>	2	
<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 tab 95mg</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>oxybutynin chloride syrup 5 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
TOVIAZ TAB 4MG	3	
TOVIAZ TAB 8MG	3	
<i>trospium chloride cap er 24hr 60 mg</i>	2	
<i>trospium 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 sup 200mg</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	
<i>vandazole gel 0.75%</i>	2	
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS ST P TAB 5MG	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	2	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	2	
<i>enoxaparin sodium inj 100 mg/ml</i>	2	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj 150 mg/ml</i>	2	
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	2	
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</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	

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	2	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 5000/0.2	4	
FRAGMIN INJ 7500/0.3	4	
FRAGMIN INJ 10000/ML	4	
FRAGMIN INJ 12500UNT	4	
FRAGMIN INJ 15000UNT	4	
FRAGMIN INJ 18000UNT	4	
FRAGMIN INJ 95000UNT	4	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	
<i>jantoven tab 1mg</i>	2	
<i>jantoven tab 2.5mg</i>	2	
<i>jantoven tab 2mg</i>	2	
<i>jantoven tab 3mg</i>	2	
<i>jantoven tab 4mg</i>	2	
<i>jantoven tab 5mg</i>	2	
<i>jantoven tab 6mg</i>	2	
<i>jantoven tab 7.5mg</i>	2	
<i>jantoven tab 10mg</i>	2	
PRADAXA CAP 75MG	4	
PRADAXA CAP 110MG	4	
PRADAXA CAP 150MG	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 TAB 2.5MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	

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Drug Name	Drug Tier	Requirements/Limits
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
MIRCERA INJ 30MCG	6	PA
MIRCERA INJ 50MCG	6	PA
MIRCERA INJ 75MCG	6	PA
MIRCERA INJ 100MCG	6	PA
MIRCERA INJ 150MCG	6	PA
MIRCERA INJ 200MCG	6	PA
NEULASTA INJ 6MG/0.6M	5	PA, QL (2 injections / 28 days)
NEULASTA KIT 6MG/0.6M	5	PA, QL (2 injections / 28 days)
NIVESTYM INJ 300/0.5	5	PA
NIVESTYM INJ 300MCG	5	PA
NIVESTYM INJ 480/0.8	5	PA
NIVESTYM INJ 480MCG	5	PA
PROMACTA TAB 12.5MG	6	PA, QL (30 tabs / 30 days)
PROMACTA TAB 25MG	6	PA, QL (30 tabs / 30 days)
PROMACTA TAB 50MG	6	PA, QL (60 tabs / 30 days)
PROMACTA TAB 75MG	6	PA, QL (60 tabs / 30 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
UDENYCA INJ 6MG/.6ML	5	PA, QL (2 injections / 28 days)
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol tab 100 mg</i>	2	
HEMLIBRA INJ 30MG/ML	6	PA
HEMLIBRA INJ 60/0.4	6	PA
HEMLIBRA INJ 105/0.7	6	PA
HEMLIBRA INJ 150/ML	6	PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	5	PA, QL (45 syringes / 90 days)
<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	
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	3	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	2	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	2	
<i>dipyridamole tab 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	
YOSPRALA TAB 81-40MG	4	
YOSPRALA TAB 325-40MG	4	
ZONTIVITY TAB 2.08MG	3	

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

ACTEMRA INJ 80MG/4ML	6	ST, PA, QL (10 vials / 14 days)
ACTEMRA INJ 162/0.9	6	ST, PA, QL (4 syringes / 28 days)
ACTEMRA INJ 200/10ML	6	ST, PA, QL (4 vials / 14 days)

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Drug Name	Drug Tier	Requirements/Limits
ACTEMRA INJ 400/20ML	6	ST, PA, QL (2 vials / 14 days)
ENBREL INJ 25/0.5ML	5	PA, QL (4 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	5	PA, QL (4 vials / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	5	PA, QL (4 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	5	PA, QL (4 cartridges / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	5	PA, QL (4 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA INJ 10/0.1ML	5	PA, QL (2 injections / 28 days)
HUMIRA INJ 10MG/0.2	5	PA, QL (2 injections / 28 days)
HUMIRA INJ 20/0.2ML	5	PA, QL (2 injections / 28 days)
HUMIRA INJ 40/0.4ML	5	PA, QL (4 injections / 28 days)
HUMIRA KIT 20MG/0.4	5	PA, QL (2 injections / 28 days)
HUMIRA KIT 40MG/0.8	5	PA, QL (4 injections / 28 days)
HUMIRA PEDIA INJ CROHNS	5	PA, QL (2 injections / 28 days); (80mg and 40mg dual strength kit)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIA INJ CROHNS	5	PA, QL (3 injections / 28 days); (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML	5	PA, QL (4 injections / 28 days)
HUMIRA PEN INJ CD/UC/HS	5	PA, QL (6 pens / 28 days)
HUMIRA PEN INJ PS/UV	5	PA, QL (4 pens / 28 days)
HUMIRA PEN KIT CD/UC/HS	5	PA, QL (1 kit / 28 days)
HUMIRA PEN KIT PS/UV	5	PA, QL (1 kit / 28 days)
KEVZARA INJ 150/1.14	5	PA, QL (2 pens / 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 150/1.14	5	PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14	5	PA, QL (2 pens / 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14	5	PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
RINVOQ TAB 15MG ER	5	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
SIMPONI ARIA SOL 50MG/4ML	6	PA, QL (200 mg / 8 weeks)
SIMPONI INJ 50/0.5ML	6	ST, PA, QL (1 injection / 28 days)
SIMPONI INJ 100MG/ML	6	ST, PA, QL (1 injection / 28 days)
SKYRIZI INJ 150DOSE	5	PA, QL (2 syringes / 12 weeks); Preferred agent for Psoriasis

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Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45MG/0.5	5	PA, QL (1 syringe / 84 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
STELARA INJ 90MG/ML	5	PA, QL (1 syringe / 56 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
TALTZ INJ 80MG/ML	5	PA, QL (1 injection / 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	5	PA, QL (1 injection / 56 days); Preferred agent for Psoriasis
XELJANZ TAB 5MG	5	PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ TAB 10MG	5	PA, QL (60 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TAB 11MG	5	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ XR TAB 22MG	5	PA, QL (30 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<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	
OTEZLA TAB 10/20/30	5	PA, QL (55 tabs / 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	5	PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
<i>IMMUNOGLOBULIN</i>		
HYQVIA INJ 2.5-200	5	PA

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Drug Name	Drug Tier	Requirements/Limits
HYQVIA INJ 5-400	5	PA
HYQVIA INJ 10-800	5	PA
HYQVIA INJ 20-1600	5	PA
HYQVIA INJ 30-2400	5	PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	5	PA
ARCALYST INJ 220MG	5	PA, QL (8 vials / 28 days)
INTRON A INJ 10MU	5	PA
INTRON A INJ 18MU	5	PA
INTRON A INJ 25MU	5	PA
INTRON A INJ 50MU	5	PA
POMALYST CAP 1MG	5	PA, QL (21 caps / 28 days)
POMALYST CAP 2MG	5	PA, QL (21 caps / 28 days)
POMALYST CAP 3MG	5	PA, QL (21 caps / 28 days)
POMALYST CAP 4MG	5	PA, QL (21 caps / 28 days)
REVLIMID CAP 2.5MG	5	PA, QL (28 caps / 28 days)
REVLIMID CAP 5MG	5	PA, QL (28 caps / 28 days)
REVLIMID CAP 10MG	5	PA, QL (28 caps / 28 days)
REVLIMID CAP 15MG	5	PA, QL (28 caps / 28 days)
REVLIMID CAP 20MG	5	PA, QL (21 caps / 28 days)
REVLIMID CAP 25MG	5	PA, QL (21 caps / 28 days)
THALOMID CAP 50MG	5	PA, QL (28 caps / 28 days)
THALOMID CAP 100MG	5	PA, QL (28 caps / 28 days)
THALOMID CAP 150MG	5	PA, QL (56 caps / 28 days)
THALOMID CAP 200MG	5	PA, QL (56 caps / 28 days)
IMMUNOSUPPRESSANTS		
AZASAN TAB 75 MG	4	
AZASAN TAB 100MG	4	
<i>azathioprine tab 50 mg</i>	2	
<i>cyclosporine cap 25 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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>engraf cap 25mg</i>	2	
<i>engraf cap 100mg</i>	2	
<i>engraf sol 100mg/ml</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	
PROGRAF INJ 5MG/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 1MG	3	
VACCINES		
ACTHIB INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	1	
AFLURIA QUAD INJ 2021-22	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	\$0 copay for members age 18 and younger, otherwise not covered

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

Drug Name	Drug Tier	Requirements/Limits
DIP/TET PED INJ 25-5LFU	1	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10/0.5ML	1	
ENGERIX-B INJ 20MCG/ML	1	
FLUAD QUADRI INJ 2021-22	1	
FLUARIX QUAD INJ 2021-22	1	
FLUBLOK QUAD INJ 2021-22	1	
FLUCLVX QUAD INJ 2021-22	1	
FLULAVAL QUA INJ 2021-22	1	
FLUMIST QUAD SUS 2021-22	1	
FLUZONE HD INJ 2021-22	1	
FLUZONE QUAD INJ 2021-22	1	
GARDASIL 9 INJ	1	
HAVRIX INJ 720UNIT	1	
HAVRIX INJ 1440UNIT	1	
HEPLISAV-B INJ 20/0.5ML	1	
HIBERIX SOL 10MCG	1	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	1	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	1	
MENACTRA INJ	1	
MENVEO INJ	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
PENTACEL INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23 INJ 25/0.5	1	
PREVNAR 13 INJ	1	
PROQUAD INJ	1	\$0 copay for members age 18 and younger, otherwise not covered

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

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
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	
ZOSTAVAX INJ	1	\$0 copay for members age 19 and older, otherwise not covered

LAXATIVES**LAXATIVE COMBINATIONS**

SUTAB TAB	1	\$0 copay for members age 50 through 74, otherwise not covered
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MACROLIDES**FIDAXOMICIN**

DIFICID SUS	3	PA
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MEDICAL DEVICES**CONTRACEPTIVES**

CAYA DPR	1	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM	1	OTC
FEMCAP MIS 22MM	1	QL (1 / 300 days)
FEMCAP MIS 26MM	1	QL (1 / 300 days)
FEMCAP MIS 30MM	1	QL (1 / 300 days)
OMNIFLEX DPR	1	QL (1 / 300 days)
WIDE-SEAL DPR KIT 60	1	QL (1 / 300 days)

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

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DPR KIT 65	1	QL (1 / 300 days)
WIDE-SEAL DPR KIT 70	1	QL (1 / 300 days)
WIDE-SEAL DPR KIT 75	1	QL (1 / 300 days)
WIDE-SEAL DPR KIT 80	1	QL (1 / 300 days)
WIDE-SEAL DPR KIT 85	1	QL (1 / 300 days)
WIDE-SEAL DPR KIT 90	1	QL (1 / 300 days)
WIDE-SEAL DPR KIT 95	1	QL (1 / 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK KIT AVA CONN	3	OTC
ACCU-CHEK KIT AVIVA PL	3	OTC
ACCU-CHEK KIT COMPACT	3	OTC
ACCU-CHEK KIT GUIDE	3	OTC
ACCU-CHEK KIT NANO	3	OTC
ACCU-CHEK LIQ SMART	3	OTC
ACCU-CHEK MIS AVIVA	3	OTC
ACCU-CHEK MIS MLTICLIX	3	OTC
ACCU-CHEK TES AVIVA PL	3	QL (204 Test Strips / 25 days; daily limit applies), OTC
ACCU-CHEK TES COMPACT	3	QL (204 Test Strips / 25 days; daily limit applies), OTC
ACCU-CHEK TES GUIDE	3	QL (204 Test Strips / 25 days; daily limit applies), OTC
ACCU-CHEK TES SMART	3	QL (204 Test Strips / 25 days; daily limit applies), OTC
ALCOHOL PREP PAD	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
DEXCOM G6 MIS TRANSMIT	3	PA
DIASCREEN 10 MIS	3	OTC
DIASTIX TES STRIPS	3	OTC
G4 PLAT PED MIS RVC/SHAR	3	PA
G4 PLATINUM MIS PEDIATRC	3	PA
G4 PLATINUM MIS RCV/SHAR	3	PA
G4 PLATINUM MIS RECEIVER	3	PA
G4 PLATINUM MIS TRANSMIT	3	PA
G4 SENSOR MIS	3	PA
G5/G4 MIS SENSOR	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 1ML/31G	3	OTC
KETO-DIASTIX TES	3	OTC
LANCING DEVI MIS	3	OTC
NOVOFINE MIS 32GX6MM	3	OTC
OMNIPOD DASH	3	QL (10 boxes / 30 days)
SHARPS CONT MIS 2QUART	3	OTC
ULTRALANCE MIS 1.8MM	3	OTC
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
MISCELLANEOUS		
AEROCHAMBER MIS PLUS	3	
FLEXICHAMBER MIS MASK SM	3	
HUMATROPEN MIS FOR 6MG	3	OTC
HUMATROPEN MIS FOR 12MG	3	OTC
HUMATROPEN MIS FOR 24MG	3	OTC
OPTICHAMBER MIS FACE MAS	3	OTC
PANDA MASK MIS PEDIATRI	3	OTC
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHECK KIT GUIDE ME	3	OTC; 204 Test Strips every 25 days
ACCU-CHEK KIT AVIVA PL	3	OTC; 204 Test Strips every 25 days
ACCU-CHEK KIT GUIDE	3	OTC; 204 Test Strips every 25 days
ACCU-CHEK KIT NANO	3	OTC; 204 Test Strips every 25 days
PARENTERAL THERAPY SUPPLIES		
CAREFINE MIS 32GX6MM	3	OTC
MIGRAINE PRODUCTS		
SEROTONIN AGONISTS		
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	2	QL (12 sprays / 25 days); 12 sprays every 25 days
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	2	QL (12 sprays / 25 days); 12 sprays every 25 days
NEUROMUSCULAR AGENTS		
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	6	PA, QL (2 bottles / 24 days)

Drug Name	Drug Tier	Requirements/Limits
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
<i>effer-k tab 25meq ef</i>	2	
FLUORABON DRO	1	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab chw 0.5mg f</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab chw 0.25mg f</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab chw 2.2mg</i>	2	
<i>fluoritab dro 0.125mg</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>flura-drops dro 0.25mg f</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>klor-con 8 tab 8meq er</i>	2	
<i>klor-con 10 tab 10meq er</i>	2	
<i>klor-con m15 tab 15meq er</i>	2	
<i>klor-con m20 tab 20meq er</i>	2	
<i>ludent chw 0.5mg f</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>ludent chw 0.25mg f</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>ludent chw 1mg f</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>nafrinse chw 1mg f</i>	2	
<i>nafrinse dro 0.125mg</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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>sod chloride inj 0.9%</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	
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
CITRANATAL CAP HARMONY	3	
CITRANATAL CAP MEDLEY	3	
CITRANATAL MIS	3	
CITRANATAL MIS 90 DHA	3	
CITRANATAL MIS B-CALM	3	
CITRANATAL PAK ASSURE	3	

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

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL PAK DHA	3	
CITRANATAL TAB BLOOM	3	
CITRANATAL TAB RX	3	
<i>cyanocobalamin inj 1000 mcg/ml</i>	2	
<i>doxercalciferol cap 0.5 mcg</i>	2	
<i>doxercalciferol cap 1 mcg</i>	2	
<i>doxercalciferol cap 2.5 mcg</i>	2	
<i>elite-ob tab</i>	2	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	2	
<i>folic acid cap 0.8 mg</i>	1	QL (100 caps / 30 days), OTC; \$0 copay available 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 / 30 days), OTC; \$0 copay available for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 800 mcg</i>	1	QL (100 tabs / 30 days), OTC; \$0 copay available for members 55 and younger capable of pregnancy, otherwise not covered
<i>multi-vit/fe dro /fl 0.25</i>	2	OTC
<i>multi-vit/fl dro 0.5mg/ml</i>	2	
<i>multi-vit/fl dro /fe 0.25</i>	2	
<i>multivit/fl chw 0.5mg</i>	2	
<i>multivit/fl chw 0.25mg</i>	2	
<i>multivit/fl chw 1mg</i>	2	
<i>multivit/fl dro 0.25mg</i>	2	
<i>mvc-fluoride chw 1mg</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>prenatabs rx tab</i>	2	
<i>pyridoxine hcl tab 25 mg</i>	2	OTC
<i>pyridoxine hcl tab 50 mg</i>	2	OTC
<i>tri-vit/fluo dro 0.5mg</i>	2	
<i>tri-vit/fluo dro 0.25mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>vit a/c/d/fl dro 0.25mg</i>	2	
<i>westab max tab 2.5-25-2</i>	2	

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

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
<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	

ANTI-INFECTIVES

AZASITE SOL 1%	3	
<i>bacitracin ophth oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUS 0.6%	4	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentak oin 0.3% op</i>	2	QL (7 gm / 30 days)
<i>gentamicin sulfate ophth soln 0.3%</i>	2	QL (15 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</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-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polycin oin op</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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
DUREZOL EMU 0.05%	3	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
FML FORTE SUS 0.25% OP	3	
FML OIN 0.1% OP	3	
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	
MAXIDEX SUS 0.1% OP	3	
NEVANAC SUS 0.1%	3	
PRED MILD SUS 0.12% 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	
BEPREVE DRO 1.5%	4	
<i>cromolyn sodium ophth soln 4%</i>	2	
<i>epinastine hcl ophth soln 0.05%</i>	2	
LASTACFT SOL 0.25%	3	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	2	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	2	
PAZEO DRO 0.7%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	4	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETIMOL SOL 0.5%	4	
BETIMOL SOL 0.25%	4	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	2	
IOPIDINE SOL 1% OP	4	
<i>latanoprost ophth soln 0.005%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	ST; PA**
PHOSPHOLINE SOL 0.125%OP	4	
<i>pilocarpine hcl ophth soln 1%</i>	2	
SIMBRINZA SUS 1-0.2%	3	
<i>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	
ZIOPTAN DRO 0.0015%	4	ST; PA**
MISCELLANEOUS		
ATROPINE SUL SOL 1% OP	4	
CYSTARAN SOL 0.44%	6	PA, QL (4 bottles / 28 days)
LACRISERT MIS 5MG OP	4	
<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	
RESTASIS EMU 0.05%	3	
<i>tropicamide ophth soln 0.5%</i>	2	
<i>tropicamide ophth soln 1%</i>	2	
OPHTHALMIC AGENTS		
OPHTHALMIC STEROIDS		
<i>difluprednate ophth emulsion 0.05%</i>	2	
OPHTHALMICS - MISC.		
<i>bepotastine besilate ophth soln 1.5%</i>	2	
<i>brinzolamide ophth susp 1%</i>	2	
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte sol</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>physiosol sol irrigat</i>	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
MULTIPLE SCLEROSIS AGENTS		
PLEGRIDY INJ	6	PA, QL (1 carton / 28 days)
SMOKING DETERRENTS		
VARENICLINE TAB 0.5MG	1	\$0 limited to 2 treatment cycles/year
VARENICLINE TAB 1MG	1	\$0 limited to 2 treatment cycles/year
RESPIRATORY		
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	QL (4 injectors / 25 days; daily limit applies)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	2	QL (4 injectors / 25 days; daily limit applies)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	2	QL (4 injectors / 25 days; daily limit applies); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	3	QL (4 injectors / 25 days; daily limit applies)
EPIPEN-JR INJ 0.15MG	3	QL (4 injectors / 25 days; daily limit applies)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§		
ANORO ELLIPT AER 62.5-25	3	QL (1 package / 25 days; daily limit applies)
BEVESPI AER 9-4.8MCG	3	QL (1 package / 25 days; daily limit applies)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	QL (6 boxes / 25 days; daily limit applies)
TRELEGY AER ELLIPTA	3	QL (1 package / 25 days; daily limit applies)
ANTICHOLINERGICS§		
INCRUSE ELPT INH 62.5MCG	3	QL (1 package / 25 days; daily limit applies)
<i>ipratropium bromide inhal soln 0.02%</i>	2	QL (5 boxes / 25 days; daily limit applies)
<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 / 25 days; daily limit applies)

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA CAP HANDIHLR	3	QL (1 package / 25 days; daily limit applies)
SPIRIVA SPR 2.5MCG	3	QL (1 package / 25 days; daily limit applies)

ANTI-HISTAMINE COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	QL (1 package / 25 days; daily limit applies)
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ANTI-HISTAMINES

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	QL (2 bottles / 25 days; daily limit applies)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	2	QL (2 bottles / 25 days; daily limit applies)
<i>brompheniramine tannate chew tab 12 mg</i>	2	
<i>carbinoxamine maleate soln 4 mg/5ml</i>	2	
<i>carbinoxamine maleate tab 4 mg</i>	2	
<i>clemastine fumarate tab 2.68 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	2	
<i>cyproheptadine hcl tab 4 mg</i>	2	
<i>desloratadine tab 5 mg</i>	2	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	2	
<i>desloratadine tab orally disintegrating 5 mg</i>	2	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tab 10 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 25 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 50 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 100 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	2	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
<i>olopatadine hcl nasal soln 0.6%</i>	2	QL (1 container / 25 days; daily limit applies)
BETA AGONISTS§		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers / 25 days; daily limit applies)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	QL (60 mL / 25 days; daily limit applies)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	QL (5 boxes / 25 days; daily limit applies)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	QL (5 boxes / 25 days; daily limit applies)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	QL (5 boxes / 25 days; daily limit applies)
<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>albuterol sulfate tab er 12hr 4 mg</i>	2	
<i>albuterol sulfate tab er 12hr 8 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	2	QL (300 mL / 25 days; daily limit applies)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	2	QL (300 mL / 25 days; daily limit applies)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	QL (300 mL / 25 days; daily limit applies)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	QL (45 mL / 25 days; daily limit applies)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	2	QL (2 inhalers / 25 days; daily limit applies)
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	2	
PERFOROMIST NEB 20MCG	3	QL (60 vials / 25 days; daily limit applies)
STRIVERDI AER 2.5MCG	3	QL (1 package / 25 days; daily limit applies)
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	
BIOLOGIC RESPONSE MODIFIERS		
NUCALA INJ 100MG	5	PA, QL (3 injections / 28 days)
NUCALA INJ 100MG/ML	5	PA, QL (3 injections / 28 days)
XOLAIR INJ 75/0.5	5	PA, QL (2 syringes / 28 days)
XOLAIR INJ 150MG/ML	5	PA, QL (8 syringes / 28 days)
XOLAIR SOL 150MG	5	PA, QL (8 vials / 28 days)
COLD/COUGH		
<i>benzonatate cap 100 mg</i>	2	
<i>benzonatate cap 200 mg</i>	2	
<i>guaifenesin syp 100-10/5</i>	2	OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	2	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	2	
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	2	
<i>hydromet syp 5-1.5/5</i>	2	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	2	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	2	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	2	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	2	
TUZISTRA XR SUS	4	
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	
MAST CELL STABILIZERS§		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	QL (2 boxes / 25 days; daily limit applies)
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	2	
<i>acetylcysteine inhal soln 20%</i>	2	
DALIRESP TAB 250MCG	4	PA
DALIRESP TAB 500MCG	4	PA
ESBRIET CAP 267MG	5	PA, QL (270 caps / 30 days)
ESBRIET TAB 267MG	5	PA, QL (270 tabs / 30 days)
ESBRIET TAB 801MG	5	PA, QL (90 tabs / 30 days)
KALYDECO PAK 25MG	5	PA, QL (56 packets / 28 days)
KALYDECO PAK 50MG	5	PA, QL (56 packets / 28 days)
KALYDECO PAK 75MG	5	PA, QL (56 packets / 28 days)
KALYDECO TAB 150MG	5	PA, QL (56 tabs / 28 days); carton consists of 56 tablets
KALYDECO TAB 150MG	5	PA, QL (60 tabs / 30 days); packet consists of 60 tablets
ORKAMBI GRA 100-125	5	PA, QL (56 packets / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 150-188	5	PA, QL (56 packets / 28 days)
ORKAMBI TAB 100-125	5	PA, QL (112 tabs / 28 days)
ORKAMBI TAB 200-125	5	PA, QL (112 tabs / 28 days)
PROLASTIN-C INJ 1000MG	5	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	
SYMDEKO TAB 50-75MG	5	PA, QL (56 tabs / 28 days)
SYMDEKO TAB 100-150	5	PA, QL (56 tabs / 28 days)
TRIKAFTA TAB	5	PA, QL (84 tabs / 28 days)
NASAL STEROIDS§		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (3 containers / 25 days; daily limit applies)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 container / 25 days; daily limit applies)
OMNARIS SPR	4	ST, QL (1 package / 25 days; daily limit applies); PA**
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	2	QL (1 package / 25 days; daily limit applies), OTC
STEROID INHALANTS§		
ARNUITY ELPT INH 50MCG	3	QL (1 package / 25 days; daily limit applies)
ARNUITY ELPT INH 100MCG	3	QL (1 package / 25 days; daily limit applies)
ARNUITY ELPT INH 200MCG	3	QL (1 package / 25 days; daily limit applies)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	QL (2 boxes / 25 days; daily limit applies)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	QL (3 boxes / 25 days; daily limit applies)
<i>budesonide inhalation susp 1 mg/2ml</i>	2	QL (1 box / 25 days; daily limit applies)
QVAR REDIHA AER 80MCG	3	QL (2 packages / 25 days; daily limit applies)
QVAR REDIHAL AER 40MCG	3	QL (2 packages / 25 days; daily limit applies)

