

CareFirst Formulary 3

2021

PLEASE READ: This document contains information about the drugs we cover in this plan. This formulary is for members of an employer group with 51 or more employees. For your specific prescription benefit plan information, log into your account at carefirst.com.

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit carefirst.com/rxgroup.

Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of five drug tiers which determines the price you pay.

Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**.

You may search the formulary for a drug by pressing “CTRL” and “F” at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization (PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain

drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.

- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at carefirst.com/myaccount and clicking on *Tools* and *Drug Pricing Tool* or by reviewing their annual summary of benefits.

Tier 0: \$0 Drugs	<ul style="list-style-type: none"> ■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs \$	<ul style="list-style-type: none"> ■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs \$\$	<ul style="list-style-type: none"> ■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs \$\$\$	<ul style="list-style-type: none"> ■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Preferred Specialty Drugs \$\$\$\$	<ul style="list-style-type: none"> ■ Preferred specialty drugs are medications that may be used to treat complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.
Tier 5: Non-Preferred Specialty Drugs \$\$\$\$	<ul style="list-style-type: none"> ■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.

Drug Name **Drug Tier** **Requirements/Limits**
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINES

ADDERALL XR CAP 5MG	1	QL (120 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 10MG	1	QL (120 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 15MG	1	QL (30 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 20MG	1	QL (30 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 25MG	1	QL (30 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 30MG	1	QL (30 caps / month); Tier 1 with DAW9
<i>amphetamine extended release susp 1.25 mg/ml</i>	1	QL (540 mL / month)
<i>amphetamine sulfate tab 5 mg</i>	1	QL (150 tabs / month)
<i>amphetamine sulfate tab 10 mg</i>	1	QL (150 tabs / month)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (120 tabs / month)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (120 tabs / month)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (120 tabs / month)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (120 tabs / month)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / month)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs / month)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs / month)
DESOXYN TAB 5MG	3	QL (180 tabs / month)
DEXEDRINE CAP 5MG CR	3	QL (150 caps / month)
DEXEDRINE CAP 10MG CR	3	QL (150 caps / month)
DEXEDRINE CAP 15MG CR	3	QL (60 caps / month)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (150 caps / month)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (150 caps / month)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps / month)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

1

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1440 mL / month)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	QL (150 tabs / month)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (150 tabs / month)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	QL (150 tabs / month)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (150 tabs / month)
<i>dextroamphetamine sulfate tab 15 mg</i>	1	QL (60 tabs / month)
<i>dextroamphetamine sulfate tab 20 mg</i>	1	QL (60 tabs / month)
<i>dextroamphetamine sulfate tab 30 mg</i>	1	QL (30 tabs / month)
DYANAVEL XR SUS 2.5MG/ML	3	QL (300 mL / month)
<i>methamphetamine hcl tab 5 mg</i>	1	QL (180 tabs / month)
MYDAYIS CAP 12.5MG	2	QL (60 caps / month)
MYDAYIS CAP 25MG	2	QL (60 caps / month)
MYDAYIS CAP 37.5MG	2	QL (30 caps / month)
MYDAYIS CAP 50MG	2	QL (30 caps / month)
VYVANSE CAP 10MG	2	QL (60 caps / month)
VYVANSE CAP 20MG	2	QL (60 caps / month)
VYVANSE CAP 30MG	2	QL (60 caps / month)
VYVANSE CAP 40MG	2	QL (30 caps / month)
VYVANSE CAP 50MG	2	QL (30 caps / month)
VYVANSE CAP 60MG	2	QL (30 caps / month)
VYVANSE CAP 70MG	2	QL (30 caps / month)
VYVANSE CHW 10MG	2	QL (60 tabs / month)
VYVANSE CHW 20MG	2	QL (60 tabs / month)
VYVANSE CHW 30MG	2	QL (60 tabs / month)
VYVANSE CHW 40MG	2	QL (30 tabs / month)
VYVANSE CHW 50MG	2	QL (30 tabs / month)
VYVANSE CHW 60MG	2	QL (30 tabs / month)

ANALEPTICS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
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ANTIOBESITY AGENTS, INJECTABLE

SAXENDA INJ 18MG/3ML	2	Coverage is subject to your plan/benefits
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ANTIOBESITY AGENTS, ORAL

ADIPEX-P CAP 37.5MG	3	Coverage is subject to your plan/benefits
ADIPEX-P TAB 37.5MG	3	Coverage is subject to your plan/benefits
<i>benzphetamine hcl tab 25 mg</i>	1	Coverage is subject to your plan/benefits

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2

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Drug Name	Drug Tier	Requirements/Limits
BENZPHETAMINE HCL TAB 25 MG	3	Coverage is subject to your plan/benefits
<i>benzphetamine hcl tab 50 mg</i>	1	Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab 25 mg</i>	1	Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab er 24hr 75 mg</i>	1	Coverage is subject to your plan/benefits
<i>phendimetrazine tartrate cap er 24hr 105 mg</i>	1	Coverage is subject to your plan/benefits
<i>phendimetrazine tartrate tab 35 mg</i>	1	Coverage is subject to your plan/benefits
<i>phentermine hcl cap 15 mg</i>	1	Coverage is subject to your plan/benefits
<i>phentermine hcl cap 30 mg</i>	1	Coverage is subject to your plan/benefits
<i>phentermine hcl cap 37.5 mg</i>	1	Coverage is subject to your plan/benefits
<i>phentermine hcl tab 37.5 mg</i>	1	Coverage is subject to your plan/benefits
QSYMIA CAP 3.75-23	2	Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	Coverage is subject to your plan/benefits
QSYMIA CAP 15-92MG	2	Coverage is subject to your plan/benefits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (150 caps / month)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (150 caps / month)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (150 caps / month)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (60 caps / month)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (30 caps / month)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (30 caps / month)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (30 caps / month)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	

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3

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Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
QELBREE CAP 100MG ER	3	
QELBREE CAP 150MG ER	3	
QELBREE CAP 200MG ER	3	
STRATTERA CAP 10MG	3	QL (150 caps / month)
STRATTERA CAP 18MG	3	QL (150 caps / month)
STRATTERA CAP 25MG	3	QL (150 caps / month)
STRATTERA CAP 40MG	3	QL (60 caps / month)
STRATTERA CAP 60MG	3	QL (30 caps / month)
STRATTERA CAP 80MG	3	QL (30 caps / month)
STRATTERA CAP 100MG	3	QL (30 caps / month)

DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)

SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	

STIMULANTS - MISC.

<i>armodafinil tab 50 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>armodafinil tab 150 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>armodafinil tab 200 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>armodafinil tab 250 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
CONCERTA TAB 18MG	1	QL (60 tabs / month); Tier 1 with DAW9
CONCERTA TAB 27MG	1	QL (60 tabs / month); Tier 1 with DAW9
CONCERTA TAB 36MG	1	QL (60 tabs / month); Tier 1 with DAW9
CONCERTA TAB 54MG	1	QL (30 tabs / month); Tier 1 with DAW9
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps / month)

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4

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Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps / month)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (150 tabs / month)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (150 tabs / month)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs / month)
FOCALIN TAB 2.5MG	3	QL (150 tabs / month)
FOCALIN TAB 5MG	3	QL (150 tabs / month)
FOCALIN TAB 10MG	3	QL (60 tabs / month)
METHYLIN SOL 5MG/5ML	3	QL (2160 mL / month)
METHYLIN SOL 10MG/5ML	3	QL (1080 mL / month)
METHYLPHENID TAB 72MG ER	3	QL (30 tabs / month)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	QL (30 caps / month)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

5

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 TABLETS PER month)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (2160 mL / month)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (1080 mL / month)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (120 tabs / month)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (120 tabs / month)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (120 tabs / month)
<i>modafinil tab 100 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>modafinil tab 200 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
QUILLICHEW CHW 20MG ER	3	QL (60 tabs / month)
QUILLICHEW CHW 30MG ER	3	QL (60 tabs / month)
QUILLICHEW CHW 40MG ER	3	QL (30 tabs / month)
QUILLIVANT SUS 25MG/5ML	3	QL (420 mL / month)
RITALIN LA CAP 10MG	3	QL (60 caps / month)
RITALIN LA CAP 20MG	3	QL (60 caps / month)
RITALIN LA CAP 30MG	3	QL (60 caps / month)
RITALIN LA CAP 40MG	3	QL (30 caps / month)
RITALIN TAB 5MG	3	QL (210 tabs / month)
RITALIN TAB 10MG	3	QL (210 tabs / month)
RITALIN TAB 20MG	3	QL (120 tabs / month)

AMINOGLYCOSIDES**AMINOGLYCOSIDES**

ARIKAYCE SUS	5	PA
BETHKIS NEB 300/4ML	4	PA, QL (56 AMPULES PER 28 DAYS)
KITABIS PAK NEB 300/5ML	5	PA, QL (56 AMPULES PER 28 DAYS)
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>tobramycin nebu soln 300 mg/4ml</i>	1	PA, QL (56 AMPULES PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin nebu soln 300 mg/5ml</i>	1	PA, QL (56 AMPULES PER 28 DAYS)

ANALGESICS - ANTI-INFLAMMATORY**ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

HUMIRA INJ 10/0.1ML	4	PA, QL (2 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA INJ 20/0.2ML	4	PA, QL (2 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA INJ 40/0.4ML	4	PA, QL (4 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA KIT 40MG/0.8	4	PA, QL (6 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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7

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIA INJ CROHNS	4	PA, QL (3 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 40/0.4ML	4	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 40MG/0.8	4	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 80/0.8ML	4	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

8

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ CD/UC/HS	4	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ PS/UV	4	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT CD/UC/HS	4	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT PED UC	4	PA, QL (4 PENS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

9

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PS/UV	4	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ SOL 1MG/ML	4	PA, QL (240ML PER 24 DAYS)
XELJANZ TAB 5MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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10

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 10MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 11MG	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 22MG	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO INJ 7.5MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 10MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 12.5MG	4	PA, QL (4 inj per 28 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

11

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Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 15MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 17.5MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 20MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 22.5MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 25MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 30MG	4	PA, QL (4 inj per 28 days)
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	5	PA, QL (8 VIALS PER 28 DAYS)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Must try 2 preferred agents for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Must try 2 preferred agents for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

12

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Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib cap 400 mg</i>	1	
DAYPRO TAB 600MG	3	
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
DUEXIS TAB 800-26.6	3	
EC-NAPROSYN TAB 375MG	3	
<i>ec-naprosyn tab 500mg</i>	3	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
FELDENE CAP 10MG	3	
FELDENE CAP 20MG	3	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam tab 15 mg</i>	1	
MOBIC TAB 7.5MG	3	
MOBIC TAB 15MG	3	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
<i>naprosyn tab 500mg</i>	3	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
NAPROXEN TAB EC 375 MG	1	
<i>naproxen tab ec 500 mg</i>	1	
NAPROXEN TAB EC 500 MG	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	4	PA, QL (55 TABLETS PER 28 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 30MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	4	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 50/0.4ML	4	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 87.5/0.7	4	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

15

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 125MG/ML	4	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</i>		
ENBREL INJ 25/0.5ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 25MG	4	PA, QL (4 VIALS PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

16

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Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 50MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

**ANALGESICS - NONNARCOTIC
ANALGESIC COMBINATIONS**

<i>butalbital-acetaminophen cap 50-300 mg</i>	1
<i>butalbital-acetaminophen tab 25-325 mg</i>	1
<i>butalbital-acetaminophen tab 50-325 mg</i>	1
<i>butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml</i>	1

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17

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Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	
ESGIC TAB	3	
SALICYLATES		
<i>aspirin chew tab 81 mg</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>aspirin tab delayed release 81 mg</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
ACTIQ LOZ 200MCG	3	PA
ACTIQ LOZ 400MCG	3	PA
ACTIQ LOZ 600MCG	3	PA
ACTIQ LOZ 800MCG	3	PA
ACTIQ LOZ 1200MCG	3	PA
ACTIQ LOZ 1600MCG	3	PA
CODEINE SULF TAB 15MG	3	PA, QL (1 tabs per day)
CODEINE SULF TAB 60MG	3	PA, QL (1 tab per day)
CODEINE SULFATE TAB 30 MG	1	PA, QL (1 tabs per day)
CONZIP CAP 100MG	3	PA, QL (1 cap per day)
CONZIP CAP 200MG	3	PA, QL (1 cap per day)
CONZIP CAP 300MG	3	PA, QL (1 cap per day)
DILAUDID LIQ 1MG/ML	3	PA, QL (24 mL per day)
DILAUDID TAB 2MG	3	PA, QL (7 tabs per day)
DILAUDID TAB 4MG	3	PA, QL (6 tabs per day)
DILAUDID TAB 8MG	3	PA, QL (2 tabs per day)
DURAGESIC DIS 12MCG/HR	3	PA, QL (10 patches per month)
DURAGESIC DIS 25MCG/HR	3	PA, QL (10 patches per month)
DURAGESIC DIS 50MCG/HR	3	PA
DURAGESIC DIS 75MCG/HR	3	PA
DURAGESIC DIS 100MCG/H	3	PA
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA, QL (2 caps per day)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	PA, QL (1 tabs per day)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	PA, QL (1 tabs per day)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	PA, QL (1 tabs per day)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	PA, QL (1 tab per day)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	PA, QL (1 tabs per day)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA, QL (1 tab per day)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA, QL (1 tab per day)
HYDROMORPHON SUP 3MG	3	PA, QL (4 supps per day)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA, QL (24 mL per day)
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL (7 tabs per day)
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL (6 tabs per day)
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL (2 tabs per day)
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	PA, QL (1 tab per day)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA, QL (1 tab per day)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA, QL (1 tab per day)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA
<i>methadone hcl conc 10 mg/ml</i>	1	QL (2 mL per day)
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (2 mL per day)
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (18 mL per day)
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QL (12 mL per day)
<i>methadone hcl tab 5 mg</i>	1	PA, QL (3 tabs per day)
<i>methadone hcl tab 10 mg</i>	1	PA, QL (60 Tabs / month)
<i>methadone hcl tab for oral susp 40 mg</i>	1	
METHADOSE CON 10MG/ML	3	QL (2 mL per day)
METHADOSE SF CON 10MG/ML	3	QL (2 mL per day)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA, QL (2 caps per day)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

20

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate cap er 24hr 40 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (36 mL per day)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (27 mL per day)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (5 mL per day)
<i>morphine sulfate suppos 5 mg</i>	1	PA, QL (7 supps per day)
<i>morphine sulfate suppos 10 mg</i>	1	PA, QL (7 supps per day)
<i>morphine sulfate suppos 20 mg</i>	1	PA, QL (4 supps per day)
<i>morphine sulfate suppos 30 mg</i>	1	PA, QL (3 supps per day)
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (7 tabs per day)
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (3 tabs per day)
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL (3 tabs per day)
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL (3 tabs per day)
<i>morphine sulfate tab er 60 mg</i>	1	PA, QL (3 tabs per day)
<i>morphine sulfate tab er 100 mg</i>	1	PA, QL (1 tab per day)
<i>morphine sulfate tab er 200 mg</i>	1	PA, QL (1 tab per day)
MS CONTIN TAB 15MG ER	3	PA, QL (3 tabs per day)
MS CONTIN TAB 30MG ER	3	PA, QL (3 tabs per day)
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA, QL (1 tab per day)
NUCYNTA ER TAB 50MG	2	PA, QL (2 tabs per day)
NUCYNTA ER TAB 100MG	2	PA, QL (2 tabs per day)
NUCYNTA ER TAB 150MG	2	PA
NUCYNTA ER TAB 200MG	2	PA
NUCYNTA ER TAB 250MG	2	PA
NUCYNTA TAB 50MG	2	PA, QL (4 tabs per day)
NUCYNTA TAB 75MG	2	PA, QL (3 tabs per day)
NUCYNTA TAB 100MG	2	PA, QL (2 tabs per day)
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (7 caps per day)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (3 mL per day)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (36 mL per day)
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (7 tabs per day)
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL (7 tabs per day)
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL (4 tabs per day)
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (3 tabs per day)
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, QL (4 tabs per day)
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, QL (2 tabs per day)
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (7 tabs per day)
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (3 tabs per day)
ROXICODONE TAB 5MG	3	PA, QL (7 tabs per day)
ROXICODONE TAB 15MG	3	PA, QL (4 tabs per day)
ROXICODONE TAB 30MG	3	PA, QL (2 tabs per day)
SUBSYS SPR 100MCG	2	PA
SUBSYS SPR 200MCG	2	PA
SUBSYS SPR 400MCG	2	PA
SUBSYS SPR 600MCG	2	PA
SUBSYS SPR 800MCG	2	PA
SUBSYS SPR 1200MCG	2	PA
SUBSYS SPR 1600MCG	2	PA
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (7 tabs per day)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA, QL (1 tabs per day)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, QL (1 tabs per day)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, QL (1 tabs per day)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	PA, QL (1 tab per day)
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA, QL (1 tab per day)
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA, QL (1 tab per day)
ULTRAM TAB 50MG	3	PA, QL (7 tabs per day)
XTAMPZA ER CAP 9MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 13.5MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 18MG	2	PA, QL (2 caps per day)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

22

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Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 27MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 36MG	2	PA, QL (2 caps per day)

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (2700 mL / month)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (90 mL per day)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	PA, QL (13 tabs per day)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	PA, QL (360 tabs / month)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	PA, QL (180 tabs / month)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	PA, QL (10 caps per day)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	PA, QL (300 caps / month)
<i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i>	1	PA, QL (10 tabs per day)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	
FIORICET CAP CODEINE	3	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (2700 mL / month)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA, QL (90 mL per day)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (8 tabs per day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (240 tabs / month)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (6 tabs per day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (180 tabs / month)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (6 tabs per day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (180 tabs / month)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL (150 tabs / month)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL (5 tabs per day)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL (5 tabs per day)
LORTAB ELX 10-300MG	3	PA, QL (2040 mL / month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (12 tabs per day)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (12 tabs per day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (8 tabs per day)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs per day)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	PA, QL (360 tabs / month)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL (240 tabs / month)
ULTRACET TAB 37.5-325	3	PA, QL (240 tabs / month)

OPIOID PARTIAL AGONISTS

BELBUCA MIS 75MCG	2	PA, QL (60 films per month)
BELBUCA MIS 150MCG	2	PA, QL (60 films per month)
BELBUCA MIS 300MCG	2	PA, QL (60 films per month)
BELBUCA MIS 450MCG	2	PA, QL (60 films per month)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	PA, QL (4 patches per month)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	PA, QL (4 patches per month)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	PA, QL (4 patches per month)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2 BOTTLES PER MONTH)
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	

ANDROGENS-ANABOLIC**ANABOLIC STEROIDS**

<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	

ANDROGENS

ANDRODERM DIS 2MG/24HR	2	
ANDRODERM DIS 4MG/24HR	2	
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
DEPO-TESTOST INJ 100MG/ML	3	PA
DEPO-TESTOST INJ 200MG/ML	3	PA
METHITEST TAB 10MG	3	
<i>methyltestosterone cap 10 mg</i>	1	
NATESTO GEL 5.5MG	2	
<i>testost cyp inj 200mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TESTOSTERONE TD GEL 20.25 MG/1.25GM (1.62%)	1	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	
TESTOSTERONE TD GEL 40.5 MG/2.5GM (1.62%)	1	
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	
<i>testosterone td soln 30 mg/act</i>	1	
XYOSTED INJ 50/0.5	3	PA
XYOSTED INJ 75/0.5	3	PA
XYOSTED INJ 100/0.5	3	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
RECTAL COMBINATIONS		
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
ANUSOL-HC CRE 2.5%	3	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
VASODILATING AGENTS		
RECTIV OIN 0.4%	3	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	1	QL (336 tabs / year)
ALBENZA TAB 200MG	3	QL (336 tabs / year)
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs / year)
EMVERM CHW 100MG	3	QL (12 ea / year)
<i>ivermectin tab 3 mg</i>	1	
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs / year)
STROMECTOL TAB 3MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TAB 194MG	3	
FLAGYL CAP 375MG	3	
FLAGYL TAB 500MG	3	
IMPAVIDO CAP 50MG	3	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
PRIMSOL SOL 50MG/5ML	3	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100mg</i>	3	
XIFAXAN TAB 550MG	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
<i>*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
<i>atovaquone susp 750 mg/5ml</i>	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	2	
<i>nitazoxanide tab 500 mg</i>	1	
GLYCOPEPTIDES		
VANCOGIN CAP 250MG	3	QL (80 caps / 10 days)
VANCOGIN HCL CAP 125MG	3	QL (80 caps / 10 days)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
VANCOMYCIN SOL 250/5ML	3	QL (450 ML / 10 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

27

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Drug Name	Drug Tier	Requirements/Limits
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
<i>clindamycin hcl cap 75 mg</i>	1	
CLINDAMYCIN HCL CAP 150 MG	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
MONOBACTAMS		
CAYSTON INH 75MG	5	PA, QL (84 VIALS PER 28 DAYS)
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	PA
<i>linezolid tab 600 mg</i>	1	PA
SIVEXTRO TAB 200MG	3	
PLEUROMUTILINS		
XENLETA TAB 600MG	3	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	3	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
MONUROL PAK GRANULES	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB 500MG	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
RANEXA TAB 1000MG	3	
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
NITRATES		
DILATRATE SR CAP 40MG	3	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	3	
NITRO-DUR DIS 0.2MG/HR	3	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.4MG/HR	3	
NITRO-DUR DIS 0.6MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
NITROLINGUAL SPR PUMPSRA	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	
ANTI-ANXIETY AGENTS		
ANTI-ANXIETY AGENTS - MISC.		
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl tab 30 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
VISTARIL CAP 25MG	3	
VISTARIL CAP 50MG	3	
BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	3	
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	
<i>alprazolam tab er 24hr 1 mg</i>	1	
<i>alprazolam tab er 24hr 2 mg</i>	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	
<i>diazepam tab 5 mg</i>	1	
<i>diazepam tab 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

30

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tab 2 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	
TRANXENE T TAB 7.5MG	3	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>quinidine gluconate tab er 324 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
RYTHMOL SR CAP 225MG	3	
RYTHMOL SR CAP 325MG	3	
RYTHMOL SR CAP 425MG	3	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
MULTAQ TAB 400MG	2	

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Drug Name	Drug Tier	Requirements/Limits
TIKOSYN CAP 125MCG	5	PA
TIKOSYN CAP 250MCG	5	PA
TIKOSYN CAP 500MCG	5	PA

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS**ANTI-INFLAMMATORY AGENTS**

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (240 nebulas / month)
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ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES

FASENRA PEN INJ 30MG/ML	4	PA, QL (1 PEN PER 56 DAYS)
NUCALA INJ 100MG/ML	4	PA, QL (3 INJ PER 28 DAYS)
NUCALA INJ 100MG/ML	4	PA, QL (3 PFS PER 28 DAYS)

BRONCHODILATORS - ANTICHOLINERGICS

<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (300 nebulas per month)
SPIRIVA AER 1.25MCG	2	QL (1 package per month)
SPIRIVA CAP HANDIHLR	2	QL (1 package per month)
SPIRIVA SPR 2.5MCG	2	QL (1 package per month)
YUPELRI SOL	2	QL (1 package per month)

LEUKOTRIENE MODULATORS

ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
MONTELUKAST SODIUM CHEW TAB 4 MG (BASE EQUIV)	1	
MONTELUKAST SODIUM CHEW TAB 5 MG (BASE EQUIV)	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
MONTELUKAST SODIUM TAB 10 MG (BASE EQUIV)	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
ZYFLO TAB 600MG	3	

SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

DALIRESP TAB 250MCG	2	
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PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

32

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Drug Name	Drug Tier	Requirements/Limits
DALIRESP TAB 500MCG	2	
STEROID INHALANTS		
ARNUITY ELPT INH 50MCG	2	
ARNUITY ELPT INH 100MCG	2	
ARNUITY ELPT INH 200MCG	2	
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	
<i>budesonide inhalation susp 1 mg/2ml</i>	1	
FLOVENT DISK AER 50MCG	2	
FLOVENT DISK AER 100MCG	2	
FLOVENT DISK AER 250MCG	2	
FLOVENT HFA AER 44MCG	2	
FLOVENT HFA AER 110MCG	2	
FLOVENT HFA AER 220MCG	2	
PULMICORT INH 90MCG	2	
PULMICORT INH 180MCG	2	
QVAR REDIHA AER 80MCG	2	
QVAR REDIHAL AER 40MCG	2	
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR DISKU AER 250/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR DISKU AER 500/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR HFA AER 45/21	2	QL (1 package per month)
ADVAIR HFA AER 115/21	2	QL (1 package per month)
ADVAIR HFA AER 230/21	2	QL (1 package per month)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 PKG PER MONTH)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (120 ea / month)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (360 mL / month)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (360 mL / month)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (360 mL / month)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	QL (1 package per month)
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (60 vials per month)
BREO ELLIPTA INH 100-25	2	QL (1 package per month)
BREO ELLIPTA INH 200-25	2	QL (1 package per month)
BREZTRI AERO AER SPHERE	2	
COMBIVENT AER 20-100	3	QL (2 packages per month)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (60 vials per month)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (540 nebulas per month)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (300 mL / month)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL / month)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL / month)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (90 ea / month)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers / month)
PERFOROMIST NEB 20MCG	2	QL (60 vials per month)
STIOLTO AER 2.5-2.5	2	QL (1 package per month)
STRIVERDI AER 2.5MCG	2	QL (1 package per month)
SYMBICORT AER 80-4.5	2	QL (1 package per month); Tier 2 with DAW9
SYMBICORT AER 160-4.5	2	QL (1 package per month); Tier 2 with DAW9
<i>terbutaline sulfate tab 2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER ELLIPTA	2	QL (1 inhaler / month)
TRELEGY AER ELLIPTA	2	QL (1 package per month)
XOPENEX CONC NEB 1.25/0.5	3	QL (90 ea / month)
XOPENEX NEB 0.31MG	3	QL (300 mL / month)
XOPENEX NEB 0.63MG	3	QL (300 mL / month)
XOPENEX NEB 1.25/3ML	3	QL (300 mL / month)
XANTHINES		
ELIXOPHYLLIN ELX 80/15ML	3	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<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	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	3	
ARIXTRA INJ 5/0.4ML	3	
ARIXTRA INJ 7.5/0.6	3	
ARIXTRA INJ 10/0.8ML	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 100 mg/ml</i>	1	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 150 mg/ml</i>	1	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	PA
LOVENOX INJ 30/0.3ML	3	
LOVENOX INJ 40/0.4ML	3	
LOVENOX INJ 60/0.6ML	3	
LOVENOX INJ 80/0.8ML	3	
LOVENOX INJ 100MG/ML	3	
LOVENOX INJ 120/0.8	3	
LOVENOX INJ 150MG/ML	3	
LOVENOX INJ 300/3ML	3	

ANTICONSULSANTS**AMPA GLUTAMATE RECEPTOR ANTAGONISTS**

FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	

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Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam suspension 2.5 mg/ml</i>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam tab 20 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	
VALTOCO SPR 5MG	2	PA, QL (5 sprays / 25 days)
VALTOCO SPR 10MG	2	PA, QL (5 sprays / 25 days)
VALTOCO SPR 15MG	2	PA, QL (5 ea / 25 days)
VALTOCO SPR 20MG	2	PA, QL (5 ea / 25 days)
ANTICONVULSANTS - MISC.		
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
DIACOMIT CAP 250MG	5	QL (360 CAPSULES PER 30 DAYS)
DIACOMIT CAP 500MG	5	QL (180 CAPSULES PER 30 DAYS)
DIACOMIT PAK 250MG	5	QL (360 PACKETS PER 30 DAYS)
DIACOMIT PAK 500MG	5	QL (180 PACKETS PER 30 DAYS)
EPIDIOLEX SOL 100MG/ML	5	PA, QL (800 ML PER 30 DAYS)
FINTEPLA SOL 2.2MG/ML	5	PA, QL (360ML PER 30 DAYS)
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
LAMICTAL CHW 5MG	3	
LAMICTAL CHW 25MG	3	
LAMICTAL KIT START 35	3	
LAMICTAL KIT START 49	3	
LAMICTAL KIT START 98	3	
LAMICTAL ODT KIT	3	
LAMICTAL ODT TAB 25MG	3	
LAMICTAL ODT TAB 50MG	3	
LAMICTAL ODT TAB 100MG	3	
LAMICTAL ODT TAB 200MG	3	
LAMICTAL TAB 25MG	3	
LAMICTAL TAB 100MG	3	
LAMICTAL TAB 150MG	3	
LAMICTAL TAB 200MG	3	

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Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR KIT	3	
LAMICTAL XR TAB 25MG	3	
LAMICTAL XR TAB 50MG	3	
LAMICTAL XR TAB 100MG	3	
LAMICTAL XR TAB 200MG	3	
LAMICTAL XR TAB 250MG	3	
LAMICTAL XR TAB 300MG	3	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	

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Drug Name	Drug Tier	Requirements/Limits
NEURONTIN CAP 100MG	3	
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	
NEURONTIN SOL 250/5ML	3	
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
<i>pregabalin cap 25 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 50 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 75 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 100 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 150 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 200 mg</i>	1	QL (90 caps per month)
<i>pregabalin cap 225 mg</i>	1	QL (60 caps per month)
<i>pregabalin cap 300 mg</i>	1	QL (60 caps per month)
<i>pregabalin soln 20 mg/ml</i>	1	QL (1080 mL / month)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
<i>rufinamide susp 40 mg/ml</i>	1	
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	

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Drug Name	Drug Tier	Requirements/Limits
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TRILEPTAL SUS 300MG/5M	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
VIMPAT SOL 10MG/ML	2	
VIMPAT TAB 50MG	2	
VIMPAT TAB 100MG	2	
VIMPAT TAB 150MG	2	
VIMPAT TAB 200MG	2	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 50-200MG	2	
XCOPRI PAK 100-150	4	
XCOPRI PAK 150-200	2	
XCOPRI TAB 50MG	2	

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA, QL (180 PACKETS PER 30 DAYS)
<i>vigabatrin tab 500 mg</i>	1	PA, QL (180 TABLETS PER 30 DAYS)
HYDANTOINS		
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
SUCCINIMIDES		
CELONTIN CAP 300MG	3	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
DEPAKOTE ER TAB 250MG	3	
DEPAKOTE ER TAB 500MG	3	
DEPAKOTE SPR CAP 125MG	3	
DEPAKOTE TAB 125MG DR	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	

ANTIDEPRESSANTS**ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	

ANTIDEPRESSANTS - MISC.

ALENZIN TAB 174MG	3	
ALENZIN TAB 348MG	3	
ALENZIN TAB 522MG	3	
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
FORFIVO XL TAB 450MG	3	
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	

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Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN TAB XL 150MG	3	
WELLBUTRIN TAB XL 300MG	3	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	3	
PARNATE TAB 10MG	3	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
SERTRALINE HCL TAB 25 MG	1	
SERTRALINE HCL TAB 50 MG	1	
SERTRALINE HCL TAB 100 MG	1	
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
ANAFRANIL CAP 25MG	3	
ANAFRANIL CAP 50MG	3	
ANAFRANIL CAP 75MG	3	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
NORPRAMIN TAB 10MG	3	
NORPRAMIN TAB 25MG	3	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
PAMELOR CAP 10MG	3	
PAMELOR CAP 25MG	3	
PAMELOR CAP 50MG	3	
PAMELOR CAP 75MG	3	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	

ANTIDIABETICS**ALPHA-GLUCOSIDASE INHIBITORS**

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

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Drug Name	Drug Tier	Requirements/Limits
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	
PRECOSE TAB 25MG	3	
PRECOSE TAB 50MG	3	
PRECOSE TAB 100MG	3	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	
SYMLNPEN 120 INJ 1000MCG	2	
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
SOLIQUA INJ 100/33	2	QL (10 pens / month)
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 25-1000	2	
TRIJARDY XR TAB	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
XULTOPHY INJ 100/3.6	2	QL (5 PENS PER MONTH)
<i>BIGUANIDES</i>		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
<i>DIABETIC OTHER</i>		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	1	
GLUCAGEN INJ HYPOKIT	2	
GLUCAGON (RDNA) FOR INJ KIT 1 MG	1	
GLUCAGON KIT 1MG	2	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ .5/.1ML	2	
GVOKE PFS INJ	2	
KORLYM TAB 300MG	5	PA, QL (120 TABLETS PER 30 DAYS)
PROGLYCEM SUS 50MG/ML	3	
<i>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</i>		
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
<i>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</i>		
OZEMPIC INJ 2/1.5ML	2	QL (1 PEN PER MONTH); Starter Pen
OZEMPIC INJ 2/1.5ML	2	QL (2 Pens per month)
OZEMPIC INJ 4MG/3ML	2	QL (1 Pen per month)

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Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TAB 3MG	2	QL (30 tabs / month)
RYBELSUS TAB 7MG	2	QL (30 tabs / month)
RYBELSUS TAB 14MG	2	QL (30 tabs / month)
TRULICITY INJ 0.75/0.5	2	QL (4 PENS PER MONTH)
TRULICITY INJ 1.5/0.5	2	QL (4 PENS PER MONTH)
TRULICITY INJ 3/0.5	2	QL (4 PENS PER MONTH)
TRULICITY INJ 4.5/0.5	2	QL (4 PENS PER MONTH)
VICTOZA INJ 18MG/3ML	2	QL (3 PENS PER MONTH)

INSULIN

BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTouc	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ 100 UNIT	2	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO MAX INJ 300IU/ML	2	
TOUJEO SOLO INJ 300IU/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	

INSULIN SENSITIZING AGENTS

AVANDIA TAB 2MG	3	
AVANDIA TAB 4MG	3	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

50

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
STARLIX TAB 120MG	3	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
JARDIANCE TAB 10MG	2	
JARDIANCE TAB 25MG	2	
SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
GLUCOTROL TAB 10MG	3	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	
<i>tolbutamide tab 500 mg</i>	1	

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51

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LOMOTIL TAB 2.5MG	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	
<i>deferasirox granules packet 90 mg</i>	1	PA
<i>deferasirox granules packet 180 mg</i>	1	PA
<i>deferasirox granules packet 360 mg</i>	1	PA
<i>deferasirox tab 90 mg</i>	1	PA
<i>deferasirox tab 180 mg</i>	1	PA
<i>deferasirox tab 360 mg</i>	1	PA
<i>deferasirox tab for oral susp 125 mg</i>	1	PA
<i>deferasirox tab for oral susp 250 mg</i>	1	PA
<i>deferasirox tab for oral susp 500 mg</i>	1	PA
<i>deferiprone tab 500 mg</i>	1	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>deferoxamine mesylate for inj 2 gm</i>	1	PA
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	4	QL (20 PACKETS PER 5 DAYS)
OPIOID ANTAGONISTS		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR	2	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs / 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL / 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 ea / 21 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

52

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs / 21 days)
SANCUSO DIS 3.1MG	2	QL (2 patches / 21 days)
ZOFRAN TAB 4MG	3	QL (18 tabs / 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
TIGAN CAP 300MG	3	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps / 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps / 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 ea / 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 caps / 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
BREXAFEMME TAB 150MG	5	PA
ANTIFUNGALS		
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
BIO-STATIN CAP 500000	3	
BIO-STATIN CAP 1000000	3	
<i>flucytosine cap 250 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>*nystatin oral powder*</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
FLUCONAZOLE FOR SUSP 10 MG/ML	1	
FLUCONAZOLE FOR SUSP 40 MG/ML	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
VFEND SUS 40MG/ML	3	PA
VFEND TAB 50MG	3	PA
VFEND TAB 200MG	3	PA
<i>voriconazole for susp 40 mg/ml</i>	1	PA
<i>voriconazole tab 50 mg</i>	1	PA
<i>voriconazole tab 200 mg</i>	1	PA
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
KARBINAL ER SUS 4MG/5ML	3	
ANTIHISTAMINES - NON-SEDATING		
CETIRIZINE HCL ORAL SOLN 1 MG/ML (5 MG/5ML)	1	
CLARINEX TAB 5MG	3	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl suppos 50 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
NEXLIZET TAB 180/10MG	2	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
LOVAZA CAP 1GM	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	1	Tier 1 with DAW9
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
COLESTID FLA GRA 5/7.5GM	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
FIBRIC ACID DERIVATIVES		
ANTARA CAP 30MG	3	
ANTARA CAP 90MG	3	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
FENOGLIDE TAB 40MG	3	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
GEMFIBROZIL TAB 600 MG	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	0	
<i>simvastatin tab 20 mg</i>	0	
<i>simvastatin tab 40 mg</i>	0	
<i>simvastatin tab 80 mg</i>	1	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
ZOCOR TAB 80MG	3	

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Drug Name	Drug Tier	Requirements/Limits
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	5	PA, QL (28 CAPSULES PER 28 DAYS)
JUXTAPID CAP 10MG	5	PA, QL (28 CAPSULES PER 28 DAYS)
JUXTAPID CAP 20MG	5	PA, QL (28 CAPSULES PER 28 DAYS)
JUXTAPID CAP 30MG	5	PA, QL (28 CAPSULES PER 28 DAYS)
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
NIASPAN TAB 500MG ER	3	
NIASPAN TAB 750MG ER	3	
NIASPAN TAB 1000 ER	3	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ 75MG/ML	2	PA, QL (2 PENS PER MONTH)
PRALUENT INJ 150MG/ML	2	PA, QL (2 injections / month)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
PA - Prior Authorization QL - Quantity Limits ST - Step Therapy		

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Drug Name	Drug Tier	Requirements/Limits
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
EPANED SOL 1MG/ML	3	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
LISINOPRIL TAB 5 MG	1	
LISINOPRIL TAB 10 MG	1	
LISINOPRIL TAB 20 MG	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
PRINIVIL TAB 20MG	3	
QBRELIS SOL 1MG/ML	3	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP 250MG	3	
DIBENZYLINE CAP 10MG	3	
<i>metyrosine cap 250 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	

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Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	

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Drug Name	Drug Tier	Requirements/Limits
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
<i>methyldopa & hydrochlorothiazide tab 250-15 mg</i>	1	
<i>methyldopa & hydrochlorothiazide tab 250-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
TARKA TAB 2-180 CR	3	
TARKA TAB 2-240 CR	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

64

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Drug Name	Drug Tier	Requirements/Limits
TARKA TAB 4-240 CR	3	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
TWYNSTA TAB 40-5MG	3	
TWYNSTA TAB 40-10MG	3	
TWYNSTA TAB 80-5MG	3	
TWYNSTA TAB 80-10MG	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
VASERETIC TAB 10-25MG	3	
ZIAC TAB 2.5/6.25	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

65

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Drug Name	Drug Tier	Requirements/Limits
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
INSPRA TAB 25MG	3	
INSPRA TAB 50MG	3	
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
PLAQUENIL TAB 200MG	3	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
PRIMAQUINE TAB 26.3MG	3	
<i>pyrimethamine tab 25 mg</i>	1	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
QUALAQUIN CAP 324MG	3	
<i>quinine sulfate cap 324 mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TAB 10MG	5	PA, QL (240 TABLETS PER 30 DAYS)
GUANIDINE TAB 125MG	3	
MESTINON TAB TIMESPAN	3	
PYRIDOSTIGMINE BROMIDE ORAL SOLN 60 MG/5ML	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
RUZURGI TAB 10MG	5	PA, QL (300 TABLETS PER 30 DAYS)
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYAMBUTOL TAB 400MG	3	
MYCOBUTIN CAP 150MG	3	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN TAB 2MG	0	
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
<i>cyclophosphamide cap 25 mg</i>	0	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide cap 50 mg</i>	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
<i>melphalan tab 2 mg</i>	0	
MYLERAN TAB 2MG	0	
TEMODAR CAP 100MG	0	PA
TEMODAR CAP 140MG	0	PA
TEMODAR CAP 180MG	0	PA
TEMODAR CAP 250MG	0	PA
<i>temozolomide cap 5 mg</i>	0	PA
<i>temozolomide cap 20 mg</i>	0	PA
<i>temozolomide cap 100 mg</i>	0	PA
<i>temozolomide cap 140 mg</i>	0	PA
<i>temozolomide cap 180 mg</i>	0	PA
<i>temozolomide cap 250 mg</i>	0	PA
ANTIMETABOLITES		
<i>azacitidine for inj 100 mg</i>	1	PA
<i>capecitabine tab 150 mg</i>	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>capecitabine tab 500 mg</i>	0	PA, QL (300 TABLETS PER 30 DAYS)
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	
PURIXAN SUS 20MG/ML	0	PA
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
VIDAZA INJ 100MG	5	PA
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
XELODA TAB 500MG	0	PA, QL (300 TABLETS PER 30 DAYS)
<i>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</i>		
INLYTA TAB 1MG	0	PA, QL (240 TABLETS PER 30 DAYS)
INLYTA TAB 5MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LENVIMA CAP 4MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA CAP 8 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 10 MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA CAP 12MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 14 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 18 MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 20 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 24 MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
<i>ANTINEOPLASTIC - ANTI-HER2 AGENTS</i>		
TUKYSA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)
TUKYSA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>ANTINEOPLASTIC - BCL-2 INHIBITORS</i>		
VENCLEXTA TAB 10MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 100MG	0	PA, QL (180 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TAB START PK	0	PA, QL (1 PACK EVERY 28 DAYS)
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	0	PA, QL (60 TABLETS PER 30 DAYS)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 30MG	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IRESSA TAB 250MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSE TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSE TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TARCEVA TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
TARCEVA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TARCEVA TAB 150MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ODOMZO CAP 200MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>abiraterone acetate tab 500 mg</i>	0	PA, QL (60 TABLETS PER 30 DAYS)
<i>anastrozole tab 1 mg</i>	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
<i>bicalutamide tab 50 mg</i>	0	
CASODEX TAB 50MG	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

70

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Drug Name	Drug Tier	Requirements/Limits
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>exemestane tab 25 mg</i>	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
<i>flutamide cap 125 mg</i>	0	
<i>letrozole tab 2.5 mg</i>	0	
<i>leuprolide acetate inj kit 5 mg/ml</i>	1	PA
LYSODREN TAB 500MG	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
SOLTAMOX SOL 10MG/5ML	0	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	0	
XTANDI CAP 40MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XTANDI TAB 40MG	0	PA, QL (120 TABLETS PER 30 DAYS)
XTANDI TAB 80MG	0	PA, QL (60 TABLETS PER 30 DAYS)
YONSA TAB 125MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 2MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 3MG	0	PA, QL (21 CAPSULES PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
POMALYST CAP 4MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	0	PA
KISQALI 200 PAK FEMARA	0	PA, QL (50 tabs / 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs / 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (92 tabs / 28 days)
LONSURF TAB 15-6.14	0	PA, QL (100 TABLETS 28 DAYS)
LONSURF TAB 20-8.19	0	PA, QL (80 TABLETS 28 DAYS)
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG	0	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 3MG	0	PA, QL (90 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 5MG	0	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR TAB 2.5MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR TAB 5MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR TAB 7.5MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR TAB 10MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALECENSA CAP 150MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
ALUNBRIG PAK	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 30MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ALUNBRIG TAB 90MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 180MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BALVERSA TAB 3MG	0	PA, QL (84 TABLETS PER 28 DAYS)
BALVERSA TAB 4MG	0	PA, QL (56 TABLETS PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
BALVERSA TAB 5MG	0	PA, QL (28 TABLETS PER 28 DAYS)
BOSULIF TAB 100MG	0	PA, QL (90 TABLETS PER 30 DAYS)
BOSULIF TAB 400MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BOSULIF TAB 500MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BRAFTOVI CAP 75MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
BRUKINSA CAP 80MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
CABOMETYX TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 60MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CALQUENCE CAP 100MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
CAPRELSA TAB 100MG	0	PA, QL (60 TABLETS PER 30 DAYS)
CAPRELSA TAB 300MG	0	PA, QL (30 TABLETS PER 30 DAYS)
COMETRIQ KIT 60MG	0	PA, QL (84 CAPSULES PER 28 DAYS)
COMETRIQ KIT 100MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
COMETRIQ KIT 140MG	0	PA, QL (112 CAPSULES PER 28 DAYS)
COPIKTRA CAP 15MG	0	PA, QL (56 CAPSULES PER 28 days)
COPIKTRA CAP 25MG	0	PA, QL (56 CAPSULES PER 28 days)
COTELLIC TAB 20MG	0	PA, QL (63 TABLETS 28 DAYS)
<i>everolimus tab 2.5 mg</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>everolimus tab 5 mg</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>everolimus tab 7.5 mg</i>	0	PA, QL (30 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAP 75MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE CAP 100MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE CAP 125MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE TAB 75MG	0	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 100MG	0	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 125MG	0	PA, QL (21 TABLETS PER 28 DAYS)
ICLUSIG TAB 10MG	0	PA, QL (30 TABS PER MONTH)
ICLUSIG TAB 15MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ICLUSIG TAB 30MG	0	PA, QL (30 TABS PER MONTH)
ICLUSIG TAB 45MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IDHIFA TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IDHIFA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA, QL (90 TABLETS PER 30 DAYS)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	0	PA, QL (60 TABLETS PER 30 DAYS)
IMBRUVICA CAP 70MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
IMBRUVICA CAP 140MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
IMBRUVICA TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 280MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 420MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 560MG	0	PA, QL (30 TABLETS PER 30 DAYS)
JAKAFI TAB 5MG	0	PA, QL (60 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

74

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Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 10MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 15MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 20MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
KISQALI TAB 200DOSE	0	PA, QL (21 TABLETS PER 28 DAYS)
KISQALI TAB 400DOSE	0	PA, QL (42 TABLETS 28 DAYS)
KISQALI TAB 600DOSE	0	PA, QL (63 TABLETS 28 DAYS)
KOSELUGO CAP 10MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
KOSELUGO CAP 25MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	0	PA, QL (180 TABLETS PER 30 DAYS)
LORBRENA TAB 25MG	0	PA, QL (90 TABLETS PER 30 DAYS)
LORBRENA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
LUMAKRAS TAB 120MG	0	PA
LYNPARZA TAB 100MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LYNPARZA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
MEKINIST TAB 0.5MG	0	PA, QL (90 TABLETS PER 30 DAYS)
MEKINIST TAB 2MG	0	PA, QL (30 TABLETS PER 30 DAYS)
MEKTOVI TAB 15MG	0	PA, QL (180 TABLETS PER 30 DAYS)
NERLYNX TAB 40MG	0	PA, QL (180 TABLETS PER 30 DAYS)
NEXAVAR TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
NINLARO CAP 2.3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

75

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Drug Name	Drug Tier	Requirements/Limits
NINLARO CAP 4MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
PIQRAY 200MG TAB DOSE	0	PA, QL (28 TABLETS PER 28 DAYS)
PIQRAY 250MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
PIQRAY 300MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
ROZLYTREK CAP 100MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ROZLYTREK CAP 200MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
RUBRACA TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RUBRACA TAB 250MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RUBRACA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RYDAPT CAP 25MG	0	PA, QL (224 CAPSULES PER 28 DAYS)
SPRYCEL TAB 20MG	0	PA, QL (90 TABLETS PER 30 DAYS)
SPRYCEL TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 70MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
STIVARGA TAB 40MG	0	PA, QL (84 TABLETS PER 28 DAYS)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
SUTENT CAP 12.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 25MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 37.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 50MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
TAFINLAR CAP 50MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TAFINLAR CAP 75MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TIBSOVO TAB 250MG	0	PA, QL (60 TABLETS PER 30 DAYS)
TYKERB TAB 250MG	0	PA, QL (180 TABLETS PER 30 DAYS)
VERZENIO TAB 50MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 100MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 150MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 200MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VITRAKVI CAP 25MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
VITRAKVI CAP 100MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
VITRAKVI SOL 20MG/ML	0	PA, QL (300 ML PER 30 DAYS)
VOTRIENT TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
XALKORI CAP 200MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XALKORI CAP 250MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XOSPATA TAB 40MG	0	PA, QL (90 TABLETS PER 30 DAYS)
ZEJULA CAP 100MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
ZELBORAF TAB 240MG	0	PA, QL (240 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ZOLINZA CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
ZYKADIA TAB 150MG	0	PA, QL (90 TABLETS PER 30 DAYS)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	5	PA
<i>bexarotene cap 75 mg</i>	0	PA
HYDREA CAP 500MG	0	
<i>hydroxyurea cap 500 mg</i>	0	
INTRON A INJ 10MU	5	PA
INTRON A INJ 18MU	5	PA
INTRON A INJ 25MU	5	PA
INTRON A INJ 50MU	5	PA
MATULANE CAP 50MG	0	
TARGRETIN CAP 75MG	0	PA
<i>tretinoin cap 10 mg</i>	0	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	0	
<i>leucovorin calcium tab 10 mg</i>	0	
<i>leucovorin calcium tab 15 mg</i>	0	
<i>leucovorin calcium tab 25 mg</i>	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
LODOSYN TAB 25MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

78

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Drug Name	Drug Tier	Requirements/Limits
<i>entacapone tab 200 mg</i>	1	
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
INBRIJA CAP 42MG	4	PA, QL (300 CAPSULES PER 30 DAYS)
KYNMOBI MIS 10MG	2	PA, QL (150 Films per 30 Days)
KYNMOBI MIS 15MG	2	PA, QL (150 Films per 30 Days)
KYNMOBI MIS 20MG	2	PA, QL (150 Films per 30 Days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
KYNMOBI MIS 25MG	2	PA, QL (150 Films per 30 Days)
KYNMOBI MIS 30MG	2	PA, QL (150 Films per 30 Days)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
MIRAPEX TAB 0.5MG	3	
MIRAPEX TAB 0.75MG	3	
MIRAPEX TAB 0.125MG	3	
MIRAPEX TAB 1MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<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	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	3	
LITHOBID TAB 300MG CR	3	
ANTIPSYCHOTICS - MISC.		
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
LATUDA TAB 20MG	2	
LATUDA TAB 40MG	2	
LATUDA TAB 60MG	2	
LATUDA TAB 80MG	2	
LATUDA TAB 120MG	2	
NUPLAZID CAP 34MG	5	PA
NUPLAZID TAB 10MG	5	PA
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	
BENZISOXAZOLES		
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TAB 1.5MG	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
PERSERIS INJ 90MG	2	

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Drug Name	Drug Tier	Requirements/Limits
PERSERIS INJ 120MG	2	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
BUTYROPHENONES		
HALDOL DECAN INJ 50MG/ML	3	
HALDOL DECAN INJ 100MG/ML	3	
HALDOL INJ 5MG/ML	3	
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
DIBENZAPINES		
ADASUVE INH 10MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 50MG	3	
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
QUETIAPINE FUMARATE TAB ER 24HR 300 MG	1	
QUETIAPINE FUMARATE TAB ER 24HR 400 MG	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	
ZYPREXA RELP INJ 405MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
DIHYDROINDOLONES		
<i>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 mg</i>	1	
PHENOTHIAZINES		
CHLORPROMAZINE HCL INJ 25 MG/ML	1	
CHLORPROMAZINE HCL INJ 50 MG/2ML	1	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	1	
<i>prochlorperazine edisylate inj 50 mg/10ml</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
QUINOLINONE DERIVATIVES		
<i>ABILIFY MAIN INJ 300MG</i>	2	
<i>ABILIFY MAIN INJ 400MG</i>	2	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	
ARISTADA INJ 1064MG	3	QL (23.077 injections / year)
ARISTADA INJ INITIO	3	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
<i>formaldehyde solution 10%</i>	1	
GLUTARALDEHY SOL 25%	3	
<i>hydrogen peroxide soln 30%</i>	1	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (900 ML PER 30 DAYS)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (30 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (30 CAPSULES PER 30 DAYS)
ATRIPLA TAB	3	QL (30 TABLETS PER 30 DAYS)
BIKTARVY TAB	2	QL (30 TABLETS PER 30 DAYS)
CIMDUO TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
COMBIVIR TAB 150-300	3	QL (60 TABLETS PER 30 DAYS)
CRIXIVAN CAP 400MG	3	QL (180 CAPSULES PER 30 DAYS)
DESCOVY TAB 200/25MG	2	PA, QL (30 TABLETS PER 30 DAYS)
DOVATO TAB 50-300MG	2	QL (30 TABLETS PER 30 DAYS)
EDURANT TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
<i>efavirenz cap 50 mg</i>	1	QL (90 CAPSULES PER 30 DAYS)
<i>efavirenz cap 200 mg</i>	1	QL (90 CAPSULES PER 30 DAYS)
<i>efavirenz tab 600 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine caps 200 mg</i>	1	QL (30 CAPSULES PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 TABLETS PER 30 DAYS); \$0 copay for pre exposure prophylaxis

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
EMTRIVA CAP 200MG	2	QL (30 CAPSULES PER 30 DAYS)
EMTRIVA SOL 10MG/ML	2	QL (680 ML PER 28 DAYS)
EPIVIR SOL 10MG/ML	3	QL (900 ML PER 30 DAYS)
EPIVIR TAB 150MG	3	QL (60 TABLETS PER 30 DAYS)
EPIVIR TAB 300MG	3	QL (30 TABLETS PER 30 DAYS)
EPZICOM TAB 600-300	3	QL (30 TABLETS PER 30 DAYS)
<i>etravirine tab 100 mg</i>	1	QL (120 TABLETS PER 30 DAYS)
<i>etravirine tab 200 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
EVOTAZ TAB 300-150	2	QL (30 TABLETS PER 30 DAYS)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (120 TABLETS PER 30 DAYS)
FUZEON INJ 90MG	2	PA, QL (60 VIALS PER 30 DAYS)
GENVOYA TAB	2	QL (30 TABLETS PER 30 DAYS)
INTELENCE TAB 25MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 100MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 200MG	2	QL (60 TABLETS PER 30 DAYS)
ISENTRESS CHW 25MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS CHW 100MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS HD TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
ISENTRESS POW 100MG	2	QL (60 PACKETS PER 30 DAYS)
ISENTRESS TAB 400MG	2	QL (120 TABLETS PER 30 DAYS)
JULUCA TAB 50-25MG	3	QL (30 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
KALETRA SOL	3	QL (1575 ML PER 28 DAYS)
KALETRA TAB 100-25MG	3	QL (240 TABLETS PER 30 DAYS)
KALETRA TAB 200-50MG	3	QL (120 TABLETS PER 30 DAYS)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (900 ML PER 30 DAYS)
<i>lamivudine tab 150 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>lamivudine tab 300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (1575 ML PER 28 DAYS)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (240 TABLETS PER 30 DAYS)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (120 TABLETS PER 30 DAYS)
<i>nevirapine susp 50 mg/5ml</i>	1	QL (1200 ML PER 30 ML DAYS)
<i>nevirapine tab 200 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (90 TABLETS PER 30 DAYS)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
NORVIR POW 100MG	2	QL (360 PACKETS PER 30 DAYS)
NORVIR SOL 80MG/ML	2	QL (480 ML PER 30 DAYS)
NORVIR TAB 100MG	2	QL (360 TABLETS PER 30 DAYS)
ODEFSEY TAB	2	QL (30 TABLETS PER 30 DAYS)
PREZCOBIX TAB 800-150	2	QL (30 TABLETS PER 30 DAYS)
PREZISTA SUS 100MG/ML	2	QL (400 ML PER 30 DAYS)
PREZISTA TAB 75MG	2	QL (300 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

