

2027 Standard Plans Formulary



CHRISTUS STANDARD PLANS FORMULARY COVERS MEMBERS WITH THE FOLLOWING PLANS:

- Standard Expanded Bronze
- Standard Expanded Bronze Limited
- Standard Silver 70
- Standard Silver 73
- Standard Silver 87
- Standard Silver 94
- Standard Silver 70 Limited
- Standard Gold
- Standard Gold Limited

CHRISTUS Health Plan 2027 Standard Plans 4 Tier Formulary

Revised: 10/15/2026

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

This formulary was updated on 10/15/2026. For more recent information or other questions, please contact CHRISTUS Health Plan Member Services at 1-844-282-3025 (TTY users should call 711), 8 a.m. – 5 p.m. (local time), Monday - Friday, or visit www.christushealthplan.org.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means CHRISTUS Health Plan.

This document includes a Drug List (formulary) for our plan which is current as of 10/15/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the CHRISTUS Health Plan formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by CHRISTUS Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. CHRISTUS Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CHRISTUS Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but CHRISTUS Health Plan may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. Updates to the formulary are posted monthly to our website here:

<https://www.christushealthplan.org/member-resources/individual-families/pharmacy>.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the CHRISTUS Health Plan’s formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CHRISTUS Health Plan’s formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/15/2026. To get updated information about the drugs covered by CHRISTUS Health Plan please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for,

look for the category name in the list that begins on 3. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 115. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CHRISTUS Health Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** CHRISTUS Health Plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from CHRISTUS Health Plan based on specific criteria before you fill your prescriptions. If you don't get approval, CHRISTUS Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, CHRISTUS Health Plan limits the amount of the drug that CHRISTUS Health Plan will cover. For example, CHRISTUS Health Plan provides 10 tablets per 30-day prescription for a specific medication. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CHRISTUS Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CHRISTUS Health Plan may not cover Drug

B unless you try Drug A first. If Drug A does not work for you, CHRISTUS Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CHRISTUS Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the CHRISTUS Health Plan’s formulary?” on page vi for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that CHRISTUS Health Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CHRISTUS Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by CHRISTUS Health Plan.
- You can ask CHRISTUS Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to CHRISTUS Health Plan’s formulary?

You can ask CHRISTUS Health Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, CHRISTUS Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If a similar drug is available on a lower tier the cost can be requested to match the cost of that lower tier.

Generally, CHRISTUS Health Plan will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.*** Generally, we must make our decision within 72

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hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

For more information

For more detailed information about your CHRISTUS Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CHRISTUS Health Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

CHRISTUS Health Plan is a licensed HMO offering products in Texas and Louisiana. CHRISTUS Health Plan is the registered tradename of CHRISTUS Health Plan Louisiana, a licensed HMO providing products in Louisiana.

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 1.844.282.3025, TTY 711 or speak to your provider.

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 1.844.282.3025, TTY 711 o hable con su proveedor.

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 1.844.282.3025 (711) أو تحدث إلى مقدم الخدمة.

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 1.844.282.3025 (文本电话: 711) 或咨询您的服务提供商。

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 1.844.282.3025, TTY 711 ou parlez à votre fournisseur.

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 1.844.282.3025, TTY 711 an oder sprechen Sie mit Ihrem Provider.

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓડિયોવિડીયો સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1.844.282.3025, TTY 711 પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

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। 1.844.282.3025, TTY 711 पर कॉल करें या अपने प्रदाता से बात करें।

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。1.844.282.3025, 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。

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1.844.282.3025, TTY 711 번으로 전화하거나 서비스 제공업체에 문의하십시오.

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1.844.282.3025, TTY 711 ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

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 1.844.282.3025 (تله تاپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

ATENÇÃO: Se você fala Português, serviços gratuitos de assistência lingüística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1.844.282.3025, TTY 711 ou fale com seu provedor.

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 1.844.282.3025, TTY 711 или обратитесь к своему поставщику услуг.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang 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 1.844.282.3025, TTY 711 o makipag-usap sa iyong provider.

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1.844.282.3025, TTY 711 หรือปรึกษาผู้ให้บริการของคุณ

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۔ 1.844.282.3025, TTY 711 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

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 1.844.282.3025 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

List of Abbreviations

AGE - Age Limit. Certain medications may only be covered for members within specific age ranges.

GNDR - Gender Edit. The edit is typically used for drugs that are generally associated with a specific sex or gender-based clinical indication.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Cost-Sharing Tiers for Drugs on the Formulary

Every drug on our plan's Formulary is in a cost-sharing tier. In general, the higher the tier, the higher your cost for the drug. The amount you pay for drugs in each cost-sharing tier is shown in your Summary of Benefits and Coverage.

Standard Plans Drug Tiering

Cost Level	Cost-Sharing Tier	Requirements/Limits
Lowest Cost-Sharing Tier	Tier 1	Preferred Generic Drugs
	Tier 2	Preferred Brand Drugs
	Tier 3	Non-Preferred Brand Drugs
Highest Cost-Sharing Tier	Tier 4	Specialty Drugs

The CHRISTUS Health Plan formulary that begins on the next page provides coverage information about the drugs covered by CHRISTUS Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 115.

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

The information in the Requirements/Limits column tells you if CHRISTUS Health Plan has any special requirements for coverage of your drug.

4T STND Effective 01/01/2027

Drug Name	Drug Tier	Requirements/Limits
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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
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Drug Name	Drug Tier	Requirements/Limits
<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

Drug Name	Drug Tier	Requirements/Limits
<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

Drug Name	Drug Tier	Requirements/Limits
<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)

Drug Name	Drug Tier	Requirements/Limits
<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 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	
<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	3	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TAB 75MG	3	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TAB 100MG	3	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl cap 5 mg</i>	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
<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

Drug Name	Drug Tier	Requirements/Limits
<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
<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)

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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 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	
<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

AGE - Age Limit GNDR - Gender Edit OTC - Over the counter PA - Prior Authorization QL - Quantity Limits ST - Step Therapy
Effective 1/1/2027.
MC8490

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
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	
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)

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	4	PA, QL (1 kit every 30 days)
CABENUVA SUS 600-900	4	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	3	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)

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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
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	
<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		
MAVYRET PAK 50-20MG	2	PA, QL (140 packets every 28 days)
MAVYRET TAB 100-40MG	2	PA, QL (84 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	4	ST, PA, QL (28 pellets every 28 days)
SOVALDI PAK 200MG	4	ST, PA, QL (56 pellets every 28 days)
SOVALDI TAB 200MG	4	ST, PA, QL (56 tabs every 28 days)

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

MISCELLANEOUS

<i>atovaquone susp 750 mg/5ml</i>	1	
<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>lincomycin hcl inj 300 mg/ml</i>	1	
<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	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<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
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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)

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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	
<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

Drug Name	Drug Tier	Requirements/Limits
<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	

ANTINEOPLASTIC, BCL-2 INHIBITORS

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)

Drug Name	Drug Tier	Requirements/Limits
BIOLOGIC RESPONSE MODIFIERS		
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
<i>lenalidomide cap 5 mg</i>	4	PA, QL (28 caps every 28 days)
<i>lenalidomide cap 10 mg</i>	4	PA, QL (28 caps every 28 days)
<i>lenalidomide cap 15 mg</i>	4	PA, QL (28 caps every 28 days)
<i>lenalidomide cap 20 mg</i>	4	PA, QL (21 caps every 28 days)
<i>lenalidomide cap 25 mg</i>	4	PA, QL (21 caps every 28 days)
<i>lenalidomide caps 2.5 mg</i>	4	PA, QL (28 caps every 28 days)
PADCEV INJ 20MG	4	PA, QL (21 vials every 28 days)
PADCEV INJ 30MG	4	PA, QL (15 vials every 28 days)
<i>pomalidomide cap 1 mg</i>	4	PA, QL (21 caps every 28 days)
<i>pomalidomide cap 2 mg</i>	4	PA, QL (21 caps every 28 days)
<i>pomalidomide cap 3 mg</i>	4	PA, QL (21 caps every 28 days)
<i>pomalidomide cap 4 mg</i>	4	PA, QL (21 caps every 28 days)
THALOMID CAP 50MG	4	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	4	PA, QL (112 caps every 28 days)
TICE BCG INJ	2	
BIOSIMILARS		
GAZYVA INJ 25MG/ML	4	PA
RUXIENCE INJ 100/10ML	3	PA
RUXIENCE INJ 500/50ML	3	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)

Drug Name	Drug Tier	Requirements/Limits
<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)
KINASE INHIBITORS		
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)

Drug Name	Drug Tier	Requirements/Limits
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	4	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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tab for oral susp 5 mg</i>	4	PA, QL (60 tabs every 30 days)
IBTROZI CAP 200MG	4	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	4	PA, QL (30 caps every 30 days)
IMBRUVICA CAP 140MG	4	PA, QL (90 caps every 30 days)
IMBRUVICA SUS 70MG/ML	4	PA, QL (216 ml every 36 days)
IMBRUVICA TAB 140MG	4	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 280MG	4	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 420MG	4	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	4	PA, QL (60 tabs every 30 days)
ITOVEBI TAB 9MG	4	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
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	4	PA, QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 8 MG	4	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	4	PA, QL (30 caps every 30 days)
LENVIMA CAP 12MG	4	PA, QL (90 caps every 30 days)
LENVIMA CAP 14 MG	4	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	4	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	4	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	4	PA, QL (90 caps every 30 days)
LORBRENA TAB 25MG	4	PA, QL (90 tabs every 30 days)
LORBRENA TAB 100MG	4	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	4	PA, QL (224 caps every 28 days)
SCSEMBLIX TAB 20MG	4	PA, QL (60 tabs every 30 days)
SCSEMBLIX TAB 40MG	4	PA, QL (240 tabs every 30 days)
SCSEMBLIX TAB 100MG	4	PA, QL (120 tabs every 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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	4	PA, QL (30 tabs every 30 days)
TAGRISSO TAB 80MG	4	PA, QL (30 tabs every 30 days)
TRUQAP PAK 160MG	4	PA, QL (64 tabs every 28 days)
TRUQAP PAK 200MG	4	PA, QL (64 tabs every 28 days)
TRUQAP TAB 200MG	4	PA, QL (64 tabs every 28 days)
TUKYSA TAB 50MG	4	PA, QL (120 tabs every 30 days)
TUKYSA TAB 150MG	4	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	4	PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	4	PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	4	PA, QL (300 mL every 30 days)
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)

Drug Name	Drug Tier	Requirements/Limits
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	4	PA
POLIVY INJ 140MG	4	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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
ANTILPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL TAB 180MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>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
<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

Drug Name	Drug Tier	Requirements/Limits
<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
<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

Drug Name	Drug Tier	Requirements/Limits
<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 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 34 mg</i>	1	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
DIGITALIS GLYCOSIDES		
<i>digoxin oral soln 0.05 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
<i>DIURETICS</i>		
<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	
<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	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	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>torsemide tab 5 mg</i>	1	
<i>torsemide tab 10 mg</i>	1	
<i>torsemide tab 20 mg</i>	1	
<i>torsemide 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	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
HEART FAILURE		
<i>CORLANOR SOL 5MG/5ML</i>	2	
<i>ENTRESTO CAP 6-6MG</i>	3	
<i>ENTRESTO CAP 15-16MG</i>	3	
<i>ENTRESTO TAB 24-26MG</i>	3	
<i>ENTRESTO TAB 49-51MG</i>	3	
<i>ENTRESTO TAB 97-103MG</i>	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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
<i>nitro-bid</i>	1	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TAB 0.5MG	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)
<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, QL (90 vials every 30 days)
<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

Drug Name	Drug Tier	Requirements/Limits
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	4	PA
UPTRAVI INJ 1800MCG	4	PA, QL (60 vials every 30 days)
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)

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<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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ANTI-ANXIETY

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>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	1	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	1	
<i>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)

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl cap 25 mg</i>	1	QL (360 caps every 30 days)
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<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)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
<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	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<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	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<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	
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	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
MARPLAN TAB 10MG	3	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<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	
<i>protriptyline hcl tab 10 mg</i>	1	
<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	
SPRAVATO SOL 56MG DOS	4	PA
SPRAVATO SOL 84MG DOS	4	PA
<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	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	
TRINTELLIX TAB 5MG	3	
TRINTELLIX TAB 10MG	3	
TRINTELLIX TAB 20MG	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	4	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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
COBENFY CAP 50-20MG	3	
COBENFY CAP 100-20MG	3	
COBENFY CAP 125-30MG	3	
COBENFY STRT CAP PACK	3	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
INVEGA HAFYE INJ 1092MG	2	
INVEGA HAFYE INJ 1560MG	2	
INVEGA SUST INJ 39/0.25	2	
INVEGA SUST INJ 78/0.5ML	2	
INVEGA SUST INJ 117/0.75	2	
INVEGA SUST INJ 156MG/ML	2	
INVEGA SUST INJ 234/1.5	2	
INVEGA TRINZ INJ 273MG	2	
INVEGA TRINZ INJ 410MG	2	
INVEGA TRINZ INJ 546MG	2	
INVEGA TRINZ INJ 819MG	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
<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	
<i>RYKINDO INJ 25MG</i>	2	
<i>RYKINDO INJ 37.5MG</i>	2	
<i>RYKINDO INJ 50MG</i>	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	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
VRAYLAR CAP 0.5MG	2	
VRAYLAR CAP 0.75MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
<i>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	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
<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	
<i>pregabalin cap 50 mg</i>	1	
<i>pregabalin cap 75 mg</i>	1	
<i>pregabalin cap 100 mg</i>	1	
<i>pregabalin cap 150 mg</i>	1	
<i>pregabalin cap 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin cap 225 mg</i>	1	
<i>pregabalin cap 300 mg</i>	1	
<i>pregabalin soln 20 mg/ml</i>	1	
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine tab extended release disintegrating 12.5 mg</i>	1	QL (30 tabs every 30 days)
<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	
<i>AZSTARYS CAP 26.1-5.2</i>	2	QL (30 caps every 30 days)
<i>AZSTARYS CAP 39.2-7.8</i>	2	QL (30 caps every 30 days)
<i>AZSTARYS CAP 52.3-10.</i>	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)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (120 caps every 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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

<i>milnacipran hcl tab 12.5 mg</i>	1	ST; PA**
<i>milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak</i>	1	ST; PA**
<i>milnacipran hcl tab 25 mg</i>	1	ST; PA**
<i>milnacipran hcl tab 50 mg</i>	1	ST; PA**
<i>milnacipran hcl tab 100 mg</i>	1	ST; PA**

HYPNOTICS

BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
<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	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
<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)
<i>tasimelteon capsule 20 mg</i>	4	PA, QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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 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	4	PA, QL (2 bottles every 24 days)
EVRYSDI TAB 5MG	4	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	

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)

Drug Name	Drug Tier	Requirements/Limits
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>	1	PA, QL (12 syringes every 28 days)
<i>glatopa</i>	1	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)
TYRUKO CON 300/15ML	4	PA, QL (15 mL every 28 days)
TYSABRI INJ 300/15ML	4	PA, QL (15 mL 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	
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<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	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>norgesic</i>	3	
<i>orphenadrine citrate inj 30 mg/ml</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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>	1	PA, QL (540mL every 30 days); ANDA Generics
<i>sodium oxybate oral solution 500 mg/ml</i>	4	PA, QL (540mL every 30 days); HIKMA AG
SUNOSI TAB 75MG	2	PA, QL (30 tabs every 30 days)
SUNOSI TAB 150MG	2	PA, QL (30 tabs every 30 days)
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	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	\$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	\$0 copay
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	

Drug Name	Drug Tier	Requirements/Limits
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	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	\$0 copay
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	0	\$0 copay
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	3	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	3	
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	1	
NUDEXTA CAP 20-10MG	2	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	3	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	3	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	3	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	3	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	3	
<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 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

Drug Name	Drug Tier	Requirements/Limits
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
<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 25 mg/2.5gm (1%)</i>	1	PA

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	
ANTIDIABETICS, 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**
<i>sitagliptin phosphate-metformin hcl tab 50-500 mg</i>	1	ST; PA**
<i>sitagliptin phosphate-metformin hcl tab 50-1000 mg</i>	1	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**
<i>sitagliptin phosphate tab 25 mg (base equiv)</i>	1	ST; PA**
<i>sitagliptin phosphate tab 50 mg (base equiv)</i>	1	ST; PA**
<i>sitagliptin phosphate tab 100 mg (base equiv)</i>	1	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**
MOUNJARO INJ 15MG/0.5	2	ST, QL (4 pens every 28 days); PA**

Drug Name	Drug Tier	Requirements/Limits
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**
OZEMPIC TAB 1.5MG	2	ST, QL (30 tabs every 30 days); PA**
OZEMPIC TAB 4MG	2	ST, QL (30 tabs every 30 days); PA**
OZEMPIC TAB 9MG	2	ST, QL (30 tabs every 30 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	
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-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	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
ANTIDIABETICS, 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	

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
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)
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

Drug Name	Drug Tier	Requirements/Limits
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	

Drug Name	Drug Tier	Requirements/Limits
<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-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>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)
<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-lynyah</i>	0	

Drug Name	Drug Tier	Requirements/Limits
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	
TYBLUME CHW 0.1-0.02	0	
<i>valtya 1/50</i>	0	
<i>velivet</i>	0	
<i>viorele</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<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
CVS KETONE TES CARE	3	OTC
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	QL (3 sensors every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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
DIASTIX TES 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	
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	

Drug Name	Drug Tier	Requirements/Limits
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	
SYNAREL SOL 2MG/ML	4	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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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 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	
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

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	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	
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	2	
DEPO-ESTRADI INJ 5MG/ML	3	
DUAVEE TAB 0.45-20	2	
ELESTRIN GEL 0.06%	3	
<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	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol vaginal cream 0.01%</i>	1	
<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	
<i>estrogens, conjugated tab 0.9 mg</i>	1	
<i>estrogens, conjugated tab 0.45 mg</i>	1	
<i>estrogens, conjugated tab 0.625 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>estrogens, conjugated tab 1.25 mg</i>	1	
EVAMIST SPR 1.53MG	3	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
<i>jinteli</i>	1	
<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>yuvaferm</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
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	4	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.6MG/ML	4	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.9MG/ML	4	PA, QL (60 ampules every 30 days)
<i>tolvaptan (hyponatremia) tab 15 mg</i>	4	PA
<i>tolvaptan (hyponatremia) tab 30 mg</i>	4	PA

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<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	
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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	
<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	

AGE - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** -

Quantity Limits **ST** - Step Therapy

Effective 1/1/2027.

MC8490

Drug Name	Drug Tier	Requirements/Limits
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)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>methscopolamine bromide tab 5 mg</i>	1	
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	
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	
<i>granisetron hcl tab 1 mg</i>	1	
<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 soln 5 mg/5ml (10 mg/10ml)</i> <i>(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	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	1	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 4 mg</i>	1	
<i>ondansetron hcl tab 8 mg</i>	1	
<i>ondansetron hcl tab 24 mg</i>	1	
<i>ondansetron orally disintegrating tab 4 mg</i>	1	
<i>ondansetron orally disintegrating tab 8 mg</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
<i>promethegan</i>	1	
SANCUSO DIS 3.1MG	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
SUCRAID SOL 8500/ML	3	PA, QL (354 mL every 30 days)
<i>sucralfate tab 1 gm</i>	1	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
VOWST CAP	4	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	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	1	Covered for age less than 1 year only
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	1	Covered for age less than 1 year only
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	Covered for age less than 1 year only
<i>lansoprazole cap delayed release 15 mg</i>	1	
<i>lansoprazole cap delayed release 30 mg</i>	1	
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	3	
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	3	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>rabeprazole sodium ec tab 20 mg</i>	1	

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	
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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

Drug Name	Drug Tier	Requirements/Limits
VCF VAGINAL GEL CONTRACE	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
ERECTILE DYSFUNCTION		
<i>avanafil tab 50 mg</i>	1	QL (6 tabs every 30 days)
<i>avanafil tab 100 mg</i>	1	QL (6 tabs every 30 days)
<i>avanafil tab 200 mg</i>	1	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 granules for oral extended release susp 8 mg/ml</i>	1	
<i>mirabegron tab er 24 hr 25 mg</i>	1	
<i>mirabegron tab er 24 hr 50 mg</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole 3</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA
HEMOPHILIA A AGENTS		
HEMLIBRA INJ 30MG/ML	4	PA
HEMLIBRA INJ 60/0.4	4	PA
HEMLIBRA INJ 105/0.7	4	PA
HEMLIBRA INJ 150/ML	4	PA
HEMLIBRA INJ 300/2ML	4	PA
HEMLIBRA SOL 12/0.4ML	4	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	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
<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)
ALVAIZ TAB 36MG	4	PA, QL (90 tabs every 30 days)
ALVAIZ TAB 54MG	4	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	4	ST, PA, QL (20 vials every 28 days)
ACTEMRA INJ 200/10ML	4	ST, PA, QL (8 vials every 28 days)
ACTEMRA INJ 400/20ML	4	ST, PA, QL (4 vials every 28 days)
COSENTYX INJ 125/5ML	4	PA, QL (15 mL every 28 days); Preferred agent for Ankylosing Spondylitis, NRAXSPA, and Psoriatic Arthritis
ENTYVIO INJ 300MG	4	PA, QL (1 vial every 56 days)
INFLIXIMAB INJ 100MG	4	PA, QL (5 vials every 42 days)
SIMPONI ARIA SOL 50MG/4ML	4	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	4	ST, PA, QL (4 syringes every 28 days)
ACTEMRA INJ ACTPEN	4	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)

Drug Name	Drug Tier	Requirements/Limits
ADALIMU-FKJP KIT 40/0.8ML	4	PA, QL (4 syringes every 28 days)
CIMZIA 1-SYR 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

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

Drug Name	Drug Tier	Requirements/Limits
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
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
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	4	ST, PA, QL (1 injection every 28 days)
SIMPONI INJ 100MG/ML	4	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
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
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
<i>tofacitinib citrate oral soln 1 mg/ml (base equivalent)</i>	4	PA, QL (240 mL every 24 days)
<i>tofacitinib citrate tab 5 mg (base equivalent)</i>	4	PA, QL (60 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis.
<i>tofacitinib citrate tab 10 mg (base equivalent)</i>	4	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
<i>tofacitinib citrate tab er 24hr 11 mg (base equivalent)</i>	4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis.
<i>tofacitinib citrate tab er 24hr 22 mg (base equivalent)</i>	4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.
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
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

Drug Name	Drug Tier	Requirements/Limits
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 prefsyr 30 mg/3ml</i>	4	PA, QL (45 syringes every 90 days)
TAKHZYRO INJ 150MG/ML	4	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 syringes 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	4	PA
ARCALYST INJ 220MG	4	PA, QL (8 vials every 28 days)
IMMUNOSUPPRESSANTS		
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
<i>azathioprine tab 100 mg</i>	1	
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf</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	
NULOJIX INJ 250MG	3	
PROGRAF GRA 0.2MG	3	
PROGRAF GRA 1MG	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 cap er 24hr 0.5 mg</i>	1	
<i>tacrolimus cap er 24hr 1 mg</i>	1	
<i>tacrolimus cap er 24hr 5 mg</i>	1	
<i>tacrolimus inj 5 mg/ml</i>	1	

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	

Drug Name	Drug Tier	Requirements/Limits
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
DENGXVAXIA SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ENERGIX-B INJ 10/0.5ML	0	
ENERGIX-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	
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
PEDVAXHIB INJ 7.5MCG	0	\$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	0	
PENMENYV INJ	0	

Drug Name	Drug Tier	Requirements/Limits
PENTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
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	
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

Drug Name	Drug Tier	Requirements/Limits
<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
<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>pnv-dha</i>	1	
<i>pnv-select</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	

Drug Name	Drug Tier	Requirements/Limits
<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>multi-vitamin/fluoride dr</i>	1	
<i>multi-vitamin/fluoride/ir</i>	1	
<i>multivitamin/fluoride</i>	1	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	1	
<i>phytonadione tab 5 mg</i>	1	
<i>pyridoxine hcl tab 25 mg</i>	1	OTC
<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	

ANTI-INFECTIVES

AZASITE SOL 1%	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</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	
<i>ZIRGAN GEL 0.15%</i>	3	
ANTI-INFLAMMATORIES		
<i>ACUVAIL SOL 0.45% OP</i>	2	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
<i>ILEVRO DRO 0.3% OP</i>	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	
<i>NEVANAC SUS 0.1% OP</i>	2	
<i>PRED SOD PHO SOL 1% OP</i>	2	
<i>prednisolone acetate ophth susp 1%</i>	1	
ANTIALLERGICS		
<i>ALOCRIOL SOL 2%</i>	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	
<i>ZERVIAE DRO 0.24%</i>	3	
ANTIGLAUCOMA BETA-BLOCKERS		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
<i>BETOPTIC-S SUS 0.25% OP</i>	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	

Drug Name	Drug Tier	Requirements/Limits
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% (pf)</i>	1	
RESTASIS MUL EMU 0.05% OP	2	
TRYPTYR SOL 0.003%	2	
MISCELLANEOUS		
<i>atropine sulfate ophth soln 1%</i>	1	
CYSTARAN SOL 0.44%	4	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>bimatoprost ophth soln 0.01%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<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	
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)

Drug Name	Drug Tier	Requirements/Limits
<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)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS		
BREZTRI AERO AER 9MCG	2	QL (1 package every 30 days)
BREZTRI AERO AER 18MCG	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	
<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	
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	1	
<i>hydroxyzine hcl im soln 50 mg/ml</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<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)

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	

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>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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>CYSTIC FIBROSIS</i>		
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)
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)
<i>LEUKOTRIENE MODIFIERS</i>		
<i>zileuton tab er 12hr 600 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
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
PULMONARY FIBROSIS AGENTS		
<i>nintedanib esylate cap 100 mg (base equivalent)</i>	4	PA, QL (60 caps every 30 days)
<i>nintedanib esylate cap 150 mg (base equivalent)</i>	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)
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER MIS PLUS	2	
FLEXICHAMBER MIS MASK SM	2	
HOLD CHAMBER MIS MEDIUM	2	OTC
PANDA MASK MIS PEDIATRI	2	OTC

Drug Name	Drug Tier	Requirements/Limits
SEVERE ASTHMA AGENTS		
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)
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>breynd</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)

Drug Name	Drug Tier	Requirements/Limits
<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

<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	

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

Drug Name	Drug Tier	Requirements/Limits
<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
<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	
<i>SULFAMYLON CRE 85MG/GM</i>	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)
<i>ERTACZO CRE 2%</i>	3	QL (60g every 30 days)
<i>JUBLIA SOL 10%</i>	3	PA, QL (4 mL every 28 days)
<i>ketconazole 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)