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Drug Name	Drug Tier	Requirements/Limits
STEROID/BETA-AGONIST COMBINATIONS§		
ADVAIR DISKU AER 100/50	2	QL (1 package / 25 days; daily limit applies)
ADVAIR DISKU AER 250/50	2	QL (1 package / 25 days; daily limit applies)
ADVAIR DISKU AER 500/50	2	QL (1 package / 25 days; daily limit applies)
ADVAIR HFA AER 45/21	3	QL (1 package / 25 days; daily limit applies)
ADVAIR HFA AER 115/21	3	QL (1 package / 25 days; daily limit applies)
ADVAIR HFA AER 230/21	3	QL (1 package / 25 days; daily limit applies)
BREO ELLIPTA INH 100-25	3	QL (1 package / 25 days; daily limit applies)
BREO ELLIPTA INH 200-25	3	QL (1 package / 25 days; daily limit applies)
SYMBICORT AER 80-4.5	3	QL (3 package / 25 days; daily limit applies)
SYMBICORT AER 160-4.5	3	QL (3 package / 25 days; daily limit applies)

XANTHINES

<i>aminophylline inj 25 mg/ml</i>	2	
ELIXOPHYLLIN ELX 80/15ML	4	
<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	

RESPIRATORY AGENTS - MISC.**CYSTIC FIBROSIS AGENTS**

TRIKAFTA TAB	5	PA, QL (84 tabs / 28 days)
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TOPICAL**DERMATOLOGY, ACNE**

<i>adapalene cream 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>adapalene gel 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>adapalene gel 0.3%</i>	2	PA; PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>avita cre 0.025%</i>	2	PA; PA applies for members age 35 and older
<i>avita gel 0.025%</i>	2	PA; PA applies for members age 35 and older
BENZIQU GEL 5.25%	3	
BENZIQU LS GEL 2.75%	3	
<i>benziq wash liq 5.25%</i>	2	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
<i>bp wash liq 2.5%</i>	2	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	QL (75g / 25 days; daily limit applies)
<i>clindamycin phosphate lotion 1%</i>	2	QL (60mL / 25 days; daily limit applies)
<i>clindamycin phosphate soln 1%</i>	2	QL (60mL / 25 days; daily limit applies)
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	2	
EPIDUO FORTE GEL 0.3-2.5%	4	
<i>ery pad 2%</i>	2	
<i>erythromycin gel 2%</i>	2	QL (60g / 25 days; daily limit applies)
<i>erythromycin soln 2%</i>	2	QL (60mL / 25 days; daily limit applies)
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin gel 0.01%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	2	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod cream 5%</i>	2	
PICATO GEL 0.05%	4	
PICATO GEL 0.015%	4	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	2	QL (120 g per 30 days)
<i>gentamicin sulfate oint 0.1%</i>	2	
IV PREP WIPE PAD	3	OTC
<i>mupirocin oint 2%</i>	2	QL (30g / 25 days)
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cre 1%</i>	2	
SULFAMYLON CRE 85MG/GM	4	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	2	QL (120g / 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	QL (120g / 25 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	QL (120mL / 25 days)
<i>ciclopirox shampoo 1%</i>	2	QL (120mL / 25 days)
<i>ciclopirox solution 8%</i>	2	
<i>clotrimazole cream 1%</i>	2	QL (120g / 25 days)
<i>clotrimazole soln 1%</i>	2	QL (120mL / 25 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (60g / 25 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	QL (60mL / 25 days)
<i>econazole nitrate cream 1%</i>	2	QL (60g / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
ERTACZO CRE 2%	4	QL (60g / 25 days)
JUBLIA SOL 10%	4	PA, QL (4mL / 21 days)
<i>ketoconazole cream 2%</i>	2	QL (120g / 25 days)
MENTAX CRE 1%	4	QL (60g / 25 days)
<i>naftifine hcl cream 1%</i>	2	QL (60g / 25 days)
<i>naftifine hcl cream 2%</i>	2	QL (60g / 25 days)
<i>nyamyc pow 100000</i>	2	QL (120g / 25 days)
<i>nystatin cream 100000 unit/gm</i>	2	QL (120g / 25 days)
<i>nystatin oint 100000 unit/gm</i>	2	QL (120g / 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	2	QL (120g / 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	QL (60g / 25 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	QL (60g / 25 days)
<i>nystop pow 100000</i>	2	QL (120g / 25 days)
<i>oxiconazole nitrate cream 1%</i>	2	QL (60g / 25 days)
<i>sulconazole nitrate cream 1%</i>	2	QL (60g / 25 days)
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl cream 5%</i>	4	ST, QL (45 grams / 25 days); PA**
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	QL (60 mL / 25 days)
<i>calcitriol oint 3 mcg/gm</i>	4	QL (100 gm / 25 days)
COSENTYX INJ 150MG/ML	5	PA, QL (1 syringe / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE	5	PA, QL (300mg / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	5	PA, QL (1 pen / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 300DOSE	5	PA, QL (300mg / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>methoxsalen rapid cap 10 mg</i>	2	
<i>tazarotene cream 0.1%</i>	2	PA
TAZORAC CRE 0.05%	3	PA
TAZORAC GEL 0.1%	3	PA
TAZORAC GEL 0.05%	3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	2	
<i>selenium sulfide lotion 2.5%</i>	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cre 1%</i>	2	QL (120g / 25 days; daily limit applies)
<i>alclometasone dipropionate cream 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>alclometasone dipropionate oint 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>amcinonide cream 0.1%</i>	2	QL (120g / 25 days; daily limit applies)
<i>amcinonide lotion 0.1%</i>	2	QL (120mL / 25 days; daily limit applies)
AMCINONIDE OIN 0.1%	3	QL (120g / 25 days; daily limit applies)
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	QL (120mL / 25 days; daily limit applies)
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>betamethasone dipropionate cream 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>betamethasone dipropionate lotion 0.05%</i>	2	QL (120mL / 25 days; daily limit applies)
<i>betamethasone dipropionate oint 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>betamethasone valerate aerosol foam 0.12%</i>	2	QL (120g / 25 days; daily limit applies)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	QL (120g / 25 days; daily limit applies)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	QL (120mL / 25 days; daily limit applies)

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	QL (120g / 25 days; daily limit applies)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	4	
<i>clobetasol propionate cream 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>clobetasol propionate foam 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>clobetasol propionate gel 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>clobetasol propionate lotion 0.05%</i>	2	QL (120mL / 25 days; daily limit applies)
<i>clobetasol propionate oint 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>clobetasol propionate shampoo 0.05%</i>	2	QL (120mL / 25 days; daily limit applies)
<i>clobetasol propionate soln 0.05%</i>	2	QL (120mL / 25 days; daily limit applies)
<i>clobetasol propionate spray 0.05%</i>	2	QL (120mL / 25 days; daily limit applies)
<i>clocortolone pivalate cream 0.1%</i>	4	QL (120g / 25 days; daily limit applies)
<i>desonide cream 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>desonide lotion 0.05%</i>	2	QL (120mL / 25 days; daily limit applies)
<i>desonide oint 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>desoximetasone cream 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>desoximetasone cream 0.25%</i>	2	QL (120g / 25 days; daily limit applies)
<i>desoximetasone gel 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>desoximetasone oint 0.25%</i>	2	QL (120g / 25 days; daily limit applies)
<i>diflorasone diacetate cream 0.05%</i>	4	QL (120g / 25 days; daily limit applies)
<i>diflorasone diacetate oint 0.05%</i>	4	QL (120g / 25 days; daily limit applies)
<i>fluocinolone acetonide cream 0.01%</i>	2	QL (120g / 25 days; daily limit applies)
<i>fluocinolone acetonide cream 0.025%</i>	2	QL (120g / 25 days; daily limit applies)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	QL (120mL / 25 days; daily limit applies)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	QL (120mL / 25 days; daily limit applies)
<i>fluocinolone acetonide oint 0.025%</i>	2	QL (120g / 25 days; daily limit applies)
<i>fluocinolone acetonide soln 0.01%</i>	2	QL (120mL / 25 days; daily limit applies)
<i>fluocinonide cream 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>fluocinonide gel 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>fluocinonide oint 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>fluocinonide soln 0.05%</i>	2	QL (120mL / 25 days; daily limit applies)
<i>fluticasone propionate cream 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>fluticasone propionate lotion 0.05%</i>	2	QL (120mL / 25 days; daily limit applies)
<i>fluticasone propionate oint 0.005%</i>	2	QL (120g / 25 days; daily limit applies)
<i>halobetasol propionate cream 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>halobetasol propionate oint 0.05%</i>	2	QL (120g / 25 days; daily limit applies)
<i>hydrocortisone butyrate cream 0.1%</i>	2	QL (120g / 25 days; daily limit applies)
<i>hydrocortisone butyrate oint 0.1%</i>	2	QL (120g / 25 days; daily limit applies)
<i>hydrocortisone butyrate soln 0.1%</i>	2	QL (120mL / 25 days; daily limit applies)
<i>hydrocortisone cream 1%</i>	2	QL (120g / 25 days; daily limit applies)
<i>hydrocortisone cream 2.5%</i>	2	QL (120g / 25 days; daily limit applies)
<i>hydrocortisone lotion 2.5%</i>	2	QL (120mL / 25 days; daily limit applies)
<i>hydrocortisone oint 2.5%</i>	2	QL (120g / 25 days; daily limit applies)
<i>hydrocortisone valerate cream 0.2%</i>	2	QL (120g / 25 days; daily limit applies)
<i>hydrocortisone valerate oint 0.2%</i>	2	QL (120g / 25 days; daily limit applies)
<i>mometasone furoate cream 0.1%</i>	2	QL (120g / 25 days; daily limit applies)
<i>mometasone furoate oint 0.1%</i>	2	QL (120g / 25 days; daily limit applies)

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL (120mL / 25 days; daily limit applies)
<i>prednicarbate cream 0.1%</i>	2	QL (120g / 25 days; daily limit applies)
<i>prednicarbate oint 0.1%</i>	2	QL (120g / 25 days; daily limit applies)
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (120g / 25 days; daily limit applies)
<i>triamcinolone acetonide cream 0.5%</i>	2	QL (120g / 25 days; daily limit applies)
<i>triamcinolone acetonide cream 0.025%</i>	2	QL (120g / 25 days; daily limit applies)
<i>triamcinolone acetonide lotion 0.1%</i>	2	QL (120mL / 25 days; daily limit applies)
<i>triamcinolone acetonide lotion 0.025%</i>	2	QL (120mL / 25 days; daily limit applies)
<i>triamcinolone acetonide oint 0.1%</i>	2	QL (120g / 25 days; daily limit applies)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120g / 25 days; daily limit applies)
<i>triamcinolone acetonide oint 0.025%</i>	2	QL (120g / 25 days; daily limit applies)
<i>triderm cre 0.1%</i>	2	QL (120g / 25 days; daily limit applies)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl soln 4%</i>	2	QL (50mL / 25 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	2	QL (60mL / 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	2	QL (60mL / 25 days)
<i>lidocaine oint 5%</i>	2	QL (50gm / 25 days)
<i>lidocaine pa pad 4%</i>	2	QL (30 patches / 25 days; daily limit applies), OTC
<i>lidocaine patch 5%</i>	2	PA, QL (90 patches / 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30gm / 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	2	
SYNERA DIS 70-70MG	4	QL (2 patches / 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
CONDYLOX GEL 0.5%	4	
DENAVIR CRE 1%	4	
<i>diclofenac sodium gel 1%</i>	2	QL (300g / 25 days; daily limit applies)
<i>diclofenac sodium gel 1%</i>	2	QL (300g / 25 days; daily limit applies), OTC

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

Drug Name	Drug Tier	Requirements/Limits
EUCRISA OIN 2%	3	ST, QL (60 grams / 25 days; daily limit applies); PA**
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>lactic acid lot 10%</i>	2	
<i>podofilox soln 0.5%</i>	2	
RECTIV OIN 0.4%	4	
<i>tacrolimus oint 0.1%</i>	2	
<i>tacrolimus oint 0.03%</i>	2	
TARGRETIN GEL 1%	5	PA
VOLTAREN GEL 1%	2	QL (300 gm / 25 days; daily limit applies), OTC
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	2	
FINACEA AER 15%	3	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole gel 1%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
MIRVASO GEL 0.33%	4	PA
<i>rosadan cre 0.75%</i>	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan lot 10%</i>	2	
EURAX CRE 10%	4	
<i>lice treatmt lot 1%</i>	2	OTC
<i>lice trtmnt liq 1%</i>	2	OTC
<i>lindane shampoo 1%</i>	2	
<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	
<i>spinosad susp 0.9%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX GEL 0.01%	4	PA, QL (30g / 25 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	
<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 dent pst 0.1%</i>	2	
ORAVIG TAB 50MG	4	QL (14 tabs / 25 days)
<i>periogard sol 0.12%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<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	
COLY-MYCIN S SUS 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	
TOXOIDS		
TOXOID COMBINATIONS		
BOOSTRIX INJ	1	
QUADRACEL INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
VAXELIS INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	2	Covered for age less than 1 year only
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
VACCINES		
BACTERIAL VACCINES		
MENQUADFI INJ	1	
PREVNAR 20 INJ	1	
VAXNEUVANCE INJ	1	
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<i>amoxicillin (trihydrate) tab</i> 875 mg ..	27	<i>apraclonidine hcl ophth soln</i> 0.5% (base equivalent)	123
<i>amphetamine-dextroamphetamine cap</i> er 24hr 10 mg	72	<i>aprepitant capsule</i> 125 mg	100
<i>amphetamine-dextroamphetamine cap</i> er 24hr 15 mg	72	<i>aprepitant capsule</i> 40 mg	100
<i>amphetamine-dextroamphetamine cap</i> er 24hr 20 mg	72	<i>aprepitant capsule</i> 80 mg	100
<i>amphetamine-dextroamphetamine cap</i> er 24hr 25 mg	72	<i>aprepitant capsule therapy pack</i> 80 & 125 mg	100
<i>amphetamine-dextroamphetamine cap</i> er 24hr 30 mg	72	<i>apri tab</i>	88
<i>amphetamine-dextroamphetamine cap</i> er 24hr 5 mg	72	APTIOM TAB 200MG	57
<i>amphetamine-dextroamphetamine tab</i> 10 mg	73	APTIOM TAB 400MG	57
		APTIOM TAB 600MG	57
		APTIOM TAB 800MG	57
		APTIVUS CAP 250MG	20
		APTIVUS SOL	20
		<i>aranelle tab</i>	88
		ARANESP INJ 100MCG	108
		ARANESP INJ 10MCG	108
		ARANESP INJ 150MCG	108
		ARANESP INJ 200MCG	108
		ARANESP INJ 25MCG	108
		ARANESP INJ 300MCG	108
		ARANESP INJ 40MCG	108
		ARANESP INJ 500MCG	108

ARANESP INJ 60MCG	108	<i>atenolol & chlorthalidone tab 100-25</i>	
ARCALYST INJ 220MG	113	<i>mg</i>	47
<i>aripiprazole oral solution 1 mg/ml</i>	69	<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>aripiprazole orally disintegrating tab 10</i>		.....	47
<i>mg</i>	69	<i>atenolol tab 100 mg</i>	48
<i>aripiprazole orally disintegrating tab 15</i>		<i>atenolol tab 25 mg</i>	48
<i>mg</i>	69	<i>atenolol tab 50 mg</i>	48
<i>aripiprazole tab 10 mg</i>	69	<i>atomoxetine hcl cap 10 mg (base</i>	
<i>aripiprazole tab 15 mg</i>	69	<i>equiv)</i>	73
<i>aripiprazole tab 2 mg</i>	69	<i>atomoxetine hcl cap 100 mg (base</i>	
<i>aripiprazole tab 20 mg</i>	69	<i>equiv)</i>	73
<i>aripiprazole tab 30 mg</i>	69	<i>atomoxetine hcl cap 18 mg (base</i>	
<i>aripiprazole tab 5 mg</i>	69	<i>equiv)</i>	73
ARISTADA INJ 1064MG	70	<i>atomoxetine hcl cap 25 mg (base</i>	
ARISTADA INJ 441MG/1.....	69	<i>equiv)</i>	73
ARISTADA INJ 662MG/2.....	69	<i>atomoxetine hcl cap 40 mg (base</i>	
ARISTADA INJ 882MG/3.....	69	<i>equiv)</i>	73
ARISTADA INJ INITIO	70	<i>atomoxetine hcl cap 60 mg (base</i>	
<i>armodafinil tab 150 mg</i>	81	<i>equiv)</i>	73
<i>armodafinil tab 200 mg</i>	81	<i>atomoxetine hcl cap 80 mg (base</i>	
<i>armodafinil tab 250 mg</i>	81	<i>equiv)</i>	73
<i>armodafinil tab 50 mg</i>	81	<i>atorvastatin calcium tab 10 mg (base</i>	
ARNUITY ELPT INH 100MCG	130	<i>equivalent)</i>	46
ARNUITY ELPT INH 200MCG	130	<i>atorvastatin calcium tab 20 mg (base</i>	
ARNUITY ELPT INH 50MCG	130	<i>equivalent)</i>	46
<i>arsenic trioxide iv soln 10 mg/10ml (1</i>		<i>atorvastatin calcium tab 40 mg (base</i>	
<i>mg/ml)</i>	37	<i>equivalent)</i>	46
<i>arsenic trioxide iv soln 12 mg/6ml (2</i>		<i>atorvastatin calcium tab 80 mg (base</i>	
<i>mg/ml)</i>	37	<i>equivalent)</i>	46
<i>asenapine maleate sl tab 10 mg (base</i>		<i>atovaquone susp 750 mg/5ml</i>	17
<i>equiv)</i>	39	<i>atovaquone-proguanil hcl tab 250-100</i>	
<i>asenapine maleate sl tab 2.5 mg (base</i>		<i>mg</i>	20
<i>equiv)</i>	39	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
<i>asenapine maleate sl tab 5 mg (base</i>		<i>mg</i>	20
<i>equiv)</i>	39	<i>atropine sul inj 0.05mg/1</i>	99
<i>ashlyna tab</i>	88	<i>atropine sul inj 0.1mg/ml</i>	99
<i>aspirin chw 81mg</i>	16	ATROPINE SUL SOL 1% OP	124
<i>aspirin low tab 81mg ec</i>	16	AUBAGIO TAB 14MG	79
<i>aspirin-dipyridamole cap er 12hr 25-</i>		AUBAGIO TAB 7MG.....	79
<i>200 mg</i>	109	<i>aviane tab</i>	88
<i>atazanavir sulfate cap 150 mg (base</i>		<i>avidoxy tab 100mg</i>	28
<i>equiv)</i>	20	<i>avita cre 0.025%</i>	132
<i>atazanavir sulfate cap 200 mg (base</i>		<i>avita gel 0.025%</i>	132
<i>equiv)</i>	20	AVONEX PEN KIT 30MCG.....	79
<i>atazanavir sulfate cap 300 mg (base</i>		AVONEX PREFL KIT 30MCG.....	79
<i>equiv)</i>	20	<i>azacitidine for inj 100 mg</i>	30

AZASAN TAB 100MG	113	<i>benazepril & hydrochlorothiazide tab</i>	
AZASAN TAB 75 MG.....	113	10-12.5 mg	40
AZASITE SOL 1%	122	<i>benazepril & hydrochlorothiazide tab</i>	
<i>azathioprine tab 50 mg</i>	113	20-12.5 mg	40
<i>azelaic acid gel 15%</i>	139	<i>benazepril & hydrochlorothiazide tab</i>	
<i>azelastine hcl nasal spray 0.1% (137</i>		20-25 mg	40
<i>mcg/spray).....</i>	126	<i>benazepril & hydrochlorothiazide tab 5-</i>	
<i>azelastine hcl nasal spray 0.15%</i>		6.25 mg	40
<i>(205.5 mcg/spray)</i>	126	<i>benazepril hcl tab 10 mg.....</i>	41
<i>azelastine hcl ophth soln 0.05%.....</i>	123	<i>benazepril hcl tab 20 mg.....</i>	41
<i>azelastine hcl-fluticasone prop nasal</i>		<i>benazepril hcl tab 40 mg.....</i>	41
<i>spray 137-50 mcg/act.....</i>	126	<i>benazepril hcl tab 5 mg.....</i>	41
<i>azithromycin for susp 100 mg/5ml ...</i>	25	BENZIQ GEL 5.25%.....	132
<i>azithromycin for susp 200 mg/5ml ...</i>	25	BENZIQ LS GEL 2.75%	132
<i>azithromycin powd pack for susp 1 gm</i>		<i>benziq wash liq 5.25%.....</i>	132
.....	25	<i>benzonatate cap 100 mg.....</i>	128
<i>azithromycin tab 250 mg.....</i>	25	<i>benzonatate cap 200 mg.....</i>	128
<i>azithromycin tab 500 mg.....</i>	25	<i>benzoyl peroxide-erythromycin gel 5-</i>	
<i>azithromycin tab 600 mg.....</i>	25	3%	132
<i>aztreonam for inj 1 gm</i>	17	<i>benztropine mesylate inj 1 mg/ml</i>	68
<i>aztreonam for inj 2 gm</i>	17	<i>benztropine mesylate tab 0.5 mg</i>	68
<i>azurette tab 28 day</i>	88	<i>benztropine mesylate tab 1 mg</i>	68
B		<i>benztropine mesylate tab 2 mg</i>	68
<i>bacitracin ophth oint 500 unit/gm ..</i>	122	<i>bepotastine besilate ophth soln 1.5%</i>	
<i>bacitracin-polymyxin b ophth oint... </i>	122	.....	124
<i>bacitracin-polymyxin-neomycin-hc</i>		BEPREVE DRO 1.5%	123
<i>ophth oint 1%.....</i>	122	BESIVANCE SUS 0.6%.....	122
<i>baclofen tab 10 mg.....</i>	80	<i>betamethasone dipropionate</i>	
<i>baclofen tab 20 mg.....</i>	80	<i>augmented cream 0.05%</i>	135
<i>baclofen tab 5 mg</i>	80	<i>betamethasone dipropionate</i>	
<i>balsalazide disodium cap 750 mg ...</i>	102	<i>augmented gel 0.05%.....</i>	135
BARACLUDGE SOL.....	23	<i>betamethasone dipropionate</i>	
BASAGLAR INJ 100UNIT.....	85	<i>augmented lotion 0.05%</i>	135
BAXDELA TAB 450MG	25	<i>betamethasone dipropionate</i>	
BELBUCA MIS 150MCG.....	15	<i>augmented oint 0.05%</i>	135
BELBUCA MIS 300MCG.....	15	<i>betamethasone dipropionate cream</i>	
BELBUCA MIS 450MCG.....	15	0.05%	135
BELBUCA MIS 600MCG.....	15	<i>betamethasone dipropionate lotion</i>	
BELBUCA MIS 750MCG.....	15	0.05%	135
BELBUCA MIS 75MCG	15	<i>betamethasone dipropionate oint</i>	
BELBUCA MIS 900MCG.....	15	0.05%	135
BELSOMRA TAB 10MG.....	76	<i>betamethasone valerate aerosol foam</i>	
BELSOMRA TAB 15MG.....	76	0.12%	135
BELSOMRA TAB 20MG.....	76	<i>betamethasone valerate cream 0.1%</i>	
BELSOMRA TAB 5MG	76	<i>(base equivalent)</i>	135