90

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA TAB 150MG	2	QL (180 TABLETS PER 30 DAYS)
PREZISTA TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
PREZISTA TAB 800MG	2	QL (30 TABLETS PER 30 DAYS)
RETROVIR CAP 100MG	3	QL (180 CAPSULES PER 30 DAYS)
RETROVIR SYP 50MG/5ML	3	QL (1800 ML PER 30 DAYS)
REYATAZ CAP 150MG	3	QL (30 CAPSULES PER 30 DAYS)
REYATAZ CAP 200MG	3	QL (60 CAPSULES PER 30 DAYS)
REYATAZ CAP 300MG	3	QL (30 CAPSULES PER 30 DAYS)
REYATAZ POW 50MG	3	QL (180 PACKETS PER 30 DAYS)
<i>ritonavir tab 100 mg</i>	1	QL (360 TABLETS PER 30 DAYS)
RUKOBIA TAB 600MG ER	3	PA
SELZENTRY SOL 20MG/ML	3	QL (1840 ML PER 30 days)
SELZENTRY TAB 25MG	3	QL (240 TABLETS PER 30 DAYS)
SELZENTRY TAB 75MG	3	QL (60 TABLETS PER 30 DAYS)
SELZENTRY TAB 150MG	3	QL (60 TABLETS PER 30 DAYS)
SELZENTRY TAB 300MG	3	QL (120 TABLETS PER 30 DAYS)
<i>stavudine cap 15 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>stavudine cap 20 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>stavudine cap 30 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>stavudine cap 40 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
SUSTIVA CAP 50MG	3	QL (90 CAPSULES PER 30 DAYS)
SUSTIVA CAP 200MG	3	QL (90 CAPSULES PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
SUSTIVA TAB 600MG	3	QL (30 TABLETS PER 30 DAYS)
SYMFI LO TAB	3	QL (30 TABLETS PER 30 DAYS)
SYMFI TAB	3	QL (30 TABLETS PER 30 DAYS)
SYMTUZA TAB	2	QL (30 TABLETS PER 30 DAYS)
TEMIXYS TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
TIVICAY PD TAB 5MG	2	QL (360 TABLETS PER 30 DAYS)
TIVICAY TAB 10MG	2	QL (240 TABLETS PER 30 DAYS)
TIVICAY TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
TIVICAY TAB 50MG	2	QL (60 TABLETS PER 30 DAYS)
TRIUMEQ TAB	2	QL (30 TABLETS PER 30 DAYS)
TRIZIVIR TAB	3	QL (60 TABLETS PER 30 DAYS)
TRUVADA TAB 100-150	3	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 133-200	3	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 167-250	3	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 200-300	3	QL (30 TABLETS PER 30 DAYS)
TYBOST TAB 150MG	3	QL (30 TABLETS PER 30 DAYS)
VIRAMUNE SUS 50MG/5ML	3	QL (1200 ML PER 30 ML DAYS)
VIRAMUNE XR TAB 400MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD POW 40MG/GM	3	QL (240 GM PER 30 DAYS)
VIREAD TAB 150MG	3	QL (30 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

92

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Drug Name	Drug Tier	Requirements/Limits
VIREAD TAB 200MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 250MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 300MG	3	QL (30 TABLETS PER 30 DAYS)
ZIAGEN SOL 20MG/ML	3	QL (900 ML PER 30 DAYS)
ZIAGEN TAB 300MG	3	QL (60 TABLETS PER 30 DAYS)
<i>zidovudine cap 100 mg</i>	1	QL (180 CAPSULES PER 30 DAYS)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (1800 ML PER 30 DAYS)
<i>zidovudine tab 300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
CMV AGENTS		
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 ML PER 30 DAYS)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (120 tablets for 30 days)
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDGE SOL	2	QL (630 ml per 30 days)
<i>entecavir tab 0.5 mg</i>	1	QL (30 tabs per 30 days)
<i>entecavir tab 1 mg</i>	1	QL (30 tabs per 30 days)
EPCLUSA PAK 150-37.5	2	PA
EPCLUSA PAK 200-50MG	2	PA
EPCLUSA TAB 200-50MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	4	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5, 6

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
HARVONI PAK 45-200MG	4	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	1	
PEGINTRON KIT 50MCG	5	
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
SOVALDI PAK 150MG	5	PA, QL (28 PELLETS PER 28 DAYS)
SOVALDI PAK 200MG	5	PA, QL (28 PELLETS PER 28 DAYS)
SOVALDI TAB 200MG	5	PA, QL (28 TABLETS PER 28 DAYS)
SOVALDI TAB 400MG	5	PA, QL (28 TABLETS PER 28 DAYS)
VEMLIDY TAB 25MG	2	QL (30 TABLETS PER 30 DAYS)
VOSEVI TAB	4	PA, QL (28 TABLETS PER 28 DAYS); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
SITAVIG TAB 50MG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (28 caps / 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (14 caps / 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (14 caps / 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (180 mL / 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	
TAMIFLU CAP 30MG	3	QL (28 caps / 90 days)
TAMIFLU CAP 45MG	3	QL (14 caps / 90 days)
TAMIFLU CAP 75MG	3	QL (14 caps / 90 days)
TAMIFLU SUS 6MG/ML	3	QL (180 mL / 90 days)
MISC. ANTIVIRALS		
FAVIPIRAVIR TAB 200MG	3	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
BETA BLOCKERS NON-SELECTIVE		
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
CORGARD TAB 80MG	3	
HEMANGEOL SOL 4.28/ML	3	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
SOTYLIZE SOL 5MG/ML	3	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKERS**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 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	3	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

97

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 30 MG	1	
NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 60 MG	1	
NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 90 MG	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
NYMALIZE SOL	3	
PROCARDIA CAP 10MG	3	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
SULAR TAB 8.5MG	3	
SULAR TAB 17MG	3	
SULAR TAB 34MG	3	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN TAB 0.0625MG	3	
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
BIDIL TAB	2	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

100

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TAB 97-103MG	2	
IMPOTENCE AGENTS		
CAVERJECT IM KIT 10MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	3	QL (6 per month); Coverage is subject to your plan/benefits
CAVERJECT KIT 20MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
EDEX KIT 10MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
EDEX KIT 20MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
EDEX KIT 40MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 125MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 250MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 500MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 1000MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

101

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>tadalafil tab 2.5 mg</i>	1	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
<i>tadalafil tab 5 mg</i>	1	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
<i>tadalafil tab 10 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>tadalafil tab 20 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG	1	QL (6 TABS PER MONTH)
<i>ardenafil hcl tab 2.5 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>ardenafil hcl tab 5 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>ardenafil hcl tab 10 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>vardenafil hcl tab 20 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
PERIPHERAL VASODILATORS		
<i>isoxsuprine hcl tab 20 mg</i>	3	
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 5MG	4	PA
TYVASO REFIL SOL 0.6MG/ML	5	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO SOL 0.6MG/ML	5	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO START SOL 0.6MG/ML	5	PA, QL (28 AMPULES PER 28 DAYS)
VENTAVIS SOL 10MCG/ML	5	PA, QL (270 AMPULES PER 30 DAYS)
VENTAVIS SOL 20MCG/ML	5	PA, QL (270 AMPULES PER 30 DAYS)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>ambrisentan tab 10 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>bosentan tab 62.5 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>bosentan tab 125 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
OPSUMIT TAB 10MG	4	PA, QL (30 TABLETS PER 30 DAYS)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	PA, QL (224 ML PER 30 DAYS)
<i>sildenafil citrate tab 20 mg</i>	1	PA, QL (90 TABLETS PER 30 DAYS)
<i>tadalafil tab 20 mg (pah)</i>	1	PA, QL (60 TABLETS PER 30 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

103

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Drug Name	Drug Tier	Requirements/Limits
<i>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</i>		
UPTRAVI TAB 200/800	4	PA, QL (1 PACK EVERY 28 DAYS)
UPTRAVI TAB 200MCG	4	PA, QL (140 TABLETS PER 28 DAYS)
UPTRAVI TAB 400MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 600MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 800MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1000MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1200MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1400MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1600MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
<i>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</i>		
ADEMPAS TAB 0.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2MG	4	PA, QL (90 TABLETS PER 30 DAYS)
<i>SINUS NODE INHIBITORS</i>		
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
<i>TRANSTHYRETIN STABILIZERS</i>		
VYNDAMAX CAP 61MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
<i>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</i>		
VERQUVO TAB 2.5MG	3	
VERQUVO TAB 5MG	3	
VERQUVO TAB 10MG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

104

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Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
KEFLEX CAP 750MG	3	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	3	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
SUPRAX CHW 200MG	2	
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	

CONTRACEPTIVES**COMBINATION CONTRACEPTIVES - ORAL**

BALCOLTRA TAB 0.1-20	0	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	0	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	0	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
ESTROSTEP FE TAB	3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
GENERESS FE CHW	3	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

106

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	
LO LOESTRIN TAB 1-10-10	0	
LOSEASONIQUE TAB	3	
MIRCETTE TAB 28 DAY	3	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	0	
<i>norethindrone ace-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	0	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	
NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

107

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	0	
SAFYRAL TAB	3	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring / 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	0	QL (13 rings / 300 days)
ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR	0	QL (13 rings / 300 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
<i>levonorgestrel tab 1.5 mg</i>	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	3	QL (1 injection / 59 days)
DEPO-PROVERA INJ 150MG/ML	3	QL (4 injections / 300 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (1 injection / 59 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 injections / 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	0	
ORTHO MICRON TAB 0.35MG	3	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide delayed release particles cap 3 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

108

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide tab er 24hr 9 mg</i>	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
ENTOCORT EC CAP 3MG DR	3	
HYDROCORTISONE TAB 5 MG	1	
HYDROCORTISONE TAB 10 MG	1	
HYDROCORTISONE TAB 20 MG	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
MEDROL TAB 32MG	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
PEDIAPRED SOL 5MG/5ML	3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

109

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
PREDNISON CON 5MG/ML	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 100MG	3	PA
SOLU-CORTEF INJ 250MG	3	PA
SOLU-CORTEF INJ 500MG	3	PA
SOLU-CORTEF INJ 1000MG	3	PA
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	QL (30 mL/day for 7 days per month)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

110

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	QL (6 tablets/day for 7 days per month)
TESSALON PER CAP 100MG	3	
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
GUAIFENESIN-CODEINE LIQUID 225-7.5 MG/5ML	1	QL (45 mL/day for 7 days per month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	QL (60 mL/day for 7 days per month)
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (10 mL/day for 7 days per month)
MAR-COF CG LIQ 225-7.5	3	QL (45 mL/day for 7 days per month)
NEOTUSS PLUS LIQ	3	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL (30 mL/day for 7 days per month)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL (30 mL/day for 7 days per month)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
TUSSICAPS CAP 10-8MG	3	QL (2 capsules/day for 7 days per month)
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
MUCOLYTICS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

111

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
ACZONE GEL 5%	3	
ACZONE GEL 7.5%	3	
<i>adapalene cream 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.3%</i>	1	PA
ADAPALENE-BENZOYL PEROXIDE GEL 0.1-2.5%	1	
ARAZLO LOT 0.045%	3	
BENZAMYCIN GEL 5-3%	3	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide liq 7%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
CLEOCIN-T LOT 1%	3	QL (60 mL / month)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL (75 gm / month)
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 mL / month)
<i>clindamycin phosphate soln 1%</i>	1	QL (60 mL / month)
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone gel 5%</i>	1	
DAPSONE GEL 7.5%	1	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.1%	3	PA
DIFFERIN GEL 0.3%	3	PA
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
ERYGEL GEL 2%	3	QL (60 mL / month)
<i>erythromycin gel 2%</i>	1	QL (60 mL / month)
<i>erythromycin pads 2%</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

112

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin soln 2%</i>	1	QL (60 mL / month)
EVOCLIN AER 1%	3	
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	2	
RETIN-A CRE 0.1%	3	
RETIN-A CRE 0.05%	3	
RETIN-A CRE 0.025%	3	
RETIN-A GEL 0.01%	3	
RETIN-A GEL 0.025%	3	
RETIN-A MICR GEL 0.1%	3	PA
RETIN-A MICR GEL 0.1%PUMP	3	PA
RETIN-A MICR GEL 0.04%	3	PA
RETIN-A MICR GEL 0.04%PMP	3	PA
RETIN-A MICR GEL 0.06%	3	PA
RETIN-A MICR GEL 0.08%	3	PA
RIAX AER 5.5%	3	
RIAX AER 9.5%	3	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	1	
<i>tretinoin cream 0.1%</i>	1	PA
<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	
<i>tretinoin cream 0.025%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.05%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	
<i>tretinoin gel 0.025%</i>	1	PA
<i>tretinoin microsphere gel 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%</i>	1	PA
ZACLIR LOT 8%	3	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	PA, QL (150 ml per 21 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

113

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Drug Name	Drug Tier	Requirements/Limits
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
CENTANY OIN 2%	3	QL (30 gm / month)
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin oint 2%</i>	1	QL (30 gm / month)
XEPI CRE 1%	3	
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel 0.77%</i>	1	QL (120 GM Per month)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	QL (120 GM Per month)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	QL (120 ML Per month)
<i>ciclopirox shampoo 1%</i>	1	QL (120 ML Per month)
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate cream 1%</i>	1	QL (60 GM Per month)
EXELDERM CRE 1%	3	QL (60 GM Per month)
EXELDERM SOL 1%	3	QL (60 ML Per month)
EXODERM LOT 25-1%	3	
EXTINA AER 2%	3	QL (100 GM Per month)
<i>iodoquinol-hc cream 1-1%</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</i>	1	
<i>ketoconazole cream 2%</i>	1	QL (120 GM Per month)
<i>ketoconazole shampoo 2%</i>	1	QL (120 ML Per month)
LOPROX SHA 1%	3	QL (120 ML Per month)
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (120 GM per month)
<i>naftifine hcl cream 1%</i>	1	QL (60 GM Per month)
<i>naftifine hcl cream 2%</i>	1	QL (60 GM Per month)
<i>naftifine hcl gel 1%</i>	1	QL (120 GM Per month)
<i>nystatin cream 100000 unit/gm</i>	1	QL (120 GM per month)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120 GM per month)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 GM per month)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

114

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	QL (90 GM Per month)
<i>sulconazole nitrate cream 1%</i>	1	QL (60 GM Per month)
<i>sulconazole nitrate solution 1%</i>	1	QL (60 ML Per month)
<i>tavaborole soln 5%</i>	1	PA, QL (4 mL per 21 days)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
EFUDEX CRE 5%	3	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
TARGRETIN GEL 1%	5	PA
VALCHLOR GEL 0.016%	5	PA, QL (2 TUBES PER 30 DAYS)
ANTIPRURITICS - TOPICAL		
PRUDOXIN CRE 5%	3	ST, QL (45 grams / month)
ZONALON CRE 5%	3	ST, QL (45 grams / month)
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
COSENTYX INJ 75MG/0.5	2	PA, QL (1 syringe per 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

115

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 150MG/ML	4	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
COSENTYX INJ 300DOSE	4	PA, QL (300 mg (2 ml) per 28 days); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 PEN PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
COSENTYX PEN INJ 300DOSE	4	PA, QL (300 mg (2 ml) per 28 days); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
DOVONEX CRE 0.005%	3	
METHOXSALEN RAPID CAP 10 MG	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

116

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 150DOSE	4	PA, QL (2 SYRINGES PER 12 WEEKS); Preferred for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 150MG/ML	4	PA; Preferred for Psoriasis
SKYRIZI PEN INJ 150MG/ML	4	PA; Preferred for Psoriasis
SORIATANE CAP 10MG	3	
SORIATANE CAP 25MG	3	
STELARA INJ 45MG/0.5	4	PA, QL (1 SYRINGE PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
STELARA INJ 45MG/0.5	4	PA, QL (1 VIAL PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

117

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Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 90MG/ML	4	PA, QL (1 PFS PER 8 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
TALTZ INJ 80MG/ML	4	PA, QL (1 INJ PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
TALTZ INJ 80MG/ML	4	PA, QL (1 PFS PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>tazarotene cream 0.1%</i>	1	
TREMFYA INJ 100MG/ML	4	PA, QL (1 PFS PER 8 WEEKS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 2.5%</i>	1	
SODIUM SULFA LIQ 10% WASH	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

118

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Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
SILVADENE CRE 1%	3	
<i>silver sulfadiazine cream 1%</i>	1	
SULFAMYLON CRE 85MG/GM	3	
SULFAMYLON PAK 5%	3	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (120 gm / month)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (120 gm / month)
<i>amcinonide cream 0.1%</i>	1	QL (120 gm / month)
<i>amcinonide lotion 0.1%</i>	1	QL (120 mL / month)
AMCINONIDE OIN 0.1%	3	QL (120 gm / month)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120 mL / month)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120 mL / month)
<i>betamethasone dipropionate oint 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (120 gm / month)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (120 gm / month)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (120 mL / month)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (120 gm / month)
BRYHALI LOT 0.01%	2	QL (120 gm / month)
<i>clobetasol propionate cream 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate emollient base cream 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate emulsion foam 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate foam 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate gel 0.05%</i>	1	QL (120 gm / month)
PA - Prior Authorization QL - Quantity Limits ST - Step Therapy		

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120 mL / month)
<i>clobetasol propionate oint 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (120 mL / month)
<i>clobetasol propionate soln 0.05%</i>	1	QL (120 mL / month)
CLOBEX LOT 0.05%	3	QL (120 mL / month)
CLOBEX SHA 0.05%	3	QL (120 mL / month)
CLODERM CRE 0.1%	3	QL (120 gm / month)
CUTIVATE LOT 0.05%	3	QL (120 mL / month)
DERMA-SMOOTH OIL /FS BODY	3	QL (120 mL / month)
DERMA-SMOOTH OIL /FS SCLP	3	QL (120 mL / month)
DESONATE GEL 0.05%	3	QL (120 gm / month)
<i>desonide cream 0.05%</i>	1	QL (120 gm / month)
<i>desonide lotion 0.05%</i>	1	QL (120 mL / month)
<i>desonide oint 0.05%</i>	1	QL (120 gm / month)
DESOWEN CRE 0.05%	3	QL (120 gm / month)
<i>desoximetasone cream 0.05%</i>	1	QL (120 gm / month)
<i>desoximetasone cream 0.25%</i>	1	QL (120 gm / month)
<i>desoximetasone gel 0.05%</i>	1	QL (120 gm / month)
<i>desoximetasone oint 0.25%</i>	1	QL (120 gm / month)
<i>desoximetasone spray 0.25%</i>	1	QL (120 mL / month)
DIPROLENE AF CRE 0.05%	3	QL (120 gm / month)
DIPROLENE OIN 0.05%	3	QL (120 gm / month)
DUOBRII LOT	2	
ENSTILAR AER	2	
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (120 gm / month)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 gm / month)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (120 mL / month)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (120 mL / month)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120 gm / month)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (120 mL / month)
<i>fluocinonide cream 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide gel 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide oint 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide soln 0.05%</i>	1	QL (120 mL / month)
<i>fluticasone propionate cream 0.05%</i>	1	QL (120 gm / month)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120 mL / month)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120 gm / month)
<i>halobetasol propionate cream 0.05%</i>	1	QL (120 gm / month)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120 gm / month)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

120

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Drug Name	Drug Tier	Requirements/Limits
HC/PRAMOXINE CRE 1-2.35%	3	
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120 gm / month)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120 gm / month)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (120 mL / month)
<i>hydrocortisone cream 2.5%</i>	1	QL (120 gm / month)
<i>hydrocortisone lotion 2.5%</i>	1	QL (120 mL / month)
<i>hydrocortisone oint 2.5%</i>	1	QL (120 gm / month)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (120 gm / month)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120 gm / month)
LOCOID LIPO CRE 0.1%	3	QL (120 gm / month)
LOCOID LOT 0.1%	3	QL (120 mL / month)
<i>mometasone furoate cream 0.1%</i>	1	QL (120 gm / month)
<i>mometasone furoate oint 0.1%</i>	1	QL (120 gm / month)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120 mL / month)
OLUX AER 0.05%	3	QL (120 gm / month)
PANDEL CRE 0.1%	3	QL (120 gm / month)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
<i>prednicarbate cream 0.1%</i>	1	QL (120 gm / month)
<i>prednicarbate oint 0.1%</i>	1	QL (120 gm / month)
SERNIVO SPR	3	QL (120 mL / month)
SERNIVO SPR 0.05%	3	QL (120 mL / month)
SYNALAR CRE 0.025%	3	QL (120 gm / month)
SYNALAR OIN 0.025%	3	QL (120 gm / month)
SYNALAR SOL 0.01%	3	QL (120 mL / month)
TACLONEX OIN	2	
TACLONEX SUS	2	
TEMOVATE CRE 0.05%	3	QL (120 gm / month)
TEMOVATE OIN 0.05%	3	QL (120 gm / month)
TEXACORT SOL 2.5%	3	QL (120 mL / month)
TOPICORT CRE 0.05%	3	QL (120 gm / month)
TOPICORT CRE 0.25%	3	QL (120 gm / month)
TOPICORT GEL 0.05%	3	QL (120 gm / month)
TOPICORT OIN 0.05%	3	QL (120 gm / month)
TOPICORT OIN 0.25%	3	QL (120 gm / month)
TOPICORT SPR 0.25%	3	QL (120 mL / month)
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (120 mL / month)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

121

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (120 mL / month)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (120 gm / month)
TRIDESILON CRE 0.05%	3	QL (120 gm / month)
ECZEMA AGENTS		
DUPIXENT INJ 100/0.67	2	PA
DUPIXENT INJ 200/1.14	4	PA, QL (2 PFS PER 28 DAYS)
DUPIXENT INJ 200MG	4	PA, QL (2 PFS PER 28 DAYS)
DUPIXENT INJ 300/2ML	4	PA, QL (2 PENS PER 28 DAYS)
DUPIXENT INJ 300/2ML	4	PA, QL (2 PFS PER 28 DAYS)
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea cream 39%</i>	1	
EMOLLIENTS		
LACTIC ACID LOT 10%	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	1	ST
PROTOPIC OIN 0.1%	3	ST
PROTOPIC OIN 0.03%	3	ST
<i>tacrolimus oint 0.1%</i>	1	ST
<i>tacrolimus oint 0.03%</i>	1	ST
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL 0.5%	3	
GORDOFILM SOL	3	
<i>podofilox soln 0.5%</i>	1	
PYROGALL ACD OIN	3	
SALIMEZ FORT CRE 10%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
ANACAINE OIN	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

122

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
<i>ethyl chlor aer fine pin</i>	3	
ETHYL CHLOR AER FN STRM	3	
<i>ethyl chlor aer med jet</i>	3	
ETHYL CHLOR AER MED STRM	3	
<i>ethyl chlor aer mist</i>	3	
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL / month)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60 mL / month)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (10 injections / month)
<i>lidocaine oint 5%</i>	1	QL (50 gm / month)
<i>lidocaine patch 5%</i>	1	QL (90 ea / month)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm / month)
LIDODERM DIS 5%	3	QL (90 ea / month)
SYNERA DIS 70-70MG	3	QL (2 patches / month)
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
QBREXZA PAD 2.4%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
FINACEA AER 15%	2	
METROCREAM CRE 0.75%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG	1	Tier 1 with DAW9
SCABICIDES & PEDICULICIDES		
<i>crotamiton lotion 10%</i>	1	
ELIMITE CRE 5%	3	
IVERMECTIN LOTION 0.5%	1	
<i>lindane shampoo 1%</i>	1	
<i>malathion lotion 0.5%</i>	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

123

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
SULF LIME SOL	3	
TAR PRODUCTS		
<i>coal tar soln 20%</i>	1	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	0	QL (240 strips / month)
ACCU-CHEK TES COMPACT	0	QL (240 strips / month)
ACCU-CHEK TES GUIDE	0	QL (240 strips / month)
ACCU-CHEK TES SMART	0	QL (240 strips / month)
CHEMSTRIP K TES	0	
CHEMSTRIP TES UGK	0	
CVS KETONE TES CARE	0	
DIASTIX TES STRIPS	0	
FORA GTEL TES KETONE	0	
GOJJI BLOOD TES KETONE	0	
KETO-DIASTIX TES	0	
KETONE TES	0	
KETONE TEST TES	0	
KETOSTIX TES STRIP	0	
NOVA MAX PLS TES KETONE	0	
ONETOUCH TES ULTRA	0	QL (240 strips / month)
ONETOUCH TES VERIO	0	QL (240 strips / month)
PRECISN XTRA TES KETONE	0	
PTS PANELS TES KETONE	0	
RELION TES KETONE	0	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
BETTERMILK15 POW GLYTACTN	3	Coverage is subject to your plan/benefits
BETTERMILK PAK GLYACTI	3	Coverage is subject to your plan/benefits
CAMINO PRO LIQ 15PE	3	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

124

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
COMPLEAT PED LIQ ORG BLND	3	PA; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
DIABETIC TF LIQ	3	PA; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	3	PA; Coverage is subject to your plan/benefits
EAA SUPPLEME POW TROPICAL	3	Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	3	Coverage is subject to your plan/benefits
EO28 SPLASH LIQ ORANGE	3	PA; Coverage is subject to your plan/benefits
F.A.A. LIQ	3	PA; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	3	PA; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	3	PA; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
GLYROL LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
GLYTACTIN POW RESTOR10	3	Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
HCU EXP20 PAK UNFLAVOR	3	Coverage is subject to your plan/benefits
HCU EXPRESS PAK	3	Coverage is subject to your plan/benefits
HOMACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
ISOSOURCE HN LIQ	3	PA; Coverage is subject to your plan/benefits
ISOSOURCE LIQ	3	PA; Coverage is subject to your plan/benefits

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

125

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
ISOVACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	3	PA; Coverage is subject to your plan/benefits
JEVITY 1.2 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
JEVITY 1.5 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
LANAFLEX PAK	3	Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	3	PA; Coverage is subject to your plan/benefits
LOPHLEX POW	3	Coverage is subject to your plan/benefits
MCT PRO-CAL PAK	3	PA; Coverage is subject to your plan/benefits
NEOCATE LIQ SPLASH	3	PA; Coverage is subject to your plan/benefits
NEOKE MCT70 POW	3	PA; Coverage is subject to your plan/benefits
NEPRO LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
NOVASOURCE LIQ RENAL	3	PA; Coverage is subject to your plan/benefits
NUTRAMINE PAK	3	PA; Coverage is subject to your plan/benefits
NUTREN 1.0 LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
NUTREN 2.0 LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
NUTREN JR LIQ	3	PA; Coverage is subject to your plan/benefits
NUTREN LIQ JUNIOR	3	PA; Coverage is subject to your plan/benefits
NUTREN RENAL LIQ	3	PA; Coverage is subject to your plan/benefits
NUTRIRENAL LIQ	3	PA; Coverage is subject to your plan/benefits
OPTIMENTAL LIQ	3	PA; Coverage is subject to your plan/benefits

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

126

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Drug Name	Drug Tier	Requirements/Limits
OSMOLITE 1 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.2 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.5 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE HN LIQ	3	PA; Coverage is subject to your plan/benefits
OSMOLITE LIQ	3	PA; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	3	PA; Coverage is subject to your plan/benefits
OXEPA LIQ	3	PA; Coverage is subject to your plan/benefits
PEDIASURE EN LIQ /FIBER	3	PA; Coverage is subject to your plan/benefits
PEDIASURE LIQ PEPTIDE	3	PA; Coverage is subject to your plan/benefits
PEPTAMEN LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
PEPTAMEN LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ	3	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PERATIVE LIQ	3	PA; Coverage is subject to your plan/benefits
PHENACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
PHLEXY-10 POW	3	PA; Coverage is subject to your plan/benefits
PIVOT LIQ 1.5 CAL	3	PA; Coverage is subject to your plan/benefits
PKU EXPLORE5 POW UNFLAVOR	3	Coverage is subject to your plan/benefits
PPA/MMA POW EXPRESS	3	Coverage is subject to your plan/benefits
PRO-PHREE POW	3	Coverage is subject to your plan/benefits
PROMACTIN AA SUS PLUS	3	Coverage is subject to your plan/benefits

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

127

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
PROMOTE 1.0 LIQ W/ FIBER	3	PA; Coverage is subject to your plan/benefits
PROMOTE LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PROMOTE W/ LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
PROMOTE W/FB LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PROMOTE/ LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
PROSOURCE LIQ TF	3	PA; Coverage is subject to your plan/benefits
REPLETE FIBE LIQ 1 CAL	3	PA; Coverage is subject to your plan/benefits
REPLETE LIQ ULTRAPAK	3	PA; Coverage is subject to your plan/benefits
RESOURCE DIA LIQ TF	3	PA; Coverage is subject to your plan/benefits
S.O.S. 20 POW	3	Coverage is subject to your plan/benefits
S.O.S. 25 POW	3	Coverage is subject to your plan/benefits
SUPLENA LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
TOLEREX POW	3	PA; Coverage is subject to your plan/benefits
TWOCAL HN LIQ	3	PA; Coverage is subject to your plan/benefits
TYLACTIN POW BLD 20PE	3	Coverage is subject to your plan/benefits
ULTRACAL HN LIQ PLUS	3	PA; Coverage is subject to your plan/benefits
ULTRACAL LIQ	3	PA; Coverage is subject to your plan/benefits
ULTRIENT 1.5 LIQ SAFE-T	3	PA; Coverage is subject to your plan/benefits
VILACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
VITAL HN POW	3	PA; Coverage is subject to your plan/benefits
VIVONEX RTF LIQ	3	PA; Coverage is subject to your plan/benefits

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

128

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Drug Name	Drug Tier	Requirements/Limits
DIGESTIVE AIDS		
<i>DIGESTIVE ENZYMES</i>		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
SUCRAID SOL 8500/ML	3	PA
SUCRAID SOL 8500/ML	5	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000	2	
ZENPEP CAP 40000	2	
DIURETICS		
<i>CARBONIC ANHYDRASE INHIBITORS</i>		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
KEVEYIS TAB 50MG	5	PA, QL (120 TABLETS PER 30 DAYS)
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>DIURETIC COMBINATIONS</i>		
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

129

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
LOOP DIURETICS		
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
<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	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
<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	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

130

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Drug Name	Drug Tier	Requirements/Limits
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
<i>BONE DENSITY REGULATORS</i>		
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
BONIVA TAB 150MG	3	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO INJ 620/2.48	4	PA, QL (1 PEN PER MONTH)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
NATPARA INJ 25MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 50MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 75MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 100MCG	5	PA, QL (2 CARTRIDGES PER 28 DAYS)
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
TYMLOS INJ	4	PA, QL (1PEN PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

131

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Drug Name	Drug Tier	Requirements/Limits
CORTICOTROPIN		
ACTHAR INJ 80UNIT	5	PA, QL (35ML PER 21 DAYS)
FERTILITY REGULATORS		
<i>clomiphene citrate tab 50 mg</i>	1	Coverage is subject to your plan/benefits
GONAL-F INJ 450UNIT	4	PA, QL (10 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F INJ 1050UNIT	4	PA, QL (6 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	4	PA, QL (60 VIALS PER 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 300/0.5	4	PA, QL (15 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 450/0.75	4	PA, QL (10 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 900/1.5	4	PA, QL (7 CARTRIDGE PER 28 DAYS); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	5	PA; Coverage is subject to your plan/benefits
OVIDREL INJ	4	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	3	PA, QL (30 VIALS PER 30 DAYS)
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

132

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Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene hcl tab 60 mg</i>	0	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
CARBAGLU TAB 200MG	5	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	PA, QL (120 TABLETS PER 30 DAYS)
CYSTADANE POW	5	PA
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
GALAFOLD CAP 123MG	5	PA, QL (14 CAPSULES PER 28 DAYS)
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
MYALEPT INJ 11.3MG	5	PA, QL (30 VIALS PER 30 DATA)
<i>nitisinone cap 2 mg</i>	1	PA
<i>nitisinone cap 5 mg</i>	1	PA
<i>nitisinone cap 10 mg</i>	1	PA
NITYR TAB 2MG	5	PA
NITYR TAB 5MG	5	PA
NITYR TAB 10MG	5	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
REVCOVI INJ 1.6MG/ML	5	
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

133

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Drug Name	Drug Tier	Requirements/Limits
ROCALTROL SOL 1MCG/ML	3	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA
SENSIPAR TAB 30MG	5	PA, QL (60 TABLETS PER 30 DAYS)
SENSIPAR TAB 60MG	5	PA, QL (60 TABLETS PER 30 DAYS)
SENSIPAR TAB 90MG	5	PA, QL (120 TABLETS PER 30 DAYS)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	PA, QL (600 GRAMS PER 30 DATS)
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA, QL (1200 TABLETS PER 30 DAYS)
STRENSIQ INJ 18/0.45	5	PA
STRENSIQ INJ 28/0.7ML	5	PA
STRENSIQ INJ 40MG/ML	5	PA
STRENSIQ INJ 80/0.8ML	5	PA
XURIDEN POW 2GM	5	QL (4 PACKETS PER DAY)
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	3	
KERENDIA TAB 20MG	3	
POSTERIOR PITUITARY HORMONES		
DDAVP SOL 0.01%	3	
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

134

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Drug Name	Drug Tier	Requirements/Limits
<i>mifepristone tab 200 mg</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	PA, QL (45 VIALS PER 30 DAYS)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	PA, QL (9 VIALS PER 30 DAYS)
SANDOSTATIN INJ 50MCG/ML	5	PA, QL (90 AMPULES PER 30 DAYS)
SANDOSTATIN INJ 100MCG	5	PA, QL (90 AMPULES PER 30 DAYS)
SANDOSTATIN INJ 500MCG	5	PA, QL (90 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 30-15MG	5	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 45-15MG	5	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 60-30MG	5	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 90-30MG	5	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE TAB 15MG	5	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE TAB 15MG	5	PA, QL (60 tabs / month)
JYNARQUE TAB 30MG	5	PA, QL (30 tabs / month)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

135

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Drug Name	Drug Tier	Requirements/Limits
SAMSCA TAB 15MG	5	PA, QL (60 tabs / month)
SAMSCA TAB 30MG	5	PA, QL (30 tabs / month)
<i>tolvaptan tab 15 mg</i>	1	PA, QL (60 tabs / month)
<i>tolvaptan tab 30 mg</i>	1	PA, QL (30 tabs / month)

ESTROGENS**ESTROGEN COMBINATIONS**

ACTIVELLA TAB 1-0.5MG	3	
BIJUVA CAP 1-100MG	2	
CLIMARA PRO DIS WEEKLY	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
MYFEMBREE TAB	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	2	

ESTROGENS

CLIMARA DIS 0.1MG	3	
CLIMARA DIS 0.05MG	3	
CLIMARA DIS 0.06MG	3	
CLIMARA DIS 0.025MG	3	
CLIMARA DIS 0.075MG	3	
CLIMARA DIS 0.0375MG	3	
DELESTROGEN INJ 10MG/ML	3	PA
DELESTROGEN INJ 20MG/ML	3	PA
DELESTROGEN INJ 40MG/ML	3	PA
DEPO-ESTRADI INJ 5MG/ML	3	PA
DIVIGEL GEL 0.5MG	2	
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1.25MG	2	
DIVIGEL GEL 1MG/GM	2	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ESTRACE TAB 2MG	3	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	PA
<i>estradiol valerate im in oil 40 mg/ml</i>	1	PA
EVAMIST SPR 1.53MG	2	
PREMARIN INJ 25MG	3	PA

FLUOROQUINOLONES**FLUOROQUINOLONES**

BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
<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>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

137

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB 3MG	3	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	5	PA
CHOLBAM CAP 250MG	5	PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	5	PA, QL (30 TABLETS PER 30 DAYS)
OCALIVA TAB 10MG	5	PA, QL (30 TABLETS PER 30 DAYS)
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TAB 250MG	5	
URSO 250 TAB 250MG	3	
URSO FORTE TAB 500MG	3	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
GASTROINTESTINAL STIMULANTS		
METOCLOPRAMI TAB 10MG ODT	3	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

138

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Drug Name	Drug Tier	Requirements/Limits
ASACOL HD TAB 800MG	1	Tier 1 with DAW9
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	
DIPENTUM CAP 250MG	3	
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>*mesalamine rectal enema 4 gm & cleanser wipe kit**</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alose tron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan cap 12 mg</i>	1	
ENTEREG CAP 12MG	3	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
SYMPROIC TAB 0.2MG	2	
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	3	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
PHOSLYRA SOL	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

139

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Drug Name	Drug Tier	Requirements/Limits
RENAGEL TAB 800MG	3	
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	
RENVELA TAB 800MG	3	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
VELPHORO CHW 500MG	2	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	5	PA, QL (ONE 30-VIAL KIT PER 30 DAYS)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	5	PA, QL (90 TABLETS PER 30 DAYS)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
UROCIT-K 5 TAB	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	4	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

140

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Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAP 150MG	4	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
URINARY ANALGESICS		
<i>phenazopyridine hcl tab 200 mg</i>	1	
URINARY STONE AGENTS		
<i>tiopronin tab 100 mg</i>	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
MITIGARE CAP 0.6MG	1	Tier 1 with DAW9
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	5	PA, QL (45 SYRINGES PER 90 DAYS)
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	1	PA, QL (45 SYRINGES PER 90 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

141

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Drug Name	Drug Tier	Requirements/Limits
COMPLEMENT INHIBITORS		
CINRYZE SOL 500 UNIT	5	PA, QL (20 VIALS PER 30 DAYS)
HAEGARDA INJ 2000UNIT	5	PA, QL (20 VIALS PER 30 DAYS)
HAEGARDA INJ 3000UNIT	5	PA, QL (20 VIALS PER 30 DAYS)
RUCONEST INJ 2100UNIT	4	PA, QL (60 VIALS PER 90 DAYS)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ 10MG/ML	5	PA, QL (30 CARTONS (900 MG) PER 90 DAYS)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 VIALS PER 28 DAYS)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	4	PA, QL (60 CAPSULES PER 30 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

142

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Drug Name	Drug Tier	Requirements/Limits
<i>miglustat cap 100 mg</i>	1	PA, QL (90 CAPSULES PER 30 DAYS)
ZAVESCA CAP 100MG	5	PA, QL (90 CAPSULES PER 30 DAYS)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	5	PA, QL (180 PACKETS PER 30 DAYS)
SIKLOS TAB 100MG	3	
SIKLOS TAB 1000MG	3	
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	PA
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i>	0	\$0 copay for women younger than 55
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	\$0 copay for women younger than 55
<i>folic acid tab 800 mcg</i>	0	\$0 copay for women younger than 55
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
DOPTELET TAB 20MG	4	PA, QL (90 tabs / month)
LEUKINE INJ 250MCG	5	PA
MULPLETA TAB 3MG	4	PA, QL (7 TABLETS PER 14 DAYS)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

143

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Drug Name	Drug Tier	Requirements/Limits
NIVESTYM INJ 480MCG	4	PA
PROMACTA PAK 25MG	5	PA, QL (180 PACKETS PER 30 DAYS)
PROMACTA POW 12.5MG	5	PA, QL (120 PACKETS PER 30 DAYS)
PROMACTA TAB 12.5MG	5	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 25MG	5	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 50MG	5	PA, QL (60 TABLETS PER 30 DAYS)
PROMACTA TAB 75MG	5	PA, QL (60 TABLETS PER 30 DAYS)
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA
ZIEXTENZO INJ 6/0.6ML	4	PA, QL (2 SYRINGES PER 28 DAYS)

HEMOSTATICS**HEMOSTATICS - SYSTEMIC**

AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1	
<i>aminocaproic acid tab 500 mg</i>	1	
<i>aminocaproic acid tab 1000 mg</i>	1	
LYSTEDA TAB 650MG	3	
<i>tranexamic acid tab 650 mg</i>	1	

HEMOSTATICS - TOPICAL

ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
TACHOSIL PAD 4.8X4.8	3	
TACHOSIL PAD 9.5X4.8	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

144

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Drug Name	Drug Tier	Requirements/Limits
TISSEEL SOL 10ML	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
NON-BARBITURATE HYPNOTICS		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	
<i>eszopiclone tab 2 mg</i>	1	
<i>eszopiclone tab 3 mg</i>	1	
<i>flurazepam hcl cap 15 mg</i>	1	
<i>flurazepam hcl cap 30 mg</i>	1	
HALCION TAB 0.25MG	3	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
<i>temazepam cap 7.5 mg</i>	1	
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 22.5 mg</i>	1	
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>zaleplon cap 5 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

145

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Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon cap 10 mg</i>	1	
<i>zolpidem tartrate tab 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	5	PA, QL (30 CAPSULES PER 30 DAYS)
HETLIOZ LQ SUS 4MG/ML	5	PA, QL (150 ML PER MONTH)
<i>ramelteon tab 8 mg</i>	1	
LAXATIVES		
LAXATIVE COMBINATIONS		
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	0	\$0 copay for members age 50 through 74
CLENPIQ SOL	0	
NULYTELY SOL LMN/LIME	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
LAXATIVES - MISCELLANEOUS		
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
<i>lactulose solution 10 gm/15ml</i>	1	
STIMULANT LAXATIVES		
CASCARA EXT SAGRADA	3	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

146

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Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
ERYTHROMYCINS		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin stearate tab 250 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
FIDAXOMICIN		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	0	QL (1 each / 300 days)
FC2 FEMALE MIS CONDOM	0	OTC
FC FEMALE MIS CONDOM	0	OTC
FEMCAP MIS 22MM	0	QL (1 each / 300 days)
FEMCAP MIS 26MM	0	QL (1 each / 300 days)
FEMCAP MIS 30MM	0	QL (1 each / 300 days)
OMNIFLEX DPR	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 each / 300 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

147

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Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DPR KIT 80	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 each / 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	0	
ACCU-CHEK KIT SOFTCLIX	0	
ACCU-CHEK LIQ GUIDE	0	
ACCU-CHEK LIQ SMART	0	
ACCU-CHEK MIS MLTICLIX	0	
ACCU-CHEK SOL	0	
ACCU-CHEK SOL COMPACT	0	
ACCUTREND SOL GLUCOSE	0	
ACTI-LANCE MIS 28G	0	
ACTI-LANCE MIS LITE 28G	0	
ACTI-LANCE MIS SPEC 17G	0	
ACTI-LANCE MIS UNIV 23G	0	
ADJ LANCING MIS DEVICE	0	
ADV LANCING MIS DEVICE	0	
ADV TRAVEL MIS LANC 28G	0	
ADVANCE LIQ CONTROL	0	
ADVANCE LIQ INTUITIO	0	
ADVANCE NORM LIQ CONTROL	0	
ADVCATE SAFE MIS LANC 26G	0	
ADVOCATE LIQ HIGH	0	
ADVOCATE LIQ LOW	0	
ADVOCATE MIS LANC 30G	0	
ADVOCATE MIS LANC DEV	0	
ADVOCATE MIS LANCETS	0	
ADVOCATE+ SOL REDI-COD	0	
AGAMATRIX MIS 33G	0	
AGAMATRIX SOL HIGH	0	
AGAMATRIX SOL LEVEL 2	0	
AGAMATRIX SOL LEVEL 4	0	
AGAMATRIX SOL NORM/HGH	0	
AGAMATRIX SOL NORMAL	0	
AIMSCO TWIST MIS 32G	0	
AIMSCO TWIST MIS 33G	0	
AQUALANCE MIS 30G	0	
ASSURE 3 LIQ CONTROL	0	
ASSURE 4 LIQ LEVEL1/2	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

148

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Drug Name	Drug Tier	Requirements/Limits
ASSURE CMFRT MIS 28G	0	
ASSURE DOSE SOL NORM/HGH	0	
ASSURE DOSE SOL NORMAL	0	
ASSURE II LIQ LEVEL1/2	0	
ASSURE II LIQ LEVEL 1	0	
ASSURE LANCE MIS 21G	0	
ASSURE LANCE MIS 28G	0	
ASSURE LANCE MIS LOW FLOW	0	
ASSURE LANCE MIS MICRO	0	
ASSURE LANCE MIS SAFE 25G	0	
ASSURE LANCE MIS SAFE 30G	0	
ASSURE PLUS MIS HIGH 18G	0	
ASSURE PLUS MIS LOW 25G	0	
ASSURE PLUS MIS MCRO 28G	0	
ASSURE PLUS MIS NORM 21G	0	
ASSURE PLUS MIS PEDIATRI	0	
ASSURE PRISM SOL LEVEL1/2	0	
ASSURE PRO LIQ LEVEL1/2	0	
AURORA LANCE MIS 30G	0	
AURORA LANCE MIS THIN 23G	0	
AUTO LANCET MIS	0	
AUTO-LANCET MIS	0	
AUTO-LANCET MIS MINI	0	
AUTOLET II KIT CLINISAF	0	
AUTOLET IMPR MIS LANC DEV	0	
AUTOLET LANC MIS DEVICE	0	
AUTOLET LITE KIT	0	
AUTOLET LITE KIT CLINISAF	0	
AUTOLET LITE KIT STARTER	0	
AUTOLET MINI MIS	0	
AUTOLET PLAT MIS 1.8MM	0	
AUTOLET PLAT MIS 2.4MM	0	
AUTOLET PLAT MIS 3.0MM	0	
AUTOLET PLUS MIS	0	
AUTOLET PLUS MIS LANC DEV	0	
BD LANCET UF MIS 30G	0	
BD LANCET UF MIS 33G	0	
BD MICROTAIN MIS LANCETS	0	
CARDIOCOM MIS LANCING	0	
CAREONE ADV MIS LANCING	0	
CAREONE LANC MIS 30G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

149

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Drug Name	Drug Tier	Requirements/Limits
CAREONE LANC MIS THIN 23G	0	
CARESENS 30G MIS LANCETS	0	
CARESENS SOL CONTROL	0	
CARETOUCH MIS EJECTOR	0	
CARETOUCH MIS LANC 26G	0	
CARETOUCH MIS LANC 28G	0	
CARETOUCH MIS LANC 30G	0	
CARETOUCH MIS TWIST 28	0	
CARETOUCH MIS TWIST 30	0	
CARETOUCH MIS TWIST 33	0	
CLEANLET 28G MIS LANCETS	0	
CLEVER CHECK MIS	0	
CLEVER CHECK MIS 30G	0	
CLEVR CHOICE LIQ HIGH	0	
CLEVR CHOICE LIQ LOW	0	
COAGUCHEK MIS LANCETS	0	
COMFORT ASSU MIS LANC 28G	0	
COMFORT ASSU MIS LANC 33G	0	
COMFORT EZ MIS 21G	0	
COMFORT EZ MIS 23G	0	
COMFORT EZ MIS 28G	0	
COMFORT MIS LANCETS	0	
COMFORTOUCH MIS LANCET	0	
CONTOUR HIGH LIQ CONTROL	0	
CONTOUR LOW LIQ CONTROL	0	
CONTOUR NEXT SOL LEVEL 1	0	
CONTOUR NEXT SOL LEVEL 2	0	
CONTOUR NORM LIQ CONTROL	0	
CONTROL HIGH SOL UNISTRIP	0	
CONTROL LOW SOL UNISTRIP	0	
CONTROL NORM SOL EASY STP	0	
CONTROL SOL LIQ HI/MID/L	0	
CONTROL SOL LIQ HIGH/LOW	0	
CONTROL SOL LIQ LEVEL 2	0	
CONTROL SOL LIQ MID	0	
CONTROL SOL NORMAL	0	
COOL CONTROL SOL A	0	
COOL CONTROL SOL B	0	
CVS LANCETS MIS 21G	0	
CVS LANCETS MIS 30G	0	
CVS LANCETS MIS 33G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

150

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Drug Name	Drug Tier	Requirements/Limits
CVS LANCETS MIS ORIGINAL	0	
CVS LANCETS MIS THIN 26G	0	
CVS LANCETS MIS THIN 30G	0	
CVS LANCETS MIS THIN 33G	0	
CVS LANCING MIS DEVICE	0	
DEXCOM G5 MIS RECEIVER	2	QL (1 each / year)
DEXCOM G5 MIS TRANSMIT	2	QL (1 box / 75 days)
DEXCOM G6 MIS RECEIVER	2	QL (1 each / year)
DEXCOM G6 MIS SENSOR	2	QL (3 sensors per month)
DEXCOM G6 MIS TRANSMIT	2	QL (1 box / 75 days)
DIATHRIVE LIQ CONTROL	0	
DIATHRIVE MIS LANCETS	0	
DIATHRIVE MIS LANCING	0	
DIATHRIVE MIS UT 30G	0	
DIATRUE CONT SOL LEVEL 1	0	
DIATRUE CONT SOL LEVEL 2	0	
DIATRUE CONT SOL LEVEL 3	0	
DROPLET LANC MIS 30G	0	
DROPLET LANC MIS DEVICE	0	
DROPLET PERS MIS LANC 30G	0	
DUO-CARE LIQ LEVEL1/2	0	
E-Z JECT MIS 21G	0	
E-Z JECT MIS 21G COLR	0	
E-Z JECT MIS 30G	0	
E-Z JECT MIS 32G COLR	0	
E-Z JECT MIS LANC 21G	0	
E-Z JECT MIS THIN 26G	0	
E-ZJECT LANC MIS 33G	0	
EASY COMFORT MIS 30G	0	
EASY COMFORT MIS LANC/30G	0	
EASY COMFORT MIS TWIST	0	
EASY MINI MIS	0	
EASY MINI MIS EJECT	0	
EASY PLUS II SOL HIGH	0	
EASY PLUS II SOL LOW	0	
EASY TALK SOL HIGH	0	
EASY TALK SOL LOW	0	
EASY TALK SOL NORMAL	0	
EASY TOUCH MIS	0	
EASY TOUCH MIS LANC/21G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

151

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH MIS LANC/23G	0	
EASY TOUCH MIS LANC/26G	0	
EASY TOUCH MIS LANC/28G	0	
EASY TOUCH MIS LANC/30G	0	
EASY TOUCH MIS LANC/32G	0	
EASY TOUCH MIS LANC/33G	0	
EASY TOUCH SOL CONTROL	0	
EASY TOUCH SOL HIGH/LOW	0	
EASY TRAK II LIQ NORMAL	0	
EASY TRAK SOL HIGH	0	
EASY TRAK SOL LOW	0	
EASY TRAK SOL NORMAL	0	
EASYGLUCO SOL PLUS	0	
EASYMAX 15 LIQ LEVEL2-3	0	
EASYMAX 15 SOL LEVEL 2	0	
EASYMAX LIQ NORM/HIG	0	
EASYMAX SOL NORMAL	0	
EASYSSTEP HGH SOL CONTROL	0	
EASYSSTEP LOW SOL CONTROL	0	
ELEMENT CONT LIQ NORMAL	0	
ELEMENT LIQ HIGH	0	
ELEMENT LIQ LOW	0	
ELEMNT COMPA SOL LEVEL 2	0	
ELEMNT COMPA SOL LEVEL 3	0	
EMBRACE CNTR LIQ HIGH	0	
EMBRACE EVO LIQ LEVEL 1	0	
EMBRACE LANC MIS /EJECTOR	0	
EMBRACE LANC MIS THIN 30G	0	
EMBRACE PRO LIQ GLUCOSE	0	
EMBRACE SOL LOW	0	
EMBRACE TALK SOL HIGH/L2	0	
EMBRACE TALK SOL LOW/L1	0	
EQL LANCETS MIS 21G COLR	0	
EQL LANCETS MIS 33G COLR	0	
EQL LANCETS MIS THIN 26G	0	
EQL LANCETS MIS THIN 30G	0	
EVENCAR MINI SOL NORMAL	0	
EVENCARE G2 SOL LOW/HIGH	0	
EVENCARE G3 SOL LOW/HIGH	0	
EVENCARE SOL LIQ LOW/HIGH	0	
EVOLUTION SOL NORMAL	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

152

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Drug Name	Drug Tier	Requirements/Limits
EZ-LETS 21G MIS LANCETS	0	
EZ-LETS 26G MIS LANCETS	0	
EZ-LETS 28G MIS LANCETS	0	
EZ-LETS 30G MIS LANCETS	0	
FASTCLIX MIS LANCETS	0	
FIFTY50 SAFE MIS LANCETS	0	
FINE 30 MIS	0	
FINGERSTIX MIS LANCETS	0	
FORA CONTROL SOL HIGH	0	
FORA CONTROL SOL LOW	0	
FORA CONTROL SOL NORMAL	0	
FORA LANCETS MIS 30G	0	
FORA MIS LANCETS	0	
FORA MIS LANCING	0	
FORACARE GDH SOL HIGH	0	
FORACARE GDH SOL LOW	0	
FORACARE GDH SOL NORMAL	0	
FORTISCARE SOL CNTL HI	0	
FORTISCARE SOL CNTL LOW	0	
FORTISCARE SOL CNTL NML	0	
FREESTYLE LIQ CONTROL	0	
FREESTYLE MIS LANCETS	0	
FREESTYLE MIS UNISTICK	0	
G4 PLAT PED MIS RVC/SHAR	2	QL (1 each / year)
G4 PLATINUM MIS PEDIATRC	2	QL (1 each / year)
G4 PLATINUM MIS RCV/SHAR	2	QL (1 each / year)
G4 PLATINUM MIS RECEIVER	2	QL (1 each / year)
G4 PLATINUM MIS TRANSMIT	2	QL (1 box / 75 days)
G4 SENSOR MIS	2	QL (3 sensors per month)
G5/G4 MIS SENSOR	2	QL (3 sensors per month)
GE100 CONTRL SOL NORMAL	0	
GENTEEL LANC KIT BLUE	0	
GENTEEL MIS LANCETS	0	
GENTEEL MIS NOZZLES	0	
GENTEEL PLUS MIS BLACK	0	
GENTEEL PLUS MIS BLUE	0	
GENTEEL PLUS MIS PINK	0	
GENTEEL PLUS MIS PURPLE	0	
GENTEEL PLUS MIS WHITE	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