Drug Name	Drug Tier	Requirements/Limits
<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)
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
<i>ZORYVE CRE 0.3%</i>	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		
<i>DUPIXENT INJ 200/1.14</i>	4	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
<i>DUPIXENT INJ 300/2ML</i>	4	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
<i>EBGLYSS INJ 250/2ML</i>	4	PA, QL (2 pens every 28 days)
<i>EBGLYSS INJ 250/2ML</i>	4	PA, QL (2 syringes every 28 days)
<i>EUCRISA OIN 2%</i>	2	ST, QL (60g every 30 days); PA**
<i>pimecrolimus cream 1%</i>	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)
<i>BRYHALI LOT 0.01%</i>	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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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	
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Drug Name	Drug Tier	Requirements/Limits
<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
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>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<i>sb lice treatment</i>	1	OTC
<i>spinosad susp 0.9%</i>	1	
DERMATOLOGY, WOUND CARE AGENTS		
<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 acetonide dental paste 0.1%</i>	1	
OTIC		
<i>acetic acid otic soln 2%</i>	1	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	

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

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<i>abacavir sulfate soln 20 mg/ml (base equiv)</i> ..	10
<i>abacavir sulfate tab 300 mg (base equiv)</i>	10
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	11
<i>abiraterone acetate tab 250 mg</i>	21
<i>abiraterone acetate tab 500 mg</i>	21
ABRYSVO INJ 120MCG	96
<i>acamprosate calcium tab delayed release 333 mg</i>	42
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<i>acarbose tab 50 mg</i>	65
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<i>acebutolol hcl cap 400 mg</i>	35
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	2
<i>acetazolamide cap er 12hr 500 mg</i>	39
<i>acetazolamide tab 125 mg</i>	39
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<i>acetic acid otic soln 2%</i>	113
<i>acetylcysteine inhal soln 10%</i>	106
<i>acetylcysteine inhal soln 20%</i>	106
<i>acitretin cap 10 mg</i>	110
<i>acitretin cap 17.5 mg</i>	110
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<i>adapalene gel 0.1%</i>	108
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<i>albuterol sulfate syrup 2 mg/5ml</i>	104
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<i>alendronate sodium tab 35 mg</i>	68
<i>alendronate sodium tab 70 mg</i>	68
<i>alfuzosin hcl tab er 24hr 10 mg</i>	84
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	39
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	39
<i>allopurinol tab 100 mg</i>	1
<i>allopurinol tab 300 mg</i>	1
<i>almotriptan malate tab 12.5 mg</i>	59
<i>almotriptan malate tab 6.25 mg</i>	59
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<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	65
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<i>alosetron hcl tab 1 mg (base equiv)</i>	82
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<i>amitriptyline hcl tab 50 mg</i>	44
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<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	29

<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>		<i>amphetamine tab extended release</i>	
.....	29	<i>disintegrating 6.3 mg</i>	55
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>		<i>amphetamine tab extended release</i>	
.....	29	<i>disintegrating 9.4 mg</i>	55
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
.....	29	<i>10 mg</i>	56
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	30	<i>amphetamine-dextroamphetamine cap er 24hr</i>	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	30	<i>15 mg</i>	56
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	30	<i>amphetamine-dextroamphetamine cap er 24hr</i>	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	30	<i>20 mg</i>	56
<i>amoxapine tab 100 mg</i>	44	<i>amphetamine-dextroamphetamine cap er 24hr</i>	
<i>amoxapine tab 150 mg</i>	44	<i>25 mg</i>	56
<i>amoxapine tab 25 mg</i>	44	<i>amphetamine-dextroamphetamine cap er 24hr</i>	
<i>amoxapine tab 50 mg</i>	44	<i>30 mg</i>	56
<i>amoxicil cap & clarithro tab & lansopraz cap dr</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
<i>500 & 500 & 30mg</i>	84	<i>5 mg</i>	56
<i>amoxicillin & k clavulanate for susp 200-28.5</i>		<i>amphetamine-dextroamphetamine tab 10 mg</i>	
<i>mg/5ml</i>	17	.....	56
<i>amoxicillin & k clavulanate for susp 250-62.5</i>		<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	
<i>mg/5ml</i>	17	.....	56
<i>amoxicillin & k clavulanate for susp 400-57</i>		<i>amphetamine-dextroamphetamine tab 15 mg</i>	
<i>mg/5ml</i>	17	.....	56
<i>amoxicillin & k clavulanate for susp 600-42.9</i>		<i>amphetamine-dextroamphetamine tab 20 mg</i>	
<i>mg/5ml</i>	17	.....	56
<i>amoxicillin & k clavulanate tab 250-125 mg</i> ..	17	<i>amphetamine-dextroamphetamine tab 30 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i> ..	17		56
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<i>amoxicillin & k clavulanate tab er 12hr 1000-</i>		<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	
<i>62.5 mg</i>	17	.....	56
<i>amoxicillin (trihydrate) cap 250 mg</i>	17	<i>amphotericin b for iv soln 50 mg</i>	9
<i>amoxicillin (trihydrate) cap 500 mg</i>	17	<i>ampicillin cap 500 mg</i>	17
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	17	<i>ampicillin sodium for inj 1 gm</i>	17
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	17	<i>ampicillin sodium for inj 2 gm</i>	17
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	17	<i>anagrelide hcl cap 0.5 mg</i>	88
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	17	<i>anagrelide hcl cap 1 mg</i>	88
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	17	<i>anastrozole tab 1 mg</i>	22
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	17	<i>ANNOVERA MIS</i>	69
<i>amoxicillin (trihydrate) tab 500 mg</i>	17	<i>antiseptic products misc - pads</i>	109
<i>amoxicillin (trihydrate) tab 875 mg</i>	17	<i>APOKYN INJ 10MG/ML</i>	47
<i>amphetamine tab extended release</i>		<i>apraclonidine hcl ophth soln 0.5% (base</i>	
<i>disintegrating 12.5 mg</i>	56	<i>equivalent)</i>	102
<i>amphetamine tab extended release</i>		<i>aprepitant capsule 125 mg</i>	80
<i>disintegrating 15.7 mg</i>	56	<i>aprepitant capsule 40 mg</i>	80
<i>amphetamine tab extended release</i>		<i>aprepitant capsule 80 mg</i>	80
<i>disintegrating 18.8 mg</i>	56	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	
<i>amphetamine tab extended release</i>		.....	80
<i>disintegrating 3.1 mg</i>	55	<i>APRETUDE SUS 600MG ER</i>	10
		<i>apri</i>	69

APTIVUS CAP 250MG	10	atenolol & chlorthalidone tab 100-25 mg	35
aranelle	69	atenolol & chlorthalidone tab 50-25 mg	35
ARANESP INJ 100MCG	87	atenolol tab 100 mg	35
ARANESP INJ 10MCG	87	atenolol tab 25 mg	35
ARANESP INJ 150MCG	87	atenolol tab 50 mg	35
ARANESP INJ 200MCG	87	atomoxetine hcl cap 10 mg (base equiv)	56
ARANESP INJ 25MCG	87	atomoxetine hcl cap 100 mg (base equiv)	56
ARANESP INJ 300MCG	87	atomoxetine hcl cap 18 mg (base equiv)	56
ARANESP INJ 40MCG	87	atomoxetine hcl cap 25 mg (base equiv)	56
ARANESP INJ 500MCG	87	atomoxetine hcl cap 40 mg (base equiv)	56
ARANESP INJ 60MCG	87	atomoxetine hcl cap 60 mg (base equiv)	56
ARCALYST INJ 220MG	95	atomoxetine hcl cap 80 mg (base equiv)	56
AREXVY INJ 120MCG	96	atorvastatin calcium tab 10 mg (base equivalent)	33
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	104	atorvastatin calcium tab 20 mg (base equivalent)	33
aripiprazole oral solution 1 mg/ml	48	atorvastatin calcium tab 40 mg (base equivalent)	33
aripiprazole orally disintegrating tab 10 mg	48	atorvastatin calcium tab 80 mg (base equivalent)	33
aripiprazole orally disintegrating tab 15 mg	48	atovaquone susp 750 mg/5ml	16
aripiprazole tab 10 mg	48	atovaquone-proguanil hcl tab 250-100 mg	10
aripiprazole tab 15 mg	49	atovaquone-proguanil hcl tab 62.5-25 mg	10
aripiprazole tab 2 mg	48	atropine sulfate ophth soln 1%	102
aripiprazole tab 20 mg	49	atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)	79
aripiprazole tab 30 mg	49	AUSTEDO TAB 12MG	60
aripiprazole tab 5 mg	48	AUSTEDO TAB 6MG	60
ARISTADA INJ 1064MG	49	AUSTEDO TAB 9MG	60
ARISTADA INJ 441MG/1	49	avanafil tab 100 mg	85
ARISTADA INJ 662MG/2	49	avanafil tab 200 mg	85
ARISTADA INJ 882MG/3	49	avanafil tab 50 mg	85
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armodafinil tab 150 mg	62	aviane	69
armodafinil tab 200 mg	62	avidoxy	18
armodafinil tab 250 mg	62	azacitidine for inj 100 mg	19
armodafinil tab 50 mg	62	AZASITE SOL 1%	100
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)	27	azathioprine tab 100 mg	95
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	27	azathioprine tab 50 mg	95
asenapine maleate sl tab 10 mg (base equiv)	49	azathioprine tab 75 mg	95
asenapine maleate sl tab 2.5 mg (base equiv)	49	azelaic acid gel 15%	113
asenapine maleate sl tab 5 mg (base equiv)	49	azelastine hcl nasal spray 0.1% (137 mcg/spray)	103
ashlyna	69	azelastine hcl ophth soln 0.05%	101
ASMANEX HFA AER 100 MCG	107	azelastine hcl-fluticasone prop nasal spray 137- 50 mcg/act	103
ASMANEX HFA AER 200 MCG	107	azithromycin for susp 100 mg/5ml	14
ASMANEX HFA AER 50MCG	107	azithromycin for susp 200 mg/5ml	14
aspirin ec adult low dose	8		
aspirin-dipyridamole cap er 12hr 25-200 mg	88		
atazanavir sulfate cap 150 mg (base equiv) ...	10		
atazanavir sulfate cap 200 mg (base equiv) ...	10		
atazanavir sulfate cap 300 mg (base equiv) ...	10		

Effective 1/1/2027.

MC8490

<i>azithromycin tab 250 mg</i>	14	<i>benztropine mesylate tab 2 mg</i>	47
<i>azithromycin tab 500 mg</i>	14	<i>bepotastine besilate ophth soln 1.5%</i>	101
<i>azithromycin tab 600 mg</i>	14	BESIVANCE SUS 0.6%	100
AZSTARYS CAP 26.1-5.2.....	56	<i>betaine powder for oral solution</i>	77
AZSTARYS CAP 39.2-7.8.....	56	<i>betamethasone dipropionate augmented cream</i>	
AZSTARYS CAP 52.3-10.....	56	0.05%.....	111
<i>aztreonam for inj 1 gm</i>	16	<i>betamethasone dipropionate augmented gel</i>	
<i>aztreonam for inj 2 gm</i>	16	0.05%.....	111
<i>azurette</i>	69	<i>betamethasone dipropionate augmented lotion</i>	
<i>bacitracin-polymyxin b ophth oint</i>	100	0.05%.....	111
<i>bacitracin-polymyxin-neomycin-hc ophth oint</i>		<i>betamethasone dipropionate augmented oint</i>	
1%	100	0.05%.....	111
<i>baclofen tab 10 mg</i>	61	<i>betamethasone dipropionate cream 0.05%...</i>	111
<i>baclofen tab 20 mg</i>	61	<i>betamethasone dipropionate lotion 0.05% ..</i>	111
<i>baclofen tab 5 mg</i>	61	<i>betamethasone valerate aerosol foam 0.12%</i>	
<i>balsalazide disodium cap 750 mg</i>	81	.....	111
BARACLUDE SOL.....	15	<i>betamethasone valerate cream 0.1% (base</i>	
BASAGLAR KWP INJ 100/ML.....	66	equivalent).....	111
BAXDELA TAB 450MG	15	<i>betamethasone valerate lotion 0.1% (base</i>	
BELBUCA MIS 150MCG.....	8	equivalent).....	111
BELBUCA MIS 300MCG.....	8	<i>betamethasone valerate oint 0.1% (base</i>	
BELBUCA MIS 450MCG.....	8	equivalent).....	111
BELBUCA MIS 600MCG.....	8	BETASERON INJ 0.3MG.....	61
BELBUCA MIS 750MCG.....	8	<i>betaxolol hcl ophth soln 0.5%</i>	101
BELBUCA MIS 75MCG	7	<i>betaxolol hcl tab 10 mg</i>	35
BELBUCA MIS 900MCG.....	8	<i>betaxolol hcl tab 20 mg</i>	35
BELSOMRA TAB 10MG.....	58	<i>bethanechol chloride tab 10 mg</i>	85
BELSOMRA TAB 15MG.....	58	<i>bethanechol chloride tab 25 mg</i>	85
BELSOMRA TAB 20MG.....	58	<i>bethanechol chloride tab 5 mg</i>	85
BELSOMRA TAB 5MG	58	<i>bethanechol chloride tab 50 mg</i>	85
<i>benazepril & hydrochlorothiazide tab 10-12.5</i>		BETOPTIC-S SUS 0.25% OP	101
mg.....	29	BEVESPI AER 9-4.8MCG	103
<i>benazepril & hydrochlorothiazide tab 20-12.5</i>		<i>bexarotene cap 75 mg</i>	27
mg.....	29	<i>bexarotene gel 1%</i>	113
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>		BEXSERO INJ	96
.....	29	BEYFORTUS INJ 100MG/ML.....	96
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>		BEYFORTUS INJ 50/0.5ML	96
.....	29	<i>bicalutamide tab 50 mg</i>	22
<i>benazepril hcl tab 10 mg</i>	29	BIJUVA CAP 0.5-100	76
<i>benazepril hcl tab 20 mg</i>	29	BIJUVA CAP 1-100MG.....	76
<i>benazepril hcl tab 40 mg</i>	29	BIKTARVY TAB	11
<i>benazepril hcl tab 5 mg</i>	29	<i>bimatoprost ophth soln 0.01%</i>	102
<i>benzonatate cap 100 mg</i>	104	<i>bisoprolol & hydrochlorothiazide tab 10-6.25</i>	
<i>benzonatate cap 200 mg</i>	104	mg	35
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	108	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25</i>	
<i>benztropine mesylate inj 1 mg/ml</i>	47	mg	35
<i>benztropine mesylate tab 0.5 mg</i>	47	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>benztropine mesylate tab 1 mg</i>	47	.....	35

<i>bisoprolol fumarate tab 10 mg</i>	35
<i>bisoprolol fumarate tab 5 mg</i>	35
<i>bleomycin sulfate for inj 15 unit</i>	19
<i>bleomycin sulfate for inj 30 unit</i>	19
<i>BOOSTRIX INJ</i>	96
<i>bosentan tab 125 mg</i>	41
<i>bosentan tab 62.5 mg</i>	41
<i>bosentan tab for oral susp 32 mg</i>	41
<i>BRAFTOVI CAP 75MG</i>	22
<i>BREO ELLIPTA INH 100-25</i>	107
<i>BREO ELLIPTA INH 200-25</i>	107
<i>BREO ELLIPTA INH 50-25MCG</i>	107
<i>breyana</i>	107
<i>BREZTRI AERO AER 18MCG</i>	103
<i>BREZTRI AERO AER 9MCG</i>	103
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	113
<i>brimonidine tartrate ophth soln 0.1%</i>	102
<i>brimonidine tartrate ophth soln 0.15%</i>	102
<i>brimonidine tartrate ophth soln 0.2%</i>	102
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	102
<i>brinzolamide ophth susp 1%</i>	102
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	101
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	47
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	47
<i>BRUKINSA CAP 80MG</i>	22
<i>BRUKINSA TAB 160MG</i>	23
<i>BRYHALI LOT 0.01%</i>	111
<i>budesonide delayed release particles cap 3 mg</i>	81
<i>budesonide inhalation susp 0.25 mg/2ml</i>	107
<i>budesonide inhalation susp 0.5 mg/2ml</i>	107
<i>budesonide inhalation susp 1 mg/2ml</i>	107
<i>budesonide tab er 24hr 9 mg</i>	81
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	107
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	107
<i>bumetanide tab 0.5 mg</i>	39
<i>bumetanide tab 1 mg</i>	39
<i>bumetanide tab 2 mg</i>	39
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i> ..	8
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	63
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	63

<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	62
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	62
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	62
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	62
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	62
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	62
<i>buprenorphine td patch weekly 10 mcg/hr</i>	8
<i>buprenorphine td patch weekly 15 mcg/hr</i>	8
<i>buprenorphine td patch weekly 20 mcg/hr</i>	8
<i>buprenorphine td patch weekly 5 mcg/hr</i>	8
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	8
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	63
<i>bupropion hcl tab 100 mg</i>	44
<i>bupropion hcl tab 75 mg</i>	44
<i>bupropion hcl tab er 12hr 100 mg</i>	44
<i>bupropion hcl tab er 12hr 150 mg</i>	44
<i>bupropion hcl tab er 12hr 200 mg</i>	44
<i>bupropion hcl tab er 24hr 150 mg</i>	44
<i>bupropion hcl tab er 24hr 300 mg</i>	44
<i>buspirone hcl tab 10 mg</i>	42
<i>buspirone hcl tab 15 mg</i>	42
<i>buspirone hcl tab 30 mg</i>	42
<i>buspirone hcl tab 5 mg</i>	42
<i>buspirone hcl tab 7.5 mg</i>	42
<i>busulfan inj 6 mg/ml</i>	18
<i>butorphanol tartrate inj 1 mg/ml</i>	2
<i>butorphanol tartrate inj 2 mg/ml</i>	2
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2
<i>CABENUVA SUS 400-600</i>	11
<i>CABENUVA SUS 600-900</i>	11
<i>cabergoline tab 0.5 mg</i>	77
<i>CABOMETYX TAB 20MG</i>	23
<i>CABOMETYX TAB 40MG</i>	23
<i>CABOMETYX TAB 60MG</i>	23
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	110
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	110
<i>calcitonin (salmon) nasal soln 200 unit/act</i> ...	68
<i>calcitriol cap 0.25 mcg</i>	79
<i>calcitriol cap 0.5 mcg</i>	79
<i>calcitriol oint 3 mcg/gm</i>	110

<i>calcitriol oral soln 1 mcg/ml</i>	79	<i>carbidopa tab 25 mg</i>	47
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	77	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	47
<i>calcium acetate (phosphate binder) tab 667 mg</i>	78	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	47
<i>CALQUENCE TAB 100MG</i>	23	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	47
<i>camila</i>	69	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	47
<i>camrese</i>	69	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	47
<i>candesartan cilexetil tab 16 mg</i>	31	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	47
<i>candesartan cilexetil tab 32 mg</i>	31	<i>carbinoxamine maleate soln 4 mg/5ml</i>	103
<i>candesartan cilexetil tab 4 mg</i>	31	<i>carbinoxamine maleate tab 4 mg</i>	103
<i>candesartan cilexetil tab 8 mg</i>	31	<i>carboplatin iv soln 150 mg/15ml</i>	28
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	30	<i>carboplatin iv soln 450 mg/45ml</i>	28
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	30	<i>carboplatin iv soln 50 mg/5ml</i>	28
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	31	<i>carboplatin iv soln 600 mg/60ml</i>	28
<i>capecitabine tab 150 mg</i>	19	<i>CARDURA XL TAB 4MG</i>	84
<i>capecitabine tab 500 mg</i>	20	<i>CARDURA XL TAB 8MG</i>	84
<i>CAPRELSA TAB 100MG</i>	23	<i>CAREFINE MIS 32GX6MM</i>	72
<i>CAPRELSA TAB 300MG</i>	23	<i>carglumic acid soluble tab 200 mg</i>	79
<i>captopril tab 100 mg</i>	29	<i>carisoprodol tab 350 mg</i>	61
<i>captopril tab 12.5 mg</i>	29	<i>carmustine for inj 100 mg</i>	18
<i>captopril tab 25 mg</i>	29	<i>carteolol hcl ophth soln 1%</i>	101
<i>captopril tab 50 mg</i>	29	<i>cartia xt</i>	37
<i>CAPVAXIVE INJ 0.5ML</i>	97	<i>carvedilol phosphate cap er 24hr 10 mg</i>	36
<i>carbamazepine cap er 12hr 100 mg</i>	52	<i>carvedilol phosphate cap er 24hr 20 mg</i>	36
<i>carbamazepine cap er 12hr 200 mg</i>	52	<i>carvedilol phosphate cap er 24hr 40 mg</i>	36
<i>carbamazepine cap er 12hr 300 mg</i>	52	<i>carvedilol phosphate cap er 24hr 80 mg</i>	36
<i>carbamazepine chew tab 100 mg</i>	52	<i>carvedilol tab 12.5 mg</i>	36
<i>carbamazepine chew tab 200 mg</i>	52	<i>carvedilol tab 25 mg</i>	36
<i>carbamazepine susp 100 mg/5ml</i>	52	<i>carvedilol tab 3.125 mg</i>	36
<i>carbamazepine tab 200 mg</i>	52	<i>carvedilol tab 6.25 mg</i>	36
<i>carbamazepine tab er 12hr 100 mg</i>	52	<i>CAYA DPR</i>	69
<i>carbamazepine tab er 12hr 200 mg</i>	52	<i>CAYSTON INH 75MG</i>	105
<i>carbamazepine tab er 12hr 400 mg</i>	52	<i>cefaclor cap 250 mg</i>	13
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	47	<i>cefaclor cap 500 mg</i>	13
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	47	<i>cefaclor for susp 250 mg/5ml</i>	13
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	47	<i>cefadroxil cap 500 mg</i>	13
<i>carbidopa & levodopa tab 10-100 mg</i>	47	<i>cefadroxil for susp 250 mg/5ml</i>	13
<i>carbidopa & levodopa tab 25-100 mg</i>	47	<i>cefadroxil for susp 500 mg/5ml</i>	13
<i>carbidopa & levodopa tab 25-250 mg</i>	47	<i>cefadroxil tab 1 gm</i>	13
<i>carbidopa & levodopa tab er 25-100 mg</i>	47	<i>cefazolin sodium for inj 1 gm</i>	13
<i>carbidopa & levodopa tab er 50-200 mg</i>	47	<i>cefdinir cap 300 mg</i>	13
		<i>cefdinir for susp 125 mg/5ml</i>	13
		<i>cefdinir for susp 250 mg/5ml</i>	13

<i>cefepime hcl for inj 1 gm</i>	13	<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	63
<i>cefepime hcl for iv soln 2 gm</i>	13	<i>chlorhexidine gluconate soln 0.12%</i>	113
<i>cefixime cap 400 mg</i>	13	<i>chloroquine phosphate tab 250 mg</i>	10
<i>cefixime for susp 100 mg/5ml</i>	13	<i>chloroquine phosphate tab 500 mg</i>	10
<i>cefixime for susp 200 mg/5ml</i>	13	<i>chlorpromazine hcl inj 25 mg/ml</i>	49
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	13	<i>chlorpromazine hcl inj 50 mg/2ml</i>	49
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	13	<i>chlorpromazine hcl tab 10 mg</i>	49
<i>cefpodoxime proxetil tab 100 mg</i>	13	<i>chlorpromazine hcl tab 100 mg</i>	49
<i>cefpodoxime proxetil tab 200 mg</i>	13	<i>chlorpromazine hcl tab 200 mg</i>	49
<i>cefprozil for susp 125 mg/5ml</i>	13	<i>chlorpromazine hcl tab 25 mg</i>	49
<i>cefprozil for susp 250 mg/5ml</i>	13	<i>chlorpromazine hcl tab 50 mg</i>	49
<i>cefprozil tab 250 mg</i>	13	<i>chlorthalidone tab 25 mg</i>	39
<i>cefprozil tab 500 mg</i>	13	<i>chlorthalidone tab 50 mg</i>	39
<i>ceftazidime for iv soln 2 gm</i>	14	<i>chlorzoxazone tab 500 mg</i>	61
<i>ceftriaxone sodium for inj 1 gm</i>	14	<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	99
<i>ceftriaxone sodium for inj 10 gm</i>	14	<i>cholestyramine light powder 4 gm/dose</i>	33
<i>ceftriaxone sodium for inj 2 gm</i>	14	<i>cholestyramine light powder packets 4 gm</i>	33
<i>ceftriaxone sodium for inj 250 mg</i>	14	<i>cholestyramine powder 4 gm/dose</i>	33
<i>ceftriaxone sodium for inj 500 mg</i>	14	<i>cholestyramine powder packets 4 gm</i>	33
<i>ceftriaxone sodium for iv soln 2 gm</i>	14	<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	33
<i>cefuroxime axetil tab 250 mg</i>	14	<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	33
<i>cefuroxime axetil tab 500 mg</i>	14	CHOR GONADOT INJ 10000UNT	77
<i>celecoxib cap 100 mg</i>	1	<i>ciclopirox gel 0.77%</i>	109
<i>celecoxib cap 200 mg</i>	1	<i>ciclopirox olamine cream 0.77% (base equiv)</i>	109
<i>celecoxib cap 50 mg</i>	1	<i>ciclopirox olamine susp 0.77% (base equiv)</i> ..	109
<i>cephalexin cap 250 mg</i>	14	<i>ciclopirox shampoo 1%</i>	109
<i>cephalexin cap 500 mg</i>	14	<i>ciclopirox solution 8%</i>	109
<i>cephalexin cap 750 mg</i>	14	<i>cidofovir iv inj 75 mg/ml</i>	12
<i>cephalexin for susp 125 mg/5ml</i>	14	<i>cilostazol tab 100 mg</i>	88
<i>cephalexin for susp 250 mg/5ml</i>	14	<i>cilostazol tab 50 mg</i>	88
<i>cephalexin tab 250 mg</i>	14	CIMDUO TAB 300-300	11
<i>cephalexin tab 500 mg</i>	14	<i>cimetidine tab 200 mg</i>	81
CERDELGA CAP 84MG.....	76	<i>cimetidine tab 300 mg</i>	81
<i>cevimeline hcl cap 30 mg</i>	113	<i>cimetidine tab 400 mg</i>	81
<i>chateal eq</i>	69	<i>cimetidine tab 800 mg</i>	81
CHEMET CAP 100MG.....	69	CIMZIA 1-SYR INJ 200MG/ML.....	90
CHEMSTRIP 10 TES MD.....	72	CIMZIA START KIT 200MG/ML.....	90
CHEMSTRIP 2 TES GP.....	72	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	68
CHEMSTRIP 5 TES OB.....	72	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	68
CHEMSTRIP 7 TES	72	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	68
CHEMSTRIP 9 TES STRIPS	72	CIPRO (10%) SUS 500MG/5	15
CHEMSTRIP K TES.....	72	<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	100
CHEMSTRIP TES -10 SG.....	72	<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	113
CHEMSTRIP TES UGK.....	72		
<i>chlordiazepoxide hcl cap 10 mg</i>	42		
<i>chlordiazepoxide hcl cap 25 mg</i>	43		
<i>chlordiazepoxide hcl cap 5 mg</i>	42		
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	63		

Effective 1/1/2027.