<i>betamethasone valerate lotion 0.1%</i> (base equivalent)	135	<i>brimonidine tartrate ophth soln 0.15%</i>	124
<i>betamethasone valerate oint 0.1%</i> (base equivalent)	136	<i>brimonidine tartrate ophth soln 0.2%</i>	123
BETASERON INJ 0.3MG	79	<i>brinzolamide ophth susp 1%</i>	124
<i>betaxolol hcl ophth soln 0.5%</i>	123	BRIVIACT INJ 50MG/5ML	57
<i>betaxolol hcl tab 10 mg</i>	48	BRIVIACT SOL 10MG/ML	57
<i>betaxolol hcl tab 20 mg</i>	48	BRIVIACT TAB 100MG.....	57
<i>bethanechol chloride tab 10 mg</i>	105	BRIVIACT TAB 10MG	57
<i>bethanechol chloride tab 25 mg</i>	105	BRIVIACT TAB 25MG	57
<i>bethanechol chloride tab 5 mg</i>	105	BRIVIACT TAB 50MG	57
<i>bethanechol chloride tab 50 mg</i>	105	BRIVIACT TAB 75MG	57
BETIMOL SOL 0.25%	123	<i>bromfenac sodium ophth soln 0.09%</i> (base equiv) (once-daily)	123
BETIMOL SOL 0.5%.....	123	<i>bromocriptine mesylate cap 5 mg (base</i> <i>equivalent)</i>	68
BETOPTIC-S SUS 0.25% OP	123	<i>bromocriptine mesylate tab 2.5 mg</i> (base equivalent)	68
BEVESPI AER 9-4.8MCG	125	<i>brompheniramine tannate chew tab 12</i> <i>mg</i>	126
<i>bexarotene cap 75 mg</i>	37	<i>budesonide delayed release particles</i> <i>cap 3 mg</i>	102
BEXSERO INJ.....	114	<i>budesonide inhalation susp 0.25</i> <i>mg/2ml</i>	130
<i>bicalutamide tab 50 mg</i>	32	<i>budesonide inhalation susp 0.5 mg/2ml</i>	130
BIKTARVY TAB.....	22	<i>budesonide inhalation susp 1 mg/2ml</i>	130
BIO-STATIN CAP 1000000.....	19	<i>bumetanide tab 0.5 mg</i>	52
BIO-STATIN CAP 500000.....	19	<i>bumetanide tab 1 mg</i>	52
<i>bio-statin pow</i>	19	<i>bumetanide tab 2 mg</i>	52
<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	48	<i>buprenorphine hcl inj 0.3 mg/ml (base</i> <i>equiv)</i>	15
<i>bisoprolol & hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i>	47	<i>buprenorphine hcl sl tab 2 mg (base</i> <i>equiv)</i>	15
<i>bisoprolol & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i>	48	<i>buprenorphine hcl sl tab 8 mg (base</i> <i>equiv)</i>	15
<i>bisoprolol fumarate tab 10 mg</i>	48	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>12-3 mg (base equiv)</i>	7
<i>bisoprolol fumarate tab 5 mg</i>	48	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>2-0.5 mg (base equiv)</i>	6
<i>bleomycin sulfate for inj 15 unit</i>	30	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>4-1 mg (base equiv)</i>	6
<i>bleomycin sulfate for inj 30 unit</i>	30	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>8-2 mg (base equiv)</i>	6
BLEPHAMIDE OIN S.O.P.	122		
BLEPHAMIDE SUS OP.....	122		
BOOSTRIX INJ	114, 140		
<i>bosentan tab 125 mg</i>	55		
<i>bosentan tab 62.5 mg</i>	55		
BOSULIF TAB 100MG	34		
BOSULIF TAB 400MG	34		
BOSULIF TAB 500MG	34		
<i>bp wash liq 2.5%</i>	132		
BREO ELLIPTA INH 100-25	131		
BREO ELLIPTA INH 200-25	131		
BRILINTA TAB 60MG.....	109		
BRILINTA TAB 90MG.....	109		

<i>buprenorphine hcl-naloxone hcl sl tab</i>	
2-0.5 mg (base equiv)	7
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
8-2 mg (base equiv)	7
<i>buprenorphine td patch weekly 10</i>	
mcg/hr	15
<i>buprenorphine td patch weekly 15</i>	
mcg/hr	15
<i>buprenorphine td patch weekly 20</i>	
mcg/hr	15
<i>buprenorphine td patch weekly 5</i>	
mcg/hr	15
<i>buprenorphine td patch weekly 7.5</i>	
mcg/hr	15
<i>bupropion hcl (smoking deterrent) tab</i>	
er 12hr 150 mg	81
<i>bupropion hcl tab 100 mg</i>	63
<i>bupropion hcl tab 75 mg</i>	63
<i>bupropion hcl tab er 12hr 100 mg</i>	63
<i>bupropion hcl tab er 12hr 150 mg</i>	63
<i>bupropion hcl tab er 12hr 200 mg</i>	63
<i>bupropion hcl tab er 24hr 150 mg</i>	63
<i>bupropion hcl tab er 24hr 300 mg</i>	63
<i>bupirone hcl tab 10 mg</i>	78
<i>bupirone hcl tab 15 mg</i>	78
<i>bupirone hcl tab 30 mg</i>	78
<i>bupirone hcl tab 5 mg</i>	78
<i>bupirone hcl tab 7.5 mg</i>	78
<i>busulfan inj 6 mg/ml</i>	29
<i>butalbital-acetaminophen-caff w/ cod</i>	
cap 50-300-40-30 mg	7
<i>butalbital-acetaminophen-caffeine cap</i>	
50-300-40 mg	5
<i>butalbital-acetaminophen-caffeine cap</i>	
50-325-40 mg	5
<i>butalbital-acetaminophen-caffeine tab</i>	
50-325-40 mg	5
<i>butalbital-aspirin-caffeine cap 50-325-</i>	
40 mg	5
<i>butorphanol tartrate inj 1 mg/ml</i>	7
<i>butorphanol tartrate inj 2 mg/ml</i>	7
<i>butorphanol tartrate nasal soln 10</i>	
mg/ml	7
BYSTOLIC TAB 10MG	48
BYSTOLIC TAB 2.5MG	48
BYSTOLIC TAB 20MG	48
BYSTOLIC TAB 5MG	48
C	
<i>cabergoline tab 0.5 mg</i>	96
CABOMETYX TAB 20MG	38
CABOMETYX TAB 40MG	38
CABOMETYX TAB 60MG	39
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	
.....	134
<i>calcipotriene-betamethasone</i>	
<i>dipropionate oint 0.005-0.064%</i> ..	136
<i>calcitonin (salmon) nasal soln 200</i>	
unit/act	96
<i>calcitriol cap 0.25 mcg</i>	120
<i>calcitriol cap 0.5 mcg</i>	120
<i>calcitriol oint 3 mcg/gm</i>	134
<i>calcitriol oral soln 1 mcg/ml</i>	120
<i>calcium acetate (phosphate binder) cap</i>	
667 mg (169 mg ca)	97
<i>calcium acetate (phosphate binder) tab</i>	
667 mg	97
CALQUENCE CAP 100MG	34
<i>camila tab 0.35mg</i>	88
<i>candesartan cilexetil tab 16 mg</i>	44
<i>candesartan cilexetil tab 32 mg</i>	44
<i>candesartan cilexetil tab 4 mg</i>	44
<i>candesartan cilexetil tab 8 mg</i>	44
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 16-12.5 mg</i>	
.....	43
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-12.5 mg</i>	
.....	43
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-25 mg</i> .	43
<i>capecitabine tab 150 mg</i>	30
<i>capecitabine tab 500 mg</i>	30
CAPRELSA TAB 100MG	34
CAPRELSA TAB 300MG	34
<i>captopril & hydrochlorothiazide tab 25-</i>	
15 mg	40
<i>captopril & hydrochlorothiazide tab 25-</i>	
25 mg	40
<i>captopril & hydrochlorothiazide tab 50-</i>	
15 mg	40
<i>captopril & hydrochlorothiazide tab 50-</i>	
25 mg	40

<i>captopril tab 100 mg</i>	41	<i>carboplatin iv soln 600 mg/60ml</i>	37
<i>captopril tab 12.5 mg</i>	41	CARDIZEM LA TAB 120MG	50
<i>captopril tab 25 mg</i>	41	CARDURA XL TAB 4MG	105
<i>captopril tab 50 mg</i>	41	CARDURA XL TAB 8MG	105
CARBAGLU TAB 200MG	91	CAREFINE MIS 32GX6MM	118
<i>carbamazepine cap er 12hr 100 mg</i> ..	57	<i>carisoprodol tab 350 mg</i>	80
<i>carbamazepine cap er 12hr 200 mg</i> ..	57	<i>carmustine for inj 100 mg</i>	29
<i>carbamazepine cap er 12hr 300 mg</i> ..	57	<i>carteolol hcl ophth soln 1%</i>	124
<i>carbamazepine chew tab 100 mg</i>	57	<i>cartia xt cap 120/24hr</i>	50
<i>carbamazepine susp 100 mg/5ml</i>	57	<i>cartia xt cap 180/24hr</i>	50
<i>carbamazepine tab 200 mg</i>	57	<i>cartia xt cap 240/24hr</i>	50
<i>carbamazepine tab er 12hr 100 mg</i> ..	57	<i>cartia xt cap 300/24hr</i>	50
<i>carbamazepine tab er 12hr 200 mg</i> ..	57	<i>carvedilol phosphate cap er 24hr 10</i>	
<i>carbamazepine tab er 12hr 400 mg</i> ..	57	<i>mg</i>	48
<i>carbidopa & levodopa orally</i>		<i>carvedilol phosphate cap er 24hr 20</i>	
<i>disintegrating tab 10-100 mg</i>	68	<i>mg</i>	48
<i>carbidopa & levodopa orally</i>		<i>carvedilol phosphate cap er 24hr 40</i>	
<i>disintegrating tab 25-100 mg</i>	68	<i>mg</i>	48
<i>carbidopa & levodopa orally</i>		<i>carvedilol phosphate cap er 24hr 80</i>	
<i>disintegrating tab 25-250 mg</i>	68	<i>mg</i>	48
<i>carbidopa & levodopa tab 10-100 mg</i>	68	<i>carvedilol tab 12.5 mg</i>	48
<i>carbidopa & levodopa tab 25-100 mg</i>	68	<i>carvedilol tab 25 mg</i>	48
<i>carbidopa & levodopa tab 25-250 mg</i>	68	<i>carvedilol tab 3.125 mg</i>	48
<i>carbidopa & levodopa tab er 25-100</i>		<i>carvedilol tab 6.25 mg</i>	48
<i>mg</i>	68	CAYA DPR	116
<i>carbidopa & levodopa tab er 50-200</i>		CAYSTON INH 75MG	17
<i>mg</i>	68	<i>caziant pak</i>	88
<i>carbidopa tab 25 mg</i>	68	<i>cefaclor cap 250 mg</i>	24
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefaclor cap 500 mg</i>	24
<i>12.5-50-200 mg</i>	68	<i>cefaclor for susp 125 mg/5ml</i>	24
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefaclor for susp 250 mg/5ml</i>	24
<i>18.75-75-200 mg</i>	68	<i>cefaclor for susp 375 mg/5ml</i>	24
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefadroxil cap 500 mg</i>	24
<i>25-100-200 mg</i>	68	<i>cefadroxil for susp 250 mg/5ml</i>	24
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefadroxil for susp 500 mg/5ml</i>	24
<i>31.25-125-200 mg</i>	68	<i>cefazolin sodium for inj 1 gm</i>	24
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefdinir cap 300 mg</i>	24
<i>37.5-150-200 mg</i>	68	<i>cefdinir for susp 125 mg/5ml</i>	24
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefdinir for susp 250 mg/5ml</i>	24
<i>50-200-200 mg</i>	68	<i>cefditoren pivoxil tab 200 mg (base</i>	
<i>carbinoxamine maleate soln 4 mg/5ml</i>		<i>equivalent)</i>	24
.....	126	<i>cefditoren pivoxil tab 400 mg (base</i>	
<i>carbinoxamine maleate tab 4 mg</i> ...	126	<i>equivalent)</i>	24
<i>carboplatin iv soln 150 mg/15ml</i>	37	<i>cefepime hcl for inj 1 gm</i>	24
<i>carboplatin iv soln 450 mg/45ml</i>	37	<i>cefepime hcl for inj 2 gm</i>	24
<i>carboplatin iv soln 50 mg/5ml</i>	37		

<i>cefixime cap 400 mg</i>	24	<i>chlorothiazide tab 250 mg</i>	52
<i>cefixime for susp 100 mg/5ml</i>	24	<i>chlorothiazide tab 500 mg</i>	52
<i>cefixime for susp 200 mg/5ml</i>	24	CHLORPROMAZINE HCL INJ 25 MG/ML	
<i>cefpodoxime proxetil for susp 100</i>		.....	70
<i>mg/5ml</i>	24	CHLORPROMAZINE HCL INJ 50 MG/2ML	
<i>cefpodoxime proxetil for susp 50</i>		.....	70
<i>mg/5ml</i>	24	<i>chlorpromazine hcl tab 10 mg</i>	70
<i>cefpodoxime proxetil tab 100 mg</i>	24	<i>chlorpromazine hcl tab 100 mg</i>	70
<i>cefpodoxime proxetil tab 200 mg</i>	24	<i>chlorpromazine hcl tab 200 mg</i>	70
<i>cefprozil for susp 125 mg/5ml</i>	24	<i>chlorpromazine hcl tab 25 mg</i>	70
<i>cefprozil for susp 250 mg/5ml</i>	24	<i>chlorpromazine hcl tab 50 mg</i>	70
<i>cefprozil tab 250 mg</i>	24	<i>chlorthalidone tab 25 mg</i>	52
<i>cefprozil tab 500 mg</i>	24	<i>chlorthalidone tab 50 mg</i>	52
<i>ceftazidime for iv soln 2 gm</i>	24	<i>chlorzoxazone tab 500 mg</i>	80
<i>ceftriaxone sodium for inj 1 gm</i>	24	<i>cholecalciferol cap 1.25 mg (50000</i>	
<i>ceftriaxone sodium for inj 10 gm</i>	24	<i>unit)</i>	120
<i>ceftriaxone sodium for inj 2 gm</i>	24	<i>cholestyramine light powder 4 gm/dose</i>	
<i>ceftriaxone sodium for inj 250 mg</i>	24	.....	45
<i>ceftriaxone sodium for inj 500 mg</i>	24	<i>cholestyramine light powder packets 4</i>	
<i>ceftriaxone sodium for iv soln 1 gm</i> ..	24	<i>gm</i>	45
<i>ceftriaxone sodium for iv soln 2 gm</i> ..	24	<i>cholestyramine powder 4 gm/dose</i> ...	45
<i>cefuroxime axetil tab 250 mg</i>	24	<i>cholestyramine powder packets 4 gm</i>	45
<i>cefuroxime axetil tab 500 mg</i>	25	<i>choline fenofibrate cap dr 135 mg</i>	
<i>celecoxib cap 100 mg</i>	5	<i>(fenofibric acid equiv)</i>	46
<i>celecoxib cap 200 mg</i>	5	<i>choline fenofibrate cap dr 45 mg</i>	
<i>celecoxib cap 50 mg</i>	5	<i>(fenofibric acid equiv)</i>	46
CELONTIN CAP 300MG	57	CHOR GONADOT INJ 10000UNT	96
<i>cephalexin cap 250 mg</i>	25	<i>ciclopirox gel 0.77%</i>	133
<i>cephalexin cap 500 mg</i>	25	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>cephalexin cap 750 mg</i>	25	<i>equiv)</i>	133
<i>cephalexin for susp 125 mg/5ml</i>	25	<i>ciclopirox olamine susp 0.77% (base</i>	
<i>cephalexin for susp 250 mg/5ml</i>	25	<i>equiv)</i>	133
<i>cephalexin tab 250 mg</i>	25	<i>ciclopirox shampoo 1%</i>	133
<i>cephalexin tab 500 mg</i>	25	<i>ciclopirox solution 8%</i>	133
CERDELGA CAP 84MG	91	<i>cidofovir iv inj 75 mg/ml</i>	23
<i>cevimeline hcl cap 30 mg</i>	139	<i>cilostazol tab 100 mg</i>	109
CHANTIX PAK 0.5& 1MG.....	81	<i>cilostazol tab 50 mg</i>	108
CHANTIX PAK 1MG	81	CIMDUO TAB 300-300	22
CHANTIX TAB 0.5MG	81	<i>cimetidine hcl soln 300 mg/5ml</i>	102
CHANTIX TAB 1MG	81	<i>cimetidine tab 200 mg</i>	102
<i>chateal tab 0.15/30</i>	88	<i>cimetidine tab 300 mg</i>	102
CHEMET CAP 100MG	87	<i>cimetidine tab 400 mg</i>	102
CHEMSTRIP 9 TES STRIPS.....	117	<i>cimetidine tab 800 mg</i>	102
<i>chlorhexidine gluconate soln 0.12%</i>	139	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	
<i>chloroquine phosphate tab 250 mg</i> ...	20	.....	87
<i>chloroquine phosphate tab 500 mg</i> ...	20		

<i>cinacalcet hcl tab 60 mg (base equiv)</i>		<i>clarithromycin tab 500 mg</i>	25
.....	87	<i>clarithromycin tab er 24hr 500 mg</i> ...	25
<i>cinacalcet hcl tab 90 mg (base equiv)</i>		<i>clemastine fumarate tab 2.68 mg</i> ...	126
.....	87	CLENPIQ SOL.....	103
CIPRO (10%) SUS 500MG/5	25	CLEOCIN SUP 100MG.....	106
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	122	CLIMARA PRO DIS WEEKLY	91
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	140	<i>clindamycin hcl cap 150 mg</i>	17
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	25	<i>clindamycin hcl cap 300 mg</i>	17
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	25	<i>clindamycin hcl cap 75 mg</i>	17
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	26	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	17
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	26	<i>clindamycin phosphate foam 1%</i>	132
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	140	<i>clindamycin phosphate gel 1%</i>	132
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>		<i>clindamycin phosphate inj 300 mg/2ml</i>	
.....	37	.....	17
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>		<i>clindamycin phosphate inj 600 mg/4ml</i>	
.....	37	.....	17
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..	37	<i>clindamycin phosphate inj 9 gm/60ml</i>	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	63	.....	17
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	63	<i>clindamycin phosphate lotion 1%</i> ...	132
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	63	<i>clindamycin phosphate soln 1%</i>	132
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	63	<i>clindamycin phosphate swab 1%</i>	132
CITRANATAL CAP HARMONY	120	<i>clindamycin phosphate vaginal cream 2%</i>	106
CITRANATAL CAP MEDLEY	120	<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	132
CITRANATAL MIS	120	<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	132
CITRANATAL MIS 90 DHA	120	<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	132
CITRANATAL MIS B-CALM.....	120	<i>clobazam suspension 2.5 mg/ml</i>	57
CITRANATAL PAK ASSURE	120	<i>clobazam tab 10 mg</i>	57
CITRANATAL PAK DHA	121	<i>clobazam tab 20 mg</i>	57
CITRANATAL TAB BLOOM	121	<i>clobetasol propionate cream 0.05%</i> 136	
CITRANATAL TAB RX.....	121	<i>clobetasol propionate emollient base cream 0.05%</i>	83
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	30	<i>clobetasol propionate foam 0.05%</i> .	136
<i>clarithromycin for susp 125 mg/5ml</i> .	25	<i>clobetasol propionate gel 0.05%</i>	136
<i>clarithromycin for susp 250 mg/5ml</i> .	25	<i>clobetasol propionate lotion 0.05%</i> .	136
<i>clarithromycin tab 250 mg</i>	25	<i>clobetasol propionate oint 0.05%</i> ...	136
		<i>clobetasol propionate shampoo 0.05%</i>	
		.....	136
		<i>clobetasol propionate soln 0.05%</i> ...	136
		<i>clobetasol propionate spray 0.05%</i> .	136
		<i>clocortolone pivalate cream 0.1%</i> ...	136
		<i>clofarabine iv soln 1 mg/ml</i>	30

<i>clomipramine hcl cap 25 mg</i>	78	<i>colchicine tab 0.6 mg</i>	5
<i>clomipramine hcl cap 50 mg</i>	78	<i>colchicine w/ probenecid tab 0.5-500</i>	
<i>clomipramine hcl cap 75 mg</i>	78	<i>mg</i>	5
<i>clonazepam tab 0.5 mg</i>	57	<i>colestipol hcl granule packets 5 gm</i> ..	46
<i>clonazepam tab 1 mg</i>	57	<i>colestipol hcl granules 5 gm</i>	46
<i>clonazepam tab 2 mg</i>	57	<i>colestipol hcl tab 1 gm</i>	46
<i>clonidine hcl tab 0.1 mg</i>	53	<i>colocort ene 100mg</i>	102
<i>clonidine hcl tab 0.2 mg</i>	53	COLY-MYCIN S SUS OTIC	140
<i>clonidine hcl tab 0.3 mg</i>	53	COMBIGAN SOL 0.2/0.5%	124
<i>clonidine td patch weekly 0.1 mg/24hr</i>		COMETRIQ KIT 100MG	34
.....	53	COMETRIQ KIT 140MG	34
<i>clonidine td patch weekly 0.2 mg/24hr</i>		COMETRIQ KIT 60MG	34
.....	53	<i>compro sup 25mg</i>	100
<i>clonidine td patch weekly 0.3 mg/24hr</i>		CONDYLOX GEL 0.5%	138
.....	53	COPAXONE INJ 20MG/ML	79
<i>clopidogrel bisulfate tab 300 mg (base</i>		COPAXONE INJ 40MG/ML	79
<i>equiv)</i>	109	CORLANOR SOL 5MG/5ML	53
<i>clopidogrel bisulfate tab 75 mg (base</i>		CORLANOR TAB 5MG	53
<i>equiv)</i>	109	CORLANOR TAB 7.5MG	53
<i>clorazepate dipotassium tab 15 mg</i> ..	57	<i>cortisone acetate tab 25 mg</i>	94
<i>clorazepate dipotassium tab 3.75 mg</i>	57	COSENTYX INJ 150MG/ML	134
<i>clorazepate dipotassium tab 7.5 mg</i> .	57	COSENTYX INJ 300DOSE.....	134
<i>clotrimazole cream 1%</i>	133	COSENTYX INJ 75MG/0.5	82
<i>clotrimazole soln 1%</i>	133	COSENTYX PEN INJ 150MG/ML	134
<i>clotrimazole troche 10 mg</i>	139	COSENTYX PEN INJ 300DOSE	135
<i>clotrimazole w/ betamethasone cream</i>		CREON CAP 12000UNT.....	104
<i>1-0.05%</i>	133	CREON CAP 24000UNT.....	104
<i>clotrimazole w/ betamethasone lotion</i>		CREON CAP 3000UNIT	104
<i>1-0.05%</i>	133	CREON CAP 36000UNT.....	104
<i>clozapine orally disintegrating tab 100</i>		CREON CAP 6000UNIT	104
<i>mg</i>	70	CRESEMBA CAP 186 MG	19
<i>clozapine orally disintegrating tab 12.5</i>		CRINONE GEL 4% VAG	98
<i>mg</i>	70	CRINONE GEL 8% VAG	98
<i>clozapine orally disintegrating tab 150</i>		CRIXIVAN CAP 200MG	20
<i>mg</i>	70	CRIXIVAN CAP 400MG	20
<i>clozapine orally disintegrating tab 200</i>		<i>cromolyn sodium ophth soln 4%</i>	123
<i>mg</i>	70	<i>cromolyn sodium oral conc 100 mg/5ml</i>	
<i>clozapine orally disintegrating tab 25</i>		.....	103
<i>mg</i>	70	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
<i>clozapine tab 100 mg</i>	70	.....	129
<i>clozapine tab 200 mg</i>	70	<i>crotan lot 10%</i>	139
<i>clozapine tab 25 mg</i>	70	<i>cryselle-28 tab 28 tabs</i>	88
<i>clozapine tab 50 mg</i>	70	CUVPOSA SOL 1MG/5ML	99
COARTEM TAB 20-120MG	20	<i>cyanocobalamin inj 1000 mcg/ml</i> ...	121
CODEINE SULF TAB 60MG	7	<i>cyclafem tab 1/35</i>	88
<i>codeine sulfate tab 30 mg</i>	7	<i>cyclafem tab 7/7/7</i>	88