153

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Drug Name	Drug Tier	Requirements/Limits
GENTEEL TIPS MIS BLUE	0	
GENTEEL TIPS MIS CLEAR	0	
GENTEEL TIPS MIS GREEN	0	
GENTEEL TIPS MIS ORANGE	0	
GENTEEL TIPS MIS RAINBOW	0	
GENTEEL TIPS MIS VIOLET	0	
GENTEEL TIPS MIS YELLOW	0	
GENTLE-LET MIS 26G	0	
GENTLE-LET MIS 28G	0	
GENTLE-LET MIS LANCETS	0	
GENTLE-LET MIS PLATFORM	0	
GLOBAL 28G MIS LANCETS	0	
GLOBAL 30G MIS LANCETS	0	
GLOBAL LANC MIS DEVICE	0	
GLUC CONTROL LIQ NORMAL	0	
GLUC CONTROL SOL	0	
GLUC CONTROL SOL MID	0	
GLUC CONTROL SOL NORMAL	0	
GLUCOCARD 01 LIQ NORM/HGH	0	
GLUCOCARD 01 SOL NORMAL	0	
GLUCOCARD LIQ LEVEL 1	0	
GLUCOCARD SOL NORMAL	0	
GLUCOCARD SOL SHINE	0	
GLUCOCOM MIS 28G	0	
GLUCOCOM MIS 30G	0	
GLUCOCOM MIS 33G	0	
GLUCOCOM TES HIGH CON	0	
GLUCOCOM TES NORM CON	0	
GLUCOSE CONT LIQ HIGH/LOW	0	
GLUCOSE CONT SOL HIGH	0	
GLUCOSE CONT SOL NORMAL	0	
GLUCOSE CONT SOL PRECISIO	0	
GNP LANCETS MIS 21G	0	
GNP LANCETS MIS THIN	0	
GNP LANCETS MIS THIN 26G	0	
GOJJI CNTRL SOL NORMAL	0	
GOJJI LANCET MIS 30G	0	
GOJJI MIS LANC DEV	0	
GOODSENSE MIS LANC 26G	0	
GOODSENSE MIS LANC 30G	0	
GOODSENSE MIS LANC 33G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

154

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Drug Name	Drug Tier	Requirements/Limits
GOODSENSE MIS LANC DVC	0	
HAEMOLANCE MIS HIGH FLO	0	
HAEMOLANCE MIS LOW FLOW	0	
HAEMOLANCE MIS PLUS	0	
HAEMOLANCE MIS PLUS LOW	0	
HAEMOLANCE MIS PLUS MAX	0	
HAEMOLANCE MIS PLUS PED	0	
HAEMOLANCE MIS RETRACT	0	
HC LANCING MIS DEVICE	0	
HLTHY ACCNTS MIS LANC 30G	0	
HYPOLANCE KIT LANCING	0	
IN TOUCH LAN MIS 30G	0	
IN TOUCH LAN MIS DEVICE	0	
IN TOUCH SOL GLUCOSE	0	
INCONTROL MIS LANC 28G	0	
INCONTROL MIS LANC 30G	0	
INCONTROL MIS LANC 33G	0	
INCONTROL MIS LANC DEV	0	
INFINITY SOL NORM CON	0	
INFNTY VOICE LIQ LEVEL 2	0	
KINNEY MIS LANCETS	0	
KINNEY THIN MIS LANCETS	0	
KROGER LANCE MIS	0	
KROGER LANCE MIS 26G	0	
KROGER LANCE MIS THIN	0	
KROGER LANCE MIS THIN 30G	0	
LANCET AUTO MIS INJECTOR	0	
LANCET CARRY MIS CASE	0	
LANCET DEVIC MIS 30G	0	
LANCET DEVIC MIS ADJUST	0	
LANCET MICRO MIS THIN 33G	0	
LANCET STAND MIS 21G	0	
LANCET SUPER MIS THIN 30G	0	
LANCET ULTRA MIS 28G	0	
LANCET ULTRA MIS THIN 30G	0	
LANCET WITH MIS EJECTOR	0	
LANCETS MICR MIS THIN 33G	0	
LANCETS MIS	0	
LANCETS MIS 21G	0	
LANCETS MIS 21G COLR	0	
LANCETS MIS 28G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

155

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Drug Name	Drug Tier	Requirements/Limits
LANCETS MIS 30G	0	
LANCETS MIS 33G	0	
LANCETS MIS ORANGE	0	
LANCETS MIS ORIGINAL	0	
LANCETS MIS THIN	0	
LANCETS MIS THIN 26G	0	
LANCETS MIS THIN 30G	0	
LANCETS SUPR MIS THIN 28G	0	
LANCETS THIN MIS	0	
LANCETS THIN MIS 26G	0	
LANCETS ULTR MIS THIN	0	
LANCING DEVI MIS	0	
LANCING DEVI MIS 25G	0	
LANCING DEVI MIS 30G	0	
LANCING MIS DEVICE	0	
LANZO MIS LANCING	0	
LB LANCET MIS 28G	0	
LB LANCING MIS DEVICE	0	
LIFESCAN MIS UNISTIK2	0	
LITE TOUCH MIS LANC PEN	0	
LITE TOUCH MIS LANCETS	0	
LITETOUCH MIS LANCETS	0	
LONGS LANCET MIS STANDARD	0	
LONGS LANCET MIS THIN	0	
LONGS LANCET MIS ULTRA TH	0	
MEDICHOICE MIS LANCET	0	
MEDISENSE LIQ GLUC-KET	0	
MEDISENSE LIQ GLUC/KET	0	
MEDLANCE MIS 30G PLUS	0	
MEDLANCE MIS EXTR 21G	0	
MEDLANCE MIS LITE 25G	0	
MEDLANCE MIS PLUS	0	
MEDLANCE MIS PLUS 30G	0	
MEDLANCE MIS UNV 21G	0	
MEDLANCE PLS MIS 0.8MM	0	
MEDLANCE PLS MIS EXTR 21G	0	
MEDLANCE PLS MIS LITE 25G	0	
MEDLANCE PLS MIS UNIV 21G	0	
MEIJER LANCE MIS COLOR	0	
MEIJER LANCE MIS UNIV 21G	0	
MEIJER LANCE MIS UNIV 30G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

156

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Drug Name	Drug Tier	Requirements/Limits
MEIJER LANCE MIS UNIVERSA	0	
MEIJER MIS LANCETS	0	
MICRO THIN MIS LANC 33G	0	
MICRODOT CON SOL HIGH/LOW	0	
MICROLET MIS LANCETS	0	
MICROLET MIS NEXT	0	
MINI LANCING MIS DEVICE	0	
MM LANCING MIS DEVICE	0	
MM TWIST MIS LANCETS	0	
MOBILE LANCE MIS 30G	0	
MONOLET MIS LANCETS	0	
MONOLET OPD MIS LANCETS	0	
MONOLETTOR MIS LANCETS	0	
MPD SFTY LAN MIS 21G	0	
MPD SFTY LAN MIS 23G	0	
MPD SFTY LAN MIS 28G	0	
MPD SFTY LAN MIS 30G	0	
MULTI-LANCET KIT DEVICE	0	
MULTI-LANCET MIS DEVICE	0	
MYGLUCOHEALT MIS LANC 30G	0	
MYGLUCOHEALT SOL LO/NL/HI	0	
NEUTEK 2TEK SOL CONTROL	0	
NOVA MAX GLU LIQ /KET CON	0	
NOVA SAFETY MIS LANC 23G	0	
NOVA SAFETY MIS LANC 28G	0	
NOVA SURE MIS LANCETS	0	
NOVA SUREFLX MIS LANC DEV	0	
OMNIPOD KIT STARTER	2	QL (1 kit / month)
OMNIPOD MIS 5 PACK	2	QL (30 boxes / month)
ON-THE-GO MIS LANC 30G	0	
ONETOUCH DEL MIS LANC DEV	0	
ONETOUCH DEL MIS PLUS 30G	0	
ONETOUCH DEL MIS PLUS 33G	0	
ONETOUCH FP MIS LANCETS	0	
ONETOUCH MIS 30G	0	
ONETOUCH MIS LANC DEV	0	
ONETOUCH MIS LANCETS	0	
ONETOUCH SOL ULT CONT	0	
ONETOUCH SOL VERIO	0	
ONETOUCH SOL VERIO-HI	0	
ONETOUCH US MIS LANCETS	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

157

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Drug Name	Drug Tier	Requirements/Limits
PC LANCETS MIS 30G	0	
PENLET II KIT BLOOD	0	
PENLET II MIS REPL CAP	0	
PERFECT 28G MIS LANCETS	0	
PERFECT 30G MIS LANCETS	0	
PHARMACY COU MIS LANCETS	0	
PIP LANCETS MIS 28G	0	
PIP LANCETS MIS 30G	0	
POCKETCHEM SOL EZ	0	
PRECISION LIQ CONTROL	0	
PRECISION LIQ GLUC/KET	0	
PRECISION LIQ NRML/MID	0	
PRESSURE ACT MIS LANCET	0	
PRESSURE ACT MIS LANCETS	0	
PRO COMFORT MIS 31G	0	
PRO COMFORT MIS LANCETS	0	
PRODIGY MIS 26G	0	
PRODIGY MIS 28G	0	
PRODIGY MIS LANC DEV	0	
PRODIGY SOL HIGH	0	
PRODIGY SOL LOW	0	
PSS SAFE LAN MIS	0	
PSS SEL LANC MIS	0	
PSS SEL PLAT MIS	0	
PX LANCETS MIS 28G	0	
PX LANCETS MIS ULT THIN	0	
QC LANCETS MIS 28G	0	
QC LANCETS MIS 30G	0	
QC LANCING MIS DEVICE	0	
QUICKTEK LIQ SOLUTION	0	
QUINTET CONT SOL HGH/NORM	0	
RA E-ZJECT MIS 28G	0	
RA E-ZJECT MIS THIN 26G	0	
RA E-ZJECT MIS THIN 28G	0	
RA E-ZJECT MIS ULT THIN	0	
RAPID-SAFE MIS LANCING	0	
READYLANCE MIS 21G	0	
READYLANCE MIS 23G	0	
READYLANCE MIS 26G	0	
READYLANCE MIS 28G	0	
READYLANCE MIS 30G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

158

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Drug Name	Drug Tier	Requirements/Limits
REALITY MIS LANCETS	0	
REALITY TRIG MIS LANCETS	0	
REFUAH PLUS SOL CONTROL	0	
RELION KIT LANCING	0	
RELION LANCE MIS THIN 26G	0	
RELION LANCE MIS THIN 30G	0	
RELION LANCI MIS DEVICE	0	
RELION MICRO MIS THIN 33G	0	
RELION ULTRA MIS THIN 30G	0	
RELION ULTRA MIS THIN PLS	0	
RIGHTEST ALT MIS ADAPTOR	0	
RIGHTEST LIQ HIGH CON	0	
RIGHTEST LIQ NORM CON	0	
RIGHTEST MIS GD500	0	
RIGHTEST MIS GL300	0	
SAFE-T-LANCE MIS 21G	0	
SAFE-T-LANCE MIS 25G	0	
SAFE-T-LANCE MIS HI FLOW	0	
SAFE-T-LANCE MIS LOW FLOW	0	
SAFE-T-LANCE MIS NOR FLOW	0	
SAFE-T-PRO MIS LANCETS	0	
SAFE-T-PRO MIS PLUS	0	
SAFETY 21G MIS LANCETS	0	
SAFETY 23G MIS LANCETS	0	
SAFETY 28G MIS LANCETS	0	
SAFETY 30G MIS LANCETS	0	
SAFETY MIS LANCETS	0	
SAPS HEALTH MIS TWIST	0	
SAPS TWIST MIS 30G	0	
SAPSCARE MIS TWIST	0	
SB LANCETS MIS THIN	0	
SB LANCETS MIS ULTR THN	0	
SELECT-LITE KIT DEV/LANC	0	
SELECT-LITE MIS LANC DEV	0	
SHOPKO LANC MIS DEVICE	0	
SIDE BUTTON MIS SAFETY	0	
SIMPLE DIAG MIS LANCING	0	
SINGLE-LET MIS 23G	0	
SM LANCETS MIS 33G	0	
SM TRUEDRAW MIS LANC DEV	0	
SMART SENSE MIS LANC 21G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

159

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Drug Name	Drug Tier	Requirements/Limits
SMART SENSE MIS LANC 26G	0	
SMART SENSE MIS LANC 30G	0	
SMART SENSE MIS LANC 33G	0	
SMARTEST MIS LANCETS	0	
SMARTEST SOL CONTROL	0	
SOFTCLIX MIS LANCETS	0	
SOLUS V2 MIS LANC 28G	0	
SOLUS V2 MIS LANC 30G	0	
SOLUS V2 MIS LANC DEV	0	
SOLUS V2 SOL HIGH	0	
SOLUS V2 SOL LOW	0	
STERILANCE MIS 1.8MM	0	
STERILANCE MIS TL 28G	0	
STERILANCE MIS TL 30G	0	
STERILANCE MIS TL 32G	0	
SUPER THIN MIS LANC 28G	0	
SUPER THIN MIS LANCETS	0	
SUPREME II LIQ HIGH/LOW	0	
SURE COMFORT MIS LANC 18G	0	
SURE COMFORT MIS LANC 21G	0	
SURE COMFORT MIS LANC 23G	0	
SURE COMFORT MIS LANC 30G	0	
SURE COMFORT MIS LANC PEN	0	
SURE COMFORT MIS LANCETS	0	
SURE-LANCE MIS 26G	0	
SURE-LANCE MIS LANCETS	0	
SURE-PEN MIS	0	
SURE-TOUCH MIS UNV LANC	0	
SUREFLEX MIS LANCETS	0	
SURELITE MIS LANCETS	0	
SURESTEP GLU SOL	0	
SURESTEP GLU SOL HIGH/LOW	0	
SURESTEP PRO TES HIGH CON	0	
SURESTEP PRO TES LOW CON	0	
SURESTEP PRO TES NORM CON	0	
SURESTEP SOL CONTROL	0	
TAI DOC SOL NORM CON	0	
TECHLITE AST MIS LANCETS	0	
TECHLITE MIS LANC 30G	0	
TECHLITE MIS LANCETS	0	
TGT LANCET MIS 26G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

160

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Drug Name	Drug Tier	Requirements/Limits
TGT LANCET MIS 30G	0	
TGT LANCET MIS 33G	0	
TGT LANCING MIS DEVICE	0	
THIN LANCETS MIS	0	
THIN LANCETS MIS 26G	0	
THIN LANCETS MIS 30G	0	
THINLETS GP MIS 26G	0	
TOPCARE MIS LANC 33G	0	
TRAVEL LANCE MIS 30G	0	
TRAVEL LANCE MIS ADV 28G	0	
TRUE METRIX SOL LEVEL 1	0	
TRUE METRIX SOL LEVEL 2	0	
TRUE METRIX SOL LEVEL 3	0	
TRUECONTROL LIQ LEVEL 0	0	
TRUECONTROL LIQ LEVEL 1	0	
TRUEDRAW MIS LANC DEV	0	
TRUPLUS LANC MIS 26G	0	
TRUPLUS LANC MIS 28G	0	
TRUPLUS LANC MIS 30G	0	
TRUPLUS LANC MIS 33G	0	
ULTI-LANCE MIS CLR TIP	0	
ULTILET MIS 26G	0	
ULTILET MIS 28G	0	
ULTILET MIS 30G	0	
ULTILET MIS 33G	0	
ULTILET MIS LANCETS	0	
ULTILET MIS SAFETY	0	
ULTILET SAFE MIS 21G	0	
ULTRA THIN MIS 28G	0	
ULTRA THIN MIS 30G	0	
ULTRA THIN MIS 31G	0	
ULTRA THIN MIS 33G	0	
ULTRA THIN MIS LAN 31G	0	
ULTRA THIN MIS LANC 28G	0	
ULTRA THIN MIS LANC 30G	0	
ULTRA THIN MIS LANCETS	0	
UNILET CMFR MIS TCH 28G	0	
UNILET CMFR MIS TCH 30G	0	
UNILET EX II MIS 28G	0	
UNILET EXCEL MIS 23G	0	
UNILET G.P MIS SUPR 23G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

161

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Drug Name	Drug Tier	Requirements/Limits
UNILET G.P. MIS 21G	0	
UNILET GP 28 MIS ULT THIN	0	
UNILET LANC MIS 33G	0	
UNILET LANCE MIS 21G	0	
UNILET LANCE MIS 28G	0	
UNILET LANCE MIS 33G	0	
UNILET LANCT MIS 28G	0	
UNILET LANCT MIS 30G	0	
UNILET LANCT MIS 33G	0	
UNILET MICRO MIS 33G	0	
UNILET MIS 21G	0	
UNILET SUPER MIS 23G	0	
UNILET SUPER MIS G.P. 23G	0	
UNISTIK 1 MIS 2.4MM	0	
UNISTIK 1 MIS 3.0MM	0	
UNISTIK 2 MIS	0	
UNISTIK 2 MIS 1.8MM	0	
UNISTIK 2 MIS 2.4MM	0	
UNISTIK 2 MIS COMFORT	0	
UNISTIK 2 MIS EXTRA	0	
UNISTIK 2 MIS NEONATAL	0	
UNISTIK 2 MIS NORMAL	0	
UNISTIK 2 MIS SUPER	0	
UNISTIK 3 MIS 1.8MM	0	
UNISTIK 3 MIS COMFORT	0	
UNISTIK 3 MIS EXTRA	0	
UNISTIK 3 MIS GENT 30G	0	
UNISTIK 3 MIS NEONATAL	0	
UNISTIK 3 MIS NORMAL	0	
UNISTIK 3 MIS XTR 21G	0	
UNISTIK CZT MIS COMFORT	0	
UNISTIK CZT MIS NORMAL	0	
UNISTIK II MIS LANCETS	0	
UNISTIK PRO MIS LANC 21G	0	
UNISTIK PRO MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 30G	0	
UNISTIK TOUC MIS LANC 21G	0	
UNISTIK TOUC MIS LANC 23G	0	
UNISTIK TOUC MIS LANC 28G	0	
UNISTIK TOUC MIS LANC 30G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

162

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Drug Name	Drug Tier	Requirements/Limits
UNITSTIK PRO MIS LANC 25G	0	
UNIVERSAL 1 MIS 33G	0	
UNIVERSAL 1 MIS LANC 26G	0	
UNIVERSAL 1 MIS LANC 30G	0	
V-GO 20 KIT	2	QL (1 kit / month)
V-GO 30 KIT	2	QL (1 kit / month)
V-GO 40 KIT	2	QL (1 kit / month)
VANTAGE LANC MIS DEVICE	0	
VERASENS LIQ LEVEL 1	0	
VIVAGUARD LIQ CONTROL	0	
VIVAGUARD MIS 30G	0	
VIVAGUARD MIS LANCING	0	
MISC. DEVICES		
ALCOH-GLOVE PAD CONTOURE	0	
ALCOHOL PAD	0	
ALCOHOL PAD 70%	0	
ALCOHOL PAD PREP	0	
ALCOHOL PAD SWABSTIC	0	
ALCOHOL PREP PAD	0	
ALCOHOL PREP PAD 70%	0	
ALCOHOL PREP PAD MED 70%	0	
ALCOHOL PREP PAD PADS 70%	0	
ALCOHOL SWAB PAD	0	
ALCOHOL SWAB PAD 70%	0	
ALCOHOL SWAB PAD EX-THICK	0	
ALCOHOL WIPE PAD	0	
APLICARE ALC PAD SWABSTIC	0	
BD SWAB BFLY PAD SNGL USE	0	
CARETOUCH PAD ALCOHOL	0	
CURITY PREP PAD ALCOHOL	0	
CURITY SWABS PAD ALCOHOL	0	
EASY COMFORT PAD ALCOHOL	0	
FIFTY50 PREP PAD PADS	0	
GLOBAL PREP PAD PADS	0	
GNP ALCOHOL PAD SWABS	0	
HM STERILE PAD ALCHOL	0	
INCONTROL PAD ALCOHOL	0	
PREP PADS PAD	0	
PRO COMFORT PAD ALCOHOL	0	
PURE COMFORT PAD	0	
QC ALCOHOL PAD SWABS	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

163

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Drug Name	Drug Tier	Requirements/Limits
REALITY SWAB PAD	0	
SAPS CARE PAD ALCOHOL	0	
SAPS HEALTH PAD ALCOHOL	0	
SB ALCOHOL PAD PREP	0	
SM ALCOHOL PAD PREP	0	
ULTICARE PAD ALCOHOL	0	
ULTILET PAD ALCOHOL	0	
PARENTERAL THERAPY SUPPLIES		
BD U-500 MIS 31GX6MM	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS MV	3	
AEROCHAMBER MIS PLUS	3	
AEROVENT MIS PLUS	3	
AIRZONE PEAK MIS FLOW MTR	3	
ASSESS METER MIS FULL	3	
ASSESS METER MIS LOW	3	
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS METER	3	
BREATHE EASE MIS SM MASK	3	
COMPACT SPAC MIS CHAMBER	3	
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	
FLEXICHAMBER MIS	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

164

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Drug Name	Drug Tier	Requirements/Limits
FLEXICHAMBER MIS MASK LRG	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS ADLT LG	3	
HOLD CHAMBER MIS MEDIUM	3	
HOLD CHAMBER MIS SMALL	3	
INSPIRACHAMB MIS LARGE	3	
INSPIRACHAMB MIS MEDIUM	3	
INSPIRACHAMB MIS MOUTHPC	3	
INSPIRACHAMB MIS SMALL	3	
INSPIREASE MIS DD SYST	3	
INSPIREASE MIS RES BAG	3	
LUNG PERFM MIS METER	3	
MICROCHAMBER MIS	3	
MICROLIFE MIS PEAK FLO	3	
MINI WRIGHT MIS PFM	3	
MINI WRIGHT MIS PFM LOW	3	
OPTICHAMBER MIS DIA MD	3	
OPTICHAMBER MIS DIA SM	3	
OPTICHAMBER MIS DIAMOND	3	
PEAK A-I-R MIS FLW METR	3	
PEAK AIR FLO MIS ADLT/PED	3	
PEAK FLOW MIS METER	3	
PEAK FLW MTR MIS ADULT	3	
PEAK FLW MTR MIS CHILD	3	
PEAK FLW MTR MIS UNIVERSL	3	
PIKO 1 MIS ELECTRON	3	
POCKET CHAMB MIS	3	
POCKET PEAK MIS METER	3	
POCKET SPACE MIS	3	
POCKETPEAK MIS MTR LOW	3	
PROCARE MIS ADULT	3	
PROCARE MIS CHILD	3	
RITEFLO MIS	3	
SPACE CHAMBR MIS ANTI-STA	3	
SPACE CHAMBR MIS LARGE	3	
SPACE CHAMBR MIS MEDIUM	3	
SPACE CHAMBR MIS SMALL	3	
SPACER CHAMB MIS ADULT	3	
SPACER CHAMB MIS CHILD	3	
SPACER CHAMB MIS INFANT	3	
TRUZONE PEAK MIS FLOW MTR	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

165

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Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
<i>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</i>		
AIMOVIG INJ 70MG/ML	2	ST, QL (2 pens / month)
AIMOVIG INJ 140MG/ML	2	ST, QL (1 pen / month)
AJOVY INJ 225/1.5	2	ST, QL (3 pens / 75 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes / month)
EMGALITY INJ 120MG/ML	2	ST, QL (2 pens / 25 days); Loading Dose: 2 injectors per month; Maintenance Dose: 1 injector per month
EMGALITY INJ 120MG/ML	2	ST, QL (2 syringes / 25 days); Loading Dose: 2 syringes per month; Maintenance Dose: 1 syringe per month
NURTEC TAB 75MG ODT	2	
UBRELVY TAB 50MG	2	
UBRELVY TAB 100MG	2	
<i>MIGRAINE PRODUCTS</i>		
ERGOMAR SUB 2MG	3	
<i>SEROTONIN AGONISTS</i>		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 TABS PER MONTH)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 TABS PER MONTH)
AMERGE TAB 1MG	3	QL (12 TABS PER MONTH)
AMERGE TAB 2.5MG	3	QL (12 TABS PER MONTH)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 TABS PER MONTH)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 TABS PER MONTH)
FROVA TAB 2.5MG	3	QL (18 tablets per month)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tablets per month)
IMITREX INJ 4MG/0.5	3	QL (18 syringes per month)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

166

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Drug Name	Drug Tier	Requirements/Limits
IMITREX INJ 4MG/0.5	3	QL (6 UNITS PER MONTH)
IMITREX INJ 6MG/0.5	3	QL (6 UNITS PER MONTH)
IMITREX SPR 5MG/ACT	3	QL (4 packages per month)
IMITREX SPR 20MG/ACT	3	QL (12 UNITS PER MONTH)
IMITREX TAB 25MG	3	QL (12 TABS PER MONTH)
IMITREX TAB 50MG	3	QL (12 TABS PER MONTH)
IMITREX TAB 100MG	3	QL (12 TABS PER MONTH)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 TABS PER MONTH)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 TABS PER MONTH)
ONZETRA XSAI MIS 11MG	3	QL (16 nosepieces / month)
RELPAK TAB 20MG	3	QL (12 TABS PER MONTH)
RELPAK TAB 40MG	3	QL (12 TABS PER MONTH)
REYVOW TAB 50MG	2	ST, QL (4 tablets per month)
REYVOW TAB 100MG	2	ST, QL (8 tablets per month)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs / month)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs / month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tablets per month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs / month)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (4 packages per month)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 UNITS PER MONTH)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (6 UNITS PER MONTH)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

167

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (6 UNITS PER MONTH)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (6 UNITS PER MONTH)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 syringes per month)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (6 UNITS PER MONTH)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (6 UNITS PER MONTH)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 TABS PER MONTH)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 TABS PER MONTH)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 TABS PER MONTH)
ZEMBRACE SYM INJ 3/0.5ML	3	QL (24 injections / month)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 UNITS PER MONTH)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 UNITS PER MONTH)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 TABS PER MONTH)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 TABS PER MONTH)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 TABS PER MONTH)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 TABS PER MONTH)
ZOMIG SPR 2.5MG	2	QL (12 UNITS PER MONTH)
ZOMIG SPR 5MG	2	QL (12 UNITS PER MONTH)
ZOMIG TAB 2.5MG	3	QL (12 TABS PER MONTH)
ZOMIG TAB 5MG	3	QL (12 TABS PER MONTH)
ZOMIG ZMT TAB 2.5 MG	3	QL (12 TABS PER MONTH)
ZOMIG ZMT TAB 5MG ODT	3	QL (12 TABS PER MONTH)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
MINERALS & ELECTROLYTES		
FLUORIDE		
FLUORABON DRO	0	OTC; \$0 copay-age and gender restrictions apply
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	OTC; \$0 copay-age and gender restrictions apply
POTASSIUM		
K-TAB TAB 8MEQ CR	3	
K-TAB TAB 10MEQ CR	3	
K-TAB TAB 20MEQ	3	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	1	
POTASSIUM CHLORIDE TAB ER 10 MEQ	1	
POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG)	1	
POTASSIUM POW CHLORIDE	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
DEPEN TITRA TAB 250MG	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

169

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillamine cap 250 mg</i>	1	
<i>penicillamine tab 250 mg</i>	1	
<i>trientine hcl cap 250 mg</i>	1	
TRIENTINE HCL CAP 250 MG	1	
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 10MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 15MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 20MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
REVLIMID CAP 25MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
THALOMID CAP 50MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 100MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 150MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
THALOMID CAP 200MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
IMMUNOSUPPRESSIVE AGENTS		
AZASAN TAB 75 MG	3	
AZASAN TAB 100MG	3	
<i>azathioprine tab 50 mg</i>	1	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
<i>everolimus tab 0.5 mg</i>	1	
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
IMURAN TAB 50MG	3	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

170

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>*sodium polystyrene sulfonate powder**</i>	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	5	PA, QL (120 CAPSULES PER 30 DAYS)
ZOKINVY CAP 75MG	5	PA, QL (120 CAPSULES PER 30 DAYS)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	5	PA, QL (4 INJ PER 28 DAYS)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

171

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin susp 100000 unit/ml</i>	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
PERIDEX SOL 0.12%	3	
DENTAL PRODUCTS		
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	3	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	1	
EVOXAC CAP 30MG	3	
ORAFATE PST 10%	3	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
PROTHELIAL PST 10%	3	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	
MULTIVITAMINS		
PRENATAL VITAMINS		
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
<i>*prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg**</i>	1	
<i>*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***</i>	1	
<i>*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

172

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Drug Name	Drug Tier	Requirements/Limits
<i>*prenatal vit w/ fe fumarate-fa tab 28-1 mg***</i>	1	
<i>*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***</i>	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	QL (180 tablets per month)
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
SKELAXIN TAB 800MG	3	
SOMA TAB 250MG	3	QL (84 tabs / 25 days)
SOMA TAB 350MG	3	QL (180 tablets per month)
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
DANTRIUM CAP 50MG	3	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
MUSCLE RELAXANT COMBINATIONS		
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	1	QL (90 tablets per month)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

173

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Drug Name	Drug Tier	Requirements/Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray</i> 137-50 mcg/act	1	
DYMISTA SPR 137-50	3	
NASAL AGENTS - MISC.		
NOZIN NASAL MIS SANITIZE	0	
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	
PATANASE SPR 0.6%	3	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	
NASONEX SPR 50MCG/AC	3	
XHANCE MIS 93MCG	3	
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RILUTEK TAB 50MG	3	
<i>riluzole tab 50 mg</i>	1	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	5	PA, QL (2 bottles (120 mg) per 24 days)
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

174

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Drug Name	Drug Tier	Requirements/Limits
COMBIGAN SOL 0.2/0.5%	2	
COSOPT SOL 22.3-6.8	3	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once- daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
TIMOPTIC-XE SOL 0.25% OP	3	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	3	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	1	
ISOPTO ATROP SOL 1% OP	3	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
MIOTICS		
ISOPTO CARP SOL 1% OP	3	
ISOPTO CARP SOL 2% OP	3	
ISOPTO CARP SOL 4% OP	3	
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

175

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BETADINE SOL 5% OP	3	
BLEPH-10 SOL 10% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
MITOSOL KIT 0.2MG	3	
MOXEZA SOL 0.5%	3	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	3	
<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	
OCUFLOX DRO 0.3% OP	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POLYTRIM SOL OP	3	
POVIDONE IOD SOL 5%	3	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

176

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Drug Name	Drug Tier	Requirements/Limits
TOBREX OIN 0.3% OP	3	
TOBREX SOL 0.3% OP	3	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	3	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	2	
ROCKLATAN DRO	2	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	
ALCAINE SOL 0.5% OP	3	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	5	PA, QL (16 CARTONS PER 56 days - ONE TIME TREATMENT)
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
DUREZOL EMU 0.05%	2	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED SOD PHO SOL 1% OP	3	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

177

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Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SUS 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
MEMBRANEBLUE SOL 0.15%	3	
VISIONBLUE SOL 0.06%	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ALOCRIAL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
BRINZOLAMIDE OPHTH SUSP 1%	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTARAN SOL 0.44%	5	PA, QL (4 BOTTLES PER 28 DAYS)
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
TRUSOPT SOL 2% OP	3	
PROSTAGLANDINS - OPHTHALMIC		
<i>latanoprost ophth soln 0.005%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	2	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
PA - Prior Authorization QL - Quantity Limits ST - Step Therapy		178

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin otic soln 0.3%</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	
PROSTIN E2 SUP 20MG	3	
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	1	PA, QL (120 tablets per month)
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
PROGESTINS		
PROGESTINS		
AYGESTIN TAB 5MG	3	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

180

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Drug Name **Drug Tier** **Requirements/Limits**
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

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

ANTI-CATAPLECTIC AGENTS

<i>XYREM SOL 500MG/ML</i>	5	PA
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ANTIDEMENTIA AGENTS

<i>ARICEPT TAB 5MG</i>	3	
<i>ARICEPT TAB 10MG</i>	3	
<i>ARICEPT TAB 23MG</i>	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
<i>EXELON DIS 4.6MG/24</i>	3	
<i>EXELON DIS 9.5MG/24</i>	3	
<i>EXELON DIS 13.3/24</i>	3	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

181

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

182

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Drug Name	Drug Tier	Requirements/Limits
SYMBYAX CAP 6-50MG	3	
SYMBYAX CAP 12-50MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	4	PA, QL (60 TABLETS PER 30 DAYS)
AUSTEDO TAB 9MG	4	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO TAB 12MG	4	PA, QL (120 TABLETS PER 30 DAYS)
INGREZZA CAP 40-80MG	4	PA
INGREZZA CAP 40MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 60MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 80MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
<i>tetrabenazine tab 12.5 mg</i>	1	PA, QL (120 TABLETS PER 30 DAYS)
<i>tetrabenazine tab 25 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	5	PA, QL (60 TABLETS PER 30 DAYS)
AUBAGIO TAB 7MG	4	PA, QL (30 TABLETS PER 30 DAYS)
AUBAGIO TAB 14MG	4	PA, QL (30 TABLETS PER 30 DAYS)
BETASERON INJ 0.3MG	4	PA, QL (14 KITS PER 28 DAYS)
COPAXONE INJ 20MG/ML	4	PA, QL (30 SYRINGES PER 30 DAYS)
COPAXONE INJ 40MG/ML	4	PA, QL (12 SYRINGES PER 28 DAYS)
<i>dalfampridine tab er 12hr 10 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

183

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Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	PA, QL (14 CAPSULES PER 28 DAYS)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	PA, QL (60 CAPSULES PER 30 DAYS)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	PA, QL (60 CAPSULES PER 30 DAYS)
GILENYA CAP 0.5MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	PA, QL (30 SYRINGES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	PA, QL (12 SYRINGES PER 28 DAYS)
KESIMPTA INJ 20/.4ML	4	PA, QL (1 PEN PER 28 DAYS)
MAVENCLAD PAK 10MG(4)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(5)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(6)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(7)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(8)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(9)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(10)	5	PA, QL (20 TABLETS PER 9 MONTHS)
MAYZENT PAK STARTER	4	PA, QL (12 TABLETS PER 5 DAYS)
MAYZENT TAB 0.25MG	4	PA, QL (112 TABLETS PER 28 DAYS)
MAYZENT TAB 2MG	4	PA, QL (30 TABLETS PER 30 DAYS)
REBIF INJ 22/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF INJ 44/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 INJ PER 28 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

184

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Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDO INJ TITRATN	4	PA, QL (12 INJ PER 28 DAYS)
REBIF TITRTN INJ PACK	4	PA, QL (12 SYRINGES PER 28 DAYS)
VUMERITY CAP 231MG	4	PA, QL (120 CAPSULES PER 30 DAYS)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (7 TABLETS PER 7 DAYS)
ZEPOSIA CAP .92MG	4	PA, QL (30 TABLETS PER 30 DAYS)
ZEPOSIA CAP STR KIT	4	PA, QL (37 TABLETS PER 37 DAYS)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE TAB 300MG	2	
GRALISE TAB 600MG	2	
<i>pregabalin tab er 24hr 82.5 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>pregabalin tab er 24hr 165 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>pregabalin tab er 24hr 330 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	0	
CHANTIX PAK 1MG	0	
CHANTIX TAB 0.5MG	0	
CHANTIX TAB 1MG	0	
NICODERM CQ DIS 7MG/24HR	3	OTC; \$0 limited to 2 treatment cycles/year
NICODERM CQ DIS 14MG/24H	3	OTC; \$0 limited to 2 treatment cycles/year
NICODERM CQ DIS 21MG/24H	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG	3	OTC; \$0 limited to 2 treatment cycles/year

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

185

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Drug Name	Drug Tier	Requirements/Limits
NICORETTE GUM 2MG CINN	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG MINT	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG ORIG	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 2MGFRUIT	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG CINN	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG MINT	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG ORIG	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 4MGFRUIT	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE LOZ 2MG MINT	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE LOZ 4MG MINT	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE ST GUM 2MG MINT	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE ST GUM 2MG ORIG	3	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE ST GUM 4MG ORIG	3	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

186

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Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SPR 10MG/ML	0	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	4	PA, QL (4 PFS PER 28 DAYS)
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP 7.5MG	3	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK 25MG	5	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 50MG	5	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 75MG	5	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO TAB 150MG	3	PA, QL (56 TABLETS PER 28 DAYS)
ORKAMBI GRA 100-125	5	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI GRA 150-188	5	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI TAB 100-125	5	PA, QL (112 TABLETS PER 28 DAYS)
ORKAMBI TAB 200-125	5	PA, QL (112 TABLETS PER 28 DAYS)
PULMOZYME SOL 1MG/ML	5	PA, QL (60 AMPULES PER 30 DAYS)
SYMDEKO TAB 50-75MG	5	PA, QL (56 TABLETS PER 28 DAYS)
SYMDEKO TAB 100-150	5	PA, QL (56 TABLETS PER 28 DAYS)
TRIKAFTA TAB	5	PA, QL (84 TABLETS PER 28 DAYS)
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	4	PA, QL (270 CAPSULES PER 30 DAYS)
ESBRIET TAB 267MG	4	PA, QL (270 TABLETS PER 30 DAYS)
ESBRIET TAB 801MG	4	PA, QL (90 TABLETS PER 30 DAYS)
OFEV CAP 100MG	4	PA, QL (60 CAPSULES PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

187

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Drug Name	Drug Tier	Requirements/Limits
OFEV CAP 150MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB 500MG	3	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab delayed release 75 mg</i>	1	
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	3	
VIBRAMYCIN SYP 50MG/5ML	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

188

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Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
TAPAZOLE TAB 5MG	3	
TAPAZOLE TAB 10MG	3	
THYROID HORMONES		
ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

189

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
<i>thyroid tab 15 mg (1/4 grain)</i>	1	
<i>thyroid tab 30 mg (1/2 grain)</i>	1	
<i>thyroid tab 60 mg (1 grain)</i>	1	
<i>thyroid tab 90 mg (1 1/2 grain)</i>	1	
<i>thyroid tab 120 mg (2 grain)</i>	1	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**ANTISPASMODICS**

ANASPAZ TAB 0.125MG	3	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
CUVPOSA SOL 1MG/5ML	3	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
SYMAX DUOTAB TAB	3	

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

190

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Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	1	
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR	2	QL (90 caps / year)
DEXILANT CAP 60MG DR	2	QL (90 caps / year)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps / year)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps / year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets / year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets / year)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets / year)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps / year)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps / year)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	1	QL (90 ea / year)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	1	QL (90 ea / year)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps / year)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps / year)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps / year)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs / year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs / year)
PANTOPRAZOLE SODIUM FOR IV SOLN 40 MG (BASE EQUIV)	1	QL (90 vials / year)
PROTONIX INJ 40MG	3	QL (90 vials / year)
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps / year)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs / year)
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	
CYTOTEC TAB 200MCG	3	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

191

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Drug Name	Drug Tier	Requirements/Limits
ULCER THERAPY COMBINATIONS		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
OMECLAMOX- MIS PAK	3	
PYLERA CAP	2	
TALICIA CAP	3	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
<i>trospium chloride cap er 24hr 60 mg</i>	1	
<i>trospium chloride tab 20 mg</i>	1	
VESICARE LS SUS 5MG/5ML	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ SUS 8MG/ML	2	
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

192

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Drug Name	Drug Tier	Requirements/Limits
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	1	
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL AER CONTRACP	0	OTC
<i>vcf vaginal gel contrace</i>	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	Tier 1 with DAW9
VAGINAL PROGESTINS		
ENDOMETRIN SUP 100MG	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN INJ 1MG/ML	3	
ADRENALIN INJ 30/30ML	3	
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

193

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Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (6 pens / 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL (6 pens / 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (3 pens / 300 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens / 300 days)
EPIPEN-JR INJ 0.15MG	2	QL (6 pens / 300 days)
SYMJEPI INJ 0.3MG	2	QL (3 syringes / 300 days)
SYMJEPI INJ 0.15MG	2	QL (6 syringes / 300 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	1	PA, QL (90 CAPSULES PER 30 DAYS)
<i>droxidopa cap 200 mg</i>	1	PA, QL (180 CAPSULES PER 30 DAYS)
<i>droxidopa cap 300 mg</i>	1	PA, QL (180 CAPSULES PER 30 DAYS)
VASOPRESSORS		
EPINEPHRINE INJ 0.2MG	3	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
DRISDOL CAP 50000UNT	3	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
MEPHYTON TAB 5MG	3	
PHYTONADIONE TAB 5 MG	1	

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Index

*	
*mesalamine rectal enema 4 gm & cleanser wipe kit**	139
*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***	27
nystatin oral powder	54
*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***	172
*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***	172
*prenatal vit w/ fe fumarate-fa tab 28-1 mg***	173
*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***	172
*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***	173
*prenat w/o a w/feum-methfol-fa-dha cap 27-0.6-0.4-300 mg**	172
*sodium polystyrene sulfonate powder**	171
A	
abacavir sulfat-lamivudine tab 600-300 mg	87
abacavir sulfat-lamivudine-zidovudine tab 300-150-300 mg	87
abacavir sulfat soln 20 mg/ml (base equiv)	87
abacavir sulfat tab 300 mg (base equiv)	87
ABILIFY MAIN INJ 300MG	86
ABILIFY MAIN INJ 400MG	86
abiraterone acetate tab 250 mg	70
abiraterone acetate tab 500 mg	70
ABSORICA CAP 10MG	111
ABSORICA CAP 20MG	111
ABSORICA CAP 25MG	111
ABSORICA CAP 30MG	111
ABSORICA CAP 35MG	112
ABSORICA CAP 40MG	112
acamprosate calcium tab delayed release 333 mg	181
acarbose tab 100 mg	47
acarbose tab 25 mg	47
acarbose tab 50 mg	47
ACCOLATE TAB 10MG	32
ACCOLATE TAB 20MG	32
ACCU-CHEK KIT FASTCLIX	148
ACCU-CHEK KIT SOFTCLIX	148
ACCU-CHEK LIQ GUIDE	148
ACCU-CHEK LIQ SMART	148
ACCU-CHEK MIS MLTICLIX	148
ACCU-CHEK SOL	148
ACCU-CHEK SOL COMPACT	148
ACCU-CHEK TES AVIVA PL	124
ACCU-CHEK TES COMPACT	124
ACCU-CHEK TES GUIDE	124
ACCU-CHEK TES SMART	124
ACCUPRIL TAB 10MG	58
ACCUPRIL TAB 20MG	58
ACCUPRIL TAB 40MG	58
ACCUPRIL TAB 5MG	58
ACCURETIC TAB 10-12.5	61
ACCURETIC TAB 20-12.5	61
ACCURETIC TAB 20-25MG	61
ACCUTREND SOL GLUCOSE	148
acebutolol hcl cap 200 mg	95
acebutolol hcl cap 400 mg	95
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	23
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	23
acetaminophen w/ codeine soln 120-12 mg/5ml	23
acetaminophen w/ codeine tab 300-15 mg	23
acetaminophen w/ codeine tab 300-30 mg	23
acetaminophen w/ codeine tab 300-60 mg	23
acetazolamide cap er 12hr 500 mg	129
acetazolamide tab 125 mg	129
acetazolamide tab 250 mg	129
acetic acid otic soln 2%	178
acetylcysteine inhal soln 10%	111
acetylcysteine inhal soln 20%	111
acitretin cap 10 mg	115
acitretin cap 17.5 mg	115
acitretin cap 25 mg	115

ACTHAR INJ 80UNIT	132	ADJ LANCING MIS DEVICE.....	148
ACTI-LANCE MIS 28G	148	ADRENALIN INJ 1MG/ML	193
ACTI-LANCE MIS LITE 28G	148	ADRENALIN INJ 30/30ML.....	193
ACTI-LANCE MIS SPEC 17G	148	ADRENALIN SOL 1:1000.....	174
ACTI-LANCE MIS UNIV 23G	148	ADVAIR DISKU AER 100/50.....	33
ACTIMMUNE INJ 2MU/0.5	78	ADVAIR DISKU AER 250/50.....	33
ACTIQ LOZ 1200MCG	18	ADVAIR DISKU AER 500/50.....	33
ACTIQ LOZ 1600MCG	18	ADVAIR HFA AER 115/21	33
ACTIQ LOZ 200MCG	18	ADVAIR HFA AER 230/21	33
ACTIQ LOZ 400MCG	18	ADVAIR HFA AER 45/21	33
ACTIQ LOZ 600MCG	18	ADVANCE LIQ CONTROL.....	148
ACTIQ LOZ 800MCG	18	ADVANCE LIQ INTUITIO	148
ACTIVELLA TAB 1-0.5MG.....	136	ADVANCE NORM LIQ CONTROL	148
ACTONEL TAB 150MG	131	ADVCATE SAFE MIS LANC 26G.....	148
ACTONEL TAB 35MG	131	ADV LANCING MIS DEVICE.....	148
ACTOPLUS MET TAB 15-500MG.....	48	ADVOCATE+ SOL REDI-COD	148
ACTOPLUS MET TAB 15-850MG.....	48	ADVOCATE LIQ HIGH.....	148
ACULAR LS SOL 0.4%	178	ADVOCATE LIQ LOW	148
ACULAR SOL 0.5% OP	178	ADVOCATE MIS LANC 30G.....	148
<i>acyclovir cap 200 mg</i>	94	ADVOCATE MIS LANC DEV.....	148
<i>acyclovir oint 5%</i>	119	ADVOCATE MIS LANCETS	148
<i>acyclovir susp 200 mg/5ml</i>	94	ADV TRAVEL MIS LANC 28G.....	148
<i>acyclovir tab 400 mg</i>	94	AEMCOLO TAB 194MG	27
<i>acyclovir tab 800 mg</i>	94	AERCHMBR PLS MIS FLOW-VU	164
ACZONE GEL 5%.....	112	AERCHMBR PLS MIS LRG MASK.....	164
ACZONE GEL 7.5%	112	AERCHMBR PLS MIS MED MASK	164
ADAPALENE-BENZOYL PEROXIDE GEL		AERCHMBR PLS MIS SM MASK	164
0.1-2.5%	112	AERCHMBR Z- MIS STAT PLS	164
<i>adapalene cream 0.1%</i>	112	AEROCHAMBER KIT ACTION	164
<i>adapalene gel 0.1%</i>	112	AEROCHAMBER MIS CHAMBER.....	164
<i>adapalene gel 0.3%</i>	112	AEROCHAMBER MIS FLOSIGNA	164
ADASUVE INH 10MG.....	83	AEROCHAMBER MIS MV	164
ADDERALL XR CAP 10MG	1	AEROCHAMBER MIS PLUS.....	164
ADDERALL XR CAP 15MG	1	AEROVENT MIS PLUS	164
ADDERALL XR CAP 20MG	1	AFINITOR DIS TAB 2MG.....	72
ADDERALL XR CAP 25MG	1	AFINITOR DIS TAB 3MG.....	72
ADDERALL XR CAP 30MG	1	AFINITOR DIS TAB 5MG.....	72
ADDERALL XR CAP 5MG.....	1	AFINITOR TAB 10MG	72
<i>adefovir dipivoxil tab 10 mg</i>	93	AFINITOR TAB 2.5MG	72
ADEMPAS TAB 0.5MG.....	104	AFINITOR TAB 5MG.....	72
ADEMPAS TAB 1.5MG.....	104	AFINITOR TAB 7.5MG	72
ADEMPAS TAB 1MG	104	AGAMATRIX MIS 33G.....	148
ADEMPAS TAB 2.5MG.....	104	AGAMATRIX SOL HIGH.....	148
ADEMPAS TAB 2MG	104	AGAMATRIX SOL LEVEL 2	148
ADIPEX-P CAP 37.5MG	2	AGAMATRIX SOL LEVEL 4	148
ADIPEX-P TAB 37.5MG	2	AGAMATRIX SOL NORM/HGH	148

AGAMATRIX SOL NORMAL	148	ALDACTONE TAB 100MG	130
AGRYLIN CAP 0.5MG.....	142	ALDACTONE TAB 25MG	130
AIMOVIG INJ 140MG/ML	166	ALDACTONE TAB 50MG	130
AIMOVIG INJ 70MG/ML	166	ALECENSA CAP 150MG	72
AIMSCO TWIST MIS 32G	148	<i>alendronate sodium oral soln 70</i>	
AIMSCO TWIST MIS 33G	148	<i>mg/75ml</i>	131
AIRZONE PEAK MIS FLOW MTR	164	<i>alendronate sodium tab 10 mg.....</i>	131
AJOVY INJ 225/1.5	166	<i>alendronate sodium tab 35 mg.....</i>	131
AKTEN GEL 3.5%	177	<i>alendronate sodium tab 5 mg</i>	131
<i>albendazole tab 200 mg.....</i>	26	<i>alendronate sodium tab 70 mg.....</i>	131
ALBENZA TAB 200MG	26	<i>alfuzosin hcl tab er 24hr 10 mg</i>	141
<i>albuterol sulfate inhal aero 108</i>		ALINIA SUS 100/5ML.....	27
<i>mcg/act (90mcg base equiv).....</i>	33	ALINIA TAB 500MG	27
<i>albuterol sulfate soln nebu 0.083%</i>		<i>aliskiren fumarate tab 150 mg (base</i>	
<i>(2.5 mg/3ml).....</i>	33	<i>equivalent).....</i>	66
<i>albuterol sulfate soln nebu 0.5% (5</i>		<i>aliskiren fumarate tab 300 mg (base</i>	
<i>mg/ml)</i>	33	<i>equivalent).....</i>	66
<i>albuterol sulfate soln nebu 0.63</i>		ALKERAN TAB 2MG.....	67
<i>mg/3ml (base equiv)</i>	33	<i>allopurinol tab 100 mg</i>	141
<i>albuterol sulfate soln nebu 1.25</i>		<i>allopurinol tab 300 mg</i>	141
<i>mg/3ml (base equiv)</i>	34	<i>almotriptan malate tab 12.5 mg</i>	166
<i>albuterol sulfate syrup 2 mg/5ml.....</i>	34	<i>almotriptan malate tab 6.25 mg</i>	166
<i>albuterol sulfate tab 2 mg</i>	34	ALOCRIIL SOL 2%	178
<i>albuterol sulfate tab 4 mg</i>	34	ALOMIDE SOL 0.1% OP.....	178
<i>albuterol sulfate tab er 12hr 4 mg</i>	34	<i>alose tron hcl tab 0.5 mg (base equiv)</i>	
<i>albuterol sulfate tab er 12hr 8 mg</i>	34	<i>.....</i>	139
ALCAINE SOL 0.5% OP	177	<i>alose tron hcl tab 1 mg (base equiv)</i>	139
<i>alclometasone dipropionate cream</i>		ALPHAGAN P SOL 0.1%.....	176
<i>0.05%</i>	119	ALPHAGAN P SOL 0.15%.....	176
<i>alclometasone dipropionate oint 0.05%</i>		ALPRAZOLAM CON 1 MG/ML	30
<i>.....</i>	119	<i>alprazolam orally disintegrating tab</i>	
ALCOH-GLOVE PAD CONTOURE	163	<i>0.25 mg.....</i>	30
ALCOHOL PAD	163	<i>alprazolam orally disintegrating tab 0.5</i>	
ALCOHOL PAD 70%	163	<i>mg</i>	30
ALCOHOL PAD PREP.....	163	<i>alprazolam orally disintegrating tab 1</i>	
ALCOHOL PAD SWABSTIC.....	163	<i>mg</i>	30
ALCOHOL PREP PAD.....	163	<i>alprazolam orally disintegrating tab 2</i>	
ALCOHOL PREP PAD 70%	163	<i>mg</i>	30
ALCOHOL PREP PAD MED 70%	163	<i>alprazolam tab 0.25 mg</i>	30
ALCOHOL PREP PAD PADS 70%.....	163	<i>alprazolam tab 0.5 mg.....</i>	30
ALCOHOL SWAB PAD	163	<i>alprazolam tab 1 mg</i>	30
ALCOHOL SWAB PAD 70%.....	163	<i>alprazolam tab 2 mg</i>	30
ALCOHOL SWAB PAD EX-THICK.....	163	<i>alprazolam tab er 24hr 0.5 mg.....</i>	30
ALCOHOL WIPE PAD	163	<i>alprazolam tab er 24hr 1 mg</i>	30
ALDACTAZIDE TAB 25/25	129	<i>alprazolam tab er 24hr 2 mg</i>	30
ALDACTAZIDE TAB 50/50	129	<i>alprazolam tab er 24hr 3 mg</i>	30

ALTABAX OIN 1%.....	114	<i>amlodipine besylate-atorvastatin</i>	
ALTACE CAP 1.25MG	58	<i>calcium tab 10-10 mg</i>	100
ALTACE CAP 10MG	58	<i>amlodipine besylate-atorvastatin</i>	
ALTACE CAP 2.5MG	58	<i>calcium tab 10-20 mg</i>	100
ALTACE CAP 5MG	58	<i>amlodipine besylate-atorvastatin</i>	
ALUNBRIG PAK	72	<i>calcium tab 10-40 mg</i>	100
ALUNBRIG TAB 180MG	72	<i>amlodipine besylate-atorvastatin</i>	
ALUNBRIG TAB 30MG	72	<i>calcium tab 10-80 mg</i>	100
ALUNBRIG TAB 90MG	72	<i>amlodipine besylate-atorvastatin</i>	
<i>alvimopan cap 12 mg.....</i>	139	<i>calcium tab 2.5-10 mg</i>	100
<i>amantadine hcl cap 100 mg.....</i>	79	<i>amlodipine besylate-atorvastatin</i>	
<i>amantadine hcl soln 50 mg/5ml</i>	79	<i>calcium tab 2.5-20 mg</i>	100
<i>amantadine hcl tab 100 mg</i>	79	<i>amlodipine besylate-atorvastatin</i>	
AMARYL TAB 1MG	51	<i>calcium tab 2.5-40 mg</i>	100
AMARYL TAB 2MG	51	<i>amlodipine besylate-atorvastatin</i>	
AMARYL TAB 4MG	51	<i>calcium tab 5-10 mg</i>	100
AMBIEN CR TAB 12.5MG	145	<i>amlodipine besylate-atorvastatin</i>	
AMBIEN CR TAB 6.25MG	145	<i>calcium tab 5-20 mg</i>	100
AMBIEN TAB 10MG	145	<i>amlodipine besylate-atorvastatin</i>	
AMBIEN TAB 5MG.....	145	<i>calcium tab 5-40 mg</i>	100
<i>ambrisentan tab 10 mg</i>	103	<i>amlodipine besylate-atorvastatin</i>	
<i>ambrisentan tab 5 mg.....</i>	103	<i>calcium tab 5-80 mg</i>	100
<i>amcinonide cream 0.1%.....</i>	119	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amcinonide lotion 0.1%.....</i>	119	<i>10-20 mg.....</i>	61
AMCINONIDE OIN 0.1%	119	<i>amlodipine besylate-benazepril hcl cap</i>	
AMERGE TAB 1MG	166	<i>10-40 mg.....</i>	62
AMERGE TAB 2.5MG	166	<i>amlodipine besylate-benazepril hcl cap</i>	
AMICAR TAB 1000MG	144	<i>2.5-10 mg</i>	61
AMICAR TAB 500MG	144	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amiloride & hydrochlorothiazide tab 5-</i>		<i>5-10 mg.....</i>	61
<i>50 mg.....</i>	129	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amiloride hcl tab 5 mg</i>	130	<i>5-20 mg.....</i>	61
<i>aminocaproic acid oral soln 0.25 gm/ml</i>		<i>amlodipine besylate-benazepril hcl cap</i>	
<i>.....</i>	144	<i>5-40 mg.....</i>	61
<i>aminocaproic acid tab 1000 mg</i>	144	<i>amlodipine besylate-olmesartan</i>	
<i>aminocaproic acid tab 500 mg.....</i>	144	<i>medoxomil tab 10-20 mg</i>	62
<i>amiodarone hcl tab 100 mg</i>	31	<i>amlodipine besylate-olmesartan</i>	
<i>amiodarone hcl tab 200 mg</i>	31	<i>medoxomil tab 10-40 mg</i>	62
<i>amiodarone hcl tab 400 mg</i>	31	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 100 mg</i>	46	<i>medoxomil tab 5-20 mg</i>	62
<i>amitriptyline hcl tab 10 mg.....</i>	46	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 150 mg</i>	46	<i>medoxomil tab 5-40 mg</i>	62
<i>amitriptyline hcl tab 25 mg.....</i>	46	<i>amlodipine besylate tab 10 mg (base</i>	
<i>amitriptyline hcl tab 50 mg.....</i>	46	<i>equivalent).....</i>	97
<i>amitriptyline hcl tab 75 mg.....</i>	46	<i>amlodipine besylate tab 2.5 mg (base</i>	
		<i>equivalent).....</i>	97

