



Comprehensive Drug List

2020

New York

Healthfirst Pro EPO Plans:

Platinum, Gold, Silver, and Bronze

Healthfirst Pro Plus EPO Plans:

Platinum, Gold, Silver, and Bronze

Healthfirst Total EPO Plans:

Platinum, Gold, Silver, and Bronze

Healthfirst Comprehensive Drug List

This list is a guide to all of the drugs Healthfirst covers on your prescription benefit plan.

You and your covered family members must use network pharmacies to get all prescription medicines. Your benefits, drug list, and/or pharmacy network may change at times.

Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

This list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. Any brand-name medicine for which a generic product becomes available may require prior authorization or may not be covered. Unless specifically indicated, list products will include all oral dosage forms, except for orally disintegrating formulations. This list represents brand-name products in CAPS and generic products in lowercase italics. This is not an all-inclusive list. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to **www.healthfirst.org** to check coverage.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Healthfirst.

Frequently Asked Questions

Q: What is the Healthfirst Comprehensive Drug List?

A: The Comprehensive Drug List is a list of medicines covered by your benefit plan. Healthfirst works with a team of doctors and pharmacists to choose medicines that provide quality treatment. Healthfirst will cover medicines on this list as long as:

- Healthfirst determines the medicine is medically necessary
- The prescription is filled at a Healthfirst network pharmacy
- Other plan rules are followed

Please review your Subscriber Contract for more information on coverage and how to fill your prescriptions.

Q: Can the Comprehensive Drug List change?

A: Yes, the list can change. Reasons include:

- Removing medicine from our list of covered treatments
- Adding the need for Prior Approval or Authorization (when your doctor must explain and give medical reasons why you need a certain medicine and why a covered option will not work for you)
- Adding Quantity Limits (when you can only get a certain amount of medicine at one time)
- Adding Step Therapy rules (when you have to try one type of medicine as a first step in treating your condition before you can try another type of medicine)

- Moving a medicine to a higher Cost-Sharing Tier (when you have to pay more of the prescription cost)

If you are affected by a change, we will tell you at least 60 days before the change goes into effect.

Q: What else could result in changes to the covered medicines on the list?

A: We take medicine off our list and let affected members know right away when:

- The FDA (US Food and Drug Administration) decides a product is unsafe
- The company that makes the medicine removes it from the market

Q: How do I use the Comprehensive Drug List?

A: Use the list to check if your current medicines are covered options. If not, ask your doctor if a medicine on the list is right for you. Also, take the list with you each time you or your family visits a doctor.

There are two ways to find your medication on this list. Medicines are listed both by the body system or health condition they commonly treat and also alphabetically.

1. Body System or Health Condition

The list starts on page 1. The medicines are grouped by the body system or condition they are commonly used to treat.

- If you know what your medicine is used for, look for the heading on the list that starts on page 1
- Then look under the heading for your medicine

2. Alphabetical Listing

Medicines are listed in alphabetical order in the Index. The Index starts on page 101. Generic and brand names are listed together by the first letter of the medicine name. This list can help you find your current medicine if you are unsure what body system or condition to look under.

- Look in the Index and find your medicine
- Next to your medicine is the page number where you can find coverage information
- Turn to that page, locate the first column of the list, and find the name of your medicine in that column
- Read across the second and third columns to check the Cost-Sharing Tier and restrictions/limits

Q: What are generic medicines?

A: Healthfirst covers both brand-name and generic medicines. A generic medicine is approved by the FDA. It must have the same active ingredient and perform the same as the brand name. Generics usually cost less than brand names, but can provide the same quality of treatment.

Q: Are there any restrictions on my coverage?

A: Some covered medicines may have more coverage requirements or limits. These requirements and limits may include:

- **Prior Authorization:** Healthfirst needs your doctor to submit and get Prior Approval or Authorization for certain medicines. This means that you need to get approval from Healthfirst before you can fill your

prescriptions. If you don't get approval, Healthfirst may not cover the medicine.

- **Quantity Limits:** For certain medicines, Healthfirst limits the amount that it will cover. For example, Healthfirst covers 28 Tamiflu 30 mg tablets every 180 days. This may be in addition to a standard 1-month or 3-month supply.
- **Step Therapy:** Healthfirst requires you to try certain medicines as the first step in treating your condition before covering another option. For example, if Drug A and Drug B both treat your condition, Healthfirst may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Healthfirst will then cover Drug B.

You can find out if your medicine has any requirements or limits by looking at the list that starts on page 1. You can also get more information about the restrictions for specific covered options by visiting www.healthfirst.org.

You can ask Healthfirst to make an exception to these restrictions or limits. See the answer to the question, "How do I ask for a coverage exception?" on page iii.

Q: What are OTC (over-the-counter) medicines?

A: OTC medicines are nonprescription products that are not usually covered by a prescription benefit plan. Healthfirst pays for certain OTC medicines, but your cost may differ among them. Please see the Comprehensive Drug List that starts on page 1 for more information.

Q: Does my plan cover prescription medicines that are considered “Preventive Services” under the Affordable Care Act?

A: The HHS (U.S. Department of Health and Human Services) has adopted Guidelines for Preventive Services under the ACA (Affordable Care Act). Under the ACA, some prescription benefit plans may provide a range of preventive services for \$0 member cost share and are designated as Tier 0 on this document. These items may include:

- Aspirin to prevent cardiovascular disease
- Fluoride and/or iron supplementation in children
- Folic acid supplementation for women expecting or planning to be pregnant
- Tobacco use counseling and cessation intervention
- Immunizations
- Women’s health preventive services (e.g., contraceptives, emergency contraception)

A list of the covered preventive services is available on our website at www.healthfirst.org, or will be mailed to you upon request. You can request the list by calling Member Services at 1-855-789-3668, Monday to Friday, 8am–6pm, or by calling the toll-free number on the back of your Member ID card.

Q: What if my medicine is not on the list?

A: If you learn that Healthfirst does not cover your medicine, you have two choices:

- You can ask Member Services for a list of alternative options that are covered by Healthfirst. When you get the list, show it to

your doctor and ask him or her to prescribe an alternative that is covered by Healthfirst.

- You can ask Healthfirst for an exception to cover your medicine. Read on for information about how to ask for an exception.

Q: How do I ask for a coverage exception?

A: You can ask Healthfirst to make an exception to our coverage rules. There are different types of exceptions that you can ask us to make:

- You can ask us to cover your medicine if it is not on our Comprehensive Drug List.
- You can ask us to remove a restriction or limit. For example, Healthfirst limits the amount of certain medicine that we will cover. If your medicine has this quantity limit, you can ask us to remove the limit and cover a larger amount.

Q: Will my request for an exception be approved?

A: Generally, Healthfirst will only approve your request for an exception if the covered options included on the plan would:

- Not be as effective in treating your condition.
- Cause you to have adverse medical effects.

Q: How do I find out if my exception has been approved?

A: When you ask for a utilization restriction exception, please send a statement from your doctor that supports your request. Then:

- We will make our decision within three business days of receipt of your doctor’s supporting statement.

- You can ask for an expedited (fast) exception if your doctor believes that your health could be seriously harmed by waiting up to three business days for a decision.
- If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your doctor's supporting statement.

Q: How do I get more information about my benefit plan and coverage?

A: For more information about your Healthfirst prescription benefit plan and coverage, please look at your Subscriber Contract and other plan materials.

If you have questions about Healthfirst plans, please call Member Services at 1-855-789-3668, Monday to Friday, 8am–6pm. TTY users please call 1-855-779-1033. Or visit www.healthfirst.org.

Q: Why do my diabetes drugs have a different copayment?

A: Some diabetes supplies, insulin, and oral medications are provided as a part of a separate benefit setup. This means that the amount you pay may differ from the other drugs listed on this formulary. These drugs have a caret (^) next to them on the drug list. See your Summary of Benefits to find out how much you will pay for these drugs.

Healthfirst Comprehensive Drug List

The Comprehensive Drug List gives coverage information about all of the medicines on Healthfirst plans. If you have trouble finding your medicine on the list, turn to the Index.

The list is up to date as of November 2020. To get updated information about the medicines covered by Healthfirst, please visit www.healthfirst.org or call Member Services at 1-855-789-3668, Monday to Friday, 8am–8pm. TTY users please call 1-855-779-1033.

The list is divided into three columns:

- **Column 1** lists the medicine name. Brand-name medicines are capitalized. For example, DIOVAN. Generic medicines are listed in lowercase italics. For example, *simvastatin*.
- **Column 2** lists the Cost-Sharing Tier for the medicine.
 - **Tier 0:** Drugs indicated as tier “0” are preventive drugs that are provided at no cost under your plan
 - **Tier 1:** Drugs on tier 1 will generally be the lower-cost drugs when covered under your plan
 - **Tier 2:** Drugs on tier 2 will generally be more expensive than tier 1 drugs but not as expensive as tier 3 when covered under your plan
 - **Tier 3:** Drugs on tier 3 will generally be the most expensive drugs when covered under your plan
- **Column 3** lists the coverage Requirements and Limits Healthfirst has for the medicine. Please review the LEGEND to learn about each Requirement or Limit.

HEALTHFIRST COMPREHENSIVE DRUG LIST

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
GOUT		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	ST; PA**
<i>febuxostat tab 80 mg</i>	1	ST; PA**
<i>probenecid tab 500 mg</i>	1	
NON-OPIOID ANALGESICS		
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs / 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
<i>tencon tab 50-325mg</i>	1	QL (48 tabs / 25 days)
NSAIDS, COMBINATIONS		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
NSAIDS		
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
<i>fenoprofen calcium tab 600 mg</i>	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tab 800 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine inj 15 mg/ml</i>	1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	QL (20 tabs / 25 days)
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 200 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	

OPIOID AGONIST/ANTAGONIST

<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 units / 25 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 units / 25 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 units / 25 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 units / 25 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	QL (90 tabs / 25 days); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	QL (90 tabs / 25 days); \$0 copay
<i>ZUBSOLV SUB 0.7-0.18</i>	2	QL (90 units / 25 days)
<i>ZUBSOLV SUB 1.4-0.36</i>	2	QL (90 units / 25 days)
<i>ZUBSOLV SUB 2.9-0.71</i>	2	QL (90 units / 25 days)
<i>ZUBSOLV SUB 5.7-1.4</i>	2	QL (90 units / 25 days)
<i>ZUBSOLV SUB 8.6-2.1</i>	2	QL (60 units / 25 days)
<i>ZUBSOLV SUB 11.4-2.9</i>	2	QL (30 units / 25 days)

OPIOID ANALGESICS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	ST, QL (2700 ml / 25 days); Subject to initial 7-day limit
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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	ST, QL (400 tabs / 25 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps / 25 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2 bottles / 25 days)
CODEINE SULF TAB 60MG	1	ST, QL (42 tabs / 25 days); Subject to initial 7-day limit
<i>codeine sulfate tab 30 mg</i>	1	ST, QL (42 tabs / 25 days); Subject to initial 7-day limit
EMBEDA CAP 20-0.8MG	2	ST, QL (60 caps / 25 days)
EMBEDA CAP 30-1.2MG	2	ST, QL (60 caps / 25 days)
EMBEDA CAP 50-2MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 60-2.4MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 80-3.2MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 100-4MG	2	ST, PA; High Strength Requires PA
<i>endocet tab 2.5-325</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
<i>endocet tab 5-325mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
<i>endocet tab 7.5-325</i>	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit
<i>endocet tab 10-325mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	ST, QL (10 patches / 25 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	ST, QL (10 patches / 25 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	ST, QL (2700 ml / 25 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	ST, QL (50 tabs / 25 days); Subject to initial 7-day limit
HYDROMORPHON SUP 3MG	3	ST, QL (120 suppositories / 25 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 2 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 4 mg</i>	1	ST, QL (150 tabs / 25 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 8 mg</i>	1	ST, QL (60 tabs / 25 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	ST, QL (30 tabs / 25 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	ST, QL (30 tabs / 25 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	ST, QL (30 tabs / 25 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	ST, PA; High Strength Requires PA
HYSINGLA ER TAB 20 MG	3	ST, QL (30 tabs / 25 days)
HYSINGLA ER TAB 30 MG	3	ST, QL (30 tabs / 25 days)
HYSINGLA ER TAB 40 MG	3	ST, QL (30 tabs / 25 days)
HYSINGLA ER TAB 60 MG	3	ST, QL (30 tabs / 25 days)
HYSINGLA ER TAB 80 MG	3	ST, QL (30 tabs / 25 days)
HYSINGLA ER TAB 100 MG	3	ST, PA; High Strength Requires PA
HYSINGLA ER TAB 120 MG	3	ST, PA; High Strength Requires PA
<i>methadone con 10mg/ml</i>	1	ST, QL (60 mL / 25 days); (generic of Methadone Intensol, indicated for pain)
<i>methadone hcl conc 10 mg/ml</i>	1	QL (30 ml / 25 days); (indicated for opioid addiction)
<i>methadone hcl soln 5 mg/5ml</i>	1	ST, QL (450 ml / 25 days)
<i>methadone hcl soln 10 mg/5ml</i>	1	ST, QL (300 mL / 25 days)
<i>methadone hcl tab 5 mg</i>	1	ST, QL (90 tabs / 25 days)
<i>methadone hcl tab 10 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>methadone hcl tab for oral susp 40 mg</i>	1	QL (9 tabs / 25 days)
<i>methadose tab 40mg</i>	1	QL (9 tabs / 25 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	ST, QL (60 caps / 25 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	ST, QL (60 caps / 25 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	ST, QL (60 caps / 25 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	ST, QL (30 caps / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cap er 24hr 80 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	ST, QL (900 ml / 25 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	ST, QL (675 mL / 25 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	ST, QL (135 mL / 25 days); Subject to initial 7-day limit
<i>morphine sulfate suppos 5 mg</i>	1	ST, QL (180 suppositories / 25 days); Subject to initial 7-day limit
<i>morphine sulfate suppos 10 mg</i>	1	ST, QL (180 suppositories / 25 days); Subject to initial 7-day limit
<i>morphine sulfate suppos 20 mg</i>	1	ST, QL (120 supp / 25 days); Subject to initial 7-day limit
<i>morphine sulfate suppos 30 mg</i>	1	ST, QL (90 supp / 25 days); Subject to initial 7-day limit
<i>morphine sulfate tab 15 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
<i>morphine sulfate tab 30 mg</i>	1	ST, QL (90 tabs / 25 days); Subject to initial 7-day limit
<i>morphine sulfate tab er 15 mg</i>	1	ST, QL (90 tabs / 25 days)
<i>morphine sulfate tab er 30 mg</i>	1	ST, QL (90 tabs / 25 days)
<i>morphine sulfate tab er 60 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	1	ST, PA; High Strength Requires PA
<i>nalbuphine hcl inj 10 mg/ml</i>	1	
<i>nalbuphine hcl inj 20 mg/ml</i>	1	
NUCYNTA ER TAB 50MG	2	ST, QL (60 tabs / 25 days)
NUCYNTA ER TAB 100MG	2	ST, QL (60 tabs / 25 days)
NUCYNTA ER TAB 150MG	2	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG	2	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 250MG	2	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG	2	ST, QL (120 tabs / 25 days); Subject to initial 7-day limit
NUCYNTA TAB 75MG	2	ST, QL (90 tabs / 25 days); Subject to initial 7-day limit
NUCYNTA TAB 100MG	2	ST, QL (60 tabs / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl cap 5 mg</i>	1	ST, QL (180 caps / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	ST, QL (90 mL / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl soln 5 mg/5ml</i>	1	ST, QL (900 ml / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 5 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab 10 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 15 mg</i>	1	ST, QL (120 tabs / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 20 mg</i>	1	ST, QL (90 tabs / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 30 mg</i>	1	ST, QL (60 tabs / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	ST, QL (1800 ml / 25 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	ST, QL (28 tabs / 25 days); Subject to initial 7-day limit
OXYCONTIN TAB 10MG CR	3	ST, QL (60 tabs / 25 days)
OXYCONTIN TAB 15MG CR	3	ST, QL (60 tabs / 25 days)
OXYCONTIN TAB 20MG CR	3	ST, QL (60 tabs / 25 days)
OXYCONTIN TAB 30MG CR	3	ST, QL (60 tabs / 25 days)
OXYCONTIN TAB 40MG CR	3	ST, PA; High Strength Requires PA
OXYCONTIN TAB 60MG CR	3	ST, PA; High Strength Requires PA
OXYCONTIN TAB 80MG CR	3	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab 5 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab 10 mg</i>	1	ST, QL (90 tabs / 25 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	ST, PA; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol hcl tab 50 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
<i>tramadol hcl tab er 24hr 100 mg</i>	1	ST, QL (30 tabs / 25 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	ST, QL (40 tabs / 25 days); Subject to initial 7-day limit
<i>xylon tab 10-200mg</i>	1	ST, QL (50 tabs / 25 days); Subject to initial 7-day limit

OPIOID PARTIAL AGONISTS

BELBUCA MIS 75MCG	2	ST, QL (60 films / 25 days)
BELBUCA MIS 150MCG	2	ST, QL (60 films / 25 days)
BELBUCA MIS 300MCG	2	ST, QL (60 films / 25 days)
BELBUCA MIS 450MCG	2	ST, QL (60 films / 25 days)
BELBUCA MIS 600MCG	2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	0	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>	0	QL (90 tabs / 25 days); \$0 copay; Must obtain approval after the first 30 day supply
SUBLOCADE INJ 100/0.5	3	
SUBLOCADE INJ 300/1.5	3	

SALICYLATES

<i>aspirin chw 81mg</i>	0	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>	0	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>	1	

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

MONUROL PAK GRANULES	3	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>streptomycin sulfate for inj 1 gm</i>	1	
SULFADIAZINE TAB 500MG	3	
<i>tinidazole tab 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole tab 500 mg</i>	1	
<i>tobramycin nebu soln 300 mg/5ml</i>	3	PA, QL (280 mL / 28 days)
ANTI-INFECTIVES - MISCELLANEOUS		
ALINIA SUS 100/5ML	3	QL (540mL / 25 days)
ALINIA TAB 500MG	3	QL (20 tabs / 25 days)
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 gm</i>	1	
CAYSTON INH 75MG	3	PA, QL (84 vials / 28 days)
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<i>daptomycin for iv soln 500 mg</i>	1	
DARAPRIM TAB 25MG	3	PA
<i>doripenem for iv infusion 250 mg</i>	1	
<i>doripenem for iv infusion 500 mg</i>	1	
EMVERM CHW 100MG	3	QL (12 tabs / 365 days)
<i>ivermectin tab 3 mg</i>	1	
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid tab 600 mg</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>pentamidine isethionate for soln 300 mg</i>	1	
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs / 365 days)
PRIMSOL SOL 50MG/5ML	2	
SIVEXTRO INJ 200MG	3	
SIVEXTRO TAB 200MG	3	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
XIFAXAN TAB 200MG	2	QL (9 tabs / 25 days)
XIFAXAN TAB 550MG	2	PA

ANTIFUNGALS

<i>amphotericin b for iv soln 50 mg</i>	1	
BIO-STATIN CAP 500000	2	
BIO-STATIN CAP 1000000	2	
<i>bio-statin pow</i>	1	
CRESEMBA CAP 186 MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
<i>itraconazole oral soln 10 mg/ml</i>	1	PA
NOXAFIL SUS 40MG/ML	2	PA
<i>nystatin tab 500000 unit</i>	1	
<i>posaconazole tab delayed release 100 mg</i>	3	PA
<i>terbinafine hcl tab 250 mg</i>	1	PA
<i>voriconazole for susp 40 mg/ml</i>	3	PA
<i>voriconazole tab 50 mg</i>	3	PA
<i>voriconazole tab 200 mg</i>	3	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM TAB 20-120MG	3	
<i>mefloquine hcl tab 250 mg</i>	1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>quinine sulfate cap 324 mg</i>	1	

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG	2	QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
APTIVUS SOL	2	QL (285 mL / 28 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (30 caps / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (30 caps / 30 days)
CRIXIVAN CAP 200MG	2	QL (450 caps / 30 days)
CRIXIVAN CAP 400MG	2	QL (180 caps / 30 days)
<i>didanosine delayed release capsule 200 mg</i>	1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 250 mg</i>	1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	1	QL (30 caps / 30 days)
EDURANT TAB 25MG	2	QL (60 tabs / 30 days)
<i>efavirenz cap 50 mg</i>	1	QL (90 caps / 30 days)
<i>efavirenz cap 200 mg</i>	1	QL (90 caps / 30 days)
<i>efavirenz tab 600 mg</i>	1	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG	2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML	2	QL (680 ml / 28 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
FUZEON INJ 90MG	3	QL (60 vials / 30 days)
INTELENCE TAB 25MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 100MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG	2	QL (60 tabs / 30 days)
INVIRASE CAP 200MG	2	QL (300 caps / 30 days)
INVIRASE TAB 500MG	2	QL (120 tabs / 30 days)
ISENTRESS CHW 25MG	2	QL (180 tabs / 30 days)
ISENTRESS CHW 100MG	2	QL (180 tabs / 30 days)
ISENTRESS HD TAB 600MG	2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG	2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG	2	QL (120 tabs / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (900 ml / 30 days)
<i>lamivudine tab 150 mg</i>	1	QL (60 tabs / 30 days)
<i>lamivudine tab 300 mg</i>	1	QL (30 tabs / 30 days)
LEXIVA SUS 50MG/ML	2	QL (1575 mL / 28 days)
<i>nevirapine susp 50 mg/5ml</i>	1	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg</i>	1	QL (60 tabs / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (90 tabs / 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (30 tabs / 30 days)
NORVIR POW 100MG	2	QL (360 packets / 30 days)
NORVIR SOL 80MG/ML	2	QL (480 mL / 30 days)
PREZISTA SUS 100MG/ML	2	QL (400 ml / 30 days)
PREZISTA TAB 75MG	2	QL (300 tabs / 30 days)
PREZISTA TAB 150MG	2	QL (180 tabs / 30 days)
PREZISTA TAB 600MG	2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG	2	QL (30 tabs / 30 days)
REYATAZ POW 50MG	2	QL (180 packets / 30 days)
<i>ritonavir tab 100 mg</i>	1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML	2	QL (1840 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TAB 25MG	2	QL (240 tabs / 30 days)
SELZENTRY TAB 75MG	2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG	2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG	2	QL (120 tabs / 30 days)
<i>stavudine cap 15 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 20 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 30 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 40 mg</i>	1	QL (60 caps / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG	2	QL (360 tabs / 30 days)
TIVICAY TAB 10MG	2	QL (240 tabs / 30 days)
TIVICAY TAB 25MG	2	QL (60 tabs / 30 days)
TIVICAY TAB 50MG	2	QL (60 tabs / 30 days)
TROGARZO INJ 150MG/ML	3	
TYBOST TAB 150MG	2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG	2	QL (30 caps / 30 days)
VIDEX SOL 2GM	2	QL (1200 ml / 30 days)
VIDEX SOL 4GM	2	QL (1200 ml / 30 days)
VIRACEPT TAB 250MG	2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG	2	QL (120 tabs / 30 days)
VIREAD POW 40MG/GM	2	QL (240 gm / 30 days)
VIREAD TAB 150MG	2	QL (30 tabs / 30 days)
VIREAD TAB 200MG	2	QL (30 tabs / 30 days)
VIREAD TAB 250MG	2	QL (30 tabs / 30 days)
ZERIT SOL 1MG/ML	2	QL (2400 ml / 30 days)
<i>zidovudine cap 100 mg</i>	1	QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (1800 ml / 30 days)
<i>zidovudine tab 300 mg</i>	1	QL (60 tabs / 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	QL (60 tabs / 30 days)
BIKTARVY TAB	2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs / 30 days)
COMPLERA TAB	2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25	2	QL (30 tabs / 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	2	QL (30 tabs / 30 days)
GENVOYA TAB	2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG	2	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG	2	QL (120 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (390 mL / 30 days)
ODEFSEY TAB	2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs / 30 days)
STRIBILD TAB	2	QL (30 tabs / 30 days)
SYMFI LO TAB	2	QL (30 tabs / 30 days)
SYMFI TAB	2	QL (30 tabs / 30 days)
TEMIXYS TAB 300-300	2	QL (30 tabs / 30 days)
TRIUMEQ TAB	2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150	2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	0	ST, QL (30 tabs / 30 days); PA**; \$0 copay; coverage for pre and post-exposure prophylaxis only

ANTITUBERCULAR AGENTS

<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	3	
PRIFTIN TAB 150MG	2	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
RIFAMATE CAP	2	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
RIFATER TAB	2	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	2	

ANTIVIRALS

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	3	
BARACLUDE SOL	3	
<i>entecavir tab 0.5 mg</i>	3	
<i>entecavir tab 1 mg</i>	3	
EPIVIR HBV SOL 5MG/ML	2	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir tab 500 mg</i>	1	
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (40 caps / 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (20 caps / 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (20 caps / 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (360 mL / 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	3	QL (1000 mL / 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	3	QL (102 tabs / 30 days)
VEMLIDY TAB 25MG	3	PA, QL (30 tabs / 30 days)

CEPHALOSPORINS

<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	1	
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	1	
<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for inj 2 gm</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>ceftazidime for inj 2 gm</i>	1	
<i>ceftibuten cap 400 mg</i>	1	
<i>ceftibuten for susp 180 mg/5ml</i>	1	
CEFTIN SUS 125/5ML	2	

Drug Name	Drug Tier	Requirements/Limits
CEFTIN SUS 250/5ML	2	
<i>ceftriaxone sodium for inj 1 gm</i>	1	
<i>ceftriaxone sodium for inj 2 gm</i>	1	
<i>ceftriaxone sodium for inj 10 gm</i>	1	
<i>ceftriaxone sodium for inj 250 mg</i>	1	
<i>ceftriaxone sodium for inj 500 mg</i>	1	
<i>ceftriaxone sodium for iv soln 1 gm</i>	1	
<i>ceftriaxone sodium for iv soln 2 gm</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 500/5ML	2	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
DIFICID TAB 200MG	2	PA
<i>e.e.s. 400 tab 400mg</i>	1	
<i>ery-tab tab 250mg ec</i>	1	
<i>ery-tab tab 333mg ec</i>	1	
<i>ery-tab tab 500mg ec</i>	1	
<i>erythrocin tab 250mg</i>	1	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
FLUOROQUINOLONES		
CIPRO (10%) SUS 500MG/5	3	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	1	
FACTIVE TAB 320MG	3	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	
HEPATITIS C		
EPCLUSA TAB 400-100	3	PA, QL (28 tabs / 28 days)
HARVONI PAK	3	PA, QL (28 pellets / 28 days)
HARVONI PAK 45-200MG	3	PA, QL (28 pellets / 28 days)
HARVONI TAB 45-200MG	3	PA, QL (28 tabs / 28 days)
HARVONI TAB 90-400MG	3	PA, QL (28 tabs / 28 days)
PEGASYS INJ	3	PA
PEGASYS INJ 180MCG/M	3	PA
PEGASYS INJ PROCLICK	3	PA
REBETOL SOL 40MG/ML	3	PA
<i>ribasphere cap 200mg</i>	1	PA
<i>ribasphere tab 200mg</i>	1	PA
RIBASPHERE TAB 400MG	1	PA
<i>ribasphere tab 600mg</i>	1	PA
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
SOVALDI PAK 150MG	3	ST, PA, QL (28 pellets / 28 days)
SOVALDI PAK 200MG	3	ST, PA, QL (28 pellets / 28 days)
SOVALDI TAB 200MG	3	ST, PA, QL (28 tabs / 28 days)
SOVALDI TAB 400MG	3	ST, PA, QL (28 tabs / 28 days)
VOSEVI TAB	3	PA, QL (28 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
ZEPATIER TAB 50-100MG	3	ST, PA, QL (28 tabs / 28 days)

PENICILLINS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
AUGMENTIN SUS 125/5ML	2	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	

TETRACYCLINES

<i>avidoxy tab 100mg</i>	1	
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>morgidox cap 1x100mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>busulfan inj 6 mg/ml</i>	1	
<i>carmustine for inj 100 mg</i>	1	
<i>cyclophosphamide cap 25 mg</i>	1	
<i>cyclophosphamide cap 50 mg</i>	1	
<i>cyclophosphamide for inj 1 gm</i>	3	
<i>cyclophosphamide for inj 2 gm</i>	3	
<i>cyclophosphamide for inj 500 mg</i>	3	
<i>dacarbazine for inj 100 mg</i>	1	
<i>dacarbazine for inj 200 mg</i>	1	
EMCYT CAP 140MG	3	
GLEOSTINE CAP 5MG	3	
GLEOSTINE CAP 10MG	3	
GLEOSTINE CAP 40MG	3	
GLEOSTINE CAP 100MG	3	
GLIADEL WAF 7.7MG	2	
HEXALEN CAP 50MG	2	
<i>ifosfamide for inj 1 gm</i>	1	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	1	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	1	
LEUKERAN TAB 2MG	2	
<i>melphalan tab 2 mg</i>	1	
TEMODAR INJ 100MG	3	PA
<i>temozolomide cap 5 mg</i>	3	PA
<i>temozolomide cap 20 mg</i>	3	PA
<i>temozolomide cap 100 mg</i>	3	PA
<i>temozolomide cap 140 mg</i>	3	PA
<i>temozolomide cap 180 mg</i>	3	PA
<i>temozolomide cap 250 mg</i>	3	PA

ANTHRACYCLINES

<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	1	
<i>doxorubicin hcl for inj 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl for inj 50 mg</i>	1	
<i>doxorubicin hcl inj 2 mg/ml</i>	1	
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	1	
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	1	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	1	

ANTIBIOTICS

<i>bleomycin sulfate for inj 15 unit</i>	1	
<i>bleomycin sulfate for inj 30 unit</i>	1	
<i>mitomycin for iv soln 5 mg</i>	1	
<i>mitomycin for iv soln 20 mg</i>	1	
<i>mitomycin for iv soln 40 mg</i>	1	

ANTIMETABOLITES

<i>adrucil inj 2.5/50ml</i>	1	
<i>adrucil inj 500/10ml</i>	1	
ALIMTA INJ 100MG	3	
ALIMTA INJ 500MG	3	
ARRANON INJ 5MG/ML	2	
<i>azacitidine for inj 100 mg</i>	3	PA
<i>capecitabine tab 150 mg</i>	3	PA, QL (120 tabs / 30 days)
<i>capecitabine tab 500 mg</i>	3	PA, QL (300 tabs / 30 days)
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	1	
<i>clofarabine iv soln 1 mg/ml</i>	1	
<i>cytarabine inj 20 mg/ml</i>	1	
<i>cytarabine inj pf 20 mg/ml</i>	1	
<i>cytarabine inj pf 100 mg/ml</i>	1	
<i>decitabine for inj 50 mg</i>	3	PA
<i>floxuridine for inj 0.5 gm</i>	1	
<i>fludarabine phosphate for inj 50 mg</i>	1	
<i>fludarabine phosphate inj 25 mg/ml</i>	1	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	1	
<i>gemcitabine hcl for inj 1 gm</i>	3	
<i>gemcitabine hcl for inj 2 gm</i>	3	
<i>gemcitabine hcl for inj 200 mg</i>	3	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	3	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	3	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
NIPENT INJ 10MG	2	
TABLOID TAB 40MG	2	

ANTIMITOTIC, TAXOIDS

ABRAXANE INJ 100MG	2	
<i>docetaxel for inj conc 20 mg/ml</i>	1	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	1	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	1	
DOCETAXEL INJ 20/0.5ML	2	
DOCETAXEL INJ 80MG/2ML	2	
DOCETAXEL INJ NON-ALCO	2	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	1	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	1	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	1	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine sulfate inj 1 mg/ml</i>	1	
<i>vincasar pfs inj 1mg/ml</i>	1	
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	1	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	1	

BIOLOGIC RESPONSE MODIFIERS

ERBITUX INJ 100MG	3	PA
ERBITUX INJ 200MG	3	PA
ERIVEDGE CAP 150MG	3	PA, QL (30 caps / 30 days)
FARYDAK CAP 10MG	3	PA, QL (6 caps / 21 days)
FARYDAK CAP 15MG	3	PA, QL (6 caps / 21 days)
FARYDAK CAP 20MG	3	PA, QL (6 caps / 21 days)
GAZYVA INJ 25MG/ML	3	PA
IBRANCE CAP 75MG	3	PA, QL (21 caps / 28 days)
IBRANCE CAP 100MG	3	PA, QL (21 caps / 28 days)
IBRANCE CAP 125MG	3	PA, QL (21 caps / 28 days)
IBRANCE TAB 75MG	3	PA, QL (21 tabs / 28 days)
IBRANCE TAB 100MG	3	PA, QL (21 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TAB 125MG	3	PA, QL (21 tabs / 28 days)
KADCYLA INJ 100MG	3	PA
KADCYLA INJ 160MG	3	PA
KEYTRUDA INJ 100MG/4M	3	PA
KISQALI TAB 200DOSE	3	PA, QL (21 tabs / 28 days); 200 mg dose
KISQALI TAB 400DOSE	3	PA, QL (42 tabs / 28 days); 400 mg dose
KISQALI TAB 600DOSE	3	PA, QL (63 tabs / 28 days); 600 mg dose
LYNPARZA CAP 50MG	3	PA, QL (480 caps / 30 days)
LYNPARZA TAB 100MG	3	PA, QL (120 tabs / 30 days)
LYNPARZA TAB 150MG	3	PA, QL (120 tabs / 30 days)
RYDAPT CAP 25MG	3	PA, QL (224 caps / 28 days)
ZEJULA CAP 100MG	3	PA, QL (90 caps / 30 days)
ZOLINZA CAP 100MG	3	PA, QL (120 caps / 30 days)

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	3	PA, QL (120 tabs / 30 days)
<i>anastrozole tab 1 mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	1	
ELIGARD INJ 7.5MG	3	PA
ELIGARD INJ 22.5MG	3	PA
ELIGARD INJ 30MG	3	PA
ELIGARD INJ 45MG	3	PA
ERLEADA TAB 60MG	3	PA, QL (120 tabs / 30 days)
<i>exemestane tab 25 mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide cap 125 mg</i>	1	
<i>fulvestrant inj 250 mg/5ml</i>	1	
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	3	PA
LUPR DEP-PED INJ 3M 30MG	3	PA
LUPR DEP-PED INJ 7.5MG	3	PA
LUPR DEP-PED INJ 11.25MG	3	PA
LUPR DEP-PED INJ 15MG	3	PA
LYSODREN TAB 500MG	2	
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
<i>nilutamide tab 150 mg</i>	1	
NUBEQA TAB 300MG	3	PA, QL (120 tabs / 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1	
XTANDI CAP 40MG	3	PA, QL (120 caps / 30 days)
YONSA TAB 125MG	3	PA, QL (120 tabs / 30 days)
ZYTIGA TAB 500MG	3	PA, QL (60 tabs / 30 days)

