



Health Care with Heart

MARKETPLACE PLAN |

Drug Formulary

Ohio

CareSource is a Qualified
Health Plan issuer in the

INTRODUCTION

We are pleased to provide the 2019 CareSource Drug Formulary. The Drug Formulary is a list of the drugs covered by CareSource.

This document is divided into three parts:

1. The Introduction – Provides important facts about the CareSource prescription drug benefit. This section explains terms, such as network pharmacy, prior authorizations, quantity limits, step therapy, therapeutic interchange and exceptions.
2. The [Drug Formulary](#) – Lists the drugs we cover.
3. The [Index](#) – Lists all of the covered drugs in alphabetical order. You can find the Index in the back of this document.

PRESCRIPTION DRUG COVERAGE DETAILS

Best Medical Practices

We want to make sure our members get the safest, most cost-effective drugs for their needs. We use evidence-based guidelines to make sure our Formulary meets best medical practices.

Network Pharmacies

CareSource provides coverage for prescription drugs and some prescription medical supplies.

CareSource contracts with pharmacies in order to provide members with a full range of prescription benefits. Members may choose and receive prescriptions from any pharmacy that is contracted with CareSource. These are often referred to as network pharmacies. It is important that members receive prescriptions from network pharmacies because prescriptions received from non-network pharmacies are generally not reimbursable or covered by CareSource, except as otherwise required by applicable federal and state law and your Evidence of Coverage. Accordingly, members may be responsible for the entire amount charged by a non-network pharmacy.

Network pharmacies can include local pharmacies, mail-order pharmacies or specialty pharmacies. To find a network pharmacy, use our online [Find a Pharmacy](#) tool under “Quick Links” at [CareSource.com/marketplace](#).

CareSource may also cover drugs administered in the member’s home, such as medicines given through a home health agency.

Cost Sharing

Members may pay part of the costs of some drugs and supplies. These cost-sharing amounts are called deductibles, copays and/or coinsurance. For some drugs, members may pay coinsurance. Coinsurance is a percent of a drug's cost.

The Drug Formulary shows drugs in different levels or tiers. Drugs are grouped into tiers based on the amounts that members pay.

Tiered Medications

The CareSource Formulary has up to six levels or tiers, including tiers 0, 1, 2, 3, 4 and 5. Some benefit designs only have five tiers. If a benefit design only has five tiers anything shown in this document as a tier 5 drug will process under the tier 4 price structure. In general, the higher the cost-sharing tier number, the higher the cost for the drug. In general, the copay amount increases as the tier number increases. All deductibles, coinsurance and copay amounts paid count toward members' maximum out-of-pocket amount.

To find tier levels for drugs, go to the [drug list](#) section of this document.

Prior Authorizations

CareSource may require health partners (doctors or other providers) to send us information about why a drug or a certain amount is needed. This is called a prior authorization request. CareSource must approve the request before a member can get the drug. The abbreviation "PA" is used in the Drug Formulary to show that a prior authorization is needed.

Here are some reasons for a prior authorization:

- A generic or alternative drug is available.
- The drug can be misused or abused.
- The drug requires special handling, monitoring or is available from limited shipping locations.
- There are other drugs that must be tried first.

Prior Authorization Requests

Health partners may make prior authorization requests by phone or fax. Please call the Provider Services telephone number for your state and follow the prompts, or fax to the Medical Management provider fax number for your state.

We may not approve a prior authorization request for a drug. If we don't, we will send the member information about how to appeal our decision.

Quantity Limits

Some drugs have limits on how much can be given to a member at one time. The abbreviation “QL” is used in the Drug Formulary to show there is a quantity limit.

Quantity limits are based on the drug makers’ recommended dosing frequencies. Patient safety is also considered.

Therapy with opioid analgesics may have quantity limits based on drug makers' recommended dosing frequencies and/or state regulations. For specific opioid analgesic therapy requirements for your plan, please do the following.

- Providers - visit the Pharmacy page. The information is listed under Quantity Limits.
- Members - visit the Pharmacy page, then click on **Drug Formulary**. The information is listed under Quantity Limits.

Step Therapy

Members may need to try one drug before taking another. This is called Step Therapy. A member must first try one medicine on the Formulary before another Formulary drug would be approved for use.

CareSource will cover certain drugs only if Step Therapy is used. The abbreviation “ST” is used in the Drug Formulary to show when Step Therapy is required.

Generic Substitution and Therapeutic Interchange

A pharmacy may provide a generic drug in place of a brand-name drug. This is called generic substitution. Members and health partners can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. This is known as therapeutic interchange.

Generic drugs usually cost less than their brand-name equivalents.

Note to Health Partners: Generic drugs should be considered the first line of prescribing, subject to applicable rules. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
 - Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drugs.
 - Manufactured in the same strength and dosage form as the brand-name drugs.
- In most instances, a brand-name drug for which a generic product becomes available will become non-Formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the Formulary document is subject to state-specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate. Choosing a

brand drug when there is a generic available may cost you more. When a generic is available and you choose the brand name drug, you may be responsible to pay the cost difference between the two in addition to your copay or coinsurance. Or you could be responsible for the entire cost of the brand.

Tell Us the Medical Reasons for Exceptions

Sometimes a member may have a drug allergy or intolerance. Or, a certain drug may not be effective for a member. In these cases, the member or the member's representative may ask for an exception to a drug listed on the Drug Formulary. The member or member's representative must call Member Services to make the request. The member services telephone number for your state is listed on the back of the member ID card.

CareSource then contacts the appropriate health partner. CareSource may ask the health partner to provide written clinical documentation about why the member needs an exception. Health partners must provide this information.

Typically, our Drug Formulary includes more than one drug for treating a condition. These medicines are called "alternative" drugs. CareSource will generally not approve the request for an exception if an alternative drug would be just as effective as the drug requested and would not cause other health problems.

Specialty Pharmacy

CareSource works with CVS Caremark to supply specialty medications that health partners may prescribe. CVS Caremark can:

- Help members get prescriptions filled or moved to CVS from another pharmacy
- Deliver members' specialty medicines to their homes, workplaces or their doctors' offices
- Help members learn about their specialty medications and give them support from specially-trained health care professionals

For more information, call CaremarkConnect® at 1-800-237-2767. Hours are Monday through Friday from 7:30 a.m. to 9 p.m. Eastern Standard Time (EST).

Mail Order Medications

CareSource works with CVS Caremark to supply prescription medicines to members' homes. This could change a member's copay amount. CVS Caremark can:

- Help members get prescriptions filled or moved to CVS from another pharmacy
- Deliver prescriptions to members' homes, workplaces or doctors' offices.

For more information, call CaremarkConnect at 1-800-237-2767. Hours are Monday through Friday from 7:30 a.m. to 9 p.m. EST.

Members may also access the Caremark.com website to manage prescription refills for their specialty and mail order medications and to check coverage. To create an account on the Caremark website, go to www.caremark.com/wps/portal.

Other Medical Supplies and Durable Medical Equipment (DME)

To support members, other medical supplies can continue to be filled by the CareSource Pharmacy Benefit Manager (PBM) through a retail pharmacy for a limited period of time until a DME provider can be contacted. This may include wound care supplies and enteral feeds.

Medications Administered in the Health Partner Setting

Medications that are administered in a health partner setting will be billed to the health plan under your medical benefit. Such settings include a physician office, hospital outpatient department, clinic, dialysis center, or infusion center. Prior authorization requirements now exist for many injectable medicines.

Medication Therapy Management Program

CareSource offers a Medication Therapy Management (MTM) program for all members. MTM services allow local pharmacists to work with doctors and other prescribers to enhance quality of care, improve medication compliance, address medication needs, and provide health care to patients in a cost-effective manner. Members and health partners may be contacted by a pharmacist to discuss medications. We encourage members to talk with their pharmacists about their medications. This can help members to get the best results from the medications they are taking.

HOW TO USE THIS DOCUMENT

Go to the [Index](#) to look up a drug by name. Drugs are listed in alphabetical order. The Index will show the page number on which the drug is found in the Drug Formulary. Turn to that page number to get details about the drug.

Abbreviations Used

OTC	Over the counter
PA	Prior Authorization; Prior Authorization includes but is not limited to therapeutic interchange
PA**	PA applies if Step is not met.
QL	Quantity Limit
ST	Step Therapy

Note to Health Partners: The CareSource Drug Formulary is organized by sections. Each section is divided by therapeutic drug class, primarily defined by mechanism of

action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

ADDITIONAL INFORMATION FOR HEALTH PARTNERS

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and then approved by a local Pharmacy, Therapeutics and Technology (PT&T) Committee for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at www.guideline.gov.

CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

CareSource has easy-to-use online drug formulary tools that can help you save time by quickly looking up medications to make sure they are covered by CareSource. Also, you can check for generic alternatives, prior authorization requirements, and any restrictions or limits that may apply. To start using the tool, visit CareSource.com, and visit the Pharmacy page of the appropriate line of business, and select Formulary Search Tool. You can also find CareSource policies on CareSource.com Health Partner Policies page.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics (P&T) Committee are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of experts from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are

invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

In addition to the National P&T Committee review, the CareSource Pharmacy Therapeutics and Technology (PT&T) Committee makes formulary recommendations based upon the needs of regional member demographics. The CareSource PT&T Committee is comprised of the Plan's Medical Directors, Pharmacy staff and representatives from the medical community.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, we have provided examples below. The general principles shown in the examples can usually be extended to other entries in the document.

When a strength, dosage or different formulation is specified, only that specific strength, dosage or formulation may be covered. Other strengths/dosages/formulations, including injectable dosage forms of the reference product, are not covered.

Extended-release and delayed-release products require their own entry.

metformin

Glucophage

The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

metformin ext-rel

Glucophage XR

A separate entry for Glucophage XR confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone

Cortisporin

Since Cortisporin is listed only in the OTIC section, it is limited to the OTIC solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a Formulary exception may be requested for coverage. Medical necessity or Formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for member notification.

While we make every effort to ensure that our Drug Formulary is up-to-date, this list may have changed since printing. For the most up-to-date information, you must use the “Find My Prescriptions” tool on CareSource.com/marketplace, or contact Member Services at the toll-free telephone number on your ID card to confirm the accuracy of the information in this copy of the Drug Formulary.

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Effective 11/01/2019

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>COX-2 INHIBITORS</i>		
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
GOUT		
<i>allopurinol sodium for inj 500 mg</i>	1	
<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	
<i>ULORIC TAB 40MG</i>	3	ST; PA**
<i>ULORIC TAB 80MG</i>	3	ST; PA**
NON-OPIOID ANALGESICS§		
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (48 caps / 26 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 26 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs / 26 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 27 days)
<i>tencon tab 50-325mg</i>	1	QL (48 tabs / 26 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	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **OTC** - Over the counter **PA**** - PA applies if Step is not met

Drug Name	Drug Tier	Requirements/Limits
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
fenoprofen calcium cap 400 mg	1	
fenoprofen calcium tab 600 mg	1	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibuprofen susp 100 mg/5ml	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
ketoprofen cap er 24hr 200 mg	1	
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)	1	
ketorolac tromethamine inj 15 mg/ml	1	
ketorolac tromethamine inj 30 mg/ml	1	
ketorolac tromethamine tab 10 mg	1	QL (20 tabs / 26 days)
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
naproxen dr tab 375mg	1	
naproxen dr tab 500mg	1	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 200 mg	1	
tolmetin sodium tab 600 mg	1	

OPIOID AGONIST/ANTAGONISTS

buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (90 units / 27 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 units / 27 days)

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (90 units / 27 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (60 units / 27 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL (90 tabs / 27 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL (90 tabs / 27 days)
ZUBSOLV SUB 0.7-0.18	2	QL (90 units / 27 days)
ZUBSOLV SUB 1.4-0.36	2	QL (90 units / 27 days)
ZUBSOLV SUB 2.9-0.71	2	QL (90 units / 27 days)
ZUBSOLV SUB 5.7-1.4	2	QL (90 units / 27 days)
ZUBSOLV SUB 8.6-2.1	2	QL (60 units / 27 days)
ZUBSOLV SUB 11.4-2.9	2	QL (30 units / 27 days)

OPIOID ANALGESICS

acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (2700 mL / 27 days)
acetaminophen w/ codeine tab 300-15 mg	1	QL (400 tabs / 27 days)
acetaminophen w/ codeine tab 300-30 mg	1	QL (360 tabs / 27 days)
acetaminophen w/ codeine tab 300-60 mg	1	QL (180 tabs / 27 days)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	QL (48 caps / 27 days)
butorphanol tartrate inj 1 mg/ml	1	
butorphanol tartrate inj 2 mg/ml	1	
butorphanol tartrate nasal soln 10 mg/ml	1	QL (2 bottles / 27 days)
CAPITAL/COD SUS 120-12/5	3	QL (2700 mL / 27 days)
codeine sulf tab 15mg	1	QL (42 tabs / 27 days)
codeine sulf tab 60mg	1	QL (42 tabs / 27 days)
codeine sulfate tab 30 mg	1	QL (42 tabs / 27 days)
EMBEDA CAP 20-0.8MG	2	PA
EMBEDA CAP 30-1.2MG	2	PA
EMBEDA CAP 50-2MG	2	PA
EMBEDA CAP 60-2.4MG	2	PA
EMBEDA CAP 80-3.2MG	2	PA
EMBEDA CAP 100-4MG	2	PA
endocet tab 2.5-325	1	QL (360 tabs / 27 days)
endocet tab 5-325mg	1	QL (320 tabs / 27 days)
endocet tab 7.5-325	1	QL (210 tabs / 27 days)
endocet tab 10-325mg	1	QL (160 tabs / 27 days)
fentanyl citrate lozenge on a handle 200 mcg	1	QL (120 lozenges / 27 days), PA
fentanyl citrate lozenge on a handle 400 mcg	1	QL (120 lozenges / 27 days), PA
fentanyl citrate lozenge on a handle 600 mcg	1	QL (120 lozenges / 27 days), PA

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate lozenge on a handle 800 mcg	1	QL (120 lozenges / 27 days), PA
fentanyl citrate lozenge on a handle 1200 mcg	1	QL (120 lozenges / 27 days), PA
fentanyl citrate lozenge on a handle 1600 mcg	1	QL (120 lozenges / 27 days), PA
fentanyl td patch 72hr 12 mcg/hr	1	PA
fentanyl td patch 72hr 25 mcg/hr	1	PA
fentanyl td patch 72hr 50 mcg/hr	1	PA
fentanyl td patch 72hr 75 mcg/hr	1	PA
fentanyl td patch 72hr 100 mcg/hr	1	PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL (2700 mL / 27 days)
hydrocodone-acetaminophen tab 5-325 mg	1	QL (240 tabs / 27 days)
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL (180 tabs / 27 days)
hydrocodone-acetaminophen tab 10-325 mg	1	QL (180 tabs / 27 days)
hydrocodone-ibuprofen tab 10-200 mg	1	QL (50 tabs / 27 days)
HYDROMORPHON SUP 3MG	3	QL (120 supp / 27 days)
hydromorphone hcl inj 1 mg/ml	1	
hydromorphone hcl inj 2 mg/ml	1	
hydromorphone hcl inj 4 mg/ml	1	
hydromorphone hcl liqd 1 mg/ml	1	QL (600 mL / 27 days)
hydromorphone hcl preservative free (pf) inj 10 mg/ml	1	
hydromorphone hcl tab 2 mg	1	QL (180 tabs / 27 days)
hydromorphone hcl tab 4 mg	1	QL (150 tabs / 27 days)
hydromorphone hcl tab 8 mg	1	QL (60 tabs / 27 days)
hydromorphone hcl tab er 24hr deter 8 mg	1	PA
hydromorphone hcl tab er 24hr deter 12 mg	1	PA
hydromorphone hcl tab er 24hr deter 16 mg	1	PA
hydromorphone hcl tab er 24hr deter 32 mg	1	PA
HYSINGLA ER TAB 20 MG	2	PA
HYSINGLA ER TAB 30 MG	2	PA
HYSINGLA ER TAB 40 MG	2	PA
HYSINGLA ER TAB 60 MG	2	PA
HYSINGLA ER TAB 80 MG	2	PA
HYSINGLA ER TAB 100 MG	2	PA
HYSINGLA ER TAB 120 MG	2	PA
lortab tab 10-325mg	1	QL (180 tabs / 27 days)
methadone con 10mg/ml	1	PA; (generic of Methadone Intensol, indicated for pain)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl inj 10 mg/ml</i>	1	PA
<i>methadone hcl soln 5 mg/5ml</i>	1	PA
<i>methadone hcl soln 10 mg/5ml</i>	1	PA
<i>methadone hcl tab 5 mg</i>	1	PA
<i>methadone hcl tab 10 mg</i>	1	PA
<i>methadone hcl tab for oral susp 40 mg</i>	1	QL (9 tabs / 27 days)
<i>methadose tab 40mg</i>	1	QL (9 tabs / 27 days)
<i>MORPHINE SUL INJ 2MG/ML</i>	3	
<i>MORPHINE SUL INJ 4MG/ML</i>	3	
<i>MORPHINE SUL INJ 5MG/ML</i>	3	
<i>MORPHINE SUL INJ 150/30ML</i>	3	
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate inj 8 mg/ml</i>	1	
<i>morphine sulfate inj 10 mg/ml</i>	1	
<i>morphine sulfate inj pf 0.5 mg/ml</i>	1	
<i>morphine sulfate inj pf 1 mg/ml</i>	1	
<i>morphine sulfate iv soln 1 mg/ml</i>	1	
<i>morphine sulfate iv soln pf 4 mg/ml</i>	1	
<i>morphine sulfate iv soln pf 8 mg/ml</i>	1	
<i>morphine sulfate iv soln pf 10 mg/ml</i>	1	
<i>morphine sulfate iv soln pf 15 mg/ml</i>	1	
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	QL (900 mL / 27 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QL (600 mL / 27 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL (120 mL / 27 days)
<i>morphine sulfate suppos 5 mg</i>	1	QL (180 supp / 27 days)
<i>morphine sulfate suppos 10 mg</i>	1	QL (180 supp / 27 days)
<i>morphine sulfate suppos 20 mg</i>	1	QL (120 supp / 27 days)
<i>MORPHINE SULFATE SUPPOS 30 MG</i>	1	QL (80 supp / 27 days)
<i>morphine sulfate tab 15 mg</i>	1	QL (160 tabs / 27 days)
<i>morphine sulfate tab 30 mg</i>	1	QL (80 tabs / 27 days)
<i>morphine sulfate tab er 15 mg</i>	1	PA
<i>morphine sulfate tab er 30 mg</i>	1	PA

PA - Prior Authorization **QL** - Quantity Limits
 counter **PA**** - PA applies if Step is not met

ST - Step Therapy **OTC** - Over the

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tab er 60 mg	1	PA
morphine sulfate tab er 100 mg	1	PA
morphine sulfate tab er 200 mg	1	PA
nalbuphine hcl inj 10 mg/ml	1	
nalbuphine hcl inj 20 mg/ml	1	
NUCYNTA ER TAB 50MG	2	PA
NUCYNTA ER TAB 100MG	2	PA
NUCYNTA ER TAB 150MG	2	PA
NUCYNTA ER TAB 200MG	2	PA
NUCYNTA ER TAB 250MG	2	PA
NUCYNTA TAB 50MG	2	QL (120 tabs / 27 days)
NUCYNTA TAB 75MG	2	QL (80 tabs / 27 days)
NUCYNTA TAB 100MG	2	QL (60 tabs / 27 days)
oxycodone hcl cap 5 mg	1	QL (180 caps / 27 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	QL (80 mL / 27 days)
oxycodone hcl soln 5 mg/5ml	1	QL (900 mL / 27 days)
oxycodone hcl tab 5 mg	1	QL (180 tabs / 27 days)
oxycodone hcl tab 10 mg	1	QL (160 tabs / 27 days)
oxycodone hcl tab 15 mg	1	QL (100 tabs / 27 days)
oxycodone hcl tab 20 mg	1	QL (80 tabs / 27 days)
oxycodone hcl tab 30 mg	1	QL (50 tabs / 27 days)
oxycodone hcl tab er 12hr deter 10 mg	1	PA
oxycodone hcl tab er 12hr deter 15 mg	1	PA
oxycodone hcl tab er 12hr deter 20 mg	1	PA
oxycodone hcl tab er 12hr deter 30 mg	1	PA
oxycodone hcl tab er 12hr deter 40 mg	1	PA
oxycodone hcl tab er 12hr deter 60 mg	1	PA
oxycodone hcl tab er 12hr deter 80 mg	1	PA
oxycodone w/ acetaminophen soln 5-325 mg/5ml	1	QL (1600 mL / 27 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	QL (360 tabs / 27 days)
oxycodone w/ acetaminophen tab 5-325 mg	1	QL (320 tabs / 27 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL (210 tabs / 27 days)
oxycodone w/ acetaminophen tab 10-325 mg	1	QL (160 tabs / 27 days)
oxycodone-aspirin tab 4.8355-325 mg	1	QL (330 tabs / 27 days)
oxycodone-ibuprofen tab 5-400 mg	1	QL (28 tabs / 27 days)
OXYCONTIN TAB 10MG CR	2	PA
OXYCONTIN TAB 15MG CR	2	PA
OXYCONTIN TAB 20MG CR	2	PA
OXYCONTIN TAB 30MG CR	2	PA
OXYCONTIN TAB 40MG CR	2	PA

PA - Prior Authorization **QL** - Quantity Limits
 counter **PA**** - PA applies if Step is not met

ST - Step Therapy **OTC** - Over the

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TAB 60MG CR	2	PA
OXYCONTIN TAB 80MG CR	2	PA
<i>oxymorphone hcl tab 5 mg</i>	1	QL (160 tabs / 27 days)
<i>oxymorphone hcl tab 10 mg</i>	1	QL (80 tabs / 27 days)
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	PA
<i>tramadol hcl tab 50 mg</i>	1	QL (180 tabs / 27 days)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA
XARTEMIS XR TAB 7.5-325	3	QL (120 tabs / 27 days)
<i>xylon tab 10-200mg</i>	1	QL (50 tabs / 27 days)

OPIOID PARTIAL AGONISTS\$

BELBUCA MIS 75MCG	2	PA
BELBUCA MIS 150MCG	2	PA
BELBUCA MIS 300MCG	2	PA
BELBUCA MIS 450MCG	2	PA
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	QL (90 tabs / 27 days); Must obtain approval after the first 30 day supply
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QL (90 tabs / 27 days); Must obtain approval after the first 30 day supply

SALICYLATES

aspirin chw 81mg	0	OTC, QL (100 tabs / 30 days); \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
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Drug Name	Drug Tier	Requirements/Limits
<i>aspirin low tab 81mg ec</i>	0	OTC, QL (100 tabs / 30 days); \$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>	3
<i>lidocaine hcl local inj 0.5%</i>	1
<i>lidocaine hcl local inj 1%</i>	1
<i>lidocaine hcl local inj 2%</i>	1
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	1
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	1
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	1
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	1
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	1

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	1
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	1
<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	1
<i>GENTAM/NACL INJ 0.9MG/ML</i>	3
<i>GENTAM/NACL INJ 1.4MG/ML</i>	3
<i>gentamicin in saline inj 0.8 mg/ml</i>	1
<i>gentamicin in saline inj 1 mg/ml</i>	1
<i>gentamicin in saline inj 1.2 mg/ml</i>	1
<i>gentamicin in saline inj 1.6 mg/ml</i>	1
<i>gentamicin in saline inj 2 mg/ml</i>	1
<i>gentamicin sulfate inj 10 mg/ml</i>	1
<i>gentamicin sulfate inj 40 mg/ml</i>	1
<i>MONUROL PAK GRANULES</i>	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>	1
<i>SULFADIAZINE TAB 500MG</i>	3
<i>tinidazole tab 250 mg</i>	1
<i>tinidazole tab 500 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
tobramycin nebu soln 300 mg/5ml	4	QL (280 mL / 28 days), PA
tobramycin sulfate for inj 1.2 gm	1	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	1	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	1	
tobramycin sulfate inj 10 mg/ml (base equivalent)	1	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	1	

ANTI-INFECTIVES - MISCELLANEOUS

ALINIA SUS 100/5ML	2	
ALINIA TAB 500MG	2	
atovaquone susp 750 mg/5ml	1	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	3	
aztreonam for inj 1 gm	1	
aztreonam for inj 2 gm	1	
CAYSTON INH 75MG	4	QL (84 vials / 28 days), PA
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
clindamycin phosphate inj 9 gm/60ml	1	
clindamycin phosphate inj 300 mg/2ml	1	
clindamycin phosphate inj 600 mg/4ml	1	
clindamycin phosphate inj 900 mg/6ml	1	
clindamycin phosphate iv soln 300 mg/2ml	1	
clindamycin phosphate iv soln 900 mg/6ml	1	
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
daptomycin for iv soln 500 mg	1	
DARAPRIM TAB 25MG	3	
doripenem for iv infusion 250 mg	1	
doripenem for iv infusion 500 mg	1	
EMVERM CHW 100MG	3	QL (12 tabs / 365 days)
ertapenem sodium for inj 1 gm (base equivalent)	1	
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg	1	
INVANZ INJ 1GM	3	

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

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
trimethoprim tab 100 mg	1	
vancomycin hcl cap 125 mg (base equivalent)	1	QL (80 caps / 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps / 10 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	1	
vancomycin hcl for iv soln 5 gm (base equivalent)	1	
vancomycin hcl for iv soln 10 gm (base equivalent)	1	
vancomycin hcl for iv soln 500 mg (base equivalent)	1	
vancomycin hcl for iv soln 750 mg (base equivalent)	1	
XIFAXAN TAB 200MG	2	
XIFAXAN TAB 550MG	2	PA

ANTIFUNGALS

amphotericin b for iv soln 50 mg	1	
BIO-STATIN CAP 500000	2	
BIO-STATIN CAP 1000000	2	
bio-statin pow	1	
CRESEMBA CAP 186 MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole in dextrose inj 200 mg/100ml	1	
fluconazole in dextrose inj 400 mg/200ml	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
FLUCONAZOLE/ INJ NACL 100	3	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
itraconazole cap 100 mg	1	PA
itraconazole oral soln 10 mg/ml	1	PA
NOXAFIL SUS 40MG/ML	2	
NOXAFIL TAB 100MG	2	
nystatin tab 500000 unit	1	
posaconazole tab delayed release 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>COARTEM TAB 20-120MG</i>	3	
<i>mefloquine hcl tab 250 mg</i>	1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>quinine sulfate cap 324 mg</i>	1	

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
<i>APTIVUS CAP 250MG</i>	2	QL (120 caps / 30 days)
<i>APTIVUS SOL</i>	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)
<i>CRIXIVAN CAP 200MG</i>	2	QL (450 caps / 30 days)
<i>CRIXIVAN CAP 400MG</i>	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)
<i>EDURANT TAB 25MG</i>	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>EMTRIVA CAP 200MG</i>	2	QL (30 caps / 30 days)
<i>EMTRIVA SOL 10MG/ML</i>	2	QL (680 ml / 28 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
<i>FUZEON INJ 90MG</i>	4	QL (60 vials / 30 days)
<i>INTELENCE TAB 25MG</i>	2	QL (120 tabs / 30 days)
<i>INTELENCE TAB 100MG</i>	2	QL (120 tabs / 30 days)
<i>INTELENCE TAB 200MG</i>	2	QL (60 tabs / 30 days)
<i>INVIRASE CAP 200MG</i>	2	QL (300 caps / 30 days)
<i>INVIRASE TAB 500MG</i>	2	QL (120 tabs / 30 days)
<i>ISENTRESS CHW 25MG</i>	2	QL (180 tabs / 30 days)
<i>ISENTRESS CHW 100MG</i>	2	QL (180 tabs / 30 days)
<i>ISENTRESS HD TAB 600MG</i>	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
<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 CAP 100MG	2	QL (360 caps / 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 (450 tabs / 30 days)
RETROVIR INJ 10MG/ML	2	
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 TAB 10MG	2	QL (60 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	4	
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
COMPLERA TAB	2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25	2	QL (30 tabs / 30 days)
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)
<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)
STRIBILD TAB	2	QL (30 tabs / 30 days)
SYMFY LO TAB	2	QL (30 tabs / 30 days)
SYMFY TAB	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	QL (30 tabs / 30 days), ST; PA**; (coverage for pre and post-exposure prophylaxis only)

ANTITUBERCULAR AGENTS

cycloserine cap 250 mg	1
ethambutol hcl tab 100 mg	1
ethambutol hcl tab 400 mg	1
isoniazid inj 100 mg/ml	1
isoniazid syrup 50 mg/5ml	1
isoniazid tab 100 mg	1
isoniazid tab 300 mg	1
PASER GRA 4GM	3

Drug Name	Drug Tier Requirements/Limits
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>	1
RIFATER TAB	2
SIRTURO TAB 100MG	3
TRECATOR TAB 250MG	2

ANTIVIRALS

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium for inj 500 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	4	
BARACLUDE SOL .05MG/ML	3	
<i>cidofovir iv inj 75 mg/ml</i>	1	
<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>	1	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	
VEMLIDY TAB 25MG	3	

Drug Name	Drug Tier Requirements/Limits
CEPHALOSPORINS	
<i>cefaclor cap 250 mg</i>	1
<i>cefaclor cap 500 mg</i>	1
<i>CEFACLOR ER TAB 500MG</i>	2
<i>cefaclor for susp 125 mg/5ml</i>	1
<i>cefaclor for susp 250 mg/5ml</i>	1
<i>cefaclor for susp 375 mg/5ml</i>	1
<i>cefadroxil cap 500 mg</i>	1
<i>cefadroxil for susp 250 mg/5ml</i>	1
<i>cefadroxil for susp 500 mg/5ml</i>	1
<i>cefadroxil tab 1 gm</i>	1
<i>cefazolin sodium for inj 1 gm</i>	1
<i>cefazolin sodium for inj 10 gm</i>	1
<i>cefazolin sodium for inj 20 gm</i>	1
<i>cefazolin sodium for inj 500 mg</i>	1
<i>cefazolin sodium for iv soln 1 gm</i>	1
<i>cefdinir cap 300 mg</i>	1
<i>cefdinir for susp 125 mg/5ml</i>	1
<i>cefdinir for susp 250 mg/5ml</i>	1
<i>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>	1
<i>cefepime hcl for inj 2 gm</i>	1
<i>cefixime cap 400 mg</i>	1
<i>cefixime for susp 100 mg/5ml</i>	1
<i>cefixime for susp 200 mg/5ml</i>	1
<i>cefotaxime sodium for inj 1 gm</i>	1
<i>cefotaxime sodium for inj 2 gm</i>	1
<i>cefotaxime sodium for inj 10 gm</i>	1
<i>cefotaxime sodium for inj 500 mg</i>	1
<i>cefotetan disodium for inj 1 gm</i>	1
<i>cefotetan disodium for inj 2 gm</i>	1
<i>cefotetan disodium for inj 10 gm</i>	1
<i>cefoxitin sodium for inj 10 gm</i>	1
<i>cefoxitin sodium for iv soln 1 gm</i>	1
<i>cefoxitin sodium for iv soln 2 gm</i>	1
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1
<i>cefpodoxime proxetil tab 100 mg</i>	1
<i>cefpodoxime proxetil tab 200 mg</i>	1
<i>cefprozil for susp 125 mg/5ml</i>	1
<i>cefprozil for susp 250 mg/5ml</i>	1
<i>cefprozil tab 250 mg</i>	1
<i>cefprozil tab 500 mg</i>	1

Drug Name	Drug Tier Requirements/Limits
ceftazidime for inj 2 gm	1
ceftibuten cap 400 mg	1
ceftibuten for susp 180 mg/5ml	1
CEFTIN SUS 125/5ML	2
CEFTIN SUS 250/5ML	2
ceftriaxone sodium for inj 1 gm	1
ceftriaxone sodium for inj 2 gm	1
ceftriaxone sodium for inj 10 gm	1
ceftriaxone sodium for inj 250 mg	1
ceftriaxone sodium for inj 500 mg	1
ceftriaxone sodium for iv soln 1 gm	1
ceftriaxone sodium for iv soln 2 gm	1
cefuroxime axetil tab 250 mg	1
cefuroxime axetil tab 500 mg	1
cefuroxime sodium for inj 7.5 gm	1
cefuroxime sodium for inj 750 mg	1
cefuroxime sodium for iv soln 1.5 gm	1
cephalexin cap 250 mg	1
cephalexin cap 500 mg	1
cephalexin cap 750 mg	1
cephalexin for susp 125 mg/5ml	1
cephalexin for susp 250 mg/5ml	1
cephalexin tab 250 mg	1
cephalexin tab 500 mg	1
SUPRAX CHW 100MG	2
SUPRAX CHW 200MG	2
SUPRAX SUS 500/5ML	2
tazicef inj 1gm	1
tazicef inj 2gm	1
tazicef inj 6gm	1
ZINACEF INJ 750MG	3
ZINACEF/H2O INJ 1.5GM PB	3