<i>amlodipine besylate tab 5 mg (base equivalent)</i>	97	<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	180
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	62	<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	180
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	62	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	180
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	62	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	180
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	62	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	180
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	62	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	180
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	62	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	180
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	62	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	180
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	62	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	180
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	62	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	180
<i>amoxapine tab 100 mg</i>	46	<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	192
<i>amoxapine tab 150 mg</i>	46	<i>amphetamine-dextroamphetamine tab 10 mg</i>	1
<i>amoxapine tab 25 mg</i>	46	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1
<i>amoxapine tab 50 mg</i>	46	<i>amphetamine-dextroamphetamine tab 15 mg</i>	1
<i>amoxicillin (trihydrate) cap 250 mg</i>	179	<i>amphetamine-dextroamphetamine tab 20 mg</i>	1
<i>amoxicillin (trihydrate) cap 500 mg</i>	179	<i>amphetamine-dextroamphetamine tab 30 mg</i>	1
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	179	<i>amphetamine-dextroamphetamine tab 5 mg</i>	1
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	179	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	179	<i>amphetamine extended release susp 1.25 mg/ml</i>	1
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	179	<i>amphetamine sulfate tab 10 mg</i>	1
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	179	<i>amphetamine sulfate tab 5 mg</i>	1
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	179	<i>ampicillin cap 500 mg</i>	179
<i>amoxicillin (trihydrate) tab 500 mg</i>	179	<i>AMPYRA TAB 10MG</i>	183
<i>amoxicillin (trihydrate) tab 875 mg</i>	179	<i>ANACAINE OIN</i>	122
		<i>ANAFRANIL CAP 25MG</i>	46
		<i>ANAFRANIL CAP 50MG</i>	46
		<i>ANAFRANIL CAP 75MG</i>	46

<i>anagrelide hcl cap 0.5 mg</i>	142	ARIKAYCE SUS	6
<i>anagrelide hcl cap 1 mg</i>	142	ARIMIDEX TAB 1MG	70
ANALPRAM-HC CRE 1-1%.....	26	<i>aripiprazole orally disintegrating tab 10 mg</i>	86
ANALPRAM-HC LOT 2.5%	26	<i>aripiprazole orally disintegrating tab 15 mg</i>	86
ANASPAZ TAB 0.125MG	190	<i>aripiprazole oral solution 1 mg/ml</i>	86
<i>anastrozole tab 1 mg</i>	70	<i>aripiprazole tab 10 mg</i>	86
ANCOBON CAP 250MG	53	<i>aripiprazole tab 15 mg</i>	87
ANCOBON CAP 500MG	53	<i>aripiprazole tab 20 mg</i>	87
ANDRODERM DIS 2MG/24HR.....	25	<i>aripiprazole tab 2 mg</i>	86
ANDRODERM DIS 4MG/24HR.....	25	<i>aripiprazole tab 30 mg</i>	87
ANNOVERA MIS	108	<i>aripiprazole tab 5 mg</i>	86
ANORO ELLIPT AER 62.5-25	34	ARISTADA INJ 1064MG	87
ANTARA CAP 30MG	56	ARISTADA INJ 441MG/1.....	87
ANTARA CAP 90MG	56	ARISTADA INJ 662MG/2.....	87
ANUSOL-HC CRE 2.5%	26	ARISTADA INJ 882MG/3.....	87
ALENZIN TAB 174MG	43	ARISTADA INJ INITIO	87
ALENZIN TAB 348MG	43	ARIXTRA INJ 10/0.8ML	35
ALENZIN TAB 522MG	43	ARIXTRA INJ 2.5/0.5	35
APLICARE ALC PAD SWABSTIC.....	163	ARIXTRA INJ 5/0.4ML	35
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	176	ARIXTRA INJ 7.5/0.6	35
<i>aprepitant capsule 125 mg</i>	53	<i>armodafinil tab 150 mg</i>	4
<i>aprepitant capsule 40 mg</i>	53	<i>armodafinil tab 200 mg</i>	4
<i>aprepitant capsule 80 mg</i>	53	<i>armodafinil tab 250 mg</i>	4
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	53	<i>armodafinil tab 50 mg</i>	4
APRISO CAP 0.375GM	138	ARMOUR THYRO TAB 120MG.....	189
AQUALANCE MIS 30G	148	ARMOUR THYRO TAB 15MG	189
ARANESP INJ 100MCG	143	ARMOUR THYRO TAB 180MG.....	189
ARANESP INJ 10MCG	143	ARMOUR THYRO TAB 240MG.....	189
ARANESP INJ 150MCG	143	ARMOUR THYRO TAB 300MG.....	189
ARANESP INJ 200MCG	143	ARMOUR THYRO TAB 30MG	189
ARANESP INJ 25MCG	143	ARMOUR THYRO TAB 60MG	189
ARANESP INJ 300MCG	143	ARMOUR THYRO TAB 90MG	189
ARANESP INJ 40MCG	143	ARNICA TIN FLOWER	123
ARANESP INJ 500MCG	143	ARNUITY ELPT INH 100MCG	33
ARANESP INJ 60MCG	143	ARNUITY ELPT INH 200MCG	33
ARAVA TAB 10MG	15	ARNUITY ELPT INH 50MCG	33
ARAVA TAB 20MG	15	AROMASIN TAB 25MG.....	70
ARAZLO LOT 0.045%.....	112	ARTISS SOL 10ML	144
ARCALYST INJ 220MG.....	12	ARTISS SOL 2ML.....	144
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	34	ARTISS SOL 4ML.....	144
ARICEPT TAB 10MG	181	ASACOL HD TAB 800MG	139
ARICEPT TAB 23MG	181	<i>asenapine maleate sl tab 10 mg (base equiv)</i>	84
ARICEPT TAB 5MG	181		

<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	84	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	3
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	84	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	3
<i>aspirin chew tab 81 mg</i>	18	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	3
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	142	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	3
<i>aspirin tab delayed release 81 mg</i>	18	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	3
ASSESS METER MIS FULL	164	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	3
ASSESS METER MIS LOW	164	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	56
ASSURE 3 LIQ CONTROL	148	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	57
ASSURE 4 LIQ LEVEL1/2	148	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	57
ASSURE CMFRT MIS 28G.....	149	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	57
ASSURE DOSE SOL NORM/HGH.....	149	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	66
ASSURE DOSE SOL NORMAL.....	149	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	66
ASSURE II LIQ LEVEL 1	149	<i>atovaquone susp 750 mg/5ml</i>	27
ASSURE II LIQ LEVEL1/2	149	ATRIPLA TAB	88
ASSURE LANCE MIS 21G	149	ATROPINE SUL SOL 1% OP.....	175
ASSURE LANCE MIS 28G	149	AUBAGIO TAB 14MG.....	183
ASSURE LANCE MIS LOW FLOW	149	AUBAGIO TAB 7MG.....	183
ASSURE LANCE MIS MICRO	149	AUGMENTIN SUS 125/5ML.....	180
ASSURE LANCE MIS SAFE 25G	149	AUGMENTIN SUS 250/5ML.....	180
ASSURE LANCE MIS SAFE 30G	149	AUGMENTIN SUS ES-600.....	180
ASSURE PLUS MIS HIGH 18G.....	149	AUGMENTIN TAB 500MG	180
ASSURE PLUS MIS LOW 25G.....	149	AURORA LANCE MIS 30G.....	149
ASSURE PLUS MIS MCRO 28G.....	149	AURORA LANCE MIS THIN 23G.....	149
ASSURE PLUS MIS NORM 21G.....	149	AURYXIA TAB 210MG	139
ASSURE PLUS MIS PEDIATRI	149	AUSTEDO TAB 12MG.....	183
ASSURE PRISM SOL LEVEL1/2.....	149	AUSTEDO TAB 6MG	183
ASSURE PRO LIQ LEVEL1/2	149	AUSTEDO TAB 9MG	183
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	87	AUTO LANCET MIS.....	149
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	88	AUTO-LANCET MIS	149
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	88	AUTO-LANCET MIS MINI.....	149
ATELVIA TAB	131	AUTOLET II KIT CLINISAF.....	149
<i>atenolol & chlorthalidone tab 100-25 mg</i>	62	AUTOLET IMPR MIS LANC DEV	149
<i>atenolol & chlorthalidone tab 50-25 mg</i>	62	AUTOLET LANC MIS DEVICE	149
<i>atenolol tab 100 mg</i>	96	AUTOLET LITE KIT	149
<i>atenolol tab 25 mg</i>	95		
<i>atenolol tab 50 mg</i>	96		
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	3		

AUTOLET LITE KIT CLINISAF.....	149	<i>baclofen tab 20 mg</i>	173
AUTOLET LITE KIT STARTER.....	149	<i>baclofen tab 5 mg</i>	173
AUTOLET MINI MIS.....	149	BACTRIM DS TAB 800-160.....	27
AUTOLET PLAT MIS 1.8MM.....	149	BACTRIM TAB 400-80MG.....	27
AUTOLET PLAT MIS 2.4MM.....	149	BALCOLTRA TAB 0.1-20.....	106
AUTOLET PLAT MIS 3.0MM.....	149	<i>balsalazide disodium cap 750 mg</i> ...	139
AUTOLET PLUS MIS.....	149	BALVERSA TAB 3MG.....	72
AUTOLET PLUS MIS LANC DEV.....	149	BALVERSA TAB 4MG.....	72
AVALIDE TAB 150-12.5.....	62	BALVERSA TAB 5MG.....	73
AVALIDE TAB 300-12.5.....	62	BANZEL TAB 200MG.....	37
AVANDIA TAB 2MG.....	50	BANZEL TAB 400MG.....	37
AVANDIA TAB 4MG.....	50	BAQSIMI ONE POW 3MG/DOSE.....	49
AVAPRO TAB 150MG.....	60	BAQSIMI TWO POW 3MG/DOSE.....	49
AVAPRO TAB 300MG.....	60	BARACLUDGE SOL.....	93
AVAPRO TAB 75MG.....	60	BASAGLAR INJ 100UNIT.....	50
AVODART CAP 0.5MG.....	141	BAXDELA TAB 450MG.....	137
AYGESTIN TAB 5MG.....	180	BD LANCET UF MIS 30G.....	149
<i>azacitidine for inj 100 mg</i>	68	BD LANCET UF MIS 33G.....	149
AZASAN TAB 100MG.....	170	BD MICROTAIN MIS LANCETS.....	149
AZASAN TAB 75 MG.....	170	BD SWAB BFLY PAD SNGL USE.....	163
<i>azathioprine tab 50 mg</i>	170	BD U-500 MIS 31GX6MM.....	164
<i>azelaic acid gel 15%</i>	123	BD ULTRAFINE INSULIN	
<i>azelastine hcl-fluticasone prop nasal</i>		SYRINGES/NEEDLES.....	164
<i>spray 137-50 mcg/act</i>	174	BD ULTRAFINE PEN NEEDLES.....	164
<i>azelastine hcl nasal spray 0.1% (137</i>		BELBUCA MIS 150MCG.....	24
<i>mcg/spray)</i>	174	BELBUCA MIS 300MCG.....	24
<i>azelastine hcl nasal spray 0.15%</i>		BELBUCA MIS 450MCG.....	24
<i>(205.5 mcg/spray)</i>	174	BELBUCA MIS 600MCG.....	24
<i>azelastine hcl ophth soln 0.05%</i>	178	BELBUCA MIS 750MCG.....	24
AZILECT TAB 0.5MG.....	81	BELBUCA MIS 75MCG.....	24
AZILECT TAB 1MG.....	81	BELBUCA MIS 900MCG.....	24
<i>azithromycin for susp 100 mg/5ml</i> ..	146	BELLA/OPIUM SUP 16.2-30.....	190
<i>azithromycin for susp 200 mg/5ml</i> ..	146	BELLA/OPIUM SUP 16.2-60.....	190
<i>azithromycin powd pack for susp 1 gm</i>		<i>benazepril & hydrochlorothiazide tab</i>	
.....	146	<i>10-12.5 mg</i>	62
<i>azithromycin tab 250 mg</i>	146	<i>benazepril & hydrochlorothiazide tab</i>	
<i>azithromycin tab 500 mg</i>	146	<i>20-12.5 mg</i>	62
<i>azithromycin tab 600 mg</i>	146	<i>benazepril & hydrochlorothiazide tab</i>	
AZULFIDINE TAB 500MG.....	139	<i>20-25 mg</i>	62
AZULFIDINE TAB 500MG EN.....	139	<i>benazepril & hydrochlorothiazide tab 5-</i>	
B		<i>6.25 mg</i>	62
<i>bacitracin ophth oint 500 unit/gm</i> ...	176	<i>benazepril hcl tab 10 mg</i>	58
<i>bacitracin-polymyxin b ophth oint</i> ...	176	<i>benazepril hcl tab 20 mg</i>	58
<i>bacitracin-polymyxin-neomycin-hc</i>		<i>benazepril hcl tab 40 mg</i>	58
<i>ophth oint 1%</i>	177	<i>benazepril hcl tab 5 mg</i>	58
<i>baclofen tab 10 mg</i>	173	BENLYSTA INJ 200MG/ML.....	171

BENZALKONIUM SOL NF	87	<i>bethanechol chloride tab 10 mg</i>	192
BENZAMYCIN GEL 5-3%.....	112	<i>bethanechol chloride tab 25 mg</i>	193
BENZNIDAZOLE TAB 100MG	26	<i>bethanechol chloride tab 50 mg</i>	193
BENZNIDAZOLE TAB 12.5MG	26	<i>bethanechol chloride tab 5 mg</i>	192
<i>benzonatate cap 100 mg</i>	110	BETHKIS NEB 300/4ML.....	6
<i>benzonatate cap 150 mg</i>	110	BETTERMILK15 POW GLYTACTN	124
<i>benzonatate cap 200 mg</i>	110	BETTERMILK PAK GLYTACTI.....	124
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	112	<i>bexarotene cap 75 mg</i>	78
<i>benzoyl peroxide foam 9.8%</i>	112	<i>bicalutamide tab 50 mg</i>	70
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	112	BIDIL TAB	100
<i>benzoyl peroxide liq 7%</i>	112	BIJUVA CAP 1-100MG	136
<i>benzphetamine hcl tab 25 mg</i>	2	BIKTARVY TAB.....	88
BENZPHETAMINE HCL TAB 25 MG	3	BILTRICIDE TAB 600MG.....	26
<i>benzphetamine hcl tab 50 mg</i>	3	BINOSTO TAB 70MG	131
<i>benztropine mesylate tab 0.5 mg</i>	78	BIO-STATIN CAP 1000000.....	53
<i>benztropine mesylate tab 1 mg</i>	78	BIO-STATIN CAP 500000	53
<i>benztropine mesylate tab 2 mg</i>	78	<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	146
BETADINE SOL 5% OP	176	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	63
<i>betamethasone dipropionate augmented cream 0.05%</i>	119	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	62
<i>betamethasone dipropionate augmented gel 0.05%</i>	119	<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	63
<i>betamethasone dipropionate augmented lotion 0.05%</i>	119	<i>bisoprolol fumarate tab 10 mg</i>	96
<i>betamethasone dipropionate augmented oint 0.05%</i>	119	<i>bisoprolol fumarate tab 5 mg</i>	96
<i>betamethasone dipropionate cream 0.05%</i>	119	BLEPH-10 SOL 10% OP	176
<i>betamethasone dipropionate lotion 0.05%</i>	119	BLEPHAMIDE OIN S.O.P.	177
<i>betamethasone dipropionate oint 0.05%</i>	119	BLEPHAMIDE SUS OP.....	177
<i>betamethasone valerate aerosol foam 0.12%</i>	119	BONIVA TAB 150MG	131
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	119	BONJESTA TAB 20-20MG	53
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	119	<i>bosentan tab 125 mg</i>	103
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	119	<i>bosentan tab 62.5 mg</i>	103
BETASERON INJ 0.3MG	183	BOSULIF TAB 100MG.....	73
<i>betaxolol hcl ophth soln 0.5%</i>	174	BOSULIF TAB 400MG.....	73
<i>betaxolol hcl tab 10 mg</i>	96	BOSULIF TAB 500MG.....	73
<i>betaxolol hcl tab 20 mg</i>	96	BRAFTOVI CAP 75MG.....	73
		BREATHE EASE MIS LG MASK	164
		BREATHE EASE MIS MED MASK.....	164
		BREATHE EASE MIS METER.....	164
		BREATHE EASE MIS SM MASK.....	164
		BREO ELLIPTA INH 100-25	34
		BREO ELLIPTA INH 200-25	34
		BREXAFEMME TAB 150MG	53
		BREZTRI AERO AER SPHERE.....	34
		BRILINTA TAB 60MG.....	142

BRILINTA TAB 90MG.....142	<i>buprenorphine hcl sl tab 2 mg (base equiv).....24</i>
<i>brimonidine tartrate ophth soln 0.15%</i>	<i>buprenorphine hcl sl tab 8 mg (base equiv).....24</i>
.....176	<i>buprenorphine td patch weekly 10 mcg/hr .....25</i>
<i>brimonidine tartrate ophth soln 0.2%</i>	<i>buprenorphine td patch weekly 15 mcg/hr .....25</i>
.....176	<i>buprenorphine td patch weekly 20 mcg/hr .....25</i>
BRINZOLAMIDE OPTH SUSP 1%...178	<i>buprenorphine td patch weekly 5 mcg/hr .....25</i>
BRISDELLE CAP 7.5MG.....187	<i>buprenorphine td patch weekly 7.5 mcg/hr .....25</i>
BRIVIACT SOL 10MG/ML.....37	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....185</i>
BRIVIACT TAB 100MG.....37	<i>bupropion hcl tab 100 mg .....43</i>
BRIVIACT TAB 10MG .....37	<i>bupropion hcl tab 75 mg .....43</i>
BRIVIACT TAB 25MG .....37	<i>bupropion hcl tab er 12hr 100 mg ....43</i>
BRIVIACT TAB 50MG .....37	<i>bupropion hcl tab er 12hr 150 mg ....43</i>
BRIVIACT TAB 75MG .....37	<i>bupropion hcl tab er 12hr 200 mg ....43</i>
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).....178</i>	<i>bupropion hcl tab er 24hr 150 mg ....43</i>
<i>bromocriptine mesylate cap 5 mg (base equivalent).....79</i>	<i>bupropion hcl tab er 24hr 300 mg ....43</i>
<i>bromocriptine mesylate tab 2.5 mg (base equivalent) .....79</i>	<i>bupirone hcl tab 10 mg .....29</i>
BRUKINSA CAP 80MG .....73	<i>bupirone hcl tab 15 mg .....29</i>
BRYHALI LOT 0.01%.....119	<i>bupirone hcl tab 30 mg .....30</i>
<i>budesonide delayed release particles cap 3 mg .....108</i>	<i>bupirone hcl tab 5 mg .....29</i>
<i>budesonide inhalation susp 0.25 mg/2ml.....33</i>	<i>bupirone hcl tab 7.5 mg .....29</i>
<i>budesonide inhalation susp 0.5 mg/2ml .....33</i>	<i>butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml .....17</i>
<i>budesonide inhalation susp 1 mg/2ml .....33</i>	<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg .....18</i>
<i>budesonide tab er 24hr 9 mg .....109</i>	<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg .....23</i>
<i>bumetanide tab 0.5 mg .....130</i>	<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg .....23</i>
<i>bumetanide tab 1 mg.....130</i>	<i>butalbital-acetaminophen cap 50-300 mg .....17</i>
<i>bumetanide tab 2 mg.....130</i>	<i>butalbital-acetaminophen tab 25-325 mg .....17</i>
BUMEX TAB 0.5MG .....130	<i>butalbital-acetaminophen tab 50-325 mg .....17</i>
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) .....24</i>	<i>butalbital-aspirin-caffeine cap 50-325-40 mg.....18</i>
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) .....24</i>	<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....23</i>
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) .....24</i>	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) .....24</i>	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) .....24</i>	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) .....24</i>	

<i>butorphanol tartrate nasal soln 10 mg/ml</i>	25	CAPRELSA TAB 100MG.....	73
C		CAPRELSA TAB 300MG.....	73
<i>cabergoline tab 0.5 mg</i>	135	<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	63
CABOMETYX TAB 20MG.....	73	<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	63
CABOMETYX TAB 40MG.....	73	<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	63
CABOMETYX TAB 60MG.....	73	<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	63
CADUET TAB 10-10MG.....	100	<i>captopril tab 100 mg</i>	59
CADUET TAB 10-20MG	100	<i>captopril tab 12.5 mg</i>	58
CADUET TAB 10-40MG.....	100	<i>captopril tab 25 mg</i>	58
CADUET TAB 10-80MG.....	100	<i>captopril tab 50 mg</i>	58
CADUET TAB 5-10MG.....	100	CARBAGLU TAB 200MG	133
CADUET TAB 5-20MG.....	100	<i>carbamazepine cap er 12hr 100 mg</i> ..	37
CADUET TAB 5-40MG.....	100	<i>carbamazepine cap er 12hr 200 mg</i> ..	37
CADUET TAB 5-80MG.....	100	<i>carbamazepine cap er 12hr 300 mg</i> ..	37
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	2	<i>carbamazepine chew tab 100 mg</i>	38
CALAN SR TAB 120MG	97	<i>carbamazepine susp 100 mg/5ml</i>	38
CALAN SR TAB 180MG	97	<i>carbamazepine tab 200 mg</i>	38
CALAN SR TAB 240MG	97	<i>carbamazepine tab er 12hr 100 mg</i> ..	38
<i>calcipotriene oint 0.005%</i>	115	<i>carbamazepine tab er 12hr 200 mg</i> ..	38
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	115	<i>carbamazepine tab er 12hr 400 mg</i> ..	38
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	131	CARBATROL CAP 100MG	38
<i>calcitriol cap 0.25 mcg</i>	133	CARBATROL CAP 200MG	38
<i>calcitriol cap 0.5 mcg</i>	133	CARBATROL CAP 300MG	38
<i>calcitriol oral soln 1 mcg/ml</i>	133	<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	79
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	139	<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	79
CALQUENCE CAP 100MG	73	<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	79
CAMINO PRO LIQ 15PE	124	<i>carbidopa & levodopa tab 10-100 mg</i> 79	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	63	<i>carbidopa & levodopa tab 25-100 mg</i> 79	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	63	<i>carbidopa & levodopa tab 25-250 mg</i> 79	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> .	63	<i>carbidopa & levodopa tab er 25-100 mg</i>	79
<i>candesartan cilexetil tab 16 mg</i>	60	<i>carbidopa & levodopa tab er 50-200 mg</i>	79
<i>candesartan cilexetil tab 32 mg</i>	60	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	79
<i>candesartan cilexetil tab 4 mg</i>	60	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	79
<i>candesartan cilexetil tab 8 mg</i>	60	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	79
<i>capecitabine tab 150 mg</i>	68		
<i>capecitabine tab 500 mg</i>	68		

<i>carbidopa-levodopa-entacapone tabs</i>	CASCARA EXT SAGRADA	146
31.25-125-200 mg	CASODEX TAB 50MG	70
<i>carbidopa-levodopa-entacapone tabs</i>	CATAPRES-TTS DIS 0.1/24HR.....	61
37.5-150-200 mg	CATAPRES-TTS DIS 0.2/24HR.....	61
<i>carbidopa-levodopa-entacapone tabs</i>	CATAPRES-TTS DIS 0.3/24HR.....	61
50-200-200 mg	CAVERJECT IM KIT 10MCG	101
<i>carbidopa tab 25 mg</i>	CAVERJECT INJ 40MCG	101
<i>carbinoxamine maleate soln 4 mg/5ml</i>	CAVERJECT KIT 20MCG	101
.....	CAYA DPR	147
<i>carbinoxamine maleate tab 4 mg</i>	CAYSTON INH 75MG	28
CARDIOCOM MIS LANCING	<i>cefaclor cap 250 mg</i>	105
CARDURA TAB 1MG	<i>cefaclor cap 500 mg</i>	105
CARDURA TAB 2MG	CEFACLOR ER TAB 500MG	105
CARDURA TAB 4MG	<i>cefaclor for susp 125 mg/5ml</i>	105
CARDURA TAB 8MG	<i>cefaclor for susp 250 mg/5ml</i>	105
CARDURA XL TAB 4MG.....	<i>cefaclor for susp 375 mg/5ml</i>	105
CARDURA XL TAB 8MG.....	<i>cefadroxil cap 500 mg</i>	105
CAREONE ADV MIS LANCING	<i>cefadroxil for susp 250 mg/5ml</i>	105
CAREONE LANC MIS 30G.....	<i>cefadroxil for susp 500 mg/5ml</i>	105
CAREONE LANC MIS THIN 23G.....	<i>cefadroxil tab 1 gm</i>	105
CARESENS 30G MIS LANCETS.....	<i>cefdinir cap 300 mg</i>	105
CARESENS SOL CONTROL	<i>cefdinir for susp 125 mg/5ml</i>	105
CARETOUCH MIS EJECTOR	<i>cefdinir for susp 250 mg/5ml</i>	105
CARETOUCH MIS LANC 26G.....	<i>cefixime cap 400 mg</i>	105
CARETOUCH MIS LANC 28G.....	<i>cefixime for susp 100 mg/5ml</i>	105
CARETOUCH MIS LANC 30G.....	<i>cefixime for susp 200 mg/5ml</i>	105
CARETOUCH MIS TWIST 28	<i>cefpodoxime proxetil for susp 100</i>	
CARETOUCH MIS TWIST 30	<i>mg/5ml</i>	105
CARETOUCH MIS TWIST 33	<i>cefpodoxime proxetil for susp 50</i>	
CARETOUCH PAD ALCOHOL	<i>mg/5ml</i>	105
<i>carisoprodol tab 350 mg</i>	<i>cefpodoxime proxetil tab 100 mg</i>	105
<i>carisoprodol w/ aspirin & codeine tab</i>	<i>cefpodoxime proxetil tab 200 mg</i>	105
200-325-16 mg	<i>cefprozil for susp 125 mg/5ml</i>	105
<i>carteolol hcl ophth soln 1%</i>	<i>cefprozil for susp 250 mg/5ml</i>	105
<i>carvedilol phosphate cap er 24hr 10</i>	<i>cefprozil tab 250 mg</i>	105
<i>mg</i>	<i>cefprozil tab 500 mg</i>	105
<i>carvedilol phosphate cap er 24hr 20</i>	<i>cefuroxime axetil tab 250 mg</i>	105
<i>mg</i>	<i>cefuroxime axetil tab 500 mg</i>	105
<i>carvedilol phosphate cap er 24hr 40</i>	<i>celecoxib cap 100 mg</i>	12
<i>mg</i>	<i>celecoxib cap 200 mg</i>	12
<i>carvedilol phosphate cap er 24hr 80</i>	<i>celecoxib cap 400 mg</i>	13
<i>mg</i>	<i>celecoxib cap 50 mg</i>	12
<i>carvedilol tab 12.5 mg</i>	CELEXA TAB 10MG	44
<i>carvedilol tab 25 mg</i>	CELEXA TAB 20MG	44
<i>carvedilol tab 3.125 mg</i>	CELEXA TAB 40MG	44
<i>carvedilol tab 6.25 mg</i>	CELONTIN CAP 300MG.....	42

CENTANY OIN 2%	114	<i>chlorzoxazone tab 500 mg</i>	173
<i>cephalexin cap 250 mg</i>	105	CHOLBAM CAP 250MG.....	138
<i>cephalexin cap 500 mg</i>	105	CHOLBAM CAP 50MG	138
<i>cephalexin cap 750 mg</i>	105	<i>cholestyramine light powder 4 gm/dose</i>	55
<i>cephalexin for susp 125 mg/5ml</i>	105	<i>cholestyramine light powder packets 4</i> <i>gm</i>	55
<i>cephalexin for susp 250 mg/5ml</i>	105	<i>cholestyramine powder 4 gm/dose</i> ...	55
<i>cephalexin tab 250 mg</i>	105	<i>cholestyramine powder packets 4 gm</i>	55
<i>cephalexin tab 500 mg</i>	105	<i>choline fenofibrate cap dr 135 mg</i> (<i>fenofibric acid equiv</i>)	56
CERDELGA CAP 84MG	142	<i>choline fenofibrate cap dr 45 mg</i> (<i>fenofibric acid equiv</i>)	56
CERVIDIL VAG MIS 10MG INS.....	179	<i>ciclopirox gel 0.77%</i>	114
CETIRIZINE HCL ORAL SOLN 1 MG/ML (5 MG/5ML).....	54	<i>ciclopirox olamine cream 0.77% (base</i> <i>equiv)</i>	114
CETRAXAL SOL 0.2%	178	<i>ciclopirox olamine susp 0.77% (base</i> <i>equiv)</i>	114
<i>cevimeline hcl cap 30 mg</i>	172	<i>ciclopirox shampoo 1%</i>	114
CHANTIX PAK 0.5& 1MG.....	185	<i>ciclopirox solution 8%</i>	114
CHANTIX PAK 1MG	185	<i>cilostazol tab 100 mg</i>	142
CHANTIX TAB 0.5MG	185	<i>cilostazol tab 50 mg</i>	142
CHANTIX TAB 1MG	185	CIMDUO TAB 300-300	88
CHEMET CAP 100MG.....	52	<i>cimetidine hcl soln 300 mg/5ml</i>	190
CHEMSTRIP K TES	124	<i>cimetidine tab 300 mg</i>	190
CHEMSTRIP TES UGK.....	124	<i>cimetidine tab 400 mg</i>	190
CHENODAL TAB 250MG	138	<i>cimetidine tab 800 mg</i>	190
<i>chlordiazepoxide-amitriptyline tab 10-</i> <i>25 mg</i>	182	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	133
<i>chlordiazepoxide-amitriptyline tab 5-</i> <i>12.5 mg</i>	182	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	133
<i>chlordiazepoxide hcl cap 10 mg</i>	30	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	133
<i>chlordiazepoxide hcl cap 25 mg</i>	30	CINRYZE SOL 500 UNIT	142
<i>chlordiazepoxide hcl cap 5 mg</i>	30	CIPRO (10%) SUS 500MG/5	137
<i>chlordiazepoxide hcl-clidinium bromide</i> <i>cap 5-2.5 mg</i>	190	CIPRO (5%) SUS 250MG/5	137
CHLORHEX GLU SOL 20%	87	<i>ciprofloxacin-dexamethasone otic susp</i> <i>0.3-0.1%</i>	179
<i>chlorhexidine gluconate soln 0.12%</i>	172	<i>ciprofloxacin hcl ophth soln 0.3% (base</i> <i>equivalent)</i>	176
<i>chloroquine phosphate tab 250 mg</i> ...66		<i>ciprofloxacin hcl otic soln 0.2% (base</i> <i>equivalent)</i>	178
<i>chloroquine phosphate tab 500 mg</i> ...66		<i>ciprofloxacin hcl tab 100 mg (base</i> <i>equiv)</i>	137
CHLORPROMAZINE HCL INJ 25 MG/ML	85	<i>ciprofloxacin hcl tab 250 mg (base</i> <i>equiv)</i>	137
CHLORPROMAZINE HCL INJ 50 MG/2ML	85		
<i>chlorpromazine hcl tab 100 mg</i>	85		
<i>chlorpromazine hcl tab 10 mg</i>	85		
<i>chlorpromazine hcl tab 200 mg</i>	86		
<i>chlorpromazine hcl tab 25 mg</i>	85		
<i>chlorpromazine hcl tab 50 mg</i>	85		
<i>chlorthalidone tab 25 mg</i>	130		
<i>chlorthalidone tab 50 mg</i>	130		

<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	137	CLIMARA DIS 0.05MG	136
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	137	CLIMARA DIS 0.06MG	136
CIPRO TAB 250MG	137	CLIMARA DIS 0.075MG	136
CIPRO TAB 500MG	137	CLIMARA DIS 0.1MG	136
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	44	CLIMARA PRO DIS WEEKLY	136
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	44	CLINDAMYCIN HCL CAP 150 MG	28
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	44	<i>clindamycin hcl cap 300 mg</i>	28
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	44	<i>clindamycin hcl cap 75 mg</i>	28
CITRANATAL CAP HARMONY	172	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	28
CITRANATAL CAP MEDLEY	172	<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	112
CITRANATAL MIS	172	<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	112
CITRANATAL MIS 90 DHA	172	<i>clindamycin phosphate foam 1%</i> ...	112
CITRANATAL MIS B-CALM	172	<i>clindamycin phosphate gel 1%</i>	112
CITRANATAL PAK ASSURE	172	<i>clindamycin phosphate lotion 1%</i> ...	112
CITRANATAL PAK DHA	172	<i>clindamycin phosphate soln 1%</i>	112
CITRANATAL TAB BLOOM	172	<i>clindamycin phosphate swab 1%</i> ...	112
CITRANATAL TAB RX	172	<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	112
CLARINEX-D TAB 2.5-120	111	<i>clindamycin phosphate vaginal cream 2%</i>	193
CLARINEX TAB 5MG	54	<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	112
<i>clarithromycin for susp 125 mg/5ml</i>	147	CLINDESSE CRE 2%	193
<i>clarithromycin for susp 250 mg/5ml</i>	147	<i>clobazam suspension 2.5 mg/ml</i>	37
<i>clarithromycin tab 250 mg</i>	147	<i>clobazam tab 10 mg</i>	37
<i>clarithromycin tab 500 mg</i>	147	<i>clobazam tab 20 mg</i>	37
<i>clarithromycin tab er 24hr 500 mg</i> ..	147	<i>clobetasol propionate cream 0.05%</i>	119
CLEANLET 28G MIS LANCETS	150	<i>clobetasol propionate emollient base cream 0.05%</i>	119
<i>clemastine fumarate tab 2.68 mg</i>	54	<i>clobetasol propionate emulsion foam 0.05%</i>	119
CLENPIQ SOL	146	<i>clobetasol propionate foam 0.05%</i> ..	119
CLEOCIN CAP 150MG	28	<i>clobetasol propionate gel 0.05%</i>	119
CLEOCIN CAP 300MG	28	<i>clobetasol propionate lotion 0.05%</i> .	120
CLEOCIN CAP 75MG	28	<i>clobetasol propionate oint 0.05%</i> ...	120
CLEOCIN CRE 2% VAG	193	<i>clobetasol propionate shampoo 0.05%</i>	120
CLEOCIN PED SOL 75MG/5ML	28	<i>clobetasol propionate soln 0.05%</i> ...	120
CLEOCIN SUP 100MG	193	CLOBEX LOT 0.05%	120
CLEOCIN-T LOT 1%	112	CLOBEX SHA 0.05%	120
CLEVER CHECK MIS	150	CLODERM CRE 0.1%	120
CLEVER CHECK MIS 30G	150	<i>clomiphene citrate tab 50 mg</i>	132
CLEVR CHOICE LIQ HIGH	150	<i>clomipramine hcl cap 25 mg</i>	46
CLEVR CHOICE LIQ LOW	150		
CLIMARA DIS 0.025MG	136		
CLIMARA DIS 0.0375MG	136		

<i>clomipramine hcl cap 50 mg</i>	46	<i>clozapine orally disintegrating tab 25</i>	
<i>clomipramine hcl cap 75 mg</i>	46	<i>mg</i>	84
<i>clonazepam orally disintegrating tab</i>		<i>clozapine tab 100 mg</i>	84
<i>0.125 mg</i>	37	<i>clozapine tab 200 mg</i>	84
<i>clonazepam orally disintegrating tab</i>		<i>clozapine tab 25 mg</i>	84
<i>0.25 mg</i>	37	<i>clozapine tab 50 mg</i>	84
<i>clonazepam orally disintegrating tab</i>		CLOZARIL TAB 100MG	84
<i>0.5 mg</i>	37	CLOZARIL TAB 200MG	84
<i>clonazepam orally disintegrating tab 1</i>		CLOZARIL TAB 25MG.....	84
<i>mg</i>	37	CLOZARIL TAB 50MG.....	84
<i>clonazepam orally disintegrating tab 2</i>		COAGUCHEK MIS LANCETS.....	150
<i>mg</i>	37	<i>coal tar soln 20%</i>	124
<i>clonazepam tab 0.5 mg</i>	37	COARTEM TAB 20-120MG.....	66
<i>clonazepam tab 1 mg</i>	37	CODEINE SULFATE TAB 30 MG.....	18
<i>clonazepam tab 2 mg</i>	37	CODEINE SULF TAB 15MG	18
<i>clonidine hcl tab 0.1 mg</i>	61	CODEINE SULF TAB 60MG	18
<i>clonidine hcl tab 0.2 mg</i>	61	<i>colchicine tab 0.6 mg</i>	141
<i>clonidine hcl tab 0.3 mg</i>	61	<i>colchicine w/ probenecid tab 0.5-500</i>	
<i>clonidine hcl tab er 12hr 0.1 mg</i>	3	<i>mg</i>	141
<i>clonidine td patch weekly 0.1 mg/24hr</i>		<i>colesevelam hcl packet for susp 3.75</i>	
.....	61	<i>gm</i>	55
<i>clonidine td patch weekly 0.2 mg/24hr</i>		<i>colesevelam hcl tab 625 mg</i>	55
.....	61	COLESTID FLA GRA 5/7.5GM	55
<i>clonidine td patch weekly 0.3 mg/24hr</i>		COLESTID FLA GRA 5GM	56
.....	61	COLESTID GRA 5GM	56
<i>clopidogrel bisulfate tab 300 mg (base</i>		COLESTID POW 5GM	56
<i>equiv)</i>	142	COLESTID TAB 1GM	56
<i>clopidogrel bisulfate tab 75 mg (base</i>		<i>colestipol hcl granule packets 5 gm</i> ..	56
<i>equiv)</i>	142	<i>colestipol hcl granules 5 gm</i>	56
<i>clorazepate dipotassium tab 15 mg</i> ..	30	<i>colestipol hcl tab 1 gm</i>	56
<i>clorazepate dipotassium tab 3.75 mg</i>	30	COMBIGAN SOL 0.2/0.5%	175
<i>clorazepate dipotassium tab 7.5 mg</i> .	30	COMBIVENT AER 20-100	34
<i>clotrimazole troche 10 mg</i>	171	COMBIVIR TAB 150-300.....	88
<i>clotrimazole w/ betamethasone cream</i>		COMETRIQ KIT 100MG.....	73
<i>1-0.05%</i>	114	COMETRIQ KIT 140MG.....	73
<i>clotrimazole w/ betamethasone lotion</i>		COMETRIQ KIT 60MG	73
<i>1-0.05%</i>	114	COMFORT ASSU MIS LANC 28G.....	150
<i>clozapine orally disintegrating tab 100</i>		COMFORT ASSU MIS LANC 33G.....	150
<i>mg</i>	84	COMFORT EZ MIS 21G	150
<i>clozapine orally disintegrating tab 12.5</i>		COMFORT EZ MIS 23G	150
<i>mg</i>	84	COMFORT EZ MIS 28G	150
<i>clozapine orally disintegrating tab 150</i>		COMFORT MIS LANCETS.....	150
<i>mg</i>	84	COMFORTOUCH MIS LANCET	150
<i>clozapine orally disintegrating tab 200</i>		COMPACT SPAC MIS CHAMBER.....	164
<i>mg</i>	84	COMPACT SPAC MIS LG MASK.....	164
		COMPACT SPAC MIS MD MASK.....	164

COMPACT SPAC MIS SM MASK	164	CORTISPORIN SUS -TC OTIC	179
COMPLEAT LIQ CLS SYS	124	COSENTYX INJ 150MG/ML	116
COMPLEAT PED LIQ ORG BLND	125	COSENTYX INJ 300DOSE.....	116
COMTAN TAB 200MG	78	COSENTYX INJ 75MG/0.5	115
CONCERTA TAB 18MG	4	COSENTYX PEN INJ 150MG/ML.....	116
CONCERTA TAB 27MG	4	COSENTYX PEN INJ 300DOSE	116
CONCERTA TAB 36MG	4	COSOPT SOL 22.3-6.8	175
CONCERTA TAB 54MG	4	COTELLIC TAB 20MG	73
CONDYLOX GEL 0.5%	122	CREON CAP 12000UNT.....	129
CONTOUR HIGH LIQ CONTROL.....	150	CREON CAP 24000UNT.....	129
CONTOUR LOW LIQ CONTROL.....	150	CREON CAP 3000UNIT	129
CONTOUR NEXT SOL LEVEL 1	150	CREON CAP 36000UNT.....	129
CONTOUR NEXT SOL LEVEL 2	150	CREON CAP 6000UNIT	129
CONTOUR NORM LIQ CONTROL.....	150	CRIXIVAN CAP 400MG	88
CONTROL HIGH SOL UNISTRIP.....	150	<i>cromolyn sodium ophth soln 4%.....</i>	178
CONTROL LOW SOL UNISTRIP.....	150	<i>cromolyn sodium oral conc 100 mg/5ml</i>	
CONTROL NORM SOL EASY STP.....	150	.....	138
CONTROL SOL LIQ HI/MID/L.....	150	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
CONTROL SOL LIQ HIGH/LOW.....	150	.....	32
CONTROL SOL LIQ LEVEL 2	150	<i>crotamiton lotion 10%</i>	123
CONTROL SOL LIQ MID	150	CRUCIAL LIQ UNFLAVOR	125
CONTROL SOL NORMAL.....	150	CURITY PREP PAD ALCOHOL	163
CONZIP CAP 100MG	18	CURITY SWABS PAD ALCOHOL	163
CONZIP CAP 200MG	18	CUTIVATE LOT 0.05%.....	120
CONZIP CAP 300MG	18	CUVPOSA SOL 1MG/5ML	190
COOL CONTROL SOL A.....	150	CVS KETONE TES CARE.....	124
COOL CONTROL SOL B.....	150	CVS LANCETS MIS 21G	150
COPAXONE INJ 20MG/ML	183	CVS LANCETS MIS 30G	150
COPAXONE INJ 40MG/ML	183	CVS LANCETS MIS 33G	150
COPIKTRA CAP 15MG	73	CVS LANCETS MIS ORIGINAL.....	151
COPIKTRA CAP 25MG	73	CVS LANCETS MIS THIN 26G	151
COREG TAB 12.5MG	95	CVS LANCETS MIS THIN 30G	151
COREG TAB 25MG.....	95	CVS LANCETS MIS THIN 33G	151
COREG TAB 3.125MG	95	CVS LANCING MIS DEVICE	151
COREG TAB 6.25MG	95	<i>cyanocobalamin inj 1000 mcg/ml ...</i>	143
CORGARD TAB 20MG.....	96	<i>cyclobenzaprine hcl tab 10 mg</i>	173
CORGARD TAB 40MG.....	96	<i>cyclobenzaprine hcl tab 5 mg</i>	173
CORGARD TAB 80MG.....	96	CYCLOGYL SOL 0.5% OP	175
CORLANOR SOL 5MG/5ML	104	CYCLOGYL SOL 1% OP.....	175
CORLANOR TAB 5MG	104	CYCLOGYL SOL 2% OP.....	175
CORLANOR TAB 7.5MG	104	CYCLOMYDRIL SOL OP	175
CORTEF TAB 10MG	109	<i>cyclopentolate hcl ophth soln 0.5%.</i>	175
CORTEF TAB 20MG	109	<i>cyclopentolate hcl ophth soln 1% ...</i>	175
CORTEF TAB 5MG.....	109	<i>cyclopentolate hcl ophth soln 2% ...</i>	175
CORTENEMA ENE 100MG.....	26	<i>cyclophosphamide cap 25 mg</i>	67
CORTIFOAM AER 90MG	26	<i>cyclophosphamide cap 50 mg</i>	68

CYCLOPHOSPH TAB 25MG	67	<i>deferasirox tab 360 mg</i>	52
CYCLOPHOSPH TAB 50MG	67	<i>deferasirox tab 90 mg</i>	52
<i>cycloserine cap 250 mg</i>	67	<i>deferasirox tab for oral susp 125 mg</i>	52
<i>cyclosporine cap 100 mg</i>	170	<i>deferasirox tab for oral susp 250 mg</i>	52
<i>cyclosporine cap 25 mg</i>	170	<i>deferasirox tab for oral susp 500 mg</i>	52
<i>cyclosporine modified cap 100 mg</i> ..	170	<i>deferiprone tab 500 mg</i>	52
<i>cyclosporine modified cap 25 mg</i>	170	<i>deferoxamine mesylate for inj 2 gm</i> ..	52
<i>cyclosporine modified cap 50 mg</i>	170	DELESTROGEN INJ 10MG/ML	136
<i>cyclosporine modified oral soln 100</i>		DELESTROGEN INJ 20MG/ML	136
<i>mg/ml</i>	170	DELESTROGEN INJ 40MG/ML	136
<i>cyproheptadine hcl syrup 2 mg/5ml</i> ..	55	<i>demeclocycline hcl tab 150 mg</i>	188
<i>cyproheptadine hcl tab 4 mg</i>	55	<i>demeclocycline hcl tab 300 mg</i>	188
CYSTADANE POW	133	DEMSEER CAP 250MG	60
CYSTAGON CAP 150MG	141	DEPAKOTE ER TAB 250MG.....	42
CYSTAGON CAP 50MG.....	140	DEPAKOTE ER TAB 500MG.....	42
CYSTARAN SOL 0.44%.....	178	DEPAKOTE SPR CAP 125MG.....	42
CYTOTEC TAB 100MCG.....	191	DEPAKOTE TAB 125MG DR	42
CYTOTEC TAB 200MCG.....	191	DEPAKOTE TAB 250MG DR	42
D		DEPAKOTE TAB 500MG DR	42
<i>dalfampridine tab er 12hr 10 mg</i>	183	DEPEN TITRA TAB 250MG.....	169
DALIRESP TAB 250MCG	32	DEPO-ESTRADI INJ 5MG/ML	136
DALIRESP TAB 500MCG	33	DEPO-PROVERA INJ 150MG/ML	108
<i>danazol cap 100 mg</i>	25	DEPO-TESTOST INJ 100MG/ML	25
<i>danazol cap 200 mg</i>	25	DEPO-TESTOST INJ 200MG/ML	25
<i>danazol cap 50 mg</i>	25	DERMA-SMOOTH OIL /FS BODY.....	120
DANTRIUM CAP 25MG	173	DERMA-SMOOTH OIL /FS SCLP	120
DANTRIUM CAP 50MG	173	DERMOTIC OIL 0.01%	179
<i>dantrolene sodium cap 100 mg</i>	173	DESCOVY TAB 200/25MG.....	88
<i>dantrolene sodium cap 25 mg</i>	173	<i>desipramine hcl tab 100 mg</i>	47
<i>dantrolene sodium cap 50 mg</i>	173	<i>desipramine hcl tab 10 mg</i>	46
<i>dapsone gel 5%</i>	112	<i>desipramine hcl tab 150 mg</i>	47
DAPSONE GEL 7.5%	112	<i>desipramine hcl tab 25 mg</i>	47
<i>dapsone tab 100 mg</i>	28	<i>desipramine hcl tab 50 mg</i>	47
<i>dapsone tab 25 mg</i>	28	<i>desipramine hcl tab 75 mg</i>	47
<i>darifenacin hydrobromide tab er 24hr</i>		<i>desloratadine tab 5 mg</i>	54
<i>15 mg (base equiv)</i>	192	<i>desloratadine tab orally disintegrating</i>	
<i>darifenacin hydrobromide tab er 24hr</i>		<i>2.5 mg</i>	54
<i>7.5 mg (base equiv)</i>	192	<i>desloratadine tab orally disintegrating</i>	
DAYPRO TAB 600MG.....	13	<i>5 mg</i>	54
DDAVP SOL 0.01%	134	<i>desmopressin acetate nasal spray soln</i>	
DDAVP TAB 0.1MG	134	<i>0.01%</i>	134
DDAVP TAB 0.2MG	134	<i>desmopressin acetate nasal spray soln</i>	
<i>deferasirox granules packet 180 mg</i> .	52	<i>0.01% (refrigerated)</i>	134
<i>deferasirox granules packet 360 mg</i> .	52	<i>desmopressin acetate tab 0.1 mg</i> ...	134
<i>deferasirox granules packet 90 mg</i> ...	52	<i>desmopressin acetate tab 0.2 mg</i> ...	134
<i>deferasirox tab 180 mg</i>	52		

<i>desogest-eth estrad & eth estrad tab</i>	DEXCOM G6 MIS RECEIVER	151
<i>0.15-0.02/0.01 mg(21/5)</i>	DEXCOM G6 MIS SENSOR	151
<i>desogest-ethin est tab 0.1-</i>	DEXCOM G6 MIS TRANSMIT.....	151
<i>0.025/0.125-0.025/0.15-0.025mg-</i>	DEXEDRINE CAP 10MG CR	1
<i>mg</i>	DEXEDRINE CAP 15MG CR	1
<i>desogestrel & ethinyl estradiol tab 0.15</i>	DEXEDRINE CAP 5MG CR	1
<i>mg-30 mcg.....</i>	DEXILANT CAP 30MG DR.....	191
DESONATE GEL 0.05%.....	DEXILANT CAP 60MG DR.....	191
<i>desonide cream 0.05%</i>	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desonide lotion 0.05%</i>	<i>10 mg</i>	4
<i>desonide oint 0.05%.....</i>	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DESOWEN CRE 0.05%	<i>15 mg</i>	4
<i>desoximetasone cream 0.05%</i>	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desoximetasone cream 0.25%</i>	<i>20 mg</i>	4
<i>desoximetasone gel 0.05%.....</i>	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desoximetasone oint 0.25%.....</i>	<i>25 mg</i>	5
<i>desoximetasone spray 0.25%</i>	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DESOXYN TAB 5MG	<i>30 mg</i>	5
<i>desvenlafaxine succinate tab er 24hr</i>	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>100 mg (base equiv)</i>	<i>35 mg</i>	5
<i>desvenlafaxine succinate tab er 24hr</i>	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>25 mg (base equiv)</i>	<i>40 mg</i>	5
<i>desvenlafaxine succinate tab er 24hr</i>	<i>dexmethylphenidate hcl cap er 24 hr 5</i>	
<i>50 mg (base equiv)</i>	<i>mg.....</i>	4
DETROL TAB 1MG.....	<i>dexmethylphenidate hcl tab 10 mg.....</i>	5
DETROL TAB 2MG.....	<i>dexmethylphenidate hcl tab 2.5 mg.....</i>	5
DEXAMETHASON CON 1MG/ML.....	<i>dexmethylphenidate hcl tab 5 mg</i>	5
<i>dexamethasone elixir 0.5 mg/5ml...109</i>	<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>dexamethasone sodium phosphate</i>	<i>10 mg</i>	1
<i>ophth soln 0.1%.....</i>	<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>dexamethasone soln 0.5 mg/5ml...109</i>	<i>15 mg</i>	1
<i>dexamethasone tab 0.5 mg</i>	<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>dexamethasone tab 0.75 mg</i>	<i>5 mg</i>	1
<i>dexamethasone tab 1.5 mg</i>	<i>dextroamphetamine sulfate oral</i>	
<i>dexamethasone tab 1 mg</i>	<i>solution 5 mg/5ml.....</i>	2
<i>dexamethasone tab 2 mg</i>	<i>dextroamphetamine sulfate tab 10 mg2</i>	
<i>dexamethasone tab 4 mg</i>	<i>dextroamphetamine sulfate tab 15 mg2</i>	
<i>dexamethasone tab 6 mg</i>	<i>dextroamphetamine sulfate tab 2.5 mg</i>	
<i>dexamethasone tab therapy pack 1.5</i>	.....	2
<i>mg (21)</i>	<i>dextroamphetamine sulfate tab 20 mg2</i>	
<i>dexamethasone tab therapy pack 1.5</i>	<i>dextroamphetamine sulfate tab 30 mg2</i>	
<i>mg (35)</i>	<i>dextroamphetamine sulfate tab 5 mg .2</i>	
<i>dexamethasone tab therapy pack 1.5</i>	<i>dextroamphetamine sulfate tab 7.5 mg</i>	
<i>mg (51) .....</i>	.....	2
DEXCOM G5 MIS RECEIVER	DIABETIC TF LIQ.....	125
DEXCOM G5 MIS TRANSMIT.....	DIABETISOURC LIQ	125