<i>cyclobenzaprine hcl tab 10 mg</i>	80	<i>dasetta tab 7/7/7</i>	88
<i>cyclobenzaprine hcl tab 5 mg</i>	80	<i>daunorubicin hcl iv soln 20 mg/4ml</i>	
<i>cyclophosphamide cap 25 mg</i>	29	<i>(base equiv)</i>	29
<i>cyclophosphamide cap 50 mg</i>	29	<i>decitabine for inj 50 mg</i>	30
<i>cyclophosphamide for inj 1 gm</i>	29	<i>deferiprone tab 500 mg</i>	87
<i>cyclophosphamide for inj 2 gm</i>	29	<i>delyla tab 0.1-0.02</i>	88
<i>cyclophosphamide for inj 500 mg</i>	29	<i>demeclocycline hcl tab 150 mg</i>	28
<i>cycloserine cap 250 mg</i>	22	<i>demeclocycline hcl tab 300 mg</i>	28
CYCLOSET TAB 0.8MG	84	DENAVIR CRE 1%	138
<i>cyclosporine cap 100 mg</i>	114	DEPO-ESTRADI INJ 5MG/ML	91
<i>cyclosporine cap 25 mg</i>	113	DEPO-MEDROL INJ 20MG/ML	94
<i>cyclosporine iv soln 50 mg/ml</i>	114	DEPO-PROVERA INJ 400/ML	32
<i>cyclosporine modified cap 100 mg</i> ..	114	DEPO-SQ PROV INJ 104	88
<i>cyclosporine modified cap 25 mg</i> ..	114	DESCOVY TAB 200/25MG	22
<i>cyclosporine modified cap 50 mg</i> ..	114	<i>desipramine hcl tab 10 mg</i>	63
<i>cyclosporine modified oral soln 100</i>		<i>desipramine hcl tab 100 mg</i>	63
<i>mg/ml</i>	114	<i>desipramine hcl tab 150 mg</i>	63
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	126	<i>desipramine hcl tab 25 mg</i>	63
<i>cyproheptadine hcl tab 4 mg</i>	126	<i>desipramine hcl tab 50 mg</i>	63
CYSTADANE POW	91	<i>desipramine hcl tab 75 mg</i>	63
CYSTAGON CAP 150MG	91	<i>desloratadine tab 5 mg</i>	126
CYSTAGON CAP 50MG	91	<i>desloratadine tab orally disintegrating</i>	
CYSTARAN SOL 0.44%	124	<i>2.5 mg</i>	126
<i>cytarabine inj 20 mg/ml</i>	30	<i>desloratadine tab orally disintegrating</i>	
<i>cytarabine inj pf 100 mg/ml</i>	30	<i>5 mg</i>	126
<i>cytarabine inj pf 20 mg/ml</i>	30	<i>desmopressin acetate inj 4 mcg/ml</i> ..	99
D		<i>desmopressin acetate nasal spray soln</i>	
<i>dacarbazine for inj 100 mg</i>	29	<i>0.01%</i>	99
<i>dacarbazine for inj 200 mg</i>	29	<i>desmopressin acetate nasal spray soln</i>	
<i>dalfampridine tab er 12hr 10 mg</i>	79	<i>0.01% (refrigerated)</i>	99
DALIRESP TAB 250MCG	129	<i>desmopressin acetate preservative free</i>	
DALIRESP TAB 500MCG	129	<i>(pf) inj 4 mcg/ml</i>	99
<i>danazol cap 100 mg</i>	91	<i>desmopressin acetate tab 0.1 mg</i>	99
<i>danazol cap 200 mg</i>	91	<i>desmopressin acetate tab 0.2 mg</i>	99
<i>danazol cap 50 mg</i>	91	<i>desonide cream 0.05%</i>	136
<i>dantrolene sodium cap 100 mg</i>	80	<i>desonide lotion 0.05%</i>	136
<i>dantrolene sodium cap 25 mg</i>	80	<i>desonide oint 0.05%</i>	136
<i>dantrolene sodium cap 50 mg</i>	80	<i>desoximetasone cream 0.05%</i>	136
<i>dapsone tab 100 mg</i>	17	<i>desoximetasone cream 0.25%</i>	136
<i>dapsone tab 25 mg</i>	17	<i>desoximetasone gel 0.05%</i>	136
DAPTACEL INJ	114	<i>desoximetasone oint 0.25%</i>	136
<i>darifenacin hydrobromide tab er 24hr</i>		<i>desvenlafaxine succinate tab er 24hr</i>	
<i>15 mg (base equiv)</i>	105	<i>100 mg (base equiv)</i>	64
<i>darifenacin hydrobromide tab er 24hr</i>		<i>desvenlafaxine succinate tab er 24hr</i>	
<i>7.5 mg (base equiv)</i>	105	<i>25 mg (base equiv)</i>	63
<i>dasetta tab 1/35</i>	88		

<i>desvenlafaxine succinate tab er 24hr</i>		<i>dexmethylphenidate hcl cap er 24 hr</i>	
50 mg (base equiv)	64	40 mg	73
DEXAMETHASON CON 1MG/ML	94	<i>dexmethylphenidate hcl cap er 24 hr 5</i>	
<i>dexamethasone elixir 0.5 mg/5ml</i>	94	mg	73
<i>dexamethasone sod phosphate</i>		<i>dexmethylphenidate hcl tab 10 mg</i> ...	73
<i>preservative free inj 10 mg/ml</i>	94	<i>dexmethylphenidate hcl tab 2.5 mg</i> ..	73
<i>dexamethasone sodium phosphate inj</i>		<i>dexmethylphenidate hcl tab 5 mg</i>	73
10 mg/ml	95	<i>dextrazoxane hcl for inj 250 mg (base</i>	
<i>dexamethasone sodium phosphate inj</i>		equivalent)	38
100 mg/10ml	95	<i>dextrazoxane hcl for inj 500 mg (base</i>	
<i>dexamethasone sodium phosphate inj</i>		equivalent)	38
120 mg/30ml	95	<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>dexamethasone sodium phosphate inj</i>		10 mg	73
20 mg/5ml	95	<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>dexamethasone sodium phosphate inj</i>		15 mg	73
4 mg/ml	94	<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>dexamethasone sodium phosphate</i>		5 mg	73
<i>ophth soln 0.1%</i>	123	<i>dextroamphetamine sulfate oral</i>	
<i>dexamethasone soln 0.5 mg/5ml</i>	95	solution 5 mg/5ml	74
<i>dexamethasone tab 0.5 mg</i>	95	<i>dextroamphetamine sulfate tab 10 mg</i>	
<i>dexamethasone tab 0.75 mg</i>	95	.....	74
<i>dexamethasone tab 1 mg</i>	95	<i>dextroamphetamine sulfate tab 5 mg</i>	74
<i>dexamethasone tab 1.5 mg</i>	95	DIASCREEN 10 MIS	117
<i>dexamethasone tab 2 mg</i>	95	DIASTIX TES STRIPS	117
<i>dexamethasone tab 4 mg</i>	95	<i>diazepam con 5mg/ml</i>	58
<i>dexamethasone tab 6 mg</i>	95	<i>diazepam inj 5 mg/ml</i>	58
DEXCOM G5 MIS RECEIVER	117	<i>diazepam oral soln 1 mg/ml</i>	58
DEXCOM G5 MIS TRANSMIT	117	<i>diazepam tab 10 mg</i>	58
DEXCOM G6 MIS RECEIVER	117	<i>diazepam tab 2 mg</i>	58
DEXCOM G6 MIS SENSOR	117	<i>diazepam tab 5 mg</i>	58
DEXCOM G6 MIS TRANSMIT	117	<i>diclofenac potassium tab 50 mg</i>	5
DEXILANT CAP 30MG DR	104	<i>diclofenac sodium gel 1%</i>	138
DEXILANT CAP 60MG DR	104	<i>diclofenac sodium ophth soln 0.1%</i>	123
<i>dexmethylphenidate hcl cap er 24 hr</i>		<i>diclofenac sodium tab delayed release</i>	
10 mg	73	25 mg	5
<i>dexmethylphenidate hcl cap er 24 hr</i>		<i>diclofenac sodium tab delayed release</i>	
15 mg	73	50 mg	5
<i>dexmethylphenidate hcl cap er 24 hr</i>		<i>diclofenac sodium tab delayed release</i>	
20 mg	73	75 mg	5
<i>dexmethylphenidate hcl cap er 24 hr</i>		<i>diclofenac sodium tab er 24hr 100 mg</i>	5
25 mg	73	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>dexmethylphenidate hcl cap er 24 hr</i>		release 50-0.2 mg	5
30 mg	73	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>dexmethylphenidate hcl cap er 24 hr</i>		release 75-0.2 mg	5
35 mg	73	<i>dicloxacillin sodium cap 250 mg</i>	27
		<i>dicloxacillin sodium cap 500 mg</i>	27

<i>dicyclomine hcl cap 10 mg</i>	100	<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	50
<i>dicyclomine hcl inj 10 mg/ml</i>	100	<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	50
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	100	<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	50
<i>dicyclomine hcl tab 20 mg</i>	100	<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	50
<i>didanosine delayed release capsule 200 mg</i>	20	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	50
<i>didanosine delayed release capsule 250 mg</i>	20	<i>diltiazem hcl tab 120 mg</i>	51
<i>didanosine delayed release capsule 400 mg</i>	20	<i>diltiazem hcl tab 30 mg</i>	51
DIFICID SUS	116	<i>diltiazem hcl tab 60 mg</i>	51
DIFICID TAB 200MG	25	<i>diltiazem hcl tab 90 mg</i>	51
<i>diflorasone diacetate cream 0.05%</i>	136	<i>dilt-xr cap 120mg</i>	50
<i>diflorasone diacetate oint 0.05%</i>	136	<i>dilt-xr cap 180mg</i>	50
<i>diflunisal tab 500 mg</i>	16	<i>dilt-xr cap 240mg</i>	50
<i>difluprednate ophth emulsion 0.05%</i>	124	<i>dimethyl fumarate capsule delayed release 120 mg</i>	79
<i>digox tab 0.125mg</i>	52	<i>dimethyl fumarate capsule delayed release 240 mg</i>	79
<i>digox tab 0.25mg</i>	52	<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	79
<i>digoxin oral soln 0.05 mg/ml</i>	52	DIP/TET PED INJ 25-5LFU	115
<i>digoxin tab 125 mcg (0.125 mg)</i>	52	DIPENTUM CAP 250MG	102
<i>digoxin tab 250 mcg (0.25 mg)</i>	52	<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	126
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	76	<i>diphenhydramine hcl inj 50 mg/ml</i>	126
DILANTIN CAP 30MG	58	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	103
DILATRATE SR CAP 40MG	54	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	103
<i>diltiazem hcl cap er 12hr 120 mg</i>	50	<i>dipyridamole tab 25 mg</i>	109
<i>diltiazem hcl cap er 12hr 60 mg</i>	50	<i>dipyridamole tab 50 mg</i>	109
<i>diltiazem hcl cap er 12hr 90 mg</i>	50	<i>dipyridamole tab 75 mg</i>	109
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	50	<i>disopyramide phosphate cap 100 mg</i>	44
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	50	<i>disopyramide phosphate cap 150 mg</i>	45
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	50	<i>disulfiram tab 250 mg</i>	81
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	50	<i>disulfiram tab 500 mg</i>	81
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	50	DIURIL SUS 250/5ML	52
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	50	<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	58
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	50	<i>divalproex sodium tab delayed release 125 mg</i>	58
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	50	<i>divalproex sodium tab delayed release 250 mg</i>	58

<i>divalproex sodium tab delayed release</i>		<i>doxepin hcl cap 150 mg</i>	64
500 mg	58	<i>doxepin hcl cap 25 mg</i>	64
<i>divalproex sodium tab er 24 hr 250 mg</i>		<i>doxepin hcl cap 50 mg</i>	64
.....	58	<i>doxepin hcl cap 75 mg</i>	64
<i>divalproex sodium tab er 24 hr 500 mg</i>		<i>doxepin hcl conc 10 mg/ml</i>	64
.....	58	<i>doxepin hcl cream 5%</i>	134
DIVIGEL GEL 0.25MG.....	91	<i>doxercalciferol cap 0.5 mcg</i>	121
DIVIGEL GEL 0.5MG	91	<i>doxercalciferol cap 1 mcg</i>	121
DIVIGEL GEL 0.75MG.....	92	<i>doxercalciferol cap 2.5 mcg</i>	121
DIVIGEL GEL 1.25MG.....	92	<i>doxorubicin hcl inj 2 mg/ml</i>	29
DIVIGEL GEL 1MG/GM	92	<i>doxorubicin hcl liposomal inj (for iv</i>	
<i>docetaxel for inj conc 160 mg/8ml (20</i>		<i>infusion) 2 mg/ml</i>	29
<i>mg/ml)</i>	31	<i>doxy 100 inj 100mg</i>	28
<i>docetaxel for inj conc 20 mg/ml</i>	31	<i>doxycycline hyclate cap 100 mg</i>	28
<i>docetaxel for inj conc 80 mg/4ml (20</i>		<i>doxycycline hyclate cap 50 mg</i>	28
<i>mg/ml)</i>	31	<i>doxycycline hyclate for inj 100 mg</i> ...	28
<i>docetaxel soln for iv infusion 160</i>		<i>doxycycline hyclate tab 100 mg</i>	28
<i>mg/16ml</i>	31	<i>doxycycline hyclate tab 20 mg</i>	28
<i>docetaxel soln for iv infusion 20</i>		<i>doxycycline hyclate tab delayed release</i>	
<i>mg/2ml</i>	31	<i>150 mg</i>	28
<i>docetaxel soln for iv infusion 80</i>		<i>doxycycline hyclate tab delayed release</i>	
<i>mg/8ml</i>	31	<i>75 mg</i>	28
<i>dofetilide cap 125 mcg (0.125 mg)</i> ...	45	<i>doxycycline monohydrate cap 100 mg</i>	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	45	.....	28
<i>dofetilide cap 500 mcg (0.5 mg)</i>	45	<i>doxycycline monohydrate cap 50 mg</i>	28
<i>donepezil hydrochloride orally</i>		<i>doxycycline monohydrate for susp 25</i>	
<i>disintegrating tab 10 mg</i>	61	<i>mg/5ml</i>	28
<i>donepezil hydrochloride orally</i>		<i>doxycycline monohydrate tab 150 mg</i>	
<i>disintegrating tab 5 mg</i>	61	.....	28
<i>donepezil hydrochloride tab 10 mg</i> ...	61	<i>doxycycline monohydrate tab 50 mg</i>	28
<i>donepezil hydrochloride tab 23 mg</i> ...	61	<i>doxycycline monohydrate tab 75 mg</i>	28
<i>donepezil hydrochloride tab 5 mg</i>	61	<i>dronabinol cap 10 mg</i>	100
<i>dorzolamide hcl ophth soln 2%</i>	124	<i>dronabinol cap 2.5 mg</i>	100
<i>dorzolamide hcl-timolol maleate ophth</i>		<i>dronabinol cap 5 mg</i>	100
<i>soln 22.3-6.8 mg/ml</i>	124	<i>drospirenone-ethinyl estradiol tab 3-</i>	
DOVATO TAB 50-300MG.....	22	<i>0.03 mg</i>	88
<i>doxazosin mesylate tab 1 mg</i>	42	<i>drospirenone-ethinyl estrad-</i>	
<i>doxazosin mesylate tab 2 mg</i>	42	<i>levomefolate tab 3-0.02-0.451 mg</i>	88
<i>doxazosin mesylate tab 4 mg</i>	42	<i>drospirenone-ethinyl estrad-</i>	
<i>doxazosin mesylate tab 8 mg</i>	42	<i>levomefolate tab 3-0.03-0.451 mg</i>	88
<i>doxepin hcl (sleep) tab 3 mg (base</i>		DROXIA CAP 200MG	37
<i>equiv)</i>	76	DROXIA CAP 300MG	37
<i>doxepin hcl (sleep) tab 6 mg (base</i>		DROXIA CAP 400MG	37
<i>equiv)</i>	76	DUAVEE TAB 0.45-20	92
<i>doxepin hcl cap 10 mg</i>	64	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxepin hcl cap 100 mg</i>	64	<i>cap 20 mg (base eq)</i>	64

<i>duloxetine hcl enteric coated pellets</i>		EMGALITY INJ 100MG/ML.....	77
<i>cap 30 mg (base eq)</i>	64	EMGALITY INJ 120MG/ML.....	77
<i>duloxetine hcl enteric coated pellets</i>		<i>emoquette tab</i>	88
<i>cap 60 mg (base eq)</i>	64	EMSAM DIS 12MG/24H.....	64
DUPIXENT INJ 200/1.14.....	83	EMSAM DIS 6MG/24HR.....	64
DUPIXENT INJ 200MG.....	83	EMSAM DIS 9MG/24HR.....	64
DUPIXENT INJ 300/2ML.....	83	<i>emtricitabine caps 200 mg</i>	20
DUREZOL EMU 0.05%.....	123	<i>emtricitabine-tenofovir disoproxil</i>	
<i>dutasteride cap 0.5 mg</i>	105	<i>fumarate tab 100-150 mg</i>	39
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>		<i>emtricitabine-tenofovir disoproxil</i>	
<i>mg</i>	105	<i>fumarate tab 133-200 mg</i>	39
E		<i>emtricitabine-tenofovir disoproxil</i>	
<i>e.e.s. 400 tab 400mg</i>	25	<i>fumarate tab 167-250 mg</i>	39
<i>econazole nitrate cream 1%</i>	133	<i>emtricitabine-tenofovir disoproxil</i>	
EDARBI TAB 40MG.....	44	<i>fumarate tab 200-300 mg</i>	22
EDARBI TAB 80MG.....	44	EMTRIVA SOL 10MG/ML.....	20
<i>ed-spaz tab 0.125mg</i>	100	EMVERM CHW 100MG.....	17
EDURANT TAB 25MG.....	20	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>efavirenz cap 200 mg</i>	20	<i>tab 10-25 mg</i>	40
<i>efavirenz cap 50 mg</i>	20	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>efavirenz tab 600 mg</i>	20	<i>tab 5-12.5 mg</i>	40
<i>efavirenz-emtricitabine-tenofovir df tab</i>		<i>enalapril maleate tab 10 mg</i>	41
<i>600-200-300 mg</i>	39	<i>enalapril maleate tab 2.5 mg</i>	41
<i>efavirenz-lamivudine-tenofovir df tab</i>		<i>enalapril maleate tab 20 mg</i>	41
<i>400-300-300 mg</i>	22	<i>enalapril maleate tab 5 mg</i>	41
<i>efavirenz-lamivudine-tenofovir df tab</i>		ENBREL INJ 25/0.5ML.....	110
<i>600-300-300 mg</i>	22	ENBREL INJ 25MG.....	110
<i>effer-k tab 25meq ef</i>	119	ENBREL INJ 50MG/ML.....	110
ELESTRIN GEL 0.06%.....	92	ENBREL MINI INJ 50MG/ML.....	110
<i>eletriptan hydrobromide tab 20 mg</i>		ENBREL SRCLK INJ 50MG/ML.....	110
<i>(base equivalent)</i>	77	ENCARE SUP 100MG.....	105
<i>eletriptan hydrobromide tab 40 mg</i>		<i>endocet tab 10-325mg</i>	8
<i>(base equivalent)</i>	77	<i>endocet tab 2.5-325</i>	7
ELIGARD INJ 22.5MG.....	32	<i>endocet tab 5-325mg</i>	8
ELIGARD INJ 30MG.....	32	<i>endocet tab 7.5-325</i>	8
ELIGARD INJ 45MG.....	32	ENGERIX-B INJ 10/0.5ML.....	115
ELIGARD INJ 7.5MG.....	32	ENGERIX-B INJ 20MCG/ML.....	115
<i>elinest tab</i>	88	<i>enoxaparin sodium inj 100 mg/ml</i> ..	106
ELIQUIS ST P TAB 5MG.....	106	<i>enoxaparin sodium inj 120 mg/0.8ml</i>	
ELIQUIS TAB 2.5MG.....	106	.....	106
ELIQUIS TAB 5MG.....	106	<i>enoxaparin sodium inj 150 mg/ml</i> ..	106
<i>elite-ob tab</i>	121	<i>enoxaparin sodium inj 30 mg/0.3ml</i>	106
ELIXOPHYLLIN ELX 80/15ML.....	131	<i>enoxaparin sodium inj 300 mg/3ml</i>	106
ELLA TAB 30MG.....	88	<i>enoxaparin sodium inj 40 mg/0.4ml</i>	106
ELMIRON CAP 100MG.....	105	<i>enoxaparin sodium subcutaneous soln</i>	
EMCYT CAP 140MG.....	29	<i>60 mg/0.6ml</i>	106

<i>enoxaparin sodium subcutaneous soln</i>	
80 mg/0.8ml.....	106
<i>enpresse-28 tab</i>	88
<i>enskyce tab</i>	88
<i>entacapone tab 200 mg</i>	68
<i>entecavir tab 0.5 mg</i>	23
<i>entecavir tab 1 mg</i>	23
ENTRESTO TAB 24-26MG	53
ENTRESTO TAB 49-51MG	53
ENTRESTO TAB 97-103MG.....	53
<i>enulose sol 10gm/15</i>	103
EPCLUSA TAB 200-50MG.....	40
EPCLUSA TAB 400-100.....	26
EPIDIOLEX SOL 100MG/ML.....	58
EPIDUO FORTE GEL 0.3-2.5%.....	132
<i>epinastine hcl ophth soln 0.05%</i>	123
<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.15ml (1:1000)</i>	125
<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.3ml (1:2000)</i>	125
<i>epinephrine solution auto-injector 0.3</i> <i>mg/0.3ml (1:1000)</i>	125
EPIPEN 2-PAK INJ 0.3MG.....	125
EPIPEN-JR INJ 0.15MG.....	125
<i>epirubicin hcl iv soln 200 mg/100ml (2</i> <i>mg/ml)</i>	29
<i>epirubicin hcl iv soln 50 mg/25ml (2</i> <i>mg/ml)</i>	29
<i>epitol tab 200mg</i>	58
EPIVIR HBV SOL 5MG/ML	23
<i>eplerenone tab 25 mg</i>	42
<i>eplerenone tab 50 mg</i>	42
<i>eprosartan mesylate tab 600 mg</i>	44
ERBITUX INJ 100MG	31
ERBITUX INJ 200MG	31
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	121
<i>ergoloid mesylates tab 1 mg</i>	61
<i>ergotamine w/ caffeine tab 1-100 mg</i>	77
ERIVEDGE CAP 150MG.....	31
ERLEADA TAB 60MG	33
<i>erlotinib hcl tab 100 mg (base</i> <i>equivalent)</i>	34
<i>erlotinib hcl tab 150 mg (base</i> <i>equivalent)</i>	34
<i>erlotinib hcl tab 25 mg (base</i> <i>equivalent)</i>	34
<i>errin tab 0.35mg</i>	88
ERTACZO CRE 2%	134
<i>ertapenem sodium for inj 1 gm (base</i> <i>equivalent)</i>	18
<i>ery pad 2%</i>	132
<i>ery-tab tab 250mg ec</i>	25
<i>ery-tab tab 333mg ec</i>	25
<i>ery-tab tab 500mg ec</i>	25
<i>erythrocin tab 250mg</i>	25
<i>erythromycin ethylsuccinate for susp</i> <i>200 mg/5ml</i>	25
<i>erythromycin ethylsuccinate for susp</i> <i>400 mg/5ml</i>	25
<i>erythromycin ethylsuccinate tab 400</i> <i>mg</i>	25
<i>erythromycin gel 2%</i>	132
<i>erythromycin ophth oint 5 mg/gm</i> ..	122
<i>erythromycin soln 2%</i>	132
<i>erythromycin tab 250 mg</i>	25
<i>erythromycin tab 500 mg</i>	25
<i>erythromycin w/ delayed release</i> <i>particles cap 250 mg</i>	25
ESBRIET CAP 267MG	129
ESBRIET TAB 267MG	129
ESBRIET TAB 801MG	129
<i>escitalopram oxalate soln 5 mg/5ml</i> <i>(base equiv)</i>	64
<i>escitalopram oxalate tab 10 mg (base</i> <i>equiv)</i>	64
<i>escitalopram oxalate tab 20 mg (base</i> <i>equiv)</i>	64
<i>escitalopram oxalate tab 5 mg (base</i> <i>equiv)</i>	64
<i>esomeprazole magnesium cap delayed</i> <i>release 20 mg (base eq)</i>	104
<i>esomeprazole magnesium cap delayed</i> <i>release 40 mg (base eq)</i>	104
<i>esomeprazole magnesium for delayed</i> <i>release susp packet 10 mg</i>	140
<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	92
<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	92
<i>estradiol tab 0.5 mg</i>	92