KINASE INHIBITORS

AFINITOR DIS TAB 2MG	3	PA, QL (60 tabs / 30 days)
AFINITOR DIS TAB 3MG	3	PA, QL (90 tabs / 30 days)
AFINITOR DIS TAB 5MG	3	PA, QL (60 tabs / 30 days)
AFINITOR TAB 10MG	3	PA, QL (30 tabs / 30 days)
ALECENSA CAP 150MG	3	PA, QL (240 caps / 30 days)
BOSULIF TAB 100MG	3	PA, QL (90 tabs / 30 days)
BOSULIF TAB 400MG	3	PA, QL (30 tabs / 30 days)
BOSULIF TAB 500MG	3	PA, QL (30 tabs / 30 days)
CALQUENCE CAP 100MG	3	PA, QL (60 caps / 30 days)
CAPRELSA TAB 100MG	3	PA, QL (60 tabs / 30 days)
CAPRELSA TAB 300MG	3	PA, QL (30 tabs / 30 days)
COMETRIQ KIT 60MG	3	PA, QL (1 kit / 28 days)
COMETRIQ KIT 100MG	3	PA, QL (1 kit / 28 days)
COMETRIQ KIT 140MG	3	PA, QL (1 kit / 28 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	3	PA, QL (60 tabs / 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	3	PA, QL (30 tabs / 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	3	PA, QL (30 tabs / 30 days)
<i>everolimus tab 2.5 mg</i>	3	PA, QL (30 tabs / 30 days)
<i>everolimus tab 5 mg</i>	3	PA, QL (30 tabs / 30 days)
<i>everolimus tab 7.5 mg</i>	3	PA, QL (30 tabs / 30 days)
ICLUSIG TAB 15MG	3	PA, QL (60 tabs / 30 days)
ICLUSIG TAB 45MG	3	PA, QL (30 tabs / 30 days)
IDHIFA TAB 50MG	3	PA, QL (30 tabs / 30 days)
IDHIFA TAB 100MG	3	PA, QL (30 tabs / 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	3	PA, QL (90 tabs / 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	3	PA, QL (60 tabs / 30 days)
IMBRUVICA CAP 70MG	3	PA, QL (30 caps / 30 days)
IMBRUVICA CAP 140MG	3	PA, QL (90 caps / 30 days)
IMBRUVICA TAB 140MG	3	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 280MG	3	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 420MG	3	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 560MG	3	PA, QL (30 tabs / 30 days)
INLYTA TAB 1MG	3	PA, QL (240 tabs / 30 days)
INLYTA TAB 5MG	3	PA, QL (120 tabs / 30 days)
JAKAFI TAB 5MG	3	PA, QL (60 tabs / 30 days)
JAKAFI TAB 10MG	3	PA, QL (60 tabs / 30 days)
JAKAFI TAB 15MG	3	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 20MG	3	PA, QL (60 tabs / 30 days)
JAKAFI TAB 25MG	3	PA, QL (60 tabs / 30 days)
LENVIMA CAP 4MG	3	PA, QL (30 caps / 30 days)
LENVIMA CAP 8 MG	3	PA, QL (60 caps / 30 days)
LENVIMA CAP 10 MG	3	PA, QL (30 caps / 30 days)
LENVIMA CAP 12MG	3	PA, QL (90 caps / 30 days)
LENVIMA CAP 14 MG	3	PA, QL (60 caps / 30 days)
LENVIMA CAP 18 MG	3	PA, QL (90 caps / 30 days)
LENVIMA CAP 20 MG	3	PA, QL (60 caps / 30 days)
LENVIMA CAP 24 MG	3	PA, QL (90 caps / 30 days)
LORBRENA TAB 25MG	3	PA, QL (90 tabs / 30 days)
LORBRENA TAB 100MG	3	PA, QL (30 tabs / 30 days)
MEKINIST TAB 0.5MG	3	PA, QL (90 tabs / 30 days)
MEKINIST TAB 2MG	3	PA, QL (30 tabs / 30 days)
NEXAVAR TAB 200MG	3	PA, QL (120 tabs / 30 days)
SPRYCEL TAB 20MG	3	PA, QL (90 tabs / 30 days)
SPRYCEL TAB 50MG	3	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 70MG	3	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 80MG	3	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 100MG	3	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 140MG	3	PA, QL (30 tabs / 30 days)
STIVARGA TAB 40MG	3	PA, QL (84 tabs / 28 days)
SUTENT CAP 12.5MG	3	PA, QL (30 caps / 30 days)
SUTENT CAP 25MG	3	PA, QL (30 caps / 30 days)
SUTENT CAP 37.5MG	3	PA, QL (30 caps / 30 days)
SUTENT CAP 50MG	3	PA, QL (30 caps / 30 days)
TAFINLAR CAP 50MG	3	PA, QL (120 caps / 30 days)
TAFINLAR CAP 75MG	3	PA, QL (120 caps / 30 days)
TUKYSA TAB 50MG	3	PA, QL (120 tabs / 30 days)
TUKYSA TAB 150MG	3	PA, QL (120 tabs / 30 days)
TYKERB TAB 250MG	3	PA, QL (180 tabs / 30 days)
VITRAKVI CAP 25MG	3	PA, QL (180 caps / 30 days)
VITRAKVI CAP 100MG	3	PA, QL (60 caps / 30 days)
VITRAKVI SOL 20MG/ML	3	PA, QL (300 mL / 30 days)
VOTRIENT TAB 200MG	3	PA, QL (120 tabs / 30 days)
XALKORI CAP 200MG	3	PA, QL (60 caps / 30 days)
XALKORI CAP 250MG	3	PA, QL (60 caps / 30 days)
ZELBORAF TAB 240MG	3	PA, QL (240 tabs / 30 days)
ZYDELIG TAB 100MG	3	PA, QL (60 tabs / 30 days)
ZYDELIG TAB 150MG	3	PA, QL (60 tabs / 30 days)
ZYKADIA CAP 150MG	3	PA, QL (90 caps / 30 days)
ZYKADIA TAB 150MG	3	PA, QL (90 tabs / 30 days)

MISCELLANEOUS

<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	1	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step Not Met **QL** - Quantity Limits **ST** - Step Therapy **^** - PCP copay applies

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene cap 75 mg</i>	3	PA
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
<i>hydroxyurea cap 500 mg</i>	1	
MATULANE CAP 50MG	2	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	3	PA
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	3	PA
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	3	PA
ODOMZO CAP 200MG	3	PA, QL (30 caps / 30 days)
ONCASPAR INJ 750/ML	3	PA
PHOTOFRIN INJ 75MG	2	
QUADRAMET INJ 1850MBQ	2	
TICE BCG INJ	2	
<i>tretinoin cap 10 mg</i>	1	
UVADEX INJ 20MCG/ML	2	
VISTOGARD PAK 10GM	2	QL (20 packets / 5 days)
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	1	
<i>carboplatin iv soln 150 mg/15ml</i>	1	
<i>carboplatin iv soln 450 mg/45ml</i>	1	
<i>carboplatin iv soln 600 mg/60ml</i>	1	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	1	
<i>oxaliplatin for iv inj 50 mg</i>	3	
<i>oxaliplatin for iv inj 100 mg</i>	3	
<i>oxaliplatin iv soln 50 mg/10ml</i>	3	
<i>oxaliplatin iv soln 100 mg/20ml</i>	3	
PROTECTIVE AGENTS		
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	1	
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	1	
<i>leucovorin calcium for inj 50 mg</i>	1	
<i>leucovorin calcium for inj 100 mg</i>	1	
<i>leucovorin calcium for inj 200 mg</i>	1	
<i>leucovorin calcium for inj 350 mg</i>	1	
<i>leucovorin calcium for inj 500 mg</i>	1	
<i>leucovorin calcium tab 5 mg</i>	1	
<i>leucovorin calcium tab 10 mg</i>	1	
<i>leucovorin calcium tab 15 mg</i>	1	
<i>leucovorin calcium tab 25 mg</i>	1	
<i>mesna inj 100 mg/ml</i>	1	
MESNEX TAB 400MG	3	

Drug Name	Drug Tier	Requirements/Limits
TOPOISOMERASE INHIBITORS		
CAMPTOSAR INJ 300/15ML	2	
etoposide cap 50 mg	1	
etoposide inj 100 mg/5ml (20 mg/ml)	1	
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	3	
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	3	
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	1	
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	3	
TENIPOSIDE INJ 50MG/5ML	2	
toposar inj 1gm/50ml	1	
toposar inj 100/5ml	1	
toposar inj 500/25ml	1	
topotecan hcl for inj 4 mg (base equiv)	1	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ANTINEOPLASTIC, BCL-2 INHIBITORS

VENCLEXTA TAB 10MG	3	PA, QL (120 tabs / 30 days)
VENCLEXTA TAB 50MG	3	PA, QL (120 tabs / 30 days)
VENCLEXTA TAB 100MG	3	PA, QL (180 tabs / 30 days)
VENCLEXTA TAB START PK	3	PA, QL (1 pack / 28 days)

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	

ALPHA BLOCKERS

<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>BYVALSON TAB 5-80MG</i>	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>eprosartan mesylate tab 600 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	

ANTIARRHYTHMICS

<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
MULTAQ TAB 400MG	3	PA
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG CR	2	
<i>pacerone tab 100mg</i>	1	
<i>pacerone tab 200mg</i>	1	
<i>procainamide hcl inj 100 mg/ml</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>sorine tab 80mg</i>	1	
<i>sorine tab 120mg</i>	1	
<i>sorine tab 160mg</i>	1	
<i>sorine tab 240mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>prevalite pow 4gm</i>	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tab 10 mg</i>	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate cap 50 mg</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 130 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	1	\$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	1	ST; \$0 copay for members age 40 through 75; PA**
<i>rosuvastatin calcium tab 10 mg</i>	1	ST; \$0 copay for members age 40 through 75; PA**
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	ST; PA**
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML	3	PA, QL (2 syringes / 28 days)
REPATHA PUSH INJ 420/3.5	3	PA, QL (1 cartridge / 28 days)
REPATHA SURE INJ 140MG/ML	3	PA, QL (2 pens / 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	3	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

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

CALCIUM CHANNEL BLOCKERS

<i>afeditab tab 30mg cr</i>	1	
<i>afeditab tab 60mg cr</i>	1	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
CARDIZEM LA TAB 120MG	2	
<i>cartia xt cap 120/24hr</i>	1	
<i>cartia xt cap 180/24hr</i>	1	
<i>cartia xt cap 240/24hr</i>	1	
<i>cartia xt cap 300/24hr</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>matzim la tab 180mg/24</i>	1	
<i>matzim la tab 240mg/24</i>	1	
<i>matzim la tab 300mg/24</i>	1	
<i>matzim la tab 360mg/24</i>	1	
<i>matzim la tab 420mg/24</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
<i>taztia xt cap 120mg/24</i>	1	
<i>taztia xt cap 180mg/24</i>	1	
<i>taztia xt cap 240mg/24</i>	1	
<i>taztia xt cap 300mg er</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>taztia xt cap 360mg/24</i>	1	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
DIGITALIS GLYCOSIDES		
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN TAB 0.0625MG	2	
LANOXIN TAB 0.1875MG	2	
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
DIURETICS		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide sodium for inj 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
ALDACTAZIDE TAB 50/50	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>chlorothiazide tab 250 mg</i>	1	
<i>chlorothiazide tab 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
<i>ethacrynate sodium for inj 50 mg</i>	1	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>mannitol iv soln 20%</i>	1	
<i>mannitol iv soln 25%</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>methyclothiazide tab 5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<i>osmitrol inj 5%</i>	1	
<i>osmitrol inj 10%</i>	1	
<i>osmitrol inj 15%</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>hydralazine hcl tab 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	3	
<i>ranolazine tab er 12hr 500 mg</i>	1	ST; PA**
<i>ranolazine tab er 12hr 1000 mg</i>	1	ST; PA**

NITRATES

<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab 40 mg</i>	1	
<i>isosorbide dinitrate tab er 40 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
<i>minitran dis 0.1mg/hr</i>	1	
<i>minitran dis 0.2mg/hr</i>	1	
<i>minitran dis 0.4mg/hr</i>	1	
<i>minitran dis 0.6mg/hr</i>	1	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TAB 0.5MG	3	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1.5MG	3	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1MG	3	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2.5MG	3	PA, QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 2MG	3	PA, QL (90 tabs / 30 days)
<i>ambrisentan tab 5 mg</i>	3	PA, QL (30 tabs / 30 days)
<i>ambrisentan tab 10 mg</i>	3	PA, QL (30 tabs / 30 days)
<i>bosentan tab 62.5 mg</i>	3	PA, QL (60 tabs / 30 days)
<i>bosentan tab 125 mg</i>	3	PA, QL (60 tabs / 30 days)
<i>epoprostenol sodium for inj 0.5 mg</i>	3	PA
<i>epoprostenol sodium for inj 1.5 mg</i>	3	PA
OPSUMIT TAB 10MG	3	PA, QL (30 tabs / 30 days)
ORENITRAM TAB 0.25MG	3	PA
ORENITRAM TAB 0.125MG	3	PA
ORENITRAM TAB 1MG	3	PA
ORENITRAM TAB 2.5MG	3	PA
ORENITRAM TAB 5MG	3	PA
REMODULIN INJ 1MG/ML	3	PA
REMODULIN INJ 2.5MG/ML	3	PA
REMODULIN INJ 5MG/ML	3	PA
REMODULIN INJ 10MG/ML	3	PA
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	3	PA
<i>sildenafil citrate tab 20 mg</i>	3	PA, QL (90 tabs / 30 days)
<i>tadalafil tab 20 mg (pah)</i>	3	PA, QL (60 tabs / 30 days)
TRACLEER TAB 32MG	3	PA, QL (112 tabs / 28 days)
TYVASO START SOL 0.6MG/ML	3	PA, QL (28 ampules / 28 days)
UPTRAVI TAB 200/800	3	PA, QL (1 pack / 28 days)
UPTRAVI TAB 200MCG	3	PA, QL (140 tabs / 28 days)
UPTRAVI TAB 400MCG	3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 600MCG	3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG	3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1000MCG	3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG	3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG	3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG	3	PA, QL (60 tabs / 30 days)
VENTAVIS SOL 10MCG/ML	3	PA, QL (270 ampules / 30 days)
VENTAVIS SOL 20MCG/ML	3	PA, QL (270 ampules / 30 days)

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

ALPRAZOLAM CON 1 MG/ML	2	QL (300 mL / 25 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab 0.5 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (150 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tab 1 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam conc 2 mg/ml</i>	1	QL (150 mL / 25 days)
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs / 25 days)
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	QL (120 caps / 25 days)
<i>oxazepam cap 15 mg</i>	1	QL (120 caps / 25 days)
<i>oxazepam cap 30 mg</i>	1	QL (120 caps / 25 days)

ANTICONVULSANTS

APTIOM TAB 200MG	3	PA
APTIOM TAB 400MG	3	PA
APTIOM TAB 600MG	3	PA
APTIOM TAB 800MG	3	PA
BANZEL SUS 40MG/ML	3	PA
BANZEL TAB 200MG	3	PA
BANZEL TAB 400MG	3	PA
BRIVIACT INJ 50MG/5ML	3	PA
BRIVIACT SOL 10MG/ML	3	PA
BRIVIACT TAB 10MG	3	PA
BRIVIACT TAB 25MG	3	PA
BRIVIACT TAB 50MG	3	PA
BRIVIACT TAB 75MG	3	PA
BRIVIACT TAB 100MG	3	PA
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CELONTIN CAP 300MG	3	
<i>clobazam suspension 2.5 mg/ml</i>	1	PA
<i>clobazam tab 10 mg</i>	1	PA
<i>clobazam tab 20 mg</i>	1	PA
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (180 tabs / 25 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (180 tabs / 25 days)
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (180 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam con 5mg/ml</i>	1	QL (240 mL / 25 days)
<i>diazepam inj 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL / 25 days)
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 25 days)
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>epitol tab 200mg</i>	1	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
PEGANONE TAB 250MG	3	
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>pregabalin cap 25 mg</i>	1	ST; PA**
<i>pregabalin cap 50 mg</i>	1	ST; PA**
<i>pregabalin cap 75 mg</i>	1	ST; PA**
<i>pregabalin cap 100 mg</i>	1	ST; PA**
<i>pregabalin cap 150 mg</i>	1	ST; PA**
<i>pregabalin cap 200 mg</i>	1	ST; PA**
<i>pregabalin cap 225 mg</i>	1	ST; PA**
<i>pregabalin cap 300 mg</i>	1	ST; PA**
<i>pregabalin soln 20 mg/ml</i>	1	ST; PA**
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	3	PA, QL (180 packets / 30 days)
<i>vigabatrin tab 500 mg</i>	3	PA, QL (180 tabs / 30 days)
VIMPAT SOL 10MG/ML	3	
VIMPAT TAB 50MG	3	
VIMPAT TAB 100MG	3	
VIMPAT TAB 150MG	3	
VIMPAT TAB 200MG	3	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	

ANTIDEMENTIA

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 14 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 21 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 28 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl oral solution 2 mg/ml</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 5 mg</i>	1	PA; PA applies for members less than 30 years of age

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 10 mg</i>	1	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>	1	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	PA
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	PA
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	PA

ANTIDEPRESSANTS

<i>amitriptyline hcl tab 10 mg</i>	1	QL (150 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 25 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 50 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 75 mg</i>	1	PA; Members 70 and older subject to PA
<i>amitriptyline hcl tab 100 mg</i>	1	PA; Members 70 and older subject to PA
<i>amitriptyline hcl tab 150 mg</i>	1	PA; Members 70 and older subject to PA
<i>amoxapine tab 25 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 50 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 100 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 150 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl tab 25 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 50 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 75 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 100 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 150 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	ST; (generic of Pristiq) PA**
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	ST; (generic of Pristiq) PA**
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	ST; (generic of Pristiq) PA**
<i>doxepin hcl cap 10 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 75 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10 mg/ml</i>	1	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>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
EMSAM DIS 6MG/24HR	3	PA
EMSAM DIS 9MG/24HR	3	PA
EMSAM DIS 12MG/24H	3	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CAP 40MG	3	ST; PA**
FETZIMA CAP 80MG	3	ST; PA**
FETZIMA CAP 120MG	3	ST; PA**
FETZIMA CAP TITRATIO	3	ST; PA**
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	1	(generic Sarafem not covered)
<i>imipramine hcl tab 10 mg</i>	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 125 mg</i>	1	PA; Members 70 and older subject to PA
<i>imipramine pamoate cap 150 mg</i>	1	PA; Members 70 and older subject to PA
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
MARPLAN TAB 10MG	3	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl cap 25 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 50 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 75 mg</i>	1	PA; Members 70 and older subject to PA
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	QL (750 mL / 25 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 50 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
TRINTELLIX TAB 5MG	3	ST; PA**
TRINTELLIX TAB 10MG	3	ST; PA**
TRINTELLIX TAB 20MG	3	ST; PA**
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	
VIIBRYD KIT STARTER	3	ST; PA**
VIIBRYD TAB 10MG	3	ST; PA**
VIIBRYD TAB 20MG	3	ST; PA**
VIIBRYD TAB 40MG	3	ST; PA**

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl syrup 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	3	PA
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa tab 25 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone tab 200 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
<i>tolcapone tab 100 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	

ANTIPSYCHOTICS

<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	
ARISTADA INJ INITIO	2	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
LATUDA TAB 20MG	2	ST; PA**
LATUDA TAB 40MG	2	ST; PA**
LATUDA TAB 60MG	2	ST; PA**
LATUDA TAB 80MG	2	ST; PA**
LATUDA TAB 120MG	2	ST; PA**
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
NUPLAZID TAB 17MG	3	PA
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tab 20 mg</i>	1	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
REXULTI TAB 0.5MG	3	ST; PA**
REXULTI TAB 0.25MG	3	ST; PA**
REXULTI TAB 1MG	3	ST; PA**
REXULTI TAB 2MG	3	ST; PA**
REXULTI TAB 3MG	3	ST; PA**
REXULTI TAB 4MG	3	ST; PA**
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
SAPHRIS SUB 2.5MG	3	ST; PA**
SAPHRIS SUB 5MG	3	ST; PA**
SAPHRIS SUB 10MG	3	ST; PA**
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl tab 100 mg</i>	1	
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs / 25 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (120 tabs / 25 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1,200 mL / 25 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (120 tabs / 25 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	ST; PA**
<i>methamphetamine hcl tab 5 mg</i>	1	QL (150 tabs / 25 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL / 25 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900 mL / 25 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	QL (30 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (30 tabs / 25 days)
VYVANSE CAP 10MG	2	QL (60 caps / 25 days)

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 20MG	2	QL (60 caps / 25 days)
VYVANSE CAP 30MG	2	QL (60 caps / 25 days)
VYVANSE CAP 40MG	2	QL (30 caps / 25 days)
VYVANSE CAP 50MG	2	QL (30 caps / 25 days)
VYVANSE CAP 60MG	2	QL (30 caps / 25 days)
VYVANSE CAP 70MG	2	QL (30 caps / 25 days)
VYVANSE CHW 10MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 20MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 30MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 40MG	2	QL (30 tabs / 25 days)
VYVANSE CHW 50MG	2	QL (30 tabs / 25 days)
VYVANSE CHW 60MG	2	QL (30 tabs / 25 days)
<i>zenzedi tab 2.5mg</i>	1	QL (120 tabs / 25 days)
<i>zenzedi tab 7.5mg</i>	1	QL (120 tabs / 25 days)
<i>zenzedi tab 15mg</i>	1	QL (60 tabs / 25 days)
<i>zenzedi tab 20mg</i>	1	QL (60 tabs / 25 days)
<i>zenzedi tab 30mg</i>	1	QL (30 tabs / 25 days)

HYPNOTICS

BELSOMRA TAB 5MG	2	ST; PA**
BELSOMRA TAB 10MG	2	ST; PA**
BELSOMRA TAB 15MG	2	ST; PA**
BELSOMRA TAB 20MG	2	ST; PA**
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>eszopiclone tab 1 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tabs / 25 days)
<i>ramelteon tab 8 mg</i>	1	QL (15 tabs / 25 days)
<i>sleep-aid tab 25mg</i>	1	OTC
<i>temazepam cap 7.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 15 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 22.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 30 mg</i>	1	QL (15 caps / 25 days)
<i>zaleplon cap 5 mg</i>	1	QL (15 caps / 25 days)
<i>zaleplon cap 10 mg</i>	1	QL (15 caps / 25 days)
<i>zolpidem tartrate tab 5 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (15 tabs / 25 days)

MIGRAINE

<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs / 25 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	1	
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 sprays / 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 sprays / 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 vials / 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (18 syringes / 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 syringes / 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs / 25 days)
ZOMIG SPR 2.5MG	3	QL (12 sprays / 25 days)
ZOMIG SPR 5MG	3	QL (12 sprays / 25 days)

MISCELLANEOUS

<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	1	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	1	
<i>clomipramine hcl cap 25 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
GUANIDINE TAB 125MG	3	
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	3	
NUEDEXTA CAP 20-10MG	2	PA
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
<i>riluzole tab 50 mg</i>	1	
SAVELLA MIS TITR PAK	3	ST; PA**
SAVELLA TAB 12.5MG	3	ST; PA**
SAVELLA TAB 25MG	3	ST; PA**
SAVELLA TAB 50MG	3	ST; PA**
SAVELLA TAB 100MG	3	ST; PA**
<i>tetrabenazine tab 12.5 mg</i>	3	PA, QL (120 tabs / 30 days)
<i>tetrabenazine tab 25 mg</i>	3	PA, QL (60 tabs / 30 days)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG	3	PA, QL (30 tabs / 30 days)
AUBAGIO TAB 14MG	3	PA, QL (30 tabs / 30 days)
AVONEX KIT 30MCG	3	ST, PA, QL (4 injections / 28 days)
AVONEX PEN KIT 30MCG	3	ST, PA, QL (4 injections / 28 days)
AVONEX PREFL KIT 30MCG	3	ST, PA, QL (4 injections / 28 days)
BETASERON INJ 0.3MG	3	PA, QL (14 injections / 28 days)
COPAXONE INJ 20MG/ML	3	PA, QL (30 injections / 30 days)
COPAXONE INJ 40MG/ML	3	PA, QL (12 syringes / 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	3	PA, QL (60 tabs / 30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	3	PA, QL (14 caps / 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	3	PA, QL (60 caps / 30 days)
GILENYA CAP 0.5MG	3	PA, QL (30 caps / 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	2	PA, QL (12 syringes / 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa inj 20mg/ml</i>	2	PA, QL (30 injections / 30 days)
PLEGRIDY INJ	3	ST, PA, QL (1 carton / 28 days)
PLEGRIDY INJ PEN	3	ST, PA, QL (1 carton / 28 days)
PLEGRIDY INJ STARTER	3	ST, PA, QL (1 kit / 28 days)
PLEGRIDY PEN INJ STARTER	3	ST, PA, QL (1 pack / 28 days)
REBIF INJ 22/0.5	3	PA, QL (12 syringes / 28 days)
REBIF INJ 44/0.5	3	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ 22/0.5	3	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ 44/0.5	3	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ TITRATN	3	PA, QL (1 box / 28 days)
REBIF TITRTN INJ PACK	3	PA, QL (1 box / 28 days)
TECFIDERA CAP 120MG	3	PA, QL (14 caps / 28 days)
TECFIDERA CAP 240MG	3	PA, QL (60 caps / 30 days)
TECFIDERA MIS STARTER	3	PA, QL (1 kit / 30 days)
TYSABRI INJ 300/15ML	3	PA, QL (1 vial / 28 days)

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 250 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>carisoprodol tab 350 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>metaxalone tab 400 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>metaxalone tab 800 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol tab 750 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	

NARCOLEPSY/CATAPLEXY

<i>armodafinil tab 50 mg</i>	1	PA
<i>armodafinil tab 150 mg</i>	1	PA
<i>armodafinil tab 200 mg</i>	1	PA
<i>armodafinil tab 250 mg</i>	1	PA
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 200 mg</i>	1	PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	1	
CHANTIX PAK 0.5& 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG	0	\$0 limited to 2 treatment cycles/year
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<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>	0	\$0 copay
NARCAN SPR	2	
<i>nicorelief gum 4mg mint</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine dis 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pol loz 4mg mint</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INH	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 14mg/24h</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 21mg/24h</i>	0	OTC; \$0 limited to 2 treatment cycles/year
VIVITROL INJ 380MG	3	QL (1 vial / 28 days)

ENDOCRINE AND METABOLIC

ANDROGENS

INTRAROSA SUP 6.5MG	3	
<i>methyltestosterone cap 10 mg</i>	1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg^</i>	1	
<i>acarbose tab 50 mg^</i>	1	
<i>acarbose tab 100 mg^</i>	1	
<i>miglitol tab 25 mg^</i>	1	
<i>miglitol tab 50 mg^</i>	1	
<i>miglitol tab 100 mg^</i>	1	

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	3	ST; PA**
SYMLNPEN 120 INJ 1000MCG	3	ST; PA**

ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS

<i>glipizide-metformin hcl tab 2.5-250 mg^</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg^</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg^</i>	1	
<i>glyburide-metformin tab 1.25-250 mg^</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide-metformin tab 2.5-500 mg^</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide-metformin tab 5-500 mg^</i>	1	PA; High Risk Medications require PA for members age 70 and older

ANTIDIABETICS, BIGUANIDE

<i>metformin hcl tab 500 mg^</i>	1	
<i>metformin hcl tab 850 mg^</i>	1	
<i>metformin hcl tab 1000 mg^</i>	1	

Drug Name	Drug Tier	Requirements/Limits
metformin hcl tab er 24hr 500 mg^	1	
metformin hcl tab er 24hr 750 mg^	1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv) ^	1	
alogliptin benzoate tab 12.5 mg (base equiv) ^	1	
alogliptin benzoate tab 25 mg (base equiv) ^	1	
JANUVIA TAB 25MG^	2	ST; PA**
JANUVIA TAB 50MG^	2	ST; PA**
JANUVIA TAB 100MG^	2	ST; PA**
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TAB 0.8MG^	3	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG^	2	ST; PA**
JANUMET TAB 50-1000^	2	ST; PA**
JANUMET XR TAB 50-500MG^	2	ST; PA**
JANUMET XR TAB 50-1000^	2	ST; PA**
JANUMET XR TAB 100-1000^	2	ST; PA**
JENTADUETO TAB XR^	3	ST; JENTADUETO TAB XR 2.5-1000 MG; PA**
JENTADUETO TAB XR^	3	ST; JENTADUETO TAB XR 5-1000 MG; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2/1.5ML	2	ST; PA**
TRULICITY INJ 0.75/0.5	2	ST; PA**
TRULICITY INJ 1.5/0.5	2	ST; PA**
VICTOZA INJ 18MG/3ML	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33^	2	ST; PA**
XULTOPHY INJ 100/3.6^	2	ST; PA**
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl tab 15-500 mg^	1	
pioglitazone hcl-metformin hcl tab 15-850 mg^	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride tab 30-2 mg^	1	
pioglitazone hcl-glimepiride tab 30-4 mg^	1	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl tab 15 mg (base equiv) ^	1	
pioglitazone hcl tab 30 mg (base equiv) ^	1	
pioglitazone hcl tab 45 mg (base equiv) ^	1	
ANTIDIABETICS, INSULIN		
BASAGLAR INJ 100UNIT^	2	
FIASP FLEX INJ TOUCH^	2	
FIASP INJ 100/ML^	2	
FIASP PENFIL INJ U-100^	2	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN INJ 70/30^	3	OTC
HUMULIN INJ 70/30KWP^	3	OTC
HUMULIN N INJ U-100^	3	OTC
HUMULIN N INJ U-100KWP^	3	OTC
HUMULIN R INJ U-100^	3	OTC
HUMULIN R INJ U-500^	2	
LEVEMIR INJ^	2	
LEVEMIR INJ FLEXTOU^	2	
NOVOLIN INJ 70/30^	2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP^	2	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT^	2	OTC; RELION not covered
NOVOLIN N INJ U-100^	2	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT^	2	OTC; RELION not covered
NOVOLIN R INJ U-100^	2	OTC; RELION not covered
NOVOLOG INJ 100/ML^	2	
NOVOLOG INJ FLEXPEN^	2	
NOVOLOG INJ PENFILL^	2	
NOVOLOG MIX INJ 70/30^	2	
NOVOLOG MIX INJ FLEXPEN^	2	
TRESIBA FLEX INJ 100UNIT^	2	
TRESIBA FLEX INJ 200UNIT^	2	
TRESIBA INJ 100UNIT^	2	

ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION

repaglinide-metformin hcl tab 1-500 mg^	1	
repaglinide-metformin hcl tab 2-500 mg^	1	

ANTIDIABETICS, MEGLITINIDE

nateglinide tab 60 mg^	1	
nateglinide tab 120 mg^	1	
repaglinide tab 0.5 mg^	1	
repaglinide tab 1 mg^	1	
repaglinide tab 2 mg^	1	

ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO

SYNJARDY TAB^	2	ST; SYNJARDY TAB 12.5-1000 MG; PA**
SYNJARDY TAB 5-500MG^	2	ST; PA**
SYNJARDY TAB 5-1000MG^	2	ST; PA**
SYNJARDY TAB 12.5-500^	2	ST; PA**
SYNJARDY XR TAB^	2	ST; SYNJARDY TAB XR 12.5-1000 MG; PA**
SYNJARDY XR TAB 5-1000MG^	2	ST; PA**
SYNJARDY XR TAB 10-1000^	2	ST; PA**
SYNJARDY XR TAB 25-1000^	2	ST; PA**
XIGDUO XR TAB 2.5-1000^	2	ST; PA**
XIGDUO XR TAB 5-500MG^	2	ST; PA**
XIGDUO XR TAB 5-1000MG^	2	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-500MG^	2	ST; PA**
XIGDUO XR TAB 10-1000^	2	ST; PA**

ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4

INHIBITOR COMBINATIONS

GLYXAMBI TAB 10-5 MG^	2	ST; PA**
GLYXAMBI TAB 25-5 MG^	2	ST; PA**
QTERN TAB 5-5MG^	2	ST; PA**
QTERN TAB 10MG/5MG^	2	ST; PA**

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB

FARXIGA TAB 5MG^	2	ST; PA**
FARXIGA TAB 10MG^	2	ST; PA**
JARDIANCE TAB 10MG^	2	ST; PA**
JARDIANCE TAB 25MG^	2	ST; PA**

ANTIDIABETICS, SULFONYLUREA

<i>glimepiride tab 1 mg^</i>	1	
<i>glimepiride tab 2 mg^</i>	1	
<i>glimepiride tab 4 mg^</i>	1	
<i>glipizide tab 5 mg^</i>	1	
<i>glipizide tab 10 mg^</i>	1	
<i>glipizide tab er 24hr 2.5 mg^</i>	1	
<i>glipizide tab er 24hr 5 mg^</i>	1	
<i>glipizide tab er 24hr 10 mg^</i>	1	
<i>glyburide micronized tab 1.5 mg^</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide micronized tab 3 mg^</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide micronized tab 6 mg^</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide tab 1.25 mg^</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide tab 2.5 mg^</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide tab 5 mg^</i>	1	PA; High Risk Medications require PA for members age 70 and older

BISPHOSPHONATES

<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
FOSAMAX + D TAB 70-2800	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX + D TAB 70-5600	3	ST; PA**
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>pamidronate disodium for inj 30 mg</i>	1	
<i>pamidronate disodium for inj 90 mg</i>	1	
<i>pamidronate disodium iv soln 3 mg/ml</i>	1	
<i>pamidronate disodium iv soln 9 mg/ml</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	3	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	3	PA

CALCIUM RECEPTOR AGONISTS

<i>cinacalcet hcl tab 30 mg (base equiv)</i>	3	PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	3	PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	3	PA, QL (120 tabs / 30 days)

CHELATING AGENTS

CHEMET CAP 100MG	3	
FERPRX 2-DAY TAB 1000MG	3	PA
FERRIPROX SOL 100MG/ML	3	PA
FERRIPROX TAB 500MG	3	PA
FERRIPROX TAB 1000MG	3	PA
<i>kionex sus 15gm/60</i>	1	
<i>penicillamine tab 250 mg</i>	1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	

CONTRACEPTIVES

<i>altavera tab</i>	0	
<i>alyacen tab 1/35</i>	0	
<i>alyacen tab 7/7/7</i>	0	
<i>amethia tab</i>	0	
<i>amethyst tab 90-20mcg</i>	0	
ANNOVERA MIS	0	QL (1 / 300 days)
<i>apri tab</i>	0	
<i>aranelle tab</i>	0	
<i>ashlyna tab</i>	0	
<i>aviane tab</i>	0	
<i>azurette tab 28 day</i>	0	
BALCOLTRA TAB 0.1-20	0	
<i>camila tab 0.35mg</i>	0	
<i>caziant pak</i>	0	
<i>chateal tab 0.15/30</i>	0	
<i>cryselle-28 tab 28 tabs</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclafem tab 1/35</i>	0	
<i>cyclafem tab 7/7/7</i>	0	
<i>dasetta tab 1/35</i>	0	
<i>dasetta tab 7/7/7</i>	0	
<i>delyla tab 0.1-0.02</i>	0	
DEPO-SQ PROV INJ 104	0	QL (4 inj / 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>elinest tab</i>	0	
ELLA TAB 30MG	0	
<i>emoquette tab</i>	0	
<i>enpresse-28 tab</i>	0	
<i>enskyce tab</i>	0	
<i>errin tab 0.35mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	0	QL (13 / 300 days)
<i>falmina tab</i>	0	
<i>fayosim tab</i>	0	
<i>gianvi tab 3-0.02mg</i>	0	
<i>heather tab 0.35mg</i>	0	
<i>introvale tab</i>	0	
<i>jolessa tab</i>	0	
<i>jolivette tab 0.35mg</i>	0	
<i>junel 1.5/30 tab</i>	0	
<i>junel 1/20 tab</i>	0	
<i>junel fe tab 1.5/30</i>	0	
<i>junel fe tab 1/20</i>	0	
<i>kariva tab 28 day</i>	0	
<i>kelnor tab 1/35</i>	0	
<i>kurvelo tab 0.15/30</i>	0	
KYLEENA IUD 19.5MG	0	QL (1 / 300 days)
<i>larin tab 1.5/30</i>	0	
<i>leena tab</i>	0	
<i>lessina tab</i>	0	
<i>levonest tab</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levora-28 tab 0.15/30</i>	0	
LILETTA IUD 52MG	0	QL (1 / 300 days)

