



Arkansas Blue Cross and Blue Shield Metallic Formulary

2027 List of Covered Drugs

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

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

What is the Arkansas Blue Cross and BlueShield Metallic Plans Drug List?

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

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

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

Can the Drug List change?

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

How do I use the Drug List?

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

1. Medical Condition

The drug list starts on page 6. The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under “anticoagulants.”

- If you know what your drug is used for, look for the category name in the list that starts on page 6
- Then look under the category name for your drug

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index that starts on page 124. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

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

For more information about your Arkansas Blue Cross and Blue Shield Metallic Plans prescription drug coverage, please look at your plan document and other plan materials.

If you have questions about Arkansas Blue Cross and Blue Shield Metallic Plans, or this drug list please call Member Services at 1-800-863-5561 or visit <https://www.arkansasbluecross.com>.

Arkansas Blue Cross and Blue Shield Metallic Drug List

The drug list that starts on page 6 gives information about the drugs covered by Arkansas Blue Cross and Blue Shield Metallic Plans. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will **generally** be added to the formulary and the associated brand drug will be removed. However, some generic drugs do not cost less than brand-name drugs and may not be added to your formulary.

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

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

- **Prior Authorization:** Arkansas Blue Cross and Blue Shield Metallic Plans needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from Arkansas Blue Cross and Blue Shield Metallic Plans before you fill your prescriptions. If you don't get approval, Arkansas Blue Cross and Blue Shield Metallic Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Arkansas Blue Cross and Blue Shield Metallic Plans limits the amount of the drug that it will cover. For example, Arkansas Blue Cross and Blue Shield Metallic Plans provide 28 caplets per prescription for Tamiflu. Arkansas Blue Cross and Blue Shield Metallic Plans also limits the amount of drugs you may receive within a class of drugs. For these classes, only one drug should be taken at a time for safety reasons. This may be in addition to a standard one-month or three-month supply. These classes are as follows:
 - ANAPHYLAXIS TREATMENT AGENTS
 - ANTIANXIETY
 - ANTISEIZURE AGENTS
 - ANTIVIRALS
 - HYPNOTICS
 - MIGRAINE
 - NSAIDS
 - OPIOID ANALGESICS
 - OPIOID PARTIAL AGONISTS

- PROTON PUMP INHIBITORS
- For opioid-naïve members aged 19 or younger, certain drugs within the opioid class are limited to a three-day or less supply.
- **Step Therapy:** Arkansas Blue Cross and Blue Shield Metallic Plans needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Arkansas Blue Cross and Blue Shield Metallic Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Arkansas Blue Cross and Blue Shield Metallic Plans will then cover Drug B.

What if my drug is not on the Drug List?

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

- Ask Member Services for a list of similar drugs that are covered by Arkansas Blue Cross and Blue Shield Metallic Plans. When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Arkansas Blue Cross and Blue Shield Metallic Plans. Similar drugs that are preferred and covered by your plan's formulary may be easier to obtain and lower cost to you than non-preferred drugs.
- Ask Arkansas Blue Cross and Blue Shield Metallic Plans to make an exception and cover your drug. You can ask us to cover your drug even if it is not on our drug list.

How do I ask for an exception to Arkansas Blue Cross & Blue Shield Drug List?

You can ask Arkansas Blue Cross and Blue Shield to make an exception to our coverage rules. You can ask us to cover your drug even if it is not on our drug list. Certain products are available at \$0 cost share when utilized for preventive care. Additional products may be available at \$0 cost share, through an exception process, when medically necessary for preventive care.

How likely is it that I will get an exception?

Generally, Arkansas Blue Cross and Blue Shield Metallic Plans will only approve your request for an exception if the preferred drugs included on the plan's drug list would:

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

How do I find out if my exception is granted?

When you ask for a drug list, please send a statement from your prescriber that supports your request. Then:

- We will make our decision within 72 hours of receipt of the information necessary to make a decision.
- You can ask for an expedited (fast) exception if you or your prescriber believe 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 prescriber's supporting statement.

Drug Tier column instructions:

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

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

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

Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

6T Modified Effective 01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib cap 50 mg</i>	2	
<i>celecoxib cap 100 mg</i>	2	
<i>celecoxib cap 200 mg</i>	2	
GOUT		
<i>allopurinol tab 100 mg</i>	2	
<i>allopurinol tab 300 mg</i>	2	
<i>colchicine tab 0.6 mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat tab 40 mg</i>	2	ST; PA**
<i>febuxostat tab 80 mg</i>	2	ST; PA**
<i>probenecid tab 500 mg</i>	2	
NSAIDS		
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	QL (300g every 30 days), OTC
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>etodolac cap 200 mg</i>	2	
<i>etodolac cap 300 mg</i>	2	
<i>etodolac tab 400 mg</i>	2	
<i>etodolac tab 500 mg</i>	2	
<i>etodolac tab er 24hr 400 mg</i>	2	
<i>etodolac tab er 24hr 500 mg</i>	2	
<i>etodolac tab er 24hr 600 mg</i>	2	
<i>fenoprofen calcium cap 400 mg</i>	2	
<i>fenoprofen calcium tab 600 mg</i>	2	
<i>flurbiprofen tab 50 mg</i>	2	
<i>flurbiprofen tab 100 mg</i>	2	
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	2	
<i>ibuprofen tab 600 mg</i>	2	
<i>ibuprofen tab 800 mg</i>	2	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	2	
<i>ketorolac tromethamine inj 15 mg/ml</i>	2	
<i>ketorolac tromethamine inj 30 mg/ml</i>	2	
<i>ketorolac tromethamine tab 10 mg</i>	2	QL (20 tabs every 30 days)
<i>meclofenamate sodium cap 50 mg</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>meclofenamate sodium cap 100 mg</i>	2	
<i>mefenamic acid cap 250 mg</i>	2	
<i>meloxicam tab 7.5 mg</i>	2	
<i>meloxicam tab 15 mg</i>	2	
<i>nabumetone tab 500 mg</i>	2	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen tab 250 mg</i>	2	
<i>naproxen tab 375 mg</i>	2	
<i>naproxen tab 500 mg</i>	2	
<i>oxaprozin tab 600 mg</i>	2	
<i>piroxicam cap 10 mg</i>	2	
<i>piroxicam cap 20 mg</i>	2	
<i>sulindac tab 150 mg</i>	2	
<i>sulindac tab 200 mg</i>	2	
<i>voltaren arthritis pain</i>	2	QL (300g every 30 days), OTC

NSAIDS, COMBINATIONS

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

OPIOID ANALGESICS

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

Drug Name	Drug Tier	Requirements/Limits
<i>codeine sulfate tab 30 mg</i>	2	ST, PA, QL (42 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 2.5-325</i>	2	ST, PA, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 5-325mg</i>	2	ST, PA, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 7.5-325</i>	2	ST, PA, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 10-325mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	ST, PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	ST, PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	2	ST, PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	2	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	2	ST, PA; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	ST, PA, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	2	ST, PA, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	ST, PA, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	ST, PA, QL (50 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl inj 2 mg/ml</i>	2	PA
<i>hydromorphone hcl tab 2 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 4 mg</i>	2	ST, PA, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 8 mg</i>	2	ST, PA, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab er 24hr 8 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	2	ST, PA; High Strength Requires PA
<i>methadone hcl conc 10 mg/ml</i>	2	PA, QL (30 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5 mg/5ml</i>	2	ST, PA, QL (450 mL every 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	2	ST, PA, QL (225 mL every 30 days)
<i>methadone hcl tab 5 mg</i>	2	ST, PA, QL (90 tabs every 30 days)
<i>methadone hcl tab 10 mg</i>	2	ST, PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride i</i>	2	ST, PA, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose</i>	2	PA, QL (9 tabs every 30 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	2	ST, PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	2	ST, PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	2	ST, PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	2	ST, PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	2	ST, PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate iv soln 4 mg/ml</i>	2	PA
<i>morphine sulfate iv soln 10 mg/ml</i>	2	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	2	ST, PA, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	ST, PA, QL (675 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	ST, PA, QL (135 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab 15 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab 30 mg</i>	2	ST, PA, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab er 15 mg</i>	2	ST, PA, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 30 mg</i>	2	ST, PA, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 60 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	2	ST, PA; High Strength Requires PA
<i>nalbuphine hcl inj 10 mg/ml</i>	2	PA
<i>nalbuphine hcl inj 20 mg/ml</i>	2	PA
NUCYNTA ER TAB 50MG	4	ST, PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TAB 100MG	4	ST, PA, QL (60 tabs every 30 days)
NUCYNTA ER TAB 150MG	4	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG	4	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 250MG	4	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG	4	ST, PA, QL (120 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TAB 75MG	4	ST, PA, QL (90 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TAB 100MG	4	ST, PA, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl cap 5 mg</i>	2	ST, PA, QL (180 caps every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	ST, PA, QL (90 mL every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl soln 5 mg/5ml</i>	2	ST, PA, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 5 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 10 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 15 mg</i>	2	ST, PA, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 20 mg</i>	2	ST, PA, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 30 mg</i>	2	ST, PA, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	ST, PA, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	ST, PA, QL (360 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	ST, PA, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab 5 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab 10 mg</i>	2	ST, PA, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab er 12hr 5 mg</i>	2	ST, PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	2	ST, PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	2	ST, PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	2	ST, PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	2	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	2	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	2	ST, PA; High Strength Requires PA
<i>tapentadol hcl tab 50 mg</i>	2	ST, PA, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>tapentadol hcl tab 75 mg</i>	2	ST, PA, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>tapentadol hcl tab 100 mg</i>	2	ST, PA, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>tramadol hcl tab 50 mg</i>	2	ST, PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>tramadol hcl tab er 24hr 100 mg</i>	2	ST, PA, QL (30 tabs every 30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	ST, PA, QL (40 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 9MG	3	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	3	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 18MG	3	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 27MG	3	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	3	ST, PA; High Strength Requires Prior Auth
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	3	ST, PA, QL (60 films every 30 days)
BELBUCA MIS 150MCG	3	ST, PA, QL (60 films every 30 days)
BELBUCA MIS 300MCG	3	ST, PA, QL (60 films every 30 days)
BELBUCA MIS 450MCG	3	ST, PA, QL (60 films every 30 days)
BELBUCA MIS 600MCG	3	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	3	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	3	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	2	PA
<i>buprenorphine td patch weekly 5 mcg/hr</i>	2	ST, PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	2	ST, PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	2	ST, PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine td patch weekly 20 mcg/hr</i>	2	ST, PA; High Strength Requires Prior Auth
SUBLOCADE INJ 100/0.5	5	
SUBLOCADE INJ 300/1.5	5	
SALICYLATES		
<i>aspirin ec adult low dose</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
<i>diflunisal tab 500 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>goodsense aspirin</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered

ANESTHETICS**LOCAL ANESTHETICS**

<i>lidocaine hcl local inj 0.5%</i>	2	
<i>lidocaine hcl local inj 1%</i>	2	
<i>lidocaine hcl local inj 2%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	2	
<i>lidocaine hcl local soln prefilled syringe 100 mg/5ml (2%)</i>	2	

ANTI-INFECTIVES**ANTHELMINTICS**

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

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	2	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	2	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>sulfadiazine tab 500 mg</i>	2	
<i>tinidazole tab 250 mg</i>	2	
<i>tinidazole tab 500 mg</i>	2	
<i>tobramycin sulfate for inj 1.2 gm</i>	2	QL (10 vials every 90 days); Quantity limit allows up to 10 vials every 90 days
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	2	QL (100mL every 90 days); Quantity limit allows up to 100mL every 90 days

ANTIFUNGALS

<i>amphotericin b for iv soln 50 mg</i>	2	
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	2	
<i>fluconazole tab 200 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg</i>	2	
<i>griseofulvin ultramicrosize tab 250 mg</i>	2	
<i>itraconazole cap 100 mg</i>	2	PA
<i>itraconazole oral soln 10 mg/ml</i>	2	PA
<i>nystatin tab 500000 unit</i>	2	
<i>posaconazole susp 40 mg/ml</i>	2	PA
<i>posaconazole tab delayed release 100 mg</i>	4	PA
<i>terbinafine hcl tab 250 mg</i>	2	
<i>voriconazole for susp 40 mg/ml</i>	4	PA
<i>voriconazole tab 50 mg</i>	4	PA
<i>voriconazole tab 200 mg</i>	4	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	2	
COARTEM TAB 20-120MG	4	
KRINTAFEL TAB 150MG	4	
<i>mefloquine hcl tab 250 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
<i>quinine sulfate cap 324 mg</i>	2	

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	QL (900 mL every 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	QL (60 tabs every 30 days)
APRETUDE SUS 600MG ER	1	QL (2 vials every 90 days)
APTIVUS CAP 250MG	3	QL (120 caps every 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	QL (30 caps every 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	QL (60 caps every 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	QL (30 caps every 30 days)
<i>darunavir tab 600 mg</i>	2	QL (60 tabs every 30 days)
<i>darunavir tab 800 mg</i>	2	QL (30 tabs every 30 days)
EDURANT PED TAB 2.5MG	3	QL (180 tabs every 30 days)
<i>efavirenz tab 600 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine caps 200 mg</i>	2	QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	3	QL (680 ml every 28 days)
<i>etravirine tab 100 mg</i>	2	QL (120 tabs every 30 days)
<i>etravirine tab 200 mg</i>	2	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	QL (120 tabs every 30 days)
INTELENCE TAB 25MG	3	QL (120 tabs every 30 days)
ISENTRESS CHW 25MG	3	QL (180 tabs every 30 days)
ISENTRESS CHW 100MG	3	QL (180 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD TAB 600MG	3	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	3	QL (60 packets every 30 days)
ISENTRESS TAB 400MG	3	QL (120 tabs every 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	2	QL (960 ml every 30 days)
<i>lamivudine tab 150 mg</i>	2	QL (60 tabs every 30 days)
<i>lamivudine tab 300 mg</i>	2	QL (30 tabs every 30 days)
<i>maraviroc tab 150 mg</i>	2	QL (60 tabs every 30 days)
<i>maraviroc tab 300 mg</i>	2	QL (120 tabs every 30 days)
<i>nevirapine susp 50 mg/5ml</i>	2	QL (1200 mL every 30 days)
<i>nevirapine tab 200 mg</i>	2	QL (60 tabs every 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	2	QL (30 tabs every 30 days)
NORVIR POW 100MG	3	QL (360 packets every 30 days)
PREZISTA SUS 100MG/ML	3	QL (400 ml every 30 days)
PREZISTA TAB 75MG	3	QL (300 tabs every 30 days)
PREZISTA TAB 150MG	3	QL (180 tabs every 30 days)
RETROVIR INJ 10MG/ML	3	
REYATAZ POW 50MG	3	QL (180 packets every 30 days)
<i>rilpivirine hcl tab 25 mg (base equivalent)</i>	2	QL (60 tabs every 30 days)
<i>ritonavir tab 100 mg</i>	2	QL (360 tabs every 30 days)
SELZENTRY SOL 20MG/ML	3	QL (1840 mL every 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	QL (30 tabs every 30 days)
TIVICAY PD TAB 5MG	3	QL (360 tabs every 30 days)
TIVICAY TAB 50MG	3	QL (60 tabs every 30 days)
TROGARZO INJ 150MG/ML	5	
VIREAD POW 40MG/GM	3	QL (240 gm every 30 days)
VIREAD TAB 150MG	3	QL (30 tabs every 30 days)
VIREAD TAB 200MG	3	QL (30 tabs every 30 days)
VIREAD TAB 250MG	3	QL (30 tabs every 30 days)
YEZTUGO INJ 463.5MG	3	QL (4 vials every 168 days)
YEZTUGO TAB 300MG	3	QL (8 tabs every 4 days)
<i>zidovudine cap 100 mg</i>	2	QL (180 caps every 30 days)
<i>zidovudine syrup 10 mg/ml</i>	2	QL (1920 ml every 30 days)
<i>zidovudine tab 300 mg</i>	2	QL (60 tabs every 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	QL (30 tabs every 30 days)
BIKTARVY TAB	3	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	6	QL (1 kit every 30 days)
CABENUVA SUS 600-900	6	QL (1 kit every 60 days); Loading dose of 1 kit in 30 days allowed for initial fill
CIMDUO TAB 300-300	3	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO TAB	3	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	4	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	1	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
DOVATO TAB 50-300MG	3	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
GENVOYA TAB	3	QL (30 tabs every 30 days)
KALETRA SOL	3	QL (480 ml every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	QL (120 tabs every 30 days)
ODEFSEY TAB	3	QL (30 tabs every 30 days)
PREZCOBIX TAB 675/150	4	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	4	QL (30 tabs every 30 days)
SYMTUZA TAB	4	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	4	QL (180 tabs every 30 days)
TRIUMEQ TAB	4	QL (30 tabs every 30 days)

ANTITUBERCULAR AGENTS

<i>cycloserine cap 250 mg</i>	2	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid inj 100 mg/ml</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	2	
<i>isoniazid tab 300 mg</i>	2	
PRETOMANID TAB 200MG	4	

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
SIRTURO TAB 20MG	4	
SIRTURO TAB 100MG	4	
ANTIVIRALS		
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>cidofovir iv inj 75 mg/ml</i>	2	
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	QL (360 mL every 90 days)
PAXLOVID PAK	3	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	3	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	3	QL (60 tabs every 30 days)
RELENZA MIS DISKHALE	3	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	2	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	PA, QL (1144 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	5	PA, QL (120 tabs every 30 days)
XERESE CRE 5-1%	4	PA
CEPHALOSPORINS		
<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
<i>cefaclor for susp 250 mg/5ml</i>	2	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	2	
<i>cefazolin sodium for inj 1 gm</i>	2	
<i>cefdinir cap 300 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cefдинир for susp 125 mg/5ml</i>	2	
<i>cefдинир for susp 250 mg/5ml</i>	2	
<i>cefепиме hcl for inj 1 gm</i>	2	
<i>cefепиме hcl for iv soln 2 gm</i>	2	
<i>cefіxіme cap 400 mg</i>	2	
<i>cefіxіme for susp 100 mg/5ml</i>	2	
<i>cefіxіme for susp 200 mg/5ml</i>	2	
<i>cefподохіme proxetil for susp 50 mg/5ml</i>	2	
<i>cefподохіme proxetil for susp 100 mg/5ml</i>	2	
<i>cefподохіme proxetil tab 100 mg</i>	2	
<i>cefподохіme proxetil tab 200 mg</i>	2	
<i>cefпрозіл for susp 125 mg/5ml</i>	2	
<i>cefпрозіл for susp 250 mg/5ml</i>	2	
<i>cefпрозіл tab 250 mg</i>	2	
<i>cefпрозіл tab 500 mg</i>	2	
<i>ceftazidime for iv soln 2 gm</i>	2	
<i>ceftriaxone sodium for inj 1 gm</i>	2	
<i>ceftriaxone sodium for inj 2 gm</i>	2	
<i>ceftriaxone sodium for inj 10 gm</i>	2	
<i>ceftriaxone sodium for inj 250 mg</i>	2	
<i>ceftriaxone sodium for inj 500 mg</i>	2	
<i>ceftriaxone sodium for iv soln 2 gm</i>	2	
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cephalexin cap 250 mg</i>	2	
<i>cephalexin cap 500 mg</i>	2	
<i>cephalexin cap 750 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
<i>cephalexin tab 250 mg</i>	2	
<i>cephalexin tab 500 mg</i>	2	
<i>tazicef</i>	2	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	2	
<i>azithromycin for susp 200 mg/5ml</i>	2	
<i>azithromycin tab 250 mg</i>	2	
<i>azithromycin tab 500 mg</i>	2	
<i>azithromycin tab 600 mg</i>	2	
<i>clarithromycin for susp 125 mg/5ml</i>	2	
<i>clarithromycin for susp 250 mg/5ml</i>	2	
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	
<i>clarithromycin tab er 24hr 500 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
DIFICID SUS	3	PA
<i>e.e.s. 400</i>	2	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	2	
<i>erythromycin tab 250 mg</i>	2	
<i>erythromycin tab 500 mg</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 333 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	2	
<i>fidaxomicin tab 200 mg</i>	2	PA
FLUOROQUINOLONES		
BAXDELA TAB 450MG	4	
CIPRO (10%) SUS 500MG/5	4	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	2	
<i>levofloxacin iv soln 25 mg/ml</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	2	
<i>levofloxacin tab 500 mg</i>	2	
<i>levofloxacin tab 750 mg</i>	2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
<i>ofloxacin tab 300 mg</i>	2	
<i>ofloxacin tab 400 mg</i>	2	
HEPATITIS B		
<i>adefovir dipivoxil tab 10 mg</i>	5	
BARACLUDE SOL	5	PA, QL (630 mL every 30 days)
<i>entecavir tab 0.5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>entecavir tab 1 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>lamivudine tab 100 mg (hbv)</i>	2	
HEPATITIS C		
MAVYRET PAK 50-20MG	4	PA, QL (140 packets every 28 days)
MAVYRET TAB 100-40MG	4	PA, QL (84 tabs every 28 days)
PEGASYS INJ	5	PA
PEGASYS INJ 180MCG/M	5	PA
<i>ribavirin cap 200 mg</i>	2	
<i>ribavirin tab 200 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SOVALDI PAK 150MG	4	ST, PA, QL (28 pellets every 28 days)
SOVALDI PAK 200MG	4	ST, PA, QL (56 pellets every 28 days)
SOVALDI TAB 200MG	4	ST, PA, QL (56 tabs every 28 days)
SOVALDI TAB 400MG	4	ST, PA, QL (28 tabs every 28 days)

MISCELLANEOUS

<i>atovaquone susp 750 mg/5ml</i>	2	
<i>aztreonam for inj 1 gm</i>	2	
<i>aztreonam for inj 2 gm</i>	2	
<i>clindamycin hcl cap 75 mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin hcl cap 300 mg</i>	2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	2	
<i>dapsone tab 25 mg</i>	2	
<i>dapsone tab 100 mg</i>	2	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	
<i>lincomycin hcl inj 300 mg/ml</i>	2	
<i>linezolid for susp 100 mg/5ml</i>	2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	
<i>linezolid tab 600 mg</i>	2	
<i>meropenem iv for soln 1 gm</i>	2	QL (30 vials every 90 days); Quantity limit allows up to 30 vials every 90 days
<i>meropenem iv for soln 500 mg</i>	2	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	2	QL (20 tabs every 30 days)
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	2	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	2	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	2	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	2	
<i>nitrofurantoin susp 25 mg/5ml</i>	2	
<i>pentamidine isethionate for inj soln 300 mg</i>	2	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	
<i>polymyxin b sulfate for inj 500000 unit</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pyrimethamine tab 25 mg</i>	4	PA
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	2	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	2	
<i>trimethoprim tab 100 mg</i>	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	2	QL (80 caps every 10 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	2	QL (20 vials every 30 days); Quantity limit allows up to 20 vials every 30 days
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	2	QL (1 vial every 30 days); Quantity limit allows up to 1 vial every 30 days
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	2	QL (1 vial every 30 days); Quantity limit allows up to 1 vial every 30 days
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	2	QL (20 vials every 30 days); Quantity limit allows up to 20 vials every 30 days
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	2	

PENICILLINS

<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>amoxicillin (trihydrate) cap 250 mg</i>	2	
<i>amoxicillin (trihydrate) cap 500 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) tab 500 mg</i>	2	
<i>amoxicillin (trihydrate) tab 875 mg</i>	2	
<i>ampicillin cap 500 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium for inj 1 gm</i>	2	
<i>ampicillin sodium for inj 2 gm</i>	2	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
<i>penicillin g potassium for inj 5000000 unit</i>	2	
<i>penicillin g potassium for inj 20000000 unit</i>	2	
<i>penicillin g sodium for inj 5000000 unit</i>	2	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	2	
<i>penicillin v potassium tab 500 mg</i>	2	
<i>pfizerpen</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
TETRACYCLINES		
<i>avidoxy</i>	2	
<i>demeclocycline hcl tab 150 mg</i>	2	
<i>demeclocycline hcl tab 300 mg</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	2	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>minocycline hcl tab 50 mg</i>	2	
<i>minocycline hcl tab 75 mg</i>	2	
<i>minocycline hcl tab 100 mg</i>	2	
<i>tetracycline hcl cap 250 mg</i>	2	
<i>tetracycline hcl cap 500 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
STEROID INHALANTS		
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	2	QL (0.96 units every 1 day)
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	2	QL (0.96 units every 1 day)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	2	QL (0.85 units every 1 day)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS		
VIVITROL INJ 380MG	4	QL (1 vial every 28 days)
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>busulfan inj 6 mg/ml</i>	2	
<i>carmustine for inj 100 mg</i>	2	
<i>cyclophosphamide cap 25 mg</i>	2	
<i>cyclophosphamide cap 50 mg</i>	2	
<i>cyclophosphamide for inj 1 gm</i>	5	
<i>cyclophosphamide for inj 2 gm</i>	5	
<i>cyclophosphamide for inj 500 mg</i>	5	
<i>dacarbazine for inj 100 mg</i>	2	
<i>dacarbazine for inj 200 mg</i>	2	
GLIADEL WAF 7.7MG	3	
<i>ifosfamide for inj 1 gm</i>	2	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	2	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	2	
LEUKERAN TAB 2MG	3	
<i>lomustine cap 10 mg</i>	2	
<i>lomustine cap 40 mg</i>	2	
<i>lomustine cap 100 mg</i>	2	
MATULANE CAP 50MG	3	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	2	
TEMODAR INJ 100MG	5	PA
<i>temozolomide cap 5 mg</i>	5	PA
<i>temozolomide cap 20 mg</i>	5	PA
<i>temozolomide cap 100 mg</i>	5	PA
<i>temozolomide cap 140 mg</i>	5	PA
<i>temozolomide cap 180 mg</i>	5	PA
<i>temozolomide cap 250 mg</i>	5	PA
ANTIBIOTICS		
<i>adriamycin</i>	2	
<i>bleomycin sulfate for inj 15 unit</i>	2	
<i>bleomycin sulfate for inj 30 unit</i>	2	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	2	
<i>doxorubicin hcl for inj 10 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
doxorubicin hcl inj 2 mg/ml	2	
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml	2	
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	2	
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	2	
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	2	
mitomycin for iv soln 5 mg	2	
mitomycin for iv soln 20 mg	2	
mitomycin for iv soln 40 mg	2	
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	5	
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	5	
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	5	

ANTIMETABOLITES

azacitidine for inj 100 mg	5	PA
capecitabine tab 150 mg	5	PA
capecitabine tab 500 mg	5	PA
cladribine iv soln 10 mg/10ml (1 mg/ml)	2	
clofarabine iv soln 1 mg/ml	2	
cytarabine inj 20 mg/ml	2	
cytarabine inj pf 20 mg/ml	2	
cytarabine inj pf 100 mg/ml	2	
decitabine for inj 50 mg	5	PA
fludarabine phosphate for inj 50 mg	2	
fludarabine phosphate inj 25 mg/ml	2	
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	2	
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	2	
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	2	
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	2	
gemcitabine hcl for inj 1 gm	5	
gemcitabine hcl for inj 2 gm	5	
gemcitabine hcl for inj 200 mg	5	
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	5	
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	5	
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	5	
mercaptopurine tab 50 mg	2	
methotrexate sodium for inj 1 gm	2	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	2	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	2	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	2	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
NIPENT INJ 10MG	3	
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	5	
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	5	
TABLOID TAB 40MG	3	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	5	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	5	PA, QL (1 pack every 28 days)
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG	5	PA
ERBITUX INJ 200MG	5	PA
ERIVEDGE CAP 150MG	5	PA, QL (30 caps every 30 days)
KADCYLA INJ 100MG	5	PA
KADCYLA INJ 160MG	5	PA
KEYTRUDA INJ 100MG/4M	5	PA
<i>lenalidomide cap 5 mg</i>	5	PA, QL (28 caps every 28 days)
<i>lenalidomide cap 10 mg</i>	5	PA, QL (28 caps every 28 days)
<i>lenalidomide cap 15 mg</i>	5	PA, QL (28 caps every 28 days)
<i>lenalidomide cap 20 mg</i>	5	PA, QL (21 caps every 28 days)
<i>lenalidomide cap 25 mg</i>	5	PA, QL (21 caps every 28 days)
<i>lenalidomide caps 2.5 mg</i>	5	PA, QL (28 caps every 28 days)
PADCEV INJ 20MG	6	PA, QL (21 vials every 28 days)
PADCEV INJ 30MG	6	PA, QL (15 vials every 28 days)
<i>pomalidomide cap 1 mg</i>	5	PA, QL (21 caps every 28 days)
<i>pomalidomide cap 2 mg</i>	5	PA, QL (21 caps every 28 days)
<i>pomalidomide cap 3 mg</i>	5	PA, QL (21 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pomalidomide cap 4 mg</i>	5	PA, QL (21 caps every 28 days)
THALOMID CAP 50MG	6	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	6	PA, QL (112 caps every 28 days)
TICE BCG INJ	3	
BIOSIMILARS		
GAZYVA INJ 25MG/ML	5	PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tab 500 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>anastrozole tab 1 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	2	
ELIGARD INJ 7.5MG	5	PA
ELIGARD INJ 22.5MG	5	PA
ELIGARD INJ 30MG	5	PA
ELIGARD INJ 45MG	5	PA
ERLEADA TAB 60MG	5	PA, QL (120 tabs every 30 days)
ERLEADA TAB 240MG	5	PA, QL (30 tabs every 30 days)
<i>exemestane tab 25 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	5	PA
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	5	PA
LYSODREN TAB 500MG	3	
<i>megestrol acetate tab 20 mg</i>	2	
<i>megestrol acetate tab 40 mg</i>	2	
<i>nilutamide tab 150 mg</i>	2	
NUBEQA TAB 300MG	5	PA, QL (120 tabs every 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
XTANDI CAP 40MG	5	PA, QL (120 caps every 30 days)
XTANDI TAB 40MG	5	PA, QL (120 tabs every 30 days)
XTANDI TAB 80MG	5	PA, QL (60 tabs every 30 days)
YONSA TAB 125MG	5	PA, QL (120 tabs every 30 days)
KINASE INHIBITORS		
ALECENSA CAP 150MG	5	PA, QL (240 caps every 30 days)
BRAFTOVI CAP 75MG	5	PA, QL (180 caps every 30 days)
BRUKINSA CAP 80MG	5	PA, QL (120 caps every 30 days)
BRUKINSA TAB 160MG	5	PA, QL (60 tabs every 30 days)
CABOMETYX TAB 20MG	5	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 40MG	5	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 60MG	5	PA, QL (30 tabs every 30 days)
CALQUENCE TAB 100MG	6	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	5	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 300MG	5	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 60MG	5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	5	PA, QL (1 kit every 28 days)
<i>dasatinib tab 20 mg</i>	5	PA, QL (90 tabs every 30 days)
<i>dasatinib tab 50 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 70 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 80 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 100 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 140 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 2.5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 7.5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 10 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tab for oral susp 2 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tabs every 30 days)
<i>everolimus tab for oral susp 5 mg</i>	5	PA, QL (60 tabs every 30 days)
IBTROZI CAP 200MG	6	PA, QL (90 caps every 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	PA, QL (120 tabs every 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	PA, QL (60 tabs every 30 days)
IMBRUVICA CAP 70MG	6	PA, QL (30 caps every 30 days)
IMBRUVICA CAP 140MG	6	PA, QL (90 caps every 30 days)
IMBRUVICA SUS 70MG/ML	6	PA, QL (216 ml every 36 days)
IMBRUVICA TAB 140MG	6	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 280MG	6	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 420MG	6	PA, QL (30 tabs every 30 days)
INLYTA TAB 1MG	5	PA, QL (240 tabs every 30 days)
INLYTA TAB 5MG	5	PA, QL (120 tabs every 30 days)
ITOVEBI TAB 3MG	6	PA, QL (60 tabs every 30 days)
ITOVEBI TAB 9MG	6	PA, QL (30 tabs every 30 days)
JAKAFI TAB 5MG	5	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 10MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 15MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 20MG	5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 25MG	5	PA, QL (60 tabs every 30 days)
KISQALI TAB 200DOSE	5	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TAB 400DOSE	5	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TAB 600DOSE	5	PA, QL (63 tabs every 28 days); 600 mg dose
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA, QL (180 tabs every 30 days)
LENVIMA CAP 4MG	6	PA, QL (30 caps every 30 days)
LENVIMA CAP 8 MG	6	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	6	PA, QL (30 caps every 30 days)
LENVIMA CAP 12MG	6	PA, QL (90 caps every 30 days)
LENVIMA CAP 14 MG	6	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	6	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	6	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	6	PA, QL (90 caps every 30 days)
LORBRENA TAB 25MG	6	PA, QL (90 tabs every 30 days)
LORBRENA TAB 100MG	6	PA, QL (30 tabs every 30 days)
MEKINIST SOL 0.05/ML	5	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	5	PA, QL (90 tabs every 30 days)
MEKINIST TAB 2MG	5	PA, QL (30 tabs every 30 days)
MEKTOVI TAB 15MG	5	PA, QL (180 tabs every 30 days)
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	5	PA, QL (120 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	5	PA, QL (120 caps every 30 days)
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	5	PA, QL (120 caps every 30 days)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	5	PA, QL (120 tabs every 30 days)
RYDAPT CAP 25MG	6	PA, QL (224 caps every 28 days)
SCEMBLIX TAB 20MG	5	PA, QL (60 tabs every 30 days)
SCEMBLIX TAB 40MG	5	PA, QL (240 tabs every 30 days)
SCEMBLIX TAB 100MG	5	PA, QL (120 tabs every 30 days)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	PA, QL (120 tabs every 30 days)
STIVARGA TAB 40MG	5	PA, QL (84 tabs every 28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	5	PA, QL (30 caps every 30 days)
TAFINLAR CAP 50MG	5	PA, QL (120 caps every 30 days)
TAFINLAR CAP 75MG	5	PA, QL (120 caps every 30 days)
TAFINLAR TAB 10MG	5	PA, QL (4 bottles every 28 days)
TAGRISO TAB 40MG	6	PA, QL (30 tabs every 30 days)
TAGRISO TAB 80MG	6	PA, QL (30 tabs every 30 days)
TRUQAP PAK 160MG	6	PA, QL (64 tabs every 28 days)
TRUQAP PAK 200MG	6	PA, QL (64 tabs every 28 days)
TRUQAP TAB 200MG	6	PA, QL (64 tabs every 28 days)
TUKYSA TAB 50MG	6	PA, QL (120 tabs every 30 days)
TUKYSA TAB 150MG	6	PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
VERZENIO TAB 50MG	5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 100MG	5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 150MG	5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 200MG	5	PA, QL (56 tabs every 28 days)
VITRAKVI CAP 25MG	6	PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	6	PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	6	PA, QL (300 mL every 30 days)
XALKORI CAP 20MG	5	PA, QL (120 pellets every 30 days)
XALKORI CAP 50MG	5	PA, QL (120 pellets every 30 days)
XALKORI CAP 150MG	5	PA, QL (180 pellets every 30 days)
XALKORI CAP 200MG	5	PA, QL (120 caps every 30 days)
XALKORI CAP 250MG	5	PA, QL (120 caps every 30 days)
ZYDELIG TAB 100MG	5	PA, QL (60 tabs every 30 days)
ZYDELIG TAB 150MG	5	PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	5	PA, QL (90 tabs every 30 days)

MISCELLANEOUS

<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	2	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	2	
<i>bexarotene cap 75 mg</i>	5	PA
<i>hydroxyurea cap 500 mg</i>	2	
IDHIFA TAB 50MG	5	PA, QL (30 tabs every 30 days)
IDHIFA TAB 100MG	5	PA, QL (30 tabs every 30 days)
LYNPARZA TAB 100MG	5	PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	5	PA, QL (120 tabs every 30 days)
ODOMZO CAP 200MG	5	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
PHOTOFRIN INJ 75MG	3	
POLIVY INJ 30MG	6	PA
POLIVY INJ 140MG	6	PA
<i>tretinoin cap 10 mg</i>	2	
VISTOGARD PAK 10GM	5	QL (20 packets every 5 days)
ZEJULA TAB 100MG	5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 200MG	5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 300MG	5	PA, QL (30 tabs every 30 days)
ZOLINZA CAP 100MG	5	PA, QL (120 caps every 30 days)
MITOTIC INHIBITORS		
<i>docetaxel for inj conc 20 mg/ml</i>	2	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	2	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	2	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	2	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	2	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	2	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	2	
<i>vinblastine sulfate inj 1 mg/ml</i>	2	
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	2	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	2	
<i>carboplatin iv soln 150 mg/15ml</i>	2	
<i>carboplatin iv soln 450 mg/45ml</i>	2	
<i>carboplatin iv soln 600 mg/60ml</i>	2	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	
<i>oxaliplatin for iv inj 50 mg</i>	5	
<i>oxaliplatin for iv inj 100 mg</i>	5	
<i>oxaliplatin iv soln 50 mg/10ml</i>	5	
<i>oxaliplatin iv soln 100 mg/20ml</i>	5	
PROTECTIVE AGENTS		
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	2	
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium for inj 50 mg</i>	2	
<i>leucovorin calcium for inj 100 mg</i>	2	
<i>leucovorin calcium for inj 200 mg</i>	2	
<i>leucovorin calcium for inj 350 mg</i>	2	
<i>leucovorin calcium for inj 500 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
<i>mesna inj 100 mg/ml</i>	2	
<i>mesna tab 400 mg</i>	2	

TOPOISOMERASE INHIBITORS

<i>etoposide cap 50 mg</i>	2	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	2	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	2	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	2	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	5	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	5	
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	2	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	5	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	2	

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	2	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	2	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	2	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	2	
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	2	
<i>benazepril hcl tab 10 mg</i>	2	
<i>benazepril hcl tab 20 mg</i>	2	
<i>benazepril hcl tab 40 mg</i>	2	
<i>captopril tab 12.5 mg</i>	2	
<i>captopril tab 25 mg</i>	2	
<i>captopril tab 50 mg</i>	2	
<i>captopril tab 100 mg</i>	2	
<i>enalapril maleate tab 2.5 mg</i>	2	
<i>enalapril maleate tab 5 mg</i>	2	
<i>enalapril maleate tab 10 mg</i>	2	
<i>enalapril maleate tab 20 mg</i>	2	
<i>fosinopril sodium tab 10 mg</i>	2	
<i>fosinopril sodium tab 20 mg</i>	2	
<i>fosinopril sodium tab 40 mg</i>	2	
<i>lisinopril tab 2.5 mg</i>	2	
<i>lisinopril tab 5 mg</i>	2	
<i>lisinopril tab 10 mg</i>	2	
<i>lisinopril tab 20 mg</i>	2	
<i>lisinopril tab 30 mg</i>	2	
<i>lisinopril tab 40 mg</i>	2	
<i>moexipril hcl tab 7.5 mg</i>	2	
<i>moexipril hcl tab 15 mg</i>	2	
<i>perindopril erbumine tab 2 mg</i>	2	
<i>perindopril erbumine tab 4 mg</i>	2	
<i>perindopril erbumine tab 8 mg</i>	2	
<i>quinapril hcl tab 5 mg</i>	2	
<i>quinapril hcl tab 10 mg</i>	2	
<i>quinapril hcl tab 20 mg</i>	2	
<i>quinapril hcl tab 40 mg</i>	2	
<i>ramipril cap 1.25 mg</i>	2	
<i>ramipril cap 2.5 mg</i>	2	
<i>ramipril cap 5 mg</i>	2	
<i>ramipril cap 10 mg</i>	2	
<i>trandolapril tab 1 mg</i>	2	
<i>trandolapril tab 2 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril tab 4 mg</i>	2	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
KERENDIA TAB 10MG	4	PA
KERENDIA TAB 20MG	4	PA
KERENDIA TAB 40MG	4	PA
<i>spironolactone tab 25 mg</i>	2	
<i>spironolactone tab 50 mg</i>	2	
<i>spironolactone tab 100 mg</i>	2	
ALPHA BLOCKERS		
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	2	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	2	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	2	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	2	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	2	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	2	
<i>candesartan cilexetil tab 8 mg</i>	2	
<i>candesartan cilexetil tab 16 mg</i>	2	
<i>candesartan cilexetil tab 32 mg</i>	2	
<i>irbesartan tab 75 mg</i>	2	
<i>irbesartan tab 150 mg</i>	2	
<i>irbesartan tab 300 mg</i>	2	
<i>losartan potassium tab 25 mg</i>	2	
<i>losartan potassium tab 50 mg</i>	2	
<i>losartan potassium tab 100 mg</i>	2	
<i>olmesartan medoxomil tab 5 mg</i>	2	
<i>olmesartan medoxomil tab 20 mg</i>	2	
<i>olmesartan medoxomil tab 40 mg</i>	2	
<i>telmisartan tab 20 mg</i>	2	
<i>telmisartan tab 40 mg</i>	2	
<i>telmisartan tab 80 mg</i>	2	
<i>valsartan tab 40 mg</i>	2	
<i>valsartan tab 80 mg</i>	2	
<i>valsartan tab 160 mg</i>	2	
<i>valsartan tab 320 mg</i>	2	
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	2	
<i>disopyramide phosphate cap 150 mg</i>	2	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate tab 150 mg</i>	2	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	2	
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	2	
MULTAQ TAB 400MG	3	PA
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
<i>pacerone</i>	2	
<i>procainamide hcl inj 100 mg/ml</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	2	
<i>propafenone hcl cap er 12hr 325 mg</i>	2	
<i>propafenone hcl cap er 12hr 425 mg</i>	2	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
ANTIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL TAB 180MG	4	PA
ANTIPEMICS, BILE ACID RESINS		
<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	2	
<i>cholestyramine powder 4 gm/dose</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
<i>prevalite</i>	2	
ANTIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tab 10 mg</i>	2	
ANTIPEMICS, FIBRATES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	2	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate cap 150 mg</i>	2	
<i>fenofibrate micronized cap 43 mg</i>	2	
<i>fenofibrate micronized cap 67 mg</i>	2	
<i>fenofibrate micronized cap 134 mg</i>	2	
<i>fenofibrate micronized cap 200 mg</i>	2	
<i>fenofibrate tab 48 mg</i>	2	
<i>fenofibrate tab 54 mg</i>	2	
<i>fenofibrate tab 145 mg</i>	2	
<i>fenofibrate tab 160 mg</i>	2	
<i>gemfibrozil tab 600 mg</i>	2	