<i>estradiol tab 1 mg</i>	92	<i>etonogestrel-ethinyl estradiol va ring</i>	
<i>estradiol tab 2 mg</i>	92	<i>0.120-0.015 mg/24hr</i>	89
<i>estradiol td patch twice weekly 0.025</i>		<i>etoposide cap 50 mg</i>	38
<i>mg/24hr</i>	92	<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	
<i>estradiol td patch twice weekly 0.0375</i>		.....	38
<i>mg/24hr</i>	93	<i>etravirine tab 100 mg</i>	39
<i>estradiol td patch twice weekly 0.05</i>		<i>etravirine tab 200 mg</i>	39
<i>mg/24hr</i>	92	<i>EUCRISA OIN 2%</i>	139
<i>estradiol td patch twice weekly 0.075</i>		<i>EURAX CRE 10%</i>	139
<i>mg/24hr</i>	93	<i>EVAMIST SPR 1.53MG</i>	93
<i>estradiol td patch twice weekly 0.1</i>		<i>everolimus tab 0.25 mg</i>	114
<i>mg/24hr</i>	92	<i>everolimus tab 0.5 mg</i>	114
<i>estradiol td patch weekly 0.025</i>		<i>everolimus tab 0.75 mg</i>	114
<i>mg/24hr</i>	93	<i>everolimus tab 2.5 mg</i>	34
<i>estradiol td patch weekly 0.0375</i>		<i>everolimus tab 5 mg</i>	34
<i>mg/24hr (37.5 mcg/24hr)</i>	93	<i>everolimus tab 7.5 mg</i>	34
<i>estradiol td patch weekly 0.05 mg/24hr</i>		<i>EVOTAZ TAB 300-150</i>	22
.....	93	<i>EVRYSDI SOL</i>	118
<i>estradiol td patch weekly 0.06 mg/24hr</i>		<i>exemestane tab 25 mg</i>	33
.....	93	<i>ezetimibe tab 10 mg</i>	46
<i>estradiol td patch weekly 0.075</i>		<i>ezetimibe-simvastatin tab 10-10 mg</i>	46
<i>mg/24hr</i>	93	<i>ezetimibe-simvastatin tab 10-20 mg</i>	46
<i>estradiol td patch weekly 0.1 mg/24hr</i>		<i>ezetimibe-simvastatin tab 10-40 mg</i>	46
.....	93	<i>ezetimibe-simvastatin tab 10-80 mg</i>	46
<i>estradiol vaginal cream 0.1 mg/gm</i> ..	93	F	
<i>estradiol valerate im in oil 20 mg/ml</i>	93	<i>falmina tab</i>	89
<i>estradiol valerate im in oil 40 mg/ml</i>	93	<i>famciclovir tab 125 mg</i>	23
<i>ESTROGEL GEL</i>	93	<i>famciclovir tab 250 mg</i>	23
<i>eszopiclone tab 1 mg</i>	76	<i>famciclovir tab 500 mg</i>	23
<i>eszopiclone tab 2 mg</i>	76	<i>famotidine for susp 40 mg/5ml</i>	102
<i>eszopiclone tab 3 mg</i>	76	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>ethacrynic acid tab 25 mg</i>	52	<i>mg/50ml</i>	102
<i>ethambutol hcl tab 100 mg</i>	22	<i>famotidine inj 20 mg/2ml</i>	102
<i>ethambutol hcl tab 400 mg</i>	22	<i>famotidine tab 20 mg</i>	102
<i>ethosuximide cap 250 mg</i>	58	<i>famotidine tab 40 mg</i>	102
<i>ethosuximide soln 250 mg/5ml</i>	58	<i>FARXIGA TAB 10MG</i>	86
<i>ethynodiol diacetate & ethinyl estradiol</i>		<i>FARXIGA TAB 5MG</i>	86
<i>tab 1 mg-50 mcg</i>	88	<i>FARYDAK CAP 10MG</i>	31
<i>etodolac cap 200 mg</i>	5	<i>FARYDAK CAP 15MG</i>	31
<i>etodolac cap 300 mg</i>	6	<i>FARYDAK CAP 20MG</i>	31
<i>etodolac tab 400 mg</i>	6	<i>fayosim tab</i>	89
<i>etodolac tab 500 mg</i>	6	<i>FC2 FEMALE MIS CONDOM</i>	116
<i>etodolac tab er 24hr 400 mg</i>	6	<i>febuxostat tab 40 mg</i>	5
<i>etodolac tab er 24hr 500 mg</i>	6	<i>febuxostat tab 80 mg</i>	5
<i>etodolac tab er 24hr 600 mg</i>	6	<i>felbamate susp 600 mg/5ml</i>	58
		<i>felbamate tab 400 mg</i>	58

<i>felbamate tab 600 mg</i>	58	<i>finasteride tab 5 mg</i>	105
<i>felodipine tab er 24hr 10 mg</i>	51	<i>flavoxate hcl tab 100 mg</i>	105
<i>felodipine tab er 24hr 2.5 mg</i>	51	<i>flecainide acetate tab 100 mg</i>	45
<i>felodipine tab er 24hr 5 mg</i>	51	<i>flecainide acetate tab 150 mg</i>	45
FEMCAP MIS 22MM.....	116	<i>flecainide acetate tab 50 mg</i>	45
FEMCAP MIS 26MM.....	116	FLEXICHAMBER MIS MASK SM	118
FEMCAP MIS 30MM.....	116	<i>floxuridine for inj 0.5 gm</i>	30
<i>fenofibrate cap 150 mg</i>	46	FLUAD QUADRI INJ 2021-22.....	115
<i>fenofibrate micronized cap 134 mg</i> ...	46	FLUARIX QUAD INJ 2021-22.....	115
<i>fenofibrate micronized cap 200 mg</i> ...	46	FLUBLOK QUAD INJ 2021-22	115
<i>fenofibrate micronized cap 43 mg</i>	46	FLUCLVX QUAD INJ 2021-22	115
<i>fenofibrate micronized cap 67 mg</i>	46	<i>fluconazole for susp 10 mg/ml</i>	19
<i>fenofibrate tab 145 mg</i>	46	<i>fluconazole for susp 40 mg/ml</i>	19
<i>fenofibrate tab 160 mg</i>	46	<i>fluconazole tab 100 mg</i>	19
<i>fenofibrate tab 48 mg</i>	46	<i>fluconazole tab 150 mg</i>	19
<i>fenofibrate tab 54 mg</i>	46	<i>fluconazole tab 200 mg</i>	19
<i>fenopropfen calcium tab 600 mg</i>	6	<i>fluconazole tab 50 mg</i>	19
<i>fantanyl citrate lozenge on a handle</i> <i>1200 mcg</i>	8	<i>fludarabine phosphate for inj 50 mg</i> .30	
<i>fantanyl citrate lozenge on a handle</i> <i>1600 mcg</i>	8	<i>fludarabine phosphate inj 25 mg/ml</i> .30	
<i>fantanyl citrate lozenge on a handle</i> <i>200 mcg</i>	8	<i>fludrocortisone acetate tab 0.1 mg</i> ...	95
<i>fantanyl citrate lozenge on a handle</i> <i>400 mcg</i>	8	FLULAVAL QUA INJ 2021-22	115
<i>fantanyl citrate lozenge on a handle</i> <i>600 mcg</i>	8	FLUMIST QUAD SUS 2021-22	115
<i>fantanyl citrate lozenge on a handle</i> <i>800 mcg</i>	8	<i>flunisolide nasal soln 25 mcg/act</i> <i>(0.025%)</i>	130
<i>fantanyl td patch 72hr 100 mcg/hr</i>	8	<i>fluocinolone acetonide (otic) oil 0.01%</i>	140
<i>fantanyl td patch 72hr 12 mcg/hr</i>	8	<i>fluocinolone acetonide cream 0.01%</i>	136
<i>fantanyl td patch 72hr 25 mcg/hr</i>	8	<i>fluocinolone acetonide cream 0.025%</i>	136
<i>fantanyl td patch 72hr 50 mcg/hr</i>	8	<i>fluocinolone acetonide oil 0.01% (body</i> <i>oil)</i>	136
<i>fantanyl td patch 72hr 75 mcg/hr</i>	8	<i>fluocinolone acetonide oil 0.01% (scalp</i> <i>oil)</i>	137
FERPRX 2-DAY TAB 1000MG	87	<i>fluocinolone acetonide oint 0.025%</i> 137	
FERRIPROX SOL 100MG/ML.....	88	<i>fluocinolone acetonide soln 0.01%</i> .137	
FERRIPROX TAB 1000MG.....	88	<i>fluocinonide cream 0.05%</i>	137
FETZIMA CAP 120MG	65	<i>fluocinonide gel 0.05%</i>	137
FETZIMA CAP 20MG.....	64	<i>fluocinonide oint 0.05%</i>	137
FETZIMA CAP 40MG.....	65	<i>fluocinonide soln 0.05%</i>	137
FETZIMA CAP 80MG.....	65	FLUORABON DRO.....	119
FETZIMA CAP TITRATIO	65	<i>fluoritab chw 0.25mg f</i>	119
FIASP FLEX INJ TOUCH	85	<i>fluoritab chw 0.5mg f</i>	119
FIASP INJ 100/ML	85	<i>fluoritab chw 2.2mg</i>	119
FIASP PENFIL INJ U-100.....	85	<i>fluoritab dro 0.125mg</i>	119
FINACEA AER 15%	139	<i>fluorouracil cream 5%</i>	133

fluorouracil iv soln 1 gm/20ml (50 mg/ml)	30	fluvoxamine maleate cap er 24hr 150 mg	78
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	30	fluvoxamine maleate tab 100 mg	78
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	30	fluvoxamine maleate tab 25 mg	78
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	30	fluvoxamine maleate tab 50 mg	78
fluorouracil soln 2%.....	133	FLUZONE HD INJ 2021-22	115
fluorouracil soln 5%.....	133	FLUZONE QUAD INJ 2021-22.....	115
fluoxetine hcl cap 10 mg	65	FML FORTE SUS 0.25% OP	123
fluoxetine hcl cap 20 mg	65	FML OIN 0.1% OP	123
fluoxetine hcl cap 40 mg	65	folic acid cap 0.8 mg.....	121
fluoxetine hcl cap delayed release 90 mg	65	folic acid tab 1 mg.....	121
fluoxetine hcl solution 20 mg/5ml.....	65	folic acid tab 400 mcg.....	121
fluoxetine hcl tab 10 mg.....	65	folic acid tab 800 mcg.....	121
fluoxetine hcl tab 20 mg.....	65	fondaparinux sodium subcutaneous inj 10 mg/0.8ml.....	107
fluphenazine decanoate inj 25 mg/ml.....	70	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....	106
fluphenazine hcl elixir 2.5 mg/5ml	70	fondaparinux sodium subcutaneous inj 5 mg/0.4ml	106
fluphenazine hcl inj 2.5 mg/ml	70	fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml.....	107
fluphenazine hcl oral conc 5 mg/ml...70		formoterol fumarate soln nebu 20 mcg/2ml	28
fluphenazine hcl tab 1 mg	70	FOSAMAX + D TAB 70-2800	87
fluphenazine hcl tab 10 mg.....	70	FOSAMAX + D TAB 70-5600	87
fluphenazine hcl tab 2.5 mg.....	70	fosamprenavir calcium tab 700 mg (base equiv)	20
fluphenazine hcl tab 5 mg	70	fosfomycin tromethamine powd pack 3 gm (base equivalent).....	17
flura-drops dro 0.25mg f.....	119	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg.....	40
flurbiprofen sodium ophth soln 0.03%	123	fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....	41
flurbiprofen tab 100 mg	6	fosinopril sodium tab 10 mg	41
flurbiprofen tab 50 mg	6	fosinopril sodium tab 20 mg	41
flutamide cap 125 mg	33	fosinopril sodium tab 40 mg	41
fluticasone propionate cream 0.05%	137	fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv).....	58
fluticasone propionate lotion 0.05%	137	fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv).....	58
fluticasone propionate nasal susp 50 mcg/act	130	FOSRENOL POW 1000MG	97
fluticasone propionate oint 0.005%	137	FOSRENOL POW 750MG	97
fluvastatin sodium cap 20 mg (base equivalent)	46	FRAGMIN INJ 10000/ML.....	107
fluvastatin sodium cap 40 mg (base equivalent)	46	FRAGMIN INJ 12500UNT	107
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	46	FRAGMIN INJ 15000UNT	107
fluvoxamine maleate cap er 24hr 100 mg	78	FRAGMIN INJ 18000UNT	107

FRAGMIN INJ 2500/0.2	107	<i>galantamine hydrobromide tab 8 mg</i>	61
FRAGMIN INJ 5000/0.2	107	GARDASIL 9 INJ.....	115
FRAGMIN INJ 7500/0.3	107	<i>gatifloxacin ophth soln 0.5%</i>	122
FRAGMIN INJ 95000UNT	107	<i>gavilyte-c sol</i>	103
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	77	<i>gavilyte-g sol</i>	103
<i>fulvestrant inj 250 mg/5ml</i>	33	<i>gavilyte-n sol flav pk</i>	103
<i>furosemide inj 10 mg/ml</i>	52	GAZYVA INJ 25MG/ML	32
<i>furosemide oral soln 10 mg/ml</i>	52	<i>gemcitabine hcl for inj 1 gm</i>	30
<i>furosemide oral soln 8 mg/ml</i>	52	<i>gemcitabine hcl for inj 2 gm</i>	30
<i>furosemide tab 20 mg</i>	52	<i>gemcitabine hcl for inj 200 mg</i>	30
<i>furosemide tab 40 mg</i>	52	<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	30
<i>furosemide tab 80 mg</i>	52	<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	30
FUZEON INJ 90MG.....	20	<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	30
FYCOMPA SUS 0.5MG/ML	58	<i>gemfibrozil tab 600 mg</i>	46
FYCOMPA TAB 10MG	58	<i>generlac sol 10gm/15</i>	103
FYCOMPA TAB 12MG	58	<i>gengraf cap 100mg</i>	114
FYCOMPA TAB 2MG.....	58	<i>gengraf cap 25mg</i>	114
FYCOMPA TAB 4MG.....	58	<i>gengraf sol 100mg/ml</i>	114
FYCOMPA TAB 6MG.....	58	<i>gentak oin 0.3% op</i>	122
FYCOMPA TAB 8MG.....	58	<i>gentamicin sulfate cream 0.1%</i>	133
G		<i>gentamicin sulfate inj 40 mg/ml</i>	17
G4 PLAT PED MIS RVC/SHAR	117	<i>gentamicin sulfate oint 0.1%</i>	133
G4 PLATINUM MIS PEDIATRC.....	117	<i>gentamicin sulfate ophth soln 0.3%</i>	122
G4 PLATINUM MIS RCV/SHAR	117	GENVOYA TAB	22
G4 PLATINUM MIS RECEIVER.....	117	<i>gianvi tab 3-0.02mg</i>	89
G4 PLATINUM MIS TRANSMIT	117	GILENYA CAP 0.5MG.....	79
G4 SENSOR MIS.....	117	<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	79
G5/G4 MIS SENSOR	117	<i>glatopa inj 20mg/ml</i>	79
<i>gabapentin cap 100 mg</i>	58	GLEOSTINE CAP 100MG	29
<i>gabapentin cap 300 mg</i>	58	GLEOSTINE CAP 10MG.....	29
<i>gabapentin cap 400 mg</i>	58	GLEOSTINE CAP 40MG.....	29
<i>gabapentin oral soln 250 mg/5ml</i>	58	GLIADEL WAF 7.7MG	29
<i>gabapentin tab 600 mg</i>	59	<i>glimepiride tab 1 mg</i>	87
<i>gabapentin tab 800 mg</i>	59	<i>glimepiride tab 2 mg</i>	87
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	61	<i>glimepiride tab 4 mg</i>	87
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	61	<i>glipizide tab 10 mg</i>	87
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	61	<i>glipizide tab 5 mg</i>	87
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	61	<i>glipizide tab er 24hr 10 mg</i>	87
<i>galantamine hydrobromide tab 12 mg</i>	61	<i>glipizide tab er 24hr 2.5 mg</i>	87
.....	61	<i>glipizide tab er 24hr 5 mg</i>	87
<i>galantamine hydrobromide tab 4 mg</i>	61	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	84

<i>glipizide-metformin hcl tab 2.5-500 mg</i>	<i>haloperidol tab 0.5 mg</i>	70
.....84	<i>haloperidol tab 1 mg</i>	70
<i>glipizide-metformin hcl tab 5-500 mg</i>	<i>haloperidol tab 10 mg</i>	70
84	<i>haloperidol tab 2 mg</i>	70
<i>glucagon (rdna) for inj kit 1 mg</i>	<i>haloperidol tab 20 mg</i>	70
.....28	<i>haloperidol tab 5 mg</i>	70
<i>glycopyrrolate inj 1 mg/5ml (0.2</i>	HARVONI PAK.....	26
<i>mg/ml)</i>	HARVONI PAK 45-200MG	26
.....100	HARVONI TAB 45-200MG	26
<i>glycopyrrolate inj 4 mg/20ml (0.2</i>	HARVONI TAB 90-400MG	26
<i>mg/ml)</i>	HAVRIX INJ 1440UNIT	115
.....100	HAVRIX INJ 720UNIT	115
<i>glycopyrrolate tab 1 mg</i>	<i>heather tab 0.35mg</i>	89
.....100	HEMLIBRA INJ 105/0.7	109
<i>glycopyrrolate tab 2 mg</i>	HEMLIBRA INJ 150/ML.....	109
.....100	HEMLIBRA INJ 30MG/ML	109
GLYXAMBI TAB 10-5 MG	HEMLIBRA INJ 60/0.4	109
86	<i>heparin sodium (porcine) inj 1000</i>	
GLYXAMBI TAB 25-5 MG	<i>unit/ml</i>	107
86	<i>heparin sodium (porcine) inj 10000</i>	
GOLYTELY SOL.....	<i>unit/ml</i>	107
103	<i>heparin sodium (porcine) inj 20000</i>	
<i>granisetron hcl inj 1 mg/ml</i>	<i>unit/ml</i>	107
.....100	<i>heparin sodium (porcine) inj 5000</i>	
<i>granisetron hcl tab 1 mg</i>	<i>unit/ml</i>	107
.....100	<i>heparin sodium (porcine) pf inj 5000</i>	
<i>griseofulvin microsize susp 125 mg/5ml</i>	<i>unit/0.5ml</i>	107
.....19	HEPLISAV-B INJ 20/0.5ML.....	115
<i>griseofulvin microsize tab 500 mg</i>	HETLIOZ CAP 20MG.....	76
.....19	HIBERIX SOL 10MCG	115
<i>griseofulvin ultramicrosize tab 125 mg</i>	HUMATROPE INJ 12MG	96
.....19	HUMATROPE INJ 24MG	96
<i>griseofulvin ultramicrosize tab 250 mg</i>	HUMATROPE INJ 5MG	96
.....19	HUMATROPE INJ 6MG	96
<i>guaifenesin syp 100-10/5</i>	HUMATROPEN MIS FOR 12MG.....	118
128	HUMATROPEN MIS FOR 24MG.....	118
<i>guanfacine hcl tab 1 mg</i>	HUMATROPEN MIS FOR 6MG.....	118
.....54	HUMIRA INJ 10/0.1ML	110
<i>guanfacine hcl tab 2 mg</i>	HUMIRA INJ 10MG/0.2.....	110
.....54	HUMIRA INJ 20/0.2ML	110
<i>guanfacine hcl tab er 24hr 1 mg (base</i>	HUMIRA INJ 40/0.4ML	110
<i>equiv)</i>	HUMIRA KIT 20MG/0.4	110
.....74	HUMIRA KIT 40MG/0.8	110
<i>guanfacine hcl tab er 24hr 2 mg (base</i>	HUMIRA PEDIA INJ CROHNS...110, 111	
<i>equiv)</i>	HUMIRA PEN INJ 40/0.4ML.....	111
.....74	HUMIRA PEN INJ CD/UC/HS.....	111
<i>guanfacine hcl tab er 24hr 3 mg (base</i>		
<i>equiv)</i>		
.....74		
<i>guanfacine hcl tab er 24hr 4 mg (base</i>		
<i>equiv)</i>		
.....74		
GUANIDINE TAB 125MG.....		
78		
GYNAZOLE-1 CRE 2%		
106		
GYNOL II GEL 3%		
105		
H		
<i>halobetasol propionate cream 0.05%</i>		
.....137		
<i>halobetasol propionate oint 0.05%</i>		
.....137		
<i>haloperidol decanoate im soln 100</i>		
<i>mg/ml</i>		
70		
<i>haloperidol decanoate im soln 50</i>		
<i>mg/ml</i>		
70		
<i>haloperidol lactate inj 5 mg/ml</i>		
70		
<i>haloperidol lactate oral conc 2 mg/ml</i>		
70		

HUMIRA PEN INJ PS/UV	111	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	9
HUMIRA PEN KIT CD/UC/HS	111	<i>hydrocortisone butyrate cream 0.1%</i>	137
HUMIRA PEN KIT PS/UV	111	<i>hydrocortisone butyrate oint 0.1%</i>	137
HUMULIN INJ 70/30.....	85	<i>hydrocortisone butyrate soln 0.1%</i>	137
HUMULIN INJ 70/30KWP	85	<i>hydrocortisone cream 1%</i>	137
HUMULIN N INJ U-100	85	<i>hydrocortisone cream 2.5%</i>	137
HUMULIN N INJ U-100KWP	85	<i>hydrocortisone lotion 2.5%</i>	137
HUMULIN R INJ U-100	85	<i>hydrocortisone oint 2.5%</i>	137
HUMULIN R INJ U-500	85	<i>hydrocortisone tab 10 mg</i>	95
<i>hydralazine hcl tab 10 mg</i>	54	<i>hydrocortisone tab 20 mg</i>	95
<i>hydralazine hcl tab 100 mg</i>	54	<i>hydrocortisone tab 5 mg</i>	95
<i>hydralazine hcl tab 25 mg</i>	54	<i>hydrocortisone valerate cream 0.2%</i>	137
<i>hydralazine hcl tab 50 mg</i>	54	<i>hydrocortisone valerate oint 0.2%</i>	137
<i>hydrochlorothiazide cap 12.5 mg</i>	52	<i>hydrocortisone w/ acetic acid otic soln</i>	140
<i>hydrochlorothiazide tab 12.5 mg</i>	52	<i>1-2%</i>	140
<i>hydrochlorothiazide tab 25 mg</i>	53	<i>hydromet syp 5-1.5/5</i>	128
<i>hydrochlorothiazide tab 50 mg</i>	53	<i>hydromorphone hcl inj 2 mg/ml</i>	9
<i>hydrocod polst-chlorphen polst er susp</i>		<i>hydromorphone hcl tab 2 mg</i>	9
<i>10-8 mg/5ml</i>	128	<i>hydromorphone hcl tab 4 mg</i>	9
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydromorphone hcl tab 8 mg</i>	9
<i>deter 100 mg</i>	16	<i>hydromorphone hcl tab er 24hr 12 mg</i>	9
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydromorphone hcl tab er 24hr 16 mg</i>	9
<i>deter 120 mg</i>	16	<i>hydromorphone hcl tab er 24hr 32 mg</i>	9
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydromorphone hcl tab er 24hr 8 mg.</i>	9
<i>deter 20 mg</i>	16	<i>hydroxychloroquine sulfate tab 200 mg</i>	112
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxyurea cap 500 mg</i>	37
<i>deter 30 mg</i>	16	<i>hydroxyzine hcl im soln 25 mg/ml</i> ..	126
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxyzine hcl im soln 50 mg/ml</i> ..	126
<i>deter 40 mg</i>	16	<i>hydroxyzine hcl syrup 10 mg/5ml</i> ...	126
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxyzine hcl tab 10 mg</i>	127
<i>deter 60 mg</i>	16	<i>hydroxyzine hcl tab 25 mg</i>	127
<i>hydrocodone bitartrate tab er 24hr</i>		<i>hydroxyzine hcl tab 50 mg</i>	127
<i>deter 80 mg</i>	16	<i>hydroxyzine pamoate cap 100 mg</i> ..	127
<i>hydrocodone w/ homatropine syrup 5-</i>		<i>hydroxyzine pamoate cap 25 mg</i>	127
<i>1.5 mg/5ml</i>	128	<i>hydroxyzine pamoate cap 50 mg</i>	127
<i>hydrocodone w/ homatropine tab 5-1.5</i>		<i>hyoscyamine sulfate sl tab 0.125 mg</i>	100
<i>mg</i>	128	<i>.....</i>	100
<i>hydrocodone-acetaminophen soln 7.5-</i>		<i>hyoscyamine sulfate tab 0.125 mg</i> .	100
<i>325 mg/15ml</i>	8	<i>hyoscyamine sulfate tab disint 0.125</i>	100
<i>hydrocodone-acetaminophen tab 10-</i>		<i>mg</i>	100
<i>325 mg</i>	9	<i>HYQVIA INJ 10-800</i>	113
<i>hydrocodone-acetaminophen tab 5-325</i>		<i>HYQVIA INJ 2.5-200</i>	112
<i>mg</i>	8		
<i>hydrocodone-acetaminophen tab 7.5-</i>			
<i>325 mg</i>	8		