ERYTHROMYCINS/MACROLIDES

azithromycin for susp 100 mg/5ml	1
azithromycin for susp 200 mg/5ml	1
azithromycin iv for soln 500 mg	1
azithromycin powd pack for susp 1 gm	1
azithromycin tab 250 mg	1
azithromycin tab 500 mg	1
azithromycin tab 600 mg	1
clarithromycin for susp 125 mg/5ml	1
clarithromycin for susp 250 mg/5ml	1
clarithromycin tab 250 mg	1
clarithromycin tab 500 mg	1
clarithromycin tab er 24hr 500 mg	1

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

FLUOROQUINOLONES

ciprofloxacin 200 mg/100ml in d5w	1
ciprofloxacin 400 mg/200ml in d5w	1
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	1
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	1
ciprofloxacin hcl tab 100 mg (base equiv)	1
ciprofloxacin hcl tab 250 mg (base equiv)	1
ciprofloxacin hcl tab 500 mg (base equiv)	1
ciprofloxacin hcl tab 750 mg (base equiv)	1
ciprofloxacin iv soln 200 mg/20ml (1%)	1
ciprofloxacin iv soln 400 mg/40ml (1%)	1
ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)	1
ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)	1
FACTIVE TAB 320MG	3
levofloxacin in d5w iv soln 250 mg/50ml	1
levofloxacin in d5w iv soln 500 mg/100ml	1
levofloxacin in d5w iv soln 750 mg/150ml	1
levofloxacin iv soln 25 mg/ml	1
levofloxacin oral soln 25 mg/ml	1
levofloxacin tab 250 mg	1
levofloxacin tab 500 mg	1
levofloxacin tab 750 mg	1

Drug Name	Drug Tier	Requirements/Limits
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<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	

HEPATITIS C

EPCLUSA TAB 400-100	4	QL (28 tabs / 28 days), PA
HARVONI TAB 90-400MG	4	QL (28 tabs / 28 days), PA
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
<i>ribasphere tab 400mg</i>	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 TAB 400MG	5	QL (28 tabs / 28 days), PA, ST
TECHNIVIE TAB	5	QL (56 tabs / 28 days), PA, ST
VOSEVI TAB	4	QL (28 tabs / 28 days), PA
ZEPATIER TAB 50-100MG	5	QL (28 tabs / 28 days), PA, ST

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	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **OTC** - Over the counter **PA**** - PA applies if Step is not met

Drug Name	Drug Tier	Requirements/Limits
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1	
ampicillin cap 250 mg	1	
ampicillin cap 500 mg	1	
ampicillin for susp 125 mg/5ml	1	
ampicillin for susp 250 mg/5ml	1	
ampicillin sodium for inj 1 gm	1	
ampicillin sodium for inj 2 gm	1	
ampicillin sodium for inj 125 mg	1	
ampicillin sodium for inj 250 mg	1	
ampicillin sodium for inj 500 mg	1	
ampicillin sodium for iv soln 1 gm	1	
ampicillin sodium for iv soln 2 gm	1	
ampicillin sodium for iv soln 10 gm	1	
AUGMENTIN SUS 125/5ML	2	
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
nafcillin sodium for inj 1 gm	1	
nafcillin sodium for inj 2 gm	1	
nafcillin sodium for iv soln 1 gm	1	
nafcillin sodium for iv soln 2 gm	1	
nafcillin sodium for iv soln 10 gm	1	
oxacillin sodium for inj 1 gm (base equivalent)	1	
oxacillin sodium for inj 2 gm (base equivalent)	1	
oxacillin sodium for inj 10 gm (base equivalent)	1	
penicillin g potassium for inj 5000000 unit	1	
penicillin g potassium for inj 20000000 unit	1	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g sodium for inj 5000000 unit</i>	1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>pfizerpen inj 20000000</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	

TETRACYCLINES

<i>avidoxy tab 100mg</i>	1	
<i>demeclacycline hcl tab 150 mg</i>	1	
<i>demeclacycline hcl tab 300 mg</i>	1	
<i>doxy 100 inj 100mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline 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 75 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 150 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	

Drug Name	Drug Tier	Requirements/Limits
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
VIBRAMYCIN SYP 50MG/5ML	3	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

busulfan inj 6 mg/ml	1	
carmustine for inj 100 mg	1	
cyclophosphamide cap 25 mg	1	
cyclophosphamide cap 50 mg	1	
cyclophosphamide for inj 1 gm	4	
cyclophosphamide for inj 2 gm	4	
cyclophosphamide for inj 500 mg	4	
dacarbazine for inj 100 mg	1	
dacarbazine for inj 200 mg	1	
EMCYT CAP 140MG	4	
GLEOSTINE CAP 5MG	4	
GLEOSTINE CAP 10MG	4	
GLEOSTINE CAP 40MG	4	
GLEOSTINE CAP 100MG	4	
GLIADEL WAF 7.7MG	2	
HEXALEN CAP 50MG	2	
ifosfamide for inj 1 gm	1	
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	1	
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	1	
LEUKERAN TAB 2MG	2	
melphalan hcl for inj 50 mg (base equiv)	1	
melphalan tab 2 mg	1	
TEMODAR INJ 100MG	4	PA
temozolomide cap 5 mg	4	PA
temozolomide cap 20 mg	4	PA
temozolomide cap 100 mg	4	PA
temozolomide cap 140 mg	4	PA
temozolomide cap 180 mg	4	PA
temozolomide cap 250 mg	4	PA

ANTHRACYCLINES

daunorubicin hcl iv soln 20 mg/4ml (base equiv)	1	
doxorubicin hcl for inj 10 mg	1	
doxorubicin hcl for inj 50 mg	1	
doxorubicin hcl inj 2 mg/ml	1	
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	1	
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	1	
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	1	
ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	1	
<i>bleomycin sulfate for inj 30 unit</i>	1	
<i>mitomycin for iv soln 5 mg</i>	1	
<i>mitomycin for iv soln 20 mg</i>	1	
<i>mitomycin for iv soln 40 mg</i>	1	
ANTIMETABOLITES		
<i>adrucil inj 500/10ml</i>	1	
<i>ALIMTA INJ 100MG</i>	4	
<i>ALIMTA INJ 500MG</i>	4	
<i>ARRANON INJ 5MG/ML</i>	2	
<i>azacitidine for inj 100 mg</i>	4	PA
<i>capecitabine tab 150 mg</i>	4	QL (120 tabs / 30 days), PA
<i>capecitabine tab 500 mg</i>	4	QL (300 tabs / 30 days), PA
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	1	
<i>clofarabine iv soln 1 mg/ml</i>	1	
<i>cytarabine inj 20 mg/ml</i>	1	
<i>cytarabine inj pf 20 mg/ml</i>	1	
<i>cytarabine inj pf 100 mg/ml</i>	1	
<i>decitabine for inj 50 mg</i>	4	PA
<i>flouxuridine for inj 0.5 gm</i>	1	
<i>fludarabine phosphate for inj 50 mg</i>	1	
<i>fludarabine phosphate inj 25 mg/ml</i>	1	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	1	
<i>gemcitabine hcl for inj 1 gm</i>	4	
<i>gemcitabine hcl for inj 2 gm</i>	4	
<i>gemcitabine hcl for inj 200 mg</i>	4	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	4	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	4	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	4	
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
NIPENT INJ 10MG	2	
TABLOID TAB 40MG	2	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	2	
DOCEFREZ INJ 20MG	2	
<i>docetaxel for inj conc 20 mg/ml</i>	1	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	1	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	1	
DOCETAXEL INJ 20/0.5ML	2	
DOCETAXEL INJ 80MG/2ML	2	
DOCETAXEL INJ 140/7ML	2	
DOCETAXEL INJ 160/8ML	2	
DOCETAXEL INJ NON-ALCO	2	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	1	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	1	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	1	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate inj 1 mg/ml</i>	1	
<i>vincasar pfs inj 1mg/ml</i>	1	
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	1	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	1	
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG	4	PA
ERBITUX INJ 200MG	4	PA
ERIVEDGE CAP 150MG	4	QL (30 caps / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits
 counter **PA**** - PA applies if Step is not met

ST - Step Therapy

OTC - Over the

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Drug Name	Drug Tier	Requirements/Limits
FARYDAK CAP 10MG	4	PA
FARYDAK CAP 15MG	4	PA
FARYDAK CAP 20MG	4	PA
GAZYVA INJ 25MG/ML	4	PA
IBRANCE CAP 75MG	4	QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	4	QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	4	QL (21 caps / 28 days), PA
KADCYLA INJ 100MG	4	PA
KADCYLA INJ 160MG	4	PA
KEYTRUDA INJ 100MG/4M	4	PA
KISQALI TAB 200DOSE	4	QL (63 tabs / 28 days), PA
KISQALI TAB 400DOSE	4	QL (63 tabs / 28 days), PA
KISQALI TAB 600DOSE	4	QL (63 tabs / 28 days), PA
LYNPARZA CAP 50MG	4	QL (480 caps / 30 days), PA
LYNPARZA TAB 100MG	4	QL (180 tabs / 30 days), PA
LYNPARZA TAB 150MG	4	QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	5	QL (224 caps / 28 days), PA
ZEJULA CAP 100MG	4	QL (90 caps / 30 days), PA
ZOLINZA CAP 100MG	4	QL (120 caps / 30 days), PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	4	QL (120 tabs / 30 days), PA
<i>anastrozole tab 1 mg</i>	1	
<i>bicalutamide tab 50 mg</i>	1	
<i>DEPO-PROVERA INJ 400/ML</i>	3	
<i>ELIGARD INJ 7.5MG</i>	4	PA
<i>ELIGARD INJ 22.5MG</i>	4	PA
<i>ELIGARD INJ 30MG</i>	4	PA
<i>ELIGARD INJ 45MG</i>	4	PA
<i>exemestane tab 25 mg</i>	1	
<i>flutamide cap 125 mg</i>	1	
<i>fulvestrant inj 250 mg/5ml</i>	1	
<i>letrozole tab 2.5 mg</i>	1	
<i>leuprolide acetate inj kit 5 mg/ml</i>	4	PA
<i>LUPR DEP-PED INJ 3M 30MG</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
LUPR DEP-PED INJ 7.5MG	4	PA
LUPR DEP-PED INJ 11.25MG	4	PA
LUPR DEP-PED INJ 15MG	4	PA
LYSODREN TAB 500MG	2	
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
<i>nilutamide tab 150 mg</i>	1	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1	
XTANDI CAP 40MG	4	QL (120 caps / 30 days), PA
ZYTIGA TAB 500MG	4	QL (60 tabs / 30 days), PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	4	QL (60 tabs / 30 days), PA
AFINITOR DIS TAB 3MG	4	QL (90 tabs / 30 days), PA
AFINITOR DIS TAB 5MG	4	QL (60 tabs / 30 days), PA
AFINITOR TAB 2.5MG	4	QL (30 tabs / 30 days), PA
AFINITOR TAB 5MG	4	QL (30 tabs / 30 days), PA
AFINITOR TAB 7.5MG	4	QL (30 tabs / 30 days), PA
AFINITOR TAB 10MG	4	QL (30 tabs / 30 days), PA
ALECENSA CAP 150MG	4	QL (240 caps / 30 days), PA
BOSULIF TAB 100MG	4	QL (90 tabs / 30 days), PA
BOSULIF TAB 400MG	4	QL (30 tabs / 30 days), PA
BOSULIF TAB 500MG	4	QL (30 tabs / 30 days), PA
CALQUENCE CAP 100MG	5	QL (60 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TAB 100MG	4	QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	4	QL (30 tabs / 30 days), PA
COMETRIQ KIT 60MG	4	QL (1 kit / 28 days), PA
COMETRIQ KIT 100MG	4	QL (1 kit / 28 days), PA
COMETRIQ KIT 140MG	4	QL (1 kit / 28 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	4	QL (60 tabs / 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	4	QL (30 tabs / 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	4	QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	4	QL (60 tabs / 30 days), PA
ICLUSIG TAB 45MG	4	QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	4	QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	4	QL (30 tabs / 30 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	4	QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	4	QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	4	QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	4	QL (90 caps / 30 days), PA
IMBRUVICA TAB 140MG	4	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	4	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	4	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 560MG	4	QL (30 tabs / 30 days), PA
INLYTA TAB 1MG	4	QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	4	QL (120 tabs / 30 days), PA
JAKAFI TAB 5MG	4	QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	4	QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 20MG	4	QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	4	QL (60 tabs / 30 days), PA
LENVIMA CAP 4MG	4	QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	4	QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	4	QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	4	QL (90 caps / 30 days), PA
LENVIMA CAP 14 MG	4	QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	4	QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	4	QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	4	QL (90 caps / 30 days), PA
LORBRENA TAB 25MG	5	QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	5	QL (30 tabs / 30 days), PA
MEKINIST TAB 0.5MG	4	QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	4	QL (30 tabs / 30 days), PA
NEXAVAR TAB 200MG	4	QL (120 tabs / 30 days), PA
SPRYCEL TAB 20MG	4	QL (90 tabs / 30 days), PA
SPRYCEL TAB 50MG	4	QL (30 tabs / 30 days), PA
SPRYCEL TAB 70MG	4	QL (30 tabs / 30 days), PA
SPRYCEL TAB 80MG	4	QL (30 tabs / 30 days), PA
SPRYCEL TAB 100MG	4	QL (30 tabs / 30 days), PA
SPRYCEL TAB 140MG	4	QL (30 tabs / 30 days), PA
STIVARGA TAB 40MG	4	QL (84 tabs / 28 days), PA
SUTENT CAP 12.5MG	4	QL (30 caps / 30 days), PA
SUTENT CAP 25MG	4	QL (30 caps / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits
 counter **PA**** - PA applies if Step is not met

ST - Step Therapy **OTC** - Over the

Drug Name	Drug Tier	Requirements/Limits
SUTENT CAP 37.5MG	4	QL (30 caps / 30 days), PA
SUTENT CAP 50MG	4	QL (30 caps / 30 days), PA
TAFINLAR CAP 50MG	4	QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	4	QL (120 caps / 30 days), PA
TYKERB TAB 250MG	4	QL (180 tabs / 30 days), PA
VITRAKVI CAP 25MG	5	QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	5	QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	5	QL (300 mL / 30 days), PA
VOTRIENT TAB 200MG	4	QL (120 tabs / 30 days), PA
XALKORI CAP 200MG	4	QL (60 caps / 30 days), PA
XALKORI CAP 250MG	4	QL (60 caps / 30 days), PA
ZELBORAF TAB 240MG	4	QL (240 tabs / 30 days), PA
ZYDELIG TAB 100MG	4	QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	4	QL (60 tabs / 30 days), PA
ZYKADIA CAP 150MG	4	QL (90 caps / 30 days), PA
ZYKADIA TAB 150MG	4	QL (90 tabs / 30 days), PA

MISCELLANEOUS

ARSENIC TRIOXIDE IV SOLN 10 MG/10ML (1 MG/ML)	1	
<i>bexarotene cap 75 mg</i>	4	PA
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
<i>hydroxyurea cap 500 mg</i>	1	
MATULANE CAP 50MG	2	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	4	PA
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	4	PA
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
ODOMZO CAP 200MG	4	QL (30 caps / 30 days), PA
ONCASPAR INJ 750/ML	4	PA
PHOTOFRIN INJ 75MG	2	
QUADRAMET INJ	2	
THERACYS INJ	2	
TICE BCG INJ	2	
<i>tretinoin cap 10 mg</i>	1	
TRISENOX INJ 12MG/6ML	2	
UVADEX INJ 20MCG/ML	2	
VISTOGARD PAK 10GM	2	

PLATINUM-BASED AGENTS

<i>carboplatin iv soln 50 mg/5ml</i>	1
<i>carboplatin iv soln 150 mg/15ml</i>	1
<i>carboplatin iv soln 450 mg/45ml</i>	1
<i>carboplatin iv soln 600 mg/60ml</i>	1
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	1
<i>oxaliplatin for iv inj 50 mg</i>	4
<i>oxaliplatin for iv inj 100 mg</i>	4
<i>oxaliplatin iv soln 50 mg/10ml</i>	4
<i>oxaliplatin iv soln 100 mg/20ml</i>	4

PROTECTIVE AGENTS

<i>amifostine for inj 500 mg</i>	1
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	1
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	1
<i>leucovorin calcium for inj 50 mg</i>	1
<i>leucovorin calcium for inj 100 mg</i>	1
<i>leucovorin calcium for inj 200 mg</i>	1
<i>leucovorin calcium for inj 350 mg</i>	1
<i>leucovorin calcium for inj 500 mg</i>	1
<i>leucovorin calcium tab 5 mg</i>	1
<i>leucovorin calcium tab 10 mg</i>	1
<i>leucovorin calcium tab 15 mg</i>	1
<i>leucovorin calcium tab 25 mg</i>	1
<i>mesna inj 100 mg/ml</i>	1
MESNEX TAB 400MG	4

TOPOISOMERASE INHIBITORS

CAMPTOSAR INJ 300/15ML	2
<i>etoposide cap 50 mg</i>	1
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	1
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4

Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	
TENIPOSIDE INJ 50MG/5ML	2	
<i>toposar inj 20mg/ml</i>	1	
<i>toposar inj 100/5ml</i>	1	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	1	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ANTINEOPLASTIC, BCL-2 INHIBITORS

VENCLEXTA TAB 10MG	4	PA
VENCLEXTA TAB 50MG	4	PA
VENCLEXTA TAB 100MG	4	PA
VENCLEXTA TAB START PK	4	PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier Requirements/Limits
<i>lisinopril tab 40 mg</i>	1
<i>moexipril hcl tab 7.5 mg</i>	1
<i>moexipril hcl tab 15 mg</i>	1
<i>perindopril erbumine tab 2 mg</i>	1
<i>perindopril erbumine tab 4 mg</i>	1
<i>perindopril erbumine tab 8 mg</i>	1
<i>quinapril hcl tab 5 mg</i>	1
<i>quinapril hcl tab 10 mg</i>	1
<i>quinapril hcl tab 20 mg</i>	1
<i>quinapril hcl tab 40 mg</i>	1
<i>ramipril cap 1.25 mg</i>	1
<i>ramipril cap 2.5 mg</i>	1
<i>ramipril cap 5 mg</i>	1
<i>ramipril cap 10 mg</i>	1
<i>trandolapril tab 1 mg</i>	1
<i>trandolapril tab 2 mg</i>	1
<i>trandolapril tab 4 mg</i>	1
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone tab 25 mg</i>	1
<i>eplerenone tab 50 mg</i>	1
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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>BYVALSON TAB 5-80MG</i>	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	

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartanamlodipine tab 40-10 mg</i>	1	
<i>telmisartanamlodipine tab 80-5 mg</i>	1	
<i>telmisartanamlodipine tab 80-10 mg</i>	1	
<i>telmisartanhydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartanhydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartanhydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartanhydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartanhydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartanhydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartanhydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartanhydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartancilexetil tab 4 mg</i>	1	
<i>candesartancilexetil tab 8 mg</i>	1	
<i>candesartancilexetil tab 16 mg</i>	1	
<i>candesartancilexetil tab 32 mg</i>	1	
<i>EDARBI TAB 40MG</i>	3	ST; PA**
<i>EDARBI TAB 80MG</i>	3	ST; PA**
<i>eprosartan mesylate tab 600 mg</i>	1	
<i>irbesartantab 75 mg</i>	1	
<i>irbesartantab 150 mg</i>	1	
<i>irbesartantab 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>telmisartantab 20 mg</i>	1	
<i>telmisartantab 40 mg</i>	1	
<i>telmisartantab 80 mg</i>	1	
<i>valsartantab 40 mg</i>	1	
<i>valsartantab 80 mg</i>	1	
<i>valsartantab 160 mg</i>	1	
<i>valsartantab 320 mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	1	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	PA
dofetilide cap 250 mcg (0.25 mg)	1	PA
dofetilide cap 500 mcg (0.5 mg)	1	PA
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	1	
lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)	1	
lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)	1	
lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)	1	
lidocaine inj 20mg/ml	1	
lidocaine iv infusion in d5w inj 4 mg/ml	1	
lidocaine iv infusion in d5w inj 8 mg/ml	1	
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
MULTAQ TAB 400MG	3	PA
NEXTERONE INJ	3	
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG CR	2	
pacerone tab 100mg	1	
pacerone tab 200mg	1	
procainamide hcl inj 100 mg/ml	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
quinidine sulfate tab 200 mg	1	
quinidine sulfate tab 300 mg	1	
sorine tab 80mg	1	
sorine tab 120mg	1	
sorine tab 160mg	1	

Drug Name	Drug Tier Requirements/Limits
sorine tab 240mg	1
sotalol hcl (afib/afl) tab 80 mg	1
sotalol hcl (afib/afl) tab 120 mg	1
sotalol hcl (afib/afl) tab 160 mg	1
SOTALOL HCL INJ 150/10ML	3
sotalol hcl tab 80 mg	1
sotalol hcl tab 120 mg	1
sotalol hcl tab 160 mg	1
sotalol hcl tab 240 mg	1

ANTILOPHEMICS, BILE ACID RESINS

cholestyramine light powder 4 gm/dose	1
cholestyramine light powder packets 4 gm	1
cholestyramine powder 4 gm/dose	1
cholestyramine powder packets 4 gm	1
colesevelam hcl packet for susp 3.75 gm	1
colesevelam hcl tab 625 mg	1
colestipol hcl granule packets 5 gm	1
colestipol hcl granules 5 gm	1
colestipol hcl tab 1 gm	1
prevalite pow 4gm	1

ANTILOPHEMICS, CHOLESTEROL ABSORPTION INHIBITOR

ezetimibe tab 10 mg	1
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ANTILOPHEMICS, FIBRATES

choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1
fenofibrate cap 50 mg	1
fenofibrate cap 150 mg	1
fenofibrate micronized cap 43 mg	1
fenofibrate micronized cap 67 mg	1
fenofibrate micronized cap 130 mg	1
fenofibrate micronized cap 134 mg	1
fenofibrate micronized cap 200 mg	1
fenofibrate tab 48 mg	1
fenofibrate tab 54 mg	1
fenofibrate tab 145 mg	1
fenofibrate tab 160 mg	1
fenofibric acid tab 35 mg	1
FENOFIBRIC TAB 105MG	1
gemfibrozil tab 600 mg	1

ANTILOPHEMICS, HMG-COA REDUCTASE

INHIBITORS/COMBINATIONS

ezetimibe-simvastatin tab 10-10 mg	1
ezetimibe-simvastatin tab 10-20 mg	1

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
ANTI-LIPEMICS, 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>LIVALO TAB 1MG</i>	3	ST; PA**
<i>LIVALO TAB 2MG</i>	3	ST; PA**
<i>LIVALO TAB 4MG</i>	3	ST; PA**
<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
<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

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	ST; PA**
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
<i>VASCEPA CAP 0.5GM</i>	2	
<i>VASCEPA CAP 1GM</i>	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
<i>REPATHA INJ 140MG/ML</i>	4	QL (2 syringes / 28 days), PA
<i>REPATHA PUSH INJ 420/3.5</i>	4	QL (1 cartridge / 28 days), PA
<i>REPATHA SURE INJ 140MG/ML</i>	4	QL (2 pens / 28 days), PA
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<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	

Drug Name	Drug Tier Requirements/Limits
bisoprolol fumarate tab 5 mg	1
bisoprolol fumarate tab 10 mg	1
BYSTOLIC TAB 2.5MG	3
BYSTOLIC TAB 5MG	3
BYSTOLIC TAB 10MG	3
BYSTOLIC TAB 20MG	3
carvedilol phosphate cap er 24hr 10 mg	1
carvedilol phosphate cap er 24hr 20 mg	1
carvedilol phosphate cap er 24hr 40 mg	1
carvedilol phosphate cap er 24hr 80 mg	1
carvedilol tab 3.125 mg	1
carvedilol tab 6.25 mg	1
carvedilol tab 12.5 mg	1
carvedilol tab 25 mg	1
labetalol hcl iv soln 5 mg/ml	1
labetalol hcl tab 100 mg	1
labetalol hcl tab 200 mg	1
labetalol hcl tab 300 mg	1
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1
metoprolol tartrate iv soln 5 mg/5ml	1
metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)	1
metoprolol tartrate tab 25 mg	1
metoprolol tartrate tab 50 mg	1
metoprolol tartrate tab 100 mg	1
nadolol tab 20 mg	1
nadolol tab 40 mg	1
nadolol tab 80 mg	1
pindolol tab 5 mg	1
pindolol tab 10 mg	1
propranolol hcl cap er 24hr 60 mg	1
propranolol hcl cap er 24hr 80 mg	1
propranolol hcl cap er 24hr 120 mg	1
propranolol hcl cap er 24hr 160 mg	1
propranolol hcl inj 1 mg/ml	1
propranolol hcl oral soln 20 mg/5ml	1
propranolol hcl oral soln 40 mg/5ml	1
propranolol hcl tab 10 mg	1
propranolol hcl tab 20 mg	1

Drug Name	Drug Tier Requirements/Limits
<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/ANTILIPIDEMIC COMBINATIONS

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

CALCIUM CHANNEL BLOCKERS

<i>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
<i>CARDENE IV INJ 40/200ML</i>	3
<i>CARDENE IV SOL 20/200ML</i>	3
<i>CARDIZEM LA TAB 120MG</i>	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

Drug Name	Drug Tier Requirements/Limits
diltiazem hcl cap er 12hr 120 mg	1
diltiazem hcl cap er 24hr 120 mg	1
diltiazem hcl cap er 24hr 180 mg	1
diltiazem hcl cap er 24hr 240 mg	1
diltiazem hcl coated beads cap er 24hr 120 mg	1
diltiazem hcl coated beads cap er 24hr 180 mg	1
diltiazem hcl coated beads cap er 24hr 240 mg	1
diltiazem hcl coated beads cap er 24hr 300 mg	1
diltiazem hcl coated beads cap er 24hr 360 mg	1
diltiazem hcl extended release beads cap er 24hr 120 mg	1
diltiazem hcl extended release beads cap er 24hr 180 mg	1
diltiazem hcl extended release beads cap er 24hr 240 mg	1
diltiazem hcl extended release beads cap er 24hr 300 mg	1
diltiazem hcl extended release beads cap er 24hr 360 mg	1
diltiazem hcl extended release beads cap er 24hr 420 mg	1
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	1
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	1
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	1
diltiazem hcl tab 30 mg	1
diltiazem hcl tab 60 mg	1
diltiazem hcl tab 90 mg	1
diltiazem hcl tab 120 mg	1
DILTIAZEM INJ 100MG	3
felodipine tab er 24hr 2.5 mg	1
felodipine tab er 24hr 5 mg	1
felodipine tab er 24hr 10 mg	1
isradipine cap 2.5 mg	1
isradipine cap 5 mg	1
matzim la tab 180mg/24	1
matzim la tab 240mg/24	1
matzim la tab 300mg/24	1
matzim la tab 360mg/24	1
matzim la tab 420mg/24	1
nicardipine hcl cap 20 mg	1

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

DIGITALIS GLYCOSIDES

digox tab 0.25mg	1
digox tab 0.125mg	1
digoxin inj 0.25 mg/ml	1
digoxin oral soln 0.05 mg/ml	1
digoxin tab 125 mcg (0.125 mg)	1
digoxin tab 250 mcg (0.25 mg)	1
LANOXIN PED INJ 0.1MG/ML	3

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TAB 0.0625MG	2	
LANOXIN TAB 0.1875MG	2	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
DIURETICS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide sodium for inj 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
ALDACTAZIDE TAB 50/50	2	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl tab 5 mg	1	
bumetanide inj 0.25 mg/ml	1	
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
chlorothiazide sodium for inj 500 mg	1	
chlorothiazide tab 250 mg	1	
chlorothiazide tab 500 mg	1	
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
DIURIL SUS 250/5ML	3	
DYRENIUM CAP 50MG	3	
DYRENIUM CAP 100MG	3	
ethacrynone sodium for inj 50 mg	1	
ethacrynic acid tab 25 mg	1	
furosemide inj 10 mg/ml	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
methyclothiazide tab 5 mg	1	
metolazone tab 2.5 mg	1	

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

MISCELLANEOUS

<i>clonidine hcl tab 0.1 mg</i>	1
<i>clonidine hcl tab 0.2 mg</i>	1
<i>clonidine hcl tab 0.3 mg</i>	1
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1
<i>CORLANOR TAB 5MG</i>	2
<i>CORLANOR TAB 7.5MG</i>	2
<i>ENTRESTO TAB 24-26MG</i>	2
<i>ENTRESTO TAB 49-51MG</i>	2
<i>ENTRESTO TAB 97-103MG</i>	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>	1
<i>hydralazine hcl tab 10 mg</i>	1
<i>hydralazine hcl tab 25 mg</i>	1
<i>hydralazine hcl tab 50 mg</i>	1
<i>hydralazine hcl tab 100 mg</i>	1
<i>methyldopa tab 250 mg</i>	1
<i>methyldopa tab 500 mg</i>	1
<i>methyldopate hcl inj 250 mg/5ml</i>	1
<i>midodrine hcl tab 2.5 mg</i>	1
<i>midodrine hcl tab 5 mg</i>	1
<i>midodrine hcl tab 10 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
<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	
ISORDIL TAB 40MG	2	
<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 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	3	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	1	
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	1	
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	1	
<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	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG	5	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG	5	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 2.5MG	5	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG	5	QL (90 tabs / 30 days), PA
<i>ambrisentan tab 5 mg</i>	4	QL (30 tabs / 30 days), PA
<i>ambrisentan tab 10 mg</i>	4	QL (30 tabs / 30 days), PA
<i>bosentan tab 62.5 mg</i>	4	QL (60 tabs / 30 days), PA
<i>bosentan tab 125 mg</i>	4	QL (60 tabs / 30 days), PA
<i>epoprostenol sodium for inj 0.5 mg</i>	4	PA
<i>epoprostenol sodium for inj 1.5 mg</i>	4	PA
LETAIRIS TAB 5MG	4	QL (30 tabs / 30 days), PA
LETAIRIS TAB 10MG	4	QL (30 tabs / 30 days), PA
OPSUMIT TAB 10MG	4	QL (30 tabs / 30 days), PA
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>	4	PA
<i>sildenafil citrate tab 20 mg</i>	4	QL (90 tabs / 30 days), PA
<i>tadalafil tab 20 mg (pah)</i>	5	QL (60 tabs / 30 days), PA
TRACLEER TAB 32MG	4	QL (112 tabs / 28 days), PA
TRACLEER TAB 62.5MG	4	QL (60 tabs / 30 days), PA
TRACLEER TAB 125MG	4	QL (60 tabs / 30 days), PA
TYVASO START SOL 0.6MG/ML	4	QL (28 ampules / 28 days), PA
UPTRAVI TAB 200/800	4	PA
UPTRAVI TAB 200MCG	4	PA
UPTRAVI TAB 400MCG	4	PA
UPTRAVI TAB 600MCG	4	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **OTC** - Over the counter **PA**** - PA applies if Step is not met

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 800MCG	4	PA
UPTRAVI TAB 1000MCG	4	PA
UPTRAVI TAB 1200MCG	4	PA
UPTRAVI TAB 1400MCG	4	PA
UPTRAVI TAB 1600MCG	4	PA
VENTAVIS SOL 10MCG/ML	4	QL (270 ampules / 30 days), PA
VENTAVIS SOL 20MCG/ML	4	QL (270 ampules / 30 days), PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY\$

ALPRAZOLAM CON 1 MG/ML	2	QL (120 mL / 27 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	QL (90 tabs / 27 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	QL (90 tabs / 27 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	1	QL (90 tabs / 27 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	1	QL (60 tabs / 27 days)
<i>alprazolam tab 0.5 mg</i>	1	QL (90 tabs / 27 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (90 tabs / 27 days)
<i>alprazolam tab 1 mg</i>	1	QL (90 tabs / 27 days)
<i>alprazolam tab 2 mg</i>	1	QL (60 tabs / 27 days)
<i>lorazepam conc 2 mg/ml</i>	1	QL (150 mL / 27 days)
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs / 27 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs / 27 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs / 27 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 / 27 days)
<i>oxazepam cap 15 mg</i>	1	QL (120 caps / 27 days)
<i>oxazepam cap 30 mg</i>	1	QL (120 caps / 27 days)

ANTICONVULSANTS\$

APTIOM TAB 200MG	3	PA
APTIOM TAB 400MG	3	PA
APTIOM TAB 600MG	3	PA
APTIOM TAB 800MG	3	PA
BANZEL SUS 40MG/ML	3	PA
BANZEL TAB 200MG	3	PA
BANZEL TAB 400MG	3	PA
BRIVIACT INJ 50MG/5ML	3	PA
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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>CELONTIN CAP 300MG</i>	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 (120 tabs / 27 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (120 tabs / 27 days)
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (120 tabs / 27 days)
<i>diazepam con 5mg/ml</i>	1	QL (240 mL / 27 days)
<i>diazepam inj 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL / 27 days)
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 27 days)
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 27 days)
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 27 days)
<i>DILANTIN CAP 30MG</i>	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>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>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	1	
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	1	