Drug Name	Drug Tier	Requirements/Limits
LO LOESTRIN TAB 1-10-10	0	
<i>loryna tab 3-0.02mg</i>	0	
<i>low-ogestrel tab</i>	0	
<i>lutra tab</i>	0	
<i>marlissa tab 0.15/30</i>	0	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 inj / 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 inj / 300 days)
<i>mibelas 24 chw fe</i>	0	
<i>microgestin tab 1.5/30</i>	0	
MIRENA IUD SYSTEM	0	QL (1 / 300 days)
<i>mono-linyah tab 0.25-35</i>	0	
<i>mononessa tab</i>	0	
<i>myzilra tab</i>	0	
NATAZIA TAB	0	
<i>necon tab 0.5/35</i>	0	
NEXPLANON IMP 68MG	0	QL (1 / 300 days)
<i>nikki tab 3-0.02mg</i>	0	
<i>nora-be tab 0.35mg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone tab 0.35 mg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>nortrel tab 0.5/35</i>	0	
<i>nortrel tab 1/35</i>	0	
<i>nortrel tab 7/7/7</i>	0	
<i>ocella tab 3-0.03mg</i>	0	
<i>ogestrel tab</i>	0	
<i>orsythia tab</i>	0	
PARAGARD IUD T380A	0	QL (1 unit / 300 days)
<i>pirmella tab 1/35</i>	0	
<i>pirmella tab 7/7/7</i>	0	
<i>portia-28 tab</i>	0	
<i>previfem tab</i>	0	
<i>quasense tab</i>	0	
<i>reclipsen tab</i>	0	
<i>rivelsa tab</i>	0	
SKYLA IUD 13.5MG	0	QL (1 / 300 days)

Drug Name	Drug Tier	Requirements/Limits
SLYND TAB 4MG	0	
<i>sprintec 28 tab 28 day</i>	0	
<i>sronyx tab</i>	0	
<i>syeda tab 3-0.03mg</i>	0	
<i>take action tab 1.5mg</i>	0	OTC
TAYTULLA CAP 1MG/20MC	0	
<i>tilia fe tab</i>	0	
<i>tri-linyah tab</i>	0	
<i>tri-sprintec tab</i>	0	
<i>trinessa tab</i>	0	
<i>trivora-28 tab</i>	0	
TWIRLA DIS 120-30	0	
<i>velivet pak</i>	0	
<i>viorele tab</i>	0	
<i>wera tab 0.5/35</i>	0	
<i>xulane dis 150-35</i>	0	
<i>zarah tab 3-0.03mg</i>	0	
<i>zenchent tab</i>	0	
<i>zovia 1/35e tab</i>	0	

ENDOMETRIOSIS

<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
SYNAREL SOL 2MG/ML	3	PA

ENZYME REPLACEMENTS

CERDELGA CAP 84MG	3	PA, QL (60 caps / 30 days)
CYSTADANE POW	3	PA
CYSTAGON CAP 50MG	3	PA
CYSTAGON CAP 150MG	3	PA
KUVAN POW 100MG	3	PA
KUVAN POW 500MG	3	PA
KUVAN TAB 100MG	3	PA
<i>nitisinone cap 2 mg</i>	3	PA
<i>nitisinone cap 5 mg</i>	3	PA
<i>nitisinone cap 10 mg</i>	3	PA
ORFADIN CAP 20MG	3	PA
ORFADIN SUS 4MG/ML	3	PA

ESTROGENS

CLIMARA PRO DIS WEEKLY	2	
DUAVEE TAB 0.45-20	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol tab 0.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol tab 1 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	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>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estropipate tab 0.75 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate tab 1.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate tab 3 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>jinteli tab 1mg-5mcg</i>	1	
MENEST TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
MENEST TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	3	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey lo tab 0.5-0.1</i>	1	
<i>mimvey tab 1-0.5mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
PREMARIN TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	3	
<i>yuvafem tab 10mcg</i>	1	

FERTILITY REGULATORS

CHOR GONADOT INJ 10000UNT	3	PA
<i>clomiphene citrate tab 50 mg</i>	1	
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	3	PA
GONAL-F INJ 450UNIT	3	PA, QL (10 vials / 28 days)
GONAL-F INJ 1050UNIT	3	PA, QL (6 vials / 28 days)
GONAL-F RFF INJ 75UNIT	3	PA, QL (60 vials / 28 days)
GONAL-F RFF INJ 300/0.5	3	PA, QL (15 cartridges / 28 days)
GONAL-F RFF INJ 450/0.75	3	PA, QL (10 cartridges / 28 days)
GONAL-F RFF INJ 900/1.5	3	PA, QL (7 cartridges / 28 days)
OVIDREL INJ	3	PA

GLUCOCORTICOIDS

<i>cortisone acetate tab 25 mg</i>	1	
DEXAMETHASON CON 1MG/ML	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	2	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
PREDNISON CON 5MG/ML	2	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	

GLUCOSE ELEVATING AGENTS^

GLUCAGON KIT 1MG	2	
INSTA-GLUCOS GEL 77.4%	2	OTC

HUMAN GROWTH HORMONES

HUMATROPE INJ 5MG	3	PA
HUMATROPE INJ 6MG	3	PA
HUMATROPE INJ 12MG	3	PA
HUMATROPE INJ 24MG	3	PA

MISCELLANEOUS

<i>cabergoline tab 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
INCRELEX INJ 40MG/4ML	3	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	3	PA, QL (90 ml / 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	3	PA, QL (90 ml / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	3	PA, QL (225 ml / 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	3	PA, QL (90 ml / 30 days)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	3	PA, QL (45 ml / 30 days)
OSPHENA TAB 60MG	2	
PROLIA SOL 60MG/ML	3	PA, QL (60mg / 24 weeks)
<i>raloxifene hcl tab 60 mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SAMSCA TAB 15MG	3	PA
SAMSCA TAB 30MG	3	PA
SOMATULINE INJ 60/0.2ML	3	PA, QL (1 injection / 28 days)
SOMATULINE INJ 90/0.3ML	3	PA, QL (1 injection / 28 days)
SOMATULINE INJ 120/.5ML	3	PA, QL (1 injection / 28 days)
SOMAVERT INJ 10MG	3	PA, QL (30 vials / 30 days)
SOMAVERT INJ 15MG	3	PA, QL (30 vials / 30 days)
SOMAVERT INJ 20MG	3	PA, QL (30 vials / 30 days)
SOMAVERT INJ 25MG	3	PA, QL (30 vials / 30 days)
SOMAVERT INJ 30MG	3	PA, QL (30 vials / 30 days)
<i>tolvaptan tab 30 mg</i>	3	PA
TYMLOS INJ	3	PA, QL (1 pen / 30 days)

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
VELPHORO CHW 500MG	3	

PROGESTINS

CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
LUPANETA KIT 3.75-5	3	PA
LUPANETA KIT 11.25-5	3	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone micronized cap 100 mg</i>	1	
<i>progesterone micronized cap 200 mg</i>	1	

THYROID AGENTS

<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl tab 25mcg</i>	1	
<i>levoxyl tab 50mcg</i>	1	
<i>levoxyl tab 75mcg</i>	1	
<i>levoxyl tab 88mcg</i>	1	
<i>levoxyl tab 100mcg</i>	1	
<i>levoxyl tab 112mcg</i>	1	
<i>levoxyl tab 125mcg</i>	1	
<i>levoxyl tab 137mcg</i>	1	
<i>levoxyl tab 150mcg</i>	1	
<i>levoxyl tab 175mcg</i>	1	
<i>levoxyl tab 200mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYROLAR-1 TAB 60MG	3	
THYROLAR-1/2 TAB 30MG	3	
THYROLAR-1/4 TAB 15MG	3	
THYROLAR-2 TAB 120MG	3	
THYROLAR-3 TAB 180MG	3	
<i>unithroid tab 25mcg</i>	1	
<i>unithroid tab 50mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>unithroid tab 75mcg</i>	1	
<i>unithroid tab 88mcg</i>	1	
<i>unithroid tab 100mcg</i>	1	
<i>unithroid tab 112mcg</i>	1	
<i>unithroid tab 125mcg</i>	1	
<i>unithroid tab 200mcg</i>	1	
<i>unithroid tab 300mcg</i>	1	

VASOPRESSINS

<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	

GASTROINTESTINAL

ANTICHOLINERGICS

<i>CUVPOSA SOL 1MG/5ML</i>	2	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>ed-spaz tab 0.125mg</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>methscopolamine bromide tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nulev tab 0.125mg</i>	1	
<i>oscimin sr tab 0.375mg</i>	1	
<i>oscimin sub 0.125mg</i>	1	
<i>oscimin tab 0.125mg</i>	1	
<i>symax-sl sub 0.125mg</i>	1	

ANTIEMETICS

<i>AKYNZEO CAP 300-0.5</i>	3	QL (2 caps / 21 days)
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps / 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps / 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps / 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (2 packs / 21 days)
<i>compro sup 25mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	QL (60 caps / 25 days)
<i>dronabinol cap 5 mg</i>	1	QL (60 caps / 25 days)
<i>dronabinol cap 10 mg</i>	1	QL (60 caps / 25 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs / 21 days)

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL / 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 tabs / 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs / 21 days)
<i>phenadoz sup 25mg</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 12.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan sup 12.5mg</i>	1	
<i>promethegan sup 25mg</i>	1	
<i>promethegan sup 50mg</i>	1	
SANCUSO DIS 3.1MG	2	QL (2 patches / 21 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
VARUBI INJ	2	
VARUBI TAB 90MG	2	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>colocort ene 100mg</i>	1	
DIPENTUM CAP 250MG	3	PA
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	PA

LAXATIVES

CLENPIQ SOL	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>enulose sol 10gm/15</i>	1	
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	
<i>gavilyte-h kit</i>	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>gavilyte-n sol flav pk</i>	1	
<i>generlac sol 10gm/15</i>	1	
GOLYTELY SOL	2	
<i>lactulose solution 10 gm/15ml</i>	1	
MOVIPREP SOL	0	\$0 copay for members age 50 through 74; Tier 2 for all others
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	0	\$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>	1	
PLENVU SOL	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	1	OTC
PREPOPIK PAK	0	\$0 copay for members age 50 through 74, otherwise not covered
SUPREP BOWEL SOL PREP KIT	0	\$0 copay for members age 50 through 74; Tier 2 for all others

MISCELLANEOUS

<i>anti-diarrhe tab 2mg</i>	1	OTC
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
MOTOFEN TAB 1-0.025	3	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
SUCRAID SOL 8500/ML	3	PA, QL (354 ml / 25 days)
<i>sucralfate tab 1 gm</i>	1	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	

PANCREATIC ENZYMES

CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 12000UNIT	2	PA
CREON CAP 24000UNIT	2	PA
CREON CAP 36000UNIT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNIT	2	PA
ZENPEP CAP 15000UNIT	2	PA
ZENPEP CAP 20000UNIT	2	PA
ZENPEP CAP 25000	2	PA
ZENPEP CAP 40000	2	PA

PROTON PUMP INHIBITORS

DEXILANT CAP 30MG DR	3	ST, QL (90 caps / 365 days); PA**
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Drug Name	Drug Tier	Requirements/Limits
DEXILANT CAP 60MG DR	3	ST, QL (90 caps / 365 days); PA**
<i>esomepra mag cap 20mg dr</i>	1	QL (90 caps / 365 days), OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	ST, QL (90 caps / 365 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	ST, QL (90 caps / 365 days)
<i>lansoprazole cap 15mg dr</i>	1	QL (90 caps / 365 days), OTC
<i>lansoprazole cap delayed release 15 mg</i>	1	ST, QL (90 caps / 365 days)
<i>lansoprazole cap delayed release 30 mg</i>	1	ST, QL (90 caps / 365 days)
NEXIUM 24HR CAP 20MG	1	QL (90 caps / 365 days), OTC
NEXIUM 24HR TAB 20MG	1	QL (90 tabs / 365 days), OTC
<i>omepra/bicar cap 20-1100</i>	1	QL (90 caps / 365 days), OTC
<i>omeprazole cap delayed release 10 mg</i>	1	ST, QL (90 caps / 365 days)
<i>omeprazole cap delayed release 20 mg</i>	1	ST, QL (90 caps / 365 days)
<i>omeprazole cap delayed release 40 mg</i>	1	ST, QL (90 caps / 365 days)
OMEPRAZOLE DELAYED RELEASE TAB 20 MG	1	QL (90 tabs / 365 days), OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	1	QL (90 caps / 365 days), OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	ST, QL (90 tabs / 365 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	ST, QL (90 tabs / 365 days)
<i>rabeprazole sodium ec tab 20 mg</i>	1	ST, QL (90 tabs / 365 days)

RECTAL,CORTICOSTEROIDS

<i>procto-pak cre 1%</i>	1	
<i>proctosol hc cre 2.5%</i>	1	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
CARDURA XL TAB 4MG	3	ST; PA**
CARDURA XL TAB 8MG	3	ST; PA**
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tadalafil tab 2.5 mg</i>	1	PA, QL (30 tabs / 25 days)
<i>tadalafil tab 5 mg</i>	1	PA, QL (30 tabs / 25 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	

CONTRACEPTIVES

CONCEPTROL GEL 4%	0	OTC
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL AER CONTRACP	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
ELMIRON CAP 100MG	3	
<i>flavoxate hcl tab 100 mg</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>urinary pain tab 95mg</i>	1	OTC
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
<i>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	2	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole 1 kit 1200-2%</i>	1	OTC
<i>miconazole 3 kit combinat</i>	1	OTC
<i>miconazole 3 kit combo pk</i>	1	OTC
<i>miconazole 3 sup 200mg</i>	1	
<i>miconazole 7 cre tube/kit</i>	1	OTC
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
<i>vandazole gel 0.75%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
ARGATRB/NACL INJ 50MG/50	3	
ARGATROBAN INJ 125/125	3	
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	1	
ARGATROBAN INJ 250/250	3	
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 100 mg/ml</i>	1	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 150 mg/ml</i>	1	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
PRADAXA CAP 75MG	3	

Drug Name	Drug Tier	Requirements/Limits
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	3	PA
ARANESP INJ 25MCG	3	PA
ARANESP INJ 40MCG	3	PA
ARANESP INJ 60MCG	3	PA
ARANESP INJ 100MCG	3	PA
ARANESP INJ 150MCG	3	PA
ARANESP INJ 200MCG	3	PA
ARANESP INJ 300MCG	3	PA
ARANESP INJ 500MCG	3	PA
NEULASTA INJ 6MG/0.6M	3	PA, QL (2 injections / 28 days)
NEULASTA KIT 6MG/0.6M	3	PA, QL (2 injections / 28 days)
NIVESTYM INJ 300/0.5	3	PA
NIVESTYM INJ 300MCG	3	PA
NIVESTYM INJ 480/0.8	3	PA
NIVESTYM INJ 480MCG	3	PA
RETACRIT INJ 2000UNIT	3	PA
RETACRIT INJ 3000UNIT	3	PA
RETACRIT INJ 4000UNIT	3	PA
RETACRIT INJ 10000UNT	3	PA
RETACRIT INJ 40000UNT	3	PA
UDENYCA INJ 6MG/.6ML	3	PA, QL (2 injections / 28 days)

MISCELLANEOUS

<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
HEMLIBRA INJ 30MG/ML	3	PA
HEMLIBRA INJ 60/0.4	3	PA
HEMLIBRA INJ 105/0.7	3	PA
HEMLIBRA INJ 150/ML	3	PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	3	PA, QL (45 syringes / 90 days)
<i>pentoxifylline tab er 400 mg</i>	1	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
ZONTIVITY TAB 2.08MG	2	

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

ACTEMRA INJ 80MG/4ML	3	ST, PA, QL (5 vials / 28 days)
ACTEMRA INJ 162/0.9	3	ST, PA, QL (4 syringes / 28 days)
ACTEMRA INJ 200/10ML	3	ST, PA, QL (4 vials / 14 days)
ACTEMRA INJ 400/20ML	3	ST, PA, QL (2 vials / 14 days)
ENBREL INJ 25/0.5ML	3	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	3	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	3	PA, QL (8 vials / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	3	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI INJ 50MG/ML	3	PA, QL (8 cartridges / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	3	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA INJ 10/0.1ML	3	PA, QL (2 injections / 28 days)
HUMIRA INJ 10MG/0.2	3	PA, QL (2 injections / 28 days)
HUMIRA INJ 20/0.2ML	3	PA, QL (2 injections / 28 days)
HUMIRA INJ 40/0.4ML	3	PA, QL (4 injections / 28 days)
HUMIRA KIT 20MG/0.4	3	PA, QL (2 injections / 28 days)
HUMIRA KIT 40MG/0.8	3	PA, QL (4 injections / 28 days)
HUMIRA PEDIA INJ CROHNS	3	PA, QL (2 injections / 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIA INJ CROHNS	3	PA, QL (3 injections / 28 days); (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML	3	PA, QL (4 injections / 28 days)
HUMIRA PEN INJ CD/UC/HS	3	PA, QL (6 pens / 28 days)
HUMIRA PEN INJ PS/UV	3	PA, QL (4 pens / 28 days)
HUMIRA PEN KIT CD/UC/HS	3	PA, QL (1 kit / 28 days)
HUMIRA PEN KIT PS/UV	3	PA, QL (1 kit / 28 days)
KEVZARA INJ 150/1.14	3	PA, QL (2 pens / 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 150/1.14	3	PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14	3	PA, QL (2 pens / 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14	3	PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
RINVOQ TAB 15MG ER	3	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
SIMPONI ARIA SOL 50MG/4ML	3	PA, QL (200 mg / 8 weeks)

Drug Name	Drug Tier	Requirements/Limits
SIMPONI INJ 50/0.5ML	3	PA, QL (1 injection / 28 days)
SIMPONI INJ 100MG/ML	3	PA, QL (1 injection / 28 days)
SKYRIZI INJ 150DOSE	3	PA, QL (2 syringes / 12 weeks); Preferred agent for Psoriasis
STELARA INJ 45MG/0.5	3	PA, QL (1 syringe / 84 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
STELARA INJ 90MG/ML	3	PA, QL (1 syringe / 56 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
TALTZ INJ 80MG/ML	3	PA, QL (1 injection / 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	3	PA, QL (1 injection / 56 days); Preferred agent for Psoriasis
XELJANZ TAB 5MG	3	PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ TAB 10MG	3	PA, QL (60 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TAB 11MG	3	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ XR TAB 22MG	3	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>	1	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
OTEZLA TAB 10/20/30	3	PA, QL (55 tabs / 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	3	PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
<i>IMMUNOGLOBULIN</i>		
HYQVIA INJ 2.5-200	3	PA
HYQVIA INJ 5-400	3	PA
HYQVIA INJ 10-800	3	PA
HYQVIA INJ 20-1600	3	PA
HYQVIA INJ 30-2400	3	PA
<i>IMMUNOMODULATORS</i>		
ALFERON N INJ 5MU/ML	3	
INTRON A INJ 10MU	3	PA

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJ 18MU	3	PA
INTRON A INJ 25MU	3	PA
INTRON A INJ 50MU	3	PA
POMALYST CAP 1MG	3	PA, QL (21 caps / 28 days)
POMALYST CAP 2MG	3	PA, QL (21 caps / 28 days)
POMALYST CAP 3MG	3	PA, QL (21 caps / 28 days)
POMALYST CAP 4MG	3	PA, QL (21 caps / 28 days)
REVLIMID CAP 2.5MG	3	PA, QL (28 caps / 28 days)
REVLIMID CAP 5MG	3	PA, QL (28 caps / 28 days)
REVLIMID CAP 10MG	3	PA, QL (28 caps / 28 days)
REVLIMID CAP 15MG	3	PA, QL (28 caps / 28 days)
REVLIMID CAP 20MG	3	PA, QL (21 caps / 28 days)
REVLIMID CAP 25MG	3	PA, QL (21 caps / 28 days)
THALOMID CAP 50MG	3	PA, QL (28 caps / 28 days)
THALOMID CAP 100MG	3	PA, QL (28 caps / 28 days)
THALOMID CAP 150MG	3	PA, QL (56 caps / 28 days)
THALOMID CAP 200MG	3	PA, QL (56 caps / 28 days)

IMMUNOSUPPRESSANTS

<i>azathioprine tab 50 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
<i>everolimus tab 0.5 mg</i>	1	
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
<i>gengraf cap 25mg</i>	1	
<i>gengraf cap 100mg</i>	1	
<i>gengraf sol 100mg/ml</i>	1	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
ZORTRESS TAB 1MG	2	

Drug Name	Drug Tier	Requirements/Limits
VACCINES		
ACTHIB INJ	0	M
ADACEL INJ	0	
AFLURIA QUAD INJ 2020-21	0	
BEXSERO INJ	0	
BOOSTRIX INJ	0	
DAPTACEL INJ	0	M
DIP/TET PED INJ 25-5LFU	0	M
ENGERIX-B INJ 10/0.5ML	0	M
ENGERIX-B INJ 20MCG/ML	0	M
FLUAD INJ 2020-21	0	
FLUAD QUADRI INJ 0.5ML	0	
FLUARIX QUAD INJ 2020-21	0	
FLUBLOK QUAD INJ 2020-21	0	
FLUCLVX QUAD INJ 2020-21	0	
FLULAVAL QUA INJ 2020-21	0	
FLUMIST QUAD SUS 2020-21	0	
FLUZONE HD INJ PF 20-21	0	
FLUZONE QUAD INJ 2020-21	0	
GARDASIL 9 INJ	0	M
HAVRIX INJ 720UNIT	0	M
HAVRIX INJ 1440UNIT	0	M
HEPLISAV-B INJ 20/0.5ML	0	M
HEPLISAV-B INJ 20MCG	0	M
HIBERIX SOL 10MCG	0	M
INFANRIX INJ	0	M
IPOL INJ INACTIVE	0	M
KINRIX INJ	0	M
M-M-R II INJ	0	M
MENACTRA INJ	0	
MENVEO INJ	0	
PEDIARIX INJ 0.5ML	0	M
PEDVAX HIB INJ	0	M
PENTACEL INJ	0	M
PNEUMOVAX 23 INJ 25/0.5	0	
PREVNAR 13 INJ	0	
PROQUAD INJ	0	M
RECOMBIVA HB INJ 5MCG/0.5	0	M
RECOMBIVA HB INJ 10MCG/ML	0	M
RECOMBIVA-HB INJ 40MCG/ML	0	M
ROTARIX SUS	0	M
ROTATEQ SOL	0	M
SHINGRIX INJ 50/0.5ML	0	\$0 copay for members age 19 and older, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
TDVAX INJ 2-2 LF	0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	0	
TWINRIX INJ	0	M
VAQTA INJ 25/0.5ML	0	M
VAQTA INJ 50UNT/ML	0	M
VARIVAX INJ	0	M
ZOSTAVAX INJ	0	\$0 copay for members age 19 and older, otherwise not covered

MEDICAL DEVICES

CONTRACEPTIVES

CAYA DPR	0	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM	0	OTC
FEMCAP MIS 22MM	0	QL (1 / 300 days)
FEMCAP MIS 26MM	0	QL (1 / 300 days)
FEMCAP MIS 30MM	0	QL (1 / 300 days)
OMNIFLEX DPR	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 / 300 days)

DIABETIC SUPPLIES^

ACCU-CHEK LIQ SMART	2	OTC
ACCU-CHEK MIS MLTICLIX	2	OTC
ALCOH-WIPE MIS 12"X12"	2	
BAYER BREEZE KIT 2 SYSTEM	2	OTC
BD SWAB REG PAD SNGL USE	2	OTC
BREEZE 2 MIS TEST	2	QL (204 Test Strips / 25 days), OTC
CHEMSTRIP 9 TES STRIPS	2	OTC
CONTOUR KIT LINK 2.4	2	OTC
CONTOUR KIT MONITOR	2	OTC
CONTOUR TES BLD GLUC	2	QL (204 Test Strips / 25 days), OTC
DIASCREEN 10 MIS	2	OTC
DIASTIX TES STRIPS	2	OTC
INSULIN SYRG MIS 1ML/31G	2	OTC
KETO-DIASTIX TES	2	OTC

Drug Name	Drug Tier	Requirements/Limits
LANCING DEVI MIS	2	OTC
MONOJECTOR MIS END CAPS	2	OTC
NOVOFINE MIS 32GX6MM	2	OTC
SHARPS CONT MIS 2QUART	2	OTC

MISCELLANEOUS

AEROCHAMBER MIS PLUS	2	
FLEXICHAMBER MIS MASK SM	2	
HUMATROPEN MIS FOR 6MG	2	OTC
HUMATROPEN MIS FOR 12MG	2	OTC
HUMATROPEN MIS FOR 24MG	2	OTC
OPTICHAMBER MIS FACE MAS	2	OTC
PANDA MASK MIS PEDIATRI	2	OTC

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

FLUORABON DRO	0	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab chw 0.5mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab chw 0.25mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab chw 2.2mg</i>	1	
<i>fluoritab dro 0.125mg</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>flura-drops dro 0.25mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>k-effervesce tab 25meq ef</i>	1	
<i>klor-con 8 tab 8meq er</i>	1	
<i>klor-con 10 tab 10meq er</i>	1	
<i>klor-con m15 tab 15meq er</i>	1	
<i>klor-con m20 tab 20meq er</i>	1	
<i>ludent chw 0.5mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>ludent chw 0.25mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>ludent chw 1mg f</i>	1	
<i>nafrinse chw 1mg f</i>	1	
<i>nafrinse dro 0.125mg</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride flush iv soln 0.9%</i>	1	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$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>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	

IV REPLACEMENT SOLUTIONS

<i>sodium chloride iv soln 0.9%</i>	1	
<i>sodium chloride iv soln 0.45%</i>	1	
<i>sodium chloride iv soln 3%</i>	1	
<i>sodium chloride iv soln 5%</i>	1	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	1	

VITAMINS

<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	1	OTC
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>elite-ob tab</i>	1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>folic acid cap 0.8 mg</i>	0	QL (100 caps / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	QL (100 tabs / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid tab 800 mcg</i>	0	QL (100 tabs / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered
<i>multi-vit/fe dro /fl 0.25</i>	1	
<i>multi-vit/fl dro 0.5mg/ml</i>	1	
<i>multi-vit/fl dro 0.25mg</i>	1	
<i>multivit/fl chw 0.5mg</i>	1	
<i>multivit/fl chw 0.25mg</i>	1	
<i>multivit/fl chw 1mg</i>	1	
<i>mvc-fluoride chw 1mg</i>	1	
<i>niva-fol tab</i>	1	
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
<i>phytonadione tab 5 mg</i>	1	
<i>prenatabs rx tab</i>	1	
<i>pyridoxine hcl tab 25 mg</i>	1	OTC
<i>pyridoxine hcl tab 50 mg</i>	1	OTC
<i>tri-vit/fe dro /fl 0.25</i>	1	
<i>tri-vit/fl dro 0.5mg</i>	1	
<i>tri-vit/fl dro 0.25mg</i>	1	
<i>vit a/c/d/fl dro 0.25mg</i>	1	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	2	
BLEPHAMIDE SUS OP	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	

ANTI-INFECTIVES

AZASITE SOL 1%	2	
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentak oin 0.3% op</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polycin oin op</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>trifluridine ophth soln 1%</i>	1	
ZIRGAN GEL 0.15%	3	

ANTI-INFLAMMATORIES

ACUVAIL SOL 0.45%	2	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
DUREZOL EMU 0.05%	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
FML FORTE SUS 0.25% OP	2	
FML OIN 0.1% OP	2	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXIDEX SUS 0.1% OP	2	
NEVANAC SUS 0.1%	2	
PRED MILD SUS 0.12% OP	2	
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	1	

ANTIALLERGICS

ALOCRI SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	ST
BEPREVE DRO 1.5%	3	ST
<i>cromolyn sodium ophth soln 4%</i>	1	
EMADINE SOL 0.05% OP	3	ST
<i>epinastine hcl ophth soln 0.05%</i>	1	ST
<i>ketotif fum dro 0.025%op</i>	1	OTC
LASTACFT SOL 0.25%	2	ST

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	ST
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	ST
PAZEO DRO 0.7%	2	

ANTI GLAUCOMA

<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
AZOPT SUS 1% OP	2	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5%	3	
BETIMOL SOL 0.25%	3	
BETOPTIC-S SUS 0.25% OP	2	
<i>bimatoprost ophth soln 0.03%</i>	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
LUMIGAN SOL 0.01%	2	ST; PA**
<i>metipranolol ophth soln 0.3%</i>	1	
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
ZIOPTAN DRO 0.0015%	3	ST; PA**

MISCELLANEOUS

ATROPINE SUL SOL 1% OP	3	
CYSTARAN SOL 0.44%	3	PA, QL (4 bottles / 28 days)
LACRISERT MIS 5MG OP	3	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
RESTASIS EMU 0.05%	2	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	

OTHER

IRRIGATION SOLUTIONS

<i>physiolyte sol</i>	1	
<i>tis-u-sol sol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY		
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	(generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 0.15MG	2	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	QL (1 package / 25 days)
BEVESPI AER 9-4.8MCG	2	QL (1 package / 25 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes / 25 days)
ANTICHOLINERGICS		
INCRUSE ELPT INH 62.5MCG	2	QL (1 package / 25 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (5 boxes / 25 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
SPIRIVA AER 1.25MCG	2	QL (1 package / 25 days)
SPIRIVA CAP HANDIHLR	2	QL (1 package / 25 days)
SPIRIVA SPR 2.5MCG	2	QL (1 package / 25 days)
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 package / 25 days)
ANTI-HISTAMINES		
<i>all day allg cap 10mg</i>	1	OTC
<i>allergy relf tab 10mg</i>	1	OTC
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles / 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	QL (2 bottles / 25 days)
<i>brompheniramine tannate chew tab 12 mg</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>cetirizine hcl chew tab 5 mg</i>	1	OTC
<i>cetirizine hcl chew tab 10 mg</i>	1	OTC
<i>cetirizine hcl tab 5 mg</i>	1	OTC
<i>cetirizine hcl tab 10 mg</i>	1	OTC
<i>cetirizine sol 1mg/ml</i>	1	OTC
CLARINEX SYP 0.5MG/ML	3	ST
<i>clemastine fumarate tab 2.68 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<i>desloratadine tab 5 mg</i>	1	ST
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	ST

Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine tab orally disintegrating 5 mg</i>	1	ST
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
<i>fexofenadine hcl tab 60 mg</i>	1	OTC
<i>fexofenadine hcl tab 180 mg</i>	1	OTC
<i>fexofenadine sus 30mg/5ml</i>	1	OTC
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	1	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>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>loratadine cap 10 mg</i>	1	OTC
<i>loratadine syp 5mg/5ml</i>	1	OTC
<i>loratadine tab 10mg</i>	1	OTC
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 container / 25 days)

BETA AGONISTS

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 inhalers / 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (60 mL / 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (5 boxes / 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (5 boxes / 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (5 boxes / 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (45 mL / 25 days)
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	1	
<i>metaproterenol sulfate tab 10 mg</i>	1	
<i>metaproterenol sulfate tab 20 mg</i>	1	
STRIVERDI AER 2.5MCG	2	QL (1 package / 25 days)
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
BIOLOGIC RESPONSE MODIFIERS		
NUCALA INJ 100MG	3	PA, QL (3 injections / 28 days)
NUCALA INJ 100MG/ML	3	PA, QL (3 injections / 28 days)
XOLAIR INJ 75/0.5	3	PA, QL (2 syringes / 28 days)
XOLAIR INJ 150MG/ML	3	PA, QL (4 syringes / 28 days)
XOLAIR SOL 150MG	3	PA, QL (6 vials / 28 days)
COLD/COUGH		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>cheratussin syp ac</i>	1	OTC
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	
NORTUSS-EX LIQ 200-20/5	2	
<i>prometh vc/ syp codeine</i>	1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<i>tussigon tab 5-1.5mg</i>	1	
TUZISTRA XR SUS	3	
VITUZ SOL 5-4MG	3	
LEUKOTRIENE MODIFIERS		
<i>zileuton tab er 12hr 600 mg</i>	3	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (2 boxes / 25 days)
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DALIRESP TAB 250MCG	3	PA
DALIRESP TAB 500MCG	3	PA
ESBRIET CAP 267MG	3	PA, QL (270 caps / 30 days)
ESBRIET TAB 267MG	3	PA, QL (270 tabs / 30 days)
ESBRIET TAB 801MG	3	PA, QL (90 tabs / 30 days)
GLASSIA INJ	3	PA
KALYDECO PAK 25MG	3	PA, QL (56 packets / 28 days)

Drug Name	Drug Tier	Requirements/Limits
KALYDECO PAK 50MG	3	PA, QL (56 packets / 28 days)
KALYDECO PAK 75MG	3	PA, QL (56 packets / 28 days)
KALYDECO TAB 150MG	3	PA, QL (56 tabs / 28 days); carton consists of 56 tablets
KALYDECO TAB 150MG	3	PA, QL (60 tabs / 30 days); packet consists of 60 tablets
ORKAMBI GRA 100-125	3	PA, QL (56 packets / 28 days)
ORKAMBI GRA 150-188	3	PA, QL (56 packets / 28 days)
ORKAMBI TAB 100-125	3	PA, QL (112 tabs / 28 days)
ORKAMBI TAB 200-125	3	PA, QL (112 tabs / 28 days)
PROLASTIN-C INJ 1000MG	3	PA
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
SYMDEKO TAB 50-75MG	3	PA, QL (56 tabs / 28 days)
SYMDEKO TAB 100-150	3	PA, QL (56 tabs / 28 days)
TRIKAFTA TAB	3	PA, QL (84 tabs / 28 days)

NASAL STEROIDS

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 containers / 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 container / 25 days)
<i>fluticasone spr 50mcg</i>	1	QL (1 container / 25 days), OTC
OMNARIS SPR	3	ST, QL (1 package / 25 days); PA**
<i>rhinocort sus allergy</i>	1	QL (1 bottle / 25 days), OTC
<i>triamcinolone acetate nasal aerosol suspension 55 mcg/act</i>	1	QL (1 bottle / 25 days), OTC

STEROID INHALANTS

ARNUITY ELPT INH 50MCG	2	QL (1 package / 25 days)
ARNUITY ELPT INH 100MCG	2	QL (1 package / 25 days)
ARNUITY ELPT INH 200MCG	2	QL (1 package / 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (2 boxes / 25 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (3 boxes / 25 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (1 box / 25 days)
QVAR REDIIHA AER 80MCG	2	QL (2 packages / 25 days)
QVAR REDIIHAL AER 40MCG	2	QL (2 packages / 25 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	1	QL (1 package / 25 days)
ADVAIR DISKU AER 250/50	1	QL (1 package / 25 days)
ADVAIR DISKU AER 500/50	1	QL (1 package / 25 days)
ADVAIR HFA AER 45/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 115/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 230/21	2	QL (1 package / 25 days)
BREO ELLIPTA INH 100-25	2	QL (1 package / 25 days)
BREO ELLIPTA INH 200-25	2	QL (1 package / 25 days)
SYMBICORT AER 80-4.5	2	QL (1 package / 25 days)

Drug Name	Drug Tier	Requirements/Limits
SYMBICORT AER 160-4.5	2	QL (1 package / 25 days)

XANTHINES

<i>theochron tab 100mg cr</i>	1	
<i>theochron tab 200mg cr</i>	1	
<i>theochron tab 300mg cr</i>	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