HYQVIA INJ 20-1600	113	IMBRUVICA TAB 420MG	35
HYQVIA INJ 30-2400	113	IMBRUVICA TAB 560MG	35
HYQVIA INJ 5-400	113	<i>imipramine hcl tab 10 mg</i>	65
I		<i>imipramine hcl tab 25 mg</i>	65
<i>ibandronate sodium iv soln 3 mg/3ml</i> (base equivalent)	87	<i>imipramine hcl tab 50 mg</i>	65
<i>ibandronate sodium tab 150 mg (base</i> <i>equivalent)</i>	87	<i>imipramine pamoate cap 100 mg</i>	65
IBRANCE CAP 100MG.....	32	<i>imipramine pamoate cap 125 mg</i>	65
IBRANCE CAP 125MG.....	32	<i>imipramine pamoate cap 150 mg</i>	65
IBRANCE CAP 75MG	32	<i>imipramine pamoate cap 75 mg</i>	65
IBRANCE TAB 100MG.....	32	<i>imiquimod cream 5%</i>	133
IBRANCE TAB 125MG.....	32	INCRELEX INJ 40MG/4ML	96
IBRANCE TAB 75MG	32	INCRUSE ELPT INH 62.5MCG	125
<i>ibuprofen susp 100 mg/5ml</i>	6	<i>indapamide tab 1.25 mg</i>	53
<i>ibuprofen tab 400 mg</i>	6	<i>indapamide tab 2.5 mg</i>	53
<i>ibuprofen tab 600 mg</i>	6	INFANRIX INJ	115
<i>ibuprofen tab 800 mg</i>	6	INLYTA TAB 1MG.....	35
<i>icatibant acetate inj 30 mg/3ml (base</i> <i>equivalent)</i>	109	INLYTA TAB 5MG.....	35
ICLUSIG TAB 10MG	39	INSTA-GLUCOS GEL 77.4%	96
ICLUSIG TAB 15MG	34	INSULIN SYRG MIS 1ML/31G.....	118
ICLUSIG TAB 30MG	39	INTELENCE TAB 100MG	20
ICLUSIG TAB 45MG	34	INTELENCE TAB 200MG	20
<i>idarubicin hcl iv inj 10 mg/10ml (1</i> <i>mg/ml)</i>	30	INTELENCE TAB 25MG	20
<i>idarubicin hcl iv inj 20 mg/20ml (1</i> <i>mg/ml)</i>	30	INTRAROSA SUP 6.5MG	83
<i>idarubicin hcl iv inj 5 mg/5ml (1</i> <i>mg/ml)</i>	30	INTRON A INJ 10MU	113
IDHIFA TAB 100MG	34	INTRON A INJ 18MU	113
IDHIFA TAB 50MG	34	INTRON A INJ 25MU	113
<i>ifosfamide for inj 1 gm</i>	29	INTRON A INJ 50MU	113
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	29	<i>introvale tab</i>	89
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	29	INVIRASE TAB 500MG	20
ILEVRO DRO 0.3% OP.....	123	IOPIDINE SOL 1% OP	124
<i>imatinib mesylate tab 100 mg (base</i> <i>equivalent)</i>	34	IPOL INJ INACTIVE.....	115
<i>imatinib mesylate tab 400 mg (base</i> <i>equivalent)</i>	34	<i>ipratropium bromide inhal soln 0.02%</i>	125
IMBRUVICA CAP 140MG	34	<i>ipratropium bromide nasal soln 0.03%</i> (21 mcg/spray).....	125
IMBRUVICA CAP 70MG	34	<i>ipratropium bromide nasal soln 0.06%</i> (42 mcg/spray).....	125
IMBRUVICA TAB 140MG	35	<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	125
IMBRUVICA TAB 280MG	35	<i>irbesartan tab 150 mg</i>	44
		<i>irbesartan tab 300 mg</i>	44
		<i>irbesartan tab 75 mg</i>	44
		<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	43
		<i>irbesartan-hydrochlorothiazide tab</i> <i>300-12.5 mg</i>	43

<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	38	<i>jantoven tab 10mg</i>	107
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	38	<i>jantoven tab 1mg</i>	107
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	38	<i>jantoven tab 2.5mg</i>	107
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	38	<i>jantoven tab 2mg</i>	107
ISENTRESS CHW 100MG	20	<i>jantoven tab 3mg</i>	107
ISENTRESS CHW 25MG	20	<i>jantoven tab 4mg</i>	107
ISENTRESS HD TAB 600MG	20	<i>jantoven tab 5mg</i>	107
ISENTRESS POW 100MG	20	<i>jantoven tab 6mg</i>	107
ISENTRESS TAB 400MG	21	<i>jantoven tab 7.5mg</i>	107
<i>isoniazid inj 100 mg/ml</i>	22	JANUMET TAB 50-1000	84
<i>isoniazid syrup 50 mg/5ml</i>	22	JANUMET TAB 50-500MG	84
<i>isoniazid tab 100 mg</i>	22	JANUMET XR TAB 100-1000.....	84
<i>isoniazid tab 300 mg</i>	22	JANUMET XR TAB 50-1000	84
<i>isosorbide dinitrate tab 10 mg</i>	54	JANUMET XR TAB 50-500MG.....	84
<i>isosorbide dinitrate tab 20 mg</i>	54	JANUVIA TAB 100MG	84
<i>isosorbide dinitrate tab 30 mg</i>	54	JANUVIA TAB 25MG.....	84
<i>isosorbide dinitrate tab 5 mg</i>	54	JANUVIA TAB 50MG.....	84
<i>isosorbide mononitrate tab 10 mg</i>	54	JARDIANCE TAB 10MG.....	87
<i>isosorbide mononitrate tab 20 mg</i>	54	JARDIANCE TAB 25MG.....	87
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	54	JENTADUETO TAB XR.....	84
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	54	<i>jinteli tab 1mg-5mcg</i>	93
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	54	<i>jolessa tab</i>	89
<i>isotretinoin cap 10 mg</i>	132	JUBLIA SOL 10%.....	134
<i>isotretinoin cap 20 mg</i>	132	<i>junel 1.5/30 tab</i>	89
<i>isotretinoin cap 30 mg</i>	132	<i>junel 1/20 tab</i>	89
<i>isotretinoin cap 40 mg</i>	132	<i>junel fe tab 1.5/30</i>	89
<i>isradipine cap 2.5 mg</i>	51	<i>junel fe tab 1/20</i>	89
<i>isradipine cap 5 mg</i>	51	K	
<i>itraconazole cap 100 mg</i>	19	KADCYLA INJ 100MG	32
<i>itraconazole oral soln 10 mg/ml</i>	19	KADCYLA INJ 160MG	32
IV PREP WIPE PAD.....	133	KALETRA TAB 100-25MG.....	22
<i>ivermectin lotion 0.5%</i>	83	KALETRA TAB 200-50MG.....	22
<i>ivermectin tab 3 mg</i>	18	KALYDECO PAK 25MG	129
J		KALYDECO PAK 50MG	129
JAKAFI TAB 10MG	35	KALYDECO PAK 75MG	129
JAKAFI TAB 15MG	35	KALYDECO TAB 150MG	129
JAKAFI TAB 20MG	35	<i>kariva tab 28 day</i>	89
JAKAFI TAB 25MG	35	<i>kelnor tab 1/35</i>	89
JAKAFI TAB 5MG	35	<i>ketoconazole cream 2%</i>	134
		<i>ketoconazole shampoo 2%</i>	135
		KETO-DIASTIX TES	118
		<i>ketoprofen cap 50 mg</i>	6
		<i>ketoprofen cap 75 mg</i>	6
		<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	6
		<i>ketorolac tromethamine inj 15 mg/ml</i> 6	

<i>ketorolac tromethamine inj 30 mg/ml 6</i>	
<i>ketorolac tromethamine ophth soln</i>	
0.4%	123
<i>ketorolac tromethamine ophth soln</i>	
0.5%	123
<i>ketorolac tromethamine tab 10 mg....</i>	6
KEVZARA INJ 150/1.14	111
KEVZARA INJ 200/1.14	111
KEYTRUDA INJ 100MG/4M.....	32
KINRIX INJ	115
<i>kionex sus 15gm/60</i>	88
KISQALI TAB 200DOSE	32
KISQALI TAB 400DOSE	32
KISQALI TAB 600DOSE	32
<i>klor-con 10 tab 10meq er.....</i>	119
<i>klor-con 8 tab 8meq er</i>	119
<i>klor-con m15 tab 15meq er</i>	119
<i>klor-con m20 tab 20meq er</i>	119
<i>kurvelo tab 0.15/30.....</i>	89
KUVAN TAB 100MG.....	91
KYLEENA IUD 19.5MG.....	89
L	
<i>labetalol hcl tab 100 mg.....</i>	48
<i>labetalol hcl tab 200 mg.....</i>	48
<i>labetalol hcl tab 300 mg.....</i>	48
LACRISERT MIS 5MG OP	124
<i>lactic acid (ammonium lactate) cream</i>	
12%	139
<i>lactic acid (ammonium lactate) lotion</i>	
12%	139
<i>lactic acid lot 10%.....</i>	139
<i>lactulose solution 10 gm/15ml</i>	103
<i>lamivudine oral soln 10 mg/ml.....</i>	21
<i>lamivudine tab 100 mg (hbv).....</i>	23
<i>lamivudine tab 150 mg</i>	21
<i>lamivudine tab 300 mg</i>	21
<i>lamivudine-zidovudine tab 150-300 mg</i>	
.....	22
<i>lamotrigine orally disintegrating tab</i>	
100 mg	59
<i>lamotrigine orally disintegrating tab</i>	
200 mg	59
<i>lamotrigine orally disintegrating tab 25</i>	
mg	59
<i>lamotrigine orally disintegrating tab 50</i>	
mg	59
<i>lamotrigine tab 100 mg.....</i>	59
<i>lamotrigine tab 150 mg.....</i>	59
<i>lamotrigine tab 200 mg.....</i>	59
<i>lamotrigine tab 25 mg</i>	59
<i>lamotrigine tab 25 mg (42) & 100 mg</i>	
(7) starter kit.....	59
<i>lamotrigine tab 35 x 25 mg starter kit</i>	
.....	59
<i>lamotrigine tab 84 x 25 mg & 14 x 100</i>	
mg starter kit.....	59
<i>lamotrigine tab chewable dispersible 25</i>	
mg	59
<i>lamotrigine tab chewable dispersible 5</i>	
mg	59
<i>lamotrigine tab er 24hr 100 mg</i>	59
<i>lamotrigine tab er 24hr 200 mg</i>	59
<i>lamotrigine tab er 24hr 25 mg</i>	59
<i>lamotrigine tab er 24hr 250 mg</i>	59
<i>lamotrigine tab er 24hr 300 mg</i>	59
<i>lamotrigine tab er 24hr 50 mg</i>	59
LANCING DEVI MIS	118
LANOXIN TAB 0.0625MG.....	52
<i>lansoprazole cap delayed release 15</i>	
mg	104
<i>lansoprazole cap delayed release 30</i>	
mg	104
<i>lapatinib ditosylate tab 250 mg (base</i>	
equiv)	35
<i>larin tab 1.5/30.....</i>	89
LASTACFT SOL 0.25%.....	123
<i>latanoprost ophth soln 0.005%</i>	124
LATUDA TAB 120MG	70
LATUDA TAB 20MG.....	70
LATUDA TAB 40MG.....	70
LATUDA TAB 60MG.....	70
LATUDA TAB 80MG.....	70
<i>leena tab.....</i>	89
<i>leflunomide tab 10 mg</i>	112
<i>leflunomide tab 20 mg</i>	112
LENVIMA CAP 10 MG	35
LENVIMA CAP 12MG	35
LENVIMA CAP 14 MG	35
LENVIMA CAP 18 MG	35
LENVIMA CAP 20 MG	35
LENVIMA CAP 24 MG	35
LENVIMA CAP 4MG	35

LENVIMA CAP 8 MG	35	levofloxacin iv soln 25 mg/ml	26
lessina tab	89	levofloxacin ophth soln 0.5%	122
letrozole tab 2.5 mg	33	levofloxacin oral soln 25 mg/ml	26
leucovorin calcium for inj 100 mg	38	levofloxacin tab 250 mg	26
leucovorin calcium for inj 200 mg	38	levofloxacin tab 500 mg	26
leucovorin calcium for inj 350 mg	38	levofloxacin tab 750 mg	26
leucovorin calcium for inj 50 mg	38	levonest tab	89
leucovorin calcium for inj 500 mg	38	levonorgestrel & ethinyl estradiol (91- day) tab 0.15-0.03 mg	89
leucovorin calcium tab 10 mg	38	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	89
leucovorin calcium tab 15 mg	38	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	89
leucovorin calcium tab 25 mg	38	levora-28 tab 0.15/30	89
leucovorin calcium tab 5 mg	38	levorphanol tartrate tab 2 mg	9
LEUKERAN TAB 2MG	29	levorphanol tartrate tab 3 mg	9
leuprolide acetate inj kit 5 mg/ml	33	levothyroxine sodium tab 100 mcg ...	98
levabuterol hcl soln nebu 0.31 mg/3ml (base equiv)	128	levothyroxine sodium tab 112 mcg ...	98
levabuterol hcl soln nebu 0.63 mg/3ml (base equiv)	128	levothyroxine sodium tab 125 mcg ...	98
levabuterol hcl soln nebu 1.25 mg/3ml (base equiv)	128	levothyroxine sodium tab 137 mcg ...	98
levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	128	levothyroxine sodium tab 150 mcg ...	98
levabuterol tartrate inhal aerosol 45 mcg/act (base equiv)	128	levothyroxine sodium tab 175 mcg ...	98
LEVEMIR INJ	85	levothyroxine sodium tab 200 mcg ...	98
LEVEMIR INJ FLEXTOUC	85	levothyroxine sodium tab 25 mcg	98
levetiracetam in sodium chloride iv soln 1000 mg/100ml	59	levothyroxine sodium tab 300 mcg ...	98
levetiracetam in sodium chloride iv soln 1500 mg/100ml	59	levothyroxine sodium tab 50 mcg	98
levetiracetam in sodium chloride iv soln 500 mg/100ml	59	levothyroxine sodium tab 75 mcg	98
levetiracetam inj 500 mg/5ml (100 mg/ml)	59	levothyroxine sodium tab 88 mcg	98
levetiracetam oral soln 100 mg/ml ...	59	levoxyl tab 100mcg	98
levetiracetam tab 1000 mg	59	levoxyl tab 112mcg	98
levetiracetam tab 250 mg	59	levoxyl tab 125mcg	98
levetiracetam tab 500 mg	59	levoxyl tab 137mcg	98
levetiracetam tab 750 mg	59	levoxyl tab 150mcg	98
levetiracetam tab er 24hr 500 mg ...	59	levoxyl tab 175mcg	98
levetiracetam tab er 24hr 750 mg ...	59	levoxyl tab 200mcg	98
levobunolol hcl ophth soln 0.5%	124	levoxyl tab 25mcg	98
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	127	levoxyl tab 50mcg	98
levocetirizine dihydrochloride tab 5 mg	127	levoxyl tab 75mcg	98
		levoxyl tab 88mcg	98
		LEXIVA SUS 50MG/ML	21
		lice treatmt lot 1%	139
		lice trtmnt liq 1%	139
		lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	45
		lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)	45

<i>lidocaine hcl laryngotracheal soln 4%</i>	139	<i>lisinopril tab 20 mg</i>	41
<i>lidocaine hcl local inj 0.5%</i>	16	<i>lisinopril tab 30 mg</i>	41
<i>lidocaine hcl local inj 1%</i>	16	<i>lisinopril tab 40 mg</i>	41
<i>lidocaine hcl local inj 2%</i>	16	<i>lisinopril tab 5 mg</i>	41
<i>lidocaine hcl local preservative free (pf)</i> <i>inj 0.5%</i>	16	<i>lithium carbonate cap 150 mg</i>	78
<i>lidocaine hcl local preservative free (pf)</i> <i>inj 1%</i>	16	<i>lithium carbonate cap 300 mg</i>	78
<i>lidocaine hcl local preservative free (pf)</i> <i>inj 2%</i>	17	<i>lithium carbonate cap 600 mg</i>	78
<i>lidocaine hcl soln 4%</i>	138	<i>lithium carbonate tab 300 mg</i>	78
<i>lidocaine hcl urethral/mucosal gel 2%</i>	138	<i>lithium carbonate tab er 300 mg</i>	78
<i>lidocaine hcl urethral/mucosal gel</i> <i>prefilled syringe 2%</i>	138	<i>lithium carbonate tab er 450 mg</i>	78
<i>lidocaine hcl viscous soln 2%</i>	139	LITHIUM SOL 8MEQ/5ML.....	78
<i>lidocaine oint 5%</i>	138	LO LOESTRIN TAB 1-10-10.....	89
<i>lidocaine pa pad 4%</i>	138	<i>loperamide hcl cap 2 mg</i>	103
<i>lidocaine patch 5%</i>	138	<i>lopinavir-ritonavir soln 400-100</i> <i>mg/5ml (80-20 mg/ml)</i>	22
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	138	<i>lopinavir-ritonavir tab 100-25 mg</i>	39
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	138	<i>lopinavir-ritonavir tab 200-50 mg</i>	39
LILETTA IUD 52MG	89	<i>lorazepam conc 2 mg/ml</i>	56
<i>lindane shampoo 1%</i>	139	<i>lorazepam tab 0.5 mg</i>	56
<i>linezolid for susp 100 mg/5ml</i>	18	<i>lorazepam tab 1 mg</i>	56
<i>linezolid in sodium chloride iv soln 600</i> <i>mg/300ml-0.9%</i>	18	<i>lorazepam tab 2 mg</i>	57
<i>linezolid iv soln 600 mg/300ml (2</i> <i>mg/ml)</i>	18	LORBRENA TAB 100MG	35
<i>linezolid tab 600 mg</i>	18	LORBRENA TAB 25MG.....	35
LINZESS CAP 145MCG	102	<i>loryna tab 3-0.02mg</i>	89
LINZESS CAP 290MCG	102	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5 mg</i>	43
LINZESS CAP 72MCG.....	102	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i> 43	
<i>liothyronine sodium tab 25 mcg</i>	98	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5 mg</i>	43
<i>liothyronine sodium tab 5 mcg</i>	98	<i>losartan potassium tab 100 mg</i>	44
<i>liothyronine sodium tab 50 mcg</i>	98	<i>losartan potassium tab 25 mg</i>	44
<i>lisinopril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	41	<i>losartan potassium tab 50 mg</i>	44
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	41	<i>loteprednol etabonate ophth susp 0.5%</i>	123
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>25 mg</i>	41	<i>lovastatin tab 10 mg</i>	46
<i>lisinopril tab 10 mg</i>	41	<i>lovastatin tab 20 mg</i>	47
<i>lisinopril tab 2.5 mg</i>	41	<i>lovastatin tab 40 mg</i>	47
		<i>low-ogestrel tab</i>	89
		<i>loxapine succinate cap 10 mg</i>	70
		<i>loxapine succinate cap 25 mg</i>	70
		<i>loxapine succinate cap 5 mg</i>	70
		<i>loxapine succinate cap 50 mg</i>	71
		<i>lubiprostone cap 24 mcg</i>	105

<i>lubiprostone cap 8 mcg</i>	105	<i>medroxyprogesterone acetate tab 10</i>	
<i>ludent chw 0.25mg f</i>	119	<i>mg</i>	98
<i>ludent chw 0.5mg f</i>	119	<i>medroxyprogesterone acetate tab 2.5</i>	
<i>ludent chw 1mg f</i>	119	<i>mg</i>	98
LUMIGAN SOL 0.01%.....	124	<i>medroxyprogesterone acetate tab 5 mg</i>	
LUPANETA KIT 11.25-5	98	.....	98
LUPANETA KIT 3.75-5	98	<i>mefenamic acid cap 250 mg</i>	6
LUPR DEP-PED INJ 11.25MG	33	<i>mefloquine hcl tab 250 mg</i>	20
LUPR DEP-PED INJ 15MG.....	33	<i>megestrol acetate susp 40 mg/ml</i>	33
LUPR DEP-PED INJ 3M 30MG	33	<i>megestrol acetate susp 625 mg/5ml</i>	33
LUPR DEP-PED INJ 7.5MG.....	33	<i>megestrol acetate tab 20 mg</i>	33
<i>lutura tab</i>	89	<i>megestrol acetate tab 40 mg</i>	33
LYNPARZA TAB 100MG.....	32	MEKINIST TAB 0.5MG	35
LYNPARZA TAB 150MG.....	32	MEKINIST TAB 2MG.....	36
LYSODREN TAB 500MG	33	<i>meloxicam tab 15 mg</i>	6
M		<i>meloxicam tab 7.5 mg</i>	6
<i>magnesium sulfate in dextrose 5% iv</i>		<i>melphalan hcl for inj 50 mg (base</i>	
<i>soln 1 gm/100ml</i>	119	<i>equiv)</i>	29
<i>magnesium sulfate inj 50%</i>	119	<i>melphalan tab 2 mg</i>	29
<i>magnesium sulfate iv soln 2 gm/50ml</i>		<i>memantine hcl cap er 24hr 14 mg</i>	61
<i>(40 mg/ml)</i>	119	<i>memantine hcl cap er 24hr 21 mg</i>	61
<i>malathion lotion 0.5%</i>	139	<i>memantine hcl cap er 24hr 28 mg</i>	61
<i>mannitol iv soln 20%</i>	53	<i>memantine hcl cap er 24hr 7 mg</i>	61
<i>mannitol iv soln 25%</i>	53	<i>memantine hcl oral solution 2 mg/ml</i>	61
<i>maprotiline hcl tab 25 mg</i>	65	<i>memantine hcl tab 10 mg</i>	62
<i>maprotiline hcl tab 50 mg</i>	65	<i>memantine hcl tab 28 x 5 mg & 21 x</i>	
<i>maprotiline hcl tab 75 mg</i>	65	<i>10 mg titration pack</i>	62
<i>marlissa tab 0.15/30</i>	89	<i>memantine hcl tab 5 mg</i>	62
MARPLAN TAB 10MG	65	MENACTRA INJ	115
MATULANE CAP 50MG	37	MENEST TAB 0.3MG	94
<i>matzim la tab 180mg/24</i>	51	MENEST TAB 0.625MG	94
<i>matzim la tab 240mg/24</i>	51	MENEST TAB 1.25MG.....	94
<i>matzim la tab 300mg/24</i>	51	MENQUADFI INJ.....	140
<i>matzim la tab 360mg/24</i>	51	MENTAX CRE 1%	134
<i>matzim la tab 420mg/24</i>	51	MENVEO INJ.....	115
MAXIDEX SUS 0.1% OP	123	<i>meprobamate tab 200 mg</i>	57
<i>meclizine hcl tab 12.5 mg</i>	100	<i>meprobamate tab 400 mg</i>	57
<i>meclizine hcl tab 25 mg</i>	100	<i>mercaptapurine tab 50 mg</i>	30
<i>meclofenamate sodium cap 100 mg</i> ...	6	<i>meropenem iv for soln 1 gm</i>	18
<i>meclofenamate sodium cap 50 mg</i>	6	<i>meropenem iv for soln 500 mg</i>	18
MEDROL TAB 2MG	95	<i>mesalamine cap dr 400 mg</i>	102
<i>medroxyprogesterone acetate im susp</i>		<i>mesalamine cap er 24hr 0.375 gm</i> .	102
<i>150 mg/ml</i>	89	<i>mesalamine enema 4 gm</i>	102
<i>medroxyprogesterone acetate im susp</i>		<i>mesalamine rectal enema 4 gm &</i>	
<i>prefilled syr 150 mg/ml</i>	89	<i>cleanser wipe kit</i>	102
		<i>mesalamine suppos 1000 mg</i>	102