DIACOMIT CAP 250MG.....	38	<i>dicyclomine hcl cap 10 mg</i>	190
DIACOMIT CAP 500MG.....	38	<i>dicyclomine hcl oral soln 10 mg/5ml</i>	
DIACOMIT PAK 250MG.....	38	.....	190
DIACOMIT PAK 500MG.....	38	<i>dicyclomine hcl tab 20 mg</i>	190
DIASTIX TES STRIPS	124	<i>diethylpropion hcl tab 25 mg</i>	3
DIATHRIVE LIQ CONTROL.....	151	<i>diethylpropion hcl tab er 24hr 75 mg</i> ..	3
DIATHRIVE MIS LANCETS.....	151	DIFFERIN CRE 0.1%	112
DIATHRIVE MIS LANCING.....	151	DIFFERIN GEL 0.1%	112
DIATHRIVE MIS UT 30G	151	DIFFERIN GEL 0.3%	112
DIATRUE CONT SOL LEVEL 1	151	DIFICID SUS	147
DIATRUE CONT SOL LEVEL 2	151	DIFICID TAB 200MG	147
DIATRUE CONT SOL LEVEL 3	151	DIFLUCAN SUS 10MG/ML	54
<i>diazepam conc 5 mg/ml</i>	30	DIFLUCAN SUS 40MG/ML	54
<i>diazepam oral soln 1 mg/ml</i>	30	DIFLUCAN TAB 100MG.....	54
<i>diazepam rectal gel delivery system 10</i>		DIFLUCAN TAB 150MG.....	54
<i>mg</i>	37	DIFLUCAN TAB 200MG.....	54
<i>diazepam rectal gel delivery system 2.5</i>		DIFLUCAN TAB 50MG.....	54
<i>mg</i>	37	<i>diflunisal tab 500 mg</i>	18
<i>diazepam rectal gel delivery system 20</i>		<i>difluprednate ophth emulsion 0.05%</i>	
<i>mg</i>	37	.....	177
<i>diazepam tab 10 mg</i>	30	<i>digoxin oral soln 0.05 mg/ml</i>	100
<i>diazepam tab 2 mg</i>	30	<i>digoxin tab 125 mcg (0.125 mg)</i>	100
<i>diazepam tab 5 mg</i>	30	<i>digoxin tab 250 mcg (0.25 mg)</i>	100
<i>diazoxide susp 50 mg/ml</i>	49	DILATRATE SR CAP 40MG	29
DIBENZYLIN CAP 10MG.....	60	DILAUDID LIQ 1MG/ML	18
DICLEGIS TAB 10-10MG	53	DILAUDID TAB 2MG	18
<i>diclofenac epolamine patch 1.3%</i> ...	113	DILAUDID TAB 4MG	18
<i>diclofenac potassium tab 50 mg</i>	13	DILAUDID TAB 8MG	18
<i>diclofenac sodium (actinic keratoses)</i>		<i>diltiazem hcl cap er 12hr 120 mg</i>	97
<i>gel 3%</i>	115	<i>diltiazem hcl cap er 12hr 60 mg</i>	97
<i>diclofenac sodium ophth soln 0.1%</i> ..	178	<i>diltiazem hcl cap er 12hr 90 mg</i>	97
<i>diclofenac sodium soln 1.5%</i>	113	<i>diltiazem hcl cap er 24hr 120 mg</i>	97
<i>diclofenac sodium tab delayed release</i>		<i>diltiazem hcl cap er 24hr 180 mg</i>	97
<i>25 mg</i>	13	<i>diltiazem hcl cap er 24hr 240 mg</i>	97
<i>diclofenac sodium tab delayed release</i>		<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>50 mg</i>	13	<i>120 mg</i>	97
<i>diclofenac sodium tab delayed release</i>		<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>75 mg</i>	13	<i>180 mg</i>	97
<i>diclofenac sodium tab er 24hr 100 mg</i>		<i>diltiazem hcl coated beads cap er 24hr</i>	
.....	13	<i>240 mg</i>	98
<i>diclofenac w/ misoprostol tab delayed</i>		<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>release 50-0.2 mg</i>	13	<i>300 mg</i>	98
<i>diclofenac w/ misoprostol tab delayed</i>		<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>release 75-0.2 mg</i>	13	<i>360 mg</i>	98
<i>dicloxacillin sodium cap 250 mg</i>	180	<i>diltiazem hcl extended release beads</i>	
<i>dicloxacillin sodium cap 500 mg</i>	180	<i>cap er 24hr 120 mg</i>	98

<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	98	<i>divalproex sodium tab er 24 hr 250 mg</i>	43
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	98	<i>divalproex sodium tab er 24 hr 500 mg</i>	43
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	98	DIVIGEL GEL 0.25MG.....	136
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	98	DIVIGEL GEL 0.5MG	136
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	98	DIVIGEL GEL 0.75MG.....	136
<i>diltiazem hcl tab 120 mg</i>	98	DIVIGEL GEL 1.25MG.....	136
<i>diltiazem hcl tab 30 mg</i>	98	DIVIGEL GEL 1MG/GM	136
<i>diltiazem hcl tab 60 mg</i>	98	<i>dofetilide cap 125 mcg (0.125 mg)</i> ...	31
<i>diltiazem hcl tab 90 mg</i>	98	<i>dofetilide cap 250 mcg (0.25 mg)</i>	31
<i>dimethyl fumarate capsule delayed release 120 mg</i>	184	<i>dofetilide cap 500 mcg (0.5 mg)</i>	31
<i>dimethyl fumarate capsule delayed release 240 mg</i>	184	<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	181
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	184	<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	181
DIPENTUM CAP 250MG.....	139	<i>donepezil hydrochloride tab 10 mg</i> .	181
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	52	<i>donepezil hydrochloride tab 23 mg</i> .	181
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	52	<i>donepezil hydrochloride tab 5 mg</i> ...	181
DIPROLENE AF CRE 0.05%	120	DOPTELET TAB 20MG.....	143
DIPROLENE OIN 0.05%	120	DORAL TAB 15MG	145
<i>dipyridamole tab 25 mg</i>	142	<i>dorzolamide hcl ophth soln 2%</i>	178
<i>dipyridamole tab 50 mg</i>	142	<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	175
<i>dipyridamole tab 75 mg</i>	142	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	175
<i>disopyramide phosphate cap 100 mg</i>	31	DOVATO TAB 50-300MG	88
<i>disopyramide phosphate cap 150 mg</i>	31	DOVONEX CRE 0.005%.....	116
<i>disulfiram tab 250 mg</i>	181	<i>doxazosin mesylate tab 1 mg</i>	61
<i>disulfiram tab 500 mg</i>	181	<i>doxazosin mesylate tab 2 mg</i>	61
DITROPAN XL TAB 10MG.....	192	<i>doxazosin mesylate tab 4 mg</i>	61
DITROPAN XL TAB 5MG.....	192	<i>doxazosin mesylate tab 8 mg</i>	61
DIURIL SUS 250/5ML.....	130	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	145
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	42	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	145
<i>divalproex sodium tab delayed release 125 mg</i>	42	<i>doxepin hcl cap 100 mg</i>	47
<i>divalproex sodium tab delayed release 250 mg</i>	43	<i>doxepin hcl cap 10 mg</i>	47
<i>divalproex sodium tab delayed release 500 mg</i>	43	<i>doxepin hcl cap 150 mg</i>	47
		<i>doxepin hcl cap 25 mg</i>	47
		<i>doxepin hcl cap 50 mg</i>	47
		<i>doxepin hcl cap 75 mg</i>	47
		<i>doxepin hcl conc 10 mg/ml</i>	47
		<i>doxercalciferol cap 0.5 mcg</i>	133
		<i>doxercalciferol cap 1 mcg</i>	133
		<i>doxercalciferol cap 2.5 mcg</i>	133

<i>doxycycline hyclate cap 100 mg</i>	188	<i>droxidopa cap 300 mg</i>	194
<i>doxycycline hyclate cap 50 mg</i>	188	DRYSOL SOL 20%	123
<i>doxycycline hyclate tab 100 mg</i>	188	DUETACT TAB 30-2MG.....	48
<i>doxycycline hyclate tab 20 mg</i>	188	DUETACT TAB 30-4MG.....	48
<i>doxycycline hyclate tab delayed release</i>		DUEXIS TAB 800-26.6	13
<i>150 mg</i>	188	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxycycline hyclate tab delayed release</i>		<i>cap 20 mg (base eq)</i>	45
<i>75 mg</i>	188	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxycycline monohydrate cap 100 mg</i>		<i>cap 30 mg (base eq)</i>	46
.....	188	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxycycline monohydrate cap 50 mg</i>		<i>cap 40 mg (base eq)</i>	46
.....	188	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxycycline monohydrate for susp 25</i>		<i>cap 60 mg (base eq)</i>	46
<i>mg/5ml</i>	188	DUOBRII LOT.....	120
<i>doxycycline monohydrate tab 100 mg</i>		DUO-CARE LIQ LEVEL1/2	151
.....	188	DUPIXENT INJ 100/0.67	122
<i>doxycycline monohydrate tab 150 mg</i>		DUPIXENT INJ 200/1.14	122
.....	188	DUPIXENT INJ 200MG	122
<i>doxycycline monohydrate tab 50 mg</i>		DUPIXENT INJ 300/2ML.....	122
.....	188	DURAGESIC DIS 100MCG/H	18
<i>doxycycline monohydrate tab 75 mg</i>		DURAGESIC DIS 12MCG/HR	18
.....	188	DURAGESIC DIS 25MCG/HR	18
<i>doxylamine-pyridoxine tab delayed</i>		DURAGESIC DIS 50MCG/HR	18
<i>release 10-10 mg</i>	53	DURAGESIC DIS 75MCG/HR	18
DRISDOL CAP 50000UNT.....	194	DUREZOL EMU 0.05%.....	177
<i>dronabinol cap 10 mg</i>	53	<i>dutasteride cap 0.5 mg</i>	141
<i>dronabinol cap 2.5 mg</i>	53	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>dronabinol cap 5 mg</i>	53	<i>mg</i>	141
DROPLET LANC MIS 30G	151	DYANAVEL XR SUS 2.5MG/ML.....	2
DROPLET LANC MIS DEVICE	151	DYMISTA SPR 137-50	174
DROPLET PERS MIS LANC 30G	151	E	
<i>drospirenone-ethinyl estradiol tab 3-</i>		EAA SUPPLEME POW TROPICAL	125
<i>0.02 mg</i>	106	EASIVENT MIS	164
<i>drospirenone-ethinyl estradiol tab 3-</i>		EASIVENT MIS MASK LG	164
<i>0.03 mg</i>	106	EASIVENT MIS MASK MED	164
<i>drospirenone-ethinyl estrad-</i>		EASIVENT MIS MASK SM	164
<i>levomefolate tab 3-0.02-0.451 mg</i>		EASY COMFORT MIS 30G.....	151
.....	106	EASY COMFORT MIS LANC/30G	151
<i>drospirenone-ethinyl estrad-</i>		EASY COMFORT MIS TWIST	151
<i>levomefolate tab 3-0.03-0.451 mg</i>		EASY COMFORT PAD ALCOHOL.....	163
.....	106	EASYGLUCO SOL PLUS.....	152
DROXIA CAP 200MG	143	EASYMAX 15 LIQ LEVEL2-3.....	152
DROXIA CAP 300MG	143	EASYMAX 15 SOL LEVEL 2	152
DROXIA CAP 400MG	143	EASYMAX LIQ NORM/HIG	152
<i>droxidopa cap 100 mg</i>	194	EASYMAX SOL NORMAL.....	152
<i>droxidopa cap 200 mg</i>	194	EASY MINI MIS	151

EASY MINI MIS EJECT	151	ELEMNT COMPA SOL LEVEL 2	152
EASY PLUS II SOL HIGH	151	ELEMNT COMPA SOL LEVEL 3	152
EASY PLUS II SOL LOW	151	<i>eletriptan hydrobromide tab 20 mg</i>	
EASystEP HGh SOL CONTROL	152	<i>(base equivalent)</i>	166
EASystEP LOW SOL CONTROL	152	<i>eletriptan hydrobromide tab 40 mg</i>	
EASY TALK SOL HIGH	151	<i>(base equivalent)</i>	166
EASY TALK SOL LOW	151	ELIMITE CRE 5%	123
EASY TALK SOL NORMAL	151	ELIQUIS ST P TAB 5MG	35
EASY TOUCH MIS	151	ELIQUIS TAB 2.5MG	35
EASY TOUCH MIS LANC/21G	151	ELIQUIS TAB 5MG	35
EASY TOUCH MIS LANC/23G	152	ELIXOPHYLLIN ELX 80/15ML	35
EASY TOUCH MIS LANC/26G	152	ELLA TAB 30MG	108
EASY TOUCH MIS LANC/28G	152	EMBRACE CNTR LIQ HIGH	152
EASY TOUCH MIS LANC/30G	152	EMBRACE EVO LIQ LEVEL 1	152
EASY TOUCH MIS LANC/32G	152	EMBRACE LANC MIS /EJECTOR	152
EASY TOUCH MIS LANC/33G	152	EMBRACE LANC MIS THIN 30G	152
EASY TOUCH SOL CONTROL	152	EMBRACE PRO LIQ GLUCOSE	152
EASY TOUCH SOL HIGH/LOW	152	EMBRACE SOL LOW	152
EASY TRAK II LIQ NORMAL	152	EMBRACE TALK SOL HIGH/L2	152
EASY TRAK SOL HIGH	152	EMBRACE TALK SOL LOW/L1	152
EASY TRAK SOL LOW	152	EMCYT CAP 140MG	71
EASY TRAK SOL NORMAL	152	EMGALITY INJ 100MG/ML	166
EC-NAPROSYN TAB 375MG	13	EMGALITY INJ 120MG/ML	166
<i>ec-naprosyn tab 500mg</i>	13	EMSAM DIS 12MG/24H	44
<i>econazole nitrate cream 1%</i>	114	EMSAM DIS 6MG/24HR	44
EDECRIIN TAB 25MG	130	EMSAM DIS 9MG/24HR	44
EDEX KIT 10MCG	101	<i>emtricitabine caps 200 mg</i>	88
EDEX KIT 20MCG	101	<i>emtricitabine-tenofovir disoproxil</i>	
EDEX KIT 40MCG	101	<i>fumarate tab 100-150 mg</i>	88
EDURANT TAB 25MG	88	<i>emtricitabine-tenofovir disoproxil</i>	
<i>efavirenz cap 200 mg</i>	88	<i>fumarate tab 133-200 mg</i>	88
<i>efavirenz cap 50 mg</i>	88	<i>emtricitabine-tenofovir disoproxil</i>	
<i>efavirenz-emtricitabine-tenofovir df tab</i>		<i>fumarate tab 167-250 mg</i>	88
<i>600-200-300 mg</i>	88	<i>emtricitabine-tenofovir disoproxil</i>	
<i>efavirenz-lamivudine-tenofovir df tab</i>		<i>fumarate tab 200-300 mg</i>	88
<i>400-300-300 mg</i>	88	EMTRIVA CAP 200MG	89
<i>efavirenz-lamivudine-tenofovir df tab</i>		EMTRIVA SOL 10MG/ML	89
<i>600-300-300 mg</i>	88	EMVERM CHW 100MG	26
<i>efavirenz tab 600 mg</i>	88	<i>enalapril maleate & hydrochlorothiazide</i>	
EFFIENT TAB 10MG	142	<i>tab 10-25 mg</i>	63
EFFIENT TAB 5MG	142	<i>enalapril maleate & hydrochlorothiazide</i>	
EFUDEX CRE 5%	115	<i>tab 5-12.5 mg</i>	63
EGRIFTA SV INJ 2MG	132	<i>enalapril maleate oral soln 1 mg/ml</i>	59
ELEMENT CONT LIQ NORMAL	152	<i>enalapril maleate tab 10 mg</i>	59
ELEMENT LIQ HIGH	152	<i>enalapril maleate tab 2.5 mg</i>	59
ELEMENT LIQ LOW	152	<i>enalapril maleate tab 20 mg</i>	59

<i>enalapril maleate tab 5 mg</i>	59	<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	194
ENBREL INJ 25/0.5ML.....	16	<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	194
ENBREL INJ 25MG.....	16	EPIPEN 2-PAK INJ 0.3MG.....	194
ENBREL INJ 50MG/ML.....	17	EPIPEN-JR INJ 0.15MG.....	194
ENBREL MINI INJ 50MG/ML.....	17	EPIVIR SOL 10MG/ML.....	89
ENBREL SRCLK INJ 50MG/ML.....	17	EPIVIR TAB 150MG.....	89
ENCARE SUP 100MG.....	193	EPIVIR TAB 300MG.....	89
ENDARI POW 5GM.....	143	<i>eplerenone tab 25 mg</i>	66
ENDOMETRIN SUP 100MG.....	193	<i>eplerenone tab 50 mg</i>	66
<i>enoxaparin sodium inj 100 mg/ml</i>	36	EPZICOM TAB 600-300.....	89
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	36	EQL LANCETS MIS 21G COLR.....	152
<i>enoxaparin sodium inj 150 mg/ml</i>	36	EQL LANCETS MIS 33G COLR.....	152
<i>enoxaparin sodium inj 300 mg/3ml</i> ..	36	EQL LANCETS MIS THIN 26G.....	152
<i>enoxaparin sodium inj 30 mg/0.3ml</i> ..	36	EQL LANCETS MIS THIN 30G.....	152
<i>enoxaparin sodium inj 40 mg/0.4ml</i> ..	36	EQUETRO CAP 100MG.....	82
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	36	EQUETRO CAP 200MG.....	82
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i>	36	EQUETRO CAP 300MG.....	82
ENSTILAR AER.....	120	<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	194
ENSURE PLANT LIQ CHOCOLAT.....	125	<i>ergoloid mesylates tab 1 mg</i>	185
<i>entacapone tab 200 mg</i>	79	ERGOMAR SUB 2MG.....	166
<i>entecavir tab 0.5 mg</i>	93	ERIVEDGE CAP 150MG.....	70
<i>entecavir tab 1 mg</i>	93	ERLEADA TAB 60MG.....	71
ENTEREG CAP 12MG.....	139	<i>erlotinib hcl tab 100 mg (base equivalent)</i>	70
ENTOCORT EC CAP 3MG DR.....	109	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	70
ENTRESTO TAB 24-26MG.....	100	<i>erlotinib hcl tab 25 mg (base equivalent)</i>	70
ENTRESTO TAB 49-51MG.....	100	ERYGEL GEL 2%.....	112
ENTRESTO TAB 97-103MG.....	101	<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	147
EO28 SPLASH LIQ ORANGE.....	125	<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	147
EPANED SOL 1MG/ML.....	59	<i>erythromycin ethylsuccinate tab 400 mg</i>	147
EPCLUSA PAK 150-37.5.....	93	<i>erythromycin gel 2%</i>	112
EPCLUSA PAK 200-50MG.....	93	<i>erythromycin ophth oint 5 mg/gm</i> ..	176
EPCLUSA TAB 200-50MG.....	93	<i>erythromycin pads 2%</i>	112
EPCLUSA TAB 400-100.....	93	<i>erythromycin soln 2%</i>	113
EPIDIOLEX SOL 100MG/ML.....	38	<i>erythromycin stearate tab 250 mg</i> ..	147
EPIDUO FORTE GEL 0.3-2.5%.....	112	<i>erythromycin tab 250 mg</i>	147
EPIDUO GEL 0.1-2.5%.....	112	<i>erythromycin tab 500 mg</i>	147
EPIFOAM AER 1%.....	120		
<i>epinastine hcl ophth soln 0.05%</i>	178		
EPINEPHRINE INJ 0.2MG.....	194		
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	193		
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	194		

<i>erythromycin tab delayed release 250 mg</i>	147	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	137
<i>erythromycin tab delayed release 333 mg</i>	147	<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	137
<i>erythromycin tab delayed release 500 mg</i>	147	<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	137
<i>erythromycin w/ delayed release particles cap 250 mg</i>	147	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	137
ESBRIET CAP 267MG	187	<i>estradiol td patch weekly 0.025 mg/24hr</i>	137
ESBRIET TAB 267MG	187	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	137
ESBRIET TAB 801MG	187	<i>estradiol td patch weekly 0.05 mg/24hr</i>	137
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	44	<i>estradiol td patch weekly 0.06 mg/24hr</i>	137
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	44	<i>estradiol td patch weekly 0.075 mg/24hr</i>	137
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	44	<i>estradiol td patch weekly 0.1 mg/24hr</i>	137
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	44	<i>estradiol vaginal cream 0.1 mg/gm</i>	193
ESGIC TAB.....	18	<i>estradiol valerate im in oil 20 mg/ml</i>	137
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	191	<i>estradiol valerate im in oil 40 mg/ml</i>	137
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	191	ESTROSTEP FE TAB	106
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	191	<i>eszopiclone tab 1 mg</i>	145
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	191	<i>eszopiclone tab 2 mg</i>	145
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	191	<i>eszopiclone tab 3 mg</i>	145
<i>estazolam tab 1 mg</i>	145	<i>ethacrynic acid tab 25 mg</i>	130
<i>estazolam tab 2 mg</i>	145	<i>ethambutol hcl tab 100 mg</i>	67
ESTRACE TAB 0.5MG	136	<i>ethambutol hcl tab 400 mg</i>	67
ESTRACE TAB 1MG	136	<i>ethosuximide cap 250 mg</i>	42
ESTRACE TAB 2MG	137	<i>ethosuximide soln 250 mg/5ml</i>	42
ESTRACE VAG CRE 0.01%	193	<i>ethyl chlor aer fine pin</i>	123
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	136	ETHYL CHLOR AER FN STRM	123
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	136	<i>ethyl chlor aer med jet</i>	123
<i>estradiol tab 0.5 mg</i>	137	ETHYL CHLOR AER MED STRM.....	123
<i>estradiol tab 1 mg</i>	137	<i>ethyl chlor aer mist</i>	123
<i>estradiol tab 2 mg</i>	137	<i>ethyl chloride aerosol spray</i>	123
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	137	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	106
		<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	106
		<i>etodolac cap 200 mg</i>	13
		<i>etodolac cap 300 mg</i>	13

<i>etodolac tab 400 mg</i>	13	E-Z JECT MIS 30G	151
<i>etodolac tab 500 mg</i>	13	E-Z JECT MIS 32G COLR.....	151
<i>etodolac tab er 24hr 400 mg</i>	13	E-Z JECT MIS LANC 21G.....	151
<i>etodolac tab er 24hr 500 mg</i>	13	E-Z JECT MIS THIN 26G	151
<i>etodolac tab er 24hr 600 mg</i>	13	EZ-LETS 21G MIS LANCETS	153
<i>etonogestrel-ethinyl estradiol va ring</i>		EZ-LETS 26G MIS LANCETS	153
<i>0.120-0.015 mg/24hr</i>	108	EZ-LETS 28G MIS LANCETS	153
ETONOGESTREL-ETHINYL ESTRADIOL		EZ-LETS 30G MIS LANCETS	153
VA RING 0.120-0.015 MG/24HR ..	108	F	
<i>etoposide cap 50 mg</i>	78	F.A.A. LIQ	125
<i>etravirine tab 100 mg</i>	89	<i>famciclovir tab 125 mg</i>	94
<i>etravirine tab 200 mg</i>	89	<i>famciclovir tab 250 mg</i>	94
EUCRISA OIN 2%.....	123	<i>famciclovir tab 500 mg</i>	94
EVAMIST SPR 1.53MG.....	137	<i>famotidine for susp 40 mg/5ml</i>	190
EVENCARE G2 SOL LOW/HIGH	152	<i>famotidine tab 40 mg</i>	190
EVENCARE G3 SOL LOW/HIGH	152	FARESTON TAB 60MG.....	71
EVENCARE SOL LIQ LOW/HIGH	152	FARXIGA TAB 10MG	51
EVENCAR MINI SOL NORMAL	152	FARXIGA TAB 5MG	51
<i>everolimus tab 0.25 mg</i>	170	FASENRA PEN INJ 30MG/ML	32
<i>everolimus tab 0.5 mg</i>	170	FASTCLIX MIS LANCETS.....	153
<i>everolimus tab 0.75 mg</i>	170	FAVIPIRAVIR TAB 200MG	95
<i>everolimus tab 2.5 mg</i>	73	FC2 FEMALE MIS CONDOM	147
<i>everolimus tab 5 mg</i>	73	FC FEMALE MIS CONDOM	147
<i>everolimus tab 7.5 mg</i>	73	<i>febuxostat tab 40 mg</i>	141
EVISTA TAB 60MG.....	132	<i>febuxostat tab 80 mg</i>	141
EVOCLIN AER 1%.....	113	<i>felbamate susp 600 mg/5ml</i>	41
EVOLUTION SOL NORMAL.....	152	<i>felbamate tab 400 mg</i>	41
EVOTAZ TAB 300-150.....	89	<i>felbamate tab 600 mg</i>	41
EVOXAC CAP 30MG.....	172	FELBATOL SUS 600/5ML	41
EVRYSDI SOL	174	FELBATOL TAB 400MG	41
EXELDERM CRE 1%	114	FELBATOL TAB 600MG	41
EXELDERM SOL 1%	114	FELDENE CAP 10MG	13
EXELON DIS 13.3/24	181	FELDENE CAP 20MG	13
EXELON DIS 4.6MG/24	181	<i>felodipine tab er 24hr 10 mg</i>	98
EXELON DIS 9.5MG/24	181	<i>felodipine tab er 24hr 2.5 mg</i>	98
<i>exemestane tab 25 mg</i>	71	<i>felodipine tab er 24hr 5 mg</i>	98
EXODERM LOT 25-1%.....	114	FEMARA TAB 2.5MG	71
EXTINA AER 2%.....	114	FEMCAP MIS 22MM.....	147
<i>ezetimibe-simvastatin tab 10-10 mg</i> .55		FEMCAP MIS 26MM.....	147
<i>ezetimibe-simvastatin tab 10-20 mg</i> .55		FEMCAP MIS 30MM.....	147
<i>ezetimibe-simvastatin tab 10-40 mg</i> .55		<i>fenofibrate cap 150 mg</i>	56
<i>ezetimibe-simvastatin tab 10-80 mg</i> .55		<i>fenofibrate micronized cap 134 mg</i> ...56	
<i>ezetimibe tab 10 mg</i>	58	<i>fenofibrate micronized cap 200 mg</i> ...56	
E-ZJECT LANC MIS 33G.....	151	<i>fenofibrate micronized cap 43 mg</i>.....56	
E-Z JECT MIS 21G	151	<i>fenofibrate micronized cap 67 mg</i>.....56	
E-Z JECT MIS 21G COLR.....	151	<i>fenofibrate tab 145 mg</i>	56

<i>fenofibrate tab 160 mg</i>	56	<i>finasteride tab 5 mg</i>	141
<i>fenofibrate tab 48 mg</i>	56	FINE 30 MIS	153
<i>fenofibrate tab 54 mg</i>	56	FINGERSTIX MIS LANCETS	153
<i>fenofibric acid tab 105 mg</i>	56	FINTEPLA SOL 2.2MG/ML	38
<i>fenofibric acid tab 35 mg</i>	56	FIORICET CAP CODEINE.....	23
FENOGLIDE TAB 40MG.....	56	FIRAZYR INJ 30MG/3ML	141
<i>fantanyl citrate buccal tab 100 mcg</i> (base equiv)	18	FIRDAPSE TAB 10MG.....	67
<i>fantanyl citrate buccal tab 200 mcg</i> (base equiv)	19	FLAGYL CAP 375MG.....	27
<i>fantanyl citrate buccal tab 400 mcg</i> (base equiv)	19	FLAGYL TAB 500MG.....	27
<i>fantanyl citrate buccal tab 600 mcg</i> (base equiv)	19	<i>flavoxate hcl tab 100 mg</i>	193
<i>fantanyl citrate buccal tab 800 mcg</i> (base equiv)	19	<i>flecainide acetate tab 100 mg</i>	31
<i>fantanyl citrate lozenge on a handle</i> 1200 mcg.....	19	<i>flecainide acetate tab 150 mg</i>	31
<i>fantanyl citrate lozenge on a handle</i> 1600 mcg.....	19	<i>flecainide acetate tab 50 mg</i>	31
<i>fantanyl citrate lozenge on a handle</i> 200 mcg	19	FLEXICHAMBER MIS	164
<i>fantanyl citrate lozenge on a handle</i> 400 mcg	19	FLEXICHAMBER MIS MASK LRG	165
<i>fantanyl citrate lozenge on a handle</i> 600 mcg	19	FLEXICHAMBER MIS MASK SM	165
<i>fantanyl citrate lozenge on a handle</i> 800 mcg	19	FLOMAX CAP 0.4MG.....	141
<i>fantanyl td patch 72hr 100 mcg/hr</i> ...	19	FLOVENT DISK AER 100MCG	33
<i>fantanyl td patch 72hr 12 mcg/hr</i>	19	FLOVENT DISK AER 250MCG	33
<i>fantanyl td patch 72hr 25 mcg/hr</i>	19	FLOVENT DISK AER 50MCG	33
<i>fantanyl td patch 72hr 37.5 mcg/hr</i> ..	19	FLOVENT HFA AER 110MCG.....	33
<i>fantanyl td patch 72hr 50 mcg/hr</i>	19	FLOVENT HFA AER 220MCG.....	33
<i>fantanyl td patch 72hr 62.5 mcg/hr</i> ..	19	FLOVENT HFA AER 44MCG.....	33
<i>fantanyl td patch 72hr 75 mcg/hr</i>	19	FLUCONAZOLE FOR SUSP 10 MG/ML.54	
<i>fantanyl td patch 72hr 87.5 mcg/hr</i> ..	19	FLUCONAZOLE FOR SUSP 40 MG/ML.54	
FIASP FLEX INJ TOUCH	50	<i>fluconazole tab 100 mg</i>	54
FIASP INJ 100/ML	50	<i>fluconazole tab 150 mg</i>	54
FIASP PENFIL INJ U-100	50	<i>fluconazole tab 200 mg</i>	54
FIBERSOURCE LIQ CLS SYS.....	125	<i>fluconazole tab 50 mg</i>	54
FIBERSOUR HN LIQ CLS SYS.....	125	<i>flucytosine cap 250 mg</i>	53
FIBRICOR TAB 105MG	56	<i>fludrocortisone acetate tab 0.1 mg</i> .110	
FIBRICOR TAB 35MG	56	<i>flunisolide nasal soln 25 mcg/act</i> (0.025%)	174
FIFTY50 PREP PAD PADS	163	<i>fluocinolone acetonide (otic) oil 0.01%</i>	179
FIFTY50 SAFE MIS LANCETS	153	<i>fluocinolone acetonide cream 0.01%</i>	120
FINACEA AER 15%	123	<i>fluocinolone acetonide cream 0.025%</i>	120
		<i>fluocinolone acetonide oil 0.01% (body</i> <i>oil)</i>	120
		<i>fluocinolone acetonide oil 0.01% (scalp</i> <i>oil)</i>	120
		<i>fluocinolone acetonide oint 0.025%</i>	120
		<i>fluocinolone acetonide soln 0.01%</i> ..	120
		<i>fluocinonide cream 0.05%</i>	120

<i>fluocinonide emulsified base cream</i>		<i>fluvoxamine maleate cap er 24hr 100</i>	
0.05%	120	mg	45
<i>fluocinonide gel 0.05%</i>	120	<i>fluvoxamine maleate cap er 24hr 150</i>	
<i>fluocinonide oint 0.05%</i>	120	mg	45
<i>fluocinonide soln 0.05%</i>	120	<i>fluvoxamine maleate tab 100 mg</i>	45
FLUORABON DRO	169	<i>fluvoxamine maleate tab 25 mg</i>	45
<i>fluorometholone ophth susp 0.1%</i> ..	177	<i>fluvoxamine maleate tab 50 mg</i>	45
<i>fluorouracil cream 5%</i>	115	FOCALIN TAB 10MG	5
<i>fluorouracil soln 2%</i>	115	FOCALIN TAB 2.5MG	5
<i>fluorouracil soln 5%</i>	115	FOCALIN TAB 5MG	5
<i>fluoxetine hcl cap 10 mg</i>	44	<i>folic acid cap 0.8 mg</i>	143
<i>fluoxetine hcl cap 20 mg</i>	44	<i>folic acid tab 1 mg</i>	143
<i>fluoxetine hcl cap 40 mg</i>	44	<i>folic acid tab 400 mcg</i>	143
<i>fluoxetine hcl cap delayed release 90</i>		<i>folic acid tab 800 mcg</i>	143
mg	44	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluoxetine hcl solution 20 mg/5ml</i>	44	10 mg/0.8ml	36
<i>fluoxetine hcl tab 10 mg</i>	44	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluoxetine hcl tab 20 mg</i>	44	2.5 mg/0.5ml	36
<i>fluphenazine decanoate inj 25 mg/ml</i> 86		<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	86	5 mg/0.4ml	36
<i>fluphenazine hcl inj 2.5 mg/ml</i>	86	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl oral conc 5 mg/ml</i> ...86		7.5 mg/0.6ml	36
<i>fluphenazine hcl tab 10 mg</i>	86	FORACARE GDH SOL HIGH	153
<i>fluphenazine hcl tab 1 mg</i>	86	FORACARE GDH SOL LOW	153
<i>fluphenazine hcl tab 2.5 mg</i>	86	FORACARE GDH SOL NORMAL.....	153
<i>fluphenazine hcl tab 5 mg</i>	86	FORA CONTROL SOL HIGH	153
<i>flurazepam hcl cap 15 mg</i>	145	FORA CONTROL SOL LOW.....	153
<i>flurazepam hcl cap 30 mg</i>	145	FORA CONTROL SOL NORMAL.....	153
<i>flurbiprofen sodium ophth soln 0.03%</i>		FORA GTEL TES KETONE	124
.....	178	FORA LANCETS MIS 30G	153
<i>flurbiprofen tab 100 mg</i>	13	FORA MIS LANCETS.....	153
<i>flurbiprofen tab 50 mg</i>	13	FORA MIS LANCING.....	153
<i>flutamide cap 125 mg</i>	71	FORFIVO XL TAB 450MG	43
<i>fluticasone propionate cream 0.05%</i>		<i>formaldehyde solution 10%</i>	87
.....	120	<i>formoterol fumarate soln nebu 20</i>	
<i>fluticasone propionate lotion 0.05%</i> 120		mcg/2ml	34
<i>fluticasone propionate nasal susp 50</i>		FORTEO INJ 620/2.48	131
mcg/act	174	FORTISCARE SOL CNTL HI.....	153
<i>fluticasone propionate oint 0.005%</i> .120		FORTISCARE SOL CNTL LOW	153
<i>fluvastatin sodium cap 20 mg (base</i>		FORTISCARE SOL CNTL NML.....	153
equivalent).....	57	FOSAMAX + D TAB 70-2800	131
<i>fluvastatin sodium cap 40 mg (base</i>		FOSAMAX + D TAB 70-5600	131
equivalent).....	57	FOSAMAX TAB 70MG	131
<i>fluvastatin sodium tab er 24 hr 80 mg</i>		<i>fosamprenavir calcium tab 700 mg</i>	
(base equivalent)	57	(base equiv)	89

<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	28	GALAFOLD CAP 123MG	133
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	63	<i>galantamine hydrobromide cap er 24hr 16 mg</i>	181
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	63	<i>galantamine hydrobromide cap er 24hr 24 mg</i>	181
<i>fosinopril sodium tab 10 mg</i>	59	<i>galantamine hydrobromide cap er 24hr 8 mg</i>	181
<i>fosinopril sodium tab 20 mg</i>	59	<i>galantamine hydrobromide oral soln 4 mg/ml</i>	181
<i>fosinopril sodium tab 40 mg</i>	59	<i>galantamine hydrobromide tab 12 mg</i>	181
FREESTYLE LIQ CONTROL.....	153	<i>galantamine hydrobromide tab 4 mg</i>	181
FREESTYLE MIS LANCETS	153	<i>galantamine hydrobromide tab 8 mg</i>	181
FREESTYLE MIS UNISTICK.....	153	GASTROCROM CON 100/5ML	138
FROVA TAB 2.5MG.....	166	<i>gatifloxacin ophth soln 0.5%</i>	176
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	166	GATTEX KIT 5MG	140
<i>furosemide oral soln 10 mg/ml</i>	130	GE100 CONTRL SOL NORMAL.....	153
<i>furosemide oral soln 8 mg/ml</i>	130	GELFILM MIS OP	178
<i>furosemide tab 20 mg</i>	130	GEMFIBROZIL TAB 600 MG.....	56
<i>furosemide tab 40 mg</i>	130	GENERESS FE CHW	106
<i>furosemide tab 80 mg</i>	130	<i>gentamicin sulfate cream 0.1%</i>	114
FUZEON INJ 90MG	89	<i>gentamicin sulfate oint 0.1%</i>	114
FYCOMPA SUS 0.5MG/ML	36	<i>gentamicin sulfate ophth oint 0.3%</i>	176
FYCOMPA TAB 10MG.....	36	<i>gentamicin sulfate ophth soln 0.3%</i>	176
FYCOMPA TAB 12MG.....	36	GENTEEL LANC KIT BLUE.....	153
FYCOMPA TAB 2MG	36	GENTEEL MIS LANCETS.....	153
FYCOMPA TAB 4MG	36	GENTEEL MIS NOZZLES	153
FYCOMPA TAB 6MG	36	GENTEEL PLUS MIS BLACK	153
FYCOMPA TAB 8MG	36	GENTEEL PLUS MIS BLUE	153
G		GENTEEL PLUS MIS PINK.....	153
G4 PLATINUM MIS PEDIATRC.....	153	GENTEEL PLUS MIS PURPLE	153
G4 PLATINUM MIS RCV/SHAR	153	GENTEEL PLUS MIS WHITE	153
G4 PLATINUM MIS RECEIVER.....	153	GENTEEL TIPS MIS BLUE	154
G4 PLATINUM MIS TRANSMIT	153	GENTEEL TIPS MIS CLEAR	154
G4 PLAT PED MIS RVC/SHAR	153	GENTEEL TIPS MIS GREEN.....	154
G4 SENSOR MIS.....	153	GENTEEL TIPS MIS ORANGE	154
G5/G4 MIS SENSOR	153	GENTEEL TIPS MIS RAINBOW	154
<i>gabapentin cap 100 mg</i>	38	GENTEEL TIPS MIS VIOLET.....	154
<i>gabapentin cap 300 mg</i>	38	GENTEEL TIPS MIS YELLOW.....	154
<i>gabapentin cap 400 mg</i>	38	GENTLE-LET MIS 26G	154
<i>gabapentin oral soln 250 mg/5ml</i>	38	GENTLE-LET MIS 28G	154
<i>gabapentin tab 600 mg</i>	38	GENTLE-LET MIS LANCETS	154
<i>gabapentin tab 800 mg</i>	38	GENTLE-LET MIS PLATFORM	154
GABITRIL TAB 12MG	42	GENVOYA TAB	89
GABITRIL TAB 16MG	42		
GABITRIL TAB 2MG	42		
GABITRIL TAB 4MG	42		

GILENYA CAP 0.5MG	184	GLUCOCOM MIS 33G	154
GILOTRIF TAB 20MG	70	GLUCOCOM TES HIGH CON	154
GILOTRIF TAB 30MG	70	GLUCOCOM TES NORM CON	154
GILOTRIF TAB 40MG	70	GLUCOSE CONT LIQ HIGH/LOW	154
<i>glatiramer acetate soln prefilled syringe</i>		GLUCOSE CONT SOL HIGH	154
<i>20 mg/ml</i>	<i>184</i>	GLUCOSE CONT SOL NORMAL.....	154
<i>glatiramer acetate soln prefilled syringe</i>		GLUCOSE CONT SOL PRECISIO	154
<i>40 mg/ml</i>	<i>184</i>	GLUCOTROL TAB 10MG.....	51
GLEOSTINE CAP 100MG	68	GLUCOTROL XL TAB 10MG	51
GLEOSTINE CAP 10MG.....	68	GLUCOTROL XL TAB 2.5MG	51
GLEOSTINE CAP 40MG.....	68	GLUCOTROL XL TAB 5MG	51
<i>glimepiride tab 1 mg</i>	<i>51</i>	GLUTARALDEHY SOL 25%.....	87
<i>glimepiride tab 2 mg</i>	<i>51</i>	<i>glyburide-metformin tab 1.25-250 mg</i>	<i>48</i>
<i>glimepiride tab 4 mg</i>	<i>51</i>	.....	<i>48</i>
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	<i>48</i>	<i>glyburide-metformin tab 2.5-500 mg</i>	<i>48</i>
.....	<i>48</i>	<i>glyburide-metformin tab 5-500 mg...</i>	<i>48</i>
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	<i>48</i>	<i>glyburide micronized tab 1.5 mg</i>	<i>51</i>
.....	<i>48</i>	<i>glyburide micronized tab 3 mg</i>	<i>51</i>
<i>glipizide-metformin hcl tab 5-500 mg</i>	<i>48</i>	<i>glyburide micronized tab 6 mg</i>	<i>51</i>
<i>glipizide tab 10 mg.....</i>	<i>51</i>	<i>glyburide tab 1.25 mg</i>	<i>51</i>
<i>glipizide tab 5 mg</i>	<i>51</i>	<i>glyburide tab 2.5 mg</i>	<i>51</i>
<i>glipizide tab er 24hr 10 mg.....</i>	<i>51</i>	<i>glyburide tab 5 mg</i>	<i>51</i>
<i>glipizide tab er 24hr 2.5 mg.....</i>	<i>51</i>	<i>glycopyrrolate tab 1 mg</i>	<i>190</i>
<i>glipizide tab er 24hr 5 mg</i>	<i>51</i>	<i>glycopyrrolate tab 2 mg</i>	<i>190</i>
GLOBAL 28G MIS LANCETS.....	154	GLYNASE TAB 1.5MG.....	51
GLOBAL 30G MIS LANCETS.....	154	GLYNASE TAB 3MG.....	51
GLOBAL LANC MIS DEVICE	154	GLYNASE TAB 6MG.....	51
GLOBAL PREP PAD PADS	163	GLYROL LIQ PREBIO1	125
GLUCAGEN INJ HYPOKIT	49	GLYTACTIN POW RESTOR10	125
GLUCAGON (RDNA) FOR INJ KIT 1 MG		GLYTROL LIQ PREBIO1.....	125
.....	49	GLYXAMBI TAB 10-5 MG	48
GLUCAGON KIT 1MG	49	GLYXAMBI TAB 25-5 MG	48
GLUC CONTROL LIQ NORMAL.....	154	GNP ALCOHOL PAD SWABS	163
GLUC CONTROL SOL.....	154	GNP LANCETS MIS 21G	154
GLUC CONTROL SOL MID	154	GNP LANCETS MIS THIN.....	154
GLUC CONTROL SOL NORMAL	154	GNP LANCETS MIS THIN 26G	154
GLUCERNA 1.0 LIQ CARB VAN.....	125	GOJJI BLOOD TES KETONE	124
GLUCERNA LIQ 1.2 CAL.....	125	GOJJI CNTRL SOL NORMAL	154
GLUCERNA SEL LIQ VANILLA	125	GOJJI LANCET MIS 30G.....	154
GLUCOCARD 01 LIQ NORM/HGH.....	154	GOJJI MIS LANC DEV	154
GLUCOCARD 01 SOL NORMAL	154	GONAL-F INJ 1050UNIT	132
GLUCOCARD LIQ LEVEL 1	154	GONAL-F INJ 450UNIT	132
GLUCOCARD SOL NORMAL	154	GONAL-F RFF INJ 300/0.5	132
GLUCOCARD SOL SHINE	154	GONAL-F RFF INJ 450/0.75.....	132
GLUCOCOM MIS 28G	154	GONAL-F RFF INJ 75UNIT.....	132
GLUCOCOM MIS 30G	154	GONAL-F RFF INJ 900/1.5	132

GOODSENSE MIS LANC 26G	154	HAEMOLANCE MIS RETRACT	155
GOODSENSE MIS LANC 30G	154	HALCION TAB 0.25MG.....	145
GOODSENSE MIS LANC 33G	154	HALDOL DECAN INJ 100MG/ML	83
GOODSENSE MIS LANC DVC	155	HALDOL DECAN INJ 50MG/ML.....	83
GORDOFILM SOL.....	122	HALDOL INJ 5MG/ML	83
GRALISE TAB 300MG	185	<i>halobetasol propionate cream 0.05%</i>	
GRALISE TAB 600MG	185	.....	120
<i>granisetron hcl tab 1 mg</i>	52	<i>halobetasol propionate oint 0.05%</i> .	120
<i>griseofulvin microsize susp 125 mg/5ml</i>		<i>haloperidol decanoate im soln 100</i>	
.....	53	<i>mg/ml</i>	83
<i>griseofulvin microsize tab 500 mg</i>	53	<i>haloperidol decanoate im soln 50</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i>		<i>mg/ml</i>	83
.....	53	<i>haloperidol lactate inj 5 mg/ml</i>	83
<i>griseofulvin ultramicrosize tab 250 mg</i>		<i>haloperidol lactate oral conc 2 mg/ml</i>	83
.....	53	<i>haloperidol tab 0.5 mg</i>	83
GUAIFENESIN-CODEINE LIQUID 225-7.5		<i>haloperidol tab 10 mg</i>	83
MG/5ML.....	111	<i>haloperidol tab 1 mg</i>	83
<i>guaifenesin-codeine soln 100-10</i>		<i>haloperidol tab 20 mg</i>	83
<i>mg/5ml</i>	111	<i>haloperidol tab 2 mg</i>	83
<i>guanfacine hcl tab 1 mg</i>	61	<i>haloperidol tab 5 mg</i>	83
<i>guanfacine hcl tab 2 mg</i>	61	HARVONI PAK.....	93
<i>guanfacine hcl tab er 24hr 1 mg (base</i>		HARVONI PAK 45-200MG	94
<i>equiv)</i>	3	HARVONI TAB 45-200MG	94
<i>guanfacine hcl tab er 24hr 2 mg (base</i>		HARVONI TAB 90-400MG	94
<i>equiv)</i>	3	HC/PRAMOXINE CRE 1-2.35%.....	121
<i>guanfacine hcl tab er 24hr 3 mg (base</i>		HC LANCING MIS DEVICE.....	155
<i>equiv)</i>	4	HCU EXP20 PAK UNFLAVOR	125
<i>guanfacine hcl tab er 24hr 4 mg (base</i>		HCU EXPRESS PAK	125
<i>equiv)</i>	4	HEMANGEOL SOL 4.28/ML.....	96
GUANIDINE TAB 125MG.....	67	<i>heparin sodium (porcine) inj 10000</i>	
GVOKE HYPO 1 INJ .5/.1ML.....	49	<i>unit/ml</i>	36
GVOKE HYPO 1 INJ 1MG/.2ML.....	49	<i>heparin sodium (porcine) inj 1000</i>	
GVOKE HYPO 2 INJ .5/.1ML.....	49	<i>unit/ml</i>	36
GVOKE HYPO 2 INJ 1MG/.2ML.....	49	<i>heparin sodium (porcine) inj 20000</i>	
GVOKE PFS INJ.....	49	<i>unit/ml</i>	36
GNAZOLE-1 CRE 2%	193	<i>heparin sodium (porcine) inj 5000</i>	
GYNOL II GEL 3%	193	<i>unit/ml</i>	36
H		<i>heparin sodium (porcine) pf inj 5000</i>	
HAEGARDA INJ 2000UNIT	142	<i>unit/0.5ml</i>	36
HAEGARDA INJ 3000UNIT	142	HETLIOZ CAP 20MG.....	146
HAEMOLANCE MIS HIGH FLO	155	HETLIOZ LQ SUS 4MG/ML	146
HAEMOLANCE MIS LOW FLOW	155	HIPREX TAB 1GM	28
HAEMOLANCE MIS PLUS.....	155	HLTHY ACCNTS MIS LANC 30G.....	155
HAEMOLANCE MIS PLUS LOW	155	HM STERILE PAD ALCHOL.....	163
HAEMOLANCE MIS PLUS MAX.....	155	HOLD CHAMBER MIS ADLT LG.....	165
HAEMOLANCE MIS PLUS PED	155	HOLD CHAMBER MIS MEDIUM.....	165

HOLD CHAMBER MIS SMALL	165	<i>hydrocodone bitartrate cap er 12hr 15</i>	
HOMACTIN AA LIQ PLUS.....	125	<i>mg</i>	19
HUMIRA INJ 10/0.1ML	7	<i>hydrocodone bitartrate cap er 12hr 20</i>	
HUMIRA INJ 20/0.2ML	7	<i>mg</i>	19
HUMIRA INJ 40/0.4ML	7	<i>hydrocodone bitartrate cap er 12hr 30</i>	
HUMIRA KIT 40MG/0.8	7	<i>mg</i>	19
HUMIRA PEDIA INJ CROHNS.....	8	<i>hydrocodone bitartrate cap er 12hr 40</i>	
HUMIRA PEN INJ 40/0.4ML.....	8	<i>mg</i>	19
HUMIRA PEN INJ 40MG/0.8	8	<i>hydrocodone bitartrate cap er 12hr 50</i>	
HUMIRA PEN INJ 80/0.8ML.....	8	<i>mg</i>	19
HUMIRA PEN INJ CD/UC/HS	9	<i>hydrocodone bitartrate tab er 24hr</i>	
HUMIRA PEN INJ PS/UV	9	<i>deter 100 mg.....</i>	20
HUMIRA PEN KIT CD/UC/HS	9	<i>hydrocodone bitartrate tab er 24hr</i>	
HUMIRA PEN KIT PED UC	9	<i>deter 120 mg.....</i>	20
HUMIRA PEN KIT PS/UV	10	<i>hydrocodone bitartrate tab er 24hr</i>	
HUMULIN R INJ U-500	50	<i>deter 20 mg</i>	20
HYCANTIN CAP 0.25MG	78	<i>hydrocodone bitartrate tab er 24hr</i>	
HYCANTIN CAP 1MG.....	78	<i>deter 30 mg</i>	20
<i>hydralazine hcl tab 100 mg</i>	66	<i>hydrocodone bitartrate tab er 24hr</i>	
<i>hydralazine hcl tab 10 mg</i>	66	<i>deter 40 mg</i>	20
<i>hydralazine hcl tab 25 mg</i>	66	<i>hydrocodone bitartrate tab er 24hr</i>	
<i>hydralazine hcl tab 50 mg</i>	66	<i>deter 60 mg</i>	20
HYDREA CAP 500MG.....	78	<i>hydrocodone bitartrate tab er 24hr</i>	
<i>hydrochlorothiazide cap 12.5 mg</i>	130	<i>deter 80 mg</i>	20
<i>hydrochlorothiazide tab 12.5 mg</i>	130	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	
<i>hydrochlorothiazide tab 25 mg</i>	130	<i>.....</i>	24
<i>hydrochlorothiazide tab 50 mg</i>	130	<i>hydrocodone-ibuprofen tab 5-200 mg</i>	
<i>hydrocodone-acetaminophen soln 10-</i>		<i>.....</i>	23
<i>325 mg/15ml.....</i>	23	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	
<i>hydrocodone-acetaminophen soln 7.5-</i>		<i>.....</i>	23
<i>325 mg/15ml.....</i>	23	<i>hydrocodone w/ homatropine syrup 5-</i>	
<i>hydrocodone-acetaminophen tab 10-</i>		<i>1.5 mg/5ml</i>	110
<i>300 mg</i>	23	<i>hydrocodone w/ homatropine tab 5-1.5</i>	
<i>hydrocodone-acetaminophen tab 10-</i>		<i>mg</i>	111
<i>325 mg</i>	23	<i>hydrocod polst-chlorphen polst er susp</i>	
<i>hydrocodone-acetaminophen tab 5-300</i>		<i>10-8 mg/5ml</i>	111
<i>mg</i>	23	<i>hydrocortisone acetate suppos 25 mg</i>	
<i>hydrocodone-acetaminophen tab 5-325</i>		<i>.....</i>	26
<i>mg</i>	23	<i>hydrocortisone acetate w/ pramoxine</i>	
<i>hydrocodone-acetaminophen tab 7.5-</i>		<i>perianal cream 1-1%</i>	26
<i>300 mg</i>	23	<i>hydrocortisone butyrate cream 0.1%</i>	
<i>hydrocodone-acetaminophen tab 7.5-</i>		<i>.....</i>	121
<i>325 mg</i>	23	<i>hydrocortisone butyrate oint 0.1%..</i>	121
<i>hydrocodone bitartrate cap er 12hr 10</i>		<i>hydrocortisone butyrate soln 0.1% .</i>	121
<i>mg</i>	19	<i>hydrocortisone cream 2.5%</i>	121
		<i>hydrocortisone enema 100 mg/60ml.</i>	26

<i>hydrocortisone lotion 2.5%</i>	121	HYPOLANCE KIT LANCING	155
<i>hydrocortisone oint 2.5%</i>	121	I	
<i>hydrocortisone perianal cream 1%</i> ...	26	<i>ibandronate sodium tab 150 mg (base</i>	
<i>hydrocortisone perianal cream 2.5%</i> ..	26	<i>equivalent)</i>	131
HYDROCORTISONE TAB 10 MG	109	IBRANCE CAP 100MG	74
HYDROCORTISONE TAB 20 MG	109	IBRANCE CAP 125MG	74
HYDROCORTISONE TAB 5 MG	109	IBRANCE CAP 75MG	74
<i>hydrocortisone valerate cream 0.2%</i>		IBRANCE TAB 100MG	74
.....	121	IBRANCE TAB 125MG	74
<i>hydrocortisone valerate oint 0.2%</i> ..	121	IBRANCE TAB 75MG	74
<i>hydrocortisone w/ acetic acid otic soln</i>		<i>ibuprofen tab 400 mg</i>	13
<i>1-2%</i>	179	<i>ibuprofen tab 600 mg</i>	13
<i>hydrogen peroxide soln 30%</i>	87	<i>ibuprofen tab 800 mg</i>	13
<i>hydromorphone hcl liqd 1 mg/ml</i>	20	<i>icatibant acetate inj 30 mg/3ml (base</i>	
<i>hydromorphone hcl tab 2 mg</i>	20	<i>equivalent)</i>	141
<i>hydromorphone hcl tab 4 mg</i>	20	ICLUSIG TAB 10MG	74
<i>hydromorphone hcl tab 8 mg</i>	20	ICLUSIG TAB 15MG	74
<i>hydromorphone hcl tab er 24hr 12 mg</i>		ICLUSIG TAB 30MG	74
.....	20	ICLUSIG TAB 45MG	74
<i>hydromorphone hcl tab er 24hr 16 mg</i>		IDHIFA TAB 100MG	74
.....	20	IDHIFA TAB 50MG	74
<i>hydromorphone hcl tab er 24hr 32 mg</i>		<i>imatinib mesylate tab 100 mg (base</i>	
.....	20	<i>equivalent)</i>	74
<i>hydromorphone hcl tab er 24hr 8 mg</i>	20	<i>imatinib mesylate tab 400 mg (base</i>	
HYDROMORPHON SUP 3MG	20	<i>equivalent)</i>	74
<i>hydroxychloroquine sulfate tab 200 mg</i>		IMBRUVICA CAP 140MG	74
.....	66	IMBRUVICA CAP 70MG.....	74
<i>hydroxyurea cap 500 mg</i>	78	IMBRUVICA TAB 140MG	74
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	30	IMBRUVICA TAB 280MG	74
<i>hydroxyzine hcl tab 10 mg</i>	30	IMBRUVICA TAB 420MG	74
<i>hydroxyzine hcl tab 25 mg</i>	30	IMBRUVICA TAB 560MG	74
<i>hydroxyzine hcl tab 50 mg</i>	30	<i>imipramine hcl tab 10 mg</i>	47
<i>hydroxyzine pamoate cap 100 mg</i>	30	<i>imipramine hcl tab 25 mg</i>	47
<i>hydroxyzine pamoate cap 25 mg</i>	30	<i>imipramine hcl tab 50 mg</i>	47
<i>hydroxyzine pamoate cap 50 mg</i>	30	<i>imipramine pamoate cap 100 mg</i>	47
<i>hyoscyamine sulfate elixir 0.125</i>		<i>imipramine pamoate cap 125 mg</i>	47
<i>mg/5ml</i>	190	<i>imipramine pamoate cap 150 mg</i>	47
<i>hyoscyamine sulfate sl tab 0.125 mg</i>		<i>imipramine pamoate cap 75 mg</i>	47
.....	190	<i>imiquimod cream 3.75%</i>	122
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>		<i>imiquimod cream 5%</i>	122
.....	190	IMITREX INJ 4MG/0.5	166, 167
<i>hyoscyamine sulfate tab 0.125 mg</i> .	190	IMITREX INJ 6MG/0.5	167
<i>hyoscyamine sulfate tab disint 0.125</i>		IMITREX SPR 20MG/ACT	167
<i>mg</i>	190	IMITREX SPR 5MG/ACT	167
HYPERSAL NEB 3.5%	111	IMITREX TAB 100MG	167
HYPERSAL NEB 7%.....	111	IMITREX TAB 25MG	167

