



Comprehensive Formulary 2023

(List of Covered Drugs)

This document contains information about the drugs we cover in this plan.

IU Health Plans Medicare \$0 Preferred (HMO)
IU Health Plans Medicare Flex Network (HMO-POS)
IU Health Plans Medicare Select Plus (HMO) 001
IU Health Plans Medicare Select Plus (HMO) 002
IU Health Plans Medicare Select Plus (HMO) 003
IU Health Plans Medicare Choice (HMO-POS)
IU Health Plans Medicare Kidney Care (HMO)



Health Plans

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This comprehensive formulary was updated on 12.01.2023. For more recent information or other questions, please contact us: IU Health Plans Pharmacy Member Services, 844.432.0695 (TTY/TDD 711). Hours are Oct. 1 to March 31 – 8 am to 8 pm, seven days a week; April 1 to Sept. 30 – 8 am to 8 pm, Monday – Friday. You may also visit [iuhealthplans.org](https://www.iuhealthplans.org).

Indiana University Health Plans

2023 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 23431, Version Number 20.0

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Indiana University Health Plans (IU Health Plans) Member Services at 844.432.0695 or, for TTY/TDD 711 users, 800.743.3333, 24 hours a day, 7 days a week, or visit iuhealthplans.org.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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 IU Health Plans. When it refers to "plan" or "our plan," it means IU Health Plans.

This document includes list of the drugs (formulary) for our plan which is current as of 01.01.2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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, 2023, and from time to time during the year.

What is the IU Health Plans Formulary?

A formulary is a list of covered drugs selected by IU Health Plans 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. IU Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an IU Health Plans 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 (drug list) change?

Most changes in drug coverage happen on January 1, but IU Health Plans may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that 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 the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the IU Health Plans Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and 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 new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. 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 IU Health Plans Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12.01.2023. To get updated information about the drugs covered by IU Health Plans 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 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 112. 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?

IU Health Plans 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 cost less than 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:** IU Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from IU Health Plans before you fill your prescriptions. If you don't get approval, IU Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, IU Health Plans limits the amount of the drug that IU Health Plans will cover. For example, IU Health Plans provides 2 inhalers per prescription for albuterol sulfate AERS 108mcg/act (generic for ProAir HFA). This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, IU Health Plans 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, IU Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, IU Health Plans 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 can also get more information about the restrictions applied to specific covered drugs by visiting our Website. We have posted online documents that explain our prior authorization restriction and step therapy restrictions. 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 IU Health Plans 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 IU Health Plans formulary?” on page iv 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.

If you learn that IU Health Plans does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by IU Health Plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by IU Health Plans.
- You can ask IU Health Plans 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 the IU Health Plans Formulary?

You can ask IU Health Plans 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 formulary drug at a lower-cost sharing level, unless the drug is on our lower cost-sharing specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, IU Health Plans 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.

Generally, IU Health Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If your level of care changes (e.g., entering a long term-care facility or going home after a stay in a long-term care facility), Indiana University Health Plans provides transitional supplies of non-formulary or otherwise restricted medications. For the first month after being discharged from a long-term care facility, you can get at least a 31-day supply of your current medications to allow time for you and your physician to switch to a formulary alternative or request an exception.

For more information

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

If you have questions about IU Health Plans, 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 have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 day a week. TTY users should call 1-877-486-2048. Or visit <http://www.medicare.gov>.

IU Health Plans Formulary

The formulary below provides coverage information about the drugs covered by IU Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 112.

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

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

IU Health Plans drug tiers and cost-sharing amounts for 2023:

IU Health Plans - \$0 Preferred (HMO), Flex Network (HMO-POS), Select Plus (HMO), Kidney Care					
Drug Tier	Preferred Retail Pharmacy		Standard Retail Pharmacy		CVS Caremark Mail Order Service
	30-Day Copay	90-Day Copay	30-Day Copay	90-Day Copay	90- to 100-day supply
1 – Preferred Generic Drugs	\$0	\$0	\$3	\$9	\$0
2 – Generic Drugs	\$12	\$36	\$12	\$36	\$0
3 – Preferred Brand and some Generic Drugs	\$37	\$111	\$47	\$141	\$141
3 – Select Insulins	\$35	\$95	\$35	\$95	\$95
4 – Non-Preferred Brand and some Generic Drugs	\$100	\$300	\$100	\$300	\$300
5 – Specialty Drugs	33%	N/A	33%	N/A	N/A
6 – Select Care Drugs	\$0	\$0	\$0	\$0	\$0

\$0 copay for Tier 1 & Tier 2 drugs at mail for Select Plus (Plan 009), \$0 Preferred (Plan 010), Flex Network (Plan 011), and Kidney Care (Plan 012)

NOTE: Drugs are provided in a Long-term Care Facility for up to a 31-day supply.

IU Health Plans drug tiers and cost-sharing amounts for 2023:

IU Health Plans - Choice (HMO-POS)					
Drug Tier	Preferred Retail Pharmacy		Standard Retail Pharmacy		CVS Caremark Mail Order Service
	30-Day Copay	90-Day Copay	30-Day Copay	90-Day Copay	90- to 100-day supply
1 – Preferred Generic Drugs	\$3	\$9	\$6	\$18	\$18
2 – Generic Drugs	\$15	\$45	\$15	\$45	\$45
3 – Preferred Brand and some Generic Drugs	\$37	\$111	\$47	\$141	\$141
3 – Select Insulins	\$35	\$95	\$35	\$95	\$95
4 – Non-Preferred Brand and some Generic Drugs	\$100	\$300	\$100	\$300	\$300
5 – Specialty Drugs	33%	N/A	33%	N/A	N/A
6 – Select Care Drugs	\$0	\$0	\$0	\$0	\$0

NOTE: Drugs are provided in a Long-term Care Facility for up to a 31-day supply

List of Abbreviations

B/D: This prescription may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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

NM: Not Available at Mail-Order. This prescription drug is not available through our mail-order service. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

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

SI: Select Insulins. For certain insulins, the Plan offers the same cost-sharing during the Initial Coverage and Coverage Gap drug payment stages throughout the plan year.

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.

DL: Day Supply Limit. For certain drugs, we will only cover up to a 30-day supply at a time.

Indiana University Health Plans 2023 eff 12/01/2023

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

ANALGESICS

GOUT

<i>allopurinol tab 100 mg</i>	2	
<i>allopurinol tab 300 mg</i>	2	
<i>colchicine tab 0.6 mg</i>	3	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat tab 40 mg</i>	3	QL (30 tabs / 30 days), ST
<i>febuxostat tab 80 mg</i>	3	QL (30 tabs / 30 days), ST
<i>probenecid tab 500 mg</i>	2	

MISCELLANEOUS

<i>clonidine hcl inj (for epidural infusion) 100 mcg/ml</i>	2	B/D
<i>clonidine hcl inj (for epidural infusion) 500 mcg/ml</i>	2	B/D
PRIALT INJ 100MCG	4	NM
PRIALT INJ 500/20ML	4	NM

NSAIDS

<i>celecoxib cap 50 mg</i>	3	
<i>celecoxib cap 100 mg</i>	3	
<i>celecoxib cap 200 mg</i>	3	
<i>celecoxib cap 400 mg</i>	3	
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>diflunisal tab 500 mg</i>	2	
<i>fenoprofen calcium tab 600 mg</i>	2	
<i>flurbiprofen tab 100 mg</i>	2	
<i>ibu</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>meclofenamate sodium cap 50 mg</i>	2	
<i>meclofenamate sodium cap 100 mg</i>	2	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone tab 500 mg</i>	2	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium tab 275 mg</i>	2	
<i>naproxen sodium tab 550 mg</i>	2	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>salsalate tab 500 mg</i>	2	
<i>salsalate tab 750 mg</i>	2	
<i>sulindac tab 150 mg</i>	2	
<i>sulindac tab 200 mg</i>	2	
<i>tolmetin sodium tab 200 mg</i>	2	

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl td patch 72hr 12 mcg/hr</i>	3	QL (10 patches / 30 days), PA; DL
<i>fentanyl td patch 72hr 25 mcg/hr</i>	3	QL (10 patches / 30 days), PA; DL
<i>fentanyl td patch 72hr 50 mcg/hr</i>	3	QL (10 patches / 30 days), PA; DL
<i>fentanyl td patch 72hr 75 mcg/hr</i>	3	QL (10 patches / 30 days), PA; DL
<i>fentanyl td patch 72hr 100 mcg/hr</i>	3	QL (10 patches / 30 days), PA; DL
<i>methadone hcl conc 10 mg/ml</i>	2	DL
<i>methadone hcl soln 5 mg/5ml</i>	3	QL (2000 mL / 30 days); DL
<i>methadone hcl tab 5 mg</i>	3	QL (90 tabs / 30 days); DL
<i>methadone hcl tab 10 mg</i>	3	QL (200 tabs / 30 days); DL
<i>methadone hcl tab for oral susp 40 mg</i>	2	DL
<i>morphine sulfate tab er 15 mg</i>	4	QL (90 tabs / 30 days), PA; DL
<i>morphine sulfate tab er 30 mg</i>	4	QL (90 tabs / 30 days), PA; DL
<i>morphine sulfate tab er 60 mg</i>	4	QL (90 tabs / 30 days), PA; DL
<i>morphine sulfate tab er 100 mg</i>	4	QL (60 tabs / 30 days), PA; DL
<i>morphine sulfate tab er 200 mg</i>	4	QL (30 tabs / 30 days), PA; DL

Drug Name	Drug Tier	Requirements/Limits
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3	QL (4500 mL / 30 days); DL
<i>acetaminophen w/ codeine tab 300-15 mg</i>	3	QL (390 tabs / 30 days); DL
<i>acetaminophen w/ codeine tab 300-30 mg</i>	3	QL (390 tabs / 30 days); DL
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3	QL (180 tabs / 30 days); DL
<i>ascomp/codeine</i>	4	QL (180 caps / 30 days); DL
<i>but/apap/caf cap codeine</i>	3	QL (180 caps / 30 days); DL
<i>but/asa/caf/ cap cod 30mg</i>	3	QL (180 caps / 30 days); DL
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	3	QL (40mL / 30 days); DL
<i>endocet</i>	3	QL (360 tabs / 30 days); DL
<i>endocet tab 2.5-325</i>	3	QL (360 tabs / 30 days); DL
<i>FENTANYL CIT INJ 100MCG</i>	3	DL
<i>fentanyl citrate inj 0.05 mg/ml</i>	3	DL
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	4	QL (120 lozenges / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	QL (116 lozenges / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	QL (77 lozenges / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	QL (58 lozenges / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	QL (39 lozenges / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	QL (29 lozenges / 30 days), PA; DL
<i>fentanyl citrate pf soln cartridge 100 mcg/2ml</i>	3	DL
<i>fentanyl citrate preservative free (pf) inj 100 mcg/2ml</i>	3	DL
<i>hydroco/apap sol 7.5-325</i>	3	QL (3600 mL / 30 days); DL
<i>hydroco/apap tab 5-325mg</i>	3	QL (360 tabs / 30 days); DL
<i>hydroco/apap tab 7.5-325</i>	3	QL (360 tabs / 30 days); DL

Drug Name	Drug Tier	Requirements/Limits
<i>hydroco/apap tab 10-325mg</i>	3	QL (360 tabs / 30 days); DL
<i>hydrocodone sol 10-325mg</i>	4	DL
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days); DL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days); DL
<i>hydromorphone hcl inj 1 mg/ml</i>	4	DL
<i>hydromorphone hcl inj 4 mg/ml</i>	4	DL
<i>hydromorphone hcl tab 2 mg</i>	3	QL (180 tabs / 30 days); DL
<i>hydromorphone hcl tab 4 mg</i>	3	QL (180 tabs / 30 days); DL
<i>hydromorphone hcl tab 8 mg</i>	3	QL (180 tabs / 30 days); DL
<i>levorphanol tartrate tab 2 mg</i>	5	QL (240 tabs / 30 days); DL
<i>levorphanol tartrate tab 3 mg</i>	5	QL (180 tabs / 30 days); DL
MORPHINE SUL INJ 150/30ML	3	DL
<i>morphine sulfate iv soln 1 mg/ml</i>	2	DL
<i>morphine sulfate iv soln pf 15 mg/ml</i>	2	DL
<i>morphine sulfate oral soln 10 mg/5ml</i>	3	QL (900 mL / 30 days); DL
<i>morphine sulfate oral soln 20 mg/5ml</i>	3	QL (900 mL / 30 days); DL
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	3	QL (300 mL / 30 days); DL
<i>morphine sulfate tab 15 mg</i>	3	QL (180 tabs / 30 days); DL
<i>morphine sulfate tab 30 mg</i>	3	QL (180 tabs / 30 days); DL
<i>oxycodone hcl cap 5 mg</i>	3	QL (180 caps / 30 days); DL
<i>oxycodone hcl soln 5 mg/5ml</i>	3	QL (900 mL / 30 days); DL
<i>oxycodone hcl tab 5 mg</i>	3	QL (180 tabs / 30 days); DL
<i>oxycodone hcl tab 10 mg</i>	3	QL (180 tabs / 30 days); DL
<i>oxycodone hcl tab 15 mg</i>	3	QL (180 tabs / 30 days); DL
<i>oxycodone hcl tab 20 mg</i>	3	QL (180 tabs / 30 days); DL
<i>oxycodone hcl tab 30 mg</i>	3	QL (134 tabs / 30 days); DL

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days); DL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days); DL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (360 tabs / 30 days); DL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (360 tabs / 30 days); DL
<i>oxymorphone hcl tab 5 mg</i>	4	QL (180 tabs / 30 days); DL
<i>oxymorphone hcl tab 10 mg</i>	4	QL (180 tabs / 30 days); DL
<i>tramadol hcl tab 50mg</i>	3	QL (240 tabs / 30 days); DL
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (40 tabs / 5 days); DL

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl local inj 1%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	2	
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	2	
<i>ropivacaine hcl inj 2 mg/ml</i>	2	
<i>ropivacaine hcl inj 5 mg/ml</i>	2	
<i>ropivacaine hcl inj 7.5 mg/ml</i>	2	
<i>ropivacaine hcl inj 10 mg/ml</i>	2	

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole tab 200 mg</i>	2	
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	3	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	3	
ARIKAYCE SUS	5	QL (235.2 mL / 28 days), NM, LA, PA; DL
<i>atovaquone susp 750 mg/5ml</i>	5	DL
<i>aztreonam for inj 1 gm</i>	2	
<i>aztreonam for inj 2 gm</i>	4	
CAYSTON INH 75MG	5	QL (84 vials / 56 days), NM, LA; DL
<i>clindamycin hcl cap 75 mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin hcl cap 300 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	2	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	2	
<i>clindamycin sol 75mg/5ml</i>	2	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	5	DL
DALVANCE SOL 500MG	5	DL
<i>dapsone tab 25 mg</i>	2	
<i>dapsone tab 100 mg</i>	2	
<i>daptomycin for iv soln 350 mg</i>	5	DL
<i>daptomycin for iv soln 500 mg</i>	5	DL
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	3	
FIRVANQ SOL 25MG/ML	4	
FIRVANQ SOL 50MG/ML	4	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	3	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>ivermectin tab 3 mg</i>	2	
<i>linezolid for susp 100 mg/5ml</i>	5	DL
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	3	
<i>linezolid tab 600 mg</i>	3	
<i>meropenem iv for soln 1 gm</i>	2	
<i>meropenem iv for soln 500 mg</i>	2	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>methenamine mandelate tab 0.5 gm</i>	2	
<i>methenamine mandelate tab 1 gm</i>	2	
<i>metronidazole cap 375 mg</i>	3	
<i>metronidazole iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
<i>neomycin sulfate tab 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitazoxanide tab 500 mg</i>	5	QL (40 tabs / 30 days); DL
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	2	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	2	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	2	
<i>paromomycin sulfate cap 250 mg</i>	2	
<i>pentamidine isethionate for inj soln 300 mg</i>	4	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4	B/D
<i>polymyxin b sulfate for inj 500000 unit</i>	2	
<i>praziquantel tab 600 mg</i>	2	
<i>pyrimethamine tab 25 mg</i>	5	DL
SIVEXTRO INJ 200MG	5	QL (6 vials / 30 days); DL
SIVEXTRO TAB 200MG	5	QL (6 tabs / 30 days); DL
<i>sulfadiazine tab 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim susp 200- 40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800- 160 mg</i>	1	
<i>tinidazole tab 250 mg</i>	2	
<i>tinidazole tab 500 mg</i>	2	
<i>tobramycin nebu soln 300 mg/4ml</i>	5	B/D, NM; DL
<i>tobramycin nebu soln 300 mg/5ml</i>	5	B/D, NM; DL
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	2	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	2	
<i>trimethoprim tab 100 mg</i>	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	4	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	3	
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	3	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	3	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	3	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	4	
XIFAXAN TAB 200MG	4	QL (9 tabs / 3 days)
ANTIFUNGALS		
ABELCET INJ 5MG/ML	4	B/D
AMBISOME INJ 50MG	5	B/D; DL
<i>amphotericin b for iv soln 50 mg</i>	2	B/D
<i>amphotericin b liposome iv for susp 50 mg</i>	4	B/D
<i>casprofungin acetate for iv soln 50 mg</i>	5	B/D; DL
<i>casprofungin acetate for iv soln 70 mg</i>	3	B/D
CRESEMBA CAP 74.5MG	5	PA; DL
CRESEMBA CAP 186 MG	5	PA; DL
ERAXIS INJ 50MG	4	
ERAXIS INJ 100MG	4	
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	2	
<i>fluconazole tab 200 mg</i>	2	
<i>flucytosine cap 250 mg</i>	5	DL
<i>flucytosine cap 500 mg</i>	5	DL
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg</i>	2	
<i>griseofulvin ultramicrosize tab 250 mg</i>	2	
<i>itraconazole cap 100 mg</i>	3	QL (120 caps / 30 days), PA
<i>ketoconazole tab 200 mg</i>	2	
<i>miconazole sodium for iv soln 50 mg</i>	5	DL
<i>miconazole sodium for iv soln 100 mg</i>	5	DL
NOXAFIL SUS 40MG/ML	5	PA; DL
<i>nystatin tab 500000 unit</i>	2	
<i>posaconazole susp 40 mg/ml</i>	5	PA; DL
<i>posaconazole tab delayed release 100 mg</i>	5	QL (93 tabs / 30 days), PA; DL
<i>terbinafine hcl tab 250 mg</i>	1	
<i>voriconazole for inj 200 mg</i>	2	PA
<i>voriconazole for susp 40 mg/ml</i>	5	DL
<i>voriconazole tab 50 mg</i>	4	
<i>voriconazole tab 200 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	2	
COARTEM TAB 20-120MG	3	
<i>mefloquine hcl tab 250 mg</i>	2	
PRIMAQUINE TAB 26.3MG	3	
<i>quinine sulfate cap 324 mg</i>	2	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	3	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	3	
APTIVUS CAP 250MG	5	DL
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	3	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	3	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	3	
<i>darunavir tab 600 mg</i>	5	DL
<i>darunavir tab 800 mg</i>	5	DL
EDURANT TAB 25MG	5	DL
<i>efavirenz cap 50 mg</i>	4	
<i>efavirenz cap 200 mg</i>	4	
<i>efavirenz tab 600 mg</i>	4	
<i>emtricitabine caps 200 mg</i>	3	
EMTRIVA SOL 10MG/ML	3	
<i>etravirine tab 100 mg</i>	5	DL
<i>etravirine tab 200 mg</i>	5	DL
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	DL
FUZEON INJ 90MG	5	DL
INTELENCE TAB 25MG	4	
ISENTRESS CHW 25MG	3	
ISENTRESS CHW 100MG	3	
ISENTRESS HD TAB 600MG	5	DL
ISENTRESS POW 100MG	3	
ISENTRESS TAB 400MG	5	DL
<i>lamivudine oral soln 10 mg/ml</i>	2	
<i>lamivudine tab 150 mg</i>	3	
<i>lamivudine tab 300 mg</i>	3	
LEXIVA SUS 50MG/ML	4	
<i>maraviroc tab 150 mg</i>	5	DL
<i>maraviroc tab 300 mg</i>	5	DL
<i>nevirapine susp 50 mg/5ml</i>	4	
<i>nevirapine tab 200 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine tab er 24hr 100 mg</i>	2	
<i>nevirapine tab er 24hr 400 mg</i>	2	
NORVIR POW 100MG	4	
NORVIR SOL 80MG/ML	4	
PIFELTRO TAB 100MG	5	QL (30 tabs / 30 days); DL
PREZISTA SUS 100MG/ML	4	
PREZISTA TAB 75MG	4	
PREZISTA TAB 150MG	5	DL
PREZISTA TAB 600MG	5	DL
PREZISTA TAB 800MG	5	DL
REYATAZ POW 50MG	5	DL
<i>ritonavir tab 100 mg</i>	3	
RUKOBIA TAB 600MG ER	5	QL (60 tabs / 30 days); DL
SELZENTRY SOL 20MG/ML	5	DL
SELZENTRY TAB 25MG	4	
SELZENTRY TAB 75MG	5	DL
SUNLENCA TAB 300MG	5	LA; DL
<i>tenofovir disoproxil fumarate tab 300 mg</i>	3	
TIVICAY PD TAB 5MG	4	
TIVICAY TAB 10MG	4	
TIVICAY TAB 25MG	5	DL
TIVICAY TAB 50MG	5	DL
TYBOST TAB 150MG	3	
VIRACEPT TAB 250MG	5	DL
VIRACEPT TAB 625MG	5	DL
VIREAD POW 40MG/GM	5	DL
VIREAD TAB 150MG	5	DL
VIREAD TAB 200MG	5	DL
VIREAD TAB 250MG	5	DL
<i>zidovudine cap 100 mg</i>	2	
<i>zidovudine syrup 10 mg/ml</i>	2	
<i>zidovudine tab 300 mg</i>	2	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	
BIKTARVY TAB	5	DL
CIMDUO TAB 300-300	5	DL
COMPLERA TAB	5	DL
DELSTRIGO TAB	5	QL (30 tabs / 30 days); DL
DESCOVY TAB 120-15MG	5	DL
DESCOVY TAB 200/25MG	5	DL

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Drug Name	Drug Tier	Requirements/Limits
DOVATO TAB 50-300MG	5	QL (30 tabs / 30 days); DL
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	DL
<i>efavirenz-lamivudine-tenofovir df tab 400- 300-300 mg</i>	5	DL
<i>efavirenz-lamivudine-tenofovir df tab 600- 300-300 mg</i>	5	DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	DL
EVOTAZ TAB 300-150	5	DL
GENVOYA TAB	5	DL
JULUCA TAB 50-25MG	5	QL (30 tabs / 30 days); DL
<i>lamivudine-zidovudine tab 150-300 mg</i>	3	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	DL
ODEFSEY TAB	5	DL
PREZCOBIX TAB 800-150	5	DL
STRIBILD TAB	5	DL
SYMTUZA TAB	5	QL (30 tabs / 30 days); DL
TRIUMEQ PD TAB	5	DL
TRIUMEQ TAB	5	DL
TRIZIVIR TAB	5	DL
ANTITUBERCULAR AGENTS		
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	4	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin for inj 600 mg</i>	2	
SIRTURO TAB 20MG	5	NM, LA, PA; DL
SIRTURO TAB 100MG	5	NM, LA, PA; DL
TRECTOR TAB 250MG	4	

ANTIVIRALS

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	2	B/D
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	5	PA; DL
BARACLUDE SOL	4	PA
<i>entecavir tab 0.5 mg</i>	4	PA
<i>entecavir tab 1 mg</i>	4	PA
EPCLUSA PAK 150-37.5	5	QL (30 packets / 30 days), NM, PA; DL
EPCLUSA PAK 200-50MG	5	QL (60 packets / 30 days), NM, PA; DL
EPCLUSA TAB 200-50MG	5	QL (28 tabs / 28 days), NM, PA; DL
EPCLUSA TAB 400-100	5	QL (28 tabs / 28 days), NM, PA; DL
EPIVIR HBV SOL 5MG/ML	4	
<i>famciclovir tab 125 mg</i>	2	
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
<i>foscarnet sodium inj 24 mg/ml</i>	2	B/D
HARVONI PAK	5	QL (28 packets / 28 days), NM, PA; DL
HARVONI PAK 45-200MG	5	QL (56 packets / 28 days), NM, PA; DL
HARVONI TAB 90-400MG	5	QL (28 tabs / 28 days), NM, PA; DL
<i>lamivudine tab 100 mg (hbv)</i>	3	
LIVTENCITY TAB 200MG	5	QL (120 tabs / 30 days), NM, ST; DL
MAVYRET TAB 100-40MG	5	QL (84 tabs / 28 days), NM, PA; DL
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QL (84 caps / 180 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	QL (42 caps / 180 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	QL (42 caps / 180 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	3	QL (525 mL / 180 days)
PEGASYS INJ	5	QL (4 injections / 28 days), NM; DL
PEGASYS INJ 180MCG/M	5	QL (4 injections / 28 days), NM; DL
PREVYMIS TAB 240MG	5	PA; DL
PREVYMIS TAB 480MG	5	PA; DL
RELENZA MIS DISKHALE	3	QL (120 blisters / 365 days)
<i>ribavirin cap 200 mg</i>	2	NM
<i>ribavirin tab 200 mg</i>	2	NM
<i>rimantadine hydrochloride tab 100 mg</i>	2	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	DL
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	3	
VEMLIDY TAB 25MG	5	PA; DL
VOSEVI TAB	5	QL (28 tabs / 28 days), NM, PA; DL
XOFLUZA TAB 40MG	4	QL (4 tabs / year)
XOFLUZA TAB 80MG	4	QL (4 tabs / 365 days)
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	5	DL
<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
CEFACLOR ER TAB 500MG	2	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	2	
<i>cefazolin sodium for inj 1 gm</i>	2	
<i>cefazolin sodium for inj 10 gm</i>	2	
<i>cefazolin sodium for inj 500 mg</i>	2	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for iv soln 2 gm</i>	3	
<i>cefixime cap 400 mg</i>	3	
<i>cefotaxime sodium for inj 10 gm</i>	2	
<i>cefotetan disodium for inj 1 gm</i>	2	
<i>cefotetan disodium for inj 2 gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefotetan disodium for inj 10 gm</i>	2	
<i>cefoxitin sodium for iv soln 1 gm</i>	2	
<i>cefoxitin sodium for iv soln 2 gm</i>	2	
<i>cefoxitin sodium for iv soln 10 gm</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil tab 500 mg</i>	2	
<i>ceftazidime for inj 1 gm</i>	2	
<i>ceftazidime for inj 6 gm</i>	2	
<i>ceftazidime for iv soln 2 gm</i>	2	
<i>ceftibuten cap 400 mg</i>	2	
<i>ceftibuten for susp 180 mg/5ml</i>	2	
<i>ceftriaxone sodium for inj 1 gm</i>	2	
<i>ceftriaxone sodium for inj 2 gm</i>	2	
<i>ceftriaxone sodium for inj 10 gm</i>	2	
<i>ceftriaxone sodium for inj 250 mg</i>	2	
<i>ceftriaxone sodium for inj 500 mg</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	2	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	2	
<i>cefuroxime tab 250mg</i>	2	
<i>cefuroxime tab 500mg</i>	2	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	2	
<i>cephalexin tab 500 mg</i>	2	
SUPRAX CHW 100MG	4	
SUPRAX CHW 200MG	4	
TEFLARO INJ 400MG	4	
TEFLARO INJ 600MG	5	DL
ZERBAXA INJ 1.5GM	5	DL
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	2	
<i>azithromycin for susp 200 mg/5ml</i>	2	
<i>azithromycin iv for soln 500 mg</i>	2	
<i>azithromycin powd pack for susp 1 gm</i>	2	
<i>azithromycin tab 250 mg</i>	2	
<i>azithromycin tab 500 mg</i>	2	

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<i>azithromycin tab 600 mg</i>	2	
<i>clarithromycin for susp 125 mg/5ml</i>	2	
<i>clarithromycin for susp 250 mg/5ml</i>	2	
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
DIFICID SUS	5	QL (300 mL / 10 days), ST; DL
DIFICID TAB 200MG	5	QL (20 tabs / 10 days), ST; DL
<i>e.e.s. 400</i>	3	
<i>ery-tab</i>	4	
ERYTHROCIN INJ 500MG	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate tab 400 mg</i>	3	
<i>erythromycin tab 250 mg</i>	3	
<i>erythromycin tab 500 mg</i>	3	
<i>erythromycin tab delayed release 250 mg</i>	3	
<i>erythromycin tab delayed release 333 mg</i>	3	
<i>erythromycin tab delayed release 500 mg</i>	3	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	3	
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	2	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>levofloxacin iv soln 25 mg/ml</i>	2	
<i>levofloxacin sol 25mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	2	
<i>levofloxacin tab 500 mg</i>	2	
<i>levofloxacin tab 750 mg</i>	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
<i>ofloxacin tab 300mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin tab 400mg</i>	2	
PENICILLINS		
<i>amox-pot cla tab er</i>	2	
<i>amox/k clav chw 200mg</i>	2	
<i>amox/k clav chw 400mg</i>	2	
<i>amox/k clav sus 200/5ml</i>	2	
<i>amox/k clav sus 250/5ml</i>	2	
<i>amox/k clav sus 400/5ml</i>	2	
<i>amox/k clav sus 600/5ml</i>	2	
<i>amox/k clav tab 250-125</i>	2	
<i>amox/k clav tab 500-125</i>	2	
<i>amox/k clav tab 875mg</i>	2	
<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 & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	2	
<i>ampicillin sodium for inj 2 gm</i>	2	
<i>ampicillin sodium for inj 125 mg</i>	2	
<i>ampicillin sodium for inj 250 mg</i>	2	
<i>ampicillin sodium for inj 500 mg</i>	2	
<i>ampicillin sodium for iv soln 2 gm</i>	2	
<i>BACTOCILL INJ DEX 1GM</i>	3	
<i>BACTOCILL INJ DEX 2GM</i>	3	
<i>BICILLIN C-R INJ 900/300</i>	4	
<i>BICILLIN C-R INJ 1200000</i>	4	
<i>BICILLIN L-A INJ 600000</i>	4	
<i>BICILLIN L-A INJ 1200000</i>	4	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **DL** - Medication restricted to 30 days supply **SI** - Select Insulins

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INJ 2400000	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
<i>nafcillin sodium for inj 2 gm</i>	3	
<i>nafcillin sodium for iv soln 2 gm</i>	4	
<i>nafcillin sodium for iv soln 10 gm</i>	5	DL
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	2	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	2	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	3	
PEN G PROC INJ 600000	3	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	
<i>penicillin g potassium for inj 20000000 unit</i>	2	
<i>penicillin g sodium for inj 5000000 unit</i>	5	DL
<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>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	3	
ZOSYN SOL 2-0.25GM	4	
ZOSYN SOL 3-0.375G	4	
ZOSYN SOL 4-0.50GM	4	
TETRACYCLINES		
<i>doxy 100</i>	2	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate tab 100 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
NUZYRA INJ 100MG	5	NM; DL
NUZYRA TAB 150MG	5	NM; DL
<i>tetracycline hcl cap 250 mg</i>	2	
<i>tetracycline hcl cap 500 mg</i>	2	
<i>tigecycline for iv soln 50 mg</i>	5	DL
VIBRAMYCIN SYP 50MG/5ML	4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA INJ 100/4ML	5	NM; DL
CYCLOPHOSPH TAB 25MG	2	B/D
CYCLOPHOSPH TAB 50MG	2	B/D
<i>cyclophosphamide cap 25 mg</i>	2	B/D
<i>cyclophosphamide cap 50 mg</i>	2	B/D
<i>cyclophosphamide for inj 1 gm</i>	4	B/D
<i>cyclophosphamide for inj 2 gm</i>	4	B/D
<i>cyclophosphamide for inj 500 mg</i>	4	B/D
GLEOSTINE CAP 10MG	4	NM, PA
GLEOSTINE CAP 40MG	4	NM, PA
GLEOSTINE CAP 100MG	4	NM, PA
<i>ifosfamide inj 1gm/20ml</i>	2	
IFOSFAMIDE INJ 3GM	3	
<i>ifosfamide inj 3gm/60ml</i>	2	
LEUKERAN TAB 2MG	4	
<i>oxaliplatin for iv inj 50 mg</i>	4	
<i>oxaliplatin iv soln 50 mg/10ml</i>	4	
TEMODAR INJ 100MG	5	NM; DL

ANTIBIOTICS

<i>bleomycin sulfate for inj 15 unit</i>	2	
<i>doxorubicin hcl for inj 10 mg</i>	2	
<i>doxorubicin hcl for inj 50 mg</i>	2	
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	2	
VALSTAR SOL 40MG/ML	5	NM; DL

ANTIMETABOLITES

ALIMTA INJ 100MG	5	DL
<i>cytarabine inj pf 20 mg/ml</i>	2	B/D
<i>floxuridine for inj 0.5 gm</i>	2	
<i>fludarabine phosphate inj 25 mg/ml</i>	2	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine hcl for inj 2 gm</i>	5	DL
<i>gemcitabine hcl for inj 200 mg</i>	5	DL
GEMCITABINE INJ 1GM	5	DL
GEMCITABINE INJ 2GM	5	DL
GEMCITABINE INJ 200MG	5	DL
LONSURF TAB 15-6.14	5	NM, PA; DL
LONSURF TAB 20-8.19	5	NM, PA; DL
<i>mercaptopurine tab 50 mg</i>	2	
<i>methotrexate sodium inj 25 mg/ml</i>	2	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	B/D
ONUREG TAB 200MG	5	QL (14 tabs / 28 days), NM, LA, PA; DL
ONUREG TAB 300MG	5	QL (14 tabs / 28 days), NM, LA, PA; DL
PURIXAN SUS 20MG/ML	5	NM, PA; DL
TABLOID TAB 40MG	4	PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	5	QL (120 tabs / 30 days), NM, PA; DL
<i>anastrozole tab 1 mg</i>	2	
<i>bicalutamide tab 50 mg</i>	2	
ELIGARD INJ 7.5MG	4	QL (1 kit / 28 days), NM, PA
ELIGARD INJ 22.5MG	4	QL (1 kit / 84 days), NM, PA
ELIGARD INJ 30MG	4	QL (1 kit / 112 days), NM, PA
ELIGARD INJ 45MG	4	QL (1 kit / 168 days), NM, PA
EMCYT CAP 140MG	4	
ERLEADA TAB 60MG	5	NM, LA, PA; DL
ERLEADA TAB 240MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
<i>exemestane tab 25 mg</i>	4	
FIRMAGON INJ 80MG	4	QL (12 vials / 28 days), NM, PA
FIRMAGON INJ 120MG	5	QL (4 vials / 365 days), NM, PA; DL
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	2	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
LEUPROLIDE INJ 22.5MG	5	QL (1 kit / 84 days), NM, PA; DL
LUPRON DEPOT INJ 3.75MG	5	QL (1 kit / 28 days), NM, PA; DL
LUPRON DEPOT INJ 7.5MG	5	QL (1 kit / 28 days), NM, PA; DL
LUPRON DEPOT INJ 11.25MG	5	QL (1 kit / 84 days), NM, PA; DL
LUPRON DEPOT INJ 22.5MG	5	QL (1 kit / 84 days), NM, PA; DL
LUPRON DEPOT INJ 30MG	5	QL (1 kit / 84 days), NM, PA; DL
LUPRON DEPOT INJ 45MG	5	QL (1 kit / 168 days), NM, PA; DL
LYSODREN TAB 500MG	5	NM; DL
<i>megestrol acetate tab 20 mg</i>	2	PA
<i>megestrol acetate tab 40 mg</i>	2	PA
<i>nilutamide tab 150 mg</i>	5	DL
NUBEQA TAB 300MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
ORGOVYX TAB 120MG	5	QL (32 tabs / 30 days), NM, LA, PA; DL
ORSERDU TAB 86MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
ORSERDU TAB 345MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
SOLTAMOX SOL 10MG/5ML	4	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	2	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	2	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	PA; DL
TRELSTAR MIX INJ 3.75MG	5	QL (1 injection / 28 days), NM, PA; DL
TRELSTAR MIX INJ 11.25MG	5	QL (1 injection / 84 days), NM, PA; DL
TRELSTAR MIX INJ 22.5MG	5	QL (1 injection / 168 days), NM, PA; DL
XTANDI CAP 40MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
XTANDI TAB 40MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
XTANDI TAB 80MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
ZYTIGA TAB 500MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL

IMMUNOMODULATORS

<i>lenalidomide cap 5 mg</i>	5	QL (105 caps / 28 days), NM, LA, PA; DL
<i>lenalidomide cap 10 mg</i>	5	QL (63 caps / 28 days), NM, LA, PA; DL
<i>lenalidomide cap 15 mg</i>	5	QL (42 caps / 28 days), NM, LA, PA; DL
<i>lenalidomide cap 20 mg</i>	5	QL (42 caps / 28 days), NM, LA, PA; DL
<i>lenalidomide cap 25 mg</i>	5	QL (21 caps / 28 days), NM, LA, PA; DL
<i>lenalidomide caps 2.5 mg</i>	5	QL (210 caps / 28 days), NM, LA, PA; DL
POMALYST CAP 1MG	5	QL (84 caps / 28 days), NM, LA, PA; DL
POMALYST CAP 2MG	5	QL (42 caps / 28 days), NM, LA, PA; DL
POMALYST CAP 3MG	5	QL (42 caps / 28 days), NM, LA, PA; DL
POMALYST CAP 4MG	5	QL (21 caps / 28 days), NM, LA, PA; DL
THALOMID CAP 50MG	5	NM, PA; DL
THALOMID CAP 100MG	5	NM, PA; DL
THALOMID CAP 150MG	5	QL (90 caps / 30 days), NM, PA; DL
THALOMID CAP 200MG	5	QL (60 caps / 30 days), NM, PA; DL