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS

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

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	2	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>rosuvastatin calcium tab 40 mg</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tab 5 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	2	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	2	ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS

<i>ezetimibe-simvastatin tab 10-10 mg</i>	2
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2

ANTILIPEMICS, MISCELLANEOUS

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2

Drug Name	Drug Tier	Requirements/Limits
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML	3	QL (3 syringes every 28 days)
REPATHA SURE INJ 140MG/ML	3	QL (3 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	2	
<i>atenolol tab 50 mg</i>	2	
<i>atenolol tab 100 mg</i>	2	
<i>betaxolol hcl tab 10 mg</i>	2	
<i>betaxolol hcl tab 20 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	2	
<i>carvedilol tab 3.125 mg</i>	2	
<i>carvedilol tab 6.25 mg</i>	2	
<i>carvedilol tab 12.5 mg</i>	2	
<i>carvedilol tab 25 mg</i>	2	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>labetalol hcl tab 400 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	
<i>metoprolol tartrate tab 25 mg</i>	2	
<i>metoprolol tartrate tab 50 mg</i>	2	
<i>metoprolol tartrate tab 100 mg</i>	2	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	
CALCIUM CHANNEL BLOCKER/ANTIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	2	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	2	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	2	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>diltiazem hcl tab er 24hr 120 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	2	
<i>isradipine cap 5 mg</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	2	
<i>nisoldipine tab er 24hr 8.5 mg</i>	2	
<i>nisoldipine tab er 24hr 17 mg</i>	2	
<i>nisoldipine tab er 24hr 34 mg</i>	2	
<i>verapamil hcl cap er 24hr 100 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	
<i>verapamil hcl cap er 24hr 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 300 mg</i>	2	
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl tab 40 mg</i>	2	
<i>verapamil hcl tab 80 mg</i>	2	
<i>verapamil hcl tab 120 mg</i>	2	
<i>verapamil hcl tab er 120 mg</i>	2	
<i>verapamil hcl tab er 180 mg</i>	2	
<i>verapamil hcl tab er 240 mg</i>	2	
DIGITALIS GLYCOSIDES		
<i>digoxin oral soln 0.05 mg/ml</i>	2	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	2	
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	2	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	2	
DIURETICS		
<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>ethacrynic acid tab 25 mg</i>	4	
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	2	
<i>furosemide tab 40 mg</i>	2	
<i>furosemide tab 80 mg</i>	2	
<i>hydrochlorothiazide cap 12.5 mg</i>	2	
<i>hydrochlorothiazide tab 12.5 mg</i>	2	
<i>hydrochlorothiazide tab 25 mg</i>	2	
<i>hydrochlorothiazide tab 50 mg</i>	2	
<i>indapamide tab 1.25 mg</i>	2	
<i>indapamide tab 2.5 mg</i>	2	
<i>mannitol iv soln 25%</i>	2	
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	2	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>torsemide tab 5 mg</i>	2	
<i>torsemide tab 10 mg</i>	2	
<i>torsemide tab 20 mg</i>	2	
<i>torsemide tab 100 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	2	
<i>triamterene cap 50 mg</i>	2	
<i>triamterene cap 100 mg</i>	2	
HEART FAILURE		
<i>CORLANOR SOL 5MG/5ML</i>	3	
<i>ENTRESTO CAP 6-6MG</i>	4	
<i>ENTRESTO CAP 15-16MG</i>	4	
<i>ENTRESTO TAB 24-26MG</i>	4	
<i>ENTRESTO TAB 49-51MG</i>	4	
<i>ENTRESTO TAB 97-103MG</i>	4	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	2	
<i>sacubitril-valsartan tab 24-26 mg</i>	2	
<i>sacubitril-valsartan tab 49-51 mg</i>	2	
<i>sacubitril-valsartan tab 97-103 mg</i>	2	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	2	
<i>clonidine hcl tab 0.2 mg</i>	2	
<i>clonidine hcl tab 0.3 mg</i>	2	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	
<i>guanfacine hcl tab 1 mg</i>	2	
<i>guanfacine hcl tab 2 mg</i>	2	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>methyldopa tab 250 mg</i>	2	
<i>methyldopa tab 500 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	PA, QL (360 caps every 30 days)
<i>ranolazine tab er 12hr 500 mg</i>	2	
<i>ranolazine tab er 12hr 1000 mg</i>	2	
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<i>nitro-bid</i>	2	
<i>NITRO-DUR DIS 0.3MG/HR</i>	3	
<i>NITRO-DUR DIS 0.8MG/HR</i>	3	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TAB 0.5MG	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1MG	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG	5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG	5	PA, QL (90 tabs every 30 days)
<i>ambrisentan tab 5 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>ambrisentan tab 10 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>bosentan tab 62.5 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>bosentan tab 125 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>bosentan tab for oral susp 32 mg</i>	5	PA, QL (112 tabs every 28 days)
<i>macitentan tab 10 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	5	PA, QL (90 vials every 30 days)
<i>sildenafil citrate tab 20 mg</i>	5	PA, QL (360 tabs every 30 days)
<i>tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tabs every 30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	5	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	5	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	5	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	5	PA
UPTRAVI INJ 1800MCG	5	PA, QL (60 vials every 30 days)
UPTRAVI PACK TAB 200/800	5	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	5	PA, QL (140 tabs every 28 days)
UPTRAVI TAB 400MCG	5	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 600MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 800MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1000MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1200MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG	5	PA, QL (60 tabs every 30 days)

CENTRAL NERVOUS SYSTEM**ALCOHOL DETERRENTS**

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

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

<i>riluzole tab 50 mg</i>	2	
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ANTI-ANXIETY

ALPRAZOLAM CON 1 MG/ML	3	PA, QL (300 mL every 30 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>alprazolam tab 0.5 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>alprazolam tab 0.25 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>alprazolam tab 1 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>alprazolam tab 2 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>buspirone hcl tab 5 mg</i>	2	
<i>buspirone hcl tab 7.5 mg</i>	2	
<i>buspirone hcl tab 10 mg</i>	2	
<i>buspirone hcl tab 15 mg</i>	2	
<i>buspirone hcl tab 30 mg</i>	2	
<i>chlordiazepoxide hcl cap 5 mg</i>	2	PA, QL (360 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl cap 10 mg</i>	2	PA, QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	2	PA, QL (360 caps every 30 days)
<i>clomipramine hcl cap 25 mg</i>	2	
<i>clomipramine hcl cap 50 mg</i>	2	
<i>clomipramine hcl cap 75 mg</i>	2	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	2	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	2	
<i>fluvoxamine maleate tab 50 mg</i>	2	
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam conc 2 mg/ml</i>	2	PA, QL (150 mL every 30 days)
<i>lorazepam tab 0.5 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>lorazepam tab 1 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>lorazepam tab 2 mg</i>	2	PA, QL (150 tabs every 30 days)
<i>meprobamate tab 200 mg</i>	2	
<i>meprobamate tab 400 mg</i>	2	
<i>oxazepam cap 10 mg</i>	2	PA, QL (120 caps every 30 days)
<i>oxazepam cap 15 mg</i>	2	PA, QL (120 caps every 30 days)
<i>oxazepam cap 30 mg</i>	2	PA, QL (120 caps every 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	
<i>galantamine hydrobromide tab 8 mg</i>	2	
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg</i>	2	
<i>memantine hcl cap er 24hr 14 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl cap er 24hr 21 mg</i>	2	
<i>memantine hcl cap er 24hr 28 mg</i>	2	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl tab 5 mg</i>	2	
<i>memantine hcl tab 10 mg</i>	2	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	2	
<i>amitriptyline hcl tab 25 mg</i>	2	
<i>amitriptyline hcl tab 50 mg</i>	2	
<i>amitriptyline hcl tab 75 mg</i>	2	
<i>amitriptyline hcl tab 100 mg</i>	2	
<i>amitriptyline hcl tab 150 mg</i>	2	
<i>amoxapine tab 25 mg</i>	2	
<i>amoxapine tab 50 mg</i>	2	
<i>amoxapine tab 100 mg</i>	2	
<i>amoxapine tab 150 mg</i>	2	
<i>bupropion hcl tab 75 mg</i>	2	
<i>bupropion hcl tab 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 150 mg</i>	2	
<i>bupropion hcl tab er 12hr 200 mg</i>	2	
<i>bupropion hcl tab er 24hr 150 mg</i>	2	
<i>bupropion hcl tab er 24hr 300 mg</i>	2	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	2	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	2	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	2	
<i>desipramine hcl tab 10 mg</i>	2	
<i>desipramine hcl tab 25 mg</i>	2	
<i>desipramine hcl tab 50 mg</i>	2	
<i>desipramine hcl tab 75 mg</i>	2	
<i>desipramine hcl tab 100 mg</i>	2	
<i>desipramine hcl tab 150 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	2	(generic of Pristiq)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	(generic of Pristiq)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	(generic of Pristiq)
<i>doxepin hcl cap 10 mg</i>	2	
<i>doxepin hcl cap 25 mg</i>	2	
<i>doxepin hcl cap 50 mg</i>	2	
<i>doxepin hcl cap 75 mg</i>	2	
<i>doxepin hcl cap 100 mg</i>	2	
<i>doxepin hcl cap 150 mg</i>	2	
<i>doxepin hcl conc 10 mg/ml</i>	2	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	2	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	2	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	2	
EMSAM DIS 6MG/24HR	4	PA
EMSAM DIS 9MG/24HR	4	PA
EMSAM DIS 12MG/24H	4	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	2	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	2	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	2	
FETZIMA CAP 20MG	4	
FETZIMA CAP 40MG	4	
FETZIMA CAP 80MG	4	
FETZIMA CAP 120MG	4	
FETZIMA CAP TITRATIO	4	
<i>fluoxetine hcl cap 10 mg</i>	2	
<i>fluoxetine hcl cap 20 mg</i>	2	
<i>fluoxetine hcl cap 40 mg</i>	2	
<i>fluoxetine hcl cap delayed release 90 mg</i>	2	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>fluoxetine hcl tab 10 mg</i>	2	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	2	(generic Sarafem not covered)
<i>imipramine hcl tab 10 mg</i>	2	
<i>imipramine hcl tab 25 mg</i>	2	
<i>imipramine hcl tab 50 mg</i>	2	
<i>imipramine pamoate cap 75 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate cap 100 mg</i>	2	
<i>imipramine pamoate cap 125 mg</i>	2	
<i>imipramine pamoate cap 150 mg</i>	2	
MARPLAN TAB 10MG	4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	
<i>mirtazapine tab 7.5 mg</i>	2	
<i>mirtazapine tab 15 mg</i>	2	
<i>mirtazapine tab 30 mg</i>	2	
<i>mirtazapine tab 45 mg</i>	2	
<i>nefazodone hcl tab 50 mg</i>	2	
<i>nefazodone hcl tab 100 mg</i>	2	
<i>nefazodone hcl tab 150 mg</i>	2	
<i>nefazodone hcl tab 200 mg</i>	2	
<i>nefazodone hcl tab 250 mg</i>	2	
<i>nortriptyline hcl cap 10 mg</i>	2	
<i>nortriptyline hcl cap 25 mg</i>	2	
<i>nortriptyline hcl cap 50 mg</i>	2	
<i>nortriptyline hcl cap 75 mg</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	
<i>paroxetine hcl tab 10 mg</i>	2	
<i>paroxetine hcl tab 20 mg</i>	2	
<i>paroxetine hcl tab 30 mg</i>	2	
<i>paroxetine hcl tab 40 mg</i>	2	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	2	
<i>paroxetine hcl tab er 24hr 25 mg</i>	2	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	2	
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>protriptyline hcl tab 5 mg</i>	2	
<i>protriptyline hcl tab 10 mg</i>	2	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	
<i>sertraline hcl tab 25 mg</i>	2	
<i>sertraline hcl tab 50 mg</i>	2	
<i>sertraline hcl tab 100 mg</i>	2	
SPRAVATO SOL 56MG DOS	5	PA
SPRAVATO SOL 84MG DOS	5	PA
<i>tranylcypromine sulfate tab 10 mg</i>	2	
<i>trazodone hcl tab 50 mg</i>	2	
<i>trazodone hcl tab 100 mg</i>	2	
<i>trazodone hcl tab 150 mg</i>	2	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate cap 50 mg</i>	2	
<i>trimipramine maleate cap 100 mg</i>	2	
TRINTELLIX TAB 5MG	4	
TRINTELLIX TAB 10MG	4	
TRINTELLIX TAB 20MG	4	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	2	
<i>vilazodone hcl tab 10 mg</i>	2	
<i>vilazodone hcl tab 20 mg</i>	2	
<i>vilazodone hcl tab 40 mg</i>	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN INJ 10MG/ML	6	ST, PA, QL (20 cartridges every 30 days)
<i>benztropine mesylate inj 1 mg/ml</i>	2	
<i>benztropine mesylate tab 0.5 mg</i>	2	
<i>benztropine mesylate tab 1 mg</i>	2	
<i>benztropine mesylate tab 2 mg</i>	2	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
COBENFY CAP 100-20MG	4	
COBENFY CAP 125-30MG	4	
COBENFY STRT CAP PACK	4	
ERZOFRI INJ 39/0.25	3	
ERZOFRI INJ 78/0.5ML	3	
ERZOFRI INJ 117/0.75	3	
ERZOFRI INJ 156MG/ML	3	
ERZOFRI INJ 234/1.5	3	
ERZOFRI INJ 351/2.25	3	
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	2	
<i>fluphenazine hcl tab 1 mg</i>	2	
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	
<i>fluphenazine hcl tab 10 mg</i>	2	
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	
<i>haloperidol tab 5 mg</i>	2	
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
INVEGA HAFYE INJ 1092MG	3	
INVEGA HAFYE INJ 1560MG	3	
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TRINZ INJ 273MG	3	
INVEGA TRINZ INJ 410MG	3	
INVEGA TRINZ INJ 546MG	3	
INVEGA TRINZ INJ 819MG	3	
<i>loxapine succinate cap 5 mg</i>	2	
<i>loxapine succinate cap 10 mg</i>	2	
<i>loxapine succinate cap 25 mg</i>	2	
<i>loxapine succinate cap 50 mg</i>	2	
<i>lurasidone hcl tab 20 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hcl tab 40 mg</i>	2	
<i>lurasidone hcl tab 60 mg</i>	2	
<i>lurasidone hcl tab 80 mg</i>	2	
<i>lurasidone hcl tab 120 mg</i>	2	
<i>olanzapine for im inj 10 mg</i>	2	
<i>olanzapine orally disintegrating tab 5 mg</i>	2	
<i>olanzapine orally disintegrating tab 10 mg</i>	2	
<i>olanzapine orally disintegrating tab 15 mg</i>	2	
<i>olanzapine orally disintegrating tab 20 mg</i>	2	
<i>olanzapine tab 2.5 mg</i>	2	
<i>olanzapine tab 5 mg</i>	2	
<i>olanzapine tab 7.5 mg</i>	2	
<i>olanzapine tab 10 mg</i>	2	
<i>olanzapine tab 15 mg</i>	2	
<i>olanzapine tab 20 mg</i>	2	
<i>paliperidone tab er 24hr 1.5 mg</i>	2	
<i>paliperidone tab er 24hr 3 mg</i>	2	
<i>paliperidone tab er 24hr 6 mg</i>	2	
<i>paliperidone tab er 24hr 9 mg</i>	2	
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	
<i>perphenazine tab 8 mg</i>	2	
<i>perphenazine tab 16 mg</i>	2	
<i>quetiapine fumarate tab 25 mg</i>	2	
<i>quetiapine fumarate tab 50 mg</i>	2	
<i>quetiapine fumarate tab 100 mg</i>	2	
<i>quetiapine fumarate tab 200 mg</i>	2	
<i>quetiapine fumarate tab 300 mg</i>	2	
<i>quetiapine fumarate tab 400 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	
<i>risperidone orally disintegrating tab 0.5 mg</i>	2	
<i>risperidone orally disintegrating tab 0.25 mg</i>	2	
<i>risperidone orally disintegrating tab 1 mg</i>	2	
<i>risperidone orally disintegrating tab 2 mg</i>	2	
<i>risperidone orally disintegrating tab 3 mg</i>	2	
<i>risperidone orally disintegrating tab 4 mg</i>	2	
<i>risperidone soln 1 mg/ml</i>	2	
<i>risperidone tab 0.5 mg</i>	2	
<i>risperidone tab 0.25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 1 mg</i>	2	
<i>risperidone tab 2 mg</i>	2	
<i>risperidone tab 3 mg</i>	2	
<i>risperidone tab 4 mg</i>	2	
RYKINDO INJ 25MG	3	
RYKINDO INJ 37.5MG	3	
RYKINDO INJ 50MG	3	
<i>thioridazine hcl tab 10 mg</i>	2	
<i>thioridazine hcl tab 25 mg</i>	2	
<i>thioridazine hcl tab 50 mg</i>	2	
<i>thioridazine hcl tab 100 mg</i>	2	
<i>thiothixene cap 1 mg</i>	2	
<i>thiothixene cap 2 mg</i>	2	
<i>thiothixene cap 5 mg</i>	2	
<i>thiothixene cap 10 mg</i>	2	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	
VRAYLAR CAP 0.5MG	3	
VRAYLAR CAP 0.75MG	3	
VRAYLAR CAP 1.5MG	3	
VRAYLAR CAP 3MG	3	
VRAYLAR CAP 4.5MG	3	
VRAYLAR CAP 6MG	3	
<i>ziprasidone hcl cap 20 mg</i>	2	
<i>ziprasidone hcl cap 40 mg</i>	2	
<i>ziprasidone hcl cap 60 mg</i>	2	
<i>ziprasidone hcl cap 80 mg</i>	2	
ANTISEIZURE AGENTS		
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine chew tab 200 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	
<i>clobazam suspension 2.5 mg/ml</i>	2	PA
<i>clobazam tab 10 mg</i>	2	PA
<i>clobazam tab 20 mg</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tab 0.5 mg</i>	2	PA
<i>clonazepam tab 1 mg</i>	2	PA
<i>clonazepam tab 2 mg</i>	2	PA
<i>clorazepate dipotassium tab 3.75 mg</i>	2	PA, QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	2	PA, QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 15 mg</i>	2	PA, QL (180 tabs every 30 days)
<i>diazepam inj 5 mg/ml</i>	2	PA
<i>diazepam intensol</i>	2	PA, QL (240 mL every 30 days)
<i>diazepam oral soln 1 mg/ml</i>	2	PA, QL (1200 mL every 30 days)
<i>diazepam tab 2 mg</i>	2	PA, QL (120 tabs every 30 days)
<i>diazepam tab 5 mg</i>	2	PA, QL (120 tabs every 30 days)
<i>diazepam tab 10 mg</i>	2	PA, QL (120 tabs every 30 days)
DILANTIN CAP 30MG	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	2	
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	2	
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	2	
<i>gabapentin cap 100 mg</i>	2	
<i>gabapentin cap 300 mg</i>	2	
<i>gabapentin cap 400 mg</i>	2	
<i>gabapentin oral soln 250 mg/5ml</i>	2	
<i>gabapentin tab 600 mg</i>	2	
<i>gabapentin tab 800 mg</i>	2	
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	2	
<i>lacosamide oral solution 10 mg/ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>perampanel susp 0.5 mg/ml</i>	2	
<i>perampanel tab 2 mg</i>	2	
<i>perampanel tab 4 mg</i>	2	
<i>perampanel tab 6 mg</i>	2	
<i>perampanel tab 8 mg</i>	2	
<i>perampanel tab 10 mg</i>	2	
<i>perampanel tab 12 mg</i>	2	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital tab 15 mg</i>	2	
<i>phenobarbital tab 16.2 mg</i>	2	
<i>phenobarbital tab 30 mg</i>	2	
<i>phenobarbital tab 32.4 mg</i>	2	
<i>phenobarbital tab 60 mg</i>	2	
<i>phenobarbital tab 64.8 mg</i>	2	
<i>phenobarbital tab 97.2 mg</i>	2	
<i>phenobarbital tab 100 mg</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin sodium inj 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg</i>	2	
<i>pregabalin cap 50 mg</i>	2	
<i>pregabalin cap 75 mg</i>	2	
<i>pregabalin cap 100 mg</i>	2	
<i>pregabalin cap 150 mg</i>	2	
<i>pregabalin cap 200 mg</i>	2	
<i>pregabalin cap 225 mg</i>	2	
<i>pregabalin cap 300 mg</i>	2	
<i>pregabalin soln 20 mg/ml</i>	2	
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>rufinamide susp 40 mg/ml</i>	2	
<i>rufinamide tab 200 mg</i>	2	
<i>rufinamide tab 400 mg</i>	2	
<i>tiagabine hcl tab 2 mg</i>	2	
<i>tiagabine hcl tab 4 mg</i>	2	
<i>tiagabine hcl tab 12 mg</i>	2	
<i>tiagabine hcl tab 16 mg</i>	2	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate sprinkle cap 50 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (30 tabs every 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	
AZSTARYS CAP 26.1-5.2	3	QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	3	QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	3	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	2	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	2	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	2	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	2	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	QL (1,200 mL every 30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 15 mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	2	QL (30 tabs every 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate cap 10 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	2	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	2	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	2	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	2	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	2	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	2	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	2	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	2	QL (30 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	2	QL (30 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	2	QL (30 chew tabs every 30 days)
<i>methamphetamine hcl tab 5 mg</i>	2	QL (150 tabs every 30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	2	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 5 mg</i>	2	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 10 mg</i>	2	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL (900 mL every 30 days)
<i>methylphenidate hcl tab 5 mg</i>	2	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 10 mg</i>	2	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 20 mg</i>	2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	2	QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	2	QL (30 tabs every 30 days)
<i>zenzedi</i>	2	QL (120 tabs every 30 days)
FIBROMYALGIA		
<i>milnacipran hcl tab 12.5 mg</i>	2	ST; PA**
<i>milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak</i>	2	ST; PA**
<i>milnacipran hcl tab 25 mg</i>	2	ST; PA**
<i>milnacipran hcl tab 50 mg</i>	2	ST; PA**
<i>milnacipran hcl tab 100 mg</i>	2	ST; PA**
HYPNOTICS		
BELSOMRA TAB 5MG	3	
BELSOMRA TAB 10MG	3	
BELSOMRA TAB 15MG	3	
BELSOMRA TAB 20MG	3	
<i>cvs sleep-aid nighttime</i>	2	OTC
DAYVIGO TAB 5MG	3	PA, QL (30 tabs every 30 days)
DAYVIGO TAB 10MG	3	PA, QL (30 tabs every 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	2	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	2	
<i>estazolam tab 1 mg</i>	4	PA
<i>estazolam tab 2 mg</i>	4	PA
<i>eszopiclone tab 1 mg</i>	2	
<i>eszopiclone tab 2 mg</i>	2	
<i>eszopiclone tab 3 mg</i>	2	
<i>ramelteon tab 8 mg</i>	2	
<i>tasimelteon capsule 20 mg</i>	5	PA, QL (30 caps every 30 days)
<i>temazepam cap 7.5 mg</i>	2	PA
<i>temazepam cap 15 mg</i>	2	PA
<i>temazepam cap 22.5 mg</i>	2	PA
<i>temazepam cap 30 mg</i>	2	PA
<i>triazolam tab 0.25 mg</i>	4	PA
<i>triazolam tab 0.125 mg</i>	4	PA
<i>zaleplon cap 5 mg</i>	2	
<i>zaleplon cap 10 mg</i>	2	
<i>zolpidem tartrate tab 5 mg</i>	2	
<i>zolpidem tartrate tab 10 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate tab er 6.25 mg</i>	2	
<i>zolpidem tartrate tab er 12.5 mg</i>	2	
MIGRAINE - ERGOTAMINE DERIVATIVES		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	
ERGOMAR SUB 2MG	4	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	4	
MIGRAINE - MISCELLANEOUS		
QULIPTA TAB 10MG	3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 30MG	3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 60MG	3	ST, QL (30 tabs every 30 days); PA**
UBRELVY TAB 50MG	3	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	3	ST, QL (16 tabs every 30 days); PA**
MIGRAINE - MONOCLONAL ANTIBODIES		
AIMOVIG INJ 70MG/ML	3	ST, QL (1 injection every 30 days); PA**
AIMOVIG INJ 140MG/ML	3	ST, QL (1 injection every 30 days); PA**
EMGALITY INJ 100MG/ML	3	ST, QL (3 injections every 30 days); PA**
EMGALITY INJ 120MG/ML	3	ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill
MIGRAINE - TRIPTANS AND COMBINATIONS		
<i>almotriptan malate tab 6.25 mg</i>	2	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	2	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (12 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (18 tabs every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	2	QL (24 sprays every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	2	QL (12 sprays every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (12 vials every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QL (12 units every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	4	ST, QL (9 tabs every 30 days); PA**
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	2	QL (12 sprays every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	2	QL (12 tabs every 30 days)
MIGRAINES		
AJOVY INJ 225/1.5	3	ST, QL (3 injections every 90 days); PA**
MISCELLANEOUS		
EVRYSDI SOL	6	PA, QL (2 bottles every 24 days)
EVRYSDI TAB 5MG	6	PA, QL (30 tabs every 30 days)
MOOD STABILIZERS		
<i>lithium carbonate cap 150 mg</i>	2	
<i>lithium carbonate cap 300 mg</i>	2	
<i>lithium carbonate cap 600 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	2	
MOVEMENT DISORDERS		
AUSTEDO TAB 6MG	5	PA, QL (60 tabs every 30 days)
AUSTEDO TAB 9MG	5	PA, QL (120 tabs every 30 days)
AUSTEDO TAB 12MG	5	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tab 12.5 mg</i>	5	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ 0.3MG	5	PA, QL (14 injections every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine tab er 12hr 10 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	5	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	PA, QL (1 kit every 30 days)
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	5	PA, QL (30 caps every 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	2	PA, QL (12 syringes every 28 days)
<i>glatopa</i>	2	PA, QL (30 injections every 30 days)
KESIMPTA INJ 20/.4ML	5	PA, QL (1 pen every 28 days)
<i>teriflunomide tab 7 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>teriflunomide tab 14 mg</i>	5	PA, QL (30 tabs every 30 days)
TYRUKO CON 300/15ML	5	PA, QL (15 mL every 28 days)
TYSABRI INJ 300/15ML	5	PA, QL (15 mL every 28 days)

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tab 5 mg</i>	2
<i>baclofen tab 10 mg</i>	2
<i>baclofen tab 20 mg</i>	2
<i>carisoprodol tab 350 mg</i>	2
<i>chlorzoxazone tab 500 mg</i>	2
<i>cyclobenzaprine hcl tab 5 mg</i>	2
<i>cyclobenzaprine hcl tab 10 mg</i>	2
<i>dantrolene sodium cap 25 mg</i>	2
<i>dantrolene sodium cap 50 mg</i>	2
<i>dantrolene sodium cap 100 mg</i>	2
<i>metaxalone tab 800 mg</i>	2
<i>methocarbamol tab 500 mg</i>	2
<i>methocarbamol tab 750 mg</i>	2
<i>norgesic</i>	4
<i>orphenadrine citrate inj 30 mg/ml</i>	2
<i>orphenadrine citrate tab er 12hr 100 mg</i>	2
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2

MYASTHENIA GRAVIS

<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2
<i>pyridostigmine bromide tab 60 mg</i>	2

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide tab er 180 mg</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>modafinil tab 100 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	2	PA, QL (540mL every 30 days); ANDA Generics
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA, QL (540mL every 30 days); HIKMA AG
SUNOSI TAB 75MG	3	PA, QL (30 tabs every 30 days)
SUNOSI TAB 150MG	3	PA, QL (30 tabs every 30 days)
XYWAV SOL 0.5GM/ML	5	PA, QL (540 ml every 30 days)
OPIOID AGONIST/ANTAGONIST		
<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 film 12-3 mg (base equiv)</i>	2	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	\$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	\$0 copay
ZUBSOLV SUB 0.7-0.18	3	
ZUBSOLV SUB 1.4-0.36	3	
ZUBSOLV SUB 2.9-0.71	3	
ZUBSOLV SUB 5.7-1.4	3	
ZUBSOLV SUB 8.6-2.1	3	
ZUBSOLV SUB 11.4-2.9	3	
OPIOID ANTAGONIST		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	OTC
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	\$0 copay
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	\$0 copay
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	\$0 copay
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	4	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	4	
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	2	
NUDEXTA CAP 20-10MG	3	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	4	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	4	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	4	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	4	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	4	
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine transdermal syst</i>	1	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	1	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	1	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	\$0 limited to 2 treatment cycles/year

DERMATOLOGICALS**ECZEMA AGENTS**

DUPIXENT INJ 300/2ML	5	PA, QL (600 mg per 28 days)
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ENDOCRINE AND METABOLIC**ACROMEGALY**

<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	5	PA, QL (225 ml every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	PA, QL (45 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	5	PA, QL (90 ml every 30 days)
SOMATULINE INJ 60/0.2ML	5	PA, QL (1 injection every 28 days)
SOMATULINE INJ 90/0.3ML	5	PA, QL (1 injection every 28 days)
SOMATULINE INJ 120/.5ML	5	PA, QL (1 injection every 28 days)
SOMAVERT INJ 10MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 15MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 20MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 25MG	5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 30MG	5	PA, QL (30 vials every 30 days)

ANDROGENS

<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tab 25 mg</i>	2	
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
<i>miglitol tab 25 mg</i>	2	
<i>miglitol tab 50 mg</i>	2	
<i>miglitol tab 100 mg</i>	2	
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl tab 500 mg</i>	2	
<i>metformin hcl tab 850 mg</i>	2	\$0 copay for members age 35-70 for prevention of diabetes
<i>metformin hcl tab 1000 mg</i>	2	
<i>metformin hcl tab er 24hr 500 mg</i>	2	
<i>metformin hcl tab er 24hr 750 mg</i>	2	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	2	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	2	
<i>glipizide-metformin hcl tab 5-500 mg</i>	2	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	2	ST; PA**
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	2	ST; PA**
<i>sitagliptin phosphate-metformin hcl tab 50-500 mg</i>	2	ST; PA**
<i>sitagliptin phosphate-metformin hcl tab 50-1000 mg</i>	2	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	2	ST; PA**
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	2	ST; PA**
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	2	ST; PA**
<i>sitagliptin phosphate tab 25 mg (base equiv)</i>	2	ST; PA**
<i>sitagliptin phosphate tab 50 mg (base equiv)</i>	2	ST; PA**
<i>sitagliptin phosphate tab 100 mg (base equiv)</i>	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	2	PA, QL (3 pens every 30 days)
MOUNJARO INJ 2.5/0.5	3	PA, QL (4 pens every 28 days)
MOUNJARO INJ 5MG/0.5	3	PA, QL (4 pens every 28 days)
MOUNJARO INJ 7.5/0.5	3	PA, QL (4 pens every 28 days)
MOUNJARO INJ 10MG/0.5	3	PA, QL (4 pens every 28 days)
MOUNJARO INJ 12.5/0.5	3	PA, QL (4 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO INJ 15MG/0.5	3	PA, QL (4 pens every 28 days)
OZEMPIC INJ 2MG/3ML	3	PA, QL (3 mL every 28 days)
OZEMPIC INJ 4MG/3ML	3	PA, QL (3 mL every 28 days)
OZEMPIC INJ 8MG/3ML	3	PA, QL (3 mL every 28 days)
OZEMPIC TAB 1.5MG	3	ST, QL (30 tabs every 30 days); PA**
OZEMPIC TAB 4MG	3	ST, QL (30 tabs every 30 days); PA**
OZEMPIC TAB 9MG	3	ST, QL (30 tabs every 30 days); PA**
TRULICITY INJ 0.75/0.5	3	PA, QL (4 pens every 28 days)
TRULICITY INJ 1.5/0.5	3	PA, QL (4 pens every 28 days)
TRULICITY INJ 3/0.5	3	PA, QL (4 pens every 28 days)
TRULICITY INJ 4.5/0.5	3	PA, QL (4 pens every 28 days)

ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

SOLIQUA INJ 100/33	3	ST; PA**
XULTOPHY INJ 100/3.6	3	ST; PA**

ANTIDIABETICS, INSULIN

BASAGLAR KWP INJ 100/ML	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
FIASP PMPCRT INJ U-100	3	
GLARGIN YFGN INJ 100U/ML	3	
GLARGIN YFGN SOL 100U/ML	3	
HUMULIN INJ 70/30	4	OTC
HUMULIN INJ 70/30KWP	4	OTC
HUMULIN N INJ U-100	4	OTC
HUMULIN N INJ U-100KWP	4	OTC
HUMULIN R INJ U-100	4	OTC
HUMULIN R INJ U-500KWP	3	
NOVOLIN INJ 70/30	3	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	3	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	3	OTC; RELION not covered
NOVOLIN N INJ U-100	3	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	3	OTC; RELION not covered
NOVOLIN R INJ U-100	3	OTC; RELION not covered
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl tab 15 mg (base equiv)	2	
pioglitazone hcl tab 30 mg (base equiv)	2	
pioglitazone hcl tab 45 mg (base equiv)	2	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl tab 15-500 mg	2	
pioglitazone hcl-metformin hcl tab 15-850 mg	2	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride tab 30-2 mg	2	
pioglitazone hcl-glimepiride tab 30-4 mg	2	
ANTIDIABETICS, MEGLITINIDE		
nateglinide tab 60 mg	2	
nateglinide tab 120 mg	2	
repaglinide tab 0.5 mg	2	
repaglinide tab 1 mg	2	
repaglinide tab 2 mg	2	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	2	ST; PA**
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	2	ST; PA**
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	2	ST; PA**
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	2	ST; PA**
SYNJARDY TAB	3	ST; PA**
SYNJARDY TAB 5-500MG	3	ST; PA**
SYNJARDY TAB 5-1000MG	3	ST; PA**
SYNJARDY TAB 12.5-500	3	ST; PA**
SYNJARDY XR TAB	3	ST; PA**
SYNJARDY XR TAB 5-1000MG	3	ST; PA**
SYNJARDY XR TAB 10-1000	3	ST; PA**
SYNJARDY XR TAB 25-1000	3	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI TAB 25-5 MG	3	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
dapagliflozin tab 5 mg	2	ST; PA**; Indicated for Diabetes and Heart Failure
dapagliflozin tab 10 mg	2	ST; PA**; Indicated for Diabetes and Heart Failure
JARDIANCE TAB 10MG	3	ST; PA**; Indicated for Diabetes and Heart Failure
JARDIANCE TAB 25MG	3	ST; PA**; Indicated for Diabetes and Heart Failure
ANTIDIABETICS, SULFONYLUREA		
glimepiride tab 1 mg	2	
glimepiride tab 2 mg	2	
glimepiride tab 4 mg	2	
glipizide tab 5 mg	2	
glipizide tab 10 mg	2	
glipizide tab er 24hr 2.5 mg	2	
glipizide tab er 24hr 5 mg	2	
glipizide tab er 24hr 10 mg	2	
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tab 30 mg (base equiv)	5	PA, QL (60 tabs every 30 days)
cinacalcet hcl tab 60 mg (base equiv)	5	PA, QL (60 tabs every 30 days)
cinacalcet hcl tab 90 mg (base equiv)	5	PA, QL (120 tabs every 30 days)
CALCIUM REGULATORS, BISPHOSPHONATES		
alendronate sodium oral soln 70 mg/75ml	2	
alendronate sodium tab 10 mg	2	
alendronate sodium tab 35 mg	2	
alendronate sodium tab 70 mg	2	
FOSAMAX + D TAB 70-2800	4	
FOSAMAX + D TAB 70-5600	4	
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	2	
ibandronate sodium tab 150 mg (base equivalent)	2	
pamidronate disodium iv soln 3 mg/ml	2	
risedronate sodium tab 5 mg	2	
risedronate sodium tab 30 mg	2	
risedronate sodium tab 35 mg	2	
risedronate sodium tab 150 mg	2	
risedronate sodium tab delayed release 35 mg	2	
zoledronic acid inj conc for iv infusion 4 mg/5ml	5	PA
zoledronic acid iv soln 5 mg/100ml	5	PA

Drug Name	Drug Tier	Requirements/Limits
CALCIUM REGULATORS, MISCELLANEOUS		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
OSPOMYV INJ 60MG/ML	5	PA, QL (1 syringe (60 mg) every 180 days)
STOBOCLO INJ 60MG/ML	5	PA, QL (1 syringe (60 mg) every 180 days)
CALCIUM REGULATORS, PARATHYROID HORMONES		
TYMLOS INJ	5	PA, QL (1 pen every 30 days)
CENTRAL PRECOCIOUS PUBERTY		
LUPR DEP-PED INJ 3M 30MG	5	PA
LUPR DEP-PED INJ 7.5MG	5	PA
LUPR DEP-PED INJ 11.25MG	5	PA
LUPR DEP-PED INJ 15MG	5	PA
LUPRON DEPOT INJ 45MG	5	PA
SUPPRELIN LA KIT 50MG	5	PA
TRIPTODUR SUS 22.5MG	5	PA
CHELATING AGENTS		
CHEMET CAP 100MG	4	
<i>deferiprone tab 500 mg</i>	5	PA
<i>deferiprone tab 1000 mg</i>	5	PA
FERPRX 2-DAY TAB 1000MG	5	PA
FERRIPROX SOL 100MG/ML	5	PA
CONTRACEPTIVES		
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	1	QL (1 every 300 days)
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
AVERI TAB	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>camila</i>	1	
<i>camrese</i>	1	
CAYA DPR	1	QL (1 every 300 days)
<i>chateal eq</i>	1	
CONDOMS MIS	1	QL (12 condoms every 30 days), OTC
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>delyla</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DEPO-SQ PROV INJ 104	1	QL (4 inj every 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
DUREX MIS REALFEEL	1	QL (12 condoms every 30 days), OTC
<i>elinest</i>	1	
ELLA TAB 30MG	1	
<i>enskyce</i>	1	
<i>errin</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL (13 every 300 days)
<i>falmina</i>	1	
FC2 FEMALE MIS CONDOM	1	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	1	QL (1 every 300 days)
FEMCAP MIS 26MM	1	QL (1 every 300 days)
FEMCAP MIS 30MM	1	QL (1 every 300 days)
FEMLYV TAB 1/0.02MG	1	
<i>galbriela</i>	1	
<i>heather</i>	1	
<i>introvale</i>	1	
<i>jolessa</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kurvelo</i>	1	
KYLEENA IUD 19.5MG	1	QL (1 every 300 days)
<i>larin 1.5/30</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	1	
LILETTA IUD 52MG	1	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	1	
loryna	1	
low-ogestrel	1	
marlissa	1	
medroxyprogesterone acetate im susp 150 mg/ml	1	QL (4 inj every 300 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	1	QL (4 inj every 300 days)
microgestin 1.5/30	1	
MIRENA IUD SYSTEM	1	QL (1 every 300 days)
MIUDELLA IUD	1	QL (1 unit every 300 days)
mono-lynyah	1	
necon 0.5/35-28	1	
NEXPLANON IMP 68MG	1	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	1	
nikki	1	
nora-be	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
norethindrone tab 0.35 mg	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35	1	
nortrel 7/7/7	1	
nylia 1/35	1	
OMNIFLEX DPR	1	QL (1 every 300 days)
OPILL TAB 0.075MG	1	OTC
PARAGARD IUD T380A	1	QL (1 unit every 300 days)
portia-28	1	
reclipsen	1	
rivelsa	1	
SKYLA IUD 13.5MG	1	QL (1 every 300 days)
sprintec 28	1	
syeda	1	
take action	1	OTC
tilia fe	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tri-linyah</i>	1	
<i>tri-sprintec</i>	1	
TRUSTEX/RIA MIS NON-LUB	1	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	1	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	1	
TYBLUME CHW 0.1-0.02	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>wera</i>	1	
WIDE-SEAL DPR KIT 60	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 65	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 70	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 75	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 80	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 85	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 90	1	QL (1 every 300 days)
WIDE-SEAL DPR KIT 95	1	QL (1 every 300 days)
<i>xelria fe</i>	1	
<i>xulane</i>	1	
<i>zovia 1/35</i>	1	
DIABETIC SUPPLIES		
ACCU-CHEK KIT AVIVA PL	3	OTC
ACCU-CHEK KIT FASTCLIX	3	OTC
ACCU-CHEK KIT GUIDE	3	OTC
ACCU-CHEK KIT GUIDE ME	3	OTC
ACCU-CHEK KIT NANO	3	OTC
ACCU-CHEK KIT SOFTCLIX	3	OTC
ACCU-CHEK LIQ COMPACT	3	OTC
ACCU-CHEK LIQ GUIDE	3	OTC
ACCU-CHEK LIQ SMART	3	OTC
ACCU-CHEK SOL	3	OTC
ACCU-CHEK SOL COMPACT	3	OTC
ACCU-CHEK TES AVIVA PL	3	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES GUIDE	3	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES SMART	3	QL (150 Test Strips every 30 days), OTC
ALCOHOL PREP PAD	3	OTC
CAREFINE MIS 32GX6MM	3	OTC