PA - Prior Authorization **QL** - Quantity Limits
 counter **PA**** - PA applies if Step is not met

ST - Step Therapy

OTC - Over the

Drug Name	Drug Tier Requirements/Limits
FYCOMPA SUS 0.5MG/ML	2
FYCOMPA TAB 2MG	2
FYCOMPA TAB 4MG	2
FYCOMPA TAB 6MG	2
FYCOMPA TAB 8MG	2
FYCOMPA TAB 10MG	2
FYCOMPA TAB 12MG	2
<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 (35) starter kit</i>	1
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1
<i>lamotrigine tab 25 mg (84) & 100 mg (14) starter kit</i>	1
<i>lamotrigine tab 100 mg</i>	1
<i>lamotrigine tab 150 mg</i>	1
<i>lamotrigine tab 200 mg</i>	1
<i>lamotrigine tab chewable dispersible 5 mg</i>	1
<i>lamotrigine tab chewable dispersible 25 mg</i>	1
<i>lamotrigine tab er 24hr 25 mg</i>	1
<i>lamotrigine tab er 24hr 50 mg</i>	1
<i>lamotrigine tab er 24hr 100 mg</i>	1
<i>lamotrigine tab er 24hr 200 mg</i>	1
<i>lamotrigine tab er 24hr 250 mg</i>	1
<i>lamotrigine tab er 24hr 300 mg</i>	1
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	1
<i>levetiracetam oral soln 100 mg/ml</i>	1
<i>levetiracetam tab 250 mg</i>	1
<i>levetiracetam tab 500 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<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>LYRICA CAP 25MG</i>	3	ST; PA**
<i>LYRICA CAP 50MG</i>	3	ST; PA**
<i>LYRICA CAP 75MG</i>	3	ST; PA**
<i>LYRICA CAP 100MG</i>	3	ST; PA**
<i>LYRICA CAP 150MG</i>	3	ST; PA**
<i>LYRICA CAP 200MG</i>	3	ST; PA**
<i>LYRICA CAP 225MG</i>	3	ST; PA**
<i>LYRICA CAP 300MG</i>	3	ST; PA**
<i>LYRICA SOL 20MG/ML</i>	3	ST; PA**
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
<i>PEGANONE TAB 250MG</i>	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	
<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>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>pregabalin cap 25 mg</i>	1	ST; PA**
<i>pregabalin cap 50 mg</i>	1	ST; PA**
<i>pregabalin cap 75 mg</i>	1	ST; PA**
<i>pregabalin cap 100 mg</i>	1	ST; PA**
<i>pregabalin cap 150 mg</i>	1	ST; PA**
<i>pregabalin cap 200 mg</i>	1	ST; PA**
<i>pregabalin cap 225 mg</i>	1	ST; PA**
<i>pregabalin cap 300 mg</i>	1	ST; PA**
<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	

Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	4	QL (180 packets / 30 days), PA
<i>vigabatrin tab 500 mg</i>	4	QL (180 tabs / 30 days), PA
<i>VIMPAT INJ 200MG/20</i>	3	
<i>VIMPAT SOL 10MG/ML</i>	3	
<i>VIMPAT TAB 50MG</i>	3	
<i>VIMPAT TAB 100MG</i>	3	
<i>VIMPAT TAB 150MG</i>	3	
<i>VIMPAT TAB 200MG</i>	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	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **OTC** - Over the counter **PA**** - PA applies if Step is not met

ST - Step Therapy **OTC** - Over the

Drug Name	Drug Tier	Requirements/Limits
<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
<i>memantine hcl tab 5 mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</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
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 / 26 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 25 mg</i>	1	QL (60 tabs / 26 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 50 mg</i>	1	QL (30 tabs / 26 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
amitriptyline hcl tab 75 mg	1	PA; Members 70 and older subject to PA
amitriptyline hcl tab 100 mg	1	PA; Members 70 and older subject to PA
amitriptyline hcl tab 150 mg	1	PA; Members 70 and older subject to PA
amoxapine tab 25 mg	1	QL (90 tabs / 26 days); QL applies to members age 65 and older
amoxapine tab 50 mg	1	QL (90 tabs / 26 days); QL applies to members age 65 and older
amoxapine tab 100 mg	1	QL (90 tabs / 26 days); QL applies to members age 65 and older
amoxapine tab 150 mg	1	QL (60 tabs / 26 days); QL applies to members age 65 and older
bupropion hcl tab 75 mg	1	
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
desipramine hcl tab 10 mg	1	QL (90 tabs / 26 days); QL applies to members age 65 and older
desipramine hcl tab 25 mg	1	QL (90 tabs / 26 days); QL applies to members age 65 and older
desipramine hcl tab 50 mg	1	QL (90 tabs / 26 days); QL applies to members age 65 and older
desipramine hcl tab 75 mg	1	QL (60 tabs / 26 days); QL applies to members age 65 and older
desipramine hcl tab 100 mg	1	QL (30 tabs / 26 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl tab 150 mg</i>	1	QL (30 tabs / 26 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 / 26 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	1	QL (90 caps / 26 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	1	QL (90 caps / 26 days); QL applies to members age 65 and older
<i>doxepin hcl cap 75 mg</i>	1	QL (60 caps / 26 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	1	QL (30 caps / 26 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150 mg</i>	1	QL (30 caps / 26 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10 mg/ml</i>	1	QL (450 mL / 26 days); QL applies to members age 65 and older
<i>duloxetine hcl cap 20 mg</i>	1	
<i>duloxetine hcl cap 30 mg</i>	1	
<i>duloxetine hcl cap 60 mg</i>	1	
<i>EMSAM DIS 6MG/24HR</i>	3	PA
<i>EMSAM DIS 9MG/24HR</i>	3	PA
<i>EMSAM DIS 12MG/24H</i>	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	
<i>FETZIMA CAP 20MG</i>	3	ST; PA**
<i>FETZIMA CAP 40MG</i>	3	ST; PA**
<i>FETZIMA CAP 80MG</i>	3	ST; PA**
<i>FETZIMA CAP 120MG</i>	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
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>fluoxetine hcl tab 60 mg</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	QL (120 tabs / 26 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	1	QL (120 tabs / 26 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	1	QL (60 tabs / 26 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	1	QL (30 caps / 26 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	1	QL (30 caps / 26 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
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl cap 10 mg</i>	1	QL (150 caps / 26 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 25 mg</i>	1	QL (60 caps / 26 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 50 mg</i>	1	QL (30 caps / 26 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 / 26 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	QL (90 tabs / 26 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	1	QL (60 tabs / 26 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 / 26 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 50 mg</i>	1	QL (60 caps / 26 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	1	QL (30 caps / 26 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TAB 5MG	3	ST; PA**
TRINTELLIX TAB 10MG	3	ST; PA**
TRINTELLIX TAB 20MG	3	ST; PA**
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	
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>	1	
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	

Drug Name	Drug Tier Requirements/Limits
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1
<i>carbidopa & levodopa tab 10-100 mg</i>	1
<i>carbidopa & levodopa tab 25-100 mg</i>	1
<i>carbidopa & levodopa tab 25-250 mg</i>	1
<i>carbidopa & levodopa tab er 25-100 mg</i>	1
<i>carbidopa & levodopa tab er 50-200 mg</i>	1
<i>carbidopa tab 25 mg</i>	1
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1
<i>entacapone tab 200 mg</i>	1
<i>NEUPRO DIS 1MG/24HR</i>	2
<i>NEUPRO DIS 2MG/24HR</i>	2
<i>NEUPRO DIS 3MG/24HR</i>	2
<i>NEUPRO DIS 4MG/24HR</i>	2
<i>NEUPRO DIS 6MG/24HR</i>	2
<i>NEUPRO DIS 8MG/24HR</i>	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

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 elixir 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
<i>ARISTADA INJ 441MG/1.</i>	2
<i>ARISTADA INJ 662MG/2</i>	2
<i>ARISTADA INJ 882MG/3</i>	2
<i>ARISTADA INJ 1064MG</i>	2
<i>ARISTADA INJ INITIO</i>	2
<i>CHLORPROMAZ INJ 25MG/ML</i>	3
<i>CHLORPROMAZ INJ 50MG/2ML</i>	3
<i>chlorpromazine hcl tab 10 mg</i>	1
<i>chlorpromazine hcl tab 25 mg</i>	1
<i>chlorpromazine hcl tab 50 mg</i>	1
<i>chlorpromazine hcl tab 100 mg</i>	1
<i>chlorpromazine hcl tab 200 mg</i>	1
<i>clozapine orally disintegrating tab 12.5 mg</i>	1
<i>clozapine orally disintegrating tab 25 mg</i>	1
<i>clozapine orally disintegrating tab 100 mg</i>	1
<i>clozapine orally disintegrating tab 150 mg</i>	1
<i>clozapine orally disintegrating tab 200 mg</i>	1
<i>clozapine tab 25 mg</i>	1
<i>clozapine tab 50 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
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>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
<i>REXULTI TAB 0.5MG</i>	3	ST; PA**
<i>REXULTI TAB 0.25MG</i>	3	ST; PA**
<i>REXULTI TAB 1MG</i>	3	ST; PA**
<i>REXULTI TAB 2MG</i>	3	ST; PA**
<i>REXULTI TAB 3MG</i>	3	ST; PA**
<i>REXULTI TAB 4MG</i>	3	ST; PA**
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>mg</i>		
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
<i>SAPHRIS SUB 2.5MG</i>	3	ST; PA**
<i>SAPHRIS SUB 5MG</i>	3	ST; PA**
<i>SAPHRIS SUB 10MG</i>	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	

Drug Name	Drug Tier	Requirements/Limits
trifluoperazine hcl tab 1 mg (base equivalent)	1	
trifluoperazine hcl tab 2 mg (base equivalent)	1	
trifluoperazine hcl tab 5 mg (base equivalent)	1	
trifluoperazine hcl tab 10 mg (base equivalent)	1	
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	

ATTENTION DEFICIT HYPERACTIVITY DISORDERS

amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (90 caps / 27 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (90 caps / 27 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps / 27 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps / 27 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / 27 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / 27 days)
amphetamine-dextroamphetamine tab 5 mg	1	QL (90 tabs / 27 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (90 tabs / 27 days)
amphetamine-dextroamphetamine tab 10 mg	1	QL (90 tabs / 27 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (90 tabs / 27 days)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 27 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs / 27 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs / 27 days)
atomoxetine hcl cap 10 mg (base equiv)	1	
atomoxetine hcl cap 18 mg (base equiv)	1	
atomoxetine hcl cap 25 mg (base equiv)	1	
atomoxetine hcl cap 40 mg (base equiv)	1	
atomoxetine hcl cap 60 mg (base equiv)	1	
atomoxetine hcl cap 80 mg (base equiv)	1	
atomoxetine hcl cap 100 mg (base equiv)	1	
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (60 caps / 27 days)

Drug Name	Drug Tier	Requirements/Limits
dexamethylphenidate hcl cap er 24 hr 10 mg	1	QL (60 caps / 27 days)
dexamethylphenidate hcl cap er 24 hr 15 mg	1	QL (60 caps / 27 days)
dexamethylphenidate hcl cap er 24 hr 20 mg	1	QL (60 caps / 27 days)
dexamethylphenidate hcl cap er 24 hr 25 mg	1	QL (30 caps / 27 days)
dexamethylphenidate hcl cap er 24 hr 30 mg	1	QL (30 caps / 27 days)
dexamethylphenidate hcl cap er 24 hr 35 mg	1	QL (30 caps / 27 days)
dexamethylphenidate hcl cap er 24 hr 40 mg	1	QL (30 caps / 27 days)
dexamethylphenidate hcl tab 2.5 mg	1	QL (120 tabs / 27 days)
dexamethylphenidate hcl tab 5 mg	1	QL (120 tabs / 27 days)
dexamethylphenidate hcl tab 10 mg	1	QL (60 tabs / 27 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (120 caps / 27 days)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (120 caps / 27 days)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (60 caps / 27 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (1,200 mL / 27 days)
dextroamphetamine sulfate tab 5 mg	1	QL (120 tabs / 27 days)
dextroamphetamine sulfate tab 10 mg	1	QL (120 tabs / 27 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	ST; PA**
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	ST; PA**
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	ST; PA**
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	ST; PA**
methamphetamine hcl tab 5 mg	1	QL (150 tabs / 27 days)
methylphenidate hcl cap er 10 mg (cd)	1	QL (60 caps / 27 days)
methylphenidate hcl cap er 20 mg (cd)	1	QL (60 caps / 27 days)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (60 caps / 27 days)
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (60 caps / 27 days)
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (30 caps / 27 days)
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL (30 caps / 27 days)
methylphenidate hcl cap er 30 mg (cd)	1	QL (60 caps / 27 days)
methylphenidate hcl cap er 40 mg (cd)	1	QL (30 caps / 27 days)

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

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>doxylamine succinate tab 25mg</i>	1	OTC
<i>eszopiclone tab 1 mg</i>	1	QL (15 tabs / 27 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tabs / 27 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tabs / 27 days)
HETLIOZ CAP 20MG	5	QL (30 caps / 30 days), PA
<i>ramelteon tab 8 mg</i>	1	QL (15 tabs / 26 days)
ROZEREM TAB 8MG	3	QL (15 tabs / 26 days), ST; PA**
SILENOR TAB 3MG	2	QL (30 tabs / 26 days), ST; QL applies to members age 65 and older; PA**
SILENOR TAB 6MG	2	QL (30 tabs / 26 days), ST; QL applies to members age 65 and older; PA**
<i>temazepam cap 7.5 mg</i>	1	QL (15 caps / 27 days)
<i>temazepam cap 15 mg</i>	1	QL (15 caps / 27 days)
<i>temazepam cap 22.5 mg</i>	1	QL (15 caps / 27 days)
<i>temazepam cap 30 mg</i>	1	QL (15 caps / 27 days)
<i>zaleplon cap 5 mg</i>	1	QL (15 caps / 27 days)
<i>zaleplon cap 10 mg</i>	1	QL (15 caps / 27 days)
<i>zolpidem tartrate tab 5 mg</i>	1	QL (15 tabs / 27 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (15 tabs / 27 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (15 tabs / 27 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (15 tabs / 27 days)
MIGRAINES§		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs / 26 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs / 26 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	1	QL (8 units / 26 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs / 26 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs / 26 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tabs / 26 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs / 26 days)

Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs / 26 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs / 26 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs / 26 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs / 26 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs / 26 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 sprays / 26 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 sprays / 26 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 vials / 26 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (18 syringes / 26 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 units / 26 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 syringes / 26 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 units / 26 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 units / 26 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs / 26 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs / 26 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs / 26 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs / 26 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs / 26 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs / 26 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs / 26 days)
ZOMIG SPR 2.5MG	3	QL (12 sprays / 26 days)
ZOMIG SPR 5MG	3	QL (12 sprays / 26 days)

MISCELLANEOUS

<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	1	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	1	
<i>clomipramine hcl cap 25 mg</i>	1	QL (150 caps / 26 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl cap 50 mg</i>	1	QL (150 caps / 26 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	1	QL (90 caps / 26 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>GUANIDINE TAB 125MG</i>	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	
<i>LITHIUM SOL 8MEQ/5ML</i>	3	
<i>NUEDEXTA CAP 20-10MG</i>	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	
<i>REGONOL INJ 5MG/ML</i>	3	
<i>riluzole tab 50 mg</i>	1	
<i>SAVELLA MIS TITR PAK</i>	3	ST; PA**
<i>SAVELLA TAB 12.5MG</i>	3	ST; PA**
<i>SAVELLA TAB 25MG</i>	3	ST; PA**
<i>SAVELLA TAB 50MG</i>	3	ST; PA**
<i>SAVELLA TAB 100MG</i>	3	ST; PA**
<i>tetrabenazine tab 12.5 mg</i>	4	QL (240 tabs / 30 days), PA
<i>tetrabenazine tab 25 mg</i>	4	QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS

<i>AUBAGIO TAB 7MG</i>	4	QL (30 tabs / 30 days), PA
<i>AUBAGIO TAB 14MG</i>	4	QL (30 tabs / 30 days), PA
<i>AVONEX KIT 30MCG</i>	5	QL (4 injections / 28 days), PA, ST
<i>AVONEX PEN KIT 30MCG</i>	5	QL (4 injections / 28 days), PA, ST

Drug Name	Drug Tier	Requirements/Limits
AVONEX PREFL KIT 30MCG	5	QL (4 injections / 28 days), PA, ST
BETASERON INJ 0.3MG	4	QL (14 injections / 28 days), PA
COPAXONE INJ 20MG/ML	4	QL (30 injections / 30 days), PA
COPAXONE INJ 40MG/ML	4	QL (12 syringes / 28 days), PA
<i>dalfampridine tab er 12hr 10 mg</i>	5	QL (60 tabs / 30 days), PA
GILENYA CAP 0.5MG	4	QL (30 caps / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	2	QL (30 injections / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	2	QL (12 syringes / 28 days), PA
PLEGRIDY INJ	5	QL (1 carton / 28 days), PA, ST
PLEGRIDY INJ PEN	5	QL (1 carton / 28 days), PA, ST
PLEGRIDY INJ STARTER	5	QL (1 kit / 28 days), PA, ST
PLEGRIDY PEN INJ STARTER	5	QL (1 pack / 28 days), PA, ST
REBIF INJ 22/0.5	4	QL (12 syringes / 28 days), PA
REBIF INJ 44/0.5	4	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ 22/0.5	4	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ 44/0.5	4	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ TITRATN	4	QL (1 box / 28 days), PA
REBIF TITRTN INJ PACK	4	QL (1 box / 28 days), PA
TECFIDERA CAP 120MG	4	QL (14 caps / 28 days), PA
TECFIDERA CAP 240MG	4	QL (60 caps / 30 days), PA
TECFIDERA MIS STARTER	4	QL (1 kit / 30 days), PA
TYSABRI INJ 300/15ML	4	QL (1 vial / 28 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>cyclobenzaprine hcl tab 7.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<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>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
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

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 200 mg</i>	1	PA
<i>XYREM SOL 500MG/ML</i>	4	PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	PA
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
<i>CHANTIX PAK 0.5& 1MG</i>	0	\$0 limited to 2 treatment cycles/year
<i>CHANTIX PAK 1MG</i>	0	\$0 limited to 2 treatment cycles/year
<i>CHANTIX TAB 0.5MG</i>	0	\$0 limited to 2 treatment cycles/year
<i>CHANTIX TAB 1MG</i>	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
<i>NARCAN SPR</i>	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
<i>NICOTROL INH</i>	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year

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</i>	0	OTC; \$0 limited to 2 treatment cycles/year
VIVITROL INJ 380MG	4	QL (1 vial / 30 days), PA

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**
SYMLNPEN 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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**
TRADJENTA TAB 5MG	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; PA**
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**
VICTOZA INJ 18MG/3ML	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	ST; PA**
XULTOPHY INJ 100/3.6	3	ST; PA**
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
HUMULIN INJ 70/30	3	OTC
HUMULIN INJ 70/30KWP	3	OTC
HUMULIN N INJ U-100	3	OTC

Drug Name	Drug Tier	Requirements/Limits
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 FLEXPEN	2	OTC; RELION not covered
NOVOLIN N INJ U-100	2	OTC; RELION not covered
NOVOLIN R INJ U-100	2	OTC; RELION not covered
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
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

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB		
SYNJARDY TAB 5-500MG	2	ST; PA**
SYNJARDY TAB 5-1000MG	2	ST; PA**
SYNJARDY TAB 12.5-500	2	ST; PA**
SYNJARDY XR TAB	2	ST; PA**
SYNJARDY XR TAB 5-1000MG	2	ST; PA**
SYNJARDY XR TAB 10-1000	2	ST; PA**
SYNJARDY XR TAB 25-1000	2	ST; PA**
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**
QTERN TAB 5-5MG	2	ST; PA**
QTERN TAB 10MG/5MG	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		
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
glyburide micronized tab 1.5 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide micronized tab 3 mg	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
glyburide micronized tab 6 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide tab 1.25 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide tab 2.5 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide tab 5 mg	1	PA; High Risk Medications require PA for members age 70 and older

BISPHOSPHONATES

alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 5 mg	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 40 mg	1	
alendronate sodium tab 70 mg	1	
FOSAMAX + D TAB 70-2800	3	ST; PA**
FOSAMAX + D TAB 70-5600	3	ST; PA**
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	1	
ibandronate sodium tab 150 mg (base equivalent)	1	
pamidronate disodium for inj 30 mg	1	
pamidronate disodium for inj 90 mg	1	
pamidronate disodium iv soln 3 mg/ml	1	
pamidronate disodium iv soln 9 mg/ml	1	
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
zoledronic acid inj conc for iv infusion 4 mg/5ml	4	PA
zoledronic acid iv soln 5 mg/100ml	4	PA

CALCIUM RECEPTOR AGONISTS

SENSIPAR TAB 30MG	4	QL (60 tabs / 30 days), PA
SENSIPAR TAB 60MG	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SENSIPAR TAB 90MG	4	QL (120 tabs / 30 days), PA
CHELATING AGENTS		
CHEMET CAP 100MG	3	
DEPEN TITRA TAB 250MG	3	
FERRIPROX SOL 100MG/ML	4	PA
FERRIPROX TAB 500MG	4	PA
FERRIPROX TAB 1000MG	4	PA
<i>kionex sus 15gm/60</i>	1	
<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
<i>trientine hcl cap 250 mg</i>	1	
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>emoquette tab</i>	0	
<i>enpresso-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>falmina tab</i>	0	
<i>fayosim tab</i>	0	
<i>gianvi tab 3-0.02mg</i>	0	
<i>gildess fe tab 1.5/30</i>	0	
<i>gildess fe tab 1/20</i>	0	
<i>heather tab 0.35mg</i>	0	
<i>introvale tab</i>	0	
<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	
<i>KYLEENA IUD 19.5MG</i>	0	QL (1 / 300 days)
<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	
<i>LILETTA IUD 52MG</i>	0	QL (1 / 300 days)
<i>LO LOESTRIN TAB 1-10-10</i>	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	

Drug Name	Drug Tier	Requirements/Limits
MIRENA IUD SYSTEM	0	QL (1 / 300 days)
<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	
<i>necon tab 1/35</i>	0	
<i>necon tab 1/50-28</i>	0	
NECON TAB 10/11-28	0	
NEXPLANON IMP 68MG	0	QL (1 / 300 days)
<i>nikki tab 3-0.02mg</i>	0	
<i>nora-be tab 0.35mg</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	
NUVARING MIS	0	QL (13 / 300 days)
<i>ocella tab 3-0.03mg</i>	0	
<i>ogestrel tab</i>	0	
<i>orsythia tab</i>	0	
PARAGARD IUD T380A	0	QL (1 unit / 300 days)
<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	0	QL (1 / 300 days)
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

Drug Name	Drug Tier	Requirements/Limits
TAYTULLA CAP 1MG/20MC	0	
<i>tilia fe tab</i>	0	
<i>tri-linyah tab</i>	0	
<i>tri-sprintec tab</i>	0	
<i>trinessa tab</i>	0	
<i>trivora-28 tab</i>	0	
<i>velivet pak</i>	0	
<i>vestura tab 3-0.02mg</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 fe chw 0.4mg-35</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	2	
ENZYME REPLACEMENTS		
CARBAGLU TAB 200MG	4	PA
CERDELGA CAP 84MG	4	QL (60 caps / 30 days), PA
CYSTADANE POW	4	
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
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	PA
<i>sodium phenylbutyrate tab 500 mg</i>	4	PA
ESTROGENS		
CLIMARA PRO DIS WEEKLY	2	
DEPO-ESTRADI INJ 5MG/ML	3	
DIVIGEL GEL 0.5MG	3	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
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 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
<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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
<i>ESTROGEL GEL</i>	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

Drug Name	Drug Tier	Requirements/Limits
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
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-ethynodiol tab 0.5 mg-2.5 mcg</i>	1	
PREMARIN INJ 25MG	3	
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>yuvafem tab 10mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNIT	5	PA
<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	QL (10 vials / 28 days), PA
GONAL-F INJ 1050UNIT	4	QL (6 vials / 28 days), PA
GONAL-F RFF INJ 75UNIT	4	QL (60 vials / 28 days), PA
GONAL-F RFF INJ 300/0.5	4	QL (15 cartridges / 28 days), PA
GONAL-F RFF INJ 450/0.75	4	QL (10 cartridges / 28 days), PA
GONAL-F RFF INJ 900/1.5	4	QL (7 cartridges / 28 days), PA
OVIDREL INJ	4	PA
GLUCOCORTICOIDS		
<i>cortisone acetate tab 25 mg</i>	1	
DEPO-MEDROL INJ 20MG/ML	3	
DEXAMETHASON CON 1MG/ML	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	1	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	

Drug Name	Drug Tier Requirements/Limits
MEDROL TAB 2MG	2
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	1
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	1
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	1
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	1
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	1
<i>methylprednisolone tab 4 mg</i>	1
<i>methylprednisolone tab 8 mg</i>	1
<i>methylprednisolone tab 16 mg</i>	1
<i>methylprednisolone tab 32 mg</i>	1
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1
<i>prednisolone sod 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
PREDNISONE CON 5MG/ML	2
<i>prednisone oral soln 5 mg/5ml</i>	1
<i>prednisone tab 1 mg</i>	1
<i>prednisone tab 2.5 mg</i>	1
<i>prednisone tab 5 mg</i>	1
<i>prednisone tab 10 mg</i>	1
<i>prednisone tab 20 mg</i>	1
<i>prednisone tab 50 mg</i>	1
<i>prednisone tab therapy pack 5 mg (21)</i>	1
<i>prednisone tab therapy pack 5 mg (48)</i>	1
<i>prednisone tab therapy pack 10 mg (21)</i>	1
<i>prednisone tab therapy pack 10 mg (48)</i>	1

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
SOLU-CORTEF INJ 1000MG	3	
SOLU-MEDROL INJ 2GM	3	
GLUCOSE ELEVATING AGENTS		
GLUCAGON KIT 1MG	2	
ORAL GLUCOSE REPLACEMENT	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
MIACALCIN INJ 200/ML	3	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	QL (90 ml / 30 days), PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	QL (90 ml / 30 days), PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	QL (225 ml / 30 days), PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	QL (90 ml / 30 days), PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	QL (45 ml / 30 days), PA
OSPHENA TAB 60MG	2	
PROLIA SOL 60MG/ML	4	QL (60mg / 24 weeks), PA
<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	QL (60 ampules / 30 days), PA
SIGNIFOR INJ 0.6MG/ML	5	QL (60 ampules / 30 days), PA
SIGNIFOR INJ 0.9MG/ML	5	QL (60 ampules / 30 days), PA
SOMATULINE INJ 60/0.2ML	4	QL (1 injection / 28 days), PA
SOMATULINE INJ 90/0.3ML	4	QL (1 injection / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE INJ 120/.5ML	4	QL (1 injection / 28 days), PA
SOMAVERT INJ 10MG	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 15MG	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 20MG	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 25MG	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 30MG	4	QL (30 vials / 30 days), PA
TYMLOS INJ	4	QL (1 pen / 30 days), PA

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1
FOSRENOL POW 750MG	3
FOSRENOL POW 1000MG	3
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	1
PHOSLYRA SOL	2
<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	5 PA
LUPANETA KIT 11.25-5	5 PA
<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

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

Drug Name	Drug Tier Requirements/Limits
<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>	1
<i>desmopressin acetate nasal spray soln 0.01%</i>	1
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1
<i>desmopressin acetate 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>	1
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	1
<i>CUVPOSA SOL 1MG/5ML</i>	2
<i>dicyclomine hcl cap 10 mg</i>	1
<i>dicyclomine hcl inj 10 mg/ml</i>	1
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1
<i>dicyclomine hcl tab 20 mg</i>	1
<i>ed-spaz tab 0.125mg</i>	1
<i>glycopyrrolate inj 0.2 mg/ml</i>	1
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	1
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	1
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	1
<i>glycopyrrolate 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
<i>methscopolamine bromide tab 5 mg</i>	1
<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

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS§		
AKYNZEO CAP 300-0.5	3	QL (2 caps / 21 days)
<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)
CESAMET CAP 1MG	3	QL (18 caps / 21 days)
<i>compro sup 25mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	QL (60 caps / 27 days)
<i>dronabinol cap 5 mg</i>	1	QL (60 caps / 27 days)
<i>dronabinol cap 10 mg</i>	1	QL (60 caps / 27 days)
<i>granisetron hcl inj 0.1 mg/ml</i>	1	QL (2 mL / 21 days)
<i>granisetron hcl inj 1 mg/ml</i>	1	QL (2 mL / 21 days)
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	1	QL (2 mL / 21 days)
<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>	1	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	QL (20 mL / 21 days)
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	1	QL (20 mL / 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL / 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 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>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>promethazine hcl inj 25 mg/ml</i>	1	
<i>promethazine hcl inj 50 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>SANCUSO DIS 3.1MG</i>	2	QL (2 patches / 21 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>TRANSDERM-SC DIS 1.5MG</i>	3	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
<i>VARUBI INJ</i>	2	
<i>VARUBI TAB 90MG</i>	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	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>famotidine inj 20 mg/2ml</i>	1	
<i>famotidine inj 40 mg/4ml</i>	1	
<i>famotidine inj 200 mg/20ml</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	
<i>ranitidine hcl cap 150 mg</i>	1	
<i>ranitidine hcl cap 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	1	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	
INFLAMMATORY BOWEL DISEASE		
<i>APRISO CAP 0.375GM</i>	2	
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>colocort ene 100mg</i>	1	
<i>DIPENTUM CAP 250MG</i>	3	
<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>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
<i>AMITIZA CAP 8MCG</i>	2	
<i>AMITIZA CAP 24MCG</i>	2	
<i>LINZESS CAP 72MCG</i>	2	
<i>LINZESS CAP 145MCG</i>	2	
<i>LINZESS CAP 290MCG</i>	2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	PA
LAXATIVES		
<i>CLENPIQ SOL</i>	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	
<i>GOLYTELY SOL</i>	2	
<i>lactulose solution 10 gm/15ml</i>	1	
<i>MOVIPREP SOL</i>	0	\$0 copay for members age 50 through 74; Tier 2 for all others
<i>OSMOPREP TAB 1.5GM</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENU SOL	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>polyethylene glycol 3350 oral powder</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

CARAFATE SUS 1GM/10ML	3
cromolyn sodium oral conc 100 mg/5ml	1
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1
diphenoxylate w/ atropine tab 2.5-0.025 mg	1
loperamide hcl cap 2 mg	1
misoprostol tab 100 mcg	1
misoprostol tab 200 mcg	1
MOTOFEN TAB 1-0.025	3
MOVANTIK TAB 12.5MG	2
MOVANTIK TAB 25MG	2
SUCRAID SOL 8500/ML	3
sucralfate tab 1 gm	1
ursodiol cap 300 mg	1
ursodiol tab 250 mg	1
ursodiol tab 500 mg	1

PANCREATIC ENZYMES

CREON CAP 3000UNIT	2
CREON CAP 6000UNIT	2
CREON CAP 12000UNT	2
CREON CAP 24000UNT	2
CREON CAP 36000UNT	2
VIOKACE TAB 10440	2
VIOKACE TAB 20880	2
ZENPEP CAP 3000UNIT	2
ZENPEP CAP 5000UNIT	2
ZENPEP CAP 10000UNT	2
ZENPEP CAP 15000UNT	2

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000	2	
ZENPEP CAP 40000	2	

PROTON PUMP INHIBITORS\$

DEXILANT CAP 30MG DR	3	QL (90 caps / 365 days), ST; PA**
DEXILANT CAP 60MG DR	3	QL (90 caps / 365 days), ST; PA**
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps / 365 days)
<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>	1	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	1	
<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>protozone cre -hc 2.5%</i>	1	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
<i>CARDURA XL TAB 4MG</i>	3	ST; PA**
<i>CARDURA XL TAB 8MG</i>	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	QL (30 tabs / 26 days), PA
<i>tadalafil tab 5 mg</i>	1	QL (30 tabs / 26 days), PA
<i>tamsulosin hcl cap 0.4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES		
CONCEPTROL GEL 4%	0	OTC
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL AER CONTRACP	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
MISCELLANEOUS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
ELMIRON CAP 100MG	3	
flavoxate hcl tab 100 mg	1	
phenazopyridine tab 95mg	1	OTC
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
URINARY ANTISPASMODICS		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
MYRBETRIQ TAB 25MG	3	ST; PA**
MYRBETRIQ TAB 50MG	3	ST; PA**
oxybutynin chloride syrup 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	2	
clindamycin phosphate vaginal cream 2%	1	
GYNAZOLE-1 CRE 2%	3	

Drug Name	Drug Tier Requirements/Limits
<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 suppos 80 mg</i>	1
<i>vandazole gel 0.75%</i>	1
<i>zazole cre 0.8%</i>	1
<i>zazole sup 80mg</i>	1