MISCELLANEOUS

BESREMI SOL 500MCG	5	NM, LA, PA; DL
<i>bexarotene cap 75 mg</i>	5	NM, PA; DL
<i>dacarbazine for inj 100 mg</i>	2	
<i>hydroxyurea cap 500 mg</i>	2	
INQOVI TAB 35-100MG	5	QL (5 tabs / 28 days), NM, LA, PA; DL
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	3	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	3	
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA; DL
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA; DL
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA; DL
MATULANE CAP 50MG	5	NM, LA; DL
SYLVANT SOL 400MG	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
SYNRIBO INJ 3.5MG	5	NM; DL
THERACYS INJ	4	
TICE BCG INJ	4	
<i>tretinoin cap 10 mg</i>	5	DL
WELIREG TAB 40MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL

MOLECULAR TARGET AGENTS

ALECENSA CAP 150MG	5	QL (240 caps / 30 days), NM, LA, PA; DL
ALUNBRIG PAK	5	QL (60 tabs / 365 days), NM, LA, PA; DL
ALUNBRIG TAB 30MG	5	QL (180 tabs / 30 days), NM, LA, PA; DL
ALUNBRIG TAB 90MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
ALUNBRIG TAB 180MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
ARZERRA CON 100/5ML	5	B/D, NM; DL
AYVAKIT TAB 25MG	5	QL (360 tabs / 30 days), NM, LA, PA; DL
AYVAKIT TAB 50MG	5	QL (180 tabs / 30 days), NM, LA, PA; DL
AYVAKIT TAB 100MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
AYVAKIT TAB 200MG	5	QL (45 tabs / 30 days), NM, LA, PA; DL
AYVAKIT TAB 300MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
BALVERSA TAB 3MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
BALVERSA TAB 4MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
BALVERSA TAB 5MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
BLINCYTO INJ 35MCG	5	NM; DL
BOSULIF TAB 100MG	5	QL (180 tabs / 30 days), NM, PA; DL
BOSULIF TAB 400MG	5	QL (30 tabs / 30 days), NM, PA; DL
BOSULIF TAB 500MG	5	QL (60 tabs / 30 days), NM, PA; DL
BRAFTOVI CAP 75MG	5	QL (180 caps / 30 days), NM, LA, PA; DL
BRUKINSA CAP 80MG	5	QL (120 caps / 30 days), NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TAB 20MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
CABOMETYX TAB 40MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
CABOMETYX TAB 60MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
CALQUENCE CAP 100MG	5	QL (60 caps / 30 days), NM, LA, PA; DL
CALQUENCE TAB 100MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
CAMPATH INJ 30MG/ML	5	DL
CAPRELSA TAB 100MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
CAPRELSA TAB 300MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
COMETRIQ KIT 60MG	5	QL (252 caps / 28 days), NM, LA, PA; DL
COMETRIQ KIT 100MG	5	QL (112 caps / 28 days), NM, LA, PA; DL
COMETRIQ KIT 140MG	5	QL (112 caps / 28 days), NM, LA, PA; DL
COPIKTRA CAP 15MG	5	QL (56 caps / 28 days), NM, LA, PA; DL
COPIKTRA CAP 25MG	5	QL (56 caps / 28 days), NM, LA, PA; DL
COTELLIC TAB 20MG	5	QL (63 tabs / 28 days), NM, LA, PA; DL
DARZALEX SOL 400MG/20	5	NM, LA; DL
DAURISMO TAB 25MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
DAURISMO TAB 100MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
ERBITUX INJ 200MG	5	NM; DL
ERIVEDGE CAP 150MG	5	QL (30 caps / 30 days), NM, LA, PA; DL
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	NM, PA; DL
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	QL (150 tabs / 30 days), NM, PA; DL
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	QL (90 tabs / 30 days), NM, PA; DL
<i>everolimus tab 2.5 mg</i>	5	QL (120 tabs / 30 days), NM, PA; DL
<i>everolimus tab 5 mg</i>	5	QL (60 tabs / 30 days), NM, PA; DL
<i>everolimus tab 7.5 mg</i>	5	QL (60 tabs / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tab 10 mg</i>	5	QL (30 tabs / 30 days), NM, PA; DL
<i>everolimus tab for oral susp 2 mg</i>	5	NM, PA; DL
<i>everolimus tab for oral susp 3 mg</i>	5	NM, PA; DL
<i>everolimus tab for oral susp 5 mg</i>	5	NM, PA; DL
EXKIVITY CAP 40MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
FOTIVDA CAP 0.89MG	5	QL (21 caps / 28 days), NM, LA, PA; DL
FOTIVDA CAP 1.34MG	5	QL (21 caps / 28 days), NM, LA, PA; DL
GAVRETO CAP 100MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
GAZYVA INJ 25MG/ML	5	NM, LA; DL
<i>gefitinib tab 250 mg</i>	5	QL (30 tabs / 30 days), NM, PA; DL
GILOTRIF TAB 20MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
GILOTRIF TAB 30MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
GILOTRIF TAB 40MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
IBRANCE CAP 75MG	5	QL (42 caps / 28 days), NM, LA, PA; DL
IBRANCE CAP 100MG	5	QL (42 caps / 28 days), NM, LA, PA; DL
IBRANCE CAP 125MG	5	QL (21 caps / 28 days), NM, LA, PA; DL
IBRANCE TAB 75MG	5	QL (42 tabs / 28 days), NM, LA, PA; DL
IBRANCE TAB 100MG	5	QL (42 tabs / 28 days), NM, LA, PA; DL
IBRANCE TAB 125MG	5	QL (21 tabs / 28 days), NM, LA, PA; DL
ICLUSIG TAB 10MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
ICLUSIG TAB 15MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ICLUSIG TAB 30MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
ICLUSIG TAB 45MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
IDHIFA TAB 50MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
IDHIFA TAB 100MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	QL (240 tabs / 30 days), NM, PA; DL
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	QL (60 tabs / 30 days), NM, PA; DL
IMBRUVICA CAP 70MG	5	QL (224 caps / 28 days), NM, LA, PA; DL
IMBRUVICA CAP 140MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
IMBRUVICA SUS 70MG/ML	5	QL (224 mL / 28 days), NM, LA, PA; DL
IMBRUVICA TAB 140MG	5	QL (112 tabs / 28 days), NM, LA, PA; DL
IMBRUVICA TAB 280MG	5	QL (56 tabs / 28 days), NM, LA, PA; DL
IMBRUVICA TAB 420MG	5	QL (28 tabs / 28 days), NM, LA, PA; DL
IMBRUVICA TAB 560MG	5	QL (28 tabs / 28 days), NM, LA, PA; DL
INLYTA TAB 1MG	5	QL (600 tabs / 30 days), NM, LA, PA; DL
INLYTA TAB 5MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
INREBIC CAP 100MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
IRESSA TAB 250MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
IXEMPRA KIT INJ 15MG	5	NM; DL
IXEMPRA KIT INJ 45MG	5	NM; DL
JAKAFI TAB 5MG	5	QL (300 tabs / 30 days), NM, LA, PA; DL
JAKAFI TAB 10MG	5	QL (180 tabs / 30 days), NM, LA, PA; DL
JAKAFI TAB 15MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
JAKAFI TAB 20MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
JAKAFI TAB 25MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
JAYPIRCA TAB 50MG	5	QL (180 tabs / 30 days), NM, LA, PA; DL
JAYPIRCA TAB 100MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
KISQALI TAB 200DOSE	5	QL (63 tabs / 28 days), NM, PA; DL
KISQALI TAB 400DOSE	5	QL (63 tabs / 28 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
KISQALI TAB 600DOSE	5	QL (63 tabs / 28 days), NM, PA; DL
KOSELUGO CAP 10MG	5	QL (300 caps / 30 days), NM, LA, PA; DL
KOSELUGO CAP 25MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
KRAZATI TAB 200MG	5	QL (180 tabs / 30 days), NM, LA, PA; DL
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	QL (180 tabs / 30 days), NM, PA; DL
LENVIMA CAP 4MG	5	QL (180 caps / 30 days), NM, LA, PA; DL
LENVIMA CAP 8 MG	5	QL (180 caps / 30 days), NM, LA, PA; DL
LENVIMA CAP 10 MG	5	QL (90 caps / 30 days), NM, LA, PA; DL
LENVIMA CAP 12MG	5	QL (180 caps / 30 days), NM, LA, PA; DL
LENVIMA CAP 14 MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
LENVIMA CAP 18 MG	5	QL (180 caps / 30 days), NM, LA, PA; DL
LENVIMA CAP 20 MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA; DL
LORBRENA TAB 25MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
LORBRENA TAB 100MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
LUMAKRAS TAB 120MG	5	QL (240 tabs / 30 days), NM, LA, PA; DL
LUMAKRAS TAB 320MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
LYNPARZA TAB 100MG	5	QL (180 tabs / 30 days), NM, LA, PA; DL
LYNPARZA TAB 150MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
LYTGOBI TAB 4MG	5	QL (150 tabs / 30 days), NM, LA, PA; DL
MEKINIST SOL 0.05/ML	5	QL (1200 mL / 30 days), NM, LA, PA; DL
MEKINIST TAB 0.5MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
MEKINIST TAB 2MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
MEKTOVI TAB 15MG	5	QL (180 tabs / 30 days), NM, LA, PA; DL
NERLYNX TAB 40MG	5	QL (180 tabs / 30 days), NM, LA, PA; DL
NINLARO CAP 2.3MG	5	QL (6 caps / 28 days), NM, PA; DL
NINLARO CAP 3MG	5	QL (6 caps / 28 days), NM, PA; DL
NINLARO CAP 4MG	5	QL (3 caps / 28 days), NM, PA; DL
ODOMZO CAP 200MG	5	QL (30 caps / 30 days), NM, LA, PA; DL
OJJAARA TAB 100MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
OJJAARA TAB 150MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
OJJAARA TAB 200MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
PEMAZYRE TAB 4.5MG	5	QL (42 tabs / 21 days), NM, LA, PA; DL
PEMAZYRE TAB 9MG	5	QL (14 tabs / 21 days), NM, LA, PA; DL
PEMAZYRE TAB 13.5MG	5	QL (14 tabs / 21 days), NM, LA, PA; DL
PIQRAY 200MG TAB DOSE	5	QL (28 tabs / 28 days), NM, PA; DL
PIQRAY 250MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA; DL
PIQRAY 300MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA; DL
PORTRAZZA INJ 800/50ML	5	B/D, NM, LA; DL
QINLOCK TAB 50MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
RETEVMO CAP 40MG	5	QL (240 caps / 30 days), NM, LA, PA; DL
RETEVMO CAP 80MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
REZLIDHIA CAP 150MG	5	QL (60 caps / 30 days), NM, LA, PA; DL
ROZLYTREK CAP 100MG	5	QL (180 caps / 30 days), NM, LA, PA; DL
ROZLYTREK CAP 200MG	5	QL (90 caps / 30 days), NM, LA, PA; DL
RUBRACA TAB 200MG	5	NM, LA, PA; DL
RUBRACA TAB 250MG	5	NM, LA, PA; DL
RUBRACA TAB 300MG	5	NM, LA, PA; DL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **DL** - Medication restricted to 30 days supply **SI** - Select Insulins

Drug Name	Drug Tier	Requirements/Limits
RYDAPT CAP 25MG	5	QL (224 caps / 28 days), NM, PA; DL
SCEMBLIX TAB 20MG	5	QL (600 tabs / 30 days), NM, PA; DL
SCEMBLIX TAB 40MG	5	QL (300 tabs / 30 days), NM, PA; DL
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	QL (120 tabs / 30 days), NM, PA; DL
SPRYCEL TAB 20MG	5	QL (270 tabs / 30 days), NM, PA; DL
SPRYCEL TAB 50MG	5	QL (120 tabs / 30 days), NM, PA; DL
SPRYCEL TAB 70MG	5	QL (90 tabs / 30 days), NM, PA; DL
SPRYCEL TAB 80MG	5	QL (90 tabs / 30 days), NM, PA; DL
SPRYCEL TAB 100MG	5	QL (60 tabs / 30 days), NM, PA; DL
SPRYCEL TAB 140MG	5	QL (60 tabs / 30 days), NM, PA; DL
STIVARGA TAB 40MG	5	QL (84 tabs / 28 days), NM, LA, PA; DL
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	QL (210 caps / 30 days), NM, PA; DL
<i>sunitinib malate cap 25 mg (base equivalent)</i>	5	QL (120 caps / 30 days), NM, PA; DL
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	5	QL (90 caps / 30 days), NM, PA; DL
<i>sunitinib malate cap 50 mg (base equivalent)</i>	5	QL (60 caps / 30 days), NM, PA; DL
TABRECTA TAB 150MG	5	QL (120 tabs / 30 days), NM, PA; DL
TABRECTA TAB 200MG	5	QL (120 tabs / 30 days), NM, PA; DL
TAFINLAR CAP 50MG	5	QL (180 caps / 30 days), NM, LA, PA; DL
TAFINLAR CAP 75MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
TAFINLAR TAB 10MG	5	QL (900 tabs / 30 days), NM, LA, PA; DL
TAGRISSE TAB 40MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
TAGRISSE TAB 80MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
TALZENNA CAP 0.1MG	5	QL (30 caps / 30 days), NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAP 0.5MG	5	QL (60 caps / 30 days), NM, LA, PA; DL
TALZENNA CAP 0.25MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
TALZENNA CAP 0.35MG	5	QL (30 caps / 30 days), NM, LA, PA; DL
TALZENNA CAP 0.75MG	5	QL (30 caps / 30 days), NM, LA, PA; DL
TALZENNA CAP 1MG	5	QL (30 caps / 30 days), NM, LA, PA; DL
TASIGNA CAP 50MG	5	QL (480 caps / 30 days), NM, PA; DL
TASIGNA CAP 150MG	5	QL (180 caps / 30 days), NM, PA; DL
TASIGNA CAP 200MG	5	QL (120 caps / 30 days), NM, PA; DL
TAZVERIK TAB 200MG	5	QL (240 tabs / 30 days), NM, LA, PA; DL
TEPMETKO TAB 225MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
TIBSOVO TAB 250MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
TRUSELTIQ CAP 50MG	5	QL (105 caps / 28 days), LA, PA; DL
TRUSELTIQ CAP 75MG	5	QL (105 caps / 28 days), LA, PA; DL
TRUSELTIQ CAP 100MG	5	QL (21 caps / 28 days), LA, PA; DL
TRUSELTIQ CAP 125MG	5	QL (42 caps / 28 days), LA, PA; DL
TUKYSA TAB 50MG	5	QL (360 tabs / 30 days), NM, LA, PA; DL
TUKYSA TAB 150MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
TURALIO CAP 125MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
TURALIO CAP 200MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
UNITUXIN INJ	5	NM; DL
VANFLYTA TAB 17.7MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
VANFLYTA TAB 26.5MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
VECTIBIX INJ 400MG	5	B/D, NM; DL
VENCLEXTA TAB 10MG	3	QL (1200 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TAB 50MG	3	QL (240 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB 100MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
VENCLEXTA TAB START PK	5	QL (84 tabs / year), NM, LA, PA; DL
VERZENIO TAB 50MG	5	QL (56 tabs / 28 days), NM, LA, PA; DL
VERZENIO TAB 100MG	5	QL (56 tabs / 28 days), NM, LA, PA; DL
VERZENIO TAB 150MG	5	QL (56 tabs / 28 days), NM, LA, PA; DL
VERZENIO TAB 200MG	5	QL (56 tabs / 28 days), NM, LA, PA; DL
VITRAKVI CAP 25MG	5	QL (240 caps / 30 days), NM, LA, PA; DL
VITRAKVI CAP 100MG	5	QL (60 caps / 30 days), NM, LA, PA; DL
VITRAKVI SOL 20MG/ML	5	QL (300 mL / 30 days), NM, LA, PA; DL
VIZIMPRO TAB 15MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
VIZIMPRO TAB 30MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
VIZIMPRO TAB 45MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
VONJO CAP 100MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
VOTRIENT TAB 200MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
XALKORI CAP 200MG	5	QL (90 caps / 30 days), NM, LA, PA; DL
XALKORI CAP 250MG	5	QL (60 caps / 30 days), NM, LA, PA; DL
XOSPATA TAB 40MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
XPOVIO 40 MG ONCE WEEKLY	5	QL (16 tabs / 28 days), NM, LA, PA; DL
XPOVIO 40 MG TWICE WEEKLY	5	QL (16 tabs / 28 days), NM, LA, PA; DL
XPOVIO 60 MG ONCE WEEKLY	5	QL (8 tabs / 28 days), NM, LA, PA; DL
XPOVIO 80 MG ONCE WEEKLY	5	QL (16 tabs / 28 days), NM, LA, PA; DL
XPOVIO 100 MG ONCE WEEKLY	5	QL (12 tabs / 28 days), NM, LA, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK 40MG	5	QL (32 tabs / 28 days), NM, LA, PA; DL
XPOVIO PAK 60MG	5	QL (32 tabs / 28 days), NM, LA, PA; DL
XPOVIO PAK 80MG	5	QL (32 tabs / 28 days), NM, LA, PA; DL
XPOVIO PAK 100MG	5	QL (32 tabs / 28 days), NM, LA, PA; DL
YERVOY INJ 200MG	5	NM; DL
ZALTRAP INJ 200/8ML	5	NM, LA; DL
ZEJULA CAP 100MG	5	QL (90 caps / 30 days), NM, LA, PA; DL
ZEJULA TAB 100MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ZEJULA TAB 200MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
ZEJULA TAB 300MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
ZELBORAF TAB 240MG	5	QL (240 tabs / 30 days), NM, LA, PA; DL
ZOLINZA CAP 100MG	5	QL (120 caps / 30 days), NM, PA; DL
ZYDELIG TAB 100MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ZYDELIG TAB 150MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
ZYKADIA TAB 150MG	5	QL (150 tabs / 30 days), NM, LA, PA; DL

PROTECTIVE AGENTS

<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	5	DL
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
MESNEX TAB 400MG	4	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	2	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	6	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	6	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	6	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	6	
<i>benazepril hcl tab 10 mg</i>	6	
<i>benazepril hcl tab 20 mg</i>	6	
<i>benazepril hcl tab 40 mg</i>	6	
<i>captopril tab 12.5 mg</i>	2	
<i>captopril tab 25 mg</i>	2	
<i>captopril tab 50 mg</i>	2	
<i>captopril tab 100 mg</i>	2	
<i>enalapril maleate tab 2.5 mg</i>	2	
<i>enalapril maleate tab 5 mg</i>	2	
<i>enalapril maleate tab 10 mg</i>	2	
<i>enalapril maleate tab 20 mg</i>	2	
<i>fosinopril sodium tab 10 mg</i>	6	

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium tab 20 mg</i>	6	
<i>fosinopril sodium tab 40 mg</i>	6	
<i>lisinopril tab 2.5 mg</i>	6	
<i>lisinopril tab 5 mg</i>	6	
<i>lisinopril tab 10 mg</i>	6	
<i>lisinopril tab 20 mg</i>	6	
<i>lisinopril tab 30 mg</i>	6	
<i>lisinopril tab 40 mg</i>	6	
<i>moexipril hcl tab 7.5 mg</i>	2	
<i>moexipril hcl tab 15 mg</i>	2	
<i>perindopril erbumine tab 2 mg</i>	2	
<i>perindopril erbumine tab 4 mg</i>	2	
<i>perindopril erbumine tab 8 mg</i>	2	
<i>quinapril hcl tab 5 mg</i>	6	
<i>quinapril hcl tab 10 mg</i>	6	
<i>quinapril hcl tab 20 mg</i>	6	
<i>quinapril hcl tab 40 mg</i>	6	
<i>ramipril cap 1.25 mg</i>	6	
<i>ramipril cap 2.5 mg</i>	6	
<i>ramipril cap 5 mg</i>	6	
<i>ramipril cap 10 mg</i>	6	
<i>trandolapril tab 1 mg</i>	2	
<i>trandolapril tab 2 mg</i>	2	
<i>trandolapril tab 4 mg</i>	2	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
KERENDIA TAB 10MG	3	QL (30 tabs / 30 days), PA
KERENDIA TAB 20MG	3	QL (30 tabs / 30 days), 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>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	2	
ENTRESTO TAB 24-26MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	3	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	6	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	6	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	2	ST

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	ST
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	2	ST
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	2	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 4 mg</i>	2	
<i>candesartan cilexetil tab 8 mg</i>	2	
<i>candesartan cilexetil tab 16 mg</i>	2	
<i>candesartan cilexetil tab 32 mg</i>	2	
<i>irbesartan tab 75 mg</i>	6	
<i>irbesartan tab 150 mg</i>	6	
<i>irbesartan tab 300 mg</i>	6	
<i>losartan potassium tab 25 mg</i>	6	
<i>losartan potassium tab 50 mg</i>	6	
<i>losartan potassium tab 100 mg</i>	6	
<i>olmesartan medoxomil tab 5 mg</i>	2	
<i>olmesartan medoxomil tab 20 mg</i>	2	
<i>olmesartan medoxomil tab 40 mg</i>	2	
<i>telmisartan tab 20 mg</i>	2	
<i>telmisartan tab 40 mg</i>	2	
<i>telmisartan tab 80 mg</i>	2	
<i>valsartan tab 40 mg</i>	2	
<i>valsartan tab 80 mg</i>	2	
<i>valsartan tab 160 mg</i>	2	
<i>valsartan tab 320 mg</i>	2	

ANTIARRHYTHMICS

<i>amiodarone hcl tab 100 mg</i>	2	
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	3	
<i>disopyramide phosphate cap 150 mg</i>	3	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	4	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>ibutilide fumarate inj 1 mg/10ml</i>	2	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	2	
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	2	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	2	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	2	
<i>mexiletine hcl cap 150 mg</i>	2	
<i>mexiletine hcl cap 200 mg</i>	2	
<i>mexiletine hcl cap 250 mg</i>	2	
MULTAQ TAB 400MG	3	
<i>pacerone</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	3	
<i>propafenone hcl cap er 12hr 325 mg</i>	3	
<i>propafenone hcl cap er 12hr 425 mg</i>	3	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	

ANTILIPEMICS, FIBRATES

<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	2	QL (30 caps / 30 days)
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	3	QL (30 caps / 30 days)
<i>fenofibrate micronized cap 43 mg</i>	2	QL (90 caps / 30 days)
<i>fenofibrate micronized cap 67 mg</i>	2	QL (30 caps / 30 days)
<i>fenofibrate micronized cap 134 mg</i>	2	QL (30 caps / 30 days)
<i>fenofibrate micronized cap 200 mg</i>	2	QL (30 caps / 30 days)
<i>fenofibrate tab 48 mg</i>	2	QL (30 tabs / 30 days)
<i>fenofibrate tab 54 mg</i>	2	QL (30 tabs / 30 days)
<i>fenofibrate tab 145 mg</i>	2	QL (30 tabs / 30 days)
<i>fenofibrate tab 160 mg</i>	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gemfibrozil tab 600 mg</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	6	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	6	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	6	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	6	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	2	
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2	
<i>lovastatin tab 10 mg</i>	6	
<i>lovastatin tab 20 mg</i>	6	
<i>lovastatin tab 40 mg</i>	6	
<i>pravastatin sodium tab 10 mg</i>	6	
<i>pravastatin sodium tab 20 mg</i>	6	
<i>pravastatin sodium tab 40 mg</i>	6	
<i>pravastatin sodium tab 80 mg</i>	6	
<i>rosuvastatin calcium tab 5 mg</i>	2	
<i>rosuvastatin calcium tab 10 mg</i>	2	
<i>rosuvastatin calcium tab 20 mg</i>	2	
<i>rosuvastatin calcium tab 40 mg</i>	2	
<i>simvastatin tab 5 mg</i>	6	
<i>simvastatin tab 10 mg</i>	6	
<i>simvastatin tab 20 mg</i>	6	
<i>simvastatin tab 40 mg</i>	6	
<i>simvastatin tab 80 mg</i>	6	
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light powder packets 4 gm</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>colesevelam hcl packet for susp 3.75 gm</i>	4	
<i>colesevelam hcl tab 625 mg</i>	3	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
EZETIM/ROSUV TAB 10-5MG	2	
EZETIM/ROSUV TAB 10-10MG	2	
EZETIM/ROSUV TAB 10-20MG	2	
EZETIM/ROSUV TAB 10-40MG	2	
<i>ezetimibe tab 10 mg</i>	2	
<i>icosapent ethyl cap 0.5 gm</i>	4	ST
<i>icosapent ethyl cap 1 gm</i>	4	ST

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAP 5MG	5	QL (30 caps / 30 days), NM, LA, PA; DL
JUXTAPID CAP 10MG	5	QL (30 caps / 30 days), NM, LA, PA; DL
JUXTAPID CAP 20MG	5	QL (60 caps / 30 days), NM, LA, PA; DL
JUXTAPID CAP 30MG	5	QL (60 caps / 30 days), NM, LA, PA; DL
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	
PRALUENT INJ 75MG/ML	3	QL (2 pens / 28 days), NM, PA
PRALUENT INJ 150MG/ML	3	QL (2 pens / 28 days), NM, PA
<i>prevalite</i>	2	
VASCEPA CAP 0.5GM	4	ST
VASCEPA CAP 1GM	4	ST

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	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>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	

BETA-BLOCKERS

<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	2	
<i>betaxolol hcl tab 20 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
<i>carvedilol tab 3.125 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>esmolol hcl inj 100 mg/10ml</i>	2	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	
<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>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	
CALCIUM CHANNEL 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	
CALAN SR TAB 180MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl 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>	2	
<i>diltiazem hcl tab er 24hr 180 mg</i>	2	
<i>diltiazem hcl tab er 24hr 240 mg</i>	2	
<i>diltiazem hcl tab er 24hr 300 mg</i>	2	
<i>diltiazem hcl tab er 24hr 360 mg</i>	2	
<i>diltiazem hcl tab er 24hr 420 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	2	
<i>isradipine cap 5 mg</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>taztia xt</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt er</i>	2	
<i>verapamil hcl cap er 24hr 100 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	
<i>verapamil hcl cap er 24hr 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 300 mg</i>	2	
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl tab 40 mg</i>	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>	2	
<i>verapamil hcl tab er 180 mg</i>	2	
<i>verapamil hcl tab er 240 mg</i>	2	
DIURETICS		
<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>bumetanide inj 0.25 mg/ml</i>	2	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
DIURIL SUS 250/5ML	4	
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	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	
KEVEYIS TAB 50MG	5	QL (120 tabs / 30 days), NM, PA; DL
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metolazone tab 10 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	

MISCELLANEOUS

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	3	ST
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	3	ST
<i>clonidine dis 0.1/24hr</i>	2	
<i>clonidine dis 0.2/24hr</i>	2	
<i>clonidine dis 0.3/24hr</i>	2	
<i>clonidine hcl tab 0.1 mg</i>	2	
<i>clonidine hcl tab 0.2 mg</i>	2	
<i>clonidine hcl tab 0.3 mg</i>	2	
CORLANOR SOL 5MG/5ML	4	QL (90 ampules / 30 days), PA
CORLANOR TAB 5MG	4	QL (60 tabs / 30 days), PA
CORLANOR TAB 7.5MG	4	QL (60 tabs / 30 days), PA
<i>digitek tab 0.25mg</i>	2	
<i>digitek tab 0.125mg</i>	2	
<i>digoxin oral soln 0.05 mg/ml</i>	2	
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	
<i>droxidopa cap 100 mg</i>	5	QL (540 caps / 30 days), NM, PA; DL
<i>droxidopa cap 200 mg</i>	5	QL (360 caps / 30 days), NM, PA; DL
<i>droxidopa cap 300 mg</i>	5	QL (180 caps / 30 days), NM, PA; DL
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	3	QL (180 tabs / 30 days)
<i>metyrosine cap 250 mg</i>	5	PA; DL
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	DL
<i>ranolazine tab er 12hr 500 mg</i>	3	QL (60 tabs / 30 days)
<i>ranolazine tab er 12hr 1000 mg</i>	3	QL (60 tabs / 30 days)
VECAMYL TAB 2.5MG	5	PA; DL

NITRATES

<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TAB 0.5MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ADEMPAS TAB 1.5MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ADEMPAS TAB 1MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ADEMPAS TAB 2.5MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 2MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
<i>alyq</i>	5	QL (60 tabs / 30 days), NM, PA; DL
<i>ambrisentan tab 5 mg</i>	5	QL (30 tabs / 30 days), NM, LA, PA; DL
<i>ambrisentan tab 10 mg</i>	5	QL (30 tabs / 30 days), NM, LA, PA; DL
<i>bosentan tab 62.5 mg</i>	5	QL (60 tabs / 30 days), NM, LA, PA; DL
<i>bosentan tab 125 mg</i>	5	QL (60 tabs / 30 days), NM, LA, PA; DL
<i>epoprostenol sodium for inj 0.5 mg</i>	5	B/D, NM, LA; DL
<i>epoprostenol sodium for inj 1.5 mg</i>	5	B/D, NM, LA; DL
OPSUMIT TAB 10MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
<i>sildenafil citrate for suspension 10 mg/ml</i>	5	QL (180 mL / 30 days), NM, PA; DL
<i>sildenafil citrate tab 20 mg</i>	3	QL (90 tabs / 30 days), NM, PA
<i>tadalafil tab 20 mg (pah)</i>	5	QL (60 tabs / 30 days), NM, PA; DL
TRACLEER TAB 32MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
UPTRAVI PACK TAB 200/800	5	QL (400 tabs / year), NM, LA, PA; DL
UPTRAVI TAB 200MCG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
UPTRAVI TAB 400MCG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
UPTRAVI TAB 600MCG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
UPTRAVI TAB 800MCG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
UPTRAVI TAB 1000MCG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
UPTRAVI TAB 1200MCG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
UPTRAVI TAB 1400MCG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
UPTRAVI TAB 1600MCG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
VELETRI INJ 0.5MG	5	B/D, NM, LA; DL
VELETRI INJ 1.5MG	5	B/D, NM, LA; DL
VENTAVIS SOL 10MCG/ML	5	NM, PA; DL
VENTAVIS SOL 20MCG/ML	5	NM, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	2	QL (90 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	2	QL (90 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab er 24hr 0.5 mg</i>	2	QL (30 tabs / 30 days), ST
<i>alprazolam tab er 24hr 1 mg</i>	2	QL (30 tabs / 30 days), ST
<i>alprazolam tab er 24hr 2 mg</i>	2	QL (150 tabs / 30 days), ST
<i>alprazolam tab er 24hr 3 mg</i>	2	QL (90 tabs / 30 days), ST
<i>bupirone hcl tab 5 mg</i>	2	
<i>bupirone hcl tab 7.5 mg</i>	2	
<i>bupirone hcl tab 10 mg</i>	2	
<i>bupirone hcl tab 15 mg</i>	2	
<i>bupirone hcl tab 30 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	2	
<i>fluvoxamine maleate tab 50 mg</i>	2	
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam inj 2 mg/ml</i>	2	
<i>lorazepam inj 4 mg/ml</i>	2	
<i>lorazepam intensol</i>	2	QL (150 mL / 30 days)
<i>lorazepam tab 0.5 mg</i>	2	QL (600 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	2	QL (300 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	2	QL (150 tabs / 30 days)
LOREEV XR CAP 1.5MG	4	QL (200 caps / 30 days), ST
LOREEV XR CAP 1MG	4	QL (300 caps / 30 days), ST
LOREEV XR CAP 2MG	4	QL (150 caps / 30 days), ST
LOREEV XR CAP 3MG	4	QL (100 caps / 30 days), ST
<i>oxazepam cap 10 mg</i>	2	QL (120 caps / 30 days)
<i>oxazepam cap 15 mg</i>	2	QL (120 caps / 30 days)
<i>oxazepam cap 30 mg</i>	2	QL (120 caps / 30 days)
ANTICONVULSANTS		
APTiom TAB 200MG	4	PA
APTiom TAB 400MG	5	PA; DL
APTiom TAB 600MG	5	PA; DL
APTiom TAB 800MG	5	PA; DL

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Drug Name	Drug Tier	Requirements/Limits
BRIVIACT SOL 10MG/ML	5	PA; DL
BRIVIACT TAB 10MG	5	PA; DL
BRIVIACT TAB 25MG	5	PA; DL
BRIVIACT TAB 50MG	5	PA; DL
BRIVIACT TAB 75MG	5	PA; DL
BRIVIACT TAB 100MG	5	PA; DL
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	3	
<i>carbamazepine tab er 12hr 200 mg</i>	3	
<i>carbamazepine tab er 12hr 400 mg</i>	3	
CELONTIN CAP 300MG	4	
<i>clobazam suspension 2.5 mg/ml</i>	3	PA
<i>clobazam tab 10 mg</i>	3	PA
<i>clobazam tab 20 mg</i>	3	PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	2	QL (1200 tabs / 30 days), ST
<i>clonazepam orally disintegrating tab 0.25 mg</i>	2	QL (2400 tabs / 30 days), ST
<i>clonazepam orally disintegrating tab 0.125 mg</i>	2	QL (4800 tabs / 30 days), ST
<i>clonazepam orally disintegrating tab 1 mg</i>	2	QL (600 tabs / 30 days), ST
<i>clonazepam orally disintegrating tab 2 mg</i>	2	QL (300 tabs / 30 days), ST
<i>clonazepam tab 0.5 mg</i>	2	QL (1200 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	2	QL (600 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	2	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	2	QL (720 tabs / 30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	2	QL (360 tabs / 30 days)
<i>clorazepate dipotassium tab 15 mg</i>	2	QL (180 tabs / 30 days)
DIACOMIT CAP 250MG	5	QL (360 caps / 30 days), NM, LA, PA; DL
DIACOMIT CAP 500MG	5	QL (180 caps / 30 days), NM, LA, PA; DL
DIACOMIT PAK 250MG	5	QL (360 packets / 30 days), NM, LA, PA; DL
DIACOMIT PAK 500MG	5	QL (180 packets / 30 days), NM, LA, PA; DL
<i>diazepam inj 5 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam intensol</i>	2	QL (240 mL / 30 days)
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	2	
<i>diazepam rectal gel delivery system 10 mg</i>	2	
<i>diazepam rectal gel delivery system 20 mg</i>	2	
<i>diazepam tab 2 mg</i>	2	QL (600 tabs / 30 days)
<i>diazepam tab 5 mg</i>	2	QL (240 tabs / 30 days)
<i>diazepam tab 10 mg</i>	2	QL (120 tabs / 30 days)
DILANTIN CAP 30MG	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	
EPIDIOLEX SOL 100MG/ML	5	NM, LA, PA; DL
<i>epitol</i>	2	
EPRONTIA SOL 25MG/ML	4	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	2	
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
FINTEPLA SOL 2.2MG/ML	5	NM, LA, PA; DL
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	2	
FYCOMPA SUS 0.5MG/ML	5	PA; DL
FYCOMPA TAB 2MG	4	PA
FYCOMPA TAB 4MG	5	PA; DL
FYCOMPA TAB 6MG	5	PA; DL
FYCOMPA TAB 8MG	5	PA; DL
FYCOMPA TAB 10MG	5	PA; DL
FYCOMPA TAB 12MG	5	PA; DL
<i>gabapentin cap 100 mg</i>	2	
<i>gabapentin cap 300 mg</i>	2	
<i>gabapentin cap 400 mg</i>	2	
<i>gabapentin oral soln 250 mg/5ml</i>	2	
<i>gabapentin tab 600 mg</i>	2	
<i>gabapentin tab 800 mg</i>	2	
<i>lacosamide oral solution 10 mg/ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide tab 50 mg</i>	3	
<i>lacosamide tab 100 mg</i>	3	
<i>lacosamide tab 150 mg</i>	3	
<i>lacosamide tab 200 mg</i>	3	
<i>lamotrigine tab 25 mg</i>	2	
<i>lamotrigine tab 100 mg</i>	2	
<i>lamotrigine tab 150 mg</i>	2	
<i>lamotrigine tab 200 mg</i>	2	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
<i>methsuximide cap 300 mg</i>	4	
NAYZILAM SPR 5MG	4	QL (5 bottles / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	3	
<i>oxcarbazepine tab 150 mg</i>	2	
<i>oxcarbazepine tab 300 mg</i>	2	
<i>oxcarbazepine tab 600 mg</i>	2	
<i>phenobarbital elixir 20 mg/5ml</i>	2	PA
<i>phenobarbital sodium inj 65 mg/ml</i>	3	PA
<i>phenobarbital sodium inj 130 mg/ml</i>	3	PA
<i>phenobarbital tab 15 mg</i>	2	PA
<i>phenobarbital tab 16.2 mg</i>	2	PA
<i>phenobarbital tab 30 mg</i>	2	PA
<i>phenobarbital tab 32.4 mg</i>	2	PA
<i>phenobarbital tab 60 mg</i>	2	PA
<i>phenobarbital tab 64.8 mg</i>	2	PA
<i>phenobarbital tab 97.2 mg</i>	2	PA
<i>phenobarbital tab 100 mg</i>	2	PA
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg</i>	3	QL (720 caps / 30 days)
<i>pregabalin cap 50 mg</i>	3	QL (360 caps / 30 days)
<i>pregabalin cap 75 mg</i>	3	QL (240 caps / 30 days)
<i>pregabalin cap 100 mg</i>	3	QL (180 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin cap 150 mg</i>	3	QL (120 caps / 30 days)
<i>pregabalin cap 200 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 225 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 300 mg</i>	3	QL (60 caps / 30 days)
<i>pregabalin soln 20 mg/ml</i>	3	QL (900 mL / 30 days)
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 125 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>roweepra</i>	2	
<i>rufinamide susp 40 mg/ml</i>	4	PA
<i>rufinamide tab 200 mg</i>	4	PA
<i>rufinamide tab 400 mg</i>	5	PA; DL
SPRITAM TAB 250MG	4	PA
SPRITAM TAB 500MG	4	PA
SPRITAM TAB 750MG	4	PA
SPRITAM TAB 1000MG	4	PA
<i>subvenite tab 25mg</i>	2	
<i>subvenite tab 100mg</i>	2	
<i>subvenite tab 150mg</i>	2	
<i>subvenite tab 200mg</i>	2	
SYMPAZAN MIS 5MG	5	QL (240 films / 30 days), PA; DL
SYMPAZAN MIS 10MG	5	QL (120 films / 30 days), PA; DL
SYMPAZAN MIS 20MG	5	QL (60 films / 30 days), PA; DL
<i>tiagabine hcl tab 2 mg</i>	3	
<i>tiagabine hcl tab 4 mg</i>	3	
<i>tiagabine hcl tab 12 mg</i>	3	
<i>tiagabine hcl tab 16 mg</i>	3	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
VALTOCO SPR 5MG	4	QL (10 packets / 30 days)
VALTOCO SPR 10MG	4	QL (10 packets / 30 days)
VALTOCO SPR 15MG	4	QL (10 packets / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VALTOCO SPR 20MG	4	QL (10 packets / 30 days)
<i>vigabatrin powd pack 500 mg</i>	5	QL (180 packets / 30 days), NM, LA, PA; DL
<i>vigabatrin tab 500 mg</i>	5	QL (180 tabs / 30 days), NM, LA, PA; DL
<i>vigadrone</i>	5	QL (180 packets / 30 days), NM, LA, PA; DL
XCOPRI PAK 12.5-25	4	PA
XCOPRI PAK 50-100MG	5	PA; DL
XCOPRI PAK 100-150	5	PA; DL
XCOPRI PAK 150-200	5	PA; DL
XCOPRI TAB 50MG	5	QL (240 tabs / 30 days), PA; DL
XCOPRI TAB 100MG	5	QL (120 tabs / 30 days), PA; DL
XCOPRI TAB 150MG	5	QL (60 tabs / 30 days), PA; DL
XCOPRI TAB 200MG	5	QL (60 tabs / 30 days), PA; DL
ZONISADE SUS 100MG/5	4	QL (900 mL / 30 days), ST
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
ZTALMY SUS 50MG/ML	5	QL (1080 mL / 30 days), NM, LA, PA; DL