Drug Name	Drug Tier	Requirements/Limits
CHEMSTRIP 2 TES GP	4	OTC
CHEMSTRIP 5 TES OB	4	OTC
CHEMSTRIP 7 TES	4	OTC
CHEMSTRIP 9 TES STRIPS	4	OTC
CHEMSTRIP 10 TES MD	4	OTC
CHEMSTRIP K TES	4	OTC
CHEMSTRIP TES -10 SG	4	OTC
CHEMSTRIP TES UGK	4	OTC
CVS KETONE TES CARE	4	OTC
DEXCOM G6 MIS RECEIVER	3	PA
DEXCOM G6 MIS SENSOR	3	PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	3	PA
DEXCOM G7 MIS RECEIVER	3	PA
DEXCOM G7 MIS SENSOR	3	PA, QL (3 sensors every 30 days)
DEXCOM G7 MIS SNSR 15D	3	PA, QL (2 sensors every 30 days)
DIASCREEN 3 MIS	4	OTC
DIASCREEN 5 MIS	4	OTC
DIASCREEN 6 MIS	4	OTC
DIASCREEN 7 MIS	4	OTC
DIASCREEN 8 MIS	4	OTC
DIASCREEN 9 MIS	4	OTC
DIASCREEN 10 MIS	4	OTC
DIASCREEN MIS 1B	4	OTC
DIASCREEN MIS 1G	4	OTC
DIASCREEN MIS 1K	4	OTC
DIASCREEN MIS 2GK	4	OTC
DIASCREEN MIS 2GP	4	OTC
DIASCREEN MIS 4NL	4	OTC
DIASCREEN MIS 4OBL	4	OTC
DIASCREEN MIS 4PH	4	OTC
DIASCREEN MIS CONTROL	4	OTC
DIASTIX TES STRIPS	4	OTC
FASTCLIX MIS LANCETS	3	OTC
INSULIN SYRG MIS 1ML/31G	3	OTC
KETONE TES	4	OTC
KETONE TEST TES	4	OTC
NOVOFINE MIS 32GX6MM	3	OTC
OMNIPOD 5 DX KIT INT G7G6	3	QL (1 kit every 730 days); Quantity limit allows up to 1 kit every 730 days
OMNIPOD 5 DX MIS POD G7G6	3	QL (10 pods per 30 days)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G7 KIT INTRO	3	QL (1 kit every 730 days); Quantity limit allows up to 1 kit every 730 days
OMNIPOD 5 G7 MIS PODS	3	QL (10 pods per 30 days)
OMNIPOD DASH KIT INTRO	3	QL (1 kit every 730 days); Quantity limit allows up to 1 kit every 730 days
OMNIPOD DASH KIT PDM	3	QL (1 kit every 730 days); Quantity limit allows up to 1 kit every 730 days
OMNIPOD DASH MIS PODS	3	QL (10 pods per 30 days)
SHARPS CONT MIS 2QUART	3	OTC
SOFTCLIX MIS LANCETS	3	OTC
TWIIST KIT REFILL	3	QL (1 refill kit every 30 days); Quantity limit allows up to 1 refill kit (10 cassettes) every 30 days
TWIIST REFI KIT INFUSION	3	QL (1 refill infusion kit every 30 days); Quantity limit allows up to 1 refill infusion kit (10 cassettes + 10 infusion sets) every 30 days

ENDOMETRIOSIS

<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
ORILISSA TAB 150MG	3	PA
ORILISSA TAB 200MG	3	PA
SYNAREL SOL 2MG/ML	6	PA

GLUCOCORTICOIDS

<i>deflazacort susp 22.75 mg/ml</i>	5	PA, QL (52 mL every 30 days)
<i>deflazacort tab 6 mg</i>	5	PA, QL (60 tabs every 30 days)
<i>deflazacort tab 18 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 30 mg</i>	5	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 36 mg</i>	5	PA, QL (30 tabs every 30 days)
DEPO-MEDROL INJ 20MG/ML	4	
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
MEDROL TAB 2MG	3	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	2	
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	2	
<i>methylprednisolone tab 4 mg</i>	2	
<i>methylprednisolone tab 8 mg</i>	2	
<i>methylprednisolone tab 16 mg</i>	2	
<i>methylprednisolone tab 32 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
PREDNISONE CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	2	
<i>prednisone tab 1 mg</i>	2	
<i>prednisone tab 2.5 mg</i>	2	
<i>prednisone tab 5 mg</i>	2	
<i>prednisone tab 10 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 20 mg</i>	2	
<i>prednisone tab 50 mg</i>	2	
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
SOLU-MEDROL INJ 2GM	4	
GLUCOSE ELEVATING AGENTS		
<i>glucagon for inj 1 mg</i>	2	
GVOKE HYPO 1 INJ 0.5/.1ML	3	
GVOKE HYPO 1 INJ 1/0.2ML	3	
GVOKE KIT SOL 1/0.2ML	3	
GVOKE PFS INJ 1/0.2ML	3	
INSTA-GLUCOS GEL 77.4%	3	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
<i>nitisinone cap 2 mg</i>	5	PA
<i>nitisinone cap 5 mg</i>	5	PA
<i>nitisinone cap 10 mg</i>	5	PA
<i>nitisinone cap 20 mg</i>	5	PA
ORFADIN SUS 4MG/ML	5	PA
HUMAN GROWTH HORMONES		
NORDIPEN 5 MIS DEVICE	3	
NORDIPEN DEL MIS SYSTEM	3	OTC
NORDITROPIN INJ 5/1.5ML	5	PA
NORDITROPIN INJ 10/1.5ML	5	PA
NORDITROPIN INJ 15/1.5ML	5	PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE		
CERDELGA CAP 84MG	5	PA, QL (56 caps every 28 days)
MENOPAUSAL SYMPTOM AGENTS		
BIJUVA CAP 0.5-100	4	
BIJUVA CAP 1-100MG	4	
CLIMARA PRO DIS WEEKLY	3	
DEPO-ESTRADI INJ 5MG/ML	4	
DUAVEE TAB 0.45-20	3	
ELESTRIN GEL 0.06%	4	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol tab 0.5 mg</i>	2	
<i>estradiol tab 1 mg</i>	2	
<i>estradiol tab 2 mg</i>	2	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	2	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	2	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	2	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	2	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	2	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	2	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	2	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	2	
<i>estradiol vaginal cream 0.01%</i>	2	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
<i>estrogens, conjugated tab 0.3 mg</i>	2	
<i>estrogens, conjugated tab 0.9 mg</i>	2	
<i>estrogens, conjugated tab 0.45 mg</i>	2	
<i>estrogens, conjugated tab 0.625 mg</i>	2	
<i>estrogens, conjugated tab 1.25 mg</i>	2	
EVAMIST SPR 1.53MG	4	
IMVEXXY MAIN SUP 4MCG	3	
IMVEXXY MAIN SUP 10MCG	3	
IMVEXXY STRT SUP 4MCG	3	
IMVEXXY STRT SUP 10MCG	3	
<i>jinteli</i>	2	
<i>mimvey</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
PREMARIN VAG CRE 0.625MG	4	
<i>yuvaferm</i>	2	
MISCELLANEOUS		
<i>betaine powder for oral solution</i>	5	PA
<i>cabergoline tab 0.5 mg</i>	2	
CHOR GONADOT INJ 10000UNT	5	PA

Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAP 50MG	5	PA
CYSTAGON CAP 150MG	5	PA
INCRELEX INJ 40MG/4ML	5	PA
INTRAROSA SUP 6.5MG	4	
MYALEPT INJ 11.3MG	5	PA, QL (30 vials every 30 days)
OSPHENA TAB 60MG	4	PA
<i>raloxifene hcl tab 60 mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA
SIGNIFOR INJ 0.3MG/ML	6	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.6MG/ML	6	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.9MG/ML	6	PA, QL (60 ampules every 30 days)
<i>tolvaptan (hyponatremia) tab 15 mg</i>	5	PA
<i>tolvaptan (hyponatremia) tab 30 mg</i>	5	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	2	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	2	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	2	
<i>sevelamer carbonate packet 0.8 gm</i>	2	
<i>sevelamer carbonate packet 2.4 gm</i>	2	
<i>sevelamer carbonate tab 800 mg</i>	2	
VELPHORO CHW 500MG	4	ST; PA**
POTASSIUM-REMOVING AGENTS		
<i>sps</i>	2	
PROGESTINS		
CRINONE GEL 4% VAG	3	
CRINONE GEL 8% VAG	3	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	2	
<i>medroxyprogesterone acetate tab 5 mg</i>	2	
<i>medroxyprogesterone acetate tab 10 mg</i>	2	
<i>megestrol acetate susp 40 mg/ml</i>	2	
<i>megestrol acetate susp 625 mg/5ml</i>	2	
<i>norethindrone acetate tab 5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone cap 100 mg</i>	2	
<i>progesterone cap 200 mg</i>	2	
THYROID AGENTS		
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 300 mcg</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
<i>methimazole tab 5 mg</i>	2	
<i>methimazole tab 10 mg</i>	2	
<i>propylthiouracil tab 50 mg</i>	2	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
<i>unithroid</i>	2	
UREA CYCLE DISORDER		
<i>carglumic acid soluble tab 200 mg</i>	5	PA
PHEBURANE MIS 483/GM	5	PA, QL (672g every 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA, QL (798g every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA, QL (1200 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
VITAMIN D ANALOGS		
<i>calcitriol cap 0.5 mcg</i>	2	
<i>calcitriol cap 0.25 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	2	
<i>doxercalciferol cap 0.5 mcg</i>	2	
<i>doxercalciferol cap 1 mcg</i>	2	
<i>doxercalciferol cap 2.5 mcg</i>	2	
<i>paricalcitol cap 1 mcg</i>	2	
<i>paricalcitol cap 2 mcg</i>	2	
<i>paricalcitol cap 4 mcg</i>	2	
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	2	
<i>dicyclomine hcl cap 10 mg</i>	2	
<i>dicyclomine hcl inj 10 mg/ml</i>	2	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>dicyclomine hcl tab 20 mg</i>	2	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>methscopolamine bromide tab 2.5 mg</i>	2	
<i>methscopolamine bromide tab 5 mg</i>	2	
ANTIDIARRHEALS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
<i>loperamide hcl cap 2 mg</i>	2	
MOTOFEN TAB 1-0.025	4	
ANTIEMETICS		
AKYNZEO CAP 300-0.5	4	QL (2 caps every 28 days)
<i>aprepitant capsule 40 mg</i>	2	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	2	QL (4 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule 125 mg</i>	2	QL (2 caps every 28 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	QL (2 packs every 28 days)
<i>compro</i>	2	
<i>dronabinol cap 2.5 mg</i>	2	QL (60 caps every 30 days)
<i>dronabinol cap 5 mg</i>	2	QL (60 caps every 30 days)
<i>dronabinol cap 10 mg</i>	2	QL (60 caps every 30 days)
<i>granisetron hcl inj 1 mg/ml</i>	2	
<i>granisetron hcl tab 1 mg</i>	2	
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	2	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	2	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	2	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	2	
<i>ondansetron hcl tab 4 mg</i>	2	
<i>ondansetron hcl tab 8 mg</i>	2	
<i>ondansetron hcl tab 24 mg</i>	2	
<i>ondansetron orally disintegrating tab 4 mg</i>	2	
<i>ondansetron orally disintegrating tab 8 mg</i>	2	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl inj 25 mg/ml</i>	2	
<i>promethazine hcl inj 50 mg/ml</i>	2	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	2	
<i>promethazine hcl suppos 12.5 mg</i>	2	
<i>promethazine hcl suppos 25 mg</i>	2	
<i>promethazine hcl tab 12.5 mg</i>	2	
<i>promethazine hcl tab 25 mg</i>	2	
<i>promethazine hcl tab 50 mg</i>	2	
<i>promethegan</i>	2	
SANCUSO DIS 3.1MG	3	
<i>scopolamine td patch 72hr 1 mg/3days</i>	2	
<i>trimethobenzamide hcl cap 300 mg</i>	2	
VARUBI TAB 90MG	3	

Drug Name	Drug Tier	Requirements/Limits
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tab 200 mg</i>	2	
<i>cimetidine tab 300 mg</i>	2	
<i>cimetidine tab 400 mg</i>	2	
<i>cimetidine tab 800 mg</i>	2	
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine preservative free inj 20 mg/2ml</i>	2	
<i>famotidine tab 20 mg</i>	2	
<i>famotidine tab 40 mg</i>	2	
<i>nizatidine cap 150 mg</i>	2	
<i>nizatidine cap 300 mg</i>	2	
<i>ranitidine hcl tab 150 mg</i>	2	
<i>ranitidine hcl tab 300 mg</i>	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	2	
<i>budesonide tab er 24hr 9 mg</i>	2	
CORTIFOAM AER 90MG	3	
DIPENTUM CAP 250MG	4	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>mesalamine cap dr 400 mg</i>	2	
<i>mesalamine cap er 24hr 0.375 gm</i>	2	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine tab delayed release 1.2 gm</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	2	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAP 72MCG	3	
LINZESS CAP 145MCG	3	
LINZESS CAP 290MCG	3	
<i>lubiprostone cap 8 mcg</i>	2	
<i>lubiprostone cap 24 mcg</i>	2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	2	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	2	PA
VIBERZI TAB 75MG	3	PA
VIBERZI TAB 100MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
CLENPIQ SOL	1	\$0 copay for members age 45 through 75, Tier 2 for all others
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	\$0 copay for members age 45 through 75, otherwise not covered
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PEG-PREP KIT	1	\$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	1	\$0 copay for members age 45 through 75, otherwise not covered
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	2	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	\$0 copay for members age 45 through 75, otherwise not covered
SUFLAVE SOL	1	\$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	1	\$0 copay for members age 45 through 75, otherwise not covered
MISCELLANEOUS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
IQIRVO TAB 80MG	5	PA, QL (30 tabs every 30 days)
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOVANTIK TAB 12.5MG	3	
MOVANTIK TAB 25MG	3	
SUCRAID SOL 8500/ML	4	PA, QL (354 mL every 30 days)
<i>sucralfate tab 1 gm</i>	2	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
VOWST CAP	6	PA, QL (12 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	PA
CREON CAP 6000UNIT	3	PA
CREON CAP 12000UNT	3	PA
CREON CAP 24000UNT	3	PA
CREON CAP 36000UNT	3	PA
VIOKACE TAB 10440	3	PA
VIOKACE TAB 20880	3	PA
ZENPEP CAP 3000UNIT	3	PA
ZENPEP CAP 5000UNIT	3	PA
ZENPEP CAP 10000UNT	3	PA
ZENPEP CAP 15000UNT	3	PA
ZENPEP CAP 20000UNT	3	PA
ZENPEP CAP 25000UNT	3	PA
ZENPEP CAP 40000UNT	3	PA
ZENPEP CAP 60000UNT	3	PA
PROTON PUMP INHIBITORS		
esomeprazole magnesium cap delayed release 20 mg (base eq)	2	
esomeprazole magnesium cap delayed release 40 mg (base eq)	2	
esomeprazole magnesium for delayed release susp pack 2.5 mg	2	Covered for age less than 1 year only
esomeprazole magnesium for delayed release susp packet 5 mg	2	Covered for age less than 1 year only
esomeprazole magnesium for delayed release susp packet 10 mg	2	Covered for age less than 1 year only
lansoprazole cap delayed release 15 mg	2	
lansoprazole cap delayed release 30 mg	2	
omeprazole cap delayed release 10 mg	2	
omeprazole cap delayed release 20 mg	2	
omeprazole cap delayed release 40 mg	2	
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	4	
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	4	
pantoprazole sodium ec tab 20 mg (base equiv)	2	
pantoprazole sodium ec tab 40 mg (base equiv)	2	
rabeprazole sodium ec tab 20 mg	2	
RECTAL, CORTICOSTEROIDS		
hydrocortisone perianal cream 1%	2	
hydrocortisone perianal cream 2.5%	2	
proctozone-hc	2	

Drug Name	Drug Tier	Requirements/Limits
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	2	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	
CARDURA XL TAB 4MG	4	
CARDURA XL TAB 8MG	4	
<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>dutasteride cap 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	
<i>finasteride tab 5 mg</i>	2	
<i>silodosin cap 4 mg</i>	2	
<i>silodosin cap 8 mg</i>	2	
<i>tadalafil tab 2.5 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>tadalafil tab 5 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	2	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	2	
CONTRACEPTIVES		
ENCARE SUP 100MG	1	OTC
GYNOL II GEL 3%	1	OTC
PHEXX GEL	1	
PHEXXI GEL	1	
TODAY SPONGE MIS	1	OTC
VCF VAGINAL GEL CONTRACE	1	OTC
VCF VAGINAL MIS CONTRACP	1	OTC
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
ELMIRON CAP 100MG	4	
<i>eq urinary pain relief</i>	2	OTC
<i>potassium citrate tab er 5 meq (540 mg)</i>	2	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	2	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	2	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	2	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	2	
<i>mirabegron granules for oral extended release susp 8 mg/ml</i>	2	
<i>mirabegron tab er 24 hr 25 mg</i>	2	
<i>mirabegron tab er 24 hr 50 mg</i>	2	
<i>oxybutynin chloride solution 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	
<i>solifenacin succinate tab 5 mg</i>	2	
<i>solifenacin succinate tab 10 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
<i>trospium chloride cap er 24hr 60 mg</i>	2	
<i>trospium chloride tab 20 mg</i>	2	
VAGINAL ANTI-INFECTIVES		
<i>CLEOCIN SUP 100MG</i>	3	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>GYNAZOLE-1 CRE 2%</i>	4	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>miconazole 3</i>	2	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	2	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	2	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	2	
<i>ELIQUIS CAP 0.15MG</i>	3	
<i>ELIQUIS ST P TAB 5MG</i>	3	

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TAB 0.5MG	3	
ELIQUIS TAB 1.5MG	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 2MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	2	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 2500/ML	4	
FRAGMIN INJ 5000/0.2	4	
FRAGMIN INJ 7500/0.3	4	
FRAGMIN INJ 10000/ML	4	
FRAGMIN INJ 12500UNT	4	
FRAGMIN INJ 15000UNT	4	
FRAGMIN INJ 18000UNT	4	
FRAGMIN INJ 95000UNT	4	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	
<i>rivaroxaban for susp 1 mg/ml</i>	2	
<i>rivaroxaban tab 2.5 mg</i>	2	
<i>warfarin sodium tab 1 mg</i>	2	
<i>warfarin sodium tab 2 mg</i>	2	
<i>warfarin sodium tab 2.5 mg</i>	2	
<i>warfarin sodium tab 3 mg</i>	2	
<i>warfarin sodium tab 4 mg</i>	2	
<i>warfarin sodium tab 5 mg</i>	2	
<i>warfarin sodium tab 6 mg</i>	2	
<i>warfarin sodium tab 7.5 mg</i>	2	
<i>warfarin sodium tab 10 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
XARELTO STAR TAB 15/20MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	5	PA
ARANESP INJ 25MCG	5	PA
ARANESP INJ 40MCG	5	PA
ARANESP INJ 60MCG	5	PA
ARANESP INJ 100MCG	5	PA
ARANESP INJ 150MCG	5	PA
ARANESP INJ 200MCG	5	PA
ARANESP INJ 300MCG	5	PA
ARANESP INJ 500MCG	5	PA
FYLNETRA INJ 6MG/0.6	5	PA, QL (2 syringes every 28 days)
MIRCERA INJ 30MCG	5	PA
MIRCERA INJ 50MCG	5	PA
MIRCERA INJ 75MCG	5	PA
MIRCERA INJ 100MCG	5	PA
MIRCERA INJ 120MCG	5	PA
MIRCERA INJ 150MCG	5	PA
MIRCERA INJ 200MCG	5	PA
NIVESTYM INJ 300/0.5	5	PA
NIVESTYM INJ 300MCG	5	PA
NIVESTYM INJ 480/0.8	5	PA
NIVESTYM INJ 480MCG	5	PA
NYVEPRIA INJ 6/0.6ML	5	PA, QL (2 syringes every 28 days)
RETACRIT INJ 2000UNIT	5	PA
RETACRIT INJ 3000UNIT	5	PA
RETACRIT INJ 4000UNIT	5	PA
RETACRIT INJ 10000UNT	5	PA
RETACRIT INJ 20000UNI	5	PA
RETACRIT INJ 40000UNT	5	PA
HEMOPHILIA A AGENTS		
HEMLIBRA INJ 30MG/ML	6	PA
HEMLIBRA INJ 60/0.4	6	PA
HEMLIBRA INJ 105/0.7	6	PA
HEMLIBRA INJ 150/ML	6	PA
HEMLIBRA INJ 300/2ML	6	PA
HEMLIBRA SOL 12/0.4ML	6	PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
<i>pentoxifylline tab er 400 mg</i>	2	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	2	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	2	
<i>dipyridamole tab 25 mg</i>	2	
<i>dipyridamole tab 50 mg</i>	2	
<i>dipyridamole tab 75 mg</i>	2	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	
YOSPRALA TAB 81-40MG	4	
YOSPRALA TAB 325-40MG	4	
SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
THROMBOCYTOPENIA AGENTS		
ALVAIZ TAB 9MG	5	PA, QL (60 tabs every 30 days)
ALVAIZ TAB 18MG	5	PA, QL (90 tabs every 30 days)
ALVAIZ TAB 36MG	5	PA, QL (90 tabs every 30 days)
ALVAIZ TAB 54MG	5	PA, QL (60 tabs every 30 days)
DOPTELET SPR CAP 10MG	5	PA, QL (60 caps every 30 days)
DOPTELET TAB 20MG (10 TABLETS)	5	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS)	5	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS)	5	PA, QL (2 cartons every 30 days)
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
ACTEMRA INJ 80MG/4ML	6	ST, PA, QL (20 vials every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA INJ 200/10ML	6	ST, PA, QL (8 vials every 28 days)
ACTEMRA INJ 400/20ML	6	ST, PA, QL (4 vials every 28 days)
COSENTYX INJ 125/5ML	5	PA, QL (15 mL every 28 days); Preferred agent for Ankylosing Spondylitis, NRAXSPA, and Psoriatic Arthritis
ENTYVIO INJ 300MG	6	PA, QL (1 vial every 56 days)
INFLIXIMAB INJ 100MG	5	PA, QL (5 vials every 42 days)
SIMPONI ARIA SOL 50MG/4ML	6	PA, QL (200 mg every 8 weeks)
SKYRIZI SOL 60MG/ML	5	PA, QL (6 vials every 56 days)
TREMFYA INJ 200/20ML	5	PA, QL (One time use only)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA INJ 162/0.9	6	ST, PA, QL (4 syringes every 28 days)
ACTEMRA INJ ACTPEN	6	ST, PA, QL (4 injections every 28 days)
ADALIMU-ADAZ INJ 10/0.1ML	5	PA, QL (2 syringes every 28 days)
ADALIMU-ADAZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	5	PA, QL (4 syringes every 28 days)
CIMZIA 1-SYR INJ 200MG/ML	5	PA, QL (4 syringes every 28 days); Preferred agent for NRAXSPA
CIMZIA START KIT 200MG/ML	5	PA, QL (One time use only); Preferred agent for NRAXSPA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 75MG/0.5	5	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	5	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX INJ 300DOSE	5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	5	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML	5	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
ENBREL INJ 25/0.5ML	5	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	5	PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 50MG/ML	5	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	5	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	5	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENTYVIO PEN INJ 108/0.68	6	PA, QL (2 pens every 28 days)
HYRIMOZ CD/ INJ UC/HS SP	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 20/0.2ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENS INJ 80/0.8ML	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	5	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
KEVZARA INJ 150/1.14	5	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	5	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	5	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
OTEZLA TAB 10/20	5	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 10/20/30	5	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 20MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA XR TAB 75MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA/XR TAB 28 DAY	5	PA, QL (41 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
PYZCHIVA INJ 45/0.5ML	5	PA, QL (1 pen every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA INJ 45/0.5ML	5	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA INJ 90MG/ML	5	PA, QL (1 pen every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA INJ 90MG/ML	5	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
RINVOQ LQ SOL 1MG/ML	5	PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 15MG ER	5	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, NRAXSPA, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
RINVOQ TAB 30MG ER	5	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.
RINVOQ TAB 45MG ER	5	PA, QL (One time use only (for CD/UC diagnosis)); Preferred agent for Crohn's Disease and Ulcerative Colitis.
SIMPONI INJ 50/0.5ML	6	ST, PA, QL (1 injection every 28 days)
SIMPONI INJ 100MG/ML	6	ST, PA, QL (1 injection every 28 days)
SKYRIZI INJ 55/0.37	5	PA, QL (1 syringe every 84 days); Preferred agent for Psoriasis and Psoriatic Arthritis for pediatric patients
SKYRIZI INJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI INJ 180/1.2	5	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI INJ 360/2.4	5	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI PEN INJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
TALTZ INJ 20/0.25	5	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis

Drug Name	Drug Tier	Requirements/Limits
TALTZ INJ 40/0.5ML	5	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TALTZ INJ 80MG/ML	5	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
<i>tofacitinib citrate oral soln 1 mg/ml (base equivalent)</i>	5	PA, QL (240 mL every 24 days)
<i>tofacitinib citrate tab 5 mg (base equivalent)</i>	5	PA, QL (60 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis.
<i>tofacitinib citrate tab 10 mg (base equivalent)</i>	5	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
<i>tofacitinib citrate tab er 24hr 11 mg (base equivalent)</i>	5	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis.
<i>tofacitinib citrate tab er 24hr 22 mg (base equivalent)</i>	5	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.
TREMFYA INJ 100MG/ML	5	PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
TREMFYA INJ 200/2ML	5	PA, QL (1 injection every 28 days); Preferred agent for Crohn's Disease and Ulcerative Colitis
VELSIPITY TAB 2MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis
YESINTEK INJ 45/0.5ML	5	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
YESINTEK INJ 45/0.5ML	5	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
YESINTEK INJ 90MG/ML	5	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate tab 200 mg	2	
leflunomide tab 10 mg	2	
leflunomide tab 20 mg	2	
methotrexate sodium tab 2.5 mg (base equiv)	2	
HEREDITARY ANGIOEDEMA		
icatibant acetate subcutaneous soln prefsyr 30 mg/3ml	5	PA, QL (45 syringes every 90 days)
TAKHZYRO INJ 150MG/ML	6	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	6	PA, QL (2 syringes every 28 days)
IMMUNOGLOBULIN		
CUTAQUIG SOL 1.65GM	5	PA
CUTAQUIG SOL 1GM	5	PA
CUTAQUIG SOL 2GM	5	PA
CUTAQUIG SOL 3.3GM	5	PA
CUTAQUIG SOL 4GM	5	PA
CUTAQUIG SOL 8GM	5	PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	6	PA
ARCALYST INJ 220MG	5	PA, QL (8 vials every 28 days)
IMMUNOSUPPRESSANTS		
azathioprine tab 50 mg	2	
azathioprine tab 75 mg	2	
azathioprine tab 100 mg	2	
cyclosporine cap 25 mg	2	
cyclosporine cap 100 mg	2	
cyclosporine modified cap 25 mg	2	
cyclosporine modified cap 50 mg	2	
cyclosporine modified cap 100 mg	2	
cyclosporine modified oral soln 100 mg/ml	2	
ENVARUS XR TAB 0.75MG	4	
ENVARUS XR TAB 1MG	4	
ENVARUS XR TAB 4MG	4	
everolimus tab 0.5 mg	2	
everolimus tab 0.25 mg	2	
everolimus tab 0.75 mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tab 1 mg</i>	2	
<i>gengraf</i>	2	
<i>mycophenolate mofetil cap 250 mg</i>	2	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	2	
<i>mycophenolate mofetil tab 500 mg</i>	2	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	
NULOJIX INJ 250MG	4	
PROGRAF GRA 0.2MG	4	
PROGRAF GRA 1MG	4	
SANDIMMUNE INJ 50MG/ML	4	
<i>sirolimus oral soln 1 mg/ml</i>	2	
<i>sirolimus tab 0.5 mg</i>	2	
<i>sirolimus tab 1 mg</i>	2	
<i>sirolimus tab 2 mg</i>	2	
<i>tacrolimus cap 0.5 mg</i>	2	
<i>tacrolimus cap 1 mg</i>	2	
<i>tacrolimus cap 5 mg</i>	2	
<i>tacrolimus cap er 24hr 0.5 mg</i>	2	
<i>tacrolimus cap er 24hr 1 mg</i>	2	
<i>tacrolimus cap er 24hr 5 mg</i>	2	
<i>tacrolimus inj 5 mg/ml</i>	2	
MISCELLANEOUS		
BEYFORTUS INJ 50/0.5ML	1	\$0 copay for members age 18 and younger, otherwise not covered
BEYFORTUS INJ 100MG/ML	1	\$0 copay for members age 18 and younger, otherwise not covered
ENFLONSIA INJ 105MG	1	\$0 copay for members age 18 and younger, otherwise not covered
VACCINES		
ABRYSVO INJ 120MCG	1	
ACTHIB INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	1	
AREXVY INJ 120MCG	1	\$0 copay for members age 19 and older, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
BEXSERO INJ	1	
BOOSTRIX INJ	1	
CAPVAXIVE INJ 0.5ML	1	
COMIRNATY 5- INJ 11/25-26	1	
COMIRNATY INJ 30/.3ML	1	
DAPTACEL INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
DENGXVAXIA SUS	1	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10/0.5ML	1	
ENGERIX-B INJ 20MCG/ML	1	
FLUAD INJ 2026-27	1	
FLUMIST NASA LIQ 2026-27	1	
GARDASIL 9 INJ	1	
HAVRIX INJ 720UNIT	1	
HAVRIX INJ 1440UNIT	1	
HEPLISAV-B INJ 20/0.5ML	1	
HIBERIX SOL 10MCG	1	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	1	
JYNNEOS INJ	1	
KINRIX INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MNEXSPIKE INJ 2025-26	1	
MRESVIA INJ 50MCG	1	\$0 copay for members age 19 and older, otherwise not covered
NUVAXOVID INJ 2025-26	1	
PEDIARIX INJ 0.5ML	1	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAXHIB INJ 7.5MCG	1	\$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23 INJ 25/0.5	1	
PREVNAR 20 INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	1	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVA HB INJ 5MCG/0.5	1	
RECOMBIVA HB INJ 10MCG/ML	1	
RECOMBIVA-HB INJ 40MCG/ML	1	
ROTARIX SUS	1	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	1	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX INJ 50/0.5ML	1	\$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX INJ 2025-26	1	
TENIVAC INJ 5-2LF	1	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	1	
TWINRIX INJ	1	\$0 copay for members age 19 and older, otherwise not covered
VAQTA INJ 25/0.5ML	1	
VAQTA INJ 50UNT/ML	1	
VARIVAX INJ	1	
VAXELIS INJ	1	\$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	1	

NUTRITIONAL/SUPPLEMENTS***ELECTROLYTES***

EFFER-K TAB 25MEQ EF	2	
<i>klor-con m15</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	2	
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 15 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>SOD CHLORIDE INJ 0.9%</i>	2	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	
<i>sodium chloride iv soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	2	
<i>sodium chloride iv soln 3%</i>	2	
<i>sodium chloride iv soln 5%</i>	2	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	2	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	2	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	2	
PRENATAL VITAMINS		
<i>elite-ob</i>	2	
<i>pnv-dha</i>	2	
<i>pnv-select</i>	2	
VITAMINS		
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	2	OTC
<i>cyanocobalamin inj 1000 mcg/ml</i>	2	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid cap 0.8 mg</i>	1	QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 1 mg</i>	2	
<i>folic acid tab 400 mcg</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 800 mcg</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml</i>	2	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	2	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	2	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	2	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	2	
<i>pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml</i>	2	
<i>phytonadione tab 5 mg</i>	2	
<i>pyridoxine hcl tab 25 mg</i>	2	OTC
<i>pyridoxine hcl tab 50 mg</i>	2	OTC
<i>tri-vite/fluoride</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ANTI-INFECTIVES		
<i>AZASITE SOL 1%</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>BESIVANCE SUS 0.6%</i>	4	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
<i>NATACYN SUS 5% OP</i>	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>trifluridine ophth soln 1%</i>	2	
<i>ZIRGAN GEL 0.15%</i>	4	
ANTI-INFLAMMATORIES		
<i>ACUVAIL SOL 0.45% OP</i>	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
<i>ILEVRO DRO 0.3% OP</i>	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
<i>loteprednol etabonate ophth susp 0.5%</i>	2	
<i>NEVANAC SUS 0.1% OP</i>	3	
<i>PRED SOD PHO SOL 1% OP</i>	3	
<i>prednisolone acetate ophth susp 1%</i>	2	
ANTIALLERGICS		
<i>ALOCRI SOL 2%</i>	4	
<i>azelastine hcl ophth soln 0.05%</i>	2	
<i>bepotastine besilate ophth soln 1.5%</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>epinastine hcl ophth soln 0.05%</i>	2	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	2	
ZERVIAE DRO 0.24%	4	
ANTIGLAUCOMA BETA-BLOCKERS		
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETOPTIC-S SUS 0.25% OP	3	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	2	
ANTIGLAUCOMA COMBINATION AGENTS		
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
SIMBRINZA SUS 1-0.2%	3	
CARBONIC ANHYDRASE INHIBITORS		
<i>brinzolamide ophth susp 1%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	2	
DRY EYE DISEASE		
<i>cyclosporine (ophth) emulsion 0.05% (pf)</i>	2	
RESTASIS MUL EMU 0.05% OP	3	
TRYPTYR SOL 0.003%	3	
MISCELLANEOUS		
<i>atropine sulfate ophth soln 1%</i>	2	
CYSTARAN SOL 0.44%	6	PA, QL (4 bottles every 28 days)
<i>phenylephrine hcl ophth soln 2.5%</i>	2	
<i>phenylephrine hcl ophth soln 10%</i>	2	
PHOSPHOLINE SOL 0.125%OP	4	
<i>pilocarpine hcl ophth soln 1%</i>	2	
<i>proparacaine hcl ophth soln 0.5%</i>	2	
<i>tropicamide ophth soln 0.5%</i>	2	
<i>tropicamide ophth soln 1%</i>	2	
PROSTAGLANDINS		
<i>bimatoprost ophth soln 0.01%</i>	2	
<i>latanoprost ophth soln 0.005%</i>	2	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SYMPATHOMIMETICS		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
<i>brimonidine tartrate ophth soln 0.1%</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
IOPIDINE SOL 1% OP	4	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C INJ 1000MG	5	PA
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	2	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	2	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	3	QL (4 auto-injectors every 30 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
BEVESPI AER 9-4.8MCG	3	QL (1 package every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	3	QL (1 package every 30 days)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS		
BREZTRI AERO AER 9MCG	3	QL (1 package every 30 days)
BREZTRI AERO AER 18MCG	3	QL (1 package every 30 days)
TRELEGY AER 100MCG	3	QL (1 package every 30 days)
TRELEGY AER 200MCG	3	QL (1 package every 30 days)
ANTICHOLINERGICS		
<i>ipratropium bromide inhal soln 0.02%</i>	2	QL (5 boxes every 30 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	
SPIRIVA RESP AER 1.25MCG	3	QL (1 package every 30 days)
SPIRIVA RESP AER 2.5MCG	3	QL (1 package every 30 days)
<i>tiotropium bromide inhal cap 18 mcg (base equiv)</i>	2	QL (1 package every 30 days)
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	QL (1 package every 30 days)
ANTI-HISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	QL (2 bottles every 30 days)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
carbinoxamine maleate tab 4 mg	2	
clemastine fumarate tab 2.68 mg	2	
cyproheptadine hcl syrup 2 mg/5ml	2	
cyproheptadine hcl tab 4 mg	2	
desloratadine tab 5 mg	2	
desloratadine tab orally disintegrating 2.5 mg	2	
desloratadine tab orally disintegrating 5 mg	2	
diphenhydramine hcl elixir 12.5 mg/5ml	2	
diphenhydramine hcl inj 50 mg/ml	2	
hydroxyzine hcl im soln 25 mg/ml	2	
hydroxyzine hcl im soln 50 mg/ml	2	
hydroxyzine hcl syrup 10 mg/5ml	2	
hydroxyzine hcl tab 10 mg	2	
hydroxyzine hcl tab 25 mg	2	
hydroxyzine hcl tab 50 mg	2	
hydroxyzine pamoate cap 25 mg	2	
hydroxyzine pamoate cap 50 mg	2	
hydroxyzine pamoate cap 100 mg	2	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	2	
levocetirizine dihydrochloride tab 5 mg	2	
olopatadine hcl nasal soln 0.6%	2	QL (1 container every 30 days)

BETA AGONISTS

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

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI AER 2.5MCG	3	QL (1 package every 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	
COLD/COUGH		
<i>benzonatate cap 100 mg</i>	2	
<i>benzonatate cap 200 mg</i>	2	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL (60 mL every day), OTC; Subject to initial 7-day limit
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	2	QL (10 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	2	QL (6 tabs every day); Subject to initial 7-day limit
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	2	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	2	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	2	
TUXARIN ER TAB 54.3-8MG	4	QL (2 tabs every day); Subject to initial 7-day limit
CYSTIC FIBROSIS		
CAYSTON INH 75MG	5	PA, QL (84 vials every 28 days)
KALYDECO GRA 5.8MG	5	PA, QL (56 packets every 28 days)
KALYDECO GRA 13.4MG	5	PA, QL (56 packets every 28 days)
KALYDECO PAK 25MG	5	PA, QL (56 packets every 28 days)
KALYDECO PAK 50MG	5	PA, QL (56 packets every 28 days)
KALYDECO PAK 75MG	5	PA, QL (56 packets every 28 days)
KALYDECO TAB 150MG	5	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 75-94MG	5	PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	5	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	5	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	5	PA, QL (112 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 200-125	5	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	5	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	5	PA, QL (56 tabs every 28 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	5	PA, QL (224 mL every 28 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	5	PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	5	PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	5	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	5	PA, QL (84 tabs every 28 days)
LEUKOTRIENE MODIFIERS		
<i>zileuton tab er 12hr 600 mg</i>	4	PA
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	
MAST CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	QL (2 boxes every 30 days)
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	2	
<i>acetylcysteine inhal soln 20%</i>	2	
<i>roflumilast tab 250 mcg</i>	2	PA
<i>roflumilast tab 500 mcg</i>	2	PA
<i>sodium chloride soln nebu 0.9%</i>	2	
<i>sodium chloride soln nebu 3%</i>	2	
<i>sodium chloride soln nebu 7%</i>	2	
<i>sodium chloride soln nebu 10%</i>	2	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (3 containers every 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 container every 30 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	QL (2 packages every 30 days)

Drug Name	Drug Tier	Requirements/Limits
OMNARIS SPR	4	QL (1 package every 30 days)
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	2	QL (1 package every 30 days), OTC
PULMONARY FIBROSIS AGENTS		
<i>nintedanib esylate cap 100 mg (base equivalent)</i>	5	PA, QL (60 caps every 30 days)
<i>nintedanib esylate cap 150 mg (base equivalent)</i>	5	PA, QL (60 caps every 30 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (270 caps every 30 days)
<i>pirfenidone tab 267 mg</i>	5	PA, QL (270 tabs every 30 days)
<i>pirfenidone tab 801 mg</i>	5	PA, QL (90 tabs every 30 days)
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER MIS PLUS	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS MEDIUM	3	OTC
PANDA MASK MIS PEDIATRI	3	OTC
SEVERE ASTHMA AGENTS		
DUPIXENT INJ 200MG	5	PA, QL (2 pens every 28 days); Indicated for Asthma, Atopic Dermatitis, Chronic Obstructive Pulmonary Disease, Chronic Rhinosinusitis with Nasal Polyps, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, Prurigo Nodularis
DUPIXENT INJ 300/2ML	5	PA, QL (4 pens every 28 days); Indicated for Asthma, Atopic Dermatitis, Chronic Obstructive Pulmonary Disease, Chronic Rhinosinusitis with Nasal Polyps, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, Prurigo Nodularis
FASENRA PEN INJ 30MG/ML	5	PA, QL (1 auto-injector every 28 days)
NUCALA INJ 40MG/0.4	5	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	5	PA, QL (3 autoinjectors every 28 days)