HEMATOLOGIC

ANTICOAGULANTS

<i>ARGATRB/NACL INJ 50MG/50</i>	3
<i>ARGATROBAN INJ 125/125</i>	3
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	1
<i>ARGATROBAN INJ 250/250</i>	3
<i>ELIQUIS TAB 2.5MG</i>	2
<i>ELIQUIS TAB 5MG</i>	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
<i>FRAGMIN INJ 2500/0.2</i>	3
<i>FRAGMIN INJ 5000/0.2</i>	3
<i>FRAGMIN INJ 7500/0.3</i>	3
<i>FRAGMIN INJ 10000/ML</i>	3
<i>FRAGMIN INJ 12500UNT</i>	3
<i>FRAGMIN INJ 15000UNT</i>	3
<i>FRAGMIN INJ 18000UNT</i>	3
<i>FRAGMIN INJ 95000UNT</i>	3
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1

Drug Name	Drug Tier	Requirements/Limits
jantoven tab 1mg	1	
jantoven tab 2.5mg	1	
jantoven tab 2mg	1	
jantoven tab 3mg	1	
jantoven tab 4mg	1	
jantoven tab 5mg	1	
jantoven tab 6mg	1	
jantoven tab 7.5mg	1	
jantoven tab 10mg	1	
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
FULPHILA INJ 6/0.6ML	4	QL (2 injections / 28 days), 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
PROMACTA TAB 12.5MG	5	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TAB 25MG	5	QL (30 tabs / 30 days), PA
PROMACTA TAB 50MG	5	QL (60 tabs / 30 days), PA
PROMACTA TAB 75MG	5	QL (60 tabs / 30 days), PA
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
ZARXIO INJ 300/0.5	4	PA
ZARXIO INJ 480/0.8	4	PA

MISCELLANEOUS

<i>anagrelide hcl cap 0.5 mg</i>	1
<i>anagrelide hcl cap 1 mg</i>	1
<i>cilostazol tab 50 mg</i>	1
<i>cilostazol tab 100 mg</i>	1
FIRAZYR INJ 30MG/3ML	4 PA
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
<i>pentoxifylline tab er 400 mg</i>	1
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	1
<i>tranexamic acid tab 650 mg</i>	1

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1
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

Drug Name	Drug Tier	Requirements/Limits
dipyridamole tab 75 mg	1	PA; High Risk Medications require PA for members age 70 and older
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
ZONTIVITY TAB 2.08MG	2	

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

ACTEMRA INJ 80MG/4ML	5	QL (5 vials / 28 days), PA, ST
ACTEMRA INJ 162/0.9	5	QL (4 syringes / 28 days), PA, ST
ACTEMRA INJ 200/10ML	5	QL (4 vials / 14 days), PA, ST
ACTEMRA INJ 400/20ML	5	QL (2 vials / 14 days), PA, ST
ENBREL INJ 25/0.5ML	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	4	QL (8 cartridges / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
ENBREL SRCLK INJ 50MG/ML	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA INJ 10/0.1ML	4	QL (2 injections / 28 days), PA
HUMIRA INJ 10MG/0.2	4	QL (2 injections / 28 days), PA
HUMIRA INJ 20/0.2ML	4	QL (2 injections / 28 days), PA
HUMIRA INJ 40/0.4ML	4	QL (4 injections / 28 days), PA
HUMIRA KIT 20MG/0.4	4	QL (2 injections / 28 days), PA
HUMIRA KIT 40MG/0.8	4	QL (4 injections / 28 days), PA
HUMIRA PEDIA INJ CROHNS	4	QL (2 injections / 28 days), PA; (80mg and 40mg dual strength kit)
HUMIRA PEDIA INJ CROHNS	4	QL (3 injections / 28 days), PA; (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML	4	QL (4 injections / 28 days), PA
HUMIRA PEN INJ CD/UC/HS	4	QL (6 pens / 28 days), PA
HUMIRA PEN INJ PS/UV	4	QL (4 pens / 28 days), PA
HUMIRA PEN KIT CD/UC/HS	4	QL (1 kit / 28 days), PA
HUMIRA PEN KIT PS/UV	4	QL (1 kit / 28 days), PA
KEVZARA INJ 150/1.14	4	QL (2 pens / 28 days), PA; Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 150/1.14	4	QL (2 syringes / 4 weeks), PA; Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	4	QL (2 pens / 28 days), PA; Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	4	QL (2 syringes / 4 weeks), PA; Preferred agent for Rheumatoid Arthritis
SIMPONI ARIA SOL 50MG/4ML	4	QL (200 mg / 8 weeks), PA

Drug Name	Drug Tier	Requirements/Limits
SIMPONI INJ 50/0.5ML	4	QL (1 injection / 28 days), PA; Preferred agent for Ulcerative Colitis
SIMPONI INJ 100MG/ML	4	QL (1 injection / 28 days), PA; Preferred agent for Ulcerative Colitis
SKYRIZI INJ 150DOSE	4	QL (2 syringes / 12 weeks), PA; Preferred agent for Psoriasis
STELARA INJ 45MG/0.5	4	QL (1 syringe / 84 days), PA; Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
STELARA INJ 90MG/ML	4	QL (1 syringe / 56 days), PA; Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
TALTZ INJ 80MG/ML	4	QL (1 injection / 28 days), PA; Preferred agent for Psoriasis
XELJANZ TAB 5MG	4	QL (60 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis
XELJANZ XR TAB 11MG	4	QL (30 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

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

Drug Name	Drug Tier	Requirements/Limits
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	4	
ARCALYST INJ 220MG	4	QL (4 vials / 28 days), PA
INTRON A INJ 10MU	4	PA
INTRON A INJ 18MU	4	PA
INTRON A INJ 25MU	4	PA
INTRON A INJ 50MU	4	PA
POMALYST CAP 1MG	4	QL (21 caps / 21 days), PA
POMALYST CAP 2MG	4	QL (21 caps / 21 days), PA
POMALYST CAP 3MG	4	QL (21 caps / 21 days), PA
POMALYST CAP 4MG	4	QL (21 caps / 21 days), PA
REVLIMID CAP 2.5MG	4	QL (28 caps / 28 days), PA
REVLIMID CAP 5MG	4	QL (28 caps / 28 days), PA
REVLIMID CAP 10MG	4	QL (28 caps / 28 days), PA
REVLIMID CAP 15MG	4	QL (28 caps / 28 days), PA
REVLIMID CAP 20MG	4	QL (21 caps / 28 days), PA
REVLIMID CAP 25MG	4	QL (21 caps / 28 days), PA
THALOMID CAP 50MG	4	QL (28 caps / 28 days), PA
THALOMID CAP 100MG	4	QL (28 caps / 28 days), PA
THALOMID CAP 150MG	4	QL (56 caps / 28 days), PA
THALOMID CAP 200MG	4	QL (56 caps / 28 days), PA
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>	1	
<i>cyclosporine modified cap 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified oral soln 100 mg/ml	1	
gengraf cap 25mg	1	
gengraf cap 100mg	1	
gengraf sol 100mg/ml	1	
mycophenolate mofetil cap 250 mg	1	
mycophenolate mofetil for oral susp 200 mg/ml	1	
mycophenolate mofetil hcl for iv soln 500 mg (base equiv)	1	
mycophenolate mofetil tab 500 mg	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	
PROGRAF INJ 5MG/ML	3	
SANDIMMUNE SOL 100MG/ML	3	
sirolimus oral soln 1 mg/ml	1	
sirolimus tab 0.5 mg	1	
sirolimus tab 1 mg	1	
sirolimus tab 2 mg	1	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	
ZORTRESS TAB 0.5MG	2	
ZORTRESS TAB 0.25MG	2	
ZORTRESS TAB 0.75MG	2	
ZORTRESS TAB 1MG	2	

VACCINES

ACTHIB INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AFLURIA QUAD INJ 2019-20	0	
BEXSERO INJ	0	
BOOSTRIX INJ	0	
DAPTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
DIP/TET PED INJ 25-5LFU	0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10/0.5ML	0	
ENGERIX-B INJ 20MCG/ML	0	
FLUAD INJ 2019-20	0	

Drug Name	Drug Tier	Requirements/Limits
FLUARIX QUAD INJ 2019-20	0	
FLUBLOK QUAD INJ 2019-20	0	
FLUCLVX QUAD INJ 2019-20	0	
FLULALVAL QUA INJ 2019-20	0	
FLUMIST QUAD SUS 2019-20	0	
FLUZONE HD INJ PF 19-20	0	
FLUZONE QUAD INJ 2019-20	0	
GARDASIL 9 INJ	0	
GARDASIL INJ	0	
HAVRIX INJ 720UNIT	0	
HAVRIX INJ 1440UNIT	0	
HEPLISAV-B INJ 20/0.5ML	0	
HEPLISAV-B INJ 20MCG	0	
HIBERIX SOL 10MCG	0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
IPOV INJ INACTIVE	0	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	
MENACTRA INJ	0	
MENHIBRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
MENOMUNE INJ A/C/Y/W	0	
MENVEO INJ	0	
PEDIARIX INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
PENTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23 INJ 25/0.5	0	
PREVNAR 13 INJ	0	
PROQUAD INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB INJ 5MCG/0.5	0	

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVA HB INJ 10MCG/ML	0	
RECOMBIVA-HB INJ 40MCG/ML	0	
ROTARIX SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX INJ 50MCG	0	\$0 copay for members age 19 and older, otherwise not covered
TDVAX INJ 2-2 LF	0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	0	
TWINRIX INJ	0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA INJ 25/0.5ML	0	
VAQTA INJ 50UNT/ML	0	
VARIVAX INJ	0	
ZOSTAVAX INJ	0	\$0 copay for members age 19 and older, otherwise not covered

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 BLOOD GLUCOSE TEST KITS	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	2	OTC, QL (204 Test Strips / 26 days)

Drug Name	Drug Tier	Requirements/Limits
ALCOH-WIPE MIS 12"X12"	2	
ALCOHOL PREP WIPES AND SWABS	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC
GLUCOSE URINE TEST STRIPS	2	OTC
INSULIN PEN NEEDLES	2	OTC
INSULIN PEN NEEDLES/SYRINGES	2	OTC
KETONE URINE TEST STRIPS	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MISC LANCETS	2	OTC
SHARPS CONTAINER	2	OTC
URINE GLUCOSE MONITORING SUPPLIES	2	OTC
URINE TEST STRIPS	2	OTC

MISCELLANEOUS

ADULT RESPIRATORY MASK	2	
ADULT RESPIRATORY MASK	2	OTC
HUMATROPEN MIS FOR 6MG	2	OTC
HUMATROPEN MIS FOR 12MG	2	OTC
HUMATROPEN MIS FOR 24MG	2	OTC
PEDIATRIC RESPIRATORY MASK	2	
PEDIATRIC RESPIRATORY MASK	2	OTC

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>fluor-a-day dro 0.125mg</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>FLUORABON DRO</i>	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>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	

Drug Name	Drug Tier	Requirements/Limits
<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	
LURIDE DRO 0.5MG/ML	0	\$0 applies for ages 5 and under, otherwise not covered
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	1	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	1	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	1	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	1	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	1	
<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	
<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>	1	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	0	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	0	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	0	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 1 mg f (from 2.2 mg naf)	1	

IV REPLACEMENT SOLUTIONS

kcl 20 meq/l (0.15%) in nacl 0.9% inj	1
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1
potassium chloride inj 2 meq/ml	1
potassium chloride inj 10 meq/50ml	1
potassium chloride inj 10 meq/100ml	1
potassium chloride inj 20 meq/50ml	1
potassium chloride inj 20 meq/100ml	1
potassium chloride inj 40 meq/100ml	1
sodium chloride iv soln 0.9%	1
sodium chloride iv soln 0.45%	1
sodium chloride iv soln 3%	1
sodium chloride iv soln 5%	1
sodium chloride preservative free (pf) inj 0.9%	1

VITAMINS

calcitriol cap 0.5 mcg	1
calcitriol cap 0.25 mcg	1
calcitriol inj 1 mcg/ml	1
calcitriol oral soln 1 mcg/ml	1
cholecalciferol cap 1.25 mg (50000 unit)	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
cyanocobalamin inj 1000 mcg/ml	1
doxercalciferol cap 0.5 mcg	1

Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<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	OTC, QL (100 caps / 30 days); \$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	OTC, QL (100 tabs / 30 days); \$0 copay for women ages 55 and under, otherwise not covered
<i>folic acid tab 800 mcg</i>	0	OTC, QL (100 tabs / 30 days); \$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	
<i>mvc-fluoride chw 1mg</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>	1	
<i>paricalcitol iv soln 5 mcg/ml</i>	1	
<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>virt-vite tab forte</i>	1	
<i>vit a/c/d/fl dro 0.25mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	
<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 oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
MOXEZA SOL 0.5%	2	
<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	

Drug Name	Drug Tier Requirements/Limits
ANTI-INFLAMMATORIES	
ACUVAIL SOL 0.45%	2
ALREX SUS 0.2%	3
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1
<i>bromfenac sodium ophth soln 0.09% (base equivalent)</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
FLAREX SUS 0.1% OP	2
<i>fluorometholone ophth susp 0.1%</i>	1
<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
LOTEMAX GEL 0.5%	3
LOTEMAX OIN 0.5%	3
LOTEMAX SUS 0.5%	3
<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
PRED SOD PHO SOL 1% OP	2
<i>prednisolone acetate ophth susp 1%</i>	1
ANTIALLERGICS	
ALOCRIL 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
LASTACAFT 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

Drug Name	Drug Tier Requirements/Limits
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>	1
<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
<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
TIMOPTIC OCU SOL 0.5% OP	2
TIMOPTIC OCU SOL 0.25% OP	2
TRAVATAN Z DRO 0.004%	2
ZIOPTAN DRO 0.0015%	3 ST; PA**

MISCELLANEOUS

<i>atropine sul sol 1% op</i>	1
CYSTARAN SOL 0.44%	5 PA
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>	1
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Drug Name	Drug Tier	Requirements/Limits
<i>physiosol sol irrigat</i>	1	
<i>tis-u-sol sol</i>	1	

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	(generics manufactured by Teva/Mylan)
<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	

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§

BEVESPI AER 9-4.8MCG	2	QL (1 package / 26 days)
COMBIVENT AER 20-100	2	QL (2 inhalers / 26 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes / 26 days)

ANTICHOLINERGICS§

INCRUSE ELPT INH 62.5MCG	2	QL (1 package / 26 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (5 boxes / 26 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 / 26 days)
SPIRIVA CAP HANDIHLR	2	QL (1 package / 26 days)
SPIRIVA SPR 2.5MCG	2	QL (1 package / 26 days)

ANTIHISTAMINE COMBINATIONS

DYMISTA SPR 137-50	2	QL (1 package / 26 days)
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ANTIHISTAMINES§

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles / 26 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	QL (2 bottles / 26 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	

Drug Name	Drug Tier	Requirements/Limits
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>cycloheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cycloheptadine hcl tab 4 mg</i>	1	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 10 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<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

Drug Name	Drug Tier	Requirements/Limits
<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 / 26 days)

BETA AGONISTS§

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 inhalers / 26 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (60 mL / 26 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (5 boxes / 26 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (5 boxes / 26 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (5 boxes / 26 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 / 26 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL / 26 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL / 26 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (45 mL / 26 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers / 26 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	
<i>PERFOROMIST NEB 20MCG</i>	2	QL (2 boxes / 26 days)
<i>PROAIR HFA AER</i>	2	QL (2 inhalers / 26 days)
<i>PROAIR RESPI AER</i>	2	QL (2 packages / 26 days)
<i>STRIVERDI AER 2.5MCG</i>	2	QL (1 package / 26 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	1	
<i>terbutaline sulfate tab 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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<i>terbutaline sulfate tab 5 mg</i>	1	
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BIOLOGIC RESPONSE MODIFIERS

NUCALA INJ 100MG	4	QL (3 injections / 28 days), PA
NUCALA INJ 100MG/ML	4	QL (3 injections / 28 days), PA
XOLAIR INJ 75/0.5	4	QL (2 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	4	QL (4 syringes / 28 days), PA
XOLAIR SOL 150MG	4	QL (6 vials / 28 days), PA

COLD/COUGH

<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>cheratussin syrup ac</i>	1	OTC
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	
<i>hydrocodone w/ homatropine tablet 5-1.5 mg</i>	1	
<i>hydromet syrup 5-1.5/5</i>	1	
<i>NORTUSS-EX LIQUID 200-20/5</i>	2	
<i>prometh VC sol plain</i>	1	
<i>prometh VC/ syrup codeine</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	
<i>TUZISTRA XR SUS</i>	3	
<i>VITUZ SOL 5-4MG</i>	3	

LEUKOTRIENE MODIFIERS

<i>zileuton tab er 12hr 600 mg</i>	3	
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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 / 26 days)
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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DALIRESP TAB 250MCG	3	PA
DALIRESP TAB 500MCG	3	PA
ESBRIET CAP 267MG	4	QL (270 caps / 30 days), PA
ESBRIET TAB 267MG	4	QL (270 tabs / 30 days), PA
ESBRIET TAB 801MG	4	QL (90 tabs / 30 days), PA
GLASSIA INJ	4	PA
KALYDECO PAK 25MG	4	QL (56 packets / 28 days), PA
KALYDECO PAK 50MG	4	QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	4	QL (56 packets / 28 days), PA
KALYDECO TAB 150MG	4	QL (56 tabs / 28 days), PA
ORKAMBI GRA 100-125	4	QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	4	QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	4	QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	4	QL (112 tabs / 28 days), PA
PROLASTIN-C INJ 1000MG	4	PA
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
SYMDEKO TAB 50-75MG	4	QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	4	QL (56 tabs / 28 days), PA
NASAL STEROIDS\$		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 containers / 26 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 container / 26 days)
OMNARIS SPR	3	QL (1 package / 26 days), ST; PA**
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	1	OTC, QL (1 bottle / 26 days)

Drug Name	Drug Tier	Requirements/Limits
<i>STEROID INHALANTS</i>		
ASMANEX 30 AER 110MCG	2	QL (2 inhalers / 26 days)
ASMANEX 30 AER 220MCG	2	QL (1 inhaler / 26 days)
ASMANEX 60 AER 220MCG	2	QL (1 inhaler / 26 days)
ASMANEX 120 AER 220MCG	2	QL (1 inhaler / 26 days)
ASMANEX HFA AER 100 MCG	2	QL (1 inhaler / 26 days)
ASMANEX HFA AER 200 MCG	2	QL (1 inhaler / 26 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (2 boxes / 26 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (3 boxes / 26 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (1 box / 26 days)
QVAR REDIHA AER 80MCG	2	QL (2 packages / 26 days)
QVAR REDIHAL AER 40MCG	2	QL (2 packages / 26 days)
<i>STEROID/BETA-AGONIST COMBINATIONS</i>		
ADVAIR DISKU AER 100/50	1	QL (1 package / 26 days)
ADVAIR DISKU AER 250/50	1	QL (1 package / 26 days)
ADVAIR DISKU AER 500/50	1	QL (1 package / 26 days)
ADVAIR HFA AER 45/21	2	QL (1 package / 26 days)
ADVAIR HFA AER 115/21	2	QL (1 package / 26 days)
ADVAIR HFA AER 230/21	2	QL (1 package / 26 days)
BREO ELLIPTA INH 100-25	2	QL (1 package / 26 days)
BREO ELLIPTA INH 200-25	2	QL (1 package / 26 days)
SYMBICORT AER 80-4.5	2	QL (1 package / 26 days)
SYMBICORT AER 160-4.5	2	QL (1 package / 26 days)
<i>XANTHINES</i>		
<i>aminophylline inj 25 mg/ml</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
<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 lotion 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>amnesteem cap 10mg</i>	1	PA
<i>amnesteem cap 20mg</i>	1	PA
<i>amnesteem cap 40mg</i>	1	PA
<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
<i>AZELEX CRE 20%</i>	3	ST; PA**
<i>BENZIQ GEL 5.25%</i>	2	
<i>BENZIQ LS GEL 2.75%</i>	2	
<i>benziq wash liq 5.25%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>bp wash liq 2.5%</i>	1	
<i>claravis cap 10mg</i>	1	PA
<i>claravis cap 20mg</i>	1	PA
<i>claravis cap 30mg</i>	1	PA
<i>claravis cap 40mg</i>	1	PA
<i>clearplex x gel 10%</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	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>EPIDUO FORTE GEL 0.3-2.5%</i>	3	
<i>ery pad 2%</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>isotretinoin cap 10 mg</i>	1	PA
<i>myorisan cap 20mg</i>	1	PA
<i>myorisan cap 40mg</i>	1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>tretinoin cream 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	1	PA; PA applies for members age 35 and older
<i>zenatane cap 30mg</i>	1	PA

DERMATOLOGY, ACTINIC KERATOSIS

<i>FLUOROPLEX CRE 1%</i>	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
<i>PICATO GEL 0.05%</i>	3
<i>PICATO GEL 0.015%</i>	3

DERMATOLOGY, ANTIBIOTICS

<i>ALTABAX OIN 1%</i>	3
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Drug Name	Drug Tier	Requirements/Limits
BACTROBAN OIN NASAL 2%	3	
CORTISPORIN CRE 0.5%	3	
CORTISPORIN OIN 1%	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	
<i>silver sulfadiazine cream 1%</i>	1	
<i>ssd cre 1%</i>	1	
SULFAMYLYON CRE 85MG/GM	3	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
ERTACZO CRE 2%	3	
EXELDERM CRE 1%	3	ST; PA**
EXELDERM SOL 1%	3	ST; PA**
JUBLIA SOL 10%	3	PA
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole foam 2%</i>	1	
MENTAX CRE 1%	3	
<i>naftifine hcl cream 1%</i>	1	
<i>naftifine hcl cream 2%</i>	1	
<i>nyamyc pow 100000</i>	1	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>nystop pow 100000</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	
OXISTAT LOT 1%	3	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl cream 5%</i>	1	QL (90 grams / 26 days), ST; 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 cream 0.005%</i>	3	
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcitrene oint 0.005%</i>	1	
<i>calcitriol oint 3 mcg/gm</i>	1	
<i>COSENTYX INJ 150MG/ML</i>	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>COSENTYX INJ 300DOSE</i>	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>COSENTYX PEN INJ 150MG/ML</i>	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>COSENTYX PEN INJ 300DOSE</i>	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>methoxsalen rapid cap 10 mg</i>	1	
<i>tazarotene cream 0.1%</i>	1	PA
<i>TAZORAC CRE 0.05%</i>	2	PA
<i>TAZORAC GEL 0.1%</i>	2	PA
<i>TAZORAC GEL 0.05%</i>	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	
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (120g / 26 days)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (120g / 26 days)
<i>alphatrex gel 0.05%</i>	1	QL (120g / 26 days)
<i>amcinonide cream 0.1%</i>	1	QL (120g / 26 days)
<i>amcinonide lotion 0.1%</i>	1	QL (120mL / 26 days)
<i>AMCINONIDE OIN 0.1%</i>	2	QL (120g / 26 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120g / 26 days)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120g / 26 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120mL / 26 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120g / 26 days)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120g / 26 days)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120mL / 26 days)
<i>betamethasone dipropionate oint 0.05%</i>	1	QL (120g / 26 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (120g / 26 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (120mL / 26 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (120g / 26 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	3	
<i>clobetasol propionate cream 0.05%</i>	1	QL (120g / 26 days)
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	QL (120g / 26 days)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120mL / 26 days)
<i>clobetasol propionate oint 0.05%</i>	1	QL (120g / 26 days)
<i>clobetasol propionate shampoo 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>clobetasol propionate spray 0.05%</i>	1	
<i>clocortolone pivalate cream 0.1%</i>	1	QL (120g / 26 days)
<i>desonide cream 0.05%</i>	1	QL (120g / 26 days)
<i>desonide lotion 0.05%</i>	1	QL (120mL / 26 days)
<i>desonide oint 0.05%</i>	1	QL (120g / 26 days)
<i>desoximetasone cream 0.05%</i>	1	QL (120g / 26 days)
<i>desoximetasone cream 0.25%</i>	1	QL (120g / 26 days)
<i>desoximetasone gel 0.05%</i>	1	QL (120g / 26 days)
<i>desoximetasone oint 0.05%</i>	1	QL (120g / 26 days)
<i>desoximetasone oint 0.25%</i>	1	QL (120g / 26 days)
<i>diflorasone diacetate cream 0.05%</i>	1	QL (120g / 26 days)
<i>diflorasone diacetate oint 0.05%</i>	1	QL (120g / 26 days)
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120g / 26 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120g / 26 days)
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	QL (120g / 26 days)
<i>fluocinonide gel 0.05%</i>	1	QL (120g / 26 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide oint 0.05%</i>	1	QL (120g / 26 days)
<i>fluocinonide soln 0.05%</i>	1	
<i>flurandrenolide cream 0.05%</i>	1	QL (120g / 26 days)
<i>flurandrenolide lotion 0.05%</i>	1	QL (120mL / 26 days)
<i>flurandrenolide oint 0.05%</i>	1	QL (120g / 26 days)
<i>fluticasone propionate cream 0.05%</i>	1	QL (120g / 26 days)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120mL / 26 days)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120g / 26 days)
<i>halcinonide cream 0.1%</i>	1	QL (120g / 26 days)
<i>halobetasol propionate cream 0.05%</i>	1	QL (120g / 26 days)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120g / 26 days)
<i>HALOG CRE 0.1%</i>	3	QL (120g / 26 days)
<i>HALOG OIN 0.1%</i>	3	QL (120g / 26 days)
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120g / 26 days)
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	1	QL (120g / 26 days)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120g / 26 days)
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (120g / 26 days)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120g / 26 days)
<i>lokara lot 0.05%</i>	1	QL (120mL / 26 days)
<i>mometasone furoate cream 0.1%</i>	1	QL (120g / 26 days)
<i>mometasone furoate oint 0.1%</i>	1	QL (120g / 26 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120mL / 26 days)
<i>prednicarbate cream 0.1%</i>	1	QL (120g / 26 days)
<i>prednicarbate oint 0.1%</i>	1	QL (120g / 26 days)
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triderm cre 0.1%</i>	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl soln 4%</i>	1	QL (50mL / 26 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (30gm / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (30gm / 25 days)
<i>lidocaine oint 5%</i>	1	QL (50gm / 26 days)
<i>lidocaine patch 5%</i>	1	QL (90 patches / 26 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30gm / 26 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	
<i>pramox gel 1%</i>	1	
SYNERA DIS 70-70MG	3	QL (2 patches / 26 days)
<i>7t lido gel 2%</i>	1	QL (30gm / 26 days)

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir oint 5%</i>	1	
CONDYLOX GEL 0.5%	3	
DENAVIR CRE 1%	3	
<i>diclofenac sodium gel 1%</i>	1	QL (500g / 26 days)
EUCRISA OIN 2%	2	
<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>pimecrolimus cream 1%</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%	4	PA
VEREGEN OIN 15%	3	

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	
ULESFIA LOT 5%	3	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL 0.01%	3	PA
SANTYL OIN 250/GM	3	PA
sodium chloride irrigation soln 0.9%	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	1	
chlorhexidine gluconate soln 0.12%	1	
clotrimazole troche 10 mg	1	
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
nystatin susp 100000 unit/ml	1	
oralone dent pst 0.1%	1	
ORAVIG TAB 50MG	3	
periogard sol 0.12%	1	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
triamcinolone acetonide dental paste 0.1%	1	
OTIC		
acetic acid 2% in aluminum acetate otic soln	1	
acetic acid otic soln 2%	1	
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
COLY-MYCIN S SUS OTIC	3	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
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<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	8
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	44
<i>amiloride hcl tab 5 mg</i>	44
<i>aminophylline inj 25 mg/ml.....</i>	118
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	35
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	36
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	36

<i>mg/ml)</i>	36
<i>amiodarone hcl tab 200 mg</i>	36
<i>amiodarone hcl tab 400 mg</i>	36
<i>AMITIZA CAP 24MCG</i>	92
<i>AMITIZA CAP 8MCG</i>	92
<i>amitriptyline hcl tab 100 mg</i>	54
<i>amitriptyline hcl tab 10 mg</i>	53
<i>amitriptyline hcl tab 150 mg</i>	54
<i>amitriptyline hcl tab 25 mg</i>	53
<i>amitriptyline hcl tab 50 mg</i>	53
<i>amitriptyline hcl tab 75 mg</i>	54
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg.....</i>	41
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg.....</i>	41
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg.....</i>	41
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg.....</i>	41
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg.....</i>	41
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg.....</i>	41
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg.....</i>	41
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	41
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	41
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	41
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	41
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	31
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	31
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	31
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	31
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	31
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	31
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	33
<i>amlodipine besylate-olmesartan</i>	

<i>medoxomil tab 10-40 mg</i>	33
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-20 mg</i>	33
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i>	33
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	41
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	41
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	41
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	34
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	34
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	33
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	33
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	34
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	34
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	34
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	34
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	34
<i>amnesteem cap 10mg</i>	119
<i>amnesteem cap 20mg</i>	119
<i>amnesteem cap 40mg</i>	119
<i>amoxapine tab 100 mg</i>	54
<i>amoxapine tab 150 mg</i>	54
<i>amoxapine tab 25 mg</i>	54
<i>amoxapine tab 50 mg</i>	54
<i>amoxicillin (trihydrate) cap 250 mg....</i>	19
<i>amoxicillin (trihydrate) cap 500 mg....</i>	20
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	20
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	20
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	20
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	20
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	20

<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	20
<i>amoxicillin (trihydrate) tab 500 mg</i>	20
<i>amoxicillin (trihydrate) tab 875 mg</i>	20
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	19
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	19
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	19
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	19
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	19
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	19
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	19
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	19
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	19
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	19
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	63
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	63
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	63
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	63
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	63
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	63
<i>amphetamine-dextroamphetamine tab 10 mg</i>	63
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	63
<i>amphetamine-dextroamphetamine tab 15 mg</i>	63
<i>amphetamine-dextroamphetamine tab 20 mg</i>	63
<i>amphetamine-dextroamphetamine tab 30 mg</i>	63
<i>amphetamine-dextroamphetamine tab 5 mg</i>	63
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	63
<i>amphotericin b for iv soln 50 mg</i>	11
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	20
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	20
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	20
<i>ampicillin cap 250 mg</i>	20
<i>ampicillin cap 500 mg</i>	20
<i>ampicillin for susp 125 mg/5ml</i>	20
<i>ampicillin for susp 250 mg/5ml</i>	20
<i>ampicillin sodium for inj 125 mg</i>	20
<i>ampicillin sodium for inj 1 gm</i>	20
<i>ampicillin sodium for inj 250 mg</i>	20
<i>ampicillin sodium for inj 2 gm</i>	20
<i>ampicillin sodium for inj 500 mg</i>	20
<i>ampicillin sodium for iv soln 10 gm</i>	20
<i>ampicillin sodium for iv soln 1 gm</i>	20
<i>ampicillin sodium for iv soln 2 gm</i>	20
<i>ANADROL-50 TAB 50MG</i>	72
<i>anagrelide hcl cap 0.5 mg</i>	98
<i>anagrelide hcl cap 1 mg</i>	98
<i>anastrozole tab 1 mg</i>	25
<i>ANNOVERA MIS</i>	77
<i>APOKYN INJ 10MG/ML</i>	58
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	111
<i>aprepitant capsule 125 mg</i>	90
<i>aprepitant capsule 40 mg</i>	90
<i>aprepitant capsule 80 mg</i>	90
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	90
<i>APRISO CAP 0.375GM</i>	92
<i>apri tab</i>	77
<i>APTIOM TAB 200MG</i>	48
<i>APTIOM TAB 400MG</i>	48
<i>APTIOM TAB 600MG</i>	48
<i>APTIOM TAB 800MG</i>	48
<i>APTIVUS CAP 250MG</i>	12
<i>APTIVUS SOL</i>	12
<i>aranelle tab</i>	77
<i>ARANESP INJ 100MCG</i>	97
<i>ARANESP INJ 10MCG</i>	97
<i>ARANESP INJ 150MCG</i>	97
<i>ARANESP INJ 200MCG</i>	97
<i>ARANESP INJ 25MCG</i>	97