ANTIDEMENTIA

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

Drug Name	Drug Tier	Requirements/Limits
<i>memant titra pak 5-10mg</i>	2	QL (49 tabs / 28 days), PA
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA
<i>memantine hcl tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>memantine hcl tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	ST
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	ST
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	ST

ANTIDEPRESSANTS

<i>amitriptyline hcl tab 10 mg</i>	2	PA
<i>amitriptyline hcl tab 25 mg</i>	2	PA
<i>amitriptyline hcl tab 50 mg</i>	2	PA
<i>amitriptyline hcl tab 75 mg</i>	2	PA
<i>amitriptyline hcl tab 100 mg</i>	2	PA
<i>amitriptyline hcl tab 150 mg</i>	2	PA
<i>amoxapine tab 25 mg</i>	2	PA
<i>amoxapine tab 50 mg</i>	2	PA
<i>amoxapine tab 100 mg</i>	2	PA
<i>amoxapine tab 150 mg</i>	2	PA
<i>AUVELITY TAB 45-105MG</i>	4	PA
<i>bupropion hcl tab 75 mg</i>	2	
<i>bupropion hcl tab 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 150 mg</i>	2	
<i>bupropion hcl tab er 12hr 200 mg</i>	2	
<i>bupropion hcl tab er 24hr 150 mg</i>	2	
<i>bupropion hcl tab er 24hr 300 mg</i>	2	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	QL (600 mL / 30 days)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl cap 25 mg</i>	3	PA
<i>clomipramine hcl cap 50 mg</i>	3	PA
<i>clomipramine hcl cap 75 mg</i>	3	PA
<i>desipramine hcl tab 10 mg</i>	3	PA
<i>desipramine hcl tab 25 mg</i>	3	PA
<i>desipramine hcl tab 50 mg</i>	3	PA
<i>desipramine hcl tab 75 mg</i>	3	PA
<i>desipramine hcl tab 100 mg</i>	3	PA
<i>desipramine hcl tab 150 mg</i>	3	PA
DESVENLAFAX TAB 50MG ER	3	QL (240 tabs / 30 days), ST
DESVENLAFAX TAB 100MG ER	3	QL (120 tabs / 30 days), ST
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	3	QL (480 tabs / 30 days), ST
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	3	QL (240 tabs / 30 days), ST
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	3	QL (120 tabs / 30 days), ST
<i>doxepin hcl cap 10 mg</i>	2	PA
<i>doxepin hcl cap 25 mg</i>	2	PA
<i>doxepin hcl cap 50 mg</i>	2	PA
<i>doxepin hcl cap 75 mg</i>	2	PA
<i>doxepin hcl cap 100 mg</i>	2	PA
<i>doxepin hcl cap 150 mg</i>	2	PA
<i>doxepin hcl conc 10 mg/ml</i>	2	PA
DRIZALMA CAP 20MG DR	4	QL (180 caps / 30 days), ST
DRIZALMA CAP 30MG DR	4	QL (120 caps / 30 days), ST
DRIZALMA CAP 40MG DR	4	QL (90 caps / 30 days), ST
DRIZALMA CAP 60MG DR	4	QL (60 caps / 30 days), ST
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	2	QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	2	QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	3	QL (90 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	2	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	5	DL
EMSAM DIS 9MG/24HR	5	DL
EMSAM DIS 12MG/24H	5	DL

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Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	QL (600 mL / 30 days)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	2	QL (120 tabs / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
FETZIMA CAP 20MG	4	QL (180 caps / 30 days), PA
FETZIMA CAP 40MG	4	QL (90 caps / 30 days), PA
FETZIMA CAP 80MG	4	QL (60 caps / 30 days), PA
FETZIMA CAP 120MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (28 caps / 28 days), PA
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	2	ST
<i>fluoxetine hcl tab 20 mg</i>	2	ST
<i>imipramine hcl tab 10 mg</i>	3	PA
<i>imipramine hcl tab 25 mg</i>	3	PA
<i>imipramine hcl tab 50 mg</i>	3	PA
<i>imipramine pamoate cap 75 mg</i>	3	PA
<i>imipramine pamoate cap 100 mg</i>	3	PA
<i>imipramine pamoate cap 125 mg</i>	3	PA
<i>imipramine pamoate cap 150 mg</i>	3	PA
MARPLAN TAB 10MG	4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	
<i>mirtazapine tab 7.5 mg</i>	2	
<i>mirtazapine tab 15 mg</i>	2	
<i>mirtazapine tab 30 mg</i>	2	
<i>mirtazapine tab 45 mg</i>	2	
<i>nefazodone hcl tab 50 mg</i>	3	
<i>nefazodone hcl tab 100 mg</i>	3	
<i>nefazodone hcl tab 150 mg</i>	3	
<i>nefazodone hcl tab 200 mg</i>	3	
<i>nefazodone hcl tab 250 mg</i>	3	
<i>nortriptyline hcl cap 10 mg</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl cap 25 mg</i>	2	PA
<i>nortriptyline hcl cap 50 mg</i>	2	PA
<i>nortriptyline hcl cap 75 mg</i>	2	PA
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	PA
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	4	
<i>paroxetine hcl tab 10 mg</i>	2	PA
<i>paroxetine hcl tab 20 mg</i>	2	PA
<i>paroxetine hcl tab 30 mg</i>	2	PA
<i>paroxetine hcl tab 40 mg</i>	2	PA
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>protriptyline hcl tab 5 mg</i>	3	
<i>protriptyline hcl tab 10 mg</i>	3	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	3	
<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>	2	
<i>trimipramine maleate cap 25 mg</i>	2	
<i>trimipramine maleate cap 50 mg</i>	2	
<i>trimipramine maleate cap 100 mg</i>	2	
TRINTELLIX TAB 5MG	4	QL (120 tabs / 30 days), PA
TRINTELLIX TAB 10MG	4	QL (60 tabs / 30 days), PA
TRINTELLIX TAB 20MG	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	QL (300 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	QL (150 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	QL (90 caps / 30 days)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	2	
VENLAFAXINE TAB 112.5MG	3	
VIIBRYD KIT STARTER	4	QL (30 tabs / 30 days), PA
<i>vilazodone hcl tab 10 mg</i>	3	QL (120 tabs / 30 days), PA
<i>vilazodone hcl tab 20 mg</i>	3	QL (60 tabs / 30 days), PA
<i>vilazodone hcl tab 40 mg</i>	3	QL (30 tabs / 30 days), PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN INJ 10MG/ML	5	QL (90 mL / 30 days), NM, LA, PA; DL
<i>benztropine mesylate tab 0.5 mg</i>	2	
<i>benztropine mesylate tab 1 mg</i>	2	
<i>benztropine mesylate tab 2 mg</i>	2	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa tab 25 mg</i>	3	
<i>entacapone tab 200 mg</i>	3	
KYNMOBI MIS 10MG	5	QL (150 films / 30 days), NM, PA; DL
KYNMOBI MIS 15MG	5	QL (150 films / 30 days), NM, PA; DL
KYNMOBI MIS 20MG	5	QL (150 films / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
KYNMOBI MIS 25MG	5	QL (150 films / 30 days), NM, PA; DL
KYNMOBI MIS 30MG	5	QL (150 films / 30 days), NM, PA; DL
NEUPRO DIS 1MG/24HR	4	QL (30 patches / 30 days), PA
NEUPRO DIS 2MG/24HR	4	QL (30 patches / 30 days), PA
NEUPRO DIS 3MG/24HR	4	QL (30 patches / 30 days), PA
NEUPRO DIS 4MG/24HR	4	QL (30 patches / 30 days), PA
NEUPRO DIS 6MG/24HR	4	QL (30 patches / 30 days), PA
NEUPRO DIS 8MG/24HR	4	QL (30 patches / 30 days), PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	3	ST
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	3	ST
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
<i>selegiline hcl cap 5 mg</i>	2	
<i>selegiline hcl tab 5 mg</i>	2	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl tab 2 mg</i>	2	
<i>trihexyphenidyl hcl tab 5 mg</i>	2	
ANTIPSYCHOTICS		
ABILIFY ASIM INJ 720MG	5	QL (1 injection / 56 days); DL
ABILIFY ASIM INJ 960MG	5	QL (1 injection / 56 days); DL
ABILIFY MAIN INJ 300MG	5	QL (2 injections / 28 days); DL

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAIN INJ 400MG	5	QL (1 injection / 28 days); DL
<i>aripiprazole oral solution 1 mg/ml</i>	3	QL (900 mL / 30 days), PA
<i>aripiprazole orally disintegrating tab 10 mg</i>	3	QL (90 tabs / 30 days), PA
<i>aripiprazole orally disintegrating tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>aripiprazole tab 2 mg</i>	3	QL (450 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	3	QL (180 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	3	QL (90 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	3	QL (60 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	3	QL (45 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	3	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	5	QL (2 injections / 28 days); DL
ARISTADA INJ 662MG/2	5	QL (2 injections / 28 days); DL
ARISTADA INJ 882MG/3	5	QL (1 injection / 28 days); DL
ARISTADA INJ 1064MG	5	QL (1 injection / 56 days); DL
ARISTADA INJ INITIO	5	QL (2 injections / 365 days); DL
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	4	QL (240 tabs / 30 days), PA
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	4	QL (120 tabs / 30 days), PA
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	4	QL (60 tabs / 30 days), PA
CAPLYTA CAP 10.5MG	5	QL (120 caps / 30 days), PA; DL
CAPLYTA CAP 21MG	5	QL (60 caps / 30 days), PA; DL
CAPLYTA CAP 42MG	5	QL (30 caps / 30 days), PA; DL
<i>chlorpromazine hcl conc 30 mg/ml</i>	3	
<i>chlorpromazine hcl conc 100 mg/ml</i>	3	
<i>chlorpromazine hcl tab 10 mg</i>	3	
<i>chlorpromazine hcl tab 25 mg</i>	3	
<i>chlorpromazine hcl tab 50 mg</i>	3	
<i>chlorpromazine hcl tab 100 mg</i>	3	
<i>chlorpromazine hcl tab 200 mg</i>	3	
<i>clozapine orally disintegrating tab 12.5 mg</i>	3	QL (2160 tabs / 30 days), ST

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine orally disintegrating tab 25 mg</i>	3	QL (1080 tabs / 30 days), ST
<i>clozapine orally disintegrating tab 100 mg</i>	3	QL (270 tabs / 30 days), ST
<i>clozapine orally disintegrating tab 150 mg</i>	3	QL (180 tabs / 30 days), ST
<i>clozapine orally disintegrating tab 200 mg</i>	3	QL (150 tabs / 30 days), ST
<i>clozapine tab 25 mg</i>	2	
<i>clozapine tab 50 mg</i>	2	
<i>clozapine tab 100 mg</i>	2	
<i>clozapine tab 200 mg</i>	2	
<i>ergoloid mesylates tab 1 mg</i>	3	
FANAPT PAK	4	QL (8 tabs / 30 days), PA
FANAPT TAB 1MG	5	QL (720 tabs / 30 days), PA; DL
FANAPT TAB 2MG	5	QL (360 tabs / 30 days), PA; DL
FANAPT TAB 4MG	5	QL (180 tabs / 30 days), PA; DL
FANAPT TAB 6MG	5	QL (120 tabs / 30 days), PA; DL
FANAPT TAB 8MG	5	QL (90 tabs / 30 days), PA; DL
FANAPT TAB 10MG	5	QL (90 tabs / 30 days), PA; DL
FANAPT TAB 12MG	5	QL (60 tabs / 30 days), PA; DL
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	2	
<i>fluphenazine hcl tab 1 mg</i>	2	
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	
<i>fluphenazine hcl tab 10 mg</i>	2	
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
INVEGA HAFYE INJ 1092MG	5	QL (1 injection / 168 days); DL
INVEGA HAFYE INJ 1560MG	5	QL (1 injection / 168 days); DL
INVEGA SUST INJ 39/0.25	4	QL (6 injections / 28 days)
INVEGA SUST INJ 78/0.5ML	5	QL (3 injections / 28 days); DL
INVEGA SUST INJ 117/0.75	5	QL (2 injections / 28 days); DL
INVEGA SUST INJ 156MG/ML	5	QL (2 injections / 28 days); DL
INVEGA SUST INJ 234/1.5	5	QL (1 injection / 28 days); DL
INVEGA TRINZ INJ 273MG	5	QL (3 injections / 84 days); DL
INVEGA TRINZ INJ 410MG	5	QL (2 injections / 84 days); DL
INVEGA TRINZ INJ 546MG	5	QL (2 injections / 84 days); DL
INVEGA TRINZ INJ 819MG	5	QL (1 injection / 84 days); DL
LATUDA TAB 20MG	5	QL (240 tabs / 30 days), PA; DL
LATUDA TAB 40MG	5	QL (120 tabs / 30 days), PA; DL
LATUDA TAB 60MG	5	QL (90 tabs / 30 days), PA; DL
LATUDA TAB 80MG	5	QL (60 tabs / 30 days), PA; DL
LATUDA TAB 120MG	5	QL (60 tabs / 30 days), PA; DL
<i>loxapine succinate cap 5 mg</i>	2	
<i>loxapine succinate cap 10 mg</i>	2	
<i>loxapine succinate cap 25 mg</i>	2	
<i>loxapine succinate cap 50 mg</i>	2	
<i>lurasidone hcl tab 20 mg</i>	5	QL (240 tabs / 30 days), PA; DL
<i>lurasidone hcl tab 40 mg</i>	5	QL (120 tabs / 30 days), PA; DL
<i>lurasidone hcl tab 60 mg</i>	5	QL (90 tabs / 30 days), PA; DL
<i>lurasidone hcl tab 80 mg</i>	5	QL (60 tabs / 30 days), PA; DL

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Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hcl tab 120 mg</i>	5	QL (60 tabs / 30 days), PA; DL
LYBALVI TAB 5-10MG	5	QL (30 tabs / 30 days), PA; DL
LYBALVI TAB 10-10MG	5	QL (30 tabs / 30 days), PA; DL
LYBALVI TAB 15-10MG	5	QL (30 tabs / 30 days), PA; DL
LYBALVI TAB 20-10MG	5	QL (30 tabs / 30 days), PA; DL
<i>molindone hcl tab 5 mg</i>	2	PA
<i>molindone hcl tab 10 mg</i>	2	PA
<i>molindone hcl tab 25 mg</i>	2	PA
NUPLAZID CAP 34MG	5	QL (30 caps / 30 days), NM, LA, PA; DL
NUPLAZID TAB 10MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
<i>olanzapine for im inj 10 mg</i>	2	
<i>olanzapine orally disintegrating tab 5 mg</i>	3	QL (120 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	3	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	3	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	3	QL (30 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	2	QL (240 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	2	QL (120 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	2	QL (90 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	4	QL (240 tabs / 30 days), PA
<i>paliperidone tab er 24hr 3 mg</i>	4	QL (120 tabs / 30 days), PA
<i>paliperidone tab er 24hr 6 mg</i>	4	QL (60 tabs / 30 days), PA
<i>paliperidone tab er 24hr 9 mg</i>	4	QL (60 tabs / 30 days), PA
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	
<i>perphenazine tab 8 mg</i>	2	
<i>perphenazine tab 16 mg</i>	2	
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	
<i>quetiapine fumarate tab 25 mg</i>	2	QL (960 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab 50 mg</i>	2	QL (480 tabs / 30 days), PA
<i>quetiapine fumarate tab 100 mg</i>	2	QL (240 tabs / 30 days)
<i>quetiapine fumarate tab 150 mg</i>	2	QL (150 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	2	QL (120 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	3	PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	3	PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	4	PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	4	PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	4	PA
REXULTI TAB 0.5MG	5	QL (240 tabs / 30 days), PA; DL
REXULTI TAB 0.25MG	5	QL (480 tabs / 30 days), PA; DL
REXULTI TAB 1MG	5	QL (120 tabs / 30 days), PA; DL
REXULTI TAB 2MG	5	QL (60 tabs / 30 days), PA; DL
REXULTI TAB 3MG	5	QL (45 tabs / 30 days), PA; DL
REXULTI TAB 4MG	5	QL (30 tabs / 30 days), PA; DL
RISPERDAL INJ 12.5MG	4	QL (8 vials / 28 days)
RISPERDAL INJ 25MG	4	QL (4 vials / 28 days)
RISPERDAL INJ 37.5MG	5	QL (4 vials / 28 days); DL
RISPERDAL INJ 50MG	5	QL (2 vials / 28 days); DL
<i>risperidone orally disintegrating tab 0.5 mg</i>	3	QL (960 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	3	QL (1920 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	3	QL (480 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	3	QL (240 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	3	QL (180 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	3	QL (120 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	2	
<i>risperidone tab 0.5 mg</i>	2	QL (960 tabs / 30 days)
<i>risperidone tab 0.25 mg</i>	2	QL (1920 tabs / 30 days)
<i>risperidone tab 1 mg</i>	2	QL (480 tabs / 30 days)
<i>risperidone tab 2 mg</i>	2	QL (240 tabs / 30 days)
<i>risperidone tab 3 mg</i>	2	QL (180 tabs / 30 days)
<i>risperidone tab 4 mg</i>	2	QL (120 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SECUADO DIS 3.8MG	5	QL (30 patches / 30 days), PA; DL
SECUADO DIS 5.7MG	5	QL (30 patches / 30 days), PA; DL
SECUADO DIS 7.6MG	5	QL (30 patches / 30 days), PA; DL
<i>thioridazine hcl tab 10 mg</i>	2	
<i>thioridazine hcl tab 25 mg</i>	2	
<i>thioridazine hcl tab 50 mg</i>	2	
<i>thioridazine hcl tab 100 mg</i>	2	
<i>thiothixene cap 1 mg</i>	2	
<i>thiothixene cap 2 mg</i>	2	
<i>thiothixene cap 5 mg</i>	2	
<i>thiothixene cap 10 mg</i>	2	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	
UZEDY INJ 50MG	5	QL (1 injection / 28 days); DL
UZEDY INJ 75MG	5	QL (1 injection / 28 days); DL
UZEDY INJ 100MG	5	QL (1 injection / 28 days); DL
UZEDY INJ 125MG	5	QL (1 injection / 28 days); DL
UZEDY INJ 150MG	5	QL (1 injection / 28 days); DL
UZEDY INJ 200MG	5	QL (1 injection / 28 days); DL
UZEDY INJ 250MG	5	QL (1 injection / 28 days); DL
VERSACLOZ SUS 50MG/ML	5	QL (540 mL / 30 days), PA; DL
VRAYLAR CAP 1.5-3MG	4	QL (7 caps / 30 days), PA
VRAYLAR CAP 1.5MG	5	QL (120 caps / 30 days), PA; DL
VRAYLAR CAP 3MG	5	QL (60 caps / 30 days), PA; DL
VRAYLAR CAP 4.5MG	5	QL (60 caps / 30 days), PA; DL

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAP 6MG	5	QL (30 caps / 30 days), PA; DL
<i>ziprasidone hcl cap 20 mg</i>	2	QL (300 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	2	QL (150 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	2	QL (120 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	2	QL (90 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	4	
ZYPREXA RELP INJ 210MG	4	QL (3 vials / 28 days), NM
ZYPREXA RELP INJ 300MG	4	QL (3 vials / 28 days), NM
ZYPREXA RELP INJ 405MG	4	QL (3 vials / 28 days), NM

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphet/dextr tab 5mg</i>	2	QL (90 tabs / 30 days)
<i>amphet/dextr tab 7.5mg</i>	2	QL (90 tabs / 30 days)
<i>amphet/dextr tab 10mg</i>	2	QL (90 tabs / 30 days)
<i>amphet/dextr tab 12.5mg</i>	2	QL (90 tabs / 30 days)
<i>amphet/dextr tab 15mg</i>	2	QL (60 tabs / 30 days)
<i>amphet/dextr tab 20mg</i>	2	QL (90 tabs / 30 days)
<i>amphet/dextr tab 30mg</i>	2	QL (60 tabs / 30 days)
<i>amphetamine cap 5mg er</i>	3	QL (30 caps / 30 days)
<i>amphetamine cap 10mg er</i>	3	QL (30 caps / 30 days)
<i>amphetamine cap 15mg er</i>	3	QL (30 caps / 30 days)
<i>amphetamine cap 20mg er</i>	3	QL (60 caps / 30 days)
<i>amphetamine cap 25mg er</i>	3	QL (60 caps / 30 days)
<i>amphetamine cap 30mg er</i>	3	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	QL (90 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	2	QL (60 tabs / 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	2	QL (60 tabs / 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	3	QL (30 caps / 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	3	QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	3	QL (120 caps / 30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	3	QL (180 tabs / 30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>methamphetamine hcl tab 5 mg</i>	2	QL (150 tabs / 30 days), PA
<i>methylphenid tab 20mg er</i>	3	QL (90 tabs / 30 days)
METHYLPHENID TAB 72MG ER	3	QL (30 tabs / 30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	2	QL (150 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	3	QL (30 tabs / 30 days)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	3	QL (30 tabs / 30 days)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	3	QL (60 tabs / 30 days)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	3	QL (30 tabs / 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	3	QL (30 tabs / 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	3	QL (30 tabs / 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	3	QL (60 tabs / 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	3	QL (30 tabs / 30 days)
<i>zenzedi</i>	3	QL (180 tabs / 30 days)

HYPNOTICS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
HETLIOZ CAP 20MG	5	QL (30 caps / 30 days), NM, LA, PA; DL
HETLIOZ LQ SUS 4MG/ML	5	QL (150 mL / 30 days), NM, LA, PA; DL
<i>ramelteon tab 8 mg</i>	2	QL (30 tabs / 30 days)
<i>tasimelteon capsule 20 mg</i>	5	QL (30 caps / 30 days), NM, PA; DL
<i>temazepam cap 7.5 mg</i>	2	QL (30 caps / 30 days)
<i>temazepam cap 15 mg</i>	2	QL (60 caps / 30 days)
<i>temazepam cap 22.5 mg</i>	2	QL (30 caps / 30 days)
<i>temazepam cap 30 mg</i>	2	QL (30 caps / 30 days)
<i>zaleplon cap 5 mg</i>	2	QL (30 caps / 30 days), ST
<i>zaleplon cap 10 mg</i>	2	QL (30 caps / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate tab 5 mg</i>	2	QL (30 tabs / 30 days), PA
<i>zolpidem tartrate tab 10 mg</i>	2	QL (30 tabs / 30 days), PA

MIGRAINE

<i>AIMOVIG INJ 70MG/ML</i>	3	QL (1 pen / 30 days), NM, PA
<i>AIMOVIG INJ 140MG/ML</i>	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	ST; DL
<i>migergot</i>	5	DL
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (9 tabs / 28 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (9 tabs / 28 days)
<i>NURTEC TAB 75MG ODT</i>	3	QL (18 tabs / 30 days), PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (24 tabs / 28 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (12 tabs / 28 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (24 tabs / 28 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (12 tabs / 28 days)
<i>sumatriptan nasal spray 5 mg/act</i>	3	QL (18 inhalers / 28 days), ST
<i>sumatriptan nasal spray 20 mg/act</i>	3	QL (12 inhalers / 28 days), ST
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (4 mL / 28 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	4	QL (4 mL / 28 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL (4 mL / 28 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (9 tabs / 28 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (9 tabs / 28 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (9 tabs / 28 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	3	QL (6 tabs / 28 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	3	QL (6 tabs / 28 days)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (6 tabs / 28 days)
<i>zolmitriptan tab 5 mg</i>	2	QL (6 tabs / 28 days)

MISCELLANEOUS

<i>EQUETRO CAP 100MG</i>	4	
<i>EQUETRO CAP 200MG</i>	4	
<i>EQUETRO CAP 300MG</i>	4	

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FIRDAPSE TAB 10MG	5	QL (240 tabs / 30 days), NM, LA, PA; DL
GRALISE TAB 300MG	4	QL (30 tabs / 30 days), PA
GRALISE TAB 450MG	4	QL (60 tabs / 30 days), PA
GRALISE TAB 600MG	4	QL (90 tabs / 30 days), PA
GRALISE TAB 750MG	4	QL (60 tabs / 30 days), PA
GRALISE TAB 900MG	4	QL (60 tabs / 30 days), PA
HORIZANT TAB 300MG ER	4	QL (60 tabs / 30 days), PA
HORIZANT TAB 600MG ER	4	QL (60 tabs / 30 days), PA
<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>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
LITHIUM SOL 8MEQ/5ML	2	
<i>neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)</i>	2	
<i>neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)</i>	2	
NUEDEXTA CAP 20-10MG	5	QL (60 caps / 30 days), PA; DL
<i>pyridostigm tab 60mg</i>	2	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	3	
REGONOL INJ 5MG/ML	3	
<i>riluzole tab 50 mg</i>	3	
SAVELLA MIS TITR PAK	4	QL (110 tabs / 365 days), PA
SAVELLA TAB 12.5MG	4	QL (60 tabs / 30 days), PA
SAVELLA TAB 25MG	4	QL (60 tabs / 30 days), PA
SAVELLA TAB 50MG	4	QL (60 tabs / 30 days), PA
SAVELLA TAB 100MG	4	QL (60 tabs / 30 days), PA
SKYCLARYS CAP 50MG	5	QL (90 caps / 30 days), NM, LA, PA; DL

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Drug Name	Drug Tier	Requirements/Limits
TEGSEDI INJ 284/1.5	5	QL (4 syringes / 28 days), NM, LA, PA; DL
<i>tetrabenazine tab 12.5 mg</i>	5	QL (240 tabs / 30 days), NM, PA; DL
<i>tetrabenazine tab 25 mg</i>	5	QL (120 tabs / 30 days), NM, PA; DL

MULTIPLE SCLEROSIS AGENTS

BETASERON INJ 0.3MG	5	QL (14 injections / 28 days), NM, PA; DL
COPAXONE INJ 20MG/ML	5	QL (28 injections / 28 days), NM, PA; DL
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA; DL
<i>dalfampridine tab er 12hr 10 mg</i>	3	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	5	QL (30 caps / 30 days), NM, PA; DL

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tab 5 mg</i>	2	
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<i>carisoprodol tab 350 mg</i>	2	PA
<i>chlorzoxazone tab 500 mg</i>	2	PA
<i>cyclobenzaprine hcl tab 5 mg</i>	2	PA
<i>cyclobenzaprine hcl tab 10 mg</i>	2	PA
<i>dantrolene sodium cap 25 mg</i>	2	
<i>dantrolene sodium cap 50 mg</i>	2	
<i>dantrolene sodium cap 100 mg</i>	2	
GABLOFEN INJ 20000/20	4	B/D
<i>methocarbamol tab 500 mg</i>	2	PA
<i>methocarbamol tab 750 mg</i>	2	PA
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	
XEOMIN INJ 100UNIT	4	QL (8 injections / 84 days), NM, PA

NARCOLEPSY/CATAPLEXY

<i>armodafinil tab 50 mg</i>	3	QL (30 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	3	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	3	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	3	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil tab 100 mg</i>	2	QL (60 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	2	QL (60 tabs / 30 days), PA
SOD OXYBATE SOL 500MG/ML	5	QL (540 mL / 30 days), NM, LA, PA; DL
XYREM SOL 500MG/ML	5	QL (540 mL / 30 days), NM, LA, PA; DL

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	2	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	2	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	2	
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	2	
NICOTROL INH	4	
NICOTROL NS SPR 10MG/ML	4	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	2	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	2	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline tab 4-25 mg</i>	2	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	2	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	3	QL (336 tabs / 365 days)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	3	QL (336 tabs / 365 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	3	QL (106 tabs / 365 days)

ENDOCRINE AND METABOLIC

ANDROGENS

<i>ANDRODERM DIS 2MG/24HR</i>	4	PA
<i>ANDRODERM DIS 4MG/24HR</i>	4	PA
<i>depo-testost inj 100mg/ml</i>	2	PA
<i>depo-testost inj 200mg/ml</i>	2	PA
<i>methyltestosterone cap 10 mg</i>	3	PA
<i>oxandrolone tab 2.5 mg</i>	3	PA
<i>oxandrolone tab 10 mg</i>	3	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	3	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	3	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	3	PA

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	2	
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
<i>BYDUREON BC INJ 2/0.85ML</i>	3	QL (4 pens / 28 days)
<i>BYETTA INJ 5MCG</i>	4	QL (1 pen / 28 days)
<i>BYETTA INJ 10MCG</i>	4	QL (1 pen / 28 days)
<i>FARXIGA TAB 5MG</i>	3	QL (30 tabs / 30 days)
<i>FARXIGA TAB 10MG</i>	3	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	6	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	6	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	6	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	6	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	6	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	6	QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	6	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	6	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	2	QL (240 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	2	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	2	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (30 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	3	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR	3	
<i>metformin hcl oral soln 500 mg/5ml</i>	3	QL (765 mL / 30 days), ST
<i>metformin hcl tab 500 mg</i>	6	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	6	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	6	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	6	
<i>metformin hcl tab er 24hr 750 mg</i>	6	QL (60 tabs / 30 days)
<i>nateglinide tab 60 mg</i>	2	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	2	QL (90 tabs / 30 days)
OZEMPIC INJ 2/1.5ML	3	QL (1 pen / 28 days)
OZEMPIC INJ 2MG/3ML	3	QL (1 pen / 28 days)
OZEMPIC INJ 4MG/3ML	3	QL (1 pen / 28 days)
OZEMPIC INJ 8MG/3ML	3	QL (2 pens / 28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	6	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	6	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	6	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	2	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	2	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	2	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	3	QL (30 tabs / 30 days)
RYBELSUS TAB 7MG	3	QL (30 tabs / 30 days)
RYBELSUS TAB 14MG	3	QL (30 tabs / 30 days)
SYMLINPEN 60 INJ 1000MCG	5	QL (8 pens / 28 days), ST; DL
SYMLINPEN 120 INJ 1000MCG	5	QL (4 pens / 28 days), ST; DL

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB	3	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (30 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB	3	QL (30 tabs / 30 days); (10-5-1000 MG and 25-5-1000 MG)
TRIJARDY XR TAB	3	QL (60 tabs / 30 days); (12.5-2.5-1000 MG and 5-2.5-1000 MG)
TRULICITY INJ 0.75/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 3/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 4.5/0.5	3	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	3	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR INJ 100UNIT	3	QL (15 pens / 30 days); SI
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	QL (15 pens / 30 days); SI
FIASP INJ 100/ML	3	QL (5 vials / 30 days); SI
FIASP PENFIL INJ U-100	3	QL (15 injections / 30 days); SI
GAUZE PADS & DRESSINGS - PADS 2 X 2	3	
HUMULIN R INJ U-500	3	QL (12 pens / 30 days); SI
HUMULIN R INJ U-500	3	QL (2 vials / 30 days); SI
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	

Drug Name	Drug Tier	Requirements/Limits
LANTUS INJ 100/ML	3	QL (50 mL / 30 days); SI
LANTUS SOLOS INJ 100/ML	3	QL (45 mL / 30 days); SI
LEVEMIR INJ	3	QL (50 mL / 30 days); SI
LEVEMIR INJ FLEXPEN	3	QL (15 pens / 30 days); SI
NEEDLES, INSULIN DISP., SAFETY	3	
NOVOLIN INJ 70/30	3	QL (50 mL / 30 days); (brand RELION not covered)SI
NOVOLIN INJ 70/30 FP	3	QL (15 pens / 30 days); SI
NOVOLIN N INJ 100 UNIT	3	QL (15 pens / 30 days); SI
NOVOLIN N INJ U-100	3	QL (50 mL / 30 days); (brand RELION not covered)SI
NOVOLIN R INJ 100 UNIT	3	QL (15 pens / 30 days); SI
NOVOLIN R INJ U-100	3	QL (50 mL / 30 days); (brand RELION not covered)SI
NOVOLOG INJ 100/ML	3	QL (50 mL / 30 days); SI
NOVOLOG INJ FLEXPEN	3	QL (15 pens / 30 days); SI
NOVOLOG INJ PENFILL	3	QL (15 pens / 30 days); SI
NOVOLOG MIX INJ 70/30	3	QL (50 mL / 30 days); SI
NOVOLOG MIX INJ FLEXPEN	3	QL (15 pens / 30 days); SI
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days); SI
TOUJEO MAX INJ 300IU/ML	3	QL (6 pens / 30 days); SI
TOUJEO SOLO INJ 300IU/ML	3	QL (12 pens / 30 days); SI
TRESIBA FLEX INJ 100UNIT	3	QL (15 pens / 30 days); SI
TRESIBA FLEX INJ 200UNIT	3	QL (9 pens / 30 days); SI
TRESIBA INJ 100UNIT	3	QL (5 vials / 30 days); SI

Drug Name	Drug Tier	Requirements/Limits
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days); SI

CALCIUM REGULATORS

<i>alendronate sodium oral soln 70 mg/75ml</i>	2	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	QL (1 tab / 28 days)
NATPARA INJ 25MCG	5	QL (2 cartridges / 28 days), PA; DL
NATPARA INJ 50MCG	5	QL (2 cartridges / 28 days), PA; DL
NATPARA INJ 75MCG	5	QL (2 cartridges / 28 days), PA; DL
NATPARA INJ 100MCG	5	QL (2 cartridges / 28 days), PA; DL
<i>pamidronate disodium for inj 30 mg</i>	2	
<i>pamidronate disodium for inj 90 mg</i>	2	
PROLIA INJ 60MG/ML	4	QL (1 syringe / 168 days), NM
<i>risedron sod tab 35mg dr</i>	3	QL (4 tabs / 28 days), ST
<i>risedronate sodium (12-pack)</i>	3	QL (12 tabs / 84 days), ST
<i>risedronate sodium tab 150 mg</i>	3	QL (1 tab / 28 days), ST
<i>risedronate tab 35mg</i>	3	QL (12 tabs / 84 days), ST
TERIPARATIDE INJ	5	QL (1 pen / 24 days), NM, PA; DL
XGEVA INJ	5	QL (1 vial / 28 days), NM, PA; DL

CHELATING AGENTS

CHEMET CAP 100MG	4	PA
<i>deferasirox granules packet 90 mg</i>	5	NM, PA; DL
<i>deferasirox granules packet 180 mg</i>	5	NM, PA; DL
<i>deferasirox granules packet 360 mg</i>	5	NM, PA; DL
<i>deferasirox tab 90 mg</i>	3	NM, PA
<i>deferasirox tab 180 mg</i>	5	NM, PA; DL
<i>deferasirox tab 360 mg</i>	5	NM, PA; DL
<i>deferasirox tab for oral susp 125 mg</i>	5	NM, PA; DL
<i>deferasirox tab for oral susp 250 mg</i>	5	NM, PA; DL
<i>deferasirox tab for oral susp 500 mg</i>	5	NM, PA; DL
<i>deferoxamine mesylate for inj 2 gm</i>	2	NM