Drug Name	Drug Tier	Requirements/Limits
NUCALA INJ 100MG/ML	5	PA, QL (3 syringes every 28 days)
STEROID INHALANTS		
ALVESCO AER 80MCG	4	QL (3 packages every 30 days)
ALVESCO AER 160MCG	4	QL (2 packages every 30 days)
ASMANEX HFA AER 50MCG	3	QL (1 package every 30 days)
ASMANEX HFA AER 100 MCG	3	QL (1 package every 30 days)
ASMANEX HFA AER 200 MCG	3	QL (1 package every 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	QL (2 boxes every 30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	QL (3 boxes every 30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	2	QL (1 box every 30 days)
<i>fluticasone furoate aerosol powder breath activ 50 mcg/act</i>	2	QL (1 package every 30 days)
<i>fluticasone furoate aerosol powder breath activ 100 mcg/act</i>	2	QL (1 package every 30 days)
<i>fluticasone furoate aerosol powder breath activ 200 mcg/act</i>	2	QL (1 package every 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA AER 90-80MCG	3	QL (3 packages every 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	3	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	3	QL (1 package every 30 days)
<i>breynd</i>	2	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	QL (3 packages every 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (1 package every 30 days)
XANTHINES		
<i>theophylline elixir 80 mg/15ml</i>	2	
<i>theophylline soln 80 mg/15ml</i>	2	
<i>theophylline tab er 12hr 300 mg</i>	2	
<i>theophylline tab er 12hr 450 mg</i>	2	
<i>theophylline tab er 24hr 400 mg</i>	2	
<i>theophylline tab er 24hr 600 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
<i>adapalene cream 0.1%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.1%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.3%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	2	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (47g every 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	QL (45g every 30 days)
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1% (twice-daily)</i>	2	QL (75g every 30 days)
<i>clindamycin phosphate lotion 1%</i>	2	QL (60 mL every 30 days)
<i>clindamycin phosphate soln 1%</i>	2	QL (60 mL every 30 days)
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	QL (50g every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	2	QL (50g every 30 days)
<i>ery</i>	2	
<i>erythromycin gel 2%</i>	2	QL (60g every 30 days)
<i>erythromycin soln 2%</i>	2	QL (60 mL every 30 days)
<i>isotretinoin cap 10 mg</i>	2	PA
<i>isotretinoin cap 20 mg</i>	2	PA
<i>isotretinoin cap 30 mg</i>	2	PA
<i>isotretinoin cap 40 mg</i>	2	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<i>tretinoin cream 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	2	PA; PA applies for members age 35 and older

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin microsphere gel 0.1%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	2	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	4	
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod cream 5%</i>	2	
DERMATOLOGY, ANTIBIOTICS		
<i>antiseptic products misc - pads</i>	2	OTC
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>mupirocin oint 2%</i>	2	QL (30g every 30 days)
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd</i>	2	
<i>SULFAMYLON CRE 85MG/GM</i>	4	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	2	QL (120g every 30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	QL (120g every 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	QL (120 mL every 30 days)
<i>ciclopirox shampoo 1%</i>	2	QL (120 mL every 30 days)
<i>ciclopirox solution 8%</i>	2	
<i>clotrimazole cream 1%</i>	2	QL (120g every 30 days)
<i>clotrimazole soln 1%</i>	2	QL (120 mL every 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (60g every 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	QL (60 mL every 30 days)
<i>econazole nitrate cream 1%</i>	2	QL (60g every 30 days)
<i>ERTACZO CRE 2%</i>	4	QL (60g every 30 days)
<i>JUBLIA SOL 10%</i>	4	PA, QL (4 mL every 28 days)
<i>ketoconazole cream 2%</i>	2	QL (120g every 30 days)
<i>luliconazole cream 1%</i>	4	QL (60g every 30 days)
<i>naftifine hcl cream 1%</i>	2	QL (60g every 30 days)
<i>naftifine hcl cream 2%</i>	2	QL (60g every 30 days)
<i>nystatin cream 100000 unit/gm</i>	2	QL (120g every 30 days)
<i>nystatin oint 100000 unit/gm</i>	2	QL (120g every 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	2	QL (120g every 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	QL (60g every 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	QL (60g every 30 days)
<i>nystop</i>	2	QL (120g every 30 days)
<i>oxiconazole nitrate cream 1%</i>	2	QL (60g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sulconazole nitrate cream 1%</i>	2	QL (60g every 30 days)
<i>sulconazole nitrate solution 1%</i>	2	QL (60 mL every 30 days)
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl cream 5%</i>	4	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	2	
<i>acitretin cap 17.5 mg</i>	2	
<i>acitretin cap 25 mg</i>	2	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	ST, QL (60 mL every 30 days); PA**
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	4	ST, QL (60g every 30 days); PA**
<i>calcitriol oint 3 mcg/gm</i>	4	ST, QL (100g every 30 days); PA**
<i>methoxsalen rapid cap 10 mg</i>	2	
<i>tazarotene cream 0.1%</i>	2	PA
<i>tazarotene cream 0.05%</i>	2	PA
<i>tazarotene gel 0.1%</i>	2	PA
<i>tazarotene gel 0.05%</i>	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	2	QL (120 mL every 30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT INJ 200/1.14	5	PA, QL (2 syringes every 28 days); Indicated for Asthma, Atopic Dermatitis, Chronic Obstructive Pulmonary Disease, Chronic Rhinosinusitis with Nasal Polyps, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, Prurigo Nodularis
DUPIXENT INJ 300/2ML	5	PA, QL (4 syringes every 28 days); Indicated for Asthma, Atopic Dermatitis, Chronic Obstructive Pulmonary Disease, Chronic Rhinosinusitis with Nasal Polyps, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, Prurigo Nodularis
EBGLYSS INJ 250/2ML	5	PA, QL (2 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
EBGLYSS INJ 250/2ML	5	PA, QL (2 syringes every 28 days)
EUCRISA OIN 2%	3	ST, QL (60g every 30 days); PA**
<i>pimecrolimus cream 1%</i>	4	ST; PA**
<i>tacrolimus oint 0.1%</i>	4	ST; PA**
<i>tacrolimus oint 0.03%</i>	4	ST; PA**

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i>	2	QL (120g every 30 days)
<i>alclometasone dipropionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	2	QL (120g every 30 days)
<i>amcinonide oint 0.1%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	2	QL (120g every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	QL (120g every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	QL (120 mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	QL (120g every 30 days)
BRYHALI LOT 0.01%	3	QL (120 mL every 30 days)
<i>clobetasol propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate emo</i>	2	QL (120g every 30 days)
<i>clobetasol propionate foam 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate gel 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>clobetasol propionate oint 0.05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	2	QL (120 mL every 30 days)
<i>clobetasol propionate soln 0.05%</i>	2	QL (120 mL every 30 days)
<i>clobetasol propionate spray 0.05%</i>	2	QL (120 mL every 30 days)
<i>clocortolone pivalate cream 0.1%</i>	4	QL (120g every 30 days)
<i>desonide cream 0.05%</i>	2	QL (120g every 30 days)
<i>desonide lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>desonide oint 0.05%</i>	2	QL (120g every 30 days)
<i>desoximetasone cream 0.05%</i>	2	QL (120g every 30 days)
<i>desoximetasone cream 0.25%</i>	2	QL (120g every 30 days)
<i>desoximetasone gel 0.05%</i>	2	QL (120g every 30 days)
<i>desoximetasone oint 0.25%</i>	2	QL (120g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone spray 0.25%</i>	4	QL (120 mL every 30 days)
<i>diflorasone diacetate cream 0.05%</i>	4	QL (120g every 30 days)
<i>diflorasone diacetate oint 0.05%</i>	4	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	2	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	2	QL (120g every 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	QL (120 mL every 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	QL (120 mL every 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	2	QL (120g every 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	2	QL (120 mL every 30 days)
<i>fluocinonide cream 0.05%</i>	2	QL (120g every 30 days)
<i>fluocinonide gel 0.05%</i>	2	QL (120g every 30 days)
<i>fluocinonide oint 0.05%</i>	2	QL (120g every 30 days)
<i>fluocinonide soln 0.05%</i>	2	QL (120 mL every 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>fluticasone propionate lotion 0.05%</i>	2	QL (120 mL every 30 days)
<i>fluticasone propionate oint 0.005%</i>	2	QL (120g every 30 days)
<i>halobetasol propionate cream 0.05%</i>	2	QL (120g every 30 days)
<i>halobetasol propionate oint 0.05%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	2	QL (120 mL every 30 days)
<i>hydrocortisone cream 1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone cream 2.5%</i>	2	QL (120g every 30 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (120 mL every 30 days)
<i>hydrocortisone oint 2.5%</i>	2	QL (120g every 30 days)
<i>hydrocortisone valerate cream 0.2%</i>	2	QL (120g every 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	2	QL (120g every 30 days)
<i>mometasone furoate cream 0.1%</i>	2	QL (120g every 30 days)
<i>mometasone furoate oint 0.1%</i>	2	QL (120g every 30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	2	QL (120g every 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl soln 4%</i>	2	QL (50 mL every 30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	2	QL (60 mL every 30 days)
<i>lidocaine oint 5%</i>	2	QL (50g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine pain relief pat</i>	2	QL (30 patches every 30 days), OTC
<i>lidocaine patch 5%</i>	2	PA, QL (90 patches every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30g every 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir cream 5%</i>	4	
<i>bexarotene gel 1%</i>	5	PA
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>nitroglycerin oint 0.4%</i>	2	
<i>penciclovir cream 1%</i>	2	
<i>podofilox gel 0.5%</i>	2	
<i>podofilox soln 0.5%</i>	2	
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	2	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	2	PA
FINACEA AER 15%	3	
<i>ivermectin cream 1%</i>	2	PA
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole gel 1%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
<i>crotan</i>	2	
<i>cvs ivermectin lice treat</i>	2	OTC
<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	
<i>sb lice treatment</i>	2	OTC
<i>spinosad susp 0.9%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
<i>sodium chloride irrigation soln 0.9%</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	2	
<i>clotrimazole troche 10 mg</i>	2	
<i>lidocaine hcl laryngotracheal soln 4%</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>oralone dental paste</i>	2	
ORAVIG TAB 50MG	4	QL (14 tabs every 30 days)
<i>periogard</i>	2	
<i>pilocarpine hcl tab 5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
OTIC		
<i>acetic acid otic soln 2%</i>	2	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	4	
CORTISPORIN SUS -TC OTIC	4	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	

Index

A	
<i>abacavir sulfate soln 20 mg/ml (base equiv) ..</i>	15
<i>abacavir sulfate tab 300 mg (base equiv)</i>	15
<i>abacavir sulfate-lamivudine tab 600-300 mg.</i>	16
<i>abiraterone acetate tab 250 mg</i>	27
<i>abiraterone acetate tab 500 mg</i>	27
<i>ABRYSVO INJ 120MCG</i>	104
<i>acamprosate calcium tab delayed release 333</i>	
<i>mg.....</i>	48
<i>acarbose tab 100 mg</i>	72
<i>acarbose tab 25 mg</i>	72
<i>acarbose tab 50 mg</i>	72
<i>ACCU-CHEK KIT AVIVA PL</i>	79
<i>ACCU-CHEK KIT FASTCLIX.....</i>	79
<i>ACCU-CHEK KIT GUIDE</i>	79
<i>ACCU-CHEK KIT GUIDE ME.....</i>	79
<i>ACCU-CHEK KIT NANO</i>	79
<i>ACCU-CHEK KIT SOFTCLIX</i>	79
<i>ACCU-CHEK LIQ COMPACT</i>	79
<i>ACCU-CHEK LIQ GUIDE</i>	79
<i>ACCU-CHEK LIQ SMART.....</i>	79
<i>ACCU-CHEK SOL</i>	79
<i>ACCU-CHEK SOL COMPACT</i>	79
<i>ACCU-CHEK TES AVIVA PL.....</i>	79
<i>ACCU-CHEK TES GUIDE.....</i>	79
<i>ACCU-CHEK TES SMART</i>	79
<i>acebutolol hcl cap 200 mg</i>	41
<i>acebutolol hcl cap 400 mg</i>	41
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	
<i>.....</i>	7
<i>acetaminophen w/ codeine tab 300-15 mg</i>	7
<i>acetaminophen w/ codeine tab 300-30 mg</i>	7
<i>acetaminophen w/ codeine tab 300-60 mg</i>	7
<i>acetaminophen-caffeine-dihydrocodeine cap</i>	
<i>320.5-30-16 mg.....</i>	7
<i>acetazolamide cap er 12hr 500 mg</i>	44
<i>acetazolamide tab 125 mg</i>	44
<i>acetazolamide tab 250 mg</i>	44
<i>acetic acid otic soln 2%.....</i>	123
<i>acetylcysteine inhal soln 10%.....</i>	114
<i>acetylcysteine inhal soln 20%.....</i>	114
<i>acitretin cap 10 mg</i>	119
<i>acitretin cap 17.5 mg.....</i>	119
<i>acitretin cap 25 mg</i>	119
<i>ACTEMRA INJ 162/0.9</i>	97
<i>ACTEMRA INJ 200/10ML.....</i>	97
<i>ACTEMRA INJ 400/20ML.....</i>	97
<i>ACTEMRA INJ 80MG/4ML</i>	96
<i>ACTEMRA INJ ACTPEN</i>	97
<i>ACTHIB INJ</i>	104
<i>ACTIMMUNE INJ 2MU/0.5.....</i>	103
<i>ACUVAIL SOL 0.45% OP</i>	109
<i>acyclovir cap 200 mg</i>	18
<i>acyclovir cream 5%.....</i>	122
<i>acyclovir susp 200 mg/5ml.....</i>	18
<i>acyclovir tab 400 mg</i>	18
<i>acyclovir tab 800 mg</i>	18
<i>ADACEL INJ.....</i>	104
<i>ADALIMU-ADAZ INJ 10/0.1ML</i>	97
<i>ADALIMU-ADAZ INJ 20/0.2ML</i>	97
<i>ADALIMU-ADAZ INJ 40/0.4ML.....</i>	97
<i>ADALIMU-ADAZ INJ 80/0.8ML.....</i>	97
<i>ADALIMU-FKJP KIT 20/0.4ML.....</i>	97
<i>ADALIMU-FKJP KIT 40/0.8ML.....</i>	97
<i>adapalene cream 0.1%.....</i>	117
<i>adapalene gel 0.1%</i>	117
<i>adapalene gel 0.3%</i>	117
<i>adapalene-benzoyl peroxide gel 0.1-2.5%.....</i>	117
<i>adapalene-benzoyl peroxide gel 0.3-2.5%.....</i>	117
<i>adefovir dipivoxil tab 10 mg.....</i>	20
<i>ADEMPAS TAB 0.5MG</i>	47
<i>ADEMPAS TAB 1.5MG</i>	47
<i>ADEMPAS TAB 1MG</i>	47
<i>ADEMPAS TAB 2.5MG</i>	47
<i>ADEMPAS TAB 2MG</i>	47
<i>adriamycin</i>	24
<i>AEROCHAMBER MIS PLUS</i>	115
<i>AIMOVIG INJ 140MG/ML</i>	66
<i>AIMOVIG INJ 70MG/ML.....</i>	66
<i>AIRSUPRA AER 90-80MCG</i>	116
<i>AJOVY INJ 225/1.5</i>	67
<i>AKYNZEO CAP 300-0.5</i>	87
<i>ala-cort</i>	120
<i>albendazole tab 200 mg</i>	14
<i>albuterol sulfate inhal aero 108 mcg/act</i>	
<i>(90mcg base equiv)</i>	112
<i>albuterol sulfate soln nebu 0.083% (2.5</i>	
<i>mg/3ml)</i>	112
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)..</i>	112
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base</i>	
<i>equiv).....</i>	112

<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	112	<i>amantadine hcl cap 100 mg</i>	53
<i>albuterol sulfate syrup 2 mg/5ml</i>	112	<i>amantadine hcl soln 50 mg/5ml</i>	53
<i>albuterol sulfate tab 2 mg</i>	112	<i>amantadine hcl tab 100 mg</i>	53
<i>albuterol sulfate tab 4 mg</i>	112	<i>ambrisentan tab 10 mg</i>	47
<i>alclometasone dipropionate cream 0.05%</i>	120	<i>ambrisentan tab 5 mg</i>	47
<i>alclometasone dipropionate oint 0.05%</i>	120	<i>amcinonide oint 0.1%</i>	120
<i>ALCOHOL PREP PAD</i>	79	<i>amethyst</i>	76
<i>ALECENSA CAP 150MG</i>	28	<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i> ...	14
<i>alendronate sodium oral soln 70 mg/75ml</i>	75	<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	14
<i>alendronate sodium tab 10 mg</i>	75	.....	14
<i>alendronate sodium tab 35 mg</i>	75	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	44
<i>alendronate sodium tab 70 mg</i>	75	<i>amiloride hcl tab 5 mg</i>	44
<i>alfuzosin hcl tab er 24hr 10 mg</i>	92	<i>amiodarone hcl tab 200 mg</i>	37
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	44	<i>amiodarone hcl tab 400 mg</i>	37
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	44	<i>amitriptyline hcl tab 10 mg</i>	50
<i>allopurinol tab 100 mg</i>	6	<i>amitriptyline hcl tab 100 mg</i>	50
<i>allopurinol tab 300 mg</i>	6	<i>amitriptyline hcl tab 150 mg</i>	50
<i>almotriptan malate tab 12.5 mg</i>	66	<i>amitriptyline hcl tab 25 mg</i>	50
<i>almotriptan malate tab 6.25 mg</i>	66	<i>amitriptyline hcl tab 50 mg</i>	50
<i>ALOCRIL SOL 2%</i>	109	<i>amitriptyline hcl tab 75 mg</i>	50
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i> . 72		<i>amlodipine besylate tab 10 mg (base equivalent)</i>	43
<i>alogliptin benzoate tab 25 mg (base equiv)</i> 72		<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	43
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i> . 72		<i>amlodipine besylate tab 5 mg (base equivalent)</i>	43
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i> 72		.....	43
<i>alogliptin-metformin hcl tab 12.5-500 mg</i> 72		<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	43
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	89	<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	43
<i>alosetron hcl tab 1 mg (base equiv)</i>	89	<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	43
<i>ALPRAZOLAM CON 1 MG/ML</i>	48	<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	43
<i>alprazolam orally disintegrating tab 0.25 mg</i> 48		<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	42
<i>alprazolam orally disintegrating tab 0.5 mg</i> .. 48		<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	42
<i>alprazolam orally disintegrating tab 1 mg</i> 48		<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	42
<i>alprazolam orally disintegrating tab 2 mg</i> 48		<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	42
<i>alprazolam tab 0.25 mg</i>	48	<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	42
<i>alprazolam tab 0.5 mg</i>	48	<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	42
<i>alprazolam tab 1 mg</i>	48	<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	43
<i>alprazolam tab 2 mg</i>	48		
<i>altavera</i>	76		
<i>ALVAIZ TAB 18MG</i>	96		
<i>ALVAIZ TAB 36MG</i>	96		
<i>ALVAIZ TAB 54MG</i>	96		
<i>ALVAIZ TAB 9MG</i>	96		
<i>ALVESCO AER 160MCG</i>	116		
<i>ALVESCO AER 80MCG</i>	116		
<i>alyacen 1/35</i>	76		
<i>alyacen 7/7/7</i>	76		

<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	34	<i>amphetamine tab extended release disintegrating 15.7 mg</i>	62
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	34	<i>amphetamine tab extended release disintegrating 18.8 mg</i>	62
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	34	<i>amphetamine tab extended release disintegrating 3.1 mg</i>	62
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	34	<i>amphetamine tab extended release disintegrating 6.3 mg</i>	62
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	34	<i>amphetamine tab extended release disintegrating 9.4 mg</i>	62
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	34	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	62
<i>amlodipine besylate-valsartan tab 10-160 mg</i> 36		<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	62
<i>amlodipine besylate-valsartan tab 10-320 mg</i> 36		<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	62
<i>amlodipine besylate-valsartan tab 5-160 mg</i> . 36		<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	62
<i>amlodipine besylate-valsartan tab 5-320 mg</i> . 36		<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	63
<i>amoxapine tab 100 mg</i>	50	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	62
<i>amoxapine tab 150 mg</i>	50	<i>amphetamine-dextroamphetamine tab 10 mg</i>	63
<i>amoxapine tab 25 mg</i>	50	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	63
<i>amoxapine tab 50 mg</i>	50	<i>amphetamine-dextroamphetamine tab 15 mg</i>	63
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	92	<i>amphetamine-dextroamphetamine tab 20 mg</i>	63
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	22	<i>amphetamine-dextroamphetamine tab 30 mg</i>	63
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	22	<i>amphetamine-dextroamphetamine tab 5 mg</i> . 63	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	22	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	63
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	22	<i>amphotericin b for iv soln 50 mg</i>	14
<i>amoxicillin & k clavulanate tab 250-125 mg</i> .. 22		<i>ampicillin cap 500 mg</i>	22
<i>amoxicillin & k clavulanate tab 500-125 mg</i> .. 22		<i>ampicillin sodium for inj 1 gm</i>	23
<i>amoxicillin & k clavulanate tab 875-125 mg</i> .. 22		<i>ampicillin sodium for inj 2 gm</i>	23
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	22	<i>anagrelide hcl cap 0.5 mg</i>	96
<i>amoxicillin (trihydrate) cap 250 mg</i>	22	<i>anagrelide hcl cap 1 mg</i>	96
<i>amoxicillin (trihydrate) cap 500 mg</i>	22	<i>anastrozole tab 1 mg</i>	27
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	22	<i>ANNOVERA MIS</i>	76
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	22	<i>antiseptic products misc - pads</i>	118
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i> 22		<i>APOKYN INJ 10MG/ML</i>	53
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i> 22		<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	111
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i> 22		<i>aprepitant capsule 125 mg</i>	88
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i> 22			
<i>amoxicillin (trihydrate) tab 500 mg</i>	22		
<i>amoxicillin (trihydrate) tab 875 mg</i>	22		
<i>amphetamine tab extended release disintegrating 12.5 mg</i>	62		

<i>aprepitant capsule 40 mg</i>	87	ASMANEX HFA AER 50MCG.....	116
<i>aprepitant capsule 80 mg</i>	87	<i>aspirin ec adult low dose</i>	13
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	88	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> ..	96
APRETUDE SUS 600MG ER	15	<i>atazanavir sulfate cap 150 mg (base equiv)</i> ..	15
<i>apri</i>	76	<i>atazanavir sulfate cap 200 mg (base equiv)</i> ..	15
APTIVUS CAP 250MG	15	<i>atazanavir sulfate cap 300 mg (base equiv)</i> ..	15
<i>aranelle</i>	76	<i>atenolol & chlorthalidone tab 100-25 mg</i>	41
ARANESP INJ 100MCG	95	<i>atenolol & chlorthalidone tab 50-25 mg</i>	41
ARANESP INJ 10MCG.....	95	<i>atenolol tab 100 mg</i>	41
ARANESP INJ 150MCG	95	<i>atenolol tab 25 mg</i>	41
ARANESP INJ 200MCG	95	<i>atenolol tab 50 mg</i>	41
ARANESP INJ 25MCG.....	95	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	63
ARANESP INJ 300MCG	95	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	63
ARANESP INJ 40MCG.....	95	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	63
ARANESP INJ 500MCG	95	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	63
ARANESP INJ 60MCG.....	95	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	63
ARCALYST INJ 220MG.....	103	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	63
AREXVY INJ 120MCG	104	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	63
<i>arformoterol tartrate soln nebu 15 mcg/2ml</i> <i>(base equiv)</i>	112	<i>atorvastatin calcium tab 10 mg (base</i> <i>equivalent)</i>	39
<i>aripiprazole oral solution 1 mg/ml</i>	55	<i>atorvastatin calcium tab 20 mg (base</i> <i>equivalent)</i>	39
<i>aripiprazole orally disintegrating tab 10 mg</i> .	55	<i>atorvastatin calcium tab 40 mg (base</i> <i>equivalent)</i>	39
<i>aripiprazole orally disintegrating tab 15 mg</i> .	55	<i>atorvastatin calcium tab 80 mg (base</i> <i>equivalent)</i>	39
<i>aripiprazole tab 10 mg</i>	55	<i>atovaquone susp 750 mg/5ml</i>	21
<i>aripiprazole tab 15 mg</i>	55	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	15
<i>aripiprazole tab 2 mg</i>	55	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	15
<i>aripiprazole tab 20 mg</i>	55	<i>atropine sulfate ophth soln 1%</i>	110
<i>aripiprazole tab 30 mg</i>	55	<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1</i> <i>mg/ml)</i>	87
<i>aripiprazole tab 5 mg</i>	55	AUSTEDO TAB 12MG	67
ARISTADA INJ 1064MG	55	AUSTEDO TAB 6MG	67
ARISTADA INJ 441MG/1.....	55	AUSTEDO TAB 9MG	67
ARISTADA INJ 662MG/2	55	AVERI TAB	76
ARISTADA INJ 882MG/3	55	<i>aviane</i>	76
ARISTADA INJ INITIO.....	55	<i>avidoxy</i>	23
<i>armodafinil tab 150 mg</i>	69	<i>azacitidine for inj 100 mg</i>	25
<i>armodafinil tab 200 mg</i>	69	AZASITE SOL 1%	109
<i>armodafinil tab 250 mg</i>	69	<i>azathioprine tab 100 mg</i>	103
<i>armodafinil tab 50 mg</i>	69	<i>azathioprine tab 50 mg</i>	103
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	32	<i>azathioprine tab 75 mg</i>	103
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	32	<i>azelaic acid gel 15%</i>	122
<i>asenapine maleate sl tab 10 mg (base equiv)</i> .	55	<i>azelastine hcl nasal spray 0.1% (137</i> <i>mcg/spray)</i>	111
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	55	<i>azelastine hcl ophth soln 0.05%</i>	109
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	55		
<i>ashlyna</i>	76		
ASMANEX HFA AER 100 MCG.....	116		
ASMANEX HFA AER 200 MCG	116		

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	111
<i>azithromycin for susp 100 mg/5ml</i>	19
<i>azithromycin for susp 200 mg/5ml</i>	19
<i>azithromycin tab 250 mg</i>	19
<i>azithromycin tab 500 mg</i>	19
<i>azithromycin tab 600 mg</i>	19
<i>AZSTARYS CAP 26.1-5.2</i>	63
<i>AZSTARYS CAP 39.2-7.8</i>	63
<i>AZSTARYS CAP 52.3-10</i>	63
<i>aztreonam for inj 1 gm</i>	21
<i>aztreonam for inj 2 gm</i>	21
<i>azurette</i>	76

B

<i>bacitracin-polymyxin b ophth oint</i>	109
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	108
<i>baclofen tab 10 mg</i>	68
<i>baclofen tab 20 mg</i>	68
<i>baclofen tab 5 mg</i>	68
<i>balsalazide disodium cap 750 mg</i>	89
<i>BARACLUDE SOL</i>	20
<i>BASAGLAR KWP INJ 100/ML</i>	73
<i>BAXDELA TAB 450MG</i>	20
<i>BELBUCA MIS 150MCG</i>	13
<i>BELBUCA MIS 300MCG</i>	13
<i>BELBUCA MIS 450MCG</i>	13
<i>BELBUCA MIS 600MCG</i>	13
<i>BELBUCA MIS 750MCG</i>	13
<i>BELBUCA MIS 75MCG</i>	13
<i>BELBUCA MIS 900MCG</i>	13
<i>BELSOMRA TAB 10MG</i>	65
<i>BELSOMRA TAB 15MG</i>	65
<i>BELSOMRA TAB 20MG</i>	65
<i>BELSOMRA TAB 5MG</i>	65
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	34
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	34
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	34
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	34
<i>benazepril hcl tab 10 mg</i>	35
<i>benazepril hcl tab 20 mg</i>	35
<i>benazepril hcl tab 40 mg</i>	35
<i>benazepril hcl tab 5 mg</i>	35
<i>benzonatate cap 100 mg</i>	113

<i>benzonatate cap 200 mg</i>	113
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	117
<i>benztropine mesylate inj 1 mg/ml</i>	53
<i>benztropine mesylate tab 0.5 mg</i>	53
<i>benztropine mesylate tab 1 mg</i>	53
<i>benztropine mesylate tab 2 mg</i>	53
<i>bepotastine besilate ophth soln 1.5%</i>	109
<i>BESIVANCE SUS 0.6%</i>	109
<i>betaine powder for oral solution</i>	84
<i>betamethasone dipropionate augmented cream 0.05%</i>	120
<i>betamethasone dipropionate augmented gel 0.05%</i>	120
<i>betamethasone dipropionate augmented lotion 0.05%</i>	120
<i>betamethasone dipropionate augmented oint 0.05%</i>	120
<i>betamethasone dipropionate cream 0.05%</i>	120
<i>betamethasone dipropionate lotion 0.05%</i>	120
<i>betamethasone valerate aerosol foam 0.12%</i>	120
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	120
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	120
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	120
<i>BETASERON INJ 0.3MG</i>	67
<i>betaxolol hcl ophth soln 0.5%</i>	110
<i>betaxolol hcl tab 10 mg</i>	41
<i>betaxolol hcl tab 20 mg</i>	41
<i>bethanechol chloride tab 10 mg</i>	92
<i>bethanechol chloride tab 25 mg</i>	92
<i>bethanechol chloride tab 5 mg</i>	92
<i>bethanechol chloride tab 50 mg</i>	92
<i>BETOPTIC-S SUS 0.25% OP</i>	110
<i>BEVESPI AER 9-4.8MCG</i>	111
<i>bexarotene cap 75 mg</i>	32
<i>bexarotene gel 1%</i>	122
<i>BEXSERO INJ</i>	105
<i>BEYFORTUS INJ 100MG/ML</i>	104
<i>BEYFORTUS INJ 50/0.5ML</i>	104
<i>bicalutamide tab 50 mg</i>	27
<i>BIJUVA CAP 0.5-100</i>	83
<i>BIJUVA CAP 1-100MG</i>	83
<i>BIKTARVY TAB</i>	16
<i>bimatoprost ophth soln 0.01%</i>	110

<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	41	<i>bumetanide tab 0.5 mg</i>	45
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	41	<i>bumetanide tab 1 mg</i>	45
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	41	<i>bumetanide tab 2 mg</i>	45
<i>bisoprolol fumarate tab 10 mg</i>	41	<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i> 13	
<i>bisoprolol fumarate tab 5 mg</i>	41	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	70
<i>bleomycin sulfate for inj 15 unit</i>	24	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	70
<i>bleomycin sulfate for inj 30 unit</i>	24	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	69
<i>BOOSTRIX INJ</i>	105	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	69
<i>bosentan tab 125 mg</i>	47	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	69
<i>bosentan tab 62.5 mg</i>	47	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	69
<i>bosentan tab for oral susp 32 mg</i>	47	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	69
<i>BRAFTOVI CAP 75MG</i>	28	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	69
<i>BREO ELLIPTA INH 100-25</i>	116	<i>buprenorphine td patch weekly 10 mcg/hr</i>	13
<i>BREO ELLIPTA INH 200-25</i>	116	<i>buprenorphine td patch weekly 15 mcg/hr</i>	13
<i>BREO ELLIPTA INH 50-25MCG</i>	116	<i>buprenorphine td patch weekly 20 mcg/hr</i>	13
<i>brey-na</i>	116	<i>buprenorphine td patch weekly 5 mcg/hr</i>	13
<i>BREZTRI AERO AER 18MCG</i>	111	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	13
<i>BREZTRI AERO AER 9MCG</i>	111	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	70
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	122	<i>bupropion hcl tab 100 mg</i>	50
<i>brimonidine tartrate ophth soln 0.1%</i>	111	<i>bupropion hcl tab 75 mg</i>	50
<i>brimonidine tartrate ophth soln 0.15%</i>	111	<i>bupropion hcl tab er 12hr 100 mg</i>	50
<i>brimonidine tartrate ophth soln 0.2%</i>	111	<i>bupropion hcl tab er 12hr 150 mg</i>	50
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	110	<i>bupropion hcl tab er 12hr 200 mg</i>	50
<i>brinzolamide ophth susp 1%</i>	110	<i>bupropion hcl tab er 24hr 150 mg</i>	50
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	109	<i>bupropion hcl tab er 24hr 300 mg</i>	50
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	53	<i>buspirone hcl tab 10 mg</i>	48
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	53	<i>buspirone hcl tab 15 mg</i>	48
<i>BRUKINSA CAP 80MG</i>	28	<i>buspirone hcl tab 30 mg</i>	48
<i>BRUKINSA TAB 160MG</i>	28	<i>buspirone hcl tab 5 mg</i>	48
<i>BRYHALI LOT 0.01%</i>	120	<i>buspirone hcl tab 7.5 mg</i>	48
<i>budesonide delayed release particles cap 3 mg</i>	89	<i>busulfan inj 6 mg/ml</i>	24
<i>budesonide inhalation susp 0.25 mg/2ml</i>	116	<i>butorphanol tartrate inj 1 mg/ml</i>	7
<i>budesonide inhalation susp 0.5 mg/2ml</i>	116	<i>butorphanol tartrate inj 2 mg/ml</i>	7
<i>budesonide inhalation susp 1 mg/2ml</i>	116	<i>butorphanol tartrate nasal soln 10 mg/ml</i>	7
<i>budesonide tab er 24hr 9 mg</i>	89	C	
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	116	<i>CABENUVA SUS 400-600</i>	16
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	116	<i>CABENUVA SUS 600-900</i>	16
		<i>cabergoline tab 0.5 mg</i>	84
		<i>CABOMETYX TAB 20MG</i>	28
		<i>CABOMETYX TAB 40MG</i>	28
		<i>CABOMETYX TAB 60MG</i>	28

<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	119
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	119
<i>calcitonin (salmon) nasal soln 200 unit/act ...</i>	76
<i>calcitriol cap 0.25 mcg</i>	87
<i>calcitriol cap 0.5 mcg</i>	87
<i>calcitriol oint 3 mcg/gm</i>	119
<i>calcitriol oral soln 1 mcg/ml</i>	87
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	85
<i>calcium acetate (phosphate binder) tab 667 mg</i>	85
<i>CALQUENCE TAB 100MG</i>	28
<i>camila</i>	76
<i>camrese</i>	76
<i>candesartan cilexetil tab 16 mg</i>	37
<i>candesartan cilexetil tab 32 mg</i>	37
<i>candesartan cilexetil tab 4 mg</i>	37
<i>candesartan cilexetil tab 8 mg</i>	37
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	36
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	36
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	36
<i>capecitabine tab 150 mg</i>	25
<i>capecitabine tab 500 mg</i>	25
<i>CAPRELSA TAB 100MG</i>	28
<i>CAPRELSA TAB 300MG</i>	28
<i>captopril tab 100 mg</i>	35
<i>captopril tab 12.5 mg</i>	35
<i>captopril tab 25 mg</i>	35
<i>captopril tab 50 mg</i>	35
<i>CAPVAXIVE INJ 0.5ML</i>	105
<i>carbamazepine cap er 12hr 100 mg</i>	58
<i>carbamazepine cap er 12hr 200 mg</i>	58
<i>carbamazepine cap er 12hr 300 mg</i>	58
<i>carbamazepine chew tab 100 mg</i>	58
<i>carbamazepine chew tab 200 mg</i>	58
<i>carbamazepine susp 100 mg/5ml</i>	58
<i>carbamazepine tab 200 mg</i>	58
<i>carbamazepine tab er 12hr 100 mg</i>	58
<i>carbamazepine tab er 12hr 200 mg</i>	58
<i>carbamazepine tab er 12hr 400 mg</i>	58
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	53
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	53
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	53
<i>carbidopa & levodopa tab 10-100 mg</i>	53
<i>carbidopa & levodopa tab 25-100 mg</i>	53
<i>carbidopa & levodopa tab 25-250 mg</i>	53
<i>carbidopa & levodopa tab er 25-100 mg</i>	53
<i>carbidopa & levodopa tab er 50-200 mg</i>	54
<i>carbidopa tab 25 mg</i>	54
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	54
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	54
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	54
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	54
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	54
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	54
<i>carbinoxamine maleate soln 4 mg/5ml</i>	111
<i>carbinoxamine maleate tab 4 mg</i>	112
<i>carboplatin iv soln 150 mg/15ml</i>	33
<i>carboplatin iv soln 450 mg/45ml</i>	33
<i>carboplatin iv soln 50 mg/5ml</i>	33
<i>carboplatin iv soln 600 mg/60ml</i>	33
<i>CARDURA XL TAB 4MG</i>	92
<i>CARDURA XL TAB 8MG</i>	92
<i>CAREFINE MIS 32GX6MM</i>	79
<i>carglumic acid soluble tab 200 mg</i>	86
<i>carisoprodol tab 350 mg</i>	68
<i>carmustine for inj 100 mg</i>	24
<i>carteolol hcl ophth soln 1%</i>	110
<i>cartia xt</i>	43
<i>carvedilol phosphate cap er 24hr 10 mg</i>	41
<i>carvedilol phosphate cap er 24hr 20 mg</i>	41
<i>carvedilol phosphate cap er 24hr 40 mg</i>	41
<i>carvedilol phosphate cap er 24hr 80 mg</i>	41
<i>carvedilol tab 12.5 mg</i>	41
<i>carvedilol tab 25 mg</i>	41
<i>carvedilol tab 3.125 mg</i>	41
<i>carvedilol tab 6.25 mg</i>	41
<i>CAYA DPR</i>	76
<i>CAYSTON INH 75MG</i>	113
<i>cefaclor cap 250 mg</i>	18
<i>cefaclor cap 500 mg</i>	18
<i>cefaclor for susp 250 mg/5ml</i>	18
<i>cefadroxil cap 500 mg</i>	18

<i>cefadroxil for susp 250 mg/5ml</i>	18	<i>CHEMSTRIP K TES</i>	80
<i>cefadroxil for susp 500 mg/5ml</i>	18	<i>CHEMSTRIP TES -10 SG</i>	80
<i>cefadroxil tab 1 gm</i>	18	<i>CHEMSTRIP TES UGK</i>	80
<i>cefazolin sodium for inj 1 gm</i>	18	<i>chlordiazepoxide hcl cap 10 mg</i>	49
<i>cefdinir cap 300 mg</i>	18	<i>chlordiazepoxide hcl cap 25 mg</i>	49
<i>cefdinir for susp 125 mg/5ml</i>	19	<i>chlordiazepoxide hcl cap 5 mg</i>	48
<i>cefdinir for susp 250 mg/5ml</i>	19	<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	70
<i>cefepime hcl for inj 1 gm</i>	19	<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	70
<i>cefepime hcl for iv soln 2 gm</i>	19	<i>chlorhexidine gluconate soln 0.12%</i>	122
<i>cefixime cap 400 mg</i>	19	<i>chloroquine phosphate tab 250 mg</i>	15
<i>cefixime for susp 100 mg/5ml</i>	19	<i>chloroquine phosphate tab 500 mg</i>	15
<i>cefixime for susp 200 mg/5ml</i>	19	<i>chlorpromazine hcl inj 25 mg/ml</i>	55
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	19	<i>chlorpromazine hcl inj 50 mg/2ml</i>	55
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	19	<i>chlorpromazine hcl tab 10 mg</i>	55
<i>cefpodoxime proxetil tab 100 mg</i>	19	<i>chlorpromazine hcl tab 100 mg</i>	55
<i>cefpodoxime proxetil tab 200 mg</i>	19	<i>chlorpromazine hcl tab 200 mg</i>	55
<i>cefprozil for susp 125 mg/5ml</i>	19	<i>chlorpromazine hcl tab 25 mg</i>	55
<i>cefprozil for susp 250 mg/5ml</i>	19	<i>chlorpromazine hcl tab 50 mg</i>	55
<i>cefprozil tab 250 mg</i>	19	<i>chlorthalidone tab 25 mg</i>	45
<i>cefprozil tab 500 mg</i>	19	<i>chlorthalidone tab 50 mg</i>	45
<i>ceftazidime for iv soln 2 gm</i>	19	<i>chlorzoxazone tab 500 mg</i>	68
<i>ceftriaxone sodium for inj 1 gm</i>	19	<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	107
<i>ceftriaxone sodium for inj 10 gm</i>	19	<i>cholestyramine light powder 4 gm/dose</i>	38
<i>ceftriaxone sodium for inj 2 gm</i>	19	<i>cholestyramine light powder packets 4 gm</i>	38
<i>ceftriaxone sodium for inj 250 mg</i>	19	<i>cholestyramine powder 4 gm/dose</i>	38
<i>ceftriaxone sodium for inj 500 mg</i>	19	<i>cholestyramine powder packets 4 gm</i>	38
<i>ceftriaxone sodium for iv soln 2 gm</i>	19	<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	38
<i>cefuroxime axetil tab 250 mg</i>	19	<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	38
<i>cefuroxime axetil tab 500 mg</i>	19	<i>CHOR GONADOT INJ 10000UNT</i>	84
<i>celecoxib cap 100 mg</i>	6	<i>ciclopirox gel 0.77%</i>	118
<i>celecoxib cap 200 mg</i>	6	<i>ciclopirox olamine cream 0.77% (base equiv)</i>	118
<i>celecoxib cap 50 mg</i>	6	<i>ciclopirox olamine susp 0.77% (base equiv)</i> ..	118
<i>cephalexin cap 250 mg</i>	19	<i>ciclopirox shampoo 1%</i>	118
<i>cephalexin cap 500 mg</i>	19	<i>ciclopirox solution 8%</i>	118
<i>cephalexin cap 750 mg</i>	19	<i>cidofovir iv inj 75 mg/ml</i>	18
<i>cephalexin for susp 125 mg/5ml</i>	19	<i>cilostazol tab 100 mg</i>	96
<i>cephalexin for susp 250 mg/5ml</i>	19	<i>cilostazol tab 50 mg</i>	96
<i>cephalexin tab 250 mg</i>	19	<i>CIMDUO TAB 300-300</i>	16
<i>cephalexin tab 500 mg</i>	19	<i>cimetidine tab 200 mg</i>	89
<i>CERDELGA CAP 84MG</i>	83	<i>cimetidine tab 300 mg</i>	89
<i>cevimeline hcl cap 30 mg</i>	122	<i>cimetidine tab 400 mg</i>	89
<i>chateal eq</i>	76	<i>cimetidine tab 800 mg</i>	89
<i>CHEMET CAP 100MG</i>	76	<i>CIMZIA 1-SYR INJ 200MG/ML</i>	97
<i>CHEMSTRIP 10 TES MD</i>	80	<i>CIMZIA START KIT 200MG/ML</i>	97
<i>CHEMSTRIP 2 TES GP</i>	80	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	75
<i>CHEMSTRIP 5 TES OB</i>	80		
<i>CHEMSTRIP 7 TES</i>	80		
<i>CHEMSTRIP 9 TES STRIPS</i>	80		

