

CareFirst Exchange Formulary

2020

PLEASE READ: This document contains information about the drugs we cover in this plan. This formulary is for:

- Individuals or families purchasing their own plan, and
- Members of an employer group with less than 51 employees purchasing a plan
- Members with a student health plan

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit [carefirst.com/rx](https://www.carefirst.com/rx).

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.

CareFirst Exchange Formulary - 5-Tier eff 12/01/2020

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

ANALGESICS

COX-2 INHIBITORS

<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	

GOUT

<i>allopurinol sodium for inj 500 mg</i>	M	M
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	ST; PA**
<i>febuxostat tab 80 mg</i>	1	ST; PA**
<i>probenecid tab 500 mg</i>	1	

NON-OPIOID ANALGESICS§

<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs / 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
<i>tencon tab 50-325mg</i>	1	QL (48 tabs / 25 days)

NSAIDS, COMBINATIONS§

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

NSAIDS§

<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	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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e: 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 Li

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
<i>fenoprofen calcium tab 600 mg</i>	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	M	M
<i>ketorolac tromethamine inj 15 mg/ml</i>	M	M
<i>ketorolac tromethamine inj 30 mg/ml</i>	M	M
<i>ketorolac tromethamine tab 10 mg</i>	1	QL (20 tabs / 25 days)
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 200 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
OPIOID AGONIST/ANTAGONISTS		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 units / 25 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 units / 25 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 units / 25 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 units / 25 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	QL (90 tabs / 25 days); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	QL (90 tabs / 25 days); \$0 copay
ZUBSOLV SUB 0.7-0.18	2	QL (90 units / 25 days)
ZUBSOLV SUB 1.4-0.36	2	QL (90 units / 25 days)
ZUBSOLV SUB 2.9-0.71	2	QL (90 units / 25 days)
ZUBSOLV SUB 5.7-1.4	2	QL (90 units / 25 days)
ZUBSOLV SUB 8.6-2.1	2	QL (60 units / 25 days)
ZUBSOLV SUB 11.4-2.9	2	QL (30 units / 25 days)
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	ST, QL (2700 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	ST, QL (400 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps / 25 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	M	M
<i>butorphanol tartrate inj 2 mg/ml</i>	M	M
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2 bottles / 25 days)
CODEINE SULF TAB 60MG	1	ST, QL (42 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>codeine sulfate tab 30 mg</i>	1	ST, QL (42 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
EMBEDA CAP 20-0.8MG	2	ST, QL (60 caps / 25 days)
EMBEDA CAP 30-1.2MG	2	ST, QL (60 caps / 25 days)
EMBEDA CAP 50-2MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 60-2.4MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 80-3.2MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 100-4MG	2	ST, PA; High Strength Requires PA
<i>endocet tab 2.5-325</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 5-325mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>endocet tab 7.5-325</i>	1	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 10-325mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA, QL (120 lozenges / 25 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	ST, QL (10 patches / 25 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	ST, QL (10 patches / 25 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	ST, QL (2700 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	ST, QL (50 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
HYDROMORPHON SUP 3MG	3	ST, QL (120 suppositories / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl inj 1 mg/ml</i>	M	M
<i>hydromorphone hcl inj 2 mg/ml</i>	M	M
<i>hydromorphone hcl inj 4 mg/ml</i>	M	M
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	M	M
<i>hydromorphone hcl tab 2 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab 4 mg</i>	1	ST, QL (150 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab 8 mg</i>	1	ST, QL (60 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	ST, QL (30 tabs / 25 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	ST, QL (30 tabs / 25 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	ST, QL (30 tabs / 25 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	ST, PA; High Strength Requires PA
HYSINGLA ER TAB 20 MG	3	ST, QL (30 tabs / 25 days)
HYSINGLA ER TAB 30 MG	3	ST, QL (30 tabs / 25 days)
HYSINGLA ER TAB 40 MG	3	ST, QL (30 tabs / 25 days)
HYSINGLA ER TAB 60 MG	3	ST, QL (30 tabs / 25 days)
HYSINGLA ER TAB 80 MG	3	ST, QL (30 tabs / 25 days)
HYSINGLA ER TAB 100 MG	3	ST, PA; High Strength Requires PA
HYSINGLA ER TAB 120 MG	3	ST, PA; High Strength Requires PA
<i>methadone con 10mg/ml</i>	1	ST, QL (60 mL / 25 days); (generic of Methadone Intensol, indicated for pain)
<i>methadone hcl conc 10 mg/ml</i>	1	QL (30 ml / 25 days); (indicated for opioid addiction)
<i>methadone hcl inj 10 mg/ml</i>	M	M
<i>methadone hcl soln 5 mg/5ml</i>	1	ST, QL (450 ml / 25 days)
<i>methadone hcl soln 10 mg/5ml</i>	1	ST, QL (300 mL / 25 days)
<i>methadone hcl tab 5 mg</i>	1	ST, QL (90 tabs / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tab 10 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>methadone hcl tab for oral susp 40 mg</i>	1	QL (9 tabs / 25 days)
<i>methadose tab 40mg</i>	1	QL (9 tabs / 25 days)
MORPHINE SUL INJ 2MG/ML	M	M
MORPHINE SUL INJ 4MG/ML	M	M
MORPHINE SUL INJ 5MG/ML	M	M
MORPHINE SUL INJ 150/30ML	M	M
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	ST, QL (60 caps / 25 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	ST, QL (60 caps / 25 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	ST, QL (60 caps / 25 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	ST, QL (30 caps / 25 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate inj 8 mg/ml</i>	M	M
<i>morphine sulfate inj 10 mg/ml</i>	M	M
<i>morphine sulfate inj pf 0.5 mg/ml</i>	M	M
<i>morphine sulfate inj pf 1 mg/ml</i>	M	M
<i>morphine sulfate iv soln 1 mg/ml</i>	M	M
<i>morphine sulfate iv soln pf 4 mg/ml</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate iv soln pf 8 mg/ml</i>	M	M
<i>morphine sulfate iv soln pf 10 mg/ml</i>	M	M
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	ST, QL (900 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	ST, QL (675 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	ST, QL (135 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate suppos 5 mg</i>	1	ST, QL (180 suppositories / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate suppos 10 mg</i>	1	ST, QL (180 suppositories / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate suppos 20 mg</i>	1	ST, QL (120 supp / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate suppos 30 mg</i>	1	ST, QL (90 supp / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab 15 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tab 30 mg</i>	1	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tab er 15 mg</i>	1	ST, QL (90 tabs / 25 days)
<i>morphine sulfate tab er 30 mg</i>	1	ST, QL (90 tabs / 25 days)
<i>morphine sulfate tab er 60 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	1	ST, PA; High Strength Requires PA
<i>nalbuphine hcl inj 10 mg/ml</i>	M	M
<i>nalbuphine hcl inj 20 mg/ml</i>	M	M
NUCYNTA ER TAB 50MG	3	ST, QL (60 tabs / 25 days)
NUCYNTA ER TAB 100MG	3	ST, QL (60 tabs / 25 days)
NUCYNTA ER TAB 150MG	3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG	3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 250MG	3	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG	2	ST, QL (120 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TAB 75MG	2	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 100MG	2	ST, QL (60 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl cap 5 mg</i>	1	ST, QL (180 caps / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	ST, QL (90 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl soln 5 mg/5ml</i>	1	ST, QL (900 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 5 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 10 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 15 mg</i>	1	ST, QL (120 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab 20 mg</i>	1	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 30 mg</i>	1	ST, QL (60 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	ST, QL (1800 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	ST, QL (28 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
OXYCONTIN TAB 10MG CR	3	ST, QL (60 tabs / 25 days)
OXYCONTIN TAB 15MG CR	3	ST, QL (60 tabs / 25 days)
OXYCONTIN TAB 20MG CR	3	ST, QL (60 tabs / 25 days)
OXYCONTIN TAB 30MG CR	3	ST, QL (60 tabs / 25 days)
OXYCONTIN TAB 40MG CR	3	ST, PA; High Strength Requires PA
OXYCONTIN TAB 60MG CR	3	ST, PA; High Strength Requires PA
OXYCONTIN TAB 80MG CR	3	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab 5 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tab 10 mg</i>	1	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	ST, QL (60 tabs / 25 days)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol hcl tab 50 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tab er 24hr 100 mg</i>	1	ST, QL (30 tabs / 25 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	ST, QL (40 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
XARTEMIS XR TAB 7.5-325	3	QL (120 tabs / 25 days)
XTAMPZA ER CAP 9MG	2	ST, QL (60 caps / 25 days)
XTAMPZA ER CAP 13.5MG	2	ST, QL (60 caps / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 18MG	2	ST, QL (60 caps / 25 days)
XTAMPZA ER CAP 27MG	2	ST, QL (60 caps / 25 days)
XTAMPZA ER CAP 36MG	2	ST, PA; High Strength Requires Prior Auth
<i>xylon tab 10-200mg</i>	1	ST, QL (50 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

OPIOID PARTIAL AGONISTS§

BELBUCA MIS 75MCG	2	ST, QL (60 films / 25 days)
BELBUCA MIS 150MCG	2	ST, QL (60 films / 25 days)
BELBUCA MIS 300MCG	2	ST, QL (60 films / 25 days)
BELBUCA MIS 450MCG	2	ST, QL (60 films / 25 days)
BELBUCA MIS 600MCG	2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	M	M
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	0	QL (90 tabs / 25 days); \$0 copay; Must obtain approval after the first 30 day supply
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	0	QL (90 tabs / 25 days); \$0 copay; Must obtain approval after the first 30 day supply
SUBLOCADE INJ 100/0.5	M	M
SUBLOCADE INJ 300/1.5	M	M

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Drug Name	Drug Tier	Requirements/Limits
SALICYLATES		
<i>aspirin chw 81mg</i>	0	QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>aspirin low tab 81mg ec</i>	0	QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>diflunisal tab 500 mg</i>	1	

ANESTHETICS

LOCAL ANESTHETICS

<i>LIDO/DEXTROS INJ 5-7.5%</i>	M	M
<i>lidocaine hcl local inj 0.5%</i>	M	M
<i>lidocaine hcl local inj 1%</i>	M	M
<i>lidocaine hcl local inj 2%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	M	M

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	M	M
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	M	M
<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	M	M
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline inj 1 mg/ml</i>	M	M
<i>gentamicin in saline inj 1.2 mg/ml</i>	M	M
<i>gentamicin in saline inj 1.6 mg/ml</i>	M	M
<i>gentamicin in saline inj 2 mg/ml</i>	M	M
<i>gentamicin sulfate inj 10 mg/ml</i>	M	M
<i>gentamicin sulfate inj 40 mg/ml</i>	M	M
MONUROL PAK GRANULES	3	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>streptomycin sulfate for inj 1 gm</i>	M	M
SULFADIAZINE TAB 500MG	3	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>tobramycin nebu soln 300 mg/5ml</i>	4	PA, QL (280 mL / 28 days)
<i>tobramycin sulfate for inj 1.2 gm</i>	M	M
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	M	M
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	M	M
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	M	M
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	M	M
ANTI-INFECTIVES - MISCELLANEOUS		
ALINIA SUS 100/5ML	3	QL (540mL / 25 days)
ALINIA TAB 500MG	3	QL (20 tabs / 25 days)
<i>atovaquone susp 750 mg/5ml</i>	1	
AZACTAM/DEX INJ 1GM	M	M
AZACTAM/DEX INJ 2GM	M	M
<i>aztreonam for inj 1 gm</i>	M	M
<i>aztreonam for inj 2 gm</i>	M	M
CAYSTON INH 75MG	4	PA, QL (84 vials / 28 days)
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate inj 9 gm/60ml</i>	M	M
<i>clindamycin phosphate inj 300 mg/2ml</i>	M	M
<i>clindamycin phosphate inj 600 mg/4ml</i>	M	M
<i>clindamycin phosphate inj 900 mg/6ml</i>	M	M
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<i>daptomycin for iv soln 500 mg</i>	M	M
DARAPRIM TAB 25MG	3	PA
<i>doripenem for iv infusion 250 mg</i>	M	M
<i>doripenem for iv infusion 500 mg</i>	M	M
EMVERM CHW 100MG	3	QL (12 tabs / 365 days)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	M	M
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	M	M
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	M	M
INVANZ INJ 1GM	M	M
<i>ivermectin tab 3 mg</i>	1	
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	M	M
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	M	M
<i>linezolid tab 600 mg</i>	1	
<i>meropenem iv for soln 1 gm</i>	M	M
<i>meropenem iv for soln 500 mg</i>	M	M
<i>methenamine hippurate tab 1 gm</i>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	M	M
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin susp 25 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>pentamidine isethionate for soln 300 mg</i>	M	M
<i>polymyxin b sulfate for inj 500000 unit</i>	M	M
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs / 365 days)
PRIMSOL SOL 50MG/5ML	2	
SIVEXTRO INJ 200MG	M	M
SIVEXTRO TAB 200MG	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	M	M
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	1	
XIFAXAN TAB 200MG	2	QL (9 tabs / 25 days)
XIFAXAN TAB 550MG	2	PA

ANTIFUNGALS

<i>amphotericin b for iv soln 50 mg</i>	M	M
BIO-STATIN CAP 500000	2	
BIO-STATIN CAP 1000000	2	
<i>bio-statin pow</i>	1	
CRESEMBA CAP 186 MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	M	M
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	M	M
<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	
FLUCONAZOLE/ INJ NAACL 100	M	M
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
<i>itraconazole oral soln 10 mg/ml</i>	1	PA
NOXAFIL SUS 40MG/ML	2	PA
<i>nystatin tab 500000 unit</i>	1	
<i>posaconazole tab delayed release 100 mg</i>	3	PA
<i>terbinafine hcl tab 250 mg</i>	1	PA
<i>voriconazole for susp 40 mg/ml</i>	3	PA
<i>voriconazole tab 50 mg</i>	3	PA
<i>voriconazole tab 200 mg</i>	3	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM TAB 20-120MG	3	
<i>mefloquine hcl tab 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>quinine sulfate cap 324 mg</i>	1	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG	2	QL (120 caps / 30 days)
APTIVUS SOL	2	QL (285 mL / 28 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (30 caps / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (30 caps / 30 days)
CRIXIVAN CAP 200MG	2	QL (450 caps / 30 days)
CRIXIVAN CAP 400MG	2	QL (180 caps / 30 days)
<i>didanosine delayed release capsule 200 mg</i>	1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 250 mg</i>	1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	1	QL (30 caps / 30 days)
EDURANT TAB 25MG	2	QL (60 tabs / 30 days)
<i>efavirenz cap 50 mg</i>	1	QL (90 caps / 30 days)
<i>efavirenz cap 200 mg</i>	1	QL (90 caps / 30 days)
<i>efavirenz tab 600 mg</i>	1	QL (30 tabs / 30 days)
<i>emtricitabine caps 200 mg</i>	1	QL (30 caps / 30 days)
EMTRIVA CAP 200MG	2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML	2	QL (680 ml / 28 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
FUZEON INJ 90MG	4	QL (60 vials / 30 days)
INTELENCE TAB 25MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 100MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG	2	QL (60 tabs / 30 days)
INVIRASE CAP 200MG	2	QL (300 caps / 30 days)
INVIRASE TAB 500MG	2	QL (120 tabs / 30 days)
ISENTRESS CHW 25MG	2	QL (180 tabs / 30 days)
ISENTRESS CHW 100MG	2	QL (180 tabs / 30 days)
ISENTRESS HD TAB 600MG	2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG	2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG	2	QL (120 tabs / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (900 ml / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine tab 150 mg</i>	1	QL (60 tabs / 30 days)
<i>lamivudine tab 300 mg</i>	1	QL (30 tabs / 30 days)
LEXIVA SUS 50MG/ML	2	QL (1575 mL / 28 days)
<i>nevirapine susp 50 mg/5ml</i>	1	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg</i>	1	QL (60 tabs / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (90 tabs / 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (30 tabs / 30 days)
NORVIR POW 100MG	2	QL (360 packets / 30 days)
NORVIR SOL 80MG/ML	2	QL (480 mL / 30 days)
PREZISTA SUS 100MG/ML	2	QL (400 ml / 30 days)
PREZISTA TAB 75MG	2	QL (300 tabs / 30 days)
PREZISTA TAB 150MG	2	QL (180 tabs / 30 days)
PREZISTA TAB 600MG	2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG	2	QL (30 tabs / 30 days)
RESCRIPTOR TAB 100 MG	3	QL (900 tabs / 30 days)
RESCRIPTOR TAB 200MG	3	QL (180 tabs / 30 days)
RETROVIR INJ 10MG/ML	M	M
REYATAZ POW 50MG	2	QL (180 packets / 30 days)
<i>ritonavir tab 100 mg</i>	1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML	2	QL (1840 mL / 30 days)
SELZENTRY TAB 25MG	2	QL (240 tabs / 30 days)
SELZENTRY TAB 75MG	2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG	2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG	2	QL (120 tabs / 30 days)
<i>stavudine cap 15 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 20 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 30 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 40 mg</i>	1	QL (60 caps / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG	2	QL (360 tabs / 30 days)
TIVICAY TAB 10MG	2	QL (240 tabs / 30 days)
TIVICAY TAB 25MG	2	QL (60 tabs / 30 days)
TIVICAY TAB 50MG	2	QL (60 tabs / 30 days)
TROGARZO INJ 150MG/ML	M	M
TYBOST TAB 150MG	2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG	2	QL (30 caps / 30 days)
VIDEX SOL 2GM	2	QL (1200 ml / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIDEX SOL 4GM	2	QL (1200 ml / 30 days)
VIRACEPT TAB 250MG	2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG	2	QL (120 tabs / 30 days)
VIREAD POW 40MG/GM	2	QL (240 gm / 30 days)
VIREAD TAB 150MG	2	QL (30 tabs / 30 days)
VIREAD TAB 200MG	2	QL (30 tabs / 30 days)
VIREAD TAB 250MG	2	QL (30 tabs / 30 days)
ZERIT SOL 1MG/ML	2	QL (2400 ml / 30 days)
<i>zidovudine cap 100 mg</i>	1	QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (1800 ml / 30 days)
<i>zidovudine tab 300 mg</i>	1	QL (60 tabs / 30 days)

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	QL (60 tabs / 30 days)
BIKTARVY TAB	2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs / 30 days)
DESCOVY TAB 200-25MG	2	QL (30 tabs / 30 days)
DOVATO TAB 50-300MG	2	QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (30 tabs / 30 days); EFAVIRENZ- LAMIVUDINE- TENOFIVIR DF TAB 400-300-300 MG
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (30 tabs / 30 days); EFAVIRENZ- LAMIVUDINE- TENOFIVIR DF TAB 600-300-300 MG
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	ST, QL (30 tabs / 30 days); PA**; coverage for pre and post-exposure prophylaxis only
EVOTAZ TAB 300-150	2	QL (30 tabs / 30 days)
GENVOYA TAB	2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG	2	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG	2	QL (120 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (390 mL / 30 days)
ODEFSEY TAB	2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs / 30 days)
SYMFI LO TAB	2	QL (30 tabs / 30 days)
SYMFI TAB	2	QL (30 tabs / 30 days)
TEMIKYS TAB 300-300	2	QL (30 tabs / 30 days)
TRIUMEQ TAB	2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150	2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	2	ST, QL (30 tabs / 30 days); PA**; coverage for pre and post-exposure prophylaxis only

ANTITUBERCULAR AGENTS

<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid inj 100 mg/ml</i>	M	M
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	3	
PRIFTIN TAB 150MG	2	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
RIFAMATE CAP	2	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	M	M
RIFATER TAB	2	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	2	

ANTIVIRALS§

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium for inj 500 mg</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium iv soln 50 mg/ml</i>	M	M
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	4	
BARACLUDE SOL	3	
<i>cidofovir iv inj 75 mg/ml</i>	M	M
<i>entecavir tab 0.5 mg</i>	4	
<i>entecavir tab 1 mg</i>	4	
EPIVIR HBV SOL 5MG/ML	2	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (40 caps / 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (20 caps / 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (20 caps / 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (360 mL / 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
<i>ribavirin for inhal soln 6 gm</i>	1	
<i>rimantadine hydrochloride tab 100 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	4	QL (1000 mL / 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	4	QL (102 tabs / 30 days)
VEMLIDY TAB 25MG	3	PA, QL (30 tabs / 30 days)

CEPHALOSPORINS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cefazolin sodium for inj 1 gm</i>	M	M
<i>cefazolin sodium for inj 10 gm</i>	M	M
<i>cefazolin sodium for inj 20 gm</i>	M	M
<i>cefazolin sodium for inj 500 mg</i>	M	M
<i>cefazolin sodium for iv soln 1 gm</i>	M	M
<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>cefditoren pivoxil tab 200 mg (base equivalent)</i>	1	
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	1	
<i>cefepime hcl for inj 1 gm</i>	M	M
<i>cefepime hcl for inj 2 gm</i>	M	M
<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>cefotaxime sodium for inj 1 gm</i>	M	M
<i>cefotaxime sodium for inj 2 gm</i>	M	M
<i>cefotaxime sodium for inj 10 gm</i>	M	M
<i>cefotaxime sodium for inj 500 mg</i>	M	M
<i>cefotetan disodium for inj 1 gm</i>	M	M
<i>cefotetan disodium for inj 2 gm</i>	M	M
<i>cefotetan disodium for inj 10 gm</i>	M	M
<i>cefoxitin sodium for inj 10 gm</i>	M	M
<i>cefoxitin sodium for iv soln 1 gm</i>	M	M
<i>cefoxitin sodium for iv soln 2 gm</i>	M	M
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime for inj 2 gm</i>	M	M
<i>ceftibuten cap 400 mg</i>	1	
<i>ceftibuten for susp 180 mg/5ml</i>	1	
CEFTIN SUS 125/5ML	2	
CEFTIN SUS 250/5ML	2	
<i>ceftriaxone sodium for inj 1 gm</i>	M	M
<i>ceftriaxone sodium for inj 2 gm</i>	M	M
<i>ceftriaxone sodium for inj 10 gm</i>	M	M
<i>ceftriaxone sodium for inj 250 mg</i>	M	M
<i>ceftriaxone sodium for inj 500 mg</i>	M	M
<i>ceftriaxone sodium for iv soln 1 gm</i>	M	M
<i>ceftriaxone sodium for iv soln 2 gm</i>	M	M
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<i>cefuroxime sodium for inj 7.5 gm</i>	M	M
<i>cefuroxime sodium for inj 750 mg</i>	M	M
<i>cefuroxime sodium for iv soln 1.5 gm</i>	M	M
<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	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 500/5ML	2	
<i>tazicef inj 1gm</i>	M	M
<i>tazicef inj 2gm</i>	M	M
<i>tazicef inj 6gm</i>	M	M

ERYTHROMYCINS/MACROLIDES

<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	M	M
<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	
<i>clarithromycin for susp 125 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
DIFICID TAB 200MG	2	PA
<i>e.e.s. 400 tab 400mg</i>	1	
<i>ery-tab tab 250mg ec</i>	1	
<i>ery-tab tab 333mg ec</i>	1	
<i>ery-tab tab 500mg ec</i>	1	
ERYTHROCIN INJ 500MG	M	M
<i>erythrocin tab 250mg</i>	1	
<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 tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
PCE TAB 333MG EC	3	
PCE TAB 500MG EC	3	
ZMAX SUS 2GM	3	

FLUOROQUINOLONES

CIPRO (10%) SUS 500MG/5	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	M	M
<i>ciprofloxacin 400 mg/200ml in d5w</i>	M	M
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	M	M
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	M	M
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
FACTIVE TAB 320MG	3	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	M	M
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	M	M
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	M	M
<i>levofloxacin iv soln 25 mg/ml</i>	M	M
<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 400 mg/250ml in sodium chloride 0.8% inj</i>	M	M
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	

HEPATITIS C

EPCLUSA TAB 400-100	4	PA, QL (28 tabs / 28 days)
HARVONI PAK	4	PA, QL (28 pellets / 28 days)
HARVONI PAK 45-200MG	4	PA, QL (28 pellets / 28 days)
HARVONI TAB 45-200MG	4	PA, QL (28 tabs / 28 days)
HARVONI TAB 90-400MG	4	PA, QL (28 tabs / 28 days)
PEGASYS INJ	4	PA
PEGASYS INJ 180MCG/M	4	PA
PEGASYS INJ PROCLICK	4	PA
REBETOL SOL 40MG/ML	4	PA
<i>ribasphere cap 200mg</i>	1	PA
<i>ribasphere tab 200mg</i>	1	PA
RIBASPHERE TAB 400MG	1	PA
<i>ribasphere tab 600mg</i>	1	PA
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
SOVALDI PAK 150MG	5	ST, PA, QL (28 pellets / 28 days)
SOVALDI PAK 200MG	5	ST, PA, QL (28 pellets / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SOVALDI TAB 200MG	5	ST, PA, QL (28 tabs / 28 days)
SOVALDI TAB 400MG	5	ST, PA, QL (28 tabs / 28 days)
TECHNIVIE TAB	5	ST, PA, QL (56 tabs / 28 days)
VOSEVI TAB	4	PA, QL (28 tabs / 28 days)
ZEPATIER TAB 50-100MG	5	ST, PA, QL (28 tabs / 28 days)

PENICILLINS

<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
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	M	M
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	M	M
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	M	M
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin sodium for inj 1 gm</i>	M	M
<i>ampicillin sodium for inj 2 gm</i>	M	M
<i>ampicillin sodium for inj 125 mg</i>	M	M
<i>ampicillin sodium for inj 250 mg</i>	M	M
<i>ampicillin sodium for inj 500 mg</i>	M	M
<i>ampicillin sodium for iv soln 1 gm</i>	M	M
<i>ampicillin sodium for iv soln 2 gm</i>	M	M
<i>ampicillin sodium for iv soln 10 gm</i>	M	M
AUGMENTIN SUS 125/5ML	2	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<i>nafcillin sodium for inj 1 gm</i>	M	M
<i>nafcillin sodium for inj 2 gm</i>	M	M
<i>nafcillin sodium for iv soln 1 gm</i>	M	M
<i>nafcillin sodium for iv soln 2 gm</i>	M	M
<i>nafcillin sodium for iv soln 10 gm</i>	M	M
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	M	M
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	M	M
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	1	
<i>penicillin g potassium for inj 5000000 unit</i>	M	M
<i>penicillin g potassium for inj 20000000 unit</i>	M	M
<i>penicillin g sodium for inj 5000000 unit</i>	M	M
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>pfizerpen inj 20000000</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	M	M
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	M	M
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	M	M
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	M	M

TETRACYCLINES

<i>avidoxy tab 100mg</i>	1	
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxy 100 inj 100mg</i>	M	M
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	M	M
<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 100 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 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>morgidox cap 1x100mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN SYP 50MG/5ML	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>busulfan inj 6 mg/ml</i>	M	M
<i>carmustine for inj 100 mg</i>	M	M
<i>cyclophosphamide cap 25 mg</i>	0	
<i>cyclophosphamide cap 50 mg</i>	0	
<i>cyclophosphamide for inj 1 gm</i>	M	M
<i>cyclophosphamide for inj 2 gm</i>	M	M
<i>cyclophosphamide for inj 500 mg</i>	M	M
<i>dacarbazine for inj 100 mg</i>	M	M
<i>dacarbazine for inj 200 mg</i>	M	M
EMCYT CAP 140MG	0	
GLEOSTINE CAP 5MG	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
GLIADEL WAF 7.7MG	M	M
HEXALEN CAP 50MG	0	
<i>ifosfamide for inj 1 gm</i>	M	M
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	M	M
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	M	M
LEUKERAN TAB 2MG	0	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	M	M
<i>melphalan tab 2 mg</i>	0	
TEMODAR INJ 100MG	M	M
<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
ANTHRACYCLINES		
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	1	
<i>doxorubicin hcl for inj 10 mg</i>	M	M
<i>doxorubicin hcl for inj 50 mg</i>	M	M
<i>doxorubicin hcl inj 2 mg/ml</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	M	M
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	M	M
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	M	M
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	M	M
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	M	M
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	M	M

ANTIBIOTICS

<i>bleomycin sulfate for inj 15 unit</i>	M	M
<i>bleomycin sulfate for inj 30 unit</i>	M	M
<i>mitomycin for iv soln 5 mg</i>	M	M
<i>mitomycin for iv soln 20 mg</i>	M	M
<i>mitomycin for iv soln 40 mg</i>	M	M

ANTIMETABOLITES

<i>adrucil inj 500/10ml</i>	M	M
ALIMTA INJ 100MG	M	M
ALIMTA INJ 500MG	M	M
ARRANON INJ 5MG/ML	M	M
<i>azacitidine for inj 100 mg</i>	M	M
<i>capecitabine tab 150 mg</i>	0	PA, QL (120 tabs / 30 days)
<i>capecitabine tab 500 mg</i>	0	PA, QL (300 tabs / 30 days)
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	M	M
<i>clofarabine iv soln 1 mg/ml</i>	M	M
<i>cytarabine inj 20 mg/ml</i>	M	M
<i>cytarabine inj pf 20 mg/ml</i>	M	M
<i>cytarabine inj pf 100 mg/ml</i>	M	M
<i>decitabine for inj 50 mg</i>	M	M
<i>floxuridine for inj 0.5 gm</i>	M	M
<i>fludarabine phosphate for inj 50 mg</i>	M	M
<i>fludarabine phosphate inj 25 mg/ml</i>	M	M
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	M	M
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	M	M
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	M	M
<i>gemcitabine hcl for inj 1 gm</i>	M	M
<i>gemcitabine hcl for inj 2 gm</i>	M	M
<i>gemcitabine hcl for inj 200 mg</i>	M	M
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	M	M
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	M	M
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	M	M
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	M	M
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	M	M
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	M	M
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	M	M
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	M	M
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	M	M
NIPENT INJ 10MG	M	M
TABLOID TAB 40MG	0	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	M	M
<i>docetaxel for inj conc 20 mg/ml</i>	M	M
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	M	M
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	M	M
DOCETAXEL INJ 20/0.5ML	M	M
DOCETAXEL INJ 80MG/2ML	M	M
DOCETAXEL INJ NON-ALCO	M	M
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	M	M
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	M	M
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	M	M
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	M	M
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	M	M
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	M	M
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate inj 1 mg/ml</i>	M	M
<i>vincasar pfs inj 1mg/ml</i>	M	M
<i>vincristine sulfate iv soln 1 mg/ml</i>	M	M
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	M	M
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	M	M
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG	M	M
ERBITUX INJ 200MG	M	M
ERIVEDGE CAP 150MG	0	PA, QL (30 caps / 30 days)
FARYDAK CAP 10MG	0	PA, QL (6 caps / 21 days)
FARYDAK CAP 15MG	0	PA, QL (6 caps / 21 days)
FARYDAK CAP 20MG	0	PA, QL (6 caps / 21 days)
GAZYVA INJ 25MG/ML	M	M
IBRANCE CAP 75MG	0	PA, QL (21 caps / 28 days)
IBRANCE CAP 100MG	0	PA, QL (21 caps / 28 days)
IBRANCE CAP 125MG	0	PA, QL (21 caps / 28 days)
IBRANCE TAB 75MG	0	PA, QL (21 tabs / 28 days)
IBRANCE TAB 100MG	0	PA, QL (21 tabs / 28 days)
IBRANCE TAB 125MG	4	PA, QL (21 tabs / 28 days)
KADCYLA INJ 100MG	M	M
KADCYLA INJ 160MG	M	M
KEYTRUDA INJ 100MG/4M	M	M