<i>mesalamine tab delayed release 1.2 gm</i>	102	<i>methscopolamine bromide tab 2.5 mg</i>	100
<i>mesalamine tab delayed release 800 mg</i>	102	<i>methscopolamine bromide tab 5 mg</i>	100
<i>mesna inj 100 mg/ml</i>	38	<i>methyldopa tab 250mg</i>	54
<i>MESNEX TAB 400MG</i>	38	<i>methyldopa tab 500mg</i>	54
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	128	<i>methylphenidate hcl cap er 10 mg (cd)</i>	74
<i>metaxalone tab 800 mg</i>	80	<i>methylphenidate hcl cap er 20 mg (cd)</i>	74
<i>metformin hcl tab 1000 mg</i>	84	<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	74
<i>metformin hcl tab 500 mg</i>	84	<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	74
<i>metformin hcl tab 850 mg</i>	84	<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	74
<i>metformin hcl tab er 24hr 500 mg</i>	84	<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	74
<i>metformin hcl tab er 24hr 750 mg</i>	84	<i>methylphenidate hcl cap er 30 mg (cd)</i>	74
<i>methadone con 10mg/ml</i>	9	<i>methylphenidate hcl cap er 40 mg (cd)</i>	74
<i>methadone hcl conc 10 mg/ml</i>	9	<i>methylphenidate hcl cap er 50 mg (cd)</i>	74
<i>methadone hcl soln 10 mg/5ml</i>	10	<i>methylphenidate hcl cap er 60 mg (cd)</i>	74
<i>methadone hcl soln 5 mg/5ml</i>	10	<i>methylphenidate hcl chew tab 10 mg</i>	74
<i>methadone hcl tab 10 mg</i>	10	<i>methylphenidate hcl chew tab 2.5 mg</i>	74
<i>methadone hcl tab 5 mg</i>	10	<i>methylphenidate hcl chew tab 5 mg</i> ..	74
<i>methadone hcl tab for oral susp 40 mg</i>	10	<i>methylphenidate hcl soln 10 mg/5ml</i> ..	74
<i>methadose tab 40mg</i>	10	<i>methylphenidate hcl soln 5 mg/5ml</i> ..	74
<i>methamphetamine hcl tab 5 mg</i>	74	<i>methylphenidate hcl tab 10 mg</i>	75
<i>methazolamide tab 25 mg</i>	53	<i>methylphenidate hcl tab 20 mg</i>	75
<i>methazolamide tab 50 mg</i>	53	<i>methylphenidate hcl tab 5 mg</i>	75
<i>methenamine hippurate tab 1 gm</i>	18	<i>methylphenidate hcl tab er 10 mg</i>	75
<i>methimazole tab 10 mg</i>	98	<i>methylphenidate hcl tab er 20 mg</i>	75
<i>methimazole tab 5 mg</i>	98	<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	75
<i>methocarbamol tab 500 mg</i>	81	<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	75
<i>methocarbamol tab 750 mg</i>	81	<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	75
<i>methotrexate sodium for inj 1 gm</i>	30	<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	75
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	31		
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	31		
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	31		
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	31		
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	31		
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	112		
<i>methoxsalen rapid cap 10 mg</i>	135		

<i>methylprednisolone acetate inj susp 40 mg/ml</i>	95	<i>metronidazole cream 0.75%</i>	139
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	95	<i>metronidazole gel 0.75%</i>	139
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	95	<i>metronidazole gel 1%</i>	139
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	95	<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	18
<i>methylprednisolone tab 16 mg</i>	95	<i>metronidazole lotion 0.75%</i>	139
<i>methylprednisolone tab 32 mg</i>	95	<i>metronidazole tab 250 mg</i>	18
<i>methylprednisolone tab 4 mg</i>	95	<i>metronidazole tab 500 mg</i>	18
<i>methylprednisolone tab 8 mg</i>	95	<i>metronidazole vaginal gel 0.75%</i> ...	106
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	95	<i>mexiletine hcl cap 150 mg</i>	45
<i>methyltestosterone cap 10 mg</i>	83	<i>mexiletine hcl cap 200 mg</i>	45
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	100	<i>mexiletine hcl cap 250 mg</i>	45
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	101	<i>mibelas 24 chw fe</i>	89
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	101	<i>miconazole 3 sup 200mg</i>	106
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	101	<i>microgestin tab 1.5/30</i>	89
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	101	<i>midodrine hcl tab 10 mg</i>	54
<i>metolazone tab 10 mg</i>	53	<i>midodrine hcl tab 2.5 mg</i>	54
<i>metolazone tab 2.5 mg</i>	53	<i>midodrine hcl tab 5 mg</i>	54
<i>metolazone tab 5 mg</i>	53	<i>miglitol tab 100 mg</i>	84
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	48	<i>miglitol tab 25 mg</i>	84
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	48	<i>miglitol tab 50 mg</i>	84
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	48	<i>mimvey tab 1-0.5mg</i>	94
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	48	<i>minitran dis 0.1mg/hr</i>	54
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	49	<i>minitran dis 0.2mg/hr</i>	54
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	48	<i>minitran dis 0.4mg/hr</i>	54
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	48	<i>minitran dis 0.6mg/hr</i>	54
<i>metoprolol tartrate tab 100 mg</i>	49	<i>minocycline hcl cap 100 mg</i>	28
<i>metoprolol tartrate tab 25 mg</i>	49	<i>minocycline hcl cap 50 mg</i>	28
<i>metoprolol tartrate tab 50 mg</i>	49	<i>minocycline hcl cap 75 mg</i>	28
<i>metronidazole cap 375 mg</i>	18	<i>minocycline hcl tab 100 mg</i>	28
		<i>minocycline hcl tab 50 mg</i>	28
		<i>minocycline hcl tab 75 mg</i>	28
		<i>minoxidil tab 10 mg</i>	54
		<i>minoxidil tab 2.5 mg</i>	54
		MIRCERA INJ 100MCG.....	108
		MIRCERA INJ 150MCG.....	108
		MIRCERA INJ 200MCG.....	108
		MIRCERA INJ 30MCG.....	108
		MIRCERA INJ 50MCG.....	108
		MIRCERA INJ 75MCG.....	108
		MIRENA IUD SYSTEM.....	89
		<i>mirtazapine orally disintegrating tab 15 mg</i>	65
		<i>mirtazapine orally disintegrating tab 30 mg</i>	65

<i>mirtazapine orally disintegrating tab 45 mg</i>	65	<i>morphine sulfate beads cap er 24hr 75 mg</i>	10
<i>mirtazapine tab 15 mg</i>	66	<i>morphine sulfate beads cap er 24hr 90 mg</i>	10
<i>mirtazapine tab 30 mg</i>	66	<i>morphine sulfate cap er 24hr 10 mg</i> ..	10
<i>mirtazapine tab 45 mg</i>	66	<i>morphine sulfate cap er 24hr 100 mg</i>	10
<i>mirtazapine tab 7.5 mg</i>	65	<i>morphine sulfate cap er 24hr 20 mg</i> ..	10
<i>MIRVASO GEL 0.33%</i>	139	<i>morphine sulfate cap er 24hr 30 mg</i> ..	10
<i>misoprostol tab 100 mcg</i>	103	<i>morphine sulfate cap er 24hr 50 mg</i> ..	10
<i>misoprostol tab 200 mcg</i>	103	<i>morphine sulfate cap er 24hr 60 mg</i> ..	10
<i>mitomycin for iv soln 20 mg</i>	30	<i>morphine sulfate cap er 24hr 80 mg</i> ..	10
<i>mitomycin for iv soln 40 mg</i>	30	<i>morphine sulfate iv soln 4 mg/ml</i>	10
<i>mitomycin for iv soln 5 mg</i>	30	<i>morphine sulfate iv soln pf 10 mg/ml</i> ..	10
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	37	<i>morphine sulfate oral soln 10 mg/5ml</i>	10
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	37	<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	11
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	37	<i>morphine sulfate oral soln 20 mg/5ml</i>	10
<i>M-M-R II INJ</i>	115	<i>morphine sulfate suppos 10 mg</i>	11
<i>modafinil tab 100 mg</i>	81	<i>morphine sulfate suppos 20 mg</i>	11
<i>modafinil tab 200 mg</i>	81	<i>morphine sulfate suppos 30 mg</i>	11
<i>moexipril hcl tab 15 mg</i>	41	<i>morphine sulfate suppos 5 mg</i>	11
<i>moexipril hcl tab 7.5 mg</i>	41	<i>morphine sulfate tab 15 mg</i>	11
<i>mometasone furoate cream 0.1%</i> ..	137	<i>morphine sulfate tab 30 mg</i>	11
<i>mometasone furoate oint 0.1%</i>	137	<i>morphine sulfate tab er 100 mg</i>	11
<i>mometasone furoate solution 0.1% (lotion)</i>	138	<i>morphine sulfate tab er 15 mg</i>	11
<i>mono-lynyah tab 0.25-35</i>	89	<i>morphine sulfate tab er 200 mg</i>	11
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	129	<i>morphine sulfate tab er 30 mg</i>	11
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	129	<i>morphine sulfate tab er 60 mg</i>	11
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	129	<i>MOTOFEN TAB 1-0.025</i>	103
<i>montelukast sodium tab 10 mg (base equiv)</i>	129	<i>MOVANTIK TAB 12.5MG</i>	103
<i>morgidox cap 1x100mg</i>	28	<i>MOVANTIK TAB 25MG</i>	103
<i>morphine sulfate beads cap er 24hr 120 mg</i>	10	<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	122
<i>morphine sulfate beads cap er 24hr 30 mg</i>	10	<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	122
<i>morphine sulfate beads cap er 24hr 45 mg</i>	10	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	26
<i>morphine sulfate beads cap er 24hr 60 mg</i>	10	<i>MULTAQ TAB 400MG</i>	45
		<i>multi-vit/fe dro /fl 0.25</i>	121
		<i>multivit/fl chw 0.25mg</i>	121
		<i>multivit/fl chw 0.5mg</i>	121
		<i>multivit/fl chw 1mg</i>	121
		<i>multi-vit/fl dro /fe 0.25</i>	121

<i>multivit/fl dro 0.25mg</i>	121	<i>nebivolol hcl tab 10 mg (base equivalent)</i>	40
<i>multi-vit/fl dro 0.5mg/ml</i>	121	<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	40
<i>mupirocin oint 2%</i>	133	<i>nebivolol hcl tab 20 mg (base equivalent)</i>	40
<i>mvc-fluoride chw 1mg</i>	121	<i>nebivolol hcl tab 5 mg (base equivalent)</i>	40
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<i>mycophenolate mofetil cap 250 mg</i>	114	<i>nefazodone hcl tab 100 mg</i>	66
<i>mycophenolate mofetil for oral susp</i>		<i>nefazodone hcl tab 150 mg</i>	66
<i>200 mg/ml</i>	114	<i>nefazodone hcl tab 200 mg</i>	66
<i>mycophenolate mofetil hcl for iv soln</i>		<i>nefazodone hcl tab 250 mg</i>	66
<i>500 mg (base equiv)</i>	114	<i>nefazodone hcl tab 50 mg</i>	66
<i>mycophenolate mofetil tab 500 mg</i>	114	<i>neomycin sulfate tab 500 mg</i>	17
<i>mycophenolate sodium tab dr 180 mg</i>		<i>neomycin-polymy-gramicid op sol</i>	
<i>(mycophenolic acid equiv)</i>	114	<i>1.75-10000-0.025mg-unt-mg/ml</i>	122
<i>mycophenolate sodium tab dr 360 mg</i>		<i>neomycin-polymyxin-dexamethasone</i>	
<i>(mycophenolic acid equiv)</i>	114	<i>ophth oint 0.1%</i>	122
N		<i>neomycin-polymyxin-dexamethasone</i>	
<i>nabumetone tab 500 mg</i>	6	<i>ophth susp 0.1%</i>	122
<i>nabumetone tab 750 mg</i>	6	<i>neomycin-polymyxin-hc ophth susp</i>	122
<i>nadolol tab 20 mg</i>	49	<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>nadolol tab 40 mg</i>	49	140
<i>nadolol tab 80 mg</i>	49	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>nafrinse chw 1mg f</i>	119	<i>mg/ml-10000 unit/ml-1%</i>	140
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<i>mg/2ml</i>	81	<i>nevirapine tab 200 mg</i>	21
<i>naltrexone hcl tab 50 mg</i>	81	<i>nevirapine tab er 24hr 100 mg</i>	21
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<i>naproxen tab 375 mg</i>	6	NEXIUM GRA 2.5MG DR	140
<i>naproxen tab 500 mg</i>	6	NEXIUM GRA 5MG DR	140
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<i>naratriptan hcl tab 2.5 mg (base equiv)</i>		<i>niacin tab er 1000 mg</i>	
.....	77	<i>(antihyperlipidemic)</i>	47
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NATACYN SUS 5% OP	122		
<i>nateglinide tab 120 mg</i>	86		
<i>nateglinide tab 60 mg</i>	86		

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	47	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	18
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	47	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	18
<i>nicardipine hcl cap 20 mg</i>	51	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	18
<i>nicardipine hcl cap 30 mg</i>	51	<i>nitrofurantoin susp 25 mg/5ml</i>	18
<i>nicotine dis 7mg/24hr</i>	82	<i>nitroglycerin sl tab 0.3 mg</i>	54
<i>nicotine gum 4mg</i>	82	<i>nitroglycerin sl tab 0.4 mg</i>	54
<i>nicotine pol loz 4mg mint</i>	82	<i>nitroglycerin sl tab 0.6 mg</i>	54
<i>nicotine polacrilex gum 2 mg</i>	82	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	54
<i>nicotine polacrilex gum 4 mg</i>	82	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	54
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<i>nifedipine tab er 24hr osmotic release 90 mg</i>	51	<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	90
<i>nikki tab 3-0.02mg</i>	89	<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	90
<i>nilutamide tab 150 mg</i>	33	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	90
<i>nimodipine cap 30 mg</i>	51	<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	90
<i>NIPENT INJ 10MG</i>	31	<i>norethindrone acetate tab 5 mg</i>	98
<i>nisoldipine tab er 24hr 17 mg</i>	51	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	94
<i>nisoldipine tab er 24hr 20 mg</i>	51	<i>norethindrone tab 0.35 mg</i>	90
<i>nisoldipine tab er 24hr 25.5 mg</i>	51	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	90
<i>nisoldipine tab er 24hr 30 mg</i>	51	<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	90
<i>nisoldipine tab er 24hr 34 mg</i>	51	<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	90
<i>nisoldipine tab er 24hr 40 mg</i>	51		
<i>nisoldipine tab er 24hr 8.5 mg</i>	51		
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<i>nortrel tab 1/35</i>	90	<i>unit/gm-%</i>	134
<i>nortrel tab 7/7/7</i>	90	<i>nystop pow 100000</i>	134
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<i>nortriptyline hcl cap 25 mg</i>	66	<i>ocella tab 3-0.03mg</i>	90
<i>nortriptyline hcl cap 50 mg</i>	66	<i>octreotide acetate inj 100 mcg/ml (0.1</i>	
<i>nortriptyline hcl cap 75 mg</i>	66	<i>mg/ml)</i>	96
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NUBEQA TAB 300MG	33	<i>ofloxacin tab 400 mg</i>	26
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NUCALA INJ 100MG/ML.....	128	<i>olanzapine for im inj 10 mg</i>	71
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NUCYNTA ER TAB 150MG	11	<i>mg</i>	71
NUCYNTA ER TAB 200MG	12	<i>olanzapine orally disintegrating tab 15</i>	
NUCYNTA ER TAB 250MG	12	<i>mg</i>	71
NUCYNTA ER TAB 50MG	11	<i>olanzapine orally disintegrating tab 20</i>	
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<i>ondansetron hcl tab 4 mg</i> 101	<i>oscimin sub 0.125mg</i> 100
	<i>oscimin tab 0.125mg</i> 100
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<i>oxandrolone tab 10 mg</i>	83	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	13
<i>oxandrolone tab 2.5 mg</i>	83	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	13
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<i>oxcarbazepine tab 150 mg</i>	59	<i>OXYCONTIN TAB 20MG CR</i>	14
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<i>oxcarbazepine tab 600 mg</i>	59	<i>OXYCONTIN TAB 40MG CR</i>	14
<i>oxiconazole nitrate cream 1%</i>	134	<i>OXYCONTIN TAB 60MG CR</i>	14
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<i>oxybutynin chloride tab 5 mg</i>	106	<i>oxymorphone hcl tab 10 mg</i>	14
<i>oxybutynin chloride tab er 24hr 10 mg</i>	106	<i>oxymorphone hcl tab 5 mg</i>	14
<i>oxybutynin chloride tab er 24hr 15 mg</i>	106	<i>oxymorphone hcl tab er 12hr 10 mg</i> .	14
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<i>oxycodone hcl tab 10 mg</i>	12	<i>oxymorphone hcl tab er 12hr 5 mg</i> ...	14
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<i>oxycodone hcl tab er 12hr deter 40 mg</i>	13	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	31
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<i>penicillamine tab 250 mg</i>	88	<i>mg</i>	60
<i>penicillin g potassium for inj 20000000</i>		<i>phenytoin sodium extended cap 200</i>	
<i>unit</i>	27	<i>mg</i>	60
<i>penicillin g potassium for inj 5000000</i>		<i>phenytoin sodium extended cap 300</i>	
<i>unit</i>	27	<i>mg</i>	60
<i>penicillin g sodium for inj 5000000 unit</i>		<i>phenytoin sodium inj 50 mg/ml</i>	60
<i>.....</i>	27	<i>phenytoin susp 125 mg/5ml</i>	60
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.....	86	<i>potassium chloride inj 2 meq/ml</i>	120
<i>pioglitazone hcl tab 30 mg (base equiv)</i>		<i>potassium chloride microencapsulated</i>	
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<i>pioglitazone hcl-glimepiride tab 30-2</i>		<i>potassium chloride oral soln 10% (20</i>	
<i>mg</i>	86	<i>meq/15ml)</i>	120
<i>pioglitazone hcl-glimepiride tab 30-4</i>		<i>potassium chloride oral soln 20% (40</i>	
<i>mg</i>	86	<i>meq/15ml)</i>	120
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>potassium chloride tab er 10 meq ..</i>	120
<i>500 mg</i>	86	<i>potassium chloride tab er 20 meq</i>	
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<i>850 mg</i>	86	<i>potassium chloride tab er 8 meq (600</i>	
<i>piperacillin sod-tazobactam na for inj</i>		<i>mg)</i>	120
<i>3.375 gm (3-0.375 gm)</i>	27	<i>potassium citrate tab er 10 meq (1080</i>	
<i>piperacillin sod-tazobactam sod for inj</i>		<i>mg)</i>	105
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<i>40.5 gm (36-4.5 gm)</i>	27	<i>potassium citrate tab er 5 meq (540</i>	
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PNEUMOVAX 23 INJ 25/0.5	115	<i>mg</i>	68
<i>podofilox soln 0.5%</i>	139	<i>pramipexole dihydrochloride tab 0.5</i>	
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<i>17 gm/scoop</i>	103	<i>mg</i>	68
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SIMPONI INJ 100MG/ML.....	111	<i>mg naf).....</i>	120
SIMPONI INJ 50/0.5ML.....	111	<i>sodium fluoride tab 1 mg f (from 2.2</i>	
<i>simvastatin tab 10 mg.....</i>	47	<i>mg naf).....</i>	120
<i>simvastatin tab 20 mg.....</i>	47	<i>sodium phenylbutyrate oral powder 3</i>	
<i>simvastatin tab 40 mg.....</i>	47	<i>gm/teaspoonful.....</i>	91
<i>simvastatin tab 5 mg.....</i>	47	<i>sodium phenylbutyrate tab 500 mg.....</i>	91
<i>simvastatin tab 80 mg.....</i>	47	<i>sodium polystyrene sulfonate oral susp</i>	
<i>sirolimus oral soln 1 mg/ml.....</i>	114	<i>15 gm/60ml.....</i>	88
<i>sirolimus tab 0.5 mg.....</i>	114	<i>sodium polystyrene sulfonate rectal</i>	
<i>sirolimus tab 1 mg.....</i>	114	<i>susp 30 gm/120ml.....</i>	88
<i>sirolimus tab 2 mg.....</i>	114	<i>solifenacin succinate tab 10 mg.....</i>	106
SIRTURO TAB 100MG.....	23	<i>solifenacin succinate tab 5 mg.....</i>	106
SIRTURO TAB 20MG.....	23	SOLIQUA INJ 100/33.....	85
SKYLA IUD 13.5MG.....	90	SOLU-CORTEF INJ 1000MG.....	96
SKYRIZI INJ 150DOSE.....	111	SOLU-CORTEF INJ 100MG.....	96
SKYRIZI INJ 150MG/ML.....	83	SOLU-CORTEF INJ 250MG.....	96
SKYRIZI PEN INJ 150MG/ML.....	83	SOLU-CORTEF INJ 500MG.....	96
<i>sleep-aid tab 25mg.....</i>	76	SOLU-MEDROL INJ 2GM.....	96
<i>sm nicotine dis 14mg/24h.....</i>	82	SOMATULINE INJ 120/.5ML.....	97
<i>sm nicotine dis 21mg/24h.....</i>	82	SOMATULINE INJ 60/0.2ML.....	97
<i>sm nicotine dis 7mg/24hr.....</i>	82	SOMATULINE INJ 90/0.3ML.....	97
<i>sod chloride inj 0.9%.....</i>	120	SOMAVERT INJ 10MG.....	97
		SOMAVERT INJ 15MG.....	97