IMITREX TAB 50MG	167	INVEGA SUST INJ 156MG/ML.....	82
IMPAVIDO CAP 50MG	27	INVEGA SUST INJ 234/1.5	82
IMURAN TAB 50MG.....	170	INVEGA SUST INJ 39/0.25	82
IMVEXXY MAIN SUP 10MCG	193	INVEGA SUST INJ 78/0.5ML	82
IMVEXXY MAIN SUP 4MCG.....	193	INVEGA TAB 1.5MG.....	82
IMVEXXY STRT SUP 10MCG	193	INVEGA TAB 3MG.....	82
IMVEXXY STRT SUP 4MCG	193	INVEGA TAB 6MG.....	82
INBRIJA CAP 42MG	79	INVEGA TAB 9MG.....	82
INCONTROL MIS LANC 28G	155	<i>iodoquinol-hc cream 1-1%.....</i>	<i>114</i>
INCONTROL MIS LANC 30G	155	<i>iodoquinol-hydrocortisone in aloe</i>	
INCONTROL MIS LANC 33G	155	<i>vehicle cream 1-1.9%</i>	<i>114</i>
INCONTROL MIS LANC DEV	155	IOPIDINE SOL 1% OP	176
INCONTROL PAD ALCOHOL.....	163	<i>ipratropium-albuterol nebu soln 0.5-</i>	
<i>indapamide tab 1.25 mg</i>	<i>130</i>	<i>2.5(3) mg/3ml.....</i>	<i>34</i>
<i>indapamide tab 2.5 mg</i>	<i>131</i>	<i>ipratropium bromide inhal soln 0.02%</i>	
<i>indomethacin cap 25 mg</i>	<i>13</i>	<i>.....</i>	<i>32</i>
<i>indomethacin cap 50 mg</i>	<i>13</i>	<i>ipratropium bromide nasal soln 0.03%</i>	
<i>indomethacin cap er 75 mg</i>	<i>13</i>	<i>(21 mcg/spray)</i>	<i>174</i>
INFINITY SOL NORM CON.....	155	<i>ipratropium bromide nasal soln 0.06%</i>	
INFNTY VOICE LIQ LEVEL 2	155	<i>(42 mcg/spray)</i>	<i>174</i>
INGREZZA CAP 40-80MG.....	183	<i>irbesartan-hydrochlorothiazide tab</i>	
INGREZZA CAP 40MG	183	<i>150-12.5 mg</i>	<i>63</i>
INGREZZA CAP 60MG	183	<i>irbesartan-hydrochlorothiazide tab</i>	
INGREZZA CAP 80MG	183	<i>300-12.5 mg</i>	<i>63</i>
INLYTA TAB 1MG.....	69	<i>irbesartan tab 150 mg</i>	<i>60</i>
INLYTA TAB 5MG.....	69	<i>irbesartan tab 300 mg</i>	<i>60</i>
INQOVI TAB 35-100MG.....	72	<i>irbesartan tab 75 mg</i>	<i>60</i>
INSPIRACHAMB MIS LARGE	165	IRESSA TAB 250MG.....	70
INSPIRACHAMB MIS MEDIUM.....	165	ISENTRESS CHW 100MG.....	89
INSPIRACHAMB MIS MOUTHPC.....	165	ISENTRESS CHW 25MG.....	89
INSPIRACHAMB MIS SMALL	165	ISENTRESS HD TAB 600MG.....	89
INSPIREASE MIS DD SYST.....	165	ISENTRESS POW 100MG.....	89
INSPIREASE MIS RES BAG.....	165	ISENTRESS TAB 400MG	89
INSPIRA TAB 25MG	66	<i>isoniazid syrup 50 mg/5ml</i>	<i>67</i>
INSPIRA TAB 50MG	66	<i>isoniazid tab 100 mg</i>	<i>67</i>
INTELENCE TAB 100MG	89	<i>isoniazid tab 300 mg</i>	<i>67</i>
INTELENCE TAB 200MG	89	ISOPTO ATROP SOL 1% OP	175
INTELENCE TAB 25MG	89	ISOPTO CARP SOL 1% OP	175
IN TOUCH LAN MIS 30G	155	ISOPTO CARP SOL 2% OP	175
IN TOUCH LAN MIS DEVICE	155	ISOPTO CARP SOL 4% OP	175
IN TOUCH SOL GLUCOSE	155	<i>isosorbide dinitrate tab 10 mg</i>	<i>29</i>
INTRON A INJ 10MU	78	<i>isosorbide dinitrate tab 20 mg</i>	<i>29</i>
INTRON A INJ 18MU	78	<i>isosorbide dinitrate tab 30 mg</i>	<i>29</i>
INTRON A INJ 25MU	78	<i>isosorbide dinitrate tab 5 mg</i>	<i>29</i>
INTRON A INJ 50MU	78	<i>isosorbide mononitrate tab 10 mg</i>	<i>29</i>
INVEGA SUST INJ 117/0.75.....	82	<i>isosorbide mononitrate tab 20 mg ...</i>	<i>29</i>

<i>isosorbide mononitrate tab er 24hr 120 mg</i>	29	JYNARQUE PAK 60-30MG.....	135
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	29	JYNARQUE PAK 90-30MG.....	135
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	29	JYNARQUE TAB 15MG	135
ISOSOURCE HN LIQ.....	125	JYNARQUE TAB 30MG	135
ISOSOURCE LIQ.....	125	K	
<i>isotretinoin cap 10 mg</i>	113	KALBITOR INJ 10MG/ML.....	142
<i>isotretinoin cap 20 mg</i>	113	KALETRA SOL	90
<i>isotretinoin cap 30 mg</i>	113	KALETRA TAB 100-25MG.....	90
<i>isotretinoin cap 40 mg</i>	113	KALETRA TAB 200-50MG.....	90
ISOVACTIN AA LIQ PLUS.....	126	KALYDECO PAK 25MG	187
<i>isoxsuprine hcl tab 20 mg</i>	103	KALYDECO PAK 50MG	187
<i>isradipine cap 2.5 mg</i>	98	KALYDECO PAK 75MG	187
<i>isradipine cap 5 mg</i>	98	KALYDECO TAB 150MG	187
<i>itraconazole cap 100 mg</i>	54	KARBINAL ER SUS 4MG/5ML.....	54
<i>itraconazole oral soln 10 mg/ml</i>	54	KEFLEX CAP 750MG	105
IVERMECTIN LOTION 0.5%.....	123	KERENDIA TAB 10MG.....	134
<i>ivermectin tab 3 mg</i>	26	KERENDIA TAB 20MG.....	134
J		KESIMPTA INJ 20/.4ML	184
JAKAFI TAB 10MG	75	<i>ketoconazole cream 2%</i>	114
JAKAFI TAB 15MG	75	<i>ketoconazole shampoo 2%</i>	114
JAKAFI TAB 20MG	75	<i>ketoconazole tab 200 mg</i>	54
JAKAFI TAB 25MG	75	KETO-DIASTIX TES.....	124
JAKAFI TAB 5MG.....	74	KETONE TES.....	124
JANUMET TAB 50-1000	48	KETONE TEST TES.....	124
JANUMET TAB 50-500MG	48	<i>ketoprofen cap 50 mg</i>	13
JANUMET XR TAB 100-1000.....	48	<i>ketoprofen cap 75 mg</i>	13
JANUMET XR TAB 50-1000	48	<i>ketorolac tromethamine ophth soln 0.4%</i>	178
JANUMET XR TAB 50-500MG.....	48	<i>ketorolac tromethamine ophth soln 0.5%</i>	178
JANUVIA TAB 100MG	49	<i>ketorolac tromethamine tab 10 mg</i> ...13	
JANUVIA TAB 25MG.....	49	KETOSTIX TES STRIP.....	124
JANUVIA TAB 50MG.....	49	KEVEYIS TAB 50MG	129
JARDIANCE TAB 10MG	51	KEVZARA INJ 150/1.14	12
JARDIANCE TAB 25MG	51	KEVZARA INJ 200/1.14	12
JEVITY 1.2 LIQ CAL	126	KINNEY MIS LANCETS.....	155
JEVITY 1.5 LIQ CAL	126	KINNEY THIN MIS LANCETS.....	155
JEVITY 1 CAL LIQ	126	KISQALI 200 PAK FEMARA.....	72
JULUCA TAB 50-25MG	89	KISQALI 400 PAK FEMARA.....	72
JUXTAPID CAP 10MG	58	KISQALI 600 PAK FEMARA.....	72
JUXTAPID CAP 20MG	58	KISQALI TAB 200DOSE	75
JUXTAPID CAP 30MG	58	KISQALI TAB 400DOSE	75
JUXTAPID CAP 5MG.....	58	KISQALI TAB 600DOSE	75
JYNARQUE PAK 30-15MG.....	135	KITABIS PAK NEB 300/5ML	6
JYNARQUE PAK 45-15MG.....	135	KLARON LOT 10%	113
		KLONOPIN TAB 0.5MG	37

KLONOPIN TAB 1MG	37	LAMICTAL XR TAB 25MG	39
KLONOPIN TAB 2MG	37	LAMICTAL XR TAB 300MG	39
KORLYM TAB 300MG.....	49	LAMICTAL XR TAB 50MG	39
KOSELUGO CAP 10MG	75	<i>lamivudine oral soln 10 mg/ml.....</i>	90
KOSELUGO CAP 25MG	75	<i>lamivudine tab 100 mg (hbv).....</i>	94
K-PHOS TAB NO 2	140	<i>lamivudine tab 150 mg</i>	90
KRISTALOSE PAK 10GM	146	<i>lamivudine tab 300 mg</i>	90
KRISTALOSE PAK 20GM	146	<i>lamivudine-zidovudine tab 150-300 mg</i>	
KROGER LANCE MIS	155	.....	90
KROGER LANCE MIS 26G.....	155	<i>lamotrigine orally disintegrating tab</i>	
KROGER LANCE MIS THIN	155	100 mg.....	39
KROGER LANCE MIS THIN 30G.....	155	<i>lamotrigine orally disintegrating tab</i>	
K-TAB TAB 10MEQ CR.....	169	200 mg.....	39
K-TAB TAB 20MEQ.....	169	<i>lamotrigine orally disintegrating tab 25</i>	
K-TAB TAB 8MEQ CR.....	169	mg	39
KYNMOBI MIS 10MG.....	79	<i>lamotrigine orally disintegrating tab 50</i>	
KYNMOBI MIS 15MG.....	79	mg	39
KYNMOBI MIS 20MG.....	79	<i>lamotrigine tab 100 mg.....</i>	39
KYNMOBI MIS 25MG.....	80	<i>lamotrigine tab 150 mg.....</i>	39
KYNMOBI MIS 30MG.....	80	<i>lamotrigine tab 200 mg.....</i>	39
L		<i>lamotrigine tab 25 mg</i>	39
<i>labetalol hcl tab 100 mg.....</i>	95	<i>lamotrigine tab 25 mg (42) & 100 mg</i>	
<i>labetalol hcl tab 200 mg.....</i>	95	(7) starter kit.....	39
<i>labetalol hcl tab 300 mg.....</i>	95	<i>lamotrigine tab 35 x 25 mg starter kit</i>	
LACTIC ACID LOT 10%	122	.....	39
<i>lactulose (encephalopathy) solution 10</i>		<i>lamotrigine tab 84 x 25 mg & 14 x 100</i>	
<i>gm/15ml</i>	139	mg starter kit	39
<i>lactulose solution 10 gm/15ml</i>	146	<i>lamotrigine tab chewable dispersible 25</i>	
LAMICTAL CHW 25MG.....	38	mg	39
LAMICTAL CHW 5MG	38	<i>lamotrigine tab chewable dispersible 5</i>	
LAMICTAL KIT START 35	38	mg	39
LAMICTAL KIT START 49	38	<i>lamotrigine tab disint 25 (14) & 50 mg</i>	
LAMICTAL KIT START 98	38	(14) & 100 mg (7) kit	39
LAMICTAL ODT KIT.....	38	<i>lamotrigine tab er 24hr 100 mg</i>	39
LAMICTAL ODT TAB 100MG	38	<i>lamotrigine tab er 24hr 200 mg</i>	39
LAMICTAL ODT TAB 200MG	38	<i>lamotrigine tab er 24hr 250 mg</i>	39
LAMICTAL ODT TAB 25MG	38	<i>lamotrigine tab er 24hr 25 mg</i>	39
LAMICTAL ODT TAB 50MG	38	<i>lamotrigine tab er 24hr 300 mg</i>	39
LAMICTAL TAB 100MG	38	<i>lamotrigine tab er 24hr 50 mg</i>	39
LAMICTAL TAB 150MG	38	LAMPIT TAB 120MG.....	27
LAMICTAL TAB 200MG	38	LAMPIT TAB 30MG.....	27
LAMICTAL TAB 25MG	38	LANAFLEX PAK.....	126
LAMICTAL XR KIT.....	39	LANCET AUTO MIS INJECTOR.....	155
LAMICTAL XR TAB 100MG	39	LANCET CARRY MIS CASE.....	155
LAMICTAL XR TAB 200MG	39	LANCET DEVIC MIS 30G.....	155
LAMICTAL XR TAB 250MG	39	LANCET DEVIC MIS ADJUST.....	155

LANCET MICRO MIS THIN 33G	155	LATUDA TAB 80MG.....	82
LANCETS MICR MIS THIN 33G.....	155	LB LANCET MIS 28G	156
LANCETS MIS	155	LB LANCING MIS DEVICE	156
LANCETS MIS 21G.....	155	<i>leflunomide tab 10 mg</i>	15
LANCETS MIS 21G COLR	155	<i>leflunomide tab 20 mg</i>	15
LANCETS MIS 28G.....	155	LENVIMA CAP 10 MG	69
LANCETS MIS 30G.....	156	LENVIMA CAP 12MG	69
LANCETS MIS 33G.....	156	LENVIMA CAP 14 MG	69
LANCETS MIS ORANGE.....	156	LENVIMA CAP 18 MG	69
LANCETS MIS ORIGINAL	156	LENVIMA CAP 20 MG	69
LANCETS MIS THIN	156	LENVIMA CAP 24 MG	69
LANCETS MIS THIN 26G.....	156	LENVIMA CAP 4MG	69
LANCETS MIS THIN 30G.....	156	LENVIMA CAP 8 MG.....	69
LANCETS SUPR MIS THIN 28G	156	<i>letrozole tab 2.5 mg</i>	71
LANCET STAND MIS 21G	155	<i>leucovorin calcium tab 10 mg</i>	78
LANCETS THIN MIS	156	<i>leucovorin calcium tab 15 mg</i>	78
LANCETS THIN MIS 26G.....	156	<i>leucovorin calcium tab 25 mg</i>	78
LANCETS ULTR MIS THIN	156	<i>leucovorin calcium tab 5 mg</i>	78
LANCET SUPER MIS THIN 30G.....	155	LEUKERAN TAB 2MG.....	68
LANCET ULTRA MIS 28G.....	155	LEUKINE INJ 250MCG	143
LANCET ULTRA MIS THIN 30G.....	155	<i>leuprolide acetate inj kit 5 mg/ml</i>	71
LANCET WITH MIS EJECTOR	155	<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i> <i>(base equiv)</i>	34
LANCING DEVI MIS	156	<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	34
LANCING DEVI MIS 25G.....	156	<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	34
LANCING DEVI MIS 30G.....	156	<i>levalbuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml (base equiv)</i>	34
LANCING MIS DEVICE.....	156	<i>levalbuterol tartrate inhal aerosol 45</i> <i>mcg/act (base equiv)</i>	34
LANOXIN TAB 0.0625MG	100	LEVBID TAB 0.375 ER	190
<i>lansoprazole cap delayed release 15</i> <i>mg</i>	191	LEVEMIR INJ	50
<i>lansoprazole cap delayed release 30</i> <i>mg</i>	191	LEVEMIR INJ FLEXTOUC.....	50
<i>lansoprazole tab delayed release orally</i> <i>disintegrating 15 mg</i>	191	<i>levetiracetam oral soln 100 mg/ml</i> ...	39
<i>lansoprazole tab delayed release orally</i> <i>disintegrating 30 mg</i>	191	<i>levetiracetam tab 1000 mg</i>	39
LANZO MIS LANCING.....	156	<i>levetiracetam tab 250 mg</i>	39
<i>lapatinib ditosylate tab 250 mg (base</i> <i>equiv)</i>	75	<i>levetiracetam tab 500 mg</i>	39
LASIX TAB 20MG.....	130	<i>levetiracetam tab 750 mg</i>	39
LASIX TAB 40MG.....	130	<i>levetiracetam tab er 24hr 500 mg</i>	39
LASIX TAB 80MG.....	130	<i>levetiracetam tab er 24hr 750 mg</i>	39
<i>latanoprost ophth soln 0.005%</i>	178	<i>levobunolol hcl ophth soln 0.5%</i>	175
LATUDA TAB 120MG	82	<i>levocarnitine oral soln 1 gm/10ml</i> <i>(10%)</i>	133
LATUDA TAB 20MG.....	82	<i>levocarnitine tab 330 mg</i>	133
LATUDA TAB 40MG.....	82		
LATUDA TAB 60MG.....	82		

<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	55	<i>lidocaine hcl urethral/mucosal gel 2%</i>	123
<i>levocetirizine dihydrochloride tab 5 mg</i>	55	<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	123
<i>levofloxacin ophth soln 0.5%</i>	176	<i>lidocaine hcl viscous soln 2%</i>	171
<i>levofloxacin oral soln 25 mg/ml</i>	137	<i>lidocaine oint 5%</i>	123
<i>levofloxacin tab 250 mg</i>	137	<i>lidocaine patch 5%</i>	123
<i>levofloxacin tab 500 mg</i>	137	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	123
<i>levofloxacin tab 750 mg</i>	137	LIDODERM DIS 5%.....	123
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	106	LIFESCAN MIS UNISTIK2.....	156
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	106	<i>lindane shampoo 1%</i>	123
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	106	<i>linezolid for susp 100 mg/5ml</i>	28
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	106	<i>linezolid tab 600 mg</i>	28
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	106	LINZESS CAP 145MCG	139
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	107	LINZESS CAP 290MCG	139
<i>levonorgestrel tab 1.5 mg</i>	108	LINZESS CAP 72MCG	139
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	106	<i>liothyronine sodium tab 25 mcg</i>	189
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	106	<i>liothyronine sodium tab 50 mcg</i>	189
<i>levothyroxine sodium tab 100 mcg</i> .	189	<i>liothyronine sodium tab 5 mcg</i>	189
<i>levothyroxine sodium tab 112 mcg</i> .	189	LIPOFEN CAP 150MG	56
<i>levothyroxine sodium tab 125 mcg</i> .	189	LIPOFEN CAP 50MG	56
<i>levothyroxine sodium tab 137 mcg</i> .	189	LIQUID HOPE LIQ.....	126
<i>levothyroxine sodium tab 150 mcg</i> .	189	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	63
<i>levothyroxine sodium tab 175 mcg</i> .	189	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	63
<i>levothyroxine sodium tab 200 mcg</i> .	189	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	63
<i>levothyroxine sodium tab 25 mcg</i> ...	189	LISINOPRIL TAB 10 MG.....	59
<i>levothyroxine sodium tab 300 mcg</i> .	189	<i>lisinopril tab 2.5 mg</i>	59
<i>levothyroxine sodium tab 50 mcg</i> ...	189	LISINOPRIL TAB 20 MG.....	59
<i>levothyroxine sodium tab 75 mcg</i> ...	189	<i>lisinopril tab 30 mg</i>	59
<i>levothyroxine sodium tab 88 mcg</i> ...	189	<i>lisinopril tab 40 mg</i>	59
LEVSIN/SL SUB 0.125MG	190	LISINOPRIL TAB 5 MG	59
LEVSIN TAB 0.125MG	190	LITETOUCH MIS LANCETS	156
LEVULAN KERA SOL 20%	115	LITE TOUCH MIS LANCETS	156
<i>lidocaine hcl laryngotracheal soln 4%</i>	171	LITE TOUCH MIS LANC PEN	156
<i>lidocaine hcl soln 4%</i>	123	<i>lithium carbonate cap 150 mg</i>	81
		<i>lithium carbonate cap 300 mg</i>	81
		<i>lithium carbonate cap 600 mg</i>	81
		<i>lithium carbonate tab 300 mg</i>	81
		<i>lithium carbonate tab er 300 mg</i>	82
		<i>lithium carbonate tab er 450 mg</i>	82
		LITHIUM SOL 8MEQ/5ML.....	82
		LITHOBID TAB 300MG CR	82

LOCOID LIPO CRE 0.1%	121	<i>loteprednol etabonate ophth gel 0.5%</i>	177
LOCOID LOT 0.1%.....	121	<i>loteprednol etabonate ophth susp 0.5%</i>	177
LODOSYN TAB 25MG	78	LOTREL CAP 10-20MG	64
LOKELMA PAK 10GM	171	LOTREL CAP 10-40MG	64
LOKELMA PAK 5GM.....	171	LOTREL CAP 5-10MG	64
LO LOESTRIN TAB 1-10-10	107	LOTREL CAP 5-20MG	64
LOMOTIL TAB 2.5MG	52	LOTRONEX TAB 0.5MG.....	139
LONGS LANCET MIS STANDARD	156	LOTRONEX TAB 1MG.....	139
LONGS LANCET MIS THIN.....	156	<i>lovastatin tab 10 mg</i>	57
LONGS LANCET MIS ULTRA TH.....	156	<i>lovastatin tab 20 mg</i>	57
LONSURF TAB 15-6.14.....	72	<i>lovastatin tab 40 mg</i>	57
LONSURF TAB 20-8.19.....	72	LOVAZA CAP 1GM	55
LOPHLEX POW	126	LOVENOX INJ 100MG/ML.....	36
LOPID TAB 600MG	56	LOVENOX INJ 120/0.8	36
<i>lopinavir-ritonavir soln 400-100</i>		LOVENOX INJ 150MG/ML.....	36
<i>mg/5ml (80-20 mg/ml)</i>	90	LOVENOX INJ 30/0.3ML	36
<i>lopinavir-ritonavir tab 100-25 mg</i>	90	LOVENOX INJ 300/3ML	36
<i>lopinavir-ritonavir tab 200-50 mg</i>	90	LOVENOX INJ 40/0.4ML	36
LOPRESSOR TAB 100MG	96	LOVENOX INJ 60/0.6ML	36
LOPRESSOR TAB 50MG	96	LOVENOX INJ 80/0.8ML	36
LOPROX SHA 1%.....	114	<i>loxapine succinate cap 10 mg</i>	84
<i>lorazepam conc 2 mg/ml</i>	30	<i>loxapine succinate cap 25 mg</i>	84
<i>lorazepam tab 0.5 mg</i>	30	<i>loxapine succinate cap 50 mg</i>	84
<i>lorazepam tab 1 mg</i>	30	<i>loxapine succinate cap 5 mg</i>	84
<i>lorazepam tab 2 mg</i>	31	<i>lubiprostone cap 24 mcg</i>	138
LORBRENA TAB 100MG	75	<i>lubiprostone cap 8 mcg</i>	138
LORBRENA TAB 25MG.....	75	LUMAKRAS TAB 120MG.....	75
LORTAB ELX 10-300MG.....	24	LUNG PERFM MIS METER.....	165
<i>losartan potassium &</i>		LYNPARZA TAB 100MG.....	75
<i>hydrochlorothiazide tab 100-12.5 mg</i>		LYNPARZA TAB 150MG.....	75
.....	63	LYSODREN TAB 500MG	71
<i>losartan potassium &</i>		LYSTEDA TAB 650MG	144
<i>hydrochlorothiazide tab 100-25 mg</i>		M	
.....	63	MACROBID CAP 100MG.....	28
<i>losartan potassium &</i>		<i>mafenide acetate packet for topical</i>	
<i>hydrochlorothiazide tab 50-12.5 mg</i>		<i>soln 5% (50 gm)</i>	119
.....	63	MALARONE TAB 250-100.....	66
<i>losartan potassium tab 100 mg</i>	60	MALARONE TAB 62.5-25	66
<i>losartan potassium tab 25 mg</i>	60	<i>malathion lotion 0.5%</i>	123
<i>losartan potassium tab 50 mg</i>	60	<i>maprotiline hcl tab 25 mg</i>	43
LOSEASONIQUE TAB.....	107	<i>maprotiline hcl tab 50 mg</i>	43
LOTENSIN HCT TAB 10-12.5	63	<i>maprotiline hcl tab 75 mg</i>	43
LOTENSIN HCT TAB 20-12.5	64	MAR-COF CG LIQ 225-7.5.....	111
LOTENSIN HCT TAB 20-25MG	64	MARINOL CAP 10MG	53
LOTENSIN TAB 10MG.....	59		
LOTENSIN TAB 20MG.....	59		
LOTENSIN TAB 40MG.....	59		

MARINOL CAP 2.5MG.....	53	<i>medroxyprogesterone acetate tab 2.5 mg</i>	180
MARINOL CAP 5MG.....	53	<i>medroxyprogesterone acetate tab 5 mg</i>	180
MARPLAN TAB 10MG.....	44	<i>mefenamic acid cap 250 mg</i>	13
MATULANE CAP 50MG.....	78	<i>mefloquine hcl tab 250 mg</i>	66
MAVENCLAD PAK 10MG(10).....	184	<i>megestrol acetate susp 40 mg/ml</i>	71
MAVENCLAD PAK 10MG(4)	184	<i>megestrol acetate susp 625 mg/5ml</i>	180
MAVENCLAD PAK 10MG(5)	184	<i>megestrol acetate tab 20 mg</i>	71
MAVENCLAD PAK 10MG(6)	184	<i>megestrol acetate tab 40 mg</i>	71
MAVENCLAD PAK 10MG(7)	184	MEIJER LANCE MIS COLOR	156
MAVENCLAD PAK 10MG(8)	184	MEIJER LANCE MIS UNIV 21G	156
MAVENCLAD PAK 10MG(9)	184	MEIJER LANCE MIS UNIV 30G	156
MAXITROL OIN 0.1% OP	177	MEIJER LANCE MIS UNIVERSA	157
MAXITROL SUS 0.1% OP	177	MEIJER MIS LANCETS	157
MAXZIDE-25 TAB	129	MEKINIST TAB 0.5MG	75
MAXZIDE TAB 75-50	129	MEKINIST TAB 2MG.....	75
MAYZENT PAK STARTER	184	MEKTOVI TAB 15MG	75
MAYZENT TAB 0.25MG	184	<i>meloxicam tab 15 mg</i>	14
MAYZENT TAB 2MG.....	184	<i>meloxicam tab 7.5 mg</i>	13
MCT PRO-CAL PAK.....	126	<i>melphalan tab 2 mg</i>	68
<i>meclofenamate sodium cap 100 mg</i> ..	13	<i>memantine hcl cap er 24hr 14 mg</i> ..	181
<i>meclofenamate sodium cap 50 mg</i> ...	13	<i>memantine hcl cap er 24hr 21 mg</i> ..	181
MEDICHOICE MIS LANCET	156	<i>memantine hcl cap er 24hr 28 mg</i> ..	181
MEDISENSE LIQ GLUC/KET	156	<i>memantine hcl cap er 24hr 7 mg</i>	181
MEDISENSE LIQ GLUC-KET	156	<i>memantine hcl oral solution 2 mg/ml</i>	181
MEDLANCE MIS 30G PLUS	156	<i>memantine hcl tab 10 mg</i>	181
MEDLANCE MIS EXTR 21G	156	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	182
MEDLANCE MIS LITE 25G	156	<i>memantine hcl tab 5 mg</i>	181
MEDLANCE MIS PLUS.....	156	MEMBRANEBLUE SOL 0.15%.....	178
MEDLANCE MIS PLUS 30G	156	MENOPUR INJ 75UNIT.....	132
MEDLANCE MIS UNV 21G	156	MEPHYTON TAB 5MG	194
MEDLANCE PLS MIS 0.8MM.....	156	<i>meprobamate tab 200 mg</i>	30
MEDLANCE PLS MIS EXTR 21G	156	<i>meprobamate tab 400 mg</i>	30
MEDLANCE PLS MIS LITE 25G	156	MEPRON SUS.....	27
MEDLANCE PLS MIS UNIV 21G	156	<i>mercaptopurine tab 50 mg</i>	68
MEDROL TAB 16MG	109	<i>mesalamine cap dr 400 mg</i>	139
MEDROL TAB 2MG	109	<i>mesalamine cap er 24hr 0.375 gm</i> ..	139
MEDROL TAB 32MG	109	<i>mesalamine enema 4 gm</i>	139
MEDROL TAB 4MG	109	<i>mesalamine suppos 1000 mg</i>	139
MEDROL TAB 8MG	109	<i>mesalamine tab delayed release 1.2 gm</i>	139
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	108	MESNEX TAB 400MG	78
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	108		
<i>medroxyprogesterone acetate tab 10 mg</i>	180		

MESTINON TAB TIMESPAN	67	<i>methylidopa & hydrochlorothiazide tab</i>	
<i>metaxalone tab 800 mg</i>	173	<i>250-15 mg</i>	64
<i>metformin hcl oral soln 500 mg/5ml</i>	49	<i>methylidopa & hydrochlorothiazide tab</i>	
<i>metformin hcl tab 1000 mg</i>	49	<i>250-25 mg</i>	64
<i>metformin hcl tab 500 mg</i>	49	<i>methylidopa tab 250 mg</i>	61
<i>metformin hcl tab 850 mg</i>	49	<i>methylidopa tab 500 mg</i>	61
<i>metformin hcl tab er 24hr 500 mg</i>	49	<i>methylergonovine maleate tab 0.2 mg</i>	
<i>metformin hcl tab er 24hr 750 mg</i>	49	.....	179
<i>methadone hcl conc 10 mg/ml</i>	20	METHYLIN SOL 10MG/5ML	5
<i>methadone hcl soln 10 mg/5ml</i>	20	METHYLIN SOL 5MG/5ML	5
<i>methadone hcl soln 5 mg/5ml</i>	20	<i>methylphenidate hcl cap er 10 mg (cd)</i>	
<i>methadone hcl tab 10 mg</i>	20	.....	5
<i>methadone hcl tab 5 mg</i>	20	<i>methylphenidate hcl cap er 20 mg (cd)</i>	
<i>methadone hcl tab for oral susp 40 mg</i>		.....	5
.....	20	<i>methylphenidate hcl cap er 24hr 10 mg</i>	
METHADOSE CON 10MG/ML	20	<i>(la)</i>	5
METHADOSE SF CON 10MG/ML	20	<i>methylphenidate hcl cap er 24hr 10 mg</i>	
<i>methamphetamine hcl tab 5 mg</i>	2	<i>(xr)</i>	5
<i>methazolamide tab 25 mg</i>	129	<i>methylphenidate hcl cap er 24hr 15 mg</i>	
<i>methazolamide tab 50 mg</i>	129	<i>(xr)</i>	5
<i>methenamine hippurate tab 1 gm</i>	28	<i>methylphenidate hcl cap er 24hr 20 mg</i>	
<i>methenamine mandelate tab 0.5 gm</i>	28	<i>(la)</i>	5
<i>methenamine mandelate tab 1 gm</i>	28	<i>methylphenidate hcl cap er 24hr 20 mg</i>	
<i>methimazole tab 10 mg</i>	189	<i>(xr)</i>	5
<i>methimazole tab 5 mg</i>	189	<i>methylphenidate hcl cap er 24hr 30 mg</i>	
METHITEST TAB 10MG	25	<i>(la)</i>	5
<i>methocarbamol tab 500 mg</i>	173	<i>methylphenidate hcl cap er 24hr 30 mg</i>	
<i>methocarbamol tab 750 mg</i>	173	<i>(xr)</i>	5
<i>methotrexate sodium for inj 1 gm</i>	68	<i>methylphenidate hcl cap er 24hr 40 mg</i>	
<i>methotrexate sodium inj 250 mg/10ml</i>		<i>(la)</i>	5
<i>(25 mg/ml)</i>	68	<i>methylphenidate hcl cap er 24hr 40 mg</i>	
<i>methotrexate sodium inj 50 mg/2ml</i>		<i>(xr)</i>	5
<i>(25 mg/ml)</i>	68	<i>methylphenidate hcl cap er 24hr 50 mg</i>	
<i>methotrexate sodium inj pf 1000</i>		<i>(xr)</i>	5
<i>mg/40ml (25 mg/ml)</i>	68	<i>methylphenidate hcl cap er 24hr 60 mg</i>	
<i>methotrexate sodium inj pf 250</i>		<i>(la)</i>	5
<i>mg/10ml (25 mg/ml)</i>	68	<i>methylphenidate hcl cap er 24hr 60 mg</i>	
<i>methotrexate sodium inj pf 50 mg/2ml</i>		<i>(xr)</i>	5
<i>(25 mg/ml)</i>	68	<i>methylphenidate hcl cap er 30 mg (cd)</i>	
<i>methotrexate sodium tab 2.5 mg (base</i>		.....	6
<i>equiv)</i>	68	<i>methylphenidate hcl cap er 40 mg (cd)</i>	
METHOXSALEN RAPID CAP 10 MG	116	.....	6
<i>methscopolamine bromide tab 2.5 mg</i>		<i>methylphenidate hcl cap er 50 mg (cd)</i>	
.....	190	.....	6
<i>methscopolamine bromide tab 5 mg</i>		<i>methylphenidate hcl cap er 60 mg (cd)</i>	
.....	190	.....	6

<i>methylphenidate hcl chew tab 10 mg</i> ..6	<i>metoprolol tartrate tab 37.5 mg</i> .....96
<i>methylphenidate hcl chew tab 2.5 mg</i> .6	<i>metoprolol tartrate tab 50 mg</i>.....96
<i>methylphenidate hcl chew tab 5 mg</i> ...6	<i>metoprolol tartrate tab 75 mg</i>.....96
<i>methylphenidate hcl soln 10 mg/5ml</i> ..6	METROCREAM CRE 0.75% .....123
<i>methylphenidate hcl soln 5 mg/5ml</i>....6	METROLOTION LOT 0.75% .....123
<i>methylphenidate hcl tab 10 mg</i>.....6	<i>metronidazole cap 375 mg</i> .....27
<i>methylphenidate hcl tab 20 mg</i>.....6	<i>metronidazole cream 0.75%</i> .....123
<i>methylphenidate hcl tab 5 mg</i> .....6	<i>metronidazole gel 0.75%</i>.....123
<i>methylphenidate hcl tab er 10 mg</i>.....6	<i>metronidazole gel 1%</i> .....123
<i>methylphenidate hcl tab er 20 mg</i>.....6	<i>metronidazole lotion 0.75%</i> .....123
METHYLPHENID TAB 72MG ER .....5	<i>metronidazole tab 250 mg</i>.....27
<i>methylprednisolone tab 16 mg</i> .....109	<i>metronidazole tab 500 mg</i>.....27
<i>methylprednisolone tab 32 mg</i> .....109	<i>metronidazole vaginal gel 0.75%</i>....193
<i>methylprednisolone tab 4 mg</i>.....109	<i>metyrosine cap 250 mg</i> .....60
<i>methylprednisolone tab 8 mg</i>.....109	<i>mexiletine hcl cap 150 mg</i>.....31
<i>methylprednisolone tab therapy pack 4</i>	<i>mexiletine hcl cap 200 mg</i>.....31
<i>mg (21)</i> .....109	<i>mexiletine hcl cap 250 mg</i>.....31
<i>methyltestosterone cap 10 mg</i>.....25	<i>miconazole nitrate vaginal suppos 200</i>
<i>metoclopramide hcl orally</i>	<i>mg</i> .....193
<i>disintegrating tab 5 mg (base eq)</i> 138	<i>miconazole-zinc oxide-white</i>
<i>metoclopramide hcl soln 5 mg/5ml (10</i>	<i>petrolatum oint 0.25-15-81.35%</i> .114
<i>mg/10ml) (base equiv)</i> .....138	MICROCHAMBER MIS .....165
<i>metoclopramide hcl tab 10 mg (base</i>	MICRODOT CON SOL HIGH/LOW ....157
<i>equivalent)</i> .....138	MICROLET MIS LANCETS .....157
<i>metoclopramide hcl tab 5 mg (base</i>	MICROLET MIS NEXT .....157
<i>equivalent)</i> .....138	MICROLIFE MIS PEAK FLO .....165
METOCLOPRAMI TAB 10MG ODT.....138	MICRO THIN MIS LANC 33G.....157
<i>metolazone tab 10 mg</i> .....131	<i>midodrine hcl tab 10 mg</i> .....194
<i>metolazone tab 2.5 mg</i> .....131	<i>midodrine hcl tab 2.5 mg</i> .....194
<i>metolazone tab 5 mg</i> .....131	<i>midodrine hcl tab 5 mg</i> .....194
<i>metoprolol & hydrochlorothiazide tab</i>	MIFEPREX TAB 200MG .....134
<i>100-25 mg</i> .....64	<i>mifepristone tab 200 mg</i> .....135
<i>metoprolol & hydrochlorothiazide tab</i>	<i>miglitol tab 100 mg</i> .....48
<i>100-50 mg</i> .....64	<i>miglitol tab 25 mg</i>.....48
<i>metoprolol & hydrochlorothiazide tab</i>	<i>miglitol tab 50 mg</i>.....48
<i>50-25 mg</i>.....64	<i>miglustat cap 100 mg</i> .....143
<i>metoprolol succinate tab er 24hr 100</i>	MINI LANCING MIS DEVICE .....157
<i>mg (tartrate equiv)</i>.....96	MINIPRESS CAP 1MG.....61
<i>metoprolol succinate tab er 24hr 200</i>	MINIPRESS CAP 2MG.....61
<i>mg (tartrate equiv)</i>.....96	MINIPRESS CAP 5MG.....61
<i>metoprolol succinate tab er 24hr 25 mg</i>	MINI WRIGHT MIS PFM .....165
<i>(tartrate equiv)</i>.....96	MINI WRIGHT MIS PFM LOW .....165
<i>metoprolol succinate tab er 24hr 50 mg</i>	<i>minocycline hcl cap 100 mg</i> .....188
<i>(tartrate equiv)</i>.....96	<i>minocycline hcl cap 50 mg</i>.....188
<i>metoprolol tartrate tab 100 mg</i>.....96	<i>minocycline hcl cap 75 mg</i>.....188
<i>metoprolol tartrate tab 25 mg</i>.....96	<i>minocycline hcl tab 100 mg</i> .....188

<i>minocycline hcl tab 50 mg</i>	188	<i>mometasone furoate solution 0.1%</i>	
<i>minocycline hcl tab 75 mg</i>	188	<i>(lotion)</i>	121
<i>minoxidil tab 10 mg</i>	66	MONOLET MIS LANCETS.....	157
<i>minoxidil tab 2.5 mg</i>	66	MONOLET OPD MIS LANCETS.....	157
MIRAPEX ER TAB 0.375MG	80	MONOLETTOR MIS LANCETS.....	157
MIRAPEX ER TAB 0.75MG	80	MONTELUKAST SODIUM CHEW TAB 4	
MIRAPEX ER TAB 1.5MG.....	80	MG (BASE EQUIV)	32
MIRAPEX ER TAB 2.25MG	80	MONTELUKAST SODIUM CHEW TAB 5	
MIRAPEX ER TAB 3.75MG	80	MG (BASE EQUIV)	32
MIRAPEX ER TAB 3MG	80	<i>montelukast sodium oral granules</i>	
MIRAPEX ER TAB 4.5MG.....	80	<i>packet 4 mg (base equiv)</i>	32
MIRAPEX TAB 0.125MG.....	80	MONTELUKAST SODIUM TAB 10 MG	
MIRAPEX TAB 0.5MG	80	(BASE EQUIV).....	32
MIRAPEX TAB 0.75MG	80	MONUROL PAK GRANULES	28
MIRAPEX TAB 1MG.....	80	<i>morphine sulfate beads cap er 24hr</i>	
MIRCETTE TAB 28 DAY.....	107	<i>120 mg</i>	20
<i>mirtazapine orally disintegrating tab 15</i>		<i>morphine sulfate beads cap er 24hr 30</i>	
<i>mg</i>	43	<i>mg</i>	20
<i>mirtazapine orally disintegrating tab 30</i>		<i>morphine sulfate beads cap er 24hr 45</i>	
<i>mg</i>	43	<i>mg</i>	20
<i>mirtazapine orally disintegrating tab 45</i>		<i>morphine sulfate beads cap er 24hr 60</i>	
<i>mg</i>	43	<i>mg</i>	20
<i>mirtazapine tab 15 mg</i>	43	<i>morphine sulfate beads cap er 24hr 75</i>	
<i>mirtazapine tab 30 mg</i>	43	<i>mg</i>	20
<i>mirtazapine tab 45 mg</i>	43	<i>morphine sulfate beads cap er 24hr 90</i>	
<i>mirtazapine tab 7.5 mg</i>	43	<i>mg</i>	20
<i>misoprostol tab 100 mcg</i>	191	<i>morphine sulfate cap er 24hr 100 mg</i>	
<i>misoprostol tab 200 mcg</i>	191	.....	21
MITIGARE CAP 0.6MG	141	<i>morphine sulfate cap er 24hr 10 mg</i> .	20
MITOSOL KIT 0.2MG.....	176	<i>morphine sulfate cap er 24hr 20 mg</i> .	21
MM LANCING MIS DEVICE	157	<i>morphine sulfate cap er 24hr 30 mg</i> .	21
MM TWIST MIS LANCETS.....	157	<i>morphine sulfate cap er 24hr 40 mg</i> .	21
MOBIC TAB 15MG	14	<i>morphine sulfate cap er 24hr 50 mg</i> .	21
MOBIC TAB 7.5MG	14	<i>morphine sulfate cap er 24hr 60 mg</i> .	21
MOBILE LANCE MIS 30G.....	157	<i>morphine sulfate cap er 24hr 80 mg</i> .	21
<i>modafinil tab 100 mg</i>	6	<i>morphine sulfate oral soln 100 mg/5ml</i>	
<i>modafinil tab 200 mg</i>	6	<i>(20 mg/ml)</i>	21
<i>moexipril hcl tab 15 mg</i>	59	<i>morphine sulfate oral soln 10 mg/5ml</i>	
<i>moexipril hcl tab 7.5 mg</i>	59	.....	21
<i>molindone hcl tab 10 mg</i>	85	<i>morphine sulfate oral soln 20 mg/5ml</i>	
<i>molindone hcl tab 25 mg</i>	85	.....	21
<i>molindone hcl tab 5 mg</i>	85	<i>morphine sulfate suppos 10 mg</i>	21
<i>mometasone furoate cream 0.1%</i> ...121		<i>morphine sulfate suppos 20 mg</i>	21
<i>mometasone furoate nasal susp 50</i>		<i>morphine sulfate suppos 30 mg</i>	21
<i>mcg/act</i>	174	<i>morphine sulfate suppos 5 mg</i>	21
<i>mometasone furoate oint 0.1%</i>	121	<i>morphine sulfate tab 15 mg</i>	21

<i>morphine sulfate tab 30 mg</i>	21	MYDAYIS CAP 37.5MG	2
<i>morphine sulfate tab er 100 mg</i>	21	MYDAYIS CAP 50MG	2
<i>morphine sulfate tab er 15 mg</i>	21	MYFEMBREE TAB	136
<i>morphine sulfate tab er 200 mg</i>	21	MYGLUCOHEALT MIS LANC 30G	157
<i>morphine sulfate tab er 30 mg</i>	21	MYGLUCOHEALT SOL LO/NL/HI	157
<i>morphine sulfate tab er 60 mg</i>	21	MYLERAN TAB 2MG	68
MOVANTIK TAB 12.5MG	139	MYRBETRIQ SUS 8MG/ML.....	192
MOVANTIK TAB 25MG	139	MYRBETRIQ TAB 25MG.....	192
MOXEZA SOL 0.5%.....	176	MYRBETRIQ TAB 50MG.....	192
<i>moxifloxacin hcl ophth soln 0.5% (base</i> <i>eq) (2 times daily)</i>	176	MYSOLINE TAB 250MG	39
<i>moxifloxacin hcl ophth soln 0.5% (base</i> <i>equiv)</i>	176	MYSOLINE TAB 50MG	39
<i>moxifloxacin hcl tab 400 mg (base</i> <i>equiv)</i>	137	N	
MPD SFTY LAN MIS 21G	157	<i>nabumetone tab 500 mg</i>	14
MPD SFTY LAN MIS 23G	157	<i>nabumetone tab 750 mg</i>	14
MPD SFTY LAN MIS 28G	157	<i>nadolol tab 20 mg</i>	96
MPD SFTY LAN MIS 30G	157	<i>nadolol tab 40 mg</i>	96
MS CONTIN TAB 100MG ER	21	<i>nadolol tab 80 mg</i>	96
MS CONTIN TAB 15MG ER	21	NAFRINSE DLY SOL /NEUTRAL	172
MS CONTIN TAB 200MG ER	21	NAFRINSE SOL DAILY	172
MS CONTIN TAB 30MG ER	21	NAFRINSE WK SOL 0.2%.....	172
MS CONTIN TAB 60MG ER	21	<i>naftifine hcl cream 1%</i>	114
MULPLETA TAB 3MG	143	<i>naftifine hcl cream 2%</i>	114
MULTAQ TAB 400MG	31	<i>naftifine hcl gel 1%</i>	114
MULTI-LANCET KIT DEVICE	157	NALFON CAP 400MG.....	14
MULTI-LANCET MIS DEVICE.....	157	NALFON TAB 600MG.....	14
<i>mupirocin oint 2%</i>	114	<i>naloxone hcl inj 0.4 mg/ml</i>	52
MUSE SUP 1000MCG.....	101	<i>naloxone hcl inj 4 mg/10ml</i>	52
MUSE SUP 125MCG	101	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	52
MUSE SUP 250MCG	101	<i>naloxone hcl soln prefilled syringe 2</i> <i>mg/2ml</i>	52
MUSE SUP 500MCG	101	<i>naltrexone hcl tab 50 mg</i>	52
MYALEPT INJ 11.3MG.....	133	NAMENDA TAB 10MG	182
MYAMBUTOL TAB 400MG.....	67	NAMENDA TAB 5-10MG	182
MYCOBUTIN CAP 150MG	67	NAMENDA TAB 5MG.....	182
<i>mycophenolate mofetil cap 250 mg</i> .170		NAMZARIC CAP	182
<i>mycophenolate mofetil for oral susp</i> <i>200 mg/ml</i>	170	NAMZARIC CAP 14-10MG	182
<i>mycophenolate mofetil tab 500 mg</i> .171		NAMZARIC CAP 21-10MG	182
<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i>	171	NAMZARIC CAP 28-10MG	182
<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i>	171	NAMZARIC CAP 7-10MG	182
MYDAYIS CAP 12.5MG	2	<i>naprosyn tab 500mg</i>	14
MYDAYIS CAP 25MG.....	2	<i>naproxen sodium tab 275 mg</i>	14
		<i>naproxen sodium tab 550 mg</i>	14
		<i>naproxen tab 250 mg</i>	14
		<i>naproxen tab 375 mg</i>	14
		<i>naproxen tab 500 mg</i>	14

<i>naproxen tab ec 375 mg</i>	14	<i>neomycin-polymyxin-hc ophth susp</i>	177
NAPROXEN TAB EC 375 MG	14	<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>naproxen tab ec 500 mg</i>	14	.....	179
NAPROXEN TAB EC 500 MG	14	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>naratriptan hcl tab 1 mg (base equiv)</i>		<i>mg/ml-10000 unit/ml-1%</i>	179
.....	167	<i>neomycin sulfate tab 500 mg</i>	6
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>		NEORAL CAP 100MG	171
.....	167	NEORAL CAP 25MG.....	171
NARCAN SPR	52	NEORAL SOL 100MG/ML.....	171
NARDIL TAB 15MG	44	NEOTUSS PLUS LIQ	111
NASCOBAL SPR 500MCG	143	NEPRO LIQ VANILLA	126
NASONEX SPR 50MCG/AC	174	NERLYNX TAB 40MG	75
NATACYN SUS 5% OP	176	NEUPRO DIS 1MG/24HR.....	80
<i>nateglinide tab 120 mg</i>	51	NEUPRO DIS 2MG/24HR.....	80
<i>nateglinide tab 60 mg</i>	51	NEUPRO DIS 3MG/24HR.....	80
NATESTO GEL 5.5MG.....	25	NEUPRO DIS 4MG/24HR.....	80
NATPARA INJ 100MCG	131	NEUPRO DIS 6MG/24HR.....	80
NATPARA INJ 25MCG	131	NEUPRO DIS 8MG/24HR.....	80
NATPARA INJ 50MCG	131	NEURONTIN CAP 100MG	40
NATPARA INJ 75MCG	131	NEURONTIN CAP 300MG	40
NATROBA SUS 0.9%.....	123	NEURONTIN CAP 400MG	40
NAYZILAM SPR 5MG	37	NEURONTIN SOL 250/5ML.....	40
<i>nebivolol hcl tab 10 mg (base</i>		NEURONTIN TAB 600MG	40
<i>equivalent)</i>	96	NEURONTIN TAB 800MG	40
<i>nebivolol hcl tab 2.5 mg (base</i>		NEUTEK 2TEK SOL CONTROL	157
<i>equivalent)</i>	96	<i>nevirapine susp 50 mg/5ml</i>	90
<i>nebivolol hcl tab 20 mg (base</i>		<i>nevirapine tab 200 mg</i>	90
<i>equivalent)</i>	96	<i>nevirapine tab er 24hr 100 mg</i>	90
<i>nebivolol hcl tab 5 mg (base</i>		<i>nevirapine tab er 24hr 400 mg</i>	90
<i>equivalent)</i>	96	NEXAVAR TAB 200MG.....	75
<i>nefazodone hcl tab 100 mg</i>	45	NEXLETOL TAB 180MG.....	55
<i>nefazodone hcl tab 150 mg</i>	45	NEXLIZET TAB 180/10MG.....	55
<i>nefazodone hcl tab 200 mg</i>	45	<i>niacin tab er 1000 mg</i>	
<i>nefazodone hcl tab 250 mg</i>	45	<i>(antihyperlipidemic)</i>	58
<i>nefazodone hcl tab 50 mg</i>	45	<i>niacin tab er 500 mg</i>	
NEOCATE LIQ SPLASH	126	<i>(antihyperlipidemic)</i>	58
NEOKE MCT70 POW	126	<i>niacin tab er 750 mg</i>	
<i>neomycin-bacitrac zn-polymyx</i>		<i>(antihyperlipidemic)</i>	58
<i>5(3.5)mg-400unt-10000unt op oin</i>		NIASPAN TAB 1000 ER.....	58
.....	176	NIASPAN TAB 500MG ER.....	58
<i>neomycin-polymy-gramicid op sol</i>		NIASPAN TAB 750MG ER.....	58
<i>1.75-10000-0.025mg-unt-mg/ml</i> .	176	<i>nicardipine hcl cap 20 mg</i>	98
<i>neomycin-polymyxin-dexamethasone</i>		<i>nicardipine hcl cap 30 mg</i>	98
<i>ophth oint 0.1%</i>	177	NICODERM CQ DIS 14MG/24H	185
<i>neomycin-polymyxin-dexamethasone</i>		NICODERM CQ DIS 21MG/24H	185
<i>ophth susp 0.1%</i>	177	NICODERM CQ DIS 7MG/24HR.....	185