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Drug Name	Drug Tier	Requirements/Limits
KISQALI TAB 200DOSE	4	PA, QL (21 tabs / 28 days); 200 mg dose
KISQALI TAB 400DOSE	4	PA, QL (42 tabs / 28 days); 400 mg dose
KISQALI TAB 600DOSE	4	PA, QL (63 tabs / 28 days); 600 mg dose
LYNPARZA CAP 50MG	0	PA, QL (480 caps / 30 days)
LYNPARZA TAB 100MG	0	PA, QL (120 tabs / 30 days)
LYNPARZA TAB 150MG	0	PA, QL (120 tabs / 30 days)
RYDAPT CAP 25MG	0	PA, QL (224 caps / 28 days)
ZEJULA CAP 100MG	0	PA, QL (90 caps / 30 days)
ZOLINZA CAP 100MG	0	PA, QL (120 caps / 30 days)

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	0	PA, QL (120 tabs / 30 days)
<i>anastrozole tab 1 mg</i>	0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	0	
DEPO-PROVERA INJ 400/ML	M	M
ELIGARD INJ 7.5MG	M	M
ELIGARD INJ 22.5MG	M	M
ELIGARD INJ 30MG	M	M
ELIGARD INJ 45MG	M	M
ERLEADA TAB 60MG	0	PA, QL (120 tabs / 30 days)
<i>exemestane tab 25 mg</i>	0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide cap 125 mg</i>	0	
<i>fulvestrant inj 250 mg/5ml</i>	M	M
<i>letrozole tab 2.5 mg</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate inj kit 5 mg/ml</i>	4	PA
LUPR DEP-PED INJ 3M 30MG	M	M
LUPR DEP-PED INJ 7.5MG	M	M
LUPR DEP-PED INJ 11.25MG	M	M
LUPR DEP-PED INJ 15MG	M	M
LYSODREN TAB 500MG	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate susp 625 mg/5ml</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 tabs / 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	0	
XTANDI CAP 40MG	0	PA, QL (120 caps / 30 days)
YONSA TAB 125MG	0	PA, QL (120 tabs / 30 days)
ZYTIGA TAB 500MG	0	PA, QL (60 tabs / 30 days)
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	0	PA, QL (60 tabs / 30 days)
AFINITOR DIS TAB 3MG	0	PA, QL (90 tabs / 30 days)
AFINITOR DIS TAB 5MG	0	PA, QL (60 tabs / 30 days)
AFINITOR TAB 10MG	0	PA, QL (30 tabs / 30 days)
ALECENSA CAP 150MG	0	PA, QL (240 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF TAB 100MG	0	PA, QL (90 tabs / 30 days)
BOSULIF TAB 400MG	0	PA, QL (30 tabs / 30 days)
BOSULIF TAB 500MG	0	PA, QL (30 tabs / 30 days)
CALQUENCE CAP 100MG	0	PA, QL (60 caps / 30 days)
CAPRELSA TAB 100MG	0	PA, QL (60 tabs / 30 days)
CAPRELSA TAB 300MG	0	PA, QL (30 tabs / 30 days)
COMETRIQ KIT 60MG	0	PA, QL (1 kit / 28 days)
COMETRIQ KIT 100MG	0	PA, QL (1 kit / 28 days)
COMETRIQ KIT 140MG	0	PA, QL (1 kit / 28 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	0	PA, QL (60 tabs / 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	0	PA, QL (30 tabs / 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	0	PA, QL (30 tabs / 30 days)
<i>everolimus tab 2.5 mg</i>	0	PA, QL (30 tabs / 30 days)
<i>everolimus tab 5 mg</i>	0	PA, QL (30 tabs / 30 days)
<i>everolimus tab 7.5 mg</i>	0	PA, QL (30 tabs / 30 days)
ICLUSIG TAB 15MG	0	PA, QL (60 tabs / 30 days)
ICLUSIG TAB 45MG	0	PA, QL (30 tabs / 30 days)
IDHIFA TAB 50MG	0	PA, QL (30 tabs / 30 days)
IDHIFA TAB 100MG	0	PA, QL (30 tabs / 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA, QL (90 tabs / 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	0	PA, QL (60 tabs / 30 days)
IMBRUVICA CAP 70MG	0	PA, QL (30 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAP 140MG	0	PA, QL (90 caps / 30 days)
IMBRUVICA TAB 140MG	0	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 280MG	0	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 420MG	0	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 560MG	0	PA, QL (30 tabs / 30 days)
INLYTA TAB 1MG	0	PA, QL (240 tabs / 30 days)
INLYTA TAB 5MG	0	PA, QL (120 tabs / 30 days)
JAKAFI TAB 5MG	0	PA, QL (60 tabs / 30 days)
JAKAFI TAB 10MG	0	PA, QL (60 tabs / 30 days)
JAKAFI TAB 15MG	0	PA, QL (60 tabs / 30 days)
JAKAFI TAB 20MG	0	PA, QL (60 tabs / 30 days)
JAKAFI TAB 25MG	0	PA, QL (60 tabs / 30 days)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	0	PA, QL (180 tabs / 30 days)
LENVIMA CAP 4MG	0	PA, QL (30 caps / 30 days)
LENVIMA CAP 8 MG	0	PA, QL (60 caps / 30 days)
LENVIMA CAP 10 MG	0	PA, QL (30 caps / 30 days)
LENVIMA CAP 12MG	0	PA, QL (90 caps / 30 days)
LENVIMA CAP 14 MG	0	PA, QL (60 caps / 30 days)
LENVIMA CAP 18 MG	0	PA, QL (90 caps / 30 days)
LENVIMA CAP 20 MG	0	PA, QL (60 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 24 MG	0	PA, QL (90 caps / 30 days)
LORBRENA TAB 25MG	5	PA, QL (90 tabs / 30 days)
LORBRENA TAB 100MG	5	PA, QL (30 tabs / 30 days)
MEKINIST TAB 0.5MG	0	PA, QL (90 tabs / 30 days)
MEKINIST TAB 2MG	0	PA, QL (30 tabs / 30 days)
NEXAVAR TAB 200MG	0	PA, QL (120 tabs / 30 days)
SPRYCEL TAB 20MG	0	PA, QL (90 tabs / 30 days)
SPRYCEL TAB 50MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 70MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 80MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 100MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 140MG	0	PA, QL (30 tabs / 30 days)
STIVARGA TAB 40MG	0	PA, QL (84 tabs / 28 days)
SUTENT CAP 12.5MG	0	PA, QL (30 caps / 30 days)
SUTENT CAP 25MG	0	PA, QL (30 caps / 30 days)
SUTENT CAP 37.5MG	0	PA, QL (30 caps / 30 days)
SUTENT CAP 50MG	0	PA, QL (30 caps / 30 days)
TAFINLAR CAP 50MG	0	PA, QL (120 caps / 30 days)
TAFINLAR CAP 75MG	0	PA, QL (120 caps / 30 days)
TUKYSA TAB 50MG	0	PA, QL (120 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TUKYSA TAB 150MG	0	PA, QL (120 tabs / 30 days)
TYKERB TAB 250MG	0	PA, QL (180 tabs / 30 days)
VITRAKVI CAP 25MG	0	PA, QL (180 caps / 30 days)
VITRAKVI CAP 100MG	0	PA, QL (60 caps / 30 days)
VITRAKVI SOL 20MG/ML	0	PA, QL (300 mL / 30 days)
VOTRIENT TAB 200MG	0	PA, QL (120 tabs / 30 days)
XALKORI CAP 200MG	0	PA, QL (60 caps / 30 days)
XALKORI CAP 250MG	0	PA, QL (60 caps / 30 days)
ZELBORAF TAB 240MG	0	PA, QL (240 tabs / 30 days)
ZYDELIG TAB 100MG	0	PA, QL (60 tabs / 30 days)
ZYDELIG TAB 150MG	0	PA, QL (60 tabs / 30 days)
ZYKADIA CAP 150MG	0	PA, QL (90 caps / 30 days)
ZYKADIA TAB 150MG	4	PA, QL (90 tabs / 30 days)

MISCELLANEOUS

<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	M	M
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	M	M
<i>bexarotene cap 75 mg</i>	0	PA
DROXIA CAP 200MG	0	
DROXIA CAP 300MG	0	
DROXIA CAP 400MG	0	
<i>hydroxyurea cap 500 mg</i>	0	
MATULANE CAP 50MG	0	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	M	M
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	M	M
ODOMZO CAP 200MG	0	PA, QL (30 caps / 30 days)
ONCASPAR INJ 750/ML	M	M
PHOTOFRIN INJ 75MG	M	M
QUADRAMET INJ 1850MBQ	M	M
TICE BCG INJ	M	M
<i>tretinoin cap 10 mg</i>	0	
UVADEX INJ 20MCG/ML	M	M
VISTOGARD PAK 10GM	2	QL (20 packets / 5 days)

PLATINUM-BASED AGENTS

<i>carboplatin iv soln 50 mg/5ml</i>	M	M
<i>carboplatin iv soln 150 mg/15ml</i>	M	M
<i>carboplatin iv soln 450 mg/45ml</i>	M	M
<i>carboplatin iv soln 600 mg/60ml</i>	M	M
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	M	M
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	M	M
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	M	M
<i>oxaliplatin for iv inj 50 mg</i>	M	M
<i>oxaliplatin for iv inj 100 mg</i>	M	M
<i>oxaliplatin iv soln 50 mg/10ml</i>	M	M
<i>oxaliplatin iv soln 100 mg/20ml</i>	M	M
<i>paraplatin inj 1000mg</i>	M	M

PROTECTIVE AGENTS

<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	1	
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	1	
<i>leucovorin calcium for inj 50 mg</i>	M	M
<i>leucovorin calcium for inj 100 mg</i>	M	M
<i>leucovorin calcium for inj 200 mg</i>	M	M
<i>leucovorin calcium for inj 350 mg</i>	M	M
<i>leucovorin calcium for inj 500 mg</i>	M	M
<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	
<i>mesna inj 100 mg/ml</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
MESNEX TAB 400MG	0	

TOPOISOMERASE INHIBITORS

CAMPTOSAR INJ 300/15ML	M	M
<i>etoposide cap 50 mg</i>	0	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	M	M
TENIPOSIDE INJ 50MG/5ML	M	M
<i>toposar inj 1gm/50ml</i>	M	M
<i>toposar inj 100/5ml</i>	M	M
<i>toposar inj 500/25ml</i>	M	M
<i>topotecan hcl for inj 4 mg (base equiv)</i>	M	M

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ANTINEOPLASTIC, BCL-2 INHIBITORS

VENCLEXTA TAB 10MG	0	PA, QL (120 tabs / 30 days)
VENCLEXTA TAB 50MG	0	PA, QL (120 tabs / 30 days)
VENCLEXTA TAB 100MG	0	PA, QL (180 tabs / 30 days)
VENCLEXTA TAB START PK	0	PA, QL (1 pack / 28 days)

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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>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>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>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-25 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
ALPHA BLOCKERS		
<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>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	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
BYVALSON TAB 5-80MG	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>eprosartan mesylate tab 600 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	

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Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	M	M
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	M	M
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	M	M
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	1	
<i>lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)</i>	M	M
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	M	M
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	M	M
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	M	M
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	M	M
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
MULTAQ TAB 400MG	3	PA
NEXTERONE INJ	M	M
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG CR	2	
<i>pacerone tab 100mg</i>	1	
<i>pacerone tab 200mg</i>	1	
<i>procainamide hcl inj 100 mg/ml</i>	M	M
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
<i>sorine tab 80mg</i>	1	
<i>sorine tab 120mg</i>	1	
<i>sorine tab 160mg</i>	1	
<i>sorine tab 240mg</i>	1	
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	
<i>sotalol hcl (afib/af) tab 160 mg</i>	1	
SOTALOL HCL INJ 150/10ML	M	M
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>prevalite pow 4gm</i>	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tab 10 mg</i>	1	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 50 mg</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 130 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS

<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	1	\$0 copay for members age 40 through 75

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Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tab 80 mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	1	ST; \$0 copay for members age 40 through 75; PA**
<i>rosuvastatin calcium tab 10 mg</i>	1	ST; \$0 copay for members age 40 through 75; PA**
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	ST; PA**
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML	4	PA, QL (2 syringes / 28 days)
REPATHA PUSH INJ 420/3.5	4	PA, QL (1 cartridge / 28 days)
REPATHA SURE INJ 140MG/ML	4	PA, QL (2 pens / 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	

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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>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>nadolol & bendroflumethiazide tab 40-5 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	3	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl iv soln 5 mg/ml</i>	M	M
<i>labetalol hcl tab 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	M	M
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	M	M
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl inj 1 mg/ml</i>	M	M
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	

CALCIUM CHANNEL BLOCKERS

<i>afeditab tab 30mg cr</i>	1	
<i>afeditab tab 60mg cr</i>	1	
<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	
CARDENE IV SOL 20/200ML	M	M
CARDIZEM LA TAB 120MG	2	
<i>cartia xt cap 120/24hr</i>	1	
<i>cartia xt cap 180/24hr</i>	1	
<i>cartia xt cap 240/24hr</i>	1	
<i>cartia xt cap 300/24hr</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	
<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		
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1		
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1		
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1		
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1		
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1		
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1		
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1		
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1		
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1		
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	M	M	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	M	M	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	M	M	
<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		
DILTIAZEM INJ 100MG	M	M	
<i>felodipine tab er 24hr 2.5 mg</i>	1		
<i>felodipine tab er 24hr 5 mg</i>	1		
<i>felodipine tab er 24hr 10 mg</i>	1		
<i>isradipine cap 2.5 mg</i>	1		
<i>isradipine cap 5 mg</i>	1		
<i>matzim la tab 180mg/24</i>	1		
<i>matzim la tab 240mg/24</i>	1		

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Drug Name	Drug Tier	Requirements/Limits
<i>matzim la tab 300mg/24</i>	1	
<i>matzim la tab 360mg/24</i>	1	
<i>matzim la tab 420mg/24</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	M	M
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
<i>taztia xt cap 120mg/24</i>	1	
<i>taztia xt cap 180mg/24</i>	1	
<i>taztia xt cap 240mg/24</i>	1	
<i>taztia xt cap 300mg er</i>	1	
<i>taztia xt cap 360mg/24</i>	1	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	M	M
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digox tab 0.25mg</i>	1	
<i>digox tab 0.125mg</i>	1	
<i>digoxin inj 0.25 mg/ml</i>	M	M
<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 PED INJ 0.1MG/ML	M	M
LANOXIN TAB 0.0625MG	2	
LANOXIN TAB 0.1875MG	2	
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
<i>DIURETICS</i>		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide sodium for inj 500 mg</i>	M	M
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
ALDACTAZIDE TAB 50/50	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	
<i>bumetanide inj 0.25 mg/ml</i>	M	M
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>chlorothiazide sodium for inj 500 mg</i>	M	M
<i>chlorothiazide tab 250 mg</i>	1	
<i>chlorothiazide tab 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
<i>ethacrynate sodium for inj 50 mg</i>	M	M
<i>ethacrynic acid tab 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide inj 10 mg/ml</i>	M	M
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>mannitol iv soln 20%</i>	M	M
<i>mannitol iv soln 25%</i>	M	M
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>methyclothiazide tab 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	
<i>osmitrol inj 5%</i>	M	M
<i>osmitrol inj 10%</i>	M	M
<i>osmitrol inj 15%</i>	M	M
<i>spironolactone & hydrochlorothiazide tab 25-25 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>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamterene cap 100 mg</i>	1	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
CORLANOR SOL 5MG/5ML	2	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>hydralazine hcl inj 20 mg/ml</i>	M	M
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
<i>methyldopate hcl inj 250 mg/5ml</i>	M	M
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	4	
<i>ranolazine tab er 12hr 500 mg</i>	1	ST; PA**
<i>ranolazine tab er 12hr 1000 mg</i>	1	ST; PA**
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 dinitrate tab 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tab er 40 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	
<i>minitran dis 0.1mg/hr</i>	1	
<i>minitran dis 0.2mg/hr</i>	1	
<i>minitran dis 0.4mg/hr</i>	1	
<i>minitran dis 0.6mg/hr</i>	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
NITROGLYCER INJ 5MG/ML	M	M
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	M	M
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	M	M
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	M	M
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	

PULMONARY ARTERIAL HYPERTENSION

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

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Drug Name	Drug Tier	Requirements/Limits
<i>ambrisentan tab 10 mg</i>	4	PA, QL (30 tabs / 30 days)
<i>bosentan tab 62.5 mg</i>	4	PA, QL (60 tabs / 30 days)
<i>bosentan tab 125 mg</i>	4	PA, QL (60 tabs / 30 days)
<i>epoprostenol sodium for inj 0.5 mg</i>	M	M
<i>epoprostenol sodium for inj 1.5 mg</i>	M	M
OPSUMIT TAB 10MG	4	PA, QL (30 tabs / 30 days)
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
REMODULIN INJ 1MG/ML	5	PA
REMODULIN INJ 2.5MG/ML	5	PA
REMODULIN INJ 5MG/ML	5	PA
REMODULIN INJ 10MG/ML	5	PA
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	M	M
<i>sildenafil citrate tab 20 mg</i>	4	PA, QL (90 tabs / 30 days)
<i>tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tabs / 30 days)
TRACLEER TAB 32MG	4	PA, QL (112 tabs / 28 days)
TYVASO START SOL 0.6MG/ML	4	PA, QL (28 ampules / 28 days)
UPTRAVI TAB 200/800	4	PA, QL (1 pack / 28 days)
UPTRAVI TAB 200MCG	4	PA, QL (140 tabs / 28 days)
UPTRAVI TAB 400MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 600MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG	4	PA, QL (60 tabs / 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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e: 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 Li

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 1000MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG	4	PA, QL (60 tabs / 30 days)
VENTAVIS SOL 10MCG/ML	4	PA, QL (270 ampules / 30 days)
VENTAVIS SOL 20MCG/ML	4	PA, QL (270 ampules / 30 days)

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY§

ALPRAZOLAM CON 1 MG/ML	2	QL (300 mL / 25 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab 0.5 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab 1 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam conc 2 mg/ml</i>	1	QL (150 mL / 25 days)
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs / 25 days)
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	QL (120 caps / 25 days)
<i>oxazepam cap 15 mg</i>	1	QL (120 caps / 25 days)
<i>oxazepam cap 30 mg</i>	1	QL (120 caps / 25 days)

ANTI-CONVULSANTS§

APTIOM TAB 200MG	3	PA
APTIOM TAB 400MG	3	PA
APTIOM TAB 600MG	3	PA
APTIOM TAB 800MG	3	PA
BRIVIACT INJ 50MG/5ML	M	M

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Drug Name	Drug Tier	Requirements/Limits
BRIVIACT SOL 10MG/ML	3	PA
BRIVIACT TAB 10MG	3	PA
BRIVIACT TAB 25MG	3	PA
BRIVIACT TAB 50MG	3	PA
BRIVIACT TAB 75MG	3	PA
BRIVIACT TAB 100MG	3	PA
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine 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	
CELONTIN CAP 300MG	3	
<i>clobazam suspension 2.5 mg/ml</i>	1	PA
<i>clobazam tab 10 mg</i>	1	PA
<i>clobazam tab 20 mg</i>	1	PA
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (180 tabs / 25 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (180 tabs / 25 days)
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (180 tabs / 25 days)
<i>diazepam con 5mg/ml</i>	1	QL (240 mL / 25 days)
<i>diazepam inj 5 mg/ml</i>	M	M
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL / 25 days)
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 25 days)
DILANTIN CAP 30MG	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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>epitol tab 200mg</i>	1	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
<i>fosphephenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	M	M
<i>fosphephenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	M	M
<i>FYCOMPA SUS 0.5MG/ML</i>	2	
<i>FYCOMPA TAB 2MG</i>	2	
<i>FYCOMPA TAB 4MG</i>	2	
<i>FYCOMPA TAB 6MG</i>	2	
<i>FYCOMPA TAB 8MG</i>	2	
<i>FYCOMPA TAB 10MG</i>	2	
<i>FYCOMPA TAB 12MG</i>	2	
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
<i>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	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	M	M
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	M	M
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	M	M
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	M	M
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
<i>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	
PEGANONE TAB 250MG	3	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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 sodium inj 50 mg/ml</i>	M	M
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>pregabalin cap 25 mg</i>	1	ST; PA**
<i>pregabalin cap 50 mg</i>	1	ST; PA**
<i>pregabalin cap 75 mg</i>	1	ST; PA**
<i>pregabalin cap 100 mg</i>	1	ST; PA**
<i>pregabalin cap 150 mg</i>	1	ST; PA**
<i>pregabalin cap 200 mg</i>	1	ST; PA**
<i>pregabalin cap 225 mg</i>	1	ST; PA**
<i>pregabalin cap 300 mg</i>	1	ST; PA**
<i>pregabalin soln 20 mg/ml</i>	1	ST; PA**
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	M	M
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	4	PA, QL (180 packets / 30 days)
<i>vigabatrin tab 500 mg</i>	4	PA, QL (180 tabs / 30 days)
VIMPAT INJ 200MG/20	M	M
VIMPAT SOL 10MG/ML	3	
VIMPAT TAB 50MG	3	
VIMPAT TAB 100MG	3	

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Drug Name	Drug Tier	Requirements/Limits
VIMPAT TAB 150MG	3	
VIMPAT TAB 200MG	3	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	

ANTIDEMENTIA

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 14 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 21 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 28 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl oral solution 2 mg/ml</i>	1	PA; PA applies for members less than 30 years of age

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 5 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 10 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	PA
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	PA
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	PA
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	PA
ANTIDEPRESSANTS§		
<i>amitriptyline hcl tab 10 mg</i>	1	QL (150 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 25 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 50 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 75 mg</i>	1	PA; Members 70 and older subject to PA
<i>amitriptyline hcl tab 100 mg</i>	1	PA; Members 70 and older subject to PA
<i>amitriptyline hcl tab 150 mg</i>	1	PA; Members 70 and older subject to PA

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine tab 25 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 50 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 100 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine tab 150 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 25 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 50 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 75 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl tab 100 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl tab 150 mg</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	ST; (generic of Pristiq) PA**
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	ST; (generic of Pristiq) PA**
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	ST; (generic of Pristiq) PA**
<i>doxepin hcl cap 10 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 75 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10 mg/ml</i>	1	QL (450 mL / 25 days); QL applies to members age 65 and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
EMSAM DIS 6MG/24HR	3	PA
EMSAM DIS 9MG/24HR	3	PA

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Drug Name	Drug Tier	Requirements/Limits
EMSAM DIS 12MG/24H	3	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	3	ST; PA**
FETZIMA CAP 40MG	3	ST; PA**
FETZIMA CAP 80MG	3	ST; PA**
FETZIMA CAP 120MG	3	ST; PA**
FETZIMA CAP TITRATIO	3	ST; PA**
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	1	(generic Sarafem not covered)
<i>imipramine hcl tab 10 mg</i>	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 125 mg</i>	1	PA; Members 70 and older subject to PA

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Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate cap 150 mg</i>	1	PA; Members 70 and older subject to PA
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
MARPLAN TAB 10MG	3	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 25 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 50 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 75 mg</i>	1	PA; Members 70 and older subject to PA
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	QL (750 mL / 25 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 50 mg</i>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
TRINTELLIX TAB 5MG	3	ST; PA**
TRINTELLIX TAB 10MG	3	ST; PA**
TRINTELLIX TAB 20MG	3	ST; PA**
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	
VIIBRYD KIT STARTER	3	ST; PA**
VIIBRYD TAB 10MG	3	ST; PA**
VIIBRYD TAB 20MG	3	ST; PA**
VIIBRYD TAB 40MG	3	ST; PA**

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl syrup 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	4	PA
<i>benztropine mesylate inj 1 mg/ml</i>	M	M
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa tab 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone tab 200 mg</i>	1	
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	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
<i>tolcapone tab 100 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	

ANTIPSYCHOTICS

<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	M	M
ARISTADA INJ 662MG/2	M	M
ARISTADA INJ 882MG/3	M	M
ARISTADA INJ 1064MG	M	M
ARISTADA INJ INITIO	M	M
CHLORPROMAZINE HCL INJ 25 MG/ML	M	M
CHLORPROMAZINE HCL INJ 50 MG/2ML	M	M
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>fluphenazine decanoate inj 25 mg/ml</i>	M	M
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	M	M
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>haloperidol decanoate im soln 50 mg/ml</i>	M	M
<i>haloperidol decanoate im soln 100 mg/ml</i>	M	M
<i>haloperidol lactate inj 5 mg/ml</i>	M	M
<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	
LATUDA TAB 20MG	2	ST; PA**
LATUDA TAB 40MG	2	ST; PA**
LATUDA TAB 60MG	2	ST; PA**
LATUDA TAB 80MG	2	ST; PA**
LATUDA TAB 120MG	2	ST; PA**
<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	
NUPLAZID TAB 17MG	4	PA
<i>olanzapine for im inj 10 mg</i>	M	M
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
REXULTI TAB 0.5MG	3	ST; PA**
REXULTI TAB 0.25MG	3	ST; PA**
REXULTI TAB 1MG	3	ST; PA**
REXULTI TAB 2MG	3	ST; PA**
REXULTI TAB 3MG	3	ST; PA**
REXULTI TAB 4MG	3	ST; PA**
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
SAPHRIS SUB 2.5MG	3	ST; PA**
SAPHRIS SUB 5MG	3	ST; PA**
SAPHRIS SUB 10MG	3	ST; PA**
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
<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	

ATTENTION DEFICIT HYPERACTIVITY DISORDERS

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs / 25 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (120 tabs / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1,200 mL / 25 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (120 tabs / 25 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	ST; PA**
<i>methamphetamine hcl tab 5 mg</i>	1	QL (150 tabs / 25 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (180 chew tabs / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL / 25 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900 mL / 25 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	QL (30 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (30 tabs / 25 days)
VYVANSE CAP 10MG	2	QL (60 caps / 25 days)
VYVANSE CAP 20MG	2	QL (60 caps / 25 days)
VYVANSE CAP 30MG	2	QL (60 caps / 25 days)
VYVANSE CAP 40MG	2	QL (30 caps / 25 days)
VYVANSE CAP 50MG	2	QL (30 caps / 25 days)
VYVANSE CAP 60MG	2	QL (30 caps / 25 days)
VYVANSE CAP 70MG	2	QL (30 caps / 25 days)
VYVANSE CHW 10MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 20MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 30MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 40MG	2	QL (30 tabs / 25 days)
VYVANSE CHW 50MG	2	QL (30 tabs / 25 days)
VYVANSE CHW 60MG	2	QL (30 tabs / 25 days)
<i>zenzedi tab 2.5mg</i>	1	QL (120 tabs / 25 days)
<i>zenzedi tab 7.5mg</i>	1	QL (120 tabs / 25 days)
<i>zenzedi tab 15mg</i>	1	QL (60 tabs / 25 days)
<i>zenzedi tab 20mg</i>	1	QL (60 tabs / 25 days)
<i>zenzedi tab 30mg</i>	1	QL (30 tabs / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS§		
BELSOMRA TAB 5MG	2	ST; PA**
BELSOMRA TAB 10MG	2	ST; PA**
BELSOMRA TAB 15MG	2	ST; PA**
BELSOMRA TAB 20MG	2	ST; PA**
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>eszopiclone tab 1 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tabs / 25 days)
HETLIOZ CAP 20MG	5	PA, QL (30 caps / 30 days)
<i>ramelteon tab 8 mg</i>	1	QL (15 tabs / 25 days)
<i>sleep-aid tab 25mg</i>	0	OTC
<i>temazepam cap 7.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 15 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 22.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 30 mg</i>	1	QL (15 caps / 25 days)
<i>zaleplon cap 5 mg</i>	1	QL (15 caps / 25 days)
<i>zaleplon cap 10 mg</i>	1	QL (15 caps / 25 days)
<i>zolpidem tartrate tab 5 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (15 tabs / 25 days)
MIGRAINES§		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs / 25 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs / 25 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	M	M
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 sprays / 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 sprays / 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 vials / 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (18 syringes / 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 syringes / 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 units / 25 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	3	ST, QL (9 tabs / 25 days); PA**
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs / 25 days)
ZOMIG SPR 2.5MG	3	QL (12 sprays / 25 days)
ZOMIG SPR 5MG	3	QL (12 sprays / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>clomipramine hcl cap 25 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
GUANIDINE TAB 125MG	3	
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	3	
NUEDEXTA CAP 20-10MG	2	PA
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
REGONOL INJ 5MG/ML	M	M
<i>riluzole tab 50 mg</i>	1	
SAVELLA MIS TITR PAK	3	ST; PA**

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Drug Name	Drug Tier	Requirements/Limits
SAVELLA TAB 12.5MG	3	ST; PA**
SAVELLA TAB 25MG	3	ST; PA**
SAVELLA TAB 50MG	3	ST; PA**
SAVELLA TAB 100MG	3	ST; PA**
<i>tetrabenazine tab 12.5 mg</i>	4	PA, QL (120 tabs / 30 days)
<i>tetrabenazine tab 25 mg</i>	4	PA, QL (60 tabs / 30 days)