ARANESP INJ 300MCG.....	97	atazanavir sulfate cap 300 mg (base equiv)	12
ARANESP INJ 40MCG	97	atenolol & chlorthalidone tab 100-25 mg	39
ARANESP INJ 500MCG.....	97	atenolol & chlorthalidone tab 50-25 mg	39
ARANESP INJ 60MCG	97	atenolol tab 100 mg	39
ARCALYST INJ 220MG	102	atenolol tab 25 mg	39
ARGATRB/NACL INJ 50MG/50.....	96	atenolol tab 50 mg	39
ARGATROBAN INJ 125/125	96	atomoxetine hcl cap 100 mg (base equiv)	63
ARGATROBAN INJ 250/250	96	atomoxetine hcl cap 10 mg (base equiv)	63
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	96	atomoxetine hcl cap 18 mg (base equiv)	63
<i>aripiprazole orally disintegrating tab 10 mg</i>	60	atomoxetine hcl cap 25 mg (base equiv)	63
<i>aripiprazole orally disintegrating tab 15 mg</i>	60	atomoxetine hcl cap 40 mg (base equiv)	63
<i>aripiprazole oral solution 1 mg/ml</i>	60	atomoxetine hcl cap 60 mg (base equiv)	63
<i>aripiprazole tab 10 mg</i>	60	atomoxetine hcl cap 80 mg (base equiv)	63
<i>aripiprazole tab 15 mg</i>	60	atorvastatin calcium tab 10 mg (base equivalent)	38
<i>aripiprazole tab 20 mg</i>	60	atorvastatin calcium tab 20 mg (base equivalent)	38
<i>aripiprazole tab 2 mg</i>	60	atorvastatin calcium tab 40 mg (base equivalent)	38
<i>aripiprazole tab 30 mg</i>	60	atorvastatin calcium tab 80 mg (base equivalent)	38
<i>aripiprazole tab 5 mg</i>	60	atovaquone-proguanil hcl tab 250-100 mg	12
ARISTADA INJ 1064MG	60	atovaquone-proguanil hcl tab 62.5-25 mg	12
ARISTADA INJ 441MG/1.....	60	atovaquone susp 750 mg/5ml	9
ARISTADA INJ 662MG/2	60	atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)	89
ARISTADA INJ 882MG/3	60	atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)	89
ARISTADA INJ INITIO	60	atropine sul sol 1% op.....	112
<i>armodafinil tab 150 mg</i>	70	AUBAGIO TAB 14MG	68
<i>armodafinil tab 200 mg</i>	70	AUBAGIO TAB 7MG	68
<i>armodafinil tab 250 mg</i>	70	AUGMENTIN SUS 125/5ML.....	20
<i>armodafinil tab 50 mg</i>	70	aviane tab	77
ARRANON INJ 5MG/ML	23	avidoxyl tab 100mg	21
ARSENIC TRIOXIDE IV SOLN 10 MG/10ML (1 MG/ML)	29	avita cre 0.025%	119
<i>ashlyna tab</i>	77	avita gel 0.025%	119
ASMANEX 120 AER 220MCG	118		
ASMANEX 30 AER 110MCG.....	118		
ASMANEX 30 AER 220MCG.....	118		
ASMANEX 60 AER 220MCG.....	118		
ASMANEX HFA AER 100 MCG.....	118		
ASMANEX HFA AER 200 MCG.....	118		
<i>aspirin chw 81mg</i>	7		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	98		
<i>aspirin low tab 81mg ec</i>	8		
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	12		
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	12		

AVONEX KIT 30MCG	68	BELBUCA MIS 750MCG.....	7
AVONEX PEN KIT 30MCG	68	BELBUCA MIS 75MCG	7
AVONEX PREFL KIT 30MCG	69	BELBUCA MIS 900MCG.....	7
<i>azacitidine for inj 100 mg</i>	23	BELSOMRA TAB 10MG	66
AZACTAM/DEX INJ 1GM	9	BELSOMRA TAB 15MG	66
AZACTAM/DEX INJ 2GM	9	BELSOMRA TAB 20MG	66
AZASAN TAB 100MG	102	BELSOMRA TAB 5MG.....	66
AZASAN TAB 75 MG	102	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	31
AZASITE SOL 1%.....	110	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	31
<i>azathioprine tab 50 mg.....</i>	102	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	31
<i>azelaic acid gel 15%.....</i>	125	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	31
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	113	<i>benazepril hcl tab 10 mg</i>	32
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	113	<i>benazepril hcl tab 20 mg</i>	32
<i>azelastine hcl ophth soln 0.05%.....</i>	111	<i>benazepril hcl tab 40 mg</i>	32
AZELEX CRE 20%	119	<i>benazepril hcl tab 5 mg</i>	32
<i>azithromycin for susp 100 mg/5ml.....</i>	17	BENZIQ GEL 5.25%	119
<i>azithromycin for susp 200 mg/5ml.....</i>	17	BENZIQ LS GEL 2.75%	119
<i>azithromycin iv for soln 500 mg.....</i>	17	<i>benziq wash liq 5.25%</i>	119
<i>azithromycin powd pack for susp 1 gm</i>	17	<i>benzonataate cap 100 mg.....</i>	116
<i>azithromycin tab 250 mg</i>	17	<i>benzonataate cap 200 mg.....</i>	116
<i>azithromycin tab 500 mg</i>	17	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	119
<i>azithromycin tab 600 mg</i>	17	<i>benztropine mesylate inj 1 mg/ml.....</i>	58
AZOPT SUS 1% OP	112	<i>benztropine mesylate tab 0.5 mg.....</i>	58
<i>aztreonam for inj 1 gm</i>	9	<i>benztropine mesylate tab 1 mg</i>	58
<i>aztreonam for inj 2 gm</i>	9	<i>benztropine mesylate tab 2 mg</i>	58
<i>azurette tab 28 day</i>	77	BEPREVE DRO 1.5%	111
B		BESIVANCE SUS 0.6%.....	110
<i>bacitracin ophth oint 500 unit/gm</i>	110	<i>betamethasone dipropionate augmented cream 0.05%</i>	122
<i>bacitracin-polymyxin b ophth oint</i>	110	<i>betamethasone dipropionate augmented gel 0.05%.....</i>	123
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	110	<i>betamethasone dipropionate augmented lotion 0.05%</i>	123
<i>baclofen tab 10 mg</i>	69	<i>betamethasone dipropionate augmented ointment 0.05%</i>	123
<i>baclofen tab 20 mg</i>	69	<i>betamethasone dipropionate cream 0.05%.....</i>	123
<i>baclofen tab 5 mg.....</i>	69	<i>betamethasone dipropionate lotion 0.05%.....</i>	123
BACTROBAN OIN NASAL 2%	121	<i>betamethasone dipropionate oint 0.05%</i>	123
BALCOLTRA TAB 0.1-20.....	77	<i>betamethasone valerate aerosol foam 0.12%.....</i>	123
<i>balsalazide disodium cap 750 mg</i>	92		
BANZEL SUS 40MG/ML.....	48		
BANZEL TAB 200MG.....	48		
BANZEL TAB 400MG.....	48		
BARACLUDE SOL .05MG/ML	15		
BASAGLAR KWIKPEN.....	73		
BELBUCA MIS 150MCG.....	7		
BELBUCA MIS 300MCG.....	7		
BELBUCA MIS 450MCG.....	7		
BELBUCA MIS 600MCG.....	7		

<i>betamethasone valerate cream 0.1% (base equivalent)</i>	123	BREO ELLIPTA INH 200-25	118
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	123	BRILINTA TAB 60MG	98
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	123	BRILINTA TAB 90MG	98
BETASERON INJ 0.3MG	69	<i>brimonidine tartrate ophth soln 0.15%</i>	112
<i>betaxolol hcl ophth soln 0.5%</i>	112	<i>brimonidine tartrate ophth soln 0.2%</i> 112	
<i>betaxolol hcl tab 10 mg</i>	39	BRIVIACT INJ 50MG/5ML	48
<i>betaxolol hcl tab 20 mg</i>	39	BRIVIACT SOL 10MG/ML.....	48
<i>bethanechol chloride tab 10 mg</i>	95	BRIVIACT TAB 100MG	48
<i>bethanechol chloride tab 25 mg</i>	95	BRIVIACT TAB 10MG	48
<i>bethanechol chloride tab 50 mg</i>	95	BRIVIACT TAB 25MG	48
<i>bethanechol chloride tab 5 mg</i>	95	BRIVIACT TAB 50MG	48
BETIMOL SOL 0.25%.....	112	BRIVIACT TAB 75MG	48
BETIMOL SOL 0.5%	112	<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	111
BETOPTIC-S SUS 0.25% OP	112	<i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>	111
BEVESPI AER 9-4.8MCG.....	113	<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	58
<i>bexarotene cap 75 mg</i>	29	<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	58
BEXSERO INJ	103	<i>brompheniramine tannate chew tab 12 mg</i>	113
<i>bicalutamide tab 50 mg</i>	25	<i>budesonide delayed release particles cap 3 mg</i>	92
BIKTARVY TAB	14	<i>budesonide inhalation susp 0.25 mg/2ml</i>	118
<i>bimatoprost ophth soln 0.03%</i>	112	<i>budesonide inhalation susp 0.5 mg/2ml</i>	118
BIO-STATIN CAP 1000000	11	<i>budesonide inhalation susp 1 mg/2ml</i> 118	
BIO-STATIN CAP 500000	11	<i>bumetanide inj 0.25 mg/ml</i>	44
<i>bio-statin pow</i>	11	<i>bumetanide tab 0.5 mg</i>	44
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	39	<i>bumetanide tab 1 mg</i>	44
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	39	<i>bumetanide tab 2 mg</i>	44
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	39	<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	7
<i>bisoprolol fumarate tab 10 mg</i>	40	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	3
<i>bisoprolol fumarate tab 5 mg</i>	40	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2
<i>bleomycin sulfate for inj 15 unit</i>	23	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2
<i>bleomycin sulfate for inj 30 unit</i>	23	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	3
BLEPHAMIDE OIN S.O.P.....	110	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	3
BLEPHAMIDE SUS OP	110	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	3
BLOOD GLUCOSE CALIBRATION SOLUTION	106		
BOOSTRIX INJ.....	103		
<i>bosentan tab 125 mg</i>	47		
<i>bosentan tab 62.5 mg</i>	47		
BOSULIF TAB 100MG	26		
BOSULIF TAB 400MG	26		
BOSULIF TAB 500MG	26		
<i>bp wash liq 2.5%</i>	119		
BREO ELLIPTA INH 100-25	118		

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	7	<i>calcitrene oin 0.005%</i>	122
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	7	<i>calcitriol cap 0.25 mcg</i>	108
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	71	<i>calcitriol cap 0.5 mcg</i>	108
<i>bupropion hcl tab 100 mg</i>	54	<i>calcitriol inj 1 mcg/ml</i>	108
<i>bupropion hcl tab 75 mg</i>	54	<i>calcitriol oint 3 mcg/gm</i>	122
<i>bupropion hcl tab er 12hr 100 mg</i>	54	<i>calcitriol oral soln 1 mcg/ml</i>	108
<i>bupropion hcl tab er 12hr 150 mg</i>	54	<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	87
<i>bupropion hcl tab er 12hr 200 mg</i>	54	<i>calcium acetate (phosphate binder) tab 667 mg</i>	87
<i>bupropion hcl tab er 24hr 150 mg</i>	54	<i>CALQUENCE CAP 100MG</i>	26
<i>bupropion hcl tab er 24hr 300 mg</i>	54	<i>camila tab 0.35mg</i>	77
<i>buspirone hcl tab 10 mg</i>	67	<i>CAMPTOSAR INJ 300/15ML</i>	30
<i>buspirone hcl tab 15 mg</i>	67	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	34
<i>buspirone hcl tab 30 mg</i>	67	<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	34
<i>buspirone hcl tab 5 mg</i>	67	<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	34
<i>buspirone hcl tab 7.5 mg</i>	67	<i>candesartan cilexetil tab 16 mg</i>	35
<i>busulfan inj 6 mg/ml</i>	22	<i>candesartan cilexetil tab 32 mg</i>	35
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	<i>candesartan cilexetil tab 4 mg</i>	35
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	<i>candesartan cilexetil tab 8 mg</i>	35
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	<i>capecitabine tab 150 mg</i>	23
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	3	<i>capecitabine tab 500 mg</i>	23
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	<i>CAPITAL/COD SUS 120-12/5</i>	3
<i>butorphanol tartrate inj 1 mg/ml</i>	3	<i>CAPRELSA TAB 100MG</i>	27
<i>butorphanol tartrate inj 2 mg/ml</i>	3	<i>CAPRELSA TAB 300MG</i>	27
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	3	<i>captопril & hydrochlorothiazide tab 25-15 mg</i>	31
<i>BYSTOLIC TAB 10MG</i>	40	<i>captопril & hydrochlorothiazide tab 25-25 mg</i>	31
<i>BYSTOLIC TAB 2.5MG</i>	40	<i>captопril & hydrochlorothiazide tab 50-15 mg</i>	31
<i>BYSTOLIC TAB 20MG</i>	40	<i>captопril & hydrochlorothiazide tab 50-25 mg</i>	31
<i>BYSTOLIC TAB 5MG</i>	40	<i>captопril tab 100 mg</i>	32
<i>BYVALSON TAB 5-80MG</i>	34	<i>captопril tab 12.5 mg</i>	32
C		<i>captопril tab 25 mg</i>	32
<i>cabergoline tab 0.5 mg</i>	86	<i>captопril tab 50 mg</i>	32
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	123	<i>CARAFATE SUS 1GM/10ML</i>	93
<i>calcipotriene cream 0.005%</i>	122	<i>CARBAGLU TAB 200MG</i>	80
<i>calcipotriene oint 0.005%</i>	122	<i>carbamazepine cap er 12hr 100 mg</i>	49
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	122	<i>carbamazepine cap er 12hr 200 mg</i>	49
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	86	<i>carbamazepine cap er 12hr 300 mg</i>	49
		<i>carbamazepine chew tab 100 mg</i>	49
		<i>carbamazepine susp 100 mg/5ml</i>	49
		<i>carbamazepine tab 200 mg</i>	49

<i>carbamazepine tab er 12hr 100 mg</i>	49
<i>carbamazepine tab er 12hr 200 mg</i>	49
<i>carbamazepine tab er 12hr 400 mg</i>	49
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 10-100 mg</i>	58
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 25-100 mg</i>	58
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 25-250 mg</i>	59
<i>carbidopa & levodopa tab 10-100 mg</i> ..	59
<i>carbidopa & levodopa tab 25-100 mg</i> ..	59
<i>carbidopa & levodopa tab 25-250 mg</i> ..	59
<i>carbidopa & levodopa tab er 25-100 mg</i>	
.....	59
<i>carbidopa & levodopa tab er 50-200 mg</i>	
.....	59
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>12.5-50-200 mg</i>	59
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>18.75-75-200 mg</i>	59
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>25-100-200 mg</i>	59
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>31.25-125-200 mg</i>	59
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>37.5-150-200 mg</i>	59
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>50-200-200 mg</i>	59
<i>carbidopa tab 25 mg</i>	59
<i>carbinoxamine maleate soln 4 mg/5ml</i>	
.....	113
<i>carbinoxamine maleate tab 4 mg</i>	113
<i>carboplatin iv soln 150 mg/15ml</i>	30
<i>carboplatin iv soln 450 mg/45ml</i>	30
<i>carboplatin iv soln 50 mg/5ml</i>	30
<i>carboplatin iv soln 600 mg/60ml</i>	30
<i>CARDENE IV INJ 40/200ML</i>	41
<i>CARDENE IV SOL 20/200ML</i>	41
<i>CARDIZEM LA TAB 120MG</i>	41
<i>CARDURA XL TAB 4MG</i>	94
<i>CARDURA XL TAB 8MG</i>	94
<i>carisoprodol tab 250 mg</i>	69
<i>carisoprodol tab 350 mg</i>	70
<i>carmustine for inj 100 mg</i>	22
<i>carteolol hcl ophth soln 1%</i>	112
<i>cartia xt cap 120/24hr</i>	41
<i>cartia xt cap 180/24hr</i>	41
<i>cartia xt cap 240/24hr</i>	41
<i>cartia xt cap 300/24hr</i>	41
<i>carvedilol phosphate cap er 24hr 10 mg</i>	
.....	40
<i>carvedilol phosphate cap er 24hr 20 mg</i>	
.....	40
<i>carvedilol phosphate cap er 24hr 40 mg</i>	
.....	40
<i>carvedilol phosphate cap er 24hr 80 mg</i>	
.....	40
<i>carvedilol tab 12.5 mg</i>	40
<i>carvedilol tab 25 mg</i>	40
<i>carvedilol tab 3.125 mg</i>	40
<i>carvedilol tab 6.25 mg</i>	40
<i>CAYA DPR</i>	105
<i>CAYSTON INH 75MG</i>	9
<i>caziant pak</i>	77
<i>cefaclor cap 250 mg</i>	16
<i>cefaclor cap 500 mg</i>	16
<i>CEFACLOR ER TAB 500MG</i>	16
<i>cefaclor for susp 125 mg/5ml</i>	16
<i>cefaclor for susp 250 mg/5ml</i>	16
<i>cefaclor for susp 375 mg/5ml</i>	16
<i>cefadroxil cap 500 mg</i>	16
<i>cefadroxil for susp 250 mg/5ml</i>	16
<i>cefadroxil for susp 500 mg/5ml</i>	16
<i>cefadroxil tab 1 gm</i>	16
<i>cefazolin sodium for inj 10 gm</i>	16
<i>cefazolin sodium for inj 1 gm</i>	16
<i>cefazolin sodium for inj 20 gm</i>	16
<i>cefazolin sodium for inj 500 mg</i>	16
<i>cefazolin sodium for iv soln 1 gm</i>	16
<i>cefdinir cap 300 mg</i>	16
<i>cefdinir for susp 125 mg/5ml</i>	16
<i>cefdinir for susp 250 mg/5ml</i>	16
<i>cefditoren pivoxil tab 200 mg (base</i>	
<i>equivalent)</i>	16
<i>cefditoren pivoxil tab 400 mg (base</i>	
<i>equivalent)</i>	16
<i>cefeprizine hcl for inj 1 gm</i>	16
<i>cefeprizine hcl for inj 2 gm</i>	16
<i>cefixime cap 400 mg</i>	16
<i>cefixime for susp 100 mg/5ml</i>	16
<i>cefixime for susp 200 mg/5ml</i>	16
<i>cefotaxime sodium for inj 10 gm</i>	16
<i>cefotaxime sodium for inj 1 gm</i>	16
<i>cefotaxime sodium for inj 2 gm</i>	16
<i>cefotaxime sodium for inj 500 mg</i>	16
<i>cefotetan disodium for inj 10 gm</i>	16

<i>cefotetan disodium for inj 1 gm</i>	16	<i>CHANTIX PAK 1MG</i>	71
<i>cefotetan disodium for inj 2 gm</i>	16	<i>CHANTIX TAB 0.5MG</i>	71
<i>cefoxitin sodium for inj 10 gm</i>	16	<i>CHANTIX TAB 1MG</i>	71
<i>cefoxitin sodium for iv soln 1 gm</i>	16	<i>chateal tab 0.15/30</i>	77
<i>cefoxitin sodium for iv soln 2 gm</i>	16	<i>CHEMET CAP 100MG</i>	77
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	16	<i>cheratussin syrup ac</i>	116
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	16	<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	8
<i>cefpodoxime proxetil tab 100 mg</i>	16	<i>chlorhexidine gluconate soln 0.12%</i> ..	126
<i>cefpodoxime proxetil tab 200 mg</i>	16	<i>chloroquine phosphate tab 250 mg</i>	12
<i>cefprozil for susp 125 mg/5ml</i>	16	<i>chloroquine phosphate tab 500 mg</i>	12
<i>cefprozil for susp 250 mg/5ml</i>	16	<i>chlorothiazide sodium for inj 500 mg</i> ..	44
<i>cefprozil tab 250 mg</i>	16	<i>chlorothiazide tab 250 mg</i>	44
<i>cefprozil tab 500 mg</i>	16	<i>chlorothiazide tab 500 mg</i>	44
<i>ceftazidime for inj 2 gm</i>	17	<i>chlorpromazine hcl tab 100 mg</i>	60
<i>ceftibuten cap 400 mg</i>	17	<i>chlorpromazine hcl tab 10 mg</i>	60
<i>ceftibuten for susp 180 mg/5ml</i>	17	<i>chlorpromazine hcl tab 200 mg</i>	60
<i>CEFTIN SUS 125/5ML</i>	17	<i>chlorpromazine hcl tab 25 mg</i>	60
<i>CEFTIN SUS 250/5ML</i>	17	<i>chlorpromazine hcl tab 50 mg</i>	60
<i>ceftriaxone sodium for inj 10 gm</i>	17	<i>CHLORPROMAZ INJ 25MG/ML</i>	60
<i>ceftriaxone sodium for inj 1 gm</i>	17	<i>CHLORPROMAZ INJ 50MG/2ML</i>	60
<i>ceftriaxone sodium for inj 250 mg</i>	17	<i>chlorthalidone tab 25 mg</i>	44
<i>ceftriaxone sodium for inj 2 gm</i>	17	<i>chlorthalidone tab 50 mg</i>	44
<i>ceftriaxone sodium for inj 500 mg</i>	17	<i>chlorzoxazone tab 500 mg</i>	70
<i>ceftriaxone sodium for iv soln 1 gm</i>	17	<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	108
<i>ceftriaxone sodium for iv soln 2 gm</i>	17	<i>cholestyramine light powder 4 gm/dose</i>	37
<i>cefuroxime axetil tab 250 mg</i>	17	<i>cholestyramine light powder packets 4 gm</i>	37
<i>cefuroxime axetil tab 500 mg</i>	17	<i>cholestyramine powder 4 gm/dose</i>	37
<i>cefuroxime sodium for inj 7.5 gm</i>	17	<i>cholestyramine powder packets 4 gm</i> ..	37
<i>cefuroxime sodium for inj 750 mg</i>	17	<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	37
<i>cefuroxime sodium for iv soln 1.5 gm</i> ..	17	<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	37
<i>celecoxib cap 100 mg</i>	1	<i>CHOR GONADOT INJ 10000UNT</i>	84
<i>celecoxib cap 200 mg</i>	1	<i>ciclopirox gel 0.77%</i>	121
<i>celecoxib cap 400 mg</i>	1	<i>ciclopirox olamine cream 0.77% (base equiv)</i>	121
<i>celecoxib cap 50 mg</i>	1	<i>ciclopirox olamine susp 0.77% (base equiv)</i>	121
<i>CELONTIN CAP 300MG</i>	49	<i>ciclopirox shampoo 1%</i>	121
<i>cephalexin cap 250 mg</i>	17	<i>ciclopirox solution 8%</i>	121
<i>cephalexin cap 500 mg</i>	17	<i>cidofovir iv inj 75 mg/ml</i>	15
<i>cephalexin cap 750 mg</i>	17	<i>cilostazol tab 100 mg</i>	98
<i>cephalexin for susp 125 mg/5ml</i>	17	<i>cilostazol tab 50 mg</i>	98
<i>cephalexin for susp 250 mg/5ml</i>	17	<i>CIMDUO TAB 300-300</i>	14
<i>cephalexin tab 250 mg</i>	17		
<i>cephalexin tab 500 mg</i>	17		
<i>CERDELGA CAP 84MG</i>	80		
<i>CESAMET CAP 1MG</i>	90		
<i>cevimeline hcl cap 30 mg</i>	126		
<i>CHANTIX PAK 0.5& 1MG</i>	71		

<i>cimetidine hcl soln 300 mg/5ml</i>	91
<i>cimetidine tab 200 mg</i>	91
<i>cimetidine tab 300 mg</i>	91
<i>cimetidine tab 400 mg</i>	91
<i>cimetidine tab 800 mg</i>	91
CIPRODEX SUS 0.3-0.1%	126
<i>ciprofloxacin 200 mg/100ml in d5w</i>	18
<i>ciprofloxacin 400 mg/200ml in d5w</i>	18
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	18
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	18
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	18
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	18
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	110
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	18
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	18
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	18
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	18
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	18
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	18
CIPRO HC SUS OTIC	126
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .30	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .30	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>30	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	54
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	54
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	54
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	54
CITRANATAL CAP HARMONY	108
CITRANATAL CAP MEDLEY	108
CITRANATAL MIS	108
CITRANATAL MIS 90 DHA	108
CITRANATAL MIS B-CALM	108
CITRANATAL PAK ASSURE	108
CITRANATAL PAK DHA	108
CITRANATAL TAB BLOOM	108
CITRANATAL TAB RX	108
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	23
<i>claravis cap 10mg</i>	119
<i>claravis cap 20mg</i>	119
<i>claravis cap 30mg</i>	119
<i>claravis cap 40mg</i>	119
CLARINEX SYP 0.5MG/ML	114
<i>clarithromycin for susp 125 mg/5ml</i>17	
<i>clarithromycin for susp 250 mg/5ml</i>17	
<i>clarithromycin tab 250 mg</i>	17
<i>clarithromycin tab 500 mg</i>	17
<i>clarithromycin tab er 24hr 500 mg</i>	17
<i>clearplex x gel 10%</i>	119
<i>clemastine fumarate tab 2.68 mg</i>114	
CLENPIQ SOL	92
CLEOCIN SUP 100MG	95
CLIMARA PRO DIS WEEKLY	80
<i>clindamycin hcl cap 150 mg</i>	9
<i>clindamycin hcl cap 300 mg</i>	9
<i>clindamycin hcl cap 75 mg</i>	9
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	9
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>120	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	119
<i>clindamycin phosphate foam 1%</i>119	
<i>clindamycin phosphate gel 1%</i>119	
<i>clindamycin phosphate inj 300 mg/2ml</i> .9	
<i>clindamycin phosphate inj 600 mg/4ml</i> .9	
<i>clindamycin phosphate inj 900 mg/6ml</i> .9	
<i>clindamycin phosphate inj 9 gm/60ml</i> ...9	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>9	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>9	
<i>clindamycin phosphate lotion 1%</i>119	
<i>clindamycin phosphate soln 1%</i>	119
<i>clindamycin phosphate swab 1%</i>119	
<i>clindamycin phosphate vaginal cream 2%</i>	95
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	119
<i>clobazam suspension 2.5 mg/ml</i>	49
<i>clobazam tab 10 mg</i>	49

<i>clobazam tab 20 mg</i>	49	60
<i>clobetasol propionate cream 0.05%</i>	123	<i>clozapine tab 100 mg</i>	61
<i>clobetasol propionate foam 0.05%</i>	123	<i>clozapine tab 200 mg</i>	61
<i>clobetasol propionate gel 0.05%</i>	123	<i>clozapine tab 25 mg</i>	60
<i>clobetasol propionate lotion 0.05%....</i>	123	<i>clozapine tab 50 mg</i>	60
<i>clobetasol propionate oint 0.05%</i>	123	<i>COARTEM TAB 20-120MG</i>	12
<i>clobetasol propionate shampoo 0.05%</i>	123	<i>codeine sulfate tab 30 mg</i>	3
<i>clobetasol propionate soln 0.05%....</i>	123	<i>codeine sulf tab 15mg</i>	3
<i>clobetasol propionate spray 0.05%....</i>	123	<i>codeine sulf tab 60mg</i>	3
<i>clocortolone pivalate cream 0.1%</i>	123	<i>colchicine tab 0.6 mg</i>	1
<i>clofarabine iv soln 1 mg/ml</i>	23	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1
<i>clomiphene citrate tab 50 mg</i>	84	<i>colesevelam hcl packet for susp 3.75 gm</i>	37
<i>clomipramine hcl cap 25 mg</i>	67	<i>colesevelam hcl tab 625 mg</i>	37
<i>clomipramine hcl cap 50 mg</i>	68	<i>colestipol hcl granule packets 5 gm</i>	37
<i>clomipramine hcl cap 75 mg</i>	68	<i>colestipol hcl granules 5 gm</i>	37
<i>clonazepam tab 0.5 mg</i>	49	<i>colestipol hcl tab 1 gm</i>	37
<i>clonazepam tab 1 mg</i>	49	<i>colocort ene 100mg</i>	92
<i>clonazepam tab 2 mg</i>	49	<i>COLY-MYCIN S SUS OTIC</i>	126
<i>clonidine hcl tab 0.1 mg</i>	45	<i>COMBIGAN SOL 0.2/0.5%</i>	112
<i>clonidine hcl tab 0.2 mg</i>	45	<i>COMBIVENT AER 20-100</i>	113
<i>clonidine hcl tab 0.3 mg</i>	45	<i>COMETRIQ KIT 100MG</i>	27
<i>clonidine td patch weekly 0.1 mg/24hr</i>	45	<i>COMETRIQ KIT 140MG</i>	27
<i>clonidine td patch weekly 0.2 mg/24hr</i>	45	<i>COMETRIQ KIT 60MG</i>	27
<i>clonidine td patch weekly 0.3 mg/24hr</i>	45	<i>COMPLERA TAB</i>	14
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	98	<i>compro sup 25mg</i>	90
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	98	<i>CONCEPTROL GEL 4%</i>	95
<i>clorazepate dipotassium tab 15 mg</i>	49	<i>CONDYLOX GEL 0.5%</i>	125
<i>clorazepate dipotassium tab 3.75 mg</i> ..	49	<i>COPAXONE INJ 20MG/ML</i>	69
<i>clorazepate dipotassium tab 7.5 mg</i>	49	<i>COPAXONE INJ 40MG/ML</i>	69
<i>clotrimazole cream 1%</i>	121	<i>CORLANOR TAB 5MG</i>	45
<i>clotrimazole soln 1%</i>	121	<i>CORLANOR TAB 7.5MG</i>	45
<i>clotrimazole troche 10 mg</i>	126	<i>cortisone acetate tab 25 mg</i>	84
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	121	<i>CORTISPORIN CRE 0.5%</i>	121
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	121	<i>CORTISPORIN OIN 1%</i>	121
<i>clozapine orally disintegrating tab 100 mg</i>	60	<i>COSENTYX INJ 150MG/ML</i>	122
<i>clozapine orally disintegrating tab 12.5 mg</i>	60	<i>COSENTYX INJ 300DOSE</i>	122
<i>clozapine orally disintegrating tab 150 mg</i>	60	<i>COSENTYX PEN INJ 150MG/ML</i>	122
<i>clozapine orally disintegrating tab 200 mg</i>	60	<i>COSENTYX PEN INJ 300DOSE</i>	122
<i>clozapine orally disintegrating tab 25 mg</i>	60	<i>CREON CAP 12000UNT</i>	93

CRIXIVAN CAP 200MG.....	12
CRIXIVAN CAP 400MG.....	12
cromolyn sodium ophth soln 4%	111
cromolyn sodium oral conc 100 mg/5ml	93
cromolyn sodium soln nebu 20 mg/2ml	116
crotan lot 10%	125
cryselle-28 tab 28 tabs.....	77
CUVPOSA SOL 1MG/5ML.....	89
cyanocobalamin inj 1000 mcg/ml.....	108
cyclafem tab 1/35.....	77
cyclafem tab 7/7/7	77
cyclobenzaprine hcl tab 10 mg	70
cyclobenzaprine hcl tab 5 mg	70
cyclobenzaprine hcl tab 7.5 mg	70
cyclophosphamide cap 25 mg.....	22
cyclophosphamide cap 50 mg.....	22
cyclophosphamide for inj 1 gm	22
cyclophosphamide for inj 2 gm	22
cyclophosphamide for inj 500 mg.....	22
cycloserine cap 250 mg	14
CYCLOSET TAB 0.8MG.....	73
cyclosporine cap 100 mg.....	102
cyclosporine cap 25 mg	102
cyclosporine iv soln 50 mg/ml	102
cyclosporine modified cap 100 mg....	103
cyclosporine modified cap 25 mg	102
cyclosporine modified cap 50 mg	103
cyclosporine modified oral soln 100 mg/ml	103
cyproheptadine hcl syrup 2 mg/5ml...	114
cyproheptadine hcl tab 4 mg	114
CYSTADANE POW	80
CYSTAGON CAP 150MG	80
CYSTAGON CAP 50MG	80
CYSTARAN SOL 0.44%	112
cytarabine inj 20 mg/ml	23
cytarabine inj pf 100 mg/ml	23
cytarabine inj pf 20 mg/ml.....	23
D	
dacarbazine for inj 100 mg	22
dacarbazine for inj 200 mg	22
dalfampridine tab er 12hr 10 mg	69
DALIRESP TAB 250MCG	117
DALIRESP TAB 500MCG	117
danazol cap 100 mg.....	80
danazol cap 200 mg.....	80
danazol cap 50 mg	80
dantrolene sodium cap 100 mg.....	70
dantrolene sodium cap 25 mg	70
dantrolene sodium cap 50 mg	70
dapsone tab 100 mg	9
dapsone tab 25 mg.....	9
DAPTACEL INJ	103
daptomycin for iv soln 500 mg	9
DARAPRIM TAB 25MG	9
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	95
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	95
dasetta tab 1/35.....	77
dasetta tab 7/7/7	77
daunorubicin hcl iv soln 20 mg/4ml (base equiv)	22
decitabine for inj 50 mg.....	23
delyla tab 0.1-0.02	77
demeclocycline hcl tab 150 mg	21
demeclocycline hcl tab 300 mg	21
DENAVIR CRE 1%	125
DEPEN TITRA TAB 250MG	77
DEPO-ESTRADI INJ 5MG/ML.....	80
DEPO-MEDROL INJ 20MG/ML	84
DEPO-PROVERA INJ 400/ML.....	25
DEPO-SQ PROV INJ 104	77
DESCOVY TAB 200/25	14
desipramine hcl tab 100 mg	54
desipramine hcl tab 10 mg	54
desipramine hcl tab 150 mg	55
desipramine hcl tab 25 mg	54
desipramine hcl tab 50 mg	54
desipramine hcl tab 75 mg	54
desloratadine tab 5 mg	114
desloratadine tab orally disintegrating 2.5 mg	114
desloratadine tab orally disintegrating 5 mg.....	114
desmopressin acetate inj 4 mcg/ml	89
desmopressin acetate nasal spray soln 0.01%	89
desmopressin acetate nasal spray soln 0.01% (refrigerated).....	89
desmopressin acetate tab 0.1 mg	89
desmopressin acetate tab 0.2 mg	89
desonide cream 0.05%	123
desonide lotion 0.05%	123