<i>cinacalcet hcl tab 60 mg (base equiv)</i>	75	<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	117
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	75	<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	117
<i>CIPRO (10%) SUS 500MG/5</i>	20	<i>clobazam suspension 2.5 mg/ml</i>	58
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	109	<i>clobazam tab 10 mg</i>	58
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	123	<i>clobazam tab 20 mg</i>	58
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	20	<i>clobetasol propionate cream 0.05%</i>	120
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	20	<i>clobetasol propionate emo</i>	120
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	20	<i>clobetasol propionate foam 0.05%</i>	120
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	123	<i>clobetasol propionate gel 0.05%</i>	120
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	123	<i>clobetasol propionate lotion 0.05%</i>	120
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	33	<i>clobetasol propionate oint 0.05%</i>	120
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	33	<i>clobetasol propionate shampoo 0.05%</i>	120
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	33	<i>clobetasol propionate soln 0.05%</i>	120
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	50	<i>clobetasol propionate spray 0.05%</i>	120
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	50	<i>clocortolone pivalate cream 0.1%</i>	120
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	50	<i>clofarabine iv soln 1 mg/ml</i>	25
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	50	<i>clomipramine hcl cap 25 mg</i>	49
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	25	<i>clomipramine hcl cap 50 mg</i>	49
<i>clarithromycin for susp 125 mg/5ml</i>	19	<i>clomipramine hcl cap 75 mg</i>	49
<i>clarithromycin for susp 250 mg/5ml</i>	19	<i>clonazepam tab 0.5 mg</i>	59
<i>clarithromycin tab 250 mg</i>	19	<i>clonazepam tab 1 mg</i>	59
<i>clarithromycin tab 500 mg</i>	19	<i>clonazepam tab 2 mg</i>	59
<i>clarithromycin tab er 24hr 500 mg</i>	19	<i>clonidine hcl tab 0.1 mg</i>	46
<i>clemastine fumarate tab 2.68 mg</i>	112	<i>clonidine hcl tab 0.2 mg</i>	46
<i>CLENPIQ SOL</i>	90	<i>clonidine hcl tab 0.3 mg</i>	46
<i>CLEOCIN SUP 100MG</i>	93	<i>clonidine td patch weekly 0.1 mg/24hr</i>	46
<i>CLIMARA PRO DIS WEEKLY</i>	83	<i>clonidine td patch weekly 0.2 mg/24hr</i>	46
<i>clindamycin hcl cap 150 mg</i>	21	<i>clonidine td patch weekly 0.3 mg/24hr</i>	46
<i>clindamycin hcl cap 300 mg</i>	21	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i> 96	
<i>clindamycin hcl cap 75 mg</i>	21	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> ..	96
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	21	<i>clorazepate dipotassium tab 15 mg</i>	59
<i>clindamycin phosphate foam 1%</i>	117	<i>clorazepate dipotassium tab 3.75 mg</i>	59
<i>clindamycin phosphate gel 1% (twice-daily)</i> 117		<i>clorazepate dipotassium tab 7.5 mg</i>	59
<i>clindamycin phosphate lotion 1%</i>	117	<i>clotrimazole cream 1%</i>	118
<i>clindamycin phosphate soln 1%</i>	117	<i>clotrimazole soln 1%</i>	118
<i>clindamycin phosphate swab 1%</i>	117	<i>clotrimazole troche 10 mg</i>	122
<i>clindamycin phosphate vaginal cream 2%</i>	93	<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	118
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	117	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	118
		<i>clozapine orally disintegrating tab 100 mg</i>	55
		<i>clozapine orally disintegrating tab 12.5 mg</i>	55
		<i>clozapine orally disintegrating tab 150 mg</i>	55
		<i>clozapine orally disintegrating tab 200 mg</i>	55
		<i>clozapine orally disintegrating tab 25 mg</i>	55
		<i>clozapine tab 100 mg</i>	55

<i>clozapine tab 200 mg</i>	55	CUTAQUIG SOL 3.3GM.....	103
<i>clozapine tab 25 mg</i>	55	CUTAQUIG SOL 4GM	103
<i>clozapine tab 50 mg</i>	55	CUTAQUIG SOL 8GM	103
COARTEM TAB 20-120MG	15	<i>cvs ivermectin lice treat</i>	122
COBENFY CAP 100-20MG	56	CVS KETONE TES CARE	80
COBENFY CAP 125-30MG	56	<i>cvs sleep-aid nighttime</i>	65
COBENFY CAP 50-20MG	55	<i>cyanocobalamin inj 1000 mcg/ml</i>	107
COBENFY STRT CAP PACK	56	<i>cyclobenzaprine hcl tab 10 mg</i>	68
CODEINE SULF TAB 60MG	7	<i>cyclobenzaprine hcl tab 5 mg</i>	68
<i>codeine sulfate tab 30 mg</i>	8	<i>cyclophosphamide cap 25 mg</i>	24
<i>colchicine tab 0.6 mg</i>	6	<i>cyclophosphamide cap 50 mg</i>	24
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	6	<i>cyclophosphamide for inj 1 gm</i>	24
<i>colesevelam hcl packet for susp 3.75 gm</i>	38	<i>cyclophosphamide for inj 2 gm</i>	24
<i>colesevelam hcl tab 625 mg</i>	38	<i>cyclophosphamide for inj 500 mg</i>	24
<i>colestipol hcl granule packets 5 gm</i>	38	<i>cycloserine cap 250 mg</i>	17
<i>colestipol hcl granules 5 gm</i>	38	<i>cyclosporine (ophth) emulsion 0.05% (pf)</i>	110
<i>colestipol hcl tab 1 gm</i>	38	<i>cyclosporine cap 100 mg</i>	103
COMETRIQ KIT 100MG	28	<i>cyclosporine cap 25 mg</i>	103
COMETRIQ KIT 140MG	28	<i>cyclosporine modified cap 100 mg</i>	103
COMETRIQ KIT 60MG	28	<i>cyclosporine modified cap 25 mg</i>	103
COMIRNATY 5- INJ 11/25-26.....	105	<i>cyclosporine modified cap 50 mg</i>	103
COMIRNATY INJ 30/.3ML.....	105	<i>cyclosporine modified oral soln 100 mg/ml</i> ..	103
<i>compro</i>	88	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	112
CONDOMS MIS	76	<i>cyproheptadine hcl tab 4 mg</i>	112
CORLANOR SOL 5MG/5ML	45	CYSTAGON CAP 150MG	85
CORTIFOAM AER 90MG	89	CYSTAGON CAP 50MG	85
CORTISPORIN SUS -TC OTIC.....	123	CYSTARAN SOL 0.44%	110
COSENTYX INJ 125/5ML	97	<i>cytarabine inj 20 mg/ml</i>	25
COSENTYX INJ 150MG/ML	98	<i>cytarabine inj pf 100 mg/ml</i>	25
COSENTYX INJ 300DOSE	98	<i>cytarabine inj pf 20 mg/ml</i>	25
COSENTYX INJ 75MG/0.5	98	D	
COSENTYX PEN INJ 150MG/ML	98	<i>dabigatran etexilate mesylate cap 110 mg</i>	
COSENTYX PEN INJ 300DOSE	98	(etexilate base eq)	93
COSENTYX UNO INJ 300/2ML	98	<i>dabigatran etexilate mesylate cap 150 mg</i>	
CREON CAP 12000UNT	91	(etexilate base eq)	93
CREON CAP 24000UNT	91	<i>dabigatran etexilate mesylate cap 75 mg</i>	
CREON CAP 3000UNIT	91	(etexilate base eq)	93
CREON CAP 36000UNT	91	<i>dacarbazine for inj 100 mg</i>	24
CREON CAP 6000UNIT	91	<i>dacarbazine for inj 200 mg</i>	24
CRINONE GEL 4% VAG	85	<i>dalfampridine tab er 12hr 10 mg</i>	68
CRINONE GEL 8% VAG	85	<i>danazol cap 100 mg</i>	81
<i>cromolyn sodium ophth soln 4%</i>	109	<i>danazol cap 200 mg</i>	81
<i>cromolyn sodium oral conc 100 mg/5ml</i>	90	<i>danazol cap 50 mg</i>	81
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	114	<i>dantrolene sodium cap 100 mg</i>	68
<i>crotan</i>	122	<i>dantrolene sodium cap 25 mg</i>	68
CUTAQUIG SOL 1.65GM	103	<i>dantrolene sodium cap 50 mg</i>	68
CUTAQUIG SOL 1GM	103	<i>dapagliflozin free base-metformin hcl tab er</i>	
CUTAQUIG SOL 2GM	103	24hr 10-1000 mg	74

<i>dapagliflozin free base-metformin hcl tab er</i>		
24hr 10-500 mg	74	
<i>dapagliflozin free base-metformin hcl tab er</i>		
24hr 5-1000 mg	74	
<i>dapagliflozin free base-metformin hcl tab er</i>		
24hr 5-500 mg.....	74	
<i>dapagliflozin tab 10 mg.....</i>	75	
<i>dapagliflozin tab 5 mg</i>	75	
<i>dapsone tab 100 mg.....</i>	21	
<i>dapsone tab 25 mg</i>	21	
<i>DAPTACEL INJ.....</i>	105	
<i>darifenacin hydrobromide tab er 24hr 15 mg</i>		
(base equiv).....	93	
<i>darifenacin hydrobromide tab er 24hr 7.5 mg</i>		
(base equiv).....	93	
<i>darunavir tab 600 mg</i>	15	
<i>darunavir tab 800 mg</i>	15	
<i>dasatinib tab 100 mg.....</i>	28	
<i>dasatinib tab 140 mg.....</i>	28	
<i>dasatinib tab 20 mg</i>	28	
<i>dasatinib tab 50 mg</i>	28	
<i>dasatinib tab 70 mg</i>	28	
<i>dasatinib tab 80 mg</i>	28	
<i>dasetta 1/35</i>	76	
<i>dasetta 7/7/7.....</i>	76	
<i>daunorubicin hcl iv soln 20 mg/4ml (base</i>		
equiv).....	24	
<i>DAYVIGO TAB 10MG.....</i>	65	
<i>DAYVIGO TAB 5MG</i>	65	
<i>decitabine for inj 50 mg.....</i>	25	
<i>deferiprone tab 1000 mg.....</i>	76	
<i>deferiprone tab 500 mg</i>	76	
<i>deflazacort susp 22.75 mg/ml.....</i>	81	
<i>deflazacort tab 18 mg</i>	81	
<i>deflazacort tab 30 mg</i>	81	
<i>deflazacort tab 36 mg</i>	81	
<i>deflazacort tab 6 mg.....</i>	81	
<i>DELSTRIGO TAB.....</i>	17	
<i>delyla</i>	76	
<i>demeclocycline hcl tab 150 mg</i>	23	
<i>demeclocycline hcl tab 300 mg</i>	23	
<i>DENG VAXIA SUS.....</i>	105	
<i>DEPO-ESTRADI INJ 5MG/ML</i>	83	
<i>DEPO-MEDROL INJ 20MG/ML.....</i>	81	
<i>DEPO-SQ PROV INJ 104</i>	77	
<i>DESCOVY TAB 120-15MG.....</i>	17	
<i>DESCOVY TAB 200/25MG</i>	17	
<i>desipramine hcl tab 10 mg</i>	50	
<i>desipramine hcl tab 100 mg</i>	50	
<i>desipramine hcl tab 150 mg</i>	50	
<i>desipramine hcl tab 25 mg</i>	50	
<i>desipramine hcl tab 50 mg</i>	50	
<i>desipramine hcl tab 75 mg</i>	50	
<i>desloratadine tab 5 mg</i>	112	
<i>desloratadine tab orally disintegrating 2.5 mg</i>		
.....	112	
<i>desloratadine tab orally disintegrating 5 mg</i>	112	
<i>desmopressin acetate inj 4 mcg/ml</i>	87	
<i>desmopressin acetate nasal spray soln 0.01%</i>	87	
<i>desmopressin acetate nasal spray soln 0.01%</i>		
(refrigerated)	87	
<i>desmopressin acetate preservative free (pf) inj 4</i>		
mcg/ml.....	87	
<i>desmopressin acetate tab 0.1 mg</i>	87	
<i>desmopressin acetate tab 0.2 mg</i>	87	
<i>desonide cream 0.05%</i>	120	
<i>desonide lotion 0.05%</i>	120	
<i>desonide oint 0.05%</i>	120	
<i>desoximetasone cream 0.05%</i>	120	
<i>desoximetasone cream 0.25%</i>	120	
<i>desoximetasone gel 0.05%</i>	120	
<i>desoximetasone oint 0.25%</i>	120	
<i>desoximetasone spray 0.25%</i>	121	
<i>desvenlafaxine succinate tab er 24hr 100 mg</i>		
(base equiv)	51	
<i>desvenlafaxine succinate tab er 24hr 25 mg</i>		
(base equiv)	51	
<i>desvenlafaxine succinate tab er 24hr 50 mg</i>		
(base equiv)	51	
<i>DEXAMETHASON CON 1MG/ML.....</i>	81	
<i>dexamethasone elixir 0.5 mg/5ml.....</i>	81	
<i>dexamethasone sod phosphate preservative free</i>		
inj 10 mg/ml	81	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>		
.....	82	
<i>dexamethasone sodium phosphate inj 100</i>		
mg/10ml.....	82	
<i>dexamethasone sodium phosphate inj 120</i>		
mg/30ml.....	82	
<i>dexamethasone sodium phosphate inj 20</i>		
mg/5ml	82	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>		
.....	81	
<i>dexamethasone sodium phosphate inj soln pref</i>		
syr 4 mg/ml	82	

<i>dexamethasone sodium phosphate ophth soln</i>		
0.1%	109	
<i>dexamethasone soln 0.5 mg/5ml</i>	82	
<i>dexamethasone tab 0.5 mg</i>	82	
<i>dexamethasone tab 0.75 mg</i>	82	
<i>dexamethasone tab 1 mg</i>	82	
<i>dexamethasone tab 1.5 mg</i>	82	
<i>dexamethasone tab 2 mg</i>	82	
<i>dexamethasone tab 4 mg</i>	82	
<i>dexamethasone tab 6 mg</i>	82	
DEXCOM G6 MIS RECEIVER	80	
DEXCOM G6 MIS SENSOR	80	
DEXCOM G6 MIS TRANSMIT	80	
DEXCOM G7 MIS RECEIVER	80	
DEXCOM G7 MIS SENSOR	80	
DEXCOM G7 MIS SNSR 15D	80	
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> ...	63	
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> ...	63	
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> ...	63	
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> ...	63	
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> ...	63	
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> ...	63	
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> ...	63	
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	63	
<i>dexmethylphenidate hcl tab 10 mg</i>	63	
<i>dexmethylphenidate hcl tab 2.5 mg</i>	63	
<i>dexmethylphenidate hcl tab 5 mg</i>	63	
<i>dexrazoxane hcl for inj 250 mg (base</i> <i>equivalent)</i>	33	
<i>dexrazoxane hcl for inj 500 mg (base</i> <i>equivalent)</i>	33	
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	63	
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	63	
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	63	
<i>dextroamphetamine sulfate oral solution 5</i> <i>mg/5ml</i>	63	
<i>dextroamphetamine sulfate tab 10 mg</i>	63	
<i>dextroamphetamine sulfate tab 15 mg</i>	63	
<i>dextroamphetamine sulfate tab 20 mg</i>	63	
<i>dextroamphetamine sulfate tab 30 mg</i>	63	
<i>dextroamphetamine sulfate tab 5 mg</i>	63	
DIASCREEN 10 MIS	80	
DIASCREEN 3 MIS	80	
DIASCREEN 5 MIS	80	
DIASCREEN 6 MIS	80	
DIASCREEN 7 MIS	80	
DIASCREEN 8 MIS	80	
DIASCREEN 9 MIS	80	
DIASCREEN MIS 1B	80	
DIASCREEN MIS 1G	80	
DIASCREEN MIS 1K	80	
DIASCREEN MIS 2GK	80	
DIASCREEN MIS 2GP	80	
DIASCREEN MIS 4NL	80	
DIASCREEN MIS 4OBL	80	
DIASCREEN MIS 4PH	80	
DIASCREEN MIS CONTROL	80	
DIASTIX TES STRIPS	80	
<i>diazepam inj 5 mg/ml</i>	59	
<i>diazepam intensol</i>	59	
<i>diazepam oral soln 1 mg/ml</i>	59	
<i>diazepam tab 10 mg</i>	59	
<i>diazepam tab 2 mg</i>	59	
<i>diazepam tab 5 mg</i>	59	
<i>diclofenac potassium tab 50 mg</i>	6	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	118	
<i>diclofenac sodium gel 1% (1.16% diethylamine</i> <i>equiv)</i>	6	
<i>diclofenac sodium ophth soln 0.1%</i>	109	
<i>diclofenac sodium tab delayed release 25 mg</i>	6	
<i>diclofenac sodium tab delayed release 50 mg</i>	6	
<i>diclofenac sodium tab delayed release 75 mg</i>	6	
<i>diclofenac sodium tab er 24hr 100 mg</i>	6	
<i>diclofenac w/ misoprostol tab delayed release</i> <i>50-0.2 mg</i>	7	
<i>diclofenac w/ misoprostol tab delayed release</i> <i>75-0.2 mg</i>	7	
<i>dicloxacin sodium cap 250 mg</i>	23	
<i>dicloxacin sodium cap 500 mg</i>	23	
<i>dicyclomine hcl cap 10 mg</i>	87	
<i>dicyclomine hcl inj 10 mg/ml</i>	87	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	87	
<i>dicyclomine hcl tab 20 mg</i>	87	
DIFICID SUS	20	
<i>diflorasone diacetate cream 0.05%</i>	121	
<i>diflorasone diacetate oint 0.05%</i>	121	
<i>diflunisal tab 500 mg</i>	13	
<i>difluprednate ophth emulsion 0.05%</i>	109	
<i>digoxin oral soln 0.05 mg/ml</i>	44	
<i>digoxin tab 125 mcg (0.125 mg)</i>	44	
<i>digoxin tab 250 mcg (0.25 mg)</i>	44	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	44	
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	66	

DILANTIN CAP 30MG	59	dipyridamole tab 75 mg	96
diltiazem hcl cap er 12hr 120 mg.....	43	disopyramide phosphate cap 100 mg	37
diltiazem hcl cap er 12hr 60 mg	43	disopyramide phosphate cap 150 mg	37
diltiazem hcl cap er 12hr 90 mg	43	disulfiram tab 250 mg.....	48
diltiazem hcl coated beads cap er 24hr 120 mg	43	disulfiram tab 500 mg.....	48
diltiazem hcl coated beads cap er 24hr 180 mg	43	divalproex sodium cap delayed release sprinkle 125 mg	59
diltiazem hcl coated beads cap er 24hr 240 mg	43	divalproex sodium tab delayed release 125 mg	59
diltiazem hcl coated beads cap er 24hr 300 mg	43	divalproex sodium tab delayed release 250 mg	59
diltiazem hcl coated beads cap er 24hr 360 mg	43	divalproex sodium tab delayed release 500 mg	59
diltiazem hcl extended release beads cap er 24hr 120 mg.....	43	divalproex sodium tab er 24 hr 250 mg	59
diltiazem hcl extended release beads cap er 24hr 180 mg.....	43	divalproex sodium tab er 24 hr 500 mg	59
diltiazem hcl extended release beads cap er 24hr 240 mg.....	43	docetaxel for inj conc 160 mg/8ml (20 mg/ml)	33
diltiazem hcl extended release beads cap er 24hr 300 mg.....	43	docetaxel for inj conc 20 mg/ml	33
diltiazem hcl extended release beads cap er 24hr 360 mg.....	43	docetaxel for inj conc 80 mg/4ml (20 mg/ml) 33	
diltiazem hcl extended release beads cap er 24hr 420 mg.....	43	docetaxel soln for iv infusion 160 mg/16ml ...	33
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml) 43		docetaxel soln for iv infusion 20 mg/2ml.....	33
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)....	43	docetaxel soln for iv infusion 80 mg/8ml.....	33
diltiazem hcl tab 120 mg.....	43	dofetilide cap 125 mcg (0.125 mg)	37
diltiazem hcl tab 30 mg.....	43	dofetilide cap 250 mcg (0.25 mg).....	37
diltiazem hcl tab 60 mg	43	dofetilide cap 500 mcg (0.5 mg)	37
diltiazem hcl tab 90 mg	43	donepezil hydrochloride orally disintegrating tab 10 mg	49
diltiazem hcl tab er 24hr 120 mg	43	donepezil hydrochloride orally disintegrating tab 5 mg.....	49
dilt-xr.....	43	donepezil hydrochloride tab 10 mg	49
dimethyl fumarate capsule delayed release 120 mg.....	68	donepezil hydrochloride tab 23 mg	49
dimethyl fumarate capsule delayed release 240 mg.....	68	donepezil hydrochloride tab 5 mg.....	49
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	68	DOPTELET SPR CAP 10MG.....	96
DIPENTUM CAP 250MG.....	89	DOPTELET TAB 20MG (10 TABLETS)	96
diphenhydramine hcl elixir 12.5 mg/5ml	112	DOPTELET TAB 20MG (15 TABLETS)	96
diphenhydramine hcl inj 50 mg/ml	112	DOPTELET TAB 20MG (30 TABLETS)	96
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	87	dorzolamide hcl ophth soln 2%.....	110
diphenoxylate w/ atropine tab 2.5-0.025 mg..	87	dorzolamide hcl-timolol maleate ophth soln 2- 0.5%	110
dipyridamole tab 25 mg	96	DOVATO TAB 50-300MG.....	17
dipyridamole tab 50 mg	96	doxazosin mesylate tab 1 mg	92
		doxazosin mesylate tab 2 mg	92
		doxazosin mesylate tab 4 mg	92
		doxazosin mesylate tab 8 mg	92
		doxepin hcl (sleep) tab 3 mg (base equiv)	65
		doxepin hcl (sleep) tab 6 mg (base equiv)	65
		doxepin hcl cap 10 mg.....	51
		doxepin hcl cap 100 mg	51

<i>doxepin hcl cap 150 mg</i>	51	<i>dutasteride cap 0.5 mg</i>	92
<i>doxepin hcl cap 25 mg</i>	51	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	92
<i>doxepin hcl cap 50 mg</i>	51	E	
<i>doxepin hcl cap 75 mg</i>	51	<i>e.e.s. 400</i>	20
<i>doxepin hcl conc 10 mg/ml</i>	51	<i>EBGLYSS INJ 250/2ML</i>	119, 120
<i>doxepin hcl cream 5%</i>	119	<i>econazole nitrate cream 1%</i>	118
<i>doxercalciferol cap 0.5 mcg</i>	87	<i>EDURANT PED TAB 2.5MG</i>	15
<i>doxercalciferol cap 1 mcg</i>	87	<i>efavirenz tab 600 mg</i>	15
<i>doxercalciferol cap 2.5 mcg</i>	87	<i>efavirenz-emtricitabine-tenofovir df tab 600-</i>	
<i>doxorubicin hcl for inj 10 mg</i>	24	<i>200-300 mg</i>	17
<i>doxorubicin hcl inj 2 mg/ml</i>	25	<i>efavirenz-lamivudine-tenofovir df tab 400-300-</i>	
<i>doxorubicin hcl liposomal susp (for iv infusion)</i>		<i>300 mg</i>	17
<i>2 mg/ml</i>	25	<i>efavirenz-lamivudine-tenofovir df tab 600-300-</i>	
<i>doxy 100</i>	23	<i>300 mg</i>	17
<i>doxycycline hyclate cap 100 mg</i>	23	<i>EFFER-K TAB 25MEQ EF</i>	106
<i>doxycycline hyclate cap 50 mg</i>	23	<i>ELESTRIN GEL 0.06%</i>	83
<i>doxycycline hyclate for inj 100 mg</i>	23	<i>eletriptan hydrobromide tab 20 mg (base</i>	
<i>doxycycline hyclate tab 100 mg</i>	23	<i>equivalent)</i>	66
<i>doxycycline hyclate tab 20 mg</i>	23	<i>eletriptan hydrobromide tab 40 mg (base</i>	
<i>doxycycline monohydrate cap 100 mg</i>	23	<i>equivalent)</i>	66
<i>doxycycline monohydrate cap 50 mg</i>	23	<i>ELIGARD INJ 22.5MG</i>	27
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	23	<i>ELIGARD INJ 30MG</i>	27
<i>doxycycline monohydrate tab 150 mg</i>	23	<i>ELIGARD INJ 45MG</i>	27
<i>doxycycline monohydrate tab 50 mg</i>	23	<i>ELIGARD INJ 7.5MG</i>	27
<i>doxycycline monohydrate tab 75 mg</i>	23	<i>elinest</i>	77
<i>dronabinol cap 10 mg</i>	88	<i>ELIQUIS CAP 0.15MG</i>	93
<i>dronabinol cap 2.5 mg</i>	88	<i>ELIQUIS ST P TAB 5MG</i>	93
<i>dronabinol cap 5 mg</i>	88	<i>ELIQUIS TAB 0.5MG</i>	94
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	77	<i>ELIQUIS TAB 1.5MG</i>	94
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	77	<i>ELIQUIS TAB 2.5MG</i>	94
<i>drospirenone-ethinyl estrad-levomefolate tab 3-</i>		<i>ELIQUIS TAB 2MG</i>	94
<i>0.02-0.451 mg</i>	77	<i>ELIQUIS TAB 5MG</i>	94
<i>drospirenone-ethinyl estrad-levomefolate tab 3-</i>		<i>elite-ob</i>	107
<i>0.03-0.451 mg</i>	77	<i>ELLA TAB 30MG</i>	77
<i>DROXIA CAP 200MG</i>	96	<i>ELMIRON CAP 100MG</i>	92
<i>DROXIA CAP 300MG</i>	96	<i>EMGALITY INJ 100MG/ML</i>	66
<i>DROXIA CAP 400MG</i>	96	<i>EMGALITY INJ 120MG/ML</i>	66
<i>DUAVEE TAB 0.45-20</i>	83	<i>EMSAM DIS 12MG/24H</i>	51
<i>duloxetine hcl enteric coated pellets cap 20 mg</i>		<i>EMSAM DIS 6MG/24HR</i>	51
<i>(base eq)</i>	51	<i>EMSAM DIS 9MG/24HR</i>	51
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>		<i>emtricitabine caps 200 mg</i>	15
<i>(base eq)</i>	51	<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
<i>duloxetine hcl enteric coated pellets cap 60 mg</i>		<i>100-150 mg</i>	17
<i>(base eq)</i>	51	<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
<i>DUPIXENT INJ 200/1.14</i>	119	<i>133-200 mg</i>	17
<i>DUPIXENT INJ 200MG</i>	115	<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
<i>DUPIXENT INJ 300/2ML</i>	71, 115, 119	<i>167-250 mg</i>	17
<i>DUREX MIS REALFEEL</i>	77		

<i>emtricitabine-tenofovir disoproxil fumarate tab</i>		ENTRESTO TAB 97-103MG.....	45
200-300 mg	17	ENTYVIO INJ 300MG.....	97
EMTRIVA SOL 10MG/ML	15	ENTYVIO PEN INJ 108/0.68.....	99
EMVERM CHW 100MG.....	14	<i>enulose</i>	90
<i>enalapril maleate & hydrochlorothiazide tab</i>		ENVARBUS XR TAB 0.75MG.....	103
10-25 mg	34	ENVARBUS XR TAB 1MG	103
<i>enalapril maleate & hydrochlorothiazide tab 5-</i>		ENVARBUS XR TAB 4MG	103
12.5 mg	34	<i>epinastine hcl ophth soln 0.05%</i>	110
<i>enalapril maleate tab 10 mg</i>	35	<i>epinephrine solution auto-injector 0.15</i>	
<i>enalapril maleate tab 2.5 mg</i>	35	mg/0.15ml (1:1000).....	111
<i>enalapril maleate tab 20 mg</i>	35	<i>epinephrine solution auto-injector 0.15</i>	
<i>enalapril maleate tab 5 mg</i>	35	mg/0.3ml (1:2000)	111
ENBREL INJ 25/0.5ML	98	<i>epinephrine solution auto-injector 0.3 mg/0.3ml</i>	
ENBREL INJ 25MG	98	(1:1000).....	111
ENBREL INJ 50MG/ML.....	99	EPIPEN 2-PAK INJ 0.3MG.....	111
ENBREL MINI INJ 50MG/ML	99	<i>eplerenone tab 25 mg</i>	36
ENBREL SRCLK INJ 50MG/ML.....	99	<i>eplerenone tab 50 mg</i>	36
ENCARE SUP 100MG.....	92	<i>eq urinary pain relief</i>	92
<i>endocet tab 10-325mg</i>	8	ERBITUX INJ 100MG	26
<i>endocet tab 2.5-325</i>	8	ERBITUX INJ 200MG	26
<i>endocet tab 5-325mg</i>	8	<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	107
<i>endocet tab 7.5-325</i>	8	ERGOMAR SUB 2MG.....	66
ENFLONSIA INJ 105MG	104	<i>ergotamine w/ caffeine tab 1-100 mg</i>	66
ENERGIX-B INJ 10/0.5ML.....	105	ERIVEDGE CAP 150MG	26
ENERGIX-B INJ 20MCG/ML.....	105	ERLEADA TAB 240MG	27
<i>enoxaparin sodium inj 300 mg/3ml</i>	94	ERLEADA TAB 60MG	27
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>		<i>erlotinib hcl tab 100 mg (base equivalent)</i>	29
.....	94	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	29
<i>enoxaparin sodium inj soln pref syr 120</i>		<i>erlotinib hcl tab 25 mg (base equivalent)</i>	28
mg/0.8ml.....	94	<i>errin</i>	77
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>		ERTACZO CRE 2%.....	118
.....	94	<i>ertapenem sodium for inj 1 gm (base</i>	
<i>enoxaparin sodium inj soln pref syr 30</i>		equivalent).....	21
mg/0.3ml.....	94	<i>ery</i>	117
<i>enoxaparin sodium inj soln pref syr 40</i>		<i>erythromycin ethylsuccinate for susp 200</i>	
mg/0.4ml.....	94	mg/5ml	20
<i>enoxaparin sodium inj soln pref syr 60</i>		<i>erythromycin ethylsuccinate for susp 400</i>	
mg/0.6ml.....	94	mg/5ml	20
<i>enoxaparin sodium inj soln pref syr 80</i>		<i>erythromycin gel 2%</i>	117
mg/0.8ml.....	94	<i>erythromycin ophth oint 5 mg/gm</i>	109
<i>enskyce</i>	77	<i>erythromycin soln 2%</i>	117
<i>entacapone tab 200 mg</i>	54	<i>erythromycin tab 250 mg</i>	20
<i>entecavir tab 0.5 mg</i>	20	<i>erythromycin tab 500 mg</i>	20
<i>entecavir tab 1 mg</i>	20	<i>erythromycin tab delayed release 250 mg</i>	20
ENTRESTO CAP 15-16MG.....	45	<i>erythromycin tab delayed release 333 mg</i>	20
ENTRESTO CAP 6-6MG.....	45	<i>erythromycin tab delayed release 500 mg</i>	20
ENTRESTO TAB 24-26MG	45	<i>erythromycin w/ delayed release particles cap</i>	
ENTRESTO TAB 49-51MG	45	250 mg	20

ERZOFRI INJ 117/0.75	56	estradiol td patch weekly 0.05 mg/24hr	84
ERZOFRI INJ 156MG/ML	56	estradiol td patch weekly 0.06 mg/24hr	84
ERZOFRI INJ 234/1.5	56	estradiol td patch weekly 0.075 mg/24hr	84
ERZOFRI INJ 351/2.25	56	estradiol td patch weekly 0.1 mg/24hr	84
ERZOFRI INJ 39/0.25	56	estradiol vaginal cream 0.01%	84
ERZOFRI INJ 78/0.5ML	56	estradiol valerate im in oil 20 mg/ml	84
escitalopram oxalate soln 5 mg/5ml (base equiv)	51	estradiol valerate im in oil 40 mg/ml	84
escitalopram oxalate tab 10 mg (base equiv) ..	51	estrogens, conjugated tab 0.3 mg	84
escitalopram oxalate tab 20 mg (base equiv) ..	51	estrogens, conjugated tab 0.45 mg	84
escitalopram oxalate tab 5 mg (base equiv) ...	51	estrogens, conjugated tab 0.625 mg	84
esomeprazole magnesium cap delayed release 20 mg (base eq)	91	estrogens, conjugated tab 0.9 mg	84
esomeprazole magnesium cap delayed release 40 mg (base eq)	91	estrogens, conjugated tab 1.25 mg	84
esomeprazole magnesium for delayed release susp pack 2.5 mg	91	eszopiclone tab 1 mg	65
esomeprazole magnesium for delayed release susp packet 10 mg	91	eszopiclone tab 2 mg	65
esomeprazole magnesium for delayed release susp packet 5 mg	91	eszopiclone tab 3 mg	65
estazolam tab 1 mg	65	ethacrynic acid tab 25 mg	45
estazolam tab 2 mg	65	ethambutol hcl tab 100 mg	17
estradiol & norethindrone acetate tab 0.5-0.1 mg	83	ethambutol hcl tab 400 mg	17
estradiol & norethindrone acetate tab 1-0.5 mg	83	ethosuximide cap 250 mg	59
estradiol gel 0.06% (0.75 mg/1.25 gm metered- dose pump)	83	ethosuximide soln 250 mg/5ml	59
estradiol tab 0.5 mg	84	etodolac cap 200 mg	6
estradiol tab 1 mg	84	etodolac cap 300 mg	6
estradiol tab 2 mg	84	etodolac tab 400 mg	6
estradiol td gel 0.25 mg/0.25gm (0.1%)	84	etodolac tab 500 mg	6
estradiol td gel 0.5 mg/0.5gm (0.1%)	84	etodolac tab er 24hr 400 mg	6
estradiol td gel 0.75 mg/0.75gm (0.1%)	84	etodolac tab er 24hr 500 mg	6
estradiol td gel 1 mg/gm (0.1%)	84	etodolac tab er 24hr 600 mg	6
estradiol td gel 1.25 mg/1.25gm (0.1%)	84	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	77
estradiol td patch twice weekly 0.025 mg/24hr	84	etoposide cap 50 mg	34
estradiol td patch twice weekly 0.0375 mg/24hr	84	etoposide inj 1 gm/50ml (20 mg/ml)	34
estradiol td patch twice weekly 0.05 mg/24hr	84	etoposide inj 100 mg/5ml (20 mg/ml)	34
estradiol td patch twice weekly 0.075 mg/24hr	84	etoposide inj 500 mg/25ml (20 mg/ml)	34
estradiol td patch twice weekly 0.1 mg/24hr ..	84	etravirine tab 100 mg	15
estradiol td patch weekly 0.025 mg/24hr	84	etravirine tab 200 mg	15
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	84	EUCRISA OIN 2%	120
		EVAMIST SPR 1.53MG	84
		everolimus tab 0.25 mg	103
		everolimus tab 0.5 mg	103
		everolimus tab 0.75 mg	103
		everolimus tab 1 mg	104
		everolimus tab 10 mg	29
		everolimus tab 2.5 mg	29
		everolimus tab 5 mg	29
		everolimus tab 7.5 mg	29
		everolimus tab for oral susp 2 mg	29
		everolimus tab for oral susp 3 mg	29
		everolimus tab for oral susp 5 mg	29

EVRYSDI SOL	67	<i>fentanyl td patch 72hr 50 mcg/hr</i>	8
EVRYSDI TAB 5MG	67	<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	8
<i>exemestane tab 25 mg</i>	27	<i>fentanyl td patch 72hr 75 mcg/hr</i>	8
<i>ezetimibe tab 10 mg</i>	38	<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	8
<i>ezetimibe-simvastatin tab 10-10 mg</i>	40	FERPRX 2-DAY TAB 1000MG	76
<i>ezetimibe-simvastatin tab 10-20 mg</i>	40	FERRIPROX SOL 100MG/ML	76
<i>ezetimibe-simvastatin tab 10-40 mg</i>	40	<i>fesoterodine fumarate tab er 24hr 4 mg</i>	93
<i>ezetimibe-simvastatin tab 10-80 mg</i>	40	<i>fesoterodine fumarate tab er 24hr 8 mg</i>	93
F		FETZIMA CAP 120MG	51
<i>falmina</i>	77	FETZIMA CAP 20MG	51
<i>famciclovir tab 125 mg</i>	18	FETZIMA CAP 40MG	51
<i>famciclovir tab 250 mg</i>	18	FETZIMA CAP 80MG	51
<i>famciclovir tab 500 mg</i>	18	FETZIMA CAP TITRATIO	51
<i>famotidine for susp 40 mg/5ml</i>	89	FIASP FLEX INJ TOUCH	73
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> ..	89	FIASP INJ 100/ML	73
<i>famotidine preservative free inj 20 mg/2ml</i> ..	89	FIASP PENFIL INJ U-100	73
<i>famotidine tab 20 mg</i>	89	FIASP PMPCRT INJ U-100	73
<i>famotidine tab 40 mg</i>	89	<i>fidaxomicin tab 200 mg</i>	20
FASENRA PEN INJ 30MG/ML	115	FINACEA AER 15%	122
FASTCLIX MIS LANCETS	80	<i>finasteride tab 5 mg</i>	92
FC2 FEMALE MIS CONDOM	77	<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	68
<i>febuxostat tab 40 mg</i>	6	<i>flecainide acetate tab 100 mg</i>	37
<i>febuxostat tab 80 mg</i>	6	<i>flecainide acetate tab 150 mg</i>	38
<i>felbamate susp 600 mg/5ml</i>	59	<i>flecainide acetate tab 50 mg</i>	37
<i>felbamate tab 400 mg</i>	59	FLEXICHAMBER MIS MASK SM	115
<i>felbamate tab 600 mg</i>	59	FLUAD INJ 2026-27	105
<i>felodipine tab er 24hr 10 mg</i>	44	<i>fluconazole for susp 10 mg/ml</i>	14
<i>felodipine tab er 24hr 2.5 mg</i>	43	<i>fluconazole for susp 40 mg/ml</i>	14
<i>felodipine tab er 24hr 5 mg</i>	43	<i>fluconazole tab 100 mg</i>	14
FEMCAP MIS 22MM	77	<i>fluconazole tab 150 mg</i>	14
FEMCAP MIS 26MM	77	<i>fluconazole tab 200 mg</i>	14
FEMCAP MIS 30MM	77	<i>fluconazole tab 50 mg</i>	14
FEMLYV TAB 1/0.02MG	77	<i>fludarabine phosphate for inj 50 mg</i>	25
<i>fenofibrate cap 150 mg</i>	39	<i>fludarabine phosphate inj 25 mg/ml</i>	25
<i>fenofibrate micronized cap 134 mg</i>	39	<i>fludrocortisone acetate tab 0.1 mg</i>	82
<i>fenofibrate micronized cap 200 mg</i>	39	FLUMIST NASA LIQ 2026-27	105
<i>fenofibrate micronized cap 43 mg</i>	39	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> ..	114
<i>fenofibrate micronized cap 67 mg</i>	39	<i>fluocinolone acetonide (otic) oil 0.01%</i>	123
<i>fenofibrate tab 145 mg</i>	39	<i>fluocinolone acetonide cream 0.01%</i>	121
<i>fenofibrate tab 160 mg</i>	39	<i>fluocinolone acetonide cream 0.025%</i>	121
<i>fenofibrate tab 48 mg</i>	39	<i>fluocinolone acetonide oil 0.01% (body oil)</i> ..	121
<i>fenofibrate tab 54 mg</i>	39	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> ..	121
<i>fenopropfen calcium cap 400 mg</i>	6	<i>fluocinolone acetonide oint 0.025%</i>	121
<i>fenopropfen calcium tab 600 mg</i>	6	<i>fluocinolone acetonide soln 0.01%</i>	121
<i>fentanyl td patch 72hr 100 mcg/hr</i>	8	<i>fluocinonide cream 0.05%</i>	121
<i>fentanyl td patch 72hr 12 mcg/hr</i>	8	<i>fluocinonide gel 0.05%</i>	121
<i>fentanyl td patch 72hr 25 mcg/hr</i>	8	<i>fluocinonide oint 0.05%</i>	121
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	8	<i>fluocinonide soln 0.05%</i>	121