Drug Name	Drug Tier	Requirements/Limits
<i>deferoxamine mesylate for inj 500 mg</i>	2	NM
LOKELMA PAK 5GM	4	PA
LOKELMA PAK 10GM	4	PA
<i>penicillamine tab 250 mg</i>	5	NM, PA; DL
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i>	2	
<i>trientine hcl cap 250 mg</i>	5	NM, PA; DL
VELTASSA POW 8.4GM	5	QL (30 packets / 30 days), PA; DL
VELTASSA POW 16.8GM	5	QL (30 packets / 30 days), PA; DL
VELTASSA POW 25.2GM	5	QL (30 packets / 30 days), PA; DL

CONTRACEPTIVES

<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aviane</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>chateal</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i>	2	
DEPO-SQ PROV INJ 104	4	QL (1 injection / 84 days)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
ELLA TAB 30MG	3	
<i>eluryng</i>	2	QL (1 ring / 28 days)
<i>emoquette tab</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	QL (1 ring / 28 days)
<i>falmina</i>	2	
<i>femynor tab 0.25-35</i>	2	
<i>gildess 1/20</i>	2	
<i>gildess fe 1.5/30</i>	2	
<i>gildess fe 1/20</i>	2	
<i>hailey 24 fe</i>	2	
<i>haloette mis</i>	2	QL (1 ring / 28 days)
<i>heather</i>	2	
<i>iclevia</i>	2	
<i>incassia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jencycla</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>layolis fe</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor-ethinyl est 0.10mg-20mcg(84)-10mcg(7)</i>	2	
<i>levonor-ethinyl est 0.15mg-30mcg(84)-10mcg(7)</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	QL (1 injection / 84 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	2	QL (1 injection / 84 days)
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>myzilra</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>nora-be</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone tab 0.35 mg</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 7/7/7</i>	2	
<i>pirmella tab 1/35</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trinessa lo</i>	2	
<i>trivora-28</i>	2	
TYBLUME CHW 0.1-0.02	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>zarah</i>	2	
<i>zovia 1/35</i>	2	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
LUPANETA KIT 3.75-5	5	QL (1 kit / 28 days), NM, PA; DL
LUPANETA KIT 11.25-5	5	QL (1 kit / 84 days), NM, PA; DL
SYNAREL SOL 2MG/ML	5	PA; DL
ESTROGENS		
<i>amabelz</i>	2	
DEPO-ESTRADI INJ 5MG/ML	4	
<i>dotti</i>	2	QL (8 patches / 28 days)
DUAVEE TAB 0.45-20	3	PA
<i>estradiol & norethindrone acetate tab 0.5- 0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol tab 0.5 mg</i>	2	
<i>estradiol tab 1 mg</i>	2	
<i>estradiol tab 2 mg</i>	2	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	3	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **DL** - Medication restricted to 30 days supply **SI** - Select Insulins

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	3	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	3	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	3	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	2	QL (8 patches / 28 days)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	2	QL (8 patches / 28 days)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	2	QL (8 patches / 28 days)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	2	QL (8 patches / 28 days)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	2	QL (8 patches / 28 days)
<i>estradiol td patch weekly 0.1 mg/24hr</i>	2	QL (4 patches / 28 days)
<i>estradiol td patch weekly 0.05 mg/24hr</i>	2	QL (4 patches / 28 days)
<i>estradiol td patch weekly 0.06 mg/24hr</i>	2	QL (4 patches / 28 days)
<i>estradiol td patch weekly 0.025 mg/24hr</i>	2	QL (4 patches / 28 days)
<i>estradiol td patch weekly 0.075 mg/24hr</i>	2	QL (4 patches / 28 days)
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	2	QL (4 patches / 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>estradiol valerate im in oil 10 mg/ml</i>	2	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
ESTRING MIS 7.5/24HR	4	
ESTROGEL GEL	4	
FEMRING MIS 0.1MG/24	4	
FEMRING MIS 0.05/24H	4	
<i>fyavolv</i>	2	
<i>jinteli</i>	2	
<i>lyllana</i>	2	QL (8 patches / 28 days)
MENOSTAR DIS 14MCG	4	QL (4 patches / 28 days)
<i>mimvey</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
PREMARIN VAG CRE 0.625MG	3	
<i>yuvaferm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
GLUCOCORTICOIDS		
ARISTOSPAN INJ 5MG/ML	4	
ARISTOSPAN INJ 20MG/ML	4	
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>methylprednisolone tab 4 mg</i>	2	
<i>methylprednisolone tab 8 mg</i>	2	
<i>methylprednisolone tab 16 mg</i>	2	
<i>methylprednisolone tab 32 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
PREDNISON CON 5MG/ML	3	
<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 500MG	4	
SOLU-CORTEF INJ 1000MG	4	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide inj susp 10 mg/ml</i>	2	
<i>triamcinolone acetonide inj susp 40 mg/ml</i>	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE POW 3MG/DOSE	3	
<i>diazoxide susp 50 mg/ml</i>	3	
GVOKE HYPO 2 INJ 1MG/.2ML	4	
GVOKE HYPO 2 INJ .5/.1ML	4	
GVOKE KIT SOL 1MG/0.2M	4	
MISCELLANEOUS		
<i>acetylcysteine inj 200 mg/ml</i>	2	
<i>betaine powder for oral solution</i>	5	NM, LA; DL
<i>cabergoline tab 0.5 mg</i>	2	
<i>carglumic acid soluble tab 200 mg</i>	5	NM, LA, PA; DL
CERDELGA CAP 84MG	5	QL (60 caps / 30 days), NM, PA; DL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	3	B/D, NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	5	B/D, NM; DL
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	B/D, NM; DL
CYSTAGON CAP 50MG	3	NM, LA, PA
CYSTAGON CAP 150MG	3	NM, LA, PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	3	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
GALAFOLD CAP 123MG	5	QL (14 caps / 28 days), NM, LA, PA; DL
GENOTROPIN INJ 0.2MG	3	NM, PA
GENOTROPIN INJ 0.4MG	5	NM, PA; DL
GENOTROPIN INJ 0.6MG	5	NM, PA; DL
GENOTROPIN INJ 0.8MG	5	NM, PA; DL
GENOTROPIN INJ 1.2MG	5	NM, PA; DL
GENOTROPIN INJ 1.4MG	5	NM, PA; DL
GENOTROPIN INJ 1.6MG	5	NM, PA; DL
GENOTROPIN INJ 1.8MG	5	NM, PA; DL
GENOTROPIN INJ 1MG	5	NM, PA; DL
GENOTROPIN INJ 2MG	5	NM, PA; DL
GENOTROPIN INJ 5MG	5	NM, PA; DL
GENOTROPIN INJ 12MG	5	NM, PA; DL
INCRELEX INJ 40MG/4ML	5	NM, LA, PA; DL
<i>javygtor pak 100mg</i>	5	NM, LA, PA; DL
<i>javygtor pow 500mg</i>	5	NM, LA, PA; DL
<i>javygtor tab 100mg</i>	5	NM, LA, PA; DL
KORLYM TAB 300MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine inj 200 mg/ml</i>	2	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	
<i>levocarnitine tab 330 mg</i>	2	
<i>methylergonovine maleate inj 0.2 mg/ml</i>	2	
<i>miglustat cap 100 mg</i>	5	NM, PA; DL
MYALEPT INJ 11.3MG	5	QL (60 vials / 30 days), NM, LA, PA; DL
<i>nitisinone cap 2 mg</i>	5	NM, PA; DL
<i>nitisinone cap 5 mg</i>	5	NM, PA; DL
<i>nitisinone cap 10 mg</i>	5	NM, PA; DL
<i>nitisinone cap 20 mg</i>	5	NM, PA; DL
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	NM
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	NM
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	NM
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	NM; DL
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	NM; DL
ORFADIN CAP 20MG	5	NM, LA, PA; DL
ORFADIN SUS 4MG/ML	5	NM, LA, PA; DL
<i>oxytocin inj 10 unit/ml</i>	2	
<i>raloxifene hcl tab 60 mg</i>	3	
RAVICTI LIQ 1.1GM/ML	5	QL (525 mL / 30 days), NM, LA, PA; DL
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	NM, PA; DL
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	NM, PA; DL
<i>sapropterin dihydrochloride tab 100 mg</i>	5	NM, PA; DL
SEROSTIM INJ 4MG	5	NM, LA, PA; DL
SEROSTIM INJ 5MG	5	NM, LA, PA; DL
SEROSTIM INJ 6MG	5	NM, LA, PA; DL
SIGNIFOR INJ 0.3MG/ML	5	QL (60 ampules / 30 days), NM, LA, PA; DL
SIGNIFOR INJ 0.6MG/ML	5	QL (60 ampules / 30 days), NM, LA, PA; DL
SIGNIFOR INJ 0.9MG/ML	5	QL (60 ampules / 30 days), NM, LA, PA; DL
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	NM, PA; DL
<i>sodium phenylbutyrate tab 500 mg</i>	5	NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT INJ 10MG	5	QL (30 vials / 30 days), NM, LA, PA; DL
SOMAVERT INJ 15MG	5	QL (30 vials / 30 days), NM, LA, PA; DL
SOMAVERT INJ 20MG	5	QL (30 vials / 30 days), NM, LA, PA; DL
SOMAVERT INJ 25MG	5	QL (30 vials / 30 days), NM, LA, PA; DL
SOMAVERT INJ 30MG	5	QL (30 vials / 30 days), NM, LA, PA; DL
STRENSIQ INJ 18/0.45	5	NM, LA, PA; DL
STRENSIQ INJ 28/0.7ML	5	NM, LA, PA; DL
<i>tolvaptan tab 15 mg</i>	5	QL (90 tabs / 30 days), NM, PA; DL
<i>tolvaptan tab 30 mg</i>	5	QL (60 tabs / 30 days), NM, PA; DL
ZORBTIVE INJ 8.8MG	5	NM, PA; DL
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	5	PA; DL
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
<i>sevelamer carbonate packet 0.8 gm</i>	3	
<i>sevelamer carbonate packet 2.4 gm</i>	3	
<i>sevelamer carbonate tab 800 mg</i>	4	
PROGESTINS		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	2	
<i>medroxyprogesterone acetate tab 5 mg</i>	2	
<i>medroxyprogesterone acetate tab 10 mg</i>	2	
<i>megestrol acetate susp 40 mg/ml</i>	2	PA
<i>norethindrone acetate tab 5 mg</i>	2	
<i>progesterone cap 100 mg</i>	2	
<i>progesterone cap 200 mg</i>	2	
THYROID AGENTS		
<i>euthyrox</i>	2	
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 300 mcg</i>	2	
<i>lithyronine sodium tab 5 mcg</i>	2	
<i>lithyronine sodium tab 25 mcg</i>	2	
<i>lithyronine sodium tab 50 mcg</i>	2	
<i>methimazole tab 5 mg</i>	2	
<i>methimazole tab 10 mg</i>	2	
<i>propylthiouracil tab 50 mg</i>	2	
SYNTHROID TAB 25MCG	4	
SYNTHROID TAB 50MCG	4	
SYNTHROID TAB 75MCG	4	
SYNTHROID TAB 88MCG	4	
SYNTHROID TAB 100MCG	4	
SYNTHROID TAB 112MCG	4	
SYNTHROID TAB 125MCG	4	
SYNTHROID TAB 137MCG	4	
SYNTHROID TAB 150MCG	4	
SYNTHROID TAB 175MCG	4	
SYNTHROID TAB 200MCG	4	
SYNTHROID TAB 300MCG	4	
<i>unithroid</i>	2	

VITAMIN D ANALOGS

<i>calcitriol cap 0.5 mcg</i>	2	
<i>calcitriol cap 0.25 mcg</i>	2	
<i>calcitriol sol 1mcg/ml</i>	2	
<i>doxercalciferol cap 0.5 mcg</i>	4	
<i>doxercalciferol cap 1 mcg</i>	3	
<i>doxercalciferol cap 2.5 mcg</i>	4	
<i>paricalcitol cap 1 mcg</i>	2	
<i>paricalcitol cap 2 mcg</i>	2	
<i>paricalcitol cap 4 mcg</i>	2	

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant capsule 40 mg</i>	2	B/D
<i>aprepitant capsule 80 mg</i>	2	B/D
<i>aprepitant capsule 125 mg</i>	2	B/D
<i>aprepitant pak 80 & 125</i>	2	B/D
<i>compro</i>	2	
<i>dronabinol cap 2.5 mg</i>	4	PA
<i>dronabinol cap 5 mg</i>	4	PA
<i>dronabinol cap 10 mg</i>	4	PA
EMEND SUS 125MG	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopram sol 5mg/5ml</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	3	B/D
<i>ondansetron hcl tab 4 mg</i>	2	B/D
<i>ondansetron hcl tab 8 mg</i>	2	B/D
<i>ondansetron tab 4mg odt</i>	2	B/D
<i>ondansetron tab 8mg odt</i>	2	B/D
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl suppos 12.5 mg</i>	3	
<i>promethazine hcl suppos 25 mg</i>	3	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	3	PA
<i>promethazine hcl tab 12.5 mg</i>	3	PA
<i>promethazine hcl tab 25 mg</i>	3	PA
<i>promethazine hcl tab 50 mg</i>	3	PA
<i>promethegan</i>	3	PA
SANCUSO DIS 3.1MG	4	QL (4 patches / 28 days), ST
<i>scopolamine td patch 72hr 1 mg/3days</i>	3	QL (10 patches / 30 days)

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	2	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	
<i>dicyclomine hcl tab 20 mg</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	

H2-RECEPTOR ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	2	
<i>cimetidine tab 200 mg</i>	2	
<i>cimetidine tab 300 mg</i>	2	
<i>cimetidine tab 400 mg</i>	2	
<i>cimetidine tab 800 mg</i>	2	
<i>famotidine for susp 40 mg/5ml</i>	3	
<i>famotidine tab 20 mg</i>	2	
<i>famotidine tab 40 mg</i>	2	
<i>nizatidine cap 150 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine cap 300 mg</i>	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	3	
<i>budesonide delayed release particles cap 3 mg</i>	4	PA
<i>budesonide tab er 24hr 9 mg</i>	4	PA
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>mesalamine cap dr 400 mg</i>	4	
<i>mesalamine cap er 24hr 0.375 gm</i>	3	
<i>mesalamine suppos 1000 mg</i>	4	
<i>mesalamine tab delayed release 800 mg</i>	4	
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	2	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	3	
SUPREP BOWEL SOL PREP KIT	4	
MISCELLANEOUS		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	5	PA; DL
<i>alose tron hcl tab 1 mg (base equiv)</i>	5	PA; DL
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5MG	5	NM, LA, PA; DL
LINZESS CAP 72MCG	3	QL (30 caps / 30 days)
LINZESS CAP 145MCG	3	QL (30 caps / 30 days)
LINZESS CAP 290MCG	3	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>lubiprostone cap 8 mcg</i>	3	QL (60 caps / 30 days)
<i>lubiprostone cap 24 mcg</i>	3	QL (60 caps / 30 days)
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
MOVANTIK TAB 12.5MG	3	QL (30 tabs / 30 days)
MOVANTIK TAB 25MG	3	QL (30 tabs / 30 days)
MYTESI TAB 125MG	4	NM, PA
OICALIVA TAB 5MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
OICALIVA TAB 10MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
RELISTOR INJ 8/0.4ML	5	PA; DL
RELISTOR INJ 12/0.6ML	5	PA; DL
RELISTOR TAB 150MG	5	QL (90 tabs / 30 days), PA; DL
SUCRAID SOL 8500/ML	5	NM, LA, PA; DL
<i>sucralfate susp 1 gm/10ml</i>	4	
<i>sucralfate tab 1 gm</i>	2	
<i>ursodiol cap 300 mg</i>	3	
<i>ursodiol tab 250 mg</i>	3	
<i>ursodiol tab 500 mg</i>	3	
XERMELO TAB 250MG	5	QL (84 tabs / 28 days), NM, LA, PA; DL
XIFAXAN TAB 550MG	5	QL (60 tabs / 30 days), PA; DL

PANCREATIC ENZYMES

CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000	4	
ZENPEP CAP 40000	4	

PROTON PUMP INHIBITORS

<i>lansoprazole cap delayed release 15 mg</i>	2	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	2	QL (30 caps / 30 days)
<i>omeprazole cap 20mg</i>	2	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	2	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	2	QL (60 caps / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	
<i>dutasteride cap 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	3	
<i>finasteride tab 5 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	2	
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
ELMIRON CAP 100MG	4	QL (90 caps / 30 days)
<i>flavoxate hcl tab 100 mg</i>	2	
LITHOSTAT TAB 250MG	3	
<i>potassium citrate tab er 5 meq (540 mg)</i>	2	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	2	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	
<i>tiopronin tab 100 mg</i>	5	NM, PA; DL
URINARY ANTISPASMODICS		
MYRBETRIQ TAB 25MG	4	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	4	QL (30 tabs / 30 days)
<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>	2	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	
<i>solifenacin succinate tab 5 mg</i>	3	
<i>solifenacin succinate tab 10 mg</i>	3	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	3	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	3	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
<i>trospium chloride cap er 24hr 60 mg</i>	2	
<i>trospium chloride tab 20 mg</i>	2	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	4	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>miconazole 3</i>	2	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
VANDAZOLE GEL 0.75%	2	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	4	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	4	QL (60 caps / 30 days)
ELIQUIS ST P TAB 5MG	3	QL (148 tabs / 365 days)
ELIQUIS TAB 2.5MG	3	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	3	QL (120 syringes / year)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	3	QL (120 syringes / year)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	3	QL (120 syringes / year)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	3	QL (120 syringes / year)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	3	QL (120 syringes / year)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	3	QL (120 syringes / year)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	3	QL (120 syringes / year)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	QL (30 mL / year)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	QL (24 mL / year); DL
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	QL (36 mL / year); DL
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	QL (48 mL / year); DL
FRAGMIN INJ 2500/0.2	4	QL (6 mL / 30 days)
FRAGMIN INJ 5000/0.2	4	
FRAGMIN INJ 7500/0.3	5	QL (9 mL / 30 days); DL
FRAGMIN INJ 10000/ML	5	QL (30 mL / 30 days); DL
FRAGMIN INJ 12500UNT	5	QL (15 mL / 30 days); DL
FRAGMIN INJ 15000UNT	5	QL (18 mL / 30 days); DL
FRAGMIN INJ 18000UNT	5	QL (21.6 mL / 30 days); DL
FRAGMIN INJ 95000UNT	5	QL (22.8 mL / 30 days); DL

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Drug Name	Drug Tier	Requirements/Limits
HEP SOD/D5W INJ 50UNT/ML	3	
HEP SOD/NACL INJ 12500UNT	3	
<i>heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%</i>	2	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	
<i>jantoven</i>	2	
PRADAXA CAP 110MG	4	QL (180 caps / year)
<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	

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	4	NM, PA
ARANESP INJ 25MCG	4	NM, PA
ARANESP INJ 40MCG	4	NM, PA
ARANESP INJ 60MCG	4	NM, PA; (syringes)
ARANESP INJ 60MCG	5	NM, PA; DL;(vials)
ARANESP INJ 100MCG	5	NM, PA; DL
ARANESP INJ 150MCG	5	NM, PA; DL
ARANESP INJ 200MCG	5	NM, PA; DL
ARANESP INJ 300MCG	5	PA; DL
ARANESP INJ 300MCG	5	NM, PA; DL
ARANESP INJ 500MCG	5	NM, PA; DL
FULPHILA INJ 6/0.6ML	5	NM, PA; DL
GRANIX INJ 300/0.5	5	NM, PA; DL
GRANIX INJ 300/1ML	5	NM, PA; DL
GRANIX INJ 480/0.8	5	NM, PA; DL
GRANIX INJ 480/1.6	5	NM, PA; DL
LEUKINE INJ 250MCG	5	NM, PA; DL
NIVESTYM INJ 300MCG	5	NM, PA; DL
NIVESTYM INJ 480MCG	5	NM, PA; DL
NYVEPRIA INJ 6/0.6ML	5	NM, PA; DL
PROCRIT INJ 2000/ML	4	NM, PA
PROCRIT INJ 3000/ML	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 4000/ML	4	NM, PA
PROCRIT INJ 10000/ML	4	NM, PA
PROCRIT INJ 20000/ML	4	NM, PA
PROCRIT INJ 40000/ML	4	NM, PA
RETACRIT INJ 2000UNIT	3	NM, PA
RETACRIT INJ 3000UNIT	3	NM, PA
RETACRIT INJ 4000UNIT	3	NM, PA
RETACRIT INJ 10000UNT	3	NM, PA
RETACRIT INJ 20000UNI	3	NM, PA
RETACRIT INJ 40000UNT	5	NM, PA; DL
UDENYCA INJ 6MG/0.6	5	NM, PA; DL
UDENYCA INJ 6MG/.6ML	5	NM, PA; DL
ZARXIO INJ 300/0.5	5	NM, PA; DL
ZARXIO INJ 480/0.8	5	NM, PA; DL
ZIEXTENZO INJ 6/0.6ML	5	NM, PA; DL

MISCELLANEOUS

<i>aminocaproic acid inj 250 mg/ml</i>	2	
<i>anagrelide hcl cap 0.5 mg</i>	3	
<i>anagrelide hcl cap 1 mg</i>	3	
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	NM, PA; DL
<i>pentoxifylline tab er 400 mg</i>	2	
PROMACTA PAK 25MG	5	QL (90 packets / 30 days), NM, LA, PA; DL
PROMACTA POW 12.5MG	5	QL (30 packets / 30 days), NM, LA, PA; DL
PROMACTA TAB 12.5MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
PROMACTA TAB 25MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
PROMACTA TAB 50MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
PROMACTA TAB 75MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
RUCONEST INJ 2100UNIT	5	NM, PA; DL
<i>sajazir</i>	5	NM, PA; DL
TAKHZYRO INJ 150MG/ML	5	QL (2 syringes / 28 days), NM, LA, PA; DL
TAKHZYRO INJ 300/2ML	5	QL (2 syringes / 28 days), NM, LA, PA; DL
TAKHZYRO INJ 300/2ML	5	QL (2 vials / 28 days), NM, LA, PA; DL
<i>tranexamic acid tab 650 mg</i>	2	QL (30 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	3	ST
BRILINTA TAB 60MG	4	QL (60 tabs / 30 days)
BRILINTA TAB 90MG	4	QL (60 tabs / 30 days)
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	2	
<i>dipyridamole tab 25 mg</i>	2	
<i>dipyridamole tab 50 mg</i>	2	
<i>dipyridamole tab 75 mg</i>	2	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>prasugrel hcl tab 10 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>ticlopidine hcl tab 250 mg</i>	2	
ZONTIVITY TAB 2.08MG	4	QL (30 tabs / 30 days), PA

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ENBREL INJ 25/0.5ML	5	QL (16 injections / 28 days), NM, PA; DL
ENBREL INJ 25MG	5	QL (16 injections / 28 days), NM, PA; DL
ENBREL INJ 25MG	5	QL (8 bottles / 28 days), NM, PA; DL
ENBREL INJ 50MG/ML	5	QL (8 injections / 28 days), NM, PA; DL
ENBREL MINI INJ 50MG/ML	5	QL (8 injections / 28 days), NM, PA; DL
ENBREL SRCLK INJ 50MG/ML	5	QL (8 injections / 28 days), NM, PA; DL
HUMIRA INJ 10/0.1ML	5	NM, PA; DL
HUMIRA INJ 20/0.2ML	5	NM, PA; DL
HUMIRA INJ 40/0.4ML	5	NM, PA; DL
HUMIRA KIT 40MG/0.8	5	NM, PA; DL
HUMIRA PEDIA INJ CROHNS	5	NM, PA; DL
HUMIRA PEN INJ 40/0.4ML	5	NM, PA; DL
HUMIRA PEN INJ 40MG/0.8	5	NM, PA; DL
HUMIRA PEN INJ 80/0.8ML	5	NM, PA; DL
HUMIRA PEN INJ CD/UC/HS	5	NM, PA; DL
HUMIRA PEN INJ PS/UV	5	NM, PA; DL
HUMIRA PEN KIT CD/UC/HS	5	NM, PA; DL
HUMIRA PEN KIT PED UC	5	NM, PA; DL
HUMIRA PEN KIT PS/UV	5	NM, PA; DL
RINVOQ TAB 15MG ER	5	QL (90 tabs / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 30MG ER	5	QL (30 tabs / 30 days), NM, PA; DL
RINVOQ TAB 45MG ER	5	QL (30 tabs / 30 days), NM, PA; DL
SKYRIZI INJ 150DOSE	5	QL (1 kit / 28 days), NM, PA; DL
SKYRIZI INJ 150MG/ML	5	QL (1 syringe / 28 days), NM, PA; DL
SKYRIZI INJ 180/1.2	5	QL (1 cartridge / 56 days), NM, PA; DL
SKYRIZI INJ 360/2.4	5	QL (1 cartridge / 56 days), NM, PA; DL
SKYRIZI PEN INJ 150MG/ML	5	QL (1 pen / 28 days), NM, PA; DL
STELARA INJ 45MG/0.5	5	QL (2 vials / 28 days), NM, LA, PA; DL
STELARA INJ 45MG/0.5	5	QL (2 syringes / 28 days), NM, PA; DL
STELARA INJ 90MG/ML	5	QL (1 syringe / 28 days), NM, PA; DL
TALTZ INJ 80MG/ML	5	QL (3 syringes / 28 days), NM, LA, PA; DL
XELJANZ SOL 1MG/ML	5	QL (600 mL / 30 days), NM, PA; DL
XELJANZ TAB 5MG	5	QL (60 tabs / 30 days), NM, PA; DL
XELJANZ TAB 10MG	5	QL (60 tabs / 30 days), NM, PA; DL
XELJANZ XR TAB 11MG	5	QL (30 tabs / 30 days), NM, PA; DL
XELJANZ XR TAB 22MG	5	QL (30 tabs / 30 days), NM, PA; DL

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>leflunomide tab 10 mg</i>	3	
<i>leflunomide tab 20 mg</i>	3	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
OTREXUP INJ 10MG	4	QL (1.6 mL / 28 days), NM, PA
OTREXUP INJ 12.5/0.4	4	QL (1.6 mL / 28 days), NM, PA
OTREXUP INJ 15MG	4	QL (1.6 mL / 28 days), NM, PA
OTREXUP INJ 17.5/0.4	4	QL (1.6 mL / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
OTREXUP INJ 20MG	4	QL (1.6 mL / 28 days), NM, PA
OTREXUP INJ 22.5/0.4	4	QL (1.6 mL / 28 days), NM, PA
OTREXUP INJ 25MG	4	QL (1.6 mL / 28 days), NM, PA
RASUVO INJ 7.5MG	3	QL (0.6 mL / 28 days), NM, PA
RASUVO INJ 10MG	3	QL (0.8 mL / 28 days), NM, PA
RASUVO INJ 12.5MG	3	QL (1 mL / 28 days), NM, PA
RASUVO INJ 15MG	3	QL (1.2 mL / 28 days), NM, PA
RASUVO INJ 17.5MG	3	QL (1.4 mL / 28 days), NM, PA
RASUVO INJ 20MG	3	QL (1.6 mL / 28 days), NM, PA
RASUVO INJ 22.5MG	3	QL (1.8 mL / 28 days), NM, PA
RASUVO INJ 25MG	3	QL (2 mL / 28 days), NM, PA
RASUVO INJ 30MG	3	QL (2.4 mL / 28 days), NM, PA
RIDAURA CAP 3MG	5	DL
XATMEP SOL 2.5MG/ML	4	B/D

IMMUNOGLOBULINS

FLEBOGAMMA INJ 5GM/50ML	5	NM, PA; DL
FLEBOGAMMA INJ 10/200ML	5	NM, PA; DL
FLEBOGAMMA INJ 20/400ML	5	NM, PA; DL
FLEBOGAMMA INJ DIF 5%	5	NM, PA; DL
GAMMAGARD INJ 2.5GM/25	5	NM, PA; DL
GAMMAGARD SD INJ 5GM HU	5	NM, PA; DL
GAMMAGARD SD INJ 10GM HU	5	NM, PA; DL
GAMMAKED INJ 1GM/10ML	5	NM, PA; DL
GAMUNEX-C INJ 1GM/10ML	5	NM, PA; DL
HIZENTRA INJ 1GM/5ML	5	NM, LA, PA; DL
HIZENTRA INJ 2GM/10ML	5	NM, LA, PA; DL
HIZENTRA INJ 4GM/20ML	5	NM, LA, PA; DL
HIZENTRA INJ 10/50ML	5	NM, LA, PA; DL
PRIVIGEN INJ 20GRAMS	5	NM, PA; DL

IMMUNOMODULATORS

ACTIMMUNE INJ 2MU/0.5	5	NM, LA, PA; DL
ARCALYST INJ 220MG	5	NM, PA; DL
INTRON A INJ 10MU	5	NM; DL

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJ 18MU	5	NM; DL
INTRON A INJ 25MU	5	NM; DL
INTRON A INJ 50MU	5	NM; DL
ORALAIR SUB 300 IR	4	QL (30 tabs / 30 days), NM, PA

IMMUNOSUPPRESSANTS

<i>azathioprine tab 50 mg</i>	2	B/D
<i>azathioprine tab 75 mg</i>	2	B/D
<i>azathioprine tab 100 mg</i>	2	B/D
BENLYSTA INJ 200MG/ML	5	NM, PA; DL
<i>cyclosporine cap 25 mg</i>	3	B/D
<i>cyclosporine cap 100 mg</i>	3	B/D
<i>cyclosporine modified cap 25 mg</i>	3	B/D
<i>cyclosporine modified cap 50 mg</i>	3	B/D
<i>cyclosporine modified cap 100 mg</i>	3	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	B/D
<i>everolimus tab 0.5 mg</i>	5	PA; DL
<i>everolimus tab 0.25 mg</i>	3	PA
<i>everolimus tab 0.75 mg</i>	5	PA; DL
<i>everolimus tab 1 mg</i>	5	PA; DL
<i>gengraf</i>	2	B/D
<i>gengraf</i>	3	B/D
<i>mycophenolat cap 250mg</i>	2	B/D
<i>mycophenolat sus 200mg/ml</i>	5	B/D; DL
<i>mycophenolat tab 500mg</i>	2	B/D
<i>mycophenolic tab 180mg dr</i>	4	B/D
<i>mycophenolic tab 360mg dr</i>	4	B/D
PROGRAF GRA 0.2MG	4	B/D
PROGRAF GRA 1MG	4	B/D
REZUROCK TAB 200MG	5	QL (30 tabs / 30 days), NM, LA, PA; DL
SIMULECT INJ 10MG	4	B/D
<i>sirolimus oral soln 1 mg/ml</i>	5	PA; DL
<i>sirolimus tab 0.5 mg</i>	4	PA
<i>sirolimus tab 1 mg</i>	4	PA
<i>sirolimus tab 2 mg</i>	4	PA
<i>tacrolimus cap 0.5 mg</i>	2	B/D
<i>tacrolimus cap 1 mg</i>	2	B/D
<i>tacrolimus cap 5 mg</i>	4	B/D

VACCINES

ABRYSVO INJ	3	
ACTHIB INJ	3	
ADACEL INJ	3	
AREXVY INJ 120MCG	3	

Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE INJ 50MG	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ	3	PA
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HEPLISAV-B INJ 20/0.5ML	3	
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
JYNNEOS INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB INJ	3	
PENTACEL INJ	3	
PREHEVBRIO SUS 10MCG/ML	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	
RECOMBIVA HB INJ 5MCG/0.5	3	
RECOMBIVA HB INJ 5MCG/0.5	3	B/D
RECOMBIVA HB INJ 10MCG/ML	3	B/D
RECOMBIVA-HB INJ 40MCG/ML	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX INJ 50/0.5ML	1	
SYNAGIS INJ 100MG/ML	5	NM, LA, PA; DL
TDVAX INJ 2-2 LF	3	
TENIVAC INJ 5-2LF	3	
TICOVAC INJ	3	
TRUMENBA INJ	3	

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Drug Name	Drug Tier	Requirements/Limits
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
YF-VAX INJ	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

<i>calcium gluconate inj 10%</i>	2	
D5W/LYTES INJ #48	3	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.2% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.2% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
KCL/D5W/LACT INJ 20MEQ/L	3	
MAGNESIUM SU INJ 2GM/50ML	3	
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	
MAGNESIUM SU INJ 80MG/ML	3	
<i>magnesium sulfate inj 50%</i>	2	
MG SO4/D5W INJ 10MG/ML	4	
<i>mult electro inj ph 5.5</i>	2	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHLORIDE INJ 10MEQ	2	
POT CHLORIDE INJ 20MEQ	2	
POT CHLORIDE INJ 40MEQ	2	
<i>potassium acetate inj 2 meq/ml</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>potassium chloride 30 meq/l (0.224%) in dextrose 5% inj</i>	2	
<i>potassium chloride inj 30 meq/100ml</i>	2	
<i>potassium phosphates inj 15 mm/5ml (phos) 22 meq/5ml (k)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)</i>	2	
<i>potassium phosphates inj 150 mm/50ml (phos) 220 meq/50ml (k)</i>	2	
SOD ACETATE INJ 2MEQ/ML	2	
<i>sodium acetate inj 4 meq/ml</i>	2	
<i>sodium bicarbonate iv soln 7.5%</i>	2	
<i>sodium bicarbonate iv soln 8.4%</i>	2	
<i>sodium chloride iv soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	2	
<i>sodium chloride iv soln 3%</i>	2	
<i>sodium chloride iv soln 4 meq/ml (23.4%)</i>	2	
<i>sodium chloride iv soln 5%</i>	2	
TPN ELECTROL INJ	2	
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
ASCORBIC ACID 80 MG / BIOTIN 0.030 MG / CALCIUM CARBONATE 200 MG / CUPRIC OXIDE 3 MG / FERROUS FUMARATE 60 MG	2	
<i>effervescent pot chloride</i>	2	
<i>floritab</i>	2	
K-TAB TAB 8MEQ CR	3	
<i>k-vescent</i>	2	
<i>klor-con</i>	4	
<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>ludent</i>	2	
<i>multi-vit/fl dro 0.5mg/ml</i>	2	
<i>multivit/fl dro 0.25mg</i>	2	
<i>multivit/fl/ dro fe 0.25</i>	2	
<i>multivitamin with fluorid</i>	2	
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	3	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride powder packet 20 meq</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>sodium fluoride 2.2 mg</i>	2	
<i>tri-vit/fluoride</i>	2	
<i>tri-vit/fluoride/iron</i>	2	

IV NUTRITION

AMINOSYN M INJ 3.5%	4	B/D
AMINOSYN-PF INJ 7%	4	B/D
CLINIMIX E INJ 2.75/D5W	4	B/D
CLINIMIX E INJ 4.25/D5W	4	B/D
CLINIMIX E INJ 4.25/D10	4	B/D
CLINIMIX E INJ 5%/D15W	4	B/D
CLINIMIX E INJ 5%/D20W	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
<i>clinisol sf 15%</i>	2	B/D
DEXTROSE INJ 20%	3	
<i>dextrose inj 25%</i>	2	
<i>dextrose inj 30%</i>	2	
DEXTROSE INJ 40%	3	
<i>dextrose inj 50%</i>	2	
<i>dextrose inj 70%</i>	2	
<i>hepatamine</i>	2	B/D
INTRALIPID INJ 20%	3	B/D
INTRALIPID INJ 30%	4	B/D
KABIVEN EMU	4	B/D
PERIKABIVEN EMU	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	4	
BLEPHAMIDE SUS OP	4	
<i>neo-polycin oin hc 1%op</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
PRED-G S.O.P OIN OP	4	
PRED-G SUS OP	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	4	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	4	
ANTI-INFECTIVES		
AZASITE SOL 1%	4	
<i>bacitracin ophth oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUS 0.6%	4	
CILOXAN OIN 0.3% OP	4	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentak oin 0.3% op</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	2	
MOXEZA SOL 0.5%	4	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN SUS 5% OP	4	
<i>neo-polycin oin op</i>	1	
<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>	2	
<i>polycin oin op</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBEX OIN 0.3% OP	4	
<i>trifluridine ophth soln 1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
XDEMVY DRO 0.25%	5	QL (10 mL / 30 days), NM, LA, PA; DL
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
ALREX SUS 0.2%	3	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	3	
<i>fluorometholone ophth susp 0.1%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
FML FORTE SUS 0.25% OP	4	
FML OIN 0.1% OP	4	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
<i>loteprednol etabonate ophth gel 0.5%</i>	3	
<i>loteprednol etabonate ophth susp 0.5%</i>	3	
MAXIDEX SUS 0.1% OP	4	
PRED MILD SUS 0.12% OP	4	
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	2	
ANTIALLERGICS		
ALOCRI SOL 2%	4	ST
ALOMIDE SOL 0.1% OP	4	ST
<i>azelastine hcl ophth soln 0.05%</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
<i>epinastine hcl ophth soln 0.05%</i>	2	ST
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	2	ST
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETIMOL SOL 0.5%	4	ST
BETIMOL SOL 0.25%	4	ST
BETOPTIC-S SUS 0.25% OP	4	ST
<i>bimatoprost ophth soln 0.03%</i>	3	ST
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	3	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
IOPIDINE SOL 1% OP	4	
<i>latanoprost ophth soln 0.005%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
LUMIGAN SOL 0.01%	3	
<i>pilocarpine hcl ophth soln 1%</i>	2	
<i>pilocarpine hcl ophth soln 2%</i>	2	
<i>pilocarpine hcl ophth soln 4%</i>	2	
RHOPRESSA SOL 0.02%	3	ST
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate ophth gel forming soln 0.5%</i>	3	
<i>timolol maleate ophth gel forming soln 0.25%</i>	3	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	3	ST
VYZULTA SOL 0.024%	4	ST

MISCELLANEOUS

<i>atropine sulfate ophth soln 1%</i>	2	
CYSTARAN SOL 0.44%	5	NM, LA, PA; DL
RESTASIS EMU 0.05% OP	3	QL (60 vials / 30 days)
RESTASIS MUL EMU 0.05% OP	3	QL (5.5 mL / 30 days)
XIIDRA DRO 5%	3	QL (60 single use vials / 30 days)

OTIC

OTIC AGENTS

<i>acetic acid otic soln 2%</i>	2	
CIPRODEX SUS 0.3-0.1%	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
BREZTRI AERO AER SPHERE	3	
COMBIVENT AER 20-100	3	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
STIOLTO AER 2.5-2.5	3	
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	
ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	4	
<i>ipratropium bromide inhal soln 0.02%</i>	2	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	
SPIRIVA AER 1.25MCG	3	
SPIRIVA CAP HANDIHLR	3	
SPIRIVA SPR 2.5MCG	3	
ANTI-HISTAMINES		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	3	PA
<i>cyproheptadine hcl tab 4 mg</i>	3	PA
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	3	PA
<i>hydroxyzine hcl tab 10 mg</i>	3	PA
<i>hydroxyzine hcl tab 25 mg</i>	3	PA
<i>hydroxyzine hcl tab 50 mg</i>	3	PA
<i>hydroxyzine pamoate cap 25 mg</i>	3	PA
<i>hydroxyzine pamoate cap 50 mg</i>	3	PA
<i>hydroxyzine pamoate cap 100 mg</i>	3	PA
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
BETA AGONISTS		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers / 30 days); (generic of ProAir HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate tab 2 mg</i>	2	
<i>albuterol sulfate tab 4 mg</i>	2	
ISUPREL INJ 0.2MG/ML	4	
<i>levalbuterol aer 45/act</i>	2	QL (2 inhalers / 30 days), ST
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	2	B/D, ST
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D, ST
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D, ST
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	B/D, ST
SEREVENT DIS AER 50MCG	3	
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	2	QL (30 packets / 30 days)
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	2	B/D
<i>acetylcysteine inhal soln 20%</i>	2	B/D
ARALAST NP INJ 1000MG	5	NM, LA, PA; DL
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	3	B/D
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	3	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	2	
ESBRIET CAP 267MG	5	QL (270 caps / 30 days), NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
KALYDECO GRA 13.4MG	5	QL (56 packets / 28 days), NM, LA, PA; DL
KALYDECO PAK 25MG	5	QL (56 packets / 28 days), NM, PA; DL
KALYDECO PAK 50MG	5	QL (56 packets / 28 days), NM, PA; DL
KALYDECO PAK 75MG	5	QL (56 packets / 28 days), NM, PA; DL
KALYDECO TAB 150MG	5	QL (60 tabs / 30 days), NM, PA; DL
NUCALA INJ 40MG/0.4	5	QL (1 syringe / 28 days), NM, LA, PA; DL
NUCALA INJ 100MG	5	QL (1 vial / 28 days), NM, LA, PA; DL
NUCALA INJ 100MG/ML	5	QL (1 injection / 28 days), NM, LA, PA; DL
NUCALA INJ 100MG/ML	5	QL (1 syringe / 28 days), NM, LA, PA; DL
OFEV CAP 100MG	5	QL (60 caps / 30 days), NM, PA; DL
OFEV CAP 150MG	5	QL (60 caps / 30 days), NM, PA; DL
ORKAMBI GRA 75-94MG	5	QL (56 packets / 28 days), NM, LA, PA; DL
ORKAMBI GRA 100-125	5	QL (56 packets / 28 days), NM, PA; DL
ORKAMBI GRA 150-188	5	QL (56 packets / 28 days), NM, PA; DL
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA; DL
ORKAMBI TAB 200-125	5	QL (120 tabs / 30 days), NM, PA; DL
<i>pirfenidone cap 267 mg</i>	5	QL (270 caps / 30 days), NM, PA; DL
<i>pirfenidone tab 267 mg</i>	5	QL (270 tabs / 30 days), NM, PA; DL
<i>pirfenidone tab 534 mg</i>	5	QL (90 tabs / 30 days), NM, PA; DL
<i>pirfenidone tab 801 mg</i>	5	QL (90 tabs / 30 days), NM, PA; DL
PROLASTIN-C INJ 1000MG	5	NM, LA, PA; DL
PULMOZYME SOL 1MG/ML	5	QL (150 mL / 30 days), NM, PA; DL
<i>roflumilast tab 250 mcg</i>	4	PA
<i>roflumilast tab 500 mcg</i>	4	PA
<i>theophylline soln 80 mg/15ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>theophylline tab er 12hr 300 mg</i>	2	
<i>theophylline tab er 24hr 400 mg</i>	2	
<i>theophylline tab er 24hr 600 mg</i>	2	
XOLAIR INJ 75/0.5	5	QL (12 syringes / 28 days), NM, LA, PA; DL
XOLAIR INJ 150MG/ML	5	QL (8 syringes / 28 days), NM, LA, PA; DL
XOLAIR SOL 150MG	5	QL (6 vials / 28 days), NM, LA, PA; DL
ZEMAIRA INJ 1000MG	5	NM, LA, PA; DL

NASAL STEROIDS

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	

STEROID INHALANTS

ARNUITY ELPT INH 50MCG	3	
ARNUITY ELPT INH 100MCG	3	
ARNUITY ELPT INH 200MCG	3	
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	B/D
<i>budesonide inhalation susp 1 mg/2ml</i>	2	B/D
FLOVENT DISK AER 50MCG	3	
FLOVENT DISK AER 100MCG	3	
FLOVENT DISK AER 250MCG	3	
FLOVENT HFA AER 44MCG	3	
FLOVENT HFA AER 110MCG	3	
FLOVENT HFA AER 220MCG	3	
PULMICORT INH 90MCG	4	
PULMICORT INH 180MCG	4	

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	3	
ADVAIR DISKU AER 250/50	3	
ADVAIR DISKU AER 500/50	3	
ADVAIR HFA AER 45/21	3	
ADVAIR HFA AER 115/21	3	
ADVAIR HFA AER 230/21	3	
BREO ELLIPTA INH 50-25MCG	3	
BREO ELLIPTA INH 100-25	3	
BREO ELLIPTA INH 200-25	3	
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	Coverage restricted to Authorized Generic (Prasco manufacturer) Only
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	Coverage restricted to Authorized Generic (Prasco manufacturer) Only
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	Coverage restricted to Authorized Generic (Prasco manufacturer) Only
SYMBICORT AER 80-4.5	3	
SYMBICORT AER 160-4.5	3	

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i>	3	
<i>amnesteem</i>	3	
<i>avita cre 0.025%</i>	2	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	3	
<i>claravis</i>	3	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>ery</i>	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>isotretinoin cap 10 mg</i>	2	
<i>isotretinoin cap 20 mg</i>	2	
<i>isotretinoin cap 30 mg</i>	2	
<i>isotretinoin cap 40 mg</i>	2	
<i>myorisan cap 10mg</i>	3	
<i>myorisan cap 20mg</i>	3	
<i>myorisan cap 30mg</i>	3	
<i>myorisan cap 40mg</i>	3	
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
TAZAROTENE AER 0.1%	3	PA
<i>tretinoin cream 0.1%</i>	3	PA
<i>tretinoin cream 0.05%</i>	2	PA
<i>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin gel 0.01%</i>	2	PA
<i>tretinoin gel 0.025%</i>	2	PA
<i>zenatane</i>	3	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>mupirocin oint 2%</i>	2	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd</i>	2	
SULFAMYLON CRE 85MG/GM	4	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclodan</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	
<i>ciclopirox solution 8%</i>	2	
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	3	
<i>ketoconazole cream 2%</i>	2	
<i>nyamyc</i>	2	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	3	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	3	
<i>nystop</i>	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	3	PA
<i>acitretin cap 17.5 mg</i>	3	PA
<i>acitretin cap 25 mg</i>	3	PA
<i>calcipotriene oint 0.005%</i>	3	ST
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	3	ST
<i>methoxsalen rapid cap 10 mg</i>	5	PA; DL
<i>tazarotene gel 0.1%</i>	4	PA
<i>tazarotene gel 0.05%</i>	4	PA
TAZORAC CRE 0.05%	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	2	
<i>selenium sulfide lotion 2.5%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	2	
<i>alclometasone dipropionate oint 0.05%</i>	2	
<i>amcinonide lotion 0.1%</i>	2	
<i>amcinonide oint 0.1%</i>	3	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	3	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	
<i>betamethasone dipropionate cream 0.05%</i>	2	
<i>betamethasone dipropionate lotion 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	
<i>clobetasol propionate cream 0.05%</i>	3	
<i>desonide lotion 0.05%</i>	3	
<i>desoximetasone cream 0.05%</i>	3	
<i>desoximetasone cream 0.25%</i>	3	
<i>desoximetasone gel 0.05%</i>	3	
<i>desoximetasone oint 0.25%</i>	3	
<i>fluocinolone acetonide cream 0.01%</i>	2	
<i>fluocinolone acetonide cream 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide sc</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide cream 0.05%</i>	2	
<i>fluocinonide emulsified base cream 0.05%</i>	2	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide oint 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	2	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>hydrocortisone</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	
<i>prednicarbate oint 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.025%</i>	2	
<i>triderm</i>	2	

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine hcl soln 4%</i>	2	
<i>lidocaine oint 5%</i>	4	PA
<i>lidocaine patch 5%</i>	4	QL (90 patches / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir oint 5%</i>	4	ST
<i>bexarotene gel 1%</i>	5	NM, PA; DL
CONDYLOX GEL 0.5%	4	
<i>diclofenac gel 1%</i>	3	QL (1000 gm / 30 days)
EUCRISA OIN 2%	4	PA
<i>fluorouracil cream 5%</i>	3	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>imiquimod cream 5%</i>	2	
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
PANRETIN GEL 0.1%	5	PA; DL
<i>penciclovir cream 1%</i>	3	ST
PICATO GEL 0.05%	5	PA; DL
PICATO GEL 0.015%	5	PA; DL
<i>pimecrolimus cream 1%</i>	3	PA
<i>podofilox soln 0.5%</i>	2	
<i>procto-med hc</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>procto-pak cre 1%</i>	2	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
RECTIV OIN 0.4%	4	
<i>rosadan</i>	2	
<i>tacrolimus oint 0.1%</i>	3	PA
<i>tacrolimus oint 0.03%</i>	3	PA
VALCHLOR GEL 0.016%	5	NM, LA, PA; DL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>permethrin cream 5%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation soln 0.25%</i>	2	
REGRANEX GEL 0.01%	5	PA; DL
SANTYL OIN 250/GM	4	
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<i>chlorhexidine gluconate soln 0.12%</i>	2	
<i>clotrimazole troche 10 mg</i>	2	
<i>dentagel</i>	2	
<i>lidocaine hcl laryngotracheal soln 4%</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>perio gard</i>	2	
<i>periomed</i>	2	
<i>pilocarpine hcl tab 5 mg</i>	2	
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acetate inj susp 6 (3-3) mg/ml80
betamethasone valerate cream 0.1%
(base equivalent)109
betamethasone valerate lotion 0.1%
(base equivalent)109
betamethasone valerate oint 0.1%
(base equivalent)109
BETASERON INJ 0.3MG67
betaxolol hcl ophth soln 0.5%.....101
betaxolol hcl tab 10 mg38
betaxolol hcl tab 20 mg38
bethanechol chloride tab 10 mg88
bethanechol chloride tab 25 mg88
bethanechol chloride tab 5 mg88
bethanechol chloride tab 50 mg88
BETIMOL SOL 0.25%101
BETIMOL SOL 0.5%.....101
BETOPTIC-S SUS 0.25% OP101
bexarotene cap 75 mg21
bexarotene gel 1%110
BEXSERO INJ.....96
bicalutamide tab 50 mg19
BICILLIN C-R INJ 120000016
BICILLIN C-R INJ 900/300.....16
BICILLIN L-A INJ 120000016
BICILLIN L-A INJ 240000017

BICILLIN L-A INJ 600000	16	BRUKINSA CAP 80MG	22
BIKTARVY TAB	10	<i>budesonide delayed release particles</i>	
<i>bimatoprost ophth soln 0.03%</i>	101	<i>cap 3 mg</i>	86
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>budesonide inhalation susp 0.25</i>	
<i>10-6.25 mg</i>	38	<i>mg/2ml</i>	106
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>budesonide inhalation susp 0.5 mg/2ml</i>	
<i>2.5-6.25 mg</i>	38	.....	106
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		<i>budesonide inhalation susp 1 mg/2ml</i>	
<i>6.25 mg</i>	38	.....	106
<i>bisoprolol fumarate tab 10 mg</i>	38	<i>budesonide tab er 24hr 9 mg</i>	86
<i>bisoprolol fumarate tab 5 mg</i>	38	<i>budesonide-formoterol fumarate dihyd</i>	
<i>bleomycin sulfate for inj 15 unit</i>	18	<i>aerosol 160-4.5 mcg/act</i>	106
BLEPHAMIDE OIN S.O.P.	99	<i>budesonide-formoterol fumarate dihyd</i>	
BLEPHAMIDE SUS OP	99	<i>aerosol 80-4.5 mcg/act</i>	106
BLINCYTO INJ 35MCG	22	<i>bumetanide inj 0.25 mg/ml</i>	41
<i>blisovi 24 fe</i>	74	<i>bumetanide tab 0.5 mg</i>	41
<i>blisovi fe 1.5/30</i>	74	<i>bumetanide tab 1 mg</i>	41
BOOSTRIX INJ	96	<i>bumetanide tab 2 mg</i>	41
<i>bosentan tab 125 mg</i>	44	<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>bosentan tab 62.5 mg</i>	44	<i>equiv)</i>	68
BOSULIF TAB 100MG	22	<i>buprenorphine hcl sl tab 8 mg (base</i>	
BOSULIF TAB 400MG	22	<i>equiv)</i>	68
BOSULIF TAB 500MG	22	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BRAFTOVI CAP 75MG	22	<i>12-3 mg (base equiv)</i>	68
BREO ELLIPTA INH 100-25	106	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BREO ELLIPTA INH 200-25	106	<i>2-0.5 mg (base equiv)</i>	68
BREO ELLIPTA INH 50-25MCG	106	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BREZTRI AERO AER SPHERE	103	<i>4-1 mg (base equiv)</i>	68
<i>briellyn</i>	74	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BRILINTA TAB 60MG	92	<i>8-2 mg (base equiv)</i>	68
BRILINTA TAB 90MG	92	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>brimonidine tartrate ophth soln 0.15%</i>		<i>2-0.5 mg (base equiv)</i>	68
.....	101	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>brimonidine tartrate ophth soln 0.2%</i>		<i>8-2 mg (base equiv)</i>	68
.....	101	<i>bupropion hcl (smoking deterrent) tab</i>	
<i>brimonidine tartrate-timolol maleate</i>		<i>er 12hr 150 mg</i>	68
<i>ophth soln 0.2-0.5%</i>	101	<i>bupropion hcl tab 100 mg</i>	51
BRIVIACT SOL 10MG/ML	46	<i>bupropion hcl tab 75 mg</i>	51
BRIVIACT TAB 100MG	46	<i>bupropion hcl tab er 12hr 100 mg</i> ...	51
BRIVIACT TAB 10MG	46	<i>bupropion hcl tab er 12hr 150 mg</i> ...	51
BRIVIACT TAB 25MG	46	<i>bupropion hcl tab er 12hr 200 mg</i> ...	51
BRIVIACT TAB 50MG	46	<i>bupropion hcl tab er 24hr 150 mg</i> ...	51
BRIVIACT TAB 75MG	46	<i>bupropion hcl tab er 24hr 300 mg</i> ...	51
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>buspirone hcl tab 10 mg</i>	45
<i>equivalent)</i>	55	<i>buspirone hcl tab 15 mg</i>	45
<i>bromocriptine mesylate tab 2.5 mg</i>		<i>buspirone hcl tab 30 mg</i>	45
<i>(base equivalent)</i>	55	<i>buspirone hcl tab 5 mg</i>	45

<i>buspirone hcl tab 7.5 mg</i>	45	<i>CAPLYTA CAP 42MG</i>	57
<i>but/apap/caf cap codeine</i>	3	<i>CAPRELSA TAB 100MG</i>	23
<i>but/asa/caf/ cap cod 30mg</i>	3	<i>CAPRELSA TAB 300MG</i>	23
<i>butorphanol tartrate nasal soln 10</i>		<i>captopril tab 100 mg</i>	32
<i>mg/ml</i>	3	<i>captopril tab 12.5 mg</i>	32
<i>BYDUREON BC INJ 2/0.85ML</i>	69	<i>captopril tab 25 mg</i>	32
<i>BYETTA INJ 10MCG</i>	69	<i>captopril tab 50 mg</i>	32
<i>BYETTA INJ 5MCG</i>	69	<i>carbamazepine cap er 12hr 100 mg</i> ..	46
C		<i>carbamazepine cap er 12hr 200 mg</i> ..	46
<i>cabergoline tab 0.5 mg</i>	81	<i>carbamazepine cap er 12hr 300 mg</i> ..	46
<i>CABOMETYX TAB 20MG</i>	23	<i>carbamazepine chew tab 100 mg</i>	46
<i>CABOMETYX TAB 40MG</i>	23	<i>carbamazepine susp 100 mg/5ml</i>	46
<i>CABOMETYX TAB 60MG</i>	23	<i>carbamazepine tab 200 mg</i>	46
<i>CALAN SR TAB 180MG</i>	39	<i>carbamazepine tab er 12hr 100 mg</i> ..	46
<i>calcipotriene oint 0.005%</i>	108	<i>carbamazepine tab er 12hr 200 mg</i> ..	46
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>		<i>carbamazepine tab er 12hr 400 mg</i> ..	46
.....	108	<i>carbidopa & levodopa orally</i>	
<i>calcitonin (salmon) nasal soln 200</i>		<i>disintegrating tab 10-100 mg</i>	55
<i>unit/act</i>	73	<i>carbidopa & levodopa orally</i>	
<i>calcitriol cap 0.25 mcg</i>	84	<i>disintegrating tab 25-100 mg</i>	55
<i>calcitriol cap 0.5 mcg</i>	84	<i>carbidopa & levodopa orally</i>	
<i>calcitriol sol 1mcg/ml</i>	84	<i>disintegrating tab 25-250 mg</i>	55
<i>calcium acetate (phosphate binder) cap</i>		<i>carbidopa & levodopa tab 10-100 mg</i>	55
<i>667 mg (169 mg ca)</i>	83	<i>carbidopa & levodopa tab 25-100 mg</i>	55
<i>calcium acetate (phosphate binder) tab</i>		<i>carbidopa & levodopa tab 25-250 mg</i>	55
<i>667 mg</i>	83	<i>carbidopa & levodopa tab er 25-100</i>	
<i>calcium gluconate inj 10%</i>	97	<i>mg</i>	55
<i>CALQUENCE CAP 100MG</i>	23	<i>carbidopa & levodopa tab er 50-200</i>	
<i>CALQUENCE TAB 100MG</i>	23	<i>mg</i>	55
<i>camila</i>	74	<i>carbidopa tab 25 mg</i>	55
<i>CAMPATH INJ 30MG/ML</i>	23	<i>carglumic acid soluble tab 200 mg</i>	81
<i>camrese</i>	74	<i>carisoprodol tab 350 mg</i>	67
<i>camrese lo</i>	74	<i>carteolol hcl ophth soln 1%</i>	101
<i>candesartan cilexetil tab 16 mg</i>	35	<i>cartia xt</i>	40
<i>candesartan cilexetil tab 32 mg</i>	35	<i>carvedilol tab 12.5 mg</i>	39
<i>candesartan cilexetil tab 4 mg</i>	35	<i>carvedilol tab 25 mg</i>	39
<i>candesartan cilexetil tab 8 mg</i>	35	<i>carvedilol tab 3.125 mg</i>	38
<i>candesartan cilexetil-</i>		<i>carvedilol tab 6.25 mg</i>	39
<i>hydrochlorothiazide tab 16-12.5 mg</i>		<i>caspofungin acetate for iv soln 50 mg</i>	8
.....	34	<i>caspofungin acetate for iv soln 70 mg</i>	8
<i>candesartan cilexetil-</i>		<i>CAYSTON INH 75MG</i>	5
<i>hydrochlorothiazide tab 32-12.5 mg</i>		<i>cefaclor cap 250 mg</i>	13
.....	34	<i>cefaclor cap 500 mg</i>	13
<i>candesartan cilexetil-</i>		<i>CEFACLOR ER TAB 500MG</i>	13
<i>hydrochlorothiazide tab 32-25 mg</i> .	34	<i>cefadroxil cap 500 mg</i>	13
<i>CAPLYTA CAP 10.5MG</i>	57	<i>cefadroxil for susp 250 mg/5ml</i>	13
<i>CAPLYTA CAP 21MG</i>	57	<i>cefadroxil for susp 500 mg/5ml</i>	13

<i>cefadroxil tab 1 gm</i>	13	<i>cephalexin cap 250 mg</i>	14
<i>cefazolin sodium for inj 1 gm</i>	13	<i>cephalexin cap 500 mg</i>	14
<i>cefazolin sodium for inj 10 gm</i>	13	<i>cephalexin for susp 125 mg/5ml</i>	14
<i>cefazolin sodium for inj 500 mg</i>	13	<i>cephalexin for susp 250 mg/5ml</i>	14
<i>cefdinir cap 300 mg</i>	13	<i>cephalexin tab 250 mg</i>	14
<i>cefdinir for susp 125 mg/5ml</i>	13	<i>cephalexin tab 500 mg</i>	14
<i>cefdinir for susp 250 mg/5ml</i>	13	CERDELGA CAP 84MG	81
<i>cefepime hcl for inj 1 gm</i>	13	<i>cevimeline hcl cap 30 mg</i>	111
<i>cefepime hcl for iv soln 2 gm</i>	13	<i>chateal</i>	74
<i>cefixime cap 400 mg</i>	13	CHEMET CAP 100MG	73
<i>cefotaxime sodium for inj 10 gm</i>	13	<i>chlordiazepoxide-amitriptyline tab 10-</i>	
<i>cefotetan disodium for inj 1 gm</i>	13	<i>25 mg</i>	68
<i>cefotetan disodium for inj 10 gm</i>	14	<i>chlordiazepoxide-amitriptyline tab 5-</i>	
<i>cefotetan disodium for inj 2 gm</i>	13	<i>12.5 mg</i>	68
<i>cefoxitin sodium for iv soln 1 gm</i>	14	<i>chlorhexidine gluconate soln 0.12%</i>	111
<i>cefoxitin sodium for iv soln 10 gm</i>	14	<i>chloroquine phosphate tab 250 mg</i>	9
<i>cefoxitin sodium for iv soln 2 gm</i>	14	<i>chloroquine phosphate tab 500 mg</i>	9
<i>cefpodoxime proxetil for susp 100</i>		<i>chlorpromazine hcl conc 100 mg/ml</i> .57	
<i>mg/5ml</i>	14	<i>chlorpromazine hcl conc 30 mg/ml</i> ...57	
<i>cefpodoxime proxetil for susp 50</i>		<i>chlorpromazine hcl tab 10 mg</i>	57
<i>mg/5ml</i>	14	<i>chlorpromazine hcl tab 100 mg</i>	57
<i>cefpodoxime proxetil tab 100 mg</i>	14	<i>chlorpromazine hcl tab 200 mg</i>	57
<i>cefpodoxime proxetil tab 200 mg</i>	14	<i>chlorpromazine hcl tab 25 mg</i>	57
<i>cefprozil for susp 125 mg/5ml</i>	14	<i>chlorpromazine hcl tab 50 mg</i>	57
<i>cefprozil for susp 250 mg/5ml</i>	14	<i>chlorthalidone tab 25 mg</i>	41
<i>cefprozil tab 250 mg</i>	14	<i>chlorthalidone tab 50 mg</i>	41
<i>cefprozil tab 500 mg</i>	14	<i>chlorzoxazone tab 500 mg</i>	67
<i>ceftazidime for inj 1 gm</i>	14	<i>cholestyramine light powder packets 4</i>	
<i>ceftazidime for inj 6 gm</i>	14	<i>gm</i>	37
<i>ceftazidime for iv soln 2 gm</i>	14	<i>cholestyramine powder packets 4 gm</i>	37
<i>ceftibuten cap 400 mg</i>	14	<i>choline fenofibrate cap dr 135 mg</i>	
<i>ceftibuten for susp 180 mg/5ml</i>	14	<i>(fenofibric acid equiv)</i>	36
<i>ceftriaxone sodium for inj 1 gm</i>	14	<i>choline fenofibrate cap dr 45 mg</i>	
<i>ceftriaxone sodium for inj 10 gm</i>	14	<i>(fenofibric acid equiv)</i>	36
<i>ceftriaxone sodium for inj 2 gm</i>	14	<i>ciclodan</i>	108
<i>ceftriaxone sodium for inj 250 mg</i>	14	<i>ciclopirox gel 0.77%</i>	108
<i>ceftriaxone sodium for inj 500 mg</i>	14	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>cefuroxime sodium for inj 750 mg</i>	14	<i>equiv)</i>	108
<i>cefuroxime sodium for iv soln 1.5 gm</i>		<i>ciclopirox olamine susp 0.77% (base</i>	
.....	14	<i>equiv)</i>	108
<i>cefuroxime tab 250mg</i>	14	<i>ciclopirox solution 8%</i>	108
<i>cefuroxime tab 500mg</i>	14	<i>cilostazol tab 100 mg</i>	91
<i>celecoxib cap 100 mg</i>	1	<i>cilostazol tab 50 mg</i>	91
<i>celecoxib cap 200 mg</i>	1	CILOXAN OIN 0.3% OP	100
<i>celecoxib cap 400 mg</i>	1	CIMDUO TAB 300-300	10
<i>celecoxib cap 50 mg</i>	1	<i>cimetidine hcl soln 300 mg/5ml</i>	85
CELONTIN CAP 300MG	46	<i>cimetidine tab 200 mg</i>	85

<i>cimetidine tab 300 mg</i>	85	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cimetidine tab 400 mg</i>	85	300 mg/50ml	6
<i>cimetidine tab 800 mg</i>	85	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>		600 mg/50ml	6
.....	81	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cinacalcet hcl tab 60 mg (base equiv)</i>		900 mg/50ml	6
.....	81	<i>clindamycin phosphate iv soln 300</i>	
<i>cinacalcet hcl tab 90 mg (base equiv)</i>		mg/2ml	6
.....	81	<i>clindamycin phosphate iv soln 900</i>	
<i>CIPRODEX SUS 0.3-0.1%</i>	102	mg/6ml	6
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	15	<i>clindamycin phosphate lotion 1%</i> ...	107
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	15	<i>clindamycin phosphate soln 1%</i>	107
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>		<i>clindamycin phosphate swab 1%</i>	107
<i>equivalent)</i>	100	<i>clindamycin phosphate vaginal cream</i>	
<i>ciprofloxacin hcl otic soln 0.2% (base</i>		2%	88
<i>equivalent)</i>	102	<i>clindamycin sol 75mg/5ml</i>	6
<i>ciprofloxacin hcl tab 100 mg (base</i>		<i>CLINIMIX E INJ 2.75/D5W</i>	99
<i>equiv)</i>	15	<i>CLINIMIX E INJ 4.25/D10</i>	99
<i>ciprofloxacin hcl tab 250 mg (base</i>		<i>CLINIMIX E INJ 4.25/D5W</i>	99
<i>equiv)</i>	15	<i>CLINIMIX E INJ 5%/D15W</i>	99
<i>ciprofloxacin hcl tab 500 mg (base</i>		<i>CLINIMIX E INJ 5%/D20W</i>	99
<i>equiv)</i>	15	<i>CLINIMIX INJ 4.25/D10</i>	99
<i>ciprofloxacin hcl tab 750 mg (base</i>		<i>CLINIMIX INJ 4.25/D5W</i>	99
<i>equiv)</i>	15	<i>CLINIMIX INJ 5%/D15W</i>	99
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>		<i>CLINIMIX INJ 5%/D20W</i>	99
.....	15	<i>clisol sf 15%</i>	99
<i>ciprofloxacin-dexamethasone otic susp</i>		<i>clobazam suspension 2.5 mg/ml</i>	46
0.3-0.1%	102	<i>clobazam tab 10 mg</i>	46
<i>citalopram hydrobromide oral soln 10</i>		<i>clobazam tab 20 mg</i>	46
<i>mg/5ml</i>	51	<i>clobetasol propionate cream 0.05%</i>	109
<i>citalopram hydrobromide tab 10 mg</i>		<i>clomipramine hcl cap 25 mg</i>	52
<i>(base equiv)</i>	51	<i>clomipramine hcl cap 50 mg</i>	52
<i>citalopram hydrobromide tab 20 mg</i>		<i>clomipramine hcl cap 75 mg</i>	52
<i>(base equiv)</i>	51	<i>clonazepam orally disintegrating tab</i>	
<i>citalopram hydrobromide tab 40 mg</i>		0.125 mg	46
<i>(base equiv)</i>	51	<i>clonazepam orally disintegrating tab</i>	
<i>claravis</i>	107	0.25 mg	46
<i>clarithromycin for susp 125 mg/5ml</i> ..	15	<i>clonazepam orally disintegrating tab</i>	
<i>clarithromycin for susp 250 mg/5ml</i> ..	15	0.5 mg	46
<i>clarithromycin tab 250 mg</i>	15	<i>clonazepam orally disintegrating tab 1</i>	
<i>clarithromycin tab 500 mg</i>	15	mg	46
<i>clarithromycin tab er 24hr 500 mg</i> ...	15	<i>clonazepam orally disintegrating tab 2</i>	
<i>CLEOCIN SUP 100MG</i>	88	mg	46
<i>clindamycin hcl cap 150 mg</i>	5	<i>clonazepam tab 0.5 mg</i>	46
<i>clindamycin hcl cap 300 mg</i>	5	<i>clonazepam tab 1 mg</i>	46
<i>clindamycin hcl cap 75 mg</i>	5	<i>clonazepam tab 2 mg</i>	46
<i>clindamycin phosphate gel 1%</i>	107	<i>clonidine dis 0.1/24hr</i>	42

<i>clonidine dis 0.2/24hr</i>	42	COMBIVENT AER 20-100	103
<i>clonidine dis 0.3/24hr</i>	42	COMETRIQ KIT 100MG	23
<i>clonidine hcl inj (for epidural infusion)</i>		COMETRIQ KIT 140MG	23
100 mcg/ml	1	COMETRIQ KIT 60MG	23
<i>clonidine hcl inj (for epidural infusion)</i>		COMPLERA TAB	10
500 mcg/ml	1	<i>compro</i>	84
<i>clonidine hcl tab 0.1 mg</i>	42	CONDYLOX GEL 0.5%	110
<i>clonidine hcl tab 0.2 mg</i>	42	<i>constulose</i>	86
<i>clonidine hcl tab 0.3 mg</i>	42	COPAXONE INJ 20MG/ML	67
<i>clonidine hcl tab er 12hr 0.1 mg</i>	63	COPAXONE INJ 40MG/ML	67
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	92	COPIKTRA CAP 15MG	23
<i>clorazepate dipotassium tab 15 mg</i> ..	46	COPIKTRA CAP 25MG	23
<i>clorazepate dipotassium tab 3.75 mg</i>	46	CORLANOR SOL 5MG/5ML	42
<i>clorazepate dipotassium tab 7.5 mg</i> ..	46	CORLANOR TAB 5MG	42
<i>clotrimazole cream 1%</i>	108	CORLANOR TAB 7.5MG	42
<i>clotrimazole soln 1%</i>	108	COTELLIC TAB 20MG	23
<i>clotrimazole troche 10 mg</i>	111	CREON CAP 12000UNT	87
<i>clotrimazole w/ betamethasone cream</i>		CREON CAP 24000UNT	87
1-0.05%	108	CREON CAP 3000UNIT	87
<i>clotrimazole w/ betamethasone lotion</i>		CREON CAP 36000UNT	87
1-0.05%	108	CREON CAP 6000UNIT	87
<i>clozapine orally disintegrating tab 100 mg</i>	58	CRESEMBA CAP 186 MG	8
<i>clozapine orally disintegrating tab 12.5 mg</i>	57	CRESEMBA CAP 74.5MG	8
<i>clozapine orally disintegrating tab 150 mg</i>	58	<i>cromolyn sodium ophth soln 4%</i>	101
<i>clozapine orally disintegrating tab 200 mg</i>	58	<i>cromolyn sodium oral conc 100 mg/5ml</i>	86
<i>clozapine orally disintegrating tab 25 mg</i>	58	.....	86
<i>clozapine tab 100 mg</i>	58	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	104
<i>clozapine tab 200 mg</i>	58	.....	104
<i>clozapine tab 25 mg</i>	58	<i>cryselle-28</i>	74
<i>clozapine tab 50 mg</i>	58	<i>cyclafem 1/35</i>	74
COARTEM TAB 20-120MG	9	<i>cyclafem 7/7/7</i>	74
<i>colchicine tab 0.6 mg</i>	1	<i>cyclobenzaprine hcl tab 10 mg</i>	67
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	<i>cyclobenzaprine hcl tab 5 mg</i>	67
<i>colesevelam hcl packet for susp 3.75 gm</i>	37	CYCLOPHOSPH TAB 25MG	18
<i>colesevelam hcl tab 625 mg</i>	37	CYCLOPHOSPH TAB 50MG	18
<i>colestipol hcl granule packets 5 gm</i> ..	37	<i>cyclophosphamide cap 25 mg</i>	18
<i>colestipol hcl tab 1 gm</i>	37	<i>cyclophosphamide cap 50 mg</i>	18
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	6	<i>cyclophosphamide for inj 1 gm</i>	18
		<i>cyclophosphamide for inj 2 gm</i>	18
		<i>cyclophosphamide for inj 500 mg</i>	18
		<i>cyclosporine cap 100 mg</i>	95
		<i>cyclosporine cap 25 mg</i>	95
		<i>cyclosporine modified cap 100 mg</i>	95
		<i>cyclosporine modified cap 25 mg</i>	95
		<i>cyclosporine modified cap 50 mg</i>	95
		<i>cyclosporine modified oral soln 100 mg/ml</i>	95

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dabigatran etexilate mesylate cap 150 mg (etexilate base eq)89
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)89
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1600 mcg.....	3	FLOVENT HFA AER 220MCG.....	106
<i>fentanyl citrate lozenge on a handle</i>		FLOVENT HFA AER 44MCG.....	106
200 mcg.....	3	<i>floxuridine for inj 0.5 gm.....</i>	18
<i>fentanyl citrate lozenge on a handle</i>		<i>fluconazole for susp 10 mg/ml.....</i>	8
400 mcg.....	3	<i>fluconazole for susp 40 mg/ml.....</i>	8
<i>fentanyl citrate lozenge on a handle</i>		<i>fluconazole in nacl 0.9% inj 200</i>	
600 mcg.....	3	<i>mg/100ml.....</i>	8
<i>fentanyl citrate lozenge on a handle</i>		<i>fluconazole in nacl 0.9% inj 400</i>	
800 mcg.....	3	<i>mg/200ml.....</i>	8
<i>fentanyl citrate pf soln cartridge 100</i>		<i>fluconazole tab 100 mg.....</i>	8
<i>mcg/2ml.....</i>	3	<i>fluconazole tab 150 mg.....</i>	8
<i>fentanyl citrate preservative free (pf)</i>		<i>fluconazole tab 200 mg.....</i>	8
<i>inj 100 mcg/2ml.....</i>	3	<i>fluconazole tab 50 mg.....</i>	8
<i>fentanyl td patch 72hr 100 mcg/hr....</i>	2	<i>flucytosine cap 250 mg.....</i>	8
<i>fentanyl td patch 72hr 12 mcg/hr.....</i>	2	<i>flucytosine cap 500 mg.....</i>	8
<i>fentanyl td patch 72hr 25 mcg/hr.....</i>	2	<i>fludarabine phosphate inj 25 mg/ml .18</i>	
<i>fentanyl td patch 72hr 50 mcg/hr.....</i>	2	<i>fludrocortisone acetate tab 0.1 mg...80</i>	
<i>fentanyl td patch 72hr 75 mcg/hr.....</i>	2	<i>flunisolide nasal soln 25 mcg/act</i>	
FETZIMA CAP 120MG.....	53	<i>(0.025%).....</i>	106
FETZIMA CAP 20MG.....	53	<i>fluocinolone acetonide (otic) oil 0.01%</i>	
FETZIMA CAP 40MG.....	53	.....	102
FETZIMA CAP 80MG.....	53	<i>fluocinolone acetonide cream 0.01%</i>	
FETZIMA CAP TITRATIO.....	53	.....	109
FIASP FLEX INJ TOUCH.....	71	<i>fluocinolone acetonide cream 0.025%</i>	
FIASP INJ 100/ML.....	71	.....	109
FIASP PENFIL INJ U-100.....	71	<i>fluocinolone acetonide oint 0.025% 109</i>	
<i>finasteride tab 5 mg.....</i>	88	<i>fluocinolone acetonide sc.....</i>	109
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>		<i>fluocinolone acetonide soln 0.01% .109</i>	
.....	67	<i>fluocinonide cream 0.05%.....</i>	109
FINTEPLA SOL 2.2MG/ML.....	47	<i>fluocinonide emulsified base cream</i>	
FIRDAPSE TAB 10MG.....	66	<i>0.05%.....</i>	109
FIRMAGON INJ 120MG.....	19	<i>fluocinonide gel 0.05%.....</i>	109
FIRMAGON INJ 80MG.....	19	<i>fluocinonide oint 0.05%.....</i>	109
FIRVANQ SOL 25MG/ML.....	6	<i>fluocinonide soln 0.05%.....</i>	109
FIRVANQ SOL 50MG/ML.....	6	<i>fluoritab.....</i>	98
<i>flavoxate hcl tab 100 mg.....</i>	88	<i>fluorometholone ophth susp 0.1%.. 101</i>	
FLEBOGAMMA INJ 10/200ML.....	94	<i>fluorouracil cream 5%.....</i>	110
FLEBOGAMMA INJ 20/400ML.....	94	<i>fluorouracil iv soln 1 gm/20ml (50</i>	
FLEBOGAMMA INJ 5GM/50ML.....	94	<i>mg/ml).....</i>	18
FLEBOGAMMA INJ DIF 5%.....	94	<i>fluorouracil soln 2%.....</i>	110
<i>flecainide acetate tab 100 mg.....</i>	36	<i>fluorouracil soln 5%.....</i>	110
<i>flecainide acetate tab 150 mg.....</i>	36	<i>fluoxetine hcl cap 10 mg.....</i>	53
<i>flecainide acetate tab 50 mg.....</i>	36	<i>fluoxetine hcl cap 20 mg.....</i>	53
FLOVENT DISK AER 100MCG.....	106	<i>fluoxetine hcl cap 40 mg.....</i>	53
FLOVENT DISK AER 250MCG.....	106	<i>fluoxetine hcl solution 20 mg/5ml</i>	53
FLOVENT DISK AER 50MCG.....	106	<i>fluoxetine hcl tab 10 mg.....</i>	53

<i>fluoxetine hcl tab 20 mg</i>	53	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	32
<i>fluphenazine decanoate inj 25 mg/ml</i>	58	<i>fosinopril sodium tab 10 mg</i>	32
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	58	<i>fosinopril sodium tab 20 mg</i>	33
<i>fluphenazine hcl inj 2.5 mg/ml</i>	58	<i>fosinopril sodium tab 40 mg</i>	33
<i>fluphenazine hcl oral conc 5 mg/ml</i> ...	58	<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	47
<i>fluphenazine hcl tab 1 mg</i>	58	FOTIVDA CAP 0.89MG.....	24
<i>fluphenazine hcl tab 10 mg</i>	58	FOTIVDA CAP 1.34MG.....	24
<i>fluphenazine hcl tab 2.5 mg</i>	58	FRAGMIN INJ 10000/ML.....	89
<i>fluphenazine hcl tab 5 mg</i>	58	FRAGMIN INJ 12500UNT	89
<i>flurbiprofen sodium ophth soln 0.03%</i>	101	FRAGMIN INJ 15000UNT	89
<i>flurbiprofen tab 100 mg</i>	1	FRAGMIN INJ 18000UNT	89
<i>fluticasone propionate cream 0.05%</i>	109	FRAGMIN INJ 2500/0.2	89
<i>fluticasone propionate nasal susp 50 mcg/act</i>	106	FRAGMIN INJ 5000/0.2	89
<i>fluticasone propionate oint 0.005%</i>	109	FRAGMIN INJ 7500/0.3	89
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	107	FRAGMIN INJ 95000UNT	89
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	107	FULPHILA INJ 6/0.6ML	90
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	107	<i>furosemide inj 10 mg/ml</i>	41
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	37	<i>furosemide oral soln 10 mg/ml</i>	41
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	37	<i>furosemide oral soln 8 mg/ml</i>	41
<i>fluvoxamine maleate tab 100 mg</i>	45	<i>furosemide tab 20 mg</i>	41
<i>fluvoxamine maleate tab 25 mg</i>	45	<i>furosemide tab 40 mg</i>	41
<i>fluvoxamine maleate tab 50 mg</i>	45	<i>furosemide tab 80 mg</i>	41
FML FORTE SUS 0.25% OP	101	FUZEON INJ 90MG	9
FML OIN 0.1% OP	101	<i>fyavolv</i>	79
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	89	FYCOMPA SUS 0.5MG/ML	47
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	89	FYCOMPA TAB 10MG.....	47
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	89	FYCOMPA TAB 12MG.....	47
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	89	FYCOMPA TAB 2MG	47
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	9	FYCOMPA TAB 4MG	47
<i>foscarnet sodium inj 24 mg/ml</i>	12	FYCOMPA TAB 6MG	47
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	6	FYCOMPA TAB 8MG	47
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	32	G	
		<i>gabapentin cap 100 mg</i>	47
		<i>gabapentin cap 300 mg</i>	47
		<i>gabapentin cap 400 mg</i>	47
		<i>gabapentin oral soln 250 mg/5ml</i>	47
		<i>gabapentin tab 600 mg</i>	47
		<i>gabapentin tab 800 mg</i>	47
		GABLOFEN INJ 20000/20	67
		GALAFOLD CAP 123MG	81
		<i>galantamine hydrobromide cap er 24hr 16 mg</i>	50
		<i>galantamine hydrobromide cap er 24hr 24 mg</i>	50

<i>galantamine hydrobromide cap er 24hr 8 mg</i>	50	<i>gentamicin in saline inj 1.6 mg/ml</i>	6
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	50	<i>gentamicin sulfate cream 0.1%</i>	108
<i>galantamine hydrobromide tab 12 mg</i>	50	<i>gentamicin sulfate inj 40 mg/ml</i>	6
<i>galantamine hydrobromide tab 4 mg</i>	50	<i>gentamicin sulfate oint 0.1%</i>	108
<i>galantamine hydrobromide tab 8 mg</i>	50	<i>gentamicin sulfate ophth soln 0.3%</i>	100
GAMMAGARD INJ 2.5GM/25.....	94	GENVOYA TAB	11
GAMMAGARD SD INJ 10GM HU	94	<i>gildess 1/20</i>	75
GAMMAGARD SD INJ 5GM HU	94	<i>gildess fe 1.5/30</i>	75
GAMMAKED INJ 1GM/10ML.....	94	<i>gildess fe 1/20</i>	75
GAMUNEX-C INJ 1GM/10ML.....	94	GILOTRIF TAB 20MG.....	24
GARDASIL 9 INJ.....	96	GILOTRIF TAB 30MG.....	24
<i>gatifloxacin ophth soln 0.5%</i>	100	GILOTRIF TAB 40MG.....	24
GATTEX KIT 5MG	86	GLEOSTINE CAP 100MG	18
GAUZE PADS & DRESSINGS - PADS 2 X 2	71	GLEOSTINE CAP 10MG.....	18
<i>gavilyte-c</i>	86	GLEOSTINE CAP 40MG.....	18
<i>gavilyte-g</i>	86	<i>glimepiride tab 1 mg</i>	69
GAVRETO CAP 100MG.....	24	<i>glimepiride tab 2 mg</i>	69
GAZYVA INJ 25MG/ML.....	24	<i>glimepiride tab 4 mg</i>	69
<i>gefitinib tab 250 mg</i>	24	<i>glipizide tab 10 mg</i>	69
<i>gemcitabine hcl for inj 2 gm</i>	19	<i>glipizide tab 5 mg</i>	69
<i>gemcitabine hcl for inj 200 mg</i>	19	<i>glipizide tab er 24hr 10 mg</i>	69
GEMCITABINE INJ 1GM	19	<i>glipizide tab er 24hr 2.5 mg</i>	69
GEMCITABINE INJ 200MG	19	<i>glipizide tab er 24hr 5 mg</i>	69
GEMCITABINE INJ 2GM	19	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	69
<i>gemfibrozil tab 600 mg</i>	37	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	70
<i>generlac</i>	86	<i>glipizide-metformin hcl tab 5-500 mg</i>	70
<i>gengraf</i>	95	<i>glycopyrrolate tab 1 mg</i>	85
GENOTROPIN INJ 0.2MG	81	<i>glycopyrrolate tab 2 mg</i>	85
GENOTROPIN INJ 0.4MG	81	GLYXAMBI TAB 10-5 MG	70
GENOTROPIN INJ 0.6MG	81	GLYXAMBI TAB 25-5 MG	70
GENOTROPIN INJ 0.8MG	81	GRALISE TAB 300MG	66
GENOTROPIN INJ 1.2MG	81	GRALISE TAB 450MG	66
GENOTROPIN INJ 1.4MG	81	GRALISE TAB 600MG.....	66
GENOTROPIN INJ 1.6MG	81	GRALISE TAB 750MG.....	66
GENOTROPIN INJ 1.8MG	81	GRALISE TAB 900MG.....	66
GENOTROPIN INJ 12MG	81	GRANIX INJ 300/0.5.....	90
GENOTROPIN INJ 1MG	81	GRANIX INJ 300/1ML.....	90
GENOTROPIN INJ 2MG	81	GRANIX INJ 480/0.8.....	90
GENOTROPIN INJ 5MG	81	GRANIX INJ 480/1.6.....	90
<i>gentak oin 0.3% op</i>	100	<i>griseofulvin microsize susp 125 mg/5ml</i>	8
<i>gentamicin in saline inj 0.8 mg/ml</i>	6	<i>griseofulvin microsize tab 500 mg</i>	8
<i>gentamicin in saline inj 1 mg/ml</i>	6	<i>griseofulvin ultramicrosize tab 125 mg</i>	8
<i>gentamicin in saline inj 1.2 mg/ml</i>	6	<i>griseofulvin ultramicrosize tab 250 mg</i>	8
		GVOKE HYPO 2 INJ .5/.1ML.....	81

GVOKE HYPO 2 INJ 1MG/.2ML.....	81	HORIZANT TAB 600MG ER.....	66
GVOKE KIT SOL 1MG/0.2M.....	81	HUMIRA INJ 10/0.1ML	92
H		HUMIRA INJ 20/0.2ML	92
<i>hailey 24 fe</i>	75	HUMIRA INJ 40/0.4ML	92
<i>haloette mis</i>	75	HUMIRA KIT 40MG/0.8	92
<i>haloperidol decanoate im soln 100</i> <i>mg/ml</i>	58	HUMIRA PEDIA INJ CROHNS	92
<i>haloperidol decanoate im soln 50</i> <i>mg/ml</i>	58	HUMIRA PEN INJ 40/0.4ML.....	92
<i>haloperidol lactate inj 5 mg/ml</i>	58	HUMIRA PEN INJ 40MG/0.8	92
<i>haloperidol lactate oral conc 2 mg/ml</i>	58	HUMIRA PEN INJ 80/0.8ML.....	92
<i>haloperidol tab 0.5 mg</i>	58	HUMIRA PEN INJ CD/UC/HS.....	92
<i>haloperidol tab 1 mg</i>	58	HUMIRA PEN INJ PS/UV	92
<i>haloperidol tab 10 mg</i>	59	HUMIRA PEN KIT CD/UC/HS	92
<i>haloperidol tab 2 mg</i>	58	HUMIRA PEN KIT PED UC	92
<i>haloperidol tab 20 mg</i>	59	HUMIRA PEN KIT PS/UV	92
<i>haloperidol tab 5 mg</i>	58	HUMULIN R INJ U-500	71
HARVONI PAK.....	12	<i>hydralazine hcl tab 10 mg</i>	42
HARVONI PAK 45-200MG	12	<i>hydralazine hcl tab 100 mg</i>	42
HARVONI TAB 90-400MG	12	<i>hydralazine hcl tab 25 mg</i>	42
HAVRIX INJ 1440UNIT	96	<i>hydralazine hcl tab 50 mg</i>	42
HAVRIX INJ 720UNIT	96	<i>hydrochlorothiazide cap 12.5 mg</i>	41
<i>heather</i>	75	<i>hydrochlorothiazide tab 12.5 mg</i>	41
HEP SOD/D5W INJ 50UNT/ML.....	90	<i>hydrochlorothiazide tab 25 mg</i>	41
HEP SOD/NACL INJ 12500UNT	90	<i>hydrochlorothiazide tab 50 mg</i>	41
<i>heparin sod (porcine)-nacl iv soln 1000</i> <i>unit/500ml-0.9%</i>	90	<i>hydroco/apap sol 7.5-325</i>	3
<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml</i>	90	<i>hydroco/apap tab 10-325mg</i>	4
<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i>	90	<i>hydroco/apap tab 5-325mg</i>	3
<i>heparin sodium (porcine) inj 20000</i> <i>unit/ml</i>	90	<i>hydroco/apap tab 7.5-325</i>	3
<i>heparin sodium (porcine) inj 5000</i> <i>unit/ml</i>	90	<i>hydrocodone sol 10-325mg</i>	4
<i>hepatamine</i>	99	<i>hydrocodone-acetaminophen tab 2.5-</i> <i>325 mg</i>	4
HEPLISAV-B INJ 20/0.5ML.....	96	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	4
HETLIOZ CAP 20MG.....	64	<i>hydrocortisone</i>	109
HETLIOZ LQ SUS 4MG/ML	64	<i>hydrocortisone acetate w/ pramoxine</i> <i>perianal cream 1-1%</i>	110
HIBERIX SOL 10MCG	96	<i>hydrocortisone cream 1%</i>	109
HIZENTRA INJ 10/50ML	94	<i>hydrocortisone enema 100 mg/60ml</i>	86
HIZENTRA INJ 1GM/5ML	94	<i>hydrocortisone lotion 2.5%</i>	109
HIZENTRA INJ 2GM/10ML.....	94	<i>hydrocortisone oint 2.5%</i>	109
HIZENTRA INJ 4GM/20ML.....	94	<i>hydrocortisone perianal cream 2.5%</i>	110
HORIZANT TAB 300MG ER.....	66	<i>hydrocortisone tab 10 mg</i>	80
		<i>hydrocortisone tab 20 mg</i>	80
		<i>hydrocortisone tab 5 mg</i>	80
		<i>hydrocortisone w/ acetic acid otic soln</i> <i>1-2%</i>	102
		<i>hydromorphone hcl inj 1 mg/ml</i>	4

<i>hydromorphone hcl inj 4 mg/ml</i>	4	IMBRUVICA CAP 140MG	25
<i>hydromorphone hcl tab 2 mg</i>	4	IMBRUVICA CAP 70MG	25
<i>hydromorphone hcl tab 4 mg</i>	4	IMBRUVICA SUS 70MG/ML	25
<i>hydromorphone hcl tab 8 mg</i>	4	IMBRUVICA TAB 140MG	25
<i>hydroxychloroquine sulfate tab 200 mg</i>	93	IMBRUVICA TAB 280MG	25
<i>hydroxyurea cap 500 mg</i>	21	IMBRUVICA TAB 420MG	25
<i>hydroxyzine hcl syrup 10 mg/5ml</i> ...	103	IMBRUVICA TAB 560MG	25
<i>hydroxyzine hcl tab 10 mg</i>	103	<i>imipenem-cilastatin intravenous for</i> <i>soln 250 mg</i>	6
<i>hydroxyzine hcl tab 25 mg</i>	103	<i>imipenem-cilastatin intravenous for</i> <i>soln 500 mg</i>	6
<i>hydroxyzine hcl tab 50 mg</i>	103	<i>imipramine hcl tab 10 mg</i>	53
<i>hydroxyzine pamoate cap 100 mg</i> ..	103	<i>imipramine hcl tab 25 mg</i>	53
<i>hydroxyzine pamoate cap 25 mg</i>	103	<i>imipramine hcl tab 50 mg</i>	53
<i>hydroxyzine pamoate cap 50 mg</i>	103	<i>imipramine pamoate cap 100 mg</i>	53
I		<i>imipramine pamoate cap 125 mg</i>	53
<i>ibandronate sodium tab 150 mg (base</i> <i>equivalent)</i>	73	<i>imipramine pamoate cap 150 mg</i>	53
IBRANCE CAP 100MG.....	24	<i>imipramine pamoate cap 75 mg</i>	53
IBRANCE CAP 125MG.....	24	<i>imiquimod cream 5%</i>	110
IBRANCE CAP 75MG	24	IMOVAX RABIE INJ 2.5/ML	96
IBRANCE TAB 100MG.....	24	<i>incassia</i>	75
IBRANCE TAB 125MG.....	24	INCRELEX INJ 40MG/4ML	81
IBRANCE TAB 75MG	24	<i>indapamide tab 1.25 mg</i>	41
<i>ibu</i>	1	<i>indapamide tab 2.5 mg</i>	41
<i>ibuprofen susp 100 mg/5ml</i>	1	INFANRIX INJ	96
<i>ibuprofen tab 400 mg</i>	1	INLYTA TAB 1MG.....	25
<i>ibuprofen tab 600 mg</i>	1	INLYTA TAB 5MG.....	25
<i>ibuprofen tab 800 mg</i>	1	INQOVI TAB 35-100MG	21
<i>ibutilide fumarate inj 1 mg/10ml</i>	36	INREBIC CAP 100MG	25
<i>icatibant acetate subcutaneous soln</i> <i>pref syr 30 mg/3ml</i>	91	INSULIN PEN NEEDLE	71
<i>iclevia</i>	75	INSULIN SYRINGE (DISP) U-100 0.3 ML.....	71
ICLUSIG TAB 10MG	24	INSULIN SYRINGE (DISP) U-100 1 ML	71
ICLUSIG TAB 15MG	24	INSULIN SYRINGE (DISP) U-100 1/2 ML.....	71
ICLUSIG TAB 30MG	24	INTELENCE TAB 25MG	9
ICLUSIG TAB 45MG	24	INTRALIPID INJ 20%	99
<i>icosapent ethyl cap 0.5 gm</i>	37	INTRALIPID INJ 30%	99
<i>icosapent ethyl cap 1 gm</i>	37	INTRON A INJ 10MU	94
IDHIFA TAB 100MG	24	INTRON A INJ 18MU	95
IDHIFA TAB 50MG	24	INTRON A INJ 25MU	95
<i>ifosfamide inj 1gm/20ml</i>	18	INTRON A INJ 50MU	95
IFOSFAMIDE INJ 3GM	18	<i>introvale</i>	75
<i>ifosfamide inj 3gm/60ml</i>	18	INVEGA HAFYE INJ 1092MG.....	59
<i>imatinib mesylate tab 100 mg (base</i> <i>equivalent)</i>	25	INVEGA HAFYE INJ 1560MG.....	59
<i>imatinib mesylate tab 400 mg (base</i> <i>equivalent)</i>	25	INVEGA SUST INJ 117/0.75.....	59

INVEGA SUST INJ 156MG/ML.....	59	<i>isosorbide mononitrate tab 10 mg ...</i>	43
INVEGA SUST INJ 234/1.5.....	59	<i>isosorbide mononitrate tab 20 mg ...</i>	43
INVEGA SUST INJ 39/0.25.....	59	<i>isosorbide mononitrate tab er 24hr 120</i>	
INVEGA SUST INJ 78/0.5ML	59	<i>mg</i>	43
INVEGA TRINZ INJ 273MG.....	59	<i>isosorbide mononitrate tab er 24hr 30</i>	
INVEGA TRINZ INJ 410MG.....	59	<i>mg</i>	43
INVEGA TRINZ INJ 546MG.....	59	<i>isosorbide mononitrate tab er 24hr 60</i>	
INVEGA TRINZ INJ 819MG.....	59	<i>mg</i>	43
IOPIDINE SOL 1% OP	102	<i>isotretinoin cap 10 mg</i>	107
IPOL INJ INACTIVE	96	<i>isotretinoin cap 20 mg</i>	107
<i>ipratropium bromide inhal soln 0.02%</i>		<i>isotretinoin cap 30 mg</i>	107
.....	103	<i>isotretinoin cap 40 mg</i>	107
<i>ipratropium bromide nasal soln 0.03%</i>		<i>isradipine cap 2.5 mg</i>	40
<i>(21 mcg/spray)</i>	103	<i>isradipine cap 5 mg</i>	40
<i>ipratropium bromide nasal soln 0.06%</i>		ISUPREL INJ 0.2MG/ML.....	104
<i>(42 mcg/spray)</i>	103	<i>itraconazole cap 100 mg</i>	8
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>ivermectin tab 3 mg</i>	6
<i>2.5(3) mg/3ml</i>	103	IXEMPRA KIT INJ 15MG.....	25
<i>irbesartan tab 150 mg</i>	35	IXEMPRA KIT INJ 45MG.....	25
<i>irbesartan tab 300 mg</i>	35	IXIARO INJ.....	96
<i>irbesartan tab 75 mg</i>	35	J	
<i>irbesartan-hydrochlorothiazide tab</i>		JAKAFI TAB 10MG	25
<i>150-12.5 mg.....</i>	34	JAKAFI TAB 15MG	25
<i>irbesartan-hydrochlorothiazide tab</i>		JAKAFI TAB 20MG	25
<i>300-12.5 mg.....</i>	34	JAKAFI TAB 25MG	25
IRESSA TAB 250MG.....	25	JAKAFI TAB 5MG	25
<i>irinotecan hcl inj 40 mg/2ml (20</i>		<i>jantoven</i>	90
<i>mg/ml)</i>	21	JANUMET TAB 50-1000	70
<i>irinotecan hcl inj 500 mg/25ml (20</i>		JANUMET TAB 50-500MG	70
<i>mg/ml)</i>	21	JANUMET XR TAB 100-1000.....	70
ISENTRESS CHW 100MG	9	JANUMET XR TAB 50-1000	70
ISENTRESS CHW 25MG	9	JANUMET XR TAB 50-500MG.....	70
ISENTRESS HD TAB 600MG	9	JANUVIA TAB 100MG	70
ISENTRESS POW 100MG	9	JANUVIA TAB 25MG.....	70
ISENTRESS TAB 400MG	9	JANUVIA TAB 50MG.....	70
<i>isibloom</i>	75	JARDIANCE TAB 10MG	70
ISOLYTE-P INJ /D5W	97	JARDIANCE TAB 25MG	70
ISOLYTE-S INJ PH 7.4.....	97	<i>jasmiel.....</i>	75
<i>isoniazid syrup 50 mg/5ml</i>	11	<i>javygtor pak 100mg</i>	81
<i>isoniazid tab 100 mg</i>	11	<i>javygtor pow 500mg.....</i>	81
<i>isoniazid tab 300 mg</i>	11	<i>javygtor tab 100mg.....</i>	81
<i>isosorbide dinitrate tab 10 mg</i>	43	JAYPIRCA TAB 100MG.....	25
<i>isosorbide dinitrate tab 20 mg</i>	43	JAYPIRCA TAB 50MG.....	25
<i>isosorbide dinitrate tab 30 mg</i>	43	<i>jencycla</i>	75
<i>isosorbide dinitrate tab 5 mg</i>	43	JENTADUETO TAB 2.5-1000.....	70
<i>isosorbide dinitrate-hydralazine hcl tab</i>		JENTADUETO TAB 2.5-500	70
<i>20-37.5 mg</i>	43	JENTADUETO TAB 2.5-850	70

JENTADUETO TAB XR.....	70	KISQALI 200 PAK FEMARA.....	21
<i>jinteli</i>	79	KISQALI 400 PAK FEMARA.....	21
<i>jolessa</i>	75	KISQALI 600 PAK FEMARA.....	21
<i>juleber</i>	75	KISQALI TAB 200DOSE	25
JULUCA TAB 50-25MG.....	11	KISQALI TAB 400DOSE	25
<i>junel 1.5/30</i>	75	KISQALI TAB 600DOSE	26
<i>junel 1/20</i>	75	<i>klor-con</i>	98
<i>junel fe 1.5/30</i>	75	<i>klor-con 10</i>	98
<i>junel fe 1/20</i>	75	<i>klor-con 8</i>	98
<i>junel fe 24</i>	75	<i>klor-con m10</i>	98
JUXTAPID CAP 10MG	38	<i>klor-con m15</i>	98
JUXTAPID CAP 20MG	38	<i>klor-con m20</i>	98
JUXTAPID CAP 30MG	38	KORLYM TAB 300MG.....	81
JUXTAPID CAP 5MG	38	KOSELUGO CAP 10MG	26
JYNNEOS INJ	96	KOSELUGO CAP 25MG	26
K		KRAZATI TAB 200MG.....	26
KABIVEN EMU	99	K-TAB TAB 8MEQ CR	98
<i>kaitlib fe</i>	75	<i>kurvelo</i>	76
KALYDECO GRA 13.4MG.....	105	<i>k-vescent</i>	98
KALYDECO PAK 25MG	105	KYNMOBI MIS 10MG.....	55
KALYDECO PAK 50MG	105	KYNMOBI MIS 15MG.....	55
KALYDECO PAK 75MG	105	KYNMOBI MIS 20MG.....	55
KALYDECO TAB 150MG	105	KYNMOBI MIS 25MG.....	56
<i>kariva</i>	75	KYNMOBI MIS 30MG.....	56
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	97	L	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	97	<i>labetalol hcl tab 100 mg</i>	39
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.2% inj</i>	97	<i>labetalol hcl tab 200 mg</i>	39
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.2% inj</i>	97	<i>labetalol hcl tab 300 mg</i>	39
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	97	<i>lacosamide oral solution 10 mg/ml</i> ...	47
KCL/D5W/LACT INJ 20MEQ/L.....	97	<i>lacosamide tab 100 mg</i>	48
<i>kelnor 1/35</i>	75	<i>lacosamide tab 150 mg</i>	48
<i>kelnor 1/50</i>	76	<i>lacosamide tab 200 mg</i>	48
KERENDIA TAB 10MG	33	<i>lacosamide tab 50 mg</i>	48
KERENDIA TAB 20MG	33	<i>lactic acid (ammonium lactate) cream</i> 12%	110
<i>ketoconazole cream 2%</i>	108	<i>lactic acid (ammonium lactate) lotion</i> 12%	110
<i>ketoconazole shampoo 2%</i>	108	<i>lactulose solution 10 gm/15ml</i>	86
<i>ketoconazole tab 200 mg</i>	8	<i>lamivudine oral soln 10 mg/ml</i>	9
<i>ketorolac tromethamine ophth soln</i> 0.4%	101	<i>lamivudine tab 100 mg (hbv)</i>	12
<i>ketorolac tromethamine ophth soln</i> 0.5%	101	<i>lamivudine tab 150 mg</i>	9
KEVEYIS TAB 50MG	41	<i>lamivudine tab 300 mg</i>	9
KINRIX INJ	96	<i>lamivudine-zidovudine tab 150-300 mg</i>	11
		<i>lamotrigine tab 100 mg</i>	48
		<i>lamotrigine tab 150 mg</i>	48
		<i>lamotrigine tab 200 mg</i>	48

<i>lamotrigine tab 25 mg</i>	48	<i>leucovorin calcium tab 25 mg</i>	31
<i>lamotrigine tab chewable dispersible 25 mg</i>	48	<i>leucovorin calcium tab 5 mg</i>	31
<i>lamotrigine tab chewable dispersible 5 mg</i>	48	LEUKERAN TAB 2MG	18
<i>lansoprazole cap delayed release 15 mg</i>	87	LEUKINE INJ 250MCG	90
<i>lansoprazole cap delayed release 30 mg</i>	87	<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	19
LANTUS INJ 100/ML.....	72	LEUPROLIDE INJ 22.5MG	20
LANTUS SOLOS INJ 100/ML.....	72	<i>levalbuterol aer 45/act</i>	104
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	26	<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	104
<i>larin 1.5/30</i>	76	<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	104
<i>larin 1/20</i>	76	<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	104
<i>larin 24 fe</i>	76	<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	104
<i>larin fe 1.5/30</i>	76	LEVEMIR INJ.....	72
<i>larin fe 1/20</i>	76	LEVEMIR INJ FLEXPEN	72
<i>larissia tab</i>	76	<i>levetiracetam oral soln 100 mg/ml</i> ...	48
<i>latanoprost ophth soln 0.005%</i>	102	<i>levetiracetam tab 1000 mg</i>	48
LATUDA TAB 120MG	59	<i>levetiracetam tab 250 mg</i>	48
LATUDA TAB 20MG	59	<i>levetiracetam tab 500 mg</i>	48
LATUDA TAB 40MG	59	<i>levetiracetam tab 750 mg</i>	48
LATUDA TAB 60MG	59	<i>levetiracetam tab er 24hr 500 mg</i> ...	48
LATUDA TAB 80MG	59	<i>levetiracetam tab er 24hr 750 mg</i> ...	48
<i>layolis fe</i>	76	<i>levobunolol hcl ophth soln 0.5%</i>	102
<i>leena</i>	76	<i>levocarnitine inj 200 mg/ml</i>	82
<i>leflunomide tab 10 mg</i>	93	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	82
<i>leflunomide tab 20 mg</i>	93	<i>levocarnitine tab 330 mg</i>	82
<i>lenalidomide cap 10 mg</i>	21	<i>levocetirizine dihydrochloride tab 5 mg</i>	103
<i>lenalidomide cap 15 mg</i>	21	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	15
<i>lenalidomide cap 20 mg</i>	21	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	15
<i>lenalidomide cap 25 mg</i>	21	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	15
<i>lenalidomide cap 5 mg</i>	21	<i>levofloxacin iv soln 25 mg/ml</i>	15
<i>lenalidomide caps 2.5 mg</i>	21	<i>levofloxacin ophth soln 0.5%</i>	100
LENVIMA CAP 10 MG	26	<i>levofloxacin sol 25mg/ml</i>	15
LENVIMA CAP 12MG	26	<i>levofloxacin tab 250 mg</i>	15
LENVIMA CAP 14 MG	26	<i>levofloxacin tab 500 mg</i>	15
LENVIMA CAP 18 MG	26	<i>levofloxacin tab 750 mg</i>	15
LENVIMA CAP 20 MG	26	levonest.....	76
LENVIMA CAP 24 MG	26	<i>levonor-ethinyl est 0.10mg-20mcg(84)-10mcg(7)</i>	76
LENVIMA CAP 4MG	26		
LENVIMA CAP 8 MG	26		
<i>lessina</i>	76		
<i>letrozole tab 2.5 mg</i>	19		
<i>leucovorin calcium tab 10 mg</i>	31		
<i>leucovorin calcium tab 15 mg</i>	31		

<i>levonor-ethinyl est 0.15mg-30mcg(84)-10mcg(7)</i>	76	<i>lidocaine oint 5%</i>	110
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	76	<i>lidocaine patch 5%</i>	110
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	76	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	110
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	76	<i>linezolid for susp 100 mg/5ml</i>	6
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	76	<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	6
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	76	<i>linezolid tab 600 mg</i>	6
<i>levora 0.15/30-28</i>	76	LINZESS CAP 145MCG	86
<i>levorphanol tartrate tab 2 mg</i>	4	LINZESS CAP 290MCG	86
<i>levorphanol tartrate tab 3 mg</i>	4	LINZESS CAP 72MCG	86
<i>levothyroxine sodium tab 100 mcg</i> ...	83	<i>liothyronine sodium tab 25 mcg</i>	84
<i>levothyroxine sodium tab 112 mcg</i> ...	83	<i>liothyronine sodium tab 5 mcg</i>	84
<i>levothyroxine sodium tab 125 mcg</i> ...	83	<i>liothyronine sodium tab 50 mcg</i>	84
<i>levothyroxine sodium tab 137 mcg</i> ...	83	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	32
<i>levothyroxine sodium tab 150 mcg</i> ...	84	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	32
<i>levothyroxine sodium tab 175 mcg</i> ...	84	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	32
<i>levothyroxine sodium tab 200 mcg</i> ...	84	<i>lisinopril tab 10 mg</i>	33
<i>levothyroxine sodium tab 25 mcg</i>	83	<i>lisinopril tab 2.5 mg</i>	33
<i>levothyroxine sodium tab 300 mcg</i> ...	84	<i>lisinopril tab 20 mg</i>	33
<i>levothyroxine sodium tab 50 mcg</i>	83	<i>lisinopril tab 30 mg</i>	33
<i>levothyroxine sodium tab 75 mcg</i>	83	<i>lisinopril tab 40 mg</i>	33
<i>levothyroxine sodium tab 88 mcg</i>	83	<i>lisinopril tab 5 mg</i>	33
LEXIVA SUS 50MG/ML	9	<i>lithium carbonate cap 150 mg</i>	66
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	36	<i>lithium carbonate cap 300 mg</i>	66
<i>lidocaine hcl laryngotracheal soln 4%</i>	111	<i>lithium carbonate cap 600 mg</i>	66
<i>lidocaine hcl local inj 1%</i>	5	<i>lithium carbonate tab 300 mg</i>	66
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	5	<i>lithium carbonate tab er 300 mg</i>	66
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	5	<i>lithium carbonate tab er 450 mg</i>	66
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	5	LITHIUM SOL 8MEQ/5ML	66
<i>lidocaine hcl soln 4%</i>	110	LITHOSTAT TAB 250MG	88
<i>lidocaine hcl viscous soln 2%</i>	111	LIVTENCITY TAB 200MG	12
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	36	LOKELMA PAK 10GM	74
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	36	LOKELMA PAK 5GM	74
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	36	LONSURF TAB 15-6.14	19
		LONSURF TAB 20-8.19	19
		<i>loperamide hcl cap 2 mg</i>	86
		<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	11
		<i>lopinavir-ritonavir tab 100-25 mg</i>	11
		<i>lopinavir-ritonavir tab 200-50 mg</i>	11
		<i>lorazepam inj 2 mg/ml</i>	45
		<i>lorazepam inj 4 mg/ml</i>	45
		<i>lorazepam intensol</i>	45

<i>lorazepam tab 0.5 mg</i>	45	<i>lurasidone hcl tab 120 mg</i>	60
<i>lorazepam tab 1 mg</i>	45	<i>lurasidone hcl tab 20 mg</i>	59
<i>lorazepam tab 2 mg</i>	45	<i>lurasidone hcl tab 40 mg</i>	59
LORBRENA TAB 100MG.....	26	<i>lurasidone hcl tab 60 mg</i>	59
LORBRENA TAB 25MG.....	26	<i>lurasidone hcl tab 80 mg</i>	59
LOREEV XR CAP 1.5MG.....	45	<i>lutera</i>	76
LOREEV XR CAP 1MG.....	45	LYBALVI TAB 10-10MG.....	60
LOREEV XR CAP 2MG.....	45	LYBALVI TAB 15-10MG.....	60
LOREEV XR CAP 3MG.....	45	LYBALVI TAB 20-10MG.....	60
<i>loryna</i>	76	LYBALVI TAB 5-10MG.....	60
<i>losartan potassium &</i>		<i>lyleq</i>	76
<i>hydrochlorothiazide tab 100-12.5 mg</i>		<i>lyllana</i>	79
.....	34	LYNPARZA TAB 100MG.....	26
<i>losartan potassium &</i>		LYNPARZA TAB 150MG.....	26
<i>hydrochlorothiazide tab 100-25 mg</i>	34	LYSODREN TAB 500MG.....	20
<i>losartan potassium &</i>		LYTGOBI TAB 4MG.....	26
<i>hydrochlorothiazide tab 50-12.5 mg</i>		<i>lyza</i>	76
.....	34	M	
<i>losartan potassium tab 100 mg</i>	35	MAGNESIUM SU INJ 20/500ML.....	97
<i>losartan potassium tab 25 mg</i>	35	MAGNESIUM SU INJ 2GM/50ML.....	97
<i>losartan potassium tab 50 mg</i>	35	MAGNESIUM SU INJ 40G/1000.....	97
<i>loteprednol etabonate ophth gel 0.5%</i>		MAGNESIUM SU INJ 4G/100ML.....	97
.....	101	MAGNESIUM SU INJ 80MG/ML.....	97
<i>loteprednol etabonate ophth susp 0.5%</i>		<i>magnesium sulfate inj 50%</i>	97
.....	101	<i>maraviroc tab 150 mg</i>	9
<i>lovastatin tab 10 mg</i>	37	<i>maraviroc tab 300 mg</i>	9
<i>lovastatin tab 20 mg</i>	37	<i>marlissa</i>	76
<i>lovastatin tab 40 mg</i>	37	MARPLAN TAB 10MG.....	53
<i>low-ogestrel</i>	76	MATULANE CAP 50MG.....	21
<i>loxapine succinate cap 10 mg</i>	59	<i>matzim la</i>	40
<i>loxapine succinate cap 25 mg</i>	59	MAVYRET TAB 100-40MG.....	12
<i>loxapine succinate cap 5 mg</i>	59	MAXIDEX SUS 0.1% OP.....	101
<i>loxapine succinate cap 50 mg</i>	59	<i>meclizine hcl tab 12.5 mg</i>	85
<i>lubiprostone cap 24 mcg</i>	86	<i>meclizine hcl tab 25 mg</i>	85
<i>lubiprostone cap 8 mcg</i>	86	<i>meclofenamate sodium cap 100 mg</i> ...	1
<i>ludent</i>	98	<i>meclofenamate sodium cap 50 mg</i>	1
LUMAKRAS TAB 120MG.....	26	<i>medroxyprogesterone acetate im susp</i>	
LUMAKRAS TAB 320MG.....	26	<i>150 mg/ml</i>	76
LUMIGAN SOL 0.01%.....	102	<i>medroxyprogesterone acetate im susp</i>	
LUPANETA KIT 11.25-5.....	78	<i>prefilled syr 150 mg/ml</i>	76
LUPANETA KIT 3.75-5.....	78	<i>medroxyprogesterone acetate tab 10</i>	
LUPRON DEPOT INJ 11.25MG.....	20	<i>mg</i>	83
LUPRON DEPOT INJ 22.5MG.....	20	<i>medroxyprogesterone acetate tab 2.5</i>	
LUPRON DEPOT INJ 3.75MG.....	20	<i>mg</i>	83
LUPRON DEPOT INJ 30MG.....	20	<i>medroxyprogesterone acetate tab 5 mg</i>	
LUPRON DEPOT INJ 45MG.....	20	.....	83
LUPRON DEPOT INJ 7.5MG.....	20	<i>mefloquine hcl tab 250 mg</i>	9

<i>megestrol acetate susp 40 mg/ml</i>	83	<i>methotrexate sodium inj 50 mg/2ml</i> (25 mg/ml).....	19
<i>megestrol acetate tab 20 mg</i>	20	<i>methotrexate sodium inj pf 50 mg/2ml</i> (25 mg/ml).....	19
<i>megestrol acetate tab 40 mg</i>	20	<i>methotrexate sodium tab 2.5 mg (base</i> <i>equiv)</i>	93
MEKINIST SOL 0.05/ML.....	26	<i>methoxsalen rapid cap 10 mg</i>	108
MEKINIST TAB 0.5MG	26	<i>methsuximide cap 300 mg</i>	48
MEKINIST TAB 2MG.....	26	<i>methylergonovine maleate inj 0.2</i> <i>mg/ml</i>	82
MEKTOVI TAB 15MG	27	<i>methylphenid tab 20mg er</i>	64
<i>meloxicam tab 15 mg</i>	1	METHYLPHENID TAB 72MG ER	64
<i>meloxicam tab 7.5 mg</i>	1	<i>methylphenidate hcl soln 10 mg/5ml</i>	64
<i>memant titra pak 5-10mg</i>	51	<i>methylphenidate hcl soln 5 mg/5ml</i> ..	64
<i>memantine hcl oral solution 2 mg/ml</i>	51	<i>methylphenidate hcl tab 10 mg</i>	64
<i>memantine hcl tab 10 mg</i>	51	<i>methylphenidate hcl tab 20 mg</i>	64
<i>memantine hcl tab 5 mg</i>	51	<i>methylphenidate hcl tab 5 mg</i>	64
MENACTRA INJ.....	96	<i>methylphenidate hcl tab er 10 mg</i>	64
MENOSTAR DIS 14MCG.....	79	<i>methylphenidate hcl tab er 24hr 18 mg</i>	64
MENQUADFI INJ	96	<i>methylphenidate hcl tab er 24hr 27 mg</i>	64
MENVEO INJ	96	<i>methylphenidate hcl tab er 24hr 36 mg</i>	64
<i>mercaptapurine tab 50 mg</i>	19	<i>methylphenidate hcl tab er 24hr 54 mg</i>	64
<i>meropenem iv for soln 1 gm</i>	6	<i>methylphenidate hcl tab er osmotic</i> <i>release (osm) 18 mg</i>	64
<i>meropenem iv for soln 500 mg</i>	6	<i>methylphenidate hcl tab er osmotic</i> <i>release (osm) 27 mg</i>	64
<i>mesalamine cap dr 400 mg</i>	86	<i>methylphenidate hcl tab er osmotic</i> <i>release (osm) 36 mg</i>	64
<i>mesalamine cap er 24hr 0.375 gm</i> ...	86	<i>methylphenidate hcl tab er osmotic</i> <i>release (osm) 54 mg</i>	64
<i>mesalamine suppos 1000 mg</i>	86	<i>methylprednisolone tab 16 mg</i>	80
<i>mesalamine tab delayed release 800</i> <i>mg</i>	86	<i>methylprednisolone tab 32 mg</i>	80
MESNEX TAB 400MG.....	31	<i>methylprednisolone tab 4 mg</i>	80
<i>metformin hcl oral soln 500 mg/5ml</i> .	70	<i>methylprednisolone tab 8 mg</i>	80
<i>metformin hcl tab 1000 mg</i>	70	<i>methylprednisolone tab therapy pack 4</i> <i>mg (21)</i>	80
<i>metformin hcl tab 500 mg</i>	70	<i>methyltestosterone cap 10 mg</i>	69
<i>metformin hcl tab 850 mg</i>	70	<i>metoclopram sol 5mg/5ml</i>	85
<i>metformin hcl tab er 24hr 500 mg</i>	70	<i>metoclopramide hcl tab 10 mg (base</i> <i>equivalent)</i>	85
<i>metformin hcl tab er 24hr 750 mg</i>	70	<i>metoclopramide hcl tab 5 mg (base</i> <i>equivalent)</i>	85
<i>methadone hcl conc 10 mg/ml</i>	2	<i>metolazone tab 10 mg</i>	42
<i>methadone hcl soln 5 mg/5ml</i>	2		
<i>methadone hcl tab 10 mg</i>	2		
<i>methadone hcl tab 5 mg</i>	2		
<i>methadone hcl tab for oral susp 40 mg</i>	2		
<i>methamphetamine hcl tab 5 mg</i>	64		
<i>methenamine hippurate tab 1 gm</i>	6		
<i>methenamine mandelate tab 0.5 gm</i> .	6		
<i>methenamine mandelate tab 1 gm</i>	6		
<i>methimazole tab 10 mg</i>	84		
<i>methimazole tab 5 mg</i>	84		
<i>methocarbamol tab 500 mg</i>	67		
<i>methocarbamol tab 750 mg</i>	67		
<i>methotrexate sodium inj 25 mg/ml</i> ...19			

<i>metolazone tab 2.5 mg</i>	41	<i>minocycline hcl cap 100 mg</i>	18
<i>metolazone tab 5 mg</i>	41	<i>minocycline hcl cap 50 mg</i>	18
<i>metoprolol & hydrochlorothiazide tab</i>		<i>minocycline hcl cap 75 mg</i>	18
<i>100-25 mg</i>	38	<i>minoxidil tab 10 mg</i>	43
<i>metoprolol & hydrochlorothiazide tab</i>		<i>minoxidil tab 2.5 mg</i>	43
<i>100-50 mg</i>	38	<i>mirtazapine orally disintegrating tab 15</i>	
<i>metoprolol & hydrochlorothiazide tab</i>		<i>mg</i>	53
<i>50-25 mg</i>	38	<i>mirtazapine orally disintegrating tab 30</i>	
<i>metoprolol succinate tab er 24hr 100</i>		<i>mg</i>	53
<i>mg (tartrate equiv)</i>	39	<i>mirtazapine orally disintegrating tab 45</i>	
<i>metoprolol succinate tab er 24hr 200</i>		<i>mg</i>	53
<i>mg (tartrate equiv)</i>	39	<i>mirtazapine tab 15 mg</i>	53
<i>metoprolol succinate tab er 24hr 25 mg</i>		<i>mirtazapine tab 30 mg</i>	53
<i>(tartrate equiv)</i>	39	<i>mirtazapine tab 45 mg</i>	53
<i>metoprolol succinate tab er 24hr 50 mg</i>		<i>mirtazapine tab 7.5 mg</i>	53
<i>(tartrate equiv)</i>	39	<i>misoprostol tab 100 mcg</i>	86
<i>metoprolol tartrate tab 100 mg</i>	39	<i>misoprostol tab 200 mcg</i>	86
<i>metoprolol tartrate tab 25 mg</i>	39	<i>M-M-R II INJ</i>	96
<i>metoprolol tartrate tab 50 mg</i>	39	<i>modafinil tab 100 mg</i>	68
<i>metronidazole cap 375 mg</i>	6	<i>modafinil tab 200 mg</i>	68
<i>metronidazole cream 0.75%</i>	110	<i>moexipril hcl tab 15 mg</i>	33
<i>metronidazole gel 0.75%</i>	110	<i>moexipril hcl tab 7.5 mg</i>	33
<i>metronidazole iv soln 500 mg/100ml</i> .	6	<i>molindone hcl tab 10 mg</i>	60
<i>metronidazole lotion 0.75%</i>	110	<i>molindone hcl tab 25 mg</i>	60
<i>metronidazole tab 250 mg</i>	6	<i>molindone hcl tab 5 mg</i>	60
<i>metronidazole tab 500 mg</i>	6	<i>mometasone furoate cream 0.1%</i> ..	110
<i>metronidazole vaginal gel 0.75%</i>	88	<i>mometasone furoate oint 0.1%</i>	110
<i>metyrosine cap 250 mg</i>	43	<i>mometasone furoate solution 0.1%</i>	
<i>mexiletine hcl cap 150 mg</i>	36	<i>(lotion)</i>	110
<i>mexiletine hcl cap 200 mg</i>	36	<i>mono-lynyah</i>	76
<i>mexiletine hcl cap 250 mg</i>	36	<i>montelukast sodium chew tab 4 mg</i>	
<i>MG SO4/D5W INJ 10MG/ML</i>	97	<i>(base equiv)</i>	104
<i>micafungin sodium for iv soln 100 mg</i> 8		<i>montelukast sodium chew tab 5 mg</i>	
<i>micafungin sodium for iv soln 50 mg</i> .	8	<i>(base equiv)</i>	104
<i>miconazole 3</i>	88	<i>montelukast sodium oral granules</i>	
<i>microgestin 1.5/30</i>	76	<i>packet 4 mg (base equiv)</i>	104
<i>microgestin 1/20</i>	76	<i>montelukast sodium tab 10 mg (base</i>	
<i>microgestin 24 fe</i>	76	<i>equiv)</i>	104
<i>microgestin fe 1.5/30</i>	76	<i>MORPHINE SUL INJ 150/30ML</i>	4
<i>microgestin fe 1/20</i>	76	<i>morphine sulfate iv soln 1 mg/ml</i>	4
<i>midodrine hcl tab 10 mg</i>	43	<i>morphine sulfate iv soln pf 15 mg/ml</i> .	4
<i>midodrine hcl tab 2.5 mg</i>	43	<i>morphine sulfate oral soln 10 mg/5ml</i> 4	
<i>midodrine hcl tab 5 mg</i>	43	<i>morphine sulfate oral soln 100 mg/5ml</i>	
<i>migergot</i>	65	<i>(20 mg/ml)</i>	4
<i>miglustat cap 100 mg</i>	82	<i>morphine sulfate oral soln 20 mg/5ml</i> 4	
<i>mili</i>	76	<i>morphine sulfate tab 15 mg</i>	4
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neomycin-polymyxin-dexamethasone ophth oint 0.1% 100
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<i>neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)</i>	66	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	7
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<i>nevirapine tab 200 mg</i>	9	<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	43
<i>nevirapine tab er 24hr 100 mg</i>	10	NIVESTYM INJ 300MCG.....	90
<i>nevirapine tab er 24hr 400 mg</i>	10	NIVESTYM INJ 480MCG.....	90
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	38	<i>nizatidine cap 150 mg</i>	85
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	38	<i>nizatidine cap 300 mg</i>	86
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	38	<i>nora-be</i>	77
<i>nicardipine hcl cap 20 mg</i>	40	<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	77
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<i>nifedipine tab er 24hr 60 mg</i>	40	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	79
<i>nifedipine tab er 24hr 90 mg</i>	40	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	77
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	40	<i>norethindrone tab 0.35 mg</i>	77
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	40	<i>norgest/ethi tab 0.25/35</i>	77
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	40	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	77
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<i>nortriptyline hcl cap 75 mg</i>	54	<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	82
<i>nortriptyline hcl soln 10 mg/5ml</i>	54	<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	82
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NUBEQA TAB 300MG	20	<i>olanzapine orally disintegrating tab 10 mg</i>	60
NUCALA INJ 100MG.....	105	<i>olanzapine orally disintegrating tab 15 mg</i>	60
NUCALA INJ 100MG/ML.....	105	<i>olanzapine orally disintegrating tab 20 mg</i>	60
NUCALA INJ 40MG/0.4	105	<i>olanzapine orally disintegrating tab 5 mg</i>	60
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NUZYRA INJ 100MG.....	18	<i>olanzapine tab 5 mg</i>	60
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<i>nyamyc</i>	108	<i>olmesartan medoxomil tab 20 mg</i>	35
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<i>nylia 7/7/7</i>	77	<i>olmesartan medoxomil tab 5 mg</i>	35
<i>nymyo</i>	77	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	34
<i>nystatin cream 100000 unit/gm</i>	108	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	34
<i>nystatin oint 100000 unit/gm</i>	108		
<i>nystatin susp 100000 unit/ml</i>	111		
<i>nystatin tab 500000 unit</i>	8		
<i>nystatin topical powder 100000 unit/gm</i>	108		
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<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	101
<i>omega-3-acid ethyl esters cap 1 gm</i>	.38
<i>omeprazole cap 20mg</i>	87
<i>omeprazole cap delayed release 10 mg</i>	87
<i>omeprazole cap delayed release 40 mg</i>	87
<i>ondansetron hcl oral soln 4 mg/5ml</i>	85
<i>ondansetron hcl tab 4 mg</i>	85
<i>ondansetron hcl tab 8 mg</i>	85
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<i>ondansetron tab 8mg odt</i>	85
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ORFADIN SUS 4MG/ML	82
ORGOVYX TAB 120MG	20
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ORKAMBI GRA 75-94MG	105
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ORKAMBI TAB 200-125	105
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ORSERDU TAB 86MG	20
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	12
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	12
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	12
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	13
OTREXUP INJ 10MG	93
OTREXUP INJ 12.5/0.4	93
OTREXUP INJ 15MG	93
OTREXUP INJ 17.5/0.4	93
OTREXUP INJ 20MG	94
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<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	17
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	17
<i>oxaliplatin for iv inj 50 mg</i>	18
<i>oxaliplatin iv soln 50 mg/10ml</i>	18
<i>oxandrolone tab 10 mg</i>	69
<i>oxandrolone tab 2.5 mg</i>	69
<i>oxazepam cap 10 mg</i>	45
<i>oxazepam cap 15 mg</i>	45
<i>oxazepam cap 30 mg</i>	45
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	48
<i>oxcarbazepine tab 150 mg</i>	48
<i>oxcarbazepine tab 300 mg</i>	48
<i>oxcarbazepine tab 600 mg</i>	48
<i>oxybutynin chloride solution 5 mg/5ml</i>	88
<i>oxybutynin chloride tab 5 mg</i>	88
<i>oxybutynin chloride tab er 24hr 10 mg</i>	88
<i>oxybutynin chloride tab er 24hr 15 mg</i>	88
<i>oxybutynin chloride tab er 24hr 5 mg</i>	88
<i>oxycodone hcl cap 5 mg</i>	4
<i>oxycodone hcl soln 5 mg/5ml</i>	4
<i>oxycodone hcl tab 10 mg</i>	4
<i>oxycodone hcl tab 15 mg</i>	4
<i>oxycodone hcl tab 20 mg</i>	4
<i>oxycodone hcl tab 30 mg</i>	4
<i>oxycodone hcl tab 5 mg</i>	4
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	5
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	5
<i>oxymorphone hcl tab 10 mg</i>	5
<i>oxymorphone hcl tab 5 mg</i>	5
<i>oxytocin inj 10 unit/ml</i>	82
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OZEMPIC INJ 2MG/3ML	70
OZEMPIC INJ 4MG/3ML	70
OZEMPIC INJ 8MG/3ML	70

P	
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<i>paliperidone tab er 24hr 3 mg</i>	60
<i>paliperidone tab er 24hr 6 mg</i>	60
<i>paliperidone tab er 24hr 9 mg</i>	60
<i>pamidronate disodium for inj 30 mg</i>	73
<i>pamidronate disodium for inj 90 mg</i>	73
PANRETIN GEL 0.1%	110
<i>pantoprazole sodium ec tab 20 mg</i> (base equiv)	87
<i>pantoprazole sodium ec tab 40 mg</i> (base equiv)	87
<i>paricalcitol cap 1 mcg</i>	84
<i>paricalcitol cap 2 mcg</i>	84
<i>paricalcitol cap 4 mcg</i>	84
<i>paromomycin sulfate cap 250 mg</i>	7
<i>paroxetine hcl oral susp 10 mg/5ml</i> (base equiv)	54
<i>paroxetine hcl tab 10 mg</i>	54
<i>paroxetine hcl tab 20 mg</i>	54
<i>paroxetine hcl tab 30 mg</i>	54
<i>paroxetine hcl tab 40 mg</i>	54
PASER GRA 4GM	11
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PEDVAX HIB INJ	96
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<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm</i>	86
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PEGASYS INJ 180MCG/M	13
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PEMAZYRE TAB 4.5MG	27
PEMAZYRE TAB 9MG	27
PEN G PROC INJ 600000	17
PEN GK/DEXTR INJ 40000/ML	17
PEN GK/DEXTR INJ 60000/ML	17
<i>penciclovir cream 1%</i>	110
<i>penicillamine tab 250 mg</i>	74
<i>penicillin g potassium for inj 20000000</i> <i>unit</i>	17
<i>penicillin g sodium for inj 5000000 unit</i>	17
<i>penicillin v potassium for soln 125</i> <i>mg/5ml</i>	17
<i>penicillin v potassium for soln 250</i> <i>mg/5ml</i>	17
<i>penicillin v potassium tab 250 mg</i>	17
<i>penicillin v potassium tab 500 mg</i>	17
PENTACEL INJ	96
<i>pentamidine isethionate for inj soln 300</i> <i>mg</i>	7
<i>pentamidine isethionate for</i> <i>nebulization soln 300 mg</i>	7
<i>pentoxifylline tab er 400 mg</i>	91
PERIKABIVEN EMU	99
<i>perindopril erbumine tab 2 mg</i>	33
<i>perindopril erbumine tab 4 mg</i>	33
<i>perindopril erbumine tab 8 mg</i>	33
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periomed	111
<i>permethrin cream 5%</i>	111
<i>perphenazine tab 16 mg</i>	60
<i>perphenazine tab 2 mg</i>	60
<i>perphenazine tab 4 mg</i>	60
<i>perphenazine tab 8 mg</i>	60
<i>perphenazine-amitriptyline tab 2-10</i> <i>mg</i>	68
<i>perphenazine-amitriptyline tab 2-25</i> <i>mg</i>	68
<i>perphenazine-amitriptyline tab 4-10</i> <i>mg</i>	68
<i>perphenazine-amitriptyline tab 4-25</i> <i>mg</i>	69
<i>perphenazine-amitriptyline tab 4-50</i> <i>mg</i>	69
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<i>phenelzine sulfate tab 15 mg</i>	54
<i>phenobarbital elixir 20 mg/5ml</i>	48
<i>phenobarbital sodium inj 130 mg/ml</i>	48
<i>phenobarbital sodium inj 65 mg/ml</i>	48
<i>phenobarbital tab 100 mg</i>	48
<i>phenobarbital tab 15 mg</i>	48
<i>phenobarbital tab 16.2 mg</i>	48
<i>phenobarbital tab 30 mg</i>	48
<i>phenobarbital tab 32.4 mg</i>	48
<i>phenobarbital tab 60 mg</i>	48
<i>phenobarbital tab 64.8 mg</i>	48
<i>phenobarbital tab 97.2 mg</i>	48
<i>phenoxybenzamine hcl cap 10 mg</i>	43
<i>phenytoin chew tab 50 mg</i>	48

<i>phenytoin sodium extended cap 100 mg</i>	48	<i>plenamine</i>	99
<i>phenytoin sodium extended cap 200 mg</i>	48	<i>podofilox soln 0.5%</i>	110
<i>phenytoin sodium extended cap 300 mg</i>	48	<i>polycin oin op</i>	100
<i>phenytoin susp 125 mg/5ml</i>	48	<i>polymyxin b sulfate for inj 500000 unit</i>	7
<i>philith</i>	77	<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	100
<i>PICATO GEL 0.015%</i>	110	<i>POMALYST CAP 1MG</i>	21
<i>PICATO GEL 0.05%</i>	110	<i>POMALYST CAP 2MG</i>	21
<i>PIFELTRO TAB 100MG</i>	10	<i>POMALYST CAP 3MG</i>	21
<i>pilocarpine hcl ophth soln 1%</i>	102	<i>POMALYST CAP 4MG</i>	21
<i>pilocarpine hcl ophth soln 2%</i>	102	<i>portia-28</i>	77
<i>pilocarpine hcl ophth soln 4%</i>	102	<i>PORTRAZZA INJ 800/50ML</i>	27
<i>pilocarpine hcl tab 5 mg</i>	111	<i>posaconazole susp 40 mg/ml</i>	8
<i>pilocarpine hcl tab 7.5 mg</i>	111	<i>posaconazole tab delayed release 100 mg</i>	8
<i>pimecrolimus cream 1%</i>	110	<i>POT CHLORIDE INJ 10MEQ</i>	97
<i>pimozide tab 1 mg</i>	60	<i>POT CHLORIDE INJ 20MEQ</i>	97
<i>pimozide tab 2 mg</i>	60	<i>POT CHLORIDE INJ 40MEQ</i>	97
<i>pimtrea</i>	77	<i>potassium acetate inj 2 meq/ml</i>	97
<i>pindolol tab 10 mg</i>	39	<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	97
<i>pindolol tab 5 mg</i>	39	<i>potassium chloride 30 meq/l (0.224%)</i> <i>in dextrose 5% inj</i>	97
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	70	<i>potassium chloride cap er 10 meq</i>	98
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	70	<i>potassium chloride cap er 8 meq</i>	98
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	70	<i>potassium chloride inj 30 meq/100ml</i>	97
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	17	<i>potassium chloride microencapsulated</i> <i>crys er tab 10 meq</i>	98
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	17	<i>potassium chloride microencapsulated</i> <i>crys er tab 15 meq</i>	98
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	17	<i>potassium chloride microencapsulated</i> <i>crys er tab 20 meq</i>	98
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	17	<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	98
<i>PIQRAY 200MG TAB DOSE</i>	27	<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	98
<i>PIQRAY 250MG TAB DOSE</i>	27	<i>potassium chloride powder packet 20 meq</i>	99
<i>PIQRAY 300MG TAB DOSE</i>	27	<i>potassium chloride tab er 10 meq</i>	99
<i>pirfenidone cap 267 mg</i>	105	<i>potassium chloride tab er 20 meq</i> (1500 mg).....	99
<i>pirfenidone tab 267 mg</i>	105	<i>potassium chloride tab er 8 meq (600 mg)</i>	99
<i>pirfenidone tab 534 mg</i>	105	<i>potassium citrate tab er 10 meq (1080 mg)</i>	88
<i>pirfenidone tab 801 mg</i>	105		
<i>pirmella 7/7/7</i>	77		
<i>pirmella tab 1/35</i>	77		
<i>PLASMA-LYTE INJ -148</i>	97		
<i>PLASMA-LYTE INJ -A</i>	97		

<i>potassium citrate tab er 15 meq (1620 mg)</i>	88	<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	80
<i>potassium citrate tab er 5 meq (540 mg)</i>	88	<i>prednisolone soln 15 mg/5ml</i>	80
<i>potassium phosphates inj 15 mm/5ml (phos) 22 meq/5ml (k)</i>	97	PREDNISONE CON 5MG/ML	80
<i>potassium phosphates inj 150 mm/50ml (phos) 220 meq/50ml (k)</i>	98	<i>prednisone oral soln 5 mg/5ml</i>	80
<i>potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)</i>	98	<i>prednisone tab 1 mg</i>	80
PRADAXA CAP 110MG	90	<i>prednisone tab 10 mg</i>	80
PRALUENT INJ 150MG/ML.....	38	<i>prednisone tab 2.5 mg</i>	80
PRALUENT INJ 75MG/ML	38	<i>prednisone tab 20 mg</i>	80
<i>pramipexole dihydrochloride tab 0.125 mg</i>	56	<i>prednisone tab 5 mg</i>	80
<i>pramipexole dihydrochloride tab 0.25 mg</i>	56	<i>prednisone tab 50 mg</i>	80
<i>pramipexole dihydrochloride tab 0.5 mg</i>	56	<i>prednisone tab therapy pack 10 mg (21)</i>	80
<i>pramipexole dihydrochloride tab 0.75 mg</i>	56	<i>prednisone tab therapy pack 10 mg (48)</i>	80
<i>pramipexole dihydrochloride tab 1 mg</i>	56	<i>prednisone tab therapy pack 5 mg (21)</i>	80
<i>pramipexole dihydrochloride tab 1.5 mg</i>	56	<i>prednisone tab therapy pack 5 mg (48)</i>	80
<i>prasugrel hcl tab 10 mg (base equiv)</i>	92	<i>pregabalin cap 100 mg</i>	48
<i>prasugrel hcl tab 5 mg (base equiv)</i> ..	92	<i>pregabalin cap 150 mg</i>	49
<i>pravastatin sodium tab 10 mg</i>	37	<i>pregabalin cap 200 mg</i>	49
<i>pravastatin sodium tab 20 mg</i>	37	<i>pregabalin cap 225 mg</i>	49
<i>pravastatin sodium tab 40 mg</i>	37	<i>pregabalin cap 25 mg</i>	48
<i>pravastatin sodium tab 80 mg</i>	37	<i>pregabalin cap 300 mg</i>	49
<i>praziquantel tab 600 mg</i>	7	<i>pregabalin cap 50 mg</i>	48
<i>prazosin hcl cap 1 mg</i>	33	<i>pregabalin cap 75 mg</i>	48
<i>prazosin hcl cap 2 mg</i>	33	<i>pregabalin soln 20 mg/ml</i>	49
<i>prazosin hcl cap 5 mg</i>	33	PREHEVBRIO SUS 10MCG/ML	96
PRED MILD SUS 0.12% OP	101	PREMARIN VAG CRE 0.625MG.....	79
PRED SOD PHO SOL 1% OP.....	101	PREMASOL SOL 10%	99
PRED-G S.O.P OIN OP.....	100	<i>prevalite</i>	38
PRED-G SUS OP	100	PREVYMIS TAB 240MG.....	13
<i>prednicarbate oint 0.1%</i>	110	PREVYMIS TAB 480MG.....	13
<i>prednisolone acetate ophth susp 1%</i>	101	PREZCOBIX TAB 800-150.....	11
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	80	PREZISTA SUS 100MG/ML.....	10
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	80	PREZISTA TAB 150MG	10
		PREZISTA TAB 600MG	10
		PREZISTA TAB 75MG	10
		PREZISTA TAB 800MG	10
		PRIALT INJ 100MCG	1
		PRIALT INJ 500/20ML	1
		PRIFTIN TAB 150MG	11
		PRIMAQUINE TAB 26.3MG	9
		<i>primidone tab 125 mg</i>	49
		<i>primidone tab 250 mg</i>	49
		<i>primidone tab 50 mg</i>	49

PRIORIX INJ	96	<i>propranolol hcl oral soln 20 mg/5ml</i> .39	
PRIVIGEN INJ 20GRAMS.....	94	<i>propranolol hcl oral soln 40 mg/5ml</i> .39	
<i>probenecid tab 500 mg</i>	1	<i>propranolol hcl tab 10 mg</i> .....39	
<i>prochlorperazine maleate tab 10 mg</i> (base equivalent)	85	<i>propranolol hcl tab 20 mg</i> .....39	
<i>prochlorperazine maleate tab 5 mg</i> (base equivalent)	85	<i>propranolol hcl tab 40 mg</i> .....39	
<i>prochlorperazine suppos 25 mg</i>	85	<i>propranolol hcl tab 60 mg</i> .....39	
PROCRIT INJ 10000/ML.....	91	<i>propranolol hcl tab 80 mg</i> .....39	
PROCRIT INJ 2000/ML	90	<i>propylthiouracil tab 50 mg</i>.....84	
PROCRIT INJ 20000/ML.....	91	PROQUAD INJ	96
PROCRIT INJ 3000/ML	90	PROSOL INJ 20%	99
PROCRIT INJ 4000/ML	91	<i>protriptyline hcl tab 10 mg</i>	54
PROCRIT INJ 40000/ML.....	91	<i>protriptyline hcl tab 5 mg</i>	54
<i>procto-med hc</i>	110	PULMICORT INH 180MCG	106
<i>procto-pak cre 1%</i>	111	PULMICORT INH 90MCG.....	106
<i>proctosol hc</i>	111	PULMOZYME SOL 1MG/ML	105
<i>proctozone-hc</i>	111	PURIXAN SUS 20MG/ML.....	19
<i>progesterone cap 100 mg</i>	83	<i>pyrazinamide tab 500 mg</i>	11
<i>progesterone cap 200 mg</i>	83	<i>pyridostigm tab 60mg</i>	66
PROGRAF GRA 0.2MG	95	<i>pyridostigmine bromide oral soln 60</i> <i>mg/5ml</i>	66
PROGRAF GRA 1MG	95	<i>pyrimethamine tab 25 mg</i>	7
PROLASTIN-C INJ 1000MG	105	Q	
PROLIA INJ 60MG/ML.....	73	QINLOCK TAB 50MG	27
PROMACTA PAK 25MG.....	91	QUADRACEL INJ.....	96
PROMACTA POW 12.5MG.....	91	QUADRACEL INJ 0.5ML	96
PROMACTA TAB 12.5MG.....	91	<i>quetiapine fumarate tab 100 mg</i>	61
PROMACTA TAB 25MG.....	91	<i>quetiapine fumarate tab 150 mg</i>	61
PROMACTA TAB 50MG.....	91	<i>quetiapine fumarate tab 200 mg</i>	61
PROMACTA TAB 75MG.....	91	<i>quetiapine fumarate tab 25 mg</i>	60
<i>promethazine hcl suppos 12.5 mg</i> ...	85	<i>quetiapine fumarate tab 300 mg</i>	61
<i>promethazine hcl suppos 25 mg</i>	85	<i>quetiapine fumarate tab 400 mg</i>	61
<i>promethazine hcl syrup 6.25 mg/5ml</i> 85		<i>quetiapine fumarate tab 50 mg</i>	61
<i>promethazine hcl tab 12.5 mg</i>	85	<i>quetiapine fumarate tab er 24hr 150</i> <i>mg</i>	61
<i>promethazine hcl tab 25 mg</i>	85	<i>quetiapine fumarate tab er 24hr 200</i> <i>mg</i>	61
<i>promethazine hcl tab 50 mg</i>	85	<i>quetiapine fumarate tab er 24hr 300</i> <i>mg</i>	61
<i>promethegan</i>	85	<i>quetiapine fumarate tab er 24hr 400</i> <i>mg</i>	61
<i>propafenone hcl cap er 12hr 225 mg</i> 36		<i>quetiapine fumarate tab er 24hr 50 mg</i>	61
<i>propafenone hcl cap er 12hr 325 mg</i> 36		<i>quinapril hcl tab 10 mg</i>	33
<i>propafenone hcl cap er 12hr 425 mg</i> 36		<i>quinapril hcl tab 20 mg</i>	33
<i>propafenone hcl tab 150 mg</i>	36	<i>quinapril hcl tab 40 mg</i>	33
<i>propafenone hcl tab 225 mg</i>	36	<i>quinapril hcl tab 5 mg</i>	33
<i>propafenone hcl tab 300 mg</i>	36		
<i>propranolol hcl cap er 24hr 120 mg</i> ..39			
<i>propranolol hcl cap er 24hr 160 mg</i> ..39			
<i>propranolol hcl cap er 24hr 60 mg</i> ....39			
<i>propranolol hcl cap er 24hr 80 mg</i> ....39			

<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	32	RESTASIS EMU 0.05% OP	102
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	32	RESTASIS MUL EMU 0.05% OP	102
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	32	RETACRIT INJ 10000UNT	91
<i>quinidine sulfate tab 200 mg</i>	36	RETACRIT INJ 20000UNI	91
<i>quinidine sulfate tab 300 mg</i>	36	RETACRIT INJ 2000UNIT	91
<i>quinine sulfate cap 324 mg</i>	9	RETACRIT INJ 3000UNIT	91
R		RETACRIT INJ 40000UNT	91
RABAVERT INJ	96	RETACRIT INJ 4000UNIT	91
<i>raloxifene hcl tab 60 mg</i>	82	RETEVMO CAP 40MG	27
<i>ramelteon tab 8 mg</i>	64	RETEVMO CAP 80MG	27
<i>ramipril cap 1.25 mg</i>	33	REXULTI TAB 0.25MG	61
<i>ramipril cap 10 mg</i>	33	REXULTI TAB 0.5MG	61
<i>ramipril cap 2.5 mg</i>	33	REXULTI TAB 1MG	61
<i>ramipril cap 5 mg</i>	33	REXULTI TAB 2MG	61
<i>ranolazine tab er 12hr 1000 mg</i>	43	REXULTI TAB 3MG	61
<i>ranolazine tab er 12hr 500 mg</i>	43	REXULTI TAB 4MG	61
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	56	REYATAZ POW 50MG	10
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	56	REZLIDHIA CAP 150MG	27
RASUVO INJ 10MG	94	REZUROCK TAB 200MG.....	95
RASUVO INJ 12.5MG	94	RHOPRESSA SOL 0.02%	102
RASUVO INJ 15MG	94	<i>ribavirin cap 200 mg</i>	13
RASUVO INJ 17.5MG	94	<i>ribavirin tab 200 mg</i>	13
RASUVO INJ 20MG	94	RIDAURA CAP 3MG.....	94
RASUVO INJ 22.5MG	94	<i>rifabutin cap 150 mg</i>	11
RASUVO INJ 25MG	94	<i>rifampin cap 150 mg</i>	11
RASUVO INJ 30MG	94	<i>rifampin cap 300 mg</i>	11
RASUVO INJ 7.5MG	94	<i>rifampin for inj 600 mg</i>	12
RAVICTI LIQ 1.1GM/ML.....	82	<i>riluzole tab 50 mg</i>	66
<i>reclipsen</i>	77	<i>rimantadine hydrochloride tab 100 mg</i>	13
RECOMBIVA HB INJ 10MCG/ML	96	RINVOQ TAB 15MG ER.....	92
RECOMBIVA HB INJ 5MCG/0.5	96	RINVOQ TAB 30MG ER.....	93
RECOMBIVA-HB INJ 40MCG/ML.....	96	RINVOQ TAB 45MG ER.....	93
RECTIV OIN 0.4%	111	<i>risedron sod tab 35mg dr</i>	73
REGONOL INJ 5MG/ML.....	66	<i>risedronate sodium (12-pack)</i>	73
REGRANEX GEL 0.01%.....	111	<i>risedronate sodium tab 150 mg</i>	73
RELENZA MIS DISKHALE	13	<i>risedronate tab 35mg</i>	73
RELISTOR INJ 12/0.6ML.....	87	RISPERDAL INJ 12.5MG	61
RELISTOR INJ 8/0.4ML.....	87	RISPERDAL INJ 25MG	61
RELISTOR TAB 150MG	87	RISPERDAL INJ 37.5MG	61
<i>repaglinide tab 0.5 mg</i>	70	RISPERDAL INJ 50MG	61
<i>repaglinide tab 1 mg</i>	70	<i>risperidone orally disintegrating tab 0.25 mg</i>	61
<i>repaglinide tab 2 mg</i>	70	<i>risperidone orally disintegrating tab 0.5 mg</i>	61
		<i>risperidone orally disintegrating tab 1 mg</i>	61

<i>risperidone orally disintegrating tab 2 mg</i>	61	<i>ropivacaine hcl inj 5 mg/ml</i>	5
<i>risperidone orally disintegrating tab 3 mg</i>	61	<i>ropivacaine hcl inj 7.5 mg/ml</i>	5
<i>risperidone orally disintegrating tab 4 mg</i>	61	<i>rosadan</i>	111
<i>risperidone soln 1 mg/ml</i>	61	<i>rosuvastatin calcium tab 10 mg</i>	37
<i>risperidone tab 0.25 mg</i>	61	<i>rosuvastatin calcium tab 20 mg</i>	37
<i>risperidone tab 0.5 mg</i>	61	<i>rosuvastatin calcium tab 40 mg</i>	37
<i>risperidone tab 1 mg</i>	61	<i>rosuvastatin calcium tab 5 mg</i>	37
<i>risperidone tab 2 mg</i>	61	ROTARIX SUS	96
<i>risperidone tab 3 mg</i>	61	ROTATEQ SOL.....	96
<i>risperidone tab 4 mg</i>	61	<i>roweepra</i>	49
<i>ritonavir tab 100 mg</i>	10	ROZLYTREK CAP 100MG.....	27
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	51	ROZLYTREK CAP 200MG.....	27
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	51	RUBRACA TAB 200MG.....	27
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	51	RUBRACA TAB 250MG.....	27
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	51	RUBRACA TAB 300MG.....	27
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	51	RUCONEST INJ 2100UNIT	91
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	51	<i>rufinamide susp 40 mg/ml</i>	49
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	51	<i>rufinamide tab 200 mg</i>	49
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	65	<i>rufinamide tab 400 mg</i>	49
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	65	RUKOBIA TAB 600MG ER.....	10
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	65	RYBELSUS TAB 14MG	70
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	65	RYBELSUS TAB 3MG	70
<i>roflumilast tab 250 mcg</i>	105	RYBELSUS TAB 7MG	70
<i>roflumilast tab 500 mcg</i>	105	RYDAPT CAP 25MG	28
<i>ropinirole hydrochloride tab 0.25 mg</i>	56	S	
<i>ropinirole hydrochloride tab 0.5 mg</i>	56	<i>sajazir</i>	91
<i>ropinirole hydrochloride tab 1 mg</i>	56	<i>salsalate tab 500 mg</i>	2
<i>ropinirole hydrochloride tab 2 mg</i>	56	<i>salsalate tab 750 mg</i>	2
<i>ropinirole hydrochloride tab 3 mg</i>	56	SANCUSO DIS 3.1MG	85
<i>ropinirole hydrochloride tab 4 mg</i>	56	SANTYL OIN 250/GM	111
<i>ropinirole hydrochloride tab 5 mg</i>	56	<i>sapropterin dihydrochloride powder packet 100 mg</i>	82
<i>ropivacaine hcl inj 10 mg/ml</i>	5	<i>sapropterin dihydrochloride powder packet 500 mg</i>	82
<i>ropivacaine hcl inj 2 mg/ml</i>	5	<i>sapropterin dihydrochloride tab 100 mg</i>	82
		SAVELLA MIS TITR PAK.....	66
		SAVELLA TAB 100MG.....	66
		SAVELLA TAB 12.5MG.....	66
		SAVELLA TAB 25MG.....	66
		SAVELLA TAB 50MG.....	66
		SCSEMBLIX TAB 20MG.....	28
		SCSEMBLIX TAB 40MG.....	28
		<i>scopolamine td patch 72hr 1 mg/3days</i>	85
		SECUADO DIS 3.8MG	62
		SECUADO DIS 5.7MG	62

SECUADO DIS 7.6MG.....	62	SKYRIZI INJ 150MG/ML	93
<i>selegiline hcl cap 5 mg</i>	56	SKYRIZI INJ 180/1.2	93
<i>selegiline hcl tab 5 mg</i>	56	SKYRIZI INJ 360/2.4	93
<i>selenium sulfide lotion 2.5%</i>	108	SKYRIZI PEN INJ 150MG/ML	93
SELZENTRY SOL 20MG/ML.....	10	SOD ACETATE INJ 2MEQ/ML	98
SELZENTRY TAB 25MG	10	SOD OXYBATE SOL 500MG/ML.....	68
SELZENTRY TAB 75MG	10	<i>sod sulfate-pot sulf-mg sulf oral sol</i>	
SEREVENT DIS AER 50MCG	104	17.5-3.13-1.6 gm/177ml.....	86
SEROSTIM INJ 4MG	82	<i>sodium acetate inj 4 meq/ml</i>	98
SEROSTIM INJ 5MG	82	<i>sodium bicarbonate iv soln 7.5%</i>	98
SEROSTIM INJ 6MG	82	<i>sodium bicarbonate iv soln 8.4%</i>	98
<i>sertraline hcl oral concentrate for</i>		<i>sodium chloride irrigation soln 0.9%</i>	
<i>solution 20 mg/ml</i>	54	.....	111
<i>sertraline hcl tab 100 mg</i>	54	<i>sodium chloride iv soln 0.45%</i>	98
<i>sertraline hcl tab 25 mg</i>	54	<i>sodium chloride iv soln 0.9%</i>	98
<i>sertraline hcl tab 50 mg</i>	54	<i>sodium chloride iv soln 3%</i>	98
<i>setlakin</i>	77	<i>sodium chloride iv soln 4 meq/ml</i>	
<i>sevelamer carbonate packet 0.8 gm</i> .83		(23.4%)	98
<i>sevelamer carbonate packet 2.4 gm</i> .83		<i>sodium chloride iv soln 5%</i>	98
<i>sevelamer carbonate tab 800 mg</i>	83	<i>sodium fluoride 2.2 mg</i>	99
<i>sf 5000 plus</i>	111	<i>sodium phenylbutyrate oral powder 3</i>	
<i>sharobel</i>	77	<i>gm/teaspoonful</i>	82
SHINGRIX INJ 50/0.5ML.....	96	<i>sodium phenylbutyrate tab 500 mg</i> ..	82
SIGNIFOR INJ 0.3MG/ML.....	82	<i>sodium polystyrene sulfonate powder</i>	
SIGNIFOR INJ 0.6MG/ML.....	82	.....	74
SIGNIFOR INJ 0.9MG/ML.....	82	<i>solifenacin succinate tab 10 mg</i>	88
<i>sildenafil citrate for suspension 10</i>		<i>solifenacin succinate tab 5 mg</i>	88
<i>mg/ml</i>	44	SOLIQUA INJ 100/33	72
<i>sildenafil citrate tab 20 mg</i>	44	SOLTAMOX SOL 10MG/5ML	20
<i>silver sulfadiazine cream 1%</i>	108	SOLU-CORTEF INJ 1000MG	80
SIMBRINZA SUS 1-0.2%	102	SOLU-CORTEF INJ 500MG	80
SIMULECT INJ 10MG	95	SOMAVERT INJ 10MG	83
<i>simvastatin tab 10 mg</i>	37	SOMAVERT INJ 15MG	83
<i>simvastatin tab 20 mg</i>	37	SOMAVERT INJ 20MG	83
<i>simvastatin tab 40 mg</i>	37	SOMAVERT INJ 25MG	83
<i>simvastatin tab 5 mg</i>	37	SOMAVERT INJ 30MG	83
<i>simvastatin tab 80 mg</i>	37	<i>sorafenib tosylate tab 200 mg (base</i>	
<i>sirolimus oral soln 1 mg/ml</i>	95	<i>equivalent)</i>	28
<i>sirolimus tab 0.5 mg</i>	95	<i>sorine</i>	36
<i>sirolimus tab 1 mg</i>	95	<i>sotalol hcl (afib/afl) tab 120 mg</i>	36
<i>sirolimus tab 2 mg</i>	95	<i>sotalol hcl (afib/afl) tab 160 mg</i>	36
SIRTURO TAB 100MG	12	<i>sotalol hcl (afib/afl) tab 80 mg</i>	36
SIRTURO TAB 20MG	12	<i>sotalol hcl tab 120 mg</i>	36
SIVEXTRO INJ 200MG	7	<i>sotalol hcl tab 160 mg</i>	36
SIVEXTRO TAB 200MG	7	<i>sotalol hcl tab 240 mg</i>	36
SKYCLARYS CAP 50MG.....	66	<i>sotalol hcl tab 80 mg</i>	36
SKYRIZI INJ 150DOSE	93	SPIRIVA AER 1.25MCG.....	103

SPIRIVA CAP HANDIHLR.....	103	<i>sulfamethoxazole-trimethoprim tab</i>	
SPIRIVA SPR 2.5MCG.....	103	400-80 mg	7
<i>spironolactone & hydrochlorothiazide</i>		<i>sulfamethoxazole-trimethoprim tab</i>	
tab 25-25 mg.....	42	800-160 mg	7
<i>spironolactone tab 100 mg</i>	33	SULFAMYLON CRE 85MG/GM	108
<i>spironolactone tab 25 mg</i>	33	<i>sulfasalazine tab 500 mg</i>	86
<i>spironolactone tab 50 mg</i>	33	<i>sulfasalazine tab delayed release 500</i>	
<i>sprintec 28</i>	77	mg	86
SPRITAM TAB 1000MG	49	<i>sulindac tab 150 mg</i>	2
SPRITAM TAB 250MG.....	49	<i>sulindac tab 200 mg</i>	2
SPRITAM TAB 500MG.....	49	<i>sumatriptan nasal spray 20 mg/act</i> ..	65
SPRITAM TAB 750MG.....	49	<i>sumatriptan nasal spray 5 mg/act</i>	65
SPRYCEL TAB 100MG.....	28	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	
SPRYCEL TAB 140MG.....	28	.....	65
SPRYCEL TAB 20MG.....	28	<i>sumatriptan succinate solution auto-</i>	
SPRYCEL TAB 50MG.....	28	<i>injector 4 mg/0.5ml</i>	65
SPRYCEL TAB 70MG.....	28	<i>sumatriptan succinate solution auto-</i>	
SPRYCEL TAB 80MG.....	28	<i>injector 6 mg/0.5ml</i>	65
<i>sps</i>	74	<i>sumatriptan succinate tab 100 mg</i> ...	65
<i>sronyx</i>	77	<i>sumatriptan succinate tab 25 mg</i>	65
<i>ssd</i>	108	<i>sumatriptan succinate tab 50 mg</i>	65
STELARA INJ 45MG/0.5.....	93	<i>sunitinib malate cap 12.5 mg (base</i>	
STELARA INJ 90MG/ML	93	<i>equivalent)</i>	28
STIOLTO AER 2.5-2.5	103	<i>sunitinib malate cap 25 mg (base</i>	
STIVARGA TAB 40MG.....	28	<i>equivalent)</i>	28
STRENSIQ INJ 18/0.45	83	<i>sunitinib malate cap 37.5 mg (base</i>	
STRENSIQ INJ 28/0.7ML	83	<i>equivalent)</i>	28
STRIBILD TAB.....	11	<i>sunitinib malate cap 50 mg (base</i>	
<i>subvenite tab 100mg</i>	49	<i>equivalent)</i>	28
<i>subvenite tab 150mg</i>	49	SUNLENCA TAB 300MG	10
<i>subvenite tab 200mg</i>	49	SUPRAX CHW 100MG.....	14
<i>subvenite tab 25mg</i>	49	SUPRAX CHW 200MG.....	14
SUCRAID SOL 8500/ML.....	87	SUPREP BOWEL SOL PREP KIT	86
<i>sucralfate susp 1 gm/10ml</i>	87	<i>syeda</i>	77
<i>sucralfate tab 1 gm</i>	87	SYLVANT SOL 400MG	21
<i>sulfacetamide sodium lotion 10%</i>		SYMBICORT AER 160-4.5	107
(acne).....	107	SYMBICORT AER 80-4.5.....	107
<i>sulfacetamide sodium ophth oint 10%</i>		SYMLINPEN 60 INJ 1000MCG.....	70
.....	100	SYMLNPEN 120 INJ 1000MCG	70
<i>sulfacetamide sodium ophth soln 10%</i>		SYMPAZAN MIS 10MG.....	49
.....	100	SYMPAZAN MIS 20MG.....	49
<i>sulfacetamide sodium-prednisolone</i>		SYMPAZAN MIS 5MG	49
<i>ophth soln 10-0.23(0.25)%</i>	100	SYMTUZA TAB.....	11
<i>sulfadiazine tab 500 mg</i>	7	SYNAGIS INJ 100MG/ML	96
<i>sulfamethoxazole-trimethoprim susp</i>		SYNAREL SOL 2MG/ML.....	78
200-40 mg/5ml.....	7	SYNJARDY TAB	71
		SYNJARDY TAB 12.5-500.....	71

SYNJARDY TAB 5-1000MG.....	71	<i>tamsulosin hcl cap 0.4 mg</i>	88
SYNJARDY TAB 5-500MG.....	71	<i>tarina 24 fe</i>	77
SYNJARDY XR TAB 10-1000.....	71	<i>tarina fe 1/20 eq</i>	77
SYNJARDY XR TAB 12.5-1000.....	71	TASIGNA CAP 150MG.....	29
SYNJARDY XR TAB 25-1000.....	71	TASIGNA CAP 200MG.....	29
SYNJARDY XR TAB 5-1000MG.....	71	TASIGNA CAP 50MG.....	29
SYNRIBO INJ 3.5MG.....	22	<i>tasimelteon capsule 20 mg</i>	64
SYNTHROID TAB 100MCG.....	84	TAZAROTENE AER 0.1%.....	107
SYNTHROID TAB 112MCG.....	84	<i>tazarotene gel 0.05%</i>	108
SYNTHROID TAB 125MCG.....	84	<i>tazarotene gel 0.1%</i>	108
SYNTHROID TAB 137MCG.....	84	TAZORAC CRE 0.05%.....	108
SYNTHROID TAB 150MCG.....	84	<i>taztia xt</i>	40
SYNTHROID TAB 175MCG.....	84	TAZVERIK TAB 200MG.....	29
SYNTHROID TAB 200MCG.....	84	TDVAX INJ 2-2 LF.....	96
SYNTHROID TAB 25MCG.....	84	TEFLARO INJ 400MG.....	14
SYNTHROID TAB 300MCG.....	84	TEFLARO INJ 600MG.....	14
SYNTHROID TAB 50MCG.....	84	TEGSEDI INJ 284/1.5.....	67
SYNTHROID TAB 75MCG.....	84	<i>telmisartan tab 20 mg</i>	35
SYNTHROID TAB 88MCG.....	84	<i>telmisartan tab 40 mg</i>	35
T		<i>telmisartan tab 80 mg</i>	35
TABLOID TAB 40MG.....	19	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	34
TABRECTA TAB 150MG.....	28	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	35
TABRECTA TAB 200MG.....	28	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	35
<i>tacrolimus cap 0.5 mg</i>	95	<i>temazepam cap 15 mg</i>	64
<i>tacrolimus cap 1 mg</i>	95	<i>temazepam cap 22.5 mg</i>	64
<i>tacrolimus cap 5 mg</i>	95	<i>temazepam cap 30 mg</i>	64
<i>tacrolimus oint 0.03%</i>	111	<i>temazepam cap 7.5 mg</i>	64
<i>tacrolimus oint 0.1%</i>	111	TEMODAR INJ 100MG.....	18
<i>tadalafil tab 20 mg (pah)</i>	44	TENIVAC INJ 5-2LF.....	96
TAFINLAR CAP 50MG.....	28	<i>tenofovir disoproxil fumarate tab 300 mg</i>	10
TAFINLAR CAP 75MG.....	28	TEPMETKO TAB 225MG.....	29
TAFINLAR TAB 10MG.....	28	<i>terazosin hcl cap 1 mg (base equivalent)</i>	33
TAGRISSE TAB 40MG.....	28	<i>terazosin hcl cap 10 mg (base equivalent)</i>	34
TAGRISSE TAB 80MG.....	28	<i>terazosin hcl cap 2 mg (base equivalent)</i>	33
TAKHZYRO INJ 150MG/ML.....	91	<i>terazosin hcl cap 5 mg (base equivalent)</i>	34
TAKHZYRO INJ 300/2ML.....	91	<i>terbinafine hcl tab 250 mg</i>	8
TALTZ INJ 80MG/ML.....	93	<i>terbutaline sulfate tab 2.5 mg</i>	104
TALZENNA CAP 0.1MG.....	28	<i>terbutaline sulfate tab 5 mg</i>	104
TALZENNA CAP 0.25MG.....	29	<i>terconazole vaginal cream 0.4%</i>	88
TALZENNA CAP 0.35MG.....	29		
TALZENNA CAP 0.5MG.....	29		
TALZENNA CAP 0.75MG.....	29		
TALZENNA CAP 1MG.....	29		
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	20		
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	20		

<i>terconazole vaginal cream 0.8%</i>	88	<i>timolol maleate ophth gel forming soln</i>	
<i>terconazole vaginal suppos 80 mg</i>	88	0.25%	102
TERIPARATIDE INJ	73	<i>timolol maleate ophth gel forming soln</i>	
<i>testosterone cypionate im inj in oil 100</i>		0.5%	102
<i>mg/ml</i>	69	<i>timolol maleate ophth soln 0.25%</i> ..	102
<i>testosterone cypionate im inj in oil 200</i>		<i>timolol maleate ophth soln 0.5%</i>	102
<i>mg/ml</i>	69	<i>timolol maleate tab 10 mg</i>	39
<i>testosterone enanthate im inj in oil 200</i>		<i>timolol maleate tab 20 mg</i>	39
<i>mg/ml</i>	69	<i>timolol maleate tab 5 mg</i>	39
<i>testosterone td gel 12.5 mg/act (1%)</i>		<i>tinidazole tab 250 mg</i>	7
.....	69	<i>tinidazole tab 500 mg</i>	7
<i>testosterone td gel 25 mg/2.5gm (1%)</i>		<i>tiopronin tab 100 mg</i>	88
.....	69	TIVICAY PD TAB 5MG	10
<i>testosterone td gel 50 mg/5gm (1%)</i>	69	TIVICAY TAB 10MG.....	10
<i>tetrabenazine tab 12.5 mg</i>	67	TIVICAY TAB 25MG.....	10
<i>tetrabenazine tab 25 mg</i>	67	TIVICAY TAB 50MG.....	10
<i>tetracycline hcl cap 250 mg</i>	18	<i>tizanidine hcl tab 2 mg (base</i>	
<i>tetracycline hcl cap 500 mg</i>	18	<i>equivalent)</i>	67
THALOMID CAP 100MG	21	<i>tizanidine hcl tab 4 mg (base</i>	
THALOMID CAP 150MG	21	<i>equivalent)</i>	67
THALOMID CAP 200MG	21	TOBRADEX OIN 0.3-0.1%	100
THALOMID CAP 50MG	21	<i>tobramycin nebu soln 300 mg/4ml</i>	7
<i>theophylline soln 80 mg/15ml</i>	105	<i>tobramycin nebu soln 300 mg/5ml</i>	7
<i>theophylline tab er 12hr 300 mg</i>	106	<i>tobramycin ophth soln 0.3%</i>	100
<i>theophylline tab er 24hr 400 mg</i>	106	<i>tobramycin sulfate inj 10 mg/ml (base</i>	
<i>theophylline tab er 24hr 600 mg</i>	106	<i>equivalent)</i>	7
THERACYS INJ	22	<i>tobramycin sulfate inj 80 mg/2ml (40</i>	
<i>thioridazine hcl tab 10 mg</i>	62	<i>mg/ml) (base equiv)</i>	7
<i>thioridazine hcl tab 100 mg</i>	62	<i>tobramycin-dexamethasone ophth susp</i>	
<i>thioridazine hcl tab 25 mg</i>	62	0.3-0.1%	100
<i>thioridazine hcl tab 50 mg</i>	62	TOBREX OIN 0.3% OP	100
<i>thiothixene cap 1 mg</i>	62	<i>tolmetin sodium tab 200 mg</i>	2
<i>thiothixene cap 10 mg</i>	62	<i>tolterodine tartrate cap er 24hr 2 mg</i>	88
<i>thiothixene cap 2 mg</i>	62	<i>tolterodine tartrate cap er 24hr 4 mg</i>	88
<i>thiothixene cap 5 mg</i>	62	<i>tolterodine tartrate tab 1 mg</i>	88
<i>tiadylt er</i>	41	<i>tolterodine tartrate tab 2 mg</i>	88
<i>tiagabine hcl tab 12 mg</i>	49	<i>tolvaptan tab 15 mg</i>	83
<i>tiagabine hcl tab 16 mg</i>	49	<i>tolvaptan tab 30 mg</i>	83
<i>tiagabine hcl tab 2 mg</i>	49	<i>topiramate sprinkle cap 15 mg</i>	49
<i>tiagabine hcl tab 4 mg</i>	49	<i>topiramate sprinkle cap 25 mg</i>	49
TIBSOVO TAB 250MG	29	<i>topiramate tab 100 mg</i>	49
TICE BCG INJ.....	22	<i>topiramate tab 200 mg</i>	49
<i>ticlopidine hcl tab 250 mg</i>	92	<i>topiramate tab 25 mg</i>	49
TICOVAC INJ	96	<i>topiramate tab 50 mg</i>	49
<i>tigecycline for iv soln 50 mg</i>	18	<i>toremifene citrate tab 60 mg (base</i>	
<i>tilia fe</i>	77	<i>equivalent)</i>	20
		<i>torseamide tab 10 mg</i>	42

<i>torse mide tab 100 mg</i>	42	<i>triamcinolone acetonide dental paste</i>	
<i>torse mide tab 20 mg</i>	42	0.1%	111
<i>torse mide tab 5 mg</i>	42	<i>triamcinolone acetonide inj susp 10</i>	
TOUJEO MAX INJ 300IU/ML	72	mg/ml.....	81
TOUJEO SOLO INJ 300IU/ML.....	72	<i>triamcinolone acetonide inj susp 40</i>	
TPN ELECTROL INJ	98	mg/ml.....	81
TRACLEER TAB 32MG.....	44	<i>triamcinolone acetonide lotion 0.025%</i>	
TRADJENTA TAB 5MG	71	.....	110
<i>tramadol hcl tab 50mg</i>	5	<i>triamcinolone acetonide lotion 0.1%</i>	
<i>tramadol-acetaminophen tab 37.5-325</i>		.....	110
<i>mg</i>	5	<i>triamcinolone acetonide oint 0.025%</i>	
<i>trandolapril tab 1 mg</i>	33	.....	110
<i>trandolapril tab 2 mg</i>	33	<i>triamcinolone acetonide oint 0.1%</i> .	110
<i>trandolapril tab 4 mg</i>	33	<i>triamcinolone acetonide oint 0.5%</i> .	110
<i>tranexamic acid tab 650 mg</i>	91	<i>triamterene & hydrochlorothiazide cap</i>	
<i>tranylcypromine sulfate tab 10 mg</i> ...	54	37.5-25 mg	42
TRAVASOL INJ 10%.....	99	<i>triamterene & hydrochlorothiazide tab</i>	
<i>travoprost ophth soln 0.004%</i>		37.5-25 mg	42
<i>(benzalkonium free) (bak free)</i>	102	<i>triamterene & hydrochlorothiazide tab</i>	
<i>trazodone hcl tab 100 mg</i>	54	75-50 mg	42
<i>trazodone hcl tab 150 mg</i>	54	<i>triderm</i>	110
<i>trazodone hcl tab 300 mg</i>	54	<i>trientine hcl cap 250 mg</i>	74
<i>trazodone hcl tab 50 mg</i>	54	<i>tri-estarylla</i>	77
TRECATOR TAB 250MG	12	<i>trifluoperazine hcl tab 1 mg (base</i>	
TRELEGY AER ELLIPTA 100-62.5-25		<i>equivalent)</i>	62
MCG	103	<i>trifluoperazine hcl tab 10 mg (base</i>	
TRELEGY AER ELLIPTA 200-62.5-25		<i>equivalent)</i>	62
MCG	103	<i>trifluoperazine hcl tab 2 mg (base</i>	
TRELSTAR MIX INJ 11.25MG	20	<i>equivalent)</i>	62
TRELSTAR MIX INJ 22.5MG.....	20	<i>trifluoperazine hcl tab 5 mg (base</i>	
TRELSTAR MIX INJ 3.75MG.....	20	<i>equivalent)</i>	62
TRESIBA FLEX INJ 100UNIT	72	<i>trifluridine ophth soln 1%</i>	100
TRESIBA FLEX INJ 200UNIT	72	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	
TRESIBA INJ 100UNIT.....	72	.....	56
<i>tretinoin cap 10 mg</i>	22	<i>trihexyphenidyl hcl tab 2 mg</i>	56
<i>tretinoin cream 0.025%</i>	107	<i>trihexyphenidyl hcl tab 5 mg</i>	56
<i>tretinoin cream 0.05%</i>	107	TRIJARDY XR TAB	71
<i>tretinoin cream 0.1%</i>	107	<i>tri-legend fe</i>	77
<i>tretinoin gel 0.01%</i>	107	<i>tri-lynyah</i>	77
<i>tretinoin gel 0.025%</i>	107	<i>tri-lo-estarylla</i>	77
<i>triamcinolone acetonide cream 0.025%</i>		<i>tri-lo-marzia</i>	77
.....	110	<i>tri-lo-sprintec</i>	78
<i>triamcinolone acetonide cream 0.1%</i>		<i>trimethoprim tab 100 mg</i>	7
.....	110	<i>tri-mili</i>	78
<i>triamcinolone acetonide cream 0.5%</i>		<i>trimipramine maleate cap 100 mg</i> ...	54
.....	110	<i>trimipramine maleate cap 25 mg</i>	54
		<i>trimipramine maleate cap 50 mg</i>	54

<i>trinessa lo</i>	78
TRINTELLIX TAB 10MG	54
TRINTELLIX TAB 20MG	54
TRINTELLIX TAB 5MG	54
<i>tri-nymyo</i>	78
<i>tri-previfem</i>	78
<i>tri-sprintec</i>	78
TRIUMEQ PD TAB	11
TRIUMEQ TAB	11
<i>tri-vit/fluoride</i>	99
<i>tri-vit/fluoride/iron</i>	99
<i>trivora-28</i>	78
<i>tri-vylibra</i>	78
<i>tri-vylibra lo</i>	78
TRIZIVIR TAB	11
TROPHAMINE INJ 10%	99
<i>trospium chloride cap er 24hr 60 mg</i>	88
<i>trospium chloride tab 20 mg</i>	88
TRULICITY INJ 0.75/0.5	71
TRULICITY INJ 1.5/0.5	71
TRULICITY INJ 3/0.5	71
TRULICITY INJ 4.5/0.5	71
TRUMENBA INJ	96
TRUSELTIQ CAP 100MG	29
TRUSELTIQ CAP 125MG	29
TRUSELTIQ CAP 50MG	29
TRUSELTIQ CAP 75MG	29
TUKYSA TAB 150MG	29
TUKYSA TAB 50MG	29
TURALIO CAP 125MG	29
TURALIO CAP 200MG	29
TWINRIX INJ	97
TYBLUME CHW 0.1-0.02	78
TYBOST TAB 150MG	10
TYPHIM VI INJ	97
U	
UDENYCA INJ 6MG/.6ML	91
UDENYCA INJ 6MG/0.6	91
<i>unithroid</i>	84
UNITUXIN INJ	29
UPTRAVI PACK TAB 200/800	44
UPTRAVI TAB 1000MCG	44
UPTRAVI TAB 1200MCG	44
UPTRAVI TAB 1400MCG	44
UPTRAVI TAB 1600MCG	44
UPTRAVI TAB 200MCG	44
UPTRAVI TAB 400MCG	44

UPTRAVI TAB 600MCG	44
UPTRAVI TAB 800MCG	44
<i>ursodiol cap 300 mg</i>	87
<i>ursodiol tab 250 mg</i>	87
<i>ursodiol tab 500 mg</i>	87
UZEDY INJ 100MG	62
UZEDY INJ 125MG	62
UZEDY INJ 150MG	62
UZEDY INJ 200MG	62
UZEDY INJ 250MG	62
UZEDY INJ 50MG	62
UZEDY INJ 75MG	62

V

<i>valacyclovir hcl tab 1 gm</i>	13
<i>valacyclovir hcl tab 500 mg</i>	13
VALCHLOR GEL 0.016%	111
<i>valganciclovir hcl for soln 50 mg/ml</i> (base equiv)	13
<i>valganciclovir hcl tab 450 mg</i> (base equivalent)	13
<i>valproate sodium oral soln 250 mg/5ml</i> (base equiv)	49
<i>valproic acid cap 250 mg</i>	49
<i>valsartan tab 160 mg</i>	35
<i>valsartan tab 320 mg</i>	35
<i>valsartan tab 40 mg</i>	35
<i>valsartan tab 80 mg</i>	35
<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	35
<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i>	35
<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i>	35
<i>valsartan-hydrochlorothiazide tab 320- 25 mg</i>	35
<i>valsartan-hydrochlorothiazide tab 80- 12.5 mg</i>	35
VALSTAR SOL 40MG/ML	18
VALTOCO SPR 10MG	49
VALTOCO SPR 15MG	49
VALTOCO SPR 20MG	50
VALTOCO SPR 5MG	49
<i>vancomycin hcl cap 125 mg</i> (base equivalent)	7
<i>vancomycin hcl cap 250 mg</i> (base equivalent)	7

<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	7	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	54
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	7	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	54
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	7	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	55
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	7	VENLAFAXINE TAB 112.5MG	55
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	8	VENTAVIS SOL 10MCG/ML	44
VANDAZOLE GEL 0.75%	89	VENTAVIS SOL 20MCG/ML	44
VANFLYTA TAB 17.7MG	29	<i>verapamil hcl cap er 24hr 100 mg</i> ...	41
VANFLYTA TAB 26.5MG	29	<i>verapamil hcl cap er 24hr 120 mg</i> ...	41
VAQTA INJ 25/0.5ML	97	<i>verapamil hcl cap er 24hr 180 mg</i> ...	41
VAQTA INJ 50UNT/ML	97	<i>verapamil hcl cap er 24hr 200 mg</i> ...	41
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	69	<i>verapamil hcl cap er 24hr 240 mg</i> ...	41
<i>varenicline tartrate tab 1 mg (base equiv)</i>	69	<i>verapamil hcl cap er 24hr 300 mg</i> ...	41
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	69	<i>verapamil hcl cap er 24hr 360 mg</i> ...	41
VARIVAX INJ	97	<i>verapamil hcl tab 120 mg</i>	41
VASCEPA CAP 0.5GM	38	<i>verapamil hcl tab 40 mg</i>	41
VASCEPA CAP 1GM	38	<i>verapamil hcl tab 80 mg</i>	41
VECAMYL TAB 2.5MG	43	<i>verapamil hcl tab er 120 mg</i>	41
VECTIBIX INJ 400MG	29	<i>verapamil hcl tab er 180 mg</i>	41
VELETRI INJ 0.5MG	44	<i>verapamil hcl tab er 240 mg</i>	41
VELETRI INJ 1.5MG	44	VERSACLOZ SUS 50MG/ML	62
<i>velivet</i>	78	VERZENIO TAB 100MG	30
VELTASSA POW 16.8GM	74	VERZENIO TAB 150MG	30
VELTASSA POW 25.2GM	74	VERZENIO TAB 200MG	30
VELTASSA POW 8.4GM	74	VERZENIO TAB 50MG	30
VEMLIDY TAB 25MG	13	<i>vestura</i>	78
VENCLEXTA TAB 100MG	30	VIBRAMYCIN SYP 50MG/5ML	18
VENCLEXTA TAB 10MG	29	VICTOZA INJ 18MG/3ML	71
VENCLEXTA TAB 50MG	30	<i>vienna</i>	78
VENCLEXTA TAB START PK	30	<i>vigabatrin powd pack 500 mg</i>	50
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	54	<i>vigabatrin tab 500 mg</i>	50
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	54	<i>vigadrone</i>	50
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	54	VIIBRYD KIT STARTER	55
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	55	<i>vilazodone hcl tab 10 mg</i>	55
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	54	<i>vilazodone hcl tab 20 mg</i>	55
		<i>vilazodone hcl tab 40 mg</i>	55
		<i>viorele</i>	78
		VIRACEPT TAB 250MG	10
		VIRACEPT TAB 625MG	10
		VIREAD POW 40MG/GM	10
		VIREAD TAB 150MG	10
		VIREAD TAB 200MG	10
		VIREAD TAB 250MG	10
		VITRAKVI CAP 100MG	30
		VITRAKVI CAP 25MG	30

VITRAKVI SOL 20MG/ML	30	XELJANZ TAB 5MG	93
VIZIMPRO TAB 15MG	30	XELJANZ XR TAB 11MG	93
VIZIMPRO TAB 30MG	30	XELJANZ XR TAB 22MG	93
VIZIMPRO TAB 45MG	30	XEOMIN INJ 100UNIT	67
VONJO CAP 100MG	30	XERMELO TAB 250MG	87
<i>voriconazole for inj 200 mg</i>	8	XGEVA INJ	73
<i>voriconazole for susp 40 mg/ml</i>	8	XIFAXAN TAB 200MG	8
<i>voriconazole tab 200 mg</i>	8	XIFAXAN TAB 550MG	87
<i>voriconazole tab 50 mg</i>	8	XIGDUO XR TAB 10-1000	71
VOSEVI TAB	13	XIGDUO XR TAB 10-500MG	71
VOTRIENT TAB 200MG	30	XIGDUO XR TAB 2.5-1000	71
VRAYLAR CAP 1.5-3MG	62	XIGDUO XR TAB 5-1000MG	71
VRAYLAR CAP 1.5MG	62	XIGDUO XR TAB 5-500MG	71
VRAYLAR CAP 3MG	62	XIIDRA DRO 5%	102
VRAYLAR CAP 4.5MG	62	XOFLUZA TAB 40MG	13
VRAYLAR CAP 6MG	63	XOFLUZA TAB 80MG	13
<i>vyfemla</i>	78	XOLAIR INJ 150MG/ML	106
<i>vylibra</i>	78	XOLAIR INJ 75/0.5	106
VYZULTA SOL 0.024%	102	XOLAIR SOL 150MG	106
W		XOSPATA TAB 40MG	30
<i>warfarin sodium tab 1 mg</i>	90	XPOVIO 100 MG ONCE WEEKLY	30
<i>warfarin sodium tab 10 mg</i>	90	XPOVIO 40 MG ONCE WEEKLY	30
<i>warfarin sodium tab 2 mg</i>	90	XPOVIO 40 MG TWICE WEEKLY	30
<i>warfarin sodium tab 2.5 mg</i>	90	XPOVIO 60 MG ONCE WEEKLY	30
<i>warfarin sodium tab 3 mg</i>	90	XPOVIO 80 MG ONCE WEEKLY	30
<i>warfarin sodium tab 4 mg</i>	90	XPOVIO PAK 100MG	31
<i>warfarin sodium tab 5 mg</i>	90	XPOVIO PAK 40MG	31
<i>warfarin sodium tab 6 mg</i>	90	XPOVIO PAK 60MG	31
<i>warfarin sodium tab 7.5 mg</i>	90	XPOVIO PAK 80MG	31
WELIREG TAB 40MG	22	XTANDI CAP 40MG	20
<i>wera</i>	78	XTANDI TAB 40MG	20
<i>wymzya fe</i>	78	XTANDI TAB 80MG	20
X		XULTOPHY INJ 100/3.6	73
XALKORI CAP 200MG	30	XYREM SOL 500MG/ML	68
XALKORI CAP 250MG	30	Y	
XATMEP SOL 2.5MG/ML	94	YERVOY INJ 200MG	31
XCOPRI PAK 100-150	50	YF-VAX INJ	97
XCOPRI PAK 12.5-25	50	<i>yuvafem</i>	79
XCOPRI PAK 150-200	50	Z	
XCOPRI PAK 50-100MG	50	<i>zafirlukast tab 10 mg</i>	104
XCOPRI TAB 100MG	50	<i>zafirlukast tab 20 mg</i>	104
XCOPRI TAB 150MG	50	<i>zaleplon cap 10 mg</i>	64
XCOPRI TAB 200MG	50	<i>zaleplon cap 5 mg</i>	64
XCOPRI TAB 50MG	50	ZALTRAP INJ 200/8ML	31
XDEMVY DRO 0.25%	101	<i>zarah</i>	78
XELJANZ SOL 1MG/ML	93	ZARXIO INJ 300/0.5	91
XELJANZ TAB 10MG	93	ZARXIO INJ 480/0.8	91

ZEJULA CAP 100MG	31	<i>zolmitriptan orally disintegrating tab</i>	
ZEJULA TAB 100MG	31	2.5 mg	65
ZEJULA TAB 200MG	31	<i>zolmitriptan orally disintegrating tab 5</i>	
ZEJULA TAB 300MG	31	mg	65
ZELBORAF TAB 240MG.....	31	<i>zolmitriptan tab 2.5 mg</i>	65
ZEMAIRA INJ 1000MG.....	106	<i>zolmitriptan tab 5 mg</i>	65
<i>zenatane</i>	107	<i>zolpidem tartrate tab 10 mg</i>	65
ZENPEP CAP 10000UNT.....	87	<i>zolpidem tartrate tab 5 mg</i>	65
ZENPEP CAP 15000UNT.....	87	ZONISADE SUS 100MG/5.....	50
ZENPEP CAP 20000UNT.....	87	<i>zonisamide cap 100 mg</i>	50
ZENPEP CAP 25000	87	<i>zonisamide cap 25 mg</i>	50
ZENPEP CAP 3000UNIT	87	<i>zonisamide cap 50 mg</i>	50
ZENPEP CAP 40000	87	ZONTIVITY TAB 2.08MG.....	92
ZENPEP CAP 5000UNIT	87	ZORBTIVE INJ 8.8MG.....	83
<i>zenzedi</i>	64	ZOSYN SOL 2-0.25GM	17
ZERBAXA INJ 1.5GM	14	ZOSYN SOL 3-0.375G	17
<i>zidovudine cap 100 mg</i>	10	ZOSYN SOL 4-0.50GM	17
<i>zidovudine syrup 10 mg/ml</i>	10	<i>zovia 1/35</i>	78
<i>zidovudine tab 300 mg</i>	10	ZTALMY SUS 50MG/ML	50
ZIEXTENZO INJ 6/0.6ML	91	ZYDELIG TAB 100MG	31
<i>ziprasidone hcl cap 20 mg</i>	63	ZYDELIG TAB 150MG.....	31
<i>ziprasidone hcl cap 40 mg</i>	63	ZYKADIA TAB 150MG.....	31
<i>ziprasidone hcl cap 60 mg</i>	63	ZYLET SUS 0.5-0.3%.....	100
<i>ziprasidone hcl cap 80 mg</i>	63	ZYPREXA RELP INJ 210MG.....	63
<i>ziprasidone mesylate for inj 20 mg</i>		ZYPREXA RELP INJ 300MG.....	63
<i>(base equivalent)</i>	63	ZYPREXA RELP INJ 405MG.....	63
ZIRGAN GEL 0.15%.....	101	ZYTIGA TAB 500MG.....	21
ZOLINZA CAP 100MG.....	31		

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U.S. Department of Health and Human Services

200 Independence Ave., SW

Room 509F, HHH Building

Washington, D.C. 20201

T 800.368.1019

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This comprehensive formulary was updated on 12.01.2023. For more recent information or other questions, please contact us: IU Health Plans Pharmacy Member Services, 844.432.0695 (TTY/TDD 711). Hours are Oct. 1 to March 31 – 8 am to 8 pm, seven days a week; April 1 to Sept. 30 – 8 am to 8 pm, Monday – Friday. You may also visit **iuhealthplans.org**.

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