<i>desonide oint 0.05%</i>	123
<i>desoximetasone cream 0.05%</i>	123
<i>desoximetasone cream 0.25%</i>	123
<i>desoximetasone gel 0.05%</i>	123
<i>desoximetasone oint 0.05%</i>	123
<i>desoximetasone oint 0.25%</i>	123
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	55
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	55
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	55
<i>DEXAMETHASON CON 1MG/ML</i>	84
<i>dexamethasone elixir 0.5 mg/5ml</i>	84
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	84
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	84
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	84
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	84
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	84
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	111
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	84
<i>dexamethasone soln 0.5 mg/5ml</i>	84
<i>dexamethasone tab 0.5 mg</i>	84
<i>dexamethasone tab 0.75 mg</i>	84
<i>dexamethasone tab 1.5 mg</i>	84
<i>dexamethasone tab 1 mg</i>	84
<i>dexamethasone tab 2 mg</i>	84
<i>dexamethasone tab 4 mg</i>	84
<i>dexamethasone tab 6 mg</i>	84
<i>DEXILANT CAP 30MG DR</i>	94
<i>DEXILANT CAP 60MG DR</i>	94
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	64
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	64
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	64
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	64
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	64
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	64
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	64
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	63
<i>dexmethylphenidate hcl tab 10 mg</i>	64
<i>dexmethylphenidate hcl tab 2.5 mg</i>	64
<i>dexmethylphenidate hcl tab 5 mg</i>	64
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	30
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	30
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	64
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	64
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	64
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	64
<i>dextroamphetamine sulfate tab 10 mg</i>	64
<i>dextroamphetamine sulfate tab 5 mg</i>	64
<i>diazepam con 5mg/ml</i>	49
<i>diazepam inj 5 mg/ml</i>	49
<i>diazepam oral soln 1 mg/ml</i>	49
<i>diazepam tab 10 mg</i>	49
<i>diazepam tab 2 mg</i>	49
<i>diazepam tab 5 mg</i>	49
<i>diclofenac potassium tab 50 mg</i>	1
<i>diclofenac sodium gel 1%</i>	125
<i>diclofenac sodium ophth soln 0.1%</i>	111
<i>diclofenac sodium tab delayed release 25 mg</i>	1
<i>diclofenac sodium tab delayed release 50 mg</i>	1
<i>diclofenac sodium tab delayed release 75 mg</i>	1
<i>diclofenac sodium tab er 24hr 100 mg</i>	1
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1
<i>dicloxacillin sodium cap 250 mg</i>	20
<i>dicloxacillin sodium cap 500 mg</i>	20
<i>dicyclomine hcl cap 10 mg</i>	89
<i>dicyclomine hcl inj 10 mg/ml</i>	89
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	89

<i>dicyclomine hcl tab 20 mg</i>	89
<i>didanosine delayed release capsule 200 mg</i>	12
<i>didanosine delayed release capsule 250 mg</i>	12
<i>didanosine delayed release capsule 400 mg</i>	12
DIFICID TAB 200MG	18
<i>diflorasone diacetate cream 0.05%</i>	123
<i>diflorasone diacetate oint 0.05%</i>	123
<i>diflunisal tab 500 mg</i>	8
<i>digoxin inj 0.25 mg/ml</i>	43
<i>digoxin oral soln 0.05 mg/ml</i>	43
<i>digoxin tab 125 mcg (0.125 mg)</i>	43
<i>digoxin tab 250 mcg (0.25 mg)</i>	43
<i>digox tab 0.125mg</i>	43
<i>digox tab 0.25mg</i>	43
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	66
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	66
DILANTIN CAP 30MG.....	49
DILATRATE SR CAP 40MG	46
<i>diltiazem hcl cap er 12hr 120 mg</i>	42
<i>diltiazem hcl cap er 12hr 60 mg</i>	41
<i>diltiazem hcl cap er 12hr 90 mg</i>	41
<i>diltiazem hcl cap er 24hr 120 mg</i>	42
<i>diltiazem hcl cap er 24hr 180 mg</i>	42
<i>diltiazem hcl cap er 24hr 240 mg</i>	42
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	42
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	42
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	42
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	42
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	42
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	42
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	42
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	42
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	42
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	42
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	42
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	42
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	42
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	42
<i>diltiazem hcl tab 120 mg</i>	42
<i>diltiazem hcl tab 30 mg</i>	42
<i>diltiazem hcl tab 60 mg</i>	42
<i>diltiazem hcl tab 90 mg</i>	42
DILTIAZEM INJ 100MG	42
DIP/TET PED INJ 25-5LFU	103
DIPENTUM CAP 250MG	92
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	114
<i>diphenhydramine hcl inj 50 mg/ml</i> ...114	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	93
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	93
<i>dipyridamole tab 25 mg</i>	98
<i>dipyridamole tab 50 mg</i>	98
<i>dipyridamole tab 75 mg</i>	99
<i>disopyramide phosphate cap 100 mg</i> ..36	
<i>disopyramide phosphate cap 150 mg</i> ..36	
<i>disulfiram tab 250 mg</i>	71
<i>disulfiram tab 500 mg</i>	71
DIURIL SUS 250/5ML	44
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	49
<i>divalproex sodium tab delayed release 125 mg</i>	49
<i>divalproex sodium tab delayed release 250 mg</i>	49
<i>divalproex sodium tab delayed release 500 mg</i>	49
<i>divalproex sodium tab er 24 hr 250 mg</i>	49
<i>divalproex sodium tab er 24 hr 500 mg</i>	49
DIVIGEL GEL 0.25MG	81
DIVIGEL GEL 0.5MG.....	80
DIVIGEL GEL 0.75MG	81
DIVIGEL GEL 1MG/GM.....	81
DOCEFREZ INJ 20MG	24

<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	24
<i>docetaxel for inj conc 20 mg/ml.....</i>	24
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	24
<i>DOCETAXEL INJ 140/7ML</i>	24
<i>DOCETAXEL INJ 160/8ML</i>	24
<i>DOCETAXEL INJ 20/0.5ML</i>	24
<i>DOCETAXEL INJ 80MG/2ML.....</i>	24
<i>DOCETAXEL INJ NON-ALCO.....</i>	24
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	24
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	24
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	24
<i>dofetilide cap 125 mcg (0.125 mg)</i>	36
<i>dofetilide cap 250 mcg (0.25 mg)</i>	36
<i>dofetilide cap 500 mcg (0.5 mg)</i>	36
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	52
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	52
<i>donepezil hydrochloride tab 10 mg.....</i>	52
<i>donepezil hydrochloride tab 23 mg.....</i>	52
<i>donepezil hydrochloride tab 5 mg</i>	52
<i>doripenem for iv infusion 250 mg</i>	9
<i>doripenem for iv infusion 500 mg</i>	9
<i>dorzolamide hcl ophth soln 2%</i>	112
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	112
<i>doxazosin mesylate tab 1 mg</i>	33
<i>doxazosin mesylate tab 2 mg</i>	33
<i>doxazosin mesylate tab 4 mg</i>	33
<i>doxazosin mesylate tab 8 mg</i>	33
<i>doxepin hcl cap 100 mg.....</i>	55
<i>doxepin hcl cap 10 mg</i>	55
<i>doxepin hcl cap 150 mg.....</i>	55
<i>doxepin hcl cap 25 mg</i>	55
<i>doxepin hcl cap 50 mg</i>	55
<i>doxepin hcl cap 75 mg</i>	55
<i>doxepin hcl conc 10 mg/ml</i>	55
<i>doxepin hcl cream 5%</i>	122
<i>doxercalciferol cap 0.5 mcg</i>	108
<i>doxercalciferol cap 1 mcg.....</i>	109
<i>doxercalciferol cap 2.5 mcg</i>	109
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	109
<i>doxorubicin hcl for inj 10 mg.....</i>	22
<i>doxorubicin hcl for inj 50 mg</i>	22
<i>doxorubicin hcl inj 2 mg/ml.....</i>	22
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml.....</i>	22
<i>doxy 100 inj 100mg</i>	21
<i>doxycycline hyclate cap 100 mg</i>	21
<i>doxycycline hyclate cap 50 mg</i>	21
<i>doxycycline hyclate for inj 100 mg</i>	21
<i>doxycycline hyclate tab 100 mg</i>	21
<i>doxycycline hyclate tab 20 mg.....</i>	21
<i>doxycycline hyclate tab delayed release 100 mg</i>	21
<i>doxycycline hyclate tab delayed release 150 mg</i>	21
<i>doxycycline hyclate tab delayed release 75 mg</i>	21
<i>doxycycline monohydrate cap 100 mg .</i>	21
<i>doxycycline monohydrate cap 150 mg .</i>	21
<i>doxycycline monohydrate cap 50 mg..</i>	21
<i>doxycycline monohydrate cap 75 mg..</i>	21
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	21
<i>doxycycline monohydrate tab 150 mg .</i>	21
<i>doxycycline monohydrate tab 50 mg ..</i>	21
<i>doxycycline monohydrate tab 75 mg ..</i>	21
<i>doxylamine succinate tab 25mg.....</i>	66
<i>dronabinol cap 10 mg</i>	90
<i>dronabinol cap 2.5 mg</i>	90
<i>dronabinol cap 5 mg</i>	90
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	77
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	77
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	77
<i>DROXIA CAP 200MG</i>	29
<i>DROXIA CAP 300MG</i>	29
<i>DROXIA CAP 400MG</i>	29
<i>DUAVEE TAB 0.45-20</i>	81
<i>duloxetine hcl cap 20 mg</i>	55
<i>duloxetine hcl cap 30 mg</i>	55
<i>duloxetine hcl cap 60 mg</i>	55
<i>DUREZOL EMU 0.05%</i>	111
<i>dutasteride cap 0.5 mg</i>	94
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	94
<i>DYMISTA SPR 137-50</i>	113

DYRENIUM CAP 100MG.....	44
DYRENIUM CAP 50MG	44
E	
e.e.s. 400 tab 400mg	18
econazole nitrate cream 1%	121
EDARBI TAB 40MG.....	35
EDARBI TAB 80MG.....	35
ed-spaz tab 0.125mg	89
EDURANT TAB 25MG.....	12
efavirenz cap 200 mg.....	12
efavirenz cap 50 mg	12
efavirenz tab 600 mg	12
ELESTRIN GEL 0.06%	81
eletriptan hydrobromide tab 20 mg (base equivalent)	66
eletriptan hydrobromide tab 40 mg (base equivalent)	66
ELIGARD INJ 22.5MG	25
ELIGARD INJ 30MG	25
ELIGARD INJ 45MG	25
ELIGARD INJ 7.5MG	25
elinest tab	77
ELIQUIS TAB 2.5MG.....	96
ELIQUIS TAB 5MG	96
elite-ob tab	109
ELIXOPHYLLIN ELX 80/15ML.....	118
ELLA TAB 30MG.....	77
ELMIRON CAP 100MG.....	95
EMADINE SOL 0.05% OP	111
EMBEDA CAP 100-4MG.....	3
EMBEDA CAP 20-0.8MG.....	3
EMBEDA CAP 30-1.2MG.....	3
EMBEDA CAP 50-2MG	3
EMBEDA CAP 60-2.4MG.....	3
EMBEDA CAP 80-3.2MG.....	3
EMCYT CAP 140MG	22
emoquette tab	78
EMSAM DIS 12MG/24H.....	55
EMSAM DIS 6MG/24HR	55
EMSAM DIS 9MG/24HR	55
EMTRIVA CAP 200MG	12
EMTRIVA SOL 10MG/ML.....	12
EMVERM CHW 100MG	9
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....	31
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	31
enalapril maleate tab 10 mg.....	32
enalapril maleate tab 2.5 mg.....	32
enalapril maleate tab 20 mg.....	32
enalapril maleate tab 5 mg	32
ENBREL INJ 25/0.5ML	99
ENBREL INJ 25MG	99
ENBREL INJ 50MG/ML	99
ENBREL MINI INJ 50MG/ML.....	99
ENBREL SRCLK INJ 50MG/ML	100
ENCARE SUP 100MG	95
endocet tab 10-325mg	3
endocet tab 2.5-325	3
endocet tab 5-325mg	3
endocet tab 7.5-325	3
ENGERIX-B INJ 10/0.5ML.....	103
ENGERIX-B INJ 20MCG/ML.....	103
enoxaparin sodium inj 100 mg/ml.....	96
enoxaparin sodium inj 120 mg/0.8ml ..	96
enoxaparin sodium inj 150 mg/ml.....	96
enoxaparin sodium inj 300 mg/3ml	96
enoxaparin sodium inj 30 mg/0.3ml....	96
enoxaparin sodium inj 40 mg/0.4ml ...	96
enoxaparin sodium inj 60 mg/0.6ml ...	96
enoxaparin sodium inj 80 mg/0.8ml ...	96
empresse-28 tab	78
enskyce tab	78
entacapone tab 200 mg	59
entecavir tab 0.5 mg	15
entecavir tab 1 mg	15
ENTRESTO TAB 24-26MG.....	45
ENTRESTO TAB 49-51MG.....	45
ENTRESTO TAB 97-103MG	45
enulose sol 10gm/15.....	92
EPCLUSIA TAB 400-100	19
EPIDUO FORTE GEL 0.3-2.5%	120
epinastine hcl ophth soln 0.05%	111
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	113
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	113
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	113
EPIPEN 2-PAK INJ 0.3MG	113
EPIPEN-JR INJ 0.15MG	113
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	22
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	22
epitol tab 200mg	49

EPIVIR HBV SOL 5MG/ML.....	15
eplerenone tab 25 mg	33
eplerenone tab 50 mg	33
epoprostenol sodium for inj 0.5 mg	47
epoprostenol sodium for inj 1.5 mg	47
eprosartan mesylate tab 600 mg	35
ERBITUX INJ 100MG	24
ERBITUX INJ 200MG	24
ergocalciferol cap 1.25 mg (50000 unit)	109
ergoloid mesylates tab 1 mg	52
ergotamine w/ caffeine tab 1-100 mg	66
ERIVEDGE CAP 150MG	24
erlotinib hcl tab 100 mg (base equivalent)	27
erlotinib hcl tab 150 mg (base equivalent)	27
erlotinib hcl tab 25 mg (base equivalent)	27
errin tab 0.35mg	78
ERTACZO CRE 2%	121
ertapenem sodium for inj 1 gm (base equivalent)	9
ery pad 2%.....	120
ery-tab tab 250mg ec	18
ery-tab tab 333mg ec	18
ery-tab tab 500mg ec	18
ERYTHROCIN INJ 500MG	18
erythrocin tab 250mg.....	18
erythromycin ethylsuccinate for susp 200 mg/5ml.....	18
erythromycin ethylsuccinate for susp 400 mg/5ml.....	18
erythromycin ethylsuccinate tab 400 mg	18
erythromycin gel 2%.....	120
erythromycin ophth oint 5 mg/gm.....	110
erythromycin pads 2%	120
erythromycin soln 2%	120
erythromycin tab 250 mg	18
erythromycin tab 500 mg	18
erythromycin w/ delayed release particles cap 250 mg.....	18
ESBRIET CAP 267MG.....	117
ESBRIET TAB 267MG.....	117
ESBRIET TAB 801MG.....	117
escitalopram oxalate soln 5 mg/5ml (base equiv)	55
escitalopram oxalate tab 10 mg (base equiv)	55
escitalopram oxalate tab 20 mg (base equiv)	55
escitalopram oxalate tab 5 mg (base equiv)	55
esomeprazole magnesium cap delayed release 20 mg (base eq).....	94
esomeprazole magnesium cap delayed release 40 mg (base eq).....	94
esomeprazole sodium for intravenous soln 20 mg (base equiv)	94
esomeprazole sodium for intravenous soln 40 mg (base equiv)	94
estradiol & norethindrone acetate tab 0.5-0.1 mg	81
estradiol & norethindrone acetate tab 1-0.5 mg	81
estradiol tab 0.5 mg.....	81
estradiol tab 1 mg	81
estradiol tab 2 mg	81
estradiol td patch twice weekly 0.025 mg/24hr.....	81
estradiol td patch twice weekly 0.0375 mg/24hr.....	82
estradiol td patch twice weekly 0.05 mg/24hr.....	81
estradiol td patch twice weekly 0.075 mg/24hr.....	81
estradiol td patch twice weekly 0.1 mg/24hr.....	81
estradiol td patch weekly 0.025 mg/24hr	82
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	82
estradiol td patch weekly 0.05 mg/24hr	82
estradiol td patch weekly 0.06 mg/24hr	82
estradiol td patch weekly 0.075 mg/24hr	82
estradiol td patch weekly 0.1 mg/24hr	82
estradiol vaginal cream 0.1 mg/gm	82
estradiol valerate im in oil 20 mg/ml	82
estradiol valerate im in oil 40 mg/ml	82
ESTROGEL GEL	82
estropipate tab 0.75 mg	82
estropipate tab 1.5 mg	82

<i>estropipate tab 3 mg</i>	82
<i>eszopiclone tab 1 mg</i>	66
<i>eszopiclone tab 2 mg</i>	66
<i>eszopiclone tab 3 mg</i>	66
<i>ethacrynone sodium for inj 50 mg</i>	44
<i>ethacrynic acid tab 25 mg</i>	44
<i>ethambutol hcl tab 100 mg</i>	14
<i>ethambutol hcl tab 400 mg</i>	14
<i>ethosuximide cap 250 mg</i>	49
<i>ethosuximide soln 250 mg/5ml</i>	49
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	78
<i>etodolac cap 200 mg</i>	1
<i>etodolac cap 300 mg</i>	1
<i>etodolac tab 400 mg</i>	2
<i>etodolac tab 500 mg</i>	2
<i>etodolac tab er 24hr 400 mg</i>	2
<i>etodolac tab er 24hr 500 mg</i>	2
<i>etodolac tab er 24hr 600 mg</i>	2
<i>etoposide cap 50 mg</i>	30
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i> .30	
<i>EUCRISA OIN 2%</i>	125
<i>EURAX CRE 10%</i>	125
<i>EVAMIST SPR 1.53MG</i>	83
<i>EVOTAZ TAB 300-150</i>	14
<i>EXELDERM CRE 1%</i>	121
<i>EXELDERM SOL 1%</i>	121
<i>exemestane tab 25 mg</i>	25
<i>ezetimibe-simvastatin tab 10-10 mg</i> ...37	
<i>ezetimibe-simvastatin tab 10-20 mg</i> ...37	
<i>ezetimibe-simvastatin tab 10-40 mg</i> ...38	
<i>ezetimibe-simvastatin tab 10-80 mg</i> ...38	
<i>ezetimibe tab 10 mg</i>	37
F	
<i>FACTIVE TAB 320MG</i>	18
<i>falmina tab</i>	78
<i>famciclovir tab 125 mg</i>	15
<i>famciclovir tab 250 mg</i>	15
<i>famciclovir tab 500 mg</i>	15
<i>famotidine for susp 40 mg/5ml</i>	91
<i>famotidine inj 200 mg/20ml</i>	91
<i>famotidine inj 20 mg/2ml</i>	91
<i>famotidine inj 40 mg/4ml</i>	91
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	91
<i>famotidine tab 20 mg</i>	91
<i>famotidine tab 40 mg</i>	91
<i>FARXIGA TAB 10MG</i>	75
<i>FARXIGA TAB 5MG</i>	75
<i>FARYDAK CAP 10MG</i>	25
<i>FARYDAK CAP 15MG</i>	25
<i>FARYDAK CAP 20MG</i>	25
<i>fayosim tab</i>	78
<i>FC2 FEMALE MIS CONDOM</i>	105
<i>febuxostat tab 40 mg</i>	1
<i>febuxostat tab 80 mg</i>	1
<i>felbamate susp 600 mg/5ml</i>	49
<i>felbamate tab 400 mg</i>	49
<i>felbamate tab 600 mg</i>	49
<i>felodipine tab er 24hr 10 mg</i>	42
<i>felodipine tab er 24hr 2.5 mg</i>	42
<i>felodipine tab er 24hr 5 mg</i>	42
<i>FEMCAP MIS 22MM</i>	105
<i>FEMCAP MIS 26MM</i>	105
<i>FEMCAP MIS 30MM</i>	105
<i>fenofibrate cap 150 mg</i>	37
<i>fenofibrate cap 50 mg</i>	37
<i>fenofibrate micronized cap 130 mg</i>37	
<i>fenofibrate micronized cap 134 mg</i>37	
<i>fenofibrate micronized cap 200 mg</i>37	
<i>fenofibrate micronized cap 43 mg</i>37	
<i>fenofibrate micronized cap 67 mg</i>37	
<i>fenofibrate tab 145 mg</i>	37
<i>fenofibrate tab 160 mg</i>	37
<i>fenofibrate tab 48 mg</i>	37
<i>fenofibrate tab 54 mg</i>	37
<i>fenofibric acid tab 35 mg</i>	37
<i>FENOFIBRIC TAB 105MG</i>	37
<i>fenoprofen calcium cap 400 mg</i>	2
<i>fenoprofen calcium tab 600 mg</i>	2
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	4
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	4
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	3
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	3
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	3
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	4
<i>fentanyl td patch 72hr 100 mcg/hr</i>	4
<i>fentanyl td patch 72hr 12 mcg/hr</i>	4
<i>fentanyl td patch 72hr 25 mcg/hr</i>	4
<i>fentanyl td patch 72hr 50 mcg/hr</i>	4

<i>fentanyl td patch 72hr 75 mcg/hr</i>	4
FERRIPROX SOL 100MG/ML	77
FERRIPROX TAB 1000MG	77
FERRIPROX TAB 500MG.....	77
FETZIMA CAP 120MG	55
FETZIMA CAP 20MG	55
FETZIMA CAP 40MG	55
FETZIMA CAP 80MG	55
FETZIMA CAP TITRATIO.....	56
FIASP FLEX INJ TOUCH.....	73
FIASP INJ 100/ML.....	73
FINACEA AER 15%.....	125
<i>finasteride tab 5 mg</i>	94
FIRAZYR INJ 30MG/3ML	98
FLAREX SUS 0.1% OP	111
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<i>fluconazole for susp 40 mg/ml</i>	11
<i>fluconazole in dextrose inj 200 mg/100ml</i>	11
<i>fluconazole in dextrose inj 400 mg/200ml</i>	11
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	11
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	11
<i>fluconazole tab 100 mg</i>	11
<i>fluconazole tab 150 mg</i>	11
<i>fluconazole tab 200 mg</i>	11
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<i>fluorouracil cream 0.5%</i>	120
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<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	23
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	23
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	23
<i>fluorouracil soln 2%</i>	120
<i>fluorouracil soln 5%</i>	120
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<i>fluoxetine hcl cap 20 mg</i>	56
<i>fluoxetine hcl cap 40 mg</i>	56
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<i>fluoxetine hcl solution 20 mg/5ml</i>	56
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<i>frovatriptan succinate tab 2.5 mg (base</i> <i>equivalent)</i>	66
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<i>furosemide oral soln 10 mg/ml</i>	44
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<i>gabapentin cap 300 mg</i>	50
<i>gabapentin cap 400 mg</i>	50
<i>gabapentin oral soln 250 mg/5ml</i>	50
<i>gabapentin tab 600 mg</i>	50
<i>gabapentin tab 800 mg</i>	50
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<i>glipizide-metformin hcl tab 2.5-500 mg</i>	72
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<i>granisetron hcl tab 1 mg</i>	90
<i>griseofulvin microsize susp 125 mg/5ml</i>	11
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<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	64
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<i>INVIRASE CAP 200MG</i>	12
<i>INVIRASE TAB 500MG</i>	12
<i>IOPIDINE SOL 1% OP</i>	112
<i>IPOL INJ INACTIVE</i>	104
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	113
<i>ipratropium bromide inhal soln 0.02%</i>	113
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	113
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	113
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	34
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	34
<i>irbesartan tab 150 mg</i>	35
<i>irbesartan tab 300 mg</i>	35
<i>irbesartan tab 75 mg</i>	35
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	31
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	30
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	31
<i>ISENTRESS CHW 100MG</i>	12
<i>ISENTRESS CHW 25MG</i>	12
<i>ISENTRESS HD TAB 600MG</i>	12
<i>ISENTRESS POW 100MG</i>	13
<i>ISENTRESS TAB 400MG</i>	13
<i>isoniazid inj 100 mg/ml</i>	14

<i>isoniazid syrup 50 mg/5ml</i>	14
<i>isoniazid tab 100 mg</i>	14
<i>isoniazid tab 300 mg</i>	14
ISORDIL TAB 40MG	46
<i>isosorbide dinitrate tab 10 mg</i>	46
<i>isosorbide dinitrate tab 20 mg</i>	46
<i>isosorbide dinitrate tab 30 mg</i>	46
<i>isosorbide dinitrate tab 5 mg</i>	46
<i>isosorbide dinitrate tab er 40 mg</i>	46
<i>isosorbide mononitrate tab 10 mg</i>	46
<i>isosorbide mononitrate tab 20 mg</i>	46
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	46
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	46
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	46
<i>isotretinoin cap 10 mg</i>	120
<i>isradipine cap 2.5 mg</i>	42
<i>isradipine cap 5 mg</i>	42
<i>itraconazole cap 100 mg</i>	11
<i>itraconazole oral soln 10 mg/ml</i>	11
<i>ivermectin tab 3 mg</i>	10
IV PREP WIPE PAD	121
J	
<i>JAKAFI TAB 10MG</i>	27
<i>JAKAFI TAB 15MG</i>	27
<i>JAKAFI TAB 20MG</i>	28
<i>JAKAFI TAB 25MG</i>	28
<i>JAKAFI TAB 5MG</i>	27
<i>jantoven tab 10mg</i>	97
<i>jantoven tab 1mg</i>	97
<i>jantoven tab 2.5mg</i>	97
<i>jantoven tab 2mg</i>	97
<i>jantoven tab 3mg</i>	97
<i>jantoven tab 4mg</i>	97
<i>jantoven tab 5mg</i>	97
<i>jantoven tab 6mg</i>	97
<i>jantoven tab 7.5mg</i>	97
<i>JANUMET TAB 50-1000</i>	73
<i>JANUMET TAB 50-500MG</i>	73
<i>JANUMET XR TAB 100-1000</i>	73
<i>JANUMET XR TAB 50-1000</i>	73
<i>JANUMET XR TAB 50-500MG</i>	73
<i>JANUVIA TAB 100MG</i>	73
<i>JANUVIA TAB 25MG</i>	73
<i>JANUVIA TAB 50MG</i>	73
<i>JARDIANCE TAB 10MG</i>	75
<i>JARDIANCE TAB 25MG</i>	75
<i>JENTADUETO TAB XR</i>	73
<i>jinteli tab 1mg-5mcg</i>	83
<i>jolessa tab</i>	78
<i>jolivette tab 0.35mg</i>	78
<i>JUBLIA SOL 10%</i>	121
<i>junel 1/20 tab</i>	78
<i>junel 1.5/30 tab</i>	78
<i>junel fe tab 1/20</i>	78
<i>junel fe tab 1.5/30</i>	78
K	
<i>KADCYLA INJ 100MG</i>	25
<i>KADCYLA INJ 160MG</i>	25
<i>KALETRA TAB 100-25MG</i>	14
<i>KALETRA TAB 200-50MG</i>	14
<i>KALYDECO PAK 25MG</i>	117
<i>KALYDECO PAK 50MG</i>	117
<i>KALYDECO PAK 75MG</i>	117
<i>KALYDECO TAB 150MG</i>	117
<i>kariva tab 28 day</i>	78
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	108
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	108
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	108
<i>k-effervesce tab 25meq ef</i>	106
<i>kelnor tab 1/35</i>	78
<i>ketoconazole cream 2%</i>	121
<i>ketoconazole foam 2%</i>	121
<i>ketoconazole shampoo 2%</i>	122
<i>KETONE URINE TEST STRIPS</i>	106
<i>ketoprofen cap er 24hr 200 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>	111
<i>ketorolac tromethamine ophth soln 0.5%</i>	111
<i>ketorolac tromethamine tab 10 mg</i>	2
<i>KEVZARA INJ 150/1.14</i>	100
<i>KEVZARA INJ 200/1.14</i>	100
<i>KEYTRUDA INJ 100MG/4M</i>	25
<i>KINRIX INJ</i>	104
<i>kionex sus 15gm/60</i>	77
<i>KISQALI TAB 200DOSE</i>	25
<i>KISQALI TAB 400DOSE</i>	25

KISQALI TAB 600DOSE	25
klor-con 10 tab 10meq er	106
klor-con 8 tab 8meq er	106
KLOR-CON M15 TAB 15MEQ ER	106
klor-con m20 tab 20meq er	106
kurvelo tab 0.15/30	78
KUVAN POW 100MG.....	80
KUVAN POW 500MG.....	80
KUVAN TAB 100MG.....	80
KYLEENA IUD 19.5MG	78
L	
labetalol hcl iv soln 5 mg/ml	40
labetalol hcl tab 100 mg	40
labetalol hcl tab 200 mg	40
labetalol hcl tab 300 mg	40
LACRISERT MIS 5MG OP	112
lactic acid (ammonium lactate) cream 12%	125
lactic acid (ammonium lactate) lotion 10%	125
lactic acid (ammonium lactate) lotion 12%	125
lactulose solution 10 gm/15ml.....	92
lamivudine oral soln 10 mg/ml	13
lamivudine tab 100 mg (hbv)	15
lamivudine tab 150 mg.....	13
lamivudine tab 300 mg.....	13
lamivudine-zidovudine tab 150-300 mg	14
lamotrigine orally disintegrating tab 100 mg	50
lamotrigine orally disintegrating tab 200 mg	50
lamotrigine orally disintegrating tab 25 mg	50
lamotrigine orally disintegrating tab 50 mg	50
lamotrigine tab 100 mg	50
lamotrigine tab 150 mg	50
lamotrigine tab 200 mg	50
lamotrigine tab 25 mg	50
lamotrigine tab 25 mg (35) starter kit .50	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	50
lamotrigine tab 25 mg (84) & 100 mg (14) starter kit	50
lamotrigine tab chewable dispersible 25 mg	50

lamotrigine tab chewable dispersible 5 mg	50
lamotrigine tab er 24hr 100 mg	50
lamotrigine tab er 24hr 200 mg	50
lamotrigine tab er 24hr 250 mg	50
lamotrigine tab er 24hr 25 mg	50
lamotrigine tab er 24hr 300 mg	50
lamotrigine tab er 24hr 50 mg	50
LANCETS	106
LANCING DEVICE.....	106
LANOXIN PED INJ 0.1MG/ML.....	43
LANOXIN TAB 0.0625MG	44
LANOXIN TAB 0.1875MG	44
lansoprazole cap delayed release 15 mg	94
lansoprazole cap delayed release 30 mg	94
lanthanum carbonate chew tab 1000 mg (elemental).....	87
lanthanum carbonate chew tab 500 mg (elemental).....	87
lanthanum carbonate chew tab 750 mg (elemental).....	87
larin tab 1.5/30	78
LASTACRAFT SOL 0.25%	111
latanoprost ophth soln 0.005%	112
LATUDA TAB 120MG	61
LATUDA TAB 20MG	61
LATUDA TAB 40MG	61
LATUDA TAB 60MG	61
LATUDA TAB 80MG	61
leena tab	78
leflunomide tab 10 mg.....	101
leflunomide tab 20 mg.....	101
LENVIMA CAP 10 MG.....	28
LENVIMA CAP 12MG.....	28
LENVIMA CAP 14 MG.....	28
LENVIMA CAP 18 MG.....	28
LENVIMA CAP 20 MG.....	28
LENVIMA CAP 24 MG.....	28
LENVIMA CAP 4MG	28
LENVIMA CAP 8 MG.....	28
lessina tab	78
LETAIRIS TAB 10MG	47
LETAIRIS TAB 5MG	47
letrozole tab 2.5 mg.....	25
leucovorin calcium for inj 100 mg	30
leucovorin calcium for inj 200 mg	30