<i>fluorouracil cream 5%</i>	<i>118</i>	<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	<i>39</i>
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	<i>25</i>	<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	<i>39</i>
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml). 25</i>		<i>fluvastatin sodium tab er 24 hr 80 mg (base</i>	<i>39</i>
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml).. 25</i>		<i>equivalent).....</i>	<i>39</i>
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml) 25</i>		<i>fluvoxamine maleate cap er 24hr 100 mg</i>	<i>49</i>
<i>fluorouracil soln 2%.....</i>	<i>118</i>	<i>fluvoxamine maleate cap er 24hr 150 mg</i>	<i>49</i>
<i>fluorouracil soln 5%.....</i>	<i>118</i>	<i>fluvoxamine maleate tab 100 mg</i>	<i>49</i>
<i>fluoxetine hcl cap 10 mg</i>	<i>51</i>	<i>fluvoxamine maleate tab 25 mg</i>	<i>49</i>
<i>fluoxetine hcl cap 20 mg</i>	<i>51</i>	<i>fluvoxamine maleate tab 50 mg</i>	<i>49</i>
<i>fluoxetine hcl cap 40 mg</i>	<i>51</i>	<i>folic acid cap 0.8 mg.....</i>	<i>108</i>
<i>fluoxetine hcl cap delayed release 90 mg</i>	<i>51</i>	<i>folic acid tab 1 mg.....</i>	<i>108</i>
<i>fluoxetine hcl solution 20 mg/5ml</i>	<i>51</i>	<i>folic acid tab 400 mcg</i>	<i>108</i>
<i>fluoxetine hcl tab 10 mg</i>	<i>51</i>	<i>folic acid tab 800 mcg</i>	<i>108</i>
<i>fluoxetine hcl tab 20 mg</i>	<i>51</i>	<i>fondaparinux sodium subcutaneous inj 10</i>	<i>94</i>
<i>fluphenazine decanoate inj 25 mg/ml.....</i>	<i>56</i>	<i>mg/0.8ml.....</i>	<i>94</i>
<i>fluphenazine hcl elixir 2.5 mg/5ml.....</i>	<i>56</i>	<i>fondaparinux sodium subcutaneous inj 2.5</i>	<i>94</i>
<i>fluphenazine hcl inj 2.5 mg/ml.....</i>	<i>56</i>	<i>mg/0.5ml.....</i>	<i>94</i>
<i>fluphenazine hcl oral conc 5 mg/ml.....</i>	<i>56</i>	<i>fondaparinux sodium subcutaneous inj 5</i>	<i>94</i>
<i>fluphenazine hcl tab 1 mg.....</i>	<i>56</i>	<i>mg/0.4ml.....</i>	<i>94</i>
<i>fluphenazine hcl tab 10 mg</i>	<i>56</i>	<i>fondaparinux sodium subcutaneous inj 7.5</i>	<i>94</i>
<i>fluphenazine hcl tab 2.5 mg</i>	<i>56</i>	<i>mg/0.6ml.....</i>	<i>94</i>
<i>fluphenazine hcl tab 5 mg.....</i>	<i>56</i>	<i>formoterol fumarate soln nebu 20 mcg/2ml.112</i>	
<i>flurbiprofen sodium ophth soln 0.03%</i>	<i>109</i>	<i>FOSAMAX + D TAB 70-2800</i>	<i>75</i>
<i>flurbiprofen tab 100 mg</i>	<i>6</i>	<i>FOSAMAX + D TAB 70-5600</i>	<i>75</i>
<i>flurbiprofen tab 50 mg.....</i>	<i>6</i>	<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	<i>15</i>
<i>fluticasone furoate aerosol powder breath activ</i>		<i>fosfomycin tromethamine powd pack 3 gm</i>	<i>14</i>
<i>100 mcg/act.....</i>	<i>116</i>	<i>(base equivalent).....</i>	<i>14</i>
<i>fluticasone furoate aerosol powder breath activ</i>		<i>fosinopril sodium & hydrochlorothiazide tab 10-</i>	<i>34</i>
<i>200 mcg/act.....</i>	<i>116</i>	<i>12.5 mg</i>	<i>34</i>
<i>fluticasone furoate aerosol powder breath activ</i>		<i>fosinopril sodium & hydrochlorothiazide tab 20-</i>	<i>34</i>
<i>50 mcg/act</i>	<i>116</i>	<i>12.5 mg</i>	<i>34</i>
<i>fluticasone propionate cream 0.05%</i>	<i>121</i>	<i>fosinopril sodium tab 10 mg.....</i>	<i>35</i>
<i>fluticasone propionate hfa inhal aer 110</i>		<i>fosinopril sodium tab 20 mg.....</i>	<i>35</i>
<i>mcg/act</i>	<i>24</i>	<i>fosinopril sodium tab 40 mg.....</i>	<i>35</i>
<i>fluticasone propionate hfa inhal aer 220</i>		<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin</i>	<i>59</i>
<i>mcg/act</i>	<i>24</i>	<i>equiv).....</i>	<i>59</i>
<i>fluticasone propionate hfa inhal aero 44</i>		<i>fosphenytoin sodium inj 500 mg/10ml</i>	<i>59</i>
<i>mcg/act</i>	<i>24</i>	<i>(phenytoin equiv)</i>	<i>59</i>
<i>fluticasone propionate lotion 0.05%.....</i>	<i>121</i>	<i>FRAGMIN INJ 10000/ML.....</i>	<i>94</i>
<i>fluticasone propionate nasal susp 50 mcg/act</i>		<i>FRAGMIN INJ 12500UNT</i>	<i>94</i>
<i>.....</i>	<i>114</i>	<i>FRAGMIN INJ 15000UNT</i>	<i>94</i>
<i>fluticasone propionate oint 0.005%</i>	<i>121</i>	<i>FRAGMIN INJ 18000UNT</i>	<i>94</i>
<i>fluticasone-salmeterol aer powder ba 100-50</i>		<i>FRAGMIN INJ 2500/0.2</i>	<i>94</i>
<i>mcg/act</i>	<i>116</i>	<i>FRAGMIN INJ 2500/ML</i>	<i>94</i>
<i>fluticasone-salmeterol aer powder ba 250-50</i>		<i>FRAGMIN INJ 5000/0.2</i>	<i>94</i>
<i>mcg/act</i>	<i>116</i>		
<i>fluticasone-salmeterol aer powder ba 500-50</i>			
<i>mcg/act</i>	<i>116</i>		

FRAGMIN INJ 7500/0.3	94	GENVOYA TAB.....	17
FRAGMIN INJ 95000UNT	94	GLARGIN YFGN INJ 100U/ML	73
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	<i>27</i>	GLARGIN YFGN SOL 100U/ML.....	73
<i>furosemide inj 10 mg/ml.....</i>	<i>45</i>	<i>glatiramer acetate soln prefilled syringe 40</i>	
<i>furosemide oral soln 10 mg/ml.....</i>	<i>45</i>	<i>mg/ml.....</i>	<i>68</i>
<i>furosemide oral soln 8 mg/ml</i>	<i>45</i>	<i>glatopa.....</i>	<i>68</i>
<i>furosemide tab 20 mg.....</i>	<i>45</i>	GLIADEL WAF 7.7MG	24
<i>furosemide tab 40 mg.....</i>	<i>45</i>	<i>glimepiride tab 1 mg.....</i>	<i>75</i>
<i>furosemide tab 80 mg.....</i>	<i>45</i>	<i>glimepiride tab 2 mg.....</i>	<i>75</i>
FYLNETRA INJ 6MG/0.6.....	95	<i>glimepiride tab 4 mg.....</i>	<i>75</i>
G		<i>glipizide tab 10 mg.....</i>	<i>75</i>
<i>gabapentin cap 100 mg.....</i>	<i>59</i>	<i>glipizide tab 5 mg</i>	<i>75</i>
<i>gabapentin cap 300 mg.....</i>	<i>59</i>	<i>glipizide tab er 24hr 10 mg</i>	<i>75</i>
<i>gabapentin cap 400 mg.....</i>	<i>59</i>	<i>glipizide tab er 24hr 2.5 mg</i>	<i>75</i>
<i>gabapentin oral soln 250 mg/5ml</i>	<i>59</i>	<i>glipizide tab er 24hr 5 mg.....</i>	<i>75</i>
<i>gabapentin tab 600 mg.....</i>	<i>59</i>	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	<i>72</i>
<i>gabapentin tab 800 mg.....</i>	<i>59</i>	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	<i>72</i>
<i>galantamine hydrobromide cap er 24hr 16 mg</i>		<i>glipizide-metformin hcl tab 5-500 mg.....</i>	<i>72</i>
<i>.....</i>	<i>49</i>	<i>glucagon for inj 1 mg.....</i>	<i>83</i>
<i>galantamine hydrobromide cap er 24hr 24 mg</i>		<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	<i>87</i>
<i>.....</i>	<i>49</i>	<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	<i>87</i>
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	<i>49</i>	<i>glycopyrrolate oral soln 1 mg/5ml.....</i>	<i>87</i>
<i>galantamine hydrobromide oral soln 4 mg/ml</i>		<i>glycopyrrolate tab 1 mg</i>	<i>87</i>
<i>.....</i>	<i>49</i>	<i>glycopyrrolate tab 2 mg</i>	<i>87</i>
<i>galantamine hydrobromide tab 12 mg</i>	<i>49</i>	GLYXAMBI TAB 10-5 MG.....	74
<i>galantamine hydrobromide tab 4 mg.....</i>	<i>49</i>	GLYXAMBI TAB 25-5 MG.....	75
<i>galantamine hydrobromide tab 8 mg.....</i>	<i>49</i>	<i>goodsense aspirin.....</i>	<i>14</i>
<i>galbriela</i>	<i>77</i>	<i>goodsense nicotine polacr</i>	<i>70</i>
GARDASIL 9 INJ	105	<i>granisetron hcl inj 1 mg/ml</i>	<i>88</i>
<i>gatifloxacin ophth soln 0.5%</i>	<i>109</i>	<i>granisetron hcl tab 1 mg.....</i>	<i>88</i>
<i>gavilyte-c.....</i>	<i>90</i>	<i>griseofulvin microsize susp 125 mg/5ml</i>	<i>15</i>
<i>gavilyte-g</i>	<i>90</i>	<i>griseofulvin microsize tab 500 mg</i>	<i>15</i>
GAZYVA INJ 25MG/ML.....	27	<i>griseofulvin ultramicrosize tab 125 mg</i>	<i>15</i>
<i>gemcitabine hcl for inj 1 gm.....</i>	<i>25</i>	<i>griseofulvin ultramicrosize tab 250 mg</i>	<i>15</i>
<i>gemcitabine hcl for inj 2 gm.....</i>	<i>25</i>	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	<i>113</i>
<i>gemcitabine hcl for inj 200 mg.....</i>	<i>25</i>	<i>guanfacine hcl tab 1 mg</i>	<i>46</i>
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i>		<i>guanfacine hcl tab 2 mg</i>	<i>46</i>
<i>(base equiv).....</i>	<i>25</i>	<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	<i>63</i>
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i>		<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	<i>63</i>
<i>(base equiv).....</i>	<i>25</i>	<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	<i>63</i>
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i>		<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	<i>63</i>
<i>(base equiv).....</i>	<i>25</i>	GVOKE HYPO 1 INJ 0.5/.1ML.....	83
<i>gemfibrozil tab 600 mg.....</i>	<i>39</i>	GVOKE HYPO 1 INJ 1/0.2ML.....	83
<i>gengraf.....</i>	<i>104</i>	GVOKE KIT SOL 1/0.2ML.....	83
<i>gentamicin sulfate cream 0.1%</i>	<i>118</i>	GVOKE PFS INJ 1/0.2ML.....	83
<i>gentamicin sulfate inj 40 mg/ml</i>	<i>14</i>	GYNAZOLE-1 CRE 2%.....	93
<i>gentamicin sulfate oint 0.1%</i>	<i>118</i>	GYNOL II GEL 3%	92
<i>gentamicin sulfate ophth soln 0.3%</i>	<i>109</i>		

H	
<i>halobetasol propionate cream 0.05%</i>	121
<i>halobetasol propionate oint 0.05%</i>	121
<i>haloperidol decanoate im soln 100 mg/ml</i>	56
<i>haloperidol decanoate im soln 50 mg/ml</i>	56
<i>haloperidol lactate inj 5 mg/ml</i>	56
<i>haloperidol lactate oral conc 2 mg/ml</i>	56
<i>haloperidol tab 0.5 mg</i>	56
<i>haloperidol tab 1 mg</i>	56
<i>haloperidol tab 10 mg</i>	56
<i>haloperidol tab 2 mg</i>	56
<i>haloperidol tab 20 mg</i>	56
<i>haloperidol tab 5 mg</i>	56
HAVRIX INJ 1440UNIT	105
HAVRIX INJ 720UNIT.....	105
<i>heather</i>	77
HEMLIBRA INJ 105/0.7	95
HEMLIBRA INJ 150/ML.....	95
HEMLIBRA INJ 300/2ML	95
HEMLIBRA INJ 30MG/ML.....	95
HEMLIBRA INJ 60/0.4.....	95
HEMLIBRA SOL 12/0.4ML.....	95
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	94
<i>heparin sodium (porcine) inj 10000 unit/ml</i> ..	94
<i>heparin sodium (porcine) inj 20000 unit/ml</i> ..	94
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	94
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	94
.....	94
HEPLISAV-B INJ 20/0.5ML.....	105
HIBERIX SOL 10MCG	105
HOLD CHAMBER MIS MEDIUM	115
HUMULIN INJ 70/30.....	73
HUMULIN INJ 70/30KWP.....	73
HUMULIN N INJ U-100	73
HUMULIN N INJ U-100KWP	73
HUMULIN R INJ U-100	73
HUMULIN R INJ U-500KWP	73
<i>hydralazine hcl tab 10 mg</i>	46
<i>hydralazine hcl tab 100 mg</i>	46
<i>hydralazine hcl tab 25 mg</i>	46
<i>hydralazine hcl tab 50 mg</i>	46
<i>hydrochlorothiazide cap 12.5 mg</i>	45
<i>hydrochlorothiazide tab 12.5 mg</i>	45
<i>hydrochlorothiazide tab 25 mg</i>	45
<i>hydrochlorothiazide tab 50 mg</i>	45
<i>hydrocod polst-chlorphen polst er susp 10-8</i> <i>mg/5ml</i>	113
<i>hydrocodone bitart-homatropine methylbrom</i> <i>soln 5-1.5 mg/5ml</i>	113
<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	113
<i>hydrocodone bitartrate tab er 24hr deter 100</i> <i>mg</i>	8
<i>hydrocodone bitartrate tab er 24hr deter 120</i> <i>mg</i>	8
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	8
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	8
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	8
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	8
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	8
<i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i>	9
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	9
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i> ...	9
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	9
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> ...	9
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	9
<i>hydrocortisone butyrate cream 0.1%</i>	121
<i>hydrocortisone butyrate oint 0.1%</i>	121
<i>hydrocortisone butyrate soln 0.1%</i>	121
<i>hydrocortisone cream 1%</i>	121
<i>hydrocortisone cream 2.5%</i>	121
<i>hydrocortisone enema 100 mg/60ml</i>	89
<i>hydrocortisone lotion 2.5%</i>	121
<i>hydrocortisone oint 2.5%</i>	121
<i>hydrocortisone perianal cream 1%</i>	91
<i>hydrocortisone perianal cream 2.5%</i>	91
<i>hydrocortisone sodium succinate pf for inj 100</i> <i>mg</i>	82
<i>hydrocortisone tab 10 mg</i>	82
<i>hydrocortisone tab 20 mg</i>	82
<i>hydrocortisone tab 5 mg</i>	82
<i>hydrocortisone valerate cream 0.2%</i>	121
<i>hydrocortisone valerate oint 0.2%</i>	121
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	123
<i>hydromorphone hcl inj 2 mg/ml</i>	9
<i>hydromorphone hcl tab 2 mg</i>	9
<i>hydromorphone hcl tab 4 mg</i>	9
<i>hydromorphone hcl tab 8 mg</i>	9

<i>hydromorphone hcl tab er 24hr 12 mg</i>	9	IMBRUVICA TAB 140MG	29
<i>hydromorphone hcl tab er 24hr 16 mg</i>	9	IMBRUVICA TAB 280MG	29
<i>hydromorphone hcl tab er 24hr 32 mg</i>	9	IMBRUVICA TAB 420MG	29
<i>hydromorphone hcl tab er 24hr 8 mg</i>	9	<i>imipramine hcl tab 10 mg</i>	51
<i>hydroxychloroquine sulfate tab 200 mg</i>	103	<i>imipramine hcl tab 25 mg</i>	51
<i>hydroxyurea cap 500 mg</i>	32	<i>imipramine hcl tab 50 mg</i>	51
<i>hydroxyzine hcl im soln 25 mg/ml</i>	112	<i>imipramine pamoate cap 100 mg</i>	52
<i>hydroxyzine hcl im soln 50 mg/ml</i>	112	<i>imipramine pamoate cap 125 mg</i>	52
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	112	<i>imipramine pamoate cap 150 mg</i>	52
<i>hydroxyzine hcl tab 10 mg</i>	112	<i>imipramine pamoate cap 75 mg</i>	51
<i>hydroxyzine hcl tab 25 mg</i>	112	<i>imiquimod cream 5%</i>	118
<i>hydroxyzine hcl tab 50 mg</i>	112	IMVEXXY MAIN SUP 10MCG	84
<i>hydroxyzine pamoate cap 100 mg</i>	112	IMVEXXY MAIN SUP 4MCG.....	84
<i>hydroxyzine pamoate cap 25 mg</i>	112	IMVEXXY STRT SUP 10MCG.....	84
<i>hydroxyzine pamoate cap 50 mg</i>	112	IMVEXXY STRT SUP 4MCG	84
HYRIMOZ CD/ INJ UC/HS SP	99	INBRIJA CAP 42MG.....	54
HYRIMOZ INJ 20/0.2ML	99	INCRELEX INJ 40MG/4ML.....	85
HYRIMOZ INJ 40/0.4ML	99	<i>indapamide tab 1.25 mg</i>	45
HYRIMOZ SENS INJ 80/0.8ML	99	<i>indapamide tab 2.5 mg</i>	45
HYRIMOZ-PLAQ INJ PSORIASI	99	INFANRIX INJ	105
I		INFLIXIMAB INJ 100MG	97
<i>ibandronate sodium iv soln 3 mg/3ml (base</i> <i>equivalent)</i>	75	INLYTA TAB 1MG	29
<i>ibandronate sodium tab 150 mg (base</i> <i>equivalent)</i>	75	INLYTA TAB 5MG	29
IBTROZI CAP 200MG	29	INSTA-GLUCOS GEL 77.4%	83
<i>ibuprofen susp 100 mg/5ml</i>	6	INSULIN SYRG MIS 1ML/31G	80
<i>ibuprofen tab 400 mg</i>	6	INTELENCE TAB 25MG.....	15
<i>ibuprofen tab 600 mg</i>	6	INTRAROSA SUP 6.5MG.....	85
<i>ibuprofen tab 800 mg</i>	6	<i>introvale</i>	77
<i>icatibant acetate subcutaneous soln pref syr 30</i> <i>mg/3ml</i>	103	INVEGA HAFYE INJ 1092MG.....	56
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i> ...	25	INVEGA HAFYE INJ 1560MG.....	56
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i> ...	25	INVEGA SUST INJ 117/0.75.....	56
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	25	INVEGA SUST INJ 156MG/ML	56
IDHIFA TAB 100MG	32	INVEGA SUST INJ 234/1.5	56
IDHIFA TAB 50MG	32	INVEGA SUST INJ 39/0.25	56
<i>ifosfamide for inj 1 gm</i>	24	INVEGA SUST INJ 78/0.5ML	56
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	24	INVEGA TRINZ INJ 273MG	56
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	24	INVEGA TRINZ INJ 410MG	56
ILEVRO DRO 0.3% OP	109	INVEGA TRINZ INJ 546MG	56
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	29	INVEGA TRINZ INJ 819MG	56
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	29	IOPIDINE SOL 1% OP.....	111
IMBRUVICA CAP 140MG	29	IPOL INJ INACTIVE	105
IMBRUVICA CAP 70MG.....	29	<i>ipratropium bromide inhal soln 0.02%</i>	111
IMBRUVICA SUS 70MG/ML.....	29	<i>ipratropium bromide nasal soln 0.03% (21</i> <i>mcg/spray)</i>	111
		<i>ipratropium bromide nasal soln 0.06% (42</i> <i>mcg/spray)</i>	111
		<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i> <i>mg/3ml</i>	111

IQIRVO TAB 80MG.....	90
<i>irbesartan tab 150 mg</i>	37
<i>irbesartan tab 300 mg</i>	37
<i>irbesartan tab 75 mg</i>	37
<i>irbesartan-hydrochlorothiazide tab 150-12.5</i> <i>mg</i>	36
<i>irbesartan-hydrochlorothiazide tab 300-12.5</i> <i>mg</i>	36
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	34
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i> ...	34
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	34
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i> ...	34
ISENTRESS CHW 100MG.....	15
ISENTRESS CHW 25MG	15
ISENTRESS HD TAB 600MG.....	16
ISENTRESS POW 100MG.....	16
ISENTRESS TAB 400MG	16
<i>isoniazid inj 100 mg/ml</i>	17
<i>isoniazid syrup 50 mg/5ml</i>	17
<i>isoniazid tab 100 mg</i>	17
<i>isoniazid tab 300 mg</i>	17
<i>isosorbide dinitrate tab 10 mg</i>	46
<i>isosorbide dinitrate tab 20 mg</i>	46
<i>isosorbide dinitrate tab 30 mg</i>	46
<i>isosorbide dinitrate tab 5 mg</i>	46
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5</i> <i>mg</i>	45
<i>isosorbide mononitrate tab er 24hr 120 mg</i> ...	46
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	46
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	46
<i>isotretinoin cap 10 mg</i>	117
<i>isotretinoin cap 20 mg</i>	117
<i>isotretinoin cap 30 mg</i>	117
<i>isotretinoin cap 40 mg</i>	117
<i>isradipine cap 2.5 mg</i>	44
<i>isradipine cap 5 mg</i>	44
ITOVEBI TAB 3MG	29
ITOVEBI TAB 9MG	29
<i>itraconazole cap 100 mg</i>	15
<i>itraconazole oral soln 10 mg/ml</i>	15
<i>ivabradine hcl tab 5 mg (base equiv)</i>	45
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	46
<i>ivermectin cream 1%</i>	122
<i>ivermectin tab 3 mg</i>	14
J	
JAKAFI TAB 10MG.....	30
JAKAFI TAB 15MG.....	30
JAKAFI TAB 20MG.....	30

JAKAFI TAB 25MG.....	30
JAKAFI TAB 5MG	29
JARDIANCE TAB 10MG	75
JARDIANCE TAB 25MG	75
<i>jinteli</i>	84
<i>jolessa</i>	77
JUBLIA SOL 10%.....	118
<i>junel 1.5/30</i>	77
<i>junel 1/20</i>	77
<i>junel fe 1.5/30</i>	77
<i>junel fe 1/20</i>	77
<i>junel fe 24</i>	77
JYNNEOS INJ.....	105
K	
KADCYLA INJ 100MG.....	26
KADCYLA INJ 160MG	26
KALETRA SOL.....	17
KALYDECO GRA 13.4MG	113
KALYDECO GRA 5.8MG	113
KALYDECO PAK 25MG	113
KALYDECO PAK 50MG	113
KALYDECO PAK 75MG	113
KALYDECO TAB 150MG.....	113
<i>kariva</i>	77
<i>kelnor 1/35</i>	77
KERENDIA TAB 10MG.....	36
KERENDIA TAB 20MG.....	36
KERENDIA TAB 40MG.....	36
KESIMPTA INJ 20/.4ML.....	68
<i>ketoconazole cream 2%</i>	118
<i>ketoconazole shampoo 2%</i>	119
KETONE TES	80
KETONE TEST TES.....	80
<i>ketorolac tromethamine im inj 60 mg/2ml (30</i> <i>mg/ml)</i>	6
<i>ketorolac tromethamine inj 15 mg/ml</i>	6
<i>ketorolac tromethamine inj 30 mg/ml</i>	6
<i>ketorolac tromethamine ophth soln 0.4%</i>	109
<i>ketorolac tromethamine ophth soln 0.5%</i>	109
<i>ketorolac tromethamine tab 10 mg</i>	6
KEVZARA INJ 150/1.14	99
KEVZARA INJ 200/1.14	99
KEYTRUDA INJ 100MG/4M.....	26
KINRIX INJ.....	105
KISQALI TAB 200DOSE.....	30
KISQALI TAB 400DOSE.....	30
KISQALI TAB 600DOSE.....	30
<i>klor-con m15</i>	106

KRINTAFEL TAB 150MG	15	lanthanum carbonate chew tab 500 mg	
kurvelo	77	(elemental)	85
KYLEENA IUD 19.5MG	77	lanthanum carbonate chew tab 750 mg	
L		(elemental)	85
labetalol hcl tab 100 mg	41	lapatinib ditosylate tab 250 mg (base equiv) .	30
labetalol hcl tab 200 mg	41	larin 1.5/30	77
labetalol hcl tab 300 mg	41	latanoprost ophth soln 0.005%.....	110
labetalol hcl tab 400 mg	41	leflunomide tab 10 mg	103
lacosamide iv inj 200 mg/20ml (10 mg/ml) ...	59	leflunomide tab 20 mg	103
lacosamide oral solution 10 mg/ml.....	59	lenalidomide cap 10 mg	26
lacosamide tab 100 mg	60	lenalidomide cap 15 mg	26
lacosamide tab 150 mg	60	lenalidomide cap 20 mg	26
lacosamide tab 200 mg	60	lenalidomide cap 25 mg	26
lacosamide tab 50 mg	60	lenalidomide cap 5 mg	26
lactic acid (ammonium lactate) cream 12%..	122	lenalidomide caps 2.5 mg	26
lactic acid (ammonium lactate) lotion 12%..	122	LENVIMA CAP 10 MG.....	30
lactulose solution 10 gm/15ml	90	LENVIMA CAP 12MG.....	30
lamivudine oral soln 10 mg/ml.....	16	LENVIMA CAP 14 MG.....	30
lamivudine tab 100 mg (hbv)	20	LENVIMA CAP 18 MG.....	30
lamivudine tab 150 mg	16	LENVIMA CAP 20 MG.....	30
lamivudine tab 300 mg	16	LENVIMA CAP 24 MG.....	30
lamivudine-zidovudine tab 150-300 mg.....	17	LENVIMA CAP 4MG	30
lamotrigine orally disintegrating tab 100 mg	60	LENVIMA CAP 8 MG	30
lamotrigine orally disintegrating tab 200 mg	60	lessina.....	77
lamotrigine orally disintegrating tab 25 mg..	60	letrozole tab 2.5 mg	27
lamotrigine orally disintegrating tab 50 mg..	60	leucovorin calcium for inj 100 mg.....	34
lamotrigine tab 100 mg	60	leucovorin calcium for inj 200 mg.....	34
lamotrigine tab 150 mg	60	leucovorin calcium for inj 350 mg.....	34
lamotrigine tab 200 mg	60	leucovorin calcium for inj 50 mg	34
lamotrigine tab 25 mg	60	leucovorin calcium for inj 500 mg.....	34
lamotrigine tab 25 mg (42) & 100 mg (7)		leucovorin calcium tab 10 mg	34
starter kit	60	leucovorin calcium tab 15 mg	34
lamotrigine tab 35 x 25 mg starter kit	60	leucovorin calcium tab 25 mg	34
lamotrigine tab 84 x 25 mg & 14 x 100 mg		leucovorin calcium tab 5 mg	34
starter kit	60	LEUKERAN TAB 2MG	24
lamotrigine tab chewable dispersible 25 mg ..	60	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	
lamotrigine tab chewable dispersible 5 mg	60	.....	27
lamotrigine tab er 24hr 100 mg	60	levalbuterol hcl soln nebu 0.31 mg/3ml (base	
lamotrigine tab er 24hr 200 mg	60	equiv).....	112
lamotrigine tab er 24hr 25 mg	60	levalbuterol hcl soln nebu 0.63 mg/3ml (base	
lamotrigine tab er 24hr 250 mg	60	equiv).....	112
lamotrigine tab er 24hr 300 mg	60	levalbuterol hcl soln nebu 1.25 mg/3ml (base	
lamotrigine tab er 24hr 50 mg	60	equiv).....	112
lansoprazole cap delayed release 15 mg	91	levalbuterol hcl soln nebu conc 1.25 mg/0.5ml	
lansoprazole cap delayed release 30 mg	91	(base equiv)	112
lanthanum carbonate chew tab 1000 mg		levalbuterol tartrate inhal aerosol 45 mcg/act	
(elemental)	85	(base equiv)	112

<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	60	<i>lidocaine hcl local inj 0.5%</i>	14
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	60	<i>lidocaine hcl local inj 1%</i>	14
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	60	<i>lidocaine hcl local inj 2%</i>	14
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i> ...	60	<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	14
<i>levetiracetam oral soln 100 mg/ml</i>	60	<i>lidocaine hcl local preservative free (pf) inj 1%</i>	14
<i>levetiracetam tab 1000 mg</i>	60	<i>lidocaine hcl local preservative free (pf) inj 2%</i>	14
<i>levetiracetam tab 250 mg</i>	60	<i>lidocaine hcl local soln prefilled syringe 100 mg/5ml (2%)</i>	14
<i>levetiracetam tab 500 mg</i>	60	<i>lidocaine hcl soln 4%</i>	121
<i>levetiracetam tab 750 mg</i>	60	<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	121
<i>levetiracetam tab er 24hr 500 mg</i>	60	<i>lidocaine hcl viscous soln 2%</i>	122
<i>levetiracetam tab er 24hr 750 mg</i>	60	<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	38
<i>levobunolol hcl ophth soln 0.5%</i>	110	<i>lidocaine oint 5%</i>	121
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	112	<i>lidocaine pain relief pat</i>	122
<i>levocetirizine dihydrochloride tab 5 mg</i>	112	<i>lidocaine patch 5%</i>	122
<i>levofloxacin iv soln 25 mg/ml</i>	20	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	122
<i>levofloxacin oral soln 25 mg/ml</i>	20	<i>LILETTA IUD 52MG</i>	78
<i>levofloxacin tab 250 mg</i>	20	<i>lincomycin hcl inj 300 mg/ml</i>	21
<i>levofloxacin tab 500 mg</i>	20	<i>linezolid for susp 100 mg/5ml</i>	21
<i>levofloxacin tab 750 mg</i>	20	<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	21
<i>levonest</i>	77	<i>linezolid tab 600 mg</i>	21
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	77	<i>LINZESS CAP 145MCG</i>	89
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	77	<i>LINZESS CAP 290MCG</i>	89
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	78	<i>LINZESS CAP 72MCG</i>	89
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	77	<i>liothyronine sodium tab 25 mcg</i>	86
<i>levothyroxine sodium tab 100 mcg</i>	86	<i>liothyronine sodium tab 5 mcg</i>	86
<i>levothyroxine sodium tab 112 mcg</i>	86	<i>liothyronine sodium tab 50 mcg</i>	86
<i>levothyroxine sodium tab 125 mcg</i>	86	<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	72
<i>levothyroxine sodium tab 137 mcg</i>	86	<i>lisdexamphetamine dimesylate cap 10 mg</i>	64
<i>levothyroxine sodium tab 150 mcg</i>	86	<i>lisdexamphetamine dimesylate cap 20 mg</i>	64
<i>levothyroxine sodium tab 175 mcg</i>	86	<i>lisdexamphetamine dimesylate cap 30 mg</i>	64
<i>levothyroxine sodium tab 200 mcg</i>	86	<i>lisdexamphetamine dimesylate cap 40 mg</i>	64
<i>levothyroxine sodium tab 25 mcg</i>	86	<i>lisdexamphetamine dimesylate cap 50 mg</i>	64
<i>levothyroxine sodium tab 300 mcg</i>	86	<i>lisdexamphetamine dimesylate cap 60 mg</i>	64
<i>levothyroxine sodium tab 50 mcg</i>	86	<i>lisdexamphetamine dimesylate cap 70 mg</i>	64
<i>levothyroxine sodium tab 75 mcg</i>	86	<i>lisdexamphetamine dimesylate chew tab 10 mg</i> 64	
<i>levothyroxine sodium tab 88 mcg</i>	86	<i>lisdexamphetamine dimesylate chew tab 20 mg</i> 64	
<i>levoxyl</i>	86	<i>lisdexamphetamine dimesylate chew tab 30 mg</i> 64	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	38	<i>lisdexamphetamine dimesylate chew tab 40 mg</i> 64	
<i>lidocaine hcl laryngotracheal soln 4%</i>	122	<i>lisdexamphetamine dimesylate chew tab 50 mg</i> 64	
		<i>lisdexamphetamine dimesylate chew tab 60 mg</i> 64	

<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	34	<i>lovastatin tab 40 mg</i>	39
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	34	<i>low-ogestrel</i>	78
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	35	<i>loxapine succinate cap 10 mg</i>	56
<i>lisinopril tab 10 mg</i>	35	<i>loxapine succinate cap 25 mg</i>	56
<i>lisinopril tab 2.5 mg</i>	35	<i>loxapine succinate cap 5 mg</i>	56
<i>lisinopril tab 20 mg</i>	35	<i>loxapine succinate cap 50 mg</i>	56
<i>lisinopril tab 30 mg</i>	35	<i>lubiprostone cap 24 mcg</i>	89
<i>lisinopril tab 40 mg</i>	35	<i>lubiprostone cap 8 mcg</i>	89
<i>lisinopril tab 5 mg</i>	35	<i>luliconazole cream 1%</i>	118
<i>lithium carbonate cap 150 mg</i>	67	LUPR DEP-PED INJ 11.25MG	76
<i>lithium carbonate cap 300 mg</i>	67	LUPR DEP-PED INJ 15MG	76
<i>lithium carbonate cap 600 mg</i>	67	LUPR DEP-PED INJ 3M 30MG	76
<i>lithium carbonate tab 300 mg</i>	67	LUPR DEP-PED INJ 7.5MG	76
<i>lithium carbonate tab er 300 mg</i>	67	LUPRON DEPOT INJ 45MG	76
<i>lithium carbonate tab er 450 mg</i>	67	<i>lurasidone hcl tab 120 mg</i>	57
<i>lithium oral solution 8 meq/5ml</i>	67	<i>lurasidone hcl tab 20 mg</i>	56
LO LOESTRIN TAB 1-10-10	78	<i>lurasidone hcl tab 40 mg</i>	57
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i> ...	70	<i>lurasidone hcl tab 60 mg</i>	57
<i>lomustine cap 10 mg</i>	24	<i>lurasidone hcl tab 80 mg</i>	57
<i>lomustine cap 100 mg</i>	24	LYNPARZA TAB 100MG	32
<i>lomustine cap 40 mg</i>	24	LYNPARZA TAB 150MG	32
<i>loperamide hcl cap 2 mg</i>	87	LYSODREN TAB 500MG	27
<i>lopinavir-ritonavir tab 100-25 mg</i>	17	M	
<i>lopinavir-ritonavir tab 200-50 mg</i>	17	<i>macitentan tab 10 mg</i>	47
<i>lorazepam conc 2 mg/ml</i>	49	<i>magnesium sulfate in dextrose 5% iv soln 1</i> <i>gm/100ml</i>	107
<i>lorazepam tab 0.5 mg</i>	49	<i>magnesium sulfate inj 50%</i>	107
<i>lorazepam tab 1 mg</i>	49	<i>magnesium sulfate iv soln 2 gm/50ml (40</i> <i>mg/ml)</i>	107
<i>lorazepam tab 2 mg</i>	49	<i>malathion lotion 0.5%</i>	122
LORBRENA TAB 100MG	30	<i>mannitol iv soln 25%</i>	45
LORBRENA TAB 25MG	30	<i>maraviroc tab 150 mg</i>	16
<i>loryna</i>	78	<i>maraviroc tab 300 mg</i>	16
<i>losartan potassium & hydrochlorothiazide tab</i> <i>100-12.5 mg</i>	36	<i>marlissa</i>	78
<i>losartan potassium & hydrochlorothiazide tab</i> <i>100-25 mg</i>	36	MARPLAN TAB 10MG	52
<i>losartan potassium & hydrochlorothiazide tab</i> <i>50-12.5 mg</i>	36	MATULANE CAP 50MG	24
<i>losartan potassium tab 100 mg</i>	37	<i>matzim la</i>	44
<i>losartan potassium tab 25 mg</i>	37	MAVYRET PAK 50-20MG	20
<i>losartan potassium tab 50 mg</i>	37	MAVYRET TAB 100-40MG	20
<i>loteprednol etabonate ophth susp 0.5%</i>	109	<i>meclizine hcl tab 12.5 mg</i>	88
<i>loteprednol etabonate-tobramycin ophth susp</i> <i>0.5-0.3%</i>	108	<i>meclizine hcl tab 25 mg</i>	88
<i>lovastatin tab 10 mg</i>	39	<i>meclofenamate sodium cap 100 mg</i>	7
<i>lovastatin tab 20 mg</i>	39	<i>meclofenamate sodium cap 50 mg</i>	6
		MEDROL TAB 2MG	82
		<i>medroxyprogesterone acetate im susp 150</i> <i>mg/ml</i>	78
		<i>medroxyprogesterone acetate im susp prefilled</i> <i>syr 150 mg/ml</i>	78

<i>medroxyprogesterone acetate tab 10 mg</i>	85	<i>metformin hcl tab er 24hr 750 mg</i>	72
<i>medroxyprogesterone acetate tab 2.5 mg</i>	85	<i>methadone hcl conc 10 mg/ml</i>	9
<i>medroxyprogesterone acetate tab 5 mg</i>	85	<i>methadone hcl soln 10 mg/5ml</i>	9
<i>mefenamic acid cap 250 mg</i>	7	<i>methadone hcl soln 5 mg/5ml</i>	9
<i>mefloquine hcl tab 250 mg</i>	15	<i>methadone hcl tab 10 mg</i>	9
<i>megestrol acetate susp 40 mg/ml</i>	85	<i>methadone hcl tab 5 mg</i>	9
<i>megestrol acetate susp 625 mg/5ml</i>	85	<i>methadone hydrochloride i</i>	10
<i>megestrol acetate tab 20 mg</i>	27	<i>methadose</i>	10
<i>megestrol acetate tab 40 mg</i>	27	<i>methamphetamine hcl tab 5 mg</i>	64
<i>MEKINIST SOL 0.05/ML</i>	30	<i>methazolamide tab 25 mg</i>	45
<i>MEKINIST TAB 0.5MG</i>	30	<i>methazolamide tab 50 mg</i>	45
<i>MEKINIST TAB 2MG</i>	30	<i>methenamine hippurate tab 1 gm</i>	21
<i>MEKTOVI TAB 15MG</i>	30	<i>methimazole tab 10 mg</i>	86
<i>meloxicam tab 15 mg</i>	7	<i>methimazole tab 5 mg</i>	86
<i>meloxicam tab 7.5 mg</i>	7	<i>methocarbamol tab 500 mg</i>	68
<i>melphalan hcl for inj 50 mg (base equiv)</i>	24	<i>methocarbamol tab 750 mg</i>	68
<i>memantine hcl cap er 24hr 14 mg</i>	49	<i>methotrexate sodium for inj 1 gm</i>	25
<i>memantine hcl cap er 24hr 21 mg</i>	50	<i>methotrexate sodium inj 250 mg/10ml (25</i> <i>mg/ml)</i>	25
<i>memantine hcl cap er 24hr 28 mg</i>	50	<i>methotrexate sodium inj 50 mg/2ml (25</i> <i>mg/ml)</i>	25
<i>memantine hcl cap er 24hr 7 mg</i>	49	<i>methotrexate sodium inj pf 1000 mg/40ml (25</i> <i>mg/ml)</i>	26
<i>memantine hcl oral solution 2 mg/ml</i>	50	<i>methotrexate sodium inj pf 250 mg/10ml (25</i> <i>mg/ml)</i>	25
<i>memantine hcl tab 10 mg</i>	50	<i>methotrexate sodium inj pf 50 mg/2ml (25</i> <i>mg/ml)</i>	25
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i> <i>titration pack</i>	50	<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	103
<i>memantine hcl tab 5 mg</i>	50	<i>methoxsalen rapid cap 10 mg</i>	119
<i>MENQUADFI INJ</i>	105	<i>methscopolamine bromide tab 2.5 mg</i>	87
<i>MENVEO INJ</i>	105	<i>methscopolamine bromide tab 5 mg</i>	87
<i>MENVEO SOL</i>	105	<i>methsuximide cap 300 mg</i>	60
<i>meprobamate tab 200 mg</i>	49	<i>methyl dopa tab 250 mg</i>	46
<i>meprobamate tab 400 mg</i>	49	<i>methyl dopa tab 500 mg</i>	46
<i>mercaptopurine tab 50 mg</i>	25	<i>methylphenidate hcl cap er 10 mg (cd)</i>	64
<i>meropenem iv for soln 1 gm</i>	21	<i>methylphenidate hcl cap er 20 mg (cd)</i>	64
<i>meropenem iv for soln 500 mg</i>	21	<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> ... 64	
<i>mesalamine cap dr 400 mg</i>	89	<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> ... 64	
<i>mesalamine cap er 24hr 0.375 gm</i>	89	<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> ... 64	
<i>mesalamine enema 4 gm</i>	89	<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> ... 64	
<i>mesalamine rectal enema 4 gm & cleanser wipe</i> <i>kit</i>	89	<i>methylphenidate hcl cap er 30 mg (cd)</i>	64
<i>mesalamine suppos 1000 mg</i>	89	<i>methylphenidate hcl cap er 40 mg (cd)</i>	64
<i>mesalamine tab delayed release 1.2 gm</i>	89	<i>methylphenidate hcl cap er 50 mg (cd)</i>	64
<i>mesalamine tab delayed release 800 mg</i>	89	<i>methylphenidate hcl cap er 60 mg (cd)</i>	64
<i>mesna inj 100 mg/ml</i>	34	<i>methylphenidate hcl chew tab 10 mg</i>	64
<i>mesna tab 400 mg</i>	34	<i>methylphenidate hcl chew tab 2.5 mg</i>	64
<i>metaxalone tab 800 mg</i>	68	<i>methylphenidate hcl chew tab 5 mg</i>	64
<i>metformin hcl tab 1000 mg</i>	72		
<i>metformin hcl tab 500 mg</i>	72		
<i>metformin hcl tab 850 mg</i>	72		
<i>metformin hcl tab er 24hr 500 mg</i>	72		