SOMAVERT INJ 20MG	97	SUCRAID SOL 8500/ML.....	104
SOMAVERT INJ 25MG	97	sucralfate tab 1 gm	104
SOMAVERT INJ 30MG	97	sulconazole nitrate cream 1%.....	134
sorine tab 120mg	45	sulconazole nitrate solution 1%.....	82
sorine tab 160mg	45	sulfacetamide sodium lotion 10%	
sorine tab 240mg	45	(acne).....	132
sorine tab 80mg.....	45	sulfacetamide sodium ophth oint 10%	
sotalol hcl (afib/af) tab 120 mg	45	.....	122
sotalol hcl (afib/af) tab 160 mg	45	sulfacetamide sodium ophth soln 10%	
sotalol hcl (afib/af) tab 80 mg	45	.....	122
sotalol hcl tab 120 mg	45	sulfacetamide sodium-prednisolone	
sotalol hcl tab 160 mg	45	ophth soln 10-0.23(0.25)%	122
sotalol hcl tab 240 mg	45	SULFADIAZINE TAB 500MG	17
sotalol hcl tab 80 mg	45	sulfamethoxazole-trimethoprim susp	
SOVALDI PAK 150MG.....	26	200-40 mg/5ml.....	18
SOVALDI PAK 200MG.....	26	sulfamethoxazole-trimethoprim tab	
SOVALDI TAB 200MG.....	26	400-80 mg	19
SOVALDI TAB 400MG.....	26	sulfamethoxazole-trimethoprim tab	
spinosad susp 0.9%.....	139	800-160 mg	19
SPIRIVA AER 1.25MCG.....	125	SULFAMYLON CRE 85MG/GM	133
SPIRIVA CAP HANDIHLR.....	126	sulfasalazine tab 500 mg.....	102
SPIRIVA SPR 2.5MCG.....	126	sulfasalazine tab delayed release 500	
spironolactone & hydrochlorothiazide		mg	102
tab 25-25 mg.....	53	sulindac tab 150 mg	6
spironolactone tab 100 mg	53	sulindac tab 200 mg	6
spironolactone tab 25 mg	53	sumatriptan nasal spray 20 mg/act ..	77
spironolactone tab 50 mg	53	sumatriptan nasal spray 5 mg/act	77
sprintec 28 tab 28 day	90	sumatriptan succinate inj 6 mg/0.5ml	
SPRYCEL TAB 100MG	36	.....	77
SPRYCEL TAB 140MG.....	36	sumatriptan succinate solution auto-	
SPRYCEL TAB 20MG.....	36	injector 4 mg/0.5ml.....	77
SPRYCEL TAB 50MG.....	36	sumatriptan succinate solution auto-	
SPRYCEL TAB 70MG.....	36	injector 6 mg/0.5ml.....	77
SPRYCEL TAB 80MG.....	36	sumatriptan succinate solution	
sronyx tab	90	cartridge 4 mg/0.5ml	77
ssd cre 1%	133	sumatriptan succinate solution	
stavudine cap 15 mg	21	cartridge 6 mg/0.5ml	77
stavudine cap 20 mg	21	sumatriptan succinate solution prefilled	
stavudine cap 30 mg	21	syringe 6 mg/0.5ml	77
stavudine cap 40 mg	21	sumatriptan succinate tab 100 mg ...	77
STELARA INJ 45MG/0.5.....	112	sumatriptan succinate tab 25 mg	77
STELARA INJ 90MG/ML	112	sumatriptan succinate tab 50 mg	77
STIVARGA TAB 40MG.....	36	sumatriptan-naproxen sodium tab 85-	
STRIVERDI AER 2.5MCG	128	500 mg	78
SUBLOCADE INJ 100/0.5.....	15	sunitinib malate cap 12.5 mg (base	
SUBLOCADE INJ 300/1.5.....	16	equivalent)	39

<i>sunitinib malate cap 25 mg (base equivalent)</i>	39	T	TABLOID TAB 40MG	31
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	39		<i>tacrolimus cap 0.5 mg</i>	114
<i>sunitinib malate cap 50 mg (base equivalent)</i>	39		<i>tacrolimus cap 1 mg</i>	114
SUPRAX CHW 100MG.....	25		<i>tacrolimus cap 5 mg</i>	114
SUPRAX CHW 200MG.....	25		<i>tacrolimus oint 0.03%</i>	139
SUPRAX SUS 500/5ML	25		<i>tacrolimus oint 0.1%</i>	139
SUPREP BOWEL SOL PREP KIT	103		<i>tadalafil tab 2.5 mg</i>	105
SUTAB TAB.....	116		<i>tadalafil tab 20 mg (pah)</i>	55
SUTENT CAP 12.5MG	36		<i>tadalafil tab 5 mg</i>	105
SUTENT CAP 25MG	36		TAFINLAR CAP 50MG	36
SUTENT CAP 37.5MG	36		TAFINLAR CAP 75MG	36
SUTENT CAP 50MG	36		<i>take action tab 1.5mg</i>	90
<i>syeda tab 3-0.03mg</i>	90		TALTZ INJ 80MG/ML	112
<i>symax-sl sub 0.125mg</i>	100		<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	33
SYMBICORT AER 160-4.5	131		<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	33
SYMBICORT AER 80-4.5	131		<i>tamsulosin hcl cap 0.4 mg</i>	105
SYMDEKO TAB 100-150	130		TARGRETIN GEL 1%	139
SYMDEKO TAB 50-75MG	130		<i>tazarotene cream 0.1%</i>	135
SYMLINPEN 60 INJ 1000MCG	84		<i>tazicef inj 1gm</i>	25
SYMLN PEN 120 INJ 1000MCG	84		TAZORAC CRE 0.05%	135
SYNAREL SOL 2MG/ML.....	91		TAZORAC GEL 0.05%	135
SYNERA DIS 70-70MG	138		TAZORAC GEL 0.1%	135
SYNJARDY TAB.....	86		<i>taztia xt cap 120mg/24</i>	51
SYNJARDY TAB 12.5-500.....	86		<i>taztia xt cap 180mg/24</i>	51
SYNJARDY TAB 5-1000MG	86		<i>taztia xt cap 240mg/24</i>	51
SYNJARDY TAB 5-500MG.....	86		<i>taztia xt cap 300mg er</i>	51
SYNJARDY XR TAB.....	86		<i>taztia xt cap 360mg/24</i>	51
SYNJARDY XR TAB 10-1000	86		TDVAX INJ 2-2 LF.....	116
SYNJARDY XR TAB 25-1000.....	86		<i>telmisartan tab 20 mg</i>	44
SYNJARDY XR TAB 5-1000MG	86		<i>telmisartan tab 40 mg</i>	44
SYNTHROID TAB 100MCG.....	99		<i>telmisartan tab 80 mg</i>	44
SYNTHROID TAB 112MCG.....	99		<i>telmisartan-amlodipine tab 40-10 mg</i>	43
SYNTHROID TAB 125MCG.....	99		<i>telmisartan-amlodipine tab 40-5 mg</i>	43
SYNTHROID TAB 137MCG.....	99		<i>telmisartan-amlodipine tab 80-10 mg</i>	43
SYNTHROID TAB 150MCG.....	99		<i>telmisartan-amlodipine tab 80-5 mg</i>	43
SYNTHROID TAB 175MCG.....	99		<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	44
SYNTHROID TAB 200MCG.....	99		<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	44
SYNTHROID TAB 25MCG	98		<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	44
SYNTHROID TAB 300MCG.....	99			
SYNTHROID TAB 50MCG	99			
SYNTHROID TAB 75MCG	99			
SYNTHROID TAB 88MCG	99			

<i>temazepam cap 15 mg</i>	76	THALOMID CAP 200MG	113
<i>temazepam cap 22.5 mg</i>	76	THALOMID CAP 50MG	113
<i>temazepam cap 30 mg</i>	76	<i>theophylline soln 80 mg/15ml</i>	131
<i>temazepam cap 7.5 mg</i>	76	<i>theophylline tab er 12hr 300 mg</i>	131
TEMIXYS TAB 300-300	22	<i>theophylline tab er 12hr 450 mg</i>	131
TEMODAR INJ 100MG	29	<i>theophylline tab er 24hr 400 mg</i>	131
<i>temozolomide cap 100 mg</i>	29	<i>theophylline tab er 24hr 600 mg</i>	131
<i>temozolomide cap 140 mg</i>	29	<i>thioridazine hcl tab 10 mg</i>	72
<i>temozolomide cap 180 mg</i>	29	<i>thioridazine hcl tab 100 mg</i>	72
<i>temozolomide cap 20 mg</i>	29	<i>thioridazine hcl tab 25 mg</i>	72
<i>temozolomide cap 250 mg</i>	29	<i>thioridazine hcl tab 50 mg</i>	72
<i>temozolomide cap 5 mg</i>	29	<i>thiothixene cap 1 mg</i>	72
<i>tencon tab 50-325mg</i>	5	<i>thiothixene cap 10 mg</i>	72
TENIPOSIDE INJ 50MG/5ML.....	38	<i>thiothixene cap 2 mg</i>	72
TENIVAC INJ 5-2LF.....	116	<i>thiothixene cap 5 mg</i>	72
<i>tenofovir disoproxil fumarate tab 300</i> <i>mg</i>	21	<i>tiagabine hcl tab 12 mg</i>	60
<i>terazosin hcl cap 1 mg (base</i> <i>equivalent)</i>	42	<i>tiagabine hcl tab 16 mg</i>	60
<i>terazosin hcl cap 10 mg (base</i> <i>equivalent)</i>	42	<i>tiagabine hcl tab 2 mg</i>	60
<i>terazosin hcl cap 2 mg (base</i> <i>equivalent)</i>	42	<i>tiagabine hcl tab 4 mg</i>	60
<i>terazosin hcl cap 5 mg (base</i> <i>equivalent)</i>	42	TICE BCG INJ	37
<i>terbinafine hcl tab 250 mg</i>	19	<i>tilia fe tab</i>	90
<i>terbutaline sulfate tab 2.5 mg</i>	128	<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i>	124
<i>terbutaline sulfate tab 5 mg</i>	128	<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i>	124
<i>terconazole vaginal cream 0.4%</i>	106	<i>timolol maleate ophth soln 0.25%</i> ..	124
<i>terconazole vaginal cream 0.8%</i>	106	<i>timolol maleate ophth soln 0.5%</i>	124
<i>terconazole vaginal suppos 80 mg</i> ..	106	<i>timolol maleate ophth soln 0.5%</i> <i>(once-daily)</i>	124
<i>testosterone cypionate im inj in oil 100</i> <i>mg/ml</i>	83	<i>timolol maleate tab 10 mg</i>	49
<i>testosterone cypionate im inj in oil 200</i> <i>mg/ml</i>	83	<i>timolol maleate tab 20 mg</i>	49
<i>testosterone enanthate im inj in oil 200</i> <i>mg/ml</i>	83	<i>timolol maleate tab 5 mg</i>	49
<i>testosterone td gel 10mg/act (2%)</i> ...84		<i>tinidazole tab 250 mg</i>	17
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	84	<i>tinidazole tab 500 mg</i>	17
<i>tetrabenazine tab 12.5 mg</i>	79	TIVICAY PD TAB 5MG	21
<i>tetrabenazine tab 25 mg</i>	79	TIVICAY TAB 10MG.....	21
<i>tetracycline hcl cap 250 mg</i>	28	TIVICAY TAB 25MG.....	21
<i>tetracycline hcl cap 500 mg</i>	28	TIVICAY TAB 50MG.....	21
THALOMID CAP 100MG	113	<i>tizanidine hcl tab 2 mg (base</i> <i>equivalent)</i>	81
THALOMID CAP 150MG	113	<i>tizanidine hcl tab 4 mg (base</i> <i>equivalent)</i>	81
		TOBRADEX OIN 0.3-0.1%	122
		TOBRADEX ST SUS 0.3-0.05.....	122
		<i>tobramycin nebu soln 300 mg/4ml</i>	5
		<i>tobramycin nebu soln 300 mg/5ml</i> ...	17

<i>tobramycin ophth soln 0.3%</i>	122	<i>trandolapril tab 1 mg</i>	42
<i>tobramycin sulfate for inj 1.2 gm</i>	17	<i>trandolapril tab 2 mg</i>	42
<i>tobramycin sulfate inj 2 gm/50ml (40</i> <i>mg/ml) (base equiv)</i>	17	<i>trandolapril tab 4 mg</i>	42
<i>tobramycin sulfate inj 80 mg/2ml (40</i> <i>mg/ml) (base equiv)</i>	17	<i>trandolapril-verapamil hcl tab er 1-240</i> <i>mg</i>	41
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	122	<i>trandolapril-verapamil hcl tab er 2-180</i> <i>mg</i>	41
TODAY SPONGE MIS	105	<i>trandolapril-verapamil hcl tab er 2-240</i> <i>mg</i>	41
<i>tolcapone tab 100 mg</i>	69	<i>trandolapril-verapamil hcl tab er 4-240</i> <i>mg</i>	41
<i>tolmetin sodium cap 400 mg</i>	6	<i>tranexamic acid iv soln 1000 mg/10ml</i> <i>(100 mg/ml)</i>	109
<i>tolmetin sodium tab 600 mg</i>	6	<i>tranexamic acid tab 650 mg</i>	109
<i>tolterodine tartrate cap er 24hr 2 mg</i>	106	<i>tranylcypromine sulfate tab 10 mg</i> ...	66
<i>tolterodine tartrate cap er 24hr 4 mg</i>	106	<i>travoprost ophth soln 0.004%</i> <i>(benzalkonium free) (bak free)</i> ...	124
<i>tolterodine tartrate tab 1 mg</i>	106	<i>trazodone hcl tab 100 mg</i>	67
<i>tolterodine tartrate tab 2 mg</i>	106	<i>trazodone hcl tab 150 mg</i>	67
<i>tolvaptan tab 15 mg</i>	97	<i>trazodone hcl tab 300 mg</i>	67
<i>tolvaptan tab 30 mg</i>	97	<i>trazodone hcl tab 50 mg</i>	66
<i>topiramate sprinkle cap 15 mg</i>	60	TRECATOR TAB 250MG	23
<i>topiramate sprinkle cap 25 mg</i>	60	TRELEGY AER ELLIPTA	125
<i>topiramate tab 100 mg</i>	60	TREMFYA INJ 100MG/ML	112
<i>topiramate tab 200 mg</i>	60	TRESIBA FLEX INJ 100UNIT.....	85
<i>topiramate tab 25 mg</i>	60	TRESIBA FLEX INJ 200UNIT.....	85
<i>topiramate tab 50 mg</i>	60	TRESIBA INJ 100UNIT	86
<i>toposar inj 100/5ml</i>	38	<i>tretinoin cap 10 mg</i>	37
<i>toposar inj 1gm/50ml</i>	38	<i>tretinoin cream 0.025%</i>	132
<i>toposar inj 500/25ml</i>	38	<i>tretinoin cream 0.05%</i>	132
<i>topotecan hcl for inj 4 mg (base equiv)</i>	38	<i>tretinoin cream 0.1%</i>	132
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	33	<i>tretinoin gel 0.01%</i>	133
<i>toremide tab 10 mg</i>	53	<i>tretinoin gel 0.025%</i>	133
<i>toremide tab 100 mg</i>	53	<i>tretinoin gel 0.05%</i>	133
<i>toremide tab 20 mg</i>	53	<i>tretinoin microsphere gel 0.04%</i>	133
<i>toremide tab 5 mg</i>	53	<i>tretinoin microsphere gel 0.1%</i>	133
TOVIAZ TAB 4MG	106	<i>triamcinolone acetonide cream 0.025%</i>	138
TOVIAZ TAB 8MG	106	<i>triamcinolone acetonide cream 0.1%</i>	138
TRACLEER TAB 32MG.....	55	<i>triamcinolone acetonide cream 0.5%</i>	138
<i>tramadol hcl tab 50 mg</i>	14	<i>triamcinolone acetonide dental paste</i> <i>0.1%</i>	140
<i>tramadol hcl tab er 24hr 100 mg</i>	14	<i>triamcinolone acetonide lotion 0.025%</i>	138
<i>tramadol hcl tab er 24hr 200 mg</i>	14		
<i>tramadol hcl tab er 24hr 300 mg</i>	14		
<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	14		

<i>triamcinolone acetonide lotion 0.1%</i>	138	<i>tropicamide ophth soln 0.5%</i>	124
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	130	<i>tropicamide ophth soln 1%</i>	124
<i>triamcinolone acetonide oint 0.025%</i>	138	<i>trospium chloride cap er 24hr 60 mg</i>	106
<i>triamcinolone acetonide oint 0.1%</i> .	138	<i>trospium chloride tab 20 mg</i>	106
<i>triamcinolone acetonide oint 0.5%</i> .	138	TRULICITY INJ 0.75/0.5	85
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	53	TRULICITY INJ 1.5/0.5.....	85
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	53	TRULICITY INJ 3/0.5.....	85
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	53	TRULICITY INJ 4.5/0.5.....	85
<i>triamterene cap 100 mg</i>	53	TRUMENBA INJ	116
<i>triamterene cap 50 mg</i>	53	TUKYSA TAB 150MG	36
<i>triderm cre 0.1%</i>	138	TUKYSA TAB 50MG.....	36
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	72	TUZISTRA XR SUS.....	129
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	72	TWINRIX INJ	116
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	72	TWIRLA DIS 120-30	90
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	72	TYBLUME CHW 0.1-0.02.....	82
<i>trifluridine ophth soln 1%</i>	123	TYBOST TAB 150MG	21
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	69	TYKERB TAB 250MG	36
<i>trihexyphenidyl hcl tab 2 mg</i>	69	TYMLOS INJ.....	97
<i>trihexyphenidyl hcl tab 5 mg</i>	69	TYSABRI INJ 300/15ML.....	80
TRIKAFTA TAB	130, 131	TYVASO START SOL 0.6MG/ML	55
<i>tri-lynyah tab</i>	90	U	
<i>trimethobenzamide hcl cap 300 mg</i> 102		UDENYCA INJ 6MG/.6ML	108
<i>trimethoprim tab 100 mg</i>	19	ULTRALANCE MIS 1.8MM.....	118
<i>trimipramine maleate cap 100 mg</i> ...	67	<i>unithroid tab 100mcg</i>	99
<i>trimipramine maleate cap 25 mg</i>	67	<i>unithroid tab 112mcg</i>	99
<i>trimipramine maleate cap 50 mg</i>	67	<i>unithroid tab 125mcg</i>	99
TRINTELLIX TAB 10MG.....	67	<i>unithroid tab 200mcg</i>	99
TRINTELLIX TAB 20MG.....	67	<i>unithroid tab 25mcg</i>	99
TRINTELLIX TAB 5MG	67	<i>unithroid tab 300mcg</i>	99
<i>tri-sprintec tab</i>	90	<i>unithroid tab 50mcg</i>	99
TRIUMEQ TAB	22	<i>unithroid tab 75mcg</i>	99
<i>tri-vit/fluoro dro 0.25mg</i>	121	<i>unithroid tab 88mcg</i>	99
<i>tri-vit/fluoro dro 0.5mg</i>	121	UPTRAVI INJ 1800MCG	56
<i>trivora-28 tab</i>	90	UPTRAVI TAB 1000MCG	56
TROGARZO INJ 150MG/ML	21	UPTRAVI TAB 1200MCG	56
		UPTRAVI TAB 1400MCG	56
		UPTRAVI TAB 1600MCG	56
		UPTRAVI TAB 200/800	55
		UPTRAVI TAB 200MCG	55
		UPTRAVI TAB 400MCG	55
		UPTRAVI TAB 600MCG	56
		UPTRAVI TAB 800MCG	56
		<i>urinary pain tab 95mg</i>	105
		<i>ursodiol cap 300 mg</i>	104
		<i>ursodiol tab 250 mg</i>	104

<i>ursodiol tab 500 mg</i>	104	VARUBI TAB 90MG	102
V		VASCEPA CAP 0.5GM	47
<i>valacyclovir hcl tab 1 gm</i>	23	VASCEPA CAP 1GM	47
<i>valacyclovir hcl tab 500 mg</i>	23	VAXELIS INJ	140
<i>valganciclovir hcl for soln 50 mg/ml</i> <i>(base equiv)</i>	23	VAXNEUVANCE INJ	140
<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	24	VCF VAGINAL AER CONTRACP.....	105
<i>valproate sodium inj 100 mg/ml</i>	60	VCF VAGINAL GEL CONTRACE.....	140
<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i>	60	VCF VAGINAL MIS CONTRACP.....	105
<i>valproic acid cap 250 mg</i>	60	<i>velivet pak</i>	90
<i>valsartan tab 160 mg</i>	44	VELPHORO CHW 500MG.....	98
<i>valsartan tab 320 mg</i>	44	VEMLIDY TAB 25MG	24
<i>valsartan tab 40 mg</i>	44	VENCLEXTA TAB 100MG.....	39
<i>valsartan tab 80 mg</i>	44	VENCLEXTA TAB 10MG.....	39
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i>	44	VENCLEXTA TAB 50MG.....	39
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>25 mg</i>	44	VENCLEXTA TAB START PK.....	39
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>12.5 mg</i>	44	<i>venlafaxine hcl cap er 24hr 150 mg</i> <i>(base equivalent)</i>	67
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>25 mg</i>	44	<i>venlafaxine hcl cap er 24hr 37.5 mg</i> <i>(base equivalent)</i>	67
<i>valsartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i>	44	<i>venlafaxine hcl cap er 24hr 75 mg</i> <i>(base equivalent)</i>	67
<i>vancomycin hcl cap 125 mg (base</i> <i>equivalent)</i>	19	<i>venlafaxine hcl tab 100 mg (base</i> <i>equivalent)</i>	67
<i>vancomycin hcl cap 250 mg (base</i> <i>equivalent)</i>	19	<i>venlafaxine hcl tab 25 mg (base</i> <i>equivalent)</i>	67
<i>vancomycin hcl for iv soln 1 gm (base</i> <i>equivalent)</i>	19	<i>venlafaxine hcl tab 37.5 mg (base</i> <i>equivalent)</i>	67
<i>vancomycin hcl for iv soln 10 gm (base</i> <i>equivalent)</i>	19	<i>venlafaxine hcl tab 50 mg (base</i> <i>equivalent)</i>	67
<i>vancomycin hcl for iv soln 5 gm (base</i> <i>equivalent)</i>	19	<i>venlafaxine hcl tab 75 mg (base</i> <i>equivalent)</i>	67
<i>vancomycin hcl for iv soln 500 mg</i> <i>(base equivalent)</i>	19	<i>venlafaxine hcl tab er 24hr 150 mg</i> <i>(base equivalent)</i>	67
<i>vancomycin hcl for iv soln 750 mg</i> <i>(base equivalent)</i>	19	<i>venlafaxine hcl tab er 24hr 37.5 mg</i> <i>(base equivalent)</i>	67
<i>vandazole gel 0.75%</i>	106	<i>venlafaxine hcl tab er 24hr 75 mg</i> <i>(base equivalent)</i>	67
VAQTA INJ 25/0.5ML	116	VENTAVIS SOL 10MCG/ML	56
VAQTA INJ 50UNT/ML	116	VENTAVIS SOL 20MCG/ML	56
VARENICLINE TAB 0.5MG	125	<i>verapamil hcl cap er 24hr 100 mg</i> ...	51
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		<i>verapamil hcl cap er 24hr 200 mg</i> ...	51
		<i>verapamil hcl cap er 24hr 240 mg</i> ...	51
		<i>verapamil hcl cap er 24hr 300 mg</i> ...	51
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<i>verapamil hcl tab 120 mg</i>	52	VOLTAREN GEL 1%	139
<i>verapamil hcl tab 40 mg</i>	52	<i>voriconazole for susp 40 mg/ml</i>	19
<i>verapamil hcl tab 80 mg</i>	52	<i>voriconazole tab 200 mg</i>	20
<i>verapamil hcl tab er 120 mg</i>	52	<i>voriconazole tab 50 mg</i>	19
<i>verapamil hcl tab er 180 mg</i>	52	VOSEVI TAB	26
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V-GO 30 KIT	118	VYVANSE CAP 10MG	75
V-GO 40 KIT	118	VYVANSE CAP 20MG	75
VIBRAMYCIN SYP 50MG/5ML	28	VYVANSE CAP 30MG	75
VICTOZA INJ 18MG/3ML.....	85	VYVANSE CAP 40MG	75
VIDEX EC CAP 125MG	21	VYVANSE CAP 50MG	75
VIDEX SOL 2GM	21	VYVANSE CAP 60MG	75
<i>vigabatrin powd pack 500 mg</i>	60	VYVANSE CAP 70MG	75
<i>vigabatrin tab 500 mg</i>	60	VYVANSE CHW 10MG.....	75
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VIIBRYD TAB 10MG	67	VYVANSE CHW 30MG.....	75
VIIBRYD TAB 20MG	67	VYVANSE CHW 40MG.....	75
VIIBRYD TAB 40MG	67	VYVANSE CHW 50MG.....	75
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VIMPAT TAB 100MG.....	61	<i>warfarin sodium tab 1 mg</i>	107
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VIMPAT TAB 200MG.....	61	<i>warfarin sodium tab 2 mg</i>	107
VIMPAT TAB 50MG	61	<i>warfarin sodium tab 2.5 mg</i>	107
<i>vinblastine sulfate inj 1 mg/ml</i>	31	<i>warfarin sodium tab 3 mg</i>	107
<i>vincristine sulfate iv soln 1 mg/ml</i>	31	<i>warfarin sodium tab 4 mg</i>	107
<i>vinorelbine tartrate inj 10 mg/ml (base</i> <i>equiv)</i>	31	<i>warfarin sodium tab 5 mg</i>	107
<i>vinorelbine tartrate inj 50 mg/5ml (10</i> <i>mg/ml) (base equiv)</i>	31	<i>warfarin sodium tab 6 mg</i>	107
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		XARELTO TAB 15MG	107

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XARELTO TAB 20MG	107	<i>zenzedi tab 15mg</i>	76
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XTANDI TAB 80MG	38	<i>zolmitriptan tab 2.5 mg</i>	78
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