MC8490

<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	<i>15</i>	<i>clobetasol propionate cream 0.05%.....</i>	<i>111</i>
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	<i>15</i>	<i>clobetasol propionate emo</i>	<i>111</i>
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	<i>15</i>	<i>clobetasol propionate foam 0.05%</i>	<i>111</i>
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	<i>113</i>	<i>clobetasol propionate gel 0.05%</i>	<i>111</i>
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	<i>114</i>	<i>clobetasol propionate lotion 0.05%.....</i>	<i>111</i>
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	<i>28</i>	<i>clobetasol propionate oint 0.05%</i>	<i>111</i>
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	<i>28</i>	<i>clobetasol propionate shampoo 0.05%</i>	<i>111</i>
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	<i>28</i>	<i>clobetasol propionate soln 0.05%</i>	<i>111</i>
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	<i>44</i>	<i>clobetasol propionate spray 0.05%</i>	<i>111</i>
<i>citalopram hydrobromide tab 10 mg (base equiv).....</i>	<i>44</i>	<i>clonazepam pivalate cream 0.1%.....</i>	<i>111</i>
<i>citalopram hydrobromide tab 20 mg (base equiv).....</i>	<i>44</i>	<i>clofarabine iv soln 1 mg/ml.....</i>	<i>20</i>
<i>citalopram hydrobromide tab 40 mg (base equiv).....</i>	<i>44</i>	<i>clomipramine hcl cap 25 mg.....</i>	<i>43</i>
<i>cladribine iv soln 10 mg/10ml (1 mg/ml).....</i>	<i>20</i>	<i>clomipramine hcl cap 50 mg.....</i>	<i>43</i>
<i>clarithromycin for susp 125 mg/5ml</i>	<i>14</i>	<i>clomipramine hcl cap 75 mg.....</i>	<i>43</i>
<i>clarithromycin for susp 250 mg/5ml</i>	<i>14</i>	<i>clonazepam tab 0.5 mg</i>	<i>52</i>
<i>clarithromycin tab 250 mg</i>	<i>14</i>	<i>clonazepam tab 1 mg</i>	<i>52</i>
<i>clarithromycin tab 500 mg</i>	<i>14</i>	<i>clonazepam tab 2 mg</i>	<i>52</i>
<i>clarithromycin tab er 24hr 500 mg</i>	<i>14</i>	<i>clonidine hcl tab 0.1 mg</i>	<i>40</i>
<i>clemastine fumarate tab 2.68 mg</i>	<i>103</i>	<i>clonidine hcl tab 0.2 mg</i>	<i>40</i>
<i>CLENPIQ SOL</i>	<i>82</i>	<i>clonidine hcl tab 0.3 mg</i>	<i>40</i>
<i>CLEOCIN SUP 100MG</i>	<i>85</i>	<i>clonidine td patch weekly 0.1 mg/24hr.....</i>	<i>40</i>
<i>CLIMARA PRO DIS WEEKLY</i>	<i>76</i>	<i>clonidine td patch weekly 0.2 mg/24hr.....</i>	<i>40</i>
<i>clindamycin hcl cap 150 mg</i>	<i>16</i>	<i>clonidine td patch weekly 0.3 mg/24hr.....</i>	<i>40</i>
<i>clindamycin hcl cap 300 mg</i>	<i>16</i>	<i>clopidogrel bisulfate tab 300 mg (base equiv) ..</i>	<i>88</i>
<i>clindamycin hcl cap 75 mg</i>	<i>16</i>	<i>clopidogrel bisulfate tab 75 mg (base equiv) ..</i>	<i>88</i>
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....</i>	<i>16</i>	<i>clorazepate dipotassium tab 15 mg</i>	<i>52</i>
<i>clindamycin phosphate foam 1%</i>	<i>108</i>	<i>clorazepate dipotassium tab 3.75 mg</i>	<i>52</i>
<i>clindamycin phosphate gel 1% (twice-daily) ..</i>	<i>108</i>	<i>clorazepate dipotassium tab 7.5 mg</i>	<i>52</i>
<i>clindamycin phosphate lotion 1%.....</i>	<i>108</i>	<i>clotrimazole cream 1%.....</i>	<i>109</i>
<i>clindamycin phosphate soln 1%</i>	<i>108</i>	<i>clotrimazole soln 1%</i>	<i>109</i>
<i>clindamycin phosphate swab 1%</i>	<i>108</i>	<i>clotrimazole troche 10 mg</i>	<i>113</i>
<i>clindamycin phosphate vaginal cream 2%</i>	<i>85</i>	<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	<i>109</i>
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%.....</i>	<i>108</i>	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	<i>109</i>
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	<i>108</i>	<i>clozapine orally disintegrating tab 100 mg....</i>	<i>49</i>
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....</i>	<i>108</i>	<i>clozapine orally disintegrating tab 12.5 mg....</i>	<i>49</i>
<i>clobazam suspension 2.5 mg/ml</i>	<i>52</i>	<i>clozapine orally disintegrating tab 150 mg....</i>	<i>49</i>
<i>clobazam tab 10 mg.....</i>	<i>52</i>	<i>clozapine orally disintegrating tab 200 mg....</i>	<i>49</i>
<i>clobazam tab 20 mg.....</i>	<i>52</i>	<i>clozapine orally disintegrating tab 25 mg</i>	<i>49</i>
		<i>clozapine tab 100 mg</i>	<i>49</i>
		<i>clozapine tab 200 mg</i>	<i>49</i>
		<i>clozapine tab 25 mg</i>	<i>49</i>
		<i>clozapine tab 50 mg</i>	<i>49</i>
		<i>COARTEM TAB 20-120MG</i>	<i>10</i>
		<i>COBENFY CAP 100-20MG</i>	<i>49</i>
		<i>COBENFY CAP 125-30MG.....</i>	<i>49</i>
		<i>COBENFY CAP 50-20MG.....</i>	<i>49</i>

COBENFY STRT CAP PACK.....	49	<i>cvs ivermectin lice treat</i>	113
CODEINE SULF TAB 60MG.....	2	CVS KETONE TES CARE.....	72
<i>codeine sulfate tab 30 mg</i>	2	<i>cvs sleep-aid nighttime</i>	58
<i>colchicine tab 0.6 mg</i>	1	<i>cyanocobalamin inj 1000 mcg/ml</i>	99
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	<i>cyclobenzaprine hcl tab 10 mg</i>	61
<i>colesevelam hcl packet for susp 3.75 gm</i>	33	<i>cyclobenzaprine hcl tab 5 mg</i>	61
<i>colesevelam hcl tab 625 mg</i>	33	<i>cyclophosphamide cap 25 mg</i>	18
<i>colestipol hcl granule packets 5 gm</i>	33	<i>cyclophosphamide cap 50 mg</i>	19
<i>colestipol hcl granules 5 gm</i>	33	<i>cyclophosphamide for inj 1 gm</i>	19
<i>colestipol hcl tab 1 gm</i>	33	<i>cyclophosphamide for inj 2 gm</i>	19
COMETRIQ KIT 100MG.....	23	<i>cyclophosphamide for inj 500 mg</i>	19
COMETRIQ KIT 140MG.....	23	<i>cycloserine cap 250 mg</i>	12
COMETRIQ KIT 60MG.....	23	<i>cyclosporine (ophth) emulsion 0.05% (pf)</i>	102
COMIRNATY 5- INJ 11/25-26.....	97	<i>cyclosporine cap 100 mg</i>	95
COMIRNATY INJ 30/.3ML.....	97	<i>cyclosporine cap 25 mg</i>	95
<i>compro</i>	80	<i>cyclosporine modified cap 100 mg</i>	95
CONDOMS MIS.....	69	<i>cyclosporine modified cap 25 mg</i>	95
CORLANOR SOL 5MG/5ML.....	40	<i>cyclosporine modified cap 50 mg</i>	95
CORTIFOAM AER 90MG.....	81	<i>cyclosporine modified oral soln 100 mg/ml</i>	95
CORTISPORIN SUS -TC OTIC.....	114	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	103
CORTROPHIN INJ 40/0.5ML.....	77	<i>cyproheptadine hcl tab 4 mg</i>	103
CORTROPHIN INJ 80UNT/ML.....	77	CYSTAGON CAP 150MG.....	77
COSENTYX INJ 125/5ML.....	89	CYSTAGON CAP 50MG.....	77
COSENTYX INJ 150MG/ML.....	90	CYSTARAN SOL 0.44%.....	102
COSENTYX INJ 300DOSE.....	90	<i>cytarabine inj 20 mg/ml</i>	20
COSENTYX INJ 75MG/0.5.....	90	<i>cytarabine inj pf 100 mg/ml</i>	20
COSENTYX PEN INJ 150MG/ML.....	90	<i>cytarabine inj pf 20 mg/ml</i>	20
COSENTYX PEN INJ 300DOSE.....	90	<i>dabigatran etexilate mesylate cap 110 mg</i> (<i>etexilate base eq</i>).....	86
COSENTYX UNO INJ 300/2ML.....	90	<i>dabigatran etexilate mesylate cap 150 mg</i> (<i>etexilate base eq</i>).....	86
CREON CAP 12000UNT.....	83	<i>dabigatran etexilate mesylate cap 75 mg</i> (<i>etexilate base eq</i>).....	86
CREON CAP 24000UNT.....	83	<i>dacarbazine for inj 100 mg</i>	19
CREON CAP 3000UNIT.....	83	<i>dacarbazine for inj 200 mg</i>	19
CREON CAP 36000UNT.....	83	<i>dalfampridine tab er 12hr 10 mg</i>	61
CREON CAP 6000UNIT.....	83	<i>danazol cap 100 mg</i>	73
CRESEMBA CAP 186MG.....	9	<i>danazol cap 200 mg</i>	73
CRESEMBA CAP 74.5MG.....	9	<i>danazol cap 50 mg</i>	73
CRINONE GEL 4% VAG.....	78	<i>dantrolene sodium cap 100 mg</i>	61
CRINONE GEL 8% VAG.....	78	<i>dantrolene sodium cap 25 mg</i>	61
<i>cromolyn sodium ophth soln 4%</i>	101	<i>dantrolene sodium cap 50 mg</i>	61
<i>cromolyn sodium oral conc 100 mg/5ml</i>	82	<i>dapsone tab 100 mg</i>	16
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	106	<i>dapsone tab 25 mg</i>	16
<i>crotan</i>	113	DAPTACEL INJ.....	97
CUTAQUIG SOL 1.65GM.....	95	<i>darifenacin hydrobromide tab er 24hr 15 mg</i> (<i>base equiv</i>).....	85
CUTAQUIG SOL 1GM.....	95		
CUTAQUIG SOL 2GM.....	95		
CUTAQUIG SOL 3.3GM.....	95		
CUTAQUIG SOL 4GM.....	95		
CUTAQUIG SOL 8GM.....	95		

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	85	<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	79
<i>darunavir tab 600 mg</i>	10	<i>desmopressin acetate tab 0.1 mg</i>	79
<i>darunavir tab 800 mg</i>	10	<i>desmopressin acetate tab 0.2 mg</i>	79
<i>dasatinib tab 100 mg</i>	23	<i>desonide cream 0.05%</i>	111
<i>dasatinib tab 140 mg</i>	23	<i>desonide lotion 0.05%</i>	111
<i>dasatinib tab 20 mg</i>	23	<i>desonide oint 0.05%</i>	111
<i>dasatinib tab 50 mg</i>	23	<i>desoximetasone cream 0.05%</i>	111
<i>dasatinib tab 70 mg</i>	23	<i>desoximetasone cream 0.25%</i>	111
<i>dasatinib tab 80 mg</i>	23	<i>desoximetasone gel 0.05%</i>	111
<i>dasetta 1/35</i>	69	<i>desoximetasone oint 0.25%</i>	111
<i>dasetta 7/7/7</i>	69	<i>desoximetasone spray 0.25%</i>	111
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	19	<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	44
<i>DAYVIGO TAB 10MG</i>	58	<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	44
<i>DAYVIGO TAB 5MG</i>	58	<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	44
<i>decitabine for inj 50 mg</i>	20	<i>DEXAMETHASON CON 1MG/ML</i>	74
<i>deferiprone tab 1000 mg</i>	69	<i>dexamethasone elixir 0.5 mg/5ml</i>	74
<i>deferiprone tab 500 mg</i>	69	<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	74
<i>deflazacort susp 22.75 mg/ml</i>	74	<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	74
<i>deflazacort tab 18 mg</i>	74	<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	74
<i>deflazacort tab 30 mg</i>	74	<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	74
<i>deflazacort tab 36 mg</i>	74	<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	74
<i>deflazacort tab 6 mg</i>	74	<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	74
<i>DELSTRIGO TAB</i>	11	<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	74
<i>delyla</i>	69	<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	101
<i>demeclocycline hcl tab 150 mg</i>	18	<i>dexamethasone soln 0.5 mg/5ml</i>	74
<i>demeclocycline hcl tab 300 mg</i>	18	<i>dexamethasone tab 0.5 mg</i>	74
<i>DENG VAXIA SUS</i>	97	<i>dexamethasone tab 0.75 mg</i>	74
<i>DEPO-ESTRADI INJ 5MG/ML</i>	76	<i>dexamethasone tab 1 mg</i>	74
<i>DEPO-MEDROL INJ 20MG/ML</i>	74	<i>dexamethasone tab 1.5 mg</i>	74
<i>DEPO-SQ PROV INJ 104</i>	69	<i>dexamethasone tab 2 mg</i>	74
<i>DESCOVY TAB 120-15MG</i>	11	<i>dexamethasone tab 4 mg</i>	74
<i>DESCOVY TAB 200/25MG</i>	11	<i>dexamethasone tab 6 mg</i>	74
<i>desipramine hcl tab 10 mg</i>	44	<i>DEXCOM G6 MIS RECEIVER</i>	72
<i>desipramine hcl tab 100 mg</i>	44	<i>DEXCOM G6 MIS SENSOR</i>	72
<i>desipramine hcl tab 150 mg</i>	44	<i>DEXCOM G6 MIS TRANSMIT</i>	73
<i>desipramine hcl tab 25 mg</i>	44	<i>DEXCOM G7 MIS RECEIVER</i>	73
<i>desipramine hcl tab 50 mg</i>	44		
<i>desipramine hcl tab 75 mg</i>	44		
<i>desloratadine tab 5 mg</i>	103		
<i>desloratadine tab orally disintegrating 2.5 mg</i>	103		
<i>desloratadine tab orally disintegrating 5 mg</i>	103		
<i>desmopressin acetate inj 4 mcg/ml</i>	79		
<i>desmopressin acetate nasal spray soln 0.01%</i>	79		
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	79		

DEXCOM G7 MIS SENSOR	73	diazepam oral soln 1 mg/ml.....	52
DEXCOM G7 MIS SNSR 15D.....	73	diazepam tab 10 mg	52
dexmethylphenidate hcl cap er 24 hr 10 mg ...	56	diazepam tab 2 mg	52
dexmethylphenidate hcl cap er 24 hr 15 mg ...	56	diazepam tab 5 mg	52
dexmethylphenidate hcl cap er 24 hr 20 mg ...	56	diclofenac potassium tab 50 mg	1
dexmethylphenidate hcl cap er 24 hr 25 mg ...	56	diclofenac sodium (actinic keratoses) gel 3%	109
dexmethylphenidate hcl cap er 24 hr 30 mg ...	56	diclofenac sodium gel 1% (1.16% diethylamine equiv).....	1
dexmethylphenidate hcl cap er 24 hr 35 mg ...	56	diclofenac sodium ophth soln 0.1%	101
dexmethylphenidate hcl cap er 24 hr 40 mg ...	56	diclofenac sodium tab delayed release 25 mg....	1
dexmethylphenidate hcl cap er 24 hr 5 mg.....	56	diclofenac sodium tab delayed release 50 mg....	1
dexmethylphenidate hcl tab 10 mg.....	56	diclofenac sodium tab delayed release 75 mg....	1
dexmethylphenidate hcl tab 2.5 mg.....	56	diclofenac sodium tab er 24hr 100 mg.....	1
dexmethylphenidate hcl tab 5 mg.....	56	diclofenac w/ misoprostol tab delayed release 50-0.2 mg	2
dexrazoxane hcl for inj 250 mg (base equivalent)	28	diclofenac w/ misoprostol tab delayed release 75-0.2 mg	2
dexrazoxane hcl for inj 500 mg (base equivalent)	28	dicloxacin sodium cap 250 mg.....	17
dextroamphetamine sulfate cap er 24hr 10 mg	57	dicloxacin sodium cap 500 mg.....	18
dextroamphetamine sulfate cap er 24hr 15 mg	57	dicyclomine hcl cap 10 mg	79
dextroamphetamine sulfate cap er 24hr 5 mg	56	dicyclomine hcl inj 10 mg/ml.....	79
dextroamphetamine sulfate oral solution 5 mg/5ml.....	57	dicyclomine hcl oral soln 10 mg/5ml.....	79
dextroamphetamine sulfate tab 10 mg	57	dicyclomine hcl tab 20 mg	80
dextroamphetamine sulfate tab 15 mg	57	DIFICID SUS.....	14
dextroamphetamine sulfate tab 20 mg	57	diflorasone diacetate cream 0.05%	111
dextroamphetamine sulfate tab 30 mg	57	diflorasone diacetate oint 0.05%.....	111
dextroamphetamine sulfate tab 5 mg.....	57	diflunisal tab 500 mg	8
DIASCREEN 10 MIS	73	difluprednate ophth emulsion 0.05%.....	101
DIASCREEN 3 MIS.....	73	digoxin oral soln 0.05 mg/ml.....	38
DIASCREEN 5 MIS.....	73	digoxin tab 125 mcg (0.125 mg).....	39
DIASCREEN 6 MIS.....	73	digoxin tab 250 mcg (0.25 mg)	39
DIASCREEN 7 MIS.....	73	digoxin tab 62.5 mcg (0.0625 mg)	39
DIASCREEN 8 MIS.....	73	dihydroergotamine mesylate inj 1 mg/ml.....	59
DIASCREEN 9 MIS.....	73	DILANTIN CAP 30MG	52
DIASCREEN MIS 1B.....	73	diltiazem hcl cap er 12hr 120 mg.....	37
DIASCREEN MIS 1G.....	73	diltiazem hcl cap er 12hr 60 mg	37
DIASCREEN MIS 1K.....	73	diltiazem hcl cap er 12hr 90 mg	37
DIASCREEN MIS 2GK.....	73	diltiazem hcl coated beads cap er 24hr 120 mg	37
DIASCREEN MIS 2GP	73	diltiazem hcl coated beads cap er 24hr 180 mg	37
DIASCREEN MIS 4NL	73	diltiazem hcl coated beads cap er 24hr 240 mg	37
DIASCREEN MIS 4OBL	73	diltiazem hcl coated beads cap er 24hr 300 mg	37
DIASCREEN MIS 4PH.....	73	diltiazem hcl coated beads cap er 24hr 360 mg	37
DIASCREEN MIS CONTROL	73		
DIASTIX TES STRIPS.....	73		
diazepam inj 5 mg/ml	52		
diazepam intensol.....	52		

<i>diltiazem hcl extended release beads cap er</i>		<i>divalproex sodium tab er 24 hr 500 mg</i>	53
24hr 120 mg.....	37	<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	
<i>diltiazem hcl extended release beads cap er</i>		.....	27
24hr 180 mg.....	37	<i>docetaxel for inj conc 20 mg/ml</i>	27
<i>diltiazem hcl extended release beads cap er</i>		<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	27
24hr 240 mg.....	37	<i>docetaxel soln for iv infusion 160 mg/16ml</i>	27
<i>diltiazem hcl extended release beads cap er</i>		<i>docetaxel soln for iv infusion 20 mg/2ml</i>	27
24hr 300 mg.....	37	<i>docetaxel soln for iv infusion 80 mg/8ml</i>	27
<i>diltiazem hcl extended release beads cap er</i>		<i>dofetilide cap 125 mcg (0.125 mg)</i>	32
24hr 360 mg.....	38	<i>dofetilide cap 250 mcg (0.25 mg)</i>	32
<i>diltiazem hcl extended release beads cap er</i>		<i>dofetilide cap 500 mcg (0.5 mg)</i>	32
24hr 420 mg.....	38	<i>donepezil hydrochloride orally disintegrating</i>	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	38	tab 10 mg.....	43
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	38	<i>donepezil hydrochloride orally disintegrating</i>	
<i>diltiazem hcl tab 120 mg</i>	38	tab 5 mg.....	43
<i>diltiazem hcl tab 30 mg</i>	38	<i>donepezil hydrochloride tab 10 mg</i>	43
<i>diltiazem hcl tab 60 mg</i>	38	<i>donepezil hydrochloride tab 23 mg</i>	43
<i>diltiazem hcl tab 90 mg</i>	38	<i>donepezil hydrochloride tab 5 mg</i>	43
<i>diltiazem hcl tab er 24hr 120 mg</i>	38	DOPTELET SPR CAP 10MG.....	89
<i>dilt-xr</i>	37	DOPTELET TAB 20MG (10 TABLETS)	89
<i>dimethyl fumarate capsule delayed release 120</i>		DOPTELET TAB 20MG (15 TABLETS)	89
mg.....	61	DOPTELET TAB 20MG (30 TABLETS)	89
<i>dimethyl fumarate capsule delayed release 240</i>		<i>dorzolamide hcl ophth soln 2%</i>	102
mg.....	61	<i>dorzolamide hcl-timolol maleate ophth soln 2-</i>	
<i>dimethyl fumarate capsule dr starter pack 120</i>		0.5%	102
mg & 240 mg.....	61	DOVATO TAB 50-300MG.....	11
DIPENTUM CAP 250MG.....	81	<i>doxazosin mesylate tab 1 mg</i>	84
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	103	<i>doxazosin mesylate tab 2 mg</i>	84
<i>diphenhydramine hcl inj 50 mg/ml</i>	103	<i>doxazosin mesylate tab 4 mg</i>	84
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>		<i>doxazosin mesylate tab 8 mg</i>	84
.....	80	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	58
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg.</i>	80	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	58
<i>dipyridamole tab 25 mg</i>	88	<i>doxepin hcl cap 10 mg</i>	44
<i>dipyridamole tab 50 mg</i>	88	<i>doxepin hcl cap 100 mg</i>	44
<i>dipyridamole tab 75 mg</i>	88	<i>doxepin hcl cap 150 mg</i>	45
<i>disopyramide phosphate cap 100 mg</i>	32	<i>doxepin hcl cap 25 mg</i>	44
<i>disopyramide phosphate cap 150 mg</i>	32	<i>doxepin hcl cap 50 mg</i>	44
<i>disulfiram tab 250 mg</i>	42	<i>doxepin hcl cap 75 mg</i>	44
<i>disulfiram tab 500 mg</i>	42	<i>doxepin hcl conc 10 mg/ml</i>	45
<i>divalproex sodium cap delayed release sprinkle</i>		<i>doxepin hcl cream 5%</i>	110
125 mg	52	<i>doxercalciferol cap 0.5 mcg</i>	79
<i>divalproex sodium tab delayed release 125 mg</i>		<i>doxercalciferol cap 1 mcg</i>	79
.....	52	<i>doxercalciferol cap 2.5 mcg</i>	79
<i>divalproex sodium tab delayed release 250 mg</i>		<i>doxorubicin hcl for inj 10 mg</i>	19
.....	52	<i>doxorubicin hcl inj 2 mg/ml</i>	19
<i>divalproex sodium tab delayed release 500 mg</i>		<i>doxorubicin hcl liposomal susp (for iv infusion)</i>	
.....	52	2 mg/ml	19
<i>divalproex sodium tab er 24 hr 250 mg</i>	52	<i>doxy 100</i>	18

<i>doxycycline hyclate cap 100 mg</i>	18	<i>ELESTRIN GEL 0.06%</i>	76
<i>doxycycline hyclate cap 50 mg</i>	18	<i>eletriptan hydrobromide tab 20 mg (base</i>	
<i>doxycycline hyclate for inj 100 mg</i>	18	<i>equivalent)</i>	59
<i>doxycycline hyclate tab 100 mg</i>	18	<i>eletriptan hydrobromide tab 40 mg (base</i>	
<i>doxycycline hyclate tab 20 mg</i>	18	<i>equivalent)</i>	59
<i>doxycycline monohydrate cap 100 mg</i>	18	ELIGARD INJ 22.5MG	22
<i>doxycycline monohydrate cap 50 mg</i>	18	ELIGARD INJ 30MG.....	22
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	18	ELIGARD INJ 45MG.....	22
<i>doxycycline monohydrate tab 150 mg</i>	18	ELIGARD INJ 7.5MG.....	22
<i>doxycycline monohydrate tab 50 mg</i>	18	<i>elinst</i>	69
<i>doxycycline monohydrate tab 75 mg</i>	18	ELIQUIS CAP 0.15MG	86
<i>dronabinol cap 10 mg</i>	80	ELIQUIS ST P TAB 5MG.....	86
<i>dronabinol cap 2.5 mg</i>	80	ELIQUIS TAB 0.5MG	86
<i>dronabinol cap 5 mg</i>	80	ELIQUIS TAB 1.5MG	86
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	69	ELIQUIS TAB 2.5MG	86
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	69	ELIQUIS TAB 2MG.....	86
<i>drospirenone-ethinyl estrad-levomefolate tab 3-</i>		ELIQUIS TAB 5MG.....	86
<i>0.02-0.451 mg</i>	69	<i>elite-ob</i>	99
<i>drospirenone-ethinyl estrad-levomefolate tab 3-</i>		ELLA TAB 30MG	69
<i>0.03-0.451 mg</i>	69	ELMIRON CAP 100MG.....	85
DROXIA CAP 200MG	88	EMGALITY INJ 100MG/ML.....	59
DROXIA CAP 300MG	88	EMGALITY INJ 120MG/ML.....	59
DROXIA CAP 400MG	88	EMSAM DIS 12MG/24H	45
DUAVEE TAB 0.45-20.....	76	EMSAM DIS 6MG/24HR.....	45
<i>duloxetine hcl enteric coated pellets cap 20 mg</i>		EMSAM DIS 9MG/24HR.....	45
<i>(base eq)</i>	45	<i>emtricitabine caps 200 mg</i>	10
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>		<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
<i>(base eq)</i>	45	<i>100-150 mg</i>	12
<i>duloxetine hcl enteric coated pellets cap 60 mg</i>		<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
<i>(base eq)</i>	45	<i>133-200 mg</i>	12
DUPIXENT INJ 200/1.14	110	<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
DUPIXENT INJ 200MG.....	107	<i>167-250 mg</i>	12
DUPIXENT INJ 300/2ML	107, 110	<i>emtricitabine-tenofovir disoproxil fumarate tab</i>	
DUREX MIS REALFEEL.....	69	<i>200-300 mg</i>	12
<i>dutasteride cap 0.5 mg</i>	84	EMTRIVA SOL 10MG/ML	10
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	84	EMVERM CHW 100MG.....	9
<i>e.e.s. 400</i>	14	<i>enalapril maleate & hydrochlorothiazide tab</i>	
EBGLYSS INJ 250/2ML.....	110	<i>10-25 mg</i>	29
<i>econazole nitrate cream 1%</i>	109	<i>enalapril maleate & hydrochlorothiazide tab 5-</i>	
EDURANT PED TAB 2.5MG	10	<i>12.5 mg</i>	29
<i>efavirenz tab 600 mg</i>	10	<i>enalapril maleate tab 10 mg</i>	29
<i>efavirenz-emtricitabine-tenofovir df tab 600-</i>		<i>enalapril maleate tab 2.5 mg</i>	29
<i>200-300 mg</i>	11	<i>enalapril maleate tab 20 mg</i>	29
<i>efavirenz-lamivudine-tenofovir df tab 400-300-</i>		<i>enalapril maleate tab 5 mg</i>	29
<i>300 mg</i>	11	ENBREL INJ 25/0.5ML	90
<i>efavirenz-lamivudine-tenofovir df tab 600-300-</i>		ENBREL INJ 25MG	91
<i>300 mg</i>	11	ENBREL INJ 50MG/ML.....	91
EFFER-K TAB 25MEQ EF.....	98	ENBREL MINI INJ 50MG/ML	91

ENBREL SRCLK INJ 50MG/ML.....	91	eplerenone tab 50 mg	30
ENCARE SUP 100MG.....	84	eq urinary pain relief.....	85
endocet tab 10-325mg	3	ERBITUX INJ 100MG	21
endocet tab 2.5-325.....	2	ERBITUX INJ 200MG	21
endocet tab 5-325mg.....	3	ergocalciferol cap 1.25 mg (50000 unit)	99
endocet tab 7.5-325.....	3	ERGOMAR SUB 2MG.....	59
ENFLONSIA INJ 105MG	96	ergotamine w/ caffeine tab 1-100 mg	59
ENERIX-B INJ 10/0.5ML.....	97	ERIVEDGE CAP 150MG	21
ENERIX-B INJ 20MCG/ML.....	97	ERLEADA TAB 240MG	22
enoxaparin sodium inj 300 mg/3ml.....	86	ERLEADA TAB 60MG	22
enoxaparin sodium inj soln pref syr 100 mg/ml	86	erlotinib hcl tab 100 mg (base equivalent)	23
enoxaparin sodium inj soln pref syr 120 mg/0.8ml.....	86	erlotinib hcl tab 150 mg (base equivalent)	23
enoxaparin sodium inj soln pref syr 150 mg/ml	86	erlotinib hcl tab 25 mg (base equivalent)	23
enoxaparin sodium inj soln pref syr 30 mg/0.3ml.....	86	errin	69
enoxaparin sodium inj soln pref syr 40 mg/0.4ml.....	86	ERTACZO CRE 2%.....	109
enoxaparin sodium inj soln pref syr 60 mg/0.6ml.....	86	ertapenem sodium for inj 1 gm (base equivalent).....	16
enoxaparin sodium inj soln pref syr 80 mg/0.8ml.....	86	ery.....	108
enskyce.....	69	erythromycin ethylsuccinate for susp 200 mg/5ml	14
entacapone tab 200 mg	47	erythromycin ethylsuccinate for susp 400 mg/5ml	14
entecavir tab 0.5 mg	15	erythromycin gel 2%.....	108
entecavir tab 1 mg.....	15	erythromycin ophth oint 5 mg/gm	100
ENTRESTO CAP 15-16MG.....	40	erythromycin soln 2%	108
ENTRESTO CAP 6-6MG.....	40	erythromycin tab 250 mg.....	14
ENTRESTO TAB 24-26MG	40	erythromycin tab 500 mg.....	14
ENTRESTO TAB 49-51MG	40	erythromycin tab delayed release 250 mg	15
ENTRESTO TAB 97-103MG.....	40	erythromycin tab delayed release 333 mg	15
ENTYVIO INJ 300MG.....	89	erythromycin tab delayed release 500 mg	15
ENTYVIO PEN INJ 108/0.68.....	91	erythromycin w/ delayed release particles cap 250 mg	15
enulose	82	ERZOFRI INJ 117/0.75	49
ENVARUSUS XR TAB 0.75MG	95	ERZOFRI INJ 156MG/ML.....	49
ENVARUSUS XR TAB 1MG	95	ERZOFRI INJ 234/1.5.....	49
ENVARUSUS XR TAB 4MG	95	ERZOFRI INJ 351/2.25	49
epinastine hcl ophth soln 0.05%	101	ERZOFRI INJ 39/0.25.....	49
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000).....	103	ERZOFRI INJ 78/0.5ML.....	49
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	102	escitalopram oxalate soln 5 mg/5ml (base equiv).....	45
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....	102	escitalopram oxalate tab 10 mg (base equiv). ..	45
EPIPEN 2-PAK INJ 0.3MG.....	103	escitalopram oxalate tab 20 mg (base equiv). ..	45
eplerenone tab 25 mg.....	30	escitalopram oxalate tab 5 mg (base equiv) ..	45
		esomeprazole magnesium cap delayed release 20 mg (base eq).....	83
		esomeprazole magnesium cap delayed release 40 mg (base eq).....	83

<i>esomeprazole magnesium for delayed release</i>		<i>ethacrynic acid tab 25 mg</i>	39
<i>susp pack 2.5 mg</i>	83	<i>ethambutol hcl tab 100 mg</i>	12
<i>esomeprazole magnesium for delayed release</i>		<i>ethambutol hcl tab 400 mg</i>	12
<i>susp packet 10 mg</i>	83	<i>ethosuximide cap 250 mg</i>	53
<i>esomeprazole magnesium for delayed release</i>		<i>ethosuximide soln 250 mg/5ml</i>	53
<i>susp packet 5 mg</i>	83	<i>etodolac cap 200 mg</i>	1
<i>estazolam tab 1 mg</i>	58	<i>etodolac cap 300 mg</i>	1
<i>estazolam tab 2 mg</i>	58	<i>etodolac tab 400 mg</i>	1
<i>estradiol & norethindrone acetate tab 0.5-0.1</i>		<i>etodolac tab 500 mg</i>	1
<i>mg</i>	76	<i>etodolac tab er 24hr 400 mg</i>	1
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>		<i>etodolac tab er 24hr 500 mg</i>	1
.....	76	<i>etodolac tab er 24hr 600 mg</i>	1
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-</i>		<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015</i>	
<i>dose pump)</i>	76	<i>mg/24hr</i>	70
<i>estradiol tab 0.5 mg</i>	76	<i>etoposide cap 50 mg</i>	28
<i>estradiol tab 1 mg</i>	76	<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	28
<i>estradiol tab 2 mg</i>	76	<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	28
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	76	<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	28
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	76	<i>etravirine tab 100 mg</i>	10
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	76	<i>etravirine tab 200 mg</i>	10
<i>estradiol td gel 1 mg/gm (0.1%)</i>	76	<i>EUCRISA OIN 2%</i>	110
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	76	<i>EVAMIST SPR 1.53MG</i>	77
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>		<i>everolimus tab 0.25 mg</i>	95
.....	76	<i>everolimus tab 0.5 mg</i>	95
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>		<i>everolimus tab 0.75 mg</i>	95
.....	76	<i>everolimus tab 1 mg</i>	95
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> 76		<i>everolimus tab 10 mg</i>	23
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>		<i>everolimus tab 2.5 mg</i>	23
.....	76	<i>everolimus tab 5 mg</i>	23
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> .76		<i>everolimus tab 7.5 mg</i>	23
<i>estradiol td patch weekly 0.025 mg/24hr</i>	76	<i>everolimus tab for oral susp 2 mg</i>	23
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5</i>		<i>everolimus tab for oral susp 3 mg</i>	23
<i>mcg/24hr)</i>	76	<i>everolimus tab for oral susp 5 mg</i>	24
<i>estradiol td patch weekly 0.05 mg/24hr</i>	76	<i>EVRYSDI SOL</i>	60
<i>estradiol td patch weekly 0.06 mg/24hr</i>	76	<i>EVRYSDI TAB 5MG</i>	60
<i>estradiol td patch weekly 0.075 mg/24hr</i>	76	<i>exemestane tab 25 mg</i>	22
<i>estradiol td patch weekly 0.1 mg/24hr</i>	76	<i>ezetimibe tab 10 mg</i>	33
<i>estradiol vaginal cream 0.01%</i>	76	<i>ezetimibe-simvastatin tab 10-10 mg</i>	35
<i>estradiol valerate im in oil 20 mg/ml</i>	76	<i>ezetimibe-simvastatin tab 10-20 mg</i>	35
<i>estradiol valerate im in oil 40 mg/ml</i>	76	<i>ezetimibe-simvastatin tab 10-40 mg</i>	35
<i>estrogens, conjugated tab 0.3 mg</i>	76	<i>ezetimibe-simvastatin tab 10-80 mg</i>	35
<i>estrogens, conjugated tab 0.45 mg</i>	76	<i>falmina</i>	70
<i>estrogens, conjugated tab 0.625 mg</i>	76	<i>famciclovir tab 125 mg</i>	13
<i>estrogens, conjugated tab 0.9 mg</i>	76	<i>famciclovir tab 250 mg</i>	13
<i>estrogens, conjugated tab 1.25 mg</i>	77	<i>famciclovir tab 500 mg</i>	13
<i>eszopiclone tab 1 mg</i>	58	<i>famotidine for susp 40 mg/5ml</i>	81
<i>eszopiclone tab 2 mg</i>	58	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> ... 81	
<i>eszopiclone tab 3 mg</i>	58	<i>famotidine preservative free inj 20 mg/2ml</i> 81	

<i>famotidine tab 20 mg</i>	81	<i>FINACEA AER 15%</i>	113
<i>famotidine tab 40 mg</i>	81	<i>finasteride tab 5 mg</i>	84
<i>FASENRA PEN INJ 30MG/ML</i>	107	<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	61
<i>FASTCLIX MIS LANCETS</i>	73	<i>flecainide acetate tab 100 mg</i>	32
<i>FC2 FEMALE MIS CONDOM</i>	70	<i>flecainide acetate tab 150 mg</i>	32
<i>febuxostat tab 40 mg</i>	1	<i>flecainide acetate tab 50 mg</i>	32
<i>febuxostat tab 80 mg</i>	1	<i>FLEXICHAMBER MIS MASK SM</i>	106
<i>felbamate susp 600 mg/5ml</i>	53	<i>FLUAD INJ 2025-26</i>	97
<i>felbamate tab 400 mg</i>	53	<i>fluconazole for susp 10 mg/ml</i>	9
<i>felbamate tab 600 mg</i>	53	<i>fluconazole for susp 40 mg/ml</i>	9
<i>felodipine tab er 24hr 10 mg</i>	38	<i>fluconazole tab 100 mg</i>	9
<i>felodipine tab er 24hr 2.5 mg</i>	38	<i>fluconazole tab 150 mg</i>	9
<i>felodipine tab er 24hr 5 mg</i>	38	<i>fluconazole tab 200 mg</i>	9
<i>FEMCAP MIS 22MM</i>	70	<i>fluconazole tab 50 mg</i>	9
<i>FEMCAP MIS 26MM</i>	70	<i>fludarabine phosphate for inj 50 mg</i>	20
<i>FEMCAP MIS 30MM</i>	70	<i>fludarabine phosphate inj 25 mg/ml</i>	20
<i>FEMLYV TAB 1/0.02MG</i>	70	<i>fludrocortisone acetate tab 0.1 mg</i>	74
<i>fenofibrate cap 150 mg</i>	33	<i>FLUMIST NASA LIQ 2025-26</i>	97
<i>fenofibrate micronized cap 134 mg</i>	33	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> ..	106
<i>fenofibrate micronized cap 200 mg</i>	33	<i>fluocinolone acetonide (otic) oil 0.01%</i>	114
<i>fenofibrate micronized cap 43 mg</i>	33	<i>fluocinolone acetonide cream 0.01%</i>	111
<i>fenofibrate micronized cap 67 mg</i>	33	<i>fluocinolone acetonide cream 0.025%</i>	111
<i>fenofibrate tab 145 mg</i>	33	<i>fluocinolone acetonide oil 0.01% (body oil)</i> ..	111
<i>fenofibrate tab 160 mg</i>	33	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> ..	112
<i>fenofibrate tab 48 mg</i>	33	<i>fluocinolone acetonide oint 0.025%</i>	112
<i>fenofibrate tab 54 mg</i>	33	<i>fluocinolone acetonide soln 0.01%</i>	112
<i>fentanyl td patch 72hr 100 mcg/hr</i>	3	<i>fluocinonide cream 0.05%</i>	112
<i>fentanyl td patch 72hr 12 mcg/hr</i>	3	<i>fluocinonide gel 0.05%</i>	112
<i>fentanyl td patch 72hr 25 mcg/hr</i>	3	<i>fluocinonide oint 0.05%</i>	112
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	3	<i>fluocinonide soln 0.05%</i>	112
<i>fentanyl td patch 72hr 50 mcg/hr</i>	3	<i>fluorouracil cream 5%</i>	109
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	3	<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i> ...	20
<i>fentanyl td patch 72hr 75 mcg/hr</i>	3	<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i> ..	20
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	3	<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i> ..	20
<i>FERPRX 2-DAY TAB 1000MG</i>	69	<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i> ..	20
<i>FERRIPROX SOL 100MG/ML</i>	69	<i>fluorouracil soln 2%</i>	109
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	85	<i>fluorouracil soln 5%</i>	109
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	85	<i>fluoxetine hcl cap 10 mg</i>	45
<i>FETZIMA CAP 120MG</i>	45	<i>fluoxetine hcl cap 20 mg</i>	45
<i>FETZIMA CAP 20MG</i>	45	<i>fluoxetine hcl cap 40 mg</i>	45
<i>FETZIMA CAP 40MG</i>	45	<i>fluoxetine hcl cap delayed release 90 mg</i>	45
<i>FETZIMA CAP 80MG</i>	45	<i>fluoxetine hcl solution 20 mg/5ml</i>	45
<i>FETZIMA CAP TITRATIO</i>	45	<i>fluoxetine hcl tab 10 mg</i>	45
<i>FIASP FLEX INJ TOUCH</i>	66	<i>fluoxetine hcl tab 20 mg</i>	45
<i>FIASP INJ 100/ML</i>	66	<i>fluphenazine decanoate inj 25 mg/ml</i>	49
<i>FIASP PENFIL INJ U-100</i>	66	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	49
<i>FIASP PMPCRT INJ U-100</i>	66	<i>fluphenazine hcl inj 2.5 mg/ml</i>	49
<i>fidaxomicin tab 200 mg</i>	15	<i>fluphenazine hcl oral conc 5 mg/ml</i>	49

<i>fluphenazine hcl tab 1 mg</i>	49	<i>FOSAMAX + D TAB 70-5600</i>	68
<i>fluphenazine hcl tab 10 mg</i>	50	<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	
<i>fluphenazine hcl tab 2.5 mg</i>	49	.....	10
<i>fluphenazine hcl tab 5 mg</i>	49	<i>fosfomycin tromethamine powd pack 3 gm</i>	
<i>flurbiprofen sodium ophth soln 0.03%</i>	101	(base equivalent).....	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>	29
<i>100 mcg/act</i>	107	<i>fosinopril sodium & hydrochlorothiazide tab 20-</i>	
<i>fluticasone furoate aerosol powder breath activ</i>		<i>12.5 mg</i>	29
<i>200 mcg/act</i>	107	<i>fosinopril sodium tab 10 mg</i>	29
<i>fluticasone furoate aerosol powder breath activ</i>		<i>fosinopril sodium tab 20 mg</i>	29
<i>50 mcg/act</i>	107	<i>fosinopril sodium tab 40 mg</i>	29
<i>fluticasone propionate cream 0.05%</i>	112	<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin</i>	
<i>fluticasone propionate lotion 0.05%</i>	112	<i>equiv)</i>	53
<i>fluticasone propionate nasal susp 50 mcg/act</i>		<i>fosphenytoin sodium inj 500 mg/10ml</i>	
.....	106	(phenytoin equiv)	53
<i>fluticasone propionate oint 0.005%</i>	112	<i>FRAGMIN INJ 10000/ML</i>	86
<i>fluticasone-salmeterol aer powder ba 100-50</i>		<i>FRAGMIN INJ 12500UNT</i>	86
<i>mcg/act</i>	107	<i>FRAGMIN INJ 15000UNT</i>	86
<i>fluticasone-salmeterol aer powder ba 250-50</i>		<i>FRAGMIN INJ 18000UNT</i>	86
<i>mcg/act</i>	108	<i>FRAGMIN INJ 2500/0.2</i>	86
<i>fluticasone-salmeterol aer powder ba 500-50</i>		<i>FRAGMIN INJ 2500/ML</i>	86
<i>mcg/act</i>	108	<i>FRAGMIN INJ 5000/0.2</i>	86
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>		<i>FRAGMIN INJ 7500/0.3</i>	86
.....	34	<i>FRAGMIN INJ 95000UNT</i>	86
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>		<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	22
.....	34	<i>furosemide inj 10 mg/ml</i>	39
<i>fluvastatin sodium tab er 24 hr 80 mg (base</i>		<i>furosemide oral soln 10 mg/ml</i>	39
<i>equivalent)</i>	34	<i>furosemide oral soln 8 mg/ml</i>	39
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	43	<i>furosemide tab 20 mg</i>	39
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	43	<i>furosemide tab 40 mg</i>	39
<i>fluvoxamine maleate tab 100 mg</i>	43	<i>furosemide tab 80 mg</i>	39
<i>fluvoxamine maleate tab 25 mg</i>	43	<i>FYLNETRA INJ 6MG/0.6</i>	87
<i>fluvoxamine maleate tab 50 mg</i>	43	<i>gabapentin cap 100 mg</i>	53
<i>folic acid cap 0.8 mg</i>	99	<i>gabapentin cap 300 mg</i>	53
<i>folic acid tab 1 mg</i>	99	<i>gabapentin cap 400 mg</i>	53
<i>folic acid tab 400 mcg</i>	100	<i>gabapentin oral soln 250 mg/5ml</i>	53
<i>folic acid tab 800 mcg</i>	100	<i>gabapentin tab 600 mg</i>	53
<i>fondaparinux sodium subcutaneous inj 10</i>		<i>gabapentin tab 800 mg</i>	53
<i>mg/0.8ml</i>	86	<i>galantamine hydrobromide cap er 24hr 16 mg</i>	
<i>fondaparinux sodium subcutaneous inj 2.5</i>		.....	43
<i>mg/0.5ml</i>	86	<i>galantamine hydrobromide cap er 24hr 24 mg</i>	
<i>fondaparinux sodium subcutaneous inj 5</i>		.....	43
<i>mg/0.4ml</i>	86	<i>galantamine hydrobromide cap er 24hr 8 mg</i>	43
<i>fondaparinux sodium subcutaneous inj 7.5</i>		<i>galantamine hydrobromide oral soln 4 mg/ml</i>	
<i>mg/0.6ml</i>	86	.....	43
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	104	<i>galantamine hydrobromide tab 12 mg</i>	43
<i>FOSAMAX + D TAB 70-2800</i>	68	<i>galantamine hydrobromide tab 4 mg</i>	43

<i>galantamine hydrobromide tab 8 mg</i>	43
<i>galbriela</i>	70
<i>GARDASIL 9 INJ</i>	97
<i>gatifloxacin ophth soln 0.5%</i>	100
<i>gavilyte-c</i>	82
<i>gavilyte-g</i>	82
<i>GAZYVA INJ 25MG/ML</i>	21
<i>gemcitabine hcl for inj 1 gm</i>	20
<i>gemcitabine hcl for inj 2 gm</i>	20
<i>gemcitabine hcl for inj 200 mg</i>	20
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i> <i>(base equiv)</i>	20
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i> <i>(base equiv)</i>	20
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i> <i>(base equiv)</i>	20
<i>gemfibrozil tab 600 mg</i>	33
<i>gemmily</i>	70
<i>gengraf</i>	96
<i>gentamicin sulfate cream 0.1%</i>	109
<i>gentamicin sulfate inj 40 mg/ml</i>	9
<i>gentamicin sulfate oint 0.1%</i>	109
<i>gentamicin sulfate ophth soln 0.3%</i>	100
<i>GENVOYA TAB</i>	12
<i>GLARGIN YFGN INJ 100U/ML</i>	66
<i>GLARGIN YFGN SOL 100U/ML</i>	66
<i>glatiramer acetate soln prefilled syringe 40</i> <i>mg/ml</i>	61
<i>glatopa</i>	61
<i>GLIADEL WAF 7.7MG</i>	19
<i>glimepiride tab 1 mg</i>	67
<i>glimepiride tab 2 mg</i>	67
<i>glimepiride tab 4 mg</i>	68
<i>glipizide tab 10 mg</i>	68
<i>glipizide tab 5 mg</i>	68
<i>glipizide tab er 24hr 10 mg</i>	68
<i>glipizide tab er 24hr 2.5 mg</i>	68
<i>glipizide tab er 24hr 5 mg</i>	68
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	65
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	65
<i>glipizide-metformin hcl tab 5-500 mg</i>	65
<i>glucagon for inj 1 mg</i>	75
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	80
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	80
<i>glycopyrrolate oral soln 1 mg/5ml</i>	80
<i>glycopyrrolate tab 1 mg</i>	80
<i>glycopyrrolate tab 2 mg</i>	80
<i>GLYXAMBI TAB 10-5 MG</i>	67

<i>GLYXAMBI TAB 25-5 MG</i>	67
<i>goodsense aspirin</i>	8
<i>goodsense nicotine polacr</i>	63
<i>granisetron hcl inj 1 mg/ml</i>	80
<i>granisetron hcl tab 1 mg</i>	80
<i>griseofulvin microsize susp 125 mg/5ml</i>	9
<i>griseofulvin microsize tab 500 mg</i>	9
<i>griseofulvin ultramicrosize tab 125 mg</i>	9
<i>griseofulvin ultramicrosize tab 250 mg</i>	9
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	104
<i>guanfacine hcl tab 1 mg</i>	40
<i>guanfacine hcl tab 2 mg</i>	40
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	57
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	57
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	57
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	57
<i>GVOKE HYPO 1 INJ 0.5/.1ML</i>	75
<i>GVOKE HYPO 1 INJ 1/0.2ML</i>	75
<i>GVOKE KIT SOL 1/0.2ML</i>	75
<i>GVOKE PFS INJ 1/0.2ML</i>	75
<i>GYNAZOLE-1 CRE 2%</i>	85
<i>GYNOL II GEL 3%</i>	84
<i>halobetasol propionate cream 0.05%</i>	112
<i>halobetasol propionate oint 0.05%</i>	112
<i>haloperidol decanoate im soln 100 mg/ml</i>	50
<i>haloperidol decanoate im soln 50 mg/ml</i>	50
<i>haloperidol lactate inj 5 mg/ml</i>	50
<i>haloperidol lactate oral conc 2 mg/ml</i>	50
<i>haloperidol tab 0.5 mg</i>	50
<i>haloperidol tab 1 mg</i>	50
<i>haloperidol tab 10 mg</i>	50
<i>haloperidol tab 2 mg</i>	50
<i>haloperidol tab 20 mg</i>	50
<i>haloperidol tab 5 mg</i>	50
<i>HAVRIX INJ 1440UNIT</i>	97
<i>HAVRIX INJ 720UNIT</i>	97
<i>heather</i>	70
<i>HEMLIBRA INJ 105/0.7</i>	88
<i>HEMLIBRA INJ 150/ML</i>	88
<i>HEMLIBRA INJ 300/2ML</i>	88
<i>HEMLIBRA INJ 30MG/ML</i>	88
<i>HEMLIBRA INJ 60/0.4</i>	88
<i>HEMLIBRA SOL 12/0.4ML</i>	88
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	86
<i>heparin sodium (porcine) inj 10000 unit/ml</i> ..	86
<i>heparin sodium (porcine) inj 20000 unit/ml</i> ..	87
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	86
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i> ..	87

<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	87
HEPLISAV-B INJ 20/0.5ML.....	97
HIBERIX SOL 10MCG	97
HOLD CHAMBER MIS MEDIUM	106
HUMULIN INJ 70/30	66
HUMULIN INJ 70/30KWP.....	66
HUMULIN N INJ U-100	66
HUMULIN N INJ U-100KWP	66
HUMULIN R INJ U-100	66
HUMULIN R INJ U-500KWP	66
<i>hydralazine hcl tab 10 mg</i>	40
<i>hydralazine hcl tab 100 mg</i>	40
<i>hydralazine hcl tab 25 mg</i>	40
<i>hydralazine hcl tab 50 mg</i>	40
<i>hydrochlorothiazide cap 12.5 mg</i>	39
<i>hydrochlorothiazide tab 12.5 mg</i>	39
<i>hydrochlorothiazide tab 25 mg</i>	39
<i>hydrochlorothiazide tab 50 mg</i>	39
<i>hydrocod polst-chlorphen polst er susp 10-8</i> <i>mg/5ml</i>	104
<i>hydrocodone bitart-homatropine methylbrom</i> <i>soln 5-1.5 mg/5ml</i>	104
<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	104
<i>hydrocodone bitartrate tab er 24hr deter 100</i> <i>mg</i>	3
<i>hydrocodone bitartrate tab er 24hr deter 120</i> <i>mg</i>	3
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	3
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	3
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	3
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	3
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	3
<i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i>	3
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	4
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i> ...	3
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	4
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	4
<i>hydrocortisone butyrate cream 0.1%</i>	112
<i>hydrocortisone butyrate oint 0.1%</i>	112

<i>hydrocortisone butyrate soln 0.1%</i>	112
<i>hydrocortisone cream 1%</i>	112
<i>hydrocortisone cream 2.5%</i>	112
<i>hydrocortisone enema 100 mg/60ml</i>	81
<i>hydrocortisone lotion 2.5%</i>	112
<i>hydrocortisone oint 2.5%</i>	112
<i>hydrocortisone perianal cream 1%</i>	84
<i>hydrocortisone perianal cream 2.5%</i>	84
<i>hydrocortisone sodium succinate pf for inj 100</i> <i>mg</i>	74
<i>hydrocortisone tab 10 mg</i>	74
<i>hydrocortisone tab 20 mg</i>	74
<i>hydrocortisone tab 5 mg</i>	74
<i>hydrocortisone valerate cream 0.2%</i>	112
<i>hydrocortisone valerate oint 0.2%</i>	112
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	114
<i>hydromorphone hcl inj 2 mg/ml</i>	4
<i>hydromorphone hcl tab 2 mg</i>	4
<i>hydromorphone hcl tab 4 mg</i>	4
<i>hydromorphone hcl tab 8 mg</i>	4
<i>hydromorphone hcl tab er 24hr 12 mg</i>	4
<i>hydromorphone hcl tab er 24hr 16 mg</i>	4
<i>hydromorphone hcl tab er 24hr 32 mg</i>	4
<i>hydromorphone hcl tab er 24hr 8 mg</i>	4
<i>hydroxychloroquine sulfate tab 200 mg</i>	95
<i>hydroxyurea cap 500 mg</i>	27
<i>hydroxyzine hcl im soln 25 mg/ml</i>	103
<i>hydroxyzine hcl im soln 50 mg/ml</i>	103
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	103
<i>hydroxyzine hcl tab 10 mg</i>	103
<i>hydroxyzine hcl tab 25 mg</i>	103
<i>hydroxyzine hcl tab 50 mg</i>	103
<i>hydroxyzine pamoate cap 100 mg</i>	104
<i>hydroxyzine pamoate cap 25 mg</i>	104
<i>hydroxyzine pamoate cap 50 mg</i>	104
HYRIMOZ CD/ INJ UC/HS SP	91
HYRIMOZ INJ 20/0.2ML	91
HYRIMOZ INJ 40/0.4ML	91
HYRIMOZ SENS INJ 80/0.8ML.....	91
HYRIMOZ-PLAQ INJ PSORIASI	91
<i>ibandronate sodium iv soln 3 mg/3ml (base</i> <i>equivalent)</i>	68
<i>ibandronate sodium tab 150 mg (base</i> <i>equivalent)</i>	68
IBTROZI CAP 200MG	24
<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>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	95
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i> ...	19
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i> ...	19
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	19
IDHIFA TAB 100MG	27
IDHIFA TAB 50MG	27
<i>ifosfamide for inj 1 gm</i>	19
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	19
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	19
ILEVRO DRO 0.3% OP	101
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	24
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	24
IMBRUVICA CAP 140MG	24
IMBRUVICA CAP 70MG.....	24
IMBRUVICA SUS 70MG/ML.....	24
IMBRUVICA TAB 140MG.....	24
IMBRUVICA TAB 280MG.....	24
IMBRUVICA TAB 420MG.....	24
<i>imipramine hcl tab 10 mg</i>	45
<i>imipramine hcl tab 25 mg</i>	45
<i>imipramine hcl tab 50 mg</i>	45
<i>imipramine pamoate cap 100 mg</i>	45
<i>imipramine pamoate cap 125 mg</i>	45
<i>imipramine pamoate cap 150 mg</i>	45
<i>imipramine pamoate cap 75 mg</i>	45
<i>imiquimod cream 5%</i>	109
IMVEXXY MAIN SUP 10MCG.....	77
IMVEXXY MAIN SUP 4MCG.....	77
IMVEXXY STRT SUP 10MCG.....	77
IMVEXXY STRT SUP 4MCG	77
INBRIJA CAP 42MG.....	48
INCRELEX INJ 40MG/4ML.....	77
<i>indapamide tab 1.25 mg</i>	39
<i>indapamide tab 2.5 mg</i>	39
INFANRIX INJ.....	97
INFLIXIMAB INJ 100MG	89
INLYTA TAB 1MG.....	24
INLYTA TAB 5MG.....	24
INSTA-GLUCOS GEL 77.4%.....	75
INSULIN SYRG MIS 1ML/31G.....	73
INTELENCE TAB 25MG.....	10
INTRAROSA SUP 6.5MG.....	77
<i>introvale</i>	70

INVEGA HAFYE INJ 1092MG.....	50
INVEGA HAFYE INJ 1560MG.....	50
INVEGA SUST INJ 117/0.75.....	50
INVEGA SUST INJ 156MG/ML	50
INVEGA SUST INJ 234/1.5	50
INVEGA SUST INJ 39/0.25	50
INVEGA SUST INJ 78/0.5ML	50
INVEGA TRINZ INJ 273MG	50
INVEGA TRINZ INJ 410MG	50
INVEGA TRINZ INJ 546MG	50
INVEGA TRINZ INJ 819MG	50
IOPIDINE SOL 1% OP.....	102
IPOL INJ INACTIVE	97
<i>ipratropium bromide inhal soln 0.02%</i>	103
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	103
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	103
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	103
IQIRVO TAB 80MG.....	83
<i>irbesartan tab 150 mg</i>	31
<i>irbesartan tab 300 mg</i>	31
<i>irbesartan tab 75 mg</i>	31
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	31
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	31
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	28
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i> ...	28
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	28
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i> ...	28
ISENTRESS CHW 100MG.....	10
ISENTRESS CHW 25MG	10
ISENTRESS HD TAB 600MG.....	10
ISENTRESS POW 100MG.....	10
ISENTRESS TAB 400MG	10
<i>isoniazid inj 100 mg/ml</i>	12
<i>isoniazid syrup 50 mg/5ml</i>	12
<i>isoniazid tab 100 mg</i>	12
<i>isoniazid tab 300 mg</i>	12
<i>isosorbide dinitrate tab 10 mg</i>	40
<i>isosorbide dinitrate tab 20 mg</i>	40
<i>isosorbide dinitrate tab 30 mg</i>	40
<i>isosorbide dinitrate tab 5 mg</i>	40
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	40
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	41

<i>isosorbide mononitrate tab er 24hr 30 mg</i>	41
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	41
<i>isotretinoin cap 10 mg</i>	108
<i>isotretinoin cap 20 mg</i>	108
<i>isotretinoin cap 30 mg</i>	108
<i>isotretinoin cap 40 mg</i>	108
<i>isradipine cap 2.5 mg</i>	38
<i>isradipine cap 5 mg</i>	38
ITOVEBI TAB 3MG	24
ITOVEBI TAB 9MG	24
<i>itraconazole cap 100 mg</i>	9
<i>itraconazole oral soln 10 mg/ml</i>	9
<i>ivabradine hcl tab 5 mg (base equiv)</i>	40
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	40
<i>ivermectin cream 1%</i>	113
<i>ivermectin tab 3 mg</i>	9
JAKAFI TAB 10MG.....	24
JAKAFI TAB 15MG.....	24
JAKAFI TAB 20MG.....	24
JAKAFI TAB 25MG.....	24
JAKAFI TAB 5MG	24
JARDIANCE TAB 10MG	67
JARDIANCE TAB 25MG	67
<i>jinteli</i>	77
<i>jolessa</i>	70
JUBLIA SOL 10%.....	109
<i>junel 1.5/30</i>	70
<i>junel 1/20</i>	70
<i>junel fe 1.5/30</i>	70
<i>junel fe 1/20</i>	70
<i>junel fe 24</i>	70
JYNNEOS INJ.....	97
KADCYLA INJ 100MG.....	21
KADCYLA INJ 160MG.....	21
KALETRA SOL.....	12
KALYDECO GRA 13.4MG	105
KALYDECO GRA 5.8MG.....	105
KALYDECO PAK 25MG	105
KALYDECO PAK 50MG	105
KALYDECO PAK 75MG	105
KALYDECO TAB 150MG	105
<i>kariva</i>	70
<i>kelnor 1/35</i>	70
KERENDIA TAB 10MG.....	30
KERENDIA TAB 20MG.....	30
KERENDIA TAB 40MG.....	30
KESIMPTA INJ 20/.4ML.....	61
<i>ketoconazole cream 2%</i>	109

<i>ketoconazole shampoo 2%</i>	110
KETONE TES	73
KETONE TEST TES.....	73
<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 ophth soln 0.4%</i>	101
<i>ketorolac tromethamine ophth soln 0.5%</i>	101
<i>ketorolac tromethamine tab 10 mg</i>	1
KEVZARA INJ 150/1.14	91
KEVZARA INJ 200/1.14	91
KEYTRUDA INJ 100MG/4M.....	21
KINRIX INJ.....	97
KISQALI TAB 200DOSE.....	24
KISQALI TAB 400DOSE.....	24
KISQALI TAB 600DOSE.....	24
<i>klor-con m15</i>	98
KRINTAFEL TAB 150MG	10
<i>kurvelo</i>	70
KYLEENA IUD 19.5MG	70
<i>labetalol hcl tab 100 mg</i>	36
<i>labetalol hcl tab 200 mg</i>	36
<i>labetalol hcl tab 300 mg</i>	36
<i>labetalol hcl tab 400 mg</i>	36
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i> ...	53
<i>lacosamide oral solution 10 mg/ml</i>	53
<i>lacosamide tab 100 mg</i>	53
<i>lacosamide tab 150 mg</i>	53
<i>lacosamide tab 200 mg</i>	53
<i>lacosamide tab 50 mg</i>	53
<i>lactic acid (ammonium lactate) cream 12%</i>	113
<i>lactic acid (ammonium lactate) lotion 12%</i>	113
<i>lactulose solution 10 gm/15ml</i>	82
<i>lamivudine oral soln 10 mg/ml</i>	10
<i>lamivudine tab 100 mg (hbv)</i>	15
<i>lamivudine tab 150 mg</i>	10
<i>lamivudine tab 300 mg</i>	10
<i>lamivudine-zidovudine tab 150-300 mg</i>	12
<i>lamotrigine orally disintegrating tab 100 mg</i>	53
<i>lamotrigine orally disintegrating tab 200 mg</i>	53
<i>lamotrigine orally disintegrating tab 25 mg</i>	53
<i>lamotrigine orally disintegrating tab 50 mg</i>	53
<i>lamotrigine tab 100 mg</i>	53
<i>lamotrigine tab 150 mg</i>	53
<i>lamotrigine tab 200 mg</i>	53
<i>lamotrigine tab 25 mg</i>	53

<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>		<i>leucovorin calcium tab 15 mg</i>	28
<i>starter kit</i>	53	<i>leucovorin calcium tab 25 mg</i>	28
<i>lamotrigine tab 35 x 25 mg starter kit</i>	53	<i>leucovorin calcium tab 5 mg</i>	28
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i>		LEUKERAN TAB 2MG	19
<i>starter kit</i>	53	<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	
<i>lamotrigine tab chewable dispersible 25 mg</i> ..	53	.....	22
<i>lamotrigine tab chewable dispersible 5 mg</i>	53	<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base</i>	
<i>lamotrigine tab er 24hr 100 mg</i>	53	<i>equiv)</i>	104
<i>lamotrigine tab er 24hr 200 mg</i>	53	<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base</i>	
<i>lamotrigine tab er 24hr 25 mg</i>	53	<i>equiv)</i>	104
<i>lamotrigine tab er 24hr 250 mg</i>	53	<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base</i>	
<i>lamotrigine tab er 24hr 300 mg</i>	53	<i>equiv)</i>	104
<i>lamotrigine tab er 24hr 50 mg</i>	53	<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	
<i>lansoprazole cap delayed release 15 mg</i>	83	<i>(base equiv)</i>	104
<i>lansoprazole cap delayed release 30 mg</i>	83	<i>levalbuterol tartrate inhal aerosol 45 mcg/act</i>	
<i>lanthanum carbonate chew tab 1000 mg</i>		<i>(base equiv)</i>	104
<i>(elemental)</i>	78	<i>levetiracetam in sodium chloride iv soln 1000</i>	
<i>lanthanum carbonate chew tab 500 mg</i>		<i>mg/100ml</i>	53
<i>(elemental)</i>	78	<i>levetiracetam in sodium chloride iv soln 1500</i>	
<i>lanthanum carbonate chew tab 750 mg</i>		<i>mg/100ml</i>	54
<i>(elemental)</i>	78	<i>levetiracetam in sodium chloride iv soln 500</i>	
<i>lapatinib ditosylate tab 250 mg (base equiv)</i> .	24	<i>mg/100ml</i>	53
<i>larin 1.5/30</i>	70	<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i> ...	54
<i>latanoprost ophth soln 0.005%</i>	102	<i>levetiracetam oral soln 100 mg/ml</i>	54
<i>leflunomide tab 10 mg</i>	95	<i>levetiracetam tab 1000 mg</i>	54
<i>leflunomide tab 20 mg</i>	95	<i>levetiracetam tab 250 mg</i>	54
<i>lenalidomide cap 10 mg</i>	21	<i>levetiracetam tab 500 mg</i>	54
<i>lenalidomide cap 15 mg</i>	21	<i>levetiracetam tab 750 mg</i>	54
<i>lenalidomide cap 20 mg</i>	21	<i>levetiracetam tab er 24hr 500 mg</i>	54
<i>lenalidomide cap 25 mg</i>	21	<i>levetiracetam tab er 24hr 750 mg</i>	54
<i>lenalidomide cap 5 mg</i>	21	<i>levobunolol hcl ophth soln 0.5%</i>	101
<i>lenalidomide caps 2.5 mg</i>	21	<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	
LENVIMA CAP 10 MG	25	<i>(0.5 mg/ml)</i>	104
LENVIMA CAP 12MG	25	<i>levocetirizine dihydrochloride tab 5 mg</i>	104
LENVIMA CAP 14 MG	25	<i>levofloxacin iv soln 25 mg/ml</i>	15
LENVIMA CAP 18 MG	25	<i>levofloxacin oral soln 25 mg/ml</i>	15
LENVIMA CAP 20 MG	25	<i>levofloxacin tab 250 mg</i>	15
LENVIMA CAP 24 MG	25	<i>levofloxacin tab 500 mg</i>	15
LENVIMA CAP 4MG	24	<i>levofloxacin tab 750 mg</i>	15
LENVIMA CAP 8 MG	25	<i>levonest</i>	70
<i>lessina</i>	70	<i>levonorgestrel & ethinyl estradiol (91-day) tab</i>	
<i>letrozole tab 2.5 mg</i>	22	<i>0.15-0.03 mg</i>	70
<i>leucovorin calcium for inj 100 mg</i>	28	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20</i>	
<i>leucovorin calcium for inj 200 mg</i>	28	<i>mcg</i>	70
<i>leucovorin calcium for inj 350 mg</i>	28	<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-</i>	
<i>leucovorin calcium for inj 50 mg</i>	28	<i>20 mcg (21)</i>	70
<i>leucovorin calcium for inj 500 mg</i>	28	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est</i>	
<i>leucovorin calcium tab 10 mg</i>	28	<i>tab 0.01mg(7)</i>	70

<i>levothyroxine sodium tab 100 mcg</i>	78	<i>lisdexamfetamine dimesylate cap 10 mg</i>	57
<i>levothyroxine sodium tab 112 mcg</i>	78	<i>lisdexamfetamine dimesylate cap 20 mg</i>	57
<i>levothyroxine sodium tab 125 mcg</i>	78	<i>lisdexamfetamine dimesylate cap 30 mg</i>	57
<i>levothyroxine sodium tab 137 mcg</i>	78	<i>lisdexamfetamine dimesylate cap 40 mg</i>	57
<i>levothyroxine sodium tab 150 mcg</i>	78	<i>lisdexamfetamine dimesylate cap 50 mg</i>	57
<i>levothyroxine sodium tab 175 mcg</i>	78	<i>lisdexamfetamine dimesylate cap 60 mg</i>	57
<i>levothyroxine sodium tab 200 mcg</i>	78	<i>lisdexamfetamine dimesylate cap 70 mg</i>	57
<i>levothyroxine sodium tab 25 mcg</i>	78	<i>lisdexamfetamine dimesylate chew tab 10 mg</i> 57	
<i>levothyroxine sodium tab 300 mcg</i>	78	<i>lisdexamfetamine dimesylate chew tab 20 mg</i> 57	
<i>levothyroxine sodium tab 50 mcg</i>	78	<i>lisdexamfetamine dimesylate chew tab 30 mg</i> 57	
<i>levothyroxine sodium tab 75 mcg</i>	78	<i>lisdexamfetamine dimesylate chew tab 40 mg</i> 57	
<i>levothyroxine sodium tab 88 mcg</i>	78	<i>lisdexamfetamine dimesylate chew tab 50 mg</i> 57	
<i>levoxyl</i>	78	<i>lisdexamfetamine dimesylate chew tab 60 mg</i> 57	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50</i>		<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>mg/5ml(1%)</i>	32	.....	29
<i>lidocaine hcl laryngotracheal soln 4%</i>	113	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lidocaine hcl local inj 0.5%</i>	8	.....	29
<i>lidocaine hcl local inj 1%</i>	8	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	
<i>lidocaine hcl local inj 2%</i>	8	.....	29
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>		<i>lisinopril tab 10 mg</i>	30
.....	8	<i>lisinopril tab 2.5 mg</i>	30
<i>lidocaine hcl local preservative free (pf) inj 1%</i> 8		<i>lisinopril tab 20 mg</i>	30
<i>lidocaine hcl local preservative free (pf) inj 2%</i> 8		<i>lisinopril tab 30 mg</i>	30
<i>lidocaine hcl local soln prefilled syringe 100</i>		<i>lisinopril tab 40 mg</i>	30
<i>mg/5ml (2%)</i>	8	<i>lisinopril tab 5 mg</i>	30
<i>lidocaine hcl soln 4%</i>	112	<i>LITFULO CAP 50MG</i>	92
<i>lidocaine hcl urethral/mucosal gel prefilled</i>		<i>lithium carbonate cap 150 mg</i>	60
<i>syringe 2%</i>	112	<i>lithium carbonate cap 300 mg</i>	60
<i>lidocaine hcl viscous soln 2%</i>	113	<i>lithium carbonate cap 600 mg</i>	60
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100</i>		<i>lithium carbonate tab 300 mg</i>	60
<i>mg/5ml (2%)</i>	32	<i>lithium carbonate tab er 300 mg</i>	60
<i>lidocaine oint 5%</i>	112	<i>lithium carbonate tab er 450 mg</i>	60
<i>lidocaine pain relief pat</i>	112	<i>lithium oral solution 8 meq/5ml</i>	60
<i>lidocaine patch 5%</i>	112	<i>LO LOESTRIN TAB 1-10-10</i>	70
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	112	<i>lofexidine hcl tab 0.18 mg (base equivalent)...</i>	63
<i>LILETTA IUD 52MG</i>	70	<i>lomustine cap 10 mg</i>	19
<i>lincomycin hcl inj 300 mg/ml</i>	16	<i>lomustine cap 100 mg</i>	19
<i>linezolid for susp 100 mg/5ml</i>	16	<i>lomustine cap 40 mg</i>	19
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	16	<i>loperamide hcl cap 2 mg</i>	80
<i>linezolid tab 600 mg</i>	16	<i>lopinavir-ritonavir tab 100-25 mg</i>	12
<i>LINZESS CAP 145MCG</i>	82	<i>lopinavir-ritonavir tab 200-50 mg</i>	12
<i>LINZESS CAP 290MCG</i>	82	<i>lorazepam conc 2 mg/ml</i>	43
<i>LINZESS CAP 72MCG</i>	82	<i>lorazepam tab 0.5 mg</i>	43
<i>liothyronine sodium tab 25 mcg</i>	78	<i>lorazepam tab 1 mg</i>	43
<i>liothyronine sodium tab 5 mcg</i>	78	<i>lorazepam tab 2 mg</i>	43
<i>liothyronine sodium tab 50 mcg</i>	78	<i>LORBRENA TAB 100MG</i>	25
<i>liraglutide soln pen-injector 18 mg/3ml (6</i>		<i>LORBRENA TAB 25MG</i>	25
<i>mg/ml)</i>	65	<i>loryna</i>	70

<i>losartan potassium & hydrochlorothiazide tab</i>		<i>matzim la</i>	38
100-12.5 mg.....	31	MAVYRET PAK 50-20MG.....	15
<i>losartan potassium & hydrochlorothiazide tab</i>		MAVYRET TAB 100-40MG.....	15
100-25 mg.....	31	<i>meclizine hcl tab 12.5 mg</i>	80
<i>losartan potassium & hydrochlorothiazide tab</i>		<i>meclizine hcl tab 25 mg</i>	80
50-12.5 mg.....	31	<i>meclofenamate sodium cap 100 mg</i>	1
<i>losartan potassium tab 100 mg</i>	31	<i>meclofenamate sodium cap 50 mg</i>	1
<i>losartan potassium tab 25 mg</i>	31	MEDROL TAB 2MG.....	74
<i>losartan potassium tab 50 mg</i>	31	<i>medroxyprogesterone acetate im susp 150</i>	
<i>loteprednol etabonate ophth susp 0.5%</i>	101	mg/ml.....	70
<i>loteprednol etabonate-tobramycin ophth susp</i>		<i>medroxyprogesterone acetate im susp prefilled</i>	
0.5-0.3%.....	100	syr 150 mg/ml.....	70
<i>lovastatin tab 10 mg</i>	34	<i>medroxyprogesterone acetate tab 10 mg</i>	78
<i>lovastatin tab 20 mg</i>	34	<i>medroxyprogesterone acetate tab 2.5 mg</i>	78
<i>lovastatin tab 40 mg</i>	34	<i>medroxyprogesterone acetate tab 5 mg</i>	78
<i>low-ogestrel</i>	70	<i>mefenamic acid cap 250 mg</i>	1
<i>loxapine succinate cap 10 mg</i>	50	<i>mefloquine hcl tab 250 mg</i>	10
<i>loxapine succinate cap 25 mg</i>	50	<i>megestrol acetate susp 40 mg/ml</i>	78
<i>loxapine succinate cap 5 mg</i>	50	<i>megestrol acetate susp 625 mg/5ml</i>	78
<i>loxapine succinate cap 50 mg</i>	50	<i>megestrol acetate tab 20 mg</i>	22
<i>lubiprostone cap 24 mcg</i>	82	<i>megestrol acetate tab 40 mg</i>	22
<i>lubiprostone cap 8 mcg</i>	82	MEKINIST SOL 0.05/ML.....	25
<i>luliconazole cream 1%</i>	109	MEKINIST TAB 0.5MG.....	25
LUPR DEP-PED INJ 11.25MG.....	68	MEKINIST TAB 2MG.....	25
LUPR DEP-PED INJ 15MG.....	68	MEKTOVI TAB 15MG.....	25
LUPR DEP-PED INJ 3M 30MG.....	68	<i>meloxicam tab 15 mg</i>	1
LUPR DEP-PED INJ 7.5MG.....	68	<i>meloxicam tab 7.5 mg</i>	1
LUPRON DEPOT INJ 45MG.....	69	<i>melphalan hcl for inj 50 mg (base equiv)</i>	19
<i>lurasidone hcl tab 120 mg</i>	50	<i>memantine hcl cap er 24hr 14 mg</i>	43
<i>lurasidone hcl tab 20 mg</i>	50	<i>memantine hcl cap er 24hr 21 mg</i>	43
<i>lurasidone hcl tab 40 mg</i>	50	<i>memantine hcl cap er 24hr 28 mg</i>	43
<i>lurasidone hcl tab 60 mg</i>	50	<i>memantine hcl cap er 24hr 7 mg</i>	43
<i>lurasidone hcl tab 80 mg</i>	50	<i>memantine hcl oral solution 2 mg/ml</i>	43
LYNPARZA TAB 100MG.....	27	<i>memantine hcl tab 10 mg</i>	43
LYNPARZA TAB 150MG.....	27	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i>	
LYSODREN TAB 500MG.....	22	titration pack.....	43
<i>magnesium sulfate in dextrose 5% iv soln 1</i>		<i>memantine hcl tab 5 mg</i>	43
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<i>magnesium sulfate inj 50%</i>	98	MENVEO INJ.....	97
<i>magnesium sulfate iv soln 2 gm/50ml (40</i>		MENVEO SOL.....	97
mg/ml).....	98	<i>meprobamate tab 200 mg</i>	43
<i>malathion lotion 0.5%</i>	113	<i>meprobamate tab 400 mg</i>	43
<i>mannitol iv soln 25%</i>	39	<i>mercaptopurine tab 50 mg</i>	20
<i>maraviroc tab 150 mg</i>	10	<i>meropenem iv for soln 1 gm</i>	16
<i>maraviroc tab 300 mg</i>	10	<i>meropenem iv for soln 500 mg</i>	16
<i>marlissa</i>	70	<i>mesalamine cap dr 400 mg</i>	81
MARPLAN TAB 10MG.....	45	<i>mesalamine cap er 24hr 0.375 gm</i>	81
MATULANE CAP 50MG.....	19	<i>mesalamine enema 4 gm</i>	81

<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	81	<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> ...	57
<i>mesalamine suppos 1000 mg</i>	81	<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> ...	57
<i>mesalamine tab delayed release 1.2 gm</i>	81	<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> ...	57
<i>mesalamine tab delayed release 800 mg</i>	81	<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> ...	57
<i>mesna inj 100 mg/ml</i>	28	<i>methylphenidate hcl cap er 30 mg (cd)</i>	57
<i>mesna tab 400 mg</i>	28	<i>methylphenidate hcl cap er 40 mg (cd)</i>	57
<i>metaxalone tab 800 mg</i>	61	<i>methylphenidate hcl cap er 50 mg (cd)</i>	57
<i>metformin hcl tab 1000 mg</i>	65	<i>methylphenidate hcl cap er 60 mg (cd)</i>	57
<i>metformin hcl tab 500 mg</i>	65	<i>methylphenidate hcl chew tab 10 mg</i>	58
<i>metformin hcl tab 850 mg</i>	65	<i>methylphenidate hcl chew tab 2.5 mg</i>	57
<i>metformin hcl tab er 24hr 500 mg</i>	65	<i>methylphenidate hcl chew tab 5 mg</i>	57
<i>metformin hcl tab er 24hr 750 mg</i>	65	<i>methylphenidate hcl soln 10 mg/5ml</i>	58
<i>methadone hcl conc 10 mg/ml</i>	4	<i>methylphenidate hcl soln 5 mg/5ml</i>	58
<i>methadone hcl soln 10 mg/5ml</i>	4	<i>methylphenidate hcl tab 10 mg</i>	58
<i>methadone hcl soln 5 mg/5ml</i>	4	<i>methylphenidate hcl tab 20 mg</i>	58
<i>methadone hcl tab 10 mg</i>	4	<i>methylphenidate hcl tab 5 mg</i>	58
<i>methadone hcl tab 5 mg</i>	4	<i>methylphenidate hcl tab er 10 mg</i>	58
<i>methadone hydrochloride i</i>	4	<i>methylphenidate hcl tab er 20 mg</i>	58
<i>methadose</i>	4	<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	58
<i>methamphetamine hcl tab 5 mg</i>	57	<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	58
<i>methazolamide tab 25 mg</i>	39	<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	58
<i>methazolamide tab 50 mg</i>	39	<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	58
<i>methenamine hippurate tab 1 gm</i>	16	<i>methylprednisolone acetate inj susp 40 mg/ml</i>	74
<i>methimazole tab 10 mg</i>	78	<i>methylprednisolone acetate inj susp 80 mg/ml</i>	74
<i>methimazole tab 5 mg</i>	78	<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	74
<i>methocarbamol tab 500 mg</i>	61	<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	74
<i>methocarbamol tab 750 mg</i>	61	<i>methylprednisolone tab 16 mg</i>	75
<i>methotrexate sodium for inj 1 gm</i>	20	<i>methylprednisolone tab 32 mg</i>	75
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	20	<i>methylprednisolone tab 4 mg</i>	75
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	20	<i>methylprednisolone tab 8 mg</i>	75
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	20	<i>methylprednisolone tab therapy pack 4 mg (21)</i>	75
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	20	<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	80
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	20	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	80
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	95	<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	80
<i>methoxsalen rapid cap 10 mg</i>	110	<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	80
<i>methscopolamine bromide tab 2.5 mg</i>	80		
<i>methscopolamine bromide tab 5 mg</i>	80		
<i>methsuximide cap 300 mg</i>	54		
<i>methyl dopa tab 250 mg</i>	40		
<i>methyl dopa tab 500 mg</i>	40		
<i>methylphenidate hcl cap er 10 mg (cd)</i>	57		
<i>methylphenidate hcl cap er 20 mg (cd)</i>	57		

<i>metolazone tab 10 mg</i>	39	<i>minocycline hcl tab 50 mg</i>	18
<i>metolazone tab 2.5 mg</i>	39	<i>minocycline hcl tab 75 mg</i>	18
<i>metolazone tab 5 mg</i>	39	<i>minoxidil tab 10 mg</i>	40
<i>metoprolol & hydrochlorothiazide tab 100-25</i> <i>mg</i>	35	<i>minoxidil tab 2.5 mg</i>	40
<i>metoprolol & hydrochlorothiazide tab 100-50</i> <i>mg</i>	35	<i>mirabegron granules for oral extended release</i> <i>susp 8 mg/ml</i>	85
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	35	<i>mirabegron tab er 24 hr 25 mg</i>	85
<i>metoprolol succinate tab er 24hr 100 mg</i> <i>(tartrate equiv)</i>	36	<i>mirabegron tab er 24 hr 50 mg</i>	85
<i>metoprolol succinate tab er 24hr 200 mg</i> <i>(tartrate equiv)</i>	36	MIRCERA INJ 100MCG	87
<i>metoprolol succinate tab er 24hr 25 mg</i> <i>(tartrate equiv)</i>	36	MIRCERA INJ 120MCG	87
<i>metoprolol succinate tab er 24hr 50 mg</i> <i>(tartrate equiv)</i>	36	MIRCERA INJ 150MCG	87
<i>metoprolol tartrate tab 100 mg</i>	36	MIRCERA INJ 200MCG	87
<i>metoprolol tartrate tab 25 mg</i>	36	MIRCERA INJ 30MCG	87
<i>metoprolol tartrate tab 50 mg</i>	36	MIRCERA INJ 50MCG	87
<i>metronidazole cap 375 mg</i>	16	MIRCERA INJ 75MCG	87
<i>metronidazole cream 0.75%</i>	113	MIRENA IUD SYSTEM.....	70
<i>metronidazole gel 0.75%</i>	113	<i>mirtazapine orally disintegrating tab 15 mg.</i> ..	45
<i>metronidazole gel 1%</i>	113	<i>mirtazapine orally disintegrating tab 30 mg.</i> ..	45
<i>metronidazole iv soln 500 mg/100ml</i>	16	<i>mirtazapine orally disintegrating tab 45 mg.</i> ..	45
<i>metronidazole lotion 0.75%</i>	113	<i>mirtazapine tab 15 mg</i>	45
<i>metronidazole tab 250 mg</i>	16	<i>mirtazapine tab 30 mg</i>	45
<i>metronidazole tab 500 mg</i>	16	<i>mirtazapine tab 45 mg</i>	45
<i>metronidazole vaginal gel 0.75%</i>	86	<i>mirtazapine tab 7.5 mg</i>	45
<i>miconazole 3</i>	86	<i>misoprostol tab 100 mcg</i>	83
<i>microgestin 1.5/30</i>	70	<i>misoprostol tab 200 mcg</i>	83
<i>midodrine hcl tab 10 mg</i>	40	<i>mitomycin for iv soln 20 mg</i>	19
<i>midodrine hcl tab 2.5 mg</i>	40	<i>mitomycin for iv soln 40 mg</i>	19
<i>midodrine hcl tab 5 mg</i>	40	<i>mitomycin for iv soln 5 mg</i>	19
<i>miglitol tab 100 mg</i>	65	<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i> <i>mg/ml)</i>	19
<i>miglitol tab 25 mg</i>	65	<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2</i> <i>mg/ml)</i>	19
<i>miglitol tab 50 mg</i>	65	<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i> <i>mg/ml)</i>	19
<i>milnacipran hcl tab 100 mg</i>	58	MIUDELLA IUD COPPER.....	70
<i>milnacipran hcl tab 12.5 mg</i>	58	M-M-R II INJ.....	97
<i>milnacipran hcl tab 12.5 mg (5) & 25 mg (8) &</i> <i>50 mg (42) pak</i>	58	MNEXSPIKE INJ 2025-26	97
<i>milnacipran hcl tab 25 mg</i>	58	<i>modafinil tab 100 mg</i>	62
<i>milnacipran hcl tab 50 mg</i>	58	<i>modafinil tab 200 mg</i>	62
<i>mimvey</i>	77	<i>moexipril hcl tab 15 mg</i>	30
<i>minocycline hcl cap 100 mg</i>	18	<i>moexipril hcl tab 7.5 mg</i>	30
<i>minocycline hcl cap 50 mg</i>	18	<i>mometasone furoate cream 0.1%</i>	112
<i>minocycline hcl cap 75 mg</i>	18	<i>mometasone furoate nasal susp 50 mcg/act.</i> 106	
<i>minocycline hcl tab 100 mg</i>	18	<i>mometasone furoate oint 0.1%</i>	112
		<i>mometasone furoate solution 0.1% (lotion).</i> ..	112
		<i>mono-lynyah</i>	70
		<i>montelukast sodium chew tab 4 mg (base equiv)</i>	106

<i>montelukast sodium chew tab 5 mg (base equiv)</i>	
.....	106
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	106
<i>montelukast sodium tab 10 mg (base equiv)</i>	106
<i>morphine sulfate beads cap er 24hr 120 mg</i>	5
<i>morphine sulfate beads cap er 24hr 30 mg</i>	4
<i>morphine sulfate beads cap er 24hr 45 mg</i>	4
<i>morphine sulfate beads cap er 24hr 60 mg</i>	4
<i>morphine sulfate beads cap er 24hr 75 mg</i>	5
<i>morphine sulfate beads cap er 24hr 90 mg</i>	5
<i>morphine sulfate iv soln 10 mg/ml</i>	5
<i>morphine sulfate iv soln 4 mg/ml</i>	5
<i>morphine sulfate oral soln 10 mg/5ml</i>	5
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	5
<i>morphine sulfate oral soln 20 mg/5ml</i>	5
<i>morphine sulfate tab 15 mg</i>	5
<i>morphine sulfate tab 30 mg</i>	5
<i>morphine sulfate tab er 100 mg</i>	5
<i>morphine sulfate tab er 15 mg</i>	5
<i>morphine sulfate tab er 200 mg</i>	5
<i>morphine sulfate tab er 30 mg</i>	5
<i>morphine sulfate tab er 60 mg</i>	5
<i>MOTOFEN TAB 1-0.025</i>	80
<i>MOUNJARO INJ 10MG/0.5</i>	65
<i>MOUNJARO INJ 12.5/0.5</i>	65
<i>MOUNJARO INJ 15MG/0.5</i>	65
<i>MOUNJARO INJ 2.5/0.5</i>	65
<i>MOUNJARO INJ 5MG/0.5</i>	65
<i>MOUNJARO INJ 7.5/0.5</i>	65
<i>MOVANTIK TAB 12.5MG</i>	83
<i>MOVANTIK TAB 25MG</i>	83
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	100
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	100
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	15
<i>MRESVIA INJ 50MCG</i>	97
<i>MULTAQ TAB 400MG</i>	32
<i>multivitamin/fluoride</i>	100
<i>multi-vitamin/fluoride dr</i>	100
<i>multi-vitamin/fluoride/ir</i>	100
<i>mupirocin oint 2%</i>	109
<i>MYALEPT INJ 11.3MG</i>	77
<i>mycophenolate mofetil cap 250 mg</i>	96
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	96
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	96
<i>mycophenolate mofetil tab 500 mg</i>	96
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	96
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	96
<i>nabumetone tab 500 mg</i>	2
<i>nabumetone tab 750 mg</i>	2
<i>nadolol tab 20 mg</i>	36
<i>nadolol tab 40 mg</i>	36
<i>nadolol tab 80 mg</i>	36
<i>naftifine hcl cream 1%</i>	109
<i>naftifine hcl cream 2%</i>	109
<i>nalbuphine hcl inj 10 mg/ml</i>	5
<i>nalbuphine hcl inj 20 mg/ml</i>	5
<i>naloxone hcl inj 0.4 mg/ml</i>	63
<i>naloxone hcl inj 4 mg/10ml</i>	63
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	63
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	63
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	63
<i>naltrexone hcl tab 50 mg</i>	63
<i>naproxen tab 250 mg</i>	2
<i>naproxen tab 375 mg</i>	2
<i>naproxen tab 500 mg</i>	2
<i>naratriptan hcl tab 1 mg (base equiv)</i>	59
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	60
<i>NATACYN SUS 5% OP</i>	100
<i>NATAZIA TAB</i>	71
<i>nateglinide tab 120 mg</i>	67
<i>nateglinide tab 60 mg</i>	67
<i>NAYZILAM SPR 5MG</i>	54
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	36
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	36
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	36
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	36
<i>necon 0.5/35-28</i>	71
<i>nefazodone hcl tab 100 mg</i>	46
<i>nefazodone hcl tab 150 mg</i>	46
<i>nefazodone hcl tab 200 mg</i>	46
<i>nefazodone hcl tab 250 mg</i>	46
<i>nefazodone hcl tab 50 mg</i>	45
<i>neomycin sulfate tab 500 mg</i>	9
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	101
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	101

<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	100
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	100
<i>neomycin-polymyxin-hc ophth susp</i>	100
<i>neomycin-polymyxin-hc otic soln 1%</i>	114
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NEUPRO DIS 8MG/24HR.....	48
NEVANAC SUS 0.1% OP.....	101
<i>nevirapine susp 50 mg/5ml</i>	10
<i>nevirapine tab 200 mg</i>	10
<i>nevirapine tab er 24hr 400 mg</i>	10
NEXLETOL TAB 180MG.....	32
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<i>niacin tab er 1000 mg (antihyperlipidemic)</i> ...	35
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	35
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	35
<i>nicardipine hcl cap 20 mg</i>	38
<i>nicardipine hcl cap 30 mg</i>	38
<i>nicotine polacrilex gum 2 mg</i>	63
<i>nicotine polacrilex gum 4 mg</i>	63
<i>nicotine polacrilex lozenge 2 mg</i>	63
<i>nicotine step 3</i>	63
<i>nicotine td patch 24hr 14 mg/24hr</i>	63
<i>nicotine td patch 24hr 21 mg/24hr</i>	63
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<i>nilotinib hcl cap 200 mg (base equivalent)</i>	25
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	25
<i>nilutamide tab 150 mg</i>	22
<i>nimodipine cap 30 mg</i>	38

<i>nintedanib esylate cap 100 mg (base equivalent)</i>	106
<i>nintedanib esylate cap 150 mg (base equivalent)</i>	106
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<i>nisoldipine tab er 24hr 17 mg</i>	38
<i>nisoldipine tab er 24hr 34 mg</i>	38
<i>nisoldipine tab er 24hr 8.5 mg</i>	38
<i>nitazoxanide tab 500 mg</i>	16
<i>nitisinone cap 10 mg</i>	75
<i>nitisinone cap 2 mg</i>	75
<i>nitisinone cap 20 mg</i>	75
<i>nitisinone cap 5 mg</i>	75
<i>nitro-bid</i>	41
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<i>nitrofurantoin macrocrystalline cap 50 mg</i> 16	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	16
<i>nitrofurantoin susp 25 mg/5ml</i>	16
<i>nitroglycerin oint 0.4%</i>	113
<i>nitroglycerin sl tab 0.3 mg</i>	41
<i>nitroglycerin sl tab 0.4 mg</i>	41
<i>nitroglycerin sl tab 0.6 mg</i>	41
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	41
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	41
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	41
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	41
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NIVESTYM INJ 480/0.8.....	87
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<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	71

<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	71
<i>norethindrone acetate tab 5 mg</i>	78
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	77
<i>norethindrone tab 0.35 mg</i>	71
<i>norgesic</i>	61
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	71
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	71
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	71
<i>NORPACE CAP 100MG CR</i>	32
<i>NORPACE CAP 150MG CR</i>	32
<i>nortrel 0.5/35 (28)</i>	71
<i>nortrel 1/35</i>	71
<i>nortrel 7/7/7</i>	71
<i>nortriptyline hcl cap 10 mg</i>	46
<i>nortriptyline hcl cap 25 mg</i>	46
<i>nortriptyline hcl cap 50 mg</i>	46
<i>nortriptyline hcl cap 75 mg</i>	46
<i>nortriptyline hcl soln 10 mg/5ml</i>	46
<i>NORVIR POW 100MG</i>	11
<i>NOVOFINE MIS 32GX6MM</i>	73
<i>NOVOLIN INJ 70/30</i>	66
<i>NOVOLIN INJ 70/30 FP</i>	66
<i>NOVOLIN N INJ 100 UNIT</i>	66
<i>NOVOLIN N INJ U-100</i>	66
<i>NOVOLIN R INJ 100 UNIT</i>	66
<i>NOVOLIN R INJ U-100</i>	66
<i>NOVOLOG INJ 100/ML</i>	66
<i>NOVOLOG INJ FLEXPEN</i>	66
<i>NOVOLOG INJ PENFILL</i>	66
<i>NOVOLOG MIX INJ 70/30</i>	67
<i>NOVOLOG MIX INJ FLEXPEN</i>	67
<i>NUBEQA TAB 300MG</i>	22
<i>NUCALA INJ 100MG/ML</i>	107
<i>NUCALA INJ 40MG/0.4</i>	107
<i>NUCYNTA ER TAB 100MG</i>	5
<i>NUCYNTA ER TAB 150MG</i>	5
<i>NUCYNTA ER TAB 200MG</i>	5
<i>NUCYNTA ER TAB 250MG</i>	5
<i>NUCYNTA ER TAB 50MG</i>	5
<i>NUCYNTA TAB 100MG</i>	6
<i>NUCYNTA TAB 50MG</i>	5
<i>NUCYNTA TAB 75MG</i>	6
<i>NUEDEXTA CAP 20-10MG</i>	63

<i>NULOJIX INJ 250MG</i>	96
<i>NUVAXOVID INJ 2025-26</i>	97
<i>nylia 1/35</i>	71
<i>nystatin cream 100000 unit/gm</i>	110
<i>nystatin oint 100000 unit/gm</i>	110
<i>nystatin susp 100000 unit/ml</i>	113
<i>nystatin tab 500000 unit</i>	9
<i>nystatin topical powder 100000 unit/gm</i>	110
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	110
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	110
<i>nystop</i>	110
<i>NYVEPRIA INJ 6/0.6ML</i>	87
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	64
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	64
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	64
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	64
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	64
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	64
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	64
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	64
<i>ODEFSEY TAB</i>	12
<i>ODOMZO CAP 200MG</i>	27
<i>ofloxacin ophth soln 0.3%</i>	101
<i>ofloxacin otic soln 0.3%</i>	114
<i>ofloxacin tab 300 mg</i>	15
<i>ofloxacin tab 400 mg</i>	15
<i>olanzapine for im inj 10 mg</i>	50
<i>olanzapine orally disintegrating tab 10 mg</i>	50
<i>olanzapine orally disintegrating tab 15 mg</i>	50
<i>olanzapine orally disintegrating tab 20 mg</i>	50
<i>olanzapine orally disintegrating tab 5 mg</i>	50
<i>olanzapine tab 10 mg</i>	50
<i>olanzapine tab 15 mg</i>	50
<i>olanzapine tab 2.5 mg</i>	50
<i>olanzapine tab 20 mg</i>	50
<i>olanzapine tab 5 mg</i>	50
<i>olanzapine tab 7.5 mg</i>	50
<i>olmesartan medoxomil tab 20 mg</i>	32

<i>olmesartan medoxomil tab 40 mg</i>	32	<i>ondansetron hcl tab 24 mg</i>	80
<i>olmesartan medoxomil tab 5 mg</i>	31	<i>ondansetron hcl tab 4 mg</i>	80
<i>olmesartan medoxomil-hydrochlorothiazide tab</i>		<i>ondansetron hcl tab 8 mg</i>	80
<i>20-12.5 mg</i>	31	<i>ondansetron orally disintegrating tab 4 mg</i> ..	80
<i>olmesartan medoxomil-hydrochlorothiazide tab</i>		<i>ondansetron orally disintegrating tab 8 mg</i> ..	80
<i>40-12.5 mg</i>	31	ONGENTYS CAP 25MG	48
<i>olmesartan medoxomil-hydrochlorothiazide tab</i>		ONGENTYS CAP 50MG	48
<i>40-25 mg</i>	31	OPILL TAB 0.075MG	71
<i>olmesartan-amlodipine-hydrochlorothiazide</i>		OPSUMIT TAB 10MG.....	41
<i>tab 20-5-12.5 mg</i>	31	<i>oralone dental paste</i>	113
<i>olmesartan-amlodipine-hydrochlorothiazide</i>		ORAVIG TAB 50MG.....	113
<i>tab 40-10-12.5 mg</i>	31	ORFADIN SUS 4MG/ML	75
<i>olmesartan-amlodipine-hydrochlorothiazide</i>		ORLISSA TAB 150MG	74
<i>tab 40-10-25 mg</i>	31	ORLISSA TAB 200MG	74
<i>olmesartan-amlodipine-hydrochlorothiazide</i>		ORKAMBI GRA 100-125	105
<i>tab 40-5-12.5 mg</i>	31	ORKAMBI GRA 150-188	105
<i>olmesartan-amlodipine-hydrochlorothiazide</i>		ORKAMBI GRA 75-94MG.....	105
<i>tab 40-5-25 mg</i>	31	ORKAMBI TAB 100-125	105
<i>olopatadine hcl nasal soln 0.6%</i>	104	ORKAMBI TAB 200-125	105
<i>olopatadine hcl ophth soln 0.2% (base</i>		<i>orphenadrine citrate inj 30 mg/ml</i>	61
<i>equivalent)</i>	101	<i>orphenadrine citrate tab er 12hr 100 mg</i>	61
OLUMIANT TAB 1MG	92	<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	
OLUMIANT TAB 2MG	92	.....	13
OLUMIANT TAB 4MG	92	<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	
<i>omega-3-acid ethyl esters cap 1 gm</i>	35	.....	13
<i>omeprazole cap delayed release 10 mg</i>	83	<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	
<i>omeprazole cap delayed release 20 mg</i>	83	.....	13
<i>omeprazole cap delayed release 40 mg</i>	84	<i>oseltamivir phosphate for susp 6 mg/ml (base</i>	
<i>omeprazole-sodium bicarbonate powd pack for</i>		<i>equiv)</i>	13
<i>susp 20-1680 mg</i>	84	OSPHEA TAB 60MG.....	77
<i>omeprazole-sodium bicarbonate powd pack for</i>		OSPOMYV INJ 60MG/ML	68
<i>susp 40-1680 mg</i>	84	OTEZLA TAB 10/20.....	92
OMNARIS SPR.....	106	OTEZLA TAB 10/20/30	92
OMNIFLEX DPR.....	71	OTEZLA TAB 20MG	92
OMNIPOD 5 DX KIT INT G7G6	73	OTEZLA TAB 30MG	92
OMNIPOD 5 DX MIS POD G7G6.....	73	OTEZLA XR TAB 75MG.....	92
OMNIPOD 5 G7 KIT INTRO.....	73	OTEZLA/XR TAB 28 DAY	92
OMNIPOD 5 G7 MIS PODS.....	73	<i>oxaliplatin for iv inj 100 mg</i>	28
OMNIPOD DASH KIT INTRO	73	<i>oxaliplatin for iv inj 50 mg</i>	28
OMNIPOD DASH KIT PDM	73	<i>oxaliplatin iv soln 100 mg/20ml</i>	28
OMNIPOD DASH MIS PODS	73	<i>oxaliplatin iv soln 50 mg/10ml</i>	28
OMNIPOD MIS CLASSIC	73	<i>oxaprozin tab 600 mg</i>	2
OMNIPOD PDM KIT CLASSIC.....	73	<i>oxazepam cap 10 mg</i>	43
ONCASPAR INJ 750/ML.....	27	<i>oxazepam cap 15 mg</i>	43
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	80	<i>oxazepam cap 30 mg</i>	43
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i> ...	80	<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> 54	
<i>ondansetron hcl inj soln prefsyr 4 mg/2ml</i>	80	<i>oxcarbazepine tab 150 mg</i>	54
<i>ondansetron hcl oral soln 4 mg/5ml</i>	80	<i>oxcarbazepine tab 300 mg</i>	54

<i>oxcarbazepine tab 600 mg</i>	54
<i>oxiconazole nitrate cream 1%</i>	110
<i>oxybutynin chloride solution 5 mg/5ml</i>	85
<i>oxybutynin chloride tab 5 mg</i>	85
<i>oxybutynin chloride tab er 24hr 10 mg</i>	85
<i>oxybutynin chloride tab er 24hr 15 mg</i>	85
<i>oxybutynin chloride tab er 24hr 5 mg</i>	85
<i>oxycodone hcl cap 5 mg</i>	6
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	6
<i>oxycodone hcl soln 5 mg/5ml</i>	6
<i>oxycodone hcl tab 10 mg</i>	6
<i>oxycodone hcl tab 15 mg</i>	6
<i>oxycodone hcl tab 20 mg</i>	6
<i>oxycodone hcl tab 30 mg</i>	6
<i>oxycodone hcl tab 5 mg</i>	6
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> ..	6
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> .	6
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	6
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> .	6
<i>oxymorphone hcl tab 10 mg</i>	6
<i>oxymorphone hcl tab 5 mg</i>	6
<i>oxymorphone hcl tab er 12hr 10 mg</i>	7
<i>oxymorphone hcl tab er 12hr 15 mg</i>	7
<i>oxymorphone hcl tab er 12hr 20 mg</i>	7
<i>oxymorphone hcl tab er 12hr 30 mg</i>	7
<i>oxymorphone hcl tab er 12hr 40 mg</i>	7
<i>oxymorphone hcl tab er 12hr 5 mg</i>	7
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	7
<i>OZEMPIC INJ 2MG/3ML</i>	66
<i>OZEMPIC INJ 4MG/3ML</i>	66
<i>OZEMPIC INJ 8MG/3ML</i>	66
<i>OZEMPIC TAB 1.5MG</i>	66
<i>OZEMPIC TAB 4MG</i>	66
<i>OZEMPIC TAB 9MG</i>	66
<i>pacerone</i>	32
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i> .	27
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	28
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	27
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	28
<i>PADCEV INJ 20MG</i>	21
<i>PADCEV INJ 30MG</i>	21
<i>paliperidone tab er 24hr 1.5 mg</i>	50
<i>paliperidone tab er 24hr 3 mg</i>	50
<i>paliperidone tab er 24hr 6 mg</i>	51
<i>paliperidone tab er 24hr 9 mg</i>	51
<i>pamidronate disodium iv soln 3 mg/ml</i>	68
<i>PANDA MASK MIS PEDIATRI</i>	106

<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	84
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	84
<i>PARAGARD IUD T380A</i>	71
<i>paricalcitol cap 1 mcg</i>	79
<i>paricalcitol cap 2 mcg</i>	79
<i>paricalcitol cap 4 mcg</i>	79
<i>paroxetine hcl tab 10 mg</i>	46
<i>paroxetine hcl tab 20 mg</i>	46
<i>paroxetine hcl tab 30 mg</i>	46
<i>paroxetine hcl tab 40 mg</i>	46
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	46
<i>paroxetine hcl tab er 24hr 25 mg</i>	46
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	46
<i>PAXLOVID PAK</i>	13
<i>PAXLOVID TAB 150-100</i>	13
<i>PAXLOVID TAB 300-100</i>	13
<i>pazopanib hcl tab 200 mg (base equiv)</i>	25
<i>PEDIARIX INJ 0.5ML</i>	97
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	100
<i>PEDVAXHIB INJ 7.5MCG</i>	97
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	82
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	82
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> ..	82
<i>PEGASYS INJ</i>	15
<i>PEGASYS INJ 180MCG/M</i>	15
<i>PEG-PREP KIT</i>	82
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	20
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	20
<i>PENBRAYA INJ</i>	97
<i>penciclovir cream 1%</i>	113
<i>penicillamine tab 250 mg</i>	69
<i>penicillin g potassium for inj 20000000 unit</i> ..	18
<i>penicillin g potassium for inj 5000000 unit</i>	18
<i>penicillin g sodium for inj 5000000 unit</i>	18
<i>penicillin v potassium for soln 125 mg/5ml</i> ...	18
<i>penicillin v potassium for soln 250 mg/5ml</i> ...	18
<i>penicillin v potassium tab 250 mg</i>	18
<i>penicillin v potassium tab 500 mg</i>	18
<i>PENMENVY INJ</i>	97
<i>PENTACEL INJ</i>	98
<i>pentamidine isethionate for inj soln 300 mg</i> ...	16

<i>pentamidine isethionate for nebulization soln</i>	
300 mg	16
<i>pentoxifylline tab er 400 mg</i>	88
<i>perampanel susp 0.5 mg/ml</i>	54
<i>perampanel tab 10 mg</i>	54
<i>perampanel tab 12 mg</i>	54
<i>perampanel tab 2 mg</i>	54
<i>perampanel tab 4 mg</i>	54
<i>perampanel tab 6 mg</i>	54
<i>perampanel tab 8 mg</i>	54
<i>perindopril erbumine tab 2 mg</i>	30
<i>perindopril erbumine tab 4 mg</i>	30
<i>perindopril erbumine tab 8 mg</i>	30
<i>periogard</i>	113
<i>permethrin cream 5%</i>	113
<i>perphenazine tab 16 mg</i>	51
<i>perphenazine tab 2 mg</i>	51
<i>perphenazine tab 4 mg</i>	51
<i>perphenazine tab 8 mg</i>	51
<i>perphenazine-amitriptyline tab 2-10 mg</i>	63
<i>perphenazine-amitriptyline tab 2-25 mg</i>	63
<i>perphenazine-amitriptyline tab 4-10 mg</i>	63
<i>perphenazine-amitriptyline tab 4-25 mg</i>	63
<i>perphenazine-amitriptyline tab 4-50 mg</i>	63
<i>pfizerpen</i>	18
<i>PHEBURANE MIS 483/GM</i>	79
<i>phenelzine sulfate tab 15 mg</i>	46
<i>phenobarbital elixir 20 mg/5ml</i>	54
<i>phenobarbital tab 100 mg</i>	54
<i>phenobarbital tab 15 mg</i>	54
<i>phenobarbital tab 16.2 mg</i>	54
<i>phenobarbital tab 30 mg</i>	54
<i>phenobarbital tab 32.4 mg</i>	54
<i>phenobarbital tab 60 mg</i>	54
<i>phenobarbital tab 64.8 mg</i>	54
<i>phenobarbital tab 97.2 mg</i>	54
<i>phenoxybenzamine hcl cap 10 mg</i>	40
<i>phenylephrine hcl ophth soln 10%</i>	102
<i>phenylephrine hcl ophth soln 2.5%</i>	102
<i>phenytoin infatabs</i>	54
<i>phenytoin sodium extended cap 100 mg</i>	54
<i>phenytoin sodium extended cap 200 mg</i>	54
<i>phenytoin sodium extended cap 300 mg</i>	54
<i>phenytoin sodium inj 50 mg/ml</i>	54
<i>phenytoin susp 125 mg/5ml</i>	54
<i>PHEXX GEL</i>	84
<i>PHEXXI GEL</i>	84
<i>PHOSPHOLINE SOL 0.125%OP</i>	102

<i>PHOTOFRIN INJ 75MG</i>	27
<i>phytonadione tab 5 mg</i>	100
<i>pilocarpine hcl ophth soln 1%</i>	102
<i>pilocarpine hcl tab 5 mg</i>	113
<i>pilocarpine hcl tab 7.5 mg</i>	113
<i>pimecrolimus cream 1%</i>	110
<i>pimozide tab 1 mg</i>	63
<i>pimozide tab 2 mg</i>	63
<i>pindolol tab 10 mg</i>	36
<i>pindolol tab 5 mg</i>	36
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	67
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	67
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	67
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	67
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	67
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	67
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	67
<i>piperacillin sod-tazobactam na for inj 3.375 gm</i> (3-0.375 gm)	18
<i>piperacillin sod-tazobactam sod for inj 2.25 gm</i> (2-0.25 gm)	18
<i>piperacillin sod-tazobactam sod for inj 40.5 gm</i> (36-4.5 gm).....	18
<i>pirfenidone cap 267 mg</i>	106
<i>pirfenidone tab 267 mg</i>	106
<i>pirfenidone tab 801 mg</i>	106
<i>piroxicam cap 10 mg</i>	2
<i>piroxicam cap 20 mg</i>	2
<i>pitavastatin calcium tab 1 mg</i>	34
<i>pitavastatin calcium tab 2 mg</i>	34
<i>pitavastatin calcium tab 4 mg</i>	34
<i>PLENVU SOL</i>	82
<i>PNEUMOVAX 23 INJ 25/0.5</i>	98
<i>pnv-dha</i>	99
<i>pnv-select</i>	99
<i>podofilox gel 0.5%</i>	113
<i>podofilox soln 0.5%</i>	113
<i>POLIVY INJ 140MG</i>	27
<i>POLIVY INJ 30MG</i>	27
<i>polyethylene glycol 3350 oral powder 17</i> gm/scoop	82
<i>polymyxin b sulfate for inj 500000 unit</i>	16
<i>polymyxin b-trimethoprim ophth soln 10000</i> unit/ml-0.1%	101
<i>pomalidomide cap 1 mg</i>	21
<i>pomalidomide cap 2 mg</i>	21

<i>pomalidomide cap 3 mg</i>	21
<i>pomalidomide cap 4 mg</i>	21
<i>portia-28</i>	71
<i>posaconazole susp 40 mg/ml</i>	9
<i>posaconazole tab delayed release 100 mg</i>	9
<i>potassium chloride cap er 10 meq</i>	99
<i>potassium chloride cap er 8 meq</i>	99
<i>potassium chloride inj 2 meq/ml</i>	99
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	99
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	99
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	99
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	99
<i>potassium chloride tab er 10 meq</i>	99
<i>potassium chloride tab er 15 meq</i>	99
<i>potassium chloride tab er 20 meq (1500 mg)</i>	99
<i>potassium chloride tab er 8 meq (600 mg)</i>	99
<i>potassium citrate tab er 10 meq (1080 mg)</i>	85
<i>potassium citrate tab er 15 meq (1620 mg)</i>	85
<i>potassium citrate tab er 5 meq (540 mg)</i>	85
<i>pramipexole dihydrochloride tab 0.125 mg</i>	48
<i>pramipexole dihydrochloride tab 0.25 mg</i>	48
<i>pramipexole dihydrochloride tab 0.5 mg</i>	48
<i>pramipexole dihydrochloride tab 0.75 mg</i>	48
<i>pramipexole dihydrochloride tab 1 mg</i>	48
<i>pramipexole dihydrochloride tab 1.5 mg</i>	48
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	48
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	48
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	48
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	48
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	48
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	48
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	48
<i>prasugrel hcl tab 10 mg (base equiv)</i>	88
<i>prasugrel hcl tab 5 mg (base equiv)</i>	88
<i>pravastatin sodium tab 10 mg</i>	34
<i>pravastatin sodium tab 20 mg</i>	34
<i>pravastatin sodium tab 40 mg</i>	34

<i>pravastatin sodium tab 80 mg</i>	34
<i>praziquantel tab 600 mg</i>	9
<i>prazosin hcl cap 1 mg</i>	30
<i>prazosin hcl cap 2 mg</i>	30
<i>prazosin hcl cap 5 mg</i>	30
<i>PRED SOD PHO SOL 1% OP</i>	101
<i>prednisolone acetate ophth susp 1%</i>	101
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	75
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	75
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	75
<i>prednisolone soln 15 mg/5ml</i>	75
<i>PREDNISON CON 5MG/ML</i>	75
<i>prednisone oral soln 5 mg/5ml</i>	75
<i>prednisone tab 1 mg</i>	75
<i>prednisone tab 10 mg</i>	75
<i>prednisone tab 2.5 mg</i>	75
<i>prednisone tab 20 mg</i>	75
<i>prednisone tab 5 mg</i>	75
<i>prednisone tab 50 mg</i>	75
<i>prednisone tab therapy pack 10 mg (21)</i>	75
<i>prednisone tab therapy pack 10 mg (48)</i>	75
<i>prednisone tab therapy pack 5 mg (21)</i>	75
<i>prednisone tab therapy pack 5 mg (48)</i>	75
<i>pregabalin cap 100 mg</i>	54
<i>pregabalin cap 150 mg</i>	54
<i>pregabalin cap 200 mg</i>	54
<i>pregabalin cap 225 mg</i>	55
<i>pregabalin cap 25 mg</i>	54
<i>pregabalin cap 300 mg</i>	55
<i>pregabalin cap 50 mg</i>	54
<i>pregabalin cap 75 mg</i>	54
<i>pregabalin soln 20 mg/ml</i>	55
<i>PREMARIN VAG CRE 0.625MG</i>	77
<i>PRETOMANID TAB 200MG</i>	12
<i>prevalite</i>	33
<i>PREVNAR 20 INJ</i>	98
<i>PREZCOBIX TAB 675/150</i>	12
<i>PREZCOBIX TAB 800-150</i>	12
<i>PREZISTA SUS 100MG/ML</i>	11
<i>PREZISTA TAB 150MG</i>	11
<i>PREZISTA TAB 75MG</i>	11
<i>PRIFTIN TAB 150MG</i>	12
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	10
<i>primidone tab 250 mg</i>	55

<i>primidone tab 50 mg</i>	55
<i>PRIORIX INJ</i>	98
<i>probenecid tab 500 mg</i>	1
<i>procainamide hcl inj 100 mg/ml</i>	32
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	81
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	80
<i>prochlorperazine suppos 25 mg</i>	81
<i>proctozone-hc</i>	84
<i>progesterone cap 100 mg</i>	78
<i>progesterone cap 200 mg</i>	78
<i>PROGRAF GRA 0.2MG</i>	96
<i>PROGRAF GRA 1MG</i>	96
<i>PROLASTIN-C INJ 1000MG</i>	102
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	104
<i>promethazine hcl inj 25 mg/ml</i>	81
<i>promethazine hcl inj 50 mg/ml</i>	81
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	81
<i>promethazine hcl suppos 12.5 mg</i>	81
<i>promethazine hcl suppos 25 mg</i>	81
<i>promethazine hcl tab 12.5 mg</i>	81
<i>promethazine hcl tab 25 mg</i>	81
<i>promethazine hcl tab 50 mg</i>	81
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	104
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	105
<i>promethegan</i>	81
<i>propafenone hcl cap er 12hr 225 mg</i>	32
<i>propafenone hcl cap er 12hr 325 mg</i>	32
<i>propafenone hcl cap er 12hr 425 mg</i>	32
<i>propafenone hcl tab 150 mg</i>	32
<i>propafenone hcl tab 225 mg</i>	32
<i>propafenone hcl tab 300 mg</i>	32
<i>proparacaine hcl ophth soln 0.5%</i>	102
<i>propranolol hcl cap er 24hr 120 mg</i>	36
<i>propranolol hcl cap er 24hr 160 mg</i>	36
<i>propranolol hcl cap er 24hr 60 mg</i>	36
<i>propranolol hcl cap er 24hr 80 mg</i>	36
<i>propranolol hcl oral soln 20 mg/5ml</i>	36
<i>propranolol hcl oral soln 40 mg/5ml</i>	36
<i>propranolol hcl tab 10 mg</i>	36
<i>propranolol hcl tab 20 mg</i>	36
<i>propranolol hcl tab 40 mg</i>	36
<i>propranolol hcl tab 60 mg</i>	36
<i>propranolol hcl tab 80 mg</i>	36
<i>propylthiouracil tab 50 mg</i>	78

<i>PROQUAD INJ</i>	98
<i>protriptyline hcl tab 10 mg</i>	46
<i>protriptyline hcl tab 5 mg</i>	46
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	105
<i>pyrazinamide tab 500 mg</i>	12
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	62
<i>pyridostigmine bromide tab 60 mg</i>	62
<i>pyridostigmine bromide tab er 180 mg</i>	62
<i>pyridoxine hcl tab 25 mg</i>	100
<i>pyridoxine hcl tab 50 mg</i>	100
<i>pyrimethamine tab 25 mg</i>	16
<i>PYZCHIVA INJ 45/0.5ML</i>	92
<i>PYZCHIVA INJ 90MG/ML</i>	93
<i>QUADRACEL INJ 0.5ML</i>	98
<i>quetiapine fumarate tab 100 mg</i>	51
<i>quetiapine fumarate tab 200 mg</i>	51
<i>quetiapine fumarate tab 25 mg</i>	51
<i>quetiapine fumarate tab 300 mg</i>	51
<i>quetiapine fumarate tab 400 mg</i>	51
<i>quetiapine fumarate tab 50 mg</i>	51
<i>quetiapine fumarate tab er 24hr 150 mg</i>	51
<i>quetiapine fumarate tab er 24hr 200 mg</i>	51
<i>quetiapine fumarate tab er 24hr 300 mg</i>	51
<i>quetiapine fumarate tab er 24hr 400 mg</i>	51
<i>quetiapine fumarate tab er 24hr 50 mg</i>	51
<i>quinapril hcl tab 10 mg</i>	30
<i>quinapril hcl tab 20 mg</i>	30
<i>quinapril hcl tab 40 mg</i>	30
<i>quinapril hcl tab 5 mg</i>	30
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	29
<i>quinine sulfate cap 324 mg</i>	10
<i>QULIPTA TAB 10MG</i>	59
<i>QULIPTA TAB 30MG</i>	59
<i>QULIPTA TAB 60MG</i>	59
<i>rabeprazole sodium ec tab 20 mg</i>	84
<i>raloxifene hcl tab 60 mg</i>	77
<i>ramelteon tab 8 mg</i>	58
<i>ramipril cap 1.25 mg</i>	30
<i>ramipril cap 10 mg</i>	30
<i>ramipril cap 2.5 mg</i>	30
<i>ramipril cap 5 mg</i>	30
<i>ranitidine hcl tab 150 mg</i>	81
<i>ranitidine hcl tab 300 mg</i>	81
<i>ranolazine tab er 12hr 1000 mg</i>	40
<i>ranolazine tab er 12hr 500 mg</i>	40
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i> ..	48

<i>rasagiline mesylate tab 1 mg (base equiv)</i>	48	<i>risperidone tab 1 mg</i>	51
<i>reclipsen</i>	71	<i>risperidone tab 2 mg</i>	51
RECOMBIVA HB INJ 10MCG/ML	98	<i>risperidone tab 3 mg</i>	51
RECOMBIVA HB INJ 5MCG/0.5	98	<i>risperidone tab 4 mg</i>	51
RECOMBIVA-HB INJ 40MCG/ML.....	98	<i>ritonavir tab 100 mg</i>	11
RELENZA MIS DISKHALE.....	13	<i>rivaroxaban for susp 1 mg/ml</i>	87
<i>repaglinide tab 0.5 mg</i>	67	<i>rivaroxaban tab 2.5 mg</i>	87
<i>repaglinide tab 1 mg</i>	67	<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	43
<i>repaglinide tab 2 mg</i>	67	<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	43
REPATHA INJ 140MG/ML.....	35	<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	44
REPATHA SURE INJ 140MG/ML	35	<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	44
RESTASIS MUL EMU 0.05% OP	102	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	44
RETACRIT INJ 10000UNT.....	88	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	44
RETACRIT INJ 20000UNI.....	88	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	44
RETACRIT INJ 2000UNIT.....	87	<i>rivelsa</i>	71
RETACRIT INJ 3000UNIT.....	88	<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	60
RETACRIT INJ 40000UNT.....	88	<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	60
RETACRIT INJ 4000UNIT.....	88	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	60
RETROVIR INJ 10MG/ML.....	11	<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	60
REYATAZ POW 50MG.....	11	<i>roflumilast tab 250 mcg</i>	106
<i>ribavirin cap 200 mg</i>	15	<i>roflumilast tab 500 mcg</i>	106
<i>ribavirin tab 200 mg</i>	15	<i>ropinirole hydrochloride tab 0.25 mg</i>	48
<i>rifabutin cap 150 mg</i>	12	<i>ropinirole hydrochloride tab 0.5 mg</i>	48
<i>rifampin cap 150 mg</i>	12	<i>ropinirole hydrochloride tab 1 mg</i>	48
<i>rifampin cap 300 mg</i>	12	<i>ropinirole hydrochloride tab 2 mg</i>	48
<i>rifampin for inj 600 mg</i>	12	<i>ropinirole hydrochloride tab 3 mg</i>	48
<i>rilpivirine hcl tab 25 mg (base equivalent)</i>	11	<i>ropinirole hydrochloride tab 4 mg</i>	48
<i>riluzole tab 50 mg</i>	42	<i>ropinirole hydrochloride tab 5 mg</i>	48
<i>rimantadine hydrochloride tab 100 mg</i>	13	<i>rosuvastatin calcium tab 10 mg</i>	34
RINVOQ LQ SOL 1MG/ML.....	93	<i>rosuvastatin calcium tab 20 mg</i>	34
RINVOQ TAB 15MG ER	93	<i>rosuvastatin calcium tab 40 mg</i>	34
RINVOQ TAB 30MG ER	93	<i>rosuvastatin calcium tab 5 mg</i>	34
RINVOQ TAB 45MG ER	93	ROTARIX SUS.....	98
<i>risedronate sodium tab 150 mg</i>	68	ROTATEQ SOL	98
<i>risedronate sodium tab 30 mg</i>	68	<i>rufinamide susp 40 mg/ml</i>	55
<i>risedronate sodium tab 35 mg</i>	68	<i>rufinamide tab 200 mg</i>	55
<i>risedronate sodium tab 5 mg</i>	68	<i>rufinamide tab 400 mg</i>	55
<i>risedronate sodium tab delayed release 35 mg</i>	68	RUXIENCE INJ 100/10ML.....	21
<i>risperidone orally disintegrating tab 0.25 mg</i> 51		RUXIENCE INJ 500/50ML.....	21
<i>risperidone orally disintegrating tab 0.5 mg</i> ..	51	RYDAPT CAP 25MG	25
<i>risperidone orally disintegrating tab 1 mg</i>	51		
<i>risperidone orally disintegrating tab 2 mg</i>	51		
<i>risperidone orally disintegrating tab 3 mg</i>	51		
<i>risperidone orally disintegrating tab 4 mg</i>	51		
<i>risperidone soln 1 mg/ml</i>	51		
<i>risperidone tab 0.25 mg</i>	51		
<i>risperidone tab 0.5 mg</i>	51		

RYKINDO INJ 25MG.....	51	<i>simvastatin tab 40 mg.....</i>	35
RYKINDO INJ 37.5MG	51	<i>simvastatin tab 5 mg</i>	34
RYKINDO INJ 50MG.....	51	<i>simvastatin tab 80 mg.....</i>	35
<i>sacubitril-valsartan tab 24-26 mg</i>	40	<i>sirolimus oral soln 1 mg/ml</i>	96
<i>sacubitril-valsartan tab 49-51 mg</i>	40	<i>sirolimus tab 0.5 mg</i>	96
<i>sacubitril-valsartan tab 97-103 mg</i>	40	<i>sirolimus tab 1 mg</i>	96
SANCUSO DIS 3.1MG.....	81	<i>sirolimus tab 2 mg</i>	96
SANDIMMUNE INJ 50MG/ML.....	96	SIRTURO TAB 100MG.....	12
<i>sapropterin dihydrochloride powder packet 100</i>		SIRTURO TAB 20MG	12
<i>mg.....</i>	77	<i>sitagliptin phosphate tab 100 mg (base equiv)</i>	
<i>sapropterin dihydrochloride powder packet 500</i>		<i>.....</i>	65
<i>mg.....</i>	77	<i>sitagliptin phosphate tab 25 mg (base equiv).</i>	65
<i>sapropterin dihydrochloride tab 100 mg</i>	77	<i>sitagliptin phosphate tab 50 mg (base equiv).</i>	65
<i>sb lice treatment.....</i>	113	<i>sitagliptin phosphate-metformin hcl tab 50-</i>	
SCEMBLIX TAB 100MG.....	25	<i>1000 mg.....</i>	65
SCEMBLIX TAB 20MG.....	25	<i>sitagliptin phosphate-metformin hcl tab 50-500</i>	
SCEMBLIX TAB 40MG.....	25	<i>mg</i>	65
<i>scopolamine td patch 72hr 1 mg/3days</i>	81	SKYLA IUD 13.5MG.....	71
<i>selegiline hcl cap 5 mg</i>	48	SKYRIZI INJ 150MG/ML	93
<i>selegiline hcl tab 5 mg</i>	48	SKYRIZI INJ 180/1.2	93
<i>selenium sulfide lotion 2.5%</i>	110	SKYRIZI INJ 360/2.4	93
SELZENTRY SOL 20MG/ML	11	SKYRIZI PEN INJ 150MG/ML.....	93
SEREVENT DIS AER 50MCG.....	104	SKYRIZI SOL 60MG/ML	89
<i>sertraline hcl oral concentrate for solution 20</i>		SLYND TAB 4MG.....	71
<i>mg/ml.....</i>	46	SOD CHLORIDE INJ 0.9%	99
<i>sertraline hcl tab 100 mg</i>	46	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-</i>	
<i>sertraline hcl tab 25 mg.....</i>	46	<i>1.6 gm/177ml</i>	82
<i>sertraline hcl tab 50 mg.....</i>	46	<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	99
<i>sevelamer carbonate packet 0.8 gm.....</i>	78	<i>sodium chloride irrigation soln 0.9%.....</i>	113
<i>sevelamer carbonate packet 2.4 gm.....</i>	78	<i>sodium chloride iv soln 0.45%</i>	99
<i>sevelamer carbonate tab 800 mg</i>	78	<i>sodium chloride iv soln 0.9%.....</i>	99
SHARPS CONT MIS 2QUART	73	<i>sodium chloride iv soln 3%</i>	99
SHINGRIX INJ 50/0.5ML.....	98	<i>sodium chloride iv soln 5%</i>	99
SIGNIFOR INJ 0.3MG/ML	77	<i>sodium chloride preservative free (pf) inj 0.9%</i>	
SIGNIFOR INJ 0.6MG/ML	77	<i>.....</i>	99
SIGNIFOR INJ 0.9MG/ML	77	<i>sodium chloride soln nebu 0.9%</i>	106
<i>sildenafil citrate iv soln 10 mg/12.5ml (base</i>		<i>sodium chloride soln nebu 10%</i>	106
<i>equivalent)</i>	41	<i>sodium chloride soln nebu 3%.....</i>	106
<i>sildenafil citrate tab 20 mg</i>	41	<i>sodium chloride soln nebu 7%.....</i>	106
<i>silodosin cap 4 mg</i>	84	<i>sodium fluoride chew tab 0.25 mg f (from 0.55</i>	
<i>silodosin cap 8 mg</i>	84	<i>mg naf).....</i>	99
<i>silver sulfadiazine cream 1%</i>	109	<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg</i>	
SIMBRINZA SUS 1-0.2%	102	<i>naf).....</i>	99
SIMPONI ARIA SOL 50MG/4ML	89	<i>sodium fluoride chew tab 1 mg f (from 2.2 mg</i>	
SIMPONI INJ 100MG/ML.....	93	<i>naf).....</i>	99
SIMPONI INJ 50/0.5ML.....	93	<i>sodium fluoride soln 0.5 mg/ml f (from 1.1</i>	
<i>simvastatin tab 10 mg.....</i>	34	<i>mg/ml naf)</i>	99
<i>simvastatin tab 20 mg.....</i>	34		

<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	<i>sps</i>	78
.....	<i>ssd</i>	109
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	STIOLTO AER 2.5-2.5.....	103
<i>sodium oxybate oral solution 500 mg/ml</i>	STIVARGA TAB 40MG.....	25
<i>sodium phenylbutyrate oral powder 3</i>	STOBOCLO INJ 60MG/ML.....	68
<i>gm/teaspoonful</i>	STRIVERDI AER 2.5MCG.....	104
<i>sodium phenylbutyrate tab 500 mg</i>	SUBLOCADE INJ 100/0.5.....	8
SOFTCLIX MIS LANCETS	SUBLOCADE INJ 300/1.5.....	8
<i>solifenacin succinate tab 10 mg</i>	SUCRAID SOL 8500/ML.....	83
<i>solifenacin succinate tab 5 mg</i>	<i>sucralfate tab 1 gm</i>	83
SOLQUA INJ 100/33	SUFLAVE SOL.....	82
SOLU-CORTEF INJ 1000MG.....	<i>sulconazole nitrate cream 1%</i>	110
SOLU-CORTEF INJ 250MG	<i>sulconazole nitrate solution 1%</i>	110
SOLU-CORTEF INJ 500MG	<i>sulfacetamide sodium lotion 10% (acne)</i>	108
SOLU-MEDROL INJ 2GM.....	<i>sulfacetamide sodium ophth soln 10%</i>	101
SOMATULINE INJ 120/.5ML.....	<i>sulfacetamide sodium-prednisolone ophth soln</i>	
SOMATULINE INJ 60/0.2ML.....	<i>10-0.23(0.25)%</i>	100
SOMATULINE INJ 90/0.3ML.....	<i>sulfadiazine tab 500 mg</i>	9
SOMAVERT INJ 10MG.....	<i>sulfamethoxazole-trimethoprim susp 200-40</i>	
SOMAVERT INJ 15MG.....	<i>mg/5ml</i>	16
SOMAVERT INJ 20MG.....	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	
SOMAVERT INJ 25MG.....	.....	16
SOMAVERT INJ 30MG.....	<i>sulfamethoxazole-trimethoprim tab 800-160</i>	
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	<i>mg</i>	17
.....	SULFAMILYLON CRE 85MG/GM	109
<i>sotalol hcl (afib/afl) tab 120 mg</i>	<i>sulfasalazine tab 500 mg</i>	82
<i>sotalol hcl (afib/afl) tab 160 mg</i>	<i>sulfasalazine tab delayed release 500 mg</i>	82
<i>sotalol hcl (afib/afl) tab 80 mg</i>	<i>sulindac tab 150 mg</i>	2
<i>sotalol hcl tab 120 mg</i>	<i>sulindac tab 200 mg</i>	2
<i>sotalol hcl tab 160 mg</i>	<i>sumatriptan nasal spray 20 mg/act</i>	60
<i>sotalol hcl tab 240 mg</i>	<i>sumatriptan nasal spray 5 mg/act</i>	60
<i>sotalol hcl tab 80 mg</i>	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	60
SOVALDI PAK 150MG.....	<i>sumatriptan succinate solution auto-injector 6</i>	
SOVALDI PAK 200MG.....	<i>mg/0.5ml</i>	60
SOVALDI TAB 200MG.....	<i>sumatriptan succinate tab 100 mg</i>	60
SOVALDI TAB 400MG.....	<i>sumatriptan succinate tab 25 mg</i>	60
SPIKEVAX INJ 2025-26	<i>sumatriptan succinate tab 50 mg</i>	60
<i>spinosad susp 0.9%</i>	<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	
SPIRIVA RESP AER 1.25MCG.....	.....	60
SPIRIVA RESP AER 2.5MCG.....	<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	
<i>spironolactone & hydrochlorothiazide tab 25-25</i>	.....	25
<i>mg</i>	<i>sunitinib malate cap 25 mg (base equivalent)</i>	26
<i>spironolactone tab 100 mg</i>	<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	
<i>spironolactone tab 25 mg</i> .....	.....	26
<i>spironolactone tab 50 mg</i>	<i>sunitinib malate cap 50 mg (base equivalent)</i>	26
SPRAVATO SOL 56MG DOS	SUNOSI TAB 150MG.....	62
SPRAVATO SOL 84MG DOS	SUNOSI TAB 75MG	62
<i>sprintec 28</i>	SUPPRELIN LA KIT 50MG.....	69

SUTAB TAB.....	82	TAKHZYRO INJ 300/2ML.....	95
<i>syeda</i>	71	TALTZ INJ 20/0.25	94
SYMDEKO TAB 100-150.....	105	TALTZ INJ 40/0.5ML.....	94
SYMDEKO TAB 50-75MG	105	TALTZ INJ 80MG/ML	94
SYMTUZA TAB.....	12	<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	
SYNAREL SOL 2MG/ML.....	74	.....	22
SYNJARDY TAB.....	67	<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	
SYNJARDY TAB 12.5-500	67	.....	22
SYNJARDY TAB 5-1000MG.....	67	<i>tamsulosin hcl cap 0.4 mg</i>	84
SYNJARDY TAB 5-500MG.....	67	<i>tapentadol hcl tab 100 mg</i>	7
SYNJARDY XR TAB.....	67	<i>tapentadol hcl tab 50 mg</i>	7
SYNJARDY XR TAB 10-1000	67	<i>tapentadol hcl tab 75 mg</i>	7
SYNJARDY XR TAB 25-1000	67	<i>tasimelteon capsule 20 mg</i>	58
SYNJARDY XR TAB 5-1000MG	67	<i>tazarotene cream 0.05%</i>	110
SYNTHROID TAB 100MCG.....	79	<i>tazarotene cream 0.1%</i>	110
SYNTHROID TAB 112MCG.....	79	<i>tazarotene gel 0.05%</i>	110
SYNTHROID TAB 125MCG.....	79	<i>tazarotene gel 0.1%</i>	110
SYNTHROID TAB 137MCG.....	79	<i>tazicef</i>	14
SYNTHROID TAB 150MCG.....	79	<i>telmisartan tab 20 mg</i>	32
SYNTHROID TAB 175MCG.....	79	<i>telmisartan tab 40 mg</i>	32
SYNTHROID TAB 200MCG.....	79	<i>telmisartan tab 80 mg</i>	32
SYNTHROID TAB 25MCG	78	<i>telmisartan-hydrochlorothiazide tab 40-12.5</i>	
SYNTHROID TAB 300MCG.....	79	<i>mg</i>	31
SYNTHROID TAB 50MCG	78	<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>	
SYNTHROID TAB 75MCG	79	<i>mg</i>	31
SYNTHROID TAB 88MCG	79	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	
TABLOID TAB 40MG.....	20	.....	31
<i>tacrolimus cap 0.5 mg</i>	96	<i>temazepam cap 15 mg</i>	59
<i>tacrolimus cap 1 mg</i>	96	<i>temazepam cap 22.5 mg</i>	59
<i>tacrolimus cap 5 mg</i>	96	<i>temazepam cap 30 mg</i>	59
<i>tacrolimus cap er 24hr 0.5 mg</i>	96	<i>temazepam cap 7.5 mg</i>	59
<i>tacrolimus cap er 24hr 1 mg</i>	96	TEMODAR INJ 100MG	19
<i>tacrolimus cap er 24hr 5 mg</i>	96	<i>temozolomide cap 100 mg</i>	19
<i>tacrolimus inj 5 mg/ml</i>	96	<i>temozolomide cap 140 mg</i>	19
<i>tacrolimus oint 0.03%</i>	111	<i>temozolomide cap 180 mg</i>	19
<i>tacrolimus oint 0.1%</i>	111	<i>temozolomide cap 20 mg</i>	19
<i>tadalafil tab 2.5 mg</i>	84	<i>temozolomide cap 250 mg</i>	19
<i>tadalafil tab 20 mg (pah)</i>	41	<i>temozolomide cap 5 mg</i>	19
<i>tadalafil tab 5 mg</i>	84	TENIVAC INJ 5-2LF.....	98
TAFINLAR CAP 50MG.....	26	<i>tenofovir disoproxil fumarate tab 300 mg</i>	11
TAFINLAR CAP 75MG.....	26	<i>terazosin hcl cap 1 mg (base equivalent)</i>	84
TAFINLAR TAB 10MG	26	<i>terazosin hcl cap 10 mg (base equivalent)</i>	84
<i>tafluprost preservative free (pf) ophth soln</i>		<i>terazosin hcl cap 2 mg (base equivalent)</i>	84
<i>0.0015%</i>	102	<i>terazosin hcl cap 5 mg (base equivalent)</i>	84
TAGRISSO TAB 40MG	26	<i>terbinafine hcl tab 250 mg</i>	9
TAGRISSO TAB 80MG	26	<i>terbutaline sulfate tab 2.5 mg</i>	104
<i>take action</i>	71	<i>terbutaline sulfate tab 5 mg</i>	104
TAKHZYRO INJ 150MG/ML.....	95	<i>terconazole vaginal cream 0.4%</i>	86

<i>terconazole vaginal cream 0.8%</i>	86	<i>tinidazole tab 250 mg</i>	9
<i>terconazole vaginal suppos 80 mg</i>	86	<i>tinidazole tab 500 mg</i>	9
<i>teriflunomide tab 14 mg</i>	61	<i>tiotropium bromide inhal cap 18 mcg (base equiv)</i>	103
<i>teriflunomide tab 7 mg</i>	61	TIVICAY PD TAB 5MG.....	11
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	64	TIVICAY TAB 50MG	11
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	64	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	61
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	64	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	61
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	64	TOBRADEX OIN 0.3-0.1%	100
<i>tetrabenazine tab 12.5 mg</i>	60	TOBRADEX ST SUS 0.3-0.05.....	100
<i>tetrabenazine tab 25 mg</i>	60	<i>tobramycin nebu soln 300 mg/4ml</i>	105
<i>tetracycline hcl cap 250 mg</i>	18	<i>tobramycin nebu soln 300 mg/5ml</i>	105
<i>tetracycline hcl cap 500 mg</i>	18	<i>tobramycin ophth soln 0.3%</i>	101
THALOMID CAP 100MG	21	<i>tobramycin sulfate for inj 1.2 gm</i>	9
THALOMID CAP 50MG	21	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	9
<i>theophylline elixir 80 mg/15ml</i>	108	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	100
<i>theophylline soln 80 mg/15ml</i>	108	TODAY SPONGE MIS	84
<i>theophylline tab er 12hr 300 mg</i>	108	<i>tofacitinib citrate oral soln 1 mg/ml (base equivalent)</i>	94
<i>theophylline tab er 12hr 450 mg</i>	108	<i>tofacitinib citrate tab 10 mg (base equivalent)</i>	94
<i>theophylline tab er 24hr 400 mg</i>	108	<i>tofacitinib citrate tab 5 mg (base equivalent)</i> 94	
<i>theophylline tab er 24hr 600 mg</i>	108	<i>tofacitinib citrate tab er 24hr 11 mg (base equivalent)</i>	94
<i>thioridazine hcl tab 10 mg</i>	51	<i>tofacitinib citrate tab er 24hr 22 mg (base equivalent)</i>	94
<i>thioridazine hcl tab 100 mg</i>	51	<i>tolterodine tartrate cap er 24hr 2 mg</i>	85
<i>thioridazine hcl tab 25 mg</i>	51	<i>tolterodine tartrate cap er 24hr 4 mg</i>	85
<i>thioridazine hcl tab 50 mg</i>	51	<i>tolterodine tartrate tab 1 mg</i>	85
<i>thiothixene cap 1 mg</i>	51	<i>tolterodine tartrate tab 2 mg</i>	85
<i>thiothixene cap 10 mg</i>	51	<i>tolvaptan (hyponatremia) tab 15 mg</i>	77
<i>thiothixene cap 2 mg</i>	51	<i>tolvaptan (hyponatremia) tab 30 mg</i>	77
<i>thiothixene cap 5 mg</i>	51	<i>topiramate sprinkle cap 15 mg</i>	55
<i>tiagabine hcl tab 12 mg</i>	55	<i>topiramate sprinkle cap 25 mg</i>	55
<i>tiagabine hcl tab 16 mg</i>	55	<i>topiramate sprinkle cap 50 mg</i>	55
<i>tiagabine hcl tab 2 mg</i>	55	<i>topiramate tab 100 mg</i>	55
<i>tiagabine hcl tab 4 mg</i>	55	<i>topiramate tab 200 mg</i>	55
TICE BCG INJ	21	<i>topiramate tab 25 mg</i>	55
<i>tilia fe</i>	71	<i>topiramate tab 50 mg</i>	55
<i>timolol maleate ophth gel forming soln 0.25%</i>	101	<i>topotecan hcl for inj 4 mg (base equiv)</i>	28
<i>timolol maleate ophth gel forming soln 0.5%</i>	101	<i>toremifene citrate tab 60 mg (base equivalent)</i>	22
<i>timolol maleate ophth soln 0.25%</i>	101	<i>torseamide tab 10 mg</i>	39
<i>timolol maleate ophth soln 0.5%</i>	101	<i>torseamide tab 100 mg</i>	39
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	101	<i>torseamide tab 20 mg</i>	39
<i>timolol maleate tab 10 mg</i>	36	<i>torseamide tab 5 mg</i>	39
<i>timolol maleate tab 20 mg</i>	37		
<i>timolol maleate tab 5 mg</i>	36		

<i>tramadol hcl tab 50 mg</i>	7	<i>triamcinolone acetone lotion 0.1%</i>	112
<i>tramadol hcl tab er 24hr 100 mg</i>	7	<i>triamcinolone acetone nasal aerosol</i>	
<i>tramadol hcl tab er 24hr 200 mg</i>	7	<i>suspension 55 mcg/act</i>	106
<i>tramadol hcl tab er 24hr 300 mg</i>	7	<i>triamcinolone acetone oint 0.025%</i>	112
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	7	<i>triamcinolone acetone oint 0.1%</i>	112
<i>trandolapril tab 1 mg</i>	30	<i>triamcinolone acetone oint 0.5%</i>	112
<i>trandolapril tab 2 mg</i>	30	<i>triamterene & hydrochlorothiazide cap 37.5-25</i>	
<i>trandolapril tab 4 mg</i>	30	<i>mg</i>	39
<i>trandolapril-verapamil hcl tab er 1-240 mg</i> ...	29	<i>triamterene & hydrochlorothiazide tab 37.5-25</i>	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i> ...	29	<i>mg</i>	39
<i>trandolapril-verapamil hcl tab er 2-240 mg</i> ...	29	<i>triamterene & hydrochlorothiazide tab 75-50</i>	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i> ...	29	<i>mg</i>	39
<i>tranexamic acid iv soln 1000 mg/10ml (100</i>		<i>triamterene cap 100 mg</i>	40
<i>mg/ml)</i>	88	<i>triamterene cap 50 mg</i>	40
<i>tranexamic acid tab 650 mg</i>	88	<i>triazolam tab 0.125 mg</i>	59
<i>tranylcypromine sulfate tab 10 mg</i>	46	<i>triazolam tab 0.25 mg</i>	59
<i>travoprost ophth soln 0.004% (benzalkonium</i>		<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	
<i>free) (bak free)</i>	102	.....	51
<i>trazodone hcl tab 100 mg</i>	46	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	
<i>trazodone hcl tab 150 mg</i>	46	.....	52
<i>trazodone hcl tab 300 mg</i>	46	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	
<i>trazodone hcl tab 50 mg</i>	46	.....	51
<i>TRELEGY AER 100MCG</i>	103	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	
<i>TRELEGY AER 200MCG</i>	103	.....	51
<i>TREMFYA INJ 100MG/ML</i>	94	<i>trifluridine ophth soln 1%</i>	101
<i>TREMFYA INJ 200/20ML</i>	89	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	48
<i>TREMFYA INJ 200/2ML</i>	94	<i>trihexyphenidyl hcl tab 2 mg</i>	48
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i> ..	41	<i>trihexyphenidyl hcl tab 5 mg</i>	48
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	41	<i>TRIKAFTA PAK 59.5MG</i>	105
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	42	<i>TRIKAFTA PAK 75MG</i>	105
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	41	<i>TRIKAFTA TAB</i>	105
<i>TRESIBA FLEX INJ 100UNIT</i>	67	<i>tri-linyah</i>	71
<i>TRESIBA FLEX INJ 200UNIT</i>	67	<i>trimethobenzamide hcl cap 300 mg</i>	81
<i>TRESIBA INJ 100UNIT</i>	67	<i>trimethoprim tab 100 mg</i>	17
<i>tretinoin cap 10 mg</i>	27	<i>trimipramine maleate cap 100 mg</i>	46
<i>tretinoin cream 0.025%</i>	109	<i>trimipramine maleate cap 25 mg</i>	46
<i>tretinoin cream 0.05%</i>	109	<i>trimipramine maleate cap 50 mg</i>	46
<i>tretinoin cream 0.1%</i>	108	<i>TRINTELLIX TAB 10MG</i>	46
<i>tretinoin gel 0.01%</i>	109	<i>TRINTELLIX TAB 20MG</i>	46
<i>tretinoin gel 0.025%</i>	109	<i>TRINTELLIX TAB 5MG</i>	46
<i>tretinoin gel 0.05%</i>	109	<i>TRIPTODUR SUS 22.5MG</i>	69
<i>tretinoin microsphere gel 0.04%</i>	109	<i>tri-sprintec</i>	71
<i>tretinoin microsphere gel 0.1%</i>	109	<i>TRIUMEQ PD TAB</i>	12
<i>triamcinolone acetone cream 0.025%</i>	112	<i>TRIUMEQ TAB</i>	12
<i>triamcinolone acetone cream 0.1%</i>	112	<i>tri-vite/fluoride</i>	100
<i>triamcinolone acetone cream 0.5%</i>	112	<i>TROGARZO INJ 150MG/ML</i>	11
<i>triamcinolone acetone dental paste 0.1%</i> ..	113	<i>tropicamide ophth soln 0.5%</i>	102
<i>triamcinolone acetone lotion 0.025%</i>	112	<i>tropicamide ophth soln 1%</i>	102

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<i>trospium chloride cap er 24hr 60 mg</i>	85	<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	55
<i>trospium chloride tab 20 mg</i>	85	<i>valproic acid cap 250 mg</i>	55
TRULICITY INJ 0.75/0.5	66	<i>valsartan tab 160 mg</i>	32
TRULICITY INJ 1.5/0.5	66	<i>valsartan tab 320 mg</i>	32
TRULICITY INJ 3/0.5	66	<i>valsartan tab 40 mg</i>	32
TRULICITY INJ 4.5/0.5	66	<i>valsartan tab 80 mg</i>	32
TRUMENBA INJ	98	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	31
TRUQAP PAK 160MG	26	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	31
TRUQAP PAK 200MG	26	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	31
TRUQAP TAB 200MG	26	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	31
TRUSTEX/RIA MIS NON-LUB	71	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	31
TRUSTX NON-9 MIS RIB/STUD	71	<i>valtya 1/50</i>	71
TRYPTYR SOL 0.003%	102	<i>vancomycin hcl cap 125 mg (base equivalent)</i>	17
TUKYSA TAB 150MG	26	<i>vancomycin hcl cap 250 mg (base equivalent)</i>	17
TUKYSA TAB 50MG	26	<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	17
TUXARIN ER TAB 54.3-8MG	105	<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	17
TWIIST KIT REFILL	73	<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	17
TWIIST KIT STARTER	73	<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	17
TWIIST REFIL KIT INFUSION	73	<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	17
TWINRIX INJ	98	VAQTA INJ 25/0.5ML	98
TWIRLA DIS 120-30	71	VAQTA INJ 50UNT/ML	98
TYBLUME CHW 0.1-0.02	71	<i>varenicline tartrate tab 0.5 mg (base equiv)</i> ..	64
TYMLOS INJ	68	<i>varenicline tartrate tab 1 mg (base equiv)</i>	64
TYRUKO CON 300/15ML	61	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	64
TYSABRI INJ 300/15ML	61	VARIVAX INJ	98
UBRELVY TAB 100MG	59	VARUBI TAB 90MG	81
UBRELVY TAB 50MG	59	VASCEPA CAP 0.5GM	35
<i>unithroid</i>	79	VASCEPA CAP 1GM	35
UPTRAVI INJ 1800MCG	42	VAXELIS INJ	98
UPTRAVI PACK TAB 200/800	42	VAXNEUVANCE INJ	98
UPTRAVI TAB 1000MCG	42	VCF VAGINAL GEL CONTRACE	85
UPTRAVI TAB 1200MCG	42	VCF VAGINAL MIS CONTRACP	85
UPTRAVI TAB 1400MCG	42	<i>velivet</i>	71
UPTRAVI TAB 1600MCG	42	VELPHORO CHW 500MG	78
UPTRAVI TAB 200MCG	42	VELSIPITY TAB 2MG	94
UPTRAVI TAB 400MCG	42	VENCLEXTA TAB 100MG	20
UPTRAVI TAB 600MCG	42		
UPTRAVI TAB 800MCG	42		
<i>ursodiol cap 300 mg</i>	83		
<i>ursodiol tab 250 mg</i>	83		
<i>ursodiol tab 500 mg</i>	83		
<i>valacyclovir hcl tab 1 gm</i>	13		
<i>valacyclovir hcl tab 500 mg</i>	13		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	13		
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	13		
<i>valproate sodium inj 100 mg/ml</i>	55		

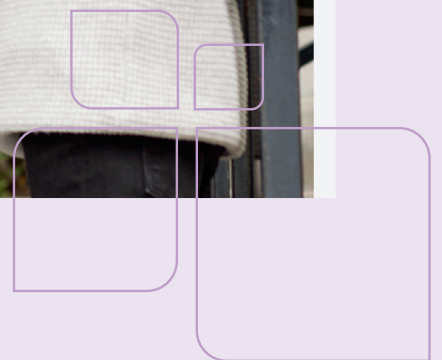
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VENCLEXTA TAB 10MG.....	20	<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i>	
VENCLEXTA TAB 50MG.....	20	<i>(base equiv)</i>	28
VENCLEXTA TAB START PK.....	20	VIOKACE TAB 10440	83
<i>venlafaxine hcl cap er 24hr 150 mg (base</i>		VIOKACE TAB 20880	83
<i>equivalent)</i>	46	<i>viorele</i>	71
<i>venlafaxine hcl cap er 24hr 37.5 mg (base</i>		VIREAD POW 40MG/GM	11
<i>equivalent)</i>	46	VIREAD TAB 150MG	11
<i>venlafaxine hcl cap er 24hr 75 mg (base</i>		VIREAD TAB 200MG	11
<i>equivalent)</i>	46	VIREAD TAB 250MG	11
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	47	VISTOGARD PAK 10GM	27
<i>venlafaxine hcl tab 25 mg (base equivalent)...</i>	46	VITRAKVI CAP 100MG	26
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	46	VITRAKVI CAP 25MG.....	26
<i>venlafaxine hcl tab 50 mg (base equivalent)...</i>	46	VITRAKVI SOL 20MG/ML	26
<i>venlafaxine hcl tab 75 mg (base equivalent)...</i>	47	<i>voltaren arthritis pain</i>	2
<i>venlafaxine hcl tab er 24hr 150 mg (base</i>		<i>voriconazole for susp 40 mg/ml</i>	9
<i>equivalent)</i>	47	<i>voriconazole tab 200 mg</i>	10
<i>venlafaxine hcl tab er 24hr 37.5 mg (base</i>		<i>voriconazole tab 50 mg</i>	10
<i>equivalent)</i>	47	VOWST CAP.....	83
<i>venlafaxine hcl tab er 24hr 75 mg (base</i>		VRAYLAR CAP 0.5MG	52
<i>equivalent)</i>	47	VRAYLAR CAP 0.75MG.....	52
<i>verapamil hcl cap er 24hr 100 mg</i>	38	VRAYLAR CAP 1.5MG	52
<i>verapamil hcl cap er 24hr 120 mg</i>	38	VRAYLAR CAP 3MG	52
<i>verapamil hcl cap er 24hr 180 mg</i>	38	VRAYLAR CAP 4.5MG	52
<i>verapamil hcl cap er 24hr 200 mg</i>	38	VRAYLAR CAP 6MG	52
<i>verapamil hcl cap er 24hr 240 mg</i>	38	<i>vyfemla</i>	72
<i>verapamil hcl cap er 24hr 300 mg</i>	38	<i>warfarin sodium tab 1 mg</i>	87
<i>verapamil hcl cap er 24hr 360 mg</i>	38	<i>warfarin sodium tab 10 mg</i>	87
<i>verapamil hcl tab 120 mg</i>	38	<i>warfarin sodium tab 2 mg</i>	87
<i>verapamil hcl tab 40 mg</i>	38	<i>warfarin sodium tab 2.5 mg</i>	87
<i>verapamil hcl tab 80 mg</i>	38	<i>warfarin sodium tab 3 mg</i>	87
<i>verapamil hcl tab er 120 mg</i>	38	<i>warfarin sodium tab 4 mg</i>	87
<i>verapamil hcl tab er 180 mg</i>	38	<i>warfarin sodium tab 5 mg</i>	87
<i>verapamil hcl tab er 240 mg</i>	38	<i>warfarin sodium tab 6 mg</i>	87
VERZENIO TAB 100MG.....	26	<i>warfarin sodium tab 7.5 mg</i>	87
VERZENIO TAB 150MG.....	26	<i>wera</i>	72
VERZENIO TAB 200MG.....	26	WIDE-SEAL DPR KIT 60	72
VERZENIO TAB 50MG	26	WIDE-SEAL DPR KIT 65	72
VIBERZI TAB 100MG	82	WIDE-SEAL DPR KIT 70	72
VIBERZI TAB 75MG.....	82	WIDE-SEAL DPR KIT 75	72
<i>vigabatrin powd pack 500 mg</i>	55	WIDE-SEAL DPR KIT 80	72
<i>vigabatrin tab 500 mg</i>	55	WIDE-SEAL DPR KIT 85	72
<i>vilazodone hcl tab 10 mg</i>	47	WIDE-SEAL DPR KIT 90	72
<i>vilazodone hcl tab 20 mg</i>	47	WIDE-SEAL DPR KIT 95	72
<i>vilazodone hcl tab 40 mg</i>	47	XALKORI CAP 150MG.....	26
<i>vinblastine sulfate inj 1 mg/ml</i>	28	XALKORI CAP 200MG.....	26
<i>vincristine sulfate iv soln 1 mg/ml</i>	28	XALKORI CAP 20MG.....	26
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>		XALKORI CAP 250MG.....	27
.....	28	XALKORI CAP 50MG.....	26

XARELTO STAR TAB 15/20MG	87	ZENPEP CAP 25000UNT	83
XARELTO TAB 10MG	87	ZENPEP CAP 3000UNIT	83
XARELTO TAB 15MG	87	ZENPEP CAP 40000UNT	83
XARELTO TAB 20MG	87	ZENPEP CAP 5000UNIT	83
XCOPRI PAK 100-150	55	ZENPEP CAP 60000UNT	83
XCOPRI PAK 12.5-25	55	<i>zenzedi</i>	58
XCOPRI PAK 150-200	55	ZERVIAE DRO 0.24%	101
XCOPRI PAK 50-100MG	55	<i>zidovudine cap 100 mg</i>	11
XCOPRI TAB 100MG	55	<i>zidovudine syrup 10 mg/ml</i>	11
XCOPRI TAB 150MG	55	<i>zidovudine tab 300 mg</i>	11
XCOPRI TAB 200MG	55	<i>zileuton tab er 12hr 600 mg</i>	105
XCOPRI TAB 25MG	55	<i>ziprasidone hcl cap 20 mg</i>	52
XCOPRI TAB 50MG	55	<i>ziprasidone hcl cap 40 mg</i>	52
<i>xelria fe</i>	72	<i>ziprasidone hcl cap 60 mg</i>	52
XERESE CRE 5-1%	13	<i>ziprasidone hcl cap 80 mg</i>	52
XTAMPZA ER CAP 13.5MG	7	ZIRGAN GEL 0.15%	101
XTAMPZA ER CAP 18MG	7	<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	68
XTAMPZA ER CAP 27MG	7	<i>zoledronic acid iv soln 5 mg/100ml</i>	68
XTAMPZA ER CAP 36MG	7	ZOLINZA CAP 100MG	27
XTAMPZA ER CAP 9MG	7	<i>zolmitriptan nasal spray 5 mg/spray unit</i>	60
XTANDI CAP 40MG	22	<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	60
XTANDI TAB 40MG	22	<i>zolmitriptan orally disintegrating tab 5 mg</i>	60
XTANDI TAB 80MG	22	<i>zolmitriptan tab 2.5 mg</i>	60
<i>xulane</i>	72	<i>zolmitriptan tab 5 mg</i>	60
XULTOPHY INJ 100/3.6	66	<i>zolpidem tartrate tab 10 mg</i>	59
XYWAV SOL 0.5GM/ML	62	<i>zolpidem tartrate tab 5 mg</i>	59
YESINTEK INJ 45/0.5ML	94	<i>zolpidem tartrate tab er 12.5 mg</i>	59
YESINTEK INJ 90MG/ML	95	<i>zolpidem tartrate tab er 6.25 mg</i>	59
YEZTUGO INJ 463.5MG	11	<i>zonisamide cap 100 mg</i>	55
YEZTUGO TAB 300MG	11	<i>zonisamide cap 25 mg</i>	55
YONSA TAB 125MG	22	<i>zonisamide cap 50 mg</i>	55
YOSPRALA TAB 325-40MG	88	ZORYVE CRE 0.3%	110
YOSPRALA TAB 81-40MG	88	<i>zovia 1/35</i>	72
<i>yuvaferm</i>	77	ZUBSOLV SUB 0.7-0.18	62
<i>zafirlukast tab 10 mg</i>	106	ZUBSOLV SUB 1.4-0.36	62
<i>zafirlukast tab 20 mg</i>	106	ZUBSOLV SUB 11.4-2.9	62
<i>zaleplon cap 10 mg</i>	59	ZUBSOLV SUB 2.9-0.71	62
<i>zaleplon cap 5 mg</i>	59	ZUBSOLV SUB 5.7-1.4	62
ZEJULA TAB 100MG	27	ZUBSOLV SUB 8.6-2.1	62
ZEJULA TAB 200MG	27	ZYDELIG TAB 100MG	27
ZEJULA TAB 300MG	27	ZYDELIG TAB 150MG	27
ZENPEP CAP 10000UNT	83	ZYKADIA TAB 150MG	27
ZENPEP CAP 15000UNT	83		
ZENPEP CAP 20000UNT	83		

Last updated 10/15/2026. MC7896 This formulary was updated on 8/1/2026. For more recent information or other questions, please contact CHRISTUS Health Plan Member Service at 1-844-282-3025 (TTY users should call 711), 8 a.m. – 5 p.m. (local time), Monday – Friday, or visit www.christushealthplan.org.



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