TOPICAL

DERMATOLOGY, ACNE

<i>acne cleansi bar 10%</i>	1	OTC
<i>acne medicat gel 5%</i>	1	OTC
ACNE MEDICAT LOT 5%	1	OTC
ACNE MEDICAT LOT 10%	1	OTC
<i>adapalene cream 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene gel 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene gel 0.3%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	ST
<i>avita cre 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>avita gel 0.025%</i>	1	PA; PA applies for members age 35 and older
BENZIQU GEL 5.25%	2	ST
BENZIQU LS GEL 2.75%	2	ST
<i>benziq wash liq 5.25%</i>	1	ST
<i>benzoyl per gel 10%</i>	1	OTC
<i>benzoyl per liq 5% wash</i>	1	OTC
BENZOYL PER LIQ 6%	1	OTC
<i>benzoyl per liq 10% wash</i>	1	OTC
BENZOYL PEROXIDE GEL 2.5%	1	OTC
<i>benzoyl peroxide gel 5%</i>	1	OTC
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>bp gel gel 10%</i>	1	OTC
<i>bp wash liq 2.5%</i>	1	ST
<i>bp wash liq 5%</i>	1	OTC
<i>clean&clear cre 10%</i>	1	OTC
CLEAR PORE LIQ 3.5%	1	OTC
CLINDACIN KIT PAC 1%	3	
<i>clindacin mis etz 1%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL (75g / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate lotion 1%</i>	1	QL (60mL / 25 days)
<i>clindamycin phosphate soln 1%</i>	1	QL (60mL / 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>creamy face liq wash 4%</i>	1	OTC
EPIDUO FORTE GEL 0.3-2.5%	3	ST
<i>ery pad 2%</i>	1	
<i>erythromycin gel 2%</i>	1	QL (60g / 25 days)
<i>erythromycin soln 2%</i>	1	QL (60mL / 25 days)
<i>isotretinoin cap 10 mg</i>	1	PA
<i>isotretinoin cap 20 mg</i>	1	PA
<i>isotretinoin cap 30 mg</i>	1	PA
<i>isotretinoin cap 40 mg</i>	1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>targetd acne cre 2.5%</i>	1	OTC
<i>tretinoin cream 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	1	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

FLUOROPLEX CRE 1%	3	
<i>fluorouracil cream 0.5%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
<i>imiquimod cream 5%</i>	1	
PICATO GEL 0.05%	3	
PICATO GEL 0.015%	3	

DERMATOLOGY, ANTIBIOTICS

<i>bacitracin oin 500/gm</i>	1	OTC
CENTANY AT KIT 2%	3	ST
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
IV PREP WIPE PAD	2	OTC
<i>mupirocin oint 2%</i>	1	QL (30g / 25 days)
<i>silver sulfadiazine cream 1%</i>	1	
<i>ssd cre 1%</i>	1	
SULFAMYLON CRE 85MG/GM	3	
<i>triple antib oin</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIFUNGALS		
<i>anti-fungal pow 1%</i>	1	OTC
<i>anti-fungal sol 1%</i>	1	OTC
<i>antifungal cre 1%</i>	1	OTC
<i>antifungal cre 2%</i>	1	OTC
<i>ath foot spr aer 1%</i>	1	OTC
<i>athlete foot aer 2%</i>	1	OTC
<i>butenafine hcl cream 1%</i>	1	OTC
<i>ciclopirox gel 0.77%</i>	1	ST, QL (120g / 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	ST, QL (120g / 25 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	ST, QL (120mL / 25 days)
<i>ciclopirox shampoo 1%</i>	1	QL (120mL / 25 days)
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole cream 1%</i>	1	OTC
<i>clotrimazole cream 1%</i>	1	ST, QL (120g / 25 days)
<i>clotrimazole soln 1%</i>	1	OTC
<i>clotrimazole soln 1%</i>	1	QL (120mL / 25 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (60gm / 25 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	QL (60mL / 25 days)
<i>cruex aer 2%</i>	1	OTC
<i>econazole nitrate cream 1%</i>	1	ST, QL (60g / 25 days)
ERTACZO CRE 2%	3	QL (60g / 25 days)
EXELDERM CRE 1%	3	ST, QL (60g / 25 days); PA**
EXELDERM SOL 1%	3	ST, QL (60mL / 25 days); PA**
JUBLIA SOL 10%	3	PA, QL (4mL / 21 days)
<i>ketconazole cream 2%</i>	1	ST, QL (120g / 25 days)
LAMISIL ADV GEL 1%	1	OTC
LAMISIL AT SPR 1%	1	OTC
LOTRIMIN AF AER 2%	1	OTC
LOTRIMIN ULT CRE 1%	1	OTC
MENTAX CRE 1%	3	QL (60g / 25 days)
<i>miconazorb pow af 2%</i>	1	OTC
<i>naftifine hcl cream 1%</i>	1	ST, QL (60g / 25 days)
<i>naftifine hcl cream 2%</i>	1	ST, QL (60g / 25 days)
<i>nyamyc pow 100000</i>	1	ST, QL (120g / 25 days)
<i>nystatin cream 100000 unit/gm</i>	1	ST, QL (120g / 25 days)
<i>nystatin oint 100000 unit/gm</i>	1	ST, QL (120g / 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	QL (60g / 25 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	QL (60g / 25 days)
<i>nystop pow 100000</i>	1	ST, QL (120g / 25 days)
<i>oxiconazole nitrate cream 1%</i>	1	ST, QL (60g / 25 days)
OXISTAT LOT 1%	3	ST, QL (60mL / 25 days)
<i>sulconazole nitrate cream 1%</i>	1	QL (60g / 25 days)
<i>terbinafine cre 1%</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>tolnaftate aerosol pow 1%</i>	1	OTC
<i>triple paste oin af 2%</i>	1	OTC

DERMATOLOGY, ANTIPRURITIC

<i>doxepin hcl cream 5%</i>	3	ST, QL (90 grams / 25 days); PA**
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DERMATOLOGY, ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcitriol oint 3 mcg/gm</i>	3	
COSENTYX INJ 150MG/ML	3	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE	3	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	3	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	3	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>methoxsalen rapid cap 10 mg</i>	1	
<i>tazarotene cream 0.1%</i>	1	PA
TAZORAC CRE 0.05%	2	PA
TAZORAC GEL 0.1%	2	PA
TAZORAC GEL 0.05%	2	PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	

DERMATOLOGY, CORTICOSTEROIDS

<i>alclometasone dipropionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>amcinonide cream 0.1%</i>	1	QL (120g / 25 days)
<i>amcinonide lotion 0.1%</i>	1	QL (120mL / 25 days)
AMCINONIDE OIN 0.1%	2	QL (120g / 25 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (120g / 25 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (120g / 25 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (120mL / 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (120g / 25 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	3	
<i>clobetasol propionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate foam 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate gel 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>clobetasol propionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (120mL / 25 days)
<i>clobetasol propionate soln 0.05%</i>	1	QL (120mL / 25 days)
<i>clobetasol propionate spray 0.05%</i>	1	QL (120mL / 25 days)
<i>clocortolone pivalate cream 0.1%</i>	1	QL (120g / 25 days)
<i>desonide cream 0.05%</i>	1	QL (120g / 25 days)
<i>desonide lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>desonide oint 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone cream 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone cream 0.25%</i>	1	QL (120g / 25 days)
<i>desoximetasone gel 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone oint 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone oint 0.25%</i>	1	QL (120g / 25 days)
<i>diflorasone diacetate cream 0.05%</i>	3	QL (120g / 25 days)
<i>diflorasone diacetate oint 0.05%</i>	3	QL (120g / 25 days)
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (120mL / 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (120mL / 25 days)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (120mL / 25 days)
<i>fluocinonide cream 0.05%</i>	1	QL (120g / 25 days)
<i>fluocinonide gel 0.05%</i>	1	QL (120g / 25 days)
<i>fluocinonide oint 0.05%</i>	1	QL (120g / 25 days)
<i>fluocinonide soln 0.05%</i>	1	QL (120mL / 25 days)
<i>fluticasone propionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120g / 25 days)
<i>halobetasol propionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120g / 25 days)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120g / 25 days)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (120mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone cream 1%</i>	1	QL (120g / 25 days)
<i>hydrocortisone cream 2.5%</i>	1	QL (120g / 25 days)
<i>hydrocortisone lotion 2.5%</i>	1	QL (120mL / 25 days)
<i>hydrocortisone oint 2.5%</i>	1	QL (120g / 25 days)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (120g / 25 days)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120g / 25 days)
<i>mometasone furoate cream 0.1%</i>	1	QL (120g / 25 days)
<i>mometasone furoate oint 0.1%</i>	1	QL (120g / 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120mL / 25 days)
<i>prednicarbate cream 0.1%</i>	1	QL (120g / 25 days)
<i>prednicarbate oint 0.1%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (120mL / 25 days)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (120mL / 25 days)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (120g / 25 days)
<i>triderm cre 0.1%</i>	1	QL (120g / 25 days)

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine hcl soln 4%</i>	1	QL (50mL / 25 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60mL / 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (60mL / 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30gm / 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	
SYNERA DIS 70-70MG	3	QL (2 patches / 25 days)

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

AVAGE CRE 0.1%	3	
CONDYLOX GEL 0.5%	3	
DENAVIR CRE 1%	3	ST
<i>diclofenac sodium gel 1%</i>	1	QL (300g / 25 days)
<i>diclofenac sodium gel 1%</i>	1	QL (300g / 25 days), OTC
<i>docosanol cream 10%</i>	1	OTC
EUCRISA OIN 2%	2	ST; PA**
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 10%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
<i>podofilox soln 0.5%</i>	1	
RECTIV OIN 0.4%	3	
<i>tacrolimus oint 0.1%</i>	1	
<i>tacrolimus oint 0.03%</i>	1	
TARGRETIN GEL 1%	3	PA
VOLTAREN GEL 1%	1	QL (300g / 25 days), OTC

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ROSACEA		
azelaic acid gel 15%	1	
FINACEA AER 15%	2	
metronidazole cream 0.75%	1	
metronidazole gel 0.75%	1	
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	
MIRVASO GEL 0.33%	3	
rosadan cre 0.75%	1	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotan lot 10%	1	
EURAX CRE 10%	3	
lice treatmt lot 1%	1	OTC
lice trtmnt liq 1%	1	OTC
lindane shampoo 1%	1	
malathion lotion 0.5%	1	
permethrin cream 5%	1	
SKLICE LOT 0.5%	3	ST
spinosad susp 0.9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX GEL 0.01%	3	PA
sodium chloride irrigation soln 0.9%	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	1	
chlorhexidine gluconate soln 0.12%	1	
clotrimazole troche 10 mg	1	
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
nystatin susp 100000 unit/ml	1	
oralone dent pst 0.1%	1	
perlogard sol 0.12%	1	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
triamcinolone acetonide dental paste 0.1%	1	
OTIC		
acetic acid otic soln 2%	1	
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
COLY-MYCIN S SUS OTIC	3	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	

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atomoxetine hcl cap 10 mg (base equiv)	50
atomoxetine hcl cap 100 mg (base equiv)	50
atomoxetine hcl cap 18 mg (base equiv)	50
atomoxetine hcl cap 25 mg (base equiv)	50
atomoxetine hcl cap 40 mg (base equiv)	50
atomoxetine hcl cap 60 mg (base equiv)	50
atomoxetine hcl cap 80 mg (base equiv)	50
atorvastatin calcium tab 10 mg (base equivalent)	29
atorvastatin calcium tab 20 mg (base equivalent)	29
atorvastatin calcium tab 40 mg (base equivalent)	29
atorvastatin calcium tab 80 mg (base equivalent)	29
atovaquone susp 750 mg/5ml.....	8
atovaquone-proguanil hcl tab 250-100 mg	9
atovaquone-proguanil hcl tab 62.5-25 mg	9
ATROPINE SUL SOL 1% OP	88
AUBAGIO TAB 14MG.....	54
AUBAGIO TAB 7MG	54
AUGMENTIN SUS 125/5ML	16
AVAGE CRE 0.1%	98
aviane tab	61
avidoxy tab 100mg.....	16
avita cre 0.025%	93
avita gel 0.025%	93
AVONEX KIT 30MCG	54
AVONEX PEN KIT 30MCG.....	54
AVONEX PREFL KIT 30MCG.....	54
azacitidine for inj 100 mg	18
AZASITE SOL 1%.....	86
azathioprine tab 50 mg	81
azelaic acid gel 15%	99
azelastine hcl nasal spray 0.1% (137 mcg/spray)	89
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	89
azelastine hcl ophth soln 0.05%.....	87
azelastine hcl-fluticasone prop nasal spray 137- 50 mcg/act	89
azithromycin for susp 100 mg/5ml	14
azithromycin for susp 200 mg/5ml	14
azithromycin powd pack for susp 1 gm	14
azithromycin tab 250 mg	14
azithromycin tab 500 mg	14
azithromycin tab 600 mg	14
AZOPT SUS 1% OP.....	88
aztreonam for inj 1 gm	8
aztreonam for inj 2 gm	8
azurette tab 28 day	61
B	
bacitracin oin 500/gm	94
bacitracin ophth oint 500 unit/gm	86
bacitracin-polymyxin b ophth oint	86
bacitracin-polymyxin-neomycin-hc ophth oint 1%	86
baclofen tab 10 mg	55
baclofen tab 20 mg	55
baclofen tab 5 mg	55
BALCOLTRA TAB 0.1-20	61
balsalazide disodium cap 750 mg	72
BANZEL SUS 40MG/ML	38
BANZEL TAB 200MG	38
BANZEL TAB 400MG	38
BARACLUDGE SOL.....	12
BASAGLAR INJ 100UNIT.....	58
BAYER BREEZE KIT 2 SYSTEM	83
BD SWAB REG PAD SNGL USE	83
BELBUCA MIS 150MCG	7
BELBUCA MIS 300MCG	7
BELBUCA MIS 450MCG	7
BELBUCA MIS 600MCG	7
BELBUCA MIS 750MCG	7
BELBUCA MIS 75MCG	7
BELBUCA MIS 900MCG	7
BELSOMRA TAB 10MG.....	52
BELSOMRA TAB 15MG.....	52
BELSOMRA TAB 20MG.....	52
BELSOMRA TAB 5MG	52
benazepril & hydrochlorothiazide tab 10-12.5 mg	24
benazepril & hydrochlorothiazide tab 20-12.5 mg	24

<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	82
.....	24
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	20
.....	24
<i>benazepril hcl tab 10 mg</i>	11
<i>benazepril hcl tab 20 mg</i>	88
<i>benazepril hcl tab 40 mg</i>	9
<i>benazepril hcl tab 5 mg</i>	9
BENZIQL GEL 5.25%	9
BENZIQL LS GEL 2.75%	30
<i>benziq wash liq 5.25%</i>	30
<i>benzonatate cap 100 mg</i>	30
<i>benzonatate cap 200 mg</i>	30
<i>benzoyl per gel 10%</i>	31
<i>benzoyl per liq 10% wash</i>	31
<i>benzoyl per liq 5% wash</i>	18
BENZOYL PER LIQ 6%	18
BENZOYL PEROXIDE GEL 2.5%	86
<i>benzoyl peroxide gel 5%</i>	86
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	82
<i>benztropine mesylate tab 0.5 mg</i>	37
<i>benztropine mesylate tab 1 mg</i>	37
<i>benztropine mesylate tab 2 mg</i>	21
BEPREVE DRO 1.5%	21
BESIVANCE SUS 0.6%	21
<i>betamethasone dipropionate augmented cream</i>	21
<i>0.05%</i>	93
<i>betamethasone dipropionate augmented gel</i>	93
<i>0.05%</i>	93
<i>betamethasone dipropionate augmented lotion</i>	93
<i>0.05%</i>	93
<i>betamethasone dipropionate augmented oint</i>	93
<i>0.05%</i>	93
<i>betamethasone dipropionate cream 0.05%</i>	96
<i>betamethasone dipropionate lotion 0.05%</i>	96
<i>betamethasone dipropionate oint 0.05%</i>	97
<i>betamethasone valerate aerosol foam 0.12%</i>	97
<i>betamethasone valerate cream 0.1% (base</i>	97
<i>equivalent)</i>	97
<i>betamethasone valerate lotion 0.1% (base</i>	97
<i>equivalent)</i>	97
<i>betamethasone valerate oint 0.1% (base</i>	97
<i>equivalent)</i>	97
BETASERON INJ 0.3MG	54
<i>betaxolol hcl ophth soln 0.5%</i>	88
<i>betaxolol hcl tab 10 mg</i>	31
<i>betaxolol hcl tab 20 mg</i>	31
<i>bethanechol chloride tab 10 mg</i>	75
<i>bethanechol chloride tab 25 mg</i>	75
<i>bethanechol chloride tab 5 mg</i>	75
<i>bethanechol chloride tab 50 mg</i>	75
BETIMOL SOL 0.25%	88
BETIMOL SOL 0.5%	88
BETOPTIC-S SUS 0.25% OP	88
BEVESPI AER 9-4.8MCG	89
<i>bexarotene cap 75 mg</i>	23
BEXSERO INJ	82
<i>bicalutamide tab 50 mg</i>	20
BIKTARVY TAB	11
<i>bimatoprost ophth soln 0.03%</i>	88
BIO-STATIN CAP 1000000	9
BIO-STATIN CAP 500000	9
<i>bio-statin pow</i>	9
<i>bisoprolol & hydrochlorothiazide tab 10-6.25</i>	30
<i>mg</i>	30
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25</i>	30
<i>mg</i>	30
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	30
.....	30
<i>bisoprolol fumarate tab 10 mg</i>	31
<i>bisoprolol fumarate tab 5 mg</i>	31
<i>bleomycin sulfate for inj 15 unit</i>	18
<i>bleomycin sulfate for inj 30 unit</i>	18
BLEPHAMIDE OIN S.O.P.	86
BLEPHAMIDE SUS OP	86
BOOSTRIX INJ	82
<i>bosentan tab 125 mg</i>	37
<i>bosentan tab 62.5 mg</i>	37
BOSULIF TAB 100MG	21
BOSULIF TAB 400MG	21
BOSULIF TAB 500MG	21
<i>bp gel gel 10%</i>	93
<i>bp wash liq 2.5%</i>	93
<i>bp wash liq 5%</i>	93
BREEZE 2 MIS TEST	83
BREO ELLIPTA INH 100-25	92
BREO ELLIPTA INH 200-25	92
BRILINTA TAB 60MG	78
BRILINTA TAB 90MG	78
<i>brimonidine tartrate ophth soln 0.15%</i>	88
<i>brimonidine tartrate ophth soln 0.2%</i>	88
BRIVIACT INJ 50MG/5ML	38
BRIVIACT SOL 10MG/ML	38
BRIVIACT TAB 100MG	38
BRIVIACT TAB 10MG	38
BRIVIACT TAB 25MG	38
BRIVIACT TAB 50MG	38
BRIVIACT TAB 75MG	38
<i>bromfenac sodium ophth soln 0.09% (base</i>	87
<i>equiv) (once-daily)</i>	87
<i>bromocriptine mesylate cap 5 mg (base</i>	46
<i>equivalent)</i>	46
<i>bromocriptine mesylate tab 2.5 mg (base</i>	46
<i>equivalent)</i>	46
<i>brompheniramine tannate chew tab 12 mg</i>	89
<i>budesonide delayed release particles cap 3 mg</i>	72
.....	72
<i>budesonide inhalation susp 0.25 mg/2ml</i>	92
<i>budesonide inhalation susp 0.5 mg/2ml</i>	92
<i>budesonide inhalation susp 1 mg/2ml</i>	92
<i>bumetanide tab 0.5 mg</i>	34
<i>bumetanide tab 1 mg</i>	34

<i>bumetanide tab 2 mg</i>	34
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	7
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	7
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2
<i>bupropion hcl tab 100 mg</i>	42
<i>bupropion hcl tab 75 mg</i>	42
<i>bupropion hcl tab er 12hr 100 mg</i>	42
<i>bupropion hcl tab er 12hr 150 mg</i>	42
<i>bupropion hcl tab er 12hr 200 mg</i>	42
<i>bupropion hcl tab er 24hr 150 mg</i>	42
<i>bupropion hcl tab er 24hr 300 mg</i>	42
<i>bupirone hcl tab 10 mg</i>	53
<i>bupirone hcl tab 15 mg</i>	53
<i>bupirone hcl tab 30 mg</i>	53
<i>bupirone hcl tab 5 mg</i>	53
<i>bupirone hcl tab 7.5 mg</i>	53
<i>busulfan inj 6 mg/ml</i>	17
<i>butalbital-acetaminophen-caff w/ cod cap 50- 300-40-30 mg</i>	3
<i>butalbital-acetaminophen-caffeine cap 50-300- 40 mg</i>	1
<i>butalbital-acetaminophen-caffeine cap 50-325- 40 mg</i>	1
<i>butalbital-acetaminophen-caffeine tab 50-325- 40 mg</i>	1
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> ..	1
<i>butenafine hcl cream 1%</i>	95
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	3
BYSTOLIC TAB 10MG	31
BYSTOLIC TAB 2.5MG	31
BYSTOLIC TAB 20MG	31
BYSTOLIC TAB 5MG.....	31
BYVALSON TAB 5-80MG.....	26
C	
<i>cabergoline tab 0.5 mg</i>	67
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	96
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	97
<i>calcitonin (salmon) nasal soln 200 unit/act</i> ...	67
<i>calcitriol cap 0.25 mcg</i>	85
<i>calcitriol cap 0.5 mcg</i>	85
<i>calcitriol oint 3 mcg/gm</i>	96
<i>calcitriol oral soln 1 mcg/ml</i>	85
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	68

<i>calcium acetate (phosphate binder) tab 667 mg</i>	68
CALQUENCE CAP 100MG	21
<i>camila tab 0.35mg</i>	61
CAMPTOSAR INJ 300/15ML.....	24
<i>candesartan cilexetil tab 16 mg</i>	27
<i>candesartan cilexetil tab 32 mg</i>	27
<i>candesartan cilexetil tab 4 mg</i>	27
<i>candesartan cilexetil tab 8 mg</i>	27
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	26
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	26
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	26
<i>capecitabine tab 150 mg</i>	18
<i>capecitabine tab 500 mg</i>	18
CAPRELSA TAB 100MG.....	21
CAPRELSA TAB 300MG.....	21
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	24
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	24
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	24
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	24
<i>captopril tab 100 mg</i>	25
<i>captopril tab 12.5 mg</i>	25
<i>captopril tab 25 mg</i>	25
<i>captopril tab 50 mg</i>	25
<i>carbamazepine cap er 12hr 100 mg</i>	38
<i>carbamazepine cap er 12hr 200 mg</i>	38
<i>carbamazepine cap er 12hr 300 mg</i>	38
<i>carbamazepine chew tab 100 mg</i>	38
<i>carbamazepine susp 100 mg/5ml</i>	38
<i>carbamazepine tab 200 mg</i>	38
<i>carbamazepine tab er 12hr 100 mg</i>	38
<i>carbamazepine tab er 12hr 200 mg</i>	38
<i>carbamazepine tab er 12hr 400 mg</i>	38
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	46
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	46
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	46
<i>carbidopa & levodopa tab 10-100 mg</i>	46
<i>carbidopa & levodopa tab 25-100 mg</i>	46
<i>carbidopa & levodopa tab 25-250 mg</i>	46
<i>carbidopa & levodopa tab er 25-100 mg</i>	46
<i>carbidopa & levodopa tab er 50-200 mg</i>	46
<i>carbidopa tab 25 mg</i>	46
<i>carbidopa-levodopa-entacapone tabs 12.5-50- 200 mg</i>	46
<i>carbidopa-levodopa-entacapone tabs 18.75-75- 200 mg</i>	46

<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	46	<i>cefprozil for susp 125 mg/5ml</i>	13
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	46	<i>cefprozil for susp 250 mg/5ml</i>	13
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	46	<i>cefprozil tab 250 mg</i>	13
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	46	<i>cefprozil tab 500 mg</i>	13
<i>carbinoxamine maleate tab 4 mg</i>	89	<i>ceftazidime for inj 2 gm</i>	13
<i>carboplatin iv soln 150 mg/15ml</i>	23	<i>ceftibuten cap 400 mg</i>	13
<i>carboplatin iv soln 450 mg/45ml</i>	23	<i>ceftibuten for susp 180 mg/5ml</i>	13
<i>carboplatin iv soln 50 mg/5ml</i>	23	CEFTIN SUS 125/5ML	13
<i>carboplatin iv soln 600 mg/60ml</i>	23	CEFTIN SUS 250/5ML	14
CARDIZEM LA TAB 120MG	32	<i>ceftriaxone sodium for inj 1 gm</i>	14
CARDURA XL TAB 4MG	74	<i>ceftriaxone sodium for inj 10 gm</i>	14
CARDURA XL TAB 8MG	74	<i>ceftriaxone sodium for inj 2 gm</i>	14
<i>carisoprodol tab 250 mg</i>	55	<i>ceftriaxone sodium for inj 250 mg</i>	14
<i>carisoprodol tab 350 mg</i>	55	<i>ceftriaxone sodium for inj 500 mg</i>	14
<i>carmustine for inj 100 mg</i>	17	<i>ceftriaxone sodium for iv soln 1 gm</i>	14
<i>carteolol hcl ophth soln 1%</i>	88	<i>ceftriaxone sodium for iv soln 2 gm</i>	14
<i>cartia xt cap 120/24hr</i>	32	<i>cefuroxime axetil tab 250 mg</i>	14
<i>cartia xt cap 180/24hr</i>	32	<i>cefuroxime axetil tab 500 mg</i>	14
<i>cartia xt cap 240/24hr</i>	32	<i>celecoxib cap 100 mg</i>	1
<i>cartia xt cap 300/24hr</i>	32	<i>celecoxib cap 200 mg</i>	1
<i>carvedilol tab 12.5 mg</i>	31	<i>celecoxib cap 50 mg</i>	1
<i>carvedilol tab 25 mg</i>	31	CELONTIN CAP 300MG	38
<i>carvedilol tab 3.125 mg</i>	31	CENTANY AT KIT 2%	94
<i>carvedilol tab 6.25 mg</i>	31	<i>cephalexin cap 250 mg</i>	14
CAYA DPR	83	<i>cephalexin cap 500 mg</i>	14
CAYSTON INH 75MG	8	<i>cephalexin cap 750 mg</i>	14
<i>caziant pak</i>	61	<i>cephalexin for susp 125 mg/5ml</i>	14
<i>cefaclor cap 250 mg</i>	13	<i>cephalexin for susp 250 mg/5ml</i>	14
<i>cefaclor cap 500 mg</i>	13	<i>cephalexin tab 250 mg</i>	14
<i>cefaclor for susp 125 mg/5ml</i>	13	<i>cephalexin tab 500 mg</i>	14
<i>cefaclor for susp 250 mg/5ml</i>	13	CERDELGA CAP 84MG	64
<i>cefaclor for susp 375 mg/5ml</i>	13	<i>cetirizine hcl chew tab 10 mg</i>	89
<i>cefadroxil cap 500 mg</i>	13	<i>cetirizine hcl chew tab 5 mg</i>	89
<i>cefadroxil for susp 250 mg/5ml</i>	13	<i>cetirizine hcl tab 10 mg</i>	89
<i>cefadroxil for susp 500 mg/5ml</i>	13	<i>cetirizine hcl tab 5 mg</i>	89
<i>cefadroxil tab 1 gm</i>	13	<i>cetirizine sol 1mg/ml</i>	89
<i>cefdinir cap 300 mg</i>	13	<i>cevimeline hcl cap 30 mg</i>	99
<i>cefdinir for susp 125 mg/5ml</i>	13	CHANTIX PAK 0.5& 1MG	56
<i>cefdinir for susp 250 mg/5ml</i>	13	CHANTIX PAK 1MG	56
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	13	CHANTIX TAB 0.5MG	56
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	13	CHANTIX TAB 1MG	56
<i>cefepime hcl for inj 1 gm</i>	13	<i>chateal tab 0.15/30</i>	61
<i>cefepime hcl for inj 2 gm</i>	13	CHEMET CAP 100MG	61
<i>cefixime cap 400 mg</i>	13	CHEMSTRIP 9 TES STRIPS	83
<i>cefixime for susp 100 mg/5ml</i>	13	<i>cheratussin syp ac</i>	91
<i>cefixime for susp 200 mg/5ml</i>	13	<i>chlorhexidine gluconate soln 0.12%</i>	99
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	13	<i>chloroquine phosphate tab 250 mg</i>	9
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	13	<i>chloroquine phosphate tab 500 mg</i>	9
<i>cefpodoxime proxetil tab 100 mg</i>	13	<i>chlorothiazide tab 250 mg</i>	34
<i>cefpodoxime proxetil tab 200 mg</i>	13	<i>chlorothiazide tab 500 mg</i>	34
		<i>chlorpromazine hcl tab 10 mg</i>	47
		<i>chlorpromazine hcl tab 100 mg</i>	48
		<i>chlorpromazine hcl tab 200 mg</i>	48
		<i>chlorpromazine hcl tab 25 mg</i>	47
		<i>chlorpromazine hcl tab 50 mg</i>	47
		<i>chlorthalidone tab 25 mg</i>	34

<i>chlorthalidone tab 50 mg</i>	34	CITRANATAL MIS 90 DHA	85
<i>chlorzoxazone tab 500 mg</i>	55	CITRANATAL MIS B-CALM	85
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	85	CITRANATAL PAK ASSURE	85
<i>cholestyramine light powder 4 gm/dose</i>	29	CITRANATAL PAK DHA	85
<i>cholestyramine light powder packets 4 gm</i> ...	29	CITRANATAL TAB BLOOM	85
<i>cholestyramine powder 4 gm/dose</i>	29	CITRANATAL TAB RX	85
<i>cholestyramine powder packets 4 gm</i>	29	<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	18
CHOR GONADOT INJ 10000UNT	66	CLARINEX SYP 0.5MG/ML	89
<i>ciclopirox gel 0.77%</i>	95	<i>clarithromycin for susp 125 mg/5ml</i>	14
<i>ciclopirox olamine cream 0.77% (base equiv)</i>		<i>clarithromycin for susp 250 mg/5ml</i>	14
.....	95	<i>clarithromycin tab 250 mg</i>	14
<i>ciclopirox olamine susp 0.77% (base equiv)</i> .	95	<i>clarithromycin tab 500 mg</i>	14
<i>ciclopirox shampoo 1%</i>	95	<i>clarithromycin tab er 24hr 500 mg</i>	14
<i>ciclopirox solution 8%</i>	95	<i>clean&clear cre 10%</i>	93
<i>cilostazol tab 100 mg</i>	77	CLEAR PORE LIQ 3.5%.....	93
<i>cilostazol tab 50 mg</i>	77	<i>clemastine fumarate tab 2.68 mg</i>	89
CIMDUO TAB 300-300	11	CLENPIQ SOL.....	72
<i>cimetidine hcl soln 300 mg/5ml</i>	71	CLEOCIN SUP 100MG.....	75
<i>cimetidine tab 200 mg</i>	71	CLIMARA PRO DIS WEEKLY	64
<i>cimetidine tab 300 mg</i>	71	CLINDACIN KIT PAC 1%.....	93
<i>cimetidine tab 400 mg</i>	71	<i>clindacin mis etz 1%</i>	93
<i>cimetidine tab 800 mg</i>	71	<i>clindamycin hcl cap 150 mg</i>	8
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	61	<i>clindamycin hcl cap 300 mg</i>	8
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	61	<i>clindamycin hcl cap 75 mg</i>	8
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	61	<i>clindamycin palmitate hcl for soln 75 mg/5ml</i>	
CIPRO (10%) SUS 500MG/5	15	(base equiv).....	8
CIPRO HC SUS OTIC.....	99	<i>clindamycin phosphate foam 1%</i>	93
CIPRODEX SUS 0.3-0.1%.....	99	<i>clindamycin phosphate gel 1%</i>	93
<i>ciprofloxacin for oral susp 500 mg/5ml (10%)</i>		<i>clindamycin phosphate lotion 1%</i>	94
(10 gm/100ml).....	15	<i>clindamycin phosphate soln 1%</i>	94
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>		<i>clindamycin phosphate vaginal cream 2%</i>	75
<i>equivalent)</i>	86	<i>clindamycin phosphate-benzoyl peroxide gel</i>	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	15	1.2-2.5%	94
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	15	<i>clindamycin phosphate-benzoyl peroxide gel 1-</i>	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	15	5%	94
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	15	<i>clindamycin phosph-benzoyl peroxide (refrig)</i>	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000</i>		<i>gel 1.2 (1)-5%</i>	93
<i>mg(base eq)</i>	15	<i>clobazam suspension 2.5 mg/ml</i>	38
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500</i>		<i>clobazam tab 10 mg</i>	38
<i>mg (base eq)</i>	15	<i>clobazam tab 20 mg</i>	38
<i>ciprofloxacin-dexamethasone otic susp 0.3-</i>		<i>clobetasol propionate cream 0.05%</i>	97
<i>0.1%</i>	99	<i>clobetasol propionate foam 0.05%</i>	97
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	23	<i>clobetasol propionate gel 0.05%</i>	97
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	23	<i>clobetasol propionate lotion 0.05%</i>	97
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	23	<i>clobetasol propionate oint 0.05%</i>	97
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>		<i>clobetasol propionate shampoo 0.05%</i>	97
.....	42	<i>clobetasol propionate soln 0.05%</i>	97
<i>citalopram hydrobromide tab 10 mg (base</i>		<i>clobetasol propionate spray 0.05%</i>	97
<i>equiv)</i>	42	<i>clocortolone pivalate cream 0.1%</i>	97
<i>citalopram hydrobromide tab 20 mg (base</i>		<i>clofarabine iv soln 1 mg/ml</i>	18
<i>equiv)</i>	42	<i>clomiphene citrate tab 50 mg</i>	66
<i>citalopram hydrobromide tab 40 mg (base</i>		<i>clomipramine hcl cap 25 mg</i>	53
<i>equiv)</i>	42	<i>clomipramine hcl cap 50 mg</i>	53
CITRANATAL CAP HARMONY	85	<i>clomipramine hcl cap 75 mg</i>	53
CITRANATAL CAP MEDLEY	85	<i>clonazepam tab 0.5 mg</i>	38
CITRANATAL MIS	85	<i>clonazepam tab 1 mg</i>	38