<i>methylphenidate hcl soln 10 mg/5ml</i>	64	<i>metoprolol succinate tab er 24hr 200 mg</i>	
<i>methylphenidate hcl soln 5 mg/5ml</i>	64	<i>(tartrate equiv)</i>	42
<i>methylphenidate hcl tab 10 mg</i>	64	<i>metoprolol succinate tab er 24hr 25 mg</i>	
<i>methylphenidate hcl tab 20 mg</i>	64	<i>(tartrate equiv)</i>	41
<i>methylphenidate hcl tab 5 mg</i>	64	<i>metoprolol succinate tab er 24hr 50 mg</i>	
<i>methylphenidate hcl tab er 10 mg</i>	64	<i>(tartrate equiv)</i>	42
<i>methylphenidate hcl tab er 20 mg</i>	64	<i>metoprolol tartrate tab 100 mg</i>	42
<i>methylphenidate hcl tab er osmotic release</i>		<i>metoprolol tartrate tab 25 mg</i>	42
<i>(osm) 18 mg</i>	64	<i>metoprolol tartrate tab 50 mg</i>	42
<i>methylphenidate hcl tab er osmotic release</i>		<i>metronidazole cap 375 mg</i>	21
<i>(osm) 27 mg</i>	65	<i>metronidazole cream 0.75%</i>	122
<i>methylphenidate hcl tab er osmotic release</i>		<i>metronidazole gel 0.75%</i>	122
<i>(osm) 36 mg</i>	65	<i>metronidazole gel 1%</i>	122
<i>methylphenidate hcl tab er osmotic release</i>		<i>metronidazole iv soln 500 mg/100ml</i>	21
<i>(osm) 54 mg</i>	65	<i>metronidazole lotion 0.75%</i>	122
<i>methylprednisolone acetate inj susp 40 mg/ml</i>		<i>metronidazole tab 250 mg</i>	21
.....	82	<i>metronidazole tab 500 mg</i>	21
<i>methylprednisolone acetate inj susp 80 mg/ml</i>		<i>metronidazole vaginal gel 0.75%</i>	93
.....	82	<i>miconazole 3</i>	93
<i>methylprednisolone sod succ for inj 1000 mg</i>		<i>microgestin 1.5/30</i>	78
<i>(base equiv)</i>	82	<i>midodrine hcl tab 10 mg</i>	46
<i>methylprednisolone sod succ for inj 125 mg</i>		<i>midodrine hcl tab 2.5 mg</i>	46
<i>(base equiv)</i>	82	<i>midodrine hcl tab 5 mg</i>	46
<i>methylprednisolone tab 16 mg</i>	82	<i>miglitol tab 100 mg</i>	72
<i>methylprednisolone tab 32 mg</i>	82	<i>miglitol tab 25 mg</i>	72
<i>methylprednisolone tab 4 mg</i>	82	<i>miglitol tab 50 mg</i>	72
<i>methylprednisolone tab 8 mg</i>	82	<i>milnacipran hcl tab 100 mg</i>	65
<i>methylprednisolone tab therapy pack 4 mg (21)</i>		<i>milnacipran hcl tab 12.5 mg</i>	65
.....	82	<i>milnacipran hcl tab 12.5 mg (5) & 25 mg (8) &</i>	
<i>metoclopramide hcl inj 5 mg/ml (base</i>		<i>50 mg (42) pak</i>	65
<i>equivalent)</i>	88	<i>milnacipran hcl tab 25 mg</i>	65
<i>metoclopramide hcl soln 5 mg/5ml (10</i>		<i>milnacipran hcl tab 50 mg</i>	65
<i>mg/10ml) (base equiv)</i>	88	<i>mimvey</i>	84
<i>metoclopramide hcl tab 10 mg (base</i>		<i>minocycline hcl cap 100 mg</i>	23
<i>equivalent)</i>	88	<i>minocycline hcl cap 50 mg</i>	23
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>		<i>minocycline hcl cap 75 mg</i>	23
.....	88	<i>minocycline hcl tab 100 mg</i>	23
<i>metolazone tab 10 mg</i>	45	<i>minocycline hcl tab 50 mg</i>	23
<i>metolazone tab 2.5 mg</i>	45	<i>minocycline hcl tab 75 mg</i>	23
<i>metolazone tab 5 mg</i>	45	<i>minoxidil tab 10 mg</i>	46
<i>metoprolol & hydrochlorothiazide tab 100-25</i>		<i>minoxidil tab 2.5 mg</i>	46
<i>mg</i>	41	<i>mirabegron granules for oral extended release</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50</i>		<i>susp 8 mg/ml</i>	93
<i>mg</i>	41	<i>mirabegron tab er 24 hr 25 mg</i>	93
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>		<i>mirabegron tab er 24 hr 50 mg</i>	93
.....	41	<i>MIRCERA INJ 100MCG</i>	95
<i>metoprolol succinate tab er 24hr 100 mg</i>		<i>MIRCERA INJ 120MCG</i>	95
<i>(tartrate equiv)</i>	42	<i>MIRCERA INJ 150MCG</i>	95

MIRCERA INJ 200MCG	95	<i>morphine sulfate iv soln 10 mg/ml.....</i>	10
MIRCERA INJ 30MCG	95	<i>morphine sulfate iv soln 4 mg/ml.....</i>	10
MIRCERA INJ 50MCG	95	<i>morphine sulfate oral soln 10 mg/5ml.....</i>	10
MIRCERA INJ 75MCG	95	<i>morphine sulfate oral soln 100 mg/5ml (20</i>	
MIRENA IUD SYSTEM.....	78	<i>mg/ml).....</i>	10
<i>mirtazapine orally disintegrating tab 15 mg..</i>	52	<i>morphine sulfate oral soln 20 mg/5ml.....</i>	10
<i>mirtazapine orally disintegrating tab 30 mg..</i>	52	<i>morphine sulfate tab 15 mg</i>	10
<i>mirtazapine orally disintegrating tab 45 mg..</i>	52	<i>morphine sulfate tab 30 mg</i>	10
<i>mirtazapine tab 15 mg</i>	52	<i>morphine sulfate tab er 100 mg.....</i>	10
<i>mirtazapine tab 30 mg</i>	52	<i>morphine sulfate tab er 15 mg</i>	10
<i>mirtazapine tab 45 mg</i>	52	<i>morphine sulfate tab er 200 mg.....</i>	10
<i>mirtazapine tab 7.5 mg</i>	52	<i>morphine sulfate tab er 30 mg</i>	10
<i>misoprostol tab 100 mcg.....</i>	90	<i>morphine sulfate tab er 60 mg</i>	10
<i>misoprostol tab 200 mcg.....</i>	90	MOTOFEN TAB 1-0.025	87
<i>mitomycin for iv soln 20 mg</i>	25	MOUNJARO INJ 10MG/0.5	72
<i>mitomycin for iv soln 40 mg</i>	25	MOUNJARO INJ 12.5/0.5	72
<i>mitomycin for iv soln 5 mg</i>	25	MOUNJARO INJ 15MG/0.5	73
<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i>		MOUNJARO INJ 2.5/0.5	72
<i>mg/ml).....</i>	25	MOUNJARO INJ 5MG/0.5.....	72
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2</i>		MOUNJARO INJ 7.5/0.5	72
<i>mg/ml).....</i>	25	MOVANTIK TAB 12.5MG	90
<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i>		MOVANTIK TAB 25MG.....	90
<i>mg/ml).....</i>	25	<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2</i>	
MIUDELLA IUD.....	78	<i>times daily).....</i>	109
M-M-R II INJ.....	105	<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	
MNEXSPIKE INJ 2025-26	105	<i>.....</i>	109
<i>modafinil tab 100 mg</i>	69	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	20
<i>modafinil tab 200 mg</i>	69	MRESVIA INJ 50MCG.....	105
<i>moexipril hcl tab 15 mg</i>	35	MULTAQ TAB 400MG.....	38
<i>moexipril hcl tab 7.5 mg</i>	35	<i>mupirocin oint 2%.....</i>	118
<i>mometasone furoate cream 0.1%</i>	121	MYALEPT INJ 11.3MG.....	85
<i>mometasone furoate nasal susp 50 mcg/act.</i>	114	<i>mycophenolate mofetil cap 250 mg.....</i>	104
<i>mometasone furoate oint 0.1%.....</i>	121	<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	
<i>mometasone furoate solution 0.1% (lotion)..</i>	121	<i>.....</i>	104
<i>mono-lynyah.....</i>	78	<i>mycophenolate mofetil hcl for iv soln 500 mg</i>	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>		<i>(base equiv)</i>	104
<i>.....</i>	114	<i>mycophenolate mofetil tab 500 mg</i>	104
<i>montelukast sodium chew tab 5 mg (base equiv)</i>		<i>mycophenolate sodium tab dr 180 mg</i>	
<i>.....</i>	114	<i>(mycophenolic acid equiv)</i>	104
<i>montelukast sodium oral granules packet 4 mg</i>		<i>mycophenolate sodium tab dr 360 mg</i>	
<i>(base equiv).....</i>	114	<i>(mycophenolic acid equiv)</i>	104
<i>montelukast sodium tab 10 mg (base equiv)</i>	114	N	
<i>morphine sulfate beads cap er 24hr 120 mg ...</i>	10	<i>nabumetone tab 500 mg</i>	7
<i>morphine sulfate beads cap er 24hr 30 mg</i>	10	<i>nabumetone tab 750 mg</i>	7
<i>morphine sulfate beads cap er 24hr 45 mg</i>	10	<i>nadolol tab 20 mg</i>	42
<i>morphine sulfate beads cap er 24hr 60 mg</i>	10	<i>nadolol tab 40 mg</i>	42
<i>morphine sulfate beads cap er 24hr 75 mg</i>	10	<i>nadolol tab 80 mg</i>	42
<i>morphine sulfate beads cap er 24hr 90 mg</i>	10	<i>naftifine hcl cream 1%</i>	118

<i>naftifine hcl cream 2%</i>	118	<i>nevirapine susp 50 mg/5ml</i>	16
<i>nalbuphine hcl inj 10 mg/ml</i>	10	<i>nevirapine tab 200 mg</i>	16
<i>nalbuphine hcl inj 20 mg/ml</i>	10	<i>nevirapine tab er 24hr 400 mg</i>	16
<i>naloxone hcl inj 0.4 mg/ml</i>	69	NEXLETOL TAB 180MG	38
<i>naloxone hcl inj 4 mg/10ml</i>	69	NEXPLANON IMP 68MG	78
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	70	NEXTSTELLIS TAB 3-14.2MG	78
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	70	<i>niacin tab er 1000 mg (antihyperlipidemic)</i> ...	41
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> . 70		<i>niacin tab er 500 mg (antihyperlipidemic)</i>	40
<i>naltrexone hcl tab 50 mg</i>	70	<i>niacin tab er 750 mg (antihyperlipidemic)</i>	40
<i>naproxen tab 250 mg</i>	7	<i>nicardipine hcl cap 20 mg</i>	44
<i>naproxen tab 375 mg</i>	7	<i>nicardipine hcl cap 30 mg</i>	44
<i>naproxen tab 500 mg</i>	7	<i>nicotine polacrilex gum 2 mg</i>	70
<i>naratriptan hcl tab 1 mg (base equiv)</i>	66	<i>nicotine polacrilex gum 4 mg</i>	70
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	66	<i>nicotine polacrilex lozenge 2 mg</i>	70
NATACYN SUS 5% OP.....	109	<i>nicotine step 3</i>	70
<i>nateglinide tab 120 mg</i>	74	<i>nicotine td patch 24hr 14 mg/24hr</i>	70
<i>nateglinide tab 60 mg</i>	74	<i>nicotine td patch 24hr 21 mg/24hr</i>	70
NAYZILAM SPR 5MG.....	60	<i>nicotine transdermal syst</i>	70
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	42	NICOTROL INH.....	70
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	42	NICOTROL NS SPR 10MG/ML	70
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	42	<i>nifedipine tab er 24hr 30 mg</i>	44
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	42	<i>nifedipine tab er 24hr 60 mg</i>	44
<i>necon 0.5/35-28</i>	78	<i>nifedipine tab er 24hr 90 mg</i>	44
<i>nefazodone hcl tab 100 mg</i>	52	<i>nifedipine tab er 24hr osmotic release 30 mg</i> . 44	
<i>nefazodone hcl tab 150 mg</i>	52	<i>nifedipine tab er 24hr osmotic release 60 mg</i> . 44	
<i>nefazodone hcl tab 200 mg</i>	52	<i>nifedipine tab er 24hr osmotic release 90 mg</i> . 44	
<i>nefazodone hcl tab 250 mg</i>	52	<i>nikki</i>	78
<i>nefazodone hcl tab 50 mg</i>	52	<i>nilotinib hcl cap 150 mg (base equivalent)</i>	31
<i>neomycin sulfate tab 500 mg</i>	14	<i>nilotinib hcl cap 200 mg (base equivalent)</i>	31
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i>		<i>nilotinib hcl cap 50 mg (base equivalent)</i>	30
<i>400unt-10000unt op oin</i>	109	<i>nilutamide tab 150 mg</i>	27
<i>neomycin-polymy-gramicid op sol 1.75-10000-</i>		<i>nimodipine cap 30 mg</i>	44
<i>0.025mg-unt-mg/ml</i>	109	<i>nintedanib esylate cap 100 mg (base</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint</i>		<i>equivalent)</i>	115
<i>0.1%</i>	108	<i>nintedanib esylate cap 150 mg (base</i>	
<i>neomycin-polymyxin-dexamethasone ophth</i>		<i>equivalent)</i>	115
<i>susp 0.1%</i>	108	NIPENT INJ 10MG	26
<i>neomycin-polymyxin-hc ophth susp</i>	108	<i>nisoldipine tab er 24hr 17 mg</i>	44
<i>neomycin-polymyxin-hc otic soln 1%</i>	123	<i>nisoldipine tab er 24hr 34 mg</i>	44
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-</i>		<i>nisoldipine tab er 24hr 8.5 mg</i>	44
<i>10000 unit/ml-1%</i>	123	<i>nitazoxanide tab 500 mg</i>	21
NEUPRO DIS 1MG/24HR.....	54	<i>nitisinone cap 10 mg</i>	83
NEUPRO DIS 2MG/24HR.....	54	<i>nitisinone cap 2 mg</i>	83
NEUPRO DIS 3MG/24HR.....	54	<i>nitisinone cap 20 mg</i>	83
NEUPRO DIS 4MG/24HR.....	54	<i>nitisinone cap 5 mg</i>	83
NEUPRO DIS 6MG/24HR.....	54	<i>nitro-bid</i>	46
NEUPRO DIS 8MG/24HR.....	54	NITRO-DUR DIS 0.3MG/HR.....	46
NEVANAC SUS 0.1% OP	109	NITRO-DUR DIS 0.8MG/HR.....	46

<i>nitrofurantoin macrocrystalline cap 100 mg..</i>	21	<i>nortriptyline hcl cap 10 mg</i>	52
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	21	<i>nortriptyline hcl cap 25 mg</i>	52
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	21	<i>nortriptyline hcl cap 50 mg</i>	52
<i>nitrofurantoin monohydrate macrocrystalline</i>		<i>nortriptyline hcl cap 75 mg</i>	52
<i>cap 100 mg.....</i>	21	<i>nortriptyline hcl soln 10 mg/5ml</i>	52
<i>nitrofurantoin susp 25 mg/5ml</i>	21	NORVIR POW 100MG	16
<i>nitroglycerin oint 0.4%</i>	122	NOVOFINE MIS 32GX6MM	80
<i>nitroglycerin sl tab 0.3 mg</i>	46	NOVOLIN INJ 70/30	73
<i>nitroglycerin sl tab 0.4 mg</i>	46	NOVOLIN INJ 70/30 FP.....	73
<i>nitroglycerin sl tab 0.6 mg</i>	46	NOVOLIN N INJ 100 UNIT	73
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	46	NOVOLIN N INJ U-100	73
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	47	NOVOLIN R INJ 100 UNIT	73
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	47	NOVOLIN R INJ U-100	73
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	47	NOVOLOG INJ 100/ML	73
<i>nitroglycerin tl soln 0.4 mg/spray (400</i>		NOVOLOG INJ FLEXPEN	73
<i>mcg/spray).....</i>	47	NOVOLOG INJ PENFILL.....	74
NIVESTYM INJ 300/0.5.....	95	NOVOLOG MIX INJ 70/30.....	74
NIVESTYM INJ 300MCG	95	NOVOLOG MIX INJ FLEXPEN	74
NIVESTYM INJ 480/0.8.....	95	NUBEQA TAB 300MG	27
NIVESTYM INJ 480MCG	95	NUCALA INJ 100MG/ML.....	115, 116
<i>nizatidine cap 150 mg.....</i>	89	NUCALA INJ 40MG/0.4	115
<i>nizatidine cap 300 mg.....</i>	89	NUCYNTA ER TAB 100MG	11
<i>nora-be</i>	78	NUCYNTA ER TAB 150MG	11
NORDIPEN 5 MIS DEVICE.....	83	NUCYNTA ER TAB 200MG	11
NORDIPEN DEL MIS SYSTEM.....	83	NUCYNTA ER TAB 250MG	11
NORDITROPIN INJ 10/1.5ML.....	83	NUCYNTA ER TAB 50MG.....	10
NORDITROPIN INJ 15/1.5ML.....	83	NUCYNTA TAB 100MG.....	11
NORDITROPIN INJ 5/1.5ML	83	NUCYNTA TAB 50MG	11
<i>norethindrone ace & ethinyl estradiol tab 1 mg-</i>		NUCYNTA TAB 75MG	11
<i>20 mcg.....</i>	78	NUDEXTA CAP 20-10MG	70
<i>norethindrone ace-eth estradiol-fe chew tab 1</i>		NULOJIX INJ 250MG	104
<i>mg-20 mcg (24)</i>	78	NUVAXOVID INJ 2025-26.....	105
<i>norethindrone acetate tab 5 mg</i>	85	<i>nylia 1/35</i>	78
<i>norethindrone acetate-ethinyl estradiol tab 0.5</i>		<i>nystatin cream 100000 unit/gm.....</i>	118
<i>mg-2.5 mcg</i>	84	<i>nystatin oint 100000 unit/gm</i>	118
<i>norethindrone tab 0.35 mg.....</i>	78	<i>nystatin susp 100000 unit/ml</i>	122
<i>norgesic</i>	68	<i>nystatin tab 500000 unit.....</i>	15
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35</i>		<i>nystatin topical powder 100000 unit/gm</i>	118
<i>mcg.....</i>	78	<i>nystatin-triamcinolone cream 100000-0.1</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i>		<i>unit/gm-%</i>	118
<i>25/0.25-25 mg-mcg.....</i>	78	<i>nystatin-triamcinolone oint 100000-0.1</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-</i>		<i>unit/gm-%</i>	118
<i>35/0.25-35 mg-mcg.....</i>	78	<i>nystop.....</i>	118
NORPACE CAP 100MG CR.....	38	NYVEPRIA INJ 6/0.6ML	95
NORPACE CAP 150MG CR.....	38	O	
<i>nortrel 0.5/35 (28)</i>	78	<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	
<i>nortrel 1/35</i>	78	.....	71
<i>nortrel 7/7/7</i>	78		

<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>		<i>olmesartan-amlodipine-hydrochlorothiazide</i>	
.....	71	<i>tab 40-5-25 mg</i>	36
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>		<i>olopatadine hcl nasal soln 0.6%</i>	112
.....	71	<i>olopatadine hcl ophth soln 0.2% (base</i>	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>		<i>equivalent)</i>	110
.....	71	<i>omega-3-acid ethyl esters cap 1 gm</i>	41
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>		<i>omeprazole cap delayed release 10 mg</i>	91
.....	71	<i>omeprazole cap delayed release 20 mg</i>	91
<i>octreotide acetate subcutaneous soln pref syr</i>		<i>omeprazole cap delayed release 40 mg</i>	91
<i>100 mcg/ml</i>	71	<i>omeprazole-sodium bicarbonate powd pack for</i>	
<i>octreotide acetate subcutaneous soln pref syr 50</i>		<i>susp 20-1680 mg</i>	91
<i>mcg/ml</i>	71	<i>omeprazole-sodium bicarbonate powd pack for</i>	
<i>octreotide acetate subcutaneous soln pref syr</i>		<i>susp 40-1680 mg</i>	91
<i>500 mcg/ml</i>	71	OMNARIS SPR.....	115
ODEFSEY TAB.....	17	OMNIFLEX DPR.....	78
ODOMZO CAP 200MG.....	32	OMNIPOD 5 DX KIT INT G7G6.....	80
<i>ofloxacin ophth soln 0.3%</i>	109	OMNIPOD 5 DX MIS POD G7G6.....	80
<i>ofloxacin otic soln 0.3%</i>	123	OMNIPOD 5 G7 KIT INTRO.....	81
<i>ofloxacin tab 300 mg</i>	20	OMNIPOD 5 G7 MIS PODS.....	81
<i>ofloxacin tab 400 mg</i>	20	OMNIPOD DASH KIT INTRO.....	81
<i>olanzapine for im inj 10 mg</i>	57	OMNIPOD DASH KIT PDM.....	81
<i>olanzapine orally disintegrating tab 10 mg</i>	57	OMNIPOD DASH MIS PODS.....	81
<i>olanzapine orally disintegrating tab 15 mg</i>	57	ONCASPAS INJ 750/ML.....	32
<i>olanzapine orally disintegrating tab 20 mg</i>	57	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	88
<i>olanzapine orally disintegrating tab 5 mg</i>	57	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i> ..	88
<i>olanzapine tab 10 mg</i>	57	<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	88
<i>olanzapine tab 15 mg</i>	57	<i>ondansetron hcl oral soln 4 mg/5ml</i>	88
<i>olanzapine tab 2.5 mg</i>	57	<i>ondansetron hcl tab 24 mg</i>	88
<i>olanzapine tab 20 mg</i>	57	<i>ondansetron hcl tab 4 mg</i>	88
<i>olanzapine tab 5 mg</i>	57	<i>ondansetron hcl tab 8 mg</i>	88
<i>olanzapine tab 7.5 mg</i>	57	<i>ondansetron orally disintegrating tab 4 mg</i> ..	88
<i>olmesartan medoxomil tab 20 mg</i>	37	<i>ondansetron orally disintegrating tab 8 mg</i> ..	88
<i>olmesartan medoxomil tab 40 mg</i>	37	ONGENTYS CAP 25MG.....	54
<i>olmesartan medoxomil tab 5 mg</i>	37	ONGENTYS CAP 50MG.....	54
<i>olmesartan medoxomil-hydrochlorothiazide tab</i>		OPILL TAB 0.075MG.....	78
<i>20-12.5 mg</i>	36	<i>oralone dental paste</i>	122
<i>olmesartan medoxomil-hydrochlorothiazide tab</i>		ORAVIG TAB 50MG.....	122
<i>40-12.5 mg</i>	36	ORFADIN SUS 4MG/ML.....	83
<i>olmesartan medoxomil-hydrochlorothiazide tab</i>		ORILISSA TAB 150MG.....	81
<i>40-25 mg</i>	36	ORILISSA TAB 200MG.....	81
<i>olmesartan-amlodipine-hydrochlorothiazide</i>		ORKAMBI GRA 100-125.....	113
<i>tab 20-5-12.5 mg</i>	36	ORKAMBI GRA 150-188.....	113
<i>olmesartan-amlodipine-hydrochlorothiazide</i>		ORKAMBI GRA 75-94MG.....	113
<i>tab 40-10-12.5 mg</i>	37	ORKAMBI TAB 100-125.....	113
<i>olmesartan-amlodipine-hydrochlorothiazide</i>		ORKAMBI TAB 200-125.....	114
<i>tab 40-10-25 mg</i>	37	<i>orphenadrine citrate inj 30 mg/ml</i>	68
<i>olmesartan-amlodipine-hydrochlorothiazide</i>		<i>orphenadrine citrate tab er 12hr 100 mg</i>	68
<i>tab 40-5-12.5 mg</i>	36		

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>		<i>oxymorphone hcl tab 10 mg</i>	12
.....	18	<i>oxymorphone hcl tab 5 mg</i>	12
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>		<i>oxymorphone hcl tab er 12hr 10 mg</i>	12
.....	18	<i>oxymorphone hcl tab er 12hr 15 mg</i>	12
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>		<i>oxymorphone hcl tab er 12hr 20 mg</i>	12
.....	18	<i>oxymorphone hcl tab er 12hr 30 mg</i>	12
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	18	<i>oxymorphone hcl tab er 12hr 40 mg</i>	12
OSPHEA TAB 60MG.....	85	<i>oxymorphone hcl tab er 12hr 5 mg</i>	12
OSPOMYV INJ 60MG/ML.....	76	<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	12
OTEZLA TAB 10/20	99	OZEMPIC INJ 2MG/3ML.....	73
OTEZLA TAB 10/20/30.....	100	OZEMPIC INJ 4MG/3ML.....	73
OTEZLA TAB 20MG	100	OZEMPIC INJ 8MG/3ML.....	73
OTEZLA TAB 30MG	100	OZEMPIC TAB 1.5MG	73
OTEZLA XR TAB 75MG.....	100	OZEMPIC TAB 4MG.....	73
OTEZLA/XR TAB 28 DAY	100	OZEMPIC TAB 9MG.....	73
<i>oxaliplatin for iv inj 100 mg</i>	33	P	
<i>oxaliplatin for iv inj 50 mg</i>	33	<i>pacerone</i>	38
<i>oxaliplatin iv soln 100 mg/20ml</i>	33	<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i> .	33
<i>oxaliplatin iv soln 50 mg/10ml</i>	33	<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	33
<i>oxaprozin tab 600 mg</i>	7	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	33
<i>oxazepam cap 10 mg</i>	49	<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	33
<i>oxazepam cap 15 mg</i>	49	PADCEV INJ 20MG	26
<i>oxazepam cap 30 mg</i>	49	PADCEV INJ 30MG	26
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> 60		<i>paliperidone tab er 24hr 1.5 mg</i>	57
<i>oxcarbazepine tab 150 mg</i>	60	<i>paliperidone tab er 24hr 3 mg</i>	57
<i>oxcarbazepine tab 300 mg</i>	60	<i>paliperidone tab er 24hr 6 mg</i>	57
<i>oxcarbazepine tab 600 mg</i>	60	<i>paliperidone tab er 24hr 9 mg</i>	57
<i>oxiconazole nitrate cream 1%</i>	118	<i>pamidronate disodium iv soln 3 mg/ml</i>	75
<i>oxybutynin chloride solution 5 mg/5ml</i>	93	PANDA MASK MIS PEDIATRI	115
<i>oxybutynin chloride tab 5 mg</i>	93	<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	93	.....	91
<i>oxybutynin chloride tab er 24hr 15 mg</i>	93	<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	93	.....	91
<i>oxycodone hcl cap 5 mg</i>	11	PARAGARD IUD T380A.....	78
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> .	11	<i>paricalcitol cap 1 mcg</i>	87
<i>oxycodone hcl soln 5 mg/5ml</i>	11	<i>paricalcitol cap 2 mcg</i>	87
<i>oxycodone hcl tab 10 mg</i>	11	<i>paricalcitol cap 4 mcg</i>	87
<i>oxycodone hcl tab 15 mg</i>	11	<i>paroxetine hcl tab 10 mg</i>	52
<i>oxycodone hcl tab 20 mg</i>	11	<i>paroxetine hcl tab 20 mg</i>	52
<i>oxycodone hcl tab 30 mg</i>	11	<i>paroxetine hcl tab 30 mg</i>	52
<i>oxycodone hcl tab 5 mg</i>	11	<i>paroxetine hcl tab 40 mg</i>	52
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> 12		<i>paroxetine hcl tab er 24hr 12.5 mg</i>	52
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>		<i>paroxetine hcl tab er 24hr 25 mg</i>	52
.....	11	<i>paroxetine hcl tab er 24hr 37.5 mg</i>	52
<i>oxycodone w/ acetaminophen tab 5-325 mg..</i> 11		PAXLOVID PAK.....	18
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>		PAXLOVID TAB 150-100	18
.....	12	PAXLOVID TAB 300-100	18
		<i>pazopanib hcl tab 200 mg (base equiv)</i>	31

PEDIARIX INJ 0.5ML	105
pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml.....	108
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	108
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg.....	108
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	108
pediatric multiple vitamins w/ fluoride chew tab 1 mg.....	108
pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml.....	108
PEDVAXHIB INJ 7.5MCG.....	105
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	90
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	90
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	90
PEGASYS INJ	20
PEGASYS INJ 180MCG/M	20
PEG-PREP KIT	90
pemetrexed disodium for iv soln 100 mg (base equiv).....	26
pemetrexed disodium for iv soln 500 mg (base equiv).....	26
PENBRAYA INJ	106
peniclovir cream 1%	122
penicillin g potassium for inj 20000000 unit ..	23
penicillin g potassium for inj 5000000 unit.....	23
penicillin g sodium for inj 5000000 unit.....	23
penicillin v potassium for soln 125 mg/5ml	23
penicillin v potassium for soln 250 mg/5ml	23
penicillin v potassium tab 250 mg	23
penicillin v potassium tab 500 mg	23
PENMENVY INJ	106
PENTACEL INJ	106
pentamidine isethionate for inj soln 300 mg ...	21
pentamidine isethionate for nebulization soln 300 mg	21
pentoxifylline tab er 400 mg	96
perampanel susp 0.5 mg/ml.....	61
perampanel tab 10 mg.....	61
perampanel tab 12 mg.....	61
perampanel tab 2 mg	61
perampanel tab 4 mg	61
perampanel tab 6 mg	61
perampanel tab 8 mg	61

perindopril erbumine tab 2 mg	35
perindopril erbumine tab 4 mg	35
perindopril erbumine tab 8 mg	35
periogard	122
permethrin cream 5%	122
perphenazine tab 16 mg	57
perphenazine tab 2 mg	57
perphenazine tab 4 mg	57
perphenazine tab 8 mg	57
perphenazine-amitriptyline tab 2-10 mg	70
perphenazine-amitriptyline tab 2-25 mg	70
perphenazine-amitriptyline tab 4-10 mg	70
perphenazine-amitriptyline tab 4-25 mg	70
perphenazine-amitriptyline tab 4-50 mg	70
pfizerpen	23
PHEBURANE MIS 483/GM	86
phenelzine sulfate tab 15 mg	52
phenobarbital elixir 20 mg/5ml	61
phenobarbital tab 100 mg	61
phenobarbital tab 15 mg.....	61
phenobarbital tab 16.2 mg	61
phenobarbital tab 30 mg.....	61
phenobarbital tab 32.4 mg	61
phenobarbital tab 60 mg.....	61
phenobarbital tab 64.8 mg	61
phenobarbital tab 97.2 mg	61
phenoxybenzamine hcl cap 10 mg	46
phenylephrine hcl ophth soln 10%.....	110
phenylephrine hcl ophth soln 2.5%.....	110
phenytoin infatabs.....	61
phenytoin sodium extended cap 100 mg	61
phenytoin sodium extended cap 200 mg	61
phenytoin sodium extended cap 300 mg	61
phenytoin sodium inj 50 mg/ml.....	61
phenytoin susp 125 mg/5ml.....	61
PHEXX GEL.....	92
PHEXXI GEL.....	92
PHOSPHOLINE SOL 0.125%OP.....	110
PHOTOFRIN INJ 75MG	33
phytonadione tab 5 mg	108
pilocarpine hcl ophth soln 1%	110
pilocarpine hcl tab 5 mg	122
pilocarpine hcl tab 7.5 mg	123
pimecrolimus cream 1%.....	120
pimozide tab 1 mg	70
pimozide tab 2 mg	70
pindolol tab 10 mg.....	42
pindolol tab 5 mg	42

<i>pioglitazone hcl tab 15 mg (base equiv)</i>	74
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	74
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	74
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	74
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	74
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	74
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	74
<i>piperacillin sod-tazobactam na for inj 3.375 gm</i> (3-0.375 gm)	23
<i>piperacillin sod-tazobactam sod for inj 2.25 gm</i> (2-0.25 gm).....	23
<i>piperacillin sod-tazobactam sod for inj 40.5 gm</i> (36-4.5 gm).....	23
<i>pirfenidone cap 267 mg</i>	115
<i>pirfenidone tab 267 mg</i>	115
<i>pirfenidone tab 801 mg</i>	115
<i>piroxicam cap 10 mg</i>	7
<i>piroxicam cap 20 mg</i>	7
<i>pitavastatin calcium tab 1 mg</i>	39
<i>pitavastatin calcium tab 2 mg</i>	39
<i>pitavastatin calcium tab 4 mg</i>	39
<i>PLENVU SOL</i>	90
<i>PNEUMOVAX 23 INJ 25/0.5</i>	106
<i>pnv-dha</i>	107
<i>pnv-select</i>	107
<i>podofilox gel 0.5%</i>	122
<i>podofilox soln 0.5%</i>	122
<i>POLIVY INJ 140MG</i>	33
<i>POLIVY INJ 30MG</i>	33
<i>polyethylene glycol 3350 oral powder 17</i> gm/scoop	90
<i>polymyxin b sulfate for inj 500000 unit</i>	21
<i>polymyxin b-trimethoprim ophth soln 10000</i> unit/ml-0.1%	109
<i>pomalidomide cap 1 mg</i>	26
<i>pomalidomide cap 2 mg</i>	26
<i>pomalidomide cap 3 mg</i>	26
<i>pomalidomide cap 4 mg</i>	27
<i>portia-28</i>	78
<i>posaconazole susp 40 mg/ml</i>	15
<i>posaconazole tab delayed release 100 mg</i>	15
<i>potassium chloride cap er 10 meq</i>	107
<i>potassium chloride cap er 8 meq</i>	107
<i>potassium chloride inj 2 meq/ml</i>	107
<i>potassium chloride microencapsulated crys er</i> tab 10 meq	107
<i>potassium chloride microencapsulated crys er</i> tab 20 meq	107
<i>potassium chloride oral soln 10% (20</i> meq/15ml).....	107
<i>potassium chloride oral soln 20% (40</i> meq/15ml).....	107
<i>potassium chloride tab er 10 meq</i>	107
<i>potassium chloride tab er 15 meq</i>	107
<i>potassium chloride tab er 20 meq (1500 mg)</i>	107
<i>potassium chloride tab er 8 meq (600 mg)</i>	107
<i>potassium citrate tab er 10 meq (1080 mg)</i>	92
<i>potassium citrate tab er 15 meq (1620 mg)</i>	93
<i>potassium citrate tab er 5 meq (540 mg)</i>	92
<i>pramipexole dihydrochloride tab 0.125 mg</i>	54
<i>pramipexole dihydrochloride tab 0.25 mg</i>	54
<i>pramipexole dihydrochloride tab 0.5 mg</i>	54
<i>pramipexole dihydrochloride tab 0.75 mg</i>	54
<i>pramipexole dihydrochloride tab 1 mg</i>	54
<i>pramipexole dihydrochloride tab 1.5 mg</i>	54
<i>pramipexole dihydrochloride tab er 24hr 0.375</i> mg	54
<i>pramipexole dihydrochloride tab er 24hr 0.75</i> mg	54
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	54
<i>pramipexole dihydrochloride tab er 24hr 2.25</i> mg	54
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	54
<i>pramipexole dihydrochloride tab er 24hr 3.75</i> mg	54
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	54
<i>prasugrel hcl tab 10 mg (base equiv)</i>	96
<i>prasugrel hcl tab 5 mg (base equiv)</i>	96
<i>pravastatin sodium tab 10 mg</i>	40
<i>pravastatin sodium tab 20 mg</i>	40
<i>pravastatin sodium tab 40 mg</i>	40
<i>pravastatin sodium tab 80 mg</i>	40
<i>praziquantel tab 600 mg</i>	14
<i>prazosin hcl cap 1 mg</i>	36
<i>prazosin hcl cap 2 mg</i>	36
<i>prazosin hcl cap 5 mg</i>	36
<i>PRED SOD PHO SOL 1% OP</i>	109
<i>prednisolone acetate ophth susp 1%</i>	109
<i>prednisolone sod phosphate oral soln 15</i> mg/5ml (base equiv)	82

<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	82	<i>proctozone-hc</i>	91
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	82	<i>progesterone cap 100 mg</i>	86
<i>prednisolone soln 15 mg/5ml</i>	82	<i>progesterone cap 200 mg</i>	86
<i>PREDNISONE CON 5MG/ML</i>	82	<i>PROGRAF GRA 0.2MG</i>	104
<i>prednisone oral soln 5 mg/5ml</i>	82	<i>PROGRAF GRA 1MG</i>	104
<i>prednisone tab 1 mg</i>	82	<i>PROLASTIN-C INJ 1000MG</i>	111
<i>prednisone tab 10 mg</i>	82	<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	113
<i>prednisone tab 2.5 mg</i>	82	<i>promethazine hcl inj 25 mg/ml</i>	88
<i>prednisone tab 20 mg</i>	83	<i>promethazine hcl inj 50 mg/ml</i>	88
<i>prednisone tab 5 mg</i>	82	<i>promethazine hcl oral soln 6.25 mg/5ml</i>	88
<i>prednisone tab 50 mg</i>	83	<i>promethazine hcl suppos 12.5 mg</i>	88
<i>prednisone tab therapy pack 10 mg (21)</i>	83	<i>promethazine hcl suppos 25 mg</i>	88
<i>prednisone tab therapy pack 10 mg (48)</i>	83	<i>promethazine hcl tab 12.5 mg</i>	88
<i>prednisone tab therapy pack 5 mg (21)</i>	83	<i>promethazine hcl tab 25 mg</i>	88
<i>prednisone tab therapy pack 5 mg (48)</i>	83	<i>promethazine hcl tab 50 mg</i>	88
<i>pregabalin cap 100 mg</i>	61	<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	113
<i>pregabalin cap 150 mg</i>	61	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	113
<i>pregabalin cap 200 mg</i>	61	<i>promethegan</i>	88
<i>pregabalin cap 225 mg</i>	61	<i>propafenone hcl cap er 12hr 225 mg</i>	38
<i>pregabalin cap 25 mg</i>	61	<i>propafenone hcl cap er 12hr 325 mg</i>	38
<i>pregabalin cap 300 mg</i>	61	<i>propafenone hcl cap er 12hr 425 mg</i>	38
<i>pregabalin cap 50 mg</i>	61	<i>propafenone hcl tab 150 mg</i>	38
<i>pregabalin cap 75 mg</i>	61	<i>propafenone hcl tab 225 mg</i>	38
<i>pregabalin soln 20 mg/ml</i>	61	<i>propafenone hcl tab 300 mg</i>	38
<i>PREMARIN VAG CRE 0.625MG</i>	84	<i>proparacaine hcl ophth soln 0.5%</i>	110
<i>PRETOMANID TAB 200MG</i>	17	<i>propranolol hcl cap er 24hr 120 mg</i>	42
<i>prevalite</i>	38	<i>propranolol hcl cap er 24hr 160 mg</i>	42
<i>PREVNAR 20 INJ</i>	106	<i>propranolol hcl cap er 24hr 60 mg</i>	42
<i>PREZCOBIX TAB 675/150</i>	17	<i>propranolol hcl cap er 24hr 80 mg</i>	42
<i>PREZCOBIX TAB 800-150</i>	17	<i>propranolol hcl oral soln 20 mg/5ml</i>	42
<i>PREZISTA SUS 100MG/ML</i>	16	<i>propranolol hcl oral soln 40 mg/5ml</i>	42
<i>PREZISTA TAB 150MG</i>	16	<i>propranolol hcl tab 10 mg</i>	42
<i>PREZISTA TAB 75MG</i>	16	<i>propranolol hcl tab 20 mg</i>	42
<i>PRIFTIN TAB 150MG</i>	18	<i>propranolol hcl tab 40 mg</i>	42
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	15	<i>propranolol hcl tab 60 mg</i>	42
<i>primidone tab 250 mg</i>	61	<i>propranolol hcl tab 80 mg</i>	42
<i>primidone tab 50 mg</i>	61	<i>propylthiouracil tab 50 mg</i>	86
<i>PRIORIX INJ</i>	106	<i>PROQUAD INJ</i>	106
<i>probenecid tab 500 mg</i>	6	<i>protriptyline hcl tab 10 mg</i>	52
<i>procainamide hcl inj 100 mg/ml</i>	38	<i>protriptyline hcl tab 5 mg</i>	52
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	88	<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	113
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	88	<i>pyrazinamide tab 500 mg</i>	18
<i>prochlorperazine suppos 25 mg</i>	88	<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	68
		<i>pyridostigmine bromide tab 60 mg</i>	68
		<i>pyridostigmine bromide tab er 180 mg</i>	69

<i>pyridoxine hcl tab 25 mg</i>	108
<i>pyridoxine hcl tab 50 mg</i>	108
<i>pyrimethamine tab 25 mg</i>	22
<i>PYZCHIVA INJ 45/0.5ML</i>	100
<i>PYZCHIVA INJ 90MG/ML</i>	100

Q

<i>QUADRACEL INJ 0.5ML</i>	106
<i>quetiapine fumarate tab 100 mg</i>	57
<i>quetiapine fumarate tab 200 mg</i>	57
<i>quetiapine fumarate tab 25 mg</i>	57
<i>quetiapine fumarate tab 300 mg</i>	57
<i>quetiapine fumarate tab 400 mg</i>	57
<i>quetiapine fumarate tab 50 mg</i>	57
<i>quetiapine fumarate tab er 24hr 150 mg</i>	57
<i>quetiapine fumarate tab er 24hr 200 mg</i>	57
<i>quetiapine fumarate tab er 24hr 300 mg</i>	57
<i>quetiapine fumarate tab er 24hr 400 mg</i>	57
<i>quetiapine fumarate tab er 24hr 50 mg</i>	57
<i>quinapril hcl tab 10 mg</i>	35
<i>quinapril hcl tab 20 mg</i>	35
<i>quinapril hcl tab 40 mg</i>	35
<i>quinapril hcl tab 5 mg</i>	35
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	35
<i>quinine sulfate cap 324 mg</i>	15
<i>QULIPTA TAB 10MG</i>	66
<i>QULIPTA TAB 30MG</i>	66
<i>QULIPTA TAB 60MG</i>	66

R

<i>rabeprazole sodium ec tab 20 mg</i>	91
<i>raloxifene hcl tab 60 mg</i>	85
<i>ramelteon tab 8 mg</i>	65
<i>ramipril cap 1.25 mg</i>	35
<i>ramipril cap 10 mg</i>	35
<i>ramipril cap 2.5 mg</i>	35
<i>ramipril cap 5 mg</i>	35
<i>ranitidine hcl tab 150 mg</i>	89
<i>ranitidine hcl tab 300 mg</i>	89
<i>ranolazine tab er 12hr 1000 mg</i>	46
<i>ranolazine tab er 12hr 500 mg</i>	46
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i> ...	54
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	54
<i>reclipsen</i>	78
<i>RECOMBIVA HB INJ 10MCG/ML</i>	106
<i>RECOMBIVA HB INJ 5MCG/0.5</i>	106
<i>RECOMBIVA-HB INJ 40MCG/ML</i>	106
<i>RELENZA MIS DISKHALE</i>	18
<i>repaglinide tab 0.5 mg</i>	74

<i>repaglinide tab 1 mg</i>	74
<i>repaglinide tab 2 mg</i>	74
<i>REPATHA INJ 140MG/ML</i>	41
<i>REPATHA SURE INJ 140MG/ML</i>	41
<i>RESTASIS MUL EMU 0.05% OP</i>	110
<i>RETACRIT INJ 10000UNT</i>	95
<i>RETACRIT INJ 20000UNI</i>	95
<i>RETACRIT INJ 2000UNIT</i>	95
<i>RETACRIT INJ 3000UNIT</i>	95
<i>RETACRIT INJ 40000UNT</i>	95
<i>RETACRIT INJ 4000UNIT</i>	95
<i>RETROVIR INJ 10MG/ML</i>	16
<i>REYATAZ POW 50MG</i>	16
<i>ribavirin cap 200 mg</i>	20
<i>ribavirin tab 200 mg</i>	20
<i>rifabutin cap 150 mg</i>	18
<i>rifampin cap 150 mg</i>	18
<i>rifampin cap 300 mg</i>	18
<i>rifampin for inj 600 mg</i>	18
<i>rilpivirine hcl tab 25 mg (base equivalent)</i>	16
<i>riluzole tab 50 mg</i>	48
<i>rimantadine hydrochloride tab 100 mg</i>	18
<i>RINVOQ LQ SOL 1MG/ML</i>	100
<i>RINVOQ TAB 15MG ER</i>	101
<i>RINVOQ TAB 30MG ER</i>	101
<i>RINVOQ TAB 45MG ER</i>	101
<i>risedronate sodium tab 150 mg</i>	75
<i>risedronate sodium tab 30 mg</i>	75
<i>risedronate sodium tab 35 mg</i>	75
<i>risedronate sodium tab 5 mg</i>	75
<i>risedronate sodium tab delayed release 35 mg</i>	75
<i>risperidone orally disintegrating tab 0.25 mg</i> 57	
<i>risperidone orally disintegrating tab 0.5 mg</i> ..	57
<i>risperidone orally disintegrating tab 1 mg</i>	57
<i>risperidone orally disintegrating tab 2 mg</i>	57
<i>risperidone orally disintegrating tab 3 mg</i>	57
<i>risperidone orally disintegrating tab 4 mg</i>	57
<i>risperidone soln 1 mg/ml</i>	57
<i>risperidone tab 0.25 mg</i>	57
<i>risperidone tab 0.5 mg</i>	57
<i>risperidone tab 1 mg</i>	58
<i>risperidone tab 2 mg</i>	58
<i>risperidone tab 3 mg</i>	58
<i>risperidone tab 4 mg</i>	58
<i>ritonavir tab 100 mg</i>	16
<i>rivaroxaban for susp 1 mg/ml</i>	94
<i>rivaroxaban tab 2.5 mg</i>	94

<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	50
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	50
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	50
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	50
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	50
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	50
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	50
<i>rivelsa</i>	78
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	66
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	66
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	66
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	66
<i>roflumilast tab 250 mcg</i>	114
<i>roflumilast tab 500 mcg</i>	114
<i>ropinirole hydrochloride tab 0.25 mg</i>	54
<i>ropinirole hydrochloride tab 0.5 mg</i>	54
<i>ropinirole hydrochloride tab 1 mg</i>	54
<i>ropinirole hydrochloride tab 2 mg</i>	54
<i>ropinirole hydrochloride tab 3 mg</i>	55
<i>ropinirole hydrochloride tab 4 mg</i>	55
<i>ropinirole hydrochloride tab 5 mg</i>	55
<i>rosuvastatin calcium tab 10 mg</i>	40
<i>rosuvastatin calcium tab 20 mg</i>	40
<i>rosuvastatin calcium tab 40 mg</i>	40
<i>rosuvastatin calcium tab 5 mg</i>	40
<i>ROTARIX SUS</i>	106
<i>ROTATEQ SOL</i>	106
<i>rufinamide susp 40 mg/ml</i>	61
<i>rufinamide tab 200 mg</i>	61
<i>rufinamide tab 400 mg</i>	61
<i>RYDAPT CAP 25MG</i>	31
<i>RYKINDO INJ 25MG</i>	58
<i>RYKINDO INJ 37.5MG</i>	58
<i>RYKINDO INJ 50MG</i>	58
S	
<i>sacubitril-valsartan tab 24-26 mg</i>	46
<i>sacubitril-valsartan tab 49-51 mg</i>	46
<i>sacubitril-valsartan tab 97-103 mg</i>	46
<i>SANCUSO DIS 3.1MG</i>	88
<i>SANDIMMUNE INJ 50MG/ML</i>	104

<i>sapropterin dihydrochloride powder packet 100 mg</i>	85
<i>sapropterin dihydrochloride powder packet 500 mg</i>	85
<i>sapropterin dihydrochloride tab 100 mg</i>	85
<i>sb lice treatment</i>	122
<i>SCEMBLIX TAB 100MG</i>	31
<i>SCEMBLIX TAB 20MG</i>	31
<i>SCEMBLIX TAB 40MG</i>	31
<i>scopolamine td patch 72hr 1 mg/3days</i>	88
<i>selegiline hcl cap 5 mg</i>	55
<i>selegiline hcl tab 5 mg</i>	55
<i>selenium sulfide lotion 2.5%</i>	119
<i>SELZENTRY SOL 20MG/ML</i>	16
<i>SEREVENT DIS AER 50MCG</i>	112
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	52
<i>sertraline hcl tab 100 mg</i>	52
<i>sertraline hcl tab 25 mg</i>	52
<i>sertraline hcl tab 50 mg</i>	52
<i>sevelamer carbonate packet 0.8 gm</i>	85
<i>sevelamer carbonate packet 2.4 gm</i>	85
<i>sevelamer carbonate tab 800 mg</i>	85
<i>SHARPS CONT MIS 2QUART</i>	81
<i>SHINGRIX INJ 50/0.5ML</i>	106
<i>SIGNIFOR INJ 0.3MG/ML</i>	85
<i>SIGNIFOR INJ 0.6MG/ML</i>	85
<i>SIGNIFOR INJ 0.9MG/ML</i>	85
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	47
<i>sildenafil citrate tab 20 mg</i>	47
<i>silodosin cap 4 mg</i>	92
<i>silodosin cap 8 mg</i>	92
<i>silver sulfadiazine cream 1%</i>	118
<i>SIMBRINZA SUS 1-0.2%</i>	110
<i>SIMPONI ARIA SOL 50MG/4ML</i>	97
<i>SIMPONI INJ 100MG/ML</i>	101
<i>SIMPONI INJ 50/0.5ML</i>	101
<i>simvastatin tab 10 mg</i>	40
<i>simvastatin tab 20 mg</i>	40
<i>simvastatin tab 40 mg</i>	40
<i>simvastatin tab 5 mg</i>	40
<i>simvastatin tab 80 mg</i>	40
<i>sirolimus oral soln 1 mg/ml</i>	104
<i>sirolimus tab 0.5 mg</i>	104
<i>sirolimus tab 1 mg</i>	104
<i>sirolimus tab 2 mg</i>	104
<i>SIRTURO TAB 100MG</i>	18

SIRTURO TAB 20MG	18	<i>solifenacin succinate tab 10 mg</i>	93
<i>sitagliptin phosphate tab 100 mg (base equiv)</i>	72	<i>solifenacin succinate tab 5 mg</i>	93
<i>sitagliptin phosphate tab 25 mg (base equiv)</i>	72	SOLQUA INJ 100/33	73
<i>sitagliptin phosphate tab 50 mg (base equiv)</i>	72	SOLU-CORTEF INJ 1000MG.....	83
<i>sitagliptin phosphate-metformin hcl tab 50-</i>		SOLU-CORTEF INJ 250MG	83
<i>1000 mg</i>	72	SOLU-CORTEF INJ 500MG	83
<i>sitagliptin phosphate-metformin hcl tab 50-500</i>		SOLU-MEDROL INJ 2GM.....	83
<i>mg</i>	72	SOMATULINE INJ 120/.5ML	71
SKYLA IUD 13.5MG.....	78	SOMATULINE INJ 60/0.2ML.....	71
SKYRIZI INJ 150MG/ML	101	SOMATULINE INJ 90/0.3ML	71
SKYRIZI INJ 180/1.2	101	SOMAVERT INJ 10MG.....	71
SKYRIZI INJ 360/2.4	101	SOMAVERT INJ 15MG.....	71
SKYRIZI INJ 55/0.37	101	SOMAVERT INJ 20MG.....	71
SKYRIZI PEN INJ 150MG/ML.....	101	SOMAVERT INJ 25MG.....	71
SKYRIZI SOL 60MG/ML	97	SOMAVERT INJ 30MG.....	71
SOD CHLORIDE INJ 0.9%	107	<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	31
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-</i>		<i>sotalol hcl (afib/afl) tab 120 mg</i>	38
<i>1.6 gm/177ml</i>	90	<i>sotalol hcl (afib/afl) tab 160 mg</i>	38
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	107	<i>sotalol hcl (afib/afl) tab 80 mg</i>	38
<i>sodium chloride irrigation soln 0.9%</i>	122	<i>sotalol hcl tab 120 mg</i>	38
<i>sodium chloride iv soln 0.45%</i>	107	<i>sotalol hcl tab 160 mg</i>	38
<i>sodium chloride iv soln 0.9%</i>	107	<i>sotalol hcl tab 240 mg</i>	38
<i>sodium chloride iv soln 3%</i>	107	<i>sotalol hcl tab 80 mg</i>	38
<i>sodium chloride iv soln 5%</i>	107	SOVALDI PAK 150MG.....	21
<i>sodium chloride preservative free (pf) inj 0.9%</i>	107	SOVALDI PAK 200MG.....	21
<i>sodium chloride soln nebu 0.9%</i>	114	SOVALDI TAB 200MG.....	21
<i>sodium chloride soln nebu 10%</i>	114	SOVALDI TAB 400MG.....	21
<i>sodium chloride soln nebu 3%</i>	114	SPIKEVAX INJ 2025-26	106
<i>sodium chloride soln nebu 7%</i>	114	<i>spinosad susp 0.9%</i>	122
<i>sodium fluoride chew tab 0.25 mg f (from 0.55</i>		SPIRIVA RESP AER 1.25MCG	111
<i>mg naf)</i>	107	SPIRIVA RESP AER 2.5MCG.....	111
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg</i>		<i>spironolactone & hydrochlorothiazide tab 25-25</i>	45
<i>mg naf)</i>	107	<i>mg</i>	36
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg</i>		<i>spironolactone tab 100 mg</i>	36
<i>mg naf)</i>	107	<i>spironolactone tab 25 mg</i>	36
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1</i>		<i>spironolactone tab 50 mg</i>	36
<i>mg/ml naf)</i>	107	SPRAVATO SOL 56MG DOS	52
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	107	SPRAVATO SOL 84MG DOS	52
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	107	<i>sprintec 28</i>	78
<i>sodium oxybate oral solution 500 mg/ml</i>	69	<i>sps</i>	85
<i>sodium phenylbutyrate oral powder 3</i>		<i>ssd</i>	118
<i>gm/teaspoonful</i>	86	STIOLTO AER 2.5-2.5	111
<i>sodium phenylbutyrate tab 500 mg</i>	86	STIVARGA TAB 40MG.....	31
SOFTCLIX MIS LANCETS	81	STOBOCLO INJ 60MG/ML	76
		STRIVERDI AER 2.5MCG.....	113
		SUBLOCADE INJ 100/0.5.....	13
		SUBLOCADE INJ 300/1.5.....	13

SUCRAID SOL 8500/ML.....	90	SYNJARDY TAB 5-1000MG.....	74
sucralfate tab 1 gm	90	SYNJARDY TAB 5-500MG.....	74
SUFLAVE SOL.....	90	SYNJARDY XR TAB.....	74
sulconazole nitrate cream 1%.....	119	SYNJARDY XR TAB 10-1000	74
sulconazole nitrate solution 1%	119	SYNJARDY XR TAB 25-1000	74
sulfacetamide sodium lotion 10% (acne).....	117	SYNJARDY XR TAB 5-1000MG	74
sulfacetamide sodium ophth soln 10%.....	109	SYNTHROID TAB 100MCG.....	86
sulfacetamide sodium-prednisolone ophth soln		SYNTHROID TAB 112MCG.....	86
10-0.23(0.25)%.....	108	SYNTHROID TAB 125MCG.....	86
sulfadiazine tab 500 mg	14	SYNTHROID TAB 137MCG.....	86
sulfamethoxazole-trimethoprim susp 200-40		SYNTHROID TAB 150MCG.....	86
mg/5ml.....	22	SYNTHROID TAB 175MCG.....	86
sulfamethoxazole-trimethoprim tab 400-80 mg		SYNTHROID TAB 200MCG.....	86
.....	22	SYNTHROID TAB 25MCG	86
sulfamethoxazole-trimethoprim tab 800-160		SYNTHROID TAB 300MCG.....	86
mg.....	22	SYNTHROID TAB 50MCG	86
SULFAMYLON CRE 85MG/GM	118	SYNTHROID TAB 75MCG	86
sulfasalazine tab 500 mg	89	SYNTHROID TAB 88MCG	86
sulfasalazine tab delayed release 500 mg	89	T	
sulindac tab 150 mg.....	7	TABLOID TAB 40MG	26
sulindac tab 200 mg.....	7	tacrolimus cap 0.5 mg	104
sumatriptan nasal spray 20 mg/act.....	66	tacrolimus cap 1 mg.....	104
sumatriptan nasal spray 5 mg/act.....	66	tacrolimus cap 5 mg.....	104
sumatriptan succinate inj 6 mg/0.5ml	67	tacrolimus cap er 24hr 0.5 mg	104
sumatriptan succinate solution auto-injector 6		tacrolimus cap er 24hr 1 mg.....	104
mg/0.5ml.....	67	tacrolimus cap er 24hr 5 mg.....	104
sumatriptan succinate tab 100 mg.....	67	tacrolimus inj 5 mg/ml	104
sumatriptan succinate tab 25 mg	67	tacrolimus oint 0.03%.....	120
sumatriptan succinate tab 50 mg	67	tacrolimus oint 0.1%.....	120
sumatriptan-naproxen sodium tab 85-500 mg		tadalafil tab 2.5 mg.....	92
.....	67	tadalafil tab 20 mg (pah).....	47
sunitinib malate cap 12.5 mg (base equivalent)		tadalafil tab 5 mg	92
.....	31	TAFINLAR CAP 50MG.....	31
sunitinib malate cap 25 mg (base equivalent) 31		TAFINLAR CAP 75MG.....	31
sunitinib malate cap 37.5 mg (base equivalent)		TAFINLAR TAB 10MG	31
.....	31	tafluprost preservative free (pf) ophth soln	
sunitinib malate cap 50 mg (base equivalent) 31		0.0015%.....	110
SUNOSI TAB 150MG.....	69	TAGRISSO TAB 40MG.....	31
SUNOSI TAB 75MG	69	TAGRISSO TAB 80MG	31
SUPPRELIN LA KIT 50MG.....	76	take action.....	78
SUTAB TAB.....	90	TAKHZYRO INJ 150MG/ML.....	103
syeda.....	78	TAKHZYRO INJ 300/2ML.....	103
SYMDEKO TAB 100-150.....	114	TALTZ INJ 20/0.25	101
SYMDEKO TAB 50-75MG	114	TALTZ INJ 40/0.5ML.....	102
SYMTUZA TAB.....	17	TALTZ INJ 80MG/ML	102
SYNAREL SOL 2MG/ML.....	81	tamoxifen citrate tab 10 mg (base equivalent)	
SYNJARDY TAB.....	74	.....	27
SYNJARDY TAB 12.5-500	74		

<i>tamoxifen citrate tab 20 mg (base equivalent)</i>		<i>testosterone cypionate im inj in oil 200 mg/ml</i>	
.....	27	.....	71
<i>tamsulosin hcl cap 0.4 mg</i>	92	<i>testosterone enanthate im inj in oil 200 mg/ml</i>	
<i>tapentadol hcl tab 100 mg</i>	12	.....	71
<i>tapentadol hcl tab 50 mg</i>	12	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	71
<i>tapentadol hcl tab 75 mg</i>	12	<i>tetrabenazine tab 12.5 mg</i>	67
<i>tasimelteon capsule 20 mg</i>	65	<i>tetrabenazine tab 25 mg</i>	67
<i>tazarotene cream 0.05%</i>	119	<i>tetracycline hcl cap 250 mg</i>	23
<i>tazarotene cream 0.1%</i>	119	<i>tetracycline hcl cap 500 mg</i>	23
<i>tazarotene gel 0.05%</i>	119	THALOMID CAP 100MG.....	27
<i>tazarotene gel 0.1%</i>	119	THALOMID CAP 50MG.....	27
<i>tazicef</i>	19	<i>theophylline elixir 80 mg/15ml</i>	116
<i>telmisartan tab 20 mg</i>	37	<i>theophylline soln 80 mg/15ml</i>	116
<i>telmisartan tab 40 mg</i>	37	<i>theophylline tab er 12hr 300 mg</i>	116
<i>telmisartan tab 80 mg</i>	37	<i>theophylline tab er 12hr 450 mg</i>	116
<i>telmisartan-hydrochlorothiazide tab 40-12.5</i>		<i>theophylline tab er 24hr 400 mg</i>	116
<i>mg</i>	37	<i>theophylline tab er 24hr 600 mg</i>	116
<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>		<i>thioridazine hcl tab 10 mg</i>	58
<i>mg</i>	37	<i>thioridazine hcl tab 100 mg</i>	58
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>		<i>thioridazine hcl tab 25 mg</i>	58
.....	37	<i>thioridazine hcl tab 50 mg</i>	58
<i>temazepam cap 15 mg</i>	65	<i>thiothixene cap 1 mg</i>	58
<i>temazepam cap 22.5 mg</i>	65	<i>thiothixene cap 10 mg</i>	58
<i>temazepam cap 30 mg</i>	65	<i>thiothixene cap 2 mg</i>	58
<i>temazepam cap 7.5 mg</i>	65	<i>thiothixene cap 5 mg</i>	58
TEMODAR INJ 100MG.....	24	<i>tiagabine hcl tab 12 mg</i>	61
<i>temozolomide cap 100 mg</i>	24	<i>tiagabine hcl tab 16 mg</i>	61
<i>temozolomide cap 140 mg</i>	24	<i>tiagabine hcl tab 2 mg</i>	61
<i>temozolomide cap 180 mg</i>	24	<i>tiagabine hcl tab 4 mg</i>	61
<i>temozolomide cap 20 mg</i>	24	TICE BCG INJ.....	27
<i>temozolomide cap 250 mg</i>	24	<i>tilia fe</i>	78
<i>temozolomide cap 5 mg</i>	24	<i>timolol maleate ophth gel forming soln 0.25%</i>	
TENIVAC INJ 5-2LF.....	106	.....	110
<i>tenofovir disoproxil fumarate tab 300 mg</i>	16	<i>timolol maleate ophth gel forming soln 0.5%</i>	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	92	.....	110
<i>terazosin hcl cap 10 mg (base equivalent)</i>	92	<i>timolol maleate ophth soln 0.25%</i>	110
<i>terazosin hcl cap 2 mg (base equivalent)</i>	92	<i>timolol maleate ophth soln 0.5%</i>	110
<i>terazosin hcl cap 5 mg (base equivalent)</i>	92	<i>timolol maleate ophth soln 0.5% (once-daily)</i>	
<i>terbinafine hcl tab 250 mg</i>	15	.....	110
<i>terbutaline sulfate tab 2.5 mg</i>	113	<i>timolol maleate tab 10 mg</i>	42
<i>terbutaline sulfate tab 5 mg</i>	113	<i>timolol maleate tab 20 mg</i>	42
<i>terconazole vaginal cream 0.4%</i>	93	<i>timolol maleate tab 5 mg</i>	42
<i>terconazole vaginal cream 0.8%</i>	93	<i>tinidazole tab 250 mg</i>	14
<i>terconazole vaginal suppos 80 mg</i>	93	<i>tinidazole tab 500 mg</i>	14
<i>teriflunomide tab 14 mg</i>	68	<i>tiotropium bromide inhal cap 18 mcg (base</i>	
<i>teriflunomide tab 7 mg</i>	68	<i>equiv)</i>	111
<i>testosterone cypionate im inj in oil 100 mg/ml</i>		TIVICAY PD TAB 5MG.....	16
.....	71	TIVICAY TAB 50MG.....	16

<i>tizanidine hcl tab 2 mg (base equivalent)</i>	68	<i>trandolapril tab 1 mg</i>	35
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	68	<i>trandolapril tab 2 mg</i>	35
<i>TOBRADEX OIN 0.3-0.1%</i>	108	<i>trandolapril tab 4 mg</i>	36
<i>TOBRADEX ST SUS 0.3-0.05</i>	108	<i>trandolapril-verapamil hcl tab er 1-240 mg</i> ...	35
<i>tobramycin nebu soln 300 mg/4ml</i>	114	<i>trandolapril-verapamil hcl tab er 2-180 mg</i> ...	35
<i>tobramycin nebu soln 300 mg/5ml</i>	114	<i>trandolapril-verapamil hcl tab er 2-240 mg</i> ...	35
<i>tobramycin ophth soln 0.3%</i>	109	<i>trandolapril-verapamil hcl tab er 4-240 mg</i> ...	35
<i>tobramycin sulfate for inj 1.2 gm</i>	14	<i>tranexamic acid iv soln 1000 mg/10ml (100</i>	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>		<i>mg/ml)</i>	96
<i>(base equiv)</i>	14	<i>tranexamic acid tab 650 mg</i>	96
<i>tobramycin-dexamethasone ophth susp 0.3-</i>		<i>tranylcypromine sulfate tab 10 mg</i>	52
<i>0.1%</i>	109	<i>travoprost ophth soln 0.004% (benzalkonium</i>	
<i>TODAY SPONGE MIS</i>	92	<i>free) (bak free)</i>	110
<i>tofacitinib citrate oral soln 1 mg/ml (base</i>		<i>trazodone hcl tab 100 mg</i>	52
<i>equivalent)</i>	102	<i>trazodone hcl tab 150 mg</i>	52
<i>tofacitinib citrate tab 10 mg (base equivalent)</i>		<i>trazodone hcl tab 300 mg</i>	52
.....	102	<i>trazodone hcl tab 50 mg</i>	52
<i>tofacitinib citrate tab 5 mg (base equivalent)</i>		<i>TRELEGY AER 100MCG</i>	111
.....	102	<i>TRELEGY AER 200MCG</i>	111
<i>tofacitinib citrate tab er 24hr 11 mg (base</i>		<i>TREMFYA INJ 100MG/ML</i>	102
<i>equivalent)</i>	102	<i>TREMFYA INJ 200/20ML</i>	97
<i>tofacitinib citrate tab er 24hr 22 mg (base</i>		<i>TREMFYA INJ 200/2ML</i>	102
<i>equivalent)</i>	102	<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i> .	47
<i>tolterodine tartrate cap er 24hr 2 mg</i>	93	<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	47
<i>tolterodine tartrate cap er 24hr 4 mg</i>	93	<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i> 47	
<i>tolterodine tartrate tab 1 mg</i>	93	<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i> 47	
<i>tolterodine tartrate tab 2 mg</i>	93	<i>TRESIBA FLEX INJ 100UNIT</i>	74
<i>tolvaptan (hyponatremia) tab 15 mg</i>	85	<i>TRESIBA FLEX INJ 200UNIT</i>	74
<i>tolvaptan (hyponatremia) tab 30 mg</i>	85	<i>TRESIBA INJ 100UNIT</i>	74
<i>topiramate sprinkle cap 15 mg</i>	61	<i>tretinoin cap 10 mg</i>	33
<i>topiramate sprinkle cap 25 mg</i>	61	<i>tretinoin cream 0.025%</i>	117
<i>topiramate sprinkle cap 50 mg</i>	61	<i>tretinoin cream 0.05%</i>	117
<i>topiramate tab 100 mg</i>	62	<i>tretinoin cream 0.1%</i>	117
<i>topiramate tab 200 mg</i>	62	<i>tretinoin gel 0.01%</i>	117
<i>topiramate tab 25 mg</i>	62	<i>tretinoin gel 0.025%</i>	117
<i>topiramate tab 50 mg</i>	62	<i>tretinoin gel 0.05%</i>	117
<i>topotecan hcl for inj 4 mg (base equiv)</i>	34	<i>tretinoin microsphere gel 0.04%</i>	118
<i>toremifene citrate tab 60 mg (base equivalent)</i>		<i>tretinoin microsphere gel 0.1%</i>	118
.....	27	<i>triamcinolone acetonide cream 0.025%</i>	121
<i>torsemide tab 10 mg</i>	45	<i>triamcinolone acetonide cream 0.1%</i>	121
<i>torsemide tab 100 mg</i>	45	<i>triamcinolone acetonide cream 0.5%</i>	121
<i>torsemide tab 20 mg</i>	45	<i>triamcinolone acetonide dental paste 0.1%</i> ..	123
<i>torsemide tab 5 mg</i>	45	<i>triamcinolone acetonide lotion 0.025%</i>	121
<i>tramadol hcl tab 50 mg</i>	12	<i>triamcinolone acetonide lotion 0.1%</i>	121
<i>tramadol hcl tab er 24hr 100 mg</i>	12	<i>triamcinolone acetonide nasal aerosol</i>	
<i>tramadol hcl tab er 24hr 200 mg</i>	12	<i>suspension 55 mcg/act</i>	115
<i>tramadol hcl tab er 24hr 300 mg</i>	12	<i>triamcinolone acetonide oint 0.025%</i>	121
<i>tramadol-acetaminophen tab 37.5-325 mg</i> ...	12	<i>triamcinolone acetonide oint 0.1%</i>	121

<i>triamcinolone acetonide oint 0.5%</i>	121	TRULICITY INJ 4.5/0.5	73
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	45	TRUMENBA INJ	106
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	45	TRUQAP PAK 160MG	31
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	45	TRUQAP PAK 200MG	31
<i>triamterene cap 100 mg</i>	45	TRUQAP TAB 200MG	31
<i>triamterene cap 50 mg</i>	45	TRUSTEX/RIA MIS NON-LUB	79
<i>triazolam tab 0.125 mg</i>	65	TRUSTX NON-9 MIS RIB/STUD	79
<i>triazolam tab 0.25 mg</i>	65	TRYPTYR SOL 0.003%	110
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	58	TUKYSA TAB 150MG	31
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	58	TUKYSA TAB 50MG	31
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	58	TUXARIN ER TAB 54.3-8MG	113
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	58	TWIIST KIT REFILL	81
<i>trifluridine ophth soln 1%</i>	109	TWIIST REFIL KIT INFUSION	81
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	55	TWINRIX INJ	106
<i>trihexyphenidyl hcl tab 2 mg</i>	55	TWIRLA DIS 120-30	79
<i>trihexyphenidyl hcl tab 5 mg</i>	55	TYBLUME CHW 0.1-0.02	79
TRIKAFTA PAK 59.5MG	114	TYMLOS INJ	76
TRIKAFTA PAK 75MG	114	TYRUKO CON 300/15ML	68
TRIKAFTA TAB	114	TYSABRI INJ 300/15ML	68
<i>tri-linyah</i>	79	U	
<i>trimethobenzamide hcl cap 300 mg</i>	88	UBRELVY TAB 100MG	66
<i>trimethoprim tab 100 mg</i>	22	UBRELVY TAB 50MG	66
<i>trimipramine maleate cap 100 mg</i>	53	<i>unithroid</i>	86
<i>trimipramine maleate cap 25 mg</i>	52	UPTRAVI INJ 1800MCG	47
<i>trimipramine maleate cap 50 mg</i>	53	UPTRAVI PACK TAB 200/800	47
TRINTELLIX TAB 10MG	53	UPTRAVI TAB 1000MCG	48
TRINTELLIX TAB 20MG	53	UPTRAVI TAB 1200MCG	48
TRINTELLIX TAB 5MG	53	UPTRAVI TAB 1400MCG	48
TRIPTODUR SUS 22.5MG	76	UPTRAVI TAB 1600MCG	48
<i>tri-sprintec</i>	79	UPTRAVI TAB 200MCG	47
TRIUMEQ PD TAB	17	UPTRAVI TAB 400MCG	47
TRIUMEQ TAB	17	UPTRAVI TAB 600MCG	48
<i>tri-vite/fluoride</i>	108	UPTRAVI TAB 800MCG	48
TROGARZO INJ 150MG/ML	16	<i>ursodiol cap 300 mg</i>	90
<i>tropicamide ophth soln 0.5%</i>	110	<i>ursodiol tab 250 mg</i>	90
<i>tropicamide ophth soln 1%</i>	110	<i>ursodiol tab 500 mg</i>	90
<i>tropium chloride cap er 24hr 60 mg</i>	93	V	
<i>tropium chloride tab 20 mg</i>	93	<i>valacyclovir hcl tab 1 gm</i>	18
TRULICITY INJ 0.75/0.5	73	<i>valacyclovir hcl tab 500 mg</i>	18
TRULICITY INJ 1.5/0.5	73	<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	18
TRULICITY INJ 3/0.5.....	73	<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	18
		<i>valproate sodium inj 100 mg/ml</i>	62
		<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	62
		<i>valproic acid cap 250 mg</i>	62
		<i>valsartan tab 160 mg</i>	37

<i>valsartan tab 320 mg</i>	37	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	53
<i>valsartan tab 40 mg</i>	37	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	53
<i>valsartan tab 80 mg</i>	37	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	53
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	37	<i>venlafaxine hcl tab 100 mg (base equivalent)</i> 53	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	37	<i>venlafaxine hcl tab 25 mg (base equivalent)</i> ... 53	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	37	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> 53	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	37	<i>venlafaxine hcl tab 50 mg (base equivalent)</i> ... 53	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	37	<i>venlafaxine hcl tab 75 mg (base equivalent)</i> ... 53	
<i>valtya 1/50</i>	79	<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	53
<i>vancomycin hcl cap 125 mg (base equivalent)</i> 22		<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	53
<i>vancomycin hcl cap 250 mg (base equivalent)</i> 22		<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	53
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	22	<i>verapamil hcl cap er 24hr 100 mg</i>	44
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	22	<i>verapamil hcl cap er 24hr 120 mg</i>	44
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	22	<i>verapamil hcl cap er 24hr 180 mg</i>	44
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	22	<i>verapamil hcl cap er 24hr 200 mg</i>	44
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	22	<i>verapamil hcl cap er 24hr 240 mg</i>	44
<i>VAQTA INJ 25/0.5ML</i>	106	<i>verapamil hcl cap er 24hr 300 mg</i>	44
<i>VAQTA INJ 50UNT/ML</i>	106	<i>verapamil hcl cap er 24hr 360 mg</i>	44
<i>varenicline tartrate tab 0.5 mg (base equiv)</i> ..	71	<i>verapamil hcl tab 120 mg</i>	44
<i>varenicline tartrate tab 1 mg (base equiv)</i>	71	<i>verapamil hcl tab 40 mg</i>	44
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	71	<i>verapamil hcl tab 80 mg</i>	44
<i>VARIVAX INJ</i>	106	<i>verapamil hcl tab er 120 mg</i>	44
<i>VARUBI TAB 90MG</i>	88	<i>verapamil hcl tab er 180 mg</i>	44
<i>VASCEPA CAP 0.5GM</i>	41	<i>verapamil hcl tab er 240 mg</i>	44
<i>VASCEPA CAP 1GM</i>	41	<i>VERZENIO TAB 100MG</i>	32
<i>VAXELIS INJ</i>	106	<i>VERZENIO TAB 150MG</i>	32
<i>VAXNEUVANCE INJ</i>	106	<i>VERZENIO TAB 200MG</i>	32
<i>VCF VAGINAL GEL CONTRACE</i>	92	<i>VERZENIO TAB 50MG</i>	32
<i>VCF VAGINAL MIS CONTRACP</i>	92	<i>VIBERZI TAB 100MG</i>	89
<i>velivet</i>	79	<i>VIBERZI TAB 75MG</i>	89
<i>VELPHORO CHW 500MG</i>	85	<i>vigabatrin powd pack 500 mg</i>	62
<i>VELSIPITY TAB 2MG</i>	102	<i>vigabatrin tab 500 mg</i>	62
<i>VENCLEXTA TAB 100MG</i>	26	<i>vilazodone hcl tab 10 mg</i>	53
<i>VENCLEXTA TAB 10MG</i>	26	<i>vilazodone hcl tab 20 mg</i>	53
<i>VENCLEXTA TAB 50MG</i>	26	<i>vilazodone hcl tab 40 mg</i>	53
<i>VENCLEXTA TAB START PK</i>	26	<i>vinblastine sulfat inj 1 mg/ml</i>	33
		<i>vincristine sulfat iv soln 1 mg/ml</i>	33
		<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	33
		<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	33
		<i>VIOKACE TAB 10440</i>	91

VIOKACE TAB 20880	91	XARELTO STAR TAB 15/20MG	95
<i>viorele</i>	79	XARELTO TAB 10MG	95
VIREAD POW 40MG/GM	16	XARELTO TAB 15MG	95
VIREAD TAB 150MG	16	XARELTO TAB 20MG	95
VIREAD TAB 200MG	16	XCOPRI PAK 100-150	62
VIREAD TAB 250MG	16	XCOPRI PAK 12.5-25	62
VISTOGARD PAK 10GM	33	XCOPRI PAK 150-200	62
VITRAKVI CAP 100MG	32	XCOPRI PAK 50-100MG	62
VITRAKVI CAP 25MG	32	XCOPRI TAB 100MG	62
VITRAKVI SOL 20MG/ML	32	XCOPRI TAB 150MG	62
VIVITROL INJ 380MG	24	XCOPRI TAB 200MG	62
<i>voltaren arthritis pain</i>	7	XCOPRI TAB 25MG	62
<i>voriconazole for susp 40 mg/ml</i>	15	XCOPRI TAB 50MG	62
<i>voriconazole tab 200 mg</i>	15	<i>xelria fe</i>	79
<i>voriconazole tab 50 mg</i>	15	XERESE CRE 5-1%	18
VOWST CAP	90	XTAMPZA ER CAP 13.5MG	13
VRAYLAR CAP 0.5MG	58	XTAMPZA ER CAP 18MG	13
VRAYLAR CAP 0.75MG	58	XTAMPZA ER CAP 27MG	13
VRAYLAR CAP 1.5MG	58	XTAMPZA ER CAP 36MG	13
VRAYLAR CAP 3MG	58	XTAMPZA ER CAP 9MG	13
VRAYLAR CAP 4.5MG	58	XTANDI CAP 40MG	28
VRAYLAR CAP 6MG	58	XTANDI TAB 40MG	28
<i>vyfemla</i>	79	XTANDI TAB 80MG	28
W		<i>xulane</i>	79
<i>warfarin sodium tab 1 mg</i>	94	XULTOPHY INJ 100/3.6	73
<i>warfarin sodium tab 10 mg</i>	94	XYWAV SOL 0.5GM/ML	69
<i>warfarin sodium tab 2 mg</i>	94	Y	
<i>warfarin sodium tab 2.5 mg</i>	94	YESINTEK INJ 45/0.5ML	102
<i>warfarin sodium tab 3 mg</i>	94	YESINTEK INJ 90MG/ML	103
<i>warfarin sodium tab 4 mg</i>	94	YEZTUGO INJ 463.5MG	16
<i>warfarin sodium tab 5 mg</i>	94	YEZTUGO TAB 300MG	16
<i>warfarin sodium tab 6 mg</i>	94	YONSA TAB 125MG	28
<i>warfarin sodium tab 7.5 mg</i>	94	YOSPRALA TAB 325-40MG	96
<i>wera</i>	79	YOSPRALA TAB 81-40MG	96
WIDE-SEAL DPR KIT 60	79	<i>yuvafem</i>	84
WIDE-SEAL DPR KIT 65	79	Z	
WIDE-SEAL DPR KIT 70	79	<i>zafirlukast tab 10 mg</i>	114
WIDE-SEAL DPR KIT 75	79	<i>zafirlukast tab 20 mg</i>	114
WIDE-SEAL DPR KIT 80	79	<i>zaleplon cap 10 mg</i>	65
WIDE-SEAL DPR KIT 85	79	<i>zaleplon cap 5 mg</i>	65
WIDE-SEAL DPR KIT 90	79	ZEJULA TAB 100MG	33
WIDE-SEAL DPR KIT 95	79	ZEJULA TAB 200MG	33
X		ZEJULA TAB 300MG	33
XALKORI CAP 150MG	32	ZENPEP CAP 10000UNT	91
XALKORI CAP 200MG	32	ZENPEP CAP 15000UNT	91
XALKORI CAP 20MG	32	ZENPEP CAP 20000UNT	91
XALKORI CAP 250MG	32	ZENPEP CAP 25000UNT	91
XALKORI CAP 50MG	32	ZENPEP CAP 3000UNIT	91

ZENPEP CAP 40000UNT	91	<i>zolmitriptan orally disintegrating tab 5 mg....</i>	67
ZENPEP CAP 5000UNIT	91	<i>zolmitriptan tab 2.5 mg</i>	67
ZENPEP CAP 60000UNT	91	<i>zolmitriptan tab 5 mg</i>	67
<i>zenzedi</i>	65	<i>zolpidem tartrate tab 10 mg.....</i>	65
ZERVIA TE DRO 0.24%	110	<i>zolpidem tartrate tab 5 mg</i>	65
<i>zidovudine cap 100 mg</i>	16	<i>zolpidem tartrate tab er 12.5 mg</i>	66
<i>zidovudine syrup 10 mg/ml.....</i>	16	<i>zolpidem tartrate tab er 6.25 mg</i>	66
<i>zidovudine tab 300 mg.....</i>	16	<i>zonisamide cap 100 mg</i>	62
<i>zileuton tab er 12hr 600 mg.....</i>	114	<i>zonisamide cap 25 mg.....</i>	62
<i>ziprasidone hcl cap 20 mg</i>	58	<i>zonisamide cap 50 mg.....</i>	62
<i>ziprasidone hcl cap 40 mg</i>	58	<i>zovia 1/35.....</i>	79
<i>ziprasidone hcl cap 60 mg</i>	58	ZUBSOLV SUB 0.7-0.18	69
<i>ziprasidone hcl cap 80 mg</i>	58	ZUBSOLV SUB 1.4-0.36	69
ZIRGAN GEL 0.15%	109	ZUBSOLV SUB 11.4-2.9	69
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	75	ZUBSOLV SUB 2.9-0.71	69
<i>zoledronic acid iv soln 5 mg/100ml</i>	75	ZUBSOLV SUB 5.7-1.4.....	69
ZOLINZA CAP 100MG	33	ZUBSOLV SUB 8.6-2.1.....	69
<i>zolmitriptan nasal spray 5 mg/spray unit.....</i>	67	ZYDELIG TAB 100MG	32
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	67	ZYDELIG TAB 150MG	32
		ZYKADIA TAB 150MG.....	32