<i>leucovorin calcium for inj 350 mg</i>	30
<i>leucovorin calcium for inj 500 mg</i>	30
<i>leucovorin calcium for inj 50 mg</i>	30
<i>leucovorin calcium tab 10 mg</i>	30
<i>leucovorin calcium tab 15 mg</i>	30
<i>leucovorin calcium tab 25 mg</i>	30
<i>leucovorin calcium tab 5 mg</i>	30
LEUKERAN TAB 2MG	22
<i>leuprolide acetate inj kit 5 mg/ml</i>	25
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	115
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	115
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	115
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	115
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	115
LEVEMIR INJ	74
LEVEMIR INJ FLEXTOUC	74
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	50
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	50
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	50
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	50
<i>levetiracetam oral soln 100 mg/ml</i>	50
<i>levetiracetam tab 1000 mg</i>	51
<i>levetiracetam tab 250 mg</i>	50
<i>levetiracetam tab 500 mg</i>	50
<i>levetiracetam tab 750 mg</i>	51
<i>levetiracetam tab er 24hr 500 mg</i>	51
<i>levetiracetam tab er 24hr 750 mg</i>	51
<i>levobunolol hcl ophth soln 0.5%</i>	112
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	115
<i>levocetirizine dihydrochloride tab 5 mg</i>	115
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	18
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	18
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	18
<i>levofloxacin iv soln 25 mg/ml</i>	18
<i>levofloxacin ophth soln 0.5%</i>	110
<i>levofloxacin oral soln 25 mg/ml</i>	18
<i>levofloxacin tab 250 mg</i>	18
<i>levofloxacin tab 500 mg</i>	18
<i>levofloxacin tab 750 mg</i>	18
<i>levonest tab</i>	78
<i>levonorgestrel & ethynodiol (91-day) tab 0.15-0.03 mg</i>	78
<i>levonorgestrel & ethynodiol tab 0.15 mg-30 mcg</i>	78
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	78
<i>levora-28 tab 0.15/30</i>	78
<i>levothyroxine sodium tab 100 mcg</i>	88
<i>levothyroxine sodium tab 112 mcg</i>	88
<i>levothyroxine sodium tab 125 mcg</i>	88
<i>levothyroxine sodium tab 137 mcg</i>	88
<i>levothyroxine sodium tab 150 mcg</i>	88
<i>levothyroxine sodium tab 175 mcg</i>	88
<i>levothyroxine sodium tab 200 mcg</i>	88
<i>levothyroxine sodium tab 25 mcg</i>	87
<i>levothyroxine sodium tab 300 mcg</i>	88
<i>levothyroxine sodium tab 50 mcg</i>	87
<i>levothyroxine sodium tab 75 mcg</i>	87
<i>levothyroxine sodium tab 88 mcg</i>	88
<i>levoxyl tab 100mcg</i>	88
<i>levoxyl tab 112mcg</i>	88
<i>levoxyl tab 125mcg</i>	88
<i>levoxyl tab 137mcg</i>	88
<i>levoxyl tab 150mcg</i>	88
<i>levoxyl tab 175mcg</i>	88
<i>levoxyl tab 200mcg</i>	88
<i>levoxyl tab 25mcg</i>	88
<i>levoxyl tab 50mcg</i>	88
<i>levoxyl tab 75mcg</i>	88
<i>levoxyl tab 88mcg</i>	88
LEXIVA SUS 50MG/ML.....	13
LIDO/DEXTROS INJ 5-7.5%	8
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	36
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	36
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	36
<i>lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)</i>	36
<i>lidocaine hcl laryngotracheal soln 4%</i> 126	
<i>lidocaine hcl local inj 0.5%</i>	8

<i>lidocaine hcl local inj 1%</i>	8
<i>lidocaine hcl local inj 2%</i>	8
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	8
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	8
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	8
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	8
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	8
<i>lidocaine hcl soln 4%</i>	124
<i>lidocaine hcl urethral/mucosal gel 2%</i>	124
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	125
<i>lidocaine hcl viscous soln 2%</i>	126
<i>lidocaine inj 20mg/ml</i>	36
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	36
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	36
<i>lidocaine oint 5%</i>	125
<i>lidocaine patch 5%</i>	125
<i>lidocaine-prilocaine cream 2.5-2.5%</i> ..	125
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	125
LILETTA IUD 52MG	78
<i>lindane shampoo 1%</i>	125
<i>linezolid for susp 100 mg/5ml</i>	10
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	10
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	10
<i>linezolid tab 600 mg</i>	10
LINZESS CAP 145MCG	92
LINZESS CAP 290MCG	92
LINZESS CAP 72MCG	92
<i>liothyronine sodium iv soln 10 mcg/ml.</i>	88
<i>liothyronine sodium tab 25 mcg</i>	88
<i>liothyronine sodium tab 50 mcg</i>	88
<i>liothyronine sodium tab 5 mcg</i>	88
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	32
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	32
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	32
<i>lisinopril tab 10 mg</i>	32
<i>lisinopril tab 2.5 mg</i>	32
<i>lisinopril tab 20 mg</i>	32
<i>lisinopril tab 30 mg</i>	32
<i>lisinopril tab 40 mg</i>	33
<i>lisinopril tab 5 mg</i>	32
<i>lithium carbonate cap 150 mg</i>	68
<i>lithium carbonate cap 300 mg</i>	68
<i>lithium carbonate cap 600 mg</i>	68
<i>lithium carbonate tab 300 mg</i>	68
<i>lithium carbonate tab er 300 mg</i>	68
<i>lithium carbonate tab er 450 mg</i>	68
LITHIUM SOL 8MEQ/5ML	68
LIVALO TAB 1MG	38
LIVALO TAB 2MG	38
LIVALO TAB 4MG	38
<i>lokara lot 0.05%</i>	124
LO LOESTRIN TAB 1-10-10	78
<i>loperamide hcl cap 2 mg</i>	93
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	14
<i>lorazepam conc 2 mg/ml</i>	48
<i>lorazepam tab 0.5 mg</i>	48
<i>lorazepam tab 1 mg</i>	48
<i>lorazepam tab 2 mg</i>	48
LORBRENA TAB 100MG	28
LORBRENA TAB 25MG	28
<i>lortab tab 10-325mg</i>	4
<i>loryna tab 3-0.02mg</i>	78
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	34
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	34
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	34
<i>losartan potassium tab 100 mg</i>	35
<i>losartan potassium tab 25 mg</i>	35
<i>losartan potassium tab 50 mg</i>	35
LOTEMAX GEL 0.5%	111
LOTEMAX OIN 0.5%	111
LOTEMAX SUS 0.5%	111
<i>loteprednol etabonate ophth susp 0.5%</i>	111
<i>lovastatin tab 10 mg</i>	38
<i>lovastatin tab 20 mg</i>	38
<i>lovastatin tab 40 mg</i>	38
<i>low-ogestrel tab</i>	78
<i>loxapine succinate cap 10 mg</i>	61

<i>loxapine succinate cap 25 mg</i>	61
<i>loxapine succinate cap 50 mg</i>	61
<i>loxapine succinate cap 5 mg</i>	61
<i>ludent chw 0.25mg f</i>	107
<i>ludent chw 0.5mg f</i>	107
<i>ludent chw 1mg f</i>	107
LUMIGAN SOL 0.01%	112
LUPANETA KIT 11.25-5	87
LUPANETA KIT 3.75-5	87
LUPR DEP-PED INJ 11.25MG	26
LUPR DEP-PED INJ 15MG	26
LUPR DEP-PED INJ 3M 30MG	25
LUPR DEP-PED INJ 7.5MG	26
LURIDE DRO 0.5MG/ML	107
<i>lutera tab</i>	78
LYNPARZA CAP 50MG	25
LYNPARZA TAB 100MG	25
LYNPARZA TAB 150MG	25
LYRICA CAP 100MG	51
LYRICA CAP 150MG	51
LYRICA CAP 200MG	51
LYRICA CAP 225MG	51
LYRICA CAP 25MG	51
LYRICA CAP 300MG	51
LYRICA CAP 50MG	51
LYRICA CAP 75MG	51
LYRICA SOL 20MG/ML	51
LYSODREN TAB 500MG	26
M	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	107
<i>magnesium sulfate inj 50%</i>	107
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	107
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	107
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	107
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	107
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	107
<i>malathion lotion 0.5%</i>	125
<i>maprotiline hcl tab 25 mg</i>	56
<i>maprotiline hcl tab 50 mg</i>	56
<i>maprotiline hcl tab 75 mg</i>	56
<i>marlissa tab 0.15/30</i>	78
MARPLAN TAB 10MG	56
MATULANE CAP 50MG	29
<i>matzim la tab 180mg/24</i>	42
<i>matzim la tab 240mg/24</i>	42
<i>matzim la tab 300mg/24</i>	42
<i>matzim la tab 360mg/24</i>	42
<i>matzim la tab 420mg/24</i>	42
MAXIDEX SUS 0.1% OP	111
<i>meclizine hcl tab 12.5 mg</i>	90
<i>meclizine hcl tab 25 mg</i>	90
<i>meclofenamate sodium cap 100 mg</i>	2
<i>meclofenamate sodium cap 50 mg</i>	2
MEDROL TAB 2MG	85
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	78
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	78
<i>medroxyprogesterone acetate tab 10 mg</i>	87
<i>medroxyprogesterone acetate tab 2.5 mg</i>	87
<i>medroxyprogesterone acetate tab 5 mg</i>	87
<i>mefenamic acid cap 250 mg</i>	2
<i>mefloquine hcl tab 250 mg</i>	12
<i>megestrol acetate susp 40 mg/ml</i>	26
<i>megestrol acetate susp 625 mg/5ml</i>	26
<i>megestrol acetate tab 20 mg</i>	26
<i>megestrol acetate tab 40 mg</i>	26
MEKINIST TAB 0.5MG	28
MEKINIST TAB 2MG	28
<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>	22
<i>melphalan tab 2 mg</i>	22
<i>memantine hcl cap er 24hr 14 mg</i>	53
<i>memantine hcl cap er 24hr 21 mg</i>	53
<i>memantine hcl cap er 24hr 28 mg</i>	53
<i>memantine hcl cap er 24hr 7 mg</i>	53
<i>memantine hcl oral solution 2 mg/ml</i>	53
<i>memantine hcl tab 10 mg</i>	53
<i>memantine hcl tab 5 mg</i>	53
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	53
MENACTRA INJ	104
MENEST TAB 0.3MG	83
MENEST TAB 0.625MG	83
MENEST TAB 1.25MG	83

MENEST TAB 2.5MG	83
MENHIBRIX INJ	104
MENOMUNE INJ A/C/Y/W	104
MENTAX CRE 1%	121
MENVEO INJ.....	104
<i>meprobamate tab 200 mg</i>	48
<i>meprobamate tab 400 mg</i>	48
<i>mercaptopurine tab 50 mg.....</i>	23
<i>meropenem iv for soln 1 gm</i>	10
<i>meropenem iv for soln 500 mg</i>	10
<i>mesalamine enema 4 gm.....</i>	92
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	92
<i>mesalamine suppos 1000 mg</i>	92
<i>mesna inj 100 mg/ml</i>	30
MESNEX TAB 400MG	30
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	115
<i>metaproterenol sulfate tab 10 mg</i>	115
<i>metaproterenol sulfate tab 20 mg</i>	115
<i>metaxalone tab 400 mg.....</i>	70
<i>metaxalone tab 800 mg.....</i>	70
<i>metformin hcl tab 1000 mg.....</i>	72
<i>metformin hcl tab 500 mg</i>	72
<i>metformin hcl tab 850 mg</i>	72
<i>metformin hcl tab er 24hr 500 mg</i>	72
<i>metformin hcl tab er 24hr 750 mg</i>	72
<i>methadone con 10mg/ml.....</i>	4
<i>methadone hcl inj 10 mg/ml</i>	5
<i>methadone hcl soln 10 mg/5ml</i>	5
<i>methadone hcl soln 5 mg/5ml</i>	5
<i>methadone hcl tab 10 mg</i>	5
<i>methadone hcl tab 5 mg</i>	5
<i>methadone hcl tab for oral susp 40 mg</i>	.5
<i>methadose tab 40mg</i>	5
<i>methamphetamine hcl tab 5 mg</i>	64
<i>methazolamide tab 25 mg</i>	44
<i>methazolamide tab 50 mg</i>	44
<i>methenamine hippurate tab 1 gm</i>	10
<i>methimazole tab 10 mg.....</i>	88
<i>methimazole tab 5 mg</i>	88
<i>methocarbamol tab 500 mg</i>	70
<i>methocarbamol tab 750 mg</i>	70
<i>methotrexate sodium for inj 1 gm</i>	23
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<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	24

<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	24
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	24
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	24
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	101
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<i>methyclothiazide tab 5 mg</i>	44
<i>methyldopa tab 250 mg</i>	45
<i>methyldopa tab 500 mg</i>	45
<i>methyldopate hcl inj 250 mg/5ml</i>	45
<i>methylphenidate hcl cap er 10 mg (cd)64</i>	
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<i>methylphenidate hcl cap er 24hr 40 mg (la).....</i>	64
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<i>methylphenidate hcl soln 5 mg/5ml....65</i>	
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<i>methylphenidate hcl tab 20 mg</i>	65
<i>methylphenidate hcl tab 5 mg</i>	65
<i>methylphenidate hcl tab er 10 mg.....</i>	65
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<i>methylphenidate hcl tab er 24hr 18 mg</i>	65
<i>methylphenidate hcl tab er 24hr 27 mg</i>	65
<i>methylphenidate hcl tab er 24hr 36 mg</i>	65
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methylprednisolone tab 32 mg	85
methylprednisolone tab 4 mg	85
methylprednisolone tab 8 mg	85
methylprednisolone tab therapy pack 4 mg (21)	85
methyltestosterone cap 10 mg	72
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metoclopramide hcl inj 5 mg/ml (base equivalent)	90
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	90
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	90
metoclopramide hcl tab 10 mg (base equivalent)	90
metoclopramide hcl tab 5 mg (base equivalent)	90
metolazone tab 10 mg	45
metolazone tab 2.5 mg	44
metolazone tab 5 mg	45
metoprolol & hydrochlorothiazide tab 100-25 mg	39
metoprolol & hydrochlorothiazide tab 100-50 mg	39
metoprolol & hydrochlorothiazide tab 50-25 mg	39
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	40
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	40
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	40
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	40
metoprolol tartrate iv soln 5 mg/5ml	40
metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml).....	40
metoprolol tartrate tab 100 mg	40
metoprolol tartrate tab 25 mg	40
metoprolol tartrate tab 50 mg	40
metronidazole cap 375 mg	10
metronidazole cream 0.75%.....	125
metronidazole gel 0.75%	125
metronidazole gel 1%.....	125
metronidazole in nacl 0.79% iv soln 500 mg/100ml	10
metronidazole lotion 0.75%	125
metronidazole tab 250 mg	10
metronidazole tab 500 mg	10
metronidazole vaginal gel 0.75%	96
mexiletine hcl cap 150 mg	36
mexiletine hcl cap 200 mg	36
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midodrine hcl tab 2.5 mg	45
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miglitol tab 25 mg	72
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minitran dis 0.4mg/hr	46
minitran dis 0.6mg/hr	46
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minocycline hcl cap 50 mg	21
minocycline hcl cap 75 mg	21
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<i>mirtazapine tab 15 mg</i>	56
<i>mirtazapine tab 30 mg</i>	56
<i>mirtazapine tab 45 mg</i>	56
<i>mirtazapine tab 7.5 mg</i>	56
MIRVASO GEL 0.33%	125
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<i>misoprostol tab 100 mcg</i>	93
<i>misoprostol tab 200 mcg</i>	93
<i>mitomycin for iv soln 20 mg</i>	23
<i>mitomycin for iv soln 40 mg</i>	23
<i>mitomycin for iv soln 5 mg</i>	23
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	29
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	29
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	29
<i>M-M-R II INJ</i>	104
<i>modafinil tab 100 mg</i>	71
<i>modafinil tab 200 mg</i>	71
<i>moexipril hcl tab 15 mg</i>	33
<i>moexipril hcl tab 7.5 mg</i>	33
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	32
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	32
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	32
<i>mometasone furoate cream 0.1%</i>	124
<i>mometasone furoate oint 0.1%</i>	124
<i>mometasone furoate solution 0.1% (lotion)</i>	124
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<i>morphine sulfate beads cap er 24hr 120 mg</i>	5
<i>morphine sulfate beads cap er 24hr 30 mg</i>	5
<i>morphine sulfate beads cap er 24hr 45 mg</i>	5
<i>morphine sulfate beads cap er 24hr 60 mg</i>	5
<i>morphine sulfate beads cap er 24hr 75 mg</i>	5
<i>morphine sulfate beads cap er 24hr 90 mg</i>	5
<i>morphine sulfate cap er 24hr 100 mg</i>	5
<i>morphine sulfate cap er 24hr 10 mg</i>	5
<i>morphine sulfate cap er 24hr 20 mg</i>	5
<i>morphine sulfate cap er 24hr 30 mg</i>	5
<i>morphine sulfate cap er 24hr 50 mg</i>	5
<i>morphine sulfate cap er 24hr 60 mg</i>	5
<i>morphine sulfate cap er 24hr 80 mg</i>	5
<i>morphine sulfate inj 10 mg/ml</i>	5
<i>morphine sulfate inj 8 mg/ml</i>	5
<i>morphine sulfate inj pf 0.5 mg/ml</i>	5
<i>morphine sulfate inj pf 1 mg/ml</i>	5
<i>morphine sulfate iv soln 1 mg/ml</i>	5
<i>morphine sulfate iv soln pf 10 mg/ml</i>	5
<i>morphine sulfate iv soln pf 15 mg/ml</i>	5
<i>morphine sulfate iv soln pf 4 mg/ml</i>	5
<i>morphine sulfate iv soln pf 8 mg/ml</i>	5
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	5
<i>morphine sulfate oral soln 10 mg/5ml</i>	5
<i>morphine sulfate oral soln 20 mg/5ml</i>	5
<i>morphine sulfate suppos 10 mg</i>	5
<i>morphine sulfate suppos 20 mg</i>	5
<i>MORPHINE SULFATE SUPPOS 30 MG</i>	5
<i>morphine sulfate suppos 5 mg</i>	5
<i>morphine sulfate tab 15 mg</i>	5
<i>morphine sulfate tab 30 mg</i>	5
<i>morphine sulfate tab er 100 mg</i>	6
<i>morphine sulfate tab er 15 mg</i>	5

<i>morphine sulfate tab er 200 mg</i>	6
<i>morphine sulfate tab er 30 mg</i>	5
<i>morphine sulfate tab er 60 mg</i>	6
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<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	110
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	19
MULTAQ TAB 400MG	36
<i>multi-vit/fe dro /fl 0.25</i>	109
<i>multivit/fl chw 0.25mg</i>	109
<i>multivit/fl chw 0.5mg</i>	109
<i>multivit/fl chw 1mg</i>	109
<i>multi-vit/fl dro /fe 0.25</i>	109
<i>multi-vit/fl dro 0.25mg</i>	109
<i>multi-vit/fl dro 0.5mg/ml</i>	109
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<i>myzilra tab</i>	79
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<i>nabumetone tab 500 mg</i>	2
<i>nabumetone tab 750 mg</i>	2
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	39
<i>nadolol tab 20 mg</i>	40
<i>nadolol tab 40 mg</i>	40
<i>nadolol tab 80 mg</i>	40
<i>nafcillin sodium for inj 1 gm</i>	20
<i>nafcillin sodium for inj 2 gm</i>	20
<i>nafcillin sodium for iv soln 10 gm</i>20	
<i>nafcillin sodium for iv soln 2 gm</i>	20
<i>nafrinse chw 1mg f</i>	107
<i>nafrinse dro 0.125mg</i>	107
<i>naftifine hcl cream 1%</i>	121
<i>naftifine hcl cream 2%</i>	121
<i>nalbuphine hcl inj 10 mg/ml</i>	6
<i>nalbuphine hcl inj 20 mg/ml</i>	6
<i>naloxone hcl inj 0.4 mg/ml</i>	71
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<i>naproxen dr tab 500mg</i>2	
<i>naproxen tab 250 mg</i>	2
<i>naproxen tab 375 mg</i>	2
<i>naproxen tab 500 mg</i>	2
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<i>nefazodone hcl tab 250 mg</i>	56
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<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	110
<i>neomycin-polymyxin-hc ophth susp...</i>	110
<i>neomycin-polymyxin-hc otic soln 1%.</i>	126
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	126
<i>neomycin sulfate tab 500 mg</i>	8
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<i>nevirapine tab 200 mg</i>	13
<i>nevirapine tab er 24hr 100 mg</i>	13
<i>nevirapine tab er 24hr 400 mg</i>	13
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<i>niacin tab er 500 mg (antihyperlipidemic)</i>	39
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	39
<i>nicardipine hcl cap 20 mg</i>	42
<i>nicardipine hcl cap 30 mg</i>	43
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	43
<i>nicorelief gum 4mg mint</i>	71
<i>nicotine dis 7mg/24hr</i>	71
<i>nicotine polacrilex gum 2 mg</i>	71
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<i>nifedipine tab er 24hr 90 mg</i>	43
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	43
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	43
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	43
<i>nikki tab 3-0.02mg</i>	79
<i>nilutamide tab 150 mg</i>	26
<i>nimodipine cap 30 mg</i>	43
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<i>nisoldipine tab er 24hr 17 mg</i>	43
<i>nisoldipine tab er 24hr 20 mg</i>	43
<i>nisoldipine tab er 24hr 25.5 mg</i>	43
<i>nisoldipine tab er 24hr 30 mg</i>	43
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<i>nitrofurantoin macrocrystalline cap 100 mg</i>	10
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	10
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	10
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	10
<i>nitrofurantoin susp 25 mg/5ml</i>	10
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	46
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	46
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	46
NITROGLYCER INJ 5MG/ML	46
<i>nitroglycerin sl tab 0.3 mg</i>	46
<i>nitroglycerin sl tab 0.4 mg</i>	46
<i>nitroglycerin sl tab 0.6 mg</i>	46
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	46
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	46
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	46
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	46
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	46
<i>nizatidine cap 150 mg</i>	91
<i>nizatidine cap 300 mg</i>	91
<i>nizatidine oral soln 15 mg/ml</i>	91
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<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	79

<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	79
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	79
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	83
<i>norethindrone acetate tab 5 mg</i>	87
<i>norethindrone tab 0.35 mg</i>	79
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	79
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	79
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	79
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<i>nortrel tab 7/7/7</i>	79
<i>nortriptyline hcl cap 10 mg</i>	57
<i>nortriptyline hcl cap 25 mg</i>	57
<i>nortriptyline hcl cap 50 mg</i>	57
<i>nortriptyline hcl cap 75 mg</i>	57
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<i>NOVOLOG MIX INJ 70/30</i>	74
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<i>NOXAFIL SUS 40MG/ML</i>	11
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<i>NUCYNTA ER TAB 100MG</i>	6
<i>NUCYNTA ER TAB 150MG</i>	6
<i>NUCYNTA ER TAB 200MG</i>	6
<i>NUCYNTA ER TAB 250MG</i>	6
<i>NUCYNTA ER TAB 50MG</i>	6
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<i>nulev tab 0.125mg</i>	89
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<i>nystatin cream 100000 unit/gm</i>	121
<i>nystatin oint 100000 unit/gm</i>	121
<i>nystatin susp 100000 unit/ml</i>	126
<i>nystatin tab 500000 unit</i>	11
<i>nystatin topical powder 100000 unit/gm</i>	121
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	121
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	121
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<i>ocella tab 3-0.03mg</i>	79
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<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	86
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	86
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	86
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	86
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<i>ODOMZO CAP 200MG</i>	30
<i>ofloxacin ophth soln 0.3%</i>	110
<i>ofloxacin otic soln 0.3%</i>	126
<i>ofloxacin tab 300 mg</i>	19
<i>ofloxacin tab 400 mg</i>	19
<i>ogestrel tab</i>	79
<i>olanzapine for im inj 10 mg</i>	61
<i>olanzapine orally disintegrating tab 10 mg</i>	61
<i>olanzapine orally disintegrating tab 15 mg</i>	61
<i>olanzapine orally disintegrating tab 20 mg</i>	61
<i>olanzapine orally disintegrating tab 5 mg</i>	61
<i>olanzapine tab 10 mg</i>	61
<i>olanzapine tab 15 mg</i>	61
<i>olanzapine tab 2.5 mg</i>	61

<i>olanzapine tab 20 mg</i>	61
<i>olanzapine tab 5 mg</i>	61
<i>olanzapine tab 7.5 mg</i>	61
<i>olmesartanamlodipinehydrochlorothiazide tab 20-5-12.5 mg</i>	34
<i>olmesartanamlodipinehydrochlorothiazide tab 40-10-12.5 mg</i>	34
<i>olmesartanamlodipinehydrochlorothiazide tab 40-10-25 mg</i>	34
<i>olmesartanamlodipinehydrochlorothiazide tab 40-5-12.5 mg</i>	34
<i>olmesartanamlodipinehydrochlorothiazide tab 40-5-25 mg</i>	34
<i>olmesartan</i>	
<i>medoxomilhydrochlorothiazide tab 20-12.5 mg</i>	34
<i>olmesartan</i>	
<i>medoxomilhydrochlorothiazide tab 40-12.5 mg</i>	34
<i>olmesartan</i>	
<i>medoxomilhydrochlorothiazide tab 40-25 mg</i>	34
<i>olmesartan medoxomil tab 20 mg</i>	35
<i>olmesartan medoxomil tab 40 mg</i>	35
<i>olmesartan medoxomil tab 5 mg</i>	35
<i>olopatadine hcl nasal soln 0.6%</i>	115
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	111
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	111
<i>omega-3-acid ethyl esters cap 1 gm</i>	39
<i>omeprazole cap delayed release 10 mg</i>	94
<i>omeprazole cap delayed release 20 mg</i>	94
<i>omeprazole cap delayed release 40 mg</i>	94
<i>OMNARIS SPR</i>	117
<i>OMNIFLEX DPR</i>	105
<i>ONCASPAR INJ 750/ML</i>	30
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	90
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	90
<i>ondansetron hcl oral soln 4 mg/5ml</i>	90
<i>ondansetron hcl tab 24 mg</i>	90
<i>ondansetron hcl tab 4 mg</i>	90
<i>ondansetron hcl tab 8 mg</i>	90
<i>ondansetron orally disintegrating tab 4 mg</i>	90
<i>ondansetron orally disintegrating tab 8 mg</i>	90
<i>mg</i>	90
<i>OPSUMIT TAB 10MG</i>	47
<i>ORAL GLUCOSE REPLACEMENT</i>	86
<i>oralone dent pst 0.1%</i>	126
<i>ORAVIG TAB 50MG</i>	126
<i>ORENITRAM TAB 0.125MG</i>	47
<i>ORENITRAM TAB 0.25MG</i>	47
<i>ORENITRAM TAB 1MG</i>	47
<i>ORENITRAM TAB 2.5MG</i>	47
<i>ORENITRAM TAB 5MG</i>	47
<i>ORFADIN CAP 10MG</i>	80
<i>ORFADIN CAP 20MG</i>	80
<i>ORFADIN CAP 2MG</i>	80
<i>ORFADIN CAP 5MG</i>	80
<i>ORFADIN SUS 4MG/ML</i>	80
<i>ORKAMBI GRA 100-125</i>	117
<i>ORKAMBI GRA 150-188</i>	117
<i>ORKAMBI TAB 100-125</i>	117
<i>ORKAMBI TAB 200-125</i>	117
<i>orphenadrine citrate inj 30 mg/ml</i>	70
<i>orphenadrine citrate tab er 12hr 100 mg</i>	70
<i>orsythia tab</i>	79
<i>oscimin sr tab 0.375mg</i>	89
<i>oscimin sub 0.125mg</i>	89
<i>oscimin tab 0.125mg</i>	89
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	15
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	15
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	15
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	15
<i>OSMOPREP TAB 1.5GM</i>	92
<i>OSPHENA TAB 60MG</i>	86
<i>OTEZLA TAB 10/20/30</i>	101
<i>OTEZLA TAB 30MG</i>	101
<i>OVIDREL INJ</i>	84
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	20
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	20
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	20
<i>oxaliplatin for iv inj 100 mg</i>	30
<i>oxaliplatin for iv inj 50 mg</i>	30
<i>oxaliplatin iv soln 100 mg/20ml</i>	30

<i>oxaliplatin iv soln 50 mg/10ml</i>	30
<i>oxandrolone tab 10 mg</i>	72
<i>oxandrolone tab 2.5 mg</i>	72
<i>oxaprozin tab 600 mg</i>	2
<i>oxazepam cap 10 mg</i>	48
<i>oxazepam cap 15 mg</i>	48
<i>oxazepam cap 30 mg</i>	48
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	51
<i>oxcarbazepine tab 150 mg</i>	51
<i>oxcarbazepine tab 300 mg</i>	51
<i>oxcarbazepine tab 600 mg</i>	51
<i>oxiconazole nitrate cream 1%</i>	121
<i>OXISTAT LOT 1%</i>	121
<i>oxybutynin chloride syrup 5 mg/5ml</i> ...	95
<i>oxybutynin chloride tab 5 mg</i>	95
<i>oxybutynin chloride tab er 24hr 10 mg</i> 95	
<i>oxybutynin chloride tab er 24hr 15 mg</i> 95	
<i>oxybutynin chloride tab er 24hr 5 mg</i> ..95	
<i>oxycodone-aspirin tab 4.8355-325 mg</i> ..6	
<i>oxycodone hcl cap 5 mg</i>	6
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	6
<i>oxycodone hcl soln 5 mg/5ml</i>	6
<i>oxycodone hcl tab 10 mg</i>	6
<i>oxycodone hcl tab 15 mg</i>	6
<i>oxycodone hcl tab 20 mg</i>	6
<i>oxycodone hcl tab 30 mg</i>	6
<i>oxycodone hcl tab 5 mg</i>	6
<i>oxycodone hcl tab er 12hr deter 10 mg</i> .6	
<i>oxycodone hcl tab er 12hr deter 15 mg</i> .6	
<i>oxycodone hcl tab er 12hr deter 20 mg</i> .6	
<i>oxycodone hcl tab er 12hr deter 30 mg</i> .6	
<i>oxycodone hcl tab er 12hr deter 40 mg</i> .6	
<i>oxycodone hcl tab er 12hr deter 60 mg</i> .6	
<i>oxycodone hcl tab er 12hr deter 80 mg</i> .6	
<i>oxycodone-ibuprofen tab 5-400 mg</i> ..6	
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	6
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	6
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	6
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	6
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	6
<i>OXYCONTIN TAB 10MG CR</i>	6
<i>OXYCONTIN TAB 15MG CR</i>	6
<i>OXYCONTIN TAB 20MG CR</i>	6
<i>OXYCONTIN TAB 30MG CR</i>	6
<i>OXYCONTIN TAB 40MG CR</i>	6
<i>OXYCONTIN TAB 60MG CR</i>	7
<i>OXYCONTIN TAB 80MG CR</i>	7
<i>oxymorphone hcl tab 10 mg</i>	7
<i>oxymorphone hcl tab 5 mg</i>	7
<i>oxymorphone hcl tab er 12hr 10 mg</i>7	
<i>oxymorphone hcl tab er 12hr 15 mg</i>7	
<i>oxymorphone hcl tab er 12hr 20 mg</i>7	
<i>oxymorphone hcl tab er 12hr 30 mg</i>7	
<i>oxymorphone hcl tab er 12hr 40 mg</i>7	
<i>oxymorphone hcl tab er 12hr 5 mg</i>7	
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>7	
<i>OZEMPIC INJ 2/1.5ML</i>	73
P	
<i>pacerone tab 100mg</i>	36
<i>pacerone tab 200mg</i>	36
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	24
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	24
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	24
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	24
<i>paliperidone tab er 24hr 1.5 mg</i>	61
<i>paliperidone tab er 24hr 3 mg</i>	61
<i>paliperidone tab er 24hr 6 mg</i>	61
<i>paliperidone tab er 24hr 9 mg</i>	61
<i>pamidronate disodium for inj 30 mg</i>76	
<i>pamidronate disodium for inj 90 mg</i>76	
<i>pamidronate disodium iv soln 3 mg/ml</i> 76	
<i>pamidronate disodium iv soln 9 mg/ml</i> 76	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	94
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	94
<i>PARAGARD IUD T380A</i>	79
<i>paricalcitol cap 1 mcg</i>	109
<i>paricalcitol cap 2 mcg</i>	109
<i>paricalcitol cap 4 mcg</i>	109
<i>paricalcitol iv soln 2 mcg/ml</i>	109
<i>paricalcitol iv soln 5 mcg/ml</i>	109
<i>paromomycin sulfate cap 250 mg</i>	8
<i>paroxetine hcl tab 10 mg</i>	57
<i>paroxetine hcl tab 20 mg</i>	57

<i>paroxetine hcl tab 30 mg</i>	57
<i>paroxetine hcl tab 40 mg</i>	57
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	57
<i>paroxetine hcl tab er 24hr 25 mg</i>	57
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	57
PASER GRA 4GM.....	14
PAZEO DRO 0.7%	111
PCE TAB 333MG EC.....	18
PCE TAB 500MG EC.....	18
PEDIARIX INJ 0.5ML.....	104
PEDIATRIC RESPIRATORY MASK	106
PEDVAX HIB INJ	104
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	93
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	93
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	93
PEGANONE TAB 250MG	51
PEGASYS INJ	19
PEGASYS INJ 180MCG/M	19
PEGASYS INJ PROCLICK	19
<i>penicillin g potassium for inj 20000000 unit</i>	20
<i>penicillin g potassium for inj 5000000 unit</i>	20
<i>penicillin g sodium for inj 5000000 unit</i>	21
<i>penicillin v potassium for soln 125 mg/5ml</i>	21
<i>penicillin v potassium for soln 250 mg/5ml</i>	21
<i>penicillin v potassium tab 250 mg</i>	21
<i>penicillin v potassium tab 500 mg</i>	21
PENTACEL INJ	104
<i>pentamidine isethionate for soln 300 mg</i>	10
<i>pentoxifylline tab er 400 mg</i>	98
PERFOROMIST NEB 20MCG	115
<i>perindopril erbumine tab 2 mg</i>	33
<i>perindopril erbumine tab 4 mg</i>	33
<i>perindopril erbumine tab 8 mg</i>	33
<i>periogard sol 0.12%</i>	126
<i>permethrin cream 5%</i>	125
<i>perphenazine tab 16 mg</i>	62
<i>perphenazine tab 2 mg</i>	61
<i>perphenazine tab 4 mg</i>	62
<i>perphenazine tab 8 mg</i>	62
<i>pfizerpen inj 20000000</i>	21
<i>phenadoz sup 25mg</i>	90
<i>phenazopyridine tab 95mg</i>	95
<i>phenelzine sulfate tab 15 mg</i>	57
<i>phenobarbital elixir 20 mg/5ml</i>	51
<i>phenobarbital tab 100 mg</i>	51
<i>phenobarbital tab 15 mg</i>	51
<i>phenobarbital tab 16.2 mg</i>	51
<i>phenobarbital tab 30 mg</i>	51
<i>phenobarbital tab 32.4 mg</i>	51
<i>phenobarbital tab 60 mg</i>	51
<i>phenobarbital tab 64.8 mg</i>	51
<i>phenobarbital tab 97.2 mg</i>	51
<i>phenoxybenzamine hcl cap 10 mg</i>	46
<i>phenylephrine hcl ophth soln 10%</i>	112
<i>phenylephrine hcl ophth soln 2.5%</i>	112
<i>phenytoin chew tab 50 mg</i>	51
<i>phenytoin sodium extended cap 100 mg</i>	51
<i>phenytoin sodium extended cap 200 mg</i>	51
<i>phenytoin sodium extended cap 300 mg</i>	51
<i>phenytoin sodium inj 50 mg/ml</i>	51
<i>phenytoin susp 125 mg/5ml</i>	51
PHOSLYRA SOL	87
PHOSPHOLINE SOL 0.125%OP	112
PHOTOFRIN INJ 75MG	30
<i>physiolyte sol</i>	112
<i>physiosol sol irrigat</i>	113
<i>phytonadione tab 5 mg</i>	109
PICATO GEL 0.015%	120
PICATO GEL 0.05%	120
<i>pilocarpine hcl ophth soln 1%</i>	112
<i>pilocarpine hcl tab 5 mg</i>	126
<i>pilocarpine hcl tab 7.5 mg</i>	126
<i>pimecrolimus cream 1%</i>	125
<i>pimozide tab 1 mg</i>	68
<i>pimozide tab 2 mg</i>	68
<i>pindolol tab 10 mg</i>	40
<i>pindolol tab 5 mg</i>	40
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	74
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	74
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	74
<i>pioglitazone hcl-metformin hcl tab</i>	

15-850 mg	74
pioglitazone hcl tab 15 mg (base equiv)	74
pioglitazone hcl tab 30 mg (base equiv)	74
pioglitazone hcl tab 45 mg (base equiv)	74
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	21
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	21
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	21
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	21
pirmella tab 1/35.....	79
pirmella tab 7/7/7	79
piroxicam cap 10 mg	2
piroxicam cap 20 mg	2
PLEGRIDY INJ	69
PLEGRIDY INJ PEN	69
PLEGRIDY INJ STARTER.....	69
PLEGRIDY PEN INJ STARTER	69
PLENUVU SOL	93
PNEUMOVAX 23 INJ 25/0.5	104
podofilox soln 0.5%	125
polycin oin op.....	110
polyethylene glycol 3350 oral powder..	93
polymyxin b sulfate for inj 500000 unit	10
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	110
POMALYST CAP 1MG	102
POMALYST CAP 2MG	102
POMALYST CAP 3MG	102
POMALYST CAP 4MG	102
portia-28 tab	79
posaconazole tab delayed release 100 mg	11
potassium chloride cap er 10 meq	107
potassium chloride cap er 8 meq.....	107
potassium chloride inj 10 meq/100ml	108
potassium chloride inj 10 meq/50ml..	108
potassium chloride inj 20 meq/100ml	108
potassium chloride inj 20 meq/50ml..	108
potassium chloride inj 2 meq/ml	108
potassium chloride inj 40 meq/100ml	108
potassium chloride microencapsulated crys er tab 10 meq.....	107

potassium chloride microencapsulated crys er tab 20 meq.....	107
potassium chloride oral soln 10% (20 meq/15ml)	107
potassium chloride oral soln 20% (40 meq/15ml)	107
potassium chloride tab er 10 meq	107
potassium chloride tab er 20 meq (1500 mg)	107
potassium chloride tab er 8 meq (600 mg)	107
potassium citrate tab er 10 meq (1080 mg)	95
potassium citrate tab er 15 meq (1620 mg)	95
potassium citrate tab er 5 meq (540 mg)	95
PRADAXA CAP 110MG	97
PRADAXA CAP 150MG	97
PRADAXA CAP 75MG	97
pramipexole dihydrochloride tab 0.125 mg	59
pramipexole dihydrochloride tab 0.25 mg	59
pramipexole dihydrochloride tab 0.5 mg	59
pramipexole dihydrochloride tab 0.75 mg	59
pramipexole dihydrochloride tab 1.5 mg	59
pramipexole dihydrochloride tab 1 mg .59	59
pramipexole dihydrochloride tab er 24hr 0.375 mg	59
pramipexole dihydrochloride tab er 24hr 0.75 mg	59
pramipexole dihydrochloride tab er 24hr 1.5 mg	59
pramipexole dihydrochloride tab er 24hr 2.25 mg	59
pramipexole dihydrochloride tab er 24hr 3.75 mg	59
pramipexole dihydrochloride tab er 24hr 3 mg.....	59
pramipexole dihydrochloride tab er 24hr 4.5 mg	59
pramox gel 1%.....	125
prasugrel hcl tab 10 mg (base equiv) ..	99
prasugrel hcl tab 5 mg (base equiv)....	99

<i>pravastatin sodium tab 10 mg</i>	38
<i>pravastatin sodium tab 20 mg</i>	38
<i>pravastatin sodium tab 40 mg</i>	38
<i>pravastatin sodium tab 80 mg</i>	38
<i>praziquantel tab 600 mg</i>	10
<i>prazosin hcl cap 1 mg</i>	33
<i>prazosin hcl cap 2 mg</i>	33
<i>prazosin hcl cap 5 mg</i>	33
<i>PRED MILD SUS 0.12% OP</i>	111
<i>prednicarbate cream 0.1%</i>	124
<i>prednicarbate oint 0.1%</i>	124
<i>prednisolone acetate ophth susp 1%</i>	111
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	85
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	85
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	85
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	85
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	85
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	85
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	85
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	85
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	85
<i>PREDNISONE CON 5MG/ML</i>	85
<i>prednisone oral soln 5 mg/5ml</i>	85
<i>prednisone tab 10 mg</i>	85
<i>prednisone tab 1 mg</i>	85
<i>prednisone tab 2.5 mg</i>	85
<i>prednisone tab 20 mg</i>	85
<i>prednisone tab 50 mg</i>	85
<i>prednisone tab 5 mg</i>	85
<i>prednisone tab therapy pack 10 mg (21)</i>	85
<i>prednisone tab therapy pack 10 mg (48)</i>	85
<i>prednisone tab therapy pack 5 mg (21)</i>	85
<i>prednisone tab therapy pack 5 mg (48)</i>	85
<i>PRED SOD PHO SOL 1% OP</i>	111
<i>pregabalin cap 100 mg</i>	51
<i>pregabalin cap 150 mg</i>	51
<i>pregabalin cap 200 mg</i>	51
<i>pregabalin cap 225 mg</i>	51
<i>pregabalin cap 25 mg</i>	51
<i>pregabalin cap 300 mg</i>	51
<i>pregabalin cap 50 mg</i>	51
<i>pregabalin cap 75 mg</i>	51
<i>pregabalin soln 20 mg/ml</i>	51
<i>PREMARIN INJ 25MG</i>	83
<i>PREMARIN TAB 0.3MG</i>	83
<i>PREMARIN TAB 0.45MG</i>	83
<i>PREMARIN TAB 0.625MG</i>	83
<i>PREMARIN TAB 0.9MG</i>	83
<i>PREMARIN TAB 1.25MG</i>	83
<i>PREMARIN VAG CRE 0.625MG</i>	83
<i>prenatabs rx tab</i>	109
<i>PREPOPIK PAK</i>	93
<i>prevalite pow 4gm</i>	37
<i>previfem tab</i>	79
<i>PREVNAR 13 INJ</i>	104
<i>PREZCOBIX TAB 800-150</i>	14
<i>PREZISTA SUS 100MG/ML</i>	13
<i>PREZISTA TAB 150MG</i>	13
<i>PREZISTA TAB 600MG</i>	13
<i>PREZISTA TAB 75MG</i>	13
<i>PREZISTA TAB 800MG</i>	13
<i>PRIFTIN TAB 150MG</i>	15
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	12
<i>primidone tab 250 mg</i>	51
<i>primidone tab 50 mg</i>	51
<i>PRIMSOL SOL 50MG/5ML</i>	10
<i>PROAIR HFA AER</i>	115
<i>PROAIR RESPI AER</i>	115
<i>probenecid tab 500 mg</i>	1
<i>procainamide hcl inj 100 mg/ml</i>	36
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	90
<i>prochlorperazine edisylate inj 50 mg/10ml</i>	90
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	90
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	90
<i>prochlorperazine suppos 25 mg</i>	90
<i>procto-pak cre 1%</i>	94
<i>proctosol hc cre 2.5%</i>	94
<i>protozone cre -hc 2.5%</i>	94

<i>progesterone micronized cap 100 mg</i>	87
<i>progesterone micronized cap 200 mg</i>	87
PROGRAF INJ 5MG/ML	103
PROLASTIN-C INJ 1000MG	117
PROLIA SOL 60MG/ML.....	86
PROMACTA TAB 12.5MG	97
PROMACTA TAB 25MG.....	98
PROMACTA TAB 50MG.....	98
PROMACTA TAB 75MG.....	98
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	
.....	116
<i>promethazine hcl inj 25 mg/ml</i>	90
<i>promethazine hcl inj 50 mg/ml</i>	90
<i>promethazine hcl suppos 12.5 mg</i>	91
<i>promethazine hcl suppos 25 mg</i>	91
<i>promethazine hcl syrup 6.25 mg/5ml</i> ..	91
<i>promethazine hcl tab 12.5 mg</i>	91
<i>promethazine hcl tab 25 mg</i>	91
<i>promethazine hcl tab 50 mg</i>	91
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	116
<i>promethegan sup 12.5mg</i>	91
<i>promethegan sup 25mg</i>	91
<i>promethegan sup 50mg</i>	91
<i>prometh vc/ syrup codeine</i>	116
<i>prometh vc sol plain</i>	116
<i>propafenone hcl cap er 12hr 225 mg</i> ...	36
<i>propafenone hcl cap er 12hr 325 mg</i> ...	36
<i>propafenone hcl cap er 12hr 425 mg</i> ...	36
<i>propafenone hcl tab 150 mg</i>	36
<i>propafenone hcl tab 225 mg</i>	36
<i>propafenone hcl tab 300 mg</i>	36
<i>proparacaine hcl ophth soln 0.5%</i>	112
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	39
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	39
<i>propranolol hcl cap er 24hr 120 mg</i>	40
<i>propranolol hcl cap er 24hr 160 mg</i>	40
<i>propranolol hcl cap er 24hr 60 mg</i>	40
<i>propranolol hcl cap er 24hr 80 mg</i>	40
<i>propranolol hcl inj 1 mg/ml</i>	40
<i>propranolol hcl oral soln 20 mg/5ml</i> ...	40
<i>propranolol hcl oral soln 40 mg/5ml</i> ...	40
<i>propranolol hcl tab 10 mg</i>	40
<i>propranolol hcl tab 20 mg</i>	40
<i>propranolol hcl tab 40 mg</i>	41
<i>propranolol hcl tab 60 mg</i>	41
<i>propranolol hcl tab 80 mg</i>	41
<i>propylthiouracil tab 50 mg</i>	88
PROQUAD INJ.....	104
<i>protriptyline hcl tab 10 mg</i>	57
<i>protriptyline hcl tab 5 mg</i>	57
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	116
<i>pyrazinamide tab 500 mg</i>	15
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	68
<i>pyridostigmine bromide tab 60 mg</i>	68
<i>pyridostigmine bromide tab er 180 mg</i> 68	
<i>pyridoxine hcl tab 25 mg</i>	109
<i>pyridoxine hcl tab 50 mg</i>	109
Q	
<i>QTERN TAB 10MG/5MG</i>	75
<i>QTERN TAB 5-5MG</i>	75
QUADRAMET INJ	30
<i>quasense tab</i>	79
<i>quetiapine fumarate tab 100 mg</i>	62
<i>quetiapine fumarate tab 200 mg</i>	62
<i>quetiapine fumarate tab 25 mg</i>	62
<i>quetiapine fumarate tab 300 mg</i>	62
<i>quetiapine fumarate tab 400 mg</i>	62
<i>quetiapine fumarate tab 50 mg</i>	62
<i>quetiapine fumarate tab er 24hr 150 mg</i>	
.....	62
<i>quetiapine fumarate tab er 24hr 200 mg</i>	
.....	62
<i>quetiapine fumarate tab er 24hr 300 mg</i>	
.....	62
<i>quetiapine fumarate tab er 24hr 400 mg</i>	
.....	62
<i>quetiapine fumarate tab er 24hr 50 mg</i>	
.....	62
<i>quinapril hcl tab 10 mg</i>	33
<i>quinapril hcl tab 20 mg</i>	33
<i>quinapril hcl tab 40 mg</i>	33
<i>quinapril hcl tab 5 mg</i>	33
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	32
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	32
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	32
<i>quinidine sulfate tab 200 mg</i>	36
<i>quinidine sulfate tab 300 mg</i>	36
<i>quinine sulfate cap 324 mg</i>	12

QVAR REDIHA AER 80MCG	118	74
QVAR REDIHAL AER 40MCG	118	<i>repaglinide tab 0.5 mg</i>	74
R		<i>repaglinide tab 1 mg</i>	74
<i>rabeprazole sodium ec tab 20 mg</i>	94	<i>repaglinide tab 2 mg</i>	74
<i>raloxifene hcl tab 60 mg</i>	86	REPATHA INJ 140MG/ML.....	39
<i>ramelteon tab 8 mg</i>	66	REPATHA PUSH INJ 420/3.5.....	39
<i>ramipril cap 1.25 mg</i>	33	REPATHA SURE INJ 140MG/ML	39
<i>ramipril cap 10 mg</i>	33	SCRIPTOR TAB 100 MG.....	13
<i>ramipril cap 2.5 mg</i>	33	SCRIPTOR TAB 200MG.....	13
<i>ramipril cap 5 mg</i>	33	RESTASIS EMU 0.05%.....	112
<i>ranitidine hcl cap 150 mg</i>	91	RETACRIT INJ 10000UNT	98
<i>ranitidine hcl cap 300 mg</i>	91	RETACRIT INJ 2000UNIT	98
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	92	RETACRIT INJ 3000UNIT	98
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	92	RETACRIT INJ 40000UNT	98
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	92	RETACRIT INJ 4000UNIT	98
<i>ranitidine hcl tab 150 mg</i>	92	RETROVIR INJ 10MG/ML.....	13
<i>ranitidine hcl tab 300 mg</i>	92	REVLIMID CAP 10MG.....	102
<i>ranolazine tab er 12hr 1000 mg</i>	46	REVLIMID CAP 15MG.....	102
<i>ranolazine tab er 12hr 500 mg</i>	46	REVLIMID CAP 2.5MG.....	102
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	60	REVLIMID CAP 20MG.....	102
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	60	REVLIMID CAP 25MG.....	102
REBETOL SOL 40MG/ML	19	REVLIMID CAP 5MG	102
REBIF INJ 22/0.5	69	REXULTI TAB 0.25MG.....	62
REBIF INJ 44/0.5	69	REXULTI TAB 0.5MG	62
REBIF REBIDO INJ 22/0.5	69	REXULTI TAB 1MG	62
REBIF REBIDO INJ 44/0.5	69	REXULTI TAB 2MG	62
REBIF REBIDO INJ TITRATN	69	REXULTI TAB 3MG	62
REBIF TITRTN INJ PACK	69	REXULTI TAB 4MG	62
<i>reclipsen tab</i>	79	REYATAZ POW 50MG.....	13
RECOMBIVA HB INJ 10MCG/ML.....	105	<i>ribasphere cap 200mg</i>	19
RECOMBIVA-HB INJ 40MCG/ML	105	<i>ribasphere tab 200mg</i>	19
RECOMBIVA HB INJ 5MCG/0.5	104	<i>ribasphere tab 400mg</i>	19
RECTIV OIN 0.4%.....	125	<i>ribasphere tab 600mg</i>	19
REGONOL INJ 5MG/ML	68	<i>ribavirin cap 200 mg</i>	19
REGRANEX GEL 0.01%	126	<i>ribavirin for inhal soln 6 gm</i>	15
RELENZA MIS DISKHALE	15	<i>ribavirin tab 200 mg</i>	19
REMODULIN INJ 10MG/ML	47	<i>rifabutin cap 150 mg</i>	15
REMODULIN INJ 1MG/ML.....	47	RIFAMATE CAP	15
REMODULIN INJ 2.5MG/ML	47	<i>rifampin cap 150 mg</i>	15
REMODULIN INJ 5MG/ML	47	<i>rifampin cap 300 mg</i>	15
<i>repaglinide-metformin hcl tab 1-500 mg</i>	74	<i>rifampin for inj 600 mg</i>	15
<i>repaglinide-metformin hcl tab 2-500 mg</i>	74	RIFATER TAB	15
		<i>riluzole tab 50 mg</i>	68
		<i>rimantadine hydrochloride tab 100 mg</i> 15	
		<i>risedronate sodium tab 150 mg</i>	76
		<i>risedronate sodium tab 30 mg</i>	76
		<i>risedronate sodium tab 35 mg</i>	76
		<i>risedronate sodium tab 5 mg</i>	76

<i>risedronate sodium tab delayed release</i>	
<i>35 mg</i>	76
<i>risperidone orally disintegrating tab 0.25 mg</i>	62
<i>risperidone orally disintegrating tab 0.5 mg</i>	62
<i>risperidone orally disintegrating tab 1 mg</i>	62
<i>risperidone orally disintegrating tab 2 mg</i>	62
<i>risperidone orally disintegrating tab 3 mg</i>	62
<i>risperidone orally disintegrating tab 4 mg</i>	62
<i>risperidone soln 1 mg/ml</i>	62
<i>risperidone tab 0.25 mg</i>	62
<i>risperidone tab 0.5 mg</i>	62
<i>risperidone tab 1 mg</i>	62
<i>risperidone tab 2 mg</i>	62
<i>risperidone tab 3 mg</i>	62
<i>risperidone tab 4 mg</i>	62
<i>ritonavir tab 100 mg</i>	13
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	53
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	53
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	53
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	53
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	53
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	53
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	53
<i>rivilsa tab</i>	79
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	67
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	67
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	67
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	67
<i>ropinirole hydrochloride tab 0.25 mg</i>	60
<i>ropinirole hydrochloride tab 0.5 mg</i>	60
<i>ropinirole hydrochloride tab 1 mg</i>	60

<i>ropinirole hydrochloride tab 2 mg</i>	60
<i>ropinirole hydrochloride tab 3 mg</i>	60
<i>ropinirole hydrochloride tab 4 mg</i>	60
<i>ropinirole hydrochloride tab 5 mg</i>	60
<i>rosadan cre 0.75%</i>	125
<i>rosuvastatin calcium tab 10 mg</i>	38
<i>rosuvastatin calcium tab 20 mg</i>	38
<i>rosuvastatin calcium tab 40 mg</i>	38
<i>rosuvastatin calcium tab 5 mg</i>	38
<i>ROTARIX SUS</i>	105
<i>ROTATEQ SOL</i>	105
<i>ROZEREM TAB 8MG</i>	66
<i>RYDAPT CAP 25MG</i>	25
S	
<i>SAMSCA TAB 15MG</i>	86
<i>SAMSCA TAB 30MG</i>	86
<i>SANCUSO DIS 3.1MG</i>	91
<i>SANDIMMUNE SOL 100MG/ML</i>	103
<i>SANTYL OIN 250/GM</i>	126
<i>SAPHRIS SUB 10MG</i>	62
<i>SAPHRIS SUB 2.5MG</i>	62
<i>SAPHRIS SUB 5MG</i>	62
<i>SAVELLA MIS TITR PAK</i>	68
<i>SAVELLA TAB 100MG</i>	68
<i>SAVELLA TAB 12.5MG</i>	68
<i>SAVELLA TAB 25MG</i>	68
<i>SAVELLA TAB 50MG</i>	68
<i>scopolamine td patch 72hr 1 mg/3days</i>	91
<i>selegiline hcl cap 5 mg</i>	60
<i>selegiline hcl tab 5 mg</i>	60
<i>selenium sulfide lotion 2.5%</i>	122
<i>SELZENTRY SOL 20MG/ML</i>	13
<i>SELZENTRY TAB 150MG</i>	13
<i>SELZENTRY TAB 25MG</i>	13
<i>SELZENTRY TAB 300MG</i>	13
<i>SELZENTRY TAB 75MG</i>	13
<i>SENSIPAR TAB 30MG</i>	76
<i>SENSIPAR TAB 60MG</i>	76
<i>SENSIPAR TAB 90MG</i>	77
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	57
<i>sertraline hcl tab 100 mg</i>	57
<i>sertraline hcl tab 25 mg</i>	57
<i>sertraline hcl tab 50 mg</i>	57
<i>sevelamer carbonate packet 0.8 gm</i>	87
<i>sevelamer carbonate packet 2.4 gm</i>	87
<i>sevelamer carbonate tab 800 mg</i>	87

SHARPS CONTAINER	106
SHINGRIX INJ 50MCG	105
SHUR-SEAL GEL 2%	95
SIGNIFOR INJ 0.3MG/ML	86
SIGNIFOR INJ 0.6MG/ML	86
SIGNIFOR INJ 0.9MG/ML	86
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	47
<i>sildenafil citrate tab 20 mg</i>	47
SILENOR TAB 3MG.....	66
SILENOR TAB 6MG.....	66
<i>silodosin cap 4 mg</i>	94
<i>silodosin cap 8 mg</i>	94
<i>silver sulfadiazine cream 1%</i>	121
SIMBRINZA SUS 1-0.2%.....	112
SIMPONI ARIA SOL 50MG/4ML	100
SIMPONI INJ 100MG/ML	101
SIMPONI INJ 50/0.5ML	101
<i>simvastatin tab 10 mg.....</i>	38
<i>simvastatin tab 20 mg.....</i>	38
<i>simvastatin tab 40 mg.....</i>	39
<i>simvastatin tab 5 mg</i>	38
<i>simvastatin tab 80 mg.....</i>	39
<i>sirolimus oral soln 1 mg/ml</i>	103
<i>sirolimus tab 0.5 mg</i>	103
<i>sirolimus tab 1 mg</i>	103
<i>sirolimus tab 2 mg</i>	103
SIRTURO TAB 100MG.....	15
SIVEXTRO INJ 200MG	10
SIVEXTRO TAB 200MG	10
SKLICE LOT 0.5%	125
SKYLA IUD 13.5MG	79
SKYRIZI INJ 150DOSE.....	101
SLYND TAB 4MG.....	79
<i>sm nicotine dis 14mg/24h.....</i>	72
<i>sm nicotine dis 21mg</i>	72
<i>sm nicotine dis 7mg/24hr</i>	72
<i>sodium chloride flush iv soln 0.9%</i>	107
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	107
<i>sodium chloride irrigation soln 0.9%..</i>	126
<i>sodium chloride iv soln 0.45%</i>	108
<i>sodium chloride iv soln 0.9%.....</i>	108
<i>sodium chloride iv soln 3%</i>	108
<i>sodium chloride iv soln 5%</i>	108
<i>sodium chloride preservative free (pf) inj 0.9%</i>	108
<i>sodium chloride soln nebu 0.9%</i>	117
<i>sodium chloride soln nebu 10%</i>	117
<i>sodium chloride soln nebu 3%</i>	117
<i>sodium chloride soln nebu 7%</i>	117
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	108
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	107
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	108
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	108
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	108
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	108
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	80
<i>sodium phenylbutyrate tab 500 mg....</i>	80
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml.....</i>	77
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml.....</i>	77
<i>solifenacin succinate tab 10 mg</i>	95
<i>solifenacin succinate tab 5 mg</i>	95
SOLIQUA INJ 100/33	73
SOLU-CORTEF INJ 1000MG	86
SOLU-CORTEF INJ 100MG	86
SOLU-CORTEF INJ 250MG	86
SOLU-CORTEF INJ 500MG	86
SOLU-MEDROL INJ 2GM	86
SOMATULINE INJ 120/.5ML.....	87
SOMATULINE INJ 60/0.2ML.....	86
SOMATULINE INJ 90/0.3ML.....	86
SOMAVERT INJ 10MG	87
SOMAVERT INJ 15MG	87
SOMAVERT INJ 20MG	87
SOMAVERT INJ 25MG	87
SOMAVERT INJ 30MG	87
<i>sorine tab 120mg</i>	36
<i>sorine tab 160mg</i>	36
<i>sorine tab 240mg</i>	37
<i>sorine tab 80mg</i>	36
<i>sotalol hcl (afib/afl) tab 120 mg.....</i>	37
<i>sotalol hcl (afib/afl) tab 160 mg.....</i>	37
<i>sotalol hcl (afib/afl) tab 80 mg</i>	37
SOTALOL HCL INJ 150/10ML	37
<i>sotalol hcl tab 120 mg.....</i>	37
<i>sotalol hcl tab 160 mg</i>	37

<i>sotalol hcl tab 240 mg</i>	37
<i>sotalol hcl tab 80 mg</i>	37
SOVALDI TAB 400MG	19
<i>spinosad susp 0.9%</i>	125
SPIRIVA AER 1.25MCG	113
SPIRIVA CAP HANDIHLR	113
SPIRIVA SPR 2.5MCG	113
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	45
<i>spironolactone tab 100 mg</i>	45
<i>spironolactone tab 25 mg</i>	45
<i>spironolactone tab 50 mg</i>	45
<i>sprintec 28 tab 28 day</i>	79
SPRYCEL TAB 100MG	28
SPRYCEL TAB 140MG	28
SPRYCEL TAB 20MG	28
SPRYCEL TAB 50MG	28
SPRYCEL TAB 70MG	28
SPRYCEL TAB 80MG	28
<i>sronyx tab</i>	79
<i>ssd cre 1%</i>	121
<i>stavudine cap 15 mg</i>	13
<i>stavudine cap 20 mg</i>	13
<i>stavudine cap 30 mg</i>	13
<i>stavudine cap 40 mg</i>	13
STELARA INJ 45MG/0.5	101
STELARA INJ 90MG/ML	101
STIVARGA TAB 40MG	28
<i>streptomycin sulfate for inj 1 gm</i>	8
STRIBILD TAB	14
STRIVERDI AER 2.5MCG	115
SUCRAID SOL 8500/ML	93
<i>sucralfate tab 1 gm</i>	93
<i>sulfacetamide sodium lotion 10% (acne)</i>	120
<i>sulfacetamide sodium ophth oint 10%</i>	110
<i>sulfacetamide sodium ophth soln 10%</i>	110
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	110
SULFADIAZINE TAB 500MG	8
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	10
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	10
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	10
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	11
SULFAMYLYON CRE 85MG/GM	121
<i>sulfasalazine tab 500 mg</i>	92
<i>sulfasalazine tab delayed release 500 mg</i>	92
<i>sulindac tab 150 mg</i>	2
<i>sulindac tab 200 mg</i>	2
<i>sumatriptan nasal spray 20 mg/act</i>	67
<i>sumatriptan nasal spray 5 mg/act</i>	67
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	67
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	67
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	67
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	67
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	67
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	67
<i>sumatriptan succinate tab 100 mg</i>	67
<i>sumatriptan succinate tab 25 mg</i>	67
<i>sumatriptan succinate tab 50 mg</i>	67
SUPRAX CHW 100MG	17
SUPRAX CHW 200MG	17
SUPRAX SUS 500/5ML	17
SUPREP BOWEL SOL PREP KIT	93
SUTENT CAP 12.5MG	28
SUTENT CAP 25MG	28
SUTENT CAP 37.5MG	29
SUTENT CAP 50MG	29
<i>syeda tab 3-0.03mg</i>	79
<i>symax-sl sub 0.125mg</i>	89
SYMBICORT AER 160-4.5	118
SYMBICORT AER 80-4.5	118
SYMDEKO TAB 100-150	117
SYMDEKO TAB 50-75MG	117
SYMFI LO TAB	14
SYMFI TAB	14
SYMLINPEN 60 INJ 1000MCG	72
SYMLNPEN 120 INJ 1000MCG	72
SYNAREL SOL 2MG/ML	80
SYNERA DIS 70-70MG	125
SYNJARDY TAB	75
SYNJARDY TAB 12.5-500	75
SYNJARDY TAB 5-1000MG	75
SYNJARDY TAB 5-500MG	75

SYNJARDY XR TAB	75
SYNJARDY XR TAB 10-1000	75
SYNJARDY XR TAB 25-1000	75
SYNJARDY XR TAB 5-1000MG.....	75
SYNTHROID TAB 100MCG.....	88
SYNTHROID TAB 112MCG	88
SYNTHROID TAB 125MCG	88
SYNTHROID TAB 137MCG	88
SYNTHROID TAB 150MCG	88
SYNTHROID TAB 175MCG	88
SYNTHROID TAB 200MCG	88
SYNTHROID TAB 25MCG.....	88
SYNTHROID TAB 300MCG	88
SYNTHROID TAB 50MCG.....	88
SYNTHROID TAB 75MCG.....	88
SYNTHROID TAB 88MCG.....	88
T	
TABLOID TAB 40MG	24
<i>tacrolimus cap 0.5 mg</i>	103
<i>tacrolimus cap 1 mg.....</i>	103
<i>tacrolimus cap 5 mg.....</i>	103
<i>tacrolimus oint 0.03%</i>	125
<i>tacrolimus oint 0.1%</i>	125
<i>tadalafil tab 2.5 mg</i>	94
<i>tadalafil tab 20 mg (pah).....</i>	47
<i>tadalafil tab 5 mg</i>	94
TAFINLAR CAP 50MG.....	29
TAFINLAR CAP 75MG.....	29
<i>take action tab 1.5mg</i>	79
TALTZ INJ 80MG/ML.....	101
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	26
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	26
<i>tamsulosin hcl cap 0.4 mg</i>	94
TARGETIN GEL 1%.....	125
TAYTULLA CAP 1MG/20MC	80
<i>tazarotene cream 0.1%</i>	122
<i>tazicef inj 1gm</i>	17
<i>tazicef inj 2gm</i>	17
<i>tazicef inj 6gm</i>	17
TAZORAC CRE 0.05%.....	122
TAZORAC GEL 0.05%	122
TAZORAC GEL 0.1%.....	122
<i>taztia xt cap 120mg/24</i>	43
<i>taztia xt cap 180mg/24</i>	43
<i>taztia xt cap 240mg/24</i>	43
<i>taztia xt cap 300mg er</i>	43
<i>taztia xt cap 360mg/24</i>	43
TDVAX INJ 2-2 LF	105
TECFIDERA CAP 120MG	69
TECFIDERA CAP 240MG	69
TECFIDERA MIS STARTER	69
TECHNIVIE TAB	19
<i>telmisartan-amlodipine tab 40-10 mg ..</i>	35
<i>telmisartan-amlodipine tab 40-5 mg ..</i>	34
<i>telmisartan-amlodipine tab 80-10 mg ..</i>	35
<i>telmisartan-amlodipine tab 80-5 mg ..</i>	35
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	35
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	35
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	35
<i>telmisartan tab 20 mg</i>	35
<i>telmisartan tab 40 mg</i>	35
<i>telmisartan tab 80 mg</i>	35
<i>temazepam cap 15 mg</i>	66
<i>temazepam cap 22.5 mg</i>	66
<i>temazepam cap 30 mg</i>	66
<i>temazepam cap 7.5 mg</i>	66
TEMODAR INJ 100MG.....	22
<i>temozolomide cap 100 mg</i>	22
<i>temozolomide cap 140 mg</i>	22
<i>temozolomide cap 180 mg</i>	22
<i>temozolomide cap 20 mg</i>	22
<i>temozolomide cap 250 mg</i>	22
<i>temozolomide cap 5 mