

Formulario de Élite de CHRISTUS Texas 2026



CHRISTUS ELITE CUBRE A LOS MIEMBROS CON LOS SIGUIENTES PLANES:

- Bronze 8650
- Bronze Enhanced 7500
- Gold 2250
- Gold 3500
- Gold Enhanced
- Platinum 350
- Platinum Enhanced 1350
- Silver 3000
- Silver 5700
- Silver Enhanced 5300

CHRISTUS Elite Texas

2026 CHRISTUS Elite Formulario

Este formulario se actualize el 1 de mayo de 2026

**POR FAVOR, LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN
ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

Este formulario se actualizó el 1 de mayo de 2026. Para obtener información más reciente o para otras preguntas, comuníquese con Servicios para Miembros de CHRISTUS Health Plan al 1-844-856-0826 (los usuarios de TTY deben llamar al 711), de 8 a.m. a 5 p.m. (hora local), de lunes a viernes, o visite www.christushealthplan.org.

Nota para los miembros actuales: Este Formulario ha cambiado desde el año pasado. Por favor, revise este documento para asegurarse de que sigue conteniendo los medicamentos que usted toma.

Cuando esta "Lista de Medicamentos" (Formulario) se refiere a "nosotros", "nos" o "nuestro", se refiere a los planes CHRISTUS Health Plan.

Este documento incluye una "Lista de medicamentos" (formulario) para nuestro plan, vigente a partir del 1 de mayo de 2026. Para obtener una "Lista de medicamentos" (formulario) actualizada, por favor, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha cuando actualizamos por última vez la "Lista de medicamentos" (formulario), aparece en las páginas de la portada y la contraportada.

Por lo general, usted debe usar las farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias y/o los copagos/coseguros pueden cambiar el 1 de enero de 2026 y de vez en cuando durante el año.

¿Qué es el formulario de CHRISTUS Health Plan?

En este documento, usamos los términos "Lista de medicamentos" y formulario para referirnos a lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por CHRISTUS Health Plan en consulta con un equipo de proveedores del cuidado de la salud, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. El plan CHRISTUS Health generalmente cubrirá los medicamentos listados en nuestro formulario siempre y cuando el medicamento sea necesario desde el punto de vista médico, la receta se surta en una farmacia de la red de CHRISTUS Health Plan y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, por favor repase su Evidencia de cobertura.

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Para obtener una lista completa de todos los medicamentos recetados cubiertos por CHRISTUS Health Plan, por favor visite nuestro sitio web o llámenos. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario por última vez, aparece en las páginas de la portada y la contraportada.

¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero el CHRISTUS Health Plan puede agregar o eliminar medicamentos en el formulario durante el año, puede moverlos a diferentes niveles de costos compartidos o puede agregar nuevas restricciones. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web aquí:

<https://www.christushealthplan.org/member-resources/coverage/individual-family-plans/medications-covered>.

Cambios que pueden afectarlo este año: En los siguientes casos, usted se verá afectado por los cambios en la cobertura durante el año:

- **Sustituciones inmediatas de ciertas nuevas versiones de medicamentos de marca y productos biológicos originales.** Nosotros podríamos eliminar inmediatamente un medicamento de nuestro formulario si lo reemplazamos con una nueva versión determinada de ese medicamento que aparecerá en el mismo nivel o en un nivel más bajo de costo compartido y con las mismas o menos restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir si mantendremos el medicamento de marca o el producto biológico original en nuestro formulario, pero lo moveremos inmediatamente a un nivel diferente de costos compartidos o agregaremos nuevas restricciones.

Podemos hacer estos cambios inmediatos solo si estamos agregando una nueva versión genérica de un medicamento de marca, o si estamos agregando ciertas nuevas versiones biosimilares de un producto biológico original, que ya estaba en el formulario (por ejemplo, agregando un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una nueva receta).

Si actualmente está tomando el medicamento de marca o el producto biológico original, es posible que no le informemos con anticipación antes de realizar un cambio inmediato, pero más adelante le proporcionaremos información sobre los cambios específicos que hayamos realizado.

Si hacemos un cambio de este tipo, usted o su médico pueden pedirnos que hagamos una excepción y que continuemos cubriendo el medicamento que se está cambiando. Para obtener más información, consulte la sección a continuación titulada "¿Cómo solicito una excepción al formulario de CHRISTUS Health Plan?"

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?"

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento a la venta o si la Administración de Alimentos y Medicamentos (FDA, en inglés) determina que se retira por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro formulario y más tarde notificaremos a los miembros que toman ese medicamento.
- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podríamos eliminar un medicamento de marca del formulario al agregar un equivalente genérico o eliminar un producto biológico original al agregar un biosimilar. También podríamos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, o moverlo a un nivel de costo compartido diferente, o ambos. Podríamos hacer cambios en base a las nuevas directrices clínicas. Si hacemos estos otros cambios, usted o su médico pueden pedirnos que hagamos una excepción y que continuemos cubriendo el medicamento que ha estado tomando. El aviso que le daremos también incluirá información sobre cómo solicitar una excepción y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al Formulario de CHRISTUS Health Plan?"

Cambios que no lo afectarán si actualmente está tomando el medicamento. Por lo general, si está tomando un medicamento en nuestro formulario de 2026 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2026, excepto como se describió anteriormente. Esto significa que estos medicamentos seguirán estando disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura. Usted no recibirá este año ninguna notificación directa sobre cambios que no lo afecten. Sin embargo, el 1 de enero del próximo año, dichos cambios le afectarían y es importante revisar el formulario para el nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto está actualizado a partir del 1 de mayo de 2026. Para obtener información actualizada sobre los medicamentos cubiertos por CHRISTUS Health Plan, por favor comuníquese con nosotros. Nuestra información de contacto aparece en la portada y la contraportada.

¿Cómo utilizo el Formulario?

Hay dos maneras de encontrar su medicamento en el formulario:

Condición médica

El formulario comienza en la página 3. Los medicamentos de este formulario se agrupan en categorías según el tipo de condición médica para la que se utilizan. Por ejemplo, los medicamentos que se utilizan para tratar una condición del corazón se listan en la categoría de Terapia Antihipertensiva. Si usted sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. A continuación, busque su medicamento bajo el nombre de la categoría.

Lista por orden alfabético

Si no está seguro de en qué categoría buscar, busque su medicamento en el Índice que comienza en la página 122. El Índice le da una lista alfabética de todos los medicamentos que se incluyen en este

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documento. Tanto los medicamentos de marca como los genéricos aparecen en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Diríjase a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

CHRISTUS Health Plan cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la FDA por tener el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los medicamentos de marca. Hay sustitutos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden ser sustituidos por el medicamento de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Ya que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se llaman biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, pueden sustituir al producto biológico original en la farmacia sin necesidad de una receta nueva, del mismo modo que los medicamentos genéricos pueden sustituir a los medicamentos de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** CHRISTUS Health Plan requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de CHRISTUS Health Plan antes de surtir sus recetas. Si no obtiene la aprobación, es posible que CHRISTUS Health Plan no cubra el medicamento.
- **Límites en la cantidad:** Para ciertos medicamentos, CHRISTUS Health Plan limita la cantidad del medicamento que CHRISTUS Health Plan cubrirá. Por ejemplo, CHRISTUS Health Plan concede 10 tabletas por receta de 30 días para un medicamento específico. Esto puede ser adicional al suministro regular de un mes o tres meses.
- **Terapia de pasos (también conocida como terapia escalonada):** En algunos casos, CHRISTUS Health Plan requiere que primero pruebe ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa condición. Por ejemplo, si el Medicamento A y el Medicamento B tratan su condición médica, es posible que CHRISTUS Health Plan no cubra el Medicamento B a menos que pruebe primero el Medicamento A. Si el medicamento A no le hace efecto, CHRISTUS Health Plan cubrirá entonces el medicamento B.

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Usted puede averiguar si su medicamento tiene algún requisito o límite adicional buscando en el formulario que comienza en la página 3. Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones de la terapia a pasos. Usted también puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario por última vez, aparece en las páginas de la portada y la contraportada.

Usted puede pedirle a CHRISTUS Health Plan que haga una excepción a estas restricciones o límites o que le de una lista de otros medicamentos similares que puedan tratar su condición médica. Consulte la sección "¿Cómo solicito una excepción al formulario de CHRISTUS Health Plan?" en la página vi para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no está en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios para Miembros y preguntar si su medicamento está cubierto.

Si se entera de que CHRISTUS Health Plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Servicios para Miembros una lista de medicamentos similares que estén cubiertos por CHRISTUS Health Plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por CHRISTUS Health Plan.
- Puede pedirle a CHRISTUS Health Plan que haga una excepción y cubra su medicamento. Vea la información a continuación sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de CHRISTUS Health Plan?

Usted puede pedirle a CHRISTUS Health Plan que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y no podrá pedirnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede pedirnos que eliminemos una restricción de cobertura, incluyendo la autorización previa, la terapia de pasos o el límite a la cantidad de su medicamento. Por ejemplo, para ciertos medicamentos, CHRISTUS Health Plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que no apliquemos el límite y cubramos una cantidad mayor.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo.

Por lo general, CHRISTUS Health Plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o la aplicación de la restricción no serían tan efectivos para usted y/o le causarían efectos adversos.

Usted o el médico que le receta el medicamento debe comunicarse con nosotros para solicitar un cambio del nivel o una excepción al formulario, incluyendo una excepción a una restricción de la cobertura.

Cuando solicite una excepción, el médico que le receta el medicamento deberá explicar las razones

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médicas por las que necesita la excepción. Por lo general, debemos tomar nuestra decisión dentro de las 72 horas luego de recibir la declaración de respaldo del médico que le receta el medicamento. Usted puede solicitar una decisión acelerada (rápida) si usted cree, y nosotros estamos de acuerdo, que su salud podría verse seriamente perjudicada si espera hasta 72 horas para recibir una decisión. Si estamos de acuerdo o si el médico que le receta el medicamento solicita una decisión rápida, debemos darle una decisión a más tardar 24 horas después de recibir la declaración de respaldo del médico que le receta el medicamento.

Para más información

Para obtener información más detallada sobre su cobertura de medicamentos recetados de CHRISTUS Health Plan, por favor repase su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre CHRISTUS Health Plan, por favor comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en la que actualizamos el formulario por última vez, aparece en las páginas de la portada y la contraportada.

Formulario de CHRISTUS Health

El formulario que comienza en la página siguiente le proporciona información de cobertura sobre los medicamentos cubiertos por CHRISTUS Health Plan. Si tiene problemas para encontrar su medicamento en la lista, vaya al índice que comienza en la página 122.

En la primera columna de la tabla aparece el nombre del medicamento. Los medicamentos de marca se escriben en mayúsculas (por ejemplo, AFINITOR) y los medicamentos genéricos se listan en cursiva minúscula (por ejemplo, *atorvastatin*).

La información en la columna Requisitos/Límites le indica si CHRISTUS Health Plan tiene algún requisito especial para la cobertura de su medicamento.

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-856-0826 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-856-0826 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-844-856-0826 (711) أو تحدث إلى مقدم الخدمة.
中文 Chinese	注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-844-856-0826（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-856-0826 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-844-856-0826 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓકિઝવરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 844-856-0826 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 844-856-0826 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
日本語 Japanese	注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-844-856-0826(TTY: 711)までお電話ください。または、ご利用の事業者にご相談ください。
한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 844-856-0826 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

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ລາວ Laotian	ເສີນລາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-844-856-0826 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.
فارسي Farsi	توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-844-856-0826 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Português Portuguese	ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-844-856-0826 (TTY: 711) ou fale com seu provedor.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-856-0826 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-856-0826 (TTY: 711) o makipag-usap sa iyong provider.
ไทย Thai	หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-844-856-0826 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ
اردو Urdu	توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (1-844-856-0826 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Tiếng Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-844-856-0826 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

A continuación, se muestra una lista de abreviaturas que pueden aparecer en las siguientes páginas en la columna de Requisitos/Límites que le indica si existen requisitos especiales para la cobertura de su medicamento.

Lista de Abreviaciones

ACA: (Affordable Care Act) La ley del Cuidado de Salud a Bajo Precio contiene reformas abarcadoras de seguro médico e incluye disposiciones tributarias que afectan a los individuos, familias, negocios, agentes de seguro, organizaciones exentas de impuestos y entidades gubernamentales.

LA: (Limited Availability) Disponibilidad Limitada. Esta receta puede estar disponible solo en farmacias determinadas. Para obtener más información, llame a Servicios para miembros al 1-844-856-0826 (Los usuarios de TTY deben llamar al 711) o visite christushealthplan.org

OTC: (Over-the-Counter) Medicina que no requiere receta y está disponible a venta libre.

PA: (Prior Authorization) Autorización previa. El Plan exige que usted o su médico obtenga una autorización para medicamentos determinados. Esto significa que necesitará contar con la aprobación antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que nosotros no cubramos el medicamento.

QL: (Quantity Limit) Límite de cantidad. Para ciertos medicamentos, el Plan limita la cantidad del medicamento que cubriremos.

ST: (Step Therapy) Terapia escalonada. En algunos casos, el Plan requiere que usted primero pruebe ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su condición médica, es posible que no cubramos el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, cubriremos el medicamento B.

Niveles de costos compartidos para medicamentos en el formulario del plan estándar

Todos los medicamentos en el formulario de nuestro plan se encuentran en un nivel de costo compartido. En general, cuanto más alto sea el nivel, mayor será el costo del medicamento. La cantidad que paga por los medicamentos en cada nivel de costos compartidos se muestra en su Resumen de beneficios y cobertura.

Niveles de Medicamentos del Plan Estándar		
	Nivel de costos compartidos	Medicamentos incluidos en el nivel de costos compartidos
Nivel de Compartición de Costos Más Bajo	1	Medicamentos Genéricos Preferidos
	2	Medicamentos Genéricos No Preferidos
	3	Medicamentos de Marca Preferida
	4	Medicamentos de Marca No Preferida
Nivel de Participación en Costos Más Alto	5	Medicamentos Especializados

Christus 5T Stnd Modified Effective 05/01/2026

Nombre del Medicamento	Nivel	Requisitos/Límites
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
GOUT		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	ST; PA**
<i>febuxostat tab 80 mg</i>	1	ST; PA**
<i>probenecid tab 500 mg</i>	1	
NSAIDS		
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	QL (300g every 30 days), OTC
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine inj 15 mg/ml</i>	1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	QL (20 tabs every 30 days)
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	

AGE - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy
 Efectivo 5/1/2026.
 MC7751

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>voltaren arthritis pain</i>	1	QL (300g every 30 days), OTC

NSAIDS, COMBINATIONS

<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	

OPIOID ANALGESICS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	ST, QL (400 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	ST, QL (300 caps every 30 days); Subject to initial 7-day limit
<i>butorphanol tartrate inj 1 mg/ml</i>	1	
<i>butorphanol tartrate inj 2 mg/ml</i>	1	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2 bottles every 30 days)
CODEINE SULF TAB 60MG	3	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
<i>codeine sulfate tab 30 mg</i>	1	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 2.5-325</i>	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>endocet tab 5-325mg</i>	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 7.5-325</i>	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 10-325mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	ST, PA; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	ST, QL (50 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl inj 2 mg/ml</i>	1	
<i>hydromorphone hcl tab 2 mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 4 mg</i>	1	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 8 mg</i>	1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	ST, PA; High Strength Requires PA
<i>methadone hcl conc 10 mg/ml</i>	1	QL (30 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5 mg/5ml</i>	1	ST, QL (450 mL every 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	1	ST, QL (225 mL every 30 days)
<i>methadone hcl tab 5 mg</i>	1	ST, QL (90 tabs every 30 days)
<i>methadone hcl tab 10 mg</i>	1	ST, QL (30 tabs every 30 days)
<i>methadone hydrochloride i</i>	1	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose</i>	1	QL (9 tabs every 30 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	ST, QL (30 caps every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate iv soln 4 mg/ml</i>	1	
<i>morphine sulfate iv soln 10 mg/ml</i>	1	
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	ST, QL (675 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	ST, QL (135 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab 15 mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab 30 mg</i>	1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab er 15 mg</i>	1	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 30 mg</i>	1	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 60 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	1	ST, PA; High Strength Requires PA
<i>nalbuphine hcl inj 10 mg/ml</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>nalbuphine hcl inj 20 mg/ml</i>	1	
NUCYNTA ER TAB 50MG	3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 100MG	3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 150MG	3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG	3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 250MG	3	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG	2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TAB 75MG	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TAB 100MG	2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl cap 5 mg</i>	1	ST, QL (180 caps every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	ST, QL (90 mL every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl soln 5 mg/5ml</i>	1	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 5 mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 10 mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 15 mg</i>	1	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 20 mg</i>	1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 30 mg</i>	1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab 5 mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab 10 mg</i>	1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	ST, PA; High Strength Requires PA
<i>tapentadol hcl tab 50 mg</i>	1	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>tapentadol hcl tab 75 mg</i>	1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>tapentadol hcl tab 100 mg</i>	1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>tramadol hcl tab 50 mg</i>	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>tramadol hcl tab er 24hr 100 mg</i>	1	ST, QL (30 tabs every 30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	1	ST, PA; High Strength Requires PA

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	ST, QL (40 tabs every 30 days); Subject to initial 7-day limit
XTAMPZA ER CAP 9MG	2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 18MG	2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 27MG	2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	2	ST, PA; High Strength Requires Prior Auth

OPIOID PARTIAL AGONISTS

BELBUCA MIS 75MCG	2	ST, QL (60 films every 30 days)
BELBUCA MIS 150MCG	2	ST, QL (60 films every 30 days)
BELBUCA MIS 300MCG	2	ST, QL (60 films every 30 days)
BELBUCA MIS 450MCG	2	ST, QL (60 films every 30 days)
BELBUCA MIS 600MCG	2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	1	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	ST, PA; High Strength Requires Prior Auth
SUBLOCADE INJ 100/0.5	4	
SUBLOCADE INJ 300/1.5	4	

SALICYLATES

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

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>goodsense aspirin</i>	0	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>	1	
<i>lidocaine hcl local inj 1%</i>	1	
<i>lidocaine hcl local inj 2%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	1	
<i>lidocaine hcl local soln prefilled syringe 100 mg/5ml (2%)</i>	1	

ANTI-INFECTIVES

ANTHELMINTICS

<i>albendazole tab 200 mg</i>	3	QL (336 tabs every 365 days)
EMVERM CHW 100MG	3	QL (12 tabs every 365 days)
<i>ivermectin tab 3 mg</i>	1	
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs every 365 days)

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	1	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	1	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
<i>gentamicin sulfate inj 40 mg/ml</i>	1	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>sulfadiazine tab 500 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>tobramycin sulfate for inj 1.2 gm</i>	1	QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	1	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	1	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days

ANTIFUNGALS

<i>amphotericin b for iv soln 50 mg</i>	1	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
CRESEMBA CAP 74.5MG	3	
CRESEMBA CAP 186MG	3	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
<i>itraconazole oral soln 10 mg/ml</i>	1	PA
<i>nystatin tab 500000 unit</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	PA
<i>posaconazole tab delayed release 100 mg</i>	3	PA
<i>terbinafine hcl tab 250 mg</i>	1	
<i>voriconazole for susp 40 mg/ml</i>	3	PA
<i>voriconazole tab 50 mg</i>	3	PA
<i>voriconazole tab 200 mg</i>	3	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TAB 150MG	3	
<i>mefloquine hcl tab 250 mg</i>	1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>quinine sulfate cap 324 mg</i>	1	

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (900 mL every 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (60 tabs every 30 days)
APRETUDE SUS 600MG ER	0	QL (2 vials every 90 days)
APTIVUS CAP 250MG	2	QL (120 caps every 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (30 caps every 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (60 caps every 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (30 caps every 30 days)
<i>darunavir tab 600 mg</i>	1	QL (60 tabs every 30 days)
<i>darunavir tab 800 mg</i>	1	QL (30 tabs every 30 days)
EDURANT PED TAB 2.5MG	2	QL (180 tabs every 30 days)
EDURANT TAB 25MG	2	QL (60 tabs every 30 days)
<i>efavirenz tab 600 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine caps 200 mg</i>	1	QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	2	QL (680 ml every 28 days)

AGE - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy 10
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Nombre del Medicamento	Nivel	Requisitos/Límites
<i>etravirine tab 100 mg</i>	1	QL (120 tabs every 30 days)
<i>etravirine tab 200 mg</i>	1	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (120 tabs every 30 days)
INTELENCE TAB 25MG	2	QL (120 tabs every 30 days)
ISENTRESS CHW 25MG	2	QL (180 tabs every 30 days)
ISENTRESS CHW 100MG	2	QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	2	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	2	QL (60 packets every 30 days)
ISENTRESS TAB 400MG	2	QL (120 tabs every 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (960 ml every 30 days)
<i>lamivudine tab 150 mg</i>	1	QL (60 tabs every 30 days)
<i>lamivudine tab 300 mg</i>	1	QL (30 tabs every 30 days)
<i>maraviroc tab 150 mg</i>	1	QL (60 tabs every 30 days)
<i>maraviroc tab 300 mg</i>	1	QL (120 tabs every 30 days)
<i>nevirapine susp 50 mg/5ml</i>	1	QL (1200 mL every 30 days)
<i>nevirapine tab 200 mg</i>	1	QL (60 tabs every 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (30 tabs every 30 days)
NORVIR POW 100MG	2	QL (360 packets every 30 days)
PREZISTA SUS 100MG/ML	2	QL (400 ml every 30 days)
PREZISTA TAB 75MG	2	QL (300 tabs every 30 days)
PREZISTA TAB 150MG	2	QL (180 tabs every 30 days)
RETROVIR INJ 10MG/ML	2	
REYATAZ POW 50MG	2	QL (180 packets every 30 days)
<i>rilpivirine hcl tab 25 mg (base equivalent)</i>	1	QL (60 tabs every 30 days)
<i>ritonavir tab 100 mg</i>	1	QL (360 tabs every 30 days)
SELZENTRY SOL 20MG/ML	2	QL (1840 mL every 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (30 tabs every 30 days)
TIVICAY PD TAB 5MG	2	QL (360 tabs every 30 days)
TIVICAY TAB 50MG	2	QL (60 tabs every 30 days)
TROGARZO INJ 150MG/ML	4	
TYBOST TAB 150MG	2	QL (30 tabs every 30 days)
VIREAD POW 40MG/GM	2	QL (240 gm every 30 days)
VIREAD TAB 150MG	2	QL (30 tabs every 30 days)
VIREAD TAB 200MG	2	QL (30 tabs every 30 days)
VIREAD TAB 250MG	2	QL (30 tabs every 30 days)
YEZTUGO INJ 463.5MG	2	QL (4 vials every 168 days)
YEZTUGO TAB 300MG	2	QL (8 tabs every 4 days)
<i>zidovudine cap 100 mg</i>	1	QL (180 caps every 30 days)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (1920 ml every 30 days)
<i>zidovudine tab 300 mg</i>	1	QL (60 tabs every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 tabs every 30 days)
BIKTARVY TAB	2	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	5	PA, QL (1 kit every 30 days)
CABENUVA SUS 600-900	5	PA, QL (1 kit every 60 days); Loading dose of 1 kit in 30 days allowed for initial fill
CIMDUO TAB 300-300	2	QL (30 tabs every 30 days)
DELSTRIGO TAB	2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	0	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
DOVATO TAB 50-300MG	2	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
GENVOYA TAB	2	QL (30 tabs every 30 days)
KALETRA SOL	2	QL (480 ml every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (120 tabs every 30 days)
ODEFSEY TAB	2	QL (30 tabs every 30 days)
PREZCOBIX TAB 675/150	3	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	3	QL (30 tabs every 30 days)
SYMTUZA TAB	3	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	3	QL (180 tabs every 30 days)
TRIUMEQ TAB	3	QL (30 tabs every 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine cap 250 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid inj 100 mg/ml</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	2	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	2	

ANTIVIRALS

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

CEPHALOSPORINS

<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	

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<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cefazolin sodium for inj 1 gm</i>	1	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for iv soln 2 gm</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>ceftazidime for iv soln 2 gm</i>	1	
<i>ceftriaxone sodium for inj 1 gm</i>	1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 2 gm</i>	1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 10 gm</i>	1	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 250 mg</i>	1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 500 mg</i>	1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for iv soln 1 gm</i>	1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for iv soln 2 gm</i>	1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
<i>tazicef</i>	1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
DIFICID SUS	2	PA
<i>e.e.s. 400</i>	1	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
<i>fidaxomicin tab 200 mg</i>	1	PA
ZITHROMAX POW 1GM PAK	2	
FLUOROQUINOLONES		
BAXDELA TAB 450MG	3	
CIPRO (10%) SUS 500MG/5	3	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin iv soln 25 mg/ml</i>	1	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	
HEPATITIS B		
<i>adefovir dipivoxil tab 10 mg</i>	4	
BARACLUDE SOL	4	PA, QL (630 mL every 30 days)
<i>entecavir tab 0.5 mg</i>	4	PA, QL (30 tabs every 30 days)
<i>entecavir tab 1 mg</i>	4	PA, QL (30 tabs every 30 days)
<i>lamivudine tab 100 mg (hbv)</i>	1	
HEPATITIS C		
EPCLUSA PAK 150-37.5	2	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	2	PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG	2	PA, QL (56 tabs every 28 days)
EPCLUSA TAB 400-100	2	PA, QL (28 tabs every 28 days)
HARVONI PAK	2	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	2	PA, QL (56 pellets every 28 days)
HARVONI TAB 45-200MG	2	PA, QL (56 tabs every 28 days)
HARVONI TAB 90-400MG	2	PA, QL (28 tabs every 28 days)
PEGASYS INJ	4	PA
PEGASYS INJ 180MCG/M	4	PA
<i>ribavirin cap 200 mg</i>	1	
<i>ribavirin tab 200 mg</i>	1	
SOVALDI PAK 150MG	5	ST, PA, QL (28 pellets every 28 days)
SOVALDI PAK 200MG	5	ST, PA, QL (56 pellets every 28 days)
SOVALDI TAB 200MG	5	ST, PA, QL (56 tabs every 28 days)
SOVALDI TAB 400MG	5	ST, PA, QL (28 tabs every 28 days)
VOSEVI TAB	4	PA, QL (28 tabs every 28 days)
MISCELLANEOUS		
<i>atovaquone susp 750 mg/5ml</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 gm</i>	1	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	1	
<i>linezolid tab 600 mg</i>	1	
<i>meropenem iv for soln 1 gm</i>	1	QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>meropenem iv for soln 500 mg</i>	1	QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>methenamine hippurate tab 1 gm</i>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole iv soln 500 mg/100ml</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>nitazoxanide tab 500 mg</i>	1	QL (20 tabs every 30 days)
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin susp 25 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate for inj soln 300 mg</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>polymyxin b sulfate for inj 500000 unit</i>	1	
<i>pyrimethamine tab 25 mg</i>	3	PA

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	1	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	1	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	1	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	1	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days

PENICILLINS

<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 2 gm</i>	1	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<i>penicillin g potassium for inj 5000000 unit</i>	1	
<i>penicillin g potassium for inj 20000000 unit</i>	1	
<i>penicillin g sodium for inj 5000000 unit</i>	1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>pfizerpen</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	QL (120 caps every 30 days)
<i>tetracycline hcl cap 500 mg</i>	1	QL (120 caps every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>busulfan inj 6 mg/ml</i>	1	
<i>carmustine for inj 100 mg</i>	1	
<i>cyclophosphamide cap 25 mg</i>	1	
<i>cyclophosphamide cap 50 mg</i>	1	
<i>cyclophosphamide for inj 1 gm</i>	4	
<i>cyclophosphamide for inj 2 gm</i>	4	
<i>cyclophosphamide for inj 500 mg</i>	4	
<i>dacarbazine for inj 100 mg</i>	1	
<i>dacarbazine for inj 200 mg</i>	1	
GLEOSTINE CAP 10MG	4	
GLEOSTINE CAP 40MG	4	
GLEOSTINE CAP 100MG	4	
GLIADEL WAF 7.7MG	2	
<i>ifosfamide for inj 1 gm</i>	1	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	1	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	1	
LEUKERAN TAB 2MG	2	
<i>lomustine cap 10 mg</i>	1	
<i>lomustine cap 40 mg</i>	1	
<i>lomustine cap 100 mg</i>	1	
MATULANE CAP 50MG	2	
<i>melfhalan hcl for inj 50 mg (base equiv)</i>	1	
TEMODAR INJ 100MG	4	PA
<i>temozolomide cap 5 mg</i>	4	PA
<i>temozolomide cap 20 mg</i>	4	PA
<i>temozolomide cap 100 mg</i>	4	PA
<i>temozolomide cap 140 mg</i>	4	PA
<i>temozolomide cap 180 mg</i>	4	PA
<i>temozolomide cap 250 mg</i>	4	PA
ANTIBIOTICS		
<i>adriamycin</i>	1	
<i>bleomycin sulfate for inj 15 unit</i>	1	
<i>bleomycin sulfate for inj 30 unit</i>	1	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	1	
<i>doxorubicin hcl for inj 10 mg</i>	1	
<i>doxorubicin hcl inj 2 mg/ml</i>	1	
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	1	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	1	
<i>mitomycin for iv soln 5 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>mitomycin for iv soln 20 mg</i>	1	
<i>mitomycin for iv soln 40 mg</i>	1	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	4	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	4	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	4	
ANTIMETABOLITES		
<i>azacitidine for inj 100 mg</i>	4	PA
<i>capecitabine tab 150 mg</i>	4	PA
<i>capecitabine tab 500 mg</i>	4	PA
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	1	
<i>clofarabine iv soln 1 mg/ml</i>	1	
<i>cytarabine inj 20 mg/ml</i>	1	
<i>cytarabine inj pf 20 mg/ml</i>	1	
<i>cytarabine inj pf 100 mg/ml</i>	1	
<i>decitabine for inj 50 mg</i>	4	PA
<i>fludarabine phosphate for inj 50 mg</i>	1	
<i>fludarabine phosphate inj 25 mg/ml</i>	1	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	1	
<i>gemcitabine hcl for inj 1 gm</i>	4	
<i>gemcitabine hcl for inj 2 gm</i>	4	
<i>gemcitabine hcl for inj 200 mg</i>	4	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	4	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	4	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	4	
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
NIPENT INJ 10MG	2	
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	4	
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	4	
TABLOID TAB 40MG	2	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>ANTINEOPLASTIC, BCL-2 INHIBITORS</i>		
VENCLEXTA TAB 10MG	4	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	4	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	4	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	4	PA, QL (1 pack every 28 days)
<i>BIOLOGIC RESPONSE MODIFIERS</i>		
ERBITUX INJ 100MG	4	PA
ERBITUX INJ 200MG	4	PA
ERIVEDGE CAP 150MG	4	PA, QL (30 caps every 30 days)
KADCYLA INJ 100MG	4	PA
KADCYLA INJ 160MG	4	PA
KEYTRUDA INJ 100MG/4M	4	PA
PADCEV INJ 20MG	5	PA, QL (21 vials every 28 days)
PADCEV INJ 30MG	5	PA, QL (15 vials every 28 days)
POMALYST CAP 1MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 2MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 3MG	5	PA, QL (21 caps every 28 days)
POMALYST CAP 4MG	5	PA, QL (21 caps every 28 days)
REVLIMID CAP 2.5MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 5MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 10MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 15MG	5	PA, QL (28 caps every 28 days)
REVLIMID CAP 20MG	5	PA, QL (21 caps every 28 days)
REVLIMID CAP 25MG	5	PA, QL (21 caps every 28 days)
THALOMID CAP 50MG	5	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	5	PA, QL (112 caps every 28 days)
TICE BCG INJ	2	

Nombre del Medicamento	Nivel	Requisitos/Límites
BIOSIMILARS		
GAZYVA INJ 25MG/ML	4	PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	4	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tab 500 mg</i>	4	PA, QL (60 tabs every 30 days)
<i>anastrozole tab 1 mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	1	
ELIGARD INJ 7.5MG	4	PA
ELIGARD INJ 22.5MG	4	PA
ELIGARD INJ 30MG	4	PA
ELIGARD INJ 45MG	4	PA
ERLEADA TAB 60MG	4	PA, QL (120 tabs every 30 days)
ERLEADA TAB 240MG	4	PA, QL (30 tabs every 30 days)
<i>exemestane tab 25 mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	4	PA
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	PA
LYSODREN TAB 500MG	2	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
<i>nilutamide tab 150 mg</i>	1	
NUBEQA TAB 300MG	4	PA, QL (120 tabs every 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1	
XTANDI CAP 40MG	4	PA, QL (120 caps every 30 days)
XTANDI TAB 40MG	4	PA, QL (120 tabs every 30 days)
XTANDI TAB 80MG	4	PA, QL (60 tabs every 30 days)
YONSA TAB 125MG	4	PA, QL (120 tabs every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>KINASE INHIBITORS</i>		
ALECENSA CAP 150MG	4	PA, QL (240 caps every 30 days)
BRAFTOVI CAP 75MG	4	PA, QL (180 caps every 30 days)
BRUKINSA CAP 80MG	4	PA, QL (120 caps every 30 days)
BRUKINSA TAB 160MG	4	PA, QL (60 tabs every 30 days)
CABOMETYX TAB 20MG	4	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 40MG	4	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 60MG	4	PA, QL (30 tabs every 30 days)
CALQUENCE TAB 100MG	5	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	4	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 300MG	4	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 60MG	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	4	PA, QL (1 kit every 28 days)
<i>dasatinib tab 20 mg</i>	4	PA, QL (90 tabs every 30 days)
<i>dasatinib tab 50 mg</i>	4	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 70 mg</i>	4	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 80 mg</i>	4	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 100 mg</i>	4	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 140 mg</i>	4	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	4	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	4	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	4	PA, QL (30 tabs every 30 days)
<i>everolimus tab 2.5 mg</i>	4	PA, QL (30 tabs every 30 days)
<i>everolimus tab 5 mg</i>	4	PA, QL (30 tabs every 30 days)
<i>everolimus tab 7.5 mg</i>	4	PA, QL (30 tabs every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>everolimus tab 10 mg</i>	4	PA, QL (30 tabs every 30 days)
<i>everolimus tab for oral susp 2 mg</i>	4	PA, QL (60 tabs every 30 days)
<i>everolimus tab for oral susp 3 mg</i>	4	PA, QL (90 tabs every 30 days)
<i>everolimus tab for oral susp 5 mg</i>	4	PA, QL (60 tabs every 30 days)
IBTROZI CAP 200MG	5	PA, QL (90 caps every 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	4	PA, QL (120 tabs every 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	4	PA, QL (60 tabs every 30 days)
IMBRUVICA CAP 70MG	5	PA, QL (30 caps every 30 days)
IMBRUVICA CAP 140MG	5	PA, QL (90 caps every 30 days)
IMBRUVICA SUS 70MG/ML	5	PA, QL (216 ml every 36 days)
IMBRUVICA TAB 140MG	5	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 280MG	5	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 420MG	5	PA, QL (30 tabs every 30 days)
INLYTA TAB 1MG	4	PA, QL (240 tabs every 30 days)
INLYTA TAB 5MG	4	PA, QL (120 tabs every 30 days)
ITOVEBI TAB 3MG	5	PA, QL (60 tabs every 30 days)
ITOVEBI TAB 9MG	5	PA, QL (30 tabs every 30 days)
JAKAFI TAB 5MG	4	PA, QL (60 tabs every 30 days)
JAKAFI TAB 10MG	4	PA, QL (60 tabs every 30 days)
JAKAFI TAB 15MG	4	PA, QL (60 tabs every 30 days)
JAKAFI TAB 20MG	4	PA, QL (60 tabs every 30 days)
JAKAFI TAB 25MG	4	PA, QL (60 tabs every 30 days)
KISQALI TAB 200DOSE	4	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TAB 400DOSE	4	PA, QL (42 tabs every 28 days); 400 mg dose

Nombre del Medicamento	Nivel	Requisitos/Límites
KISQALI TAB 600DOSE	4	PA, QL (63 tabs every 28 days); 600 mg dose
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	4	PA, QL (180 tabs every 30 days)
LENVIMA CAP 4MG	5	PA, QL (30 caps every 30 days)
LENVIMA CAP 8 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	5	PA, QL (30 caps every 30 days)
LENVIMA CAP 12MG	5	PA, QL (90 caps every 30 days)
LENVIMA CAP 14 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	5	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	5	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	5	PA, QL (90 caps every 30 days)
LORBRENA TAB 25MG	5	PA, QL (90 tabs every 30 days)
LORBRENA TAB 100MG	5	PA, QL (30 tabs every 30 days)
MEKINIST SOL 0.05/ML	4	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	4	PA, QL (90 tabs every 30 days)
MEKINIST TAB 2MG	4	PA, QL (30 tabs every 30 days)
MEKTOVI TAB 15MG	4	PA, QL (180 tabs every 30 days)
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	4	PA, QL (120 caps every 30 days)
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	4	PA, QL (120 caps every 30 days)
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	4	PA, QL (120 caps every 30 days)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	4	PA, QL (120 tabs every 30 days)
RYDAPT CAP 25MG	5	PA, QL (224 caps every 28 days)
SCEMBLIX TAB 20MG	4	PA, QL (60 tabs every 30 days)
SCEMBLIX TAB 40MG	4	PA, QL (240 tabs every 30 days)
SCEMBLIX TAB 100MG	4	PA, QL (120 tabs every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	4	PA, QL (120 tabs every 30 days)
STIVARGA TAB 40MG	4	PA, QL (84 tabs every 28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	4	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	4	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	4	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	4	PA, QL (30 caps every 30 days)
TAFINLAR CAP 50MG	4	PA, QL (120 caps every 30 days)
TAFINLAR CAP 75MG	4	PA, QL (120 caps every 30 days)
TAFINLAR TAB 10MG	4	PA, QL (4 bottles every 28 days)
TAGRISSO TAB 40MG	5	PA, QL (30 tabs every 30 days)
TAGRISSO TAB 80MG	5	PA, QL (30 tabs every 30 days)
TRUQAP PAK 160MG	5	PA, QL (64 tabs every 28 days)
TRUQAP PAK 200MG	5	PA, QL (64 tabs every 28 days)
TRUQAP TAB 160MG	5	PA, QL (64 tabs every 28 days)
TRUQAP TAB 200MG	5	PA, QL (64 tabs every 28 days)
TUKYSA TAB 50MG	5	PA, QL (120 tabs every 30 days)
TUKYSA TAB 150MG	5	PA, QL (120 tabs every 30 days)
VERZENIO TAB 50MG	4	PA, QL (56 tabs every 28 days)
VERZENIO TAB 100MG	4	PA, QL (56 tabs every 28 days)
VERZENIO TAB 150MG	4	PA, QL (56 tabs every 28 days)
VERZENIO TAB 200MG	4	PA, QL (56 tabs every 28 days)
VITRAKVI CAP 25MG	5	PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	5	PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	5	PA, QL (300 mL every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
XALKORI CAP 20MG	4	PA, QL (120 pellets every 30 days)
XALKORI CAP 50MG	4	PA, QL (120 pellets every 30 days)
XALKORI CAP 150MG	4	PA, QL (180 pellets every 30 days)
XALKORI CAP 200MG	4	PA, QL (120 caps every 30 days)
XALKORI CAP 250MG	4	PA, QL (120 caps every 30 days)
ZYDELIG TAB 100MG	4	PA, QL (60 tabs every 30 days)
ZYDELIG TAB 150MG	4	PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	4	PA, QL (90 tabs every 30 days)

MISCELLANEOUS

<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	1	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	1	
<i>bexarotene cap 75 mg</i>	4	PA
<i>hydroxyurea cap 500 mg</i>	1	
IDHIFA TAB 50MG	4	PA, QL (30 tabs every 30 days)
IDHIFA TAB 100MG	4	PA, QL (30 tabs every 30 days)
LYNPARZA TAB 100MG	4	PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	4	PA, QL (120 tabs every 30 days)
ODOMZO CAP 200MG	4	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	4	PA
PHOTOFRIN INJ 75MG	2	
POLIVY INJ 30MG	5	PA
POLIVY INJ 140MG	5	PA
<i>tretinoin cap 10 mg</i>	1	
VISTOGARD PAK 10GM	4	QL (20 packets every 5 days)
ZEJULA TAB 100MG	4	PA, QL (30 tabs every 30 days)
ZEJULA TAB 200MG	4	PA, QL (30 tabs every 30 days)
ZEJULA TAB 300MG	4	PA, QL (30 tabs every 30 days)
ZOLINZA CAP 100MG	4	PA, QL (120 caps every 30 days)

MITOTIC INHIBITORS

<i>docetaxel for inj conc 20 mg/ml</i>	1	
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Nombre del Medicamento	Nivel	Requisitos/Límites
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	1	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	1	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	1	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	1	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	1	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	
<i>vinblastine sulfate inj 1 mg/ml</i>	1	
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	1	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	1	
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	1	
<i>carboplatin iv soln 150 mg/15ml</i>	1	
<i>carboplatin iv soln 450 mg/45ml</i>	1	
<i>carboplatin iv soln 600 mg/60ml</i>	1	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	1	
<i>oxaliplatin for iv inj 50 mg</i>	4	
<i>oxaliplatin for iv inj 100 mg</i>	4	
<i>oxaliplatin iv soln 50 mg/10ml</i>	4	
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	
<i>paraplatin</i>	1	
PROTECTIVE AGENTS		
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	1	
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	1	
<i>leucovorin calcium for inj 50 mg</i>	1	
<i>leucovorin calcium for inj 100 mg</i>	1	
<i>leucovorin calcium for inj 200 mg</i>	1	
<i>leucovorin calcium for inj 350 mg</i>	1	
<i>leucovorin calcium for inj 500 mg</i>	1	
<i>leucovorin calcium tab 5 mg</i>	1	
<i>leucovorin calcium tab 10 mg</i>	1	
<i>leucovorin calcium tab 15 mg</i>	1	
<i>leucovorin calcium tab 25 mg</i>	1	
<i>mesna inj 100 mg/ml</i>	1	
<i>mesna tab 400 mg</i>	1	
TOPOISOMERASE INHIBITORS		
<i>etoposide cap 50 mg</i>	1	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	1	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	1	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	1	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	1	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
KERENDIA TAB 10MG	3	PA
KERENDIA TAB 20MG	3	PA
KERENDIA TAB 40MG	3	PA
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
ALPHA BLOCKERS		
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	1	
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	1	
MULTAQ TAB 400MG	2	PA
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG CR	2	
<i>pacerone</i>	1	
<i>procainamide hcl inj 100 mg/ml</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>sotalol hcl (afib/af1) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS		
<i>NEXLETOL TAB 180MG</i>	3	PA
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>prevalite</i>	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tab 10 mg</i>	1	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75

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

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>rosuvastatin calcium tab 40 mg</i>	1	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>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	ST; PA**; 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>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	

ANTILIPEMICS, MISCELLANEOUS

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	

ANTILIPEMICS, OMEGA-3 FATTY ACIDS

<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAP 0.5GM	1	
VASCEPA CAP 1GM	1	

ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA INJ 140MG/ML	2	QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	2	QL (1 injection every 28 days)
REPATHA SURE INJ 140MG/ML	2	QL (3 pens every 28 days)

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	

AGE - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - 36
Quantity Limits **ST** - Step Therapy
Efectivo 5/1/2026.
MC7751

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>labetalol hcl tab 400 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

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

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>diltiazem hcl tab er 24hr 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
DIGITALIS GLYCOSIDES		
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
DIURETICS		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
<i>ethacrynic acid tab 25 mg</i>	3	
<i>furosemide inj 10 mg/ml</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
MANNITOL INJ 20%	1	
<i>mannitol iv soln 25%</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	

HEART FAILURE

CORLANOR SOL 5MG/5ML	2	
ENTRESTO CAP 6-6MG	3	
ENTRESTO CAP 15-16MG	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	1	
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	1	
<i>sacubitril-valsartan tab 24-26 mg</i>	1	
<i>sacubitril-valsartan tab 49-51 mg</i>	1	
<i>sacubitril-valsartan tab 97-103 mg</i>	1	

MISCELLANEOUS

<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>hydralazine hcl tab 100 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	4	PA, QL (360 caps every 30 days)
<i>ranolazine tab er 12hr 500 mg</i>	1	ST; PA**
<i>ranolazine tab er 12hr 1000 mg</i>	1	ST; PA**

NITRATES

<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TAB 0.5MG	4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG	4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1MG	4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG	4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG	4	PA, QL (90 tabs every 30 days)
<i>ambrisentan tab 5 mg</i>	4	PA, QL (30 tabs every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>ambrisentan tab 10 mg</i>	4	PA, QL (30 tabs every 30 days)
<i>bosentan tab 62.5 mg</i>	4	PA, QL (60 tabs every 30 days)
<i>bosentan tab 125 mg</i>	4	PA, QL (60 tabs every 30 days)
<i>bosentan tab for oral susp 32 mg</i>	4	PA, QL (112 tabs every 28 days)
OPSUMIT TAB 10MG	4	PA, QL (30 tabs every 30 days)
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	4	PA
<i>sildenafil citrate tab 20 mg</i>	4	PA, QL (360 tabs every 30 days)
<i>tadalafil tab 20 mg (pah)</i>	4	PA, QL (60 tabs every 30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	4	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	4	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	4	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	4	PA
TYVASO RF KT SOL 0.6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO ST KT SOL 0.6MG/ML	4	PA, QL (28 ampules every 28 days)
UPTRAVI INJ 1800MCG	4	PA
UPTRAVI PACK TAB 200/800	4	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	4	PA, QL (140 tabs every 28 days)
UPTRAVI TAB 400MCG	4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 600MCG	4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 800MCG	4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1000MCG	4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1200MCG	4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG	4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG	4	PA, QL (60 tabs every 30 days)
VENTAVIS SOL 10MCG/ML	4	PA, QL (270 ampules every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
VENTAVIS SOL 20MCG/ML	4	PA, QL (270 ampules every 30 days)

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

<i>acamprosate calcium tab delayed release 333 mg</i>	1	PA
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

<i>riluzole tab 50 mg</i>	1	
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ANTIANSIETY

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

AGE - Age Limit GNDR - Gender Edit OTC - Over the counter PA - Prior Authorization QL - 44
Quantity Limits ST - Step Therapy

Efectivo 5/1/2026.

MC7751

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	QL (120 caps every 30 days)
<i>oxazepam cap 15 mg</i>	1	QL (120 caps every 30 days)
<i>oxazepam cap 30 mg</i>	1	QL (120 caps every 30 days)
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	1	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 25 mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>amitriptyline hcl tab 50 mg</i>	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 75 mg</i>	1	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 100 mg</i>	1	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 150 mg</i>	1	PA; High strength requires PA for members age 65 and older
<i>amoxapine tab 25 mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 50 mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 100 mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 150 mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 25 mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 50 mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 75 mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>desipramine hcl tab 100 mg</i>	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 150 mg</i>	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	(generic of Pristiq)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	(generic of Pristiq)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	(generic of Pristiq)
<i>doxepin hcl cap 10 mg</i>	1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 75 mg</i>	1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150 mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10 mg/ml</i>	1	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
EMSAM DIS 6MG/24HR	3	PA
EMSAM DIS 9MG/24HR	3	PA
EMSAM DIS 12MG/24H	3	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	

Nombre del Medicamento	Nivel	Requisitos/Límites
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	1	(generic Sarafem not covered)
<i>imipramine hcl tab 10 mg</i>	1	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	1	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 125 mg</i>	1	PA; High strength requires PA for members age 65 and older
<i>imipramine pamoate cap 150 mg</i>	1	PA; High strength requires PA for members age 65 and older
MARPLAN TAB 10MG	3	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>nortriptyline hcl cap 10 mg</i>	1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 25 mg</i>	1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 50 mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 75 mg</i>	1	PA; High strength requires PA for members age 65 and older
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 50 mg</i>	1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older

Nombre del Medicamento	Nivel	Requisitos/Límites
TRINTELLIX TAB 5MG	3	ST; PA**
TRINTELLIX TAB 10MG	3	ST; PA**
TRINTELLIX TAB 20MG	3	ST; PA**
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	
<i>vilazodone hcl tab 10 mg</i>	1	
<i>vilazodone hcl tab 20 mg</i>	1	
<i>vilazodone hcl tab 40 mg</i>	1	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	5	ST, PA, QL (20 cartridges every 30 days)
<i>benztropine mesylate inj 1 mg/ml</i>	1	
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa tab 25 mg</i>	1	

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

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPSYCHOTICS		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	
ARISTADA INJ INITIO	2	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
<i>chlorpromazine hcl inj 25 mg/ml</i>	1	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	1	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
ERZOFRI INJ 39/0.25	2	
ERZOFRI INJ 78/0.5ML	2	
ERZOFRI INJ 117/0.75	2	
ERZOFRI INJ 156MG/ML	2	
ERZOFRI INJ 234/1.5	2	

Nombre del Medicamento	Nivel	Requisitos/Límites
ERZOFRI INJ 351/2.25	2	
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
RYKINDO INJ 25MG	2	
RYKINDO INJ 37.5MG	2	
RYKINDO INJ 50MG	2	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
VRAYLAR CAP 0.5MG	2	ST; PA**
VRAYLAR CAP 0.75MG	2	ST; PA**

Nombre del Medicamento	Nivel	Requisitos/Límites
VRAYLAR CAP 1.5MG	2	ST; PA**
VRAYLAR CAP 3MG	2	ST; PA**
VRAYLAR CAP 4.5MG	2	ST; PA**
VRAYLAR CAP 6MG	2	ST; PA**
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	

ANTISEIZURE AGENTS

<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine chew tab 200 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
<i>clobazam suspension 2.5 mg/ml</i>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam tab 20 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (180 tabs every 30 days)
<i>diazepam inj 5 mg/ml</i>	1	
<i>diazepam intensol</i>	1	QL (240 mL every 30 days)
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL every 30 days)
<i>diazepam tab 2 mg</i>	1	QL (120 tabs every 30 days)
<i>diazepam tab 5 mg</i>	1	QL (120 tabs every 30 days)
<i>diazepam tab 10 mg</i>	1	QL (120 tabs every 30 days)
DILANTIN CAP 30MG	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
<i>fosphephenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	1	
<i>fosphephenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	1	
<i>FYCOMPA SUS 0.5MG/ML</i>	3	
<i>gabapentin cap 100 mg</i>	1	QL (6 caps every day)
<i>gabapentin cap 300 mg</i>	1	QL (6 caps every day)
<i>gabapentin cap 400 mg</i>	1	QL (6 caps every day)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (72 mL every day)
<i>gabapentin tab 600 mg</i>	1	QL (6 tabs every day)
<i>gabapentin tab 800 mg</i>	1	QL (4 tabs every day)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
<i>methsuximide cap 300 mg</i>	1	
NAYZILAM SPR 5MG	2	QL (10 units every 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
<i>perampanel susp 0.5 mg/ml</i>	1	
<i>perampanel tab 2 mg</i>	1	
<i>perampanel tab 4 mg</i>	1	
<i>perampanel tab 6 mg</i>	1	
<i>perampanel tab 8 mg</i>	1	
<i>perampanel tab 10 mg</i>	1	
<i>perampanel tab 12 mg</i>	1	
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin sodium inj 50 mg/ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>pregabalin cap 25 mg</i>	1	ST; PA**
<i>pregabalin cap 50 mg</i>	1	ST; PA**
<i>pregabalin cap 75 mg</i>	1	ST; PA**
<i>pregabalin cap 100 mg</i>	1	ST; PA**
<i>pregabalin cap 150 mg</i>	1	ST; PA**
<i>pregabalin cap 200 mg</i>	1	ST; PA**
<i>pregabalin cap 225 mg</i>	1	ST; PA**
<i>pregabalin cap 300 mg</i>	1	ST; PA**

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>pregabalin soln 20 mg/ml</i>	1	ST; PA**
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	1	
<i>rufinamide tab 200 mg</i>	1	
<i>rufinamide tab 400 mg</i>	1	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate sprinkle cap 50 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	4	PA, QL (180 packets every 30 days)
<i>vigabatrin tab 500 mg</i>	4	PA, QL (180 tabs every 30 days)
<i>XCOPRI PAK 12.5-25</i>	2	
<i>XCOPRI PAK 50-100MG</i>	2	
<i>XCOPRI PAK 100-150</i>	2	
<i>XCOPRI PAK 150-200</i>	2	
<i>XCOPRI TAB 25MG</i>	2	
<i>XCOPRI TAB 50MG</i>	2	
<i>XCOPRI TAB 100MG</i>	2	
<i>XCOPRI TAB 150MG</i>	2	
<i>XCOPRI TAB 200MG</i>	2	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine tab extended release disintegrating 3.1 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine tab extended release disintegrating 6.3 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine tab extended release disintegrating 9.4 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine tab extended release disintegrating 12.5 mg</i>	1	QL (30 tabs every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>amphetamine tab extended release disintegrating 15.7 mg</i>	1	QL (30 tabs every 30 days)
<i>amphetamine tab extended release disintegrating 18.8 mg</i>	1	QL (30 tabs every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs every 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	
AZSTARYS CAP 26.1-5.2	2	QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	2	QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (120 caps every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1,200 mL every 30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 15 mg</i>	1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	1	QL (30 tabs every 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
<i>lisdexamfetamine dimesylate cap 10 mg</i>	1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	1	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	1	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	1	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	1	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	1	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	1	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	1	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	1	QL (30 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	1	QL (30 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	1	QL (30 chew tabs every 30 days)
<i>methamphetamine hcl tab 5 mg</i>	1	QL (150 tabs every 30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (180 chew tabs every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900 mL every 30 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (30 tabs every 30 days)
<i>zenzedi</i>	1	QL (120 tabs every 30 days)

FIBROMYALGIA

SAVELLA MIS TITR PAK	3	ST; PA**
SAVELLA TAB 12.5MG	3	ST; PA**
SAVELLA TAB 25MG	3	ST; PA**
SAVELLA TAB 50MG	3	ST; PA**
SAVELLA TAB 100MG	3	ST; PA**

HYPNOTICS

BELSOMRA TAB 5MG	2	ST; PA**
BELSOMRA TAB 10MG	2	ST; PA**
BELSOMRA TAB 15MG	2	ST; PA**
BELSOMRA TAB 20MG	2	ST; PA**
<i>cvs sleep-aid nighttime</i>	1	OTC
DAYVIGO TAB 5MG	2	PA, QL (30 tabs every 30 days)
DAYVIGO TAB 10MG	2	PA, QL (30 tabs every 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>estazolam tab 1 mg</i>	3	QL (15 tabs every 30 days)
<i>estazolam tab 2 mg</i>	3	QL (15 tabs every 30 days)
<i>eszopiclone tab 1 mg</i>	1	QL (15 tabs every 30 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tabs every 30 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tabs every 30 days)
<i>ramelteon tab 8 mg</i>	1	QL (15 tabs every 30 days)

AGE - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy 61
Efectivo 5/1/2026.
MC7751

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>tasimelteon capsule 20 mg</i>	4	PA, QL (30 caps every 30 days)
<i>temazepam cap 7.5 mg</i>	1	QL (15 caps every 30 days)
<i>temazepam cap 15 mg</i>	1	QL (15 caps every 30 days)
<i>temazepam cap 22.5 mg</i>	1	QL (15 caps every 30 days)
<i>temazepam cap 30 mg</i>	1	QL (15 caps every 30 days)
<i>triazolam tab 0.25 mg</i>	3	QL (10 tabs every 30 days)
<i>triazolam tab 0.125 mg</i>	3	QL (10 tabs every 30 days)
<i>zaleplon cap 5 mg</i>	1	QL (15 caps every 30 days)
<i>zaleplon cap 10 mg</i>	1	QL (15 caps every 30 days)
<i>zolpidem tartrate tab 5 mg</i>	1	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (15 tabs every 30 days)
MIGRAINE - ERGOTAMINE DERIVATIVES		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	1	
ERGOMAR SUB 2MG	3	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
MIGRAINE - MISCELLANEOUS		
QULIPTA TAB 10MG	2	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 30MG	2	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 60MG	2	ST, QL (30 tabs every 30 days); PA**
UBRELVY TAB 50MG	2	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	2	ST, QL (16 tabs every 30 days); PA**
MIGRAINE - MONOCLONAL ANTIBODIES		
AIMOVIG INJ 70MG/ML	2	ST, QL (1 injection every 30 days); PA**
AIMOVIG INJ 140MG/ML	2	ST, QL (1 injection every 30 days); PA**
EMGALITY INJ 100MG/ML	2	ST, QL (3 injections every 30 days); PA**
EMGALITY INJ 120MG/ML	2	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>	1	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 sprays every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 sprays every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 vials every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 units every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 units every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	3	ST, QL (9 tabs every 30 days); PA**
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 sprays every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs every 30 days)
MISCELLANEOUS		
EVRYSDI SOL	5	PA, QL (2 bottles every 24 days)
EVRYSDI TAB 5MG	5	PA, QL (30 tabs every 30 days)
MOOD STABILIZERS		
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
MOVEMENT DISORDERS		
AUSTEDO TAB 6MG	4	PA, QL (60 tabs every 30 days)
AUSTEDO TAB 9MG	4	PA, QL (120 tabs every 30 days)
AUSTEDO TAB 12MG	4	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tab 12.5 mg</i>	4	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tab 25 mg</i>	4	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ 0.3MG	4	PA, QL (14 injections every 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	4	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	4	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	4	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA, QL (1 kit every 30 days)
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	4	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	4	PA, QL (1 pen every 28 days)
<i>teriflunomide tab 7 mg</i>	4	PA, QL (30 tabs every 30 days)
<i>teriflunomide tab 14 mg</i>	4	PA, QL (30 tabs every 30 days)
TYSABRI INJ 300/15ML	4	PA, QL (1 vial every 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tab 500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>cyclobenzaprine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 750 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>norgesic</i>	3	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
MYASTHENIA GRAVIS		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>modafinil tab 100 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	4	PA, QL (540mL every 30 days)
SUNOSI TAB 75MG	2	PA, QL (30 tabs every 30 days)
SUNOSI TAB 150MG	2	PA, QL (30 tabs every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
XYWAV SOL 0.5GM/ML	4	PA, QL (540 ml every 30 days)
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	QL (3 tabs every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	QL (3 tabs every day); \$0 copay
ZUBSOLV SUB 0.7-0.18	2	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36	2	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71	2	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4	2	QL (3 units every day)
ZUBSOLV SUB 8.6-2.1	2	QL (2 units every day)
ZUBSOLV SUB 11.4-2.9	2	QL (1 unit every day)
OPIOID ANTAGONIST		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	OTC
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	0	\$0 copay
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	3	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	3	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
NUEDEXTA CAP 20-10MG	2	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	3	QL (150 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 2-25 mg</i>	3	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-10 mg</i>	3	QL (120 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-25 mg</i>	3	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-50 mg</i>	3	QL (30 units every 30 days); QL applies to members age 65 and older
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine transdermal syst</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	0	\$0 limited to 2 treatment cycles/year

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>varenicline tartrate tab 1 mg (base equiv)</i>	0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	0	\$0 limited to 2 treatment cycles/year

ENDOCRINE AND METABOLIC

ACROMEGALY

<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA, QL (225 ml every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA, QL (45 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	4	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	4	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	4	PA, QL (90 ml every 30 days)
SOMATULINE INJ 60/0.2ML	4	PA, QL (1 injection every 28 days)
SOMATULINE INJ 90/0.3ML	4	PA, QL (1 injection every 28 days)
SOMATULINE INJ 120/.5ML	4	PA, QL (1 injection every 28 days)
SOMAVERT INJ 10MG	4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 15MG	4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 20MG	4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 25MG	4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 30MG	4	PA, QL (30 vials every 30 days)

ANDROGENS

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

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

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

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>miglitol tab 100 mg</i>	1	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	3	ST; PA**
SYMLN PEN 120 INJ 1000MCG	3	ST; PA**
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	\$0 copay for members age 35-70 for prevention of diabetes
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	1	ST; PA**
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	1	ST; PA**
JANUMET TAB 50-500MG	2	ST; PA**
JANUMET TAB 50-1000	2	ST; PA**
JANUMET XR TAB 50-500MG	2	ST; PA**
JANUMET XR TAB 50-1000	2	ST; PA**
JANUMET XR TAB 100-1000	2	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	ST; PA**
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	ST; PA**
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	ST; PA**
JANUVIA TAB 25MG	2	ST; PA**
JANUVIA TAB 50MG	2	ST; PA**
JANUVIA TAB 100MG	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	1	ST, QL (3 pens every 30 days); PA**
MOUNJARO INJ 2.5/0.5	2	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 5MG/0.5	2	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 7.5/0.5	2	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 10MG/0.5	2	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 12.5/0.5	2	ST, QL (4 pens every 28 days); PA**

Nombre del Medicamento	Nivel	Requisitos/Límites
MOUNJARO INJ 15MG/0.5	2	ST, QL (4 pens every 28 days); PA**
OZEMPIC INJ 2MG/3ML	2	ST, QL (3 mL every 28 days); PA**
OZEMPIC INJ 4MG/3ML	2	ST, QL (3 mL every 28 days); PA**
OZEMPIC INJ 8MG/3ML	2	ST, QL (3 mL every 28 days); PA**
TRULICITY INJ 0.75/0.5	2	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 1.5/0.5	2	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 3/0.5	2	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 4.5/0.5	2	ST, QL (4 pens every 28 days); PA**

ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

SOLIQUA INJ 100/33	2	ST; PA**
XULTOPHY INJ 100/3.6	2	ST; PA**

ANTIDIABETICS, INSULIN

BASAGLAR KWP INJ 100/ML	2	
BASAGLAR TMP INJ 100/ML	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
FIASP PMPCRT INJ U-100	2	
GLARGIN YFGN INJ 100U/ML	2	
GLARGIN YFGN SOL 100U/ML	2	
HUMULIN INJ 70/30	3	OTC
HUMULIN INJ 70/30KWP	3	OTC
HUMULIN N INJ U-100	3	OTC
HUMULIN N INJ U-100KWP	3	OTC
HUMULIN R INJ U-100	3	OTC
HUMULIN R INJ U-500	2	
HUMULIN R INJ U-500KWP	2	
NOVOLIN INJ 70/30	2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	2	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	2	OTC; RELION not covered
NOVOLIN N INJ U-100	2	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	2	OTC; RELION not covered
NOVOLIN R INJ U-100	2	OTC; RELION not covered
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	

Nombre del Medicamento	Nivel	Requisitos/Límites
NOVOLOG MIX INJ FLEXPEN	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
SYNJARDY TAB	2	ST; PA**
SYNJARDY TAB 5-500MG	2	ST; PA**
SYNJARDY TAB 5-1000MG	2	ST; PA**
SYNJARDY TAB 12.5-500	2	ST; PA**
SYNJARDY XR TAB	2	ST; PA**
SYNJARDY XR TAB 5-1000MG	2	ST; PA**
SYNJARDY XR TAB 10-1000	2	ST; PA**
SYNJARDY XR TAB 25-1000	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	2	ST; PA**
GLYXAMBI TAB 25-5 MG	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
JARDIANCE TAB 10MG	2	ST; PA**; Indicated for Diabetes and Heart Failure
JARDIANCE TAB 25MG	2	ST; PA**; Indicated for Diabetes and Heart Failure
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	4	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	4	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	4	PA, QL (120 tabs every 30 days)
CALCIUM REGULATORS, BISPHOSPHONATES		
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>pamidronate disodium iv soln 3 mg/ml</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	PA
CALCIUM REGULATORS, MISCELLANEOUS		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
OSPOMYV INJ 60MG/ML	4	PA, QL (1 syringe (60 mg) every 180 days)
PROLIA INJ 60MG/ML	4	PA, QL (1 syringe (60 mg) every 180 days)
STOBOCLO INJ 60MG/ML	4	PA, QL (1 syringe (60 mg) every 180 days)
CALCIUM REGULATORS, PARATHYROID HORMONES		
TYMLOS INJ	4	PA, QL (1 pen every 30 days)
CENTRAL PRECOCIOUS PUBERTY		
LUPR DEP-PED INJ 3M 30MG	4	PA
LUPR DEP-PED INJ 7.5MG	4	PA
LUPR DEP-PED INJ 11.25MG	4	PA
LUPR DEP-PED INJ 15MG	4	PA

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Nombre del Medicamento	Nivel	Requisitos/Límites
LUPRON DEPOT INJ 45MG	4	PA
SUPPRELIN LA KIT 50MG	4	PA
TRIPTODUR SUS 22.5MG	4	PA
CHELATING AGENTS		
CHEMET CAP 100MG	3	
<i>deferiprone tab 500 mg</i>	4	PA
<i>deferiprone tab 1000 mg</i>	4	PA
FERPRX 2-DAY TAB 1000MG	4	PA
FERRIPROX SOL 100MG/ML	4	PA
<i>penicillamine tab 250 mg</i>	4	
CONTRACEPTIVES		
<i>altavera</i>	0	
<i>alyacen 1/35</i>	0	
<i>alyacen 7/7/7</i>	0	
<i>amethyst</i>	0	
ANNOVERA MIS	0	QL (1 every 300 days)
<i>apri</i>	0	
<i>aranelle</i>	0	
<i>ashlyna</i>	0	
AVERI TAB	0	
<i>aviane</i>	0	
<i>azurette</i>	0	
<i>camila</i>	0	
<i>camrese</i>	0	
CAYA DPR	0	QL (1 every 300 days)
<i>chateal eq</i>	0	
CONDOMS MIS	0	QL (12 condoms every 30 days), OTC
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	
<i>delyla</i>	0	
DEPO-SQ PROV INJ 104	0	QL (4 inj every 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
DUREX MIS REALFEEL	0	QL (12 condoms every 30 days), OTC
<i>elinest</i>	0	
ELLA TAB 30MG	0	
<i>enskyce</i>	0	
<i>errin</i>	0	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	0	QL (13 every 300 days)
<i>falmina</i>	0	
FC2 FEMALE MIS CONDOM	0	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	0	QL (1 every 300 days)
FEMCAP MIS 26MM	0	QL (1 every 300 days)
FEMCAP MIS 30MM	0	QL (1 every 300 days)
FEMLYV TAB 1/0.02MG	0	
<i>galbriela</i>	0	
<i>gemmily</i>	0	
<i>heather</i>	0	
<i>introvale</i>	0	
<i>jolessa</i>	0	
<i>junel 1.5/30</i>	0	
<i>junel 1/20</i>	0	
<i>junel fe 1.5/30</i>	0	
<i>junel fe 1/20</i>	0	
<i>junel fe 24</i>	0	
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	
<i>kurvelo</i>	0	
KYLEENA IUD 19.5MG	0	QL (1 every 300 days)
<i>larin 1.5/30</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	0	
LILETTA IUD 52MG	0	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	0	
<i>loryna</i>	0	
<i>low-ogestrel</i>	0	
<i>lutra</i>	0	
<i>marlissa</i>	0	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 inj every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 inj every 300 days)

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<i>microgestin 1.5/30</i>	0	
MIRENA IUD SYSTEM	0	QL (1 every 300 days)
MIUDELLA IUD COPPER	0	QL (1 unit every 300 days)
<i>mono-linyah</i>	0	
NATAZIA TAB	0	
<i>necon 0.5/35-28</i>	0	
NEXPLANON IMP 68MG	0	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	0	
<i>nikki</i>	0	
<i>nora-be</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	
<i>norethindrone tab 0.35 mg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35</i>	0	
<i>nortrel 7/7/7</i>	0	
<i>nylia 1/35</i>	0	
OMNIFLEX DPR	0	QL (1 every 300 days)
OPILL TAB 0.075MG	0	OTC
PARAGARD IUD T380A	0	QL (1 unit every 300 days)
<i>portia-28</i>	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
SKYLA IUD 13.5MG	0	QL (1 every 300 days)
SLYND TAB 4MG	0	
<i>sprintec 28</i>	0	
<i>syeda</i>	0	
<i>take action</i>	0	OTC
<i>tilia fe</i>	0	
<i>tri-linyah</i>	0	
<i>tri-sprintec</i>	0	
TRUSTEX/RIA MIS NON-LUB	0	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	0	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	0	

Nombre del Medicamento	Nivel	Requisitos/Límites
TYBLUME CHW 0.1-0.02	0	
<i>velivet</i>	0	
<i>viorele</i>	0	
<i>vyfemla</i>	0	
<i>wera</i>	0	
WIDE-SEAL DPR KIT 60	0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 every 300 days)
<i>xelria fe</i>	0	
<i>xulane</i>	0	
<i>zovia 1/35</i>	0	
DIABETIC SUPPLIES		
ACCU-CHEK KIT AVIVA PL	2	OTC
ACCU-CHEK KIT FASTCLIX	2	OTC
ACCU-CHEK KIT GUIDE	2	OTC
ACCU-CHEK KIT GUIDE ME	2	OTC
ACCU-CHEK KIT NANO	2	OTC
ACCU-CHEK KIT SOFTCLIX	2	OTC
ACCU-CHEK LIQ COMPACT	2	OTC
ACCU-CHEK LIQ GUIDE	2	OTC
ACCU-CHEK LIQ SMART	2	OTC
ACCU-CHEK SOL	2	OTC
ACCU-CHEK SOL COMPACT	2	OTC
ACCU-CHEK TES AVIVA PL	2	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES GUIDE	2	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES SMART	2	QL (150 Test Strips every 30 days), OTC
ALCOHOL PREP PAD	2	OTC
CAREFINE MIS 32GX6MM	2	OTC
CHEMSTRIP 2 TES GP	3	OTC
CHEMSTRIP 5 TES OB	3	OTC
CHEMSTRIP 7 TES	3	OTC
CHEMSTRIP 9 TES STRIPS	3	OTC
CHEMSTRIP 10 TES MD	3	OTC
CHEMSTRIP K TES	3	OTC
CHEMSTRIP TES -10 SG	3	OTC
CHEMSTRIP TES UGK	3	OTC

Nombre del Medicamento	Nivel	Requisitos/Límites
CVS KETONE TES CARE	3	OTC
DEXCOM G5 MIS RECEIVER	2	
DEXCOM G5 MIS TRANSMIT	2	
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	2	
DEXCOM G7 MIS RECEIVER	2	
DEXCOM G7 MIS SENSOR	2	QL (3 sensors every 30 days)
DEXCOM G7 MIS SNSR 15D	2	QL (2 sensors every 30 days)
DIASCREEN 3 MIS	3	OTC
DIASCREEN 5 MIS	3	OTC
DIASCREEN 6 MIS	3	OTC
DIASCREEN 7 MIS	3	OTC
DIASCREEN 8 MIS	3	OTC
DIASCREEN 9 MIS	3	OTC
DIASCREEN 10 MIS	3	OTC
DIASCREEN MIS 1B	3	OTC
DIASCREEN MIS 1G	3	OTC
DIASCREEN MIS 1K	3	OTC
DIASCREEN MIS 2GK	3	OTC
DIASCREEN MIS 2GP	3	OTC
DIASCREEN MIS 4NL	3	OTC
DIASCREEN MIS 4OBL	3	OTC
DIASCREEN MIS 4PH	3	OTC
DIASCREEN MIS CONTROL	3	OTC
DIASCREEN MIS STRIPS	3	OTC
DIASCREEN MIS STRIPS	3	OTC
FASTCLIX MIS LANCETS	2	OTC
INSULIN SYRG MIS 1ML/31G	2	OTC
KETONE TES	3	OTC
KETONE TEST TES	3	OTC
NOVOFINE MIS 32GX6MM	2	OTC
OMNIPOD 5 DX KIT INT G7G6	2	
OMNIPOD 5 DX MIS POD G7G6	2	
OMNIPOD 5 G7 KIT INTRO	2	
OMNIPOD 5 G7 MIS PODS	2	
OMNIPOD DASH KIT INTRO	2	
OMNIPOD DASH KIT PDM	2	
OMNIPOD DASH MIS PODS	2	
OMNIPOD MIS CLASSIC	2	
OMNIPOD PDM KIT CLASSIC	2	
SHARPS CONT MIS 2QUART	2	OTC
SOFTCLIX MIS LANCETS	2	OTC
TWIIST KIT REFILL	2	
TWIIST KIT STARTER	2	

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TWIIST REFIL KIT INFUSION	2	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	
SYNAREL SOL 2MG/ML	5	PA
GLUCOCORTICOIDS		
<i>deflazacort susp 22.75 mg/ml</i>	4	PA, QL (52 mL every 30 days)
<i>deflazacort tab 6 mg</i>	4	PA, QL (60 tabs every 30 days)
<i>deflazacort tab 18 mg</i>	4	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 30 mg</i>	4	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 36 mg</i>	4	PA, QL (30 tabs every 30 days)
DEPO-MEDROL INJ 20MG/ML	3	
DEXAMETHASON CON 1MG/ML	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	1	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	1	
<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	2	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	1	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	1	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	1	
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	1	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
PREDNISONE CON 5MG/ML	2	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
SOLU-CORTEF INJ 1000MG	3	
SOLU-MEDROL INJ 2GM	3	
GLUCOSE ELEVATING AGENTS		
<i>glucagon for inj 1 mg</i>	1	
GVOKE HYPO 1 INJ 0.5/.1ML	2	
GVOKE HYPO 1 INJ 1/0.2ML	2	
GVOKE KIT SOL 1/0.2ML	2	

Nombre del Medicamento	Nivel	Requisitos/Límites
GVOKE PFS INJ 1/0.2ML	2	
INSTA-GLUCOS GEL 77.4%	2	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
<i>nitisinone cap 2 mg</i>	4	PA
<i>nitisinone cap 5 mg</i>	4	PA
<i>nitisinone cap 10 mg</i>	4	PA
<i>nitisinone cap 20 mg</i>	4	PA
ORFADIN SUS 4MG/ML	4	PA
HUMAN GROWTH HORMONES		
NORDIPEN 5 MIS DEVICE	2	
NORDIPEN DEL MIS SYSTEM	2	OTC
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE		
CERDELGA CAP 84MG	4	PA, QL (56 caps every 28 days)
MENOPAUSAL SYMPTOM AGENTS		
BIJUVA CAP 0.5-100	3	PA; High Risk Medications require PA for members age 70 and older
BIJUVA CAP 1-100MG	3	PA; High Risk Medications require PA for members age 70 and older
CLIMARA PRO DIS WEEKLY	2	
DEPO-ESTRADI INJ 5MG/ML	3	
DUAVEE TAB 0.45-20	2	
ELESTRIN GEL 0.06%	3	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 0.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 1 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol vaginal cream 0.01%</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
<i>estrogens, conjugated tab 0.3 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estrogens, conjugated tab 0.9 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estrogens, conjugated tab 0.45 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estrogens, conjugated tab 0.625 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estrogens, conjugated tab 1.25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
EVAMIST SPR 1.53MG	3	PA; High Risk Medications require PA for members age 70 and older
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
<i>jinteli</i>	1	
MENEST TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	3	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
PREMARIN VAG CRE 0.625MG	3	
<i>yuvafem</i>	1	
MISCELLANEOUS		
<i>betaine powder for oral solution</i>	4	PA
<i>cabergoline tab 0.5 mg</i>	1	
CHOR GONADOT INJ 10000UNT	4	PA

Nombre del Medicamento	Nivel	Requisitos/Límites
CORTROPHIN INJ 40/0.5ML	4	PA, QL (28 syringes every 28 days)
CORTROPHIN INJ 80UNT/ML	4	PA, QL (28 syringes every 28 days)
CORTROPHIN INJ 80UNT/ML	4	PA, QL (35 mL every 21 days)
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
INCRELEX INJ 40MG/4ML	4	PA
INTRAROSA SUP 6.5MG	3	
MYALEPT INJ 11.3MG	4	PA, QL (30 vials every 30 days)
OSPHENA TAB 60MG	3	
<i>raloxifene hcl tab 60 mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>sapropterin dihydrochloride powder packet 100 mg</i>	4	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	4	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	4	PA
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (60 ampules every 30 days)
<i>tolvaptan tab 15 mg</i>	4	PA
<i>tolvaptan tab 30 mg</i>	4	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	1	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
VELPHORO CHW 500MG	3	ST; PA**
POTASSIUM-REMOVING AGENTS		
<i>sps</i>	1	
PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
THYROID AGENTS		
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
<i>unithroid</i>	1	
UREA CYCLE DISORDER		
<i>carglumic acid soluble tab 200 mg</i>	4	PA
PHEBURANE MIS 483/GM	4	PA, QL (672g every 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	4	PA, QL (798g every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>sodium phenylbutyrate tab 500 mg</i>	4	PA, QL (1200 tabs every 30 days)

VASOPRESSINS

<i>desmopressin acetate inj 4 mcg/ml</i>	1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	

VITAMIN D ANALOGS

<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	

GASTROINTESTINAL

ANTICHOLINERGICS

<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	1	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl inj 10 mg/ml</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>methscopolamine bromide tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

ANTIDIARRHEALS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
MOTOFEN TAB 1-0.025	3	

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

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>promethazine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan</i>	1	
SANCUSO DIS 3.1MG	2	QL (2 patches every 28 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
VARUBI TAB 90MG	2	

H2-RECEPTOR ANTAGONISTS

<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>famotidine preservative free inj 20 mg/2ml</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>budesonide tab er 24hr 9 mg</i>	1	
CORTIFOAM AER 90MG	2	
DIPENTUM CAP 250MG	3	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	

Nombre del Medicamento	Nivel	Requisitos/Límites
LINZESS CAP 290MCG	2	
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	PA
VIBERZI TAB 75MG	2	PA
VIBERZI TAB 100MG	2	PA
LAXATIVES		
CLENPIQ SOL	0	\$0 copay for members age 45 through 75, Tier 2 for all others
<i>enulose</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	0	\$0 copay for members age 45 through 75, otherwise not covered
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PEG-PREP KIT	0	\$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	0	\$0 copay for members age 45 through 75, otherwise not covered
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	1	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	0	\$0 copay for members age 45 through 75, otherwise not covered
SUFLAVE SOL	0	\$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	0	\$0 copay for members age 45 through 75, otherwise not covered
MISCELLANEOUS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
IQIRVO TAB 80MG	4	PA, QL (30 tabs every 30 days)
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	

Nombre del Medicamento	Nivel	Requisitos/Límites
SUCRAID SOL 8500/ML	3	PA, QL (354 mL every 30 days)
<i>sucrafate tab 1 gm</i>	1	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
VOWST CAP	5	PA, QL (12 caps every 30 days)

PANCREATIC ENZYMES

CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 12000UNT	2	PA
CREON CAP 24000UNT	2	PA
CREON CAP 36000UNT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000UNT	2	PA
ZENPEP CAP 40000UNT	2	PA
ZENPEP CAP 60000UNT	2	PA

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps every 365 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps every 365 days)
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	1	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	1	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps every 365 days)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every 365 days)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps every 365 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps every 365 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	3	QL (90 packets every 365 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	3	QL (90 packets every 365 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs every 365 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs every 365 days)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs every 365 days)

RECTAL, CORTICOSTEROIDS

<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>proctozone-hc</i>	1	

ULCER THERAPY COMBINATIONS

<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
HELIDAC MIS THERAPY	3	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tadalafil tab 2.5 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>tadalafil tab 5 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	

CONTRACEPTIVES

ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
PHEXX GEL	0	
PHEXXI GEL	0	
TODAY SPONGE MIS	0	OTC
VCF VAGINAL GEL CONTRACE	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC

Nombre del Medicamento	Nivel	Requisitos/Límites
ERECTILE DYSFUNCTION		
<i>avanafil tab 50 mg</i>	1	PA, QL (6 tabs every 30 days)
<i>avanafil tab 100 mg</i>	1	PA, QL (6 tabs every 30 days)
<i>avanafil tab 200 mg</i>	1	PA, QL (6 tabs every 30 days)
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
ELMIRON CAP 100MG	3	
<i>eq urinary pain relief</i>	1	OTC
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
<i>mirabegron tab er 24 hr 25 mg</i>	1	
<i>mirabegron tab er 24 hr 50 mg</i>	1	
MYRBETRIQ SUS 8MG/ML	2	
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
<i>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	2	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole 3</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	
ELIQUIS CAP 0.15MG	2	
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 0.5MG	2	
ELIQUIS TAB 1.5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 2MG	2	
ELIQUIS TAB 5MG	2	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 2500/ML	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>jantoven</i>	1	
<i>rivaroxaban for susp 1 mg/ml</i>	1	
<i>rivaroxaban tab 2.5 mg</i>	1	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
FYLNETRA INJ 6MG/0.6	4	PA, QL (2 syringes every 28 days)
MIRCERA INJ 30MCG	4	PA
MIRCERA INJ 50MCG	4	PA
MIRCERA INJ 75MCG	4	PA
MIRCERA INJ 100MCG	4	PA
MIRCERA INJ 120MCG	4	PA
MIRCERA INJ 150MCG	4	PA
MIRCERA INJ 200MCG	4	PA
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
NYVEPRIA INJ 6/0.6ML	4	PA, QL (2 syringes every 28 days)
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA

Nombre del Medicamento	Nivel	Requisitos/Límites
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA
HEMOPHILIA A AGENTS		
HEMLIBRA INJ 30MG/ML	5	PA
HEMLIBRA INJ 60/0.4	5	PA
HEMLIBRA INJ 105/0.7	5	PA
HEMLIBRA INJ 150/ML	5	PA
HEMLIBRA INJ 300/2ML	5	PA
HEMLIBRA SOL 12/0.4ML	5	PA
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>pentoxifylline tab er 400 mg</i>	1	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
SICKLE CELL DISEASE		
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
THROMBOCYTOPENIA AGENTS		
ALVAIZ TAB 9MG	4	PA, QL (60 tabs every 30 days)
ALVAIZ TAB 18MG	4	PA, QL (90 tabs every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
ALVAIZ TAB 36MG	4	PA, QL (90 tabs every 30 days)
ALVAIZ TAB 54MG	4	PA, QL (60 tabs every 30 days)
DOPTELET SPR CAP 10MG	4	PA, QL (60 caps every 30 days)
DOPTELET TAB 20MG (10 TABLETS)	4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS)	4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS)	4	PA, QL (2 cartons every 30 days)

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

ACTEMRA INJ 80MG/4ML	5	ST, PA, QL (20 vials every 28 days)
ACTEMRA INJ 200/10ML	5	ST, PA, QL (8 vials every 28 days)
ACTEMRA INJ 400/20ML	5	ST, PA, QL (4 vials every 28 days)
ENTYVIO INJ 300MG	5	PA, QL (1 vial every 56 days)
INFLIXIMAB INJ 100MG	4	PA, QL (5 vials every 42 days)
SIMPONI ARIA SOL 50MG/4ML	5	PA, QL (200 mg every 8 weeks)
SKYRIZI SOL 60MG/ML	4	PA, QL (6 vials every 56 days)
TREMFYA INJ 200/20ML	4	PA, QL (One time use only)

AUTOIMMUNE AGENTS (SELF-ADMINISTERED)

ACTEMRA INJ 162/0.9	5	ST, PA, QL (4 syringes every 28 days)
ACTEMRA INJ ACTPEN	5	ST, PA, QL (4 injections every 28 days)
ADALIMU-ADAZ INJ 10/0.1ML	4	PA, QL (2 syringes every 28 days)
ADALIMU-ADAZ INJ 20/0.2ML	4	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 80/0.8ML	4	PA, QL (2 auto-injectors every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	4	PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	4	PA, QL (4 auto-injectors every 28 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
ADALIMU-FKJP KIT 40/0.8ML	4	PA, QL (4 syringes every 28 days)
CIMZIA INJ 200MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for NRAXSPA
CIMZIA START KIT 200MG/ML	4	PA, QL (One time use only); Preferred agent for NRAXSPA
COSENTYX INJ 75MG/0.5	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX INJ 300DOSE	4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
ENBREL INJ 25/0.5ML	4	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

Nombre del Medicamento	Nivel	Requisitos/Límites
ENBREL INJ 25MG	4	PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENTYVIO PEN INJ 108/0.68	5	PA, QL (2 pens every 28 days)
HYRIMOZ CD/ INJ UC/HS SP	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 20/0.2ML	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENS INJ 80/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
KEVZARA INJ 150/1.14	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 150/1.14	4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis

Nombre del Medicamento	Nivel	Requisitos/Límites
KEVZARA INJ 200/1.14	4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
LITFULO CAP 50MG	4	PA, QL (28 caps every 28 days); Preferred agent for Alopecia Areata
OLUMIANT TAB 1MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Alopecia Areata
OLUMIANT TAB 2MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Alopecia Areata
OLUMIANT TAB 4MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Alopecia Areata
OTEZLA TAB 10/20	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 20MG	4	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	4	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA XR TAB 75MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA/XR TAB 28 DAY	4	PA, QL (41 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 pen every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis

Nombre del Medicamento	Nivel	Requisitos/Límites
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA INJ 90MG/ML	4	PA, QL (1 pen every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
RINVOQ LQ SOL 1MG/ML	4	PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis
RINVOQ TAB 15MG ER	4	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	4	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.
RINVOQ TAB 45MG ER	4	PA, QL (One time use only (for CD/UC diagnosis)); Preferred agent for Crohn's Disease and Ulcerative Colitis.
SIMPONI INJ 50/0.5ML	5	ST, PA, QL (1 injection every 28 days)
SIMPONI INJ 100MG/ML	5	ST, PA, QL (1 injection every 28 days)
SKYRIZI INJ 150MG/ML	4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI INJ 180/1.2	4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI INJ 360/2.4	4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis

Nombre del Medicamento	Nivel	Requisitos/Límites
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
TALTZ INJ 20/0.25	4	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TALTZ INJ 40/0.5ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TALTZ INJ 80MG/ML	4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	4	PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
TREMFYA INJ 200/2ML	4	PA, QL (1 injection every 28 days); Preferred agent for Crohn's Disease and Ulcerative Colitis
VELSIPITY TAB 2MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis
XELJANZ SOL 1MG/ML	4	PA, QL (240 mL every 24 days)
XELJANZ TAB 5MG	4	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TAB 10MG	4	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
XELJANZ XR TAB 11MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ XR TAB 22MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.
YESINTEK INJ 45/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
YESINTEK INJ 45/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis

Nombre del Medicamento	Nivel	Requisitos/Límites
YESINTEK INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
HEREDITARY ANGIOEDEMA		
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	4	PA, QL (45 syringes every 90 days)
TAKHZYRO INJ 150MG/ML	5	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	5	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	5	PA, QL (2 vials every 28 days)
IMMUNOGLOBULIN		
CUTAQUIG SOL 1.65GM	4	PA
CUTAQUIG SOL 1GM	4	PA
CUTAQUIG SOL 2GM	4	PA
CUTAQUIG SOL 3.3GM	4	PA
CUTAQUIG SOL 4GM	4	PA
CUTAQUIG SOL 8GM	4	PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	5	PA
ARCALYST INJ 220MG	4	PA, QL (8 vials every 28 days)
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
<i>azathioprine tab 100 mg</i>	1	
CELLCEPT CAP 250MG	3	
CELLCEPT IV INJ 500MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	

AGE - Age Limit GNDR - Gender Edit OTC - Over the counter PA - Prior Authorization QL - 101
Quantity Limits ST - Step Therapy
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Nombre del Medicamento	Nivel	Requisitos/Límites
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
ENVARUS XR TAB 0.75MG	3	
ENVARUS XR TAB 1MG	3	
ENVARUS XR TAB 4MG	3	
<i>everolimus tab 0.5 mg</i>	1	
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
<i>everolimus tab 1 mg</i>	1	
<i>engraf</i>	1	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
MYFORTIC TAB 180MG	3	
MYFORTIC TAB 360MG	3	
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
NULOJIX INJ 250MG	3	
PROGRAF CAP 0.5MG	3	
PROGRAF CAP 1MG	3	
PROGRAF CAP 5MG	3	
PROGRAF GRA 0.2MG	3	
PROGRAF GRA 1MG	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE INJ 50MG/ML	3	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
<i>tacrolimus inj 5 mg/ml</i>	1	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	

Nombre del Medicamento	Nivel	Requisitos/Límites
MISCELLANEOUS		
BEYFORTUS INJ 50/0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
BEYFORTUS INJ 100MG/ML	0	\$0 copay for members age 18 and younger, otherwise not covered
ENFLONSIA INJ 105MG	0	\$0 copay for members age 18 and younger, otherwise not covered
VACCINES		
ABRYSVO INJ 120MCG	0	
ACTHIB INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AREXVY INJ 120MCG	0	\$0 copay for members age 19 and older, otherwise not covered
BEXSERO INJ	0	
BOOSTRIX INJ	0	
CAPVAXIVE INJ 0.5ML	0	
COMIRNATY 5- INJ 11/25-26	0	
COMIRNATY INJ 30/.3ML	0	
DAPTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10/0.5ML	0	
ENGERIX-B INJ 20MCG/ML	0	
FLUAD INJ 2025-26	0	
FLUMIST NASA LIQ 2025-26	0	
GARDASIL 9 INJ	0	
HAVRIX INJ 720UNIT	0	
HAVRIX INJ 1440UNIT	0	
HEPLISAV-B INJ 20/0.5ML	0	
HIBERIX SOL 10MCG	0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	0	
JYNNEOS INJ	0	

Nombre del Medicamento	Nivel	Requisitos/Límites
KINRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	
MENQUADFI INJ	0	
MENVEO INJ	0	
MENVEO SOL	0	
MNEXSPIKE INJ 2025-26	0	
MRESVIA INJ 50MCG	0	\$0 copay for members age 19 and older, otherwise not covered
NUVAXOVID INJ 2025-26	0	
PEDIARIX INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	0	
PENMENVY INJ	0	
PENTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER 6M-4Y INJ 2024-25	0	
PNEUMOVAX 23 INJ 25/0.5	0	
PREVNAR 20 INJ	0	
PRIORIX INJ	0	
PROQUAD INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVA HB INJ 5MCG/0.5	0	
RECOMBIVA HB INJ 10MCG/ML	0	
RECOMBIVA-HB INJ 40MCG/ML	0	
ROTARIX SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX INJ 50/0.5ML	0	\$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX INJ 2025-26	0	

Nombre del Medicamento	Nivel	Requisitos/Límites
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	0	
TWINRIX INJ	0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA INJ 25/0.5ML	0	
VAQTA INJ 50UNT/ML	0	
VARIVAX INJ	0	
VAXELIS INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	0	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

EFFER-K TAB 25MEQ EF	1	
<i>klor-con m15</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	1	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride inj 2 meq/ml</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 15 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
SOD CHLORIDE INJ 0.9%	1	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1	
<i>sodium chloride iv soln 0.9%</i>	1	
<i>sodium chloride iv soln 0.45%</i>	1	
<i>sodium chloride iv soln 3%</i>	1	
<i>sodium chloride iv soln 5%</i>	1	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	1	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	\$0 applies for ages 5 and under, otherwise not covered

AGE - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - 105
Quantity Limits **ST** - Step Therapy
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Nombre del Medicamento	Nivel	Requisitos/Límites
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	

PRENATAL VITAMINS

<i>elite-ob</i>	1	
<i>inatal gt</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-select</i>	1	
<i>prenatal 19</i>	1	
<i>trinate</i>	1	

VITAMINS

<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	1	OTC
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>folic acid cap 0.8 mg</i>	0	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>	1	
<i>folic acid tab 400 mcg</i>	0	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>	0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	1	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	1	
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	1	
<i>phytonadione tab 5 mg</i>	1	
<i>pyridoxine hcl tab 25 mg</i>	1	OTC

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>pyridoxine hcl tab 50 mg</i>	1	OTC
<i>tri-vite/fluoride</i>	1	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

AZASITE SOL 1%	2	
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	2	
<i>neomycin-bacitracin zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>trifluridine ophth soln 1%</i>	1	
ZIRGAN GEL 0.15%	3	

ANTI-INFLAMMATORIES

ACUVAIL SOL 0.45% OP	2	
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Nombre del Medicamento	Nivel	Requisitos/Límites
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
NEVANAC SUS 0.1% OP	2	
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	1	
ANTIALLERGICS		
ALOCRI SOL 2%	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
ZERVIA DRO 0.24%	3	
ANTIGLAUCOMA BETA-BLOCKERS		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
<i>carteolol hcl ophth soln 1%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
ANTIGLAUCOMA COMBINATION AGENTS		
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
SIMBRINZA SUS 1-0.2%	2	
CARBONIC ANHYDRASE INHIBITORS		
<i>brinzolamide ophth susp 1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
DRY EYE DISEASE		
<i>cyclosporine (ophth) emulsion 0.05%</i>	1	
RESTASIS MUL EMU 0.05% OP	2	
TRYPTYR SOL 0.003%	2	

Nombre del Medicamento	Nivel	Requisitos/Límites
MISCELLANEOUS		
<i>atropine sulfate ophth soln 1%</i>	1	
CYSTARAN SOL 0.44%	5	PA, QL (4 bottles every 28 days)
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
PROSTAGLANDINS		
<i>latanoprost ophth soln 0.005%</i>	1	
LUMIGAN SOL 0.01% OP	2	ST; PA**
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
SYMPATHOMIMETICS		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.1%</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
IOPIDINE SOL 1% OP	3	
OTHER		
IRRIGATION SOLUTIONS		
PHYSIOLYTE SOL	1	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C INJ 1000MG	4	PA
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	2	QL (4 auto-injectors every 30 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
BEVESPI AER 9-4.8MCG	2	QL (1 package every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	2	QL (1 package every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS		
BREZTRI AERO AER SPHERE	2	QL (1 package every 30 days)
TRELEGY AER 100MCG	2	QL (1 package every 30 days)
TRELEGY AER 200MCG	2	QL (1 package every 30 days)
ANTICHOLINERGICS		
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (5 boxes every 30 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
SPIRIVA RESP AER 1.25MCG	2	QL (1 package every 30 days)
SPIRIVA RESP AER 2.5MCG	2	QL (1 package every 30 days)
<i>tiotropium bromide inhal cap 18 mcg (base equiv)</i>	1	QL (1 package every 30 days)
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 package every 30 days)
ANTI-HISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles every 30 days)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>hydroxyzine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 container every 30 days)
<i>ryclora</i>	3	PA; High Risk Medications require PA for members age 70 and older

BETA AGONISTS

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

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

Nombre del Medicamento	Nivel	Requisitos/Límites
SYMDEKO TAB 50-75MG	4	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	4	PA, QL (56 tabs every 28 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	4	PA, QL (224 mL every 28 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	4	PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	4	PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	4	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	4	PA, QL (84 tabs every 28 days)
LEUKOTRIENE MODIFIERS		
<i>zileuton tab er 12hr 600 mg</i>	3	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (2 boxes every 30 days)
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
<i>roflumilast tab 250 mcg</i>	1	PA
<i>roflumilast tab 500 mcg</i>	1	PA
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 containers every 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 container every 30 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	QL (2 packages every 30 days)
OMNARIS SPR	3	QL (1 package every 30 days)
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	1	QL (1 package every 30 days), OTC

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>PULMONARY FIBROSIS AGENTS</i>		
OFEV CAP 100MG	4	PA, QL (60 caps every 30 days)
OFEV CAP 150MG	4	PA, QL (60 caps every 30 days)
<i>pirfenidone cap 267 mg</i>	4	PA, QL (270 caps every 30 days)
<i>pirfenidone tab 267 mg</i>	4	PA, QL (270 tabs every 30 days)
<i>pirfenidone tab 801 mg</i>	4	PA, QL (90 tabs every 30 days)
<i>RESPIRATORY THERAPY SUPPLIES</i>		
AEROCHAMBER MIS PLUS	2	
FLEXICHAMBER MIS MASK SM	2	
HOLD CHAMBER MIS MEDIUM	2	OTC
PANDA MASK MIS PEDIATRI	2	OTC
<i>SEVERE ASTHMA AGENTS</i>		
DUPIXENT INJ 200MG	4	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	4	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 auto-injector every 28 days)
NUCALA INJ 40MG/0.4	4	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 autoinjectors every 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 syringes every 28 days)
XOLAIR INJ 75/0.5	4	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	4	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
XOLAIR SOL 150MG	4	PA, QL (8 vials every 28 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
STEROID INHALANTS		
ALVESCO AER 80MCG	3	QL (3 packages every 30 days)
ALVESCO AER 160MCG	3	QL (2 packages every 30 days)
ASMANEX HFA AER 50MCG	2	QL (1 package every 30 days)
ASMANEX HFA AER 100 MCG	2	QL (1 package every 30 days)
ASMANEX HFA AER 200 MCG	2	QL (1 package every 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (2 boxes every 30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (3 boxes every 30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (1 box every 30 days)
<i>fluticasone furoate aerosol powder breath activ 50 mcg/act</i>	1	QL (1 package every 30 days)
<i>fluticasone furoate aerosol powder breath activ 100 mcg/act</i>	1	QL (1 package every 30 days)
<i>fluticasone furoate aerosol powder breath activ 200 mcg/act</i>	1	QL (1 package every 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA AER 90-80MCG	2	QL (3 packages every 30 days)
BREO ELLIPTA INH 50-25MCG	2	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	2	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	2	QL (1 package every 30 days)
<i>brey-na</i>	1	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 packages every 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (1 package every 30 days)
XANTHINES		
AMINOPHYLLIN INJ 25MG/ML	1	
<i>theophylline elixir 80 mg/15ml</i>	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

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

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

Nombre del Medicamento	Nivel	Requisitos/Límites
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl cream 5%</i>	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	ST, QL (60 mL every 30 days); PA**
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	3	ST, QL (60g every 30 days); PA**
<i>calcitriol oint 3 mcg/gm</i>	3	ST, QL (100g every 30 days); PA**
<i>methoxsalen rapid cap 10 mg</i>	1	
<i>tazarotene cream 0.1%</i>	1	PA
<i>tazarotene cream 0.05%</i>	1	PA
<i>tazarotene gel 0.1%</i>	1	PA
<i>tazarotene gel 0.05%</i>	1	PA
ZORYVE CRE 0.3%	2	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	1	QL (120 mL every 30 days)
<i>selenium sulfide lotion 2.5%</i>	1	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT INJ 200/1.14	4	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	4	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
EBGLYSS INJ 250/2ML	4	PA, QL (2 pens every 28 days)
EBGLYSS INJ 250/2ML	4	PA, QL (2 syringes every 28 days)
EUCRISA OIN 2%	2	ST, QL (60g every 30 days); PA**
<i>pimecrolimus cream 1%</i>	3	ST; PA**
<i>tacrolimus oint 0.1%</i>	3	ST; PA**
<i>tacrolimus oint 0.03%</i>	3	ST; PA**
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	QL (120g every 30 days)
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (120g every 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (120g every 30 days)
<i>amcinonide oint 0.1%</i>	1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120g every 30 days)

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120g every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120g every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (120g every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (120g every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (120 mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (120g every 30 days)
BRYHALI LOT 0.01%	2	QL (120 mL every 30 days)
<i>clobetasol propionate cream 0.05%</i>	1	QL (120g every 30 days)
<i>clobetasol propionate emo</i>	1	QL (120g every 30 days)
<i>clobetasol propionate foam 0.05%</i>	1	QL (120g every 30 days)
<i>clobetasol propionate gel 0.05%</i>	1	QL (120g every 30 days)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>clobetasol propionate oint 0.05%</i>	1	QL (120g every 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (120 mL every 30 days)
<i>clobetasol propionate soln 0.05%</i>	1	QL (120 mL every 30 days)
<i>clobetasol propionate spray 0.05%</i>	1	QL (120 mL every 30 days)
<i>clocortolone pivalate cream 0.1%</i>	3	QL (120g every 30 days)
<i>desonide cream 0.05%</i>	1	QL (120g every 30 days)
<i>desonide lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>desonide oint 0.05%</i>	1	QL (120g every 30 days)
<i>desoximetasone cream 0.05%</i>	1	QL (120g every 30 days)
<i>desoximetasone cream 0.25%</i>	1	QL (120g every 30 days)
<i>desoximetasone gel 0.05%</i>	1	QL (120g every 30 days)
<i>desoximetasone oint 0.25%</i>	1	QL (120g every 30 days)
<i>desoximetasone spray 0.25%</i>	3	QL (120 mL every 30 days)
<i>diflorasone diacetate cream 0.05%</i>	3	QL (120g every 30 days)
<i>diflorasone diacetate oint 0.05%</i>	3	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120g every 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (120 mL every 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (120 mL every 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120g every 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (120 mL every 30 days)
<i>fluocinonide cream 0.05%</i>	1	QL (120g every 30 days)
<i>fluocinonide gel 0.05%</i>	1	QL (120g every 30 days)
<i>fluocinonide oint 0.05%</i>	1	QL (120g every 30 days)
<i>fluocinonide soln 0.05%</i>	1	QL (120 mL every 30 days)
<i>fluticasone propionate cream 0.05%</i>	1	QL (120g every 30 days)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120g every 30 days)

AGE - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy 119
Efectivo 5/1/2026.
MC7751

Nombre del Medicamento	Nivel	Requisitos/Límites
<i>halobetasol propionate cream 0.05%</i>	1	QL (120g every 30 days)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120g every 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120g every 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120g every 30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (120 mL every 30 days)
<i>hydrocortisone cream 1%</i>	1	QL (120g every 30 days)
<i>hydrocortisone cream 2.5%</i>	1	QL (120g every 30 days)
<i>hydrocortisone lotion 2.5%</i>	1	QL (120 mL every 30 days)
<i>hydrocortisone oint 2.5%</i>	1	QL (120g every 30 days)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (120g every 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120g every 30 days)
<i>mometasone furoate cream 0.1%</i>	1	QL (120g every 30 days)
<i>mometasone furoate oint 0.1%</i>	1	QL (120g every 30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120 mL every 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (120g every 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (120 mL every 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (120 mL every 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (120g every 30 days)

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (60 mL every 30 days)
<i>lidocaine oint 5%</i>	1	QL (50g every 30 days)
<i>lidocaine pain relief pat</i>	1	QL (30 patches every 30 days), OTC
<i>lidocaine patch 5%</i>	1	PA, QL (90 patches every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30g every 30 days)

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir cream 5%</i>	3	
<i>bexarotene gel 1%</i>	4	PA
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
<i>nitroglycerin oint 0.4%</i>	1	
<i>penciclovir cream 1%</i>	1	
<i>podofilox gel 0.5%</i>	1	
<i>podofilox soln 0.5%</i>	1	

DERMATOLOGY, ROSACEA

<i>azelaic acid gel 15%</i>	1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	PA

Nombre del Medicamento	Nivel	Requisitos/Límites
FINACEA AER 15%	2	
<i>ivermectin cream 1%</i>	1	PA
<i>metronidazole cream 0.75%</i>	1	QL (60g every 30 days)
<i>metronidazole gel 0.75%</i>	1	QL (60g every 30 days)
<i>metronidazole gel 1%</i>	1	QL (60g every 30 days)
<i>metronidazole lotion 0.75%</i>	1	QL (60 mL every 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
<i>crotan</i>	1	
<i>cvs ivermectin lice treat</i>	1	OTC
<i>gnp lice treatment</i>	1	OTC
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX GEL 0.01%	3	PA, QL (30g every 30 days)
<i>sodium chloride irrigation soln 0.9%</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	1	QL (90 lozenges every 30 days)
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>oralone dental paste</i>	1	
ORAVIG TAB 50MG	3	QL (14 tabs every 30 days)
<i>periogard</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<i>triamcinolone acetone dental paste 0.1%</i>	1	
OTIC		
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<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	3	
CORTISPORIN SUS -TC OTIC	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
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<i>BELSOMRA TAB 5MG</i>	61	<i>BEYFORTUS INJ 100MG/ML</i>	103
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	30	<i>BEYFORTUS INJ 50/0.5ML</i>	103
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	30	<i>bicalutamide tab 50 mg</i>	23
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	30	<i>BIJUVA CAP 0.5-100</i>	80
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	30	<i>BIJUVA CAP 1-100MG</i>	80
<i>benazepril hcl tab 10 mg</i>	30	<i>BIKTARVY TAB</i>	12
<i>benazepril hcl tab 20 mg</i>	30		
<i>benazepril hcl tab 40 mg</i>	30		

<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	36	<i>bumetanide tab 1 mg</i>	40
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	36	<i>bumetanide tab 2 mg</i>	40
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	36	<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i> ..	8
<i>bisoprolol fumarate tab 10 mg</i>	37	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	66
<i>bisoprolol fumarate tab 5 mg</i>	37	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	66
<i>bleomycin sulfate for inj 15 unit</i>	20	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	66
<i>bleomycin sulfate for inj 30 unit</i>	20	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	66
BOOSTRIX INJ	103	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	66
<i>bosentan tab 125 mg</i>	43	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	66
<i>bosentan tab 62.5 mg</i>	43	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	66
<i>bosentan tab for oral susp 32 mg</i>	43	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	66
BRAFTOVI CAP 75MG	24	<i>buprenorphine td patch weekly 10 mcg/hr</i>	8
BREO ELLIPTA INH 100-25	115	<i>buprenorphine td patch weekly 15 mcg/hr</i>	8
BREO ELLIPTA INH 200-25	115	<i>buprenorphine td patch weekly 20 mcg/hr</i>	8
BREO ELLIPTA INH 50-25MCG	115	<i>buprenorphine td patch weekly 5 mcg/hr</i>	8
<i>breyna</i>	115	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	8
BREZTRI AERO AER SPHERE	110	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	67
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	120	<i>bupropion hcl tab 100 mg</i>	46
<i>brimonidine tartrate ophth soln 0.1%</i>	109	<i>bupropion hcl tab 75 mg</i>	46
<i>brimonidine tartrate ophth soln 0.15%</i>	109	<i>bupropion hcl tab er 12hr 100 mg</i>	46
<i>brimonidine tartrate ophth soln 0.2%</i>	109	<i>bupropion hcl tab er 12hr 150 mg</i>	46
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	108	<i>bupropion hcl tab er 12hr 200 mg</i>	46
<i>brinzolamide ophth susp 1%</i>	108	<i>bupropion hcl tab er 24hr 150 mg</i>	46
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	108	<i>bupropion hcl tab er 24hr 300 mg</i>	46
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	50	<i>buspironone hcl tab 10 mg</i>	44
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	50	<i>buspironone hcl tab 15 mg</i>	44
BRUKINSA CAP 80MG	24	<i>buspironone hcl tab 30 mg</i>	44
BRUKINSA TAB 160MG	24	<i>buspironone hcl tab 5 mg</i>	44
BRYHALI LOT 0.01%	119	<i>buspironone hcl tab 7.5 mg</i>	44
<i>budesonide delayed release particles cap 3 mg</i>	87	<i>busulfan inj 6 mg/ml</i>	20
<i>budesonide inhalation susp 0.25 mg/2ml</i>	115	<i>butorphanol tartrate inj 1 mg/ml</i>	2
<i>budesonide inhalation susp 0.5 mg/2ml</i>	115	<i>butorphanol tartrate inj 2 mg/ml</i>	2
<i>budesonide inhalation susp 1 mg/2ml</i>	115	<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2
<i>budesonide tab er 24hr 9 mg</i>	87	CABENUVA SUS 400-600	12
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	115	CABENUVA SUS 600-900	12
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	115	<i>cabergoline tab 0.5 mg</i>	82
<i>bumetanide tab 0.5 mg</i>	40	CABOMETYX TAB 20MG	24
		CABOMETYX TAB 40MG	24
		CABOMETYX TAB 60MG	24
		<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	118

<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	118	<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	50
<i>calcitonin (salmon) nasal soln 200 unit/act ...</i>	72	<i>carbidopa & levodopa tab 10-100 mg</i>	50
<i>calcitriol cap 0.25 mcg</i>	85	<i>carbidopa & levodopa tab 25-100 mg</i>	50
<i>calcitriol cap 0.5 mcg</i>	85	<i>carbidopa & levodopa tab 25-250 mg</i>	50
<i>calcitriol oint 3 mcg/gm</i>	118	<i>carbidopa & levodopa tab er 25-100 mg</i>	50
<i>calcitriol oral soln 1 mcg/ml</i>	85	<i>carbidopa & levodopa tab er 50-200 mg</i>	50
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	83	<i>carbidopa tab 25 mg</i>	50
<i>calcium acetate (phosphate binder) tab 667 mg</i>	83	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	51
CALQUENCE TAB 100MG	24	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	51
<i>camila</i>	73	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	51
<i>camrese</i>	73	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	51
<i>candesartan cilexetil tab 16 mg</i>	32	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	51
<i>candesartan cilexetil tab 32 mg</i>	32	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	51
<i>candesartan cilexetil tab 4 mg</i>	32	<i>carbinoxamine maleate soln 4 mg/5ml</i>	110
<i>candesartan cilexetil tab 8 mg</i>	32	<i>carbinoxamine maleate tab 4 mg</i>	110
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	32	<i>carboplatin iv soln 150 mg/15ml</i>	29
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	32	<i>carboplatin iv soln 450 mg/45ml</i>	29
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	32	<i>carboplatin iv soln 50 mg/5ml</i>	29
<i>capecitabine tab 150 mg</i>	21	<i>carboplatin iv soln 600 mg/60ml</i>	29
<i>capecitabine tab 500 mg</i>	21	CARDURA XL TAB 4MG	90
CAPRELSA TAB 100MG	24	CARDURA XL TAB 8MG	90
CAPRELSA TAB 300MG	24	CAREFINE MIS 32GX6MM	76
<i>captopril tab 100 mg</i>	30	<i>carglumic acid soluble tab 200 mg</i>	84
<i>captopril tab 12.5 mg</i>	30	<i>carisoprodol tab 350 mg</i>	64
<i>captopril tab 25 mg</i>	30	<i>carmustine for inj 100 mg</i>	20
<i>captopril tab 50 mg</i>	30	<i>carteolol hcl ophth soln 1%</i>	108
CAPVAXIVE INJ 0.5ML	103	<i>cartia xt</i>	38
<i>carbamazepine cap er 12hr 100 mg</i>	55	<i>carvedilol phosphate cap er 24hr 10 mg</i>	37
<i>carbamazepine cap er 12hr 200 mg</i>	55	<i>carvedilol phosphate cap er 24hr 20 mg</i>	37
<i>carbamazepine cap er 12hr 300 mg</i>	55	<i>carvedilol phosphate cap er 24hr 40 mg</i>	37
<i>carbamazepine chew tab 100 mg</i>	55	<i>carvedilol phosphate cap er 24hr 80 mg</i>	37
<i>carbamazepine chew tab 200 mg</i>	55	<i>carvedilol tab 12.5 mg</i>	37
<i>carbamazepine susp 100 mg/5ml</i>	55	<i>carvedilol tab 25 mg</i>	37
<i>carbamazepine tab 200 mg</i>	55	<i>carvedilol tab 3.125 mg</i>	37
<i>carbamazepine tab er 12hr 100 mg</i>	55	<i>carvedilol tab 6.25 mg</i>	37
<i>carbamazepine tab er 12hr 200 mg</i>	55	CAYA DPR	73
<i>carbamazepine tab er 12hr 400 mg</i>	55	CAYSTON INH 75MG	112
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	50	<i>cefaclor cap 250 mg</i>	13
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	50	<i>cefaclor cap 500 mg</i>	13
		<i>cefaclor for susp 250 mg/5ml</i>	14
		<i>cefadroxil cap 500 mg</i>	14

<i>cefadroxil for susp 250 mg/5ml</i>	14	CHEMSTRIP 10 TES MD.....	76
<i>cefadroxil for susp 500 mg/5ml</i>	14	CHEMSTRIP 2 TES GP.....	76
<i>cefadroxil tab 1 gm</i>	14	CHEMSTRIP 5 TES OB.....	76
<i>cefazolin sodium for inj 1 gm</i>	14	CHEMSTRIP 7 TES.....	76
<i>cefdinir cap 300 mg</i>	14	CHEMSTRIP 9 TES STRIPS.....	76
<i>cefdinir for susp 125 mg/5ml</i>	14	CHEMSTRIP K TES.....	76
<i>cefdinir for susp 250 mg/5ml</i>	14	CHEMSTRIP TES -10 SG.....	76
<i>cefepime hcl for inj 1 gm</i>	14	CHEMSTRIP TES UGK.....	76
<i>cefepime hcl for iv soln 2 gm</i>	14	<i>chlordiazepoxide hcl cap 10 mg</i>	44
<i>cefixime cap 400 mg</i>	14	<i>chlordiazepoxide hcl cap 25 mg</i>	44
<i>cefixime for susp 100 mg/5ml</i>	14	<i>chlordiazepoxide hcl cap 5 mg</i>	44
<i>cefixime for susp 200 mg/5ml</i>	14	<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	66
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	14	<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	66
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	14	<i>chlorhexidine gluconate soln 0.12%</i>	121
<i>cefpodoxime proxetil tab 100 mg</i>	14	<i>chloroquine phosphate tab 250 mg</i>	10
<i>cefpodoxime proxetil tab 200 mg</i>	14	<i>chloroquine phosphate tab 500 mg</i>	10
<i>cefprozil for susp 125 mg/5ml</i>	14	<i>chlorpromazine hcl inj 25 mg/ml</i>	52
<i>cefprozil for susp 250 mg/5ml</i>	14	<i>chlorpromazine hcl inj 50 mg/2ml</i>	52
<i>cefprozil tab 250 mg</i>	14	<i>chlorpromazine hcl tab 10 mg</i>	52
<i>cefprozil tab 500 mg</i>	14	<i>chlorpromazine hcl tab 100 mg</i>	52
<i>ceftazidime for iv soln 2 gm</i>	14	<i>chlorpromazine hcl tab 200 mg</i>	52
<i>ceftriaxone sodium for inj 1 gm</i>	14	<i>chlorpromazine hcl tab 25 mg</i>	52
<i>ceftriaxone sodium for inj 10 gm</i>	14	<i>chlorpromazine hcl tab 50 mg</i>	52
<i>ceftriaxone sodium for inj 2 gm</i>	14	<i>chlorthalidone tab 25 mg</i>	40
<i>ceftriaxone sodium for inj 250 mg</i>	14	<i>chlorthalidone tab 50 mg</i>	40
<i>ceftriaxone sodium for inj 500 mg</i>	14	<i>chlorzoxazone tab 500 mg</i>	64
<i>ceftriaxone sodium for iv soln 1 gm</i>	14	<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	106
<i>ceftriaxone sodium for iv soln 2 gm</i>	14	<i>cholestyramine light powder 4 gm/dose</i>	34
<i>cefuroxime axetil tab 250 mg</i>	14	<i>cholestyramine light powder packets 4 gm</i>	34
<i>cefuroxime axetil tab 500 mg</i>	14	<i>cholestyramine powder 4 gm/dose</i>	34
<i>celecoxib cap 100 mg</i>	1	<i>cholestyramine powder packets 4 gm</i>	34
<i>celecoxib cap 200 mg</i>	1	<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	34
<i>celecoxib cap 50 mg</i>	1	<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	34
CELLCEPT CAP 250MG.....	101	CHOR GONADOT INJ 10000UNT.....	82
CELLCEPT IV INJ 500MG.....	101	<i>ciclopirox gel 0.77%</i>	117
CELLCEPT SUS 200MG/ML.....	101	<i>ciclopirox olamine cream 0.77% (base equiv)</i>	117
CELLCEPT TAB 500MG.....	101	<i>ciclopirox olamine susp 0.77% (base equiv)</i> ..	117
<i>cephalexin cap 250 mg</i>	15	<i>ciclopirox shampoo 1%</i>	117
<i>cephalexin cap 500 mg</i>	15	<i>ciclopirox solution 8%</i>	117
<i>cephalexin cap 750 mg</i>	15	<i>cidofovir iv inj 75 mg/ml</i>	13
<i>cephalexin for susp 125 mg/5ml</i>	15	<i>cilostazol tab 100 mg</i>	94
<i>cephalexin for susp 250 mg/5ml</i>	15	<i>cilostazol tab 50 mg</i>	94
<i>cephalexin tab 250 mg</i>	15	CIMDUO TAB 300-300.....	12
<i>cephalexin tab 500 mg</i>	15	<i>cimetidine tab 200 mg</i>	87
CERDELGA CAP 84MG.....	80	<i>cimetidine tab 300 mg</i>	87
<i>cevimeline hcl cap 30 mg</i>	121		
<i>chateal eq</i>	73		
CHEMET CAP 100MG.....	73		

<i>cimetidine tab 400 mg</i>	87	<i>clindamycin phosphate soln 1%</i>	116
<i>cimetidine tab 800 mg</i>	87	<i>clindamycin phosphate swab 1%</i>	116
<i>CIMZIA INJ 200MG/ML</i>	96	<i>clindamycin phosphate vaginal cream 2%</i>	91
<i>CIMZIA START KIT 200MG/ML</i>	96	<i>clindamycin phosphate-benzoyl peroxide gel</i>	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	72	<i>1.2-2.5%</i>	116
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	72	<i>clindamycin phosphate-benzoyl peroxide gel 1-</i>	
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	72	<i>5%</i>	116
<i>CIPRO (10%) SUS 500MG/5</i>	15	<i>clindamycin phosph-benzoyl peroxide (refrig)</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>		<i>gel 1.2 (1)-5%</i>	116
<i>equivalent)</i>	107	<i>clobazam suspension 2.5 mg/ml</i>	55
<i>ciprofloxacin hcl otic soln 0.2% (base</i>		<i>clobazam tab 10 mg</i>	55
<i>equivalent)</i>	121	<i>clobazam tab 20 mg</i>	55
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	15	<i>clobetasol propionate cream 0.05%</i>	119
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	15	<i>clobetasol propionate emo</i>	119
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	15	<i>clobetasol propionate foam 0.05%</i>	119
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>		<i>clobetasol propionate gel 0.05%</i>	119
.....	121	<i>clobetasol propionate lotion 0.05%</i>	119
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln</i>		<i>clobetasol propionate oint 0.05%</i>	119
<i>0.3-0.025%</i>	121	<i>clobetasol propionate shampoo 0.05%</i>	119
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	29	<i>clobetasol propionate soln 0.05%</i>	119
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	29	<i>clobetasol propionate spray 0.05%</i>	119
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	29	<i>clocortolone pivalate cream 0.1%</i>	119
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>		<i>clofarabine iv soln 1 mg/ml</i>	21
.....	46	<i>clomipramine hcl cap 25 mg</i>	44
<i>citalopram hydrobromide tab 10 mg (base</i>		<i>clomipramine hcl cap 50 mg</i>	44
<i>equiv)</i>	46	<i>clomipramine hcl cap 75 mg</i>	44
<i>citalopram hydrobromide tab 20 mg (base</i>		<i>clonazepam tab 0.5 mg</i>	55
<i>equiv)</i>	46	<i>clonazepam tab 1 mg</i>	55
<i>citalopram hydrobromide tab 40 mg (base</i>		<i>clonazepam tab 2 mg</i>	55
<i>equiv)</i>	46	<i>clonidine hcl tab 0.1 mg</i>	41
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	21	<i>clonidine hcl tab 0.2 mg</i>	41
<i>clarithromycin for susp 125 mg/5ml</i>	15	<i>clonidine hcl tab 0.3 mg</i>	41
<i>clarithromycin for susp 250 mg/5ml</i>	15	<i>clonidine td patch weekly 0.1 mg/24hr</i>	41
<i>clarithromycin tab 250 mg</i>	15	<i>clonidine td patch weekly 0.2 mg/24hr</i>	41
<i>clarithromycin tab 500 mg</i>	15	<i>clonidine td patch weekly 0.3 mg/24hr</i>	41
<i>clarithromycin tab er 24hr 500 mg</i>	15	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i> 94	
<i>clemastine fumarate tab 2.68 mg</i>	110	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> ..	94
<i>CLENPIQ SOL</i>	88	<i>clorazepate dipotassium tab 15 mg</i>	55
<i>CLEOCIN SUP 100MG</i>	91	<i>clorazepate dipotassium tab 3.75 mg</i>	55
<i>CLIMARA PRO DIS WEEKLY</i>	80	<i>clorazepate dipotassium tab 7.5 mg</i>	55
<i>clindamycin hcl cap 150 mg</i>	17	<i>clotrimazole cream 1%</i>	117
<i>clindamycin hcl cap 300 mg</i>	17	<i>clotrimazole soln 1%</i>	117
<i>clindamycin hcl cap 75 mg</i>	17	<i>clotrimazole troche 10 mg</i>	121
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i>		<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	
<i>(base equiv)</i>	17	.....	117
<i>clindamycin phosphate foam 1%</i>	116	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	
<i>clindamycin phosphate gel 1% (twice-daily)</i> 116		.....	117
<i>clindamycin phosphate lotion 1%</i>	116	<i>clozapine orally disintegrating tab 100 mg</i>	52

<i>clozapine orally disintegrating tab 12.5 mg</i>	52	<i>crotan</i>	121
<i>clozapine orally disintegrating tab 150 mg</i>	52	CUTAQUIG SOL 1.65GM	101
<i>clozapine orally disintegrating tab 200 mg</i>	52	CUTAQUIG SOL 1GM	101
<i>clozapine orally disintegrating tab 25 mg</i>	52	CUTAQUIG SOL 2GM	101
<i>clozapine tab 100 mg</i>	52	CUTAQUIG SOL 3.3GM.....	101
<i>clozapine tab 200 mg</i>	52	CUTAQUIG SOL 4GM	101
<i>clozapine tab 25 mg</i>	52	CUTAQUIG SOL 8GM	101
<i>clozapine tab 50 mg</i>	52	<i>cvs ivermectin lice treat</i>	121
COARTEM TAB 20-120MG	10	CVS KETONE TES CARE	77
CODEINE SULF TAB 60MG	2	<i>cvs sleep-aid nighttime</i>	61
<i>codeine sulfate tab 30 mg</i>	2	<i>cyanocobalamin inj 1000 mcg/ml</i>	106
<i>colchicine tab 0.6 mg</i>	1	<i>cyclobenzaprine hcl tab 10 mg</i>	65
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	<i>cyclobenzaprine hcl tab 5 mg</i>	64
<i>colesevelam hcl packet for susp 3.75 gm</i>	34	<i>cyclophosphamide cap 25 mg</i>	20
<i>colesevelam hcl tab 625 mg</i>	34	<i>cyclophosphamide cap 50 mg</i>	20
<i>colestipol hcl granule packets 5 gm</i>	34	<i>cyclophosphamide for inj 1 gm</i>	20
<i>colestipol hcl granules 5 gm</i>	34	<i>cyclophosphamide for inj 2 gm</i>	20
<i>colestipol hcl tab 1 gm</i>	34	<i>cyclophosphamide for inj 500 mg</i>	20
COMETRIQ KIT 100MG.....	24	<i>cycloserine cap 250 mg</i>	12
COMETRIQ KIT 140MG.....	24	<i>cyclosporine (ophth) emulsion 0.05%</i>	108
COMETRIQ KIT 60MG	24	<i>cyclosporine cap 100 mg</i>	101
COMIRNATY 5- INJ 11/25-26.....	103	<i>cyclosporine cap 25 mg</i>	101
COMIRNATY INJ 30/.3ML.....	103	<i>cyclosporine modified cap 100 mg</i>	101
<i>compro</i>	86	<i>cyclosporine modified cap 25 mg</i>	101
CONDOMS MIS	73	<i>cyclosporine modified cap 50 mg</i>	101
CORLANOR SOL 5MG/5ML	41	<i>cyclosporine modified oral soln 100 mg/ml</i> ..	102
CORTIFOAM AER 90MG	87	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	110
CORTISPORIN SUS -TC OTIC.....	121	<i>cyproheptadine hcl tab 4 mg</i>	110
CORTROPHIN INJ 40/0.5ML.....	83	CYSTAGON CAP 150MG	83
CORTROPHIN INJ 80UNT/ML.....	83	CYSTAGON CAP 50MG.....	83
COSENTYX INJ 150MG/ML.....	96	CYSTARAN SOL 0.44%.....	109
COSENTYX INJ 300DOSE.....	96	<i>cytarabine inj 20 mg/ml</i>	21
COSENTYX INJ 75MG/0.5	96	<i>cytarabine inj pf 100 mg/ml</i>	21
COSENTYX PEN INJ 150MG/ML.....	96	<i>cytarabine inj pf 20 mg/ml</i>	21
COSENTYX PEN INJ 300DOSE	96	<i>dabigatran etexilate mesylate cap 110 mg</i> <i>(etexilate base eq)</i>	92
COSENTYX UNO INJ 300/2ML	96	<i>dabigatran etexilate mesylate cap 150 mg</i> <i>(etexilate base eq)</i>	92
CREON CAP 12000UNT	89	<i>dabigatran etexilate mesylate cap 75 mg</i> <i>(etexilate base eq)</i>	92
CREON CAP 24000UNT	89	<i>dacarbazine for inj 100 mg</i>	20
CREON CAP 3000UNIT	89	<i>dacarbazine for inj 200 mg</i>	20
CREON CAP 36000UNT	89	<i>dalfampridine tab er 12hr 10 mg</i>	64
CREON CAP 6000UNIT	89	<i>danazol cap 100 mg</i>	78
CRESEMBA CAP 186MG	9	<i>danazol cap 200 mg</i>	78
CRESEMBA CAP 74.5MG	9	<i>danazol cap 50 mg</i>	78
CRINONE GEL 4% VAG	83	<i>dantrolene sodium cap 100 mg</i>	65
CRINONE GEL 8% VAG	83	<i>dantrolene sodium cap 25 mg</i>	65
<i>cromolyn sodium ophth soln 4%</i>	108		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	88		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	113		

<i>dantrolene sodium cap 50 mg</i>	65	<i>desloratadine tab orally disintegrating 2.5 mg</i>	110
<i>dapsone tab 100 mg</i>	17	<i>desloratadine tab orally disintegrating 5 mg</i>	110
<i>dapsone tab 25 mg</i>	17	<i>desmopressin acetate inj 4 mcg/ml</i>	85
DAPTACEL INJ	103	<i>desmopressin acetate nasal spray soln 0.01%</i>	85
<i>darifenacin hydrobromide tab er 24hr 15 mg</i> (base equiv)	91	<i>desmopressin acetate nasal spray soln 0.01%</i> (refrigerated)	85
<i>darifenacin hydrobromide tab er 24hr 7.5 mg</i> (base equiv)	91	<i>desmopressin acetate preservative free (pf) inj 4</i> <i>mcg/ml</i>	85
<i>darunavir tab 600 mg</i>	10	<i>desmopressin acetate tab 0.1 mg</i>	85
<i>darunavir tab 800 mg</i>	10	<i>desmopressin acetate tab 0.2 mg</i>	85
<i>dasatinib tab 100 mg</i>	24	<i>desonide cream 0.05%</i>	119
<i>dasatinib tab 140 mg</i>	24	<i>desonide lotion 0.05%</i>	119
<i>dasatinib tab 20 mg</i>	24	<i>desonide oint 0.05%</i>	119
<i>dasatinib tab 50 mg</i>	24	<i>desoximetasone cream 0.05%</i>	119
<i>dasatinib tab 70 mg</i>	24	<i>desoximetasone cream 0.25%</i>	119
<i>dasatinib tab 80 mg</i>	24	<i>desoximetasone gel 0.05%</i>	119
<i>dasetta 1/35</i>	73	<i>desoximetasone oint 0.25%</i>	119
<i>dasetta 7/7/7</i>	73	<i>desoximetasone spray 0.25%</i>	119
<i>daunorubicin hcl iv soln 20 mg/4ml (base</i> <i>equiv)</i>	20	<i>desvenlafaxine succinate tab er 24hr 100 mg</i> (base equiv)	47
DAYVIGO TAB 10MG	61	<i>desvenlafaxine succinate tab er 24hr 25 mg</i> (base equiv)	47
DAYVIGO TAB 5MG	61	<i>desvenlafaxine succinate tab er 24hr 50 mg</i> (base equiv)	47
<i>decitabine for inj 50 mg</i>	21	DEXAMETHASON CON 1MG/ML	78
<i>deferiprone tab 1000 mg</i>	73	<i>dexamethasone elixir 0.5 mg/5ml</i>	78
<i>deferiprone tab 500 mg</i>	73	<i>dexamethasone sod phosphate preservative free</i> <i>inj 10 mg/ml</i>	78
<i>deflazacort susp 22.75 mg/ml</i>	78	<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	78
<i>deflazacort tab 18 mg</i>	78	<i>dexamethasone sodium phosphate inj 100</i> <i>mg/10ml</i>	78
<i>deflazacort tab 30 mg</i>	78	<i>dexamethasone sodium phosphate inj 120</i> <i>mg/30ml</i>	78
<i>deflazacort tab 36 mg</i>	78	<i>dexamethasone sodium phosphate inj 20</i> <i>mg/5ml</i>	78
<i>deflazacort tab 6 mg</i>	78	<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	78
DELSTRIGO TAB	12	<i>dexamethasone sodium phosphate inj soln pref</i> <i>syr 4 mg/ml</i>	78
<i>delyla</i>	73	<i>dexamethasone sodium phosphate ophth soln</i> <i>0.1%</i>	108
<i>demeclocycline hcl tab 150 mg</i>	19	<i>dexamethasone soln 0.5 mg/5ml</i>	78
<i>demeclocycline hcl tab 300 mg</i>	19	<i>dexamethasone tab 0.5 mg</i>	78
DENGVAXIA SUS	103	<i>dexamethasone tab 0.75 mg</i>	78
DEPO-ESTRADI INJ 5MG/ML	80	<i>dexamethasone tab 1 mg</i>	78
DEPO-MEDROL INJ 20MG/ML	78	<i>dexamethasone tab 1.5 mg</i>	78
DEPO-SQ PROV INJ 104	73		
DESCOVY TAB 120-15MG	12		
DESCOVY TAB 200/25MG	12		
<i>desipramine hcl tab 10 mg</i>	46		
<i>desipramine hcl tab 100 mg</i>	47		
<i>desipramine hcl tab 150 mg</i>	47		
<i>desipramine hcl tab 25 mg</i>	46		
<i>desipramine hcl tab 50 mg</i>	46		
<i>desipramine hcl tab 75 mg</i>	46		
<i>desloratadine tab 5 mg</i>	110		

<i>dexamethasone tab 2 mg</i>	78	DIASCREEN MIS 2GK	77
<i>dexamethasone tab 4 mg</i>	78	DIASCREEN MIS 2GP	77
<i>dexamethasone tab 6 mg</i>	78	DIASCREEN MIS 4NL	77
DEXCOM G5 MIS RECEIVER.....	77	DIASCREEN MIS 4OBL	77
DEXCOM G5 MIS TRANSMIT	77	DIASCREEN MIS 4PH	77
DEXCOM G6 MIS RECEIVER.....	77	DIASCREEN MIS CONTROL	77
DEXCOM G6 MIS SENSOR	77	DIASTIX TES STRIPS	77
DEXCOM G6 MIS TRANSMIT	77	<i>diazepam inj 5 mg/ml</i>	55
DEXCOM G7 MIS RECEIVER.....	77	<i>diazepam intensol</i>	55
DEXCOM G7 MIS SENSOR	77	<i>diazepam oral soln 1 mg/ml</i>	55
DEXCOM G7 MIS SNSR 15D.....	77	<i>diazepam tab 10 mg</i>	55
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> ...	59	<i>diazepam tab 2 mg</i>	55
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> ...	59	<i>diazepam tab 5 mg</i>	55
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> ...	59	<i>diclofenac potassium tab 50 mg</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> ...	59	<i>diclofenac sodium (actinic keratoses) gel 3%</i>	117
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> ...	59	<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> ...	59	<i>diclofenac sodium ophth soln 0.1%</i>	108
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> ...	59	<i>diclofenac sodium tab delayed release 25 mg</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	59	<i>diclofenac sodium tab delayed release 50 mg</i>	1
<i>dexmethylphenidate hcl tab 10 mg</i>	59	<i>diclofenac sodium tab delayed release 75 mg</i>	1
<i>dexmethylphenidate hcl tab 2.5 mg</i>	59	<i>diclofenac sodium tab er 24hr 100 mg</i>	1
<i>dexmethylphenidate hcl tab 5 mg</i>	59	<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	29	<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	29	<i>dicloxacillin sodium cap 250 mg</i>	19
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	59	<i>dicloxacillin sodium cap 500 mg</i>	19
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	60	<i>dicyclomine hcl cap 10 mg</i>	85
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> 59		<i>dicyclomine hcl inj 10 mg/ml</i>	85
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	60	<i>dicyclomine hcl oral soln 10 mg/5ml</i>	85
<i>dextroamphetamine sulfate tab 10 mg</i>	60	<i>dicyclomine hcl tab 20 mg</i>	85
<i>dextroamphetamine sulfate tab 15 mg</i>	60	DIFICID SUS.....	15
<i>dextroamphetamine sulfate tab 20 mg</i>	60	<i>diflorasone diacetate cream 0.05%</i>	119
<i>dextroamphetamine sulfate tab 30 mg</i>	60	<i>diflorasone diacetate oint 0.05%</i>	119
<i>dextroamphetamine sulfate tab 5 mg</i>	60	<i>diflunisal tab 500 mg</i>	8
DIASCREEN 10 MIS	77	<i>difluprednate ophth emulsion 0.05%</i>	108
DIASCREEN 3 MIS.....	77	<i>digoxin oral soln 0.05 mg/ml</i>	40
DIASCREEN 5 MIS.....	77	<i>digoxin tab 125 mcg (0.125 mg)</i>	40
DIASCREEN 6 MIS.....	77	<i>digoxin tab 250 mcg (0.25 mg)</i>	40
DIASCREEN 7 MIS.....	77	<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	40
DIASCREEN 8 MIS.....	77	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	62
DIASCREEN 9 MIS.....	77	DILANTIN CAP 30MG	55
DIASCREEN MIS 1B	77	<i>diltiazem hcl cap er 12hr 120 mg</i>	38
DIASCREEN MIS 1G	77	<i>diltiazem hcl cap er 12hr 60 mg</i>	38
DIASCREEN MIS 1K.....	77	<i>diltiazem hcl cap er 12hr 90 mg</i>	38

<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	38	<i>disulfiram tab 500 mg</i>	44
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	39	DIURIL SUS 250/5ML.....	40
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	39	<i>divalproex sodium cap delayed release sprinkle</i> 125 mg	55
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	39	<i>divalproex sodium tab delayed release 125 mg</i>	55
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	39	<i>divalproex sodium tab delayed release 250 mg</i>	55
<i>diltiazem hcl extended release beads cap er</i> 24hr 120 mg.....	39	<i>divalproex sodium tab delayed release 500 mg</i>	55
<i>diltiazem hcl extended release beads cap er</i> 24hr 180 mg.....	39	<i>divalproex sodium tab er 24 hr 250 mg</i>	55
<i>diltiazem hcl extended release beads cap er</i> 24hr 240 mg.....	39	<i>divalproex sodium tab er 24 hr 500 mg</i>	55
<i>diltiazem hcl extended release beads cap er</i> 24hr 300 mg.....	39	<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	29
<i>diltiazem hcl extended release beads cap er</i> 24hr 360 mg.....	39	<i>docetaxel for inj conc 20 mg/ml</i>	28
<i>diltiazem hcl extended release beads cap er</i> 24hr 420 mg.....	39	<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i> 29	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	39	<i>docetaxel soln for iv infusion 160 mg/16ml ...</i>	29
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	39	<i>docetaxel soln for iv infusion 20 mg/2ml</i>	29
<i>diltiazem hcl tab 120 mg</i>	39	<i>docetaxel soln for iv infusion 80 mg/8ml</i>	29
<i>diltiazem hcl tab 30 mg</i>	39	<i>dofetilide cap 125 mcg (0.125 mg)</i>	33
<i>diltiazem hcl tab 60 mg</i>	39	<i>dofetilide cap 250 mcg (0.25 mg)</i>	33
<i>diltiazem hcl tab 90 mg</i>	39	<i>dofetilide cap 500 mcg (0.5 mg)</i>	33
<i>diltiazem hcl tab er 24hr 120 mg</i>	39	<i>donepezil hydrochloride orally disintegrating</i> <i>tab 10 mg</i>	45
<i>dilt-xr</i>	38	<i>donepezil hydrochloride orally disintegrating</i> <i>tab 5 mg</i>	45
<i>dimethyl fumarate capsule delayed release 120</i> <i>mg</i>	64	<i>donepezil hydrochloride tab 10 mg</i>	45
<i>dimethyl fumarate capsule delayed release 240</i> <i>mg</i>	64	<i>donepezil hydrochloride tab 23 mg</i>	45
<i>dimethyl fumarate capsule dr starter pack 120</i> <i>mg & 240 mg</i>	64	<i>donepezil hydrochloride tab 5 mg</i>	45
DIPENTUM CAP 250MG.....	87	DOPTELET SPR CAP 10MG.....	95
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	110	DOPTELET TAB 20MG (10 TABLETS)	95
<i>diphenhydramine hcl inj 50 mg/ml</i>	110	DOPTELET TAB 20MG (15 TABLETS)	95
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	85	DOPTELET TAB 20MG (30 TABLETS)	95
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> ..	85	<i>dorzolamide hcl ophth soln 2%</i>	108
<i>dipyridamole tab 25 mg</i>	94	<i>dorzolamide hcl-timolol maleate ophth soln 2-</i> <i>0.5%</i>	108
<i>dipyridamole tab 50 mg</i>	94	DOVATO TAB 50-300MG.....	12
<i>dipyridamole tab 75 mg</i>	94	<i>doxazosin mesylate tab 1 mg</i>	90
<i>disopyramide phosphate cap 100 mg</i>	33	<i>doxazosin mesylate tab 2 mg</i>	90
<i>disopyramide phosphate cap 150 mg</i>	33	<i>doxazosin mesylate tab 4 mg</i>	90
<i>disulfiram tab 250 mg</i>	44	<i>doxazosin mesylate tab 8 mg</i>	90
		<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	61
		<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	61
		<i>doxepin hcl cap 10 mg</i>	47
		<i>doxepin hcl cap 100 mg</i>	47
		<i>doxepin hcl cap 150 mg</i>	47
		<i>doxepin hcl cap 25 mg</i>	47
		<i>doxepin hcl cap 50 mg</i>	47

<i>doxepin hcl cap 75 mg</i>	47	EBGLYSS INJ 250/2ML.....	118
<i>doxepin hcl conc 10 mg/ml</i>	47	<i>econazole nitrate cream 1%</i>	117
<i>doxepin hcl cream 5%</i>	118	EDURANT PED TAB 2.5MG	10
<i>doxercalciferol cap 0.5 mcg</i>	85	EDURANT TAB 25MG	10
<i>doxercalciferol cap 1 mcg</i>	85	<i>efavirenz tab 600 mg</i>	10
<i>doxercalciferol cap 2.5 mcg</i>	85	<i>efavirenz-emtricitabine-tenofovir df tab 600-</i>	
<i>doxorubicin hcl for inj 10 mg</i>	20	<i>200-300 mg</i>	12
<i>doxorubicin hcl inj 2 mg/ml</i>	20	<i>efavirenz-lamivudine-tenofovir df tab 400-300-</i>	
<i>doxorubicin hcl liposomal susp (for iv infusion)</i>		<i>300 mg</i>	12
<i>2 mg/ml</i>	20	<i>efavirenz-lamivudine-tenofovir df tab 600-300-</i>	
<i>doxy 100</i>	19	<i>300 mg</i>	12
<i>doxycycline hyclate cap 100 mg</i>	19	EFFER-K TAB 25MEQ EF.....	105
<i>doxycycline hyclate cap 50 mg</i>	19	ELESTRIN GEL 0.06%.....	80
<i>doxycycline hyclate for inj 100 mg</i>	19	<i>eletriptan hydrobromide tab 20 mg (base</i>	
<i>doxycycline hyclate tab 100 mg</i>	19	<i>equivalent)</i>	62
<i>doxycycline hyclate tab 20 mg</i>	19	<i>eletriptan hydrobromide tab 40 mg (base</i>	
<i>doxycycline monohydrate cap 100 mg</i>	19	<i>equivalent)</i>	63
<i>doxycycline monohydrate cap 50 mg</i>	19	ELIGARD INJ 22.5MG	23
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	19	ELIGARD INJ 30MG.....	23
<i>doxycycline monohydrate tab 150 mg</i>	19	ELIGARD INJ 45MG.....	23
<i>doxycycline monohydrate tab 50 mg</i>	19	ELIGARD INJ 7.5MG.....	23
<i>doxycycline monohydrate tab 75 mg</i>	19	<i>elinest</i>	73
<i>dronabinol cap 10 mg</i>	86	ELIQUIS CAP 0.15MG	92
<i>dronabinol cap 2.5 mg</i>	86	ELIQUIS ST P TAB 5MG.....	92
<i>dronabinol cap 5 mg</i>	86	ELIQUIS TAB 0.5MG	92
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> 73		ELIQUIS TAB 1.5MG	92
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> 73		ELIQUIS TAB 2.5MG	92
<i>drospirenone-ethinyl estrad-levomefolate tab 3-</i>		ELIQUIS TAB 2MG.....	92
<i>0.02-0.451 mg</i>	73	ELIQUIS TAB 5MG.....	92
<i>drospirenone-ethinyl estrad-levomefolate tab 3-</i>		<i>elite-ob</i>	106
<i>0.03-0.451 mg</i>	73	ELLA TAB 30MG	73
DROXIA CAP 200MG	94	ELMIRON CAP 100MG.....	91
DROXIA CAP 300MG	94	EMGALITY INJ 100MG/ML.....	62
DROXIA CAP 400MG	94	EMGALITY INJ 120MG/ML.....	62
DUAVEE TAB 0.45-20.....	80	EMSAM DIS 12MG/24H	47
<i>duloxetine hcl enteric coated pellets cap 20 mg</i>		EMSAM DIS 6MG/24HR.....	47
<i>(base eq)</i>	47	EMSAM DIS 9MG/24HR.....	47
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>		<i>emtricitabine caps 200 mg</i>	10
<i>(base eq)</i>	47	<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
<i>duloxetine hcl enteric coated pellets cap 60 mg</i>		<i>100-150 mg</i>	12
<i>(base eq)</i>	47	<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
DUPIXENT INJ 200/1.14	118	<i>133-200 mg</i>	12
DUPIXENT INJ 200MG.....	114	<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
DUPIXENT INJ 300/2ML.....	114, 118	<i>167-250 mg</i>	12
DUREX MIS REALFEEL.....	73	<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
<i>dutasteride cap 0.5 mg</i>	90	<i>200-300 mg</i>	12
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	90	EMTRIVA SOL 10MG/ML	10
<i>e.e.s. 400</i>	15	EMVERM CHW 100MG.....	9

<i>enalapril maleate & hydrochlorothiazide tab</i>		ENVARSUS XR TAB 0.75MG	102
10-25 mg	30	ENVARSUS XR TAB 1MG	102
<i>enalapril maleate & hydrochlorothiazide tab 5-</i>		ENVARSUS XR TAB 4MG	102
12.5 mg	30	EPCLUSA PAK 150-37.5.....	16
<i>enalapril maleate tab 10 mg</i>	31	EPCLUSA PAK 200-50MG.....	16
<i>enalapril maleate tab 2.5 mg</i>	31	EPCLUSA TAB 200-50MG.....	16
<i>enalapril maleate tab 20 mg</i>	31	EPCLUSA TAB 400-100.....	16
<i>enalapril maleate tab 5 mg</i>	31	<i>epinastine hcl ophth soln 0.05%</i>	108
ENBREL INJ 25/0.5ML	96	<i>epinephrine solution auto-injector 0.15</i>	
ENBREL INJ 25MG	97	mg/0.15ml (1:1000).....	109
ENBREL INJ 50MG/ML.....	97	<i>epinephrine solution auto-injector 0.15</i>	
ENBREL MINI INJ 50MG/ML	97	mg/0.3ml (1:2000)	109
ENBREL SRCLK INJ 50MG/ML.....	97	<i>epinephrine solution auto-injector 0.3 mg/0.3ml</i>	
ENCARE SUP 100MG.....	90	(1:1000).....	109
<i>endocet tab 10-325mg</i>	3	EPIPEN 2-PAK INJ 0.3MG.....	109
<i>endocet tab 2.5-325</i>	2	<i>eplerenone tab 25 mg</i>	31
<i>endocet tab 5-325mg</i>	3	<i>eplerenone tab 50 mg</i>	31
<i>endocet tab 7.5-325</i>	3	<i>eq urinary pain relief</i>	91
ENFLONSIA INJ 105MG	103	ERBITUX INJ 100MG	22
ENGERIX-B INJ 10/0.5ML.....	103	ERBITUX INJ 200MG	22
ENGERIX-B INJ 20MCG/ML.....	103	<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	106
<i>enoxaparin sodium inj 300 mg/3ml</i>	92	ERGOMAR SUB 2MG.....	62
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>		<i>ergotamine w/ caffeine tab 1-100 mg</i>	62
.....	92	ERIVEDGE CAP 150MG	22
<i>enoxaparin sodium inj soln pref syr 120</i>		ERLEADA TAB 240MG	23
mg/0.8ml.....	92	ERLEADA TAB 60MG	23
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>		<i>erlotinib hcl tab 100 mg (base equivalent)</i>	24
.....	92	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	24
<i>enoxaparin sodium inj soln pref syr 30</i>		<i>erlotinib hcl tab 25 mg (base equivalent)</i>	24
mg/0.3ml.....	92	<i>errin</i>	73
<i>enoxaparin sodium inj soln pref syr 40</i>		ERTACZO CRE 2%.....	117
mg/0.4ml.....	92	<i>ertapenem sodium for inj 1 gm (base</i>	
<i>enoxaparin sodium inj soln pref syr 60</i>		equivalent).....	17
mg/0.6ml.....	92	<i>ery</i>	116
<i>enoxaparin sodium inj soln pref syr 80</i>		<i>erythromycin ethylsuccinate for susp 200</i>	
mg/0.8ml.....	92	mg/5ml	15
<i>enskyce</i>	73	<i>erythromycin ethylsuccinate for susp 400</i>	
<i>entacapone tab 200 mg</i>	51	mg/5ml	15
<i>entecavir tab 0.5 mg</i>	16	<i>erythromycin gel 2%</i>	116
<i>entecavir tab 1 mg</i>	16	<i>erythromycin ophth oint 5 mg/gm</i>	107
ENTRESTO CAP 15-16MG.....	41	<i>erythromycin soln 2%</i>	116
ENTRESTO CAP 6-6MG.....	41	<i>erythromycin tab 250 mg</i>	15
ENTRESTO TAB 24-26MG	41	<i>erythromycin tab 500 mg</i>	15
ENTRESTO TAB 49-51MG	41	<i>erythromycin tab delayed release 250 mg</i>	15
ENTRESTO TAB 97-103MG.....	41	<i>erythromycin tab delayed release 333 mg</i>	15
ENTYVIO INJ 300MG.....	95	<i>erythromycin tab delayed release 500 mg</i>	15
ENTYVIO PEN INJ 108/0.68.....	97	<i>erythromycin w/ delayed release particles cap</i>	
<i>enulose</i>	88	250 mg	15

ERZOFRI INJ 117/0.75	52	<i>estradiol td patch weekly 0.05 mg/24hr</i>	81
ERZOFRI INJ 156MG/ML.....	52	<i>estradiol td patch weekly 0.06 mg/24hr</i>	81
ERZOFRI INJ 234/1.5.....	52	<i>estradiol td patch weekly 0.075 mg/24hr</i>	81
ERZOFRI INJ 351/2.25	53	<i>estradiol td patch weekly 0.1 mg/24hr</i>	81
ERZOFRI INJ 39/0.25.....	52	<i>estradiol vaginal cream 0.01%</i>	81
ERZOFRI INJ 78/0.5ML.....	52	<i>estradiol valerate im in oil 20 mg/ml</i>	82
<i>escitalopram oxalate soln 5 mg/5ml (base</i>		<i>estradiol valerate im in oil 40 mg/ml</i>	82
<i>equiv)</i>	47	<i>estrogens, conjugated tab 0.3 mg</i>	82
<i>escitalopram oxalate tab 10 mg (base equiv).</i>	47	<i>estrogens, conjugated tab 0.45 mg</i>	82
<i>escitalopram oxalate tab 20 mg (base equiv).</i>	47	<i>estrogens, conjugated tab 0.625 mg</i>	82
<i>escitalopram oxalate tab 5 mg (base equiv) ...</i>	47	<i>estrogens, conjugated tab 0.9 mg</i>	82
<i>esomeprazole magnesium cap delayed release</i>		<i>estrogens, conjugated tab 1.25 mg</i>	82
<i>20 mg (base eq)</i>	89	<i>eszopiclone tab 1 mg</i>	61
<i>esomeprazole magnesium cap delayed release</i>		<i>eszopiclone tab 2 mg</i>	61
<i>40 mg (base eq)</i>	89	<i>eszopiclone tab 3 mg</i>	61
<i>esomeprazole magnesium for delayed release</i>		<i>ethacrynic acid tab 25 mg</i>	40
<i>susp pack 2.5 mg</i>	89	<i>ethambutol hcl tab 100 mg</i>	13
<i>esomeprazole magnesium for delayed release</i>		<i>ethambutol hcl tab 400 mg</i>	13
<i>susp packet 10 mg</i>	89	<i>ethosuximide cap 250 mg</i>	55
<i>esomeprazole magnesium for delayed release</i>		<i>ethosuximide soln 250 mg/5ml</i>	55
<i>susp packet 5 mg</i>	89	<i>ethynodiol diacetate & ethinyl estradiol tab 1</i>	
<i>estazolam tab 1 mg</i>	61	<i>mg-50 mcg</i>	74
<i>estazolam tab 2 mg</i>	61	<i>etodolac cap 200 mg</i>	1
<i>estradiol & norethindrone acetate tab 0.5-0.1</i>		<i>etodolac cap 300 mg</i>	1
<i>mg</i>	80	<i>etodolac tab 400 mg</i>	1
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>		<i>etodolac tab 500 mg</i>	1
.....	80	<i>etodolac tab er 24hr 400 mg</i>	1
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-</i>		<i>etodolac tab er 24hr 500 mg</i>	1
<i>dose pump)</i>	80	<i>etodolac tab er 24hr 600 mg</i>	1
<i>estradiol tab 0.5 mg</i>	80	<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015</i>	
<i>estradiol tab 1 mg</i>	80	<i>mg/24hr</i>	74
<i>estradiol tab 2 mg</i>	80	<i>etoposide cap 50 mg</i>	29
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	81	<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	29
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	81	<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	30
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	81	<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	30
<i>estradiol td gel 1 mg/gm (0.1%)</i>	81	<i>etravirine tab 100 mg</i>	11
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	81	<i>etravirine tab 200 mg</i>	11
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>		<i>EUCRISA OIN 2%</i>	118
.....	81	<i>EVAMIST SPR 1.53MG</i>	82
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>		<i>everolimus tab 0.25 mg</i>	102
.....	81	<i>everolimus tab 0.5 mg</i>	102
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>		<i>everolimus tab 0.75 mg</i>	102
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>		<i>everolimus tab 1 mg</i>	102
.....	81	<i>everolimus tab 10 mg</i>	25
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> .	81	<i>everolimus tab 2.5 mg</i>	24
<i>estradiol td patch weekly 0.025 mg/24hr</i>	81	<i>everolimus tab 5 mg</i>	24
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5</i>		<i>everolimus tab 7.5 mg</i>	24
<i>mcg/24hr)</i>	81	<i>everolimus tab for oral susp 2 mg</i>	25

<i>everolimus tab for oral susp 3 mg</i>	25	<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	3
<i>everolimus tab for oral susp 5 mg</i>	25	<i>fentanyl td patch 72hr 75 mcg/hr</i>	3
EVERYSOI SOL	63	<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	3
EVERYSOI TAB 5MG	63	FERPRX 2-DAY TAB 1000MG	73
<i>exemestane tab 25 mg</i>	23	FERRIPROX SOL 100MG/ML.....	73
<i>ezetimibe tab 10 mg</i>	34	<i>fesoterodine fumarate tab er 24hr 4 mg</i>	91
<i>ezetimibe-simvastatin tab 10-10 mg</i>	36	<i>fesoterodine fumarate tab er 24hr 8 mg</i>	91
<i>ezetimibe-simvastatin tab 10-20 mg</i>	36	FETZIMA CAP 120MG.....	48
<i>ezetimibe-simvastatin tab 10-40 mg</i>	36	FETZIMA CAP 20MG	47
<i>ezetimibe-simvastatin tab 10-80 mg</i>	36	FETZIMA CAP 40MG	47
<i>falmina</i>	74	FETZIMA CAP 80MG	48
<i>famciclovir tab 125 mg</i>	13	FETZIMA CAP TITRATIO.....	48
<i>famciclovir tab 250 mg</i>	13	FIASP FLEX INJ TOUCH.....	70
<i>famciclovir tab 500 mg</i>	13	FIASP INJ 100/ML.....	70
<i>famotidine for susp 40 mg/5ml</i>	87	FIASP PENFIL INJ U-100.....	70
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> ..	87	FIASP PMPCRT INJ U-100	70
<i>famotidine preservative free inj 20 mg/2ml</i> ...	87	<i>fidaxomicin tab 200 mg</i>	15
<i>famotidine tab 20 mg</i>	87	FINACEA AER 15%.....	121
<i>famotidine tab 40 mg</i>	87	<i>finasteride tab 5 mg</i>	90
FASENRA PEN INJ 30MG/ML.....	114	<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	64
FASTCLIX MIS LANCETS	77	<i>flecainide acetate tab 100 mg</i>	33
FC2 FEMALE MIS CONDOM	74	<i>flecainide acetate tab 150 mg</i>	33
<i>febuxostat tab 40 mg</i>	1	<i>flecainide acetate tab 50 mg</i>	33
<i>febuxostat tab 80 mg</i>	1	FLEXICHAMBER MIS MASK SM	114
<i>felbamate susp 600 mg/5ml</i>	56	FLUAD INJ 2025-26.....	103
<i>felbamate tab 400 mg</i>	56	<i>fluconazole for susp 10 mg/ml</i>	10
<i>felbamate tab 600 mg</i>	56	<i>fluconazole for susp 40 mg/ml</i>	10
<i>felodipine tab er 24hr 10 mg</i>	39	<i>fluconazole tab 100 mg</i>	10
<i>felodipine tab er 24hr 2.5 mg</i>	39	<i>fluconazole tab 150 mg</i>	10
<i>felodipine tab er 24hr 5 mg</i>	39	<i>fluconazole tab 200 mg</i>	10
FEMCAP MIS 22MM	74	<i>fluconazole tab 50 mg</i>	10
FEMCAP MIS 26MM	74	<i>fludarabine phosphate for inj 50 mg</i>	21
FEMCAP MIS 30MM	74	<i>fludarabine phosphate inj 25 mg/ml</i>	21
FEMLYV TAB 1/0.02MG.....	74	<i>fludrocortisone acetate tab 0.1 mg</i>	78
<i>fenofibrate cap 150 mg</i>	34	FLUMIST NASA LIQ 2025-26.....	103
<i>fenofibrate micronized cap 134 mg</i>	34	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> ..	113
<i>fenofibrate micronized cap 200 mg</i>	34	<i>fluocinolone acetate (otic) oil 0.01%</i>	121
<i>fenofibrate micronized cap 43 mg</i>	34	<i>fluocinolone acetate cream 0.01%</i>	119
<i>fenofibrate micronized cap 67 mg</i>	34	<i>fluocinolone acetate cream 0.025%</i>	119
<i>fenofibrate tab 145 mg</i>	34	<i>fluocinolone acetate oil 0.01% (body oil)</i> ..	119
<i>fenofibrate tab 160 mg</i>	34	<i>fluocinolone acetate oil 0.01% (scalp oil)</i> ..	119
<i>fenofibrate tab 48 mg</i>	34	<i>fluocinolone acetate oint 0.025%</i>	119
<i>fenofibrate tab 54 mg</i>	34	<i>fluocinolone acetate soln 0.01%</i>	119
<i>fentanyl td patch 72hr 100 mcg/hr</i>	3	<i>fluocinonide cream 0.05%</i>	119
<i>fentanyl td patch 72hr 12 mcg/hr</i>	3	<i>fluocinonide gel 0.05%</i>	119
<i>fentanyl td patch 72hr 25 mcg/hr</i>	3	<i>fluocinonide oint 0.05%</i>	119
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	3	<i>fluocinonide soln 0.05%</i>	119
<i>fentanyl td patch 72hr 50 mcg/hr</i>	3	<i>fluorouracil cream 5%</i>	117

<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	21	<i>fluvoxamine maleate tab 100 mg</i>	44
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml). 21</i>		<i>fluvoxamine maleate tab 25 mg</i>	44
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml).. 21</i>		<i>fluvoxamine maleate tab 50 mg</i>	44
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml) 21</i>		<i>folic acid cap 0.8 mg.....</i>	106
<i>fluorouracil soln 2%.....</i>	117	<i>folic acid tab 1 mg.....</i>	106
<i>fluorouracil soln 5%.....</i>	117	<i>folic acid tab 400 mcg</i>	106
<i>fluoxetine hcl cap 10 mg</i>	48	<i>folic acid tab 800 mcg</i>	106
<i>fluoxetine hcl cap 20 mg.....</i>	48	<i>fondaparinux sodium subcutaneous inj 10</i>	
<i>fluoxetine hcl cap 40 mg.....</i>	48	<i>mg/0.8ml.....</i>	92
<i>fluoxetine hcl cap delayed release 90 mg</i>	48	<i>fondaparinux sodium subcutaneous inj 2.5</i>	
<i>fluoxetine hcl solution 20 mg/5ml</i>	48	<i>mg/0.5ml.....</i>	92
<i>fluoxetine hcl tab 10 mg</i>	48	<i>fondaparinux sodium subcutaneous inj 5</i>	
<i>fluoxetine hcl tab 20 mg</i>	48	<i>mg/0.4ml.....</i>	92
<i>fluphenazine decanoate inj 25 mg/ml.....</i>	53	<i>fondaparinux sodium subcutaneous inj 7.5</i>	
<i>fluphenazine hcl elixir 2.5 mg/5ml.....</i>	53	<i>mg/0.6ml.....</i>	92
<i>fluphenazine hcl inj 2.5 mg/ml.....</i>	53	<i>formoterol fumarate soln nebu 20 mcg/2ml.111</i>	
<i>fluphenazine hcl oral conc 5 mg/ml.....</i>	53	<i>FOSAMAX + D TAB 70-2800</i>	72
<i>fluphenazine hcl tab 1 mg.....</i>	53	<i>FOSAMAX + D TAB 70-5600</i>	72
<i>fluphenazine hcl tab 10 mg</i>	53	<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	
<i>fluphenazine hcl tab 2.5 mg</i>	53	<i>.....</i>	11
<i>fluphenazine hcl tab 5 mg.....</i>	53	<i>fosfomycin tromethamine powd pack 3 gm</i>	
<i>flurbiprofen sodium ophth soln 0.03%</i>	108	<i>(base equivalent).....</i>	9
<i>flurbiprofen tab 50 mg.....</i>	1	<i>fosinopril sodium & hydrochlorothiazide tab 10-</i>	
<i>fluticasone furoate aerosol powder breath activ</i>		<i>12.5 mg</i>	30
<i>100 mcg/act.....</i>	115	<i>fosinopril sodium & hydrochlorothiazide tab 20-</i>	
<i>fluticasone furoate aerosol powder breath activ</i>		<i>12.5 mg</i>	30
<i>200 mcg/act.....</i>	115	<i>fosinopril sodium tab 10 mg.....</i>	31
<i>fluticasone furoate aerosol powder breath activ</i>		<i>fosinopril sodium tab 20 mg.....</i>	31
<i>50 mcg/act</i>	115	<i>fosinopril sodium tab 40 mg.....</i>	31
<i>fluticasone propionate cream 0.05%</i>	119	<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin</i>	
<i>fluticasone propionate lotion 0.05%.....</i>	119	<i>equiv).....</i>	56
<i>fluticasone propionate nasal susp 50 mcg/act</i>		<i>fosphenytoin sodium inj 500 mg/10ml</i>	
<i>.....</i>	113	<i>(phenytoin equiv).....</i>	56
<i>fluticasone propionate oint 0.005%</i>	119	<i>FRAGMIN INJ 10000/ML.....</i>	92
<i>fluticasone-salmeterol aer powder ba 100-50</i>		<i>FRAGMIN INJ 12500UNT</i>	92
<i>mcg/act</i>	115	<i>FRAGMIN INJ 15000UNT</i>	92
<i>fluticasone-salmeterol aer powder ba 250-50</i>		<i>FRAGMIN INJ 18000UNT</i>	92
<i>mcg/act</i>	115	<i>FRAGMIN INJ 2500/0.2</i>	92
<i>fluticasone-salmeterol aer powder ba 500-50</i>		<i>FRAGMIN INJ 2500/ML</i>	92
<i>mcg/act</i>	115	<i>FRAGMIN INJ 5000/0.2</i>	92
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>		<i>FRAGMIN INJ 7500/0.3</i>	92
<i>.....</i>	35	<i>FRAGMIN INJ 95000UNT</i>	92
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>		<i>fulvestrant inj soln prefsyr 250 mg/5ml</i>	23
<i>.....</i>	35	<i>furosemide inj 10 mg/ml.....</i>	40
<i>fluvastatin sodium tab er 24 hr 80 mg (base</i>		<i>furosemide oral soln 10 mg/ml.....</i>	40
<i>equivalent)</i>	35	<i>furosemide oral soln 8 mg/ml</i>	40
<i>fluvoxamine maleate cap er 24hr 100 mg.....</i>	44	<i>furosemide tab 20 mg.....</i>	40
<i>fluvoxamine maleate cap er 24hr 150 mg.....</i>	44	<i>furosemide tab 40 mg.....</i>	40

<i>furosemide tab 80 mg</i>	40	GLEOSTINE CAP 10MG	20
FYCOMPA SUS 0.5MG/ML.....	56	GLEOSTINE CAP 40MG	20
FYLNETRA INJ 6MG/0.6.....	93	GLIADEL WAF 7.7MG	20
<i>gabapentin cap 100 mg</i>	56	<i>glimepiride tab 1 mg</i>	71
<i>gabapentin cap 300 mg</i>	56	<i>glimepiride tab 2 mg</i>	71
<i>gabapentin cap 400 mg</i>	56	<i>glimepiride tab 4 mg</i>	71
<i>gabapentin oral soln 250 mg/5ml</i>	56	<i>glipizide tab 10 mg</i>	72
<i>gabapentin tab 600 mg</i>	56	<i>glipizide tab 5 mg</i>	72
<i>gabapentin tab 800 mg</i>	56	<i>glipizide tab er 24hr 10 mg</i>	72
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	45	<i>glipizide tab er 24hr 2.5 mg</i>	72
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	45	<i>glipizide tab er 24hr 5 mg</i>	72
<i>galantamine hydrobromide cap er 24hr 8 mg</i> 45		<i>glipizide-metformin hcl tab 2.5-250 mg</i>	69
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	45	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	69
<i>galantamine hydrobromide tab 12 mg</i>	45	<i>glipizide-metformin hcl tab 5-500 mg</i>	69
<i>galantamine hydrobromide tab 4 mg</i>	45	<i>glucagon for inj 1 mg</i>	79
<i>galantamine hydrobromide tab 8 mg</i>	45	<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	85
<i>galbriela</i>	74	<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	85
GARDASIL 9 INJ	103	<i>glycopyrrolate oral soln 1 mg/5ml</i>	85
<i>gatifloxacin ophth soln 0.5%</i>	107	<i>glycopyrrolate tab 1 mg</i>	85
<i>gavilyte-c</i>	88	<i>glycopyrrolate tab 2 mg</i>	85
<i>gavilyte-g</i>	88	GLYXAMBI TAB 10-5 MG.....	71
GAZYVA INJ 25MG/ML.....	23	GLYXAMBI TAB 25-5 MG.....	71
<i>gemcitabine hcl for inj 1 gm</i>	21	<i>gnp lice treatment</i>	121
<i>gemcitabine hcl for inj 2 gm</i>	21	<i>goodsense aspirin</i>	9
<i>gemcitabine hcl for inj 200 mg</i>	21	<i>goodsense nicotine polacr</i>	67
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i> (base equiv).....	21	<i>granisetron hcl inj 1 mg/ml</i>	86
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i> (base equiv).....	21	<i>granisetron hcl tab 1 mg</i>	86
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i> (base equiv).....	21	<i>griseofulvin microsize susp 125 mg/5ml</i>	10
<i>gemfibrozil tab 600 mg</i>	34	<i>griseofulvin microsize tab 500 mg</i>	10
<i>gemmily</i>	74	<i>griseofulvin ultramicrosize tab 125 mg</i>	10
<i>gengraf</i>	102	<i>griseofulvin ultramicrosize tab 250 mg</i>	10
<i>gentamicin sulfate cream 0.1%</i>	117	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	112
<i>gentamicin sulfate inj 40 mg/ml</i>	9	<i>guanfacine hcl tab 1 mg</i>	41
<i>gentamicin sulfate oint 0.1%</i>	117	<i>guanfacine hcl tab 2 mg</i>	41
<i>gentamicin sulfate ophth soln 0.3%</i>	107	<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> 60	
GENVOYA TAB.....	12	<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> 60	
GLARGIN YFGN INJ 100U/ML	70	<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> 60	
GLARGIN YFGN SOL 100U/ML	70	<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> 60	
<i>glatiramer acetate soln prefilled syringe 40</i> <i>mg/ml</i>	64	GVOKE HYPO 1 INJ 0.5/.1ML.....	79
<i>glatopa</i>	64	GVOKE HYPO 1 INJ 1/0.2ML.....	79
GLEOSTINE CAP 100MG.....	20	GVOKE KIT SOL 1/0.2ML.....	79
		GVOKE PFS INJ 1/0.2ML.....	80
		GYNAZOLE-1 CRE 2%.....	91
		GYNOL II GEL 3%	90
		<i>halobetasol propionate cream 0.05%</i>	120
		<i>halobetasol propionate oint 0.05%</i>	120
		<i>haloperidol decanoate im soln 100 mg/ml</i>	53
		<i>haloperidol decanoate im soln 50 mg/ml</i>	53

<i>haloperidol lactate inj 5 mg/ml</i>	53	<i>hydrocod polst-chlorphen polst er susp 10-8</i>	
<i>haloperidol lactate oral conc 2 mg/ml</i>	53	<i>mg/5ml</i>	112
<i>haloperidol tab 0.5 mg</i>	53	<i>hydrocodone bitart-homatropine methylbrom</i>	
<i>haloperidol tab 1 mg</i>	53	<i>soln 5-1.5 mg/5ml</i>	112
<i>haloperidol tab 10 mg</i>	53	<i>hydrocodone bitart-homatropine</i>	
<i>haloperidol tab 2 mg</i>	53	<i>methylbromide tab 5-1.5 mg</i>	112
<i>haloperidol tab 20 mg</i>	53	<i>hydrocodone bitartrate tab er 24hr deter 100</i>	
<i>haloperidol tab 5 mg</i>	53	<i>mg</i>	3
HARVONI PAK.....	16	<i>hydrocodone bitartrate tab er 24hr deter 120</i>	
HARVONI PAK 45-200MG.....	16	<i>mg</i>	3
HARVONI TAB 45-200MG.....	16	<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	
HARVONI TAB 90-400MG.....	16	.....	3
HAVRIX INJ 1440UNIT.....	103	<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	
HAVRIX INJ 720UNIT.....	103	.....	3
<i>heather</i>	74	<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	
HELIDAC MIS THERAPY.....	90	.....	3
HEMLIBRA INJ 105/0.7.....	94	<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	
HEMLIBRA INJ 150/ML.....	94	.....	3
HEMLIBRA INJ 300/2ML.....	94	<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	
HEMLIBRA INJ 30MG/ML.....	94	.....	3
HEMLIBRA INJ 60/0.4.....	94	<i>hydrocodone-acetaminophen soln 7.5-325</i>	
HEMLIBRA SOL 12/0.4ML.....	94	<i>mg/15ml</i>	3
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	92	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	4
<i>heparin sodium (porcine) inj 10000 unit/ml</i> ..	92	<i>hydrocodone-acetaminophen tab 2.5-325 mg</i> ...3	
<i>heparin sodium (porcine) inj 20000 unit/ml</i> ..	92	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	92	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> ...4	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	92	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	4
.....	92	<i>hydrocortisone butyrate cream 0.1%</i>	120
HEPLISAV-B INJ 20/0.5ML.....	103	<i>hydrocortisone butyrate oint 0.1%</i>	120
HIBERIX SOL 10MCG.....	103	<i>hydrocortisone butyrate soln 0.1%</i>	120
HOLD CHAMBER MIS MEDIUM.....	114	<i>hydrocortisone cream 1%</i>	120
HUMULIN INJ 70/30.....	70	<i>hydrocortisone cream 2.5%</i>	120
HUMULIN INJ 70/30KWP.....	70	<i>hydrocortisone enema 100 mg/60ml</i>	87
HUMULIN N INJ U-100.....	70	<i>hydrocortisone lotion 2.5%</i>	120
HUMULIN N INJ U-100KWP.....	70	<i>hydrocortisone oint 2.5%</i>	120
HUMULIN R INJ U-100.....	70	<i>hydrocortisone perianal cream 1%</i>	90
HUMULIN R INJ U-500.....	70	<i>hydrocortisone perianal cream 2.5%</i>	90
HUMULIN R INJ U-500KWP.....	70	<i>hydrocortisone sodium succinate pf for inj 100</i>	
<i>hydralazine hcl tab 10 mg</i>	41	<i>mg</i>	78
<i>hydralazine hcl tab 100 mg</i>	42	<i>hydrocortisone tab 10 mg</i>	78
<i>hydralazine hcl tab 25 mg</i>	41	<i>hydrocortisone tab 20 mg</i>	78
<i>hydralazine hcl tab 50 mg</i>	41	<i>hydrocortisone tab 5 mg</i>	78
<i>hydrochlorothiazide cap 12.5 mg</i>	40	<i>hydrocortisone valerate cream 0.2%</i>	120
<i>hydrochlorothiazide tab 12.5 mg</i>	40	<i>hydrocortisone valerate oint 0.2%</i>	120
<i>hydrochlorothiazide tab 25 mg</i>	40	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	
<i>hydrochlorothiazide tab 50 mg</i>	40	.....	121
		<i>hydromet</i>	112
		<i>hydromorphone hcl inj 2 mg/ml</i>	4

<i>hydromorphone hcl tab 2 mg</i>	4	IMBRUVICA CAP 70MG	25
<i>hydromorphone hcl tab 4 mg</i>	4	IMBRUVICA SUS 70MG/ML.....	25
<i>hydromorphone hcl tab 8 mg</i>	4	IMBRUVICA TAB 140MG.....	25
<i>hydromorphone hcl tab er 24hr 12 mg</i>	4	IMBRUVICA TAB 280MG.....	25
<i>hydromorphone hcl tab er 24hr 16 mg</i>	4	IMBRUVICA TAB 420MG.....	25
<i>hydromorphone hcl tab er 24hr 32 mg</i>	4	<i>imipramine hcl tab 10 mg</i>	48
<i>hydromorphone hcl tab er 24hr 8 mg</i>	4	<i>imipramine hcl tab 25 mg</i>	48
<i>hydroxychloroquine sulfate tab 200 mg</i>	101	<i>imipramine hcl tab 50 mg</i>	48
<i>hydroxyurea cap 500 mg</i>	28	<i>imipramine pamoate cap 100 mg</i>	48
<i>hydroxyzine hcl im soln 25 mg/ml</i>	110	<i>imipramine pamoate cap 125 mg</i>	48
<i>hydroxyzine hcl im soln 50 mg/ml</i>	110	<i>imipramine pamoate cap 150 mg</i>	48
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	110	<i>imipramine pamoate cap 75 mg</i>	48
<i>hydroxyzine hcl tab 10 mg</i>	110	<i>imiquimod cream 5%</i>	117
<i>hydroxyzine hcl tab 25 mg</i>	111	IMVEXXY MAIN SUP 10MCG.....	82
<i>hydroxyzine hcl tab 50 mg</i>	111	IMVEXXY MAIN SUP 4MCG.....	82
<i>hydroxyzine pamoate cap 100 mg</i>	111	IMVEXXY STRT SUP 10MCG.....	82
<i>hydroxyzine pamoate cap 25 mg</i>	111	IMVEXXY STRT SUP 4MCG	82
<i>hydroxyzine pamoate cap 50 mg</i>	111	<i>inatal gt</i>	106
HYRIMOZ CD/ INJ UC/HS SP	97	INBRIJA CAP 42MG.....	51
HYRIMOZ INJ 20/0.2ML	97	INCRELEX INJ 40MG/4ML.....	83
HYRIMOZ INJ 40/0.4ML	97	<i>indapamide tab 1.25 mg</i>	41
HYRIMOZ SENS INJ 80/0.8ML	97	<i>indapamide tab 2.5 mg</i>	41
HYRIMOZ-PLAQ INJ PSORIASI.....	97	INFANRIX INJ.....	103
<i>ibandronate sodium iv soln 3 mg/3ml (base</i> <i>equivalent)</i>	72	INFLIXIMAB INJ 100MG	95
<i>ibandronate sodium tab 150 mg (base</i> <i>equivalent)</i>	72	INLYTA TAB 1MG.....	25
IBTROZI CAP 200MG	25	INLYTA TAB 5MG	25
<i>ibuprofen susp 100 mg/5ml</i>	1	INSTA-GLUCOS GEL 77.4%	80
<i>ibuprofen tab 400 mg</i>	1	INSULIN SYRG MIS 1ML/31G.....	77
<i>ibuprofen tab 600 mg</i>	1	INTELENCE TAB 25MG.....	11
<i>ibuprofen tab 800 mg</i>	1	INTRAROSA SUP 6.5MG.....	83
<i>icatibant acetate subcutaneous soln pref syr 30</i> <i>mg/3ml</i>	101	<i>introvale</i>	74
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml) ...</i>	20	IOPIDINE SOL 1% OP.....	109
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml) ...</i>	20	IPOL INJ INACTIVE	103
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	20	<i>ipratropium bromide inhal soln 0.02%</i>	110
IDHIFA TAB 100MG	28	<i>ipratropium bromide nasal soln 0.03% (21</i> <i>mcg/spray)</i>	110
IDHIFA TAB 50MG.....	28	<i>ipratropium bromide nasal soln 0.06% (42</i> <i>mcg/spray)</i>	110
<i>ifosfamide for inj 1 gm</i>	20	<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i> <i>mg/3ml</i>	109
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	20	IQIRVO TAB 80MG.....	88
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	20	<i>irbesartan tab 150 mg</i>	33
ILEVRO DRO 0.3% OP	108	<i>irbesartan tab 300 mg</i>	33
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	25	<i>irbesartan tab 75 mg</i>	33
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	25	<i>irbesartan-hydrochlorothiazide tab 150-12.5</i> <i>mg</i>	32
IMBRUVICA CAP 140MG	25	<i>irbesartan-hydrochlorothiazide tab 300-12.5</i> <i>mg</i>	32

<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	30	JANUVIA TAB 25MG	69
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml) ...</i>	30	JANUVIA TAB 50MG	69
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	30	JARDIANCE TAB 10MG	71
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml) ...</i>	30	JARDIANCE TAB 25MG	71
ISENTRESS CHW 100MG	11	<i>jinteli</i>	82
ISENTRESS CHW 25MG	11	<i>jolessa</i>	74
ISENTRESS HD TAB 600MG	11	JUBLIA SOL 10%	117
ISENTRESS POW 100MG	11	<i>junel 1.5/30</i>	74
ISENTRESS TAB 400MG	11	<i>junel 1/20</i>	74
<i>isoniazid inj 100 mg/ml</i>	13	<i>junel fe 1.5/30</i>	74
<i>isoniazid syrup 50 mg/5ml</i>	13	<i>junel fe 1/20</i>	74
<i>isoniazid tab 100 mg</i>	13	<i>junel fe 24</i>	74
<i>isoniazid tab 300 mg</i>	13	JYNNEOS INJ	103
<i>isosorbide dinitrate tab 10 mg</i>	42	KADCYLA INJ 100MG	22
<i>isosorbide dinitrate tab 20 mg</i>	42	KADCYLA INJ 160MG	22
<i>isosorbide dinitrate tab 30 mg</i>	42	KALETRA SOL	12
<i>isosorbide dinitrate tab 5 mg</i>	42	KALYDECO GRA 13.4MG	112
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5</i>		KALYDECO GRA 5.8MG	112
<i>mg</i>	41	KALYDECO PAK 25MG	112
<i>isosorbide mononitrate tab er 24hr 120 mg</i> ...	42	KALYDECO PAK 50MG	112
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	42	KALYDECO PAK 75MG	112
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	42	KALYDECO TAB 150MG	112
<i>isotretinoin cap 10 mg</i>	116	<i>kariva</i>	74
<i>isotretinoin cap 20 mg</i>	116	<i>kelnor 1/35</i>	74
<i>isotretinoin cap 30 mg</i>	116	KERENDIA TAB 10MG	31
<i>isotretinoin cap 40 mg</i>	116	KERENDIA TAB 20MG	31
<i>isradipine cap 2.5 mg</i>	39	KERENDIA TAB 40MG	31
<i>isradipine cap 5 mg</i>	39	KESIMPTA INJ 20/4ML	64
ITOVEBI TAB 3MG	25	<i>ketoconazole cream 2%</i>	117
ITOVEBI TAB 9MG	25	<i>ketoconazole shampoo 2%</i>	118
<i>itraconazole cap 100 mg</i>	10	KETONE TES	77
<i>itraconazole oral soln 10 mg/ml</i>	10	KETONE TEST TES	77
<i>ivabradine hcl tab 5 mg (base equiv)</i>	41	<i>ketorolac tromethamine im inj 60 mg/2ml (30</i>	
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	41	<i>mg/ml)</i>	1
<i>ivermectin cream 1%</i>	121	<i>ketorolac tromethamine inj 15 mg/ml</i>	1
<i>ivermectin tab 3 mg</i>	9	<i>ketorolac tromethamine inj 30 mg/ml</i>	1
JAKAFI TAB 10MG	25	<i>ketorolac tromethamine ophth soln 0.4%</i>	108
JAKAFI TAB 15MG	25	<i>ketorolac tromethamine ophth soln 0.5%</i>	108
JAKAFI TAB 20MG	25	<i>ketorolac tromethamine tab 10 mg</i>	1
JAKAFI TAB 25MG	25	KEVZARA INJ 150/1.14	97
JAKAFI TAB 5MG	25	KEVZARA INJ 200/1.14	97, 98
<i>jantoven</i>	93	KEYTRUDA INJ 100MG/4M	22
JANUMET TAB 50-1000	69	KINRIX INJ	104
JANUMET TAB 50-500MG	69	KISQALI TAB 200DOSE	25
JANUMET XR TAB 100-1000	69	KISQALI TAB 400DOSE	25
JANUMET XR TAB 50-1000	69	KISQALI TAB 600DOSE	26
JANUMET XR TAB 50-500MG	69	<i>klor-con m15</i>	105
JANUVIA TAB 100MG	69	KRINTAFEL TAB 150MG	10

<i>kurvelo</i>	74	<i>lanthanum carbonate chew tab 750 mg</i>	
KYLEENA IUD 19.5MG	74	<i>(elemental)</i>	83
<i>labetalol hcl tab 100 mg</i>	37	<i>lapatinib ditosylate tab 250 mg (base equiv)</i> .	26
<i>labetalol hcl tab 200 mg</i>	37	<i>larin 1.5/30</i>	74
<i>labetalol hcl tab 300 mg</i>	37	<i>latanoprost ophth soln 0.005%</i>	109
<i>labetalol hcl tab 400 mg</i>	37	<i>leflunomide tab 10 mg</i>	101
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i> ...	56	<i>leflunomide tab 20 mg</i>	101
<i>lacosamide oral solution 10 mg/ml</i>	56	LENVIMA CAP 10 MG.....	26
<i>lacosamide tab 100 mg</i>	56	LENVIMA CAP 12MG.....	26
<i>lacosamide tab 150 mg</i>	56	LENVIMA CAP 14 MG.....	26
<i>lacosamide tab 200 mg</i>	56	LENVIMA CAP 18 MG.....	26
<i>lacosamide tab 50 mg</i>	56	LENVIMA CAP 20 MG.....	26
<i>lactic acid (ammonium lactate) cream 12%</i> ..	120	LENVIMA CAP 24 MG.....	26
<i>lactic acid (ammonium lactate) lotion 12%</i> ..	120	LENVIMA CAP 4MG	26
<i>lactulose solution 10 gm/15ml</i>	88	LENVIMA CAP 8 MG	26
<i>lamivudine oral soln 10 mg/ml</i>	11	<i>lessina</i>	74
<i>lamivudine tab 100 mg (hbv)</i>	16	<i>letrozole tab 2.5 mg</i>	23
<i>lamivudine tab 150 mg</i>	11	<i>leucovorin calcium for inj 100 mg</i>	29
<i>lamivudine tab 300 mg</i>	11	<i>leucovorin calcium for inj 200 mg</i>	29
<i>lamivudine-zidovudine tab 150-300 mg</i>	12	<i>leucovorin calcium for inj 350 mg</i>	29
<i>lamotrigine orally disintegrating tab 100 mg</i>	56	<i>leucovorin calcium for inj 50 mg</i>	29
<i>lamotrigine orally disintegrating tab 200 mg</i>	56	<i>leucovorin calcium for inj 500 mg</i>	29
<i>lamotrigine orally disintegrating tab 25 mg</i> ..	56	<i>leucovorin calcium tab 10 mg</i>	29
<i>lamotrigine orally disintegrating tab 50 mg</i> ..	56	<i>leucovorin calcium tab 15 mg</i>	29
<i>lamotrigine tab 100 mg</i>	56	<i>leucovorin calcium tab 25 mg</i>	29
<i>lamotrigine tab 150 mg</i>	56	<i>leucovorin calcium tab 5 mg</i>	29
<i>lamotrigine tab 200 mg</i>	56	LEUKERAN TAB 2MG	20
<i>lamotrigine tab 25 mg</i>	56	<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	
<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>		.....	23
<i>starter kit</i>	56	<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base</i>	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	56	<i>equiv)</i>	111
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i>		<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base</i>	
<i>starter kit</i>	56	<i>equiv)</i>	111
<i>lamotrigine tab chewable dispersible 25 mg</i> ..	56	<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base</i>	
<i>lamotrigine tab chewable dispersible 5 mg</i>	56	<i>equiv)</i>	111
<i>lamotrigine tab er 24hr 100 mg</i>	56	<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	
<i>lamotrigine tab er 24hr 200 mg</i>	56	<i>(base equiv)</i>	111
<i>lamotrigine tab er 24hr 25 mg</i>	56	<i>levalbuterol tartrate inhal aerosol 45 mcg/act</i>	
<i>lamotrigine tab er 24hr 250 mg</i>	56	<i>(base equiv)</i>	111
<i>lamotrigine tab er 24hr 300 mg</i>	56	<i>levetiracetam in sodium chloride iv soln 1000</i>	
<i>lamotrigine tab er 24hr 50 mg</i>	56	<i>mg/100ml</i>	56
<i>lansoprazole cap delayed release 15 mg</i>	89	<i>levetiracetam in sodium chloride iv soln 1500</i>	
<i>lansoprazole cap delayed release 30 mg</i>	89	<i>mg/100ml</i>	56
<i>lanthanum carbonate chew tab 1000 mg</i>		<i>levetiracetam in sodium chloride iv soln 500</i>	
<i>(elemental)</i>	83	<i>mg/100ml</i>	56
<i>lanthanum carbonate chew tab 500 mg</i>		<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i> ...	57
<i>(elemental)</i>	83	<i>levetiracetam oral soln 100 mg/ml</i>	57
		<i>levetiracetam tab 1000 mg</i>	57

<i>levetiracetam tab 250 mg</i>	57	<i>lidocaine hcl local soln prefilled syringe 100</i>	
<i>levetiracetam tab 500 mg</i>	57	<i>mg/5ml (2%)</i>	9
<i>levetiracetam tab 750 mg</i>	57	<i>lidocaine hcl soln 4%</i>	120
<i>levetiracetam tab er 24hr 500 mg</i>	57	<i>lidocaine hcl urethral/mucosal gel prefilled</i>	
<i>levetiracetam tab er 24hr 750 mg</i>	57	<i>syringe 2%</i>	120
<i>levobunolol hcl ophth soln 0.5%</i>	108	<i>lidocaine hcl viscous soln 2%</i>	121
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>		<i>lidocaine hcl(cardiac) iv pf soln pref syr 100</i>	
<i>(0.5 mg/ml)</i>	111	<i>mg/5ml (2%)</i>	33
<i>levocetirizine dihydrochloride tab 5 mg</i>	111	<i>lidocaine oint 5%</i>	120
<i>levofloxacin iv soln 25 mg/ml</i>	15	<i>lidocaine pain relief pat</i>	120
<i>levofloxacin oral soln 25 mg/ml</i>	15	<i>lidocaine patch 5%</i>	120
<i>levofloxacin tab 250 mg</i>	15	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	120
<i>levofloxacin tab 500 mg</i>	15	<i>LILETTA IUD 52MG</i>	74
<i>levofloxacin tab 750 mg</i>	16	<i>linezolid for susp 100 mg/5ml</i>	17
<i>levonest</i>	74	<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	17
<i>levonorgestrel & ethinyl estradiol (91-day) tab</i>		<i>linezolid tab 600 mg</i>	17
<i>0.15-0.03 mg</i>	74	<i>LINZESS CAP 145MCG</i>	87
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20</i>		<i>LINZESS CAP 290MCG</i>	88
<i>mcg</i>	74	<i>LINZESS CAP 72MCG</i>	87
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-</i>		<i>liothyronine sodium tab 25 mcg</i>	84
<i>30 mcg</i>	74	<i>liothyronine sodium tab 5 mcg</i>	84
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-</i>		<i>liothyronine sodium tab 50 mcg</i>	84
<i>20 mcg (21)</i>	74	<i>liraglutide soln pen-injector 18 mg/3ml (6</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est</i>		<i>mg/ml)</i>	69
<i>tab 0.01mg(7)</i>	74	<i>lisdexamphetamine dimesylate cap 10 mg</i>	60
<i>levothyroxine sodium tab 100 mcg</i>	84	<i>lisdexamphetamine dimesylate cap 20 mg</i>	60
<i>levothyroxine sodium tab 112 mcg</i>	84	<i>lisdexamphetamine dimesylate cap 30 mg</i>	60
<i>levothyroxine sodium tab 125 mcg</i>	84	<i>lisdexamphetamine dimesylate cap 40 mg</i>	60
<i>levothyroxine sodium tab 137 mcg</i>	84	<i>lisdexamphetamine dimesylate cap 50 mg</i>	60
<i>levothyroxine sodium tab 150 mcg</i>	84	<i>lisdexamphetamine dimesylate cap 60 mg</i>	60
<i>levothyroxine sodium tab 175 mcg</i>	84	<i>lisdexamphetamine dimesylate cap 70 mg</i>	60
<i>levothyroxine sodium tab 200 mcg</i>	84	<i>lisdexamphetamine dimesylate chew tab 10 mg</i>	60
<i>levothyroxine sodium tab 25 mcg</i>	84	<i>lisdexamphetamine dimesylate chew tab 20 mg</i>	60
<i>levothyroxine sodium tab 300 mcg</i>	84	<i>lisdexamphetamine dimesylate chew tab 30 mg</i>	60
<i>levothyroxine sodium tab 50 mcg</i>	84	<i>lisdexamphetamine dimesylate chew tab 40 mg</i>	60
<i>levothyroxine sodium tab 75 mcg</i>	84	<i>lisdexamphetamine dimesylate chew tab 50 mg</i>	60
<i>levothyroxine sodium tab 88 mcg</i>	84	<i>lisdexamphetamine dimesylate chew tab 60 mg</i>	60
<i>levoxyl</i>	84	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50</i>		<i>.....</i>	30
<i>mg/5ml(1%)</i>	33	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lidocaine hcl laryngotracheal soln 4%</i>	121	<i>.....</i>	30
<i>lidocaine hcl local inj 0.5%</i>	9	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	
<i>lidocaine hcl local inj 1%</i>	9	<i>.....</i>	30
<i>lidocaine hcl local inj 2%</i>	9	<i>lisinopril tab 10 mg</i>	31
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>		<i>lisinopril tab 2.5 mg</i>	31
<i>.....</i>	9	<i>lisinopril tab 20 mg</i>	31
<i>lidocaine hcl local preservative free (pf) inj 1%</i>		<i>lisinopril tab 30 mg</i>	31
<i>lidocaine hcl local preservative free (pf) inj 2%</i>		<i>lisinopril tab 40 mg</i>	31

<i>lisinopril tab 5 mg</i>	31	LUPR DEP-PED INJ 11.25MG	72
LITFULO CAP 50MG	98	LUPR DEP-PED INJ 15MG	72
<i>lithium carbonate cap 150 mg</i>	63	LUPR DEP-PED INJ 3M 30MG.....	72
<i>lithium carbonate cap 300 mg</i>	63	LUPR DEP-PED INJ 7.5MG	72
<i>lithium carbonate cap 600 mg</i>	63	LUPRON DEPOT INJ 45MG	73
<i>lithium carbonate tab 300 mg</i>	63	<i>lurasidone hcl tab 120 mg</i>	53
<i>lithium carbonate tab er 300 mg</i>	63	<i>lurasidone hcl tab 20 mg</i>	53
<i>lithium carbonate tab er 450 mg</i>	63	<i>lurasidone hcl tab 40 mg</i>	53
<i>lithium oral solution 8 meq/5ml</i>	63	<i>lurasidone hcl tab 60 mg</i>	53
LO LOESTRIN TAB 1-10-10.....	74	<i>lurasidone hcl tab 80 mg</i>	53
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i> ..	66	<i>lutera</i>	74
<i>lomustine cap 10 mg</i>	20	LYNPARZA TAB 100MG.....	28
<i>lomustine cap 100 mg</i>	20	LYNPARZA TAB 150MG.....	28
<i>lomustine cap 40 mg</i>	20	LYSODREN TAB 500MG.....	23
<i>loperamide hcl cap 2 mg</i>	85	<i>magnesium sulfate in dextrose 5% iv soln 1</i>	
<i>lopinavir-ritonavir tab 100-25 mg</i>	12	<i>gm/100ml</i>	105
<i>lopinavir-ritonavir tab 200-50 mg</i>	12	<i>magnesium sulfate inj 50%</i>	105
<i>lorazepam conc 2 mg/ml</i>	44	<i>magnesium sulfate iv soln 2 gm/50ml (40</i>	
<i>lorazepam tab 0.5 mg</i>	44	<i>mg/ml)</i>	105
<i>lorazepam tab 1 mg</i>	44	<i>malathion lotion 0.5%</i>	121
<i>lorazepam tab 2 mg</i>	44	MANNITOL INJ 20%.....	41
LORBRENA TAB 100MG.....	26	<i>mannitol iv soln 25%</i>	41
LORBRENA TAB 25MG.....	26	<i>maraviroc tab 150 mg</i>	11
<i>loryna</i>	74	<i>maraviroc tab 300 mg</i>	11
<i>losartan potassium & hydrochlorothiazide tab</i>		<i>marlissa</i>	74
<i>100-12.5 mg</i>	32	MARPLAN TAB 10MG.....	48
<i>losartan potassium & hydrochlorothiazide tab</i>		MATULANE CAP 50MG	20
<i>100-25 mg</i>	32	<i>matzim la</i>	39
<i>losartan potassium & hydrochlorothiazide tab</i>		<i>meclizine hcl tab 12.5 mg</i>	86
<i>50-12.5 mg</i>	32	<i>meclizine hcl tab 25 mg</i>	86
<i>losartan potassium tab 100 mg</i>	33	<i>meclofenamate sodium cap 100 mg</i>	1
<i>losartan potassium tab 25 mg</i>	33	<i>meclofenamate sodium cap 50 mg</i>	1
<i>losartan potassium tab 50 mg</i>	33	MEDROL TAB 2MG	78
<i>loteprednol etabonate ophth susp 0.5%</i>	108	<i>medroxyprogesterone acetate im susp 150</i>	
<i>loteprednol etabonate-tobramycin ophth susp</i>		<i>mg/ml</i>	74
<i>0.5-0.3%</i>	107	<i>medroxyprogesterone acetate im susp prefilled</i>	
<i>lovastatin tab 10 mg</i>	35	<i>syr 150 mg/ml</i>	74
<i>lovastatin tab 20 mg</i>	35	<i>medroxyprogesterone acetate tab 10 mg</i>	84
<i>lovastatin tab 40 mg</i>	35	<i>medroxyprogesterone acetate tab 2.5 mg</i>	83
<i>low-ogestrel</i>	74	<i>medroxyprogesterone acetate tab 5 mg</i>	83
<i>loxapine succinate cap 10 mg</i>	53	<i>mefenamic acid cap 250 mg</i>	1
<i>loxapine succinate cap 25 mg</i>	53	<i>mefloquine hcl tab 250 mg</i>	10
<i>loxapine succinate cap 5 mg</i>	53	<i>megestrol acetate susp 40 mg/ml</i>	84
<i>loxapine succinate cap 50 mg</i>	53	<i>megestrol acetate susp 625 mg/5ml</i>	84
<i>lubiprostone cap 24 mcg</i>	88	<i>megestrol acetate tab 20 mg</i>	23
<i>lubiprostone cap 8 mcg</i>	88	<i>megestrol acetate tab 40 mg</i>	23
<i>luliconazole cream 1%</i>	117	MEKINIST SOL 0.05/ML.....	26
LUMIGAN SOL 0.01% OP.....	109	MEKINIST TAB 0.5MG.....	26

MEKINIST TAB 2MG	26	methadose	4
MEKTOVI TAB 15MG	26	methamphetamine hcl tab 5 mg.....	60
meloxicam tab 15 mg	1	methazolamide tab 25 mg	41
meloxicam tab 7.5 mg	1	methazolamide tab 50 mg	41
melphalan hcl for inj 50 mg (base equiv)	20	methenamine hippurate tab 1 gm	17
memantine hcl cap er 24hr 14 mg	45	methimazole tab 10 mg	84
memantine hcl cap er 24hr 21 mg	45	methimazole tab 5 mg.....	84
memantine hcl cap er 24hr 28 mg	45	methocarbamol tab 500 mg.....	65
memantine hcl cap er 24hr 7 mg.....	45	methocarbamol tab 750 mg.....	65
memantine hcl oral solution 2 mg/ml	45	methotrexate sodium for inj 1 gm.....	21
memantine hcl tab 10 mg	45	methotrexate sodium inj 250 mg/10ml (25	
memantine hcl tab 28 x 5 mg & 21 x 10 mg		mg/ml).....	21
titration pack.....	45	methotrexate sodium inj 50 mg/2ml (25	
memantine hcl tab 5 mg.....	45	mg/ml).....	21
MENEST TAB 0.3MG	82	methotrexate sodium inj pf 1000 mg/40ml (25	
MENEST TAB 0.625MG.....	82	mg/ml).....	21
MENEST TAB 1.25MG.....	82	methotrexate sodium inj pf 250 mg/10ml (25	
MENEST TAB 2.5MG	82	mg/ml).....	21
MENQUADFI INJ	104	methotrexate sodium inj pf 50 mg/2ml (25	
MENVEO INJ	104	mg/ml).....	21
MENVEO SOL	104	methotrexate sodium tab 2.5 mg (base equiv)	
meprobamate tab 200 mg	45	.....	101
meprobamate tab 400 mg	45	methoxsalen rapid cap 10 mg.....	118
mercaptapurine tab 50 mg.....	21	methscopolamine bromide tab 2.5 mg	85
meropenem iv for soln 1 gm	17	methscopolamine bromide tab 5 mg.....	85
meropenem iv for soln 500 mg	17	methsuximide cap 300 mg	57
mesalamine cap dr 400 mg	87	methyl dopa tab 250 mg.....	42
mesalamine cap er 24hr 0.375 gm.....	87	methyl dopa tab 500 mg.....	42
mesalamine enema 4 gm.....	87	methylphenidate hcl cap er 10 mg (cd).....	60
mesalamine rectal enema 4 gm & cleanser wipe		methylphenidate hcl cap er 20 mg (cd).....	60
kit.....	87	methylphenidate hcl cap er 24hr 20 mg (la) ..	60
mesalamine suppos 1000 mg	87	methylphenidate hcl cap er 24hr 30 mg (la) ..	60
mesalamine tab delayed release 1.2 gm	87	methylphenidate hcl cap er 24hr 40 mg (la) ..	60
mesalamine tab delayed release 800 mg.....	87	methylphenidate hcl cap er 24hr 60 mg (la) ..	60
mesna inj 100 mg/ml.....	29	methylphenidate hcl cap er 30 mg (cd).....	60
mesna tab 400 mg	29	methylphenidate hcl cap er 40 mg (cd).....	60
metaxalone tab 800 mg.....	65	methylphenidate hcl cap er 50 mg (cd).....	60
metformin hcl tab 1000 mg.....	69	methylphenidate hcl cap er 60 mg (cd).....	60
metformin hcl tab 500 mg	69	methylphenidate hcl chew tab 10 mg	61
metformin hcl tab 850 mg	69	methylphenidate hcl chew tab 2.5 mg	60
metformin hcl tab er 24hr 500 mg.....	69	methylphenidate hcl chew tab 5 mg.....	60
metformin hcl tab er 24hr 750 mg.....	69	methylphenidate hcl soln 10 mg/5ml	61
methadone hcl conc 10 mg/ml.....	4	methylphenidate hcl soln 5 mg/5ml.....	61
methadone hcl soln 10 mg/5ml	4	methylphenidate hcl tab 10 mg	61
methadone hcl soln 5 mg/5ml.....	4	methylphenidate hcl tab 20 mg	61
methadone hcl tab 10 mg.....	4	methylphenidate hcl tab 5 mg	61
methadone hcl tab 5 mg	4	methylphenidate hcl tab er 10 mg	61
methadone hydrochloride i	4	methylphenidate hcl tab er 20 mg	61

<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	61	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	37
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	61	<i>metoprolol tartrate tab 100 mg</i>	37
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	61	<i>metoprolol tartrate tab 25 mg</i>	37
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	61	<i>metoprolol tartrate tab 50 mg</i>	37
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	79	<i>metronidazole cap 375 mg</i>	17
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	79	<i>metronidazole cream 0.75%</i>	121
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	79	<i>metronidazole gel 0.75%</i>	121
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	79	<i>metronidazole gel 1%</i>	121
<i>methylprednisolone tab 16 mg</i>	79	<i>metronidazole iv soln 500 mg/100ml</i>	17
<i>methylprednisolone tab 32 mg</i>	79	<i>metronidazole lotion 0.75%</i>	121
<i>methylprednisolone tab 4 mg</i>	79	<i>metronidazole tab 250 mg</i>	17
<i>methylprednisolone tab 8 mg</i>	79	<i>metronidazole tab 500 mg</i>	17
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	79	<i>metronidazole vaginal gel 0.75%</i>	91
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	86	<i>miconazole 3</i>	91
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	86	<i>microgestin 1.5/30</i>	75
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	86	<i>midodrine hcl tab 10 mg</i>	42
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	86	<i>midodrine hcl tab 2.5 mg</i>	42
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	86	<i>midodrine hcl tab 5 mg</i>	42
<i>metolazone tab 10 mg</i>	41	<i>miglitol tab 100 mg</i>	69
<i>metolazone tab 2.5 mg</i>	41	<i>miglitol tab 25 mg</i>	68
<i>metolazone tab 5 mg</i>	41	<i>miglitol tab 50 mg</i>	68
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	37	<i>mimvey</i>	82
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	37	<i>minocycline hcl cap 100 mg</i>	19
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	36	<i>minocycline hcl cap 50 mg</i>	19
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	37	<i>minocycline hcl cap 75 mg</i>	19
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	37	<i>minocycline hcl tab 100 mg</i>	19
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	37	<i>minocycline hcl tab 50 mg</i>	19
		<i>minocycline hcl tab 75 mg</i>	19
		<i>minoxidil tab 10 mg</i>	42
		<i>minoxidil tab 2.5 mg</i>	42
		<i>mirabegron tab er 24 hr 25 mg</i>	91
		<i>mirabegron tab er 24 hr 50 mg</i>	91
		<i>MIRCERA INJ 100MCG</i>	93
		<i>MIRCERA INJ 120MCG</i>	93
		<i>MIRCERA INJ 150MCG</i>	93
		<i>MIRCERA INJ 200MCG</i>	93
		<i>MIRCERA INJ 30MCG</i>	93
		<i>MIRCERA INJ 50MCG</i>	93
		<i>MIRCERA INJ 75MCG</i>	93
		<i>MIRENA IUD SYSTEM</i>	75
		<i>mirtazapine orally disintegrating tab 15 mg</i> ..	48
		<i>mirtazapine orally disintegrating tab 30 mg</i> ..	48
		<i>mirtazapine orally disintegrating tab 45 mg</i> ..	48
		<i>mirtazapine tab 15 mg</i>	48
		<i>mirtazapine tab 30 mg</i>	48
		<i>mirtazapine tab 45 mg</i>	48
		<i>mirtazapine tab 7.5 mg</i>	48

<i>misoprostol tab 100 mcg</i>	88	<i>morphine sulfate oral soln 20 mg/5ml</i>	5
<i>misoprostol tab 200 mcg</i>	88	<i>morphine sulfate tab 15 mg</i>	5
<i>mitomycin for iv soln 20 mg</i>	21	<i>morphine sulfate tab 30 mg</i>	5
<i>mitomycin for iv soln 40 mg</i>	21	<i>morphine sulfate tab er 100 mg</i>	5
<i>mitomycin for iv soln 5 mg</i>	20	<i>morphine sulfate tab er 15 mg</i>	5
<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i> <i>mg/ml)</i>	21	<i>morphine sulfate tab er 200 mg</i>	5
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2</i> <i>mg/ml)</i>	21	<i>morphine sulfate tab er 30 mg</i>	5
<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i> <i>mg/ml)</i>	21	<i>morphine sulfate tab er 60 mg</i>	5
<i>MIUDELLA IUD COPPER</i>	75	<i>MOTOFEN TAB 1-0.025</i>	85
<i>M-M-R II INJ</i>	104	<i>MOUNJARO INJ 10MG/0.5</i>	69
<i>MNEXSPIKE INJ 2025-26</i>	104	<i>MOUNJARO INJ 12.5/0.5</i>	69
<i>modafinil tab 100 mg</i>	65	<i>MOUNJARO INJ 15MG/0.5</i>	70
<i>modafinil tab 200 mg</i>	65	<i>MOUNJARO INJ 2.5/0.5</i>	69
<i>moexipril hcl tab 15 mg</i>	31	<i>MOUNJARO INJ 5MG/0.5</i>	69
<i>moexipril hcl tab 7.5 mg</i>	31	<i>MOUNJARO INJ 7.5/0.5</i>	69
<i>mometasone furoate cream 0.1%</i>	120	<i>MOVANTIK TAB 12.5MG</i>	88
<i>mometasone furoate nasal susp 50 mcg/act.</i>	113	<i>MOVANTIK TAB 25MG</i>	88
<i>mometasone furoate oint 0.1%</i>	120	<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2</i> <i>times daily)</i>	107
<i>mometasone furoate solution 0.1% (lotion).</i>	120	<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	107
<i>mono-lynyah</i>	75	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	16
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	113	<i>MRESVIA INJ 50MCG</i>	104
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	113	<i>MULTAQ TAB 400MG</i>	33
<i>montelukast sodium oral granules packet 4 mg</i> <i>(base equiv)</i>	113	<i>mupirocin oint 2%</i>	117
<i>montelukast sodium tab 10 mg (base equiv)</i>	113	<i>MYALEPT INJ 11.3MG</i>	83
<i>morphine sulfate beads cap er 24hr 120 mg</i>	5	<i>mycophenolate mofetil cap 250 mg</i>	102
<i>morphine sulfate beads cap er 24hr 30 mg</i>	4	<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	102
<i>morphine sulfate beads cap er 24hr 45 mg</i>	4	<i>mycophenolate mofetil hcl for iv soln 500 mg</i> <i>(base equiv)</i>	102
<i>morphine sulfate beads cap er 24hr 60 mg</i>	4	<i>mycophenolate mofetil tab 500 mg</i>	102
<i>morphine sulfate beads cap er 24hr 75 mg</i>	5	<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i>	102
<i>morphine sulfate beads cap er 24hr 90 mg</i>	5	<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i>	102
<i>morphine sulfate cap er 24hr 10 mg</i>	5	<i>MYFORTIC TAB 180MG</i>	102
<i>morphine sulfate cap er 24hr 100 mg</i>	5	<i>MYFORTIC TAB 360MG</i>	102
<i>morphine sulfate cap er 24hr 20 mg</i>	5	<i>MYRBETRIQ SUS 8MG/ML</i>	91
<i>morphine sulfate cap er 24hr 30 mg</i>	5	<i>nabumetone tab 500 mg</i>	2
<i>morphine sulfate cap er 24hr 50 mg</i>	5	<i>nabumetone tab 750 mg</i>	2
<i>morphine sulfate cap er 24hr 60 mg</i>	5	<i>nadolol tab 20 mg</i>	37
<i>morphine sulfate cap er 24hr 80 mg</i>	5	<i>nadolol tab 40 mg</i>	37
<i>morphine sulfate iv soln 10 mg/ml</i>	5	<i>nadolol tab 80 mg</i>	37
<i>morphine sulfate iv soln 4 mg/ml</i>	5	<i>naftifine hcl cream 1%</i>	117
<i>morphine sulfate oral soln 10 mg/5ml</i>	5	<i>naftifine hcl cream 2%</i>	117
<i>morphine sulfate oral soln 100 mg/5ml (20</i> <i>mg/ml)</i>	5	<i>nalbuphine hcl inj 10 mg/ml</i>	5
		<i>nalbuphine hcl inj 20 mg/ml</i>	6

<i>naloxone hcl inj 0.4 mg/ml</i>	66	NEVANAC SUS 0.1% OP	108
<i>naloxone hcl inj 4 mg/10ml</i>	66	<i>nevirapine susp 50 mg/5ml</i>	11
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	66	<i>nevirapine tab 200 mg</i>	11
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	66	<i>nevirapine tab er 24hr 400 mg</i>	11
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	66	NEXLETOL TAB 180MG	34
<i>naltrexone hcl tab 50 mg</i>	66	NEXPLANON IMP 68MG	75
<i>naproxen tab 250 mg</i>	2	NEXTSTELLIS TAB 3-14.2MG.....	75
<i>naproxen tab 375 mg</i>	2	<i>niacin tab er 1000 mg (antihyperlipidemic)</i> ...	36
<i>naproxen tab 500 mg</i>	2	<i>niacin tab er 500 mg (antihyperlipidemic)</i>	36
<i>naratriptan hcl tab 1 mg (base equiv)</i>	63	<i>niacin tab er 750 mg (antihyperlipidemic)</i>	36
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	63	<i>nicardipine hcl cap 20 mg</i>	39
NATACYN SUS 5% OP.....	107	<i>nicardipine hcl cap 30 mg</i>	39
NATAZIA TAB	75	<i>nicotine polacrilex gum 2 mg</i>	67
<i>nateglinide tab 120 mg</i>	71	<i>nicotine polacrilex gum 4 mg</i>	67
<i>nateglinide tab 60 mg</i>	71	<i>nicotine polacrilex lozenge 2 mg</i>	67
NAYZILAM SPR 5MG.....	57	<i>nicotine step 3</i>	67
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	37	<i>nicotine td patch 24hr 14 mg/24hr</i>	67
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	37	<i>nicotine td patch 24hr 21 mg/24hr</i>	67
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	37	<i>nicotine td patch 24hr 7 mg/24hr</i>	67
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	37	<i>nicotine transdermal syst</i>	67
<i>necon 0.5/35-28</i>	75	NICOTROL INH.....	67
<i>nefazodone hcl tab 100 mg</i>	48	NICOTROL NS SPR 10MG/ML	67
<i>nefazodone hcl tab 150 mg</i>	48	<i>nifedipine tab er 24hr 30 mg</i>	39
<i>nefazodone hcl tab 200 mg</i>	48	<i>nifedipine tab er 24hr 60 mg</i>	39
<i>nefazodone hcl tab 250 mg</i>	48	<i>nifedipine tab er 24hr 90 mg</i>	39
<i>nefazodone hcl tab 50 mg</i>	48	<i>nifedipine tab er 24hr osmotic release 30 mg</i>	39
<i>neomycin sulfate tab 500 mg</i>	9	<i>nifedipine tab er 24hr osmotic release 60 mg</i>	39
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i> <i>400unt-10000unt op oin</i>	107	<i>nifedipine tab er 24hr osmotic release 90 mg</i>	39
<i>neomycin-polymy-gramicid op sol 1.75-10000-</i> <i>0.025mg-unt-mg/ml</i>	107	<i>nikki</i>	75
<i>neomycin-polymyxin-dexamethasone ophth oint</i> <i>0.1%</i>	107	<i>nilotinib hcl cap 150 mg (base equivalent)</i>	26
<i>neomycin-polymyxin-dexamethasone ophth</i> <i>susp 0.1%</i>	107	<i>nilotinib hcl cap 200 mg (base equivalent)</i>	26
<i>neomycin-polymyxin-hc ophth susp</i>	107	<i>nilotinib hcl cap 50 mg (base equivalent)</i>	26
<i>neomycin-polymyxin-hc otic soln 1%</i>	121	<i>nilutamide tab 150 mg</i>	23
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-</i> <i>10000 unit/ml-1%</i>	121	<i>nimodipine cap 30 mg</i>	39
NEORAL CAP 100MG	102	NIPENT INJ 10MG	21
NEORAL CAP 25MG.....	102	<i>nisoldipine tab er 24hr 17 mg</i>	39
NEORAL SOL 100MG/ML.....	102	<i>nisoldipine tab er 24hr 20 mg</i>	39
NEUPRO DIS 1MG/24HR.....	51	<i>nisoldipine tab er 24hr 25.5 mg</i>	39
NEUPRO DIS 2MG/24HR.....	51	<i>nisoldipine tab er 24hr 30 mg</i>	39
NEUPRO DIS 3MG/24HR.....	51	<i>nisoldipine tab er 24hr 34 mg</i>	39
NEUPRO DIS 4MG/24HR.....	51	<i>nisoldipine tab er 24hr 40 mg</i>	39
NEUPRO DIS 6MG/24HR.....	51	<i>nisoldipine tab er 24hr 8.5 mg</i>	39
NEUPRO DIS 8MG/24HR.....	51	<i>nitazoxanide tab 500 mg</i>	17
		<i>nitisinone cap 10 mg</i>	80
		<i>nitisinone cap 2 mg</i>	80
		<i>nitisinone cap 20 mg</i>	80
		<i>nitisinone cap 5 mg</i>	80
		NITRO-BID OIN 2%	42

NITRO-DUR DIS 0.3MG/HR.....	42	NORPACE CAP 100MG CR.....	33
NITRO-DUR DIS 0.8MG/HR.....	42	NORPACE CAP 150MG CR.....	33
<i>nitrofurantoin macrocrystalline cap 100 mg..</i>	17	<i>nortrel 0.5/35 (28)</i>	75
<i>nitrofurantoin macrocrystalline cap 25 mg ...</i>	17	<i>nortrel 1/35</i>	75
<i>nitrofurantoin macrocrystalline cap 50 mg ...</i>	17	<i>nortrel 7/7/7</i>	75
<i>nitrofurantoin monohydrate macrocrystalline</i>		<i>nortriptyline hcl cap 10 mg</i>	49
<i>cap 100 mg</i>	17	<i>nortriptyline hcl cap 25 mg</i>	49
<i>nitrofurantoin susp 25 mg/5ml</i>	17	<i>nortriptyline hcl cap 50 mg</i>	49
<i>nitroglycerin oint 0.4%</i>	120	<i>nortriptyline hcl cap 75 mg</i>	49
<i>nitroglycerin sl tab 0.3 mg</i>	42	<i>nortriptyline hcl soln 10 mg/5ml</i>	49
<i>nitroglycerin sl tab 0.4 mg</i>	42	NORVIR POW 100MG	11
<i>nitroglycerin sl tab 0.6 mg</i>	42	NOVOFINE MIS 32GX6MM	77
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	42	NOVOLIN INJ 70/30	70
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	42	NOVOLIN INJ 70/30 FP	70
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	42	NOVOLIN N INJ 100 UNIT	70
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	42	NOVOLIN N INJ U-100	70
<i>nitroglycerin tl soln 0.4 mg/spray (400</i>		NOVOLIN R INJ 100 UNIT	70
<i>mcg/spray)</i>	42	NOVOLIN R INJ U-100	70
NIVESTYM INJ 300/0.5.....	93	NOVOLOG INJ 100/ML.....	70
NIVESTYM INJ 300MCG.....	93	NOVOLOG INJ FLEXPEN	70
NIVESTYM INJ 480/0.8.....	93	NOVOLOG INJ PENFILL.....	70
NIVESTYM INJ 480MCG.....	93	NOVOLOG MIX INJ 70/30.....	70
<i>nizatidine cap 150 mg</i>	87	NOVOLOG MIX INJ FLEXPEN	71
<i>nizatidine cap 300 mg</i>	87	NUBEQA TAB 300MG	23
<i>nora-be</i>	75	NUCALA INJ 100MG/ML.....	114
NORDIPEN 5 MIS DEVICE.....	80	NUCALA INJ 40MG/0.4	114
NORDIPEN DEL MIS SYSTEM.....	80	NUCYNTA ER TAB 100MG.....	6
NORDITROPIN INJ 10/1.5ML.....	80	NUCYNTA ER TAB 150MG.....	6
NORDITROPIN INJ 15/1.5ML.....	80	NUCYNTA ER TAB 200MG.....	6
NORDITROPIN INJ 30/3ML	80	NUCYNTA ER TAB 250MG.....	6
NORDITROPIN INJ 5/1.5ML	80	NUCYNTA ER TAB 50MG.....	6
<i>norethindrone ace & ethinyl estradiol tab 1 mg-</i>		NUCYNTA TAB 100MG.....	6
<i>20 mcg</i>	75	NUCYNTA TAB 50MG	6
<i>norethindrone ace-eth estradiol-fe chew tab 1</i>		NUCYNTA TAB 75MG	6
<i>mg-20 mcg (24)</i>	75	NUDEXTA CAP 20-10MG	67
<i>norethindrone ace-ethinyl estradiol-fe cap 1</i>		NULOJIX INJ 250MG	102
<i>mg-20 mcg (24)</i>	75	NUVAXOVID INJ 2025-26.....	104
<i>norethindrone acetate tab 5 mg</i>	84	<i>nyamyc</i>	117
<i>norethindrone acetate-ethinyl estradiol tab 0.5</i>		<i>nylia 1/35</i>	75
<i>mg-2.5 mcg</i>	82	<i>nystatin cream 100000 unit/gm</i>	117
<i>norethindrone tab 0.35 mg</i>	75	<i>nystatin oint 100000 unit/gm</i>	117
<i>norgesic</i>	65	<i>nystatin susp 100000 unit/ml</i>	121
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35</i>		<i>nystatin tab 500000 unit</i>	10
<i>mcg</i>	75	<i>nystatin topical powder 100000 unit/gm</i>	117
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i>		<i>nystatin-triamcinolone cream 100000-0.1</i>	
<i>25/0.25-25 mg-mcg</i>	75	<i>unit/gm-%</i>	117
<i>norgestimate-eth estrad tab 0.18-35/0.215-</i>		<i>nystatin-triamcinolone oint 100000-0.1</i>	
<i>35/0.25-35 mg-mcg</i>	75	<i>unit/gm-%</i>	117

<i>nystop</i>	117	<i>olmesartan-amlodipine-hydrochlorothiazide</i>	
NYVEPRIA INJ 6/0.6ML.....	93	<i>tab 40-10-12.5 mg</i>	32
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>		<i>olmesartan-amlodipine-hydrochlorothiazide</i>	
.....	68	<i>tab 40-10-25 mg</i>	32
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>		<i>olmesartan-amlodipine-hydrochlorothiazide</i>	
.....	68	<i>tab 40-5-12.5 mg</i>	32
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>		<i>olmesartan-amlodipine-hydrochlorothiazide</i>	
.....	68	<i>tab 40-5-25 mg</i>	32
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>		<i>olopatadine hcl nasal soln 0.6%</i>	111
.....	68	<i>olopatadine hcl ophth soln 0.2% (base</i>	
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>		<i>equivalent)</i>	108
.....	68	OLUMIANT TAB 1MG.....	98
<i>octreotide acetate subcutaneous soln pref syr</i>		OLUMIANT TAB 2MG.....	98
<i>100 mcg/ml</i>	68	OLUMIANT TAB 4MG.....	98
<i>octreotide acetate subcutaneous soln pref syr 50</i>		<i>omega-3-acid ethyl esters cap 1 gm</i>	36
<i>mcg/ml</i>	68	<i>omeprazole cap delayed release 10 mg</i>	89
<i>octreotide acetate subcutaneous soln pref syr</i>		<i>omeprazole cap delayed release 20 mg</i>	89
<i>500 mcg/ml</i>	68	<i>omeprazole cap delayed release 40 mg</i>	89
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ODOMZO CAP 200MG.....	28	<i>susp 20-1680 mg</i>	89
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OFEV CAP 150MG.....	114	<i>susp 40-1680 mg</i>	90
<i>ofloxacin ophth soln 0.3%</i>	107	OMNARIS SPR.....	113
<i>ofloxacin otic soln 0.3%</i>	121	OMNIFLEX DPR.....	75
<i>ofloxacin tab 300 mg</i>	16	OMNIPOD 5 DX KIT INT G7G6.....	77
<i>ofloxacin tab 400 mg</i>	16	OMNIPOD 5 DX MIS POD G7G6.....	77
<i>olanzapine for im inj 10 mg</i>	53	OMNIPOD 5 G7 KIT INTRO.....	77
<i>olanzapine orally disintegrating tab 10 mg</i>	53	OMNIPOD 5 G7 MIS PODS.....	77
<i>olanzapine orally disintegrating tab 15 mg</i>	53	OMNIPOD DASH KIT INTRO.....	77
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<i>olanzapine tab 20 mg</i>	53	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	86
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<i>olanzapine tab 7.5 mg</i>	53	<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	86
<i>olmesartan medoxomil tab 20 mg</i>	33	<i>ondansetron hcl oral soln 4 mg/5ml</i>	86
<i>olmesartan medoxomil tab 40 mg</i>	33	<i>ondansetron hcl tab 24 mg</i>	86
<i>olmesartan medoxomil tab 5 mg</i>	33	<i>ondansetron hcl tab 4 mg</i>	86
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<i>oxybutynin chloride solution 5 mg/5ml.....</i>	<i>91</i>
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<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)....</i>	<i>6</i>
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<i>oxycodone hcl tab 10 mg.....</i>	<i>6</i>
<i>oxycodone hcl tab 15 mg.....</i>	<i>6</i>
<i>oxycodone hcl tab 20 mg.....</i>	<i>6</i>
<i>oxycodone hcl tab 30 mg.....</i>	<i>6</i>
<i>oxycodone hcl tab 5 mg.....</i>	<i>6</i>
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<i>oxycodone w/ acetaminophen tab 5-325 mg....</i>	<i>7</i>
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<i>oxymorphone hcl tab 5 mg.....</i>	<i>7</i>
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<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml).....</i>	<i>29</i>
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<i>paricalcitol cap 2 mcg.....</i>	<i>85</i>
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<i>paroxetine hcl tab er 24hr 25 mg</i>	49	<i>perampanel susp 0.5 mg/ml</i>	57
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	49	<i>perampanel tab 10 mg</i>	57
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PAXLOVID TAB 150-100	13	<i>perampanel tab 2 mg</i>	57
PAXLOVID TAB 300-100	13	<i>perampanel tab 4 mg</i>	57
<i>pazopanib hcl tab 200 mg (base equiv)</i>	26	<i>perampanel tab 6 mg</i>	57
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<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	106	<i>perindopril erbumine tab 2 mg</i>	31
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	106	<i>perindopril erbumine tab 4 mg</i>	31
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	106	<i>perindopril erbumine tab 8 mg</i>	31
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	106	<i>periogard</i>	121
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	106	<i>permethrin cream 5%</i>	121
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	106	<i>perphenazine tab 16 mg</i>	54
PEDVAX HIB INJ.....	104	<i>perphenazine tab 2 mg</i>	53
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	88	<i>perphenazine tab 4 mg</i>	54
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	88	<i>perphenazine tab 8 mg</i>	54
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	88	<i>perphenazine-amitriptyline tab 2-10 mg</i>	67
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<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	21	<i>perphenazine-amitriptyline tab 4-50 mg</i>	67
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<i>peniclovir cream 1%</i>	120	PHEBURANE MIS 483/GM	84
<i>penicillamine tab 250 mg</i>	73	<i>phenelzine sulfate tab 15 mg</i>	49
<i>penicillin g potassium for inj 20000000 unit</i> ..	19	<i>phenobarbital elixir 20 mg/5ml</i>	57
<i>penicillin g potassium for inj 5000000 unit</i>	19	<i>phenobarbital tab 100 mg</i>	57
<i>penicillin g sodium for inj 5000000 unit</i>	19	<i>phenobarbital tab 15 mg</i>	57
<i>penicillin v potassium for soln 125 mg/5ml</i> ...	19	<i>phenobarbital tab 16.2 mg</i>	57
<i>penicillin v potassium for soln 250 mg/5ml</i> ...	19	<i>phenobarbital tab 30 mg</i>	57
<i>penicillin v potassium tab 250 mg</i>	19	<i>phenobarbital tab 32.4 mg</i>	57
<i>penicillin v potassium tab 500 mg</i>	19	<i>phenobarbital tab 60 mg</i>	57
PENMENVY INJ	104	<i>phenobarbital tab 64.8 mg</i>	57
PENTACEL INJ	104	<i>phenobarbital tab 97.2 mg</i>	57
<i>pentamidine isethionate for inj soln 300 mg</i> ...	17	<i>phenoxybenzamine hcl cap 10 mg</i>	42
<i>pentamidine isethionate for nebulization soln 300 mg</i>	17	<i>phenylephrine hcl ophth soln 10%</i>	109
<i>pentoxifylline tab er 400 mg</i>	94	<i>phenylephrine hcl ophth soln 2.5%</i>	109
		<i>phenytoin infatabs</i>	57
		<i>phenytoin sodium extended cap 100 mg</i>	57
		<i>phenytoin sodium extended cap 200 mg</i>	57
		<i>phenytoin sodium extended cap 300 mg</i>	57
		<i>phenytoin sodium inj 50 mg/ml</i>	57
		<i>phenytoin susp 125 mg/5ml</i>	57
		PHEXX GEL.....	90
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		PHOSPHOLINE SOL 0.125%OP.....	109
		PHOTOFRIN INJ 75MG	28
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<i>phytonadione tab 5 mg</i>	106	<i>POMALYST CAP 4MG</i>	22
<i>pilocarpine hcl ophth soln 1%</i>	109	<i>portia-28</i>	75
<i>pilocarpine hcl tab 5 mg</i>	121	<i>posaconazole susp 40 mg/ml</i>	10
<i>pilocarpine hcl tab 7.5 mg</i>	121	<i>posaconazole tab delayed release 100 mg</i>	10
<i>pimecrolimus cream 1%</i>	118	<i>potassium chloride cap er 10 meq</i>	105
<i>pimozide tab 1 mg</i>	67	<i>potassium chloride cap er 8 meq</i>	105
<i>pimozide tab 2 mg</i>	67	<i>potassium chloride inj 2 meq/ml</i>	105
<i>pindolol tab 10 mg</i>	37	<i>potassium chloride microencapsulated crys er</i> <i>tab 10 meq</i>	105
<i>pindolol tab 5 mg</i>	37	<i>potassium chloride microencapsulated crys er</i> <i>tab 20 meq</i>	105
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	71	<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i>	105
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	71	<i>potassium chloride oral soln 20% (40</i> <i>meq/15ml)</i>	105
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	71	<i>potassium chloride tab er 10 meq</i>	105
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	71	<i>potassium chloride tab er 15 meq</i>	105
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	71	<i>potassium chloride tab er 20 meq (1500 mg)</i>	105
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	71	<i>potassium chloride tab er 8 meq (600 mg)</i>	105
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	71	<i>potassium citrate tab er 10 meq (1080 mg)</i>	91
<i>piperacillin sod-tazobactam na for inj 3.375 gm</i> <i>(3-0.375 gm)</i>	19	<i>potassium citrate tab er 15 meq (1620 mg)</i>	91
<i>piperacillin sod-tazobactam sod for inj 2.25 gm</i> <i>(2-0.25 gm)</i>	19	<i>potassium citrate tab er 5 meq (540 mg)</i>	91
<i>piperacillin sod-tazobactam sod for inj 40.5 gm</i> <i>(36-4.5 gm)</i>	19	<i>pramipexole dihydrochloride tab 0.125 mg</i>	51
<i>pirfenidone cap 267 mg</i>	114	<i>pramipexole dihydrochloride tab 0.25 mg</i>	51
<i>pirfenidone tab 267 mg</i>	114	<i>pramipexole dihydrochloride tab 0.5 mg</i>	51
<i>pirfenidone tab 801 mg</i>	114	<i>pramipexole dihydrochloride tab 0.75 mg</i>	51
<i>piroxicam cap 10 mg</i>	2	<i>pramipexole dihydrochloride tab 1 mg</i>	51
<i>piroxicam cap 20 mg</i>	2	<i>pramipexole dihydrochloride tab 1.5 mg</i>	51
<i>pitavastatin calcium tab 1 mg</i>	35	<i>pramipexole dihydrochloride tab er 24hr 0.375</i> <i>mg</i>	51
<i>pitavastatin calcium tab 2 mg</i>	35	<i>pramipexole dihydrochloride tab er 24hr 0.75</i> <i>mg</i>	51
<i>pitavastatin calcium tab 4 mg</i>	35	<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	51
<i>PLENVU SOL</i>	88	<i>pramipexole dihydrochloride tab er 24hr 2.25</i> <i>mg</i>	51
<i>PNEUMOVAX 23 INJ 25/0.5</i>	104	<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	51
<i>pnv-dha</i>	106	<i>pramipexole dihydrochloride tab er 24hr 3.75</i> <i>mg</i>	51
<i>pnv-select</i>	106	<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	51
<i>podofilox gel 0.5%</i>	120	<i>prasugrel hcl tab 10 mg (base equiv)</i>	94
<i>podofilox soln 0.5%</i>	120	<i>prasugrel hcl tab 5 mg (base equiv)</i>	94
<i>POLIVY INJ 140MG</i>	28	<i>pravastatin sodium tab 10 mg</i>	35
<i>POLIVY INJ 30MG</i>	28	<i>pravastatin sodium tab 20 mg</i>	35
<i>polyethylene glycol 3350 oral powder 17</i> <i>gm/scoop</i>	88	<i>pravastatin sodium tab 40 mg</i>	35
<i>polymyxin b sulfate for inj 500000 unit</i>	17		
<i>polymyxin b-trimethoprim ophth soln 10000</i> <i>unit/ml-0.1%</i>	107		
<i>POMALYST CAP 1MG</i>	22		
<i>POMALYST CAP 2MG</i>	22		
<i>POMALYST CAP 3MG</i>	22		

<i>pravastatin sodium tab 80 mg</i>	35	PREZISTA SUS 100MG/ML.....	11
<i>praziquantel tab 600 mg</i>	9	PREZISTA TAB 150MG.....	11
<i>prazosin hcl cap 1 mg</i>	31	PREZISTA TAB 75MG	11
<i>prazosin hcl cap 2 mg</i>	31	PRIFTIN TAB 150MG	13
<i>prazosin hcl cap 5 mg</i>	31	<i>primaquine phosphate tab 26.3 mg (15 mg</i>	
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<i>prednisolone acetate ophth susp 1%</i>	108	<i>primidone tab 250 mg</i>	58
<i>prednisolone sod phos orally disintegr tab 10</i>		<i>primidone tab 50 mg</i>	58
<i>mg (base eq)</i>	79	PRIORIX INJ.....	104
<i>prednisolone sod phos orally disintegr tab 15</i>		<i>probenecid tab 500 mg</i>	1
<i>mg (base eq)</i>	79	<i>procainamide hcl inj 100 mg/ml</i>	33
<i>prednisolone sod phos orally disintegr tab 30</i>		<i>prochlorperazine maleate tab 10 mg (base</i>	
<i>mg (base eq)</i>	79	<i>equivalent)</i>	86
<i>prednisolone sod phosphate oral soln 15</i>		<i>prochlorperazine maleate tab 5 mg (base</i>	
<i>mg/5ml (base equiv)</i>	79	<i>equivalent)</i>	86
<i>prednisolone sod phosphate oral soln 5 mg/5ml</i>		<i>prochlorperazine suppos 25 mg</i>	86
<i>(base equiv)</i>	79	<i>proctozone-hc</i>	90
<i>prednisolone sodium phosphate oral soln 25</i>		<i>progesterone cap 100 mg</i>	84
<i>mg/5ml (base eq)</i>	79	<i>progesterone cap 200 mg</i>	84
<i>prednisolone soln 15 mg/5ml</i>	79	PROGRAF CAP 0.5MG	102
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<i>prednisone oral soln 5 mg/5ml</i>	79	PROGRAF CAP 5MG.....	102
<i>prednisone tab 1 mg</i>	79	PROGRAF GRA 0.2MG.....	102
<i>prednisone tab 10 mg</i>	79	PROGRAF GRA 1MG	102
<i>prednisone tab 2.5 mg</i>	79	PROLASTIN-C INJ 1000MG.....	109
<i>prednisone tab 20 mg</i>	79	PROLIA INJ 60MG/ML.....	72
<i>prednisone tab 5 mg</i>	79	<i>promethazine & phenylephrine syrup 6.25-5</i>	
<i>prednisone tab 50 mg</i>	79	<i>mg/5ml</i>	112
<i>prednisone tab therapy pack 10 mg (21)</i>	79	<i>promethazine hcl inj 25 mg/ml</i>	86
<i>prednisone tab therapy pack 10 mg (48)</i>	79	<i>promethazine hcl inj 50 mg/ml</i>	86
<i>prednisone tab therapy pack 5 mg (21)</i>	79	<i>promethazine hcl oral soln 6.25 mg/5ml</i>	86
<i>prednisone tab therapy pack 5 mg (48)</i>	79	<i>promethazine hcl suppos 12.5 mg</i>	86
<i>pregabalin cap 100 mg</i>	57	<i>promethazine hcl suppos 25 mg</i>	86
<i>pregabalin cap 150 mg</i>	57	<i>promethazine hcl tab 12.5 mg</i>	86
<i>pregabalin cap 200 mg</i>	57	<i>promethazine hcl tab 25 mg</i>	87
<i>pregabalin cap 225 mg</i>	57	<i>promethazine hcl tab 50 mg</i>	87
<i>pregabalin cap 25 mg</i>	57	<i>promethazine w/ codeine syrup 6.25-10</i>	
<i>pregabalin cap 300 mg</i>	57	<i>mg/5ml</i>	112
<i>pregabalin cap 50 mg</i>	57	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	112
<i>pregabalin cap 75 mg</i>	57	<i>promethagan</i>	87
<i>pregabalin soln 20 mg/ml</i>	58	<i>propafenone hcl cap er 12hr 225 mg</i>	33
PREMARIN VAG CRE 0.625MG	82	<i>propafenone hcl cap er 12hr 325 mg</i>	33
<i>prenatal 19</i>	106	<i>propafenone hcl cap er 12hr 425 mg</i>	33
PRETOMANID TAB 200MG	13	<i>propafenone hcl tab 150 mg</i>	33
<i>prevalite</i>	34	<i>propafenone hcl tab 225 mg</i>	33
PREVNAR 20 INJ.....	104	<i>propafenone hcl tab 300 mg</i>	33
PREZCOBIX TAB 675/150.....	12	<i>proparacaine hcl ophth soln 0.5%</i>	109
PREZCOBIX TAB 800-150.....	12	<i>propranolol hcl cap er 24hr 120 mg</i>	38

<i>propranolol hcl cap er 24hr 160 mg</i>	38	<i>raloxifene hcl tab 60 mg</i>	83
<i>propranolol hcl cap er 24hr 60 mg</i>	37	<i>ramelteon tab 8 mg</i>	61
<i>propranolol hcl cap er 24hr 80 mg</i>	38	<i>ramipril cap 1.25 mg</i>	31
<i>propranolol hcl oral soln 20 mg/5ml</i>	38	<i>ramipril cap 10 mg</i>	31
<i>propranolol hcl oral soln 40 mg/5ml</i>	38	<i>ramipril cap 2.5 mg</i>	31
<i>propranolol hcl tab 10 mg</i>	38	<i>ramipril cap 5 mg</i>	31
<i>propranolol hcl tab 20 mg</i>	38	<i>ranitidine hcl tab 150 mg</i>	87
<i>propranolol hcl tab 40 mg</i>	38	<i>ranitidine hcl tab 300 mg</i>	87
<i>propranolol hcl tab 60 mg</i>	38	<i>ranolazine tab er 12hr 1000 mg</i>	42
<i>propranolol hcl tab 80 mg</i>	38	<i>ranolazine tab er 12hr 500 mg</i>	42
<i>propylthiouracil tab 50 mg</i>	84	<i>rasagiline mesylate tab 0.5 mg (base equiv)</i> ..	51
PROQUAD INJ	104	<i>rasagiline mesylate tab 1 mg (base equiv)</i>	51
<i>protriptyline hcl tab 10 mg</i>	49	<i>reclipsen</i>	75
<i>protriptyline hcl tab 5 mg</i>	49	RECOMBIVA HB INJ 10MCG/ML	104
<i>pseudoephed-bromphen-dm syrup 30-2-10</i> <i>mg/5ml</i>	112	RECOMBIVA HB INJ 5MCG/0.5	104
<i>pyrazinamide tab 500 mg</i>	13	RECOMBIVA-HB INJ 40MCG/ML	104
<i>pyridostigmine bromide oral soln 60 mg/5ml</i> ..	65	REGRANEX GEL 0.01%	121
<i>pyridostigmine bromide tab 60 mg</i>	65	RELENZA MIS DISKHALE	13
<i>pyridostigmine bromide tab er 180 mg</i>	65	<i>repaglinide tab 0.5 mg</i>	71
<i>pyridoxine hcl tab 25 mg</i>	106	<i>repaglinide tab 1 mg</i>	71
<i>pyridoxine hcl tab 50 mg</i>	107	<i>repaglinide tab 2 mg</i>	71
<i>pyrimethamine tab 25 mg</i>	17	REPATHA INJ 140MG/ML	36
PYZCHIVA INJ 45/0.5ML	98, 99	REPATHA PUSH INJ 420/3.5	36
PYZCHIVA INJ 90MG/ML	99	REPATHA SURE INJ 140MG/ML	36
QUADRACEL INJ 0.5ML	104	RESTASIS MUL EMU 0.05% OP	108
<i>quetiapine fumarate tab 100 mg</i>	54	RETACRIT INJ 10000UNT	94
<i>quetiapine fumarate tab 200 mg</i>	54	RETACRIT INJ 20000UNI	94
<i>quetiapine fumarate tab 25 mg</i>	54	RETACRIT INJ 2000UNIT	93
<i>quetiapine fumarate tab 300 mg</i>	54	RETACRIT INJ 3000UNIT	93
<i>quetiapine fumarate tab 400 mg</i>	54	RETACRIT INJ 40000UNT	94
<i>quetiapine fumarate tab 50 mg</i>	54	RETACRIT INJ 4000UNIT	93
<i>quetiapine fumarate tab er 24hr 150 mg</i>	54	RETROVIR INJ 10MG/ML	11
<i>quetiapine fumarate tab er 24hr 200 mg</i>	54	REVLIMID CAP 10MG	22
<i>quetiapine fumarate tab er 24hr 300 mg</i>	54	REVLIMID CAP 15MG	22
<i>quetiapine fumarate tab er 24hr 400 mg</i>	54	REVLIMID CAP 2.5MG	22
<i>quetiapine fumarate tab er 24hr 50 mg</i>	54	REVLIMID CAP 20MG	22
<i>quinapril hcl tab 10 mg</i>	31	REVLIMID CAP 25MG	22
<i>quinapril hcl tab 20 mg</i>	31	REVLIMID CAP 5MG	22
<i>quinapril hcl tab 40 mg</i>	31	REYATAZ POW 50MG	11
<i>quinapril hcl tab 5 mg</i>	31	<i>ribavirin cap 200 mg</i>	16
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	30	<i>ribavirin tab 200 mg</i>	16
<i>quinine sulfate cap 324 mg</i>	10	<i>rifabutin cap 150 mg</i>	13
QULIPTA TAB 10MG	62	<i>rifampin cap 150 mg</i>	13
QULIPTA TAB 30MG	62	<i>rifampin cap 300 mg</i>	13
QULIPTA TAB 60MG	62	<i>rifampin for inj 600 mg</i>	13
<i>rabeprazole sodium ec tab 20 mg</i>	90	<i>rilpivirine hcl tab 25 mg (base equivalent)</i>	11
		<i>riluzole tab 50 mg</i>	44
		<i>rimantadine hydrochloride tab 100 mg</i>	13

RINVOQ LQ SOL 1MG/ML.....	99	<i>ropinirole hydrochloride tab 0.25 mg</i>	51
RINVOQ TAB 15MG ER.....	99	<i>ropinirole hydrochloride tab 0.5 mg</i>	51
RINVOQ TAB 30MG ER.....	99	<i>ropinirole hydrochloride tab 1 mg</i>	51
RINVOQ TAB 45MG ER.....	99	<i>ropinirole hydrochloride tab 2 mg</i>	51
<i>risedronate sodium tab 150 mg</i>	72	<i>ropinirole hydrochloride tab 3 mg</i>	51
<i>risedronate sodium tab 30 mg</i>	72	<i>ropinirole hydrochloride tab 4 mg</i>	51
<i>risedronate sodium tab 35 mg</i>	72	<i>ropinirole hydrochloride tab 5 mg</i>	51
<i>risedronate sodium tab 5 mg</i>	72	<i>rosuvastatin calcium tab 10 mg</i>	35
<i>risedronate sodium tab delayed release 35 mg</i>	72	<i>rosuvastatin calcium tab 20 mg</i>	35
<i>risperidone orally disintegrating tab 0.25 mg</i>	54	<i>rosuvastatin calcium tab 40 mg</i>	36
<i>risperidone orally disintegrating tab 0.5 mg</i> ..	54	<i>rosuvastatin calcium tab 5 mg</i>	35
<i>risperidone orally disintegrating tab 1 mg</i>	54	ROTARIX SUS.....	104
<i>risperidone orally disintegrating tab 2 mg</i>	54	ROTATEQ SOL.....	104
<i>risperidone orally disintegrating tab 3 mg</i>	54	<i>rufinamide susp 40 mg/ml</i>	58
<i>risperidone orally disintegrating tab 4 mg</i>	54	<i>rufinamide tab 200 mg</i>	58
<i>risperidone soln 1 mg/ml</i>	54	<i>rufinamide tab 400 mg</i>	58
<i>risperidone tab 0.25 mg</i>	54	<i>ryclora</i>	111
<i>risperidone tab 0.5 mg</i>	54	RYDAPT CAP 25MG.....	26
<i>risperidone tab 1 mg</i>	54	RYKINDO INJ 25MG.....	54
<i>risperidone tab 2 mg</i>	54	RYKINDO INJ 37.5MG.....	54
<i>risperidone tab 3 mg</i>	54	RYKINDO INJ 50MG.....	54
<i>risperidone tab 4 mg</i>	54	<i>sacubitril-valsartan tab 24-26 mg</i>	41
<i>ritonavir tab 100 mg</i>	11	<i>sacubitril-valsartan tab 49-51 mg</i>	41
<i>rivaroxaban for susp 1 mg/ml</i>	93	<i>sacubitril-valsartan tab 97-103 mg</i>	41
<i>rivaroxaban tab 2.5 mg</i>	93	SANCUSO DIS 3.1MG.....	87
<i>rivastigmine tartrate cap 1.5 mg (base</i> <i>equivalent)</i>	45	SANDIMMUNE CAP 100MG.....	102
<i>rivastigmine tartrate cap 3 mg (base</i> <i>equivalent)</i>	45	SANDIMMUNE CAP 25MG.....	102
<i>rivastigmine tartrate cap 4.5 mg (base</i> <i>equivalent)</i>	45	SANDIMMUNE INJ 50MG/ML.....	102
<i>rivastigmine tartrate cap 6 mg (base</i> <i>equivalent)</i>	45	<i>sapropterin dihydrochloride powder packet 100</i> <i>mg</i>	83
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	45	<i>sapropterin dihydrochloride powder packet 500</i> <i>mg</i>	83
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	45	<i>sapropterin dihydrochloride tab 100 mg</i>	83
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	45	SAVELLA MIS TITR PAK.....	61
<i>rivelsa</i>	75	SAVELLA TAB 100MG.....	61
<i>rizatriptan benzoate oral disintegrating tab 10</i> <i>mg (base eq)</i>	63	SAVELLA TAB 12.5MG.....	61
<i>rizatriptan benzoate oral disintegrating tab 5</i> <i>mg (base eq)</i>	63	SAVELLA TAB 25MG.....	61
<i>rizatriptan benzoate tab 10 mg (base</i> <i>equivalent)</i>	63	SAVELLA TAB 50MG.....	61
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	63	SCEMBLIX TAB 100MG.....	26
<i>roflumilast tab 250 mcg</i>	113	SCEMBLIX TAB 20MG.....	26
<i>roflumilast tab 500 mcg</i>	113	SCEMBLIX TAB 40MG.....	26
		<i>scopolamine td patch 72hr 1 mg/3days</i>	87
		<i>selegiline hcl cap 5 mg</i>	52
		<i>selegiline hcl tab 5 mg</i>	52
		<i>selenium sulfide lotion 2.5%</i>	118
		SELZENTRY SOL 20MG/ML.....	11
		SEREVENT DIS AER 50MCG.....	111

<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	49	<i>sodium chloride iv soln 3%</i>	105
<i>sertraline hcl tab 100 mg</i>	49	<i>sodium chloride iv soln 5%</i>	105
<i>sertraline hcl tab 25 mg</i>	49	<i>sodium chloride preservative free (pf) inj 0.9%</i>	105
<i>sertraline hcl tab 50 mg</i>	49	<i>sodium chloride soln nebu 0.9%</i>	113
<i>sevelamer carbonate packet 0.8 gm</i>	83	<i>sodium chloride soln nebu 10%</i>	113
<i>sevelamer carbonate packet 2.4 gm</i>	83	<i>sodium chloride soln nebu 3%</i>	113
<i>sevelamer carbonate tab 800 mg</i>	83	<i>sodium chloride soln nebu 7%</i>	113
SHARPS CONT MIS 2QUART.....	77	<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	105
SHINGRIX INJ 50/0.5ML.....	104	<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	105
SIGNIFOR INJ 0.3MG/ML.....	83	<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	106
SIGNIFOR INJ 0.6MG/ML.....	83	<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	106
SIGNIFOR INJ 0.9MG/ML.....	83	<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	106
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	43	<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	106
<i>sildenafil citrate tab 20 mg</i>	43	<i>sodium oxybate oral solution 500 mg/ml</i>	65
<i>silodosin cap 4 mg</i>	90	<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	84
<i>silodosin cap 8 mg</i>	90	<i>sodium phenylbutyrate tab 500 mg</i>	85
<i>silver sulfadiazine cream 1%</i>	117	SOFTCLIX MIS LANCETS.....	77
SIMBRINZA SUS 1-0.2%.....	108	<i>solifenacin succinate tab 10 mg</i>	91
SIMPONI ARIA SOL 50MG/4ML.....	95	<i>solifenacin succinate tab 5 mg</i>	91
SIMPONI INJ 100MG/ML.....	99	SOLQUA INJ 100/33.....	70
SIMPONI INJ 50/0.5ML.....	99	SOLU-CORTEF INJ 1000MG.....	79
<i>simvastatin tab 10 mg</i>	36	SOLU-CORTEF INJ 250MG.....	79
<i>simvastatin tab 20 mg</i>	36	SOLU-CORTEF INJ 500MG.....	79
<i>simvastatin tab 40 mg</i>	36	SOLU-MEDROL INJ 2GM.....	79
<i>simvastatin tab 5 mg</i>	36	SOMATULINE INJ 120/.5ML.....	68
<i>simvastatin tab 80 mg</i>	36	SOMATULINE INJ 60/0.2ML.....	68
<i>sirolimus oral soln 1 mg/ml</i>	102	SOMATULINE INJ 90/0.3ML.....	68
<i>sirolimus tab 0.5 mg</i>	102	SOMAVERT INJ 10MG.....	68
<i>sirolimus tab 1 mg</i>	102	SOMAVERT INJ 15MG.....	68
<i>sirolimus tab 2 mg</i>	102	SOMAVERT INJ 20MG.....	68
SIRTURO TAB 100MG.....	13	SOMAVERT INJ 25MG.....	68
SIRTURO TAB 20MG.....	13	SOMAVERT INJ 30MG.....	68
SKYLA IUD 13.5MG.....	75	<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	27
SKYRIZI INJ 150MG/ML.....	99	<i>sotalol hcl (afib/afl) tab 120 mg</i>	33
SKYRIZI INJ 180/1.2.....	99	<i>sotalol hcl (afib/afl) tab 160 mg</i>	34
SKYRIZI INJ 360/2.4.....	99	<i>sotalol hcl (afib/afl) tab 80 mg</i>	33
SKYRIZI PEN INJ 150MG/ML.....	100	<i>sotalol hcl tab 120 mg</i>	34
SKYRIZI SOL 60MG/ML.....	95	<i>sotalol hcl tab 160 mg</i>	34
SLYND TAB 4MG.....	75	<i>sotalol hcl tab 240 mg</i>	34
SOD CHLORIDE INJ 0.9%.....	105		
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	88		
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	105		
<i>sodium chloride irrigation soln 0.9%</i>	121		
<i>sodium chloride iv soln 0.45%</i>	105		
<i>sodium chloride iv soln 0.9%</i>	105		

<i>sotalol hcl tab 80 mg</i>	34	<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	63
SOVALDI PAK 150MG.....	16	<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	63
SOVALDI PAK 200MG.....	16	<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	63
SOVALDI TAB 200MG.....	16	<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	63
SOVALDI TAB 400MG.....	16	<i>sumatriptan succinate tab 100 mg</i>	63
SPIKEVAX INJ 2025-26.....	104	<i>sumatriptan succinate tab 25 mg</i>	63
<i>spinosad susp 0.9%</i>	121	<i>sumatriptan succinate tab 50 mg</i>	63
SPIRIVA RESP AER 1.25MCG.....	110	<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	63
SPIRIVA RESP AER 2.5MCG.....	110	<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	27
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	41	<i>sunitinib malate cap 25 mg (base equivalent)</i>	27
<i>spironolactone tab 100 mg</i>	31	<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	27
<i>spironolactone tab 25 mg</i>	31	<i>sunitinib malate cap 50 mg (base equivalent)</i>	27
<i>spironolactone tab 50 mg</i>	31	SUNOSI TAB 150MG.....	65
<i>sprintec 28</i>	75	SUNOSI TAB 75MG.....	65
<i>sps</i>	83	SUPPRELIN LA KIT 50MG.....	73
<i>ssd</i>	117	SUTAB TAB.....	88
STIOLTO AER 2.5-2.5.....	109	<i>syeda</i>	75
STIVARGA TAB 40MG.....	27	SYMDEKO TAB 100-150.....	113
STOBOCLO INJ 60MG/ML.....	72	SYMDEKO TAB 50-75MG.....	113
STRIVERDI AER 2.5MCG.....	111	SYMLINPEN 60 INJ 1000MCG.....	69
SUBLOCADE INJ 100/0.5.....	8	SYMLNPEN 120 INJ 1000MCG.....	69
SUBLOCADE INJ 300/1.5.....	8	SYMTUZA TAB.....	12
SUCRAID SOL 8500/ML.....	89	SYNAREL SOL 2MG/ML.....	78
<i>sucralfate tab 1 gm</i>	89	SYNJARDY TAB.....	71
SUFLAVE SOL.....	88	SYNJARDY TAB 12.5-500.....	71
<i>sulconazole nitrate cream 1%</i>	117	SYNJARDY TAB 5-1000MG.....	71
<i>sulconazole nitrate solution 1%</i>	117	SYNJARDY TAB 5-500MG.....	71
<i>sulfacetamide sodium lotion 10% (acne)</i>	116	SYNJARDY XR TAB.....	71
<i>sulfacetamide sodium ophth oint 10%</i>	107	SYNJARDY XR TAB 10-1000.....	71
<i>sulfacetamide sodium ophth soln 10%</i>	107	SYNJARDY XR TAB 25-1000.....	71
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	107	SYNJARDY XR TAB 5-1000MG.....	71
<i>sulfadiazine tab 500 mg</i>	9	SYNTHROID TAB 100MCG.....	84
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	18	SYNTHROID TAB 112MCG.....	84
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	18	SYNTHROID TAB 125MCG.....	84
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	18	SYNTHROID TAB 137MCG.....	84
SULFAMYLON CRE 85MG/GM.....	117	SYNTHROID TAB 150MCG.....	84
<i>sulfasalazine tab 500 mg</i>	87	SYNTHROID TAB 175MCG.....	84
<i>sulfasalazine tab delayed release 500 mg</i>	87	SYNTHROID TAB 200MCG.....	84
<i>sulindac tab 150 mg</i>	2	SYNTHROID TAB 25MCG.....	84
<i>sulindac tab 200 mg</i>	2	SYNTHROID TAB 300MCG.....	84
<i>sumatriptan nasal spray 20 mg/act</i>	63	SYNTHROID TAB 50MCG.....	84
<i>sumatriptan nasal spray 5 mg/act</i>	63		
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	63		

SYNTHROID TAB 75MCG	84	<i>temazepam cap 15 mg</i>	62
SYNTHROID TAB 88MCG	84	<i>temazepam cap 22.5 mg</i>	62
TABLOID TAB 40MG	21	<i>temazepam cap 30 mg</i>	62
<i>tacrolimus cap 0.5 mg</i>	102	<i>temazepam cap 7.5 mg</i>	62
<i>tacrolimus cap 1 mg</i>	102	TEMODAR INJ 100MG	20
<i>tacrolimus cap 5 mg</i>	102	<i>temozolomide cap 100 mg</i>	20
<i>tacrolimus inj 5 mg/ml</i>	102	<i>temozolomide cap 140 mg</i>	20
<i>tacrolimus oint 0.03%</i>	118	<i>temozolomide cap 180 mg</i>	20
<i>tacrolimus oint 0.1%</i>	118	<i>temozolomide cap 20 mg</i>	20
<i>tadalafil tab 2.5 mg</i>	90	<i>temozolomide cap 250 mg</i>	20
<i>tadalafil tab 20 mg (pah)</i>	43	<i>temozolomide cap 5 mg</i>	20
<i>tadalafil tab 5 mg</i>	90	TENIVAC INJ 5-2LF	105
TAFINLAR CAP 50MG	27	<i>tenofovir disoproxil fumarate tab 300 mg</i>	11
TAFINLAR CAP 75MG	27	<i>terazosin hcl cap 1 mg (base equivalent)</i>	90
TAFINLAR TAB 10MG	27	<i>terazosin hcl cap 10 mg (base equivalent)</i>	90
<i>tafluprost preservative free (pf) ophth soln</i>		<i>terazosin hcl cap 2 mg (base equivalent)</i>	90
<i>0.0015%</i>	109	<i>terazosin hcl cap 5 mg (base equivalent)</i>	90
TAGRISSO TAB 40MG	27	<i>terbinafine hcl tab 250 mg</i>	10
TAGRISSO TAB 80MG	27	<i>terbutaline sulfat tab 2.5 mg</i>	111
<i>take action</i>	75	<i>terbutaline sulfat tab 5 mg</i>	111
TAKHZYRO INJ 150MG/ML	101	<i>terconazole vaginal cream 0.4%</i>	91
TAKHZYRO INJ 300/2ML	101	<i>terconazole vaginal cream 0.8%</i>	92
TALTZ INJ 20/0.25	100	<i>terconazole vaginal suppos 80 mg</i>	92
TALTZ INJ 40/0.5ML	100	<i>teriflunomide tab 14 mg</i>	64
TALTZ INJ 80MG/ML	100	<i>teriflunomide tab 7 mg</i>	64
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>		<i>testosterone cypionate im inj in oil 100 mg/ml</i>	
.....	23	.....	68
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>		<i>testosterone cypionate im inj in oil 200 mg/ml</i>	
.....	23	.....	68
<i>tamsulosin hcl cap 0.4 mg</i>	90	<i>testosterone enanthate im inj in oil 200 mg/ml</i>	
<i>tapentadol hcl tab 100 mg</i>	7	.....	68
<i>tapentadol hcl tab 50 mg</i>	7	<i>testosterone td gel 10mg/act (2%)</i>	68
<i>tapentadol hcl tab 75 mg</i>	7	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	68
<i>tasimelteon capsule 20 mg</i>	62	<i>tetrabenazine tab 12.5 mg</i>	64
<i>tazarotene cream 0.05%</i>	118	<i>tetrabenazine tab 25 mg</i>	64
<i>tazarotene cream 0.1%</i>	118	<i>tetracycline hcl cap 250 mg</i>	19
<i>tazarotene gel 0.05%</i>	118	<i>tetracycline hcl cap 500 mg</i>	19
<i>tazarotene gel 0.1%</i>	118	THALOMID CAP 100MG	22
<i>tazicef</i>	15	THALOMID CAP 50MG	22
<i>telmisartan tab 20 mg</i>	33	<i>theophylline elixir 80 mg/15ml</i>	115
<i>telmisartan tab 40 mg</i>	33	<i>theophylline soln 80 mg/15ml</i>	115
<i>telmisartan tab 80 mg</i>	33	<i>theophylline tab er 12hr 300 mg</i>	115
<i>telmisartan-hydrochlorothiazide tab 40-12.5</i>		<i>theophylline tab er 12hr 450 mg</i>	115
<i>mg</i>	32	<i>theophylline tab er 24hr 400 mg</i>	115
<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>		<i>theophylline tab er 24hr 600 mg</i>	115
<i>mg</i>	32	<i>thioridazine hcl tab 10 mg</i>	54
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>		<i>thioridazine hcl tab 100 mg</i>	54
.....	32	<i>thioridazine hcl tab 25 mg</i>	54

<i>thioridazine hcl tab 50 mg</i>	54	<i>tolvaptan tab 30 mg</i>	83
<i>thiothixene cap 1 mg</i>	54	<i>topiramate sprinkle cap 15 mg</i>	58
<i>thiothixene cap 10 mg</i>	54	<i>topiramate sprinkle cap 25 mg</i>	58
<i>thiothixene cap 2 mg</i>	54	<i>topiramate sprinkle cap 50 mg</i>	58
<i>thiothixene cap 5 mg</i>	54	<i>topiramate tab 100 mg</i>	58
<i>tiagabine hcl tab 12 mg</i>	58	<i>topiramate tab 200 mg</i>	58
<i>tiagabine hcl tab 16 mg</i>	58	<i>topiramate tab 25 mg</i>	58
<i>tiagabine hcl tab 2 mg</i>	58	<i>topiramate tab 50 mg</i>	58
<i>tiagabine hcl tab 4 mg</i>	58	<i>topotecan hcl for inj 4 mg (base equiv)</i>	30
TICE BCG INJ	22	<i>toremifene citrate tab 60 mg (base equivalent)</i>	23
<i>tilia fe</i>	75	<i>torseamide tab 10 mg</i>	41
<i>timolol maleate ophth gel forming soln 0.25%</i>	108	<i>torseamide tab 100 mg</i>	41
<i>timolol maleate ophth gel forming soln 0.5%</i>	108	<i>torseamide tab 20 mg</i>	41
<i>timolol maleate ophth soln 0.25%</i>	108	<i>torseamide tab 5 mg</i>	41
<i>timolol maleate ophth soln 0.5%</i>	108	<i>tramadol hcl tab 50 mg</i>	7
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	108	<i>tramadol hcl tab er 24hr 100 mg</i>	7
<i>timolol maleate tab 10 mg</i>	38	<i>tramadol hcl tab er 24hr 200 mg</i>	7
<i>timolol maleate tab 20 mg</i>	38	<i>tramadol hcl tab er 24hr 300 mg</i>	7
<i>timolol maleate tab 5 mg</i>	38	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	8
<i>tinidazole tab 250 mg</i>	9	<i>trandolapril tab 1 mg</i>	31
<i>tinidazole tab 500 mg</i>	9	<i>trandolapril tab 2 mg</i>	31
<i>tiotropium bromide inhal cap 18 mcg (base equiv)</i>	110	<i>trandolapril tab 4 mg</i>	31
TIVICAY PD TAB 5MG.....	11	<i>trandolapril-verapamil hcl tab er 1-240 mg</i> ...	30
TIVICAY TAB 50MG.....	11	<i>trandolapril-verapamil hcl tab er 2-180 mg</i> ...	30
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	65	<i>trandolapril-verapamil hcl tab er 2-240 mg</i> ...	30
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	65	<i>trandolapril-verapamil hcl tab er 4-240 mg</i> ...	30
TOBRADEX OIN 0.3-0.1%	107	<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	94
TOBRADEX ST SUS 0.3-0.05.....	107	<i>tranexamic acid tab 650 mg</i>	94
<i>tobramycin nebu soln 300 mg/4ml</i>	113	<i>tranylcypromine sulfate tab 10 mg</i>	49
<i>tobramycin nebu soln 300 mg/5ml</i>	113	<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	109
<i>tobramycin ophth soln 0.3%</i>	107	<i>trazodone hcl tab 100 mg</i>	49
<i>tobramycin sulfate for inj 1.2 gm</i>	9	<i>trazodone hcl tab 150 mg</i>	49
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	9	<i>trazodone hcl tab 300 mg</i>	49
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	9	<i>trazodone hcl tab 50 mg</i>	49
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	107	TRECTOR TAB 250MG	13
TODAY SPONGE MIS	90	TRELEGY AER 100MCG	110
<i>tolterodine tartrate cap er 24hr 2 mg</i>	91	TRELEGY AER 200MCG	110
<i>tolterodine tartrate cap er 24hr 4 mg</i>	91	TREMFYA INJ 100MG/ML.....	100
<i>tolterodine tartrate tab 1 mg</i>	91	TREMFYA INJ 200/20ML.....	95
<i>tolterodine tartrate tab 2 mg</i>	91	TREMFYA INJ 200/2ML.....	100
<i>tolvaptan tab 15 mg</i>	83	<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i> .	43
		<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	43
		<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i> 43	
		<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i> 43	
		TRESIBA FLEX INJ 100UNIT	71

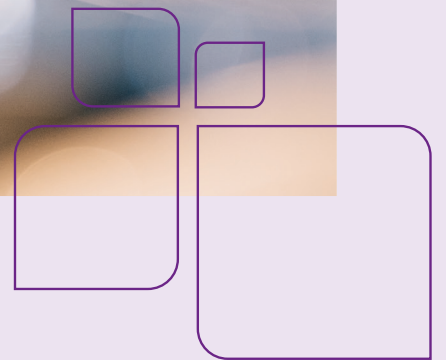
TRESIBA FLEX INJ 200UNIT.....	71	<i>trimethobenzamide hcl cap 300 mg</i>	87
TRESIBA INJ 100UNIT.....	71	<i>trimethoprim tab 100 mg</i>	18
<i>tretinoin cap 10 mg</i>	28	<i>trimipramine maleate cap 100 mg</i>	49
<i>tretinoin cream 0.025%</i>	116	<i>trimipramine maleate cap 25 mg</i>	49
<i>tretinoin cream 0.05%</i>	116	<i>trimipramine maleate cap 50 mg</i>	49
<i>tretinoin cream 0.1%</i>	116	<i>trinate</i>	106
<i>tretinoin gel 0.01%</i>	116	TRINTELLIX TAB 10MG.....	50
<i>tretinoin gel 0.025%</i>	116	TRINTELLIX TAB 20MG.....	50
<i>tretinoin gel 0.05%</i>	116	TRINTELLIX TAB 5MG	50
<i>tretinoin microsphere gel 0.04%</i>	117	TRIPTODUR SUS 22.5MG	73
<i>tretinoin microsphere gel 0.1%</i>	116	<i>tri-sprintec</i>	75
<i>triamcinolone acetonide cream 0.025%</i>	120	TRIUMEQ PD TAB	12
<i>triamcinolone acetonide cream 0.1%</i>	120	TRIUMEQ TAB	12
<i>triamcinolone acetonide cream 0.5%</i>	120	<i>tri-vite/fluoride</i>	107
<i>triamcinolone acetonide dental paste 0.1%</i> ..	121	TROGARZO INJ 150MG/ML.....	11
<i>triamcinolone acetonide lotion 0.025%</i>	120	<i>tropicamide ophth soln 0.5%</i>	109
<i>triamcinolone acetonide lotion 0.1%</i>	120	<i>tropicamide ophth soln 1%</i>	109
<i>triamcinolone acetonide nasal aerosol</i>		<i>tropium chloride cap er 24hr 60 mg</i>	91
<i>suspension 55 mcg/act</i>	113	<i>tropium chloride tab 20 mg</i>	91
<i>triamcinolone acetonide oint 0.025%</i>	120	TRULICITY INJ 0.75/0.5	70
<i>triamcinolone acetonide oint 0.1%</i>	120	TRULICITY INJ 1.5/0.5	70
<i>triamcinolone acetonide oint 0.5%</i>	120	TRULICITY INJ 3/0.5.....	70
<i>triamterene & hydrochlorothiazide cap 37.5-25</i>		TRULICITY INJ 4.5/0.5	70
<i>mg</i>	41	TRUMENBA INJ	105
<i>triamterene & hydrochlorothiazide tab 37.5-25</i>		TRUQAP PAK 160MG.....	27
<i>mg</i>	41	TRUQAP PAK 200MG.....	27
<i>triamterene & hydrochlorothiazide tab 75-50</i>		TRUQAP TAB 160MG.....	27
<i>mg</i>	41	TRUQAP TAB 200MG.....	27
<i>triamterene cap 100 mg</i>	41	TRUSTEX/RIA MIS NON-LUB	75
<i>triamterene cap 50 mg</i>	41	TRUSTX NON-9 MIS RIB/STUD	75
<i>triazolam tab 0.125 mg</i>	62	TRYPTYR SOL 0.003%	108
<i>triazolam tab 0.25 mg</i>	62	TUKYSA TAB 150MG	27
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>		TUKYSA TAB 50MG	27
.....	54	TUXARIN ER TAB 54.3-8MG	112
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>		TWIIST KIT REFILL	77
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<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>		TWIIST REFIL KIT INFUSION	78
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<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>		TWIRLA DIS 120-30.....	75
.....	54	TYBLUME CHW 0.1-0.02	76
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<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	52	TYMLOS INJ	72
<i>trihexyphenidyl hcl tab 2 mg</i>	52	TYSABRI INJ 300/15ML	64
<i>trihexyphenidyl hcl tab 5 mg</i>	52	TYVASO RF KT SOL 0.6MG/ML.....	43
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<i>ursodiol tab 500 mg</i>	89	VCF VAGINAL MIS CONTRACP.....	90
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<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	13	VENCLEXTA TAB 100MG.....	22
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<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	58	VENCLEXTA TAB 50MG.....	22
<i>valproic acid cap 250 mg</i>	58	VENCLEXTA TAB START PK.....	22
<i>valsartan tab 160 mg</i>	33	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	50
<i>valsartan tab 320 mg</i>	33	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	50
<i>valsartan tab 40 mg</i>	33	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	50
<i>valsartan tab 80 mg</i>	33	<i>venlafaxine hcl tab 100 mg (base equivalent)</i> 50	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	32	<i>venlafaxine hcl tab 25 mg (base equivalent)</i> ..	50
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	32	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> 50	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	32	<i>venlafaxine hcl tab 50 mg (base equivalent)</i> ..	50
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	32	<i>venlafaxine hcl tab 75 mg (base equivalent)</i> ..	50
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	32	<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	50
<i>vancomycin hcl cap 125 mg (base equivalent)</i> 18		<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	50
<i>vancomycin hcl cap 250 mg (base equivalent)</i> 18		<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	50
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	18	VENTAVIS SOL 10MCG/ML.....	43
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	18	VENTAVIS SOL 20MCG/ML.....	44
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	18	<i>verapamil hcl cap er 24hr 100 mg</i>	40
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	18	<i>verapamil hcl cap er 24hr 120 mg</i>	40
		<i>verapamil hcl cap er 24hr 180 mg</i>	40
		<i>verapamil hcl cap er 24hr 200 mg</i>	40
		<i>verapamil hcl cap er 24hr 240 mg</i>	40
		<i>verapamil hcl cap er 24hr 300 mg</i>	40

<i>verapamil hcl cap er 24hr 360 mg</i>	40	<i>warfarin sodium tab 1 mg</i>	93
<i>verapamil hcl tab 120 mg</i>	40	<i>warfarin sodium tab 10 mg</i>	93
<i>verapamil hcl tab 40 mg</i>	40	<i>warfarin sodium tab 2 mg</i>	93
<i>verapamil hcl tab 80 mg</i>	40	<i>warfarin sodium tab 2.5 mg</i>	93
<i>verapamil hcl tab er 120 mg</i>	40	<i>warfarin sodium tab 3 mg</i>	93
<i>verapamil hcl tab er 180 mg</i>	40	<i>warfarin sodium tab 4 mg</i>	93
<i>verapamil hcl tab er 240 mg</i>	40	<i>warfarin sodium tab 5 mg</i>	93
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<i>vigabatrin powd pack 500 mg</i>	58	WIDE-SEAL DPR KIT 75	76
<i>vigabatrin tab 500 mg</i>	58	WIDE-SEAL DPR KIT 80	76
<i>vilazodone hcl tab 10 mg</i>	50	WIDE-SEAL DPR KIT 85	76
<i>vilazodone hcl tab 20 mg</i>	50	WIDE-SEAL DPR KIT 90	76
<i>vilazodone hcl tab 40 mg</i>	50	WIDE-SEAL DPR KIT 95	76
<i>vinblastine sulfate inj 1 mg/ml</i>	29	XALKORI CAP 150MG.....	28
<i>vincristine sulfate iv soln 1 mg/ml</i>	29	XALKORI CAP 200MG.....	28
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	29	XALKORI CAP 20MG.....	28
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i> <i>(base equiv)</i>	29	XALKORI CAP 250MG.....	28
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VIREAD TAB 150MG	11	XARELTO TAB 20MG	93
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<i>voriconazole for susp 40 mg/ml</i>	10	XCOPRI TAB 25MG	58
<i>voriconazole tab 200 mg</i>	10	XCOPRI TAB 50MG	58
<i>voriconazole tab 50 mg</i>	10	XELJANZ SOL 1MG/ML	100
VOSEVI TAB.....	16	XELJANZ TAB 10MG.....	100
VOWST CAP	89	XELJANZ TAB 5MG	100
VRAYLAR CAP 0.5MG	54	XELJANZ XR TAB 11MG	100
VRAYLAR CAP 0.75MG.....	54	XELJANZ XR TAB 22MG	100
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<i>vyfemla</i>	76	XOLAIR INJ 75/0.5.....	114
		XOLAIR SOL 150MG	114
		XTAMPZA ER CAP 13.5MG	8

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XTAMPZA ER CAP 27MG.....	8	ziprasidone hcl cap 40 mg	55
XTAMPZA ER CAP 36MG.....	8	ziprasidone hcl cap 60 mg	55
XTAMPZA ER CAP 9MG.....	8	ziprasidone hcl cap 80 mg	55
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XTANDI TAB 80MG.....	23	zoledronic acid inj conc for iv infusion 4 mg/5ml	
<i>xulane</i>	76	72
XULTOPHY INJ 100/3.6.....	70	zoledronic acid iv soln 5 mg/100ml	72
XYWAV SOL 0.5GM/ML	66	ZOLINZA CAP 100MG	28
YESINTEK INJ 45/0.5ML	100	zolmitriptan nasal spray 5 mg/spray unit	63
YESINTEK INJ 90MG/ML	101	zolmitriptan orally disintegrating tab 2.5 mg	63
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YEZTUGO TAB 300MG	11	zolmitriptan tab 2.5 mg	63
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YOSPRALA TAB 81-40MG.....	94	zolpidem tartrate tab 5 mg	62
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<i>zafirlukast tab 10 mg</i>	113	zolpidem tartrate tab er 6.25 mg	62
<i>zafirlukast tab 20 mg</i>	113	zonisamide cap 100 mg	58
<i>zaleplon cap 10 mg</i>	62	zonisamide cap 25 mg.....	58
<i>zaleplon cap 5 mg</i>	62	zonisamide cap 50 mg.....	58
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<i>zidovudine cap 100 mg</i>	11	ZYDELIG TAB 150MG	28
<i>zidovudine syrup 10 mg/ml</i>	11	ZYKADIA TAB 150MG.....	28
<i>zidovudine tab 300 mg</i>	11	ZYLET SUS 0.5-0.3%	107
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Este formulario se actualize el 1 de mayo de 2026. Para obtener información más reciente o para otras preguntas, por favor comuníquese con CHRISTUS Health Plan Member Service a1 1-844-856-0826 (los usuarios de TTY deben llamar al 711), de 8 a.m. a 5 p.m. (hora local), de lunes a viernes, o visite www.christushealthplan.org



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