<i>clonazepam tab 2 mg</i>	38	COSENTYX PEN INJ 300DOSE	96
<i>clonidine hcl tab 0.1 mg</i>	35	<i>creamy face liq wash 4%</i>	94
<i>clonidine hcl tab 0.2 mg</i>	35	CREON CAP 12000UNT.....	73
<i>clonidine hcl tab 0.3 mg</i>	35	CREON CAP 24000UNT.....	73
<i>clonidine td patch weekly 0.1 mg/24hr</i>	35	CREON CAP 3000UNIT	73
<i>clonidine td patch weekly 0.2 mg/24hr</i>	35	CREON CAP 36000UNT.....	73
<i>clonidine td patch weekly 0.3 mg/24hr</i>	35	CREON CAP 6000UNIT	73
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	78	CRESEMBA CAP 186 MG.....	9
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	78	CRINONE GEL 4% VAG	68
<i>clorazepate dipotassium tab 15 mg</i>	38	CRINONE GEL 8% VAG	68
<i>clorazepate dipotassium tab 3.75 mg</i>	38	CRIXIVAN CAP 200MG	10
<i>clorazepate dipotassium tab 7.5 mg</i>	38	CRIXIVAN CAP 400MG	10
<i>clotrimazole cream 1%</i>	95	<i>cromolyn sodium ophth soln 4%</i>	87
<i>clotrimazole soln 1%</i>	95	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	91
<i>clotrimazole troche 10 mg</i>	99	<i>crostan lot 10%</i>	99
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	95	<i>crux aer 2%</i>	95
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	95	<i>cryselle-28 tab 28 tabs</i>	61
<i>clozapine orally disintegrating tab 100 mg</i>	48	CUVPOSA SOL 1MG/5ML	70
<i>clozapine orally disintegrating tab 12.5 mg</i> ...	48	<i>cyanocobalamin inj 1000 mcg/ml</i>	85
<i>clozapine orally disintegrating tab 150 mg</i>	48	<i>cyclafem tab 1/35</i>	62
<i>clozapine orally disintegrating tab 200 mg</i>	48	<i>cyclafem tab 7/7/7</i>	62
<i>clozapine orally disintegrating tab 25 mg</i>	48	<i>cyclobenzaprine hcl tab 10 mg</i>	55
<i>clozapine tab 100 mg</i>	48	<i>cyclobenzaprine hcl tab 5 mg</i>	55
<i>clozapine tab 200 mg</i>	48	<i>cyclophosphamide cap 25 mg</i>	17
<i>clozapine tab 25 mg</i>	48	<i>cyclophosphamide cap 50 mg</i>	17
<i>clozapine tab 50 mg</i>	48	<i>cyclophosphamide for inj 1 gm</i>	17
COARTEM TAB 20-120MG.....	9	<i>cyclophosphamide for inj 2 gm</i>	17
CODEINE SULF TAB 60MG	3	<i>cyclophosphamide for inj 500 mg</i>	17
<i>codeine sulfate tab 30 mg</i>	3	<i>cycloserine cap 250 mg</i>	12
<i>colchicine tab 0.6 mg</i>	1	CYCLOSET TAB 0.8MG	58
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	<i>cyclosporine modified cap 100 mg</i>	81
<i>colestipol hcl granule packets 5 gm</i>	29	<i>cyclosporine modified cap 25 mg</i>	81
<i>colestipol hcl granules 5 gm</i>	29	<i>cyclosporine modified cap 50 mg</i>	81
<i>colestipol hcl tab 1 gm</i>	29	<i>cyclosporine modified oral soln 100 mg/ml</i> ...	81
<i>colocort ene 100mg</i>	72	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	89
COLY-MYCIN S SUS OTIC.....	99	<i>cyproheptadine hcl tab 4 mg</i>	89
COMBIGAN SOL 0.2/0.5%.....	88	CYSTADANE POW	64
COMETRIQ KIT 100MG.....	21	CYSTAGON CAP 150MG.....	64
COMETRIQ KIT 140MG.....	21	CYSTAGON CAP 50MG	64
COMETRIQ KIT 60MG	21	CYSTARAN SOL 0.44%.....	88
COMPLERA TAB.....	11	<i>cytarabine inj 20 mg/ml</i>	18
<i>compro sup 25mg</i>	70	<i>cytarabine inj pf 100 mg/ml</i>	18
CONCEPTROL GEL 4%	74	<i>cytarabine inj pf 20 mg/ml</i>	18
CONDYLOX GEL 0.5%	98	D	
CONTOUR KIT LINK 2.4	83	<i>dacarbazine for inj 100 mg</i>	17
CONTOUR KIT MONITOR	83	<i>dacarbazine for inj 200 mg</i>	17
CONTOUR TES BLD GLUC.....	83	<i>dalfampridine tab er 12hr 10 mg</i>	54
COPAXONE INJ 20MG/ML	54	DALIRESP TAB 250MCG	91
COPAXONE INJ 40MG/ML	54	DALIRESP TAB 500MCG	91
<i>cortisone acetate tab 25 mg</i>	66	<i>danazol cap 100 mg</i>	64
COSENTYX INJ 150MG/ML.....	96	<i>danazol cap 200 mg</i>	64
COSENTYX INJ 300DOSE.....	96	<i>danazol cap 50 mg</i>	64
COSENTYX PEN INJ 150MG/ML	96	<i>dantrolene sodium cap 100 mg</i>	55
		<i>dantrolene sodium cap 25 mg</i>	55
		<i>dantrolene sodium cap 50 mg</i>	55
		<i>dapsone tab 100 mg</i>	8

<i>dapsone tab 25 mg</i>	8	<i>dexamethasone tab 1 mg</i>	66
DAPTACEL INJ	82	<i>dexamethasone tab 1.5 mg</i>	66
<i>daptomycin for iv soln 500 mg</i>	8	<i>dexamethasone tab 2 mg</i>	66
DARAPRIM TAB 25MG	8	<i>dexamethasone tab 4 mg</i>	67
<i>darifenacin hydrobromide tab er 24hr 15 mg</i> (base equiv)	75	<i>dexamethasone tab 6 mg</i>	67
<i>darifenacin hydrobromide tab er 24hr 7.5 mg</i> (base equiv)	75	DEXILANT CAP 30MG DR	73
<i>dasetta tab 1/35</i>	62	DEXILANT CAP 60MG DR	74
<i>dasetta tab 7/7/7</i>	62	<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> .50	
<i>daunorubicin hcl iv soln 20 mg/4ml (base</i> <i>equiv)</i>	17	<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> .50	
<i>decitabine for inj 50 mg</i>	18	<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> .50	
<i>delyla tab 0.1-0.02</i>	62	<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> .50	
<i>demeclocycline hcl tab 150 mg</i>	16	<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> .50	
<i>demeclocycline hcl tab 300 mg</i>	16	<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> .50	
DENAVIR CRE 1%	98	<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> .50	
DEPO-SQ PROV INJ 104	62	<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> ...50	
DESCOVY TAB 200/25	11	<i>dexmethylphenidate hcl tab 10 mg</i>	51
<i>desipramine hcl tab 10 mg</i>	42	<i>dexmethylphenidate hcl tab 2.5 mg</i>	51
<i>desipramine hcl tab 100 mg</i>	43	<i>dexmethylphenidate hcl tab 5 mg</i>	51
<i>desipramine hcl tab 150 mg</i>	43	<i>dexrazoxane hcl for inj 250 mg (base</i> <i>equivalent)</i>	23
<i>desipramine hcl tab 25 mg</i>	43	<i>dexrazoxane hcl for inj 500 mg (base</i> <i>equivalent)</i>	23
<i>desipramine hcl tab 50 mg</i>	43	<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	51
<i>desipramine hcl tab 75 mg</i>	43	<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	51
<i>desloratadine tab 5 mg</i>	89	<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	51
<i>desloratadine tab orally disintegrating 2.5 mg</i>	89	<i>dextroamphetamine sulfate oral solution 5</i> <i>mg/5ml</i>	51
<i>desloratadine tab orally disintegrating 5 mg</i> .90		<i>dextroamphetamine sulfate tab 10 mg</i>	51
<i>desmopressin acetate nasal spray soln 0.01%</i>	70	<i>dextroamphetamine sulfate tab 5 mg</i>	51
<i>desmopressin acetate nasal spray soln 0.01%</i> (refrigerated)	70	DIASCREEN 10 MIS	83
<i>desmopressin acetate tab 0.1 mg</i>	70	DIASTIX TES STRIPS	83
<i>desmopressin acetate tab 0.2 mg</i>	70	<i>diazepam con 5mg/ml</i>	39
<i>desonide cream 0.05%</i>	97	<i>diazepam inj 5 mg/ml</i>	39
<i>desonide lotion 0.05%</i>	97	<i>diazepam oral soln 1 mg/ml</i>	39
<i>desonide oint 0.05%</i>	97	<i>diazepam tab 10 mg</i>	39
<i>desoximetasone cream 0.05%</i>	97	<i>diazepam tab 2 mg</i>	39
<i>desoximetasone cream 0.25%</i>	97	<i>diazepam tab 5 mg</i>	39
<i>desoximetasone gel 0.05%</i>	97	<i>diclofenac potassium tab 50 mg</i>	1
<i>desoximetasone oint 0.05%</i>	97	<i>diclofenac sodium gel 1%</i>	98
<i>desoximetasone oint 0.25%</i>	97	<i>diclofenac sodium ophth soln 0.1%</i>	87
<i>desvenlafaxine succinate tab er 24hr 100 mg</i> (base equiv)	43	<i>diclofenac sodium tab delayed release 25 mg</i> .1	
<i>desvenlafaxine succinate tab er 24hr 25 mg</i> (base equiv)	43	<i>diclofenac sodium tab delayed release 50 mg</i> .1	
<i>desvenlafaxine succinate tab er 24hr 50 mg</i> (base equiv)	43	<i>diclofenac sodium tab delayed release 75 mg</i> .1	
DEXAMETHASON CON 1MG/ML	66	<i>diclofenac sodium tab er 24hr 100 mg</i>	1
<i>dexamethasone elixir 0.5 mg/5ml</i>	66	<i>diclofenac w/ misoprostol tab delayed release</i> <i>50-0.2 mg</i>	1
<i>dexamethasone sodium phosphate ophth soln</i> <i>0.1%</i>	87	<i>diclofenac w/ misoprostol tab delayed release</i> <i>75-0.2 mg</i>	1
<i>dexamethasone soln 0.5 mg/5ml</i>	66	<i>dicloxacillin sodium cap 250 mg</i>	16
<i>dexamethasone tab 0.5 mg</i>	66	<i>dicloxacillin sodium cap 500 mg</i>	16
<i>dexamethasone tab 0.75 mg</i>	66	<i>dicyclomine hcl cap 10 mg</i>	70
		<i>dicyclomine hcl oral soln 10 mg/5ml</i>	70
		<i>dicyclomine hcl tab 20 mg</i>	70

<i>didanosine delayed release capsule 200 mg..</i>	10	<i>dipyridamole tab 75 mg</i>	78
<i>didanosine delayed release capsule 250 mg..</i>	10	<i>disopyramide phosphate cap 100 mg</i>	28
<i>didanosine delayed release capsule 400 mg..</i>	10	<i>disopyramide phosphate cap 150 mg</i>	28
DIFICID TAB 200MG	14	<i>disulfiram tab 250 mg.....</i>	56
<i>diflorasone diacetate cream 0.05%</i>	97	<i>disulfiram tab 500 mg.....</i>	56
<i>diflorasone diacetate oint 0.05%</i>	97	DIURIL SUS 250/5ML.....	34
<i>diflunisal tab 500 mg</i>	7	<i>divalproex sodium cap delayed release sprinkle</i>	
<i>digoxin oral soln 0.05 mg/ml</i>	34	125 mg	39
<i>digoxin tab 125 mcg (0.125 mg).....</i>	34	<i>divalproex sodium tab delayed release 125 mg</i>	
<i>digoxin tab 250 mcg (0.25 mg).....</i>	34	.....	39
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	53	<i>divalproex sodium tab delayed release 250 mg</i>	
<i>diltiazem hcl cap er 12hr 120 mg</i>	32	.....	39
<i>diltiazem hcl cap er 12hr 60 mg</i>	32	<i>divalproex sodium tab delayed release 500 mg</i>	
<i>diltiazem hcl cap er 12hr 90 mg</i>	32	.....	39
<i>diltiazem hcl cap er 24hr 120 mg</i>	32	<i>divalproex sodium tab er 24 hr 250 mg.....</i>	39
<i>diltiazem hcl cap er 24hr 180 mg</i>	32	<i>divalproex sodium tab er 24 hr 500 mg.....</i>	39
<i>diltiazem hcl cap er 24hr 240 mg</i>	32	<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>		.....	19
.....	32	<i>docetaxel for inj conc 20 mg/ml</i>	19
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>		<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	
.....	32	.....	19
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>		DOCETAXEL INJ 20/0.5ML.....	19
.....	32	DOCETAXEL INJ 80MG/2ML	19
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>		DOCETAXEL INJ NON-ALCO	19
.....	32	<i>docetaxel soln for iv infusion 160 mg/16ml ..</i>	19
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>		<i>docetaxel soln for iv infusion 20 mg/2ml</i>	19
.....	33	<i>docetaxel soln for iv infusion 80 mg/8ml</i>	19
<i>diltiazem hcl extended release beads cap er</i>		<i>docosanol cream 10%.....</i>	98
24hr 120 mg	33	<i>dofetilide cap 125 mcg (0.125 mg).....</i>	28
<i>diltiazem hcl extended release beads cap er</i>		<i>dofetilide cap 250 mcg (0.25 mg).....</i>	28
24hr 180 mg	33	<i>dofetilide cap 500 mcg (0.5 mg)</i>	28
<i>diltiazem hcl extended release beads cap er</i>		<i>donepezil hydrochloride orally disintegrating</i>	
24hr 240 mg	33	tab 10 mg	41
<i>diltiazem hcl extended release beads cap er</i>		<i>donepezil hydrochloride orally disintegrating</i>	
24hr 300 mg	33	tab 5 mg.....	41
<i>diltiazem hcl extended release beads cap er</i>		<i>donepezil hydrochloride tab 10 mg</i>	41
24hr 360 mg	33	<i>donepezil hydrochloride tab 23 mg</i>	41
<i>diltiazem hcl extended release beads cap er</i>		<i>donepezil hydrochloride tab 5 mg.....</i>	41
24hr 420 mg	33	<i>doripenem for iv infusion 250 mg</i>	8
<i>diltiazem hcl tab 120 mg</i>	33	<i>doripenem for iv infusion 500 mg</i>	8
<i>diltiazem hcl tab 30 mg.....</i>	33	<i>dorzolamide hcl ophth soln 2%</i>	88
<i>diltiazem hcl tab 60 mg.....</i>	33	<i>dorzolamide hcl-timolol maleate ophth soln</i>	
<i>diltiazem hcl tab 90 mg.....</i>	33	22.3-6.8 mg/ml	88
<i>dimethyl fumarate capsule delayed release 120</i>		DOVATO TAB 50-300MG	11
mg.....	54	<i>doxazosin mesylate tab 1 mg</i>	26
<i>dimethyl fumarate capsule delayed release 240</i>		<i>doxazosin mesylate tab 2 mg</i>	26
mg.....	54	<i>doxazosin mesylate tab 4 mg</i>	26
DIP/TET PED INJ 25-5LFU	82	<i>doxazosin mesylate tab 8 mg</i>	26
DIPENTUM CAP 250MG	72	<i>doxepin hcl (sleep) tab 3 mg (base equiv)....</i>	52
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	90	<i>doxepin hcl (sleep) tab 6 mg (base equiv)....</i>	52
<i>diphenhydramine hcl inj 50 mg/ml</i>	90	<i>doxepin hcl cap 10 mg</i>	43
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>doxepin hcl cap 100 mg</i>	43
mg/5ml	73	<i>doxepin hcl cap 150 mg</i>	43
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	73	<i>doxepin hcl cap 25 mg</i>	43
<i>dipyridamole tab 25 mg</i>	78	<i>doxepin hcl cap 50 mg</i>	43
<i>dipyridamole tab 50 mg</i>	78	<i>doxepin hcl cap 75 mg</i>	43

<i>doxepin hcl conc 10 mg/ml</i>	43	ELIGARD INJ 45MG	20
<i>doxepin hcl cream 5%</i>	96	ELIGARD INJ 7.5MG	20
<i>doxercalciferol cap 0.5 mcg</i>	85	<i>elimest tab</i>	62
<i>doxercalciferol cap 1 mcg</i>	85	ELIQUIS ST P TAB 5MG	76
<i>doxercalciferol cap 2.5 mcg</i>	85	ELIQUIS TAB 2.5MG	76
<i>doxorubicin hcl for inj 10 mg</i>	17	ELIQUIS TAB 5MG	76
<i>doxorubicin hcl for inj 50 mg</i>	18	<i>elite-ob tab</i>	85
<i>doxorubicin hcl inj 2 mg/ml</i>	18	ELLA TAB 30MG	62
<i>doxorubicin hcl liposomal inj (for iv infusion) 2</i> <i>mg/ml</i>	18	ELMIRON CAP 100MG	75
<i>doxycycline hyclate cap 100 mg</i>	16	EMADINE SOL 0.05% OP.....	87
<i>doxycycline hyclate cap 50 mg</i>	16	EMBEDA CAP 100-4MG	3
<i>doxycycline hyclate tab 100 mg</i>	16	EMBEDA CAP 20-0.8MG	3
<i>doxycycline hyclate tab 20 mg</i>	16	EMBEDA CAP 30-1.2MG	3
<i>doxycycline monohydrate cap 100 mg</i>	16	EMBEDA CAP 50-2MG	3
<i>doxycycline monohydrate cap 50 mg</i>	16	EMBEDA CAP 60-2.4MG	3
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	16	EMBEDA CAP 80-3.2MG	3
<i>doxycycline monohydrate tab 150 mg</i>	17	EMCYT CAP 140MG.....	17
<i>doxycycline monohydrate tab 50 mg</i>	16	<i>emoquette tab</i>	62
<i>doxycycline monohydrate tab 75 mg</i>	17	EMSAM DIS 12MG/24H	43
<i>dronabinol cap 10 mg</i>	70	EMSAM DIS 6MG/24HR	43
<i>dronabinol cap 2.5 mg</i>	70	EMSAM DIS 9MG/24HR	43
<i>dronabinol cap 5 mg</i>	70	EMTRIVA CAP 200MG.....	10
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	62	EMTRIVA SOL 10MG/ML.....	10
<i>drospirenone-ethinyl estrad-levomefolate tab</i> <i>3-0.02-0.451 mg</i>	62	EMVERM CHW 100MG.....	8
<i>drospirenone-ethinyl estrad-levomefolate tab</i> <i>3-0.03-0.451 mg</i>	62	<i>enalapril maleate & hydrochlorothiazide tab 10-</i> <i>25 mg</i>	24
DROXIA CAP 200MG	23	<i>enalapril maleate & hydrochlorothiazide tab 5-</i> <i>12.5 mg</i>	24
DROXIA CAP 300MG	23	<i>enalapril maleate tab 10 mg</i>	25
DROXIA CAP 400MG	23	<i>enalapril maleate tab 2.5 mg</i>	25
DUAVEE TAB 0.45-20	64	<i>enalapril maleate tab 20 mg</i>	25
<i>duloxetine hcl enteric coated pellets cap 20 mg</i> <i>(base eq)</i>	43	<i>enalapril maleate tab 5 mg</i>	25
<i>duloxetine hcl enteric coated pellets cap 30 mg</i> <i>(base eq)</i>	43	ENBREL INJ 25/0.5ML.....	78
<i>duloxetine hcl enteric coated pellets cap 60 mg</i> <i>(base eq)</i>	43	ENBREL INJ 25MG	78
DUREZOL EMU 0.05%.....	87	ENBREL INJ 50MG/ML.....	78
<i>dutasteride cap 0.5 mg</i>	74	ENBREL MINI INJ 50MG/ML	79
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> ...	74	ENBREL SRCLK INJ 50MG/ML.....	79
E		ENCARE SUP 100MG.....	74
<i>e.e.s. 400 tab 400mg</i>	14	<i>endocet tab 10-325mg</i>	3
<i>econazole nitrate cream 1%</i>	95	<i>endocet tab 2.5-325</i>	3
<i>ed-spaz tab 0.125mg</i>	70	<i>endocet tab 5-325mg</i>	3
EDURANT TAB 25MG	10	<i>endocet tab 7.5-325</i>	3
<i>efavirenz cap 200 mg</i>	10	ENGERIX-B INJ 10/0.5ML.....	82
<i>efavirenz cap 50 mg</i>	10	ENGERIX-B INJ 20MCG/ML	82
<i>efavirenz tab 600 mg</i>	10	<i>enoxaparin sodium inj 100 mg/ml</i>	76
<i>eletriptan hydrobromide tab 20 mg (base</i> <i>equivalent)</i>	53	<i>enoxaparin sodium inj 120 mg/0.8ml</i>	76
<i>eletriptan hydrobromide tab 40 mg (base</i> <i>equivalent)</i>	53	<i>enoxaparin sodium inj 150 mg/ml</i>	76
ELIGARD INJ 22.5MG.....	20	<i>enoxaparin sodium inj 30 mg/0.3ml</i>	76
ELIGARD INJ 30MG	20	<i>enoxaparin sodium inj 300 mg/3ml</i>	76
		<i>enoxaparin sodium inj 40 mg/0.4ml</i>	76
		<i>enoxaparin sodium inj 60 mg/0.6ml</i>	76
		<i>enoxaparin sodium inj 80 mg/0.8ml</i>	76
		<i>enpresse-28 tab</i>	62
		<i>enskyce tab</i>	62
		<i>entacapone tab 200 mg</i>	46
		<i>entecavir tab 0.5 mg</i>	12

<i>entecavir tab 1 mg</i>	12	ESBRIET TAB 267MG	91
ENTRESTO TAB 24-26MG	35	ESBRIET TAB 801MG	91
ENTRESTO TAB 49-51MG	35	<i>escitalopram oxalate soln 5 mg/5ml (base</i>	
ENTRESTO TAB 97-103MG	35	<i>equiv)</i>	43
<i>enulose sol 10gm/15</i>	72	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	43
EPCLUSA TAB 400-100	15	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	43
EPIDUO FORTE GEL 0.3-2.5%.....	94	<i>escitalopram oxalate tab 5 mg (base equiv)</i> .	43
<i>epinastine hcl ophth soln 0.05%</i>	87	<i>esomepra mag cap 20mg dr</i>	74
<i>epinephrine solution auto-injector 0.15</i>		<i>esomeprazole magnesium cap delayed release</i>	
<i>mg/0.15ml (1:1000)</i>	89	<i>20 mg (base eq)</i>	74
<i>epinephrine solution auto-injector 0.15</i>		<i>esomeprazole magnesium cap delayed release</i>	
<i>mg/0.3ml (1:2000)</i>	89	<i>40 mg (base eq)</i>	74
<i>epinephrine solution auto-injector 0.3</i>		<i>estradiol & norethindrone acetate tab 0.5-0.1</i>	
<i>mg/0.3ml (1:1000)</i>	89	<i>mg</i>	64
EPIPEN 2-PAK INJ 0.3MG	89	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	
EPIPEN-JR INJ 0.15MG.....	89	.....	64
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>		<i>estradiol tab 0.5 mg</i>	64
.....	18	<i>estradiol tab 1 mg</i>	65
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	18	<i>estradiol tab 2 mg</i>	65
<i>epitol tab 200mg</i>	39	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	
EPIVIR HBV SOL 5MG/ML.....	12	.....	65
<i>eplerenone tab 25 mg</i>	26	<i>estradiol td patch twice weekly 0.0375</i>	
<i>eplerenone tab 50 mg</i>	26	<i>mg/24hr</i>	65
<i>epoprostenol sodium for inj 0.5 mg</i>	37	<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	
<i>epoprostenol sodium for inj 1.5 mg</i>	37	.....	65
<i>eprosartan mesylate tab 600 mg</i>	27	<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	
ERBITUX INJ 100MG.....	19	.....	65
ERBITUX INJ 200MG.....	19	<i>estradiol td patch twice weekly 0.1 mg/24hr</i> .	65
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	85	<i>estradiol td patch weekly 0.025 mg/24hr</i>	65
<i>ergoloid mesylates tab 1 mg</i>	41	<i>estradiol td patch weekly 0.0375 mg/24hr</i>	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	53	<i>(37.5 mcg/24hr)</i>	65
ERIVEDGE CAP 150MG.....	19	<i>estradiol td patch weekly 0.05 mg/24hr</i>	65
ERLEADA TAB 60MG	20	<i>estradiol td patch weekly 0.06 mg/24hr</i>	65
<i>erlotinib hcl tab 100 mg (base equivalent)</i> ...	21	<i>estradiol td patch weekly 0.075 mg/24hr</i>	65
<i>erlotinib hcl tab 150 mg (base equivalent)</i> ...	21	<i>estradiol td patch weekly 0.1 mg/24hr</i>	65
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	21	<i>estradiol vaginal cream 0.1 mg/gm</i>	65
<i>errin tab 0.35mg</i>	62	<i>estropipate tab 0.75 mg</i>	65
ERTACZO CRE 2%.....	95	<i>estropipate tab 1.5 mg</i>	65
<i>ery pad 2%</i>	94	<i>estropipate tab 3 mg</i>	65
<i>ery-tab tab 250mg ec</i>	14	<i>eszopiclone tab 1 mg</i>	52
<i>ery-tab tab 333mg ec</i>	14	<i>eszopiclone tab 2 mg</i>	52
<i>ery-tab tab 500mg ec</i>	14	<i>eszopiclone tab 3 mg</i>	52
<i>erythrocine tab 250mg</i>	14	<i>ethacrynate sodium for inj 50 mg</i>	34
<i>erythromycin ethylsuccinate for susp 200</i>		<i>ethacrynic acid tab 25 mg</i>	34
<i>mg/5ml</i>	14	<i>ethambutol hcl tab 100 mg</i>	12
<i>erythromycin ethylsuccinate for susp 400</i>		<i>ethambutol hcl tab 400 mg</i>	12
<i>mg/5ml</i>	14	<i>ethosuximide cap 250 mg</i>	39
<i>erythromycin ethylsuccinate tab 400 mg</i>	14	<i>ethosuximide soln 250 mg/5ml</i>	39
<i>erythromycin gel 2%</i>	94	<i>ethynodiol diacetate & ethinyl estradiol tab 1</i>	
<i>erythromycin ophth oint 5 mg/gm</i>	86	<i>mg-50 mcg</i>	62
<i>erythromycin soln 2%</i>	94	<i>etodolac cap 200 mg</i>	1
<i>erythromycin tab 250 mg</i>	14	<i>etodolac cap 300 mg</i>	1
<i>erythromycin tab 500 mg</i>	15	<i>etodolac tab 400 mg</i>	1
<i>erythromycin w/ delayed release particles cap</i>		<i>etodolac tab 500 mg</i>	1
<i>250 mg</i>	15	<i>etodolac tab er 24hr 400 mg</i>	1
ESBRIET CAP 267MG	91	<i>etodolac tab er 24hr 500 mg</i>	1

<i>etodolac tab er 24hr 600 mg</i>	1	<i>fenofibrate tab 145 mg</i>	29
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	62	<i>fenofibrate tab 160 mg</i>	29
<i>etoposide cap 50 mg</i>	24	<i>fenofibrate tab 48 mg</i>	29
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	24	<i>fenofibrate tab 54 mg</i>	29
EUCRISA OIN 2%	98	<i>fenopropfen calcium tab 600 mg</i>	1
EURAX CRE 10%	99	<i>fantanyl citrate lozenge on a handle 1200 mcg3</i>	
<i>everolimus tab 0.25 mg</i>	81	<i>fantanyl citrate lozenge on a handle 1600 mcg3</i>	
<i>everolimus tab 0.5 mg</i>	81	<i>fantanyl citrate lozenge on a handle 200 mcg .3</i>	
<i>everolimus tab 0.75 mg</i>	81	<i>fantanyl citrate lozenge on a handle 400 mcg .3</i>	
<i>everolimus tab 2.5 mg</i>	21	<i>fantanyl citrate lozenge on a handle 600 mcg .3</i>	
<i>everolimus tab 5 mg</i>	21	<i>fantanyl citrate lozenge on a handle 800 mcg .3</i>	
<i>everolimus tab 7.5 mg</i>	21	<i>fantanyl td patch 72hr 100 mcg/hr</i>	3
EVOTAZ TAB 300-150	11	<i>fantanyl td patch 72hr 12 mcg/hr</i>	3
EXELDERM CRE 1%	95	<i>fantanyl td patch 72hr 25 mcg/hr</i>	3
EXELDERM SOL 1%	95	<i>fantanyl td patch 72hr 50 mcg/hr</i>	3
<i>exemestane tab 25 mg</i>	20	<i>fantanyl td patch 72hr 75 mcg/hr</i>	3
<i>ezetimibe tab 10 mg</i>	29	FERPRX 2-DAY TAB 1000MG	61
<i>ezetimibe-simvastatin tab 10-10 mg</i>	29	FERRIPROX SOL 100MG/ML	61
<i>ezetimibe-simvastatin tab 10-20 mg</i>	29	FERRIPROX TAB 1000MG	61
<i>ezetimibe-simvastatin tab 10-40 mg</i>	29	FERRIPROX TAB 500MG	61
<i>ezetimibe-simvastatin tab 10-80 mg</i>	29	FETZIMA CAP 120MG	44
F		FETZIMA CAP 20MG	43
FACTIVE TAB 320MG	15	FETZIMA CAP 40MG	44
<i>falmina tab</i>	62	FETZIMA CAP 80MG	44
<i>famciclovir tab 125 mg</i>	12	FETZIMA CAP TITRATIO	44
<i>famciclovir tab 250 mg</i>	12	<i>fexofenadine hcl tab 180 mg</i>	90
<i>famciclovir tab 500 mg</i>	13	<i>fexofenadine hcl tab 60 mg</i>	90
<i>famotidine for susp 40 mg/5ml</i>	71	<i>fexofenadine sus 30mg/5ml</i>	90
<i>famotidine tab 20 mg</i>	71	FIASP FLEX INJ TOUCH	58
<i>famotidine tab 40 mg</i>	71	FIASP INJ 100/ML	58
FARXIGA TAB 10MG	60	FIASP PENFIL INJ U-100	58
FARXIGA TAB 5MG	60	FINACEA AER 15%	99
FARYDAK CAP 10MG	19	<i>finasteride tab 5 mg</i>	74
FARYDAK CAP 15MG	19	<i>flavoxate hcl tab 100 mg</i>	75
FARYDAK CAP 20MG	19	<i>flecainide acetate tab 100 mg</i>	28
<i>fayosim tab</i>	62	<i>flecainide acetate tab 150 mg</i>	28
FC2 FEMALE MIS CONDOM	83	<i>flecainide acetate tab 50 mg</i>	28
<i>febuxostat tab 40 mg</i>	1	FLEXICHAMBER MIS MASK SM	84
<i>febuxostat tab 80 mg</i>	1	<i>floxuridine for inj 0.5 gm</i>	18
<i>felbamate susp 600 mg/5ml</i>	39	FLUAD INJ 2020-21	82
<i>felbamate tab 400 mg</i>	39	FLUAD QUADRI INJ 0.5ML	82
<i>felbamate tab 600 mg</i>	39	FLUARIX QUAD INJ 2020-21	82
<i>felodipine tab er 24hr 10 mg</i>	33	FLUBLOK QUAD INJ 2020-21	82
<i>felodipine tab er 24hr 2.5 mg</i>	33	FLUCLVX QUAD INJ 2020-21	82
<i>felodipine tab er 24hr 5 mg</i>	33	<i>fluconazole for susp 10 mg/ml</i>	9
FEMCAP MIS 22MM	83	<i>fluconazole for susp 40 mg/ml</i>	9
FEMCAP MIS 26MM	83	<i>fluconazole tab 100 mg</i>	9
FEMCAP MIS 30MM	83	<i>fluconazole tab 150 mg</i>	9
<i>fenofibrate cap 150 mg</i>	29	<i>fluconazole tab 200 mg</i>	9
<i>fenofibrate cap 50 mg</i>	29	<i>fluconazole tab 50 mg</i>	9
<i>fenofibrate micronized cap 130 mg</i>	29	<i>fludarabine phosphate for inj 50 mg</i>	18
<i>fenofibrate micronized cap 134 mg</i>	29	<i>fludarabine phosphate inj 25 mg/ml</i>	18
<i>fenofibrate micronized cap 200 mg</i>	29	<i>fludrocortisone acetate tab 0.1 mg</i>	67
<i>fenofibrate micronized cap 43 mg</i>	29	FLULAVAL QUA INJ 2020-21	82
<i>fenofibrate micronized cap 67 mg</i>	29	FLUMIST QUAD SUS 2020-21	82
		<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> ..	92

<i>fluocinolone acetonide (otic) oil 0.01%</i>	99	<i>fluvoxamine maleate tab 25 mg</i>	54
<i>fluocinolone acetonide cream 0.01%</i>	97	<i>fluvoxamine maleate tab 50 mg</i>	54
<i>fluocinolone acetonide cream 0.025%</i>	97	FLUZONE HD INJ PF 20-21	82
<i>fluocinolone acetonide oil 0.01% (body oil)</i> ..	97	FLUZONE QUAD INJ 2020-21	82
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> ..	97	FML FORTE SUS 0.25% OP	87
<i>fluocinolone acetonide oint 0.025%</i>	97	FML OIN 0.1% OP	87
<i>fluocinolone acetonide soln 0.01%</i>	97	<i>folic acid cap 0.8 mg</i>	85
<i>fluocinonide cream 0.05%</i>	97	<i>folic acid tab 1 mg</i>	85
<i>fluocinonide gel 0.05%</i>	97	<i>folic acid tab 400 mcg</i>	85
<i>fluocinonide oint 0.05%</i>	97	<i>folic acid tab 800 mcg</i>	86
<i>fluocinonide soln 0.05%</i>	97	<i>fondaparinux sodium subcutaneous inj 10</i>	
FLUORABON DRO	84	<i>mg/0.8ml</i>	76
<i>fluoritab chw 0.25mg f</i>	84	<i>fondaparinux sodium subcutaneous inj 2.5</i>	
<i>fluoritab chw 0.5mg f</i>	84	<i>mg/0.5ml</i>	76
<i>fluoritab chw 2.2mg</i>	84	<i>fondaparinux sodium subcutaneous inj 5</i>	
<i>fluoritab dro 0.125mg</i>	84	<i>mg/0.4ml</i>	76
FLUOROPLEX CRE 1%.....	94	<i>fondaparinux sodium subcutaneous inj 7.5</i>	
<i>fluorouracil cream 0.5%</i>	94	<i>mg/0.6ml</i>	76
<i>fluorouracil cream 5%</i>	94	FOSAMAX + D TAB 70-2800	60
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i> ...	18	FOSAMAX + D TAB 70-5600	61
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i> 18		<i>fosamprenavir calcium tab 700 mg (base</i>	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i> .18		<i>equiv)</i>	10
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i> 18		<i>fosinopril sodium & hydrochlorothiazide tab 10-</i>	
<i>fluorouracil soln 2%</i>	94	<i>12.5 mg</i>	24
<i>fluorouracil soln 5%</i>	94	<i>fosinopril sodium & hydrochlorothiazide tab 20-</i>	
<i>fluoxetine hcl cap 10 mg</i>	44	<i>12.5 mg</i>	24
<i>fluoxetine hcl cap 20 mg</i>	44	<i>fosinopril sodium tab 10 mg</i>	25
<i>fluoxetine hcl cap 40 mg</i>	44	<i>fosinopril sodium tab 20 mg</i>	25
<i>fluoxetine hcl solution 20 mg/5ml</i>	44	<i>fosinopril sodium tab 40 mg</i>	25
<i>fluoxetine hcl tab 10 mg</i>	44	FOSRENOL POW 1000MG	68
<i>fluoxetine hcl tab 20 mg</i>	44	FOSRENOL POW 750MG	68
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	48	FRAGMIN INJ 10000/ML.....	76
<i>fluphenazine hcl oral conc 5 mg/ml</i>	48	FRAGMIN INJ 12500UNT	76
<i>fluphenazine hcl tab 1 mg</i>	48	FRAGMIN INJ 15000UNT	76
<i>fluphenazine hcl tab 10 mg</i>	48	FRAGMIN INJ 18000UNT	76
<i>fluphenazine hcl tab 2.5 mg</i>	48	FRAGMIN INJ 2500/0.2	76
<i>fluphenazine hcl tab 5 mg</i>	48	FRAGMIN INJ 5000/0.2	76
<i>flura-drops dro 0.25mg f</i>	84	FRAGMIN INJ 7500/0.3	76
<i>flurbiprofen sodium ophth soln 0.03%</i>	87	FRAGMIN INJ 95000UNT	76
<i>flurbiprofen tab 100 mg</i>	1	<i>frovatriptan succinate tab 2.5 mg (base</i>	
<i>flurbiprofen tab 50 mg</i>	1	<i>equivalent)</i>	53
<i>flutamide cap 125 mg</i>	20	<i>fulvestrant inj 250 mg/5ml</i>	20
<i>fluticasone propionate cream 0.05%</i>	97	<i>furosemide oral soln 10 mg/ml</i>	34
<i>fluticasone propionate lotion 0.05%</i>	97	<i>furosemide oral soln 8 mg/ml</i>	34
<i>fluticasone propionate nasal susp 50 mcg/act</i> 92		<i>furosemide tab 20 mg</i>	34
<i>fluticasone propionate oint 0.005%</i>	97	<i>furosemide tab 40 mg</i>	35
<i>fluticasone spr 50mcg</i>	92	<i>furosemide tab 80 mg</i>	35
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>		FUZEON INJ 90MG	10
.....	29	FYCOMPA SUS 0.5MG/ML	39
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>		FYCOMPA TAB 10MG.....	39
.....	29	FYCOMPA TAB 12MG.....	39
<i>fluvastatin sodium tab er 24 hr 80 mg (base</i>		FYCOMPA TAB 2MG	39
<i>equivalent)</i>	29	FYCOMPA TAB 4MG	39
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	54	FYCOMPA TAB 6MG	39
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	54	FYCOMPA TAB 8MG	39
<i>fluvoxamine maleate tab 100 mg</i>	54		

G	
<i>gabapentin cap 100 mg</i>	39
<i>gabapentin cap 300 mg</i>	39
<i>gabapentin cap 400 mg</i>	39
<i>gabapentin oral soln 250 mg/5ml</i>	39
<i>gabapentin tab 600 mg</i>	39
<i>gabapentin tab 800 mg</i>	39
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	41
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	41
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	41
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	41
<i>galantamine hydrobromide tab 12 mg</i>	41
<i>galantamine hydrobromide tab 4 mg</i>	41
<i>galantamine hydrobromide tab 8 mg</i>	41
<i>ganirelix acetate soln prefilled syringe 250</i> <i>mcg/0.5ml</i>	66
GARDASIL 9 INJ.....	82
<i>gatifloxacin ophth soln 0.5%</i>	86
<i>gavilyte-c sol</i>	72
<i>gavilyte-g sol</i>	72
<i>gavilyte-h kit</i>	72
<i>gavilyte-n sol flav pk</i>	72
GAZYVA INJ 25MG/ML	19
<i>gemcitabine hcl for inj 1 gm</i>	18
<i>gemcitabine hcl for inj 2 gm</i>	18
<i>gemcitabine hcl for inj 200 mg</i>	18
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i> <i>(base equiv)</i>	18
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i> <i>(base equiv)</i>	18
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i> <i>(base equiv)</i>	18
<i>gemfibrozil tab 600 mg</i>	29
<i>generlac sol 10gm/15</i>	72
<i>gengraf cap 100mg</i>	81
<i>gengraf cap 25mg</i>	81
<i>gengraf sol 100mg/ml</i>	81
<i>gentak oin 0.3% op</i>	86
<i>gentamicin sulfate cream 0.1%</i>	94
<i>gentamicin sulfate oint 0.1%</i>	94
<i>gentamicin sulfate ophth soln 0.3%</i>	87
GENVOYA TAB	11
<i>gianvi tab 3-0.02mg</i>	62
GILENYA CAP 0.5MG.....	54
GLASSIA INJ	91
<i>glatiramer acetate soln prefilled syringe 40</i> <i>mg/ml</i>	54
<i>glatopa inj 20mg/ml</i>	55
GLEOSTINE CAP 100MG	17
GLEOSTINE CAP 10MG.....	17
GLEOSTINE CAP 40MG.....	17
GLEOSTINE CAP 5MG	17
GLIADEL WAF 7.7MG	17
<i>glimepiride tab 1 mg</i>	60
<i>glimepiride tab 2 mg</i>	60
<i>glimepiride tab 4 mg</i>	60
<i>glipizide tab 10 mg</i>	60
<i>glipizide tab 5 mg</i>	60
<i>glipizide tab er 24hr 10 mg</i>	60
<i>glipizide tab er 24hr 2.5 mg</i>	60
<i>glipizide tab er 24hr 5 mg</i>	60
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	57
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	57
<i>glipizide-metformin hcl tab 5-500 mg</i>	57
GLUCAGON KIT 1MG.....	67
<i>glyburide micronized tab 1.5 mg</i>	60
<i>glyburide micronized tab 3 mg</i>	60
<i>glyburide micronized tab 6 mg</i>	60
<i>glyburide tab 1.25 mg</i>	60
<i>glyburide tab 2.5 mg</i>	60
<i>glyburide tab 5 mg</i>	60
<i>glyburide-metformin tab 1.25-250 mg</i>	57
<i>glyburide-metformin tab 2.5-500 mg</i>	57
<i>glyburide-metformin tab 5-500 mg</i>	57
GLYXAMBI TAB 10-5 MG	60
GLYXAMBI TAB 25-5 MG	60
GOLYTELY SOL.....	72
GONAL-F INJ 1050UNIT	66
GONAL-F INJ 450UNIT	66
GONAL-F RFF INJ 300/0.5	66
GONAL-F RFF INJ 450/0.75	66
GONAL-F RFF INJ 75UNIT.....	66
GONAL-F RFF INJ 900/1.5	66
<i>granisetron hcl tab 1 mg</i>	70
<i>griseofulvin microsize susp 125 mg/5ml</i>	9
<i>griseofulvin microsize tab 500 mg</i>	9
<i>griseofulvin ultramicrosize tab 125 mg</i>	9
<i>griseofulvin ultramicrosize tab 250 mg</i>	9
<i>guanfacine hcl tab 1 mg</i>	35
<i>guanfacine hcl tab 2 mg</i>	35
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	51
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	51
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	51
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	51
GUANIDINE TAB 125MG.....	54
GYNAZOLE-1 CRE 2%	75
GYNOL II GEL 3%	74
H	
<i>halobetasol propionate cream 0.05%</i>	97
<i>halobetasol propionate oint 0.05%</i>	97
<i>haloperidol decanoate im soln 100 mg/ml</i>	48
<i>haloperidol decanoate im soln 50 mg/ml</i>	48
<i>haloperidol lactate oral conc 2 mg/ml</i>	48
<i>haloperidol tab 0.5 mg</i>	48
<i>haloperidol tab 1 mg</i>	48

<i>haloperidol tab 10 mg</i>	48	<i>hydrochlorothiazide tab 25 mg</i>	35
<i>haloperidol tab 2 mg</i>	48	<i>hydrochlorothiazide tab 50 mg</i>	35
<i>haloperidol tab 20 mg</i>	48	<i>hydrocodone w/ homatropine syrup 5-1.5</i>	
<i>haloperidol tab 5 mg</i>	48	<i>mg/5ml</i>	91
HARVONI PAK.....	15	<i>hydrocodone w/ homatropine tab 5-1.5 mg</i> ..	91
HARVONI PAK 45-200MG	15	<i>hydrocodone-acetaminophen soln 7.5-325</i>	
HARVONI TAB 45-200MG	15	<i>mg/15ml</i>	3
HARVONI TAB 90-400MG	15	<i>hydrocodone-acetaminophen tab 10-325 mg</i> ..	4
HAVRIX INJ 1440UNIT	82	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3
HAVRIX INJ 720UNIT	82	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .	3
<i>heather tab 0.35mg</i>	62	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	4
HEMLIBRA INJ 105/0.7	78	<i>hydrocortisone butyrate cream 0.1%</i>	97
HEMLIBRA INJ 150/ML.....	78	<i>hydrocortisone butyrate oint 0.1%</i>	97
HEMLIBRA INJ 30MG/ML	78	<i>hydrocortisone butyrate soln 0.1%</i>	97
HEMLIBRA INJ 60/0.4	78	<i>hydrocortisone cream 1%</i>	98
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	76	<i>hydrocortisone cream 2.5%</i>	98
<i>heparin sodium (porcine) inj 10000 unit/ml</i> ..	76	<i>hydrocortisone lotion 2.5%</i>	98
<i>heparin sodium (porcine) inj 20000 unit/ml</i> ..	76	<i>hydrocortisone oint 2.5%</i>	98
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	76	<i>hydrocortisone tab 10 mg</i>	67
<i>heparin sodium (porcine) pf inj 5000</i>		<i>hydrocortisone tab 20 mg</i>	67
<i>unit/0.5ml</i>	76	<i>hydrocortisone tab 5 mg</i>	67
HEPLISAV-B INJ 20/0.5ML.....	82	<i>hydrocortisone valerate cream 0.2%</i>	98
HEPLISAV-B INJ 20MCG	82	<i>hydrocortisone valerate oint 0.2%</i>	98
HEXALEN CAP 50MG	17	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	99
HIBERIX SOL 10MCG	82	HYDROMORPHON SUP 3MG	4
HUMATROPE INJ 12MG	67	<i>hydromorphone hcl tab 2 mg</i>	4
HUMATROPE INJ 24MG	67	<i>hydromorphone hcl tab 4 mg</i>	4
HUMATROPE INJ 5MG	67	<i>hydromorphone hcl tab 8 mg</i>	4
HUMATROPE INJ 6MG	67	<i>hydromorphone hcl tab er 24hr 12 mg</i>	4
HUMATROPEN MIS FOR 12MG.....	84	<i>hydromorphone hcl tab er 24hr 16 mg</i>	4
HUMATROPEN MIS FOR 24MG.....	84	<i>hydromorphone hcl tab er 24hr 32 mg</i>	4
HUMATROPEN MIS FOR 6MG	84	<i>hydromorphone hcl tab er 24hr 8 mg</i>	4
HUMIRA INJ 10/0.1ML	79	<i>hydroxychloroquine sulfate tab 200 mg</i>	80
HUMIRA INJ 10MG/0.2.....	79	<i>hydroxyurea cap 500 mg</i>	23
HUMIRA INJ 20/0.2ML	79	<i>hydroxyzine hcl syrup 10 mg/5ml</i>	90
HUMIRA INJ 40/0.4ML	79	<i>hydroxyzine hcl tab 10 mg</i>	90
HUMIRA KIT 20MG/0.4	79	<i>hydroxyzine hcl tab 25 mg</i>	90
HUMIRA KIT 40MG/0.8	79	<i>hydroxyzine hcl tab 50 mg</i>	90
HUMIRA PEDIA INJ CROHNS.....	79	<i>hyoscyamine sulfate sl tab 0.125 mg</i>	70
HUMIRA PEN INJ 40/0.4ML.....	79	<i>hyoscyamine sulfate tab 0.125 mg</i>	70
HUMIRA PEN INJ CD/UC/HS	79	<i>hyoscyamine sulfate tab disint 0.125 mg</i>	70
HUMIRA PEN INJ PS/UV	79	<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> ...	70
HUMIRA PEN KIT CD/UC/HS	79	HYQVIA INJ 10-800	80
HUMIRA PEN KIT PS/UV	79	HYQVIA INJ 2.5-200	80
HUMULIN INJ 70/30	59	HYQVIA INJ 20-1600	80
HUMULIN INJ 70/30KWP	59	HYQVIA INJ 30-2400	80
HUMULIN N INJ U-100	59	HYQVIA INJ 5-400.....	80
HUMULIN N INJ U-100KWP.....	59	HYSINGLA ER TAB 100 MG	4
HUMULIN R INJ U-100	59	HYSINGLA ER TAB 120 MG	4
HUMULIN R INJ U-500	59	HYSINGLA ER TAB 20 MG.....	4
<i>hydralazine hcl tab 10 mg</i>	35	HYSINGLA ER TAB 30 MG.....	4
<i>hydralazine hcl tab 100 mg</i>	36	HYSINGLA ER TAB 40 MG.....	4
<i>hydralazine hcl tab 25 mg</i>	36	HYSINGLA ER TAB 60 MG.....	4
<i>hydralazine hcl tab 50 mg</i>	36	HYSINGLA ER TAB 80 MG.....	4
<i>hydrochlorothiazide cap 12.5 mg</i>	35		
<i>hydrochlorothiazide tab 12.5 mg</i>	35		

I	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	61
IBRANCE CAP 100MG.....	19
IBRANCE CAP 125MG.....	19
IBRANCE CAP 75MG	19
IBRANCE TAB 100MG.....	19
IBRANCE TAB 125MG.....	20
IBRANCE TAB 75MG	19
<i>ibuprofen susp 100 mg/5ml</i>	1
<i>ibuprofen tab 400 mg</i>	1
<i>ibuprofen tab 600 mg</i>	1
<i>ibuprofen tab 800 mg</i>	2
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	78
ICLUSIG TAB 15MG	21
ICLUSIG TAB 45MG	21
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i> ...	18
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i> ...	18
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	18
IDHIFA TAB 100MG	21
IDHIFA TAB 50MG	21
<i>ifosfamide for inj 1 gm</i>	17
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	17
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	17
ILEVRO DRO 0.3% OP	87
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	21
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	21
IMBRUVICA CAP 140MG	21
IMBRUVICA CAP 70MG.....	21
IMBRUVICA TAB 140MG	21
IMBRUVICA TAB 280MG	21
IMBRUVICA TAB 420MG	21
IMBRUVICA TAB 560MG	21
<i>imipramine hcl tab 10 mg</i>	44
<i>imipramine hcl tab 25 mg</i>	44
<i>imipramine hcl tab 50 mg</i>	44
<i>imipramine pamoate cap 100 mg</i>	44
<i>imipramine pamoate cap 125 mg</i>	44
<i>imipramine pamoate cap 150 mg</i>	44
<i>imipramine pamoate cap 75 mg</i>	44
<i>imiquimod cream 5%</i>	94
INCRELEX INJ 40MG/4ML.....	67
INCRUSE ELPT INH 62.5MCG	89
<i>indapamide tab 1.25 mg</i>	35
<i>indapamide tab 2.5 mg</i>	35
INFANRIX INJ	82
INLYTA TAB 1MG.....	21
INLYTA TAB 5MG.....	21
INSTA-GLUCOS GEL 77.4%	67
INSULIN SYRG MIS 1ML/31G.....	83
INTELENCE TAB 100MG	10
INTELENCE TAB 200MG	10
INTELENCE TAB 25MG	10
INTRAROSA SUP 6.5MG	57
INTRON A INJ 10MU	80
INTRON A INJ 18MU	81
INTRON A INJ 25MU	81
INTRON A INJ 50MU	81
<i>introvale tab</i>	62
INVIRASE CAP 200MG	10
INVIRASE TAB 500MG	10
IPOL INJ INACTIVE	82
<i>ipratropium bromide inhal soln 0.02%</i>	89
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	89
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	89
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	89
<i>irbesartan tab 150 mg</i>	27
<i>irbesartan tab 300 mg</i>	27
<i>irbesartan tab 75 mg</i>	27
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	26
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	26
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	24
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i> ..	24
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	24
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i> ..	24
ISENTRESS CHW 100MG	10
ISENTRESS CHW 25MG.....	10
ISENTRESS HD TAB 600MG	10
ISENTRESS POW 100MG	10
ISENTRESS TAB 400MG	10
<i>isoniazid syrup 50 mg/5ml</i>	12
<i>isoniazid tab 100 mg</i>	12
<i>isoniazid tab 300 mg</i>	12
<i>isosorbide dinitrate tab 10 mg</i>	36
<i>isosorbide dinitrate tab 20 mg</i>	36
<i>isosorbide dinitrate tab 30 mg</i>	36
<i>isosorbide dinitrate tab 40 mg</i>	36
<i>isosorbide dinitrate tab 5 mg</i>	36
<i>isosorbide dinitrate tab er 40 mg</i>	36
<i>isosorbide mononitrate tab 10 mg</i>	36
<i>isosorbide mononitrate tab 20 mg</i>	36
<i>isosorbide mononitrate tab er 24hr 120 mg</i> ..	36
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	36
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	36
<i>isotretinoin cap 10 mg</i>	94
<i>isotretinoin cap 20 mg</i>	94
<i>isotretinoin cap 30 mg</i>	94
<i>isotretinoin cap 40 mg</i>	94
<i>isradipine cap 2.5 mg</i>	33
<i>isradipine cap 5 mg</i>	33
<i>itraconazole cap 100 mg</i>	9
<i>itraconazole oral soln 10 mg/ml</i>	9
IV PREP WIPE PAD	94
<i>ivermectin tab 3 mg</i>	8

J		
JAKAFI TAB 10MG	21	
JAKAFI TAB 15MG	21	
JAKAFI TAB 20MG	22	
JAKAFI TAB 25MG	22	
JAKAFI TAB 5MG	21	
<i>jantoven tab 10mg</i>	76	
<i>jantoven tab 1mg</i>	76	
<i>jantoven tab 2.5mg</i>	76	
<i>jantoven tab 2mg</i>	76	
<i>jantoven tab 3mg</i>	76	
<i>jantoven tab 4mg</i>	76	
<i>jantoven tab 5mg</i>	76	
<i>jantoven tab 6mg</i>	76	
<i>jantoven tab 7.5mg</i>	76	
JANUMET TAB 50-1000	58	
JANUMET TAB 50-500MG	58	
JANUMET XR TAB 100-1000	58	
JANUMET XR TAB 50-1000	58	
JANUMET XR TAB 50-500MG	58	
JANUVIA TAB 100MG	58	
JANUVIA TAB 25MG	58	
JANUVIA TAB 50MG	58	
JARDIANCE TAB 10MG	60	
JARDIANCE TAB 25MG	60	
JENTADUETO TAB XR	58	
<i>jinteli tab 1mg-5mcg</i>	65	
<i>jolessa tab</i>	62	
<i>jolivette tab 0.35mg</i>	62	
JUBLIA SOL 10%	95	
<i>junel 1.5/30 tab</i>	62	
<i>junel 1/20 tab</i>	62	
<i>junel fe tab 1.5/30</i>	62	
<i>junel fe tab 1/20</i>	62	
K		
KADCYLA INJ 100MG	20	
KADCYLA INJ 160MG	20	
KALETRA TAB 100-25MG	11	
KALETRA TAB 200-50MG	11	
KALYDECO PAK 25MG	91	
KALYDECO PAK 50MG	92	
KALYDECO PAK 75MG	92	
KALYDECO TAB 150MG	92	
<i>kariva tab 28 day</i>	62	
<i>k-effervesce tab 25meq ef</i>	84	
<i>kelnor tab 1/35</i>	62	
<i>ketoconazole cream 2%</i>	95	
<i>ketoconazole shampoo 2%</i>	96	
KETO-DIASTIX TES	83	
<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 ophth soln 0.4%</i>	87	
<i>ketorolac tromethamine ophth soln 0.5%</i>	87	
<i>ketorolac tromethamine tab 10 mg</i>	2	
<i>ketotif fum dro 0.025%op</i>	87	
KEVZARA INJ 150/1.14	79	
KEVZARA INJ 200/1.14	79	
KEYTRUDA INJ 100MG/4M	20	
KINRIX INJ	82	
<i>kionex sus 15gm/60</i>	61	
KISQALI TAB 200DOSE	20	
KISQALI TAB 400DOSE	20	
KISQALI TAB 600DOSE	20	
<i>klor-con 10 tab 10meq er</i>	84	
<i>klor-con 8 tab 8meq er</i>	84	
<i>klor-con m15 tab 15meq er</i>	84	
<i>klor-con m20 tab 20meq er</i>	84	
<i>kurvelo tab 0.15/30</i>	62	
KUVAN POW 100MG	64	
KUVAN POW 500MG	64	
KUVAN TAB 100MG	64	
KYLEENA IUD 19.5MG	62	
L		
<i>labetalol hcl tab 100 mg</i>	31	
<i>labetalol hcl tab 200 mg</i>	31	
<i>labetalol hcl tab 300 mg</i>	31	
LACRISERT MIS 5MG OP	88	
<i>lactic acid (ammonium lactate) cream 12%</i> ..	98	
<i>lactic acid (ammonium lactate) lotion 10%</i> ..	98	
<i>lactic acid (ammonium lactate) lotion 12%</i> ..	98	
<i>lactulose solution 10 gm/15ml</i>	72	
LAMISIL ADV GEL 1%	95	
LAMISIL AT SPR 1%	95	
<i>lamivudine oral soln 10 mg/ml</i>	10	
<i>lamivudine tab 100 mg (hbv)</i>	13	
<i>lamivudine tab 150 mg</i>	10	
<i>lamivudine tab 300 mg</i>	10	
<i>lamivudine-zidovudine tab 150-300 mg</i>	11	
<i>lamotrigine orally disintegrating tab 100 mg</i> .	39	
<i>lamotrigine orally disintegrating tab 200 mg</i> .	39	
<i>lamotrigine orally disintegrating tab 25 mg</i> ...	39	
<i>lamotrigine orally disintegrating tab 50 mg</i> ...	39	
<i>lamotrigine tab 100 mg</i>	39	
<i>lamotrigine tab 150 mg</i>	39	
<i>lamotrigine tab 200 mg</i>	39	
<i>lamotrigine tab 25 mg</i>	39	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	39	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	39	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	39	
<i>lamotrigine tab chewable dispersible 25 mg</i> ..	39	
<i>lamotrigine tab chewable dispersible 5 mg</i> ..	39	
<i>lamotrigine tab er 24hr 100 mg</i>	40	
<i>lamotrigine tab er 24hr 200 mg</i>	40	
<i>lamotrigine tab er 24hr 25 mg</i>	40	
<i>lamotrigine tab er 24hr 250 mg</i>	40	
<i>lamotrigine tab er 24hr 300 mg</i>	40	

<i>lamotrigine tab er 24hr 50 mg</i>	40	<i>levobunolol hcl ophth soln 0.5%</i>	88
LANCING DEVI MIS	84	<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i> <i>(0.5 mg/ml)</i>	90
LANOXIN TAB 0.0625MG	34	<i>levocetirizine dihydrochloride tab 5 mg</i>	90
LANOXIN TAB 0.1875MG	34	<i>levofloxacin ophth soln 0.5%</i>	87
<i>lansoprazole cap 15mg dr</i>	74	<i>levofloxacin oral soln 25 mg/ml</i>	15
<i>lansoprazole cap delayed release 15 mg</i>	74	<i>levofloxacin tab 250 mg</i>	15
<i>lansoprazole cap delayed release 30 mg</i>	74	<i>levofloxacin tab 500 mg</i>	15
<i>larin tab 1.5/30</i>	62	<i>levofloxacin tab 750 mg</i>	15
LASTACAFT SOL 0.25%	87	<i>levonest tab</i>	62
<i>latanoprost ophth soln 0.005%</i>	88	<i>levonorgestrel & ethinyl estradiol (91-day) tab</i> <i>0.15-0.03 mg</i>	62
LATUDA TAB 120MG	48	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-</i> <i>30 mcg</i>	62
LATUDA TAB 20MG	48	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est</i> <i>tab 0.01mg(7)</i>	62
LATUDA TAB 40MG	48	<i>levora-28 tab 0.15/30</i>	62
LATUDA TAB 60MG	48	<i>levothyroxine sodium tab 100 mcg</i>	69
LATUDA TAB 80MG	48	<i>levothyroxine sodium tab 112 mcg</i>	69
<i>leena tab</i>	62	<i>levothyroxine sodium tab 125 mcg</i>	69
<i>leflunomide tab 10 mg</i>	80	<i>levothyroxine sodium tab 137 mcg</i>	69
<i>leflunomide tab 20 mg</i>	80	<i>levothyroxine sodium tab 150 mcg</i>	69
LENVIMA CAP 10 MG	22	<i>levothyroxine sodium tab 175 mcg</i>	69
LENVIMA CAP 12MG	22	<i>levothyroxine sodium tab 200 mcg</i>	69
LENVIMA CAP 14 MG	22	<i>levothyroxine sodium tab 25 mcg</i>	68
LENVIMA CAP 18 MG	22	<i>levothyroxine sodium tab 300 mcg</i>	69
LENVIMA CAP 20 MG	22	<i>levothyroxine sodium tab 50 mcg</i>	68
LENVIMA CAP 24 MG	22	<i>levothyroxine sodium tab 75 mcg</i>	68
LENVIMA CAP 4MG	22	<i>levothyroxine sodium tab 88 mcg</i>	69
LENVIMA CAP 8 MG	22	<i>levoxyl tab 100mcg</i>	69
<i>lessina tab</i>	62	<i>levoxyl tab 112mcg</i>	69
<i>letrozole tab 2.5 mg</i>	20	<i>levoxyl tab 125mcg</i>	69
<i>leucovorin calcium for inj 100 mg</i>	23	<i>levoxyl tab 137mcg</i>	69
<i>leucovorin calcium for inj 200 mg</i>	23	<i>levoxyl tab 150mcg</i>	69
<i>leucovorin calcium for inj 350 mg</i>	23	<i>levoxyl tab 175mcg</i>	69
<i>leucovorin calcium for inj 50 mg</i>	23	<i>levoxyl tab 200mcg</i>	69
<i>leucovorin calcium for inj 500 mg</i>	23	<i>levoxyl tab 25mcg</i>	69
<i>leucovorin calcium tab 10 mg</i>	23	<i>levoxyl tab 50mcg</i>	69
<i>leucovorin calcium tab 15 mg</i>	23	<i>levoxyl tab 75mcg</i>	69
<i>leucovorin calcium tab 25 mg</i>	23	<i>levoxyl tab 88mcg</i>	69
<i>leucovorin calcium tab 5 mg</i>	23	LEXIVA SUS 50MG/ML	10
LEUKERAN TAB 2MG	17	<i>lice treatmt lot 1%</i>	99
<i>leuprolide acetate inj kit 5 mg/ml</i>	20	<i>lice trtmnt liq 1%</i>	99
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base</i> <i>equiv)</i>	90	<i>lidocaine hcl laryngotracheal soln 4%</i>	99
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base</i> <i>equiv)</i>	90	<i>lidocaine hcl soln 4%</i>	98
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base</i> <i>equiv)</i>	90	<i>lidocaine hcl urethral/mucosal gel 2%</i>	98
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i> <i>(base equiv)</i>	90	<i>lidocaine hcl urethral/mucosal gel prefilled</i> <i>syringe 2%</i>	98
LEVEMIR INJ.....	59	<i>lidocaine hcl viscous soln 2%</i>	99
LEVEMIR INJ FLEXTouc	59	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	98
<i>levetiracetam oral soln 100 mg/ml</i>	40	<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	98
<i>levetiracetam tab 1000 mg</i>	40	LILETTA IUD 52MG	62
<i>levetiracetam tab 250 mg</i>	40	<i>lindane shampoo 1%</i>	99
<i>levetiracetam tab 500 mg</i>	40	<i>linezolid for susp 100 mg/5ml</i>	8
<i>levetiracetam tab 750 mg</i>	40	<i>linezolid tab 600 mg</i>	8
<i>levetiracetam tab er 24hr 500 mg</i>	40	LINZESS CAP 145MCG	72
<i>levetiracetam tab er 24hr 750 mg</i>	40		

LINZESS CAP 290MCG	72	<i>loxapine succinate cap 50 mg</i>	48
LINZESS CAP 72MCG	72	<i>ludent chw 0.25mg f</i>	84
<i>liothyronine sodium tab 25 mcg</i>	69	<i>ludent chw 0.5mg f</i>	84
<i>liothyronine sodium tab 5 mcg</i>	69	<i>ludent chw 1mg f</i>	84
<i>liothyronine sodium tab 50 mcg</i>	69	LUMIGAN SOL 0.01%	88
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	24	LUPANETA KIT 11.25-5	68
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	24	LUPANETA KIT 3.75-5.....	68
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	24	LUPR DEP-PED INJ 11.25MG	20
<i>lisinopril tab 10 mg</i>	25	LUPR DEP-PED INJ 15MG	20
<i>lisinopril tab 2.5 mg</i>	25	LUPR DEP-PED INJ 3M 30MG	20
<i>lisinopril tab 20 mg</i>	25	LUPR DEP-PED INJ 7.5MG	20
<i>lisinopril tab 30 mg</i>	25	<i>lutura tab</i>	63
<i>lisinopril tab 40 mg</i>	25	LYNPARZA CAP 50MG	20
<i>lisinopril tab 5 mg</i>	25	LYNPARZA TAB 100MG.....	20
<i>lithium carbonate cap 150 mg</i>	54	LYNPARZA TAB 150MG.....	20
<i>lithium carbonate cap 300 mg</i>	54	LYSODREN TAB 500MG	20
<i>lithium carbonate cap 600 mg</i>	54	M	
<i>lithium carbonate tab 300 mg</i>	54	<i>malathion lotion 0.5%</i>	99
<i>lithium carbonate tab er 300 mg</i>	54	<i>mannitol iv soln 20%</i>	35
<i>lithium carbonate tab er 450 mg</i>	54	<i>mannitol iv soln 25%</i>	35
LITHIUM SOL 8MEQ/5ML.....	54	<i>maprotiline hcl tab 25 mg</i>	44
LO LOESTRIN TAB 1-10-10.....	63	<i>maprotiline hcl tab 50 mg</i>	44
<i>loperamide hcl cap 2 mg</i>	73	<i>maprotiline hcl tab 75 mg</i>	44
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20</i> <i>mg/ml)</i>	12	<i>marlissa tab 0.15/30</i>	63
<i>loratadine cap 10 mg</i>	90	MARPLAN TAB 10MG.....	44
<i>loratadine syp 5mg/5ml</i>	90	MATULANE CAP 50MG.....	23
<i>loratadine tab 10mg</i>	90	<i>matzim la tab 180mg/24</i>	33
<i>lorazepam conc 2 mg/ml</i>	38	<i>matzim la tab 240mg/24</i>	33
<i>lorazepam tab 0.5 mg</i>	38	<i>matzim la tab 300mg/24</i>	33
<i>lorazepam tab 1 mg</i>	38	<i>matzim la tab 360mg/24</i>	33
<i>lorazepam tab 2 mg</i>	38	<i>matzim la tab 420mg/24</i>	33
LORBRENA TAB 100MG.....	22	MAXIDEX SUS 0.1% OP	87
LORBRENA TAB 25MG.....	22	<i>meclizine hcl tab 12.5 mg</i>	71
<i>loryna tab 3-0.02mg</i>	63	<i>meclizine hcl tab 25 mg</i>	71
<i>losartan potassium & hydrochlorothiazide tab</i> <i>100-12.5 mg</i>	27	<i>meclofenamate sodium cap 100 mg</i>	2
<i>losartan potassium & hydrochlorothiazide tab</i> <i>100-25 mg</i>	27	<i>meclofenamate sodium cap 50 mg</i>	2
<i>losartan potassium & hydrochlorothiazide tab</i> <i>50-12.5 mg</i>	27	MEDROL TAB 2MG.....	67
<i>losartan potassium tab 100 mg</i>	27	<i>medroxyprogesterone acetate im susp 150</i> <i>mg/ml</i>	63
<i>losartan potassium tab 25 mg</i>	27	<i>medroxyprogesterone acetate im susp prefilled</i> <i>syr 150 mg/ml</i>	63
<i>losartan potassium tab 50 mg</i>	27	<i>medroxyprogesterone acetate tab 10 mg</i>	68
<i>loteprednol etabonate ophth susp 0.5%</i>	87	<i>medroxyprogesterone acetate tab 2.5 mg</i>	68
LOTRIMIN AF AER 2%.....	95	<i>medroxyprogesterone acetate tab 5 mg</i>	68
LOTRIMIN ULT CRE 1%.....	95	<i>mefenamic acid cap 250 mg</i>	2
<i>lovastatin tab 10 mg</i>	29	<i>mefloquine hcl tab 250 mg</i>	9
<i>lovastatin tab 20 mg</i>	29	<i>megestrol acetate susp 40 mg/ml</i>	20
<i>lovastatin tab 40 mg</i>	29	<i>megestrol acetate tab 20 mg</i>	20
<i>low-ogestrel tab</i>	63	<i>megestrol acetate tab 40 mg</i>	20
<i>loxapine succinate cap 10 mg</i>	48	MEKINIST TAB 0.5MG	22
<i>loxapine succinate cap 25 mg</i>	48	MEKINIST TAB 2MG	22
<i>loxapine succinate cap 5 mg</i>	48	<i>meloxicam tab 15 mg</i>	2
		<i>meloxicam tab 7.5 mg</i>	2
		<i>melphalan tab 2 mg</i>	17
		<i>memantine hcl cap er 24hr 14 mg</i>	41
		<i>memantine hcl cap er 24hr 21 mg</i>	41

<i>memantine hcl cap er 24hr 28 mg</i>	41	<i>methotrexate sodium inj 50 mg/2ml (25</i>	
<i>memantine hcl cap er 24hr 7 mg</i>	41	<i>mg/ml)</i>	19
<i>memantine hcl oral solution 2 mg/ml</i>	41	<i>methotrexate sodium inj pf 1000 mg/40ml (25</i>	
<i>memantine hcl tab 10 mg</i>	42	<i>mg/ml)</i>	19
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i>		<i>methotrexate sodium inj pf 250 mg/10ml (25</i>	
<i>titration pack</i>	42	<i>mg/ml)</i>	19
<i>memantine hcl tab 5 mg</i>	41	<i>methotrexate sodium inj pf 50 mg/2ml (25</i>	
MENACTRA INJ	82	<i>mg/ml)</i>	19
MENEST TAB 0.3MG	65	<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	
MENEST TAB 0.625MG	65	.....	80
MENEST TAB 1.25MG	66	<i>methoxsalen rapid cap 10 mg</i>	96
MENEST TAB 2.5MG	66	<i>methscopolamine bromide tab 2.5 mg</i>	70
MENTAX CRE 1%	95	<i>methscopolamine bromide tab 5 mg</i>	70
MENVEO INJ	82	<i>methyclothiazide tab 5 mg</i>	35
<i>meprobamate tab 200 mg</i>	38	<i>methyl dopa tab 250 mg</i>	36
<i>meprobamate tab 400 mg</i>	38	<i>methyl dopa tab 500 mg</i>	36
<i>mercaptopurine tab 50 mg</i>	19	<i>methylphenidate hcl cap er 10 mg (cd)</i>	51
<i>mesalamine cap dr 400 mg</i>	72	<i>methylphenidate hcl cap er 20 mg (cd)</i>	51
<i>mesalamine enema 4 gm</i>	72	<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> .	51
<i>mesalamine rectal enema 4 gm & cleanser</i>		<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> .	51
<i>wipe kit</i>	72	<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> .	51
<i>mesalamine suppos 1000 mg</i>	72	<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> .	51
<i>mesalamine tab delayed release 1.2 gm</i>	72	<i>methylphenidate hcl cap er 30 mg (cd)</i>	51
<i>mesalamine tab delayed release 800 mg</i>	72	<i>methylphenidate hcl cap er 40 mg (cd)</i>	51
<i>mesna inj 100 mg/ml</i>	23	<i>methylphenidate hcl cap er 50 mg (cd)</i>	51
MESNEX TAB 400MG	23	<i>methylphenidate hcl cap er 60 mg (cd)</i>	51
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	90	<i>methylphenidate hcl chew tab 10 mg</i>	51
<i>metaproterenol sulfate tab 10 mg</i>	90	<i>methylphenidate hcl chew tab 2.5 mg</i>	51
<i>metaproterenol sulfate tab 20 mg</i>	90	<i>methylphenidate hcl chew tab 5 mg</i>	51
<i>metaxalone tab 400 mg</i>	55	<i>methylphenidate hcl cap er 30 mg (cd)</i>	51
<i>metaxalone tab 800 mg</i>	55	<i>methylphenidate hcl cap er 40 mg (cd)</i>	51
<i>metformin hcl tab 1000 mg</i>	57	<i>methylphenidate hcl cap er 50 mg (cd)</i>	51
<i>metformin hcl tab 500 mg</i>	57	<i>methylphenidate hcl cap er 60 mg (cd)</i>	51
<i>metformin hcl tab 850 mg</i>	57	<i>methylphenidate hcl chew tab 10 mg</i>	51
<i>metformin hcl tab er 24hr 500 mg</i>	58	<i>methylphenidate hcl chew tab 2.5 mg</i>	51
<i>metformin hcl tab er 24hr 750 mg</i>	58	<i>methylphenidate hcl chew tab 5 mg</i>	51
<i>methadone con 10mg/ml</i>	4	<i>methylphenidate hcl soln 10 mg/5ml</i>	51
<i>methadone hcl conc 10 mg/ml</i>	4	<i>methylphenidate hcl soln 5 mg/5ml</i>	51
<i>methadone hcl soln 10 mg/5ml</i>	4	<i>methylphenidate hcl tab 10 mg</i>	51
<i>methadone hcl soln 5 mg/5ml</i>	4	<i>methylphenidate hcl tab 20 mg</i>	51
<i>methadone hcl tab 10 mg</i>	4	<i>methylphenidate hcl tab 5 mg</i>	51
<i>methadone hcl tab 5 mg</i>	4	<i>methylphenidate hcl tab er 10 mg</i>	51
<i>methadone hcl tab for oral susp 40 mg</i>	4	<i>methylphenidate hcl tab er 20 mg</i>	51
<i>methadose tab 40mg</i>	4	<i>methylphenidate hcl tab er 24hr 18 mg</i>	51
<i>methamphetamine hcl tab 5 mg</i>	51	<i>methylphenidate hcl tab er 24hr 27 mg</i>	51
<i>methazolamide tab 25 mg</i>	35	<i>methylphenidate hcl tab er 24hr 36 mg</i>	51
<i>methazolamide tab 50 mg</i>	35	<i>methylphenidate hcl tab er 24hr 54 mg</i>	51
<i>methenamine hippurate tab 1 gm</i>	8	<i>methylphenidate hcl tab er osmotic release</i>	
<i>methimazole tab 10 mg</i>	69	<i>(osm) 18 mg</i>	51
<i>methimazole tab 5 mg</i>	69	<i>methylphenidate hcl tab er osmotic release</i>	
<i>methocarbamol tab 500 mg</i>	55	<i>(osm) 27 mg</i>	51
<i>methocarbamol tab 750 mg</i>	56	<i>methylphenidate hcl tab er osmotic release</i>	
<i>methotrexate sodium for inj 1 gm</i>	19	<i>(osm) 36 mg</i>	51
<i>methotrexate sodium inj 250 mg/10ml (25</i>		<i>methylphenidate hcl tab er osmotic release</i>	
<i>mg/ml)</i>	19	<i>(osm) 54 mg</i>	51
		<i>methylprednisolone tab 16 mg</i>	67
		<i>methylprednisolone tab 32 mg</i>	67
		<i>methylprednisolone tab 4 mg</i>	67
		<i>methylprednisolone tab 8 mg</i>	67
		<i>methylprednisolone tab therapy pack 4 mg</i>	
		<i>(21)</i>	67
		<i>methyltestosterone cap 10 mg</i>	57
		<i>metipranolol ophth soln 0.3%</i>	88

metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	71	minitran dis 0.6mg/hr.....	36
metoclopramide hcl tab 10 mg (base equivalent)	71	minocycline hcl cap 100 mg.....	17
metoclopramide hcl tab 5 mg (base equivalent)	71	minocycline hcl cap 50 mg	17
metolazone tab 10 mg	35	minocycline hcl cap 75 mg	17
metolazone tab 2.5 mg	35	minocycline hcl tab 100 mg	17
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metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	31	mirtazapine orally disintegrating tab 30 mg ..	44
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	31	mirtazapine orally disintegrating tab 45 mg ..	44
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metronidazole lotion 0.75%.....	99	mitomycin for iv soln 20 mg	18
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metronidazole tab 500 mg	8	mitomycin for iv soln 5 mg	18
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mexiletine hcl cap 150 mg.....	28	mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml).....	23
mexiletine hcl cap 200 mg.....	28	mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml).....	23
mexiletine hcl cap 250 mg.....	28	M-M-R II INJ.....	82
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miconazole 3 kit combinat.....	75	moexipril hcl tab 15 mg	25
miconazole 3 kit combo pk	75	moexipril hcl tab 7.5 mg	25
miconazole 3 sup 200mg	75	moexipril-hydrochlorothiazide tab 15-12.5 mg	25
miconazole 7 cre tube/kit.....	75	moexipril-hydrochlorothiazide tab 15-25 mg.....	25
miconazorb pow af 2%	95	moexipril-hydrochlorothiazide tab 7.5-12.5 mg	25
microgestin tab 1.5/30	63	mometasone furoate cream 0.1%	98
midodrine hcl tab 10 mg	36	mometasone furoate oint 0.1%.....	98
midodrine hcl tab 2.5 mg	36	mometasone furoate solution 0.1% (lotion) ..	98
midodrine hcl tab 5 mg	36	MONOJECTOR MIS END CAPS	84
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		morphine sulfate beads cap er 24hr 120 mg ...	4
		morphine sulfate beads cap er 24hr 30 mg.....	4

<i>morphine sulfate beads cap er 24hr 45 mg</i>4
<i>morphine sulfate beads cap er 24hr 60 mg</i>4
<i>morphine sulfate beads cap er 24hr 75 mg</i>4
<i>morphine sulfate beads cap er 24hr 90 mg</i>4
<i>morphine sulfate cap er 24hr 10 mg</i>4
<i>morphine sulfate cap er 24hr 100 mg</i>5
<i>morphine sulfate cap er 24hr 20 mg</i>4
<i>morphine sulfate cap er 24hr 30 mg</i>4
<i>morphine sulfate cap er 24hr 50 mg</i>4
<i>morphine sulfate cap er 24hr 60 mg</i>4
<i>morphine sulfate cap er 24hr 80 mg</i>5
<i>morphine sulfate oral soln 10 mg/5ml</i>5
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>5
<i>morphine sulfate oral soln 20 mg/5ml</i>5
<i>morphine sulfate suppos 10 mg</i>5
<i>morphine sulfate suppos 20 mg</i>5
<i>morphine sulfate suppos 30 mg</i>5
<i>morphine sulfate suppos 5 mg</i>5
<i>morphine sulfate tab 15 mg</i>5
<i>morphine sulfate tab 30 mg</i>5
<i>morphine sulfate tab er 100 mg</i>5
<i>morphine sulfate tab er 15 mg</i>5
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<i>multivit/fl chw 0.25mg</i>86
<i>multivit/fl chw 0.5mg</i>86
<i>multivit/fl chw 1mg</i>86
<i>multi-vit/fl dro 0.25mg</i>86
<i>multi-vit/fl dro 0.5mg/ml</i>86
<i>mupirocin oint 2%</i>94
<i>mvc-fluoride chw 1mg</i>86
<i>mycophenolate mofetil cap 250 mg</i>81
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>81
<i>mycophenolate mofetil tab 500 mg</i>81
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>81
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<i>nadolol tab 40 mg</i>31
<i>nadolol tab 80 mg</i>31
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<i>naftifine hcl cream 1%</i>95
<i>naftifine hcl cream 2%</i>95
<i>nalbuphine hcl inj 10 mg/ml</i>5
<i>nalbuphine hcl inj 20 mg/ml</i>5
<i>naloxone hcl inj 0.4 mg/ml</i>56
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<i>neomycin-polymyxin-hc ophth susp</i>86
<i>neomycin-polymyxin-hc otic soln 1%</i>99
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>99
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<i>nevirapine tab er 24hr 100 mg</i>10
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<i>NICOTROL NS SPR 10MG/ML</i>	57	<i>mg-2.5 mcg</i>	66
<i>nifedipine tab er 24hr 30 mg</i>	33	<i>norethindrone tab 0.35 mg</i>	63
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<i>nisoldipine tab er 24hr 25.5 mg</i>	33	<i>nortriptyline hcl cap 10 mg</i>	44
<i>nisoldipine tab er 24hr 30 mg</i>	33	<i>nortriptyline hcl cap 25 mg</i>	45
<i>nisoldipine tab er 24hr 34 mg</i>	33	<i>nortriptyline hcl cap 50 mg</i>	45
<i>nisoldipine tab er 24hr 40 mg</i>	33	<i>nortriptyline hcl cap 75 mg</i>	45
<i>nisoldipine tab er 24hr 8.5 mg</i>	33	<i>nortriptyline hcl soln 10 mg/5ml</i>	45
<i>nitisinone cap 10 mg</i>	64	<i>NORTUSS-EX LIQ 200-20/5</i>	91
<i>nitisinone cap 2 mg</i>	64	<i>NORVIR POW 100MG</i>	10
<i>nitisinone cap 5 mg</i>	64	<i>NORVIR SOL 80MG/ML.....</i>	10
<i>NITRO-DUR DIS 0.3MG/HR.....</i>	36	<i>NOVOFINE MIS 32GX6MM</i>	84
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<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	36	<i>NOXAFIL SUS 40MG/ML</i>	9
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	36	<i>NUBEQA TAB 300MG</i>	20
<i>nitroglycerin tl soln 0.4 mg/spray (400</i>		<i>NUCALA INJ 100MG</i>	91
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<i>NIVESTYM INJ 480MCG.....</i>	77	<i>NUCYNTA ER TAB 50MG</i>	5
<i>nizatidine cap 150 mg.....</i>	72	<i>NUCYNTA TAB 100MG.....</i>	5

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ocella tab 3-0.03mg.....	63
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	67
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	68
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	68
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	67
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	68
ODEFSEY TAB.....	12
ODOMZO CAP 200MG.....	23
ofloxacin ophth soln 0.3%.....	87
ofloxacin otic soln 0.3%.....	100
ofloxacin tab 300 mg.....	15
ofloxacin tab 400 mg.....	15
ogestrel tab.....	63
olanzapine orally disintegrating tab 10 mg ...	48
olanzapine orally disintegrating tab 15 mg ...	48
olanzapine orally disintegrating tab 20 mg ...	48
olanzapine orally disintegrating tab 5 mg	48
olanzapine tab 10 mg.....	48
olanzapine tab 15 mg.....	48
olanzapine tab 2.5 mg.....	48
olanzapine tab 20 mg.....	49
olanzapine tab 5 mg.....	48
olanzapine tab 7.5 mg.....	48
olmesartan medoxomil tab 20 mg.....	27
olmesartan medoxomil tab 40 mg.....	27
olmesartan medoxomil tab 5 mg.....	27
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg.....	27
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg.....	27
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg.....	27
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg.....	27
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg.....	27
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg.....	27
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg.....	27
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg.....	27
olopatadine hcl nasal soln 0.6%.....	90
olopatadine hcl ophth soln 0.1% (base equivalent).....	88
olopatadine hcl ophth soln 0.2% (base equivalent).....	88
omega-3-acid ethyl esters cap 1 gm.....	30
omepra/bicar cap 20-1100.....	74
omeprazole cap delayed release 10 mg.....	74
omeprazole cap delayed release 20 mg.....	74
omeprazole cap delayed release 40 mg.....	74
OMEPRAZOLE DELAYED RELEASE TAB 20 MG	74
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv).....	74
OMNARIS SPR.....	92
OMNIFLEX DPR.....	83
ONCASPAS INJ 750/ML.....	23
ondansetron hcl oral soln 4 mg/5ml.....	71
ondansetron hcl tab 24 mg.....	71
ondansetron hcl tab 4 mg.....	71
ondansetron hcl tab 8 mg.....	71
ondansetron orally disintegrating tab 4 mg...	71
ondansetron orally disintegrating tab 8 mg...	71
OPSUMIT TAB 10MG.....	37
OPTICHAMBER MIS FACE MAS.....	84
oralone dent pst 0.1%.....	99
ORENITRAM TAB 0.125MG.....	37
ORENITRAM TAB 0.25MG.....	37
ORENITRAM TAB 1MG.....	37
ORENITRAM TAB 2.5MG.....	37
ORENITRAM TAB 5MG.....	37
ORFADIN CAP 20MG.....	64
ORFADIN SUS 4MG/ML.....	64
ORKAMBI GRA 100-125.....	92
ORKAMBI GRA 150-188.....	92
ORKAMBI TAB 100-125.....	92
ORKAMBI TAB 200-125.....	92
orphenadrine citrate inj 30 mg/ml.....	56
orphenadrine citrate tab er 12hr 100 mg.....	56
orsythia tab.....	63
oscimin sr tab 0.375mg.....	70
oscimin sub 0.125mg.....	70
oscimin tab 0.125mg.....	70
oseltamivir phosphate cap 30 mg (base equiv)	13
oseltamivir phosphate cap 45 mg (base equiv)	13
oseltamivir phosphate cap 75 mg (base equiv)	13

<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	13
<i>osmitrol inj 10%</i>	35
<i>osmitrol inj 15%</i>	35
<i>osmitrol inj 5%</i>	35
OSMOPREP TAB 1.5GM	72
OSPHENA TAB 60MG	68
OTEZLA TAB 10/20/30	80
OTEZLA TAB 30MG	80
OVIDREL INJ	66
<i>oxaliplatin for iv inj 100 mg</i>	23
<i>oxaliplatin for iv inj 50 mg</i>	23
<i>oxaliplatin iv soln 100 mg/20ml</i>	23
<i>oxaliplatin iv soln 50 mg/10ml</i>	23
<i>oxaprozin tab 600 mg</i>	2
<i>oxazepam cap 10 mg</i>	38
<i>oxazepam cap 15 mg</i>	38
<i>oxazepam cap 30 mg</i>	38
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	40
<i>oxcarbazepine tab 150 mg</i>	40
<i>oxcarbazepine tab 300 mg</i>	40
<i>oxcarbazepine tab 600 mg</i>	40
<i>oxiconazole nitrate cream 1%</i>	95
OXISTAT LOT 1%	95
<i>oxybutynin chloride syrup 5 mg/5ml</i>	75
<i>oxybutynin chloride tab 5 mg</i>	75
<i>oxybutynin chloride tab er 24hr 10 mg</i>	75
<i>oxybutynin chloride tab er 24hr 15 mg</i>	75
<i>oxybutynin chloride tab er 24hr 5 mg</i>	75
<i>oxycodone hcl cap 5 mg</i>	5
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> ..	5
<i>oxycodone hcl soln 5 mg/5ml</i>	5
<i>oxycodone hcl tab 10 mg</i>	6
<i>oxycodone hcl tab 15 mg</i>	6
<i>oxycodone hcl tab 20 mg</i>	6
<i>oxycodone hcl tab 30 mg</i>	6
<i>oxycodone hcl tab 5 mg</i>	5
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	6
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	6
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	6
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	6
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	6
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	6
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	6
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	6
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> ..	6
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> ..	6
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> ..	6
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> ..	6
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	6
<i>oxycodone-ibuprofen tab 5-400 mg</i>	6
OXYCONTIN TAB 10MG CR	6
OXYCONTIN TAB 15MG CR	6
OXYCONTIN TAB 20MG CR	6
OXYCONTIN TAB 30MG CR	6
OXYCONTIN TAB 40MG CR	6
OXYCONTIN TAB 60MG CR	6
OXYCONTIN TAB 80MG CR	6
<i>oxymorphone hcl tab 10 mg</i>	6
<i>oxymorphone hcl tab 5 mg</i>	6
<i>oxymorphone hcl tab er 12hr 10 mg</i>	6
<i>oxymorphone hcl tab er 12hr 15 mg</i>	6
<i>oxymorphone hcl tab er 12hr 20 mg</i>	6
<i>oxymorphone hcl tab er 12hr 30 mg</i>	6
<i>oxymorphone hcl tab er 12hr 40 mg</i>	7
<i>oxymorphone hcl tab er 12hr 5 mg</i>	6
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	6
OZEMPIC INJ 2/1.5ML	58
P	
<i>pacerone tab 100mg</i>	28
<i>pacerone tab 200mg</i>	28
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i> ..	19
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i> ..	19
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	19
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i> ..	19
<i>paliperidone tab er 24hr 1.5 mg</i>	49
<i>paliperidone tab er 24hr 3 mg</i>	49
<i>paliperidone tab er 24hr 6 mg</i>	49
<i>paliperidone tab er 24hr 9 mg</i>	49
<i>pamidronate disodium for inj 30 mg</i>	61
<i>pamidronate disodium for inj 90 mg</i>	61
<i>pamidronate disodium iv soln 3 mg/ml</i>	61
<i>pamidronate disodium iv soln 9 mg/ml</i>	61
PANDA MASK MIS PEDIATRI	84
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	74
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	74
PARAGARD IUD T380A	63
<i>paricalcitol cap 1 mcg</i>	86
<i>paricalcitol cap 2 mcg</i>	86
<i>paricalcitol cap 4 mcg</i>	86
<i>paramomycin sulfate cap 250 mg</i>	7
<i>paroxetine hcl tab 10 mg</i>	45
<i>paroxetine hcl tab 20 mg</i>	45
<i>paroxetine hcl tab 30 mg</i>	45
<i>paroxetine hcl tab 40 mg</i>	45
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	45
<i>paroxetine hcl tab er 24hr 25 mg</i>	45
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	45
PASER GRA 4GM	12
PAZEO DRO 0.7%	88
PEDIARIX INJ 0.5ML	82
PEDVAX HIB INJ	82
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	72
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	72
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	73

<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	<i>pindolol tab 5 mg</i>	31
.....	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	58
PEGANONE TAB 250MG.....	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	58
PEGASYS INJ	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	58
PEGASYS INJ 180MCG/M.....	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	58
PEGASYS INJ PROCLICK.....	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	58
<i>penicillamine tab 250 mg</i>	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>penicillin v potassium for soln 125 mg/5ml</i> ...	.....	58
<i>penicillin v potassium for soln 250 mg/5ml</i> ...	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	
<i>penicillin v potassium tab 250 mg</i> .....	.....	58
<i>penicillin v potassium tab 500 mg</i>	<i>pirmella tab 1/35</i>	63
PENTACEL INJ.....	<i>pirmella tab 7/7/7</i>	63
<i>pentamidine isethionate for nebulization soln</i>	<i>piroxicam cap 10 mg</i>	2
<i>300 mg</i>	<i>piroxicam cap 20 mg</i>	2
<i>pentamidine isethionate for soln 300 mg</i>	PLEGRIDY INJ	55
<i>pentoxifylline tab er 400 mg</i>	PLEGRIDY INJ PEN	55
<i>perindopril erbumine tab 2 mg</i>	PLEGRIDY INJ STARTER	55
<i>perindopril erbumine tab 4 mg</i>	PLEGRIDY PEN INJ STARTER.....	55
<i>perindopril erbumine tab 8 mg</i>	PLENVU SOL	73
<i>perio gard sol 0.12%</i>	PNEUMOVAX 23 INJ 25/0.5	82
<i>permethrin cream 5%</i>	<i>podofilox soln 0.5%</i>	98
<i>perphenazine tab 16 mg</i>	<i>polycin oin op</i>	87
<i>perphenazine tab 2 mg</i>	<i>polyethylene glycol 3350 oral powder 17</i>	
<i>perphenazine tab 4 mg</i>	<i>gm/scoop</i>	73
<i>perphenazine tab 8 mg</i>	<i>polymyxin b-trimethoprim ophth soln 10000</i>	
<i>phenadoz sup 25mg</i>	<i>unit/ml-0.1%</i>	87
<i>phenelzine sulfate tab 15 mg</i>	POMALYST CAP 1MG.....	81
<i>phenobarbital elixir 20 mg/5ml</i>	POMALYST CAP 2MG.....	81
<i>phenobarbital tab 100 mg</i>	POMALYST CAP 3MG.....	81
<i>phenobarbital tab 15 mg</i>	POMALYST CAP 4MG.....	81
<i>phenobarbital tab 16.2 mg</i>	<i>portia-28 tab</i>	63
<i>phenobarbital tab 30 mg</i>	<i>posaconazole tab delayed release 100 mg</i>	9
<i>phenobarbital tab 32.4 mg</i>	<i>potassium chloride cap er 10 meq</i>	84
<i>phenobarbital tab 60 mg</i>	<i>potassium chloride cap er 8 meq</i>	84
<i>phenobarbital tab 64.8 mg</i>	<i>potassium chloride microencapsulated crys er</i>	
<i>phenobarbital tab 97.2 mg</i>	<i>tab 10 meq</i>	84
<i>phenoxybenzamine hcl cap 10 mg</i>	<i>potassium chloride microencapsulated crys er</i>	
<i>phenylephrine hcl ophth soln 10%</i>	<i>tab 20 meq</i>	84
<i>phenylephrine hcl ophth soln 2.5%</i>	<i>potassium chloride oral soln 10% (20</i>	
<i>phenytoin chew tab 50 mg</i>	<i>meq/15ml)</i>	84
<i>phenytoin sodium extended cap 100 mg</i>	<i>potassium chloride oral soln 20% (40</i>	
<i>phenytoin sodium extended cap 200 mg</i>	<i>meq/15ml)</i>	84
<i>phenytoin sodium extended cap 300 mg</i>	<i>potassium chloride tab er 10 meq</i>	84
<i>phenytoin susp 125 mg/5ml</i>	<i>potassium chloride tab er 20 meq (1500 mg)</i>	84
PHOSPHOLINE SOL 0.125%OP.....	<i>potassium chloride tab er 8 meq (600 mg)</i> ...	84
PHOTOFRIN INJ 75MG	<i>potassium citrate tab er 10 meq (1080 mg)</i> ..	75
<i>physiolyte sol</i>	<i>potassium citrate tab er 15 meq (1620 mg)</i> ..	75
<i>phytonadione tab 5 mg</i>	<i>potassium citrate tab er 5 meq (540 mg)</i>	75
PICATO GEL 0.015%	PRADAXA CAP 110MG.....	77
PICATO GEL 0.05%	PRADAXA CAP 150MG.....	77
<i>pilocarpine hcl ophth soln 1%</i>	PRADAXA CAP 75MG.....	76
<i>pilocarpine hcl tab 5 mg</i>	<i>pramipexole dihydrochloride tab 0.125 mg</i> ...	47
<i>pilocarpine hcl tab 7.5 mg</i>	<i>pramipexole dihydrochloride tab 0.25 mg</i>	47
<i>pimozide tab 1 mg</i>	<i>pramipexole dihydrochloride tab 0.5 mg</i>	46
<i>pimozide tab 2 mg</i>	<i>pramipexole dihydrochloride tab 0.75 mg</i>	47
<i>pindolol tab 10 mg</i>	<i>pramipexole dihydrochloride tab 1 mg</i>	47

<i>pramipexole dihydrochloride tab 1.5 mg</i>	47
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	47
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	47
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	47
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	47
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	47
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	47
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	47
<i>prasugrel hcl tab 10 mg (base equiv)</i>	78
<i>prasugrel hcl tab 5 mg (base equiv)</i>	78
<i>pravastatin sodium tab 10 mg</i>	30
<i>pravastatin sodium tab 20 mg</i>	30
<i>pravastatin sodium tab 40 mg</i>	30
<i>pravastatin sodium tab 80 mg</i>	30
<i>praziquantel tab 600 mg</i>	8
<i>prazosin hcl cap 1 mg</i>	26
<i>prazosin hcl cap 2 mg</i>	26
<i>prazosin hcl cap 5 mg</i>	26
<i>PRED MILD SUS 0.12% OP</i>	87
<i>PRED SOD PHO SOL 1% OP</i>	87
<i>prednicarbate cream 0.1%</i>	98
<i>prednicarbate oint 0.1%</i>	98
<i>prednisolone acetate ophth susp 1%</i>	87
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	67
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	67
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	67
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	67
<i>PREDNISON CON 5MG/ML</i>	67
<i>prednisone oral soln 5 mg/5ml</i>	67
<i>prednisone tab 1 mg</i>	67
<i>prednisone tab 10 mg</i>	67
<i>prednisone tab 2.5 mg</i>	67
<i>prednisone tab 20 mg</i>	67
<i>prednisone tab 5 mg</i>	67
<i>prednisone tab 50 mg</i>	67
<i>prednisone tab therapy pack 10 mg (21)</i>	67
<i>prednisone tab therapy pack 10 mg (48)</i>	67
<i>prednisone tab therapy pack 5 mg (21)</i>	67
<i>prednisone tab therapy pack 5 mg (48)</i>	67
<i>pregabalin cap 100 mg</i>	40
<i>pregabalin cap 150 mg</i>	40
<i>pregabalin cap 200 mg</i>	40
<i>pregabalin cap 225 mg</i>	40
<i>pregabalin cap 25 mg</i>	40
<i>pregabalin cap 300 mg</i>	40
<i>pregabalin cap 50 mg</i>	40
<i>pregabalin cap 75 mg</i>	40
<i>pregabalin soln 20 mg/ml</i>	40
<i>PREMARIN TAB 0.3MG</i>	66
<i>PREMARIN TAB 0.45MG</i>	66
<i>PREMARIN TAB 0.625MG</i>	66
<i>PREMARIN TAB 0.9MG</i>	66
<i>PREMARIN TAB 1.25MG</i>	66
<i>PREMARIN VAG CRE 0.625MG</i>	66
<i>prenatabs rx tab</i>	86
<i>PREPOPIK PAK</i>	73
<i>prevalite pow 4gm</i>	29
<i>previfem tab</i>	63
<i>PREVNAR 13 INJ</i>	82
<i>PREZCOBIX TAB 800-150</i>	12
<i>PREZISTA SUS 100MG/ML</i>	10
<i>PREZISTA TAB 150MG</i>	10
<i>PREZISTA TAB 600MG</i>	10
<i>PREZISTA TAB 75MG</i>	10
<i>PREZISTA TAB 800MG</i>	10
<i>PRIFTIN TAB 150MG</i>	12
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	9
<i>primidone tab 250 mg</i>	40
<i>primidone tab 50 mg</i>	40
<i>PRIMSOL SOL 50MG/5ML</i>	8
<i>probenecid tab 500 mg</i>	1
<i>procainamide hcl inj 100 mg/ml</i>	28
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	71
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	71
<i>prochlorperazine suppos 25 mg</i>	71
<i>procto-pak cre 1%</i>	74
<i>proctosol hc cre 2.5%</i>	74
<i>progesterone micronized cap 100 mg</i>	68
<i>progesterone micronized cap 200 mg</i>	68
<i>PROLASTIN-C INJ 1000MG</i>	92
<i>PROLIA SOL 60MG/ML</i>	68
<i>prometh vc/ syp codeine</i>	91
<i>promethazine & phenylephrine syrup 6.25-10 mg/5ml</i>	91
<i>promethazine hcl suppos 12.5 mg</i>	71
<i>promethazine hcl suppos 25 mg</i>	71
<i>promethazine hcl syrup 6.25 mg/5ml</i>	71
<i>promethazine hcl tab 12.5 mg</i>	71
<i>promethazine hcl tab 25 mg</i>	71
<i>promethazine hcl tab 50 mg</i>	71
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	91
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	91
<i>promethegan sup 12.5mg</i>	71
<i>promethegan sup 25mg</i>	71
<i>promethegan sup 50mg</i>	71
<i>propafenone hcl cap er 12hr 225 mg</i>	28
<i>propafenone hcl cap er 12hr 325 mg</i>	28

<i>propafenone hcl cap er 12hr 425 mg</i>	28
<i>propafenone hcl tab 150 mg</i>	28
<i>propafenone hcl tab 225 mg</i>	28
<i>propafenone hcl tab 300 mg</i>	28
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	30
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	30
<i>propranolol hcl cap er 24hr 120 mg</i>	31
<i>propranolol hcl cap er 24hr 160 mg</i>	31
<i>propranolol hcl cap er 24hr 60 mg</i>	31
<i>propranolol hcl cap er 24hr 80 mg</i>	31
<i>propranolol hcl oral soln 20 mg/5ml</i>	31
<i>propranolol hcl oral soln 40 mg/5ml</i>	31
<i>propranolol hcl tab 10 mg</i>	31
<i>propranolol hcl tab 20 mg</i>	31
<i>propranolol hcl tab 40 mg</i>	31
<i>propranolol hcl tab 60 mg</i>	32
<i>propranolol hcl tab 80 mg</i>	32
<i>propylthiouracil tab 50 mg</i>	69
PROQUAD INJ	82
<i>protriptyline hcl tab 10 mg</i>	45
<i>protriptyline hcl tab 5 mg</i>	45
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	91
<i>pyrazinamide tab 500 mg</i>	12
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	54
<i>pyridostigmine bromide tab 60 mg</i>	54
<i>pyridostigmine bromide tab er 180 mg</i>	54
<i>pyridoxine hcl tab 25 mg</i>	86
<i>pyridoxine hcl tab 50 mg</i>	86
Q	
QTERN TAB 10MG/5MG	60
QTERN TAB 5-5MG	60
QUADRAMET INJ 1850MBQ	23
<i>quasense tab</i>	63
<i>quetiapine fumarate tab 100 mg</i>	49
<i>quetiapine fumarate tab 200 mg</i>	49
<i>quetiapine fumarate tab 25 mg</i>	49
<i>quetiapine fumarate tab 300 mg</i>	49
<i>quetiapine fumarate tab 400 mg</i>	49
<i>quetiapine fumarate tab 50 mg</i>	49
<i>quetiapine fumarate tab er 24hr 150 mg</i>	49
<i>quetiapine fumarate tab er 24hr 200 mg</i>	49
<i>quetiapine fumarate tab er 24hr 300 mg</i>	49
<i>quetiapine fumarate tab er 24hr 400 mg</i>	49
<i>quetiapine fumarate tab er 24hr 50 mg</i>	49
<i>quinapril hcl tab 10 mg</i>	25
<i>quinapril hcl tab 20 mg</i>	25
<i>quinapril hcl tab 40 mg</i>	25
<i>quinapril hcl tab 5 mg</i>	25
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	25
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	25
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	25

<i>quinine sulfate cap 324 mg</i>	9
QVAR REDIIHA AER 80MCG	92
QVAR REDIIHAL AER 40MCG	92
R	
<i>rabeprazole sodium ec tab 20 mg</i>	74
<i>raloxifene hcl tab 60 mg</i>	68
<i>ramelteon tab 8 mg</i>	52
<i>ramipril cap 1.25 mg</i>	25
<i>ramipril cap 10 mg</i>	25
<i>ramipril cap 2.5 mg</i>	25
<i>ramipril cap 5 mg</i>	25
<i>ranolazine tab er 12hr 1000 mg</i>	36
<i>ranolazine tab er 12hr 500 mg</i>	36
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	47
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	47
REBETOL SOL 40MG/ML	15
REBIF INJ 22/0.5	55
REBIF INJ 44/0.5	55
REBIF REBIDO INJ 22/0.5	55
REBIF REBIDO INJ 44/0.5	55
REBIF REBIDO INJ TITRATN	55
REBIF TITRTN INJ PACK	55
<i>reclipsen tab</i>	63
RECOMBIVA HB INJ 10MCG/ML	82
RECOMBIVA HB INJ 5MCG/0.5	82
RECOMBIVA-HB INJ 40MCG/ML	82
RECTIV OIN 0.4%	98
REGANEX GEL 0.01%	99
RELENZA MIS DISKHALE	13
REMODULIN INJ 10MG/ML	37
REMODULIN INJ 1MG/ML	37
REMODULIN INJ 2.5MG/ML	37
REMODULIN INJ 5MG/ML	37
<i>repaglinide tab 0.5 mg</i>	59
<i>repaglinide tab 1 mg</i>	59
<i>repaglinide tab 2 mg</i>	59
<i>repaglinide-metformin hcl tab 1-500 mg</i>	59
<i>repaglinide-metformin hcl tab 2-500 mg</i>	59
REPATHA INJ 140MG/ML	30
REPATHA PUSH INJ 420/3.5	30
REPATHA SURE INJ 140MG/ML	30
RESTASIS EMU 0.05%	88
RETACRIT INJ 10000UNT	77
RETACRIT INJ 2000UNIT	77
RETACRIT INJ 3000UNIT	77
RETACRIT INJ 40000UNT	77
RETACRIT INJ 4000UNIT	77
REVLIMID CAP 10MG	81
REVLIMID CAP 15MG	81
REVLIMID CAP 2.5MG	81
REVLIMID CAP 20MG	81
REVLIMID CAP 25MG	81
REVLIMID CAP 5MG	81
REXULTI TAB 0.25MG	49
REXULTI TAB 0.5MG	49
REXULTI TAB 1MG	49

REXULTI TAB 2MG.....	49	<i>ropinirole hydrochloride tab 0.25 mg</i>	47
REXULTI TAB 3MG.....	49	<i>ropinirole hydrochloride tab 0.5 mg</i>	47
REXULTI TAB 4MG.....	49	<i>ropinirole hydrochloride tab 1 mg</i>	47
REYATAZ POW 50MG	10	<i>ropinirole hydrochloride tab 2 mg</i>	47
<i>rhinocort sus allergy</i>	92	<i>ropinirole hydrochloride tab 3 mg</i>	47
<i>ribasphere cap 200mg</i>	15	<i>ropinirole hydrochloride tab 4 mg</i>	47
<i>ribasphere tab 200mg</i>	15	<i>ropinirole hydrochloride tab 5 mg</i>	47
RIBASPHERE TAB 400MG	15	<i>rosadan cre 0.75%</i>	99
<i>ribasphere tab 600mg</i>	15	<i>rosuvastatin calcium tab 10 mg</i>	30
<i>ribavirin cap 200 mg</i>	15	<i>rosuvastatin calcium tab 20 mg</i>	30
<i>ribavirin tab 200 mg</i>	15	<i>rosuvastatin calcium tab 40 mg</i>	30
<i>rifabutin cap 150 mg</i>	12	<i>rosuvastatin calcium tab 5 mg</i>	30
RIFAMATE CAP.....	12	ROTARIX SUS	82
<i>rifampin cap 150 mg</i>	12	ROTATEQ SOL.....	82
<i>rifampin cap 300 mg</i>	12	RYDAPT CAP 25MG	20
RIFATER TAB	12	S	
<i>riluzole tab 50 mg</i>	54	SAMSCA TAB 15MG	68
<i>rimantadine hydrochloride tab 100 mg</i>	13	SAMSCA TAB 30MG	68
RINVOQ TAB 15MG ER.....	79	SANCUSO DIS 3.1MG	71
<i>risedronate sodium tab 150 mg</i>	61	SAPHRIS SUB 10MG	49
<i>risedronate sodium tab 30 mg</i>	61	SAPHRIS SUB 2.5MG	49
<i>risedronate sodium tab 35 mg</i>	61	SAPHRIS SUB 5MG	49
<i>risedronate sodium tab 5 mg</i>	61	SAVELLA MIS TITR PAK.....	54
<i>risedronate sodium tab delayed release 35 mg</i>	61	SAVELLA TAB 100MG.....	54
<i>risperidone orally disintegrating tab 0.25 mg</i> 49		SAVELLA TAB 12.5MG.....	54
<i>risperidone orally disintegrating tab 0.5 mg</i> ..	49	SAVELLA TAB 25MG.....	54
<i>risperidone orally disintegrating tab 1 mg</i>	49	SAVELLA TAB 50MG.....	54
<i>risperidone orally disintegrating tab 2 mg</i>	49	<i>scopolamine td patch 72hr 1 mg/3days</i>	71
<i>risperidone orally disintegrating tab 3 mg</i>	49	<i>selegiline hcl cap 5 mg</i>	47
<i>risperidone orally disintegrating tab 4 mg</i>	49	<i>selegiline hcl tab 5 mg</i>	47
<i>risperidone orally disintegrating tab 4 mg</i>	49	<i>selenium sulfide lotion 2.5%</i>	96
<i>risperidone soln 1 mg/ml</i>	49	SELZENTRY SOL 20MG/ML	10
<i>risperidone tab 0.25 mg</i>	49	SELZENTRY TAB 150MG	11
<i>risperidone tab 0.5 mg</i>	49	SELZENTRY TAB 25MG.....	11
<i>risperidone tab 1 mg</i>	49	SELZENTRY TAB 300MG	11
<i>risperidone tab 2 mg</i>	49	SELZENTRY TAB 75MG.....	11
<i>risperidone tab 3 mg</i>	49	<i>sertraline hcl oral concentrate for solution 20</i> <i>mg/ml</i>	45
<i>risperidone tab 4 mg</i>	49	<i>sertraline hcl tab 100 mg</i>	45
<i>ritonavir tab 100 mg</i>	10	<i>sertraline hcl tab 25 mg</i>	45
<i>rivastigmine tartrate cap 1.5 mg (base</i> <i>equivalent)</i>	42	<i>sertraline hcl tab 50 mg</i>	45
<i>rivastigmine tartrate cap 3 mg (base</i> <i>equivalent)</i>	42	<i>sevelamer carbonate packet 0.8 gm</i>	68
<i>rivastigmine tartrate cap 4.5 mg (base</i> <i>equivalent)</i>	42	<i>sevelamer carbonate packet 2.4 gm</i>	68
<i>rivastigmine tartrate cap 6 mg (base</i> <i>equivalent)</i>	42	<i>sevelamer carbonate tab 800 mg</i>	68
<i>rivelsa tab</i>	63	SHARPS CONT MIS 2QUART	84
<i>rizatriptan benzoate oral disintegrating tab 10</i> <i>mg (base eq)</i>	53	SHINGRIX INJ 50/0.5ML	82
<i>rizatriptan benzoate oral disintegrating tab 5</i> <i>mg (base eq)</i>	53	SHUR-SEAL GEL 2%	74
<i>rizatriptan benzoate tab 10 mg (base</i> <i>equivalent)</i>	53	<i>sildenafil citrate iv soln 10 mg/12.5ml (base</i> <i>equivalent)</i>	37
<i>rizatriptan benzoate tab 5 mg (base</i> <i>equivalent)</i>	53	<i>sildenafil citrate tab 20 mg</i>	37
		<i>silodosin cap 4 mg</i>	74
		<i>silodosin cap 8 mg</i>	74
		<i>silver sulfadiazine cream 1%</i>	94
		SIMBRINZA SUS 1-0.2%	88
		SIMPONI ARIA SOL 50MG/4ML.....	79
		SIMPONI INJ 100MG/ML.....	80

SIMPONI INJ 50/0.5ML	80	SOMATULINE INJ 90/0.3ML	68
<i>simvastatin tab 10 mg</i>	30	SOMAVERT INJ 10MG	68
<i>simvastatin tab 20 mg</i>	30	SOMAVERT INJ 15MG	68
<i>simvastatin tab 40 mg</i>	30	SOMAVERT INJ 20MG	68
<i>simvastatin tab 5 mg</i>	30	SOMAVERT INJ 25MG	68
<i>simvastatin tab 80 mg</i>	30	SOMAVERT INJ 30MG	68
<i>sirolimus oral soln 1 mg/ml</i>	81	<i>sorine tab 120mg</i>	28
<i>sirolimus tab 0.5 mg</i>	81	<i>sorine tab 160mg</i>	28
<i>sirolimus tab 1 mg</i>	81	<i>sorine tab 240mg</i>	28
<i>sirolimus tab 2 mg</i>	81	<i>sorine tab 80mg</i>	28
SIRTURO TAB 100MG	12	<i>sotalol hcl (afib/af) tab 120 mg</i>	28
SIRTURO TAB 20MG	12	<i>sotalol hcl (afib/af) tab 160 mg</i>	28
SIVEXTRO INJ 200MG.....	8	<i>sotalol hcl (afib/af) tab 80 mg</i>	28
SIVEXTRO TAB 200MG.....	8	<i>sotalol hcl tab 120 mg</i>	28
SKLICE LOT 0.5%	99	<i>sotalol hcl tab 160 mg</i>	28
SKYLA IUD 13.5MG	63	<i>sotalol hcl tab 240 mg</i>	28
SKYRIZI INJ 150DOSE	80	<i>sotalol hcl tab 80 mg</i>	28
<i>sleep-aid tab 25mg</i>	52	SOVALDI PAK 150MG.....	15
SLYND TAB 4MG	64	SOVALDI PAK 200MG.....	15
<i>sm nicotine dis 14mg/24h</i>	57	SOVALDI TAB 200MG.....	15
<i>sm nicotine dis 21mg/24h</i>	57	SOVALDI TAB 400MG.....	15
<i>sm nicotine dis 7mg/24hr</i>	57	<i>spinosad susp 0.9%</i>	99
<i>sodium chloride flush iv soln 0.9%</i>	85	SPIRIVA AER 1.25MCG.....	89
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	85	SPIRIVA CAP HANDIHLR	89
<i>sodium chloride irrigation soln 0.9%</i>	99	SPIRIVA SPR 2.5MCG	89
<i>sodium chloride iv soln 0.45%</i>	85	<i>spironolactone & hydrochlorothiazide tab 25-25</i> <i>mg</i>	35
<i>sodium chloride iv soln 0.9%</i>	85	<i>spironolactone tab 100 mg</i>	35
<i>sodium chloride iv soln 3%</i>	85	<i>spironolactone tab 25 mg</i>	35
<i>sodium chloride iv soln 5%</i>	85	<i>spironolactone tab 50 mg</i>	35
<i>sodium chloride preservative free (pf) inj 0.9%</i>	85	<i>sprintec 28 tab 28 day</i>	64
<i>sodium chloride soln nebu 0.9%</i>	92	SPRYCEL TAB 100MG.....	22
<i>sodium chloride soln nebu 10%</i>	92	SPRYCEL TAB 140MG.....	22
<i>sodium chloride soln nebu 3%</i>	92	SPRYCEL TAB 20MG.....	22
<i>sodium chloride soln nebu 7%</i>	92	SPRYCEL TAB 50MG.....	22
<i>sodium fluoride chew tab 0.25 mg f (from 0.55</i> <i>mg naf)</i>	85	SPRYCEL TAB 70MG.....	22
<i>sodium fluoride chew tab 0.5 mg f (from 1.1</i> <i>mg naf)</i>	85	SPRYCEL TAB 80MG.....	22
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg</i> <i>naf)</i>	85	<i>sronyx tab</i>	64
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1</i> <i>mg/ml naf)</i>	85	<i>ssd cre 1%</i>	94
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	85	<i>stavudine cap 15 mg</i>	11
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	85	<i>stavudine cap 20 mg</i>	11
<i>sodium polystyrene sulfonate oral susp 15</i> <i>gm/60ml</i>	61	<i>stavudine cap 30 mg</i>	11
<i>sodium polystyrene sulfonate rectal susp 30</i> <i>gm/120ml</i>	61	<i>stavudine cap 40 mg</i>	11
<i>solifenacin succinate tab 10 mg</i>	75	STELARA INJ 45MG/0.5.....	80
<i>solifenacin succinate tab 5 mg</i>	75	STELARA INJ 90MG/ML	80
SOLIQUA INJ 100/33	58	STIVARGA TAB 40MG	22
SOMATULINE INJ 120/ .5ML	68	<i>streptomycin sulfate for inj 1 gm</i>	7
SOMATULINE INJ 60/0.2ML	68	STRIBILD TAB.....	12
		STRIVERDI AER 2.5MCG	90
		SUBLOCADE INJ 100/0.5.....	7
		SUBLOCADE INJ 300/1.5.....	7
		SUCRAID SOL 8500/ML.....	73
		<i>sucrafate tab 1 gm</i>	73
		<i>sulconazole nitrate cream 1%</i>	95
		<i>sulfacetamide sodium lotion 10% (acne)</i>	94
		<i>sulfacetamide sodium ophth oint 10%</i>	87

<i>sulfacetamide sodium ophth soln 10%</i>	87	SYNJARDY XR TAB 10-1000.....	59
<i>sulfacetamide sodium-prednisolone ophth soln</i>		SYNJARDY XR TAB 25-1000.....	59
<i>10-0.23(0.25)%</i>	86	SYNJARDY XR TAB 5-1000MG	59
SULFADIAZINE TAB 500MG	7	SYNTHROID TAB 100MCG	69
<i>sulfamethoxazole-trimethoprim susp 200-40</i>		SYNTHROID TAB 112MCG	69
<i>mg/5ml</i>	8	SYNTHROID TAB 125MCG	69
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>		SYNTHROID TAB 137MCG	69
.....	8	SYNTHROID TAB 150MCG	69
<i>sulfamethoxazole-trimethoprim tab 800-160</i>		SYNTHROID TAB 175MCG	69
<i>mg</i>	9	SYNTHROID TAB 200MCG	69
SULFAMYLON CRE 85MG/GM	94	SYNTHROID TAB 25MCG	69
<i>sulfasalazine tab 500 mg</i>	72	SYNTHROID TAB 300MCG	69
<i>sulfasalazine tab delayed release 500 mg</i>	72	SYNTHROID TAB 50MCG	69
<i>sulindac tab 150 mg</i>	2	SYNTHROID TAB 75MCG	69
<i>sulindac tab 200 mg</i>	2	SYNTHROID TAB 88MCG	69
<i>sumatriptan nasal spray 20 mg/act</i>	53	T	
<i>sumatriptan nasal spray 5 mg/act</i>	53	TABLOID TAB 40MG	19
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	53	<i>tacrolimus cap 0.5 mg</i>	81
<i>sumatriptan succinate solution auto-injector 4</i>		<i>tacrolimus cap 1 mg</i>	81
<i>mg/0.5ml</i>	53	<i>tacrolimus cap 5 mg</i>	81
<i>sumatriptan succinate solution auto-injector 6</i>		<i>tacrolimus oint 0.03%</i>	98
<i>mg/0.5ml</i>	53	<i>tacrolimus oint 0.1%</i>	98
<i>sumatriptan succinate solution cartridge 4</i>		<i>tadalafil tab 2.5 mg</i>	74
<i>mg/0.5ml</i>	53	<i>tadalafil tab 20 mg (pah)</i>	37
<i>sumatriptan succinate solution cartridge 6</i>		<i>tadalafil tab 5 mg</i>	74
<i>mg/0.5ml</i>	53	TAFINLAR CAP 50MG	22
<i>sumatriptan succinate solution prefilled syringe</i>		TAFINLAR CAP 75MG	22
<i>6 mg/0.5ml</i>	53	<i>take action tab 1.5mg</i>	64
<i>sumatriptan succinate tab 100 mg</i>	53	TALTZ INJ 80MG/ML	80
<i>sumatriptan succinate tab 25 mg</i>	53	<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	
<i>sumatriptan succinate tab 50 mg</i>	53	.....	20
SUPRAX CHW 100MG.....	14	<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	
SUPRAX CHW 200MG.....	14	.....	21
SUPRAX SUS 500/5ML	14	<i>tamsulosin hcl cap 0.4 mg</i>	74
SUPREP BOWEL SOL PREP KIT	73	<i>targetd acne cre 2.5%</i>	94
SUTENT CAP 12.5MG	22	TARGRETIN GEL 1%	98
SUTENT CAP 25MG.....	22	TAYTULLA CAP 1MG/20MC.....	64
SUTENT CAP 37.5MG	22	<i>tazarotene cream 0.1%</i>	96
SUTENT CAP 50MG.....	22	<i>tazicef inj 1gm</i>	14
<i>syeda tab 3-0.03mg</i>	64	<i>tazicef inj 2gm</i>	14
<i>symax-sl sub 0.125mg</i>	70	<i>tazicef inj 6gm</i>	14
SYMBICORT AER 160-4.5	93	TAZORAC CRE 0.05%	96
SYMBICORT AER 80-4.5.....	92	TAZORAC GEL 0.05%	96
SYMDEKO TAB 100-150	92	TAZORAC GEL 0.1%	96
SYMDEKO TAB 50-75MG	92	<i>taztia xt cap 120mg/24</i>	33
SYMFI LO TAB.....	12	<i>taztia xt cap 180mg/24</i>	33
SYMFI TAB	12	<i>taztia xt cap 240mg/24</i>	33
SYMLINPEN 60 INJ 1000MCG.....	57	<i>taztia xt cap 300mg er</i>	33
SYMLNPEN 120 INJ 1000MCG	57	<i>taztia xt cap 360mg/24</i>	34
SYNAREL SOL 2MG/ML.....	64	TDVAX INJ 2-2 LF.....	83
SYNERA DIS 70-70MG	98	TECFIDERA CAP 120MG	55
SYNJARDY TAB	59	TECFIDERA CAP 240MG	55
SYNJARDY TAB 12.5-500	59	TECFIDERA MIS STARTER	55
SYNJARDY TAB 5-1000MG.....	59	<i>telmisartan tab 20 mg</i>	27
SYNJARDY TAB 5-500MG.....	59	<i>telmisartan tab 40 mg</i>	28
SYNJARDY XR TAB.....	59	<i>telmisartan tab 80 mg</i>	28

<i>telmisartan-amlodipine tab 40-10 mg</i>	27	<i>theophylline soln 80 mg/15ml</i>	93
<i>telmisartan-amlodipine tab 40-5 mg</i>	27	<i>theophylline tab er 12hr 450 mg</i>	93
<i>telmisartan-amlodipine tab 80-10 mg</i>	27	<i>theophylline tab er 24hr 400 mg</i>	93
<i>telmisartan-amlodipine tab 80-5 mg</i>	27	<i>theophylline tab er 24hr 600 mg</i>	93
<i>telmisartan-hydrochlorothiazide tab 40-12.5</i> <i>mg</i>	27	<i>thioridazine hcl tab 10 mg</i>	49
<i>telmisartan-hydrochlorothiazide tab 80-12.5</i> <i>mg</i>	27	<i>thioridazine hcl tab 100 mg</i>	50
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	27	<i>thioridazine hcl tab 25 mg</i>	49
<i>temazepam cap 15 mg</i>	52	<i>thioridazine hcl tab 50 mg</i>	49
<i>temazepam cap 22.5 mg</i>	52	<i>thiothixene cap 1 mg</i>	50
<i>temazepam cap 30 mg</i>	52	<i>thiothixene cap 10 mg</i>	50
<i>temazepam cap 7.5 mg</i>	52	<i>thiothixene cap 2 mg</i>	50
TEMIXYS TAB 300-300.....	12	<i>thiothixene cap 5 mg</i>	50
TEMODAR INJ 100MG	17	THYROLAR-1 TAB 60MG	69
<i>temozolomide cap 100 mg</i>	17	THYROLAR-1/2 TAB 30MG	69
<i>temozolomide cap 140 mg</i>	17	THYROLAR-1/4 TAB 15MG	69
<i>temozolomide cap 180 mg</i>	17	THYROLAR-2 TAB 120MG	69
<i>temozolomide cap 20 mg</i>	17	THYROLAR-3 TAB 180MG	69
<i>temozolomide cap 250 mg</i>	17	<i>tiagabine hcl tab 12 mg</i>	41
<i>temozolomide cap 5 mg</i>	17	<i>tiagabine hcl tab 16 mg</i>	41
<i>tencon tab 50-325mg</i>	1	<i>tiagabine hcl tab 2 mg</i>	40
TENIPOSIDE INJ 50MG/5ML	24	<i>tiagabine hcl tab 4 mg</i>	40
TENIVAC INJ 5-2LF.....	83	TICE BCG INJ	23
<i>tenofovir disoproxil fumarate tab 300 mg</i>	11	<i>tilia fe tab</i>	64
<i>terazosin hcl cap 1 mg (base equivalent)</i>	26	<i>timolol maleate ophth gel forming soln 0.25%</i>	88
<i>terazosin hcl cap 10 mg (base equivalent)</i>	26	<i>timolol maleate ophth gel forming soln 0.5%</i>	88
<i>terazosin hcl cap 2 mg (base equivalent)</i>	26	<i>timolol maleate ophth soln 0.25%</i>	88
<i>terazosin hcl cap 5 mg (base equivalent)</i>	26	<i>timolol maleate ophth soln 0.5%</i>	88
<i>terbinafine cre 1%</i>	95	<i>timolol maleate tab 10 mg</i>	32
<i>terbinafine hcl tab 250 mg</i>	9	<i>timolol maleate tab 20 mg</i>	32
<i>terbutaline sulfate tab 2.5 mg</i>	90	<i>timolol maleate tab 5 mg</i>	32
<i>terbutaline sulfate tab 5 mg</i>	90	<i>tinidazole tab 250 mg</i>	7
<i>terconazole vaginal cream 0.4%</i>	75	<i>tinidazole tab 500 mg</i>	8
<i>terconazole vaginal cream 0.8%</i>	75	<i>tis-u-sol sol</i>	88
<i>terconazole vaginal suppos 80 mg</i>	75	TIVICAY PD TAB 5MG	11
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	57	TIVICAY TAB 10MG.....	11
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	57	TIVICAY TAB 25MG.....	11
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	57	TIVICAY TAB 50MG.....	11
<i>testosterone td gel 10mg/act (2%)</i>	57	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	56
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	57	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	56
<i>tetrabenazine tab 12.5 mg</i>	54	TOBRADEX OIN 0.3-0.1%	86
<i>tetrabenazine tab 25 mg</i>	54	TOBRADEX ST SUS 0.3-0.05.....	86
<i>tetracycline hcl cap 250 mg</i>	17	<i>tobramycin nebu soln 300 mg/5ml</i>	8
<i>tetracycline hcl cap 500 mg</i>	17	<i>tobramycin ophth soln 0.3%</i>	87
THALOMID CAP 100MG	81	<i>tobramycin-dexamethasone ophth susp 0.3-</i> <i>0.1%</i>	86
THALOMID CAP 150MG	81	TODAY SPONGE MIS.....	74
THALOMID CAP 200MG	81	<i>tolcapone tab 100 mg</i>	47
THALOMID CAP 50MG.....	81	<i>tolmetin sodium cap 400 mg</i>	2
<i>theochron tab 100mg cr</i>	93	<i>tolmetin sodium tab 200 mg</i>	2
<i>theochron tab 200mg cr</i>	93	<i>tolmetin sodium tab 600 mg</i>	2
<i>theochron tab 300mg cr</i>	93	<i>tolnaftate aerosol pow 1%</i>	96
		<i>tolterodine tartrate cap er 24hr 2 mg</i>	75
		<i>tolterodine tartrate cap er 24hr 4 mg</i>	75
		<i>tolterodine tartrate tab 1 mg</i>	75
		<i>tolterodine tartrate tab 2 mg</i>	75

<i>tolvaptan tab 30 mg</i>	68	<i>triamcinolone acetonide cream 0.5%</i>	98
<i>topiramate sprinkle cap 15 mg</i>	41	<i>triamcinolone acetonide dental paste 0.1%</i> ..	99
<i>topiramate sprinkle cap 25 mg</i>	41	<i>triamcinolone acetonide lotion 0.025%</i>	98
<i>topiramate tab 100 mg</i>	41	<i>triamcinolone acetonide lotion 0.1%</i>	98
<i>topiramate tab 200 mg</i>	41	<i>triamcinolone acetonide nasal aerosol</i>	
<i>topiramate tab 25 mg</i>	41	<i>suspension 55 mcg/act</i>	92
<i>topiramate tab 50 mg</i>	41	<i>triamcinolone acetonide oint 0.025%</i>	98
<i>toposar inj 100/5ml</i>	24	<i>triamcinolone acetonide oint 0.1%</i>	98
<i>toposar inj 1gm/50ml</i>	24	<i>triamcinolone acetonide oint 0.5%</i>	98
<i>toposar inj 500/25ml</i>	24	<i>triamterene & hydrochlorothiazide cap 37.5-25</i>	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	24	<i>mg</i>	35
<i>toremifene citrate tab 60 mg (base equivalent)</i>		<i>triamterene & hydrochlorothiazide tab 37.5-25</i>	
.....	21	<i>mg</i>	35
<i>toremide tab 10 mg</i>	35	<i>triamterene & hydrochlorothiazide tab 75-50</i>	
<i>toremide tab 100 mg</i>	35	<i>mg</i>	35
<i>toremide tab 20 mg</i>	35	<i>triamterene cap 100 mg</i>	35
<i>toremide tab 5 mg</i>	35	<i>triamterene cap 50 mg</i>	35
TOVIAZ TAB 4MG	75	<i>triderm cre 0.1%</i>	98
TOVIAZ TAB 8MG	75	<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	
TRACLEER TAB 32MG	37	.....	50
<i>tramadol hcl tab 50 mg</i>	7	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	
<i>tramadol hcl tab er 24hr 100 mg</i>	7	.....	50
<i>tramadol hcl tab er 24hr 200 mg</i>	7	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	
<i>tramadol hcl tab er 24hr 300 mg</i>	7	.....	50
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	7	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	
<i>trandolapril tab 1 mg</i>	26	.....	50
<i>trandolapril tab 2 mg</i>	26	<i>trifluridine ophth soln 1%</i>	87
<i>trandolapril tab 4 mg</i>	26	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	47
<i>trandolapril-verapamil hcl tab er 1-240 mg</i> ..	25	<i>trihexyphenidyl hcl tab 2 mg</i>	47
<i>trandolapril-verapamil hcl tab er 2-180 mg</i> ..	25	<i>trihexyphenidyl hcl tab 5 mg</i>	47
<i>trandolapril-verapamil hcl tab er 2-240 mg</i> ..	25	TRIKAFTA TAB	92
<i>trandolapril-verapamil hcl tab er 4-240 mg</i> ..	25	<i>tri-linyah tab</i>	64
<i>tranexamic acid iv soln 1000 mg/10ml (100</i>		<i>trimethobenzamide hcl cap 300 mg</i>	71
<i>mg/ml)</i>	78	<i>trimethoprim tab 100 mg</i>	9
<i>tranexamic acid tab 650 mg</i>	78	<i>trimipramine maleate cap 100 mg</i>	45
<i>tranylcypramine sulfate tab 10 mg</i>	45	<i>trimipramine maleate cap 25 mg</i>	45
<i>travoprost ophth soln 0.004% (benzalkonium</i>		<i>trimipramine maleate cap 50 mg</i>	45
<i>free) (bak free)</i>	88	<i>trinessa tab</i>	64
<i>trazodone hcl tab 100 mg</i>	45	TRINTELLIX TAB 10MG	45
<i>trazodone hcl tab 150 mg</i>	45	TRINTELLIX TAB 20MG	45
<i>trazodone hcl tab 300 mg</i>	45	TRINTELLIX TAB 5MG	45
<i>trazodone hcl tab 50 mg</i>	45	<i>triple antib oin</i>	94
TRECTOR TAB 250MG	12	<i>triple paste oin af 2%</i>	96
TREMFYA INJ 100MG/ML	80	<i>tri-sprintec tab</i>	64
TRESIBA FLEX INJ 100UNIT	59	TRIUMEQ TAB	12
TRESIBA FLEX INJ 200UNIT	59	<i>tri-vit/fe dro /fl 0.25</i>	86
TRESIBA INJ 100UNIT	59	<i>tri-vit/fl dro 0.25mg</i>	86
<i>tretinoin cap 10 mg</i>	23	<i>tri-vit/fl dro 0.5mg</i>	86
<i>tretinoin cream 0.025%</i>	94	<i>trivora-28 tab</i>	64
<i>tretinoin cream 0.05%</i>	94	TROGARZO INJ 150MG/ML	11
<i>tretinoin cream 0.1%</i>	94	<i>tropicamide ophth soln 0.5%</i>	88
<i>tretinoin gel 0.01%</i>	94	<i>tropicamide ophth soln 1%</i>	88
<i>tretinoin gel 0.025%</i>	94	<i>trospium chloride cap er 24hr 60 mg</i>	75
<i>tretinoin gel 0.05%</i>	94	<i>trospium chloride tab 20 mg</i>	75
<i>triamcinolone acetonide cream 0.025%</i>	98	TRULICITY INJ 0.75/0.5	58
<i>triamcinolone acetonide cream 0.1%</i>	98	TRULICITY INJ 1.5/0.5	58

TRUMENBA INJ	83
TRUVADA TAB 100-150.....	12
TRUVADA TAB 133-200.....	12
TRUVADA TAB 167-250.....	12
TRUVADA TAB 200-300.....	12
TUKYSA TAB 150MG	22
TUKYSA TAB 50MG.....	22
<i>tussigon tab 5-1.5mg</i>	91
TUZISTRA XR SUS.....	91
TWINRIX INJ	83
TWIRLA DIS 120-30	64
TYBOST TAB 150MG	11
TYKERB TAB 250MG	22
TYMLOS INJ.....	68
TYSABRI INJ 300/15ML.....	55
TYVASO START SOL 0.6MG/ML	37

U

UDENYCA INJ 6MG/.6ML	77
<i>unithroid tab 100mcg</i>	70
<i>unithroid tab 112mcg</i>	70
<i>unithroid tab 125mcg</i>	70
<i>unithroid tab 200mcg</i>	70
<i>unithroid tab 25mcg</i>	69
<i>unithroid tab 300mcg</i>	70
<i>unithroid tab 50mcg</i>	69
<i>unithroid tab 75mcg</i>	70
<i>unithroid tab 88mcg</i>	70
UPTRAVI TAB 1000MCG	37
UPTRAVI TAB 1200MCG	37
UPTRAVI TAB 1400MCG	37
UPTRAVI TAB 1600MCG	37
UPTRAVI TAB 200/800	37
UPTRAVI TAB 200MCG	37
UPTRAVI TAB 400MCG	37
UPTRAVI TAB 600MCG	37
UPTRAVI TAB 800MCG	37
<i>urinary pain tab 95mg</i>	75
<i>ursodiol cap 300 mg</i>	73
<i>ursodiol tab 250 mg</i>	73
<i>ursodiol tab 500 mg</i>	73
UVADEX INJ 20MCG/ML	23

V

<i>valacyclovir hcl tab 1 gm</i>	13
<i>valacyclovir hcl tab 500 mg</i>	13
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	13
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	13
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	41
<i>valproic acid cap 250 mg</i>	41
<i>valsartan tab 160 mg</i>	28
<i>valsartan tab 320 mg</i>	28
<i>valsartan tab 40 mg</i>	28
<i>valsartan tab 80 mg</i>	28

<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	27
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	27
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	27
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	27
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	27
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	9
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	9
<i>vandazole gel 0.75%</i>	75
VAQTA INJ 25/0.5ML	83
VAQTA INJ 50UNT/ML	83
VARIVAX INJ	83
VARUBI INJ	71
VARUBI TAB 90MG	71
VASCEPA CAP 0.5GM	30
VASCEPA CAP 1GM	30
VCF VAGINAL AER CONTRACP.....	74
VCF VAGINAL MIS CONTRACP.....	74
<i>velivet pak</i>	64
VELPHORO CHW 500MG.....	68
VELLIDY TAB 25MG	13
VENCLEXTA TAB 100MG.....	24
VENCLEXTA TAB 10MG.....	24
VENCLEXTA TAB 50MG.....	24
VENCLEXTA TAB START PK.....	24
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	45
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	45
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	45
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	46
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	45
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	46
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	46
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	46
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	46
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	46
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	46
VENTAVIS SOL 10MCG/ML	37
VENTAVIS SOL 20MCG/ML	37
<i>verapamil hcl cap er 24hr 100 mg</i>	34
<i>verapamil hcl cap er 24hr 120 mg</i>	34
<i>verapamil hcl cap er 24hr 180 mg</i>	34
<i>verapamil hcl cap er 24hr 200 mg</i>	34
<i>verapamil hcl cap er 24hr 240 mg</i>	34
<i>verapamil hcl cap er 24hr 300 mg</i>	34

verapamil hcl cap er 24hr 360 mg	34
verapamil hcl tab 120 mg	34
verapamil hcl tab 40 mg	34
verapamil hcl tab 80 mg	34
verapamil hcl tab er 120 mg	34
verapamil hcl tab er 180 mg	34
verapamil hcl tab er 240 mg	34
VICTOZA INJ 18MG/3ML	58
VIDEX EC CAP 125MG	11
VIDEX SOL 2GM	11
VIDEX SOL 4GM	11
vigabatrin powd pack 500 mg	41
vigabatrin tab 500 mg	41
VIIBRYD KIT STARTER	46
VIIBRYD TAB 10MG	46
VIIBRYD TAB 20MG	46
VIIBRYD TAB 40MG	46
VIMPAT SOL 10MG/ML	41
VIMPAT TAB 100MG	41
VIMPAT TAB 150MG	41
VIMPAT TAB 200MG	41
VIMPAT TAB 50MG	41
vinblastine sulfate inj 1 mg/ml	19
vincasar pfs inj 1mg/ml	19
vincristine sulfate iv soln 1 mg/ml	19
vinorelbine tartrate inj 10 mg/ml (base equiv)	19
.....	19
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	19
VIOKACE TAB 10440	73
VIOKACE TAB 20880	73
viorele tab	64
VIRACEPT TAB 250MG	11
VIRACEPT TAB 625MG	11
VIREAD POW 40MG/GM	11
VIREAD TAB 150MG	11
VIREAD TAB 200MG	11
VIREAD TAB 250MG	11
VISTOGARD PAK 10GM	23
vit a/c/d/fl dro 0.25mg	86
VITRAKVI CAP 100MG	22
VITRAKVI CAP 25MG	22
VITRAKVI SOL 20MG/ML	22
VITUZ SOL 5-4MG	91
VIVITROL INJ 380MG	57
VOLTAREN GEL 1%	98
voriconazole for susp 40 mg/ml	9
voriconazole tab 200 mg	9
voriconazole tab 50 mg	9
VOSEVI TAB	15
VOTRIENT TAB 200MG	22
VYVANSE CAP 10MG	51
VYVANSE CAP 20MG	52
VYVANSE CAP 30MG	52
VYVANSE CAP 40MG	52
VYVANSE CAP 50MG	52

VYVANSE CAP 60MG	52
VYVANSE CAP 70MG	52
VYVANSE CHW 10MG	52
VYVANSE CHW 20MG	52
VYVANSE CHW 30MG	52
VYVANSE CHW 40MG	52
VYVANSE CHW 50MG	52
VYVANSE CHW 60MG	52

W

warfarin sodium tab 1 mg	77
warfarin sodium tab 10 mg	77
warfarin sodium tab 2 mg	77
warfarin sodium tab 2.5 mg	77
warfarin sodium tab 3 mg	77
warfarin sodium tab 4 mg	77
warfarin sodium tab 5 mg	77
warfarin sodium tab 6 mg	77
warfarin sodium tab 7.5 mg	77
wera tab 0.5/35	64
WIDE-SEAL DPR KIT 60	83
WIDE-SEAL DPR KIT 65	83
WIDE-SEAL DPR KIT 70	83
WIDE-SEAL DPR KIT 75	83
WIDE-SEAL DPR KIT 80	83
WIDE-SEAL DPR KIT 85	83
WIDE-SEAL DPR KIT 90	83
WIDE-SEAL DPR KIT 95	83

X

XALKORI CAP 200MG	22
XALKORI CAP 250MG	22
XARELTO STAR TAB 15/20MG	77
XARELTO TAB 10MG	77
XARELTO TAB 15MG	77
XARELTO TAB 2.5MG	77
XARELTO TAB 20MG	77
XELJANZ TAB 10MG	80
XELJANZ TAB 5MG	80
XELJANZ XR TAB 11MG	80
XELJANZ XR TAB 22MG	80
XIFAXAN TAB 200MG	9
XIFAXAN TAB 550MG	9
XIGDUO XR TAB 10-1000	60
XIGDUO XR TAB 10-500MG	60
XIGDUO XR TAB 2.5-1000	59
XIGDUO XR TAB 5-1000MG	59
XIGDUO XR TAB 5-500MG	59
XOLAIR INJ 150MG/ML	91
XOLAIR INJ 75/0.5	91
XOLAIR SOL 150MG	91
XTANDI CAP 40MG	21
xulane dis 150-35	64
XULTOPHY INJ 100/3.6	58
xylon tab 10-200mg	7

Y

YONSA TAB 125MG	21
yuvafem tab 10mcg	66

Z	
<i>zafirlukast tab 10 mg</i>	91
<i>zafirlukast tab 20 mg</i>	91
<i>zaleplon cap 10 mg</i>	52
<i>zaleplon cap 5 mg</i>	52
<i>zarah tab 3-0.03mg</i>	64
ZEJULA CAP 100MG	20
ZELBORAF TAB 240MG	22
<i>zenchent tab</i>	64
ZENPEP CAP 10000UNT	73
ZENPEP CAP 15000UNT	73
ZENPEP CAP 20000UNT	73
ZENPEP CAP 25000	73
ZENPEP CAP 3000UNIT	73
ZENPEP CAP 40000	73
ZENPEP CAP 5000UNIT	73
<i>zenzedi tab 15mg</i>	52
<i>zenzedi tab 2.5mg</i>	52
<i>zenzedi tab 20mg</i>	52
<i>zenzedi tab 30mg</i>	52
<i>zenzedi tab 7.5mg</i>	52
ZEPATIER TAB 50-100MG	16
ZERIT SOL 1MG/ML	11
<i>zidovudine cap 100 mg</i>	11
<i>zidovudine syrup 10 mg/ml</i>	11
<i>zidovudine tab 300 mg</i>	11
<i>zileuton tab er 12hr 600 mg</i>	91
ZIOPTAN DRO 0.0015%	88
<i>ziprasidone hcl cap 20 mg</i>	50
<i>ziprasidone hcl cap 40 mg</i>	50
<i>ziprasidone hcl cap 60 mg</i>	50
<i>ziprasidone hcl cap 80 mg</i>	50
ZIRGAN GEL 0.15%	87
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	61
<i>zoledronic acid iv soln 5 mg/100ml</i>	61
ZOLINZA CAP 100MG	20
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	53
<i>zolmitriptan orally disintegrating tab 5 mg</i> ...	53
<i>zolmitriptan tab 2.5 mg</i>	53
<i>zolmitriptan tab 5 mg</i>	53
<i>zolpidem tartrate tab 10 mg</i>	52
<i>zolpidem tartrate tab 5 mg</i>	52
<i>zolpidem tartrate tab er 12.5 mg</i>	52
<i>zolpidem tartrate tab er 6.25 mg</i>	52
ZOMIG SPR 2.5MG	53
ZOMIG SPR 5MG	53
<i>zonisamide cap 100 mg</i>	41
<i>zonisamide cap 25 mg</i>	41
<i>zonisamide cap 50 mg</i>	41
ZONTIVITY TAB 2.08MG	78
ZORTRESS TAB 1MG	81
ZOSTAVAX INJ	83
<i>zovia 1/35e tab</i>	64
ZUBSOLV SUB 0.7-0.18	2
ZUBSOLV SUB 1.4-0.36	2
ZUBSOLV SUB 11.4-2.9	2
ZUBSOLV SUB 2.9-0.71	2
ZUBSOLV SUB 5.7-1.4	2
ZUBSOLV SUB 8.6-2.1	2
ZYDELIG TAB 100MG	22
ZYDELIG TAB 150MG	22
ZYKADIA CAP 150MG	22
ZYKADIA TAB 150MG	22
ZYTIGA TAB 500MG	21