NICORETTE GUM 2MG.....	185	<i>nisoldipine tab er 24hr 8.5 mg</i>	98
NICORETTE GUM 2MG CINN.....	186	<i>nitazoxanide tab 500 mg</i>	27
NICORETTE GUM 2MGFRUIT	186	<i>nitisinone cap 10 mg</i>	133
NICORETTE GUM 2MG MINT.....	186	<i>nitisinone cap 2 mg</i>	133
NICORETTE GUM 2MG ORIG	186	<i>nitisinone cap 5 mg</i>	133
NICORETTE GUM 4MG.....	186	NITRO-BID OIN 2%.....	29
NICORETTE GUM 4MG CINN.....	186	NITRO-DUR DIS 0.1MG/HR.....	29
NICORETTE GUM 4MGFRUIT	186	NITRO-DUR DIS 0.2MG/HR.....	29
NICORETTE GUM 4MG MINT.....	186	NITRO-DUR DIS 0.3MG/HR.....	29
NICORETTE GUM 4MG ORIG	186	NITRO-DUR DIS 0.4MG/HR.....	29
NICORETTE LOZ 2MG MINT	186	NITRO-DUR DIS 0.6MG/HR.....	29
NICORETTE LOZ 4MG MINT	186	NITRO-DUR DIS 0.8MG/HR.....	29
NICORETTE ST GUM 2MG MINT	186	<i>nitrofurantoin macrocrystalline cap 100</i>	
NICORETTE ST GUM 2MG ORIG	186	<i>mg</i>	28
NICORETTE ST GUM 4MG ORIG	186	<i>nitrofurantoin macrocrystalline cap 25</i>	
<i>nicotine polacrilex gum 2 mg</i>	186	<i>mg</i>	28
<i>nicotine polacrilex gum 4 mg</i>	186	<i>nitrofurantoin macrocrystalline cap 50</i>	
<i>nicotine polacrilex lozenge 2 mg</i>	186	<i>mg</i>	28
<i>nicotine polacrilex lozenge 4 mg</i>	186	<i>nitrofurantoin monohydrate</i>	
<i>nicotine td patch 24hr 14 mg/24hr</i> .	186	<i>macrocrystalline cap 100 mg</i>	28
<i>nicotine td patch 24hr 21 mg/24hr</i> .	186	<i>nitrofurantoin susp 25 mg/5ml</i>	28
<i>nicotine td patch 24hr 7 mg/24hr</i> ...	186	<i>nitroglycerin sl tab 0.3 mg</i>	29
NICOTROL INH.....	186	<i>nitroglycerin sl tab 0.4 mg</i>	29
NICOTROL NS SPR 10MG/ML	187	<i>nitroglycerin sl tab 0.6 mg</i>	29
<i>nifedipine cap 10 mg</i>	98	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	
<i>nifedipine cap 20 mg</i>	98	.....	29
<i>nifedipine tab er 24hr 30 mg</i>	98	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	
<i>nifedipine tab er 24hr 60 mg</i>	98	.....	29
<i>nifedipine tab er 24hr 90 mg</i>	98	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	
NIFEDIPINE TAB ER 24HR OSMOTIC		.....	29
RELEASE 30 MG	98	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	
NIFEDIPINE TAB ER 24HR OSMOTIC		.....	29
RELEASE 60 MG	98	<i>nitroglycerin tl soln 0.4 mg/spray (400</i>	
NIFEDIPINE TAB ER 24HR OSMOTIC		<i>mcg/spray)</i>	29
RELEASE 90 MG	98	NITROLINGUAL SPR PUMPSRA	29
<i>nilutamide tab 150 mg</i>	71	NITROSTAT SUB 0.3MG	29
<i>nimodipine cap 30 mg</i>	98	NITROSTAT SUB 0.4MG	29
NINLARO CAP 2.3MG	75	NITROSTAT SUB 0.6MG	29
NINLARO CAP 3MG.....	75	NITYR TAB 10MG.....	133
NINLARO CAP 4MG.....	76	NITYR TAB 2MG	133
<i>nisoldipine tab er 24hr 17 mg</i>	99	NITYR TAB 5MG	133
<i>nisoldipine tab er 24hr 20 mg</i>	99	NIVESTYM INJ 300/0.5.....	143
<i>nisoldipine tab er 24hr 25.5 mg</i>	99	NIVESTYM INJ 300MCG	143
<i>nisoldipine tab er 24hr 30 mg</i>	99	NIVESTYM INJ 480/0.8.....	143
<i>nisoldipine tab er 24hr 34 mg</i>	99	NIVESTYM INJ 480MCG	144
<i>nisoldipine tab er 24hr 40 mg</i>	99	<i>nizatidine cap 150 mg</i>	190

<i>nizatidine cap 300 mg</i>	191	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	136
<i>nizatidine oral soln 15 mg/ml</i>	191	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	136
NOCDURNA SUB 27.7MCG.....	134	<i>norethindrone acetate tab 5 mg</i>	180
NOCDURNA SUB 55.3MCG.....	134	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	107
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	108	<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	108
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	107	<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	108
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	107	<i>norethindrone tab 0.35 mg</i>	108
NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG.....	107	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	108
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	107	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	108
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	107	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	108
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	107	<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	108
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	107	NORPRAMIN TAB 10MG.....	47
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG.....	107	NORPRAMIN TAB 25MG.....	47
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	107	<i>nortriptyline hcl cap 10 mg</i>	47
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG.....	107	<i>nortriptyline hcl cap 25 mg</i>	47
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	107	<i>nortriptyline hcl cap 50 mg</i>	47
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG.....	107	<i>nortriptyline hcl cap 75 mg</i>	47
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	107	<i>nortriptyline hcl soln 10 mg/5ml</i>	47
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG.....	107	NORVIR POW 100MG.....	90
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	107	NORVIR SOL 80MG/ML.....	90
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	107	NORVIR TAB 100MG.....	90
NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24).....	107	NOVA MAX GLU LIQ /KET CON.....	157
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	107	NOVA MAX PLS TES KETONE.....	124
		NOVA SAFETY MIS LANC 23G.....	157
		NOVA SAFETY MIS LANC 28G.....	157
		NOVASOURCE LIQ RENAL.....	126
		NOVA SUREFLX MIS LANC DEV.....	157
		NOVA SURE MIS LANCETS.....	157
		NOVOLIN INJ 70/30.....	50
		NOVOLIN INJ 70/30 FP.....	50
		NOVOLIN N INJ 100 UNIT.....	50
		NOVOLIN N INJ U-100.....	50
		NOVOLIN R INJ 100 UNIT.....	50
		NOVOLIN R INJ U-100.....	50
		NOVOLOG INJ 100/ML.....	50
		NOVOLOG INJ FLEXPEN.....	50
		NOVOLOG INJ PENFILL.....	50

NOVOLOG MIX INJ 70/30	50	<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	135
NOVOLOG MIX INJ FLEXPEN	50	<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	135
NOZIN NASAL MIS SANITIZE	174	<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	135
NUBEQA TAB 300MG	71	OCUFLOX DRO 0.3% OP.....	176
NUCALA INJ 100MG/ML.....	32	ODEFSEY TAB.....	90
NUCYNTA ER TAB 100MG	21	ODOMZO CAP 200MG	70
NUCYNTA ER TAB 150MG	21	OFEV CAP 100MG.....	187
NUCYNTA ER TAB 200MG	21	OFEV CAP 150MG.....	188
NUCYNTA ER TAB 250MG	21	<i>ofloxacin ophth soln 0.3%</i>	176
NUCYNTA ER TAB 50MG.....	21	<i>ofloxacin otic soln 0.3%</i>	179
NUCYNTA TAB 100MG.....	21	<i>ofloxacin tab 300 mg</i>	138
NUCYNTA TAB 50MG	21	<i>ofloxacin tab 400 mg</i>	138
NUCYNTA TAB 75MG	21	<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	182
NUEDEXTA CAP 20-10MG	185	<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	182
NULYTELY SOL LMN/LIME	146	<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	182
NUPLAZID CAP 34MG	82	<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	182
NUPLAZID TAB 10MG	82	<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	182
NURTEC TAB 75MG ODT.....	166	<i>olanzapine for im inj 10 mg</i>	84
NUTRAMINE PAK	126	<i>olanzapine orally disintegrating tab 10 mg</i>	84
NUTREN 1.0 LIQ UNFLAVOR.....	126	<i>olanzapine orally disintegrating tab 15 mg</i>	84
NUTREN 1.5 LIQ FIBER	126	<i>olanzapine orally disintegrating tab 20 mg</i>	84
NUTREN 2.0 LIQ VANILLA.....	126	<i>olanzapine orally disintegrating tab 5 mg</i>	84
NUTREN JR LIQ	126	<i>olanzapine tab 10 mg</i>	84
NUTREN LIQ JUNIOR.....	126	<i>olanzapine tab 15 mg</i>	84
NUTREN RENAL LIQ.....	126	<i>olanzapine tab 2.5 mg</i>	84
NUTRIRENAL LIQ.....	126	<i>olanzapine tab 20 mg</i>	84
NUZYRA TAB 150MG	188	<i>olanzapine tab 5 mg</i>	84
NYMALIZE SOL	99	<i>olanzapine tab 7.5 mg</i>	84
<i>nystatin cream 100000 unit/gm</i>	114	<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	64
<i>nystatin oint 100000 unit/gm</i>	114	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	64
<i>nystatin susp 100000 unit/ml</i>	172		
<i>nystatin tab 500000 unit</i>	54		
<i>nystatin topical powder 100000 unit/gm</i>	114		
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	114		
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	115		
o			
OCALIVA TAB 10MG.....	138		
OCALIVA TAB 5MG	138		
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	135		
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	135		

<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>.....64	ONETOUCH MIS LANC DEV .....157
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i> .....64	ONETOUCH MIS LANCETS.....157
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>.....64	ONETOUCH SOL ULT CONT .....157
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>.....64	ONETOUCH SOL VERIO .....157
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>.....64	ONETOUCH SOL VERIO-HI.....157
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i> .64	ONETOUCH TES ULTRA .....124
<i>olmesartan medoxomil tab 20 mg</i> ....60	ONETOUCH TES VERIO .....124
<i>olmesartan medoxomil tab 40 mg</i> ....60	ONETOUCH US MIS LANCETS.....157
<i>olmesartan medoxomil tab 5 mg</i> .....60	ONEXTON GEL 1.2-3.75 .....113
<i>olopatadine hcl nasal soln 0.6%</i> .....174	ON-THE-GO MIS LANC 30G.....157
OLUX AER 0.05% .....121	ONZETRA XSAI MIS 11MG .....167
OMECLAMOX- MIS PAK .....192	OPSUMIT TAB 10MG .....103
<i>omega-3-acid ethyl esters cap 1 gm</i> .55	OPTICHAMBER MIS DIA MD .....165
<i>omeprazole cap delayed release 10 mg</i>.....191	OPTICHAMBER MIS DIAMOND .....165
<i>omeprazole cap delayed release 20 mg</i>.....191	OPTICHAMBER MIS DIA SM .....165
<i>omeprazole cap delayed release 40 mg</i>.....191	OPTIMENTAL LIQ.....126
OMNIFLEX DPR .....147	ORACEA CAP 40MG.....123
OMNIPOD KIT STARTER .....157	ORACIT SOL .....140
OMNIPOD MIS 5 PACK .....157	ORAFATE PST 10% .....172
<i>ondansetron hcl oral soln 4 mg/5ml</i> ..52	ORAPRED ODT TAB 10MG.....109
<i>ondansetron hcl tab 24 mg</i>.....52	ORAPRED ODT TAB 15MG.....109
<i>ondansetron hcl tab 4 mg</i> .....52	ORAPRED ODT TAB 30MG.....109
<i>ondansetron hcl tab 8 mg</i> .....52	ORAVIG TAB 50MG .....172
<i>ondansetron orally disintegrating tab 4 mg</i> .....53	ORENCIA CLCK INJ 125MG/ML.....15
<i>ondansetron orally disintegrating tab 8 mg</i> .....53	ORENCIA INJ 125MG/ML .....16
ONETOUCH DEL MIS LANC DEV .....157	ORENCIA INJ 50/0.4ML.....15
ONETOUCH DEL MIS PLUS 30G .....157	ORENCIA INJ 87.5/0.7 .....15
ONETOUCH DEL MIS PLUS 33G .....157	ORENITRAM TAB 0.125MG.....103
ONETOUCH FP MIS LANCETS .....157	ORENITRAM TAB 0.25MG .....103
ONETOUCH MIS 30G.....157	ORENITRAM TAB 1MG .....103
	ORENITRAM TAB 2.5MG .....103
	ORENITRAM TAB 5MG .....103
	ORFADIN CAP 10MG .....133
	ORFADIN CAP 20MG .....133
	ORFADIN CAP 2MG .....133
	ORFADIN CAP 5MG .....133
	ORFADIN SUS 4MG/ML.....133
	ORIAHNN CAP.....136
	ORILISSA TAB 150MG.....132
	ORILISSA TAB 200MG.....132
	ORKAMBI GRA 100-125.....187
	ORKAMBI GRA 150-188.....187
	ORKAMBI TAB 100-125 .....187
	ORKAMBI TAB 200-125 .....187
	<i>orphenadrine citrate tab er 12hr 100 mg</i> .....173

ORTHO MICRON TAB 0.35MG.....	108	<i>oxycodone-aspirin tab 4.8355-325 mg</i>	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	95	.....	24
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	95	<i>oxycodone hcl cap 5 mg</i>	21
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	95	<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	22
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	95	<i>oxycodone hcl soln 5 mg/5ml</i>	22
OSMOLITE 1.2 LIQ CAL	127	<i>oxycodone hcl tab 10 mg</i>	22
OSMOLITE 1.5 LIQ CAL	127	<i>oxycodone hcl tab 15 mg</i>	22
OSMOLITE 1 LIQ CAL.....	127	<i>oxycodone hcl tab 20 mg</i>	22
OSMOLITE HN LIQ.....	127	<i>oxycodone hcl tab 30 mg</i>	22
OSMOLITE LIQ.....	127	<i>oxycodone hcl tab 5 mg</i>	22
OTEZLA TAB 10/20/30	14	<i>oxycodone hcl tab er 12hr deter 10 mg</i>	22
OTEZLA TAB 30MG.....	15	.....	22
OVIDE LOT 0.5%.....	123	<i>oxycodone hcl tab er 12hr deter 15 mg</i>	22
OVIDREL INJ	132	.....	22
<i>oxandrolone tab 10 mg</i>	25	<i>oxycodone hcl tab er 12hr deter 20 mg</i>	22
<i>oxandrolone tab 2.5 mg</i>	25	.....	22
<i>oxaprozin tab 600 mg</i>	14	<i>oxycodone hcl tab er 12hr deter 30 mg</i>	22
<i>oxazepam cap 10 mg</i>	31	.....	22
<i>oxazepam cap 15 mg</i>	31	<i>oxycodone hcl tab er 12hr deter 40 mg</i>	22
<i>oxazepam cap 30 mg</i>	31	.....	22
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	40	<i>oxycodone hcl tab er 12hr deter 60 mg</i>	22
<i>oxcarbazepine tab 150 mg</i>	40	.....	22
<i>oxcarbazepine tab 300 mg</i>	40	<i>oxycodone hcl tab er 12hr deter 80 mg</i>	22
<i>oxcarbazepine tab 600 mg</i>	40	.....	22
OXEPA 1.5 LIQ.....	127	<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	24
OXEPA LIQ	127	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	24
OXERVATE SOL 20MCG/ML.....	177	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	24
<i>oxiconazole nitrate cream 1%</i>	115	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	24
OXTELLAR XR TAB 150MG	40	<i>oxymorphone hcl tab 10 mg</i>	22
OXTELLAR XR TAB 300MG	40	<i>oxymorphone hcl tab 5 mg</i>	22
OXTELLAR XR TAB 600MG.....	40	OZEMPIC INJ 2/1.5ML.....	49
<i>oxybutynin chloride syrup 5 mg/5ml</i>	192	OZEMPIC INJ 4MG/3ML.....	49
.....	192	P	
<i>oxybutynin chloride tab 5 mg</i>	192	<i>paliperidone tab er 24hr 1.5 mg</i>	82
<i>oxybutynin chloride tab er 24hr 10 mg</i>	192	<i>paliperidone tab er 24hr 3 mg</i>	82
.....	192	<i>paliperidone tab er 24hr 6 mg</i>	82
<i>oxybutynin chloride tab er 24hr 15 mg</i>	192	<i>paliperidone tab er 24hr 9 mg</i>	82
.....	192	PAMELOR CAP 10MG.....	47
<i>oxybutynin chloride tab er 24hr 5 mg</i>	192	PAMELOR CAP 25MG.....	47
.....	192	PAMELOR CAP 50MG.....	47
		PAMELOR CAP 75MG.....	47

PANDEL CRE 0.1%	121	<i>penicillin v potassium for soln 125</i>	
PANRETIN GEL 0.1%	115	<i>mg/5ml.....</i>	179
<i>pantoprazole sodium ec tab 20 mg</i>		<i>penicillin v potassium for soln 250</i>	
<i>(base equiv)</i>	191	<i>mg/5ml.....</i>	179
<i>pantoprazole sodium ec tab 40 mg</i>		<i>penicillin v potassium tab 250 mg...</i>	180
<i>(base equiv)</i>	191	<i>penicillin v potassium tab 500 mg...</i>	180
PANTOPRAZOLE SODIUM FOR IV SOLN		PENLET II KIT BLOOD	158
40 MG (BASE EQUIV)	191	PENLET II MIS REPL CAP	158
<i>paricalcitol cap 1 mcg</i>	133	PENTASA CAP 250MG CR.....	139
<i>paricalcitol cap 2 mcg</i>	133	PENTASA CAP 500MG CR.....	139
<i>paricalcitol cap 4 mcg</i>	133	<i>pentazocine w/ naloxone hcl tab 50-0.5</i>	
PARLODEL CAP 5MG	80	<i>mg</i>	25
PARLODEL TAB 2.5MG	80	<i>pentoxifylline tab er 400 mg</i>	142
PARNATE TAB 10MG	44	PEPCID TAB 40MG	191
<i>paromomycin sulfate cap 250 mg.....</i>	6	PEPTAMEN LIQ PREBIO1.....	127
<i>paroxetine hcl oral susp 10 mg/5ml</i>		PEPTAMEN LIQ UNFLAVOR.....	127
<i>(base equiv)</i>	45	PEPTINEX DT LIQ	127
<i>paroxetine hcl tab 10 mg</i>	45	PEPTINEX DT LIQ VANILLA	127
<i>paroxetine hcl tab 20 mg</i>	45	PERATIVE LIQ	127
<i>paroxetine hcl tab 30 mg</i>	45	PERFECT 28G MIS LANCETS.....	158
<i>paroxetine hcl tab 40 mg</i>	45	PERFECT 30G MIS LANCETS.....	158
<i>paroxetine hcl tab er 24hr 12.5 mg ..</i>	45	PERFOROMIST NEB 20MCG	34
<i>paroxetine hcl tab er 24hr 25 mg</i>	45	PERIDEX SOL 0.12%	172
<i>paroxetine hcl tab er 24hr 37.5 mg ..</i>	45	<i>perindopril erbumine tab 2 mg</i>	59
PASER GRA 4GM	67	<i>perindopril erbumine tab 4 mg</i>	59
PATANASE SPR 0.6%	174	<i>perindopril erbumine tab 8 mg</i>	59
PC LANCETS MIS 30G	158	<i>permethrin cream 5%.....</i>	124
PEAK AIR FLO MIS ADLT/PED.....	165	<i>perphenazine-amitriptyline tab 2-10</i>	
PEAK A-I-R MIS FLW METR	165	<i>mg</i>	182
PEAK FLOW MIS METER.....	165	<i>perphenazine-amitriptyline tab 2-25</i>	
PEAK FLW MTR MIS ADULT	165	<i>mg</i>	182
PEAK FLW MTR MIS CHILD	165	<i>perphenazine-amitriptyline tab 4-10</i>	
PEAK FLW MTR MIS UNIVERSL	165	<i>mg</i>	182
PEDIAPRED SOL 5MG/5ML	109	<i>perphenazine-amitriptyline tab 4-25</i>	
PEDIASURE EN LIQ /FIBER	127	<i>mg</i>	182
PEDIASURE LIQ PEPTIDE.....	127	<i>perphenazine-amitriptyline tab 4-50</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>mg</i>	182
<i>for soln 236 gm.....</i>	146	<i>perphenazine tab 16 mg</i>	86
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>perphenazine tab 2 mg</i>	86
<i>for soln 240 gm.....</i>	146	<i>perphenazine tab 4 mg</i>	86
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>		<i>perphenazine tab 8 mg</i>	86
<i>420 gm</i>	146	PERSERIS INJ 120MG	83
PEGINTRON KIT 50MCG	94	PERSERIS INJ 90MG	82
<i>penicillamine cap 250 mg</i>	170	PHARMACY COU MIS LANCETS	158
<i>penicillamine tab 250 mg</i>	170	PHENACTIN AA LIQ PLUS.....	127
		<i>phenazopyridine hcl tab 200 mg.....</i>	141

<i>phendimetrazine tartrate cap er 24hr</i>	
105 mg.....	3
<i>phendimetrazine tartrate tab 35 mg ...</i>	3
<i>phenelzine sulfate tab 15 mg</i>	44
<i>phenobarbital elixir 20 mg/5ml</i>	145
<i>phenobarbital tab 100 mg</i>	145
<i>phenobarbital tab 15 mg</i>	145
<i>phenobarbital tab 16.2 mg</i>	145
<i>phenobarbital tab 30 mg</i>	145
<i>phenobarbital tab 32.4 mg</i>	145
<i>phenobarbital tab 60 mg</i>	145
<i>phenobarbital tab 64.8 mg</i>	145
<i>phenobarbital tab 97.2 mg</i>	145
<i>phenoxybenzamine hcl cap 10 mg</i>	60
<i>phentermine hcl cap 15 mg</i>	3
<i>phentermine hcl cap 30 mg</i>	3
<i>phentermine hcl cap 37.5 mg</i>	3
<i>phentermine hcl tab 37.5 mg</i>	3
<i>phenylephrine hcl ophth soln 10% ..</i>	175
<i>phenylephrine hcl ophth soln 2.5% ..</i>	175
PHENYTEK CAP 200MG	42
PHENYTEK CAP 300MG	42
<i>phenytoin chew tab 50 mg</i>	42
<i>phenytoin sodium extended cap 100</i>	
mg	42
<i>phenytoin sodium extended cap 200</i>	
mg	42
<i>phenytoin sodium extended cap 300</i>	
mg	42
<i>phenytoin susp 125 mg/5ml</i>	42
PHLEXY-10 POW.....	127
PHOSLYRA SOL	139
PHOSPHOLINE SOL 0.125%OP.....	175
PHYTONADIONE TAB 5 MG	194
PIKO 1 MIS ELECTRON.....	165
<i>pilocarpine hcl ophth soln 1%</i>	175
<i>pilocarpine hcl ophth soln 2%</i>	175
<i>pilocarpine hcl ophth soln 4%</i>	175
<i>pilocarpine hcl tab 5 mg</i>	172
<i>pilocarpine hcl tab 7.5 mg</i>	172
<i>pimecrolimus cream 1%.....</i>	122
<i>pimozide tab 1 mg.....</i>	185
<i>pimozide tab 2 mg.....</i>	185
<i>pindolol tab 10 mg</i>	96
<i>pindolol tab 5 mg</i>	96
<i>pioglitazone hcl-glimepiride tab 30-2</i>	
mg	48
<i>pioglitazone hcl-glimepiride tab 30-4</i>	
mg	48
<i>pioglitazone hcl-metformin hcl tab 15-</i>	
500 mg.....	48
<i>pioglitazone hcl-metformin hcl tab 15-</i>	
850 mg.....	48
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
.....	50
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
.....	51
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
.....	51
PIP LANCETS MIS 28G	158
PIP LANCETS MIS 30G	158
PIQRAY 200MG TAB DOSE.....	76
PIQRAY 250MG TAB DOSE.....	76
PIQRAY 300MG TAB DOSE.....	76
<i>piroxicam cap 10 mg</i>	14
<i>piroxicam cap 20 mg</i>	14
PIVOT LIQ 1.5 CAL	127
PKU EXPLORE5 POW UNFLAVOR.....	127
PLAQUENIL TAB 200MG	66
POCKET CHAMB MIS.....	165
POCKETCHEM SOL EZ	158
POCKET PEAK MIS METER	165
POCKETPEAK MIS MTR LOW.....	165
POCKET SPACE MIS	165
<i>podofilox soln 0.5%.....</i>	122
<i>polymyxin b-trimethoprim ophth soln</i>	
10000 unit/ml-0.1%	176
POLYTRIM SOL OP	176
POMALYST CAP 1MG.....	71
POMALYST CAP 2MG.....	71
POMALYST CAP 3MG.....	71
POMALYST CAP 4MG.....	72
<i>pot & sod citrates w/ cit ac soln 550-</i>	
500-334 mg/5ml	140
<i>potassium chloride cap er 10 meq ..</i>	169
<i>potassium chloride cap er 8 meq</i>	169
<i>potassium chloride microencapsulated</i>	
<i>crys er tab 10 meq</i>	169
<i>potassium chloride microencapsulated</i>	
<i>crys er tab 15 meq</i>	169

<i>potassium chloride microencapsulated crys er tab 20 meq</i>	169	<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	80
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	169	<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	80
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	169	<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	80
<i>potassium chloride powder packet 20 meq</i>	169	<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	80
POTASSIUM CHLORIDE TAB ER 10 MEQ	169	<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	80
POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG).....	169	<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	80
POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	169	<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	81
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	140	PRAMOSONE CRE 1-1%	121
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	140	PRAMOSONE LOT 1%.....	121
<i>potassium citrate tab er 10 meq (1080 mg)</i>	140	PRAMOSONE LOT 2.5%.....	121
POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG).....	140	<i>prasugrel hcl tab 10 mg (base equiv)</i>	142
<i>potassium citrate tab er 15 meq (1620 mg)</i>	140	<i>prasugrel hcl tab 5 mg (base equiv)</i>	142
POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG).....	140	<i>pravastatin sodium tab 10 mg</i>	57
<i>potassium citrate tab er 5 meq (540 mg)</i>	140	<i>pravastatin sodium tab 20 mg</i>	57
POTASSIUM POW CHLORIDE.....	169	<i>pravastatin sodium tab 40 mg</i>	57
POVIDONE IOD SOL 5%	176	<i>pravastatin sodium tab 80 mg</i>	57
PPA/MMA POW EXPRESS	127	<i>praziquantel tab 600 mg</i>	26
PRALUENT INJ 150MG/ML	58	<i>prazosin hcl cap 1 mg</i>	61
PRALUENT INJ 75MG/ML	58	<i>prazosin hcl cap 2 mg</i>	61
<i>pramipexole dihydrochloride tab 0.125 mg</i>	80	<i>prazosin hcl cap 5 mg</i>	61
<i>pramipexole dihydrochloride tab 0.25 mg</i>	80	PRECISION LIQ CONTROL.....	158
<i>pramipexole dihydrochloride tab 0.5 mg</i>	80	PRECISION LIQ GLUC/KET	158
<i>pramipexole dihydrochloride tab 0.75 mg</i>	80	PRECISION LIQ NRML/MID	158
<i>pramipexole dihydrochloride tab 1.5 mg</i>	80	PRECISN XTRA TES KETONE	124
<i>pramipexole dihydrochloride tab 1 mg</i>	80	PRECOSE TAB 100MG	48
		PRECOSE TAB 25MG	48
		PRECOSE TAB 50MG	48
		PRED-G S.O.P OIN OP.....	177
		PRED-G SUS OP	177
		<i>prednicarbate cream 0.1%</i>	121
		<i>prednicarbate oint 0.1%</i>	121
		<i>prednisolone acetate ophth susp 1%</i>	177
		<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	110
		<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	109

<i>prednisolone sod phos orally disintegr</i> <i>tab 15 mg (base eq)</i>	110	PREP PADS PAD	163
<i>prednisolone sod phos orally disintegr</i> <i>tab 30 mg (base eq)</i>	110	PRESSURE ACT MIS LANCET	158
<i>prednisolone sod phosphate oral soln</i> <i>10 mg/5ml (base equiv)</i>	110	PRESSURE ACT MIS LANCETS	158
<i>prednisolone sod phosphate oral soln</i> <i>15 mg/5ml (base equiv)</i>	110	PRETOMANID TAB 200MG	67
<i>prednisolone sod phosphate oral soln</i> <i>20 mg/5ml (base equiv)</i>	110	PREVYMIS TAB 240MG	93
<i>prednisolone sod phosph oral soln 6.7</i> <i>mg/5ml (5 mg/5ml base)</i>	110	PREVYMIS TAB 480MG	93
PREDNISOLONE SUS 1%	178	PREZCOBIX TAB 800-150	90
<i>prednisolone syrup 15 mg/5ml (usp</i> <i>solution equivalent)</i>	110	PREZISTA SUS 100MG/ML	90
PREDNISONONE CON 5MG/ML	110	PREZISTA TAB 150MG	91
<i>prednisone oral soln 5 mg/5ml</i>	110	PREZISTA TAB 600MG	91
<i>prednisone tab 10 mg</i>	110	PREZISTA TAB 75MG	90
<i>prednisone tab 1 mg</i>	110	PREZISTA TAB 800MG	91
<i>prednisone tab 2.5 mg</i>	110	PRIFTIN TAB 150MG	67
<i>prednisone tab 20 mg</i>	110	<i>primaquine phosphate tab 26.3 mg (15</i> <i>mg base)</i>	66
<i>prednisone tab 50 mg</i>	110	PRIMAQUINE TAB 26.3MG	66
<i>prednisone tab 5 mg</i>	110	<i>primidone tab 250 mg</i>	40
<i>prednisone tab therapy pack 10 mg</i> <i>(21)</i>	110	<i>primidone tab 50 mg</i>	40
<i>prednisone tab therapy pack 10 mg</i> <i>(48)</i>	110	PRIMSOL SOL 50MG/5ML	27
<i>prednisone tab therapy pack 5 mg (21)</i>	110	PRINIVIL TAB 20MG	59
<i>prednisone tab therapy pack 5 mg (48)</i>	110	<i>probenecid tab 500 mg</i>	141
PRED SOD PHO SOL 1% OP	177	PROCARDIA CAP 10MG	99
<i>pregabalin cap 100 mg</i>	40	PROCARDIA XL TAB 30MG CR	99
<i>pregabalin cap 150 mg</i>	40	PROCARDIA XL TAB 60MG CR	99
<i>pregabalin cap 200 mg</i>	40	PROCARDIA XL TAB 90MG CR	99
<i>pregabalin cap 225 mg</i>	40	PROCARE MIS ADULT	165
<i>pregabalin cap 25 mg</i>	40	PROCARE MIS CHILD	165
<i>pregabalin cap 300 mg</i>	40	<i>prochlorperazine edisylate inj 10</i> <i>mg/2ml</i>	86
<i>pregabalin cap 50 mg</i>	40	<i>prochlorperazine edisylate inj 50</i> <i>mg/10ml</i>	86
<i>pregabalin cap 75 mg</i>	40	<i>prochlorperazine maleate tab 10 mg</i> <i>(base equivalent)</i>	86
<i>pregabalin soln 20 mg/ml</i>	40	<i>prochlorperazine maleate tab 5 mg</i> <i>(base equivalent)</i>	86
<i>pregabalin tab er 24hr 165 mg</i>	185	<i>prochlorperazine suppos 25 mg</i>	86
<i>pregabalin tab er 24hr 330 mg</i>	185	PRO COMFORT MIS 31G	158
<i>pregabalin tab er 24hr 82.5 mg</i>	185	PRO COMFORT MIS LANCETS	158
PREMARIN INJ 25MG	137	PRO COMFORT PAD ALCOHOL	163
PREPIDIL GEL 0.5MG/3G	179	PROCTOFOAM AER HC 1%	26
		PRODIGY MIS 26G	158
		PRODIGY MIS 28G	158
		PRODIGY MIS LANC DEV	158
		PRODIGY SOL HIGH	158
		PRODIGY SOL LOW	158
		<i>progesterone cap 100 mg</i>	180

<i>progesterone cap 200 mg</i>	180	<i>propranolol hcl oral soln 20 mg/5ml</i> ..	97
<i>progesterone im in oil 50 mg/ml</i>	180	<i>propranolol hcl oral soln 40 mg/5ml</i> ..	97
PROGLYCEM SUS 50MG/ML	49	<i>propranolol hcl tab 10 mg</i>	97
PROMACTA PAK 25MG.....	144	<i>propranolol hcl tab 20 mg</i>	97
PROMACTA POW 12.5MG.....	144	<i>propranolol hcl tab 40 mg</i>	97
PROMACTA TAB 12.5MG.....	144	<i>propranolol hcl tab 60 mg</i>	97
PROMACTA TAB 25MG.....	144	<i>propranolol hcl tab 80 mg</i>	97
PROMACTA TAB 50MG.....	144	<i>propylthiouracil tab 50 mg</i>	189
PROMACTA TAB 75MG.....	144	PROSCAR TAB 5MG	141
PROMACTIN AA SUS PLUS	127	PROSOURCE LIQ TF	128
<i>promethazine & phenylephrine syrup</i>		PROSTIN E2 SUP 20MG	179
<i>6.25-5 mg/5ml</i>	111	PROTHELIAL PST 10%	172
<i>promethazine-dm syrup 6.25-15</i>		PROTONIX INJ 40MG	191
<i>mg/5ml</i>	111	PROTOPIC OIN 0.03%.....	122
<i>promethazine hcl suppos 12.5 mg</i> ...	55	PROTOPIC OIN 0.1%	122
<i>promethazine hcl suppos 25 mg</i>	55	<i>protriptyline hcl tab 10 mg</i>	47
<i>promethazine hcl suppos 50 mg</i>	55	<i>protriptyline hcl tab 5 mg</i>	47
<i>promethazine hcl syrup 6.25 mg/5ml</i>	55	PROVERA TAB 10MG.....	180
<i>promethazine hcl tab 12.5 mg</i>	55	PROVERA TAB 2.5MG.....	180
<i>promethazine hcl tab 25 mg</i>	55	PROVERA TAB 5MG.....	180
<i>promethazine hcl tab 50 mg</i>	55	PRUDOXIN CRE 5%	115
<i>promethazine-phenylephrine-codeine</i>		<i>pseudoephed-bromphen-dm syrup 30-</i>	
<i>syrup 6.25-5-10 mg/5ml</i>	111	<i>2-10 mg/5ml</i>	111
<i>promethazine w/ codeine syrup 6.25-</i>		PSS SAFE LAN MIS	158
<i>10 mg/5ml</i>	111	PSS SEL LANC MIS	158
PROMOTE/ LIQ FIBER	128	PSS SEL PLAT MIS.....	158
PROMOTE 1.0 LIQ W/ FIBER	128	PTS PANELS TES KETONE.....	124
PROMOTE LIQ VANILLA	128	PULMICORT INH 180MCG.....	33
PROMOTE W/FB LIQ VANILLA.....	128	PULMICORT INH 90MCG.....	33
PROMOTE W/ LIQ FIBER.....	128	PULMOZYME SOL 1MG/ML	187
<i>propafenone hcl cap er 12hr 225 mg</i>	31	PURE COMFORT PAD.....	163
<i>propafenone hcl cap er 12hr 325 mg</i>	31	PURIXAN SUS 20MG/ML.....	68
<i>propafenone hcl cap er 12hr 425 mg</i>	31	PX LANCETS MIS 28G	158
<i>propafenone hcl tab 150 mg</i>	31	PX LANCETS MIS ULT THIN.....	158
<i>propafenone hcl tab 225 mg</i>	31	PYLERA CAP.....	192
<i>propafenone hcl tab 300 mg</i>	31	<i>pyrazinamide tab 500 mg</i>	67
<i>proparacaine hcl ophth soln 0.5%</i> ...177		PYRIDOSTIGMINE BROMIDE ORAL	
PRO-PHREE POW.....	127	SOLN 60 MG/5ML.....	67
<i>propranolol & hydrochlorothiazide tab</i>		<i>pyridostigmine bromide tab 60 mg</i> ...	67
<i>40-25 mg</i>	64	<i>pyridostigmine bromide tab er 180 mg</i>	
<i>propranolol & hydrochlorothiazide tab</i>		.....	67
<i>80-25 mg</i>	64	<i>pyrimethamine tab 25 mg</i>	66
<i>propranolol hcl cap er 24hr 120 mg</i> ..96		PYROGALL ACD OIN.....	122
<i>propranolol hcl cap er 24hr 160 mg</i> ..97		Q	
<i>propranolol hcl cap er 24hr 60 mg</i>....96		QBRELIS SOL 1MG/ML.....	59
<i>propranolol hcl cap er 24hr 80 mg</i>....96		QBREXZA PAD 2.4%	123

QC ALCOHOL PAD SWABS	163	<i>quinapril-hydrochlorothiazide tab 20-</i>	
QC LANCETS MIS 28G.....	158	<i>12.5 mg.....</i>	64
QC LANCETS MIS 30G.....	158	<i>quinapril-hydrochlorothiazide tab 20-25</i>	
QC LANCING MIS DEVICE.....	158	<i>mg</i>	64
QELBREE CAP 100MG ER	4	<i>quinidine gluconate tab er 324 mg ...</i>	31
QELBREE CAP 150MG ER	4	<i>quinidine sulfate tab 200 mg</i>	31
QELBREE CAP 200MG ER	4	<i>quinidine sulfate tab 300 mg</i>	31
QSYMIA CAP 11.25-69.....	3	<i>quinine sulfate cap 324 mg</i>	67
QSYMIA CAP 15-92MG.....	3	QUINTET CONT SOL HGH/NORM.....	158
QSYMIA CAP 3.75-23	3	QVAR REDIIHA AER 80MCG	33
QSYMIA CAP 7.5-46MG.....	3	QVAR REDIIHAL AER 40MCG.....	33
QUALAQUIN CAP 324MG	67	R	
QUDEXY XR CAP 100/24HR	40	RABEPRAZOLE CAP 10MG DR.....	191
QUDEXY XR CAP 150/24HR	40	<i>rabeprazole sodium ec tab 20 mg ...</i>	191
QUDEXY XR CAP 200/24HR	40	RADIOGARDASE CAP 0.5GM	52
QUDEXY XR CAP 25/24HR	40	RA E-ZJECT MIS 28G	158
QUDEXY XR CAP 50/24HR	40	RA E-ZJECT MIS THIN 26G	158
QUESTRAN POW 4GM	56	RA E-ZJECT MIS THIN 28G	158
QUESTRAN POW 4GM LITE	56	RA E-ZJECT MIS ULT THIN.....	158
<i>quetiapine fumarate tab 100 mg</i>	84	<i>raloxifene hcl tab 60 mg.....</i>	133
<i>quetiapine fumarate tab 200 mg</i>	84	<i>ramelteon tab 8 mg</i>	146
<i>quetiapine fumarate tab 25 mg</i>	84	<i>ramipril cap 1.25 mg</i>	59
<i>quetiapine fumarate tab 300 mg</i>	84	<i>ramipril cap 10 mg</i>	59
<i>quetiapine fumarate tab 400 mg</i>	84	<i>ramipril cap 2.5 mg</i>	59
<i>quetiapine fumarate tab 50 mg</i>	84	<i>ramipril cap 5 mg.....</i>	59
<i>quetiapine fumarate tab er 24hr 150</i>		RANEXA TAB 1000MG.....	29
<i>mg</i>	85	RANEXA TAB 500MG.....	28
<i>quetiapine fumarate tab er 24hr 200</i>		<i>ranolazine tab er 12hr 1000 mg</i>	29
<i>mg</i>	85	<i>ranolazine tab er 12hr 500 mg.....</i>	29
QUETIAPINE FUMARATE TAB ER 24HR		RAPID-SAFE MIS LANCING	158
300 MG.....	85	<i>rasagiline mesylate tab 0.5 mg (base</i>	
QUETIAPINE FUMARATE TAB ER 24HR		<i>equiv).....</i>	81
400 MG.....	85	<i>rasagiline mesylate tab 1 mg (base</i>	
<i>quetiapine fumarate tab er 24hr 50 mg</i>		<i>equiv).....</i>	81
.....	84	RASUVO INJ 10MG	11
QUICKTEK LIQ SOLUTION	158	RASUVO INJ 12.5MG	11
QUILLICHEW CHW 20MG ER.....	6	RASUVO INJ 15MG	12
QUILLICHEW CHW 30MG ER.....	6	RASUVO INJ 17.5MG	12
QUILLICHEW CHW 40MG ER.....	6	RASUVO INJ 20MG	12
QUILLIVANT SUS 25MG/5ML	6	RASUVO INJ 22.5MG	12
<i>quinapril hcl tab 10 mg</i>	59	RASUVO INJ 25MG	12
<i>quinapril hcl tab 20 mg</i>	59	RASUVO INJ 30MG	12
<i>quinapril hcl tab 40 mg</i>	59	RASUVO INJ 7.5MG	11
<i>quinapril hcl tab 5 mg.....</i>	59	RAZADYNE ER CAP 16MG	182
<i>quinapril-hydrochlorothiazide tab 10-</i>		RAZADYNE ER CAP 24MG	182
<i>12.5 mg</i>	64	RAZADYNE ER CAP 8MG	182

READYLANCE MIS 21G	158	RESTORIL CAP 22.5MG	145
READYLANCE MIS 23G	158	RESTORIL CAP 30MG	145
READYLANCE MIS 26G	158	RESTORIL CAP 7.5MG	145
READYLANCE MIS 28G	158	RETACRIT INJ 10000UNT.....	144
READYLANCE MIS 30G	158	RETACRIT INJ 20000UNI	144
REALITY MIS LANCETS.....	159	RETACRIT INJ 2000UNIT	144
REALITY SWAB PAD.....	164	RETACRIT INJ 3000UNIT	144
REALITY TRIG MIS LANCETS	159	RETACRIT INJ 40000UNT.....	144
REBIF INJ 22/0.5	184	RETACRIT INJ 4000UNIT	144
REBIF INJ 44/0.5	184	RETIN-A CRE 0.025%	113
REBIF REBIDO INJ 22/0.5.....	184	RETIN-A CRE 0.05%	113
REBIF REBIDO INJ 44/0.5.....	184	RETIN-A CRE 0.1%.....	113
REBIF REBIDO INJ TITRATN.....	185	RETIN-A GEL 0.01%	113
REBIF TITRTN INJ PACK	185	RETIN-A GEL 0.025%	113
RECTIV OIN 0.4%	26	RETIN-A MICR GEL 0.04%	113
REFUAH PLUS SOL CONTROL	159	RETIN-A MICR GEL 0.04%PMP	113
REGLAN TAB 10MG.....	138	RETIN-A MICR GEL 0.06%.....	113
REGLAN TAB 5MG.....	138	RETIN-A MICR GEL 0.08%.....	113
REGRANEX GEL 0.01%.....	124	RETIN-A MICR GEL 0.1%.....	113
RELENZA MIS DISKHALE.....	95	RETIN-A MICR GEL 0.1%PUMP	113
RELION KIT LANCING	159	RETROVIR CAP 100MG.....	91
RELION LANCE MIS THIN 26G.....	159	RETROVIR SYP 50MG/5ML.....	91
RELION LANCE MIS THIN 30G.....	159	REVCIVI INJ 1.6MG/ML	133
RELION LANCI MIS DEVICE	159	REVLIMID CAP 10MG	170
RELION MICRO MIS THIN 33G.....	159	REVLIMID CAP 15MG	170
RELION TES KETONE	124	REVLIMID CAP 2.5MG	170
RELION ULTRA MIS THIN 30G.....	159	REVLIMID CAP 20MG	170
RELION ULTRA MIS THIN PLS.....	159	REVLIMID CAP 25MG	170
RELPAK TAB 20MG	167	REVLIMID CAP 5MG	170
RELPAK TAB 40MG	167	REXULTI TAB 0.25MG	87
REMERON SLTB TAB 15MG	43	REXULTI TAB 0.5MG	87
REMERON SLTB TAB 30MG	43	REXULTI TAB 1MG.....	87
REMERON SLTB TAB 45MG	43	REXULTI TAB 2MG.....	87
REMERON TAB 15MG	43	REXULTI TAB 3MG.....	87
REMERON TAB 30MG	43	REXULTI TAB 4MG.....	87
RENAGEL TAB 800MG	140	REYATAZ CAP 150MG	91
REVELA POW 0.8GM	140	REYATAZ CAP 200MG	91
REVELA POW 2.4GM	140	REYATAZ CAP 300MG	91
REVELA TAB 800MG.....	140	REYATAZ POW 50MG	91
<i>repaglinide tab 0.5 mg</i>	51	REYVOW TAB 100MG	167
<i>repaglinide tab 1 mg</i>	51	REYVOW TAB 50MG	167
<i>repaglinide tab 2 mg</i>	51	RHOPRESSA SOL 0.02%.....	177
REPLETE FIBE LIQ 1 CAL	128	RIAX AER 5.5%.....	113
REPLETE LIQ ULTRAPAK	128	RIAX AER 9.5%.....	113
RESOURCE DIA LIQ TF.....	128	<i>ribavirin cap 200 mg</i>	94
RESTORIL CAP 15MG	145	<i>ribavirin tab 200 mg</i>	94

RIDAURA CAP 3MG.....	12	<i>risperidone tab 2 mg</i>	83
<i>rifabutin cap 150 mg</i>	67	<i>risperidone tab 3 mg</i>	83
<i>rifampin cap 150 mg</i>	67	<i>risperidone tab 4 mg</i>	83
<i>rifampin cap 300 mg</i>	67	RITALIN LA CAP 10MG.....	6
RIGHTEST ALT MIS ADAPTOR	159	RITALIN LA CAP 20MG.....	6
RIGHTEST LIQ HIGH CON.....	159	RITALIN LA CAP 30MG.....	6
RIGHTEST LIQ NORM CON.....	159	RITALIN LA CAP 40MG.....	6
RIGHTEST MIS GD500	159	RITALIN TAB 10MG	6
RIGHTEST MIS GL300	159	RITALIN TAB 20MG	6
RILUTEK TAB 50MG	174	RITALIN TAB 5MG.....	6
<i>riluzole tab 50 mg</i>	174	RITEFLO MIS	165
<i>rimantadine hydrochloride tab 100 mg</i>	95	<i>ritonavir tab 100 mg</i>	91
RINVOQ TAB 15MG ER.....	10	<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	182
<i>risedronate sodium tab 150 mg</i>	131	<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	182
<i>risedronate sodium tab 30 mg</i>	131	<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	182
<i>risedronate sodium tab 35 mg</i>	131	<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	182
<i>risedronate sodium tab 5 mg</i>	131	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	182
<i>risedronate sodium tab delayed release 35 mg</i>	131	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	182
RISPERDAL INJ 12.5MG	83	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	182
RISPERDAL INJ 25MG.....	83	<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	167
RISPERDAL INJ 37.5MG	83	<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	167
RISPERDAL INJ 50MG.....	83	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	167
RISPERDAL SOL 1MG/ML.....	83	<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	167
RISPERDAL TAB 0.5MG	83	ROCALTROL CAP 0.25MCG.....	133
RISPERDAL TAB 1MG.....	83	ROCALTROL CAP 0.5MCG	133
RISPERDAL TAB 2MG.....	83	ROCALTROL SOL 1MCG/ML.....	134
RISPERDAL TAB 3MG.....	83	ROCKLATAN DRO	177
RISPERDAL TAB 4MG.....	83	<i>ropinirole hydrochloride tab 0.25 mg</i> 81	
<i>risperidone orally disintegrating tab 0.25 mg</i>	83	<i>ropinirole hydrochloride tab 0.5 mg</i> ..81	
<i>risperidone orally disintegrating tab 0.5 mg</i>	83	<i>ropinirole hydrochloride tab 1 mg</i> ....81	
<i>risperidone orally disintegrating tab 1 mg</i>	83	<i>ropinirole hydrochloride tab 2 mg</i> ....81	
<i>risperidone orally disintegrating tab 2 mg</i>	83	<i>ropinirole hydrochloride tab 3 mg</i> ....81	
<i>risperidone orally disintegrating tab 3 mg</i>	83	<i>ropinirole hydrochloride tab 4 mg</i> ....81	
<i>risperidone orally disintegrating tab 4 mg</i>	83	<i>ropinirole hydrochloride tab 5 mg</i> ....81	
<i>risperidone soln 1 mg/ml</i>	83		
<i>risperidone tab 0.25 mg</i>	83		
<i>risperidone tab 0.5 mg</i>	83		
<i>risperidone tab 1 mg</i>	83		

<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>.....81	SAFETY 30G MIS LANCETS .....159
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>.....81	SAFETY MIS LANCETS .....159
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>.....81	SAFYRAL TAB.....108
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>.....81	SALAGEN TAB 5MG.....172
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>.....81	SALAGEN TAB 7.5MG .....172
<i>rosuvastatin calcium tab 10 mg</i> .....57	SALIMEZ FORT CRE 10%.....122
<i>rosuvastatin calcium tab 20 mg</i> .....57	<i>salsalate tab 500 mg</i> .....18
<i>rosuvastatin calcium tab 40 mg</i> .....57	<i>salsalate tab 750 mg</i> .....18
<i>rosuvastatin calcium tab 5 mg</i> .....57	SAMSCA TAB 15MG .....136
ROXICODONE TAB 15MG.....22	SAMSCA TAB 30MG .....136
ROXICODONE TAB 30MG.....22	SANCUSO DIS 3.1MG .....53
ROXICODONE TAB 5MG .....22	SANDIMMUNE CAP 100MG.....171
ROZLYTREK CAP 100MG.....76	SANDIMMUNE CAP 25MG.....171
ROZLYTREK CAP 200MG.....76	SANDIMMUNE SOL 100MG/ML.....171
RUBRACA TAB 200MG.....76	SANDOSTATIN INJ 100MCG .....135
RUBRACA TAB 250MG.....76	SANDOSTATIN INJ 500MCG .....135
RUBRACA TAB 300MG.....76	SANDOSTATIN INJ 50MCG/ML.....135
RUCONEST INJ 2100UNIT.....142	SANTYL OIN 250/GM .....122
<i>rufinamide susp 40 mg/ml</i>.....40	SAPHRIS SUB 10MG .....85
RUKOBIA TAB 600MG ER.....91	SAPHRIS SUB 2.5MG .....85
RUZURGI TAB 10MG.....67	SAPHRIS SUB 5MG.....85
RYBELSUS TAB 14MG .....50	<i>sapropterin dihydrochloride powder packet 100 mg</i> .....134
RYBELSUS TAB 3MG .....50	<i>sapropterin dihydrochloride powder packet 500 mg</i> .....134
RYBELSUS TAB 7MG .....50	<i>sapropterin dihydrochloride tab 100 mg</i> .....134
RYDAPT CAP 25MG.....76	.....134
RYTHMOL SR CAP 225MG .....31	SAPSCARE MIS TWIST .....159
RYTHMOL SR CAP 325MG .....31	SAPS CARE PAD ALCOHOL.....164
RYTHMOL SR CAP 425MG .....31	SAPS HEALTH MIS TWIST.....159
S	SAPS HEALTH PAD ALCOHOL .....164
S.O.S. 20 POW .....128	SAPS TWIST MIS 30G .....159
S.O.S. 25 POW .....128	SAVELLA MIS TITR PAK.....183
SAFE-T-LANCE MIS 21G .....159	SAVELLA TAB 100MG .....183
SAFE-T-LANCE MIS 25G .....159	SAVELLA TAB 12.5MG .....183
SAFE-T-LANCE MIS HI FLOW.....159	SAVELLA TAB 25MG.....183
SAFE-T-LANCE MIS LOW FLOW .....159	SAVELLA TAB 50MG.....183
SAFE-T-LANCE MIS NOR FLOW.....159	SAXENDA INJ 18MG/3ML .....2
SAFE-T-PRO MIS LANCETS .....159	SB ALCOHOL PAD PREP.....164
SAFE-T-PRO MIS PLUS .....159	SB LANCETS MIS THIN.....159
SAFETY 21G MIS LANCETS .....159	SB LANCETS MIS ULTR THN.....159
SAFETY 23G MIS LANCETS .....159	<i>scopolamine td patch 72hr 1 mg/3days</i> .....53
SAFETY 28G MIS LANCETS .....159	SELECT-LITE KIT DEV/LANC .....159
	SELECT-LITE MIS LANC DEV .....159
	<i>selegiline hcl cap 5 mg</i>.....81

<i>selegiline hcl tab 5 mg</i>	81	SIMBRINZA SUS 1-0.2%	176
<i>selenium sulfide lotion 2.5%</i>	118	SIMPLE DIAG MIS LANCING	159
SELZENTRY SOL 20MG/ML	91	<i>simvastatin tab 10 mg</i>	57
SELZENTRY TAB 150MG	91	<i>simvastatin tab 20 mg</i>	57
SELZENTRY TAB 25MG	91	<i>simvastatin tab 40 mg</i>	57
SELZENTRY TAB 300MG	91	<i>simvastatin tab 5 mg</i>	57
SELZENTRY TAB 75MG	91	<i>simvastatin tab 80 mg</i>	57
SENSIPAR TAB 30MG	134	SINEMET TAB 10-100MG	81
SENSIPAR TAB 60MG	134	SINEMET TAB 25-100MG	81
SENSIPAR TAB 90MG	134	SINGLE-LET MIS 23G	159
SERNIVO SPR	121	<i>sirolimus oral soln 1 mg/ml</i>	171
SERNIVO SPR 0.05%	121	<i>sirolimus tab 0.5 mg</i>	171
SEROQUEL TAB 100MG	85	<i>sirolimus tab 1 mg</i>	171
SEROQUEL TAB 200MG	85	<i>sirolimus tab 2 mg</i>	171
SEROQUEL TAB 25MG	85	SIRTURO TAB 100MG	67
SEROQUEL TAB 300MG	85	SIRTURO TAB 20MG	67
SEROQUEL TAB 400MG	85	SITAVIG TAB 50MG	94
SEROQUEL TAB 50MG	85	SIVEXTRO TAB 200MG	28
<i>sertraline hcl oral concentrate for</i>		SKELAXIN TAB 800MG	173
<i>solution 20 mg/ml</i>	45	SKYRIZI INJ 150DOSE	117
SERTRALINE HCL TAB 100 MG	45	SKYRIZI INJ 150MG/ML	117
SERTRALINE HCL TAB 25 MG	45	SKYRIZI PEN INJ 150MG/ML	117
SERTRALINE HCL TAB 50 MG	45	SM ALCOHOL PAD PREP	164
<i>sevelamer carbonate packet 0.8 gm</i>	140	SMARTEST MIS LANCETS	160
<i>sevelamer carbonate packet 2.4 gm</i>	140	SMARTEST SOL CONTROL	160
<i>sevelamer carbonate tab 800 mg</i> ...	140	SMART SENSE MIS LANC 21G	159
<i>sevelamer hcl tab 400 mg</i>	140	SMART SENSE MIS LANC 26G	160
<i>sevelamer hcl tab 800 mg</i>	140	SMART SENSE MIS LANC 30G	160
SHOPKO LANC MIS DEVICE	159	SMART SENSE MIS LANC 33G	160
SHUR-SEAL GEL 2%	193	SM LANCETS MIS 33G	159
SIDE BUTTON MIS SAFETY	159	SM TRUEDRAW MIS LANC DEV	159
SIGNIFOR INJ 0.3MG/ML	135	<i>sodium chloride soln nebu 0.9%</i>	111
SIGNIFOR INJ 0.6MG/ML	135	<i>sodium chloride soln nebu 10%</i>	111
SIGNIFOR INJ 0.9MG/ML	135	<i>sodium chloride soln nebu 3%</i>	111
SIKLOS TAB 1000MG	143	<i>sodium chloride soln nebu 7%</i>	111
SIKLOS TAB 100MG	143	<i>sodium citrate & citric acid soln 500-</i>	
<i>sildenafil citrate for suspension 10</i>		<i>334 mg/5ml</i>	140
<i>mg/ml</i>	103	<i>sodium fluoride chew tab 0.25 mg f</i>	
<i>sildenafil citrate tab 100 mg</i>	102	<i>(from 0.55 mg naf)</i>	169
<i>sildenafil citrate tab 20 mg</i>	103	<i>sodium fluoride chew tab 0.5 mg f</i>	
<i>sildenafil citrate tab 25 mg</i>	102	<i>(from 1.1 mg naf)</i>	169
<i>sildenafil citrate tab 50 mg</i>	102	<i>sodium fluoride gel 1.1% (0.5% f)</i> ..	172
<i>silodosin cap 4 mg</i>	141	<i>sodium fluoride soln 0.125 mg/drop f</i>	
<i>silodosin cap 8 mg</i>	141	<i>(0.275 mg/drop naf)</i>	169
SILVADENE CRE 1%	119	<i>sodium fluoride soln 0.25 mg/drop f</i>	
<i>silver sulfadiazine cream 1%</i>	119	<i>(from 0.55 mg/drop naf)</i>	169