MULTIPLE SCLEROSIS AGENTS

AUBAGIO TAB 7MG	4	PA, QL (30 tabs / 30 days)
AUBAGIO TAB 14MG	4	PA, QL (30 tabs / 30 days)
AVONEX KIT 30MCG	5	ST, PA, QL (4 injections / 28 days)
AVONEX PEN KIT 30MCG	5	ST, PA, QL (4 injections / 28 days)
AVONEX PREFL KIT 30MCG	5	ST, PA, QL (4 injections / 28 days)
BETASERON INJ 0.3MG	4	PA, QL (14 injections / 28 days)
COPAXONE INJ 20MG/ML	4	PA, QL (30 injections / 30 days)
COPAXONE INJ 40MG/ML	4	PA, QL (12 syringes / 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	5	PA, QL (60 tabs / 30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	4	PA, QL (14 caps / 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	4	PA, QL (60 caps / 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA, QL (1 kit / 30 days)
GILENYA CAP 0.5MG	4	PA, QL (30 caps / 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	2	PA, QL (12 syringes / 28 days)
<i>glatopa inj 20mg/ml</i>	2	PA, QL (30 injections / 30 days)
PLEGRIDY INJ	5	ST, PA, QL (1 carton / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY INJ PEN	5	ST, PA, QL (1 carton / 28 days)
PLEGRIDY INJ STARTER	5	ST, PA, QL (1 kit / 28 days)
PLEGRIDY PEN INJ STARTER	5	ST, PA, QL (1 pack / 28 days)
REBIF INJ 22/0.5	4	PA, QL (12 syringes / 28 days)
REBIF INJ 44/0.5	4	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (1 box / 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (1 box / 28 days)
TECFIDERA CAP 120MG	4	PA, QL (14 caps / 28 days)
TECFIDERA CAP 240MG	4	PA, QL (60 caps / 30 days)
TECFIDERA MIS STARTER	4	PA, QL (1 kit / 30 days)
TYSABRI INJ 300/15ML	M	M

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 250 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>carisoprodol tab 350 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>metaxalone tab 400 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>metaxalone tab 800 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 750 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	M	M
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	1	PA
<i>armodafinil tab 150 mg</i>	1	PA
<i>armodafinil tab 200 mg</i>	1	PA
<i>armodafinil tab 250 mg</i>	1	PA
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 200 mg</i>	1	PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<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	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG	0	\$0 limited to 2 treatment cycles/year
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<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>	0	\$0 copay
NARCAN SPR	2	
<i>nicorelief gum 4mg mint</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine dis 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pol loz 4mg mint</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine 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	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year

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Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SPR 10MG/ML	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 14mg/24h</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine dis 21mg/24h</i>	0	OTC; \$0 limited to 2 treatment cycles/year
VIVITROL INJ 380MG	M	M

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50 TAB 50MG	3	PA
INTRAROSA SUP 6.5MG	3	
<i>methyltestosterone cap 10 mg</i>	1	PA
<i>oxandrolone tab 2.5 mg</i>	1	PA
<i>oxandrolone tab 10 mg</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	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

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

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	3	ST; PA**
SYMLINPEN 120 INJ 1000MCG	3	ST; PA**

ANTIDIABETICS, BIGUANIDE

<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide-metformin tab 5-500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	
JANUVIA TAB 25MG	2	ST; PA**
JANUVIA TAB 50MG	2	ST; PA**
JANUVIA TAB 100MG	2	ST; PA**
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TAB 0.8MG	3	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG	2	ST; PA**
JANUMET TAB 50-1000	2	ST; PA**
JANUMET XR TAB 50-500MG	2	ST; PA**
JANUMET XR TAB 50-1000	2	ST; PA**
JANUMET XR TAB 100-1000	2	ST; PA**
JENTADUETO TAB XR	3	ST; JENTADUETO TAB XR 2.5-1000 MG; PA**
JENTADUETO TAB XR	3	ST; JENTADUETO TAB XR 5-1000 MG; PA**

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2/1.5ML	2	ST; PA**
TRULICITY INJ 0.75/0.5	2	ST; PA**
TRULICITY INJ 1.5/0.5	2	ST; PA**
TRULICITY INJ 3/0.5	2	ST; PA**; TRULICITY INJ 3 MG/0.5ML
TRULICITY INJ 4.5/0.5	2	ST; PA**; TRULICITY INJ 4.5 MG/0.5ML
VICTOZA INJ 18MG/3ML	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	ST; PA**
XULTOPHY INJ 100/3.6	2	ST; PA**
ANTIDIABETICS, INSULIN		
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN INJ 70/30	3	OTC
HUMULIN INJ 70/30KWP	3	OTC
HUMULIN N INJ U-100	3	OTC
HUMULIN N INJ U-100KWP	3	OTC
HUMULIN R INJ U-100	3	OTC
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTOUC	2	
NOVOLIN INJ 70/30	2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	2	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	2	OTC; RELION not covered
NOVOLIN N INJ U-100	2	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	2	OTC; RELION not covered
NOVOLIN R INJ U-100	2	OTC; RELION not covered
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION		
<i>repaglinide-metformin hcl tab 1-500 mg</i>	1	
<i>repaglinide-metformin hcl tab 2-500 mg</i>	1	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB	2	ST; SYNJARDY TAB 12.5-1000 MG; PA**
SYNJARDY TAB 5-500MG	2	ST; PA**
SYNJARDY TAB 5-1000MG	2	ST; PA**
SYNJARDY TAB 12.5-500	2	ST; PA**
SYNJARDY XR TAB	2	ST; SYNJARDY TAB XR 12.5-1000 MG; PA**
SYNJARDY XR TAB 5-1000MG	2	ST; PA**

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 10-1000	2	ST; PA**
SYNJARDY XR TAB 25-1000	2	ST; PA**
XIGDUO XR TAB 2.5-1000	2	ST; PA**
XIGDUO XR TAB 5-500MG	2	ST; PA**
XIGDUO XR TAB 5-1000MG	2	ST; PA**
XIGDUO XR TAB 10-500MG	2	ST; PA**
XIGDUO XR TAB 10-1000	2	ST; PA**

ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS

GLYXAMBI TAB 10-5 MG	2	ST; PA**
GLYXAMBI TAB 25-5 MG	2	ST; PA**

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB

FARXIGA TAB 5MG	2	ST; PA**
FARXIGA TAB 10MG	2	ST; PA**
JARDIANCE TAB 10MG	2	ST; PA**
JARDIANCE TAB 25MG	2	ST; PA**

ANTIDIABETICS, SULFONYLUREA

<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	
<i>glyburide micronized tab 1.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide micronized tab 3 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide micronized tab 6 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide tab 1.25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide tab 2.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

ANTIDIABETICS, SUPPLIES

DEXCOM G5 MIS RECEIVER	2	
DEXCOM G5 MIS TRANSMIT	2	
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	
DEXCOM G6 MIS TRANSMIT	2	
FREESTYLE KIT SENSOR	2	
FREESTYLE MIS READER	2	
G4 PLAT PED MIS RVC/SHAR	2	
G4 PLATINUM MIS PEDIATRC	2	
G4 PLATINUM MIS RCV/SHAR	2	
G4 PLATINUM MIS RECEIVER	2	
G4 PLATINUM MIS TRANSMIT	2	
G4 SENSOR MIS	2	
G5/G4 MIS SENSOR	2	

BISPHOSPHONATES

<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 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
FOSAMAX + D TAB 70-2800	3	ST; PA**
FOSAMAX + D TAB 70-5600	3	ST; PA**
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	M	M
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate disodium for inj 30 mg</i>	M	M
<i>pamidronate disodium for inj 90 mg</i>	M	M
<i>pamidronate disodium iv soln 3 mg/ml</i>	M	M
<i>pamidronate disodium iv soln 9 mg/ml</i>	M	M
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	M	M
<i>zoledronic acid iv soln 5 mg/100ml</i>	M	M
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	4	PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	4	PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	4	PA, QL (120 tabs / 30 days)
CHELATING AGENTS		
CHEMET CAP 100MG	3	
<i>deferiprone tab 500 mg</i>	4	PA
FERPRX 2-DAY TAB 1000MG	4	PA
FERRIPROX SOL 100MG/ML	4	PA
FERRIPROX TAB 500MG	4	PA
FERRIPROX TAB 1000MG	4	PA
<i>kionex sus 15gm/60</i>	1	
<i>penicillamine tab 250 mg</i>	1	PA
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
THYROSAFE TAB 65MG	2	OTC
CONTRACEPTIVES		
<i>altavera tab</i>	0	
<i>alyacen tab 1/35</i>	0	
<i>alyacen tab 7/7/7</i>	0	
<i>amethia tab</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>amethyst tab 90-20mcg</i>	0	
ANNOVERA MIS	0	QL (1 / 300 days)
<i>apri tab</i>	0	
<i>aranelle tab</i>	0	
<i>ashlyna tab</i>	0	
<i>aviane tab</i>	0	
<i>azurette tab 28 day</i>	0	
BALCOLTRA TAB 0.1-20	0	
<i>camila tab 0.35mg</i>	0	
<i>caziant pak</i>	0	
<i>chateal tab 0.15/30</i>	0	
<i>cryselle-28 tab 28 tabs</i>	0	
<i>cyclafem tab 1/35</i>	0	
<i>cyclafem tab 7/7/7</i>	0	
<i>dasetta tab 1/35</i>	0	
<i>dasetta tab 7/7/7</i>	0	
<i>delyla tab 0.1-0.02</i>	0	
DEPO-SQ PROV INJ 104	0	QL (4 inj / 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>elinest tab</i>	0	
ELLA TAB 30MG	0	
<i>emoquette tab</i>	0	
<i>enpresse-28 tab</i>	0	
<i>enskyce tab</i>	0	
<i>errin tab 0.35mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	0	QL (13 / 300 days)
<i>falmina tab</i>	0	
<i>fayosim tab</i>	0	
<i>gianvi tab 3-0.02mg</i>	0	
<i>heather tab 0.35mg</i>	0	
<i>introvale tab</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>jolessa tab</i>	0	
<i>jolivette tab 0.35mg</i>	0	
<i>junel 1.5/30 tab</i>	0	
<i>junel 1/20 tab</i>	0	
<i>junel fe tab 1.5/30</i>	0	
<i>junel fe tab 1/20</i>	0	
<i>kariva tab 28 day</i>	0	
<i>kelnor tab 1/35</i>	0	
<i>kurvelo tab 0.15/30</i>	0	
KYLEENA IUD 19.5MG	M	M
<i>larin tab 1.5/30</i>	0	
<i>leena tab</i>	0	
<i>lessina tab</i>	0	
<i>levonest tab</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levora-28 tab 0.15/30</i>	0	
LILETTA IUD 52MG	M	M
LO LOESTRIN TAB 1-10-10	0	
<i>loryna tab 3-0.02mg</i>	0	
<i>low-ogestrel tab</i>	0	
<i>lutera tab</i>	0	
<i>marlissa tab 0.15/30</i>	0	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 inj / 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 inj / 300 days)
<i>mibelas 24 chw fe</i>	0	
<i>microgestin tab 1.5/30</i>	0	
MIRENA IUD SYSTEM	M	M
<i>mono-linyah tab 0.25-35</i>	0	
<i>mononessa tab</i>	0	
<i>myzilra tab</i>	0	
NATAZIA TAB	0	
<i>necon tab 0.5/35</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
NEXPLANON IMP 68MG	M	M
<i>nikki tab 3-0.02mg</i>	0	
<i>nora-be tab 0.35mg</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	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone tab 0.35 mg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>nortrel tab 0.5/35</i>	0	
<i>nortrel tab 1/35</i>	0	
<i>nortrel tab 7/7/7</i>	0	
<i>ocella tab 3-0.03mg</i>	0	
<i>ogestrel tab</i>	0	
<i>orsythia tab</i>	0	
PARAGARD IUD T380A	M	M
<i>pirmella tab 1/35</i>	0	
<i>pirmella tab 7/7/7</i>	0	
<i>portia-28 tab</i>	0	
<i>previfem tab</i>	0	
<i>quasense tab</i>	0	
<i>reclipsen tab</i>	0	
<i>rivelsa tab</i>	0	
SKYLA IUD 13.5MG	M	M
SLYND TAB 4MG	0	
<i>sprintec 28 tab 28 day</i>	0	
<i>sronyx tab</i>	0	
<i>syeda tab 3-0.03mg</i>	0	
<i>take action tab 1.5mg</i>	0	OTC
TAYTULLA CAP 1MG/20MC	0	
<i>tilia fe tab</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-linyah tab</i>	0	
<i>tri-sprintec tab</i>	0	
<i>trinessa tab</i>	0	
<i>trivora-28 tab</i>	0	
TWIRLA DIS 120-30	0	
<i>velivet pak</i>	0	
<i>viorele tab</i>	0	
<i>wera tab 0.5/35</i>	0	
<i>xulane dis 150-35</i>	0	
<i>zarah tab 3-0.03mg</i>	0	
<i>zenchent tab</i>	0	
<i>zovia 1/35e tab</i>	0	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
SYNAREL SOL 2MG/ML	5	PA
ENZYME REPLACEMENTS		
CARBAGLU TAB 200MG	4	PA
CERDELGA CAP 84MG	4	PA, QL (60 caps / 30 days)
CYSTADANE POW	4	PA
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
KUVAN POW 100MG	4	PA
KUVAN POW 500MG	4	PA
KUVAN TAB 100MG	4	PA
MYALEPT INJ 11.3MG	4	PA, QL (30 vials / 30 days)
<i>nitisinone cap 2 mg</i>	4	PA
<i>nitisinone cap 5 mg</i>	4	PA
<i>nitisinone cap 10 mg</i>	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	4	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	4	PA, QL (600g / 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	4	PA, QL (1200 tabs / 30 days)

ESTROGENS

CLIMARA PRO DIS WEEKLY	2	
DEPO-ESTRADI INJ 5MG/ML	M	M
DIVIGEL GEL 0.5MG	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 0.25MG	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 0.75MG	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 1MG/GM	3	PA; High Risk Medications require PA for members age 70 and older
DUAVEE TAB 0.45-20	2	
ELESTRIN GEL 0.06%	3	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol tab 0.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol tab 1 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	M	M
<i>estradiol valerate im in oil 40 mg/ml</i>	M	M
ESTROGEL GEL	3	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate tab 0.75 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate tab 1.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate tab 3 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
EVAMIST SPR 1.53MG	3	PA; High Risk Medications require PA for members age 70 and older
<i>jinteli tab 1mg-5mcg</i>	1	
MENEST TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
MENEST TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	3	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey lo tab 0.5-0.1</i>	1	
<i>mimvey tab 1-0.5mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
PREMARIN INJ 25MG	M	M
PREMARIN TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	3	
<i>yuvaferm tab 10mcg</i>	1	
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>clomiphene citrate tab 50 mg</i>	1	
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	4	PA
GONAL-F INJ 450UNIT	4	PA, QL (10 vials / 28 days)
GONAL-F INJ 1050UNIT	4	PA, QL (6 vials / 28 days)
GONAL-F RFF INJ 75UNIT	4	PA, QL (60 vials / 28 days)
GONAL-F RFF INJ 300/0.5	4	PA, QL (15 cartridges / 28 days)
GONAL-F RFF INJ 450/0.75	4	PA, QL (10 cartridges / 28 days)
GONAL-F RFF INJ 900/1.5	4	PA, QL (7 cartridges / 28 days)
OVIDREL INJ	4	PA

GLUCOCORTICOIDS

<i>cortisone acetate tab 25 mg</i>	1	
DEPO-MEDROL INJ 20MG/ML	M	M
DEXAMETHASON CON 1MG/ML	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	M	M
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	M	M
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	M	M
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	M	M
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	M	M
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	M	M
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tab 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	M	M
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	M	M
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	M	M
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	M	M
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	M	M
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod 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	

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Drug Name	Drug Tier	Requirements/Limits
PREDNISON CON 5MG/ML	2	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
SOLU-CORTEF INJ 100MG	M	M
SOLU-CORTEF INJ 250MG	M	M
SOLU-CORTEF INJ 500MG	M	M
SOLU-CORTEF INJ 1000MG	M	M
SOLU-MEDROL INJ 2GM	M	M
GLUCOSE ELEVATING AGENTS		
GLUCAGON KIT 1MG	2	
INSTA-GLUCOS GEL 77.4%	2	OTC
HUMAN GROWTH HORMONES		
HUMATROPE INJ 5MG	4	PA
HUMATROPE INJ 6MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
INCRELEX INJ 40MG/4ML	4	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA, QL (90 ml / 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA, QL (90 ml / 30 days)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA, QL (225 ml / 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	PA, QL (90 ml / 30 days)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA, QL (45 ml / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OSPHENA TAB 60MG	2	
PROLIA SOL 60MG/ML	4	PA, QL (60mg / 24 weeks)
<i>raloxifene hcl tab 60 mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SAMSCA TAB 15MG	4	PA
SAMSCA TAB 30MG	4	PA
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (60 ampules / 30 days)
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (60 ampules / 30 days)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (60 ampules / 30 days)
SOMATULINE INJ 60/0.2ML	4	PA, QL (1 injection / 28 days)
SOMATULINE INJ 90/0.3ML	4	PA, QL (1 injection / 28 days)
SOMATULINE INJ 120/.5ML	4	PA, QL (1 injection / 28 days)
SOMAVERT INJ 10MG	4	PA, QL (30 vials / 30 days)
SOMAVERT INJ 15MG	4	PA, QL (30 vials / 30 days)
SOMAVERT INJ 20MG	4	PA, QL (30 vials / 30 days)
SOMAVERT INJ 25MG	4	PA, QL (30 vials / 30 days)
SOMAVERT INJ 30MG	4	PA, QL (30 vials / 30 days)
<i>tolvaptan tab 30 mg</i>	4	PA
TYMLOS INJ	4	PA, QL (1 pen / 30 days)

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
PHOSLYRA SOL	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
VELPHORO CHW 500MG	3	

PROGESTINS

CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
LUPANETA KIT 3.75-5	M	M
LUPANETA KIT 11.25-5	M	M
<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>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone micronized cap 100 mg</i>	1	
<i>progesterone micronized cap 200 mg</i>	1	

THYROID AGENTS

<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl tab 25mcg</i>	1	
<i>levoxyl tab 50mcg</i>	1	
<i>levoxyl tab 75mcg</i>	1	
<i>levoxyl tab 88mcg</i>	1	
<i>levoxyl tab 100mcg</i>	1	
<i>levoxyl tab 112mcg</i>	1	
<i>levoxyl tab 125mcg</i>	1	
<i>levoxyl tab 137mcg</i>	1	
<i>levoxyl tab 150mcg</i>	1	
<i>levoxyl tab 175mcg</i>	1	
<i>levoxyl tab 200mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium iv soln 10 mcg/ml</i>	M	M
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYROLAR-1 TAB 60MG	3	
THYROLAR-1/2 TAB 30MG	3	
THYROLAR-1/4 TAB 15MG	3	
THYROLAR-2 TAB 120MG	3	
THYROLAR-3 TAB 180MG	3	
<i>unithroid tab 25mcg</i>	1	
<i>unithroid tab 50mcg</i>	1	
<i>unithroid tab 75mcg</i>	1	
<i>unithroid tab 88mcg</i>	1	
<i>unithroid tab 100mcg</i>	1	
<i>unithroid tab 112mcg</i>	1	
<i>unithroid tab 125mcg</i>	1	
<i>unithroid tab 200mcg</i>	1	
<i>unithroid tab 300mcg</i>	1	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	M	M
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	

GASTROINTESTINAL

ANTICHOLINERGICS

<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	M	M
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	M	M
CUVPOSA SOL 1MG/5ML	2	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl inj 10 mg/ml</i>	M	M
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>ed-spaz tab 0.125mg</i>	1	
<i>glycopyrrolate inj 0.2 mg/ml</i>	M	M
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	M	M
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	M	M
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	M	M
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>methscopolamine bromide tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>nulev tab 0.125mg</i>	1	
<i>oscimin sr tab 0.375mg</i>	1	
<i>oscimin sub 0.125mg</i>	1	
<i>oscimin tab 0.125mg</i>	1	
<i>symax-sl sub 0.125mg</i>	1	
ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	QL (2 caps / 21 days)

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Drug Name	Drug Tier	Requirements/Limits
<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 caps / 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (2 packs / 21 days)
<i>CESAMET CAP 1MG</i>	3	QL (18 caps / 21 days)
<i>compro sup 25mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	QL (60 caps / 25 days)
<i>dronabinol cap 5 mg</i>	1	QL (60 caps / 25 days)
<i>dronabinol cap 10 mg</i>	1	QL (60 caps / 25 days)
<i>granisetron hcl inj 0.1 mg/ml</i>	M	M
<i>granisetron hcl inj 1 mg/ml</i>	M	M
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	M	M
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs / 21 days)
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	M	M
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	M	M
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	M	M
<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 tabs / 21 days)
<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)
<i>phenadoz sup 25mg</i>	1	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	1	
<i>prochlorperazine edisylate inj 50 mg/10ml</i>	M	M
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>promethazine hcl inj 25 mg/ml</i>	M	M
<i>promethazine hcl inj 50 mg/ml</i>	M	M
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 12.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan sup 12.5mg</i>	1	
<i>promethegan sup 25mg</i>	1	
<i>promethegan sup 50mg</i>	1	
SANCUSO DIS 3.1MG	2	QL (2 patches / 21 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
VARUBI INJ	M	M
VARUBI TAB 90MG	2	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	M	M
<i>famotidine inj 20 mg/2ml</i>	M	M
<i>famotidine inj 40 mg/4ml</i>	M	M
<i>famotidine inj 200 mg/20ml</i>	M	M
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	M	M
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	M	M
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>colocort ene 100mg</i>	1	
DIPENTUM CAP 250MG	3	PA
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	1	PA
<i>alose tron hcl tab 1 mg (base equiv)</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
CLENPIQ SOL	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>enulose sol 10gm/15</i>	1	
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	
<i>gavilyte-h kit</i>	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>gavilyte-n sol flav pk</i>	1	
<i>generlac sol 10gm/15</i>	1	
GOLYTELY SOL	2	
<i>lactulose solution 10 gm/15ml</i>	1	
MOVIPREP SOL	0	\$0 copay for members age 50 through 74; Tier 2 for all others
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfite for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfite for soln 240 gm</i>	1	
<i>peg 3350-kcl-nacl-na sulfite-na ascorbate-c for soln 100 gm</i>	0	\$0 copay for members age 50 through 74; Tier 1 for all others
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	1	OTC
PREPOPIK PAK	0	\$0 copay for members age 50 through 74, otherwise not covered
SUPREP BOWEL SOL PREP KIT	0	\$0 copay for members age 50 through 74; Tier 2 for all others
MISCELLANEOUS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
MOTOFEN TAB 1-0.025	3	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
SUCRAID SOL 8500/ML	3	PA, QL (354 ml / 25 days)
<i>sucralfate tab 1 gm</i>	1	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 12000UNT	2	PA
CREON CAP 24000UNT	2	PA
CREON CAP 36000UNT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000	2	PA
ZENPEP CAP 40000	2	PA
PROTON PUMP INHIBITORS§		
DEXILANT CAP 30MG DR	3	ST, QL (90 caps / 365 days); PA**
DEXILANT CAP 60MG DR	3	ST, QL (90 caps / 365 days); PA**
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps / 365 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps / 365 days)
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	M	M
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	M	M
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps / 365 days)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps / 365 days)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps / 365 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps / 365 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps / 365 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs / 365 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs / 365 days)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs / 365 days)

RECTAL,CORTICOSTEROIDS

<i>procto-pak cre 1%</i>	1	
<i>proctosol hc cre 2.5%</i>	1	
<i>proctozone cre -hc 2.5%</i>	1	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
CARDURA XL TAB 4MG	3	ST; PA**
CARDURA XL TAB 8MG	3	ST; PA**
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tadalafil tab 2.5 mg</i>	1	PA, QL (30 tabs / 25 days)
<i>tadalafil tab 5 mg</i>	1	PA, QL (30 tabs / 25 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	

CONTRACEPTIVES

CONCEPTROL GEL 4%	0	OTC
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC

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Drug Name	Drug Tier	Requirements/Limits
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL AER CONTRACP	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC

ERECTILE DYSFUNCTION, PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate tab 25 mg</i>	1	QL (6 tabs per month)
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 tabs per month)
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 tabs per month)
<i>tadalafil tab 10 mg</i>	1	QL (6 tabs per month)
<i>tadalafil tab 20 mg</i>	1	QL (6 tabs per month)

MISCELLANEOUS

<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
ELMIRON CAP 100MG	3	
<i>flavoxate hcl tab 100 mg</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>urinary pain tab 95mg</i>	1	OTC

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
<i>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	

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Drug Name	Drug Tier	Requirements/Limits
<i>trospium chloride cap er 24hr 60 mg</i>	1	
<i>trospium chloride tab 20 mg</i>	1	

VAGINAL ANTI-INFECTIVES

CLEOCIN SUP 100MG	2	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole 3 sup 200mg</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	
<i>vandazole gel 0.75%</i>	1	

HEMATOLOGIC

ANTICOAGULANTS

ARGATRB/NACL INJ 50MG/50	M	M
ARGATROBAN INJ 125/125	M	M
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	M	M
ARGATROBAN INJ 250/250	M	M
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj 80 mg/0.8ml</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>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	3	

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	M	M
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	M	M
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	M	M
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	M	M
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	M	M
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	

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Drug Name	Drug Tier	Requirements/Limits
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
MIRCERA INJ 50MCG	5	PA
MIRCERA INJ 75MCG	5	PA
MIRCERA INJ 100MCG	5	PA
MIRCERA INJ 200MCG	5	PA
MIRCERA SOL 30/0.3ML	5	PA
MIRCERA SOL 150/0.3	5	PA
NEULASTA INJ 6MG/0.6M	4	PA, QL (2 injections / 28 days)
NEULASTA KIT 6MG/0.6M	4	PA, QL (2 injections / 28 days)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
PROMACTA TAB 12.5MG	5	PA, QL (30 tabs / 30 days)
PROMACTA TAB 25MG	5	PA, QL (30 tabs / 30 days)
PROMACTA TAB 50MG	5	PA, QL (60 tabs / 30 days)
PROMACTA TAB 75MG	5	PA, QL (60 tabs / 30 days)
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 40000UNT	4	PA
UDENYCA INJ 6MG/.6ML	4	PA, QL (2 injections / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
HEMLIBRA INJ 30MG/ML	5	PA
HEMLIBRA INJ 60/0.4	5	PA
HEMLIBRA INJ 105/0.7	5	PA
HEMLIBRA INJ 150/ML	5	PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	4	PA, QL (45 syringes / 90 days)
<i>pentoxifylline tab er 400 mg</i>	1	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	M	M
<i>tranexamic acid tab 650 mg</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ZONTIVITY TAB 2.08MG	2	
IMMUNOLOGIC AGENTS		
BIOLOGIC DISEASE-MODIFYING AGENTS		
ACTEMRA INJ 80MG/4ML	5	ST, PA, QL (5 vials / 28 days)
ACTEMRA INJ 162/0.9	5	ST, PA, QL (4 syringes / 28 days)
ACTEMRA INJ 200/10ML	5	ST, PA, QL (4 vials / 14 days)
ACTEMRA INJ 400/20ML	5	ST, PA, QL (2 vials / 14 days)
ENBREL INJ 25/0.5ML	4	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	4	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	4	PA, QL (8 vials / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	4	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	4	PA, QL (8 cartridges / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA INJ 10/0.1ML	4	PA, QL (2 injections / 28 days)
HUMIRA INJ 10MG/0.2	4	PA, QL (2 injections / 28 days)
HUMIRA INJ 20/0.2ML	4	PA, QL (2 injections / 28 days)
HUMIRA INJ 40/0.4ML	4	PA, QL (4 injections / 28 days)
HUMIRA KIT 20MG/0.4	4	PA, QL (2 injections / 28 days)
HUMIRA KIT 40MG/0.8	4	PA, QL (4 injections / 28 days)
HUMIRA PEDIA INJ CROHNS	4	PA, QL (2 injections / 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIA INJ CROHNS	4	PA, QL (3 injections / 28 days); (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML	4	PA, QL (4 injections / 28 days)
HUMIRA PEN INJ CD/UC/HS	4	PA, QL (6 pens / 28 days)
HUMIRA PEN INJ PS/UV	4	PA, QL (4 pens / 28 days)
HUMIRA PEN KIT CD/UC/HS	4	PA, QL (1 kit / 28 days)
HUMIRA PEN KIT PS/UV	4	PA, QL (1 kit / 28 days)
KEVZARA INJ 150/1.14	4	PA, QL (2 pens / 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)

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Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 150/1.14	4	PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14	4	PA, QL (2 pens / 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14	4	PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
RINVOQ TAB 15MG ER	4	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
SIMPONI ARIA SOL 50MG/4ML	M	M
SIMPONI INJ 50/0.5ML	5	PA, QL (1 injection / 28 days)
SIMPONI INJ 100MG/ML	5	PA, QL (1 injection / 28 days)
SKYRIZI INJ 150DOSE	4	PA, QL (2 syringes / 12 weeks); Preferred agent for Psoriasis
STELARA INJ 45MG/0.5	4	PA, QL (1 syringe / 84 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
STELARA INJ 90MG/ML	4	PA, QL (1 syringe / 56 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
TALTZ INJ 80MG/ML	4	PA, QL (1 injection / 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	4	PA, QL (1 injection / 56 days); Preferred agent for Psoriasis

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 5MG	4	PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ TAB 10MG	4	PA, QL (60 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TAB 11MG	4	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ XR TAB 22MG	4	PA, QL (30 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs / 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	4	PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis

IMMUNOGLOBULIN

HYQVIA INJ 2.5-200	4	PA
HYQVIA INJ 5-400	4	PA
HYQVIA INJ 10-800	4	PA
HYQVIA INJ 20-1600	4	PA
HYQVIA INJ 30-2400	4	PA

IMMUNOMODULATORS

ACTIMMUNE INJ 2MU/0.5	4	PA
ALFERON N INJ 5MU/ML	M	M
ARCALYST INJ 220MG	4	PA, QL (4 vials / 28 days)
INTRON A INJ 10MU	4	PA

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Drug Name	Drug Tier	Requirements/Limits
INTRON A INJ 18MU	4	PA
INTRON A INJ 25MU	4	PA
INTRON A INJ 50MU	4	PA
POMALYST CAP 1MG	0	PA, QL (21 caps / 28 days)
POMALYST CAP 2MG	0	PA, QL (21 caps / 28 days)
POMALYST CAP 3MG	0	PA, QL (21 caps / 28 days)
POMALYST CAP 4MG	0	PA, QL (21 caps / 28 days)
REVLIMID CAP 2.5MG	0	PA, QL (28 caps / 28 days)
REVLIMID CAP 5MG	0	PA, QL (28 caps / 28 days)
REVLIMID CAP 10MG	0	PA, QL (28 caps / 28 days)
REVLIMID CAP 15MG	0	PA, QL (28 caps / 28 days)
REVLIMID CAP 20MG	0	PA, QL (21 caps / 28 days)
REVLIMID CAP 25MG	0	PA, QL (21 caps / 28 days)
THALOMID CAP 50MG	0	PA, QL (28 caps / 28 days)
THALOMID CAP 100MG	0	PA, QL (28 caps / 28 days)
THALOMID CAP 150MG	0	PA, QL (56 caps / 28 days)
THALOMID CAP 200MG	0	PA, QL (56 caps / 28 days)

IMMUNOSUPPRESSANTS

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 iv soln 50 mg/ml</i>	M	M
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>gengraf cap 25mg</i>	1	
<i>gengraf cap 100mg</i>	1	
<i>gengraf sol 100mg/ml</i>	1	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	M	M
<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	
PROGRAF INJ 5MG/ML	M	M
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	
ZORTRESS TAB 1MG	2	

VACCINES

ACTHIB INJ	M	M
ADACEL INJ	M	M
AFLURIA QUAD INJ 2020-21	M	M
BEXSERO INJ	M	M
BOOSTRIX INJ	M	M
DAPTACEL INJ	M	M
DIP/TET PED INJ 25-5LFU	M	M
ENGERIX-B INJ 10/0.5ML	M	M
ENGERIX-B INJ 20MCG/ML	M	M
FLUAD INJ 2020-21	M	M

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Drug Name	Drug Tier	Requirements/Limits
FLUAD QUADRI INJ 0.5ML	M	M
FLUARIX QUAD INJ 2020-21	M	M
FLUBLOK QUAD INJ 2020-21	M	M
FLUCLVX QUAD INJ 2020-21	M	M
FLULAVAL QUA INJ 2020-21	M	M
FLUMIST QUAD SUS 2020-21	M	M
FLUZONE HD INJ PF 20-21	M	M
FLUZONE QUAD INJ 2020-21	M	M
GARDASIL 9 INJ	M	M
HAVRIX INJ 720UNIT	M	M
HAVRIX INJ 1440UNIT	M	M
HEPLISAV-B INJ 20/0.5ML	M	M
HEPLISAV-B INJ 20MCG	M	M
HIBERIX SOL 10MCG	M	M
INFANRIX INJ	M	M
IPOL INJ INACTIVE	M	M
KINRIX INJ	M	M
M-M-R II INJ	M	M
MENACTRA INJ	M	M
MENVEO INJ	M	M
PEDIARIX INJ 0.5ML	M	M
PEDVAX HIB INJ	M	M
PENTACEL INJ	M	M
PNEUMOVAX 23 INJ 25/0.5	M	M
PREVNAR 13 INJ	M	M
PROQUAD INJ	0	M; \$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVA HB INJ 5MCG/0.5	M	M
RECOMBIVA HB INJ 10MCG/ML	M	M
RECOMBIVA-HB INJ 40MCG/ML	M	M
ROTARIX SUS	0	M; \$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	0	M; \$0 copay for members age 18 and younger, otherwise not covered

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Drug Name	Drug Tier	Requirements/Limits
SHINGRIX INJ 50/0.5ML	M	M
TDVAX INJ 2-2 LF	M	M
TENIVAC INJ 5-2LF	M	M
TRUMENBA INJ	M	M
TWINRIX INJ	0	M; \$0 copay for members age 19 and older, otherwise not covered
VAQTA INJ 25/0.5ML	M	M
VAQTA INJ 50UNT/ML	M	M
VARIVAX INJ	M	M
ZOSTAVAX INJ	M	M

MEDICAL DEVICES

CONTRACEPTIVES

CAYA DPR	0	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM	0	OTC
FEMCAP MIS 22MM	0	QL (1 / 300 days)
FEMCAP MIS 26MM	0	QL (1 / 300 days)
FEMCAP MIS 30MM	0	QL (1 / 300 days)
OMNIFLEX DPR	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 / 300 days)

DIABETIC SUPPLIES

ACCU-CHEK KIT AVA CONN	M	OTC; M
ACCU-CHEK KIT AVIVA PL	M	OTC; M
ACCU-CHEK KIT COMPACT	M	OTC; M
ACCU-CHEK KIT GUIDE	M	OTC; M
ACCU-CHEK KIT NANO	M	OTC; M
ACCU-CHEK LIQ SMART	0	OTC
ACCU-CHEK MIS AVIVA	2	OTC
ACCU-CHEK MIS MLTICLIX	0	OTC
ACCU-CHEK TES AVIVA PL	0	QL (204 Test Strips / 25 days), OTC

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Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK TES COMPACT	0	QL (204 Test Strips / 25 days), OTC
ACCU-CHEK TES GUIDE	0	QL (204 Test Strips / 25 days), OTC
ACCU-CHEK TES SMART	0	QL (204 Test Strips / 25 days), OTC
ALCOH-WIPE MIS 12"X12"	0	
BD SWAB REG PAD SNGL USE	0	OTC
CHEMSTRIP 9 TES STRIPS	0	OTC
DIASCREEN 10 MIS	0	OTC
DIASTIX TES STRIPS	0	OTC
INSULIN SYRG MIS 1ML/31G	0	OTC
KETO-DIASTIX TES	0	OTC
LANCING DEVI MIS	0	OTC
MONOJECTOR MIS END CAPS	0	OTC
NOVOFINE MIS 32GX6MM	0	OTC
SHARPS CONT MIS 2QUART	0	OTC

MISCELLANEOUS

AEROCHAMBER MIS PLUS	2	
FLEXICHAMBER MIS MASK SM	2	
HUMATROPEN MIS FOR 6MG	2	OTC
HUMATROPEN MIS FOR 12MG	2	OTC
HUMATROPEN MIS FOR 24MG	2	OTC
OPTICHAMBER MIS FACE MAS	2	OTC
PANDA MASK MIS PEDIATRI	2	OTC

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

FLUORABON DRO	0	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab chw 0.5mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab chw 0.25mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab chw 2.2mg</i>	1	
<i>fluoritab dro 0.125mg</i>	0	\$0 applies for ages 5 and under, otherwise not covered

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Drug Name	Drug Tier	Requirements/Limits
<i>flura-drops dro 0.25mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>k-effervesce tab 25meq ef</i>	1	
<i>klor-con 8 tab 8meq er</i>	1	
<i>klor-con 10 tab 10meq er</i>	1	
<i>klor-con m15 tab 15meq er</i>	1	
<i>klor-con m20 tab 20meq er</i>	1	
<i>ludent chw 0.5mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>ludent chw 0.25mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>ludent chw 1mg f</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	M	M
<i>magnesium sulfate inj 50%</i>	M	M
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	M	M
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	M	M
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	M	M
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	M	M
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	M	M
<i>nafrinse chw 1mg f</i>	1	
<i>nafrinse dro 0.125mg</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<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 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
<i>sodium chloride flush iv soln 0.9%</i>	M	M
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	M	M
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	

IV REPLACEMENT SOLUTIONS

<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	M	M
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	M	M
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	M	M
<i>potassium chloride inj 2 meq/ml</i>	M	M
<i>sodium chloride iv soln 0.9%</i>	M	M
<i>sodium chloride iv soln 0.45%</i>	M	M
<i>sodium chloride iv soln 3%</i>	M	M
<i>sodium chloride iv soln 5%</i>	M	M
<i>sodium chloride preservative free (pf) inj 0.9%</i>	1	

VITAMINS

<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol inj 1 mcg/ml</i>	M	M
<i>calcitriol oral soln 1 mcg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	1	OTC
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>cyanocobalamin inj 1000 mcg/ml</i>	M	M
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	M	M
<i>elite-ob tab</i>	1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>folic acid cap 0.8 mg</i>	0	QL (100 caps / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	QL (100 tabs / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered
<i>folic acid tab 800 mcg</i>	0	QL (100 tabs / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered
<i>multi-vit/fe dro /fl 0.25</i>	1	
<i>multi-vit/fl dro 0.5mg/ml</i>	1	
<i>multi-vit/fl dro 0.25mg</i>	1	
<i>multi-vit/fl dro /fe 0.25</i>	1	
<i>multivit/fl chw 0.5mg</i>	1	
<i>multivit/fl chw 0.25mg</i>	1	
<i>multivit/fl chw 1mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mvc-fluoride chw 1mg</i>	1	
<i>niva-fol tab</i>	1	
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
<i>paricalcitol iv soln 2 mcg/ml</i>	M	M
<i>paricalcitol iv soln 5 mcg/ml</i>	M	M
<i>phytonadione tab 5 mg</i>	1	
<i>prenatabs rx tab</i>	1	
<i>pyridoxine hcl tab 25 mg</i>	1	OTC
<i>pyridoxine hcl tab 50 mg</i>	1	OTC
<i>tri-vit/fe dro /fl 0.25</i>	1	
<i>tri-vit/fl dro 0.5mg</i>	1	
<i>tri-vit/fl dro 0.25mg</i>	1	
<i>vit a/c/d/fl dro 0.25mg</i>	1	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	2	
BLEPHAMIDE SUS OP	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	

ANTI-INFECTIVES

AZASITE SOL 1%	2	
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentak oin 0.3% op</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	2	
<i>neomycin-polymy-gramicid op sol 1.75- 10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polycin oin op</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>trifluridine ophth soln 1%</i>	1	
ZIRGAN GEL 0.15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOL 0.45%	2	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
DUREZOL EMU 0.05%	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
FML FORTE SUS 0.25% OP	2	
FML OIN 0.1% OP	2	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXIDEX SUS 0.1% OP	2	
NEVANAC SUS 0.1%	2	
PRED MILD SUS 0.12% OP	2	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	1	
ANTIALLERGICS		
ALOCRI SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
EMADINE SOL 0.05% OP	3	
<i>epinastine hcl ophth soln 0.05%</i>	1	
LASTACFT SOL 0.25%	2	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PAZEO DRO 0.7%	2	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
AZOPT SUS 1% OP	2	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5%	3	
BETIMOL SOL 0.25%	3	
BETOPTIC-S SUS 0.25% OP	2	
<i>bimatoprost ophth soln 0.03%</i>	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
IOPIDINE SOL 1% OP	3	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
LUMIGAN SOL 0.01%	2	ST; PA**
<i>metipranolol ophth soln 0.3%</i>	1	
PHOSPHOLINE SOL 0.125%OP	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl ophth soln 1%</i>	1	
SIMBRINZA SUS 1-0.2%	2	
<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>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
ZIOPTAN DRO 0.0015%	3	ST; PA**

MISCELLANEOUS

<i>atropine sul sol 1% op</i>	3	
CYSTARAN SOL 0.44%	5	PA, QL (4 bottles / 28 days)
LACRISERT MIS 5MG OP	3	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
RESTASIS EMU 0.05%	2	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	

OTHER

IRRIGATION SOLUTIONS

<i>physiolyte sol</i>	M	M
<i>physiosol sol irrigat</i>	M	M
<i>tis-u-sol sol</i>	M	M

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	(generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 0.15MG	2	

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Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§		
ANORO ELLIPT AER 62.5-25	2	QL (1 package / 25 days)
BEVESPI AER 9-4.8MCG	2	QL (1 package / 25 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes / 25 days)
ANTICHOLINERGICS§		
INCRUSE ELPT INH 62.5MCG	2	QL (1 package / 25 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (5 boxes / 25 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
SPIRIVA AER 1.25MCG	2	QL (1 package / 25 days)
SPIRIVA CAP HANDIHLR	2	QL (1 package / 25 days)
SPIRIVA SPR 2.5MCG	2	QL (1 package / 25 days)
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 package / 25 days)
ANTI-HISTAMINES§		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles / 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	QL (2 bottles / 25 days)
<i>brompheniramine tannate chew tab 12 mg</i>	1	
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
CLARINEX SYP 0.5MG/ML	3	
<i>clemastine fumarate tab 2.68 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<i>desloratadine tab 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl inj 50 mg/ml</i>	M	M
<i>hydroxyzine hcl im soln 25 mg/ml</i>	M	M
<i>hydroxyzine hcl im soln 50 mg/ml</i>	M	M
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 container / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
BETA AGONISTS§		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 inhalers / 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (60 mL / 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (5 boxes / 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (5 boxes / 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (5 boxes / 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (45 mL / 25 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers / 25 days)
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	1	
<i>metaproterenol sulfate tab 10 mg</i>	1	
<i>metaproterenol sulfate tab 20 mg</i>	1	
PERFOROMIST NEB 20MCG	2	QL (2 boxes / 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package / 25 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	M	M
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
BIOLOGIC RESPONSE MODIFIERS		
NUCALA INJ 100MG	M	M
NUCALA INJ 100MG/ML	4	PA, QL (3 injections / 28 days)
XOLAIR INJ 75/0.5	M	M
XOLAIR INJ 150MG/ML	M	M

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOL 150MG	M	M
COLD/COUGH		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>cheratussin syp ac</i>	1	OTC
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	
<i>hydromet syp 5-1.5/5</i>	1	
NORTUSS-EX LIQ 200-20/5	2	
<i>prometh vc/ syp codeine</i>	1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<i>tussigon tab 5-1.5mg</i>	1	
TUZISTRA XR SUS	3	
VITUZ SOL 5-4MG	3	
LEUKOTRIENE MODIFIERS		
<i>zileuton tab er 12hr 600 mg</i>	3	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
MAST CELL STABILIZERS§		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (2 boxes / 25 days)
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DALIRESP TAB 250MCG	3	PA
DALIRESP TAB 500MCG	3	PA
ESBRIET CAP 267MG	4	PA, QL (270 caps / 30 days)
ESBRIET TAB 267MG	4	PA, QL (270 tabs / 30 days)
ESBRIET TAB 801MG	4	PA, QL (90 tabs / 30 days)
KALYDECO PAK 25MG	4	PA, QL (56 packets / 28 days)
KALYDECO PAK 50MG	4	PA, QL (56 packets / 28 days)
KALYDECO PAK 75MG	4	PA, QL (56 packets / 28 days)
KALYDECO TAB 150MG	4	PA, QL (56 tabs / 28 days); carton consists of 56 tablets
KALYDECO TAB 150MG	4	PA, QL (60 tabs / 30 days); packet consists of 60 tablets
ORKAMBI GRA 100-125	4	PA, QL (56 packets / 28 days)
ORKAMBI GRA 150-188	4	PA, QL (56 packets / 28 days)
ORKAMBI TAB 100-125	4	PA, QL (112 tabs / 28 days)
ORKAMBI TAB 200-125	4	PA, QL (112 tabs / 28 days)
PROLASTIN-C INJ 1000MG	M	M
<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	
SYMDEKO TAB 50-75MG	4	PA, QL (56 tabs / 28 days)
SYMDEKO TAB 100-150	4	PA, QL (56 tabs / 28 days)
TRIKAFTA TAB	4	PA, QL (84 tabs / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS§		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 containers / 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 container / 25 days)
OMNARIS SPR	3	ST, QL (1 package / 25 days); PA**
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	1	QL (1 package / 25 days), OTC
STEROID INHALANTS§		
ARNUITY ELPT INH 50MCG	2	QL (1 package / 25 days)
ARNUITY ELPT INH 100MCG	2	QL (1 package / 25 days)
ARNUITY ELPT INH 200MCG	2	QL (1 package / 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (2 boxes / 25 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (3 boxes / 25 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (1 box / 25 days)
QVAR REDIHA AER 80MCG	2	QL (2 packages / 25 days)
QVAR REDIHAL AER 40MCG	2	QL (2 packages / 25 days)
STEROID/BETA-AGONIST COMBINATIONS§		
ADVAIR DISKU AER 100/50	1	QL (1 package / 25 days)
ADVAIR DISKU AER 250/50	1	QL (1 package / 25 days)
ADVAIR DISKU AER 500/50	1	QL (1 package / 25 days)
ADVAIR HFA AER 45/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 115/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 230/21	2	QL (1 package / 25 days)
BREO ELLIPTA INH 100-25	2	QL (1 package / 25 days)
BREO ELLIPTA INH 200-25	2	QL (1 package / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMBICORT AER 80-4.5	2	QL (1 package / 25 days)
SYMBICORT AER 160-4.5	2	QL (1 package / 25 days)

XANTHINES

<i>aminophylline inj 25 mg/ml</i>	M	M
ELIXOPHYLLIN ELX 80/15ML	3	
THEO-24 CAP 100MG CR	3	
THEO-24 CAP 200MG CR	3	
THEO-24 CAP 300MG CR	3	
THEO-24 CAP 400MG ER	3	
<i>theochron tab 100mg cr</i>	1	
<i>theochron tab 200mg cr</i>	1	
<i>theochron tab 300mg cr</i>	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene cream 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene gel 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene gel 0.3%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>avita cre 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>avita gel 0.025%</i>	1	PA; PA applies for members age 35 and older
BENZIQU GEL 5.25%	2	
BENZIQU LS GEL 2.75%	2	
<i>benziq wash liq 5.25%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bp wash liq 2.5%</i>	1	
<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 (75g / 25 days)
<i>clindamycin phosphate lotion 1%</i>	1	QL (60mL / 25 days)
<i>clindamycin phosphate soln 1%</i>	1	QL (60mL / 25 days)
<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	
EPIDUO FORTE GEL 0.3-2.5%	3	
<i>ery pad 2%</i>	1	
<i>erythromycin gel 2%</i>	1	QL (60g / 25 days)
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	QL (60mL / 25 days)
<i>isotretinoin cap 10 mg</i>	1	PA
<i>isotretinoin cap 20 mg</i>	1	PA
<i>isotretinoin cap 30 mg</i>	1	PA
<i>isotretinoin cap 40 mg</i>	1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>tretinoin cream 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	1	PA; PA applies for members age 35 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin microsphere gel 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	1	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

FLUOROPLEX CRE 1%	3	
<i>fluorouracil cream 0.5%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
<i>imiquimod cream 5%</i>	1	
PICATO GEL 0.05%	3	
PICATO GEL 0.015%	3	

DERMATOLOGY, ANTIBIOTICS

BACTROBAN OIN NASAL 2%	3	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
IV PREP WIPE PAD	2	OTC
<i>mupirocin oint 2%</i>	1	QL (30g / 25 days)
<i>silver sulfadiazine cream 1%</i>	1	
<i>ssd cre 1%</i>	1	
SULFAMYLON CRE 85MG/GM	3	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox gel 0.77%</i>	1	QL (120g / 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	QL (120g / 25 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	QL (120mL / 25 days)
<i>ciclopirox shampoo 1%</i>	1	QL (120mL / 25 days)
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole cream 1%</i>	1	QL (120g / 25 days)
<i>clotrimazole soln 1%</i>	1	QL (120mL / 25 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (60gm / 25 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	QL (60mL / 25 days)
<i>econazole nitrate cream 1%</i>	1	QL (60g / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
ERTACZO CRE 2%	3	QL (60g / 25 days)
EXELDERM CRE 1%	3	ST, QL (60g / 25 days); PA**
EXELDERM SOL 1%	3	ST, QL (60mL / 25 days); PA**
JUBLIA SOL 10%	3	PA, QL (4mL / 21 days)
<i>ketoconazole cream 2%</i>	1	QL (120g / 25 days)
MENTAX CRE 1%	3	QL (60g / 25 days)
<i>naftifine hcl cream 1%</i>	1	QL (60g / 25 days)
<i>naftifine hcl cream 2%</i>	1	QL (60g / 25 days)
<i>nyamyc pow 100000</i>	1	QL (120g / 25 days)
<i>nystatin cream 100000 unit/gm</i>	1	QL (120g / 25 days)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120g / 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120g / 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	QL (60g / 25 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	QL (60g / 25 days)
<i>nystop pow 100000</i>	1	QL (120g / 25 days)
<i>oxiconazole nitrate cream 1%</i>	1	QL (60g / 25 days)
OXISTAT LOT 1%	3	QL (60mL / 25 days)
<i>sulconazole nitrate cream 1%</i>	1	QL (60g / 25 days)
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl cream 5%</i>	3	ST, QL (90 grams / 25 days); PA**
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcitriol oint 3 mcg/gm</i>	3	
COSENTYX INJ 150MG/ML	4	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 300DOSE	4	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	4	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>methoxsalen rapid cap 10 mg</i>	1	
<i>tazarotene cream 0.1%</i>	1	PA
TAZORAC CRE 0.05%	2	PA
TAZORAC GEL 0.1%	2	PA
TAZORAC GEL 0.05%	2	PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort cre 1%</i>	1	QL (120g / 25 days)
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>amcinonide cream 0.1%</i>	1	QL (120g / 25 days)
<i>amcinonide lotion 0.1%</i>	1	QL (120mL / 25 days)
AMCINONIDE OIN 0.1%	2	QL (120g / 25 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120mL / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (120g / 25 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (120g / 25 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (120mL / 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (120g / 25 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	3	
<i>clobetasol propionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate foam 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate gel 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>clobetasol propionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (120mL / 25 days)
<i>clobetasol propionate soln 0.05%</i>	1	QL (120mL / 25 days)
<i>clobetasol propionate spray 0.05%</i>	1	QL (120mL / 25 days)
<i>clocortolone pivalate cream 0.1%</i>	1	QL (120g / 25 days)
<i>desonide cream 0.05%</i>	1	QL (120g / 25 days)
<i>desonide lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>desonide oint 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone cream 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone cream 0.25%</i>	1	QL (120g / 25 days)
<i>desoximetasone gel 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone oint 0.05%</i>	1	QL (120g / 25 days)
<i>desoximetasone oint 0.25%</i>	1	QL (120g / 25 days)
<i>diflorasone diacetate cream 0.05%</i>	3	QL (120g / 25 days)
<i>diflorasone diacetate oint 0.05%</i>	3	QL (120g / 25 days)
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (120mL / 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (120mL / 25 days)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120g / 25 days)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (120mL / 25 days)
<i>fluocinonide cream 0.05%</i>	1	QL (120g / 25 days)
<i>fluocinonide gel 0.05%</i>	1	QL (120g / 25 days)
<i>fluocinonide oint 0.05%</i>	1	QL (120g / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide soln 0.05%</i>	1	QL (120mL / 25 days)
<i>fluticasone propionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120mL / 25 days)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120g / 25 days)
<i>halobetasol propionate cream 0.05%</i>	1	QL (120g / 25 days)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120g / 25 days)
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120g / 25 days)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120g / 25 days)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (120mL / 25 days)
<i>hydrocortisone cream 1%</i>	1	QL (120g / 25 days)
<i>hydrocortisone cream 2.5%</i>	1	QL (120g / 25 days)
<i>hydrocortisone lotion 2.5%</i>	1	QL (120mL / 25 days)
<i>hydrocortisone oint 2.5%</i>	1	QL (120g / 25 days)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (120g / 25 days)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120g / 25 days)
<i>mometasone furoate cream 0.1%</i>	1	QL (120g / 25 days)
<i>mometasone furoate oint 0.1%</i>	1	QL (120g / 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120mL / 25 days)
<i>prednicarbate cream 0.1%</i>	1	QL (120g / 25 days)
<i>prednicarbate oint 0.1%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (120mL / 25 days)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (120mL / 25 days)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (120g / 25 days)
<i>triderm cre 0.1%</i>	1	QL (120g / 25 days)

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine hcl soln 4%</i>	1	QL (50mL / 25 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60mL / 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (60mL / 25 days)
<i>lidocaine oint 5%</i>	1	QL (50gm / 25 days)
<i>lidocaine patch 5%</i>	1	PA, QL (90 patches / 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30gm / 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SYNERA DIS 70-70MG	3	QL (2 patches / 25 days)

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

CONDYLOX GEL 0.5%	3	
DENAVIR CRE 1%	3	
<i>diclofenac sodium gel 1%</i>	1	QL (300g / 25 days)
<i>diclofenac sodium gel 1%</i>	1	QL (300g / 25 days), OTC
EUCRISA OIN 2%	2	ST; PA**
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 10%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
<i>podofilox soln 0.5%</i>	1	
RECTIV OIN 0.4%	3	
<i>tacrolimus oint 0.1%</i>	1	
<i>tacrolimus oint 0.03%</i>	1	
TARGRETIN GEL 1%	0	PA
VOLTAREN GEL 1%	1	QL (300g / 25 days), OTC

DERMATOLOGY, ROSACEA

<i>azelaic acid gel 15%</i>	1	
FINACEA AER 15%	2	
<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	
MIRVASO GEL 0.33%	3	
<i>rosadan cre 0.75%</i>	1	

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>crotan lot 10%</i>	1	
EURAX CRE 10%	3	
<i>lindane shampoo 1%</i>	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
SKLICE LOT 0.5%	3	
<i>spinosad susp 0.9%</i>	1	

DERMATOLOGY, WOUND CARE AGENTS

REGANEX GEL 0.01%	3	PA, QL (30g / 25 days)
<i>sodium chloride irrigation soln 0.9%</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	1	
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>oralone dent pst 0.1%</i>	1	
ORAVIG TAB 50MG	3	QL (14 tabs / 25 days)
<i>periogard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
OTIC		
<i>acetic acid otic soln 2%</i>	1	
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
COLY-MYCIN S SUS OTIC	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	

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<i>alfuzosin hcl tab er 24hr 10 mg</i>	119	<i>ambrisentan tab 5 mg</i>	62
<i>ALIMTA INJ 100MG</i>	34	<i>amcinonide cream 0.1%</i>	151
<i>ALIMTA INJ 500MG</i>	34	<i>amcinonide lotion 0.1%</i>	151
<i>ALINIA SUS 100/5ML</i>	17	<i>AMCINONIDE OIN 0.1%</i>	151
<i>ALINIA TAB 500MG</i>	17	<i>amethia tab</i>	98
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	59	<i>amethyst tab 90-20mcg</i>	99
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	59	<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	16
<i>allopurinol sodium for inj 500 mg</i>	1	<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	16
<i>allopurinol tab 100 mg</i>	1	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	59
<i>allopurinol tab 300 mg</i>	1	<i>amiloride hcl tab 5 mg</i>	59
<i>almotriptan malate tab 12.5 mg</i>	85	<i>aminophylline inj 25 mg/ml</i>	147
<i>almotriptan malate tab 6.25 mg</i>	85	<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	50
<i>ALOCRIIL SOL 2%</i>	139	<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	50
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	93	<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	50
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	93		

<i>amiodarone hcl tab 200 mg</i>	50	<i>amlodipine besylate-olmesartan</i>	
<i>amiodarone hcl tab 400 mg</i>	50	<i>medoxomil tab 10-40 mg</i>	47
AMITIZA CAP 24MCG	116	<i>amlodipine besylate-olmesartan</i>	
AMITIZA CAP 8MCG	116	<i>medoxomil tab 5-20 mg</i>	47
<i>amitriptyline hcl tab 100 mg</i>	70	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 10 mg</i>	70	<i>medoxomil tab 5-40 mg</i>	47
<i>amitriptyline hcl tab 150 mg</i>	70	<i>amlodipine besylate tab 10 mg (base</i>	
<i>amitriptyline hcl tab 25 mg</i>	70	<i>equivalent)</i>	56
<i>amitriptyline hcl tab 50 mg</i>	70	<i>amlodipine besylate tab 2.5 mg (base</i>	
<i>amitriptyline hcl tab 75 mg</i>	70	<i>equivalent)</i>	56
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate tab 5 mg (base</i>	
<i>calcium tab 10-10 mg</i>	56	<i>equivalent)</i>	56
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate-valsartan tab 10-</i>	
<i>calcium tab 10-20 mg</i>	56	<i>160 mg</i>	47
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate-valsartan tab 10-</i>	
<i>calcium tab 10-40 mg</i>	56	<i>320 mg</i>	47
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate-valsartan tab 5-</i>	
<i>calcium tab 10-80 mg</i>	56	<i>160 mg</i>	47
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate-valsartan tab 5-</i>	
<i>calcium tab 2.5-10 mg</i>	55	<i>320 mg</i>	47
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine-valsartan-</i>	
<i>calcium tab 2.5-20 mg</i>	56	<i>hydrochlorothiazide tab 10-160-12.5</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>mg</i>	48
<i>calcium tab 2.5-40 mg</i>	56	<i>amlodipine-valsartan-</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>hydrochlorothiazide tab 10-160-25</i>	
<i>calcium tab 5-10 mg</i>	56	<i>mg</i>	48
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine-valsartan-</i>	
<i>calcium tab 5-20 mg</i>	56	<i>hydrochlorothiazide tab 10-320-25</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>mg</i>	48
<i>calcium tab 5-40 mg</i>	56	<i>amlodipine-valsartan-</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>hydrochlorothiazide tab 5-160-12.5</i>	
<i>calcium tab 5-80 mg</i>	56	<i>mg</i>	47
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amlodipine-valsartan-</i>	
<i>10-20 mg</i>	44	<i>hydrochlorothiazide tab 5-160-25 mg</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		47
<i>10-40 mg</i>	44	<i>amoxapine tab 100 mg</i>	71
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxapine tab 150 mg</i>	71
<i>2.5-10 mg</i>	44	<i>amoxapine tab 25 mg</i>	71
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxapine tab 50 mg</i>	71
<i>5-10 mg</i>	44	<i>amoxicillin (trihydrate) cap 250 mg</i> ..	30
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin (trihydrate) cap 500 mg</i> ..	30
<i>5-20 mg</i>	44	<i>amoxicillin (trihydrate) chew tab 125</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>mg</i>	30
<i>5-40 mg</i>	44	<i>amoxicillin (trihydrate) chew tab 250</i>	
<i>amlodipine besylate-olmesartan</i>		<i>mg</i>	30
<i>medoxomil tab 10-20 mg</i>	47	<i>amoxicillin (trihydrate) for susp 125</i>	
		<i>mg/5ml</i>	30

<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	30	<i>amphetamine-dextroamphetamine tab 20 mg</i>	82
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	30	<i>amphetamine-dextroamphetamine tab 30 mg</i>	82
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	30	<i>amphetamine-dextroamphetamine tab 5 mg</i>	82
<i>amoxicillin (trihydrate) tab 500 mg</i> ..	31	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	82
<i>amoxicillin (trihydrate) tab 875 mg</i> ..	31	<i>amphotericin b for iv soln 50 mg</i>	20
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	30	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	31
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	30	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	31
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	30	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	31
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	30	<i>ampicillin cap 500 mg</i>	31
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	30	<i>ampicillin sodium for inj 125 mg</i>	31
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	30	<i>ampicillin sodium for inj 1 gm</i>	31
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	30	<i>ampicillin sodium for inj 250 mg</i>	31
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	30	<i>ampicillin sodium for inj 2 gm</i>	31
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	30	<i>ampicillin sodium for inj 500 mg</i>	31
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	30	<i>ampicillin sodium for iv soln 10 gm</i> ...31	
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	81	<i>ampicillin sodium for iv soln 1 gm</i>31	
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	81	<i>ampicillin sodium for iv soln 2 gm</i>31	
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	81	<i>ANADROL-50 TAB 50MG</i>	92
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	82	<i>anagrelide hcl cap 0.5 mg</i>	124
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	82	<i>anagrelide hcl cap 1 mg</i>	124
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	81	<i>anastrozole tab 1 mg</i>	37
<i>amphetamine-dextroamphetamine tab 10 mg</i>	82	<i>ANNOVERA MIS</i>	99
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	82	<i>ANORO ELLIPT AER 62.5-25</i>	141
<i>amphetamine-dextroamphetamine tab 15 mg</i>	82	<i>APOKYN INJ 10MG/ML</i>	76
		<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	139
		<i>aprepitant capsule 125 mg</i>	114
		<i>aprepitant capsule 40 mg</i>	114
		<i>aprepitant capsule 80 mg</i>	114
		<i>aprepitant capsule therapy pack 80 & 125 mg</i>	114
		<i>apri tab</i>	99
		<i>APTIOM TAB 200MG</i>	64
		<i>APTIOM TAB 400MG</i>	64
		<i>APTIOM TAB 600MG</i>	64
		<i>APTIOM TAB 800MG</i>	64
		<i>APTIVUS CAP 250MG</i>	21
		<i>APTIVUS SOL</i>	21
		<i>aranelle tab</i>	99
		<i>ARANESP INJ 100MCG</i>	123

ARANESP INJ 10MCG	123	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	21
ARANESP INJ 150MCG	123	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	21
ARANESP INJ 200MCG	123	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	21
ARANESP INJ 25MCG	123	<i>atenolol & chlorthalidone tab 100-25 mg</i>	53
ARANESP INJ 300MCG	123	<i>atenolol & chlorthalidone tab 50-25 mg</i>	53
ARANESP INJ 40MCG	123	<i>atenolol tab 100 mg</i>	54
ARANESP INJ 500MCG	123	<i>atenolol tab 25 mg</i>	54
ARANESP INJ 60MCG	123	<i>atenolol tab 50 mg</i>	54
ARCALYST INJ 220MG	128	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	82
ARGATRB/NACL INJ 50MG/50	121	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	82
ARGATROBAN INJ 125/125	121	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	82
ARGATROBAN INJ 250/250	121	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	82
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	121	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	82
<i>aripiprazole orally disintegrating tab 10 mg</i>	78	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	82
<i>aripiprazole orally disintegrating tab 15 mg</i>	78	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	82
<i>aripiprazole oral solution 1 mg/ml</i>	78	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	52
<i>aripiprazole tab 10 mg</i>	78	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	52
<i>aripiprazole tab 15 mg</i>	78	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	52
<i>aripiprazole tab 20 mg</i>	78	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	52
<i>aripiprazole tab 2 mg</i>	78	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	20
<i>aripiprazole tab 30 mg</i>	78	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	20
<i>aripiprazole tab 5 mg</i>	78	<i>atovaquone susp 750 mg/5ml</i>	17
ARISTADA INJ 1064MG	78	<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	113
ARISTADA INJ 441MG/1	78	<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	113
ARISTADA INJ 662MG/2	78	<i>atropine sul sol 1% op</i>	140
ARISTADA INJ 882MG/3	78	AUBAGIO TAB 14MG	88
ARISTADA INJ INITIO	78	AUBAGIO TAB 7MG	88
<i>armodafinil tab 150 mg</i>	90		
<i>armodafinil tab 200 mg</i>	90		
<i>armodafinil tab 250 mg</i>	90		
<i>armodafinil tab 50 mg</i>	90		
ARNUITY ELPT INH 100MCG	146		
ARNUITY ELPT INH 200MCG	146		
ARNUITY ELPT INH 50MCG	146		
ARRANON INJ 5MG/ML	34		
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	42		
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	42		
<i>ashlyna tab</i>	99		
<i>aspirin chw 81mg</i>	16		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	124		
<i>aspirin low tab 81mg ec</i>	16		

AUGMENTIN SUS 125/5ML	31	BASAGLAR INJ 100UNIT.....	94
<i>aviane tab</i>	99	BD SWAB REG PAD SNGL USE.....	133
<i>avidoxy tab 100mg</i>	32	BELBUCA MIS 150MCG	15
<i>avita cre 0.025%</i>	147	BELBUCA MIS 300MCG	15
<i>avita gel 0.025%</i>	147	BELBUCA MIS 450MCG	15
AVONEX KIT 30MCG	88	BELBUCA MIS 600MCG	15
AVONEX PEN KIT 30MCG.....	88	BELBUCA MIS 750MCG	15
AVONEX PREFL KIT 30MCG.....	88	BELBUCA MIS 75MCG	15
<i>azacitidine for inj 100 mg</i>	34	BELBUCA MIS 900MCG	15
AZACTAM/DEX INJ 1GM	17	BELSOMRA TAB 10MG	85
AZACTAM/DEX INJ 2GM	17	BELSOMRA TAB 15MG	85
AZASAN TAB 100MG.....	129	BELSOMRA TAB 20MG	85
AZASAN TAB 75 MG.....	129	BELSOMRA TAB 5MG	85
AZASITE SOL 1%	137	<i>benazepril & hydrochlorothiazide tab</i>	
<i>azathioprine tab 50 mg</i>	129	10-12.5 mg	45
<i>azelaic acid gel 15%</i>	154	<i>benazepril & hydrochlorothiazide tab</i>	
<i>azelastine hcl-fluticasone prop nasal</i>		20-12.5 mg	45
<i>spray 137-50 mcg/act</i>	141	<i>benazepril & hydrochlorothiazide tab</i>	
<i>azelastine hcl nasal spray 0.1% (137</i>		20-25 mg.....	45
<i>mcg/spray)</i>	141	<i>benazepril & hydrochlorothiazide tab 5-</i>	
<i>azelastine hcl nasal spray 0.15%</i>		6.25 mg.....	45
<i>(205.5 mcg/spray)</i>	141	<i>benazepril hcl tab 10 mg</i>	46
<i>azelastine hcl ophth soln 0.05%</i>	139	<i>benazepril hcl tab 20 mg</i>	46
<i>azithromycin for susp 100 mg/5ml</i> ...	27	<i>benazepril hcl tab 40 mg</i>	46
<i>azithromycin for susp 200 mg/5ml</i> ...	27	<i>benazepril hcl tab 5 mg</i>	46
<i>azithromycin iv for soln 500 mg</i>	27	BENZIQ GEL 5.25%	147
<i>azithromycin powd pack for susp 1 gm</i>		BENZIQ LS GEL 2.75%.....	147
.....	27	<i>benziq wash liq 5.25%</i>	147
<i>azithromycin tab 250 mg</i>	27	<i>benzonatate cap 100 mg</i>	144
<i>azithromycin tab 500 mg</i>	27	<i>benzonatate cap 200 mg</i>	144
<i>azithromycin tab 600 mg</i>	27	<i>benzoyl peroxide-erythromycin gel 5-</i>	
AZOPT SUS 1% OP	139	3%	147
<i>aztreonam for inj 1 gm</i>	17	<i>benztropine mesylate inj 1 mg/ml</i>	76
<i>aztreonam for inj 2 gm</i>	17	<i>benztropine mesylate tab 0.5 mg</i>	76
<i>azurette tab 28 day</i>	99	<i>benztropine mesylate tab 1 mg</i>	76
B		<i>benztropine mesylate tab 2 mg</i>	76
<i>bacitracin ophth oint 500 unit/gm</i> ...	137	BEPREVE DRO 1.5%	139
<i>bacitracin-polymyxin b ophth oint</i> ...	137	BESIVANCE SUS 0.6%	137
<i>bacitracin-polymyxin-neomycin-hc</i>		<i>betamethasone dipropionate</i>	
<i>ophth oint 1%</i>	137	<i>augmented cream 0.05%</i>	151
<i>baclofen tab 10 mg</i>	89	<i>betamethasone dipropionate</i>	
<i>baclofen tab 20 mg</i>	89	<i>augmented gel 0.05%</i>	151
<i>baclofen tab 5 mg</i>	89	<i>betamethasone dipropionate</i>	
BACTROBAN OIN NASAL 2%	149	<i>augmented lotion 0.05%</i>	151
BALCOLTRA TAB 0.1-20	99	<i>betamethasone dipropionate</i>	
<i>balsalazide disodium cap 750 mg</i> ...	116	<i>augmented oint 0.05%</i>	151
BARACLUDE SOL.....	25		

<i>betamethasone dipropionate cream</i>	
0.05%	151
<i>betamethasone dipropionate lotion</i>	
0.05%	151
<i>betamethasone dipropionate oint</i>	
0.05%	152
<i>betamethasone valerate aerosol foam</i>	
0.12%	152
<i>betamethasone valerate cream 0.1%</i>	
(base equivalent)	152
<i>betamethasone valerate lotion 0.1%</i>	
(base equivalent)	152
<i>betamethasone valerate oint 0.1%</i>	
(base equivalent)	152
BETASERON INJ 0.3MG	88
<i>betaxolol hcl ophth soln 0.5%</i>	139
<i>betaxolol hcl tab 10 mg</i>	54
<i>betaxolol hcl tab 20 mg</i>	54
<i>bethanechol chloride tab 10 mg</i>	120
<i>bethanechol chloride tab 25 mg</i>	120
<i>bethanechol chloride tab 50 mg</i>	120
<i>bethanechol chloride tab 5 mg</i>	120
BETIMOL SOL 0.25%	139
BETIMOL SOL 0.5%	139
BETOPTIC-S SUS 0.25% OP.....	139
BEVESPI AER 9-4.8MCG	141
<i>bexarotene cap 75 mg</i>	42
BEXSERO INJ.....	130
<i>bicalutamide tab 50 mg</i>	37
BIKTARVY TAB.....	23
<i>bimatoprost ophth soln 0.03%</i>	139
BIO-STATIN CAP 1000000.....	20
BIO-STATIN CAP 500000	20
<i>bio-statin pow</i>	20
<i>bisoprolol & hydrochlorothiazide tab</i>	
10-6.25 mg	54
<i>bisoprolol & hydrochlorothiazide tab</i>	
2.5-6.25 mg	53
<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
6.25 mg.....	54
<i>bisoprolol fumarate tab 10 mg</i>	54
<i>bisoprolol fumarate tab 5 mg</i>	54
<i>bleomycin sulfate for inj 15 unit</i>	34
<i>bleomycin sulfate for inj 30 unit</i>	34
BLEPHAMIDE OIN S.O.P.	137
BLEPHAMIDE SUS OP.....	137
BOOSTRIX INJ	130
<i>bosentan tab 125 mg</i>	63
<i>bosentan tab 62.5 mg</i>	63
BOSULIF TAB 100MG.....	39
BOSULIF TAB 400MG.....	39
BOSULIF TAB 500MG.....	39
<i>bp wash liq 2.5%</i>	148
BREO ELLIPTA INH 100-25	146
BREO ELLIPTA INH 200-25	146
BRILINTA TAB 60MG.....	124
BRILINTA TAB 90MG.....	124
<i>brimonidine tartrate ophth soln 0.15%</i>	
.....	139
<i>brimonidine tartrate ophth soln 0.2%</i>	
.....	139
BRIVIACT INJ 50MG/5ML	64
BRIVIACT SOL 10MG/ML	65
BRIVIACT TAB 100MG.....	65
BRIVIACT TAB 10MG	65
BRIVIACT TAB 25MG	65
BRIVIACT TAB 50MG	65
BRIVIACT TAB 75MG	65
<i>bromfenac sodium ophth soln 0.09%</i>	
(base equiv) (once-daily).....	138
<i>bromocriptine mesylate cap 5 mg (base</i>	
equivalent).....	76
<i>bromocriptine mesylate tab 2.5 mg</i>	
(base equivalent)	76
<i>brompheniramine tannate chew tab 12</i>	
mg	141
<i>budesonide delayed release particles</i>	
cap 3 mg.....	116
<i>budesonide inhalation susp 0.25</i>	
mg/2ml.....	146
<i>budesonide inhalation susp 0.5 mg/2ml</i>	
.....	146
<i>budesonide inhalation susp 1 mg/2ml</i>	
.....	146
<i>bumetanide inj 0.25 mg/ml</i>	59
<i>bumetanide tab 0.5 mg</i>	59
<i>bumetanide tab 1 mg</i>	59
<i>bumetanide tab 2 mg</i>	59
<i>buprenorphine hcl inj 0.3 mg/ml (base</i>	
equiv).....	15
<i>buprenorphine hcl-naloxone hcl sl film</i>	
12-3 mg (base equiv)	3
<i>buprenorphine hcl-naloxone hcl sl film</i>	
2-0.5 mg (base equiv).....	3

<i>buprenorphine hcl-naloxone hcl sl film</i>	
4-1 mg (base equiv).....	3
<i>buprenorphine hcl-naloxone hcl sl film</i>	
8-2 mg (base equiv).....	3
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
2-0.5 mg (base equiv)	3
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
8-2 mg (base equiv).....	3
<i>buprenorphine hcl sl tab 2 mg (base</i>	
equiv).....	15
<i>buprenorphine hcl sl tab 8 mg (base</i>	
equiv).....	15
<i>bupropion hcl (smoking deterrent) tab</i>	
er 12hr 150 mg.....	91
<i>bupropion hcl tab 100 mg</i>	71
<i>bupropion hcl tab 75 mg</i>	71
<i>bupropion hcl tab er 12hr 100 mg</i>	71
<i>bupropion hcl tab er 12hr 150 mg</i>	71
<i>bupropion hcl tab er 12hr 200 mg</i>	71
<i>bupropion hcl tab er 24hr 150 mg</i>	71
<i>bupropion hcl tab er 24hr 300 mg</i>	71
<i>bupirone hcl tab 10 mg</i>	87
<i>bupirone hcl tab 15 mg</i>	87
<i>bupirone hcl tab 30 mg</i>	87
<i>bupirone hcl tab 5 mg</i>	87
<i>bupirone hcl tab 7.5 mg</i>	87
<i>busulfan inj 6 mg/ml</i>	33
<i>butalbital-acetaminophen-caffeine cap</i>	
50-300-40 mg	1
<i>butalbital-acetaminophen-caffeine cap</i>	
50-325-40 mg	1
<i>butalbital-acetaminophen-caffeine tab</i>	
50-325-40 mg	1
<i>butalbital-acetaminophen-caff w/ cod</i>	
cap 50-300-40-30 mg.....	4
<i>butalbital-aspirin-caffeine cap 50-325-</i>	
40 mg	1
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<i>desloratadine tab 5 mg</i>	141	<i>dexamethasone tab 1 mg</i>	107
<i>desloratadine tab orally disintegrating</i>		<i>dexamethasone tab 2 mg</i>	107
<i>2.5 mg</i>	142	<i>dexamethasone tab 4 mg</i>	107
<i>desloratadine tab orally disintegrating</i>		<i>dexamethasone tab 6 mg</i>	108
<i>5 mg</i>	142	DEXCOM G5 MIS RECEIVER	97
<i>desmopressin acetate inj 4 mcg/ml</i>	112	DEXCOM G5 MIS TRANSMIT	97
<i>desmopressin acetate nasal spray soln</i>		DEXCOM G6 MIS RECEIVER	97
<i>0.01%</i>	112	DEXCOM G6 MIS SENSOR	97
<i>desmopressin acetate nasal spray soln</i>		DEXCOM G6 MIS TRANSMIT	97
<i>0.01% (refrigerated)</i>	112	DEXILANT CAP 30MG DR	118
<i>desmopressin acetate tab 0.1 mg</i> ...	113	DEXILANT CAP 60MG DR	118
<i>desmopressin acetate tab 0.2 mg</i> ...	113	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desonide cream 0.05%</i>	152	<i>10 mg</i>	82
<i>desonide lotion 0.05%</i>	152	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desonide oint 0.05%</i>	152	<i>15 mg</i>	82
<i>desoximetasone cream 0.05%</i>	152	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desoximetasone cream 0.25%</i>	152	<i>20 mg</i>	82
<i>desoximetasone gel 0.05%</i>	152	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desoximetasone oint 0.05%</i>	152	<i>25 mg</i>	82
<i>desoximetasone oint 0.25%</i>	152	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desvenlafaxine succinate tab er 24hr</i>		<i>30 mg</i>	82
<i>100 mg (base equiv)</i>	72	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desvenlafaxine succinate tab er 24hr</i>		<i>35 mg</i>	82
<i>25 mg (base equiv)</i>	72	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desvenlafaxine succinate tab er 24hr</i>		<i>40 mg</i>	82
<i>50 mg (base equiv)</i>	72	<i>dexmethylphenidate hcl cap er 24 hr 5</i>	
DEXAMETHASON CON 1MG/ML.....	107	<i>mg</i>	82
<i>dexamethasone elixir 0.5 mg/5ml</i> ...107		<i>dexmethylphenidate hcl tab 10 mg</i> ...	83
<i>dexamethasone sodium phosphate inj</i>		<i>dexmethylphenidate hcl tab 2.5 mg</i> ..	82
<i>100 mg/10ml</i>	107	<i>dexmethylphenidate hcl tab 5 mg</i>	83
<i>dexamethasone sodium phosphate inj</i>		<i>dextrazoxane hcl for inj 250 mg (base</i>	
<i>10 mg/ml</i>	107	<i>equivalent)</i>	43
<i>dexamethasone sodium phosphate inj</i>		<i>dextrazoxane hcl for inj 500 mg (base</i>	
<i>120 mg/30ml</i>	107	<i>equivalent)</i>	43
<i>dexamethasone sodium phosphate inj</i>		<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>20 mg/5ml</i>	107	<i>10 mg</i>	83
<i>dexamethasone sodium phosphate inj</i>		<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>4 mg/ml</i>	107	<i>15 mg</i>	83
<i>dexamethasone sodium phosphate</i>		<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>ophth soln 0.1%</i>	138	<i>5 mg</i>	83

<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	83	<i>digoxin tab 250 mcg (0.25 mg)</i>	59
<i>dextroamphetamine sulfate tab 10 mg</i>	83	<i>digox tab 0.125mg</i>	59
<i>dextroamphetamine sulfate tab 5 mg</i>	83	<i>digox tab 0.25mg</i>	59
DIASCREEN 10 MIS	133	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	85
DIASTIX TES STRIPS	133	DILANTIN CAP 30MG	65
<i>diazepam con 5mg/ml</i>	65	DILATRATE SR CAP 40MG	61
<i>diazepam inj 5 mg/ml</i>	65	<i>diltiazem hcl cap er 12hr 120 mg</i>	56
<i>diazepam oral soln 1 mg/ml</i>	65	<i>diltiazem hcl cap er 12hr 60 mg</i>	56
<i>diazepam tab 10 mg</i>	65	<i>diltiazem hcl cap er 12hr 90 mg</i>	56
<i>diazepam tab 2 mg</i>	65	<i>diltiazem hcl cap er 24hr 120 mg</i>	56
<i>diazepam tab 5 mg</i>	65	<i>diltiazem hcl cap er 24hr 180 mg</i>	56
<i>diclofenac potassium tab 50 mg</i>	1	<i>diltiazem hcl cap er 24hr 240 mg</i>	57
<i>diclofenac sodium gel 1%</i>	154	<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	57
<i>diclofenac sodium ophth soln 0.1%</i> .	138	<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	57
<i>diclofenac sodium tab delayed release 25 mg</i>	1	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	57
<i>diclofenac sodium tab delayed release 50 mg</i>	1	<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	57
<i>diclofenac sodium tab delayed release 75 mg</i>	1	<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	57
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	57
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	57
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	57
<i>dicloxacillin sodium cap 250 mg</i>	31	<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	57
<i>dicloxacillin sodium cap 500 mg</i>	31	<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	57
<i>dicyclomine hcl cap 10 mg</i>	113	<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	57
<i>dicyclomine hcl inj 10 mg/ml</i>	113	<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	57
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	113	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	57
<i>dicyclomine hcl tab 20 mg</i>	113	<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	57
<i>didanosine delayed release capsule 200 mg</i>	21	<i>diltiazem hcl tab 120 mg</i>	57
<i>didanosine delayed release capsule 250 mg</i>	21	<i>diltiazem hcl tab 30 mg</i>	57
<i>didanosine delayed release capsule 400 mg</i>	21	<i>diltiazem hcl tab 60 mg</i>	57
DIFICID TAB 200MG	28	<i>diltiazem hcl tab 90 mg</i>	57
<i>diflorasone diacetate cream 0.05%</i> .	152	DILTIAZEM INJ 100MG	57
<i>diflorasone diacetate oint 0.05%</i>	152		
<i>diflunisal tab 500 mg</i>	16		
<i>digoxin inj 0.25 mg/ml</i>	59		
<i>digoxin oral soln 0.05 mg/ml</i>	59		
<i>digoxin tab 125 mcg (0.125 mg)</i>	59		

<i>dimethyl fumarate capsule delayed release 120 mg</i>	88	DOCETAXEL INJ NON-ALCO	35
<i>dimethyl fumarate capsule delayed release 240 mg</i>	88	<i>docetaxel soln for iv infusion 160 mg/16ml</i>	35
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	88	<i>docetaxel soln for iv infusion 20 mg/2ml</i>	35
DIP/TET PED INJ 25-5LFU	130	<i>docetaxel soln for iv infusion 80 mg/8ml</i>	35
DIPENTUM CAP 250MG	116	<i>dofetilide cap 125 mcg (0.125 mg)</i> ...	50
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	142	<i>dofetilide cap 250 mcg (0.25 mg)</i>	50
<i>diphenhydramine hcl inj 50 mg/ml</i> ..	142	<i>dofetilide cap 500 mcg (0.5 mg)</i>	50
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	118	<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	69
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	118	<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	69
<i>dipyridamole tab 25 mg</i>	124	<i>donepezil hydrochloride tab 10 mg</i> ...	69
<i>dipyridamole tab 50 mg</i>	124	<i>donepezil hydrochloride tab 23 mg</i> ...	69
<i>dipyridamole tab 75 mg</i>	124	<i>donepezil hydrochloride tab 5 mg</i>	69
<i>disopyramide phosphate cap 100 mg</i> 50		<i>doripenem for iv infusion 250 mg</i>	18
<i>disopyramide phosphate cap 150 mg</i> 50		<i>doripenem for iv infusion 500 mg</i>	18
<i>disulfiram tab 250 mg</i>	91	<i>dorzolamide hcl ophth soln 2%</i>	139
<i>disulfiram tab 500 mg</i>	91	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	139
DIURIL SUS 250/5ML	59	DOVATO TAB 50-300MG	23
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	65	<i>doxazosin mesylate tab 1 mg</i>	47
<i>divalproex sodium tab delayed release 125 mg</i>	65	<i>doxazosin mesylate tab 2 mg</i>	47
<i>divalproex sodium tab delayed release 250 mg</i>	65	<i>doxazosin mesylate tab 4 mg</i>	47
<i>divalproex sodium tab delayed release 500 mg</i>	66	<i>doxazosin mesylate tab 8 mg</i>	47
<i>divalproex sodium tab er 24 hr 250 mg</i>	66	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	85
<i>divalproex sodium tab er 24 hr 500 mg</i>	66	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	85
DIVIGEL GEL 0.25MG	103	<i>doxepin hcl cap 100 mg</i>	72
DIVIGEL GEL 0.5MG	103	<i>doxepin hcl cap 10 mg</i>	72
DIVIGEL GEL 0.75MG	103	<i>doxepin hcl cap 150 mg</i>	72
DIVIGEL GEL 1.25MG	103	<i>doxepin hcl cap 25 mg</i>	72
DIVIGEL GEL 1MG/GM	103	<i>doxepin hcl cap 50 mg</i>	72
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	35	<i>doxepin hcl cap 75 mg</i>	72
<i>docetaxel for inj conc 20 mg/ml</i>	35	<i>doxepin hcl conc 10 mg/ml</i>	72
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	35	<i>doxepin hcl cream 5%</i>	150
DOCETAXEL INJ 20/0.5ML	35	<i>doxercalciferol cap 0.5 mcg</i>	136
DOCETAXEL INJ 80MG/2ML	35	<i>doxercalciferol cap 1 mcg</i>	136
		<i>doxercalciferol cap 2.5 mcg</i>	136
		<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	136
		<i>doxorubicin hcl for inj 10 mg</i>	33
		<i>doxorubicin hcl for inj 50 mg</i>	33
		<i>doxorubicin hcl inj 2 mg/ml</i>	33

<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	34
<i>doxy 100 inj 100mg</i>	32
<i>doxycycline hyclate cap 100 mg</i>	32
<i>doxycycline hyclate cap 50 mg</i>	32
<i>doxycycline hyclate for inj 100 mg</i> ...	32
<i>doxycycline hyclate tab 100 mg</i>	32
<i>doxycycline hyclate tab 20 mg</i>	32
<i>doxycycline hyclate tab delayed release 100 mg</i>	32
<i>doxycycline hyclate tab delayed release 150 mg</i>	32
<i>doxycycline hyclate tab delayed release 75 mg</i>	32
<i>doxycycline monohydrate cap 100 mg</i>	32
<i>doxycycline monohydrate cap 50 mg</i> 32	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	32
<i>doxycycline monohydrate tab 150 mg</i>	32
<i>doxycycline monohydrate tab 50 mg</i> .32	
<i>doxycycline monohydrate tab 75 mg</i> .32	
<i>dronabinol cap 10 mg</i>	114
<i>dronabinol cap 2.5 mg</i>	114
<i>dronabinol cap 5 mg</i>	114
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	99
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> 99	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> 99	
<i>DROXIA CAP 200MG</i>	42
<i>DROXIA CAP 300MG</i>	42
<i>DROXIA CAP 400MG</i>	42
<i>DUAVEE TAB 0.45-20</i>	103
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	72
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	72
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	72
<i>DUREZOL EMU 0.05%</i>	138
<i>dutasteride cap 0.5 mg</i>	119
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	119

E	
<i>e.e.s. 400 tab 400mg</i>	28
<i>econazole nitrate cream 1%</i>	149
<i>ed-spaz tab 0.125mg</i>	113
<i>EDURANT TAB 25MG</i>	21
<i>efavirenz cap 200 mg</i>	21
<i>efavirenz cap 50 mg</i>	21
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	23
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	23
<i>efavirenz tab 600 mg</i>	21
<i>ELESTRIN GEL 0.06%</i>	103
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	85
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	85
<i>ELIGARD INJ 22.5MG</i>	37
<i>ELIGARD INJ 30MG</i>	37
<i>ELIGARD INJ 45MG</i>	37
<i>ELIGARD INJ 7.5MG</i>	37
<i>elinest tab</i>	99
<i>ELIQUIS ST P TAB 5MG</i>	121
<i>ELIQUIS TAB 2.5MG</i>	121
<i>ELIQUIS TAB 5MG</i>	121
<i>elite-ob tab</i>	136
<i>ELIXOPHYLLIN ELX 80/15ML</i>	147
<i>ELLA TAB 30MG</i>	99
<i>ELMIRON CAP 100MG</i>	120
<i>EMADINE SOL 0.05% OP</i>	139
<i>EMBEDA CAP 100-4MG</i>	4
<i>EMBEDA CAP 20-0.8MG</i>	4
<i>EMBEDA CAP 30-1.2MG</i>	4
<i>EMBEDA CAP 50-2MG</i>	4
<i>EMBEDA CAP 60-2.4MG</i>	4
<i>EMBEDA CAP 80-3.2MG</i>	4
<i>EMCYT CAP 140MG</i>	33
<i>emoquette tab</i>	99
<i>EMSAM DIS 12MG/24H</i>	73
<i>EMSAM DIS 6MG/24HR</i>	72
<i>EMSAM DIS 9MG/24HR</i>	72
<i>emtricitabine caps 200 mg</i>	21
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	23
<i>EMTRIVA CAP 200MG</i>	21
<i>EMTRIVA SOL 10MG/ML</i>	21
<i>EMVERM CHW 100MG</i>	18

<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	45	EPIPEN 2-PAK INJ 0.3MG.....	140
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	45	EPIPEN-JR INJ 0.15MG.....	140
<i>enalapril maleate tab 10 mg</i>	46	<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	34
<i>enalapril maleate tab 2.5 mg</i>	46	<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	34
<i>enalapril maleate tab 20 mg</i>	46	<i>epitol tab 200mg</i>	66
<i>enalapril maleate tab 5 mg</i>	46	EPIVIR HBV SOL 5MG/ML.....	25
ENBREL INJ 25/0.5ML	125	<i>eplerenone tab 25 mg</i>	47
ENBREL INJ 25MG	125	<i>eplerenone tab 50 mg</i>	47
ENBREL INJ 50MG/ML	125	<i>epoprostenol sodium for inj 0.5 mg</i> ..	63
ENBREL MINI INJ 50MG/ML	125	<i>epoprostenol sodium for inj 1.5 mg</i> ..	63
ENBREL SRCLK INJ 50MG/ML.....	126	<i>eprosartan mesylate tab 600 mg</i>	49
ENCARE SUP 100MG	119	ERBITUX INJ 100MG.....	36
<i>endocet tab 10-325mg</i>	5	ERBITUX INJ 200MG.....	36
<i>endocet tab 2.5-325</i>	4	<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	136
<i>endocet tab 5-325mg</i>	4	<i>ergoloid mesylates tab 1 mg</i>	69
<i>endocet tab 7.5-325</i>	5	<i>ergotamine w/ caffeine tab 1-100 mg</i>	85
ENGERIX-B INJ 10/0.5ML	130	ERIVEDGE CAP 150MG.....	36
ENGERIX-B INJ 20MCG/ML	130	ERLEADA TAB 60MG	37
<i>enoxaparin sodium inj 100 mg/ml</i> ..	121	<i>erlotinib hcl tab 100 mg (base equivalent)</i>	39
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	121	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	39
<i>enoxaparin sodium inj 150 mg/ml</i> ..	121	<i>erlotinib hcl tab 25 mg (base equivalent)</i>	39
<i>enoxaparin sodium inj 300 mg/3ml</i>	121	<i>errin tab 0.35mg</i>	99
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	121	ERTACZO CRE 2%	150
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	121	<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	18
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	121	<i>ery pad 2%</i>	148
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	121	<i>ery-tab tab 250mg ec</i>	28
<i>enpresse-28 tab</i>	99	<i>ery-tab tab 333mg ec</i>	28
<i>enskyce tab</i>	99	<i>ery-tab tab 500mg ec</i>	28
<i>entacapone tab 200 mg</i>	77	ERYTHROCIN INJ 500MG.....	28
<i>entecavir tab 0.5 mg</i>	25	<i>erythrocin tab 250mg</i>	28
<i>entecavir tab 1 mg</i>	25	<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	28
ENTRESTO TAB 24-26MG	61	<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	28
ENTRESTO TAB 49-51MG	61	<i>erythromycin ethylsuccinate tab 400 mg</i>	28
ENTRESTO TAB 97-103MG	61	<i>erythromycin gel 2%</i>	148
<i>enulose sol 10gm/15</i>	117	<i>erythromycin ophth oint 5 mg/gm</i> ..	138
EPCLUSA TAB 400-100	29	<i>erythromycin pads 2%</i>	148
EPIDUO FORTE GEL 0.3-2.5%	148		
<i>epinastine hcl ophth soln 0.05%</i>	139		
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	140		
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	140		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	140		

<i>erythromycin soln 2%</i>	148	<i>estradiol td patch weekly 0.06 mg/24hr</i>	104
<i>erythromycin tab 250 mg</i>	28	<i>estradiol td patch weekly 0.075</i> <i>mg/24hr</i>	105
<i>erythromycin tab 500 mg</i>	28	<i>estradiol td patch weekly 0.1 mg/24hr</i>	104
<i>erythromycin w/ delayed release</i> <i>particles cap 250 mg</i>	28	<i>estradiol vaginal cream 0.1 mg/gm</i>	105
ESBRIET CAP 267MG	145	<i>estradiol valerate im in oil 20 mg/ml</i>	105
ESBRIET TAB 267MG	145	<i>estradiol valerate im in oil 40 mg/ml</i>	105
ESBRIET TAB 801MG	145	ESTROGEL GEL	105
<i>escitalopram oxalate soln 5 mg/5ml</i> <i>(base equiv)</i>	73	<i>estropipate tab 0.75 mg</i>	105
<i>escitalopram oxalate tab 10 mg (base</i> <i>equiv)</i>	73	<i>estropipate tab 1.5 mg</i>	105
<i>escitalopram oxalate tab 20 mg (base</i> <i>equiv)</i>	73	<i>estropipate tab 3 mg</i>	105
<i>escitalopram oxalate tab 5 mg (base</i> <i>equiv)</i>	73	<i>eszopiclone tab 1 mg</i>	85
<i>esomeprazole magnesium cap delayed</i> <i>release 20 mg (base eq)</i>	118	<i>eszopiclone tab 2 mg</i>	85
<i>esomeprazole magnesium cap delayed</i> <i>release 40 mg (base eq)</i>	119	<i>eszopiclone tab 3 mg</i>	85
<i>esomeprazole sodium for intravenous</i> <i>soln 20 mg (base equiv)</i>	119	<i>ethacrynate sodium for inj 50 mg</i>	59
<i>esomeprazole sodium for intravenous</i> <i>soln 40 mg (base equiv)</i>	119	<i>ethacrynic acid tab 25 mg</i>	59
<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	103	<i>ethambutol hcl tab 100 mg</i>	24
<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	103	<i>ethambutol hcl tab 400 mg</i>	24
<i>estradiol tab 0.5 mg</i>	103	<i>ethosuximide cap 250 mg</i>	66
<i>estradiol tab 1 mg</i>	104	<i>ethosuximide soln 250 mg/5ml</i>	66
<i>estradiol tab 2 mg</i>	104	<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	99
<i>estradiol td patch twice weekly 0.025</i> <i>mg/24hr</i>	104	<i>etodolac cap 200 mg</i>	2
<i>estradiol td patch twice weekly 0.0375</i> <i>mg/24hr</i>	104	<i>etodolac cap 300 mg</i>	2
<i>estradiol td patch twice weekly 0.05</i> <i>mg/24hr</i>	104	<i>etodolac tab 400 mg</i>	2
<i>estradiol td patch twice weekly 0.075</i> <i>mg/24hr</i>	104	<i>etodolac tab 500 mg</i>	2
<i>estradiol td patch twice weekly 0.1</i> <i>mg/24hr</i>	104	<i>etodolac tab er 24hr 400 mg</i>	2
<i>estradiol td patch weekly 0.025</i> <i>mg/24hr</i>	105	<i>etodolac tab er 24hr 500 mg</i>	2
<i>estradiol td patch weekly 0.0375</i> <i>mg/24hr (37.5 mcg/24hr)</i>	105	<i>etodolac tab er 24hr 600 mg</i>	2
<i>estradiol td patch weekly 0.05 mg/24hr</i>	104	<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i>	99
		<i>etoposide cap 50 mg</i>	44
		<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	44
		EUCRISA OIN 2%	154
		EURAX CRE 10%	154
		EVAMIST SPR 1.53MG.....	105
		<i>everolimus tab 0.25 mg</i>	130
		<i>everolimus tab 0.5 mg</i>	130
		<i>everolimus tab 0.75 mg</i>	130
		<i>everolimus tab 2.5 mg</i>	39
		<i>everolimus tab 5 mg</i>	39
		<i>everolimus tab 7.5 mg</i>	39

EVOTAZ TAB 300-150.....	23	<i>fenofibrate micronized cap 67 mg.....</i>	51
EXELDERM CRE 1%	150	<i>fenofibrate tab 145 mg</i>	52
EXELDERM SOL 1%	150	<i>fenofibrate tab 160 mg</i>	52
<i>exemestane tab 25 mg</i>	37	<i>fenofibrate tab 48 mg</i>	52
<i>ezetimibe-simvastatin tab 10-10 mg.</i>	52	<i>fenofibrate tab 54 mg</i>	52
<i>ezetimibe-simvastatin tab 10-20 mg.</i>	52	<i>fenoprofen calcium tab 600 mg.....</i>	2
<i>ezetimibe-simvastatin tab 10-40 mg.</i>	52	<i>fentanyl citrate lozenge on a handle</i>	
<i>ezetimibe-simvastatin tab 10-80 mg.</i>	52	1200 mcg	5
<i>ezetimibe tab 10 mg.....</i>	51	<i>fentanyl citrate lozenge on a handle</i>	
F		1600 mcg	5
FACTIVE TAB 320MG	29	<i>fentanyl citrate lozenge on a handle</i>	
<i>falmina tab.....</i>	99	200 mcg	5
<i>famciclovir tab 125 mg</i>	25	<i>fentanyl citrate lozenge on a handle</i>	
<i>famciclovir tab 250 mg</i>	25	400 mcg	5
<i>famciclovir tab 500 mg</i>	25	<i>fentanyl citrate lozenge on a handle</i>	
<i>famotidine for susp 40 mg/5ml</i>	115	600 mcg	5
<i>famotidine inj 200 mg/20ml.....</i>	116	<i>fentanyl citrate lozenge on a handle</i>	
<i>famotidine inj 20 mg/2ml</i>	116	800 mcg	5
<i>famotidine inj 40 mg/4ml</i>	116	<i>fentanyl td patch 72hr 100 mcg/hr.....</i>	5
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>fentanyl td patch 72hr 12 mcg/hr.....</i>	5
<i>mg/50ml</i>	116	<i>fentanyl td patch 72hr 25 mcg/hr.....</i>	5
<i>famotidine tab 20 mg</i>	116	<i>fentanyl td patch 72hr 50 mcg/hr.....</i>	5
<i>famotidine tab 40 mg</i>	116	<i>fentanyl td patch 72hr 75 mcg/hr.....</i>	5
FARXIGA TAB 10MG	96	FERPRX 2-DAY TAB 1000MG	98
FARXIGA TAB 5MG	96	FERRIPROX SOL 100MG/ML.....	98
FARYDAK CAP 10MG.....	36	FERRIPROX TAB 1000MG	98
FARYDAK CAP 15MG.....	36	FERRIPROX TAB 500MG	98
FARYDAK CAP 20MG.....	36	FETZIMA CAP 120MG.....	73
<i>fayosim tab</i>	99	FETZIMA CAP 20MG.....	73
FC2 FEMALE MIS CONDOM	132	FETZIMA CAP 40MG.....	73
<i>febuxostat tab 40 mg</i>	1	FETZIMA CAP 80MG.....	73
<i>febuxostat tab 80 mg</i>	1	FETZIMA CAP TITRATIO	73
<i>felbamate susp 600 mg/5ml</i>	66	FIASP FLEX INJ TOUCH	94
<i>felbamate tab 400 mg</i>	66	FIASP INJ 100/ML	94
<i>felbamate tab 600 mg</i>	66	FIASP PENFIL INJ U-100	94
<i>felodipine tab er 24hr 10 mg</i>	57	FINACEA AER 15%	154
<i>felodipine tab er 24hr 2.5 mg</i>	57	<i>finasteride tab 5 mg</i>	119
<i>felodipine tab er 24hr 5 mg</i>	57	<i>flavoxate hcl tab 100 mg.....</i>	120
FEMCAP MIS 22MM.....	132	<i>flecainide acetate tab 100 mg</i>	50
FEMCAP MIS 26MM.....	132	<i>flecainide acetate tab 150 mg</i>	50
FEMCAP MIS 30MM.....	132	<i>flecainide acetate tab 50 mg.....</i>	50
<i>fenofibrate cap 150 mg.....</i>	51	FLEXICHAMBER MIS MASK SM	133
<i>fenofibrate cap 50 mg.....</i>	51	<i>floxuridine for inj 0.5 gm.....</i>	34
<i>fenofibrate micronized cap 130 mg...51</i>	51	FLUAD INJ 2020-21	130
<i>fenofibrate micronized cap 134 mg...51</i>	51	FLUAD QUADRI INJ 0.5ML	131
<i>fenofibrate micronized cap 200 mg...52</i>	52	FLUARIX QUAD INJ 2020-21	131
<i>fenofibrate micronized cap 43 mg.....51</i>	51	FLUBLOK QUAD INJ 2020-21	131

FLUCLVX QUAD INJ 2020-21	131	fluorouracil iv soln 500 mg/10ml (50 mg/ml)	35
FLUCONAZOLE/ INJ NAACL 100	20	fluorouracil iv soln 5 gm/100ml (50 mg/ml)	34
fluconazole for susp 10 mg/ml	20	fluorouracil soln 2%.....	149
fluconazole for susp 40 mg/ml	20	fluorouracil soln 5%.....	149
fluconazole in nacl 0.9% inj 200 mg/100ml	20	fluoxetine hcl cap 10 mg	73
fluconazole in nacl 0.9% inj 400 mg/200ml	20	fluoxetine hcl cap 20 mg	73
fluconazole tab 100 mg.....	20	fluoxetine hcl cap 40 mg	73
fluconazole tab 150 mg.....	20	fluoxetine hcl cap delayed release 90 mg	73
fluconazole tab 200 mg.....	20	fluoxetine hcl solution 20 mg/5ml.....	73
fluconazole tab 50 mg	20	fluoxetine hcl tab 10 mg	73
fludarabine phosphate for inj 50 mg .34		fluoxetine hcl tab 20 mg	73
fludarabine phosphate inj 25 mg/ml .34		fluphenazine decanoate inj 25 mg/ml	79
fludrocortisone acetate tab 0.1 mg .108		fluphenazine hcl elixir 2.5 mg/5ml....	79
FLULAVAL QUA INJ 2020-21	131	fluphenazine hcl inj 2.5 mg/ml.....	79
FLUMIST QUAD SUS 2020-21.....	131	fluphenazine hcl oral conc 5 mg/ml...79	
flunisolide nasal soln 25 mcg/act (0.025%)	146	fluphenazine hcl tab 10 mg	79
fluocinolone acetonide (otic) oil 0.01%	155	fluphenazine hcl tab 1 mg	79
fluocinolone acetonide cream 0.01%	152	fluphenazine hcl tab 2.5 mg	79
fluocinolone acetonide cream 0.025%	152	fluphenazine hcl tab 5 mg	79
fluocinolone acetonide oil 0.01% (body oil)	152	flura-drops dro 0.25mg f	134
fluocinolone acetonide oil 0.01% (scalp oil)	152	flurbiprofen sodium ophth soln 0.03%	138
fluocinolone acetonide oint 0.025%	152	flurbiprofen tab 100 mg	2
fluocinolone acetonide soln 0.01%	152	flurbiprofen tab 50 mg	2
fluocinonide cream 0.05%	152	flutamide cap 125 mg	37
fluocinonide gel 0.05%.....	152	fluticasone propionate cream 0.05%	153
fluocinonide oint 0.05%	152	fluticasone propionate lotion 0.05%	153
fluocinonide soln 0.05%	153	fluticasone propionate nasal susp 50 mcg/act	146
FLUORABON DRO	133	fluticasone propionate oint 0.005%	153
fluoritab chw 0.25mg f.....	133	fluvastatin sodium cap 20 mg (base equivalent).....	52
fluoritab chw 0.5mg f.....	133	fluvastatin sodium cap 40 mg (base equivalent).....	52
fluoritab chw 2.2mg.....	133	fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	52
fluoritab dro 0.125mg	133	flvoxamine maleate cap er 24hr 100 mg	87
FLUROPLEX CRE 1%	149	flvoxamine maleate cap er 24hr 150 mg	87
fluorouracil cream 0.5%	149	flvoxamine maleate tab 100 mg	87
fluorouracil cream 5%.....	149	flvoxamine maleate tab 25 mg	87
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	34	flvoxamine maleate tab 50 mg	87
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	34		

FLUZONE HD INJ PF 20-21	131	<i>fulvestrant inj 250 mg/5ml</i>	37
FLUZONE QUAD INJ 2020-21	131	<i>furosemide inj 10 mg/ml</i>	60
FML FORTE SUS 0.25% OP	138	<i>furosemide oral soln 10 mg/ml</i>	60
FML OIN 0.1% OP	138	<i>furosemide oral soln 8 mg/ml</i>	60
<i>folic acid cap 0.8 mg</i>	136	<i>furosemide tab 20 mg</i>	60
<i>folic acid tab 1 mg</i>	136	<i>furosemide tab 40 mg</i>	60
<i>folic acid tab 400 mcg</i>	136	<i>furosemide tab 80 mg</i>	60
<i>folic acid tab 800 mcg</i>	136	FUZEON INJ 90MG	21
<i>fondaparinux sodium subcutaneous inj</i> <i>10 mg/0.8ml</i>	121	FYCOMPA SUS 0.5MG/ML	66
<i>fondaparinux sodium subcutaneous inj</i> <i>2.5 mg/0.5ml</i>	121	FYCOMPA TAB 10MG	66
<i>fondaparinux sodium subcutaneous inj</i> <i>5 mg/0.4ml</i>	121	FYCOMPA TAB 12MG	66
<i>fondaparinux sodium subcutaneous inj</i> <i>7.5 mg/0.6ml</i>	121	FYCOMPA TAB 2MG	66
FOSAMAX + D TAB 70-2800	97	FYCOMPA TAB 4MG	66
FOSAMAX + D TAB 70-5600	97	FYCOMPA TAB 6MG	66
<i>fosamprenavir calcium tab 700 mg</i> <i>(base equiv)</i>	21	FYCOMPA TAB 8MG	66
<i>fosfomycin tromethamine powd pack 3</i> <i>gm (base equivalent)</i>	16	G	
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	45	G4 PLATINUM MIS PEDIATRC	97
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	45	G4 PLATINUM MIS RCV/SHAR	97
<i>fosinopril sodium tab 10 mg</i>	46	G4 PLATINUM MIS RECEIVER	97
<i>fosinopril sodium tab 20 mg</i>	46	G4 PLATINUM MIS TRANSMIT	97
<i>fosinopril sodium tab 40 mg</i>	46	G4 PLAT PED MIS RVC/SHAR	97
<i>fosphenytoin sodium inj 100 mg/2ml</i> <i>(phenytoin equiv)</i>	66	G4 SENSOR MIS	97
<i>fosphenytoin sodium inj 500 mg/10ml</i> <i>(phenytoin equiv)</i>	66	G5/G4 MIS SENSOR	97
FOSRENOL POW 1000MG	110	<i>gabapentin cap 100 mg</i>	66
FOSRENOL POW 750MG	110	<i>gabapentin cap 300 mg</i>	66
FRAGMIN INJ 10000/ML	122	<i>gabapentin cap 400 mg</i>	66
FRAGMIN INJ 12500UNT	122	<i>gabapentin oral soln 250 mg/5ml</i>	66
FRAGMIN INJ 15000UNT	122	<i>gabapentin tab 600 mg</i>	66
FRAGMIN INJ 18000UNT	122	<i>gabapentin tab 800 mg</i>	66
FRAGMIN INJ 2500/0.2	121	<i>galantamine hydrobromide cap er 24hr</i> <i>16 mg</i>	69
FRAGMIN INJ 5000/0.2	122	<i>galantamine hydrobromide cap er 24hr</i> <i>24 mg</i>	69
FRAGMIN INJ 7500/0.3	122	<i>galantamine hydrobromide cap er 24hr</i> <i>8 mg</i>	69
FRAGMIN INJ 95000UNT	122	<i>galantamine hydrobromide oral soln 4</i> <i>mg/ml</i>	69
FREESTYLE KIT SENSOR	97	<i>galantamine hydrobromide tab 12 mg</i>	69
FREESTYLE MIS READER	97	<i>galantamine hydrobromide tab 4 mg</i> 69	
<i>frovatriptan succinate tab 2.5 mg (base</i> <i>equivalent)</i>	85	<i>galantamine hydrobromide tab 8 mg</i> 69	
		<i>ganirelix acetate soln prefilled syringe</i> <i>250 mcg/0.5ml</i>	107
		GARDASIL 9 INJ	131
		<i>gatifloxacin ophth soln 0.5%</i>	138
		<i>gavilyte-c sol</i>	117
		<i>gavilyte-g sol</i>	117

<i>gavilyte-h kit</i>	117	<i>glipizide tab 10 mg</i>	96
<i>gavilyte-n sol flav pk</i>	117	<i>glipizide tab 5 mg</i>	96
GAZYVA INJ 25MG/ML	36	<i>glipizide tab er 24hr 10 mg</i>	96
<i>gemcitabine hcl for inj 1 gm</i>	35	<i>glipizide tab er 24hr 2.5 mg</i>	96
<i>gemcitabine hcl for inj 200 mg</i>	35	<i>glipizide tab er 24hr 5 mg</i>	96
<i>gemcitabine hcl for inj 2 gm</i>	35	GLUCAGON KIT 1MG.....	109
<i>gemcitabine hcl inj 1 gm/26.3ml (38</i> <i>mg/ml) (base equiv)</i>	35	<i>glyburide-metformin tab 1.25-250 mg</i>	93
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i> <i>mg/ml) (base equiv)</i>	35	<i>glyburide-metformin tab 2.5-500 mg</i>	93
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i> <i>mg/ml) (base equiv)</i>	35	<i>glyburide-metformin tab 5-500 mg</i> ...	93
<i>gemfibrozil tab 600 mg</i>	52	<i>glyburide micronized tab 1.5 mg</i>	96
<i>generlac sol 10gm/15</i>	117	<i>glyburide micronized tab 3 mg</i>	96
<i>gengraf cap 100mg</i>	130	<i>glyburide micronized tab 6 mg</i>	96
<i>gengraf cap 25mg</i>	130	<i>glyburide tab 1.25 mg</i>	97
<i>gengraf sol 100mg/ml</i>	130	<i>glyburide tab 2.5 mg</i>	97
<i>gentak oin 0.3% op</i>	138	<i>glyburide tab 5 mg</i>	97
<i>gentamicin in saline inj 0.8 mg/ml</i>	16	<i>glycopyrrolate inj 0.2 mg/ml</i>	113
<i>gentamicin in saline inj 1.2 mg/ml</i>	17	<i>glycopyrrolate inj 0.4 mg/2ml (0.2</i> <i>mg/ml)</i>	113
<i>gentamicin in saline inj 1.6 mg/ml</i>	17	<i>glycopyrrolate inj 1 mg/5ml (0.2</i> <i>mg/ml)</i>	113
<i>gentamicin in saline inj 1 mg/ml</i>	17	<i>glycopyrrolate inj 4 mg/20ml (0.2</i> <i>mg/ml)</i>	113
<i>gentamicin in saline inj 2 mg/ml</i>	17	<i>glycopyrrolate tab 1 mg</i>	113
<i>gentamicin sulfate cream 0.1%</i>	149	<i>glycopyrrolate tab 2 mg</i>	113
<i>gentamicin sulfate inj 10 mg/ml</i>	17	GLYXAMBI TAB 10-5 MG	96
<i>gentamicin sulfate inj 40 mg/ml</i>	17	GLYXAMBI TAB 25-5 MG	96
<i>gentamicin sulfate oint 0.1%</i>	149	GOLYTELY SOL.....	117
<i>gentamicin sulfate ophth soln 0.3%</i>	138	GONAL-F INJ 1050UNIT	107
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<i>glatiramer acetate soln prefilled syringe</i> <i>40 mg/ml</i>	88	GONAL-F RFF INJ 75UNIT.....	107
<i>glatopa inj 20mg/ml</i>	88	GONAL-F RFF INJ 900/1.5	107
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GLEOSTINE CAP 40MG.....	33	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	114
GLEOSTINE CAP 5MG	33	<i>granisetron hcl tab 1 mg</i>	114
GLIADEL WAF 7.7MG	33	<i>griseofulvin microsize susp 125 mg/5ml</i>	20
<i>glimepiride tab 1 mg</i>	96	<i>griseofulvin microsize tab 500 mg</i>	20
<i>glimepiride tab 2 mg</i>	96	<i>griseofulvin ultramicrosize tab 125 mg</i>	20
<i>glimepiride tab 4 mg</i>	96	<i>griseofulvin ultramicrosize tab 250 mg</i>	20
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	93	<i>guanfacine hcl tab 1 mg</i>	61
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	93		
<i>glipizide-metformin hcl tab 5-500 mg</i>	93		

<i>guanfacine hcl tab 2 mg</i>	61
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	83
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	83
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	83
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	83
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<i>halobetasol propionate cream 0.05%</i>	153
<i>halobetasol propionate oint 0.05%</i>	153
<i>haloperidol decanoate im soln 100 mg/ml</i>	79
<i>haloperidol decanoate im soln 50 mg/ml</i>	79
<i>haloperidol lactate inj 5 mg/ml</i>	79
<i>haloperidol lactate oral conc 2 mg/ml</i>	79
<i>haloperidol tab 0.5 mg</i>	79
<i>haloperidol tab 10 mg</i>	79
<i>haloperidol tab 1 mg</i>	79
<i>haloperidol tab 20 mg</i>	79
<i>haloperidol tab 2 mg</i>	79
<i>haloperidol tab 5 mg</i>	79
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<i>heather tab 0.35mg</i>	99
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HEMLIBRA INJ 150/ML	124
HEMLIBRA INJ 30MG/ML	124
HEMLIBRA INJ 60/0.4	124
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	122
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	122
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	122
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	122

<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	122
HEPLISAV-B INJ 20/0.5ML	131
HEPLISAV-B INJ 20MCG	131
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<i>hydralazine hcl tab 100 mg</i>	61
<i>hydralazine hcl tab 10 mg</i>	61
<i>hydralazine hcl tab 25 mg</i>	61
<i>hydralazine hcl tab 50 mg</i>	61
<i>hydrochlorothiazide cap 12.5 mg</i>	60
<i>hydrochlorothiazide tab 12.5 mg</i>	60
<i>hydrochlorothiazide tab 25 mg</i>	60
<i>hydrochlorothiazide tab 50 mg</i>	60
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	5
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	6
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	6

<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	6	<i>hydroxyzine pamoate cap 100 mg</i> ..	142
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	6	<i>hydroxyzine pamoate cap 25 mg</i>	142
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	144	<i>hydroxyzine pamoate cap 50 mg</i>	142
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	144	<i>hyoscyamine sulfate sl tab 0.125 mg</i>	113
<i>hydrocortisone butyrate cream 0.1%</i>	153	<i>hyoscyamine sulfate tab 0.125 mg</i> ..	113
<i>hydrocortisone butyrate oint 0.1%</i> ..	153	<i>hyoscyamine sulfate tab disint 0.125 mg</i>	113
<i>hydrocortisone butyrate soln 0.1%</i> ..	153	<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	113
<i>hydrocortisone cream 1%</i>	153	HYQVIA INJ 10-800	128
<i>hydrocortisone cream 2.5%</i>	153	HYQVIA INJ 2.5-200	128
<i>hydrocortisone lotion 2.5%</i>	153	HYQVIA INJ 20-1600	128
<i>hydrocortisone oint 2.5%</i>	153	HYQVIA INJ 30-2400	128
<i>hydrocortisone tab 10 mg</i>	108	HYQVIA INJ 5-400	128
<i>hydrocortisone tab 20 mg</i>	108	HYSINGLA ER TAB 100 MG.....	7
<i>hydrocortisone tab 5 mg</i>	108	HYSINGLA ER TAB 120 MG.....	7
<i>hydrocortisone valerate cream 0.2%</i>	153	HYSINGLA ER TAB 20 MG.....	7
<i>hydrocortisone valerate oint 0.2%</i> ..	153	HYSINGLA ER TAB 30 MG.....	7
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	155	HYSINGLA ER TAB 40 MG.....	7
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<i>hydromorphone hcl inj 1 mg/ml</i>	6	HYSINGLA ER TAB 80 MG.....	7
<i>hydromorphone hcl inj 2 mg/ml</i>	6	I	
<i>hydromorphone hcl inj 4 mg/ml</i>	6	<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	97
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	6	<i>ibandronate sodium tab 150 mg (base equivalent)</i>	97
<i>hydromorphone hcl tab 2 mg</i>	6	IBRANCE CAP 100MG	36
<i>hydromorphone hcl tab 4 mg</i>	6	IBRANCE CAP 125MG	36
<i>hydromorphone hcl tab 8 mg</i>	7	IBRANCE CAP 75MG	36
<i>hydromorphone hcl tab er 24hr 12 mg</i> 7		IBRANCE TAB 100MG	36
<i>hydromorphone hcl tab er 24hr 16 mg</i> 7		IBRANCE TAB 125MG	36
<i>hydromorphone hcl tab er 24hr 32 mg</i> 7		IBRANCE TAB 75MG	36
<i>hydromorphone hcl tab er 24hr 8 mg</i> .7		<i>ibuprofen susp 100 mg/5ml</i>	2
HYDROMORPHON SUP 3MG	6	<i>ibuprofen tab 400 mg</i>	2
<i>hydroxychloroquine sulfate tab 200 mg</i>	128	<i>ibuprofen tab 600 mg</i>	2
<i>hydroxyurea cap 500 mg</i>	42	<i>ibuprofen tab 800 mg</i>	2
<i>hydroxyzine hcl im soln 25 mg/ml</i> ..	142	<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	124
<i>hydroxyzine hcl im soln 50 mg/ml</i> ..	142	ICLUSIG TAB 15MG	39
<i>hydroxyzine hcl syrup 10 mg/5ml</i> ...	142	ICLUSIG TAB 45MG	39
<i>hydroxyzine hcl tab 10 mg</i>	142	<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	34
<i>hydroxyzine hcl tab 25 mg</i>	142	<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	34
<i>hydroxyzine hcl tab 50 mg</i>	142	<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	34

IDHIFA TAB 100MG	39	<i>introvale tab</i>	99
IDHIFA TAB 50MG	39	INVANZ INJ 1GM.....	18
<i>ifosfamide for inj 1 gm</i>	33	INVIRASE CAP 200MG	21
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	33	INVIRASE TAB 500MG	21
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	33	IOPIDINE SOL 1% OP	139
ILEVRO DRO 0.3% OP.....	138	IPOL INJ INACTIVE	131
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	39	<i>ipratropium-albuterol nebu soln 0.5- 2.5(3) mg/3ml</i>	141
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	39	<i>ipratropium bromide inhal soln 0.02%</i>	141
IMBRUVICA CAP 140MG	40	<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	141
IMBRUVICA CAP 70MG.....	39	<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	141
IMBRUVICA TAB 140MG	40	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	48
IMBRUVICA TAB 280MG	40	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	48
IMBRUVICA TAB 420MG	40	<i>irbesartan tab 150 mg</i>	49
IMBRUVICA TAB 560MG	40	<i>irbesartan tab 300 mg</i>	49
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	18	<i>irbesartan tab 75 mg</i>	49
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	18	<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	44
<i>imipramine hcl tab 10 mg</i>	73	<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	44
<i>imipramine hcl tab 25 mg</i>	73	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	44
<i>imipramine hcl tab 50 mg</i>	73	<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	44
<i>imipramine pamoate cap 100 mg</i>	73	ISENTRESS CHW 100MG.....	21
<i>imipramine pamoate cap 125 mg</i>	73	ISENTRESS CHW 25MG.....	21
<i>imipramine pamoate cap 150 mg</i>	74	ISENTRESS HD TAB 600MG.....	21
<i>imipramine pamoate cap 75 mg</i>	73	ISENTRESS POW 100MG.....	21
<i>imiquimod cream 5%</i>	149	ISENTRESS TAB 400MG	21
INCRELEX INJ 40MG/4ML	109	<i>isoniazid inj 100 mg/ml</i>	24
INCRUSE ELPT INH 62.5MCG	141	<i>isoniazid syrup 50 mg/5ml</i>	24
<i>indapamide tab 1.25 mg</i>	60	<i>isoniazid tab 100 mg</i>	24
<i>indapamide tab 2.5 mg</i>	60	<i>isoniazid tab 300 mg</i>	24
INFANRIX INJ	131	<i>isosorbide dinitrate tab 10 mg</i>	61
INLYTA TAB 1MG.....	40	<i>isosorbide dinitrate tab 20 mg</i>	61
INLYTA TAB 5MG.....	40	<i>isosorbide dinitrate tab 30 mg</i>	61
INSTA-GLUCOS GEL 77.4%	109	<i>isosorbide dinitrate tab 40 mg</i>	61
INSULIN SYRG MIS 1ML/31G	133	<i>isosorbide dinitrate tab 5 mg</i>	61
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INTELENCE TAB 25MG	21	<i>isosorbide mononitrate tab 20 mg</i> ...	62
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INTRON A INJ 10MU	128		
INTRON A INJ 18MU	129		
INTRON A INJ 25MU	129		
INTRON A INJ 50MU	129		

<i>isosorbide mononitrate tab er 24hr 120 mg</i>	62
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	62
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	62
<i>isotretinoin cap 10 mg</i>	148
<i>isotretinoin cap 20 mg</i>	148
<i>isotretinoin cap 30 mg</i>	148
<i>isotretinoin cap 40 mg</i>	148
<i>isradipine cap 2.5 mg</i>	57
<i>isradipine cap 5 mg</i>	57
<i>itraconazole cap 100 mg</i>	20
<i>itraconazole oral soln 10 mg/ml</i>	20
<i>ivermectin tab 3 mg</i>	18
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JAKAFI TAB 10MG	40
JAKAFI TAB 15MG	40
JAKAFI TAB 20MG	40
JAKAFI TAB 25MG	40
JAKAFI TAB 5MG.....	40
<i>jantoven tab 10mg</i>	122
<i>jantoven tab 1mg</i>	122
<i>jantoven tab 2.5mg</i>	122
<i>jantoven tab 2mg</i>	122
<i>jantoven tab 3mg</i>	122
<i>jantoven tab 4mg</i>	122
<i>jantoven tab 5mg</i>	122
<i>jantoven tab 6mg</i>	122
<i>jantoven tab 7.5mg</i>	122
JANUMET TAB 50-1000	93
JANUMET TAB 50-500MG	93
JANUMET XR TAB 100-1000.....	93
JANUMET XR TAB 50-1000	93
JANUMET XR TAB 50-500MG.....	93
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JARDIANCE TAB 10MG	96
JARDIANCE TAB 25MG	96
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<i>jinteli tab 1mg-5mcg</i>	105
<i>jolessa tab</i>	100
<i>jolivette tab 0.35mg</i>	100
JUBLIA SOL 10%.....	150
<i>junel 1/20 tab</i>	100

<i>junel 1.5/30 tab</i>	100
<i>junel fe tab 1/20</i>	100
<i>junel fe tab 1.5/30</i>	100
K	
KADCYLA INJ 100MG	36
KADCYLA INJ 160MG	36
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KALETRA TAB 200-50MG.....	23
KALYDECO PAK 25MG	145
KALYDECO PAK 50MG	145
KALYDECO PAK 75MG	145
KALYDECO TAB 150MG	145
<i>kariva tab 28 day</i>	100
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	135
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	135
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	135
<i>k-effervesce tab 25meq ef</i>	134
<i>kelnor tab 1/35</i>	100
<i>ketoconazole cream 2%</i>	150
<i>ketoconazole shampoo 2%</i>	151
KETO-DIASTIX TES.....	133
<i>ketoprofen cap 50 mg</i>	2
<i>ketoprofen cap 75 mg</i>	2
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	2
<i>ketorolac tromethamine inj 15 mg/ml</i>	2
<i>ketorolac tromethamine inj 30 mg/ml</i>	2
<i>ketorolac tromethamine ophth soln 0.4%</i>	138
<i>ketorolac tromethamine ophth soln 0.5%</i>	138
<i>ketorolac tromethamine tab 10 mg</i>	2
KEVZARA INJ 150/1.14	126, 127
KEVZARA INJ 200/1.14	127
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KINRIX INJ	131
<i>kionex sus 15gm/60</i>	98
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KISQALI TAB 400DOSE	37
KISQALI TAB 600DOSE	37
<i>klor-con 10 tab 10meq er</i>	134
<i>klor-con 8 tab 8meq er</i>	134
<i>klor-con m15 tab 15meq er</i>	134
<i>klor-con m20 tab 20meq er</i>	134

<i>kurvelo tab 0.15/30</i>	100	<i>lamotrigine tab er 24hr 200 mg</i>	67
KUVAN POW 100MG	102	<i>lamotrigine tab er 24hr 250 mg</i>	67
KUVAN POW 500MG	102	<i>lamotrigine tab er 24hr 25 mg</i>	67
KUVAN TAB 100MG.....	102	<i>lamotrigine tab er 24hr 300 mg</i>	67
KYLEENA IUD 19.5MG	100	<i>lamotrigine tab er 24hr 50 mg</i>	67
L		LANCING DEVI MIS	133
<i>labetalol hcl iv soln 5 mg/ml</i>	54	LANOXIN PED INJ 0.1MG/ML	59
<i>labetalol hcl tab 100 mg</i>	54	LANOXIN TAB 0.0625MG.....	59
<i>labetalol hcl tab 200 mg</i>	55	LANOXIN TAB 0.1875MG.....	59
<i>labetalol hcl tab 300 mg</i>	55	<i>lansoprazole cap delayed release 15</i>	
LACRISERT MIS 5MG OP	140	<i>mg</i>	119
<i>lactic acid (ammonium lactate) cream</i>		<i>lansoprazole cap delayed release 30</i>	
<i>12%</i>	154	<i>mg</i>	119
<i>lactic acid (ammonium lactate) lotion</i>		<i>lapatinib ditosylate tab 250 mg (base</i>	
<i>10%</i>	154	<i>equiv)</i>	40
<i>lactic acid (ammonium lactate) lotion</i>		<i>larin tab 1.5/30</i>	100
<i>12%</i>	154	LASTACRAFT SOL 0.25%.....	139
<i>lactulose solution 10 gm/15ml</i>	117	<i>latanoprost ophth soln 0.005%</i>	139
<i>lamivudine oral soln 10 mg/ml</i>	21	LATUDA TAB 120MG.....	79
<i>lamivudine tab 100 mg (hbv)</i>	25	LATUDA TAB 20MG.....	79
<i>lamivudine tab 150 mg</i>	22	LATUDA TAB 40MG.....	79
<i>lamivudine tab 300 mg</i>	22	LATUDA TAB 60MG.....	79
<i>lamivudine-zidovudine tab 150-300 mg</i>		LATUDA TAB 80MG.....	79
.....	23	<i>leena tab</i>	100
<i>lamotrigine orally disintegrating tab</i>		<i>leflunomide tab 10 mg</i>	128
<i>100 mg</i>	66	<i>leflunomide tab 20 mg</i>	128
<i>lamotrigine orally disintegrating tab</i>		LENVIMA CAP 10 MG	40
<i>200 mg</i>	66	LENVIMA CAP 12MG	40
<i>lamotrigine orally disintegrating tab 25</i>		LENVIMA CAP 14 MG	40
<i>mg</i>	66	LENVIMA CAP 18 MG	40
<i>lamotrigine orally disintegrating tab 50</i>		LENVIMA CAP 20 MG	40
<i>mg</i>	66	LENVIMA CAP 24 MG	41
<i>lamotrigine tab 100 mg</i>	66	LENVIMA CAP 4MG	40
<i>lamotrigine tab 150 mg</i>	67	LENVIMA CAP 8 MG	40
<i>lamotrigine tab 200 mg</i>	67	<i>lessina tab</i>	100
<i>lamotrigine tab 25 mg</i>	66	<i>letrozole tab 2.5 mg</i>	37
<i>lamotrigine tab 25 mg (42) & 100 mg</i>		<i>leucovorin calcium for inj 100 mg</i>	43
<i>(7) starter kit</i>	66	<i>leucovorin calcium for inj 200 mg</i>	43
<i>lamotrigine tab 35 x 25 mg starter kit</i>		<i>leucovorin calcium for inj 350 mg</i>	43
.....	66	<i>leucovorin calcium for inj 500 mg</i>	43
<i>lamotrigine tab 84 x 25 mg & 14 x 100</i>		<i>leucovorin calcium for inj 50 mg</i>	43
<i>mg starter kit</i>	66	<i>leucovorin calcium tab 10 mg</i>	43
<i>lamotrigine tab chewable dispersible 25</i>		<i>leucovorin calcium tab 15 mg</i>	43
<i>mg</i>	67	<i>leucovorin calcium tab 25 mg</i>	43
<i>lamotrigine tab chewable dispersible 5</i>		<i>leucovorin calcium tab 5 mg</i>	43
<i>mg</i>	67	LEUKERAN TAB 2MG.....	33
<i>lamotrigine tab er 24hr 100 mg</i>	67	<i>leuprolide acetate inj kit 5 mg/ml</i>	38

<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	143	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	100
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	143	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	100
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	143	<i>levora-28 tab 0.15/30</i>	100
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	143	<i>levothyroxine sodium tab 100 mcg</i> .111	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	143	<i>levothyroxine sodium tab 112 mcg</i> .111	
LEVEMIR INJ	94	<i>levothyroxine sodium tab 125 mcg</i> .111	
LEVEMIR INJ FLEXTOUC	94	<i>levothyroxine sodium tab 137 mcg</i> .111	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	67	<i>levothyroxine sodium tab 150 mcg</i> .111	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	67	<i>levothyroxine sodium tab 175 mcg</i> .111	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	67	<i>levothyroxine sodium tab 200 mcg</i> .111	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	67	<i>levothyroxine sodium tab 25 mcg</i> ...111	
<i>levetiracetam oral soln 100 mg/ml</i> ...	67	<i>levothyroxine sodium tab 300 mcg</i> .111	
<i>levetiracetam tab 1000 mg</i>	67	<i>levothyroxine sodium tab 50 mcg</i> ...111	
<i>levetiracetam tab 250 mg</i>	67	<i>levothyroxine sodium tab 75 mcg</i> ...111	
<i>levetiracetam tab 500 mg</i>	67	<i>levothyroxine sodium tab 88 mcg</i> ...111	
<i>levetiracetam tab 750 mg</i>	67	<i>levoxyl tab 100mcg</i>	111
<i>levetiracetam tab er 24hr 500 mg</i> ...	67	<i>levoxyl tab 112mcg</i>	111
<i>levetiracetam tab er 24hr 750 mg</i> ...	67	<i>levoxyl tab 125mcg</i>	111
<i>levobunolol hcl ophth soln 0.5%</i>	139	<i>levoxyl tab 137mcg</i>	111
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	142	<i>levoxyl tab 150mcg</i>	111
<i>levocetirizine dihydrochloride tab 5 mg</i>	142	<i>levoxyl tab 175mcg</i>	111
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	29	<i>levoxyl tab 200mcg</i>	111
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	29	<i>levoxyl tab 25mcg</i>	111
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	29	<i>levoxyl tab 50mcg</i>	111
<i>levofloxacin iv soln 25 mg/ml</i>	29	<i>levoxyl tab 75mcg</i>	111
<i>levofloxacin ophth soln 0.5%</i>	138	<i>levoxyl tab 88mcg</i>	111
<i>levofloxacin oral soln 25 mg/ml</i>	29	LEXIVA SUS 50MG/ML	22
<i>levofloxacin tab 250 mg</i>	29	LIDO/DEXTROS INJ 5-7.5%	16
<i>levofloxacin tab 500 mg</i>	29	<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	50
<i>levofloxacin tab 750 mg</i>	29	<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	50
<i>levonest tab</i>	100	<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	50
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	100	<i>lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)</i>	50
		<i>lidocaine hcl laryngotracheal soln 4%</i>	155
		<i>lidocaine hcl local inj 0.5%</i>	16
		<i>lidocaine hcl local inj 1%</i>	16
		<i>lidocaine hcl local inj 2%</i>	16
		<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	16
		<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	16

<i>lidocaine hcl local preservative free (pf)</i>	
<i>inj 1%</i>	16
<i>lidocaine hcl local preservative free (pf)</i>	
<i>inj 2%</i>	16
<i>lidocaine hcl local preservative free (pf)</i>	
<i>inj 4%</i>	16
<i>lidocaine hcl soln 4%</i>	153
<i>lidocaine hcl urethral/mucosal gel 2%</i>	
.....	153
<i>lidocaine hcl urethral/mucosal gel</i>	
<i>prefilled syringe 2%</i>	153
<i>lidocaine hcl viscous soln 2%</i>	155
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	
.....	50
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	
.....	50
<i>lidocaine oint 5%</i>	153
<i>lidocaine patch 5%</i>	153
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
.....	153
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	
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LILETTA IUD 52MG	100
<i>lindane shampoo 1%</i>	154
<i>linezolid for susp 100 mg/5ml</i>	18
<i>linezolid in sodium chloride iv soln 600</i>	
<i>mg/300ml-0.9%</i>	18
<i>linezolid iv soln 600 mg/300ml (2</i>	
<i>mg/ml)</i>	18
<i>linezolid tab 600 mg</i>	18
LINZESS CAP 145MCG	116
LINZESS CAP 290MCG	116
LINZESS CAP 72MCG	116
<i>liothyronine sodium iv soln 10 mcg/ml</i>	
.....	112
<i>liothyronine sodium tab 25 mcg</i>	112
<i>liothyronine sodium tab 50 mcg</i>	112
<i>liothyronine sodium tab 5 mcg</i>	112
<i>lisinopril & hydrochlorothiazide tab 10-</i>	
<i>12.5 mg</i>	45
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>12.5 mg</i>	45
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>25 mg</i>	45
<i>lisinopril tab 10 mg</i>	46
<i>lisinopril tab 2.5 mg</i>	46
<i>lisinopril tab 20 mg</i>	46
<i>lisinopril tab 30 mg</i>	46
<i>lisinopril tab 40 mg</i>	46
<i>lisinopril tab 5 mg</i>	46
<i>lithium carbonate cap 150 mg</i>	87
<i>lithium carbonate cap 300 mg</i>	87
<i>lithium carbonate cap 600 mg</i>	87
<i>lithium carbonate tab 300 mg</i>	87
<i>lithium carbonate tab er 300 mg</i>	87
<i>lithium carbonate tab er 450 mg</i>	87
LITHIUM SOL 8MEQ/5ML	87
LO LOESTRIN TAB 1-10-10	100
<i>loperamide hcl cap 2 mg</i>	118
<i>lopinavir-ritonavir soln 400-100</i>	
<i>mg/5ml (80-20 mg/ml)</i>	24
<i>lorazepam conc 2 mg/ml</i>	64
<i>lorazepam tab 0.5 mg</i>	64
<i>lorazepam tab 1 mg</i>	64
<i>lorazepam tab 2 mg</i>	64
LORBRENA TAB 100MG	41
LORBRENA TAB 25MG	41
<i>loryna tab 3-0.02mg</i>	100
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-12.5 mg</i>	
.....	48
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-25 mg</i>	
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<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 50-12.5 mg</i>	
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<i>losartan potassium tab 100 mg</i>	49
<i>losartan potassium tab 25 mg</i>	49
<i>losartan potassium tab 50 mg</i>	49
<i>loteprednol etabonate ophth susp 0.5%</i>	
.....	138
<i>lovastatin tab 10 mg</i>	52
<i>lovastatin tab 20 mg</i>	52
<i>lovastatin tab 40 mg</i>	52
<i>low-ogestrel tab</i>	100
<i>loxapine succinate cap 10 mg</i>	79
<i>loxapine succinate cap 25 mg</i>	79
<i>loxapine succinate cap 50 mg</i>	79
<i>loxapine succinate cap 5 mg</i>	79
<i>ludent chw 0.25mg f</i>	134
<i>ludent chw 0.5mg f</i>	134
<i>ludent chw 1mg f</i>	134
LUMIGAN SOL 0.01%	139
LUPANETA KIT 11.25-5	111

LUPANETA KIT 3.75-5	111
LUPR DEP-PED INJ 11.25MG	38
LUPR DEP-PED INJ 15MG	38
LUPR DEP-PED INJ 3M 30MG	38
LUPR DEP-PED INJ 7.5MG	38
<i>luter</i> tab	100
LYNPARZA CAP 50MG	37
LYNPARZA TAB 100MG.....	37
LYNPARZA TAB 150MG.....	37
LYSODREN TAB 500MG	38

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<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	134
<i>magnesium sulfate inj 50%</i>	134
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	134
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	134
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	134
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	134
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	134
<i>malathion lotion 0.5%</i>	154
<i>mannitol iv soln 20%</i>	60
<i>mannitol iv soln 25%</i>	60
<i>maprotiline hcl tab 25 mg</i>	74
<i>maprotiline hcl tab 50 mg</i>	74
<i>maprotiline hcl tab 75 mg</i>	74
<i>marlissa tab 0.15/30</i>	100
MARPLAN TAB 10MG.....	74
MATULANE CAP 50MG.....	42
<i>matzim la tab 180mg/24</i>	57
<i>matzim la tab 240mg/24</i>	57
<i>matzim la tab 300mg/24</i>	58
<i>matzim la tab 360mg/24</i>	58
<i>matzim la tab 420mg/24</i>	58
MAXIDEX SUS 0.1% OP	138
<i>meclizine hcl tab 12.5 mg</i>	114
<i>meclizine hcl tab 25 mg</i>	114
<i>meclofenamate sodium cap 100 mg</i> ...	2
<i>meclofenamate sodium cap 50 mg</i>	2
MEDROL TAB 2MG	108
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	100

<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	100
<i>medroxyprogesterone acetate tab 10 mg</i>	111
<i>medroxyprogesterone acetate tab 2.5 mg</i>	111
<i>medroxyprogesterone acetate tab 5 mg</i>	111
<i>mefenamic acid cap 250 mg</i>	2
<i>mefloquine hcl tab 250 mg</i>	20
<i>megestrol acetate susp 40 mg/ml</i>	38
<i>megestrol acetate susp 625 mg/5ml</i> .	38
<i>megestrol acetate tab 20 mg</i>	38
<i>megestrol acetate tab 40 mg</i>	38
MEKINIST TAB 0.5MG.....	41
MEKINIST TAB 2MG.....	41
<i>meloxicam tab 15 mg</i>	2
<i>meloxicam tab 7.5 mg</i>	2
<i>melphalan hcl for inj 50 mg (base equiv)</i>	33
<i>melphalan tab 2 mg</i>	33
<i>memantine hcl cap er 24hr 14 mg</i>	69
<i>memantine hcl cap er 24hr 21 mg</i>	69
<i>memantine hcl cap er 24hr 28 mg</i>	69
<i>memantine hcl cap er 24hr 7 mg</i>	69
<i>memantine hcl oral solution 2 mg/ml</i>	69
<i>memantine hcl tab 10 mg</i>	70
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	70
<i>memantine hcl tab 5 mg</i>	70
MENACTRA INJ.....	131
MENEST TAB 0.3MG.....	105
MENEST TAB 0.625MG	106
MENEST TAB 1.25MG	106
MENEST TAB 2.5MG.....	106
MENTAX CRE 1%.....	150
MENVEO INJ	131
<i>meprobamate tab 200 mg</i>	64
<i>meprobamate tab 400 mg</i>	64
<i>mercaptapurine tab 50 mg</i>	35
<i>meropenem iv for soln 1 gm</i>	18
<i>meropenem iv for soln 500 mg</i>	18
<i>mesalamine cap dr 400 mg</i>	116
<i>mesalamine enema 4 gm</i>	116
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	116
<i>mesalamine suppos 1000 mg</i>	116

<i>mesalamine tab delayed release 1.2 gm</i>	116	<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	128
<i>mesalamine tab delayed release 800 mg</i>	116	<i>methoxsalen rapid cap 10 mg</i>	151
<i>mesna inj 100 mg/ml</i>	43	<i>methscopolamine bromide tab 2.5 mg</i>	113
<i>MESNEX TAB 400MG</i>	44	<i>methscopolamine bromide tab 5 mg</i>	113
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	143	<i>methyclothiazide tab 5 mg</i>	60
<i>metaproterenol sulfate tab 10 mg</i> ...	143	<i>methyldopa tab 250 mg</i>	61
<i>metaproterenol sulfate tab 20 mg</i> ...	143	<i>methyldopa tab 500 mg</i>	61
<i>metaxalone tab 400 mg</i>	90	<i>methyldopate hcl inj 250 mg/5ml</i>	61
<i>metaxalone tab 800 mg</i>	90	<i>methylphenidate hcl cap er 10 mg (cd)</i>	83
<i>metformin hcl tab 1000 mg</i>	92	<i>methylphenidate hcl cap er 20 mg (cd)</i>	83
<i>metformin hcl tab 500 mg</i>	92	<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	83
<i>metformin hcl tab 850 mg</i>	92	<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	83
<i>metformin hcl tab er 24hr 500 mg</i> ...	93	<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	83
<i>metformin hcl tab er 24hr 750 mg</i> ...	93	<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	83
<i>methadone con 10mg/ml</i>	7	<i>methylphenidate hcl cap er 30 mg (cd)</i>	83
<i>methadone hcl conc 10 mg/ml</i>	7	<i>methylphenidate hcl cap er 40 mg (cd)</i>	83
<i>methadone hcl inj 10 mg/ml</i>	7	<i>methylphenidate hcl cap er 50 mg (cd)</i>	83
<i>methadone hcl soln 10 mg/5ml</i>	7	<i>methylphenidate hcl cap er 60 mg (cd)</i>	83
<i>methadone hcl soln 5 mg/5ml</i>	7	<i>methylphenidate hcl chew tab 10 mg</i> 84	
<i>methadone hcl tab 10 mg</i>	8	<i>methylphenidate hcl chew tab 2.5 mg</i>	83
<i>methadone hcl tab 5 mg</i>	7	<i>methylphenidate hcl chew tab 5 mg</i> ..	83
<i>methadone hcl tab for oral susp 40 mg</i>	8	<i>methylphenidate hcl soln 10 mg/5ml</i> 84	
<i>methadose tab 40mg</i>	8	<i>methylphenidate hcl soln 5 mg/5ml</i> ..	84
<i>methamphetamine hcl tab 5 mg</i>	83	<i>methylphenidate hcl tab 10 mg</i>	84
<i>methazolamide tab 25 mg</i>	60	<i>methylphenidate hcl tab 20 mg</i>	84
<i>methazolamide tab 50 mg</i>	60	<i>methylphenidate hcl tab 5 mg</i>	84
<i>methenamine hippurate tab 1 gm</i>	18	<i>methylphenidate hcl tab er 10 mg</i> ...	84
<i>methimazole tab 10 mg</i>	112	<i>methylphenidate hcl tab er 20 mg</i> ...	84
<i>methimazole tab 5 mg</i>	112	<i>methylphenidate hcl tab er 24hr 18 mg</i>	84
<i>methocarbamol tab 500 mg</i>	90	<i>methylphenidate hcl tab er 24hr 27 mg</i>	84
<i>methocarbamol tab 750 mg</i>	90		
<i>methotrexate sodium for inj 1 gm</i>	35		
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	35		
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	35		
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	35		
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	35		
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	35		

<i>methylphenidate hcl tab er 24hr 36 mg</i>		<i>metoprolol & hydrochlorothiazide tab</i>	
.....	84	50-25 mg.....	54
<i>methylphenidate hcl tab er 24hr 54 mg</i>		<i>metoprolol succinate tab er 24hr 100</i>	
.....	84	mg (tartrate equiv).....	55
<i>methylphenidate hcl tab er osmotic</i>		<i>metoprolol succinate tab er 24hr 200</i>	
<i>release (osm) 18 mg</i>	84	mg (tartrate equiv).....	55
<i>methylphenidate hcl tab er osmotic</i>		<i>metoprolol succinate tab er 24hr 25 mg</i>	
<i>release (osm) 27 mg</i>	84	(tartrate equiv)	55
<i>methylphenidate hcl tab er osmotic</i>		<i>metoprolol succinate tab er 24hr 50 mg</i>	
<i>release (osm) 36 mg</i>	84	(tartrate equiv)	55
<i>methylphenidate hcl tab er osmotic</i>		<i>metoprolol tartrate iv soln 5 mg/5ml</i>	
<i>release (osm) 54 mg</i>	84	<i>metoprolol tartrate iv soln cart inj 5</i>	
<i>methylprednisolone acetate inj susp 40</i>		mg/5ml (1 mg/ml)	55
mg/ml.....	108	<i>metoprolol tartrate tab 100 mg</i>	55
<i>methylprednisolone acetate inj susp 80</i>		<i>metoprolol tartrate tab 25 mg</i>	55
mg/ml.....	108	<i>metoprolol tartrate tab 50 mg</i>	55
<i>methylprednisolone sod succ for inj</i>		<i>metronidazole cap 375 mg</i>	18
<i>1000 mg (base equiv)</i>	108	<i>metronidazole cream 0.75%</i>	154
<i>methylprednisolone sod succ for inj</i>		<i>metronidazole gel 0.75%</i>	154
<i>125 mg (base equiv)</i>	108	<i>metronidazole gel 1%</i>	154
<i>methylprednisolone sod succ for inj 40</i>		<i>metronidazole in nacl 0.79% iv soln</i>	
<i>mg (base equiv)</i>	108	500 mg/100ml	18
<i>methylprednisolone tab 16 mg</i>	108	<i>metronidazole lotion 0.75%</i>	154
<i>methylprednisolone tab 32 mg</i>	108	<i>metronidazole tab 250 mg</i>	18
<i>methylprednisolone tab 4 mg</i>	108	<i>metronidazole tab 500 mg</i>	18
<i>methylprednisolone tab 8 mg</i>	108	<i>metronidazole vaginal gel 0.75%</i>	121
<i>methylprednisolone tab therapy pack 4</i>		<i>mexiletine hcl cap 150 mg</i>	50
<i>mg (21)</i>	108	<i>mexiletine hcl cap 200 mg</i>	50
<i>methyltestosterone cap 10 mg</i>	92	<i>mexiletine hcl cap 250 mg</i>	50
<i>metipranolol ophth soln 0.3%</i>	139	<i>mibelas 24 chw fe</i>	100
<i>metoclopramide hcl inj 5 mg/ml (base</i>		<i>miconazole 3 sup 200mg</i>	121
<i>equivalent)</i>	114	<i>microgestin tab 1.5/30</i>	100
<i>metoclopramide hcl orally</i>		<i>midodrine hcl tab 10 mg</i>	61
<i>disintegrating tab 5 mg (base eq)</i>	114	<i>midodrine hcl tab 2.5 mg</i>	61
<i>metoclopramide hcl soln 5 mg/5ml (10</i>		<i>midodrine hcl tab 5 mg</i>	61
<i>mg/10ml) (base equiv)</i>	114	<i>miglitol tab 100 mg</i>	92
<i>metoclopramide hcl tab 10 mg (base</i>		<i>miglitol tab 25 mg</i>	92
<i>equivalent)</i>	114	<i>miglitol tab 50 mg</i>	92
<i>metoclopramide hcl tab 5 mg (base</i>		<i>mimvey lo tab 0.5-0.1</i>	106
<i>equivalent)</i>	114	<i>mimvey tab 1-0.5mg</i>	106
<i>metolazone tab 10 mg</i>	60	<i>minitrans dis 0.1mg/hr</i>	62
<i>metolazone tab 2.5 mg</i>	60	<i>minitrans dis 0.2mg/hr</i>	62
<i>metolazone tab 5 mg</i>	60	<i>minitrans dis 0.4mg/hr</i>	62
<i>metoprolol & hydrochlorothiazide tab</i>		<i>minitrans dis 0.6mg/hr</i>	62
100-25 mg	54	<i>minocycline hcl cap 100 mg</i>	32
<i>metoprolol & hydrochlorothiazide tab</i>		<i>minocycline hcl cap 50 mg</i>	32
100-50 mg	54	<i>minocycline hcl cap 75 mg</i>	32

<i>minocycline hcl tab 100 mg</i>	32	<i>mometasone furoate solution 0.1% (lotion)</i>	153
<i>minocycline hcl tab 50 mg</i>	32	MONOJECTOR MIS END CAPS	133
<i>minocycline hcl tab 75 mg</i>	32	<i>mono-linyah tab 0.25-35</i>	100
<i>minoxidil tab 10 mg</i>	61	<i>mononessa tab</i>	100
<i>minoxidil tab 2.5 mg</i>	61	<i>montelukast sodium chew tab 4 mg (base equiv)</i>	144
MIRCERA INJ 100MCG.....	123	<i>montelukast sodium chew tab 5 mg (base equiv)</i>	144
MIRCERA INJ 200MCG.....	123	<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	144
MIRCERA INJ 50MCG	123	<i>montelukast sodium tab 10 mg (base equiv)</i>	144
MIRCERA INJ 75MCG	123	MONUROL PAK GRANULES	17
MIRCERA SOL 150/0.3	123	<i>morgidox cap 1x100mg</i>	32
MIRCERA SOL 30/0.3ML.....	123	<i>morphine sulfate beads cap er 24hr 120 mg</i>	8
MIRENA IUD SYSTEM.....	100	<i>morphine sulfate beads cap er 24hr 30 mg</i>	8
<i>mirtazapine orally disintegrating tab 15 mg</i>	74	<i>morphine sulfate beads cap er 24hr 45 mg</i>	8
<i>mirtazapine orally disintegrating tab 30 mg</i>	74	<i>morphine sulfate beads cap er 24hr 60 mg</i>	8
<i>mirtazapine orally disintegrating tab 45 mg</i>	74	<i>morphine sulfate beads cap er 24hr 75 mg</i>	8
<i>mirtazapine tab 15 mg</i>	74	<i>morphine sulfate beads cap er 24hr 90 mg</i>	8
<i>mirtazapine tab 30 mg</i>	74	<i>morphine sulfate cap er 24hr 100 mg</i> .8	
<i>mirtazapine tab 45 mg</i>	74	<i>morphine sulfate cap er 24hr 10 mg</i> ...8	
<i>mirtazapine tab 7.5 mg</i>	74	<i>morphine sulfate cap er 24hr 20 mg</i> ...8	
MIRVASO GEL 0.33%.....	154	<i>morphine sulfate cap er 24hr 30 mg</i> ...8	
<i>misoprostol tab 100 mcg</i>	118	<i>morphine sulfate cap er 24hr 50 mg</i> ...8	
<i>misoprostol tab 200 mcg</i>	118	<i>morphine sulfate cap er 24hr 60 mg</i> ...8	
<i>mitomycin for iv soln 20 mg</i>	34	<i>morphine sulfate cap er 24hr 80 mg</i> ...8	
<i>mitomycin for iv soln 40 mg</i>	34	<i>morphine sulfate inj 10 mg/ml</i>	8
<i>mitomycin for iv soln 5 mg</i>	34	<i>morphine sulfate inj 8 mg/ml</i>	8
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	42	<i>morphine sulfate inj pf 0.5 mg/ml</i>	8
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	42	<i>morphine sulfate inj pf 1 mg/ml</i>	8
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	43	<i>morphine sulfate iv soln 1 mg/ml</i>	8
M-M-R II INJ.....	131	<i>morphine sulfate iv soln pf 10 mg/ml</i> .9	
<i>modafinil tab 100 mg</i>	90	<i>morphine sulfate iv soln pf 4 mg/ml</i> ...8	
<i>modafinil tab 200 mg</i>	90	<i>morphine sulfate iv soln pf 8 mg/ml</i> ...9	
<i>moexipril hcl tab 15 mg</i>	46	<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	9
<i>moexipril hcl tab 7.5 mg</i>	46	<i>morphine sulfate oral soln 10 mg/5ml</i> .9	
<i>moexipril-hydrochlorothiazide tab 15- 12.5 mg</i>	45	<i>morphine sulfate oral soln 20 mg/5ml</i> .9	
<i>moexipril-hydrochlorothiazide tab 15- 25 mg</i>	45	<i>morphine sulfate suppos 10 mg</i>	9
<i>moexipril-hydrochlorothiazide tab 7.5- 12.5 mg</i>	45		
<i>mometasone furoate cream 0.1%</i> ...153			
<i>mometasone furoate oint 0.1%</i>	153		

<i>morphine sulfate suppos 20 mg</i>	9	<i>myzilra tab</i>	100
<i>morphine sulfate suppos 30 mg</i>	9	N	
<i>morphine sulfate suppos 5 mg</i>	9	<i>nabumetone tab 500 mg</i>	2
<i>morphine sulfate tab 15 mg</i>	10	<i>nabumetone tab 750 mg</i>	2
<i>morphine sulfate tab 30 mg</i>	10	<i>nadolol & bendroflumethiazide tab 40-5</i>	
<i>morphine sulfate tab er 100 mg</i>	10	<i>mg</i>	54
<i>morphine sulfate tab er 15 mg</i>	10	<i>nadolol tab 20 mg</i>	55
<i>morphine sulfate tab er 200 mg</i>	10	<i>nadolol tab 40 mg</i>	55
<i>morphine sulfate tab er 30 mg</i>	10	<i>nadolol tab 80 mg</i>	55
<i>morphine sulfate tab er 60 mg</i>	10	<i>nafcillin sodium for inj 1 gm</i>	31
MORPHINE SUL INJ 150/30ML	8	<i>nafcillin sodium for inj 2 gm</i>	31
MORPHINE SUL INJ 2MG/ML	8	<i>nafcillin sodium for iv soln 10 gm</i>	31
MORPHINE SUL INJ 4MG/ML	8	<i>nafcillin sodium for iv soln 1 gm</i>	31
MORPHINE SUL INJ 5MG/ML	8	<i>nafcillin sodium for iv soln 2 gm</i>	31
MOTOFEN TAB 1-0.025	118	<i>nafrinse chw 1mg f</i>	134
MOVANTIK TAB 12.5MG	118	<i>nafrinse dro 0.125mg</i>	134
MOVANTIK TAB 25MG	118	<i>naftifine hcl cream 1%</i>	150
MOVIPREP SOL	117	<i>naftifine hcl cream 2%</i>	150
<i>moxifloxacin hcl 400 mg/250ml in</i>		<i>nalbuphine hcl inj 10 mg/ml</i>	10
<i>sodium chloride 0.8% inj</i>	29	<i>nalbuphine hcl inj 20 mg/ml</i>	10
<i>moxifloxacin hcl ophth soln 0.5% (base</i>		<i>naloxone hcl inj 0.4 mg/ml</i>	91
<i>eq) (2 times daily)</i>	138	<i>naloxone hcl inj 4 mg/10ml</i>	91
<i>moxifloxacin hcl ophth soln 0.5% (base</i>		<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	
<i>equiv)</i>	138	91
<i>moxifloxacin hcl tab 400 mg (base</i>		<i>naloxone hcl soln prefilled syringe 2</i>	
<i>equiv)</i>	29	<i>mg/2ml</i>	91
MULTAQ TAB 400MG	50	<i>naltrexone hcl tab 50 mg</i>	91
<i>multi-vit/fe dro /fl 0.25</i>	136	NAMENDA XR CAP TITRATIO	70
<i>multivit/fl chw 0.25mg</i>	136	<i>naproxen tab 250 mg</i>	2
<i>multivit/fl chw 0.5mg</i>	136	<i>naproxen tab 375 mg</i>	2
<i>multivit/fl chw 1mg</i>	136	<i>naproxen tab 500 mg</i>	2
<i>multi-vit/fl dro /fe 0.25</i>	136	<i>naratriptan hcl tab 1 mg (base equiv)</i>	
<i>multi-vit/fl dro 0.25mg</i>	136	86
<i>multi-vit/fl dro 0.5mg/ml</i>	136	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	
<i>mupirocin oint 2%</i>	149	86
<i>mvc-fluoride chw 1mg</i>	137	NARCAN SPR	91
MYALEPT INJ 11.3MG	102	NATACYN SUS 5% OP	138
<i>mycophenolate mofetil cap 250 mg</i>	130	NATAZIA TAB	100
<i>mycophenolate mofetil for oral susp</i>		<i>nateglinide tab 120 mg</i>	95
<i>200 mg/ml</i>	130	<i>nateglinide tab 60 mg</i>	95
<i>mycophenolate mofetil hcl for iv soln</i>		<i>necon tab 0.5/35</i>	100
<i>500 mg (base equiv)</i>	130	<i>nefazodone hcl tab 100 mg</i>	74
<i>mycophenolate mofetil tab 500 mg</i>	130	<i>nefazodone hcl tab 150 mg</i>	74
<i>mycophenolate sodium tab dr 180 mg</i>		<i>nefazodone hcl tab 200 mg</i>	74
<i>(mycophenolic acid equiv)</i>	130	<i>nefazodone hcl tab 250 mg</i>	74
<i>mycophenolate sodium tab dr 360 mg</i>		<i>nefazodone hcl tab 50 mg</i>	74
<i>(mycophenolic acid equiv)</i>	130		

<i>neomycin-polymyxin-gramicid op sol</i>	
1.75-10000-0.025mg-unt-mg/ml.	138
<i>neomycin-polymyxin-dexamethasone</i>	
ophth oint 0.1%	137
<i>neomycin-polymyxin-dexamethasone</i>	
ophth susp 0.1%	137
<i>neomycin-polymyxin-hc ophth susp</i>	137
<i>neomycin-polymyxin-hc otic soln 1%</i>	
.....	155
<i>neomycin-polymyxin-hc otic susp 3.5</i>	
mg/ml-10000 unit/ml-1%.....	155
<i>neomycin sulfate tab 500 mg</i>	17
NEULASTA INJ 6MG/0.6M	123
NEULASTA KIT 6MG/0.6M.....	123
NEUPRO DIS 1MG/24HR.....	77
NEUPRO DIS 2MG/24HR.....	77
NEUPRO DIS 3MG/24HR.....	77
NEUPRO DIS 4MG/24HR.....	77
NEUPRO DIS 6MG/24HR.....	77
NEUPRO DIS 8MG/24HR.....	77
NEVANAC SUS 0.1%.....	138
<i>nevirapine susp 50 mg/5ml</i>	22
<i>nevirapine tab 200 mg</i>	22
<i>nevirapine tab er 24hr 100 mg</i>	22
<i>nevirapine tab er 24hr 400 mg</i>	22
NEXAVAR TAB 200MG.....	41
NEXPLANON IMP 68MG	101
NEXTERONE INJ.....	50
<i>niacin tab er 1000 mg</i>	
(antihyperlipidemic).....	53
<i>niacin tab er 500 mg</i>	
(antihyperlipidemic).....	53
<i>niacin tab er 750 mg</i>	
(antihyperlipidemic).....	53
<i>nicardipine hcl cap 20 mg</i>	58
<i>nicardipine hcl cap 30 mg</i>	58
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	58
<i>nicorelief gum 4mg mint</i>	91
<i>nicotine dis 7mg/24hr</i>	91
<i>nicotine polacrilex gum 2 mg</i>	91
<i>nicotine polacrilex gum 4 mg</i>	91
<i>nicotine polacrilex lozenge 2 mg</i>	91
<i>nicotine pol loz 4mg mint</i>	91
<i>nicotine td patch 24hr 14 mg/24hr</i> ...	91
<i>nicotine td patch 24hr 21 mg/24hr</i> ...	91
<i>nicotine td patch 24hr 7 mg/24hr</i>	91
NICOTROL INH	91
NICOTROL NS SPR 10MG/ML	92
<i>nifedipine tab er 24hr 30 mg</i>	58
<i>nifedipine tab er 24hr 60 mg</i>	58
<i>nifedipine tab er 24hr 90 mg</i>	58
<i>nifedipine tab er 24hr osmotic release</i>	
30 mg.....	58
<i>nifedipine tab er 24hr osmotic release</i>	
60 mg.....	58
<i>nifedipine tab er 24hr osmotic release</i>	
90 mg.....	58
<i>nikki tab 3-0.02mg</i>	101
<i>nilutamide tab 150 mg</i>	38
<i>nimodipine cap 30 mg</i>	58
NIPENT INJ 10MG	35
<i>nisoldipine tab er 24hr 17 mg</i>	58
<i>nisoldipine tab er 24hr 20 mg</i>	58
<i>nisoldipine tab er 24hr 25.5 mg</i>	58
<i>nisoldipine tab er 24hr 30 mg</i>	58
<i>nisoldipine tab er 24hr 34 mg</i>	58
<i>nisoldipine tab er 24hr 40 mg</i>	58
<i>nisoldipine tab er 24hr 8.5 mg</i>	58
<i>nitisinone cap 10 mg</i>	102
<i>nitisinone cap 2 mg</i>	102
<i>nitisinone cap 5 mg</i>	102
NITRO-BID OIN 2%.....	62
NITRO-DUR DIS 0.3MG/HR.....	62
NITRO-DUR DIS 0.8MG/HR.....	62
<i>nitrofurantoin macrocrystalline cap 100</i>	
mg	19
<i>nitrofurantoin macrocrystalline cap 25</i>	
mg	18
<i>nitrofurantoin macrocrystalline cap 50</i>	
mg	18
<i>nitrofurantoin monohydrate</i>	
macrocrystalline cap 100 mg	19
<i>nitrofurantoin susp 25 mg/5ml</i>	19
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	
.....	62
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<i>mg)</i>	135	<i>prazosin hcl cap 5 mg</i>	47
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<i>mg</i>	77	<i>tab 30 mg (base eq)</i>	108
<i>pramipexole dihydrochloride tab 0.5</i>		<i>prednisolone sod phosphate oral soln</i>	
<i>mg</i>	77	<i>10 mg/5ml (base equiv)</i>	108
<i>pramipexole dihydrochloride tab 0.75</i>		<i>prednisolone sod phosphate oral soln</i>	
<i>mg</i>	77	<i>15 mg/5ml (base equiv)</i>	108
<i>pramipexole dihydrochloride tab 1.5</i>		<i>prednisolone sod phosphate oral soln</i>	
<i>mg</i>	77	<i>20 mg/5ml (base equiv)</i>	108
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SYNTHROID TAB 75MCG	112
SYNTHROID TAB 88MCG	112
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TABLOID TAB 40MG	35
<i>tacrolimus cap 0.5 mg</i>	130
<i>tacrolimus cap 1 mg</i>	130
<i>tacrolimus cap 5 mg</i>	130
<i>tacrolimus oint 0.03%</i>	154
<i>tacrolimus oint 0.1%</i>	154
<i>tadalafil tab 10 mg</i>	120
<i>tadalafil tab 2.5 mg</i>	119
<i>tadalafil tab 20 mg</i>	120
<i>tadalafil tab 20 mg (pah)</i>	63
<i>tadalafil tab 5 mg</i>	119
TAFINLAR CAP 50MG	41
TAFINLAR CAP 75MG	41
<i>take action tab 1.5mg</i>	101
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<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	38
<i>tamsulosin hcl cap 0.4 mg</i>	119
TARGRETIN GEL 1%	154
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<i>tazarotene cream 0.1%</i>	151
<i>tazicef inj 1gm</i>	27
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<i>tazicef inj 6gm</i>	27
TAZORAC CRE 0.05%	151
TAZORAC GEL 0.05%	151
TAZORAC GEL 0.1%	151
<i>taztia xt cap 120mg/24</i>	58
<i>taztia xt cap 180mg/24</i>	58
<i>taztia xt cap 240mg/24</i>	58
<i>taztia xt cap 300mg er</i>	58
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<i>telmisartan-amlodipine tab 80-10 mg</i>	49
<i>telmisartan-amlodipine tab 80-5 mg</i> .	49
<i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i>	49
<i>telmisartan-hydrochlorothiazide tab 80- 12.5 mg</i>	49
<i>telmisartan-hydrochlorothiazide tab 80- 25 mg</i>	49
<i>telmisartan tab 20 mg</i>	49
<i>telmisartan tab 40 mg</i>	49
<i>telmisartan tab 80 mg</i>	49
<i>temazepam cap 15 mg</i>	85
<i>temazepam cap 22.5 mg</i>	85
<i>temazepam cap 30 mg</i>	85
<i>temazepam cap 7.5 mg</i>	85
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<i>temozolomide cap 100 mg</i>	33
<i>temozolomide cap 140 mg</i>	33
<i>temozolomide cap 180 mg</i>	33
<i>temozolomide cap 20 mg</i>	33
<i>temozolomide cap 250 mg</i>	33
<i>temozolomide cap 5 mg</i>	33
<i>tencon tab 50-325mg</i>	1
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<i>tenofovir disoproxil fumarate tab 300 mg</i>	22
<i>terazosin hcl cap 10 mg (base equivalent)</i>	47
<i>terazosin hcl cap 1 mg (base equivalent)</i>	47
<i>terazosin hcl cap 2 mg (base equivalent)</i>	47
<i>terazosin hcl cap 5 mg (base equivalent)</i>	47
<i>terbinafine hcl tab 250 mg</i>	20
<i>terbutaline sulfate inj 1 mg/ml</i>	143
<i>terbutaline sulfate tab 2.5 mg</i>	143
<i>terbutaline sulfate tab 5 mg</i>	143
<i>terconazole vaginal cream 0.4%</i>	121
<i>terconazole vaginal cream 0.8%</i>	121
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<i>testosterone cypionate im inj in oil 200 mg/ml</i>	92	<i>timolol maleate ophth gel forming soln 0.25%</i>	140
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	92	<i>timolol maleate ophth gel forming soln 0.5%</i>	140
<i>testosterone td gel 10mg/act (2%)</i>	92	<i>timolol maleate ophth soln 0.25%</i> ..	140
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	92	<i>timolol maleate ophth soln 0.5%</i>	140
<i>tetrabenazine tab 12.5 mg</i>	88	<i>timolol maleate ophth soln 0.5%</i> (once-daily)	140
<i>tetrabenazine tab 25 mg</i>	88	<i>timolol maleate tab 10 mg</i>	55
<i>tetracycline hcl cap 250 mg</i>	32	<i>timolol maleate tab 20 mg</i>	55
<i>tetracycline hcl cap 500 mg</i>	32	<i>timolol maleate tab 5 mg</i>	55
THALOMID CAP 100MG	129	<i>tinidazole tab 250 mg</i>	17
THALOMID CAP 150MG	129	<i>tinidazole tab 500 mg</i>	17
THALOMID CAP 200MG	129	<i>tis-u-sol sol</i>	140
THALOMID CAP 50MG	129	TIVICAY PD TAB 5MG	22
THEO-24 CAP 100MG CR	147	TIVICAY TAB 10MG	22
THEO-24 CAP 200MG CR	147	TIVICAY TAB 25MG	22
THEO-24 CAP 300MG CR	147	TIVICAY TAB 50MG	22
THEO-24 CAP 400MG ER	147	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	90
<i>theochron tab 100mg cr</i>	147	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	90
<i>theochron tab 200mg cr</i>	147	TOBRADEX OIN 0.3-0.1%.....	137
<i>theochron tab 300mg cr</i>	147	TOBRADEX ST SUS 0.3-0.05	137
<i>theophylline soln 80 mg/15ml</i>	147	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	137
<i>theophylline tab er 12hr 450 mg</i>	147	<i>tobramycin nebu soln 300 mg/5ml</i> ...	17
<i>theophylline tab er 24hr 400 mg</i>	147	<i>tobramycin ophth soln 0.3%</i>	138
<i>theophylline tab er 24hr 600 mg</i>	147	<i>tobramycin sulfate for inj 1.2 gm</i>	17
<i>thioridazine hcl tab 100 mg</i>	81	<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	17
<i>thioridazine hcl tab 10 mg</i>	81	<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	17
<i>thioridazine hcl tab 25 mg</i>	81	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	17
<i>thioridazine hcl tab 50 mg</i>	81	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	17
<i>thiothixene cap 10 mg</i>	81	TODAY SPONGE MIS	120
<i>thiothixene cap 1 mg</i>	81	<i>tolcapone tab 100 mg</i>	78
<i>thiothixene cap 2 mg</i>	81	<i>tolmetin sodium cap 400 mg</i>	2
<i>thiothixene cap 5 mg</i>	81	<i>tolmetin sodium tab 200 mg</i>	2
THYROLAR-1/2 TAB 30MG	112	<i>tolmetin sodium tab 600 mg</i>	2
THYROLAR-1/4 TAB 15MG	112	<i>tolterodine tartrate cap er 24hr 2 mg</i>	120
THYROLAR-1 TAB 60MG	112	<i>tolterodine tartrate cap er 24hr 4 mg</i>	120
THYROLAR-2 TAB 120MG	112		
THYROLAR-3 TAB 180MG	112		
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<i>tiagabine hcl tab 12 mg</i>	68		
<i>tiagabine hcl tab 16 mg</i>	68		
<i>tiagabine hcl tab 2 mg</i>	68		
<i>tiagabine hcl tab 4 mg</i>	68		
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<i>tolterodine tartrate tab 1 mg</i>	120	<i>trazodone hcl tab 150 mg</i>	75
<i>tolterodine tartrate tab 2 mg</i>	120	<i>trazodone hcl tab 300 mg</i>	75
<i>tolvaptan tab 30 mg</i>	110	<i>trazodone hcl tab 50 mg</i>	75
<i>topiramate sprinkle cap 15 mg</i>	68	TRECTOR TAB 250MG	24
<i>topiramate sprinkle cap 25 mg</i>	68	TREMFYA INJ 100MG/ML	127
<i>topiramate tab 100 mg</i>	68	TRESIBA FLEX INJ 100UNIT	95
<i>topiramate tab 200 mg</i>	68	TRESIBA FLEX INJ 200UNIT	95
<i>topiramate tab 25 mg</i>	68	TRESIBA INJ 100UNIT	95
<i>topiramate tab 50 mg</i>	68	<i>tretinoin cap 10 mg</i>	43
<i>toposar inj 100/5ml</i>	44	<i>tretinoin cream 0.025%</i>	148
<i>toposar inj 1gm/50ml</i>	44	<i>tretinoin cream 0.05%</i>	148
<i>toposar inj 500/25ml</i>	44	<i>tretinoin cream 0.1%</i>	148
<i>topotecan hcl for inj 4 mg (base equiv)</i>	44	<i>tretinoin gel 0.01%</i>	148
<i>toremifene citrate tab 60 mg (base equivalent)</i>	38	<i>tretinoin gel 0.025%</i>	148
<i>toremide tab 100 mg</i>	60	<i>tretinoin gel 0.05%</i>	148
<i>toremide tab 10 mg</i>	60	<i>tretinoin microsphere gel 0.04%</i>	149
<i>toremide tab 20 mg</i>	60	<i>tretinoin microsphere gel 0.1%</i>	149
<i>toremide tab 5 mg</i>	60	<i>triamcinolone acetonide cream 0.025%</i>	153
TOVIAZ TAB 4MG	120	<i>triamcinolone acetonide cream 0.1%</i>	153
TOVIAZ TAB 8MG	120	<i>triamcinolone acetonide cream 0.5%</i>	153
TRACLEER TAB 32MG	63	<i>triamcinolone acetonide dental paste 0.1%</i>	155
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	14	<i>triamcinolone acetonide lotion 0.025%</i>	153
<i>tramadol hcl tab 50 mg</i>	14	<i>triamcinolone acetonide lotion 0.1%</i>	153
<i>tramadol hcl tab er 24hr 100 mg</i>	14	<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	146
<i>tramadol hcl tab er 24hr 200 mg</i>	14	<i>triamcinolone acetonide oint 0.025%</i>	153
<i>tramadol hcl tab er 24hr 300 mg</i>	14	<i>triamcinolone acetonide oint 0.1%</i> ..	153
<i>trandolapril tab 1 mg</i>	47	<i>triamcinolone acetonide oint 0.5%</i> ..	153
<i>trandolapril tab 2 mg</i>	47	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	60
<i>trandolapril tab 4 mg</i>	47	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	60
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	46	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	60
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	46	<i>triamterene cap 100 mg</i>	61
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	46	<i>triamterene cap 50 mg</i>	60
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	46	<i>triderm cre 0.1%</i>	153
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	124	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	81
<i>tranexamic acid tab 650 mg</i>	124		
<i>tranylcypromine sulfate tab 10 mg</i> ...	75		
<i>travoprost ophth soln 0.004%</i> (benzalkonium free) (bak free)	140		
<i>trazodone hcl tab 100 mg</i>	75		

<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	81	TWINRIX INJ	132
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	81	TWIRLA DIS 120-30	102
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	81	TYBOST TAB 150MG	22
<i>trifluridine ophth soln 1%</i>	138	TYKERB TAB 250MG	42
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	78	TYMLOS INJ.....	110
<i>trihexyphenidyl hcl tab 2 mg</i>	78	TYSABRI INJ 300/15ML.....	89
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<i>tri-linyah tab</i>	102	UDENYCA INJ 6MG/.6ML.....	123
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<i>trimethoprim tab 100 mg</i>	19	<i>unithroid tab 112mcg</i>	112
<i>trimipramine maleate cap 100 mg</i>	75	<i>unithroid tab 125mcg</i>	112
<i>trimipramine maleate cap 25 mg</i>	75	<i>unithroid tab 200mcg</i>	112
<i>trimipramine maleate cap 50 mg</i>	75	<i>unithroid tab 25mcg</i>	112
<i>trinessa tab</i>	102	<i>unithroid tab 300mcg</i>	112
TRINTELLIX TAB 10MG	75	<i>unithroid tab 50mcg</i>	112
TRINTELLIX TAB 20MG	75	<i>unithroid tab 75mcg</i>	112
TRINTELLIX TAB 5MG	75	<i>unithroid tab 88mcg</i>	112
<i>tri-sprintec tab</i>	102	UPTRAVI TAB 1000MCG	64
TRIUMEQ TAB.....	24	UPTRAVI TAB 1200MCG	64
<i>tri-vit/fe dro /fl 0.25</i>	137	UPTRAVI TAB 1400MCG	64
<i>tri-vit/fl dro 0.25mg</i>	137	UPTRAVI TAB 1600MCG	64
<i>tri-vit/fl dro 0.5mg</i>	137	UPTRAVI TAB 200/800.....	63
<i>trivora-28 tab</i>	102	UPTRAVI TAB 200MCG.....	63
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<i>tropicamide ophth soln 0.5%</i>	140	UPTRAVI TAB 600MCG.....	63
<i>tropicamide ophth soln 1%</i>	140	UPTRAVI TAB 800MCG.....	63
<i>trospium chloride cap er 24hr 60 mg</i>	121	<i>urinary pain tab 95mg</i>	120
<i>trospium chloride tab 20 mg</i>	121	<i>ursodiol cap 300 mg</i>	118
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TRULICITY INJ 1.5/0.5.....	94	<i>ursodiol tab 500 mg</i>	118
TRULICITY INJ 3/0.5	94	UVADEX INJ 20MCG/ML	43
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TRUVADA TAB 133-200.....	24	<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	25
TRUVADA TAB 167-250.....	24	<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	25
TRUVADA TAB 200-300.....	24	<i>valproate sodium inj 100 mg/ml</i>	68
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<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	49	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	75
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	49	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	75
<i>valsartan tab 160 mg</i>	49	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	75
<i>valsartan tab 320 mg</i>	49	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	76
<i>valsartan tab 40 mg</i>	49	<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	76
<i>valsartan tab 80 mg</i>	49	<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	76
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	19	<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	76
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	19	VENTAVIS SOL 10MCG/ML.....	64
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	19	VENTAVIS SOL 20MCG/ML.....	64
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	19	<i>verapamil hcl cap er 24hr 100 mg</i>	58
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	19	<i>verapamil hcl cap er 24hr 120 mg</i>	58
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	19	<i>verapamil hcl cap er 24hr 180 mg</i>	58
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	20	<i>verapamil hcl cap er 24hr 200 mg</i>	58
<i>vandazole gel 0.75%</i>	121	<i>verapamil hcl cap er 24hr 240 mg</i>	58
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VARUBI INJ.....	115	<i>verapamil hcl tab 120 mg</i>	58
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VASCEPA CAP 0.5GM.....	53	<i>verapamil hcl tab 80 mg</i>	58
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<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	75	VIIBRYD TAB 10MG.....	76
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		VIMPAT INJ 200MG/20.....	68
		VIMPAT SOL 10MG/ML.....	68
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VIMPAT TAB 50MG	68	<i>warfarin sodium tab 2 mg</i>	122
<i>vinblastine sulfate inj 1 mg/ml</i>	36	<i>warfarin sodium tab 3 mg</i>	122
<i>vincasar pfs inj 1mg/ml</i>	36	<i>warfarin sodium tab 4 mg</i>	122
<i>vincristine sulfate iv soln 1 mg/ml</i>	36	<i>warfarin sodium tab 5 mg</i>	122
<i>vinorelbine tartrate inj 10 mg/ml (base</i>		<i>warfarin sodium tab 6 mg</i>	122
<i>equiv)</i>	36	<i>warfarin sodium tab 7.5 mg</i>	122
<i>vinorelbine tartrate inj 50 mg/5ml (10</i>		<i>wera tab 0.5/35</i>	102
<i>mg/ml) (base equiv)</i>	36	WIDE-SEAL DPR KIT 60	132
VIOKACE TAB 10440	118	WIDE-SEAL DPR KIT 65	132
VIOKACE TAB 20880	118	WIDE-SEAL DPR KIT 70	132
<i>viorele tab</i>	102	WIDE-SEAL DPR KIT 75	132
VIRACEPT TAB 250MG	23	WIDE-SEAL DPR KIT 80	132
VIRACEPT TAB 625MG	23	WIDE-SEAL DPR KIT 85	132
VIREAD POW 40MG/GM	23	WIDE-SEAL DPR KIT 90	132
VIREAD TAB 150MG	23	WIDE-SEAL DPR KIT 95	132
VIREAD TAB 200MG	23	X	
VIREAD TAB 250MG	23	XALKORI CAP 200MG	42
VISTOGARD PAK 10GM	43	XALKORI CAP 250MG	42
<i>vit a/c/d/fl dro 0.25mg</i>	137	XARELTO STAR TAB 15/20MG	122
VITRAKVI CAP 100MG	42	XARELTO TAB 10MG	122
VITRAKVI CAP 25MG	42	XARELTO TAB 15MG	122
VITRAKVI SOL 20MG/ML	42	XARELTO TAB 2.5MG	122
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<i>voriconazole for susp 40 mg/ml</i>	20	XELJANZ TAB 5MG	128
<i>voriconazole tab 200 mg</i>	20	XELJANZ XR TAB 11MG	128
<i>voriconazole tab 50 mg</i>	20	XELJANZ XR TAB 22MG	128
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VYVANSE CHW 20MG	84	XTAMPZA ER CAP 13.5MG	14
VYVANSE CHW 30MG	84	XTAMPZA ER CAP 18MG	15
VYVANSE CHW 40MG	84	XTAMPZA ER CAP 27MG	15
VYVANSE CHW 50MG	84	XTAMPZA ER CAP 36MG	15
VYVANSE CHW 60MG	84	XTAMPZA ER CAP 9MG	14
W		XTANDI CAP 40MG	38
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<i>warfarin sodium tab 1 mg</i>	122	XULTOPHY INJ 100/3.6	94

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YONSA TAB 125MG	38
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<i>zafirlukast tab 10 mg</i>	144
<i>zafirlukast tab 20 mg</i>	144
<i>zaleplon cap 10 mg</i>	85
<i>zaleplon cap 5 mg</i>	85
<i>zarah tab 3-0.03mg</i>	102
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SUM4659-1S (12/20)

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 isẹ̀ adójútòfò rẹ̀. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ̀ lófèḗ. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lẹ̀yìn kààdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijíròrò tí tí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì sọ ọ̀ 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 Cáo! 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 ḱé dε wa ḿò m̄ ḱé nyuεε nyu hwè b́é wé b́éa ḱé zi. Ǿ m̀ò nì kpé b́é m̄ ḱé bǎ nìà kè kè gbo-kpá-kpá m̄ ḿóεε dyé dé nì bídí-wùdù mú b́é m̄ ḱé se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàò d́éin nyε. Nyò t̀òò séin m̄ dá nòbà nìà kè: 855-258-6518, ḱé m̄ m̄ f̀ò tee b́é wa ḱéε m̄ gbo ćé b́é m̄ ḱé nòbà m̀òà 0 ḱéε dyi pàd̀àn hwè. Ǿ j̀ú ḱé nyò d̀ò dyi m̄ g̀ǎ j̀úǐn, po wuqu m̄ ḿó poε dyie, ḱé nyò d̀ò mu bó nìin b́é Ǿ ḱé 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 ozo niile nwere ike ikpo 855-258-6518 wee chere ububo 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 í hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ní'ist'í'ígíí bá. Bii' dahólóq doo íyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyí'ígíí da yókeedgo t'áa doo bee e'e'ahí ájiil'ííh. Bee ná ahóót'í' díí bee í hane' dóo níká'ádoowó t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wó'ta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náána'á' éi kójjí' dahóoolnih 855-258-6518 dóo yii dii'ts'íí'í yaltí'ígíí t'áa níléj'í' áádóo éi bikéé'dóo naasbaas bí' adidiilchí'. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yánit'í'ígíí yii diiki' dóo ata' halne'é lá níká'ádoowó.