<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	169	SPACER CHAMB MIS INFANT.....	165
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	169	<i>spinosad susp 0.9%</i>	124
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	134	SPIRIVA AER 1.25MCG.....	32
<i>sodium phenylbutyrate tab 500 mg</i>	134	SPIRIVA CAP HANDIHLR	32
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	171	SPIRIVA SPR 2.5MCG	32
SODIUM SULFA LIQ 10% WASH	118	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	129
SOFTCLIX MIS LANCETS.....	160	<i>spironolactone tab 100 mg</i>	130
<i>solifenacin succinate tab 10 mg</i>	192	<i>spironolactone tab 25 mg</i>	130
<i>solifenacin succinate tab 5 mg</i>	192	<i>spironolactone tab 50 mg</i>	130
SOLIQUA INJ 100/33	48	SPRAVATO SOL 56MG DOS.....	44
SOLTAMOX SOL 10MG/5ML	71	SPRAVATO SOL 84MG DOS.....	44
SOLU-CORTEF INJ 1000MG.....	110	SPRYCEL TAB 100MG.....	76
SOLU-CORTEF INJ 100MG	110	SPRYCEL TAB 140MG.....	76
SOLU-CORTEF INJ 250MG	110	SPRYCEL TAB 20MG	76
SOLU-CORTEF INJ 500MG	110	SPRYCEL TAB 50MG	76
SOLUS V2 MIS LANC 28G	160	SPRYCEL TAB 70MG	76
SOLUS V2 MIS LANC 30G	160	SPRYCEL TAB 80MG	76
SOLUS V2 MIS LANC DEV	160	STALEVO 100 TAB.....	81
SOLUS V2 SOL HIGH	160	STALEVO 125 TAB.....	81
SOLUS V2 SOL LOW	160	STALEVO 150 TAB.....	81
SOMA TAB 250MG	173	STALEVO 200 TAB.....	81
SOMA TAB 350MG	173	STALEVO 50 TAB	81
SORIATANE CAP 10MG.....	117	STALEVO 75 TAB	81
SORIATANE CAP 25MG.....	117	STARLIX TAB 120MG	51
<i>sotalol hcl (afib/afl) tab 120 mg</i>	97	<i>stavudine cap 15 mg</i>	91
<i>sotalol hcl (afib/afl) tab 160 mg</i>	97	<i>stavudine cap 20 mg</i>	91
<i>sotalol hcl (afib/afl) tab 80 mg</i>	97	<i>stavudine cap 30 mg</i>	91
<i>sotalol hcl tab 120 mg</i>	97	<i>stavudine cap 40 mg</i>	91
<i>sotalol hcl tab 160 mg</i>	97	STELARA INJ 45MG/0.5.....	117
<i>sotalol hcl tab 240 mg</i>	97	STELARA INJ 90MG/ML	118
<i>sotalol hcl tab 80 mg</i>	97	STERILANCE MIS 1.8MM	160
SOTYLIZE SOL 5MG/ML.....	97	STERILANCE MIS TL 28G.....	160
SOVALDI PAK 150MG	94	STERILANCE MIS TL 30G.....	160
SOVALDI PAK 200MG	94	STERILANCE MIS TL 32G.....	160
SOVALDI TAB 200MG	94	STIOLTO AER 2.5-2.5	34
SOVALDI TAB 400MG	94	STIVARGA TAB 40MG	76
SPACE CHAMBR MIS ANTI-STA.....	165	STRATTERA CAP 100MG	4
SPACE CHAMBR MIS LARGE.....	165	STRATTERA CAP 10MG	4
SPACE CHAMBR MIS MEDIUM	165	STRATTERA CAP 18MG	4
SPACE CHAMBR MIS SMALL.....	165	STRATTERA CAP 25MG	4
SPACER CHAMB MIS ADULT.....	165	STRATTERA CAP 40MG	4
SPACER CHAMB MIS CHILD	165	STRATTERA CAP 60MG	4
		STRATTERA CAP 80MG	4
		STRENSIQ INJ 18/0.45.....	134
		STRENSIQ INJ 28/0.7ML	134

STRENSIQ INJ 40MG/ML	134	<i>sumatriptan nasal spray 5 mg/act</i> ..	167
STRENSIQ INJ 80/0.8ML	134	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	
STRIVERDI AER 2.5MCG	34	.....	167
STROMECTOL TAB 3MG.....	26	<i>sumatriptan succinate solution auto-</i>	
SUBSYS SPR 100MCG.....	22	<i>injector 4 mg/0.5ml</i>	168
SUBSYS SPR 1200MCG	22	<i>sumatriptan succinate solution auto-</i>	
SUBSYS SPR 1600MCG	22	<i>injector 6 mg/0.5ml</i>	168
SUBSYS SPR 200MCG.....	22	<i>sumatriptan succinate solution</i>	
SUBSYS SPR 400MCG.....	22	<i>cartridge 4 mg/0.5ml</i>	168
SUBSYS SPR 600MCG.....	22	<i>sumatriptan succinate solution</i>	
SUBSYS SPR 800MCG.....	22	<i>cartridge 6 mg/0.5ml</i>	168
SUCRAID SOL 8500/ML.....	129	<i>sumatriptan succinate solution prefilled</i>	
<i>sucralfate tab 1 gm</i>	191	<i>syringe 6 mg/0.5ml</i>	168
SULAR TAB 17MG.....	99	<i>sumatriptan succinate tab 100 mg</i> ..	168
SULAR TAB 34MG.....	99	<i>sumatriptan succinate tab 25 mg</i>	168
SULAR TAB 8.5MG.....	99	<i>sumatriptan succinate tab 50 mg</i>	168
<i>sulconazole nitrate cream 1%</i>	115	<i>sunitinib malate cap 12.5 mg (base</i>	
<i>sulconazole nitrate solution 1%</i>	115	<i>equivalent)</i>	76
<i>sulfacetamide sodium lotion 10%</i>		<i>sunitinib malate cap 25 mg (base</i>	
<i>(acne)</i>	113	<i>equivalent)</i>	76
<i>sulfacetamide sodium ophth oint 10%</i>		<i>sunitinib malate cap 37.5 mg (base</i>	
.....	176	<i>equivalent)</i>	76
<i>sulfacetamide sodium ophth soln 10%</i>		<i>sunitinib malate cap 50 mg (base</i>	
.....	176	<i>equivalent)</i>	76
<i>sulfacetamide sodium-prednisolone</i>		SUNOSI TAB 150MG.....	4
<i>ophth soln 10-0.23(0.25)%</i>	178	SUNOSI TAB 75MG	4
<i>sulfacetamide sodium w/ sulfur</i>		SUPER THIN MIS LANC 28G	160
<i>cleansing pad 10-4%</i>	113	SUPER THIN MIS LANCETS	160
<i>sulfacetamide sodium w/ sulfur</i>		SUPLENA LIQ VANILLA.....	128
<i>emulsion 10-1%</i>	113	SUPRAX CAP 400MG	105
SULFADIAZINE TAB 500MG	188	SUPRAX CHW 100MG.....	105
<i>sulfamethoxazole-trimethoprim susp</i>		SUPRAX CHW 200MG	106
<i>200-40 mg/5ml</i>	27	SUPRAX SUS 100/5ML	106
<i>sulfamethoxazole-trimethoprim tab</i>		SUPRAX SUS 200/5ML	106
<i>400-80 mg</i>	27	SUPRAX SUS 500/5ML	106
<i>sulfamethoxazole-trimethoprim tab</i>		SUPREME II LIQ HIGH/LOW	160
<i>800-160 mg</i>	27	SURE COMFORT MIS LANC 18G.....	160
SULFAMYLON CRE 85MG/GM.....	119	SURE COMFORT MIS LANC 21G.....	160
SULFAMYLON PAK 5%.....	119	SURE COMFORT MIS LANC 23G.....	160
<i>sulfasalazine tab 500 mg</i>	139	SURE COMFORT MIS LANC 30G.....	160
<i>sulfasalazine tab delayed release 500</i>		SURE COMFORT MIS LANCETS	160
<i>mg</i>	139	SURE COMFORT MIS LANC PEN	160
SULF LIME SOL	124	SUREFLEX MIS LANCETS	160
<i>sulindac tab 150 mg</i>	14	SURE-LANCE MIS 26G.....	160
<i>sulindac tab 200 mg</i>	14	SURE-LANCE MIS LANCETS	160
<i>sumatriptan nasal spray 20 mg/act</i>	167	SURELITE MIS LANCETS.....	160

SURE-PEN MIS.....	160	SYNTHROID TAB 112MCG.....	189
SURESTEP GLU SOL.....	160	SYNTHROID TAB 125MCG.....	189
SURESTEP GLU SOL HIGH/LOW.....	160	SYNTHROID TAB 137MCG.....	189
SURESTEP PRO TES HIGH CON	160	SYNTHROID TAB 150MCG.....	189
SURESTEP PRO TES LOW CON	160	SYNTHROID TAB 175MCG.....	190
SURESTEP PRO TES NORM CON	160	SYNTHROID TAB 200MCG.....	190
SURESTEP SOL CONTROL.....	160	SYNTHROID TAB 25MCG	189
SURE-TOUCH MIS UNV LANC	160	SYNTHROID TAB 300MCG.....	190
SUSTIVA CAP 200MG.....	91	SYNTHROID TAB 50MCG	189
SUSTIVA CAP 50MG	91	SYNTHROID TAB 75MCG	189
SUSTIVA TAB 600MG.....	92	SYNTHROID TAB 88MCG	189
SUTENT CAP 12.5MG	77	T	
SUTENT CAP 25MG.....	77	TABLOID TAB 40MG	68
SUTENT CAP 37.5MG	77	TACHOSIL PAD 4.8X4.8.....	144
SUTENT CAP 50MG.....	77	TACHOSIL PAD 9.5X4.8.....	144
SYMAX DUOTAB TAB.....	190	TACLONEX OIN	121
SYMBICORT AER 160-4.5	34	TACLONEX SUS.....	121
SYMBICORT AER 80-4.5.....	34	<i>tacrolimus cap 0.5 mg</i>	171
SYMBYAX CAP 12-50MG	183	<i>tacrolimus cap 1 mg</i>	171
SYMBYAX CAP 3-25MG.....	182	<i>tacrolimus cap 5 mg</i>	171
SYMBYAX CAP 6-25MG.....	182	<i>tacrolimus oint 0.03%</i>	122
SYMBYAX CAP 6-50MG.....	183	<i>tacrolimus oint 0.1%</i>	122
SYMDEKO TAB 100-150	187	<i>tadalafil tab 10 mg</i>	102
SYMDEKO TAB 50-75MG	187	<i>tadalafil tab 2.5 mg</i>	102
SYMFI LO TAB	92	<i>tadalafil tab 20 mg</i>	102
SYMFI TAB	92	<i>tadalafil tab 20 mg (pah)</i>	103
SYMJEPI INJ 0.15MG.....	194	<i>tadalafil tab 5 mg</i>	102
SYMJEPI INJ 0.3MG	194	TAFINLAR CAP 50MG	77
SYMLINPEN 60 INJ 1000MCG.....	48	TAFINLAR CAP 75MG	77
SYMLNPEN 120 INJ 1000MCG	48	TAGRISSE TAB 40MG	70
SYMPROIC TAB 0.2MG	139	TAGRISSE TAB 80MG	70
SYMTUZA TAB	92	TAI DOC SOL NORM CON	160
SYNALAR CRE 0.025%	121	TAKHZYRO INJ 300/2ML.....	142
SYNALAR OIN 0.025%	121	TALICIA CAP.....	192
SYNALAR SOL 0.01%.....	121	TALTZ INJ 80MG/ML	118
SYNAREL SOL 2MG/ML.....	133	TAMIFLU CAP 30MG.....	95
SYNERA DIS 70-70MG	123	TAMIFLU CAP 45MG.....	95
SYNJARDY TAB	48	TAMIFLU CAP 75MG.....	95
SYNJARDY TAB 12.5-500.....	48	TAMIFLU SUS 6MG/ML.....	95
SYNJARDY TAB 5-1000MG.....	48	<i>tamoxifen citrate tab 10 mg (base</i>	
SYNJARDY TAB 5-500MG.....	48	<i>equivalent)</i>	71
SYNJARDY XR TAB	48	<i>tamoxifen citrate tab 20 mg (base</i>	
SYNJARDY XR TAB 10-1000.....	48	<i>equivalent)</i>	71
SYNJARDY XR TAB 25-1000.....	49	<i>tamsulosin hcl cap 0.4 mg</i>	141
SYNJARDY XR TAB 5-1000MG	48	TAPAZOLE TAB 10MG.....	189
SYNTHROID TAB 100MCG.....	189	TAPAZOLE TAB 5MG	189

TARCEVA TAB 100MG	70	TEMODAR CAP 100MG	68
TARCEVA TAB 150MG	70	TEMODAR CAP 140MG	68
TARCEVA TAB 25MG	70	TEMODAR CAP 180MG	68
TARGRETIN CAP 75MG	78	TEMODAR CAP 250MG	68
TARGRETIN GEL 1%	115	TEMOVATE CRE 0.05%.....	121
TARKA TAB 2-180 CR	64	TEMOVATE OIN 0.05%.....	121
TARKA TAB 2-240 CR	64	<i>temozolomide cap 100 mg</i>	68
TARKA TAB 4-240 CR	65	<i>temozolomide cap 140 mg</i>	68
TASMAR TAB 100MG	79	<i>temozolomide cap 180 mg</i>	68
<i>tavaborole soln 5%</i>	115	<i>temozolomide cap 20 mg</i>	68
<i>tazarotene cream 0.1%</i>	118	<i>temozolomide cap 250 mg</i>	68
TECHLITE AST MIS LANCETS	160	<i>temozolomide cap 5 mg</i>	68
TECHLITE MIS LANC 30G.....	160	<i>tenofovir disoproxil fumarate tab 300</i>	
TECHLITE MIS LANCETS	160	<i>mg</i>	92
TEGRETOL SUS 100/5ML.....	40	TENORETIC TAB 100	65
TEGRETOL TAB 200MG	40	TENORETIC TAB 50	65
TEGRETOL-XR TAB 100MG	40	TENORMIN TAB 100MG	96
TEGRETOL-XR TAB 200MG	40	TENORMIN TAB 25MG.....	96
TEGRETOL-XR TAB 400MG	40	TENORMIN TAB 50MG.....	96
TEGSEDI INJ 284/1.5.....	187	<i>terazosin hcl cap 10 mg (base</i>	
TEKURNA HCT TAB 150-12.5	65	<i>equivalent)</i>	61
TEKURNA HCT TAB 150-25MG.....	65	<i>terazosin hcl cap 1 mg (base</i>	
TEKURNA HCT TAB 300-12.5	65	<i>equivalent)</i>	61
TEKURNA HCT TAB 300-25MG.....	65	<i>terazosin hcl cap 2 mg (base</i>	
TEKURNA TAB 150MG	66	<i>equivalent)</i>	61
TEKURNA TAB 300MG	66	<i>terazosin hcl cap 5 mg (base</i>	
<i>telmisartan-amlodipine tab 40-10 mg</i>		<i>equivalent)</i>	61
.....	65	<i>terbinafine hcl tab 250 mg</i>	54
<i>telmisartan-amlodipine tab 40-5 mg</i>	65	<i>terbutaline sulfate tab 2.5 mg</i>	34
<i>telmisartan-amlodipine tab 80-10 mg</i>		<i>terbutaline sulfate tab 5 mg</i>	35
.....	65	<i>terconazole vaginal cream 0.4%</i>	193
<i>telmisartan-amlodipine tab 80-5 mg</i>	65	<i>terconazole vaginal cream 0.8%</i>	193
<i>telmisartan-hydrochlorothiazide tab 40-</i>		<i>terconazole vaginal suppos 80 mg</i> ..	193
<i>12.5 mg</i>	65	TESSALON PER CAP 100MG	111
<i>telmisartan-hydrochlorothiazide tab 80-</i>		testost cyp inj 200mg/ml	25
<i>12.5 mg</i>	65	<i>testosterone cypionate im inj in oil 100</i>	
<i>telmisartan-hydrochlorothiazide tab 80-</i>		<i>mg/ml</i>	25
<i>25 mg</i>	65	<i>testosterone cypionate im inj in oil 200</i>	
<i>telmisartan tab 20 mg</i>	60	<i>mg/ml</i>	25
<i>telmisartan tab 40 mg</i>	60	<i>testosterone enanthate im inj in oil 200</i>	
<i>telmisartan tab 80 mg</i>	60	<i>mg/ml</i>	25
<i>temazepam cap 15 mg</i>	145	<i>testosterone td gel 10mg/act (2%)</i> ...25	
<i>temazepam cap 22.5 mg</i>	145	<i>testosterone td gel 12.5 mg/act (1%)</i>	
<i>temazepam cap 30 mg</i>	145	.....	25
<i>temazepam cap 7.5 mg</i>	145	TESTOSTERONE TD GEL 20.25	
TEMIXYS TAB 300-300.....	92	<i>MG/1.25GM (1.62%)</i>	26

<i>testosterone td gel 20.25 mg/act</i>	
(1.62%).....	26
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	
.....	26
TESTOSTERONE TD GEL 40.5	
MG/2.5GM (1.62%).....	26
<i>testosterone td gel 50 mg/5gm (1%)</i>	26
<i>testosterone td soln 30 mg/act</i>	26
<i>tetrabenazine tab 12.5 mg</i>	183
<i>tetrabenazine tab 25 mg</i>	183
<i>tetracaine hcl ophth soln 0.5%</i>	177
<i>tetracycline hcl cap 250 mg</i>	188
<i>tetracycline hcl cap 500 mg</i>	188
TEXACORT SOL 2.5%.....	121
TGT LANCET MIS 26G	160
TGT LANCET MIS 30G	161
TGT LANCET MIS 33G	161
TGT LANCING MIS DEVICE	161
THALOMID CAP 100MG	170
THALOMID CAP 150MG	170
THALOMID CAP 200MG	170
THALOMID CAP 50MG	170
<i>theophylline soln 80 mg/15ml</i>	35
<i>theophylline tab er 12hr 300 mg</i>	35
<i>theophylline tab er 12hr 450 mg</i>	35
<i>theophylline tab er 24hr 400 mg</i>	35
<i>theophylline tab er 24hr 600 mg</i>	35
THIN LANCETS MIS	161
THIN LANCETS MIS 26G.....	161
THIN LANCETS MIS 30G.....	161
THINLETS GP MIS 26G.....	161
<i>thioridazine hcl tab 100 mg</i>	86
<i>thioridazine hcl tab 10 mg</i>	86
<i>thioridazine hcl tab 25 mg</i>	86
<i>thioridazine hcl tab 50 mg</i>	86
<i>thiothixene cap 10 mg</i>	87
<i>thiothixene cap 1 mg</i>	87
<i>thiothixene cap 2 mg</i>	87
<i>thiothixene cap 5 mg</i>	87
<i>thyroid tab 120 mg (2 grain)</i>	190
<i>thyroid tab 15 mg (1/4 grain)</i>	190
<i>thyroid tab 30 mg (1/2 grain)</i>	190
<i>thyroid tab 60 mg (1 grain)</i>	190
<i>thyroid tab 90 mg (1 1/2 grain)</i>	190
<i>tiagabine hcl tab 12 mg</i>	42
<i>tiagabine hcl tab 16 mg</i>	42
<i>tiagabine hcl tab 2 mg</i>	42
<i>tiagabine hcl tab 4 mg</i>	42
TIAZAC CAP 120MG/24	99
TIAZAC CAP 180MG/24	99
TIAZAC CAP 240MG/24	99
TIAZAC CAP 300MG/24	99
TIAZAC CAP 360MG/24	99
TIAZAC CAP 420MG/24	99
TIBSOVO TAB 250MG	77
TIGAN CAP 300MG	53
TIKOSYN CAP 125MCG.....	32
TIKOSYN CAP 250MCG.....	32
TIKOSYN CAP 500MCG.....	32
<i>timolol maleate ophth gel forming soln</i>	
0.25%	175
<i>timolol maleate ophth gel forming soln</i>	
0.5%	175
<i>timolol maleate ophth soln 0.25%</i> ..	175
<i>timolol maleate ophth soln 0.5%</i>	175
<i>timolol maleate ophth soln 0.5%</i>	
(once-daily)	175
<i>timolol maleate preservative free ophth</i>	
<i>soln 0.5%</i>	175
<i>timolol maleate tab 10 mg</i>	97
<i>timolol maleate tab 20 mg</i>	97
<i>timolol maleate tab 5 mg</i>	97
TIMOPTIC SOL 0.25% OP	175
TIMOPTIC SOL 0.5% OP.....	175
TIMOPTIC-XE SOL 0.25% OP	175
TIMOPTIC-XE SOL 0.5% OP	175
<i>tinidazole tab 250 mg</i>	27
<i>tinidazole tab 500 mg</i>	27
<i>tiopronin tab 100 mg</i>	141
TISSEEL KIT 10ML.....	144
TISSEEL KIT 2ML	144
TISSEEL KIT 4ML	144
TISSEEL SOL 10ML.....	145
TISSEEL SOL 2ML.....	144
TISSEEL SOL 4ML.....	144
TIVICAY PD TAB 5MG	92
TIVICAY TAB 10MG	92
TIVICAY TAB 25MG	92
TIVICAY TAB 50MG	92
<i>tizanidine hcl cap 2 mg (base</i>	
<i>equivalent)</i>	173

<i>tizanidine hcl cap 4 mg (base equivalent)</i>	173	<i>topiramate tab 25 mg</i>	41
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	173	<i>topiramate tab 50 mg</i>	41
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	173	<i>toremifene citrate tab 60 mg (base equivalent)</i>	71
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	173	<i>toremide tab 100 mg</i>	130
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	178	<i>toremide tab 10 mg</i>	130
<i>tobramycin nebu soln 300 mg/4ml</i>	6	<i>toremide tab 20 mg</i>	130
<i>tobramycin nebu soln 300 mg/5ml</i>	7	<i>toremide tab 5 mg</i>	130
<i>tobramycin ophth soln 0.3%</i>	176	TOUJEO MAX INJ 300IU/ML	50
TOBEX OIN 0.3% OP	177	TOUJEO SOLO INJ 300IU/ML	50
TOBEX SOL 0.3% OP	177	TOVIAZ TAB 4MG	192
TODAY SPONGE MIS	193	TOVIAZ TAB 8MG	192
<i>tolbutamide tab 500 mg</i>	51	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	24
<i>tolcapone tab 100 mg</i>	79	<i>tramadol hcl tab 50 mg</i>	22
TOLEREX POW	128	<i>tramadol hcl tab er 24hr 100 mg</i>	22
<i>tolmetin sodium cap 400 mg</i>	14	<i>tramadol hcl tab er 24hr 200 mg</i>	22
<i>tolmetin sodium tab 600 mg</i>	14	<i>tramadol hcl tab er 24hr 300 mg</i>	22
<i>tolterodine tartrate cap er 24hr 2 mg</i>	192	<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	22
<i>tolterodine tartrate cap er 24hr 4 mg</i>	192	<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	22
<i>tolterodine tartrate tab 1 mg</i>	192	<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	22
<i>tolterodine tartrate tab 2 mg</i>	192	<i>trandolapril tab 1 mg</i>	59
<i>tolvaptan tab 15 mg</i>	136	<i>trandolapril tab 2 mg</i>	59
<i>tolvaptan tab 30 mg</i>	136	<i>trandolapril tab 4 mg</i>	59
TOPAMAX SPR CAP 15MG	41	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	65
TOPAMAX SPR CAP 25MG	41	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	65
TOPAMAX TAB 100MG	41	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	65
TOPAMAX TAB 200MG	41	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	65
TOPAMAX TAB 25MG	41	<i>tranexamic acid tab 650 mg</i>	144
TOPAMAX TAB 50MG	41	TRANXENE T TAB 7.5MG	31
TOPCARE MIS LANC 33G	161	<i>tranylcypromine sulfate tab 10 mg</i>	44
TOPICORT CRE 0.05%	121	TRAVEL LANCE MIS 30G	161
TOPICORT CRE 0.25%	121	TRAVEL LANCE MIS ADV 28G	161
TOPICORT GEL 0.05%	121	<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	178
TOPICORT OIN 0.05%	121	<i>trazodone hcl tab 100 mg</i>	45
TOPICORT OIN 0.25%	121	<i>trazodone hcl tab 150 mg</i>	45
TOPICORT SPR 0.25%	121	<i>trazodone hcl tab 300 mg</i>	45
<i>topiramate sprinkle cap 15 mg</i>	41	<i>trazodone hcl tab 50 mg</i>	45
<i>topiramate sprinkle cap 25 mg</i>	41		
<i>topiramate tab 100 mg</i>	41		
<i>topiramate tab 200 mg</i>	41		

TRECTOR TAB 250MG	67	TRIBENZOR40- TAB 10-12.5.....	65
TRELEGY AER ELLIPTA	35	TRIBENZOR40- TAB 10-25MG.....	65
TREMFYA INJ 100MG/ML	118	TRIBENZOR40- TAB 5-12.5MG.....	65
TRESIBA FLEX INJ 100UNIT.....	50	TRIBENZOR40- TAB 5-25MG.....	65
TRESIBA FLEX INJ 200UNIT.....	50	TRIDESILON CRE 0.05%	122
TRESIBA INJ 100UNIT	50	<i>trientine hcl cap 250 mg.....</i>	170
<i>tretinoin cap 10 mg.....</i>	78	TRIENTINE HCL CAP 250 MG.....	170
<i>tretinoin cream 0.025%</i>	113	<i>trifluoperazine hcl tab 10 mg (base</i>	
<i>tretinoin cream 0.05%</i>	113	<i>equivalent).....</i>	86
<i>tretinoin cream 0.1%.....</i>	113	<i>trifluoperazine hcl tab 1 mg (base</i>	
<i>tretinoin gel 0.01%</i>	113	<i>equivalent).....</i>	86
<i>tretinoin gel 0.025%.....</i>	113	<i>trifluoperazine hcl tab 2 mg (base</i>	
<i>tretinoin gel 0.05%</i>	113	<i>equivalent).....</i>	86
<i>tretinoin microsphere gel 0.04%</i>	113	<i>trifluoperazine hcl tab 5 mg (base</i>	
<i>tretinoin microsphere gel 0.1%</i>	113	<i>equivalent).....</i>	86
TREXALL TAB 10MG.....	69	<i>trifluridine ophth soln 1%.....</i>	177
TREXALL TAB 15MG.....	69	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	
TREXALL TAB 5MG	68	<i>.....</i>	78
TREXALL TAB 7.5MG.....	68	<i>trihexyphenidyl hcl tab 2 mg</i>	78
<i>triamcinolone acetonide cream 0.025%</i>		<i>trihexyphenidyl hcl tab 5 mg</i>	78
<i>.....</i>	121	TRIJARDY XR TAB	49
<i>triamcinolone acetonide cream 0.1%</i>		TRIKAFTA TAB	187
<i>.....</i>	121	TRILEPTAL SUS 300MG/5M.....	41
<i>triamcinolone acetonide cream 0.5%</i>		TRILEPTAL TAB 150MG	41
<i>.....</i>	121	TRILEPTAL TAB 300MG	41
<i>triamcinolone acetonide dental paste</i>		TRILEPTAL TAB 600MG	41
<i>0.1%</i>	172	TRILIPIX CAP 135MG.....	56
<i>triamcinolone acetonide lotion 0.025%</i>		TRILIPIX CAP 45MG.....	56
<i>.....</i>	122	<i>trimethobenzamide hcl cap 300 mg ..</i>	53
<i>triamcinolone acetonide lotion 0.1%</i>		<i>trimethoprim tab 100mg.....</i>	27
<i>.....</i>	121	<i>trimipramine maleate cap 100 mg ...</i>	47
<i>triamcinolone acetonide oint 0.025%</i>		<i>trimipramine maleate cap 25 mg.....</i>	47
<i>.....</i>	122	<i>trimipramine maleate cap 50 mg.....</i>	47
<i>triamcinolone acetonide oint 0.1%..</i>	122	TRINTELLIX TAB 10MG	45
<i>triamcinolone acetonide oint 0.5%..</i>	122	TRINTELLIX TAB 20MG	45
<i>triamterene & hydrochlorothiazide cap</i>		TRINTELLIX TAB 5MG	45
<i>37.5-25 mg</i>	129	TRIUMEQ TAB.....	92
<i>triamterene & hydrochlorothiazide tab</i>		TRIZIVIR TAB.....	92
<i>37.5-25 mg</i>	129	TROKENDI XR CAP 100MG.....	41
<i>triamterene & hydrochlorothiazide tab</i>		TROKENDI XR CAP 200MG.....	41
<i>75-50 mg</i>	130	TROKENDI XR CAP 25MG	41
<i>triamterene cap 100 mg.....</i>	130	TROKENDI XR CAP 50MG	41
<i>triamterene cap 50 mg.....</i>	130	<i>tropium chloride cap er 24hr 60 mg</i>	
<i>triazolam tab 0.125 mg</i>	145	<i>.....</i>	192
<i>triazolam tab 0.25 mg.....</i>	145	<i>tropium chloride tab 20 mg</i>	192
TRIBENZOR20- TAB 5-12.5MG	65	TRUECONTROL LIQ LEVEL 0.....	161

TRUECONTROL LIQ LEVEL 1.....	161	ULTILET MIS SAFETY	161
TRUEDRAW MIS LANC DEV	161	ULTILET PAD ALCOHOL	164
TRUE METRIX SOL LEVEL 1.....	161	ULTILET SAFE MIS 21G	161
TRUE METRIX SOL LEVEL 2.....	161	ULTRACAL HN LIQ PLUS	128
TRUE METRIX SOL LEVEL 3.....	161	ULTRACAL LIQ	128
TRULANCE TAB 3MG	138	ULTRACET TAB 37.5-325.....	24
TRULICITY INJ 0.75/0.5	50	ULTRAM TAB 50MG	22
TRULICITY INJ 1.5/0.5.....	50	ULTRA THIN MIS 28G	161
TRULICITY INJ 3/0.5	50	ULTRA THIN MIS 30G	161
TRULICITY INJ 4.5/0.5.....	50	ULTRA THIN MIS 31G	161
TRUPLUS LANC MIS 26G	161	ULTRA THIN MIS 33G	161
TRUPLUS LANC MIS 28G	161	ULTRA THIN MIS LAN 31G	161
TRUPLUS LANC MIS 30G	161	ULTRA THIN MIS LANC 28G	161
TRUPLUS LANC MIS 33G	161	ULTRA THIN MIS LANC 30G	161
TRUSOPT SOL 2% OP	178	ULTRA THIN MIS LANCETS	161
TRUVADA TAB 100-150.....	92	ULTRIENT 1.5 LIQ SAFE-T	128
TRUVADA TAB 133-200.....	92	UNILET CMFR MIS TCH 28G.....	161
TRUVADA TAB 167-250.....	92	UNILET CMFR MIS TCH 30G.....	161
TRUVADA TAB 200-300.....	92	UNILET EXCEL MIS 23G	161
TRUZONE PEAK MIS FLOW MTR.....	165	UNILET EX II MIS 28G	161
TUKYSA TAB 150MG	69	UNILET G.P. MIS 21G.....	162
TUKYSA TAB 50MG.....	69	UNILET G.P MIS SUPR 23G	161
TURPENTINE SOL SPIRITS	122	UNILET GP 28 MIS ULT THIN	162
TUSSICAPS CAP 10-8MG	111	UNILET LANCE MIS 21G	162
TWOCAL HN LIQ.....	128	UNILET LANCE MIS 28G	162
TWYNSTA TAB 40-10MG	65	UNILET LANCE MIS 33G	162
TWYNSTA TAB 40-5MG	65	UNILET LANC MIS 33G.....	162
TWYNSTA TAB 80-10MG	65	UNILET LANCT MIS 28G	162
TWYNSTA TAB 80-5MG	65	UNILET LANCT MIS 30G	162
TYBOST TAB 150MG	92	UNILET LANCT MIS 33G	162
TYKERB TAB 250MG	77	UNILET MICRO MIS 33G.....	162
TYLACTIN POW BLD 20PE	128	UNILET MIS 21G	162
TYMLOS INJ.....	131	UNILET SUPER MIS 23G	162
TYVASO REFIL SOL 0.6MG/ML.....	103	UNILET SUPER MIS G.P. 23G	162
TYVASO SOL 0.6MG/ML.....	103	UNISTIK 1 MIS 2.4MM	162
TYVASO START SOL 0.6MG/ML.....	103	UNISTIK 1 MIS 3.0MM	162
U		UNISTIK 2 MIS	162
UBRELVY TAB 100MG.....	166	UNISTIK 2 MIS 1.8MM	162
UBRELVY TAB 50MG	166	UNISTIK 2 MIS 2.4MM	162
ULTICARE PAD ALCOHOL.....	164	UNISTIK 2 MIS COMFORT.....	162
ULTI-LANCE MIS CLR TIP	161	UNISTIK 2 MIS EXTRA	162
ULTILET MIS 26G	161	UNISTIK 2 MIS NEONATAL.....	162
ULTILET MIS 28G	161	UNISTIK 2 MIS NORMAL.....	162
ULTILET MIS 30G	161	UNISTIK 2 MIS SUPER	162
ULTILET MIS 33G	161	UNISTIK 3 MIS 1.8MM	162
ULTILET MIS LANCETS	161	UNISTIK 3 MIS COMFORT.....	162

UNISTIK 3 MIS EXTRA	162	<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	93
UNISTIK 3 MIS GENT 30G	162	VALIUM TAB 10MG	31
UNISTIK 3 MIS NEONATAL.....	162	VALIUM TAB 2MG.....	31
UNISTIK 3 MIS NORMAL.....	162	VALIUM TAB 5MG.....	31
UNISTIK 3 MIS XTR 21G	162	<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	43
UNISTIK CZT MIS COMFORT	162	<i>valproic acid cap 250 mg</i>	43
UNISTIK CZT MIS NORMAL.....	162	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	65
UNISTIK II MIS LANCETS	162	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	65
UNISTIK PRO MIS LANC 21G.....	162	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	65
UNISTIK PRO MIS LANC 28G.....	162	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	65
UNISTIK SAFE MIS LANC 28G	162	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	65
UNISTIK SAFE MIS LANC 30G	162	<i>valsartan tab 160 mg</i>	60
UNISTIK TOUC MIS LANC 21G	162	<i>valsartan tab 320 mg</i>	60
UNISTIK TOUC MIS LANC 23G	162	<i>valsartan tab 40 mg</i>	60
UNISTIK TOUC MIS LANC 28G	162	<i>valsartan tab 80 mg</i>	60
UNISTIK TOUC MIS LANC 30G	162	VALTOCO SPR 10MG.....	37
UNITSTIK PRO MIS LANC 25G.....	163	VALTOCO SPR 15MG.....	37
UNIVERSAL 1 MIS 33G.....	163	VALTOCO SPR 20MG.....	37
UNIVERSAL 1 MIS LANC 26G	163	VALTOCO SPR 5MG	37
UNIVERSAL 1 MIS LANC 30G	163	VANCOCIN CAP 250MG	27
UPTRAVI TAB 1000MCG	104	VANCOCIN HCL CAP 125MG.....	27
UPTRAVI TAB 1200MCG	104	<i>vancomycin hcl cap 125 mg (base equivalent)</i>	27
UPTRAVI TAB 1400MCG	104	<i>vancomycin hcl cap 250 mg (base equivalent)</i>	27
UPTRAVI TAB 1600MCG	104	VANCOMYCIN SOL 250/5ML	27
UPTRAVI TAB 200/800	104	VANTAGE LANC MIS DEVICE	163
UPTRAVI TAB 200MCG	104	VARDENAFIL HCL ORALLY	
UPTRAVI TAB 400MCG	104	DISINTEGRATING TAB 10 MG.....	102
UPTRAVI TAB 600MCG	104	<i>ardenafil hcl tab 10 mg</i>	102
UPTRAVI TAB 800MCG	104	<i>ardenafil hcl tab 2.5 mg</i>	102
<i>urea cream 39%</i>	122	<i>ardenafil hcl tab 20 mg</i>	103
UROCIT-K 10 TAB	140	<i>ardenafil hcl tab 5 mg</i>	102
UROCIT-K 15 TAB	140	VASCEPA CAP 0.5GM	55
UROCIT-K 5 TAB	140	VASCEPA CAP 1GM.....	55
URSO 250 TAB 250MG	138	VASERETIC TAB 10-25MG	65
<i>ursodiol cap 300 mg</i>	138	VASOTEC TAB 10MG.....	59
<i>ursodiol tab 250 mg</i>	138	VASOTEC TAB 2.5MG.....	59
<i>ursodiol tab 500 mg</i>	138	VASOTEC TAB 20MG.....	59
URSO FORTE TAB 500MG	138		
V			
VAGIFEM TAB 10MCG	193		
<i>valacyclovir hcl tab 1 gm</i>	95		
<i>valacyclovir hcl tab 500 mg</i>	95		
VALCHLOR GEL 0.016%	115		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	93		

VASOTEC TAB 5MG	59	<i>verapamil hcl tab er 240 mg</i>	99
VCF VAGINAL AER CONTRACP	193	VERASENS LIQ LEVEL 1	163
<i>vcf vaginal gel contrace</i>	193	VERELAN CAP 120MG SR.....	99
VCF VAGINAL MIS CONTRACP	193	VERELAN CAP 180MG SR.....	99
VECAMYL TAB 2.5MG	66	VERELAN CAP 240MG SR.....	99
VELPHORO CHW 500MG	140	VERELAN CAP 360MG SR.....	99
VELTASSA POW 16.8GM	171	VERELAN PM CAP 100MG ER.....	99
VELTASSA POW 25.2GM	171	VERELAN PM CAP 200MG ER.....	99
VELTASSA POW 8.4GM.....	171	VERELAN PM CAP 300MG ER.....	99
VEMLIDY TAB 25MG	94	VERQUOVO TAB 10MG	104
VENCLEXTA TAB 100MG.....	69	VERQUOVO TAB 2.5MG	104
VENCLEXTA TAB 10MG	69	VERQUOVO TAB 5MG	104
VENCLEXTA TAB 50MG	69	VERSACLOZ SUS 50MG/ML.....	85
VENCLEXTA TAB START PK.....	70	VERZENIO TAB 100MG.....	77
<i>venlafaxine hcl cap er 24hr 150 mg</i>		VERZENIO TAB 150MG.....	77
<i>(base equivalent)</i>	46	VERZENIO TAB 200MG.....	77
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>		VERZENIO TAB 50MG	77
<i>(base equivalent)</i>	46	VESICARE LS SUS 5MG/5ML	192
<i>venlafaxine hcl cap er 24hr 75 mg</i>		VFEND SUS 40MG/ML	54
<i>(base equivalent)</i>	46	VFEND TAB 200MG.....	54
<i>venlafaxine hcl tab 100 mg (base</i>		VFEND TAB 50MG	54
<i>equivalent)</i>	46	V-GO 20 KIT.....	163
<i>venlafaxine hcl tab 25 mg (base</i>		V-GO 30 KIT.....	163
<i>equivalent)</i>	46	V-GO 40 KIT.....	163
<i>venlafaxine hcl tab 37.5 mg (base</i>		VIBERZI TAB 100MG.....	139
<i>equivalent)</i>	46	VIBERZI TAB 75MG	139
<i>venlafaxine hcl tab 50 mg (base</i>		VIBRAMYCIN CAP 100MG	188
<i>equivalent)</i>	46	VIBRAMYCIN SUS 25MG/5ML	188
<i>venlafaxine hcl tab 75 mg (base</i>		VIBRAMYCIN SYP 50MG/5ML.....	188
<i>equivalent)</i>	46	VICTOZA INJ 18MG/3ML	50
<i>venlafaxine hcl tab er 24hr 225 mg</i>		VIDAZA INJ 100MG	69
<i>(base equivalent)</i>	46	<i>vigabatrin powd pack 500 mg</i>	42
VENTAVIS SOL 10MCG/ML.....	103	<i>vigabatrin tab 500 mg</i>	42
VENTAVIS SOL 20MCG/ML.....	103	VIGAMOX DRO 0.5%	177
<i>verapamil hcl cap er 24hr 100 mg</i> ...	99	VILACTIN AA LIQ PLUS.....	128
<i>verapamil hcl cap er 24hr 120 mg</i> ...	99	VIMOVO TAB 375-20MG.....	14
<i>verapamil hcl cap er 24hr 180 mg</i> ...	99	VIMOVO TAB 500-20MG.....	14
<i>verapamil hcl cap er 24hr 200 mg</i> ...	99	VIMPAT SOL 10MG/ML.....	41
<i>verapamil hcl cap er 24hr 240 mg</i> ...	99	VIMPAT TAB 100MG	41
<i>verapamil hcl cap er 24hr 300 mg</i> ...	99	VIMPAT TAB 150MG	41
<i>verapamil hcl cap er 24hr 360 mg</i> ...	99	VIMPAT TAB 200MG	41
<i>verapamil hcl tab 120 mg</i>	99	VIMPAT TAB 50MG	41
<i>verapamil hcl tab 40 mg</i>	99	VIOKACE TAB 10440.....	129
<i>verapamil hcl tab 80 mg</i>	99	VIOKACE TAB 20880.....	129
<i>verapamil hcl tab er 120 mg</i>	99	VIRAMUNE SUS 50MG/5ML.....	92
<i>verapamil hcl tab er 180 mg</i>	99	VIRAMUNE XR TAB 400MG	92

VIREAD POW 40MG/GM	92
VIREAD TAB 150MG	92
VIREAD TAB 200MG	93
VIREAD TAB 250MG	93
VIREAD TAB 300MG	93
VISIONBLUE SOL 0.06%	178
VISTARIL CAP 25MG.....	30
VISTARIL CAP 50MG.....	30
VISTOGARD PAK 10GM	52
VITAL HN POW.....	128
VITRAKVI CAP 100MG.....	77
VITRAKVI CAP 25MG	77
VITRAKVI SOL 20MG/ML	77
VIVAGUARD LIQ CONTROL	163
VIVAGUARD MIS 30G.....	163
VIVAGUARD MIS LANCING.....	163
VIVONEX RTF LIQ.....	128
<i>voriconazole for susp 40 mg/ml</i>	54
<i>voriconazole tab 200 mg</i>	54
<i>voriconazole tab 50 mg</i>	54
VOSEVI TAB	94
VOTRIENT TAB 200MG	77
VRAYLAR CAP 1.5-3MG	82
VRAYLAR CAP 1.5MG	82
VRAYLAR CAP 3MG.....	82
VRAYLAR CAP 4.5MG	82
VRAYLAR CAP 6MG.....	82
VUMERITY CAP 231MG.....	185
VYNDAMAX CAP 61MG	104
VYTORIN TAB 10-10MG	55
VYTORIN TAB 10-20MG	55
VYTORIN TAB 10-40MG	55
VYTORIN TAB 10-80MG	55
VYVANSE CAP 10MG.....	2
VYVANSE CAP 20MG.....	2
VYVANSE CAP 30MG.....	2
VYVANSE CAP 40MG.....	2
VYVANSE CAP 50MG.....	2
VYVANSE CAP 60MG.....	2
VYVANSE CAP 70MG.....	2
VYVANSE CHW 10MG	2
VYVANSE CHW 20MG	2
VYVANSE CHW 30MG	2
VYVANSE CHW 40MG	2
VYVANSE CHW 50MG	2
VYVANSE CHW 60MG	2

W

<i>warfarin sodium tab 10 mg</i>	35
<i>warfarin sodium tab 1 mg</i>	35
<i>warfarin sodium tab 2.5 mg</i>	35
<i>warfarin sodium tab 2 mg</i>	35
<i>warfarin sodium tab 3 mg</i>	35
<i>warfarin sodium tab 4 mg</i>	35
<i>warfarin sodium tab 5 mg</i>	35
<i>warfarin sodium tab 6 mg</i>	35
<i>warfarin sodium tab 7.5 mg</i>	35
WELCHOL PAK 3.75GM	56
WELCHOL TAB 625MG	56
WELLBUTRIN TAB 100MG SR	43
WELLBUTRIN TAB 150MG SR	43
WELLBUTRIN TAB 200MG SR	43
WELLBUTRIN TAB XL 150MG	44
WELLBUTRIN TAB XL 300MG	44
WIDE-SEAL DPR KIT 60.....	147
WIDE-SEAL DPR KIT 65.....	147
WIDE-SEAL DPR KIT 70.....	147
WIDE-SEAL DPR KIT 75.....	147
WIDE-SEAL DPR KIT 80.....	148
WIDE-SEAL DPR KIT 85.....	148
WIDE-SEAL DPR KIT 90.....	148
WIDE-SEAL DPR KIT 95.....	148

X

XALATAN SOL 0.005%	178
XALKORI CAP 200MG.....	77
XALKORI CAP 250MG.....	77
XARELTO STAR TAB 15/20MG	35
XARELTO TAB 10MG	35
XARELTO TAB 15MG	35
XARELTO TAB 2.5MG	35
XARELTO TAB 20MG	35
XATMEP SOL 2.5MG/ML	69
XCOPRI PAK 100-150	41
XCOPRI PAK 12.5-25	41
XCOPRI PAK 150-200	41
XCOPRI PAK 50-100MG.....	41
XCOPRI PAK 50-200MG.....	41
XCOPRI TAB 100MG	42
XCOPRI TAB 150MG	42
XCOPRI TAB 200MG	42
XCOPRI TAB 50MG	41
XELJANZ SOL 1MG/ML	10
XELJANZ TAB 10MG.....	11

XELJANZ TAB 5MG	10	ZANAFLEX CAP 4MG	173
XELJANZ XR TAB 11MG.....	11	ZANAFLEX CAP 6MG	173
XELJANZ XR TAB 22MG.....	11	ZANAFLEX TAB 4MG	173
XELODA TAB 150MG.....	69	ZARONTIN CAP 250MG	42
XELODA TAB 500MG.....	69	ZARONTIN SOL 250/5ML.....	42
XENLETA TAB 600MG.....	28	ZAVESCA CAP 100MG	143
XEPI CRE 1%.....	114	ZEJULA CAP 100MG.....	77
XERAC-AC SOL 6.25%	123	ZELBORAF TAB 240MG	77
XERMELO TAB 250MG	140	ZEMBRACE SYM INJ 3/0.5ML.....	168
XHANCE MIS 93MCG.....	174	ZEMPLAR CAP 1MCG	134
XIFAXAN TAB 550MG.....	27	ZEMPLAR CAP 2MCG	134
XIGDUO XR TAB 10-1000.....	49	ZENPEP CAP 10000UNT.....	129
XIGDUO XR TAB 10-500MG	49	ZENPEP CAP 15000UNT.....	129
XIGDUO XR TAB 2.5-1000.....	49	ZENPEP CAP 20000UNT.....	129
XIGDUO XR TAB 5-1000MG	49	ZENPEP CAP 25000.....	129
XIGDUO XR TAB 5-500MG.....	49	ZENPEP CAP 3000UNIT	129
XIIDRA DRO 5%	177	ZENPEP CAP 40000.....	129
XOPENEX CONC NEB 1.25/0.5	35	ZENPEP CAP 5000UNIT	129
XOPENEX NEB 0.31MG.....	35	ZEPOSIA 7DAY CAP STR PACK	185
XOPENEX NEB 0.63MG.....	35	ZEPOSIA CAP .92MG.....	185
XOPENEX NEB 1.25/3ML	35	ZEPOSIA CAP STR KIT	185
XOSPATA TAB 40MG.....	77	ZESTRIL TAB 10MG	60
XTAMPZA ER CAP 13.5MG	22	ZESTRIL TAB 2.5MG	60
XTAMPZA ER CAP 18MG	22	ZESTRIL TAB 20MG	60
XTAMPZA ER CAP 27MG	23	ZESTRIL TAB 30MG	60
XTAMPZA ER CAP 36MG	23	ZESTRIL TAB 40MG	60
XTAMPZA ER CAP 9MG.....	22	ZESTRIL TAB 5MG.....	60
XTANDI CAP 40MG.....	71	ZIAC TAB 10/6.25	66
XTANDI TAB 40MG.....	71	ZIAC TAB 2.5/6.25	65
XTANDI TAB 80MG.....	71	ZIAC TAB 5-6.25MG	66
XULTOPHY INJ 100/3.6	49	ZIAGEN SOL 20MG/ML.....	93
XURIDEN POW 2GM.....	134	ZIAGEN TAB 300MG	93
XYOSTED INJ 100/0.5.....	26	<i>zidovudine cap 100 mg</i>	93
XYOSTED INJ 50/0.5	26	<i>zidovudine syrup 10 mg/ml</i>	93
XYOSTED INJ 75/0.5	26	<i>zidovudine tab 300 mg</i>	93
XYREM SOL 500MG/ML.....	181	ZIEXTENZO INJ 6/0.6ML	144
Y		ZIOPTAN DRO 0.0015%	178
YONSA TAB 125MG	71	<i>ziprasidone hcl cap 20 mg</i>	82
YUPELRI SOL.....	32	<i>ziprasidone hcl cap 40 mg</i>	82
Z		<i>ziprasidone hcl cap 60 mg</i>	82
ZACLIR LOT 8%	113	<i>ziprasidone hcl cap 80 mg</i>	82
<i>zafirlukast tab 10 mg.....</i>	32	<i>ziprasidone mesylate for inj 20 mg</i>	
<i>zafirlukast tab 20 mg.....</i>	32	<i>(base equivalent)</i>	82
<i>zaleplon cap 10 mg</i>	146	ZITHROMAX POW 1GM PAK	146
<i>zaleplon cap 5 mg</i>	145	ZITHROMAX SUS 100/5ML.....	146
ZANAFLEX CAP 2MG	173	ZITHROMAX SUS 200/5ML.....	146

ZITHROMAX TAB 250MG	147	ZOMIG ZMT TAB 2.5 MG.....	168
ZITHROMAX TAB 500MG	147	ZOMIG ZMT TAB 5MG ODT	168
ZITHROMAX TAB TRI-PAK.....	147	ZONALON CRE 5%	115
ZITHROMAX TAB Z-PAK	147	<i>zonisamide cap 100 mg</i>	41
ZOCOR TAB 10MG.....	57	<i>zonisamide cap 25 mg</i>	41
ZOCOR TAB 20MG.....	57	<i>zonisamide cap 50 mg</i>	41
ZOCOR TAB 40MG.....	57	ZUBSOLV SUB 0.7-0.18	25
ZOCOR TAB 80MG.....	57	ZUBSOLV SUB 1.4-0.36	25
ZOFRAN TAB 4MG	53	ZUBSOLV SUB 11.4-2.9	25
ZOKINVY CAP 50MG	171	ZUBSOLV SUB 2.9-0.71	25
ZOKINVY CAP 75MG	171	ZUBSOLV SUB 5.7-1.4.....	25
ZOLINZA CAP 100MG	78	ZUBSOLV SUB 8.6-2.1.....	25
<i>zolmitriptan nasal spray 2.5 mg/spray</i>		ZYFLO TAB 600MG	32
<i>unit</i>	168	ZYKADIA TAB 150MG.....	78
<i>zolmitriptan nasal spray 5 mg/spray</i>		ZYLOPRIM TAB 100MG.....	141
<i>unit</i>	168	ZYLOPRIM TAB 300MG.....	141
<i>zolmitriptan orally disintegrating tab</i>		ZYPREXA INJ 10MG	85
<i>2.5 mg</i>	168	ZYPREXA RELP INJ 210MG.....	85
<i>zolmitriptan orally disintegrating tab 5</i>		ZYPREXA RELP INJ 300MG.....	85
<i>mg</i>	168	ZYPREXA RELP INJ 405MG.....	85
<i>zolmitriptan tab 2.5 mg</i>	168	ZYPREXA TAB 10MG	85
<i>zolmitriptan tab 5 mg</i>	168	ZYPREXA TAB 15MG	85
<i>zolpidem tartrate tab 10 mg</i>	146	ZYPREXA TAB 2.5MG	85
<i>zolpidem tartrate tab 5 mg</i>	146	ZYPREXA TAB 20MG	85
<i>zolpidem tartrate tab er 12.5 mg</i>	146	ZYPREXA TAB 5MG.....	85
<i>zolpidem tartrate tab er 6.25 mg</i>	146	ZYPREXA TAB 7.5MG	85
ZOMIG SPR 2.5MG	168	ZYPREXA ZYDI TAB 10MG	85
ZOMIG SPR 5MG	168	ZYPREXA ZYDI TAB 15MG	85
ZOMIG TAB 2.5MG	168	ZYPREXA ZYDI TAB 20MG	85
ZOMIG TAB 5MG	168	ZYPREXA ZYDI TAB 5MG.....	85

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SUM5472-1S (9/21) ■ For self-insured plans only

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
 Baltimore, Maryland 21224

Email Address civilrightscoordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojú gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèé. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùnù tó wà lèyìn káàdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí așojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mò ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsòò-wùdù (Bassa) Tò Dùù Cáò! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́éa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàè d́éin nyε. Nyò t̀òò séin m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀òà 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀ùin, po wuqu m̄ ḿ poε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozu niile nwere ike ikpo 855-258-6518 wee chere ububu ahu ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aa'ahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowól t'áa nínizaad bee t'áa jii'k'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náána'á' éí kójjí' dahóoolnih 855-258-6518 dóo yíi dii'łts'ííł yałtí'ígíí t'áa níléj'í' áádóo éí bikéé'dóo naasbaqas bíł adidiilchíł. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yáníłt'í'ígíí yíi diikił dóo ata' halne'é lá níká'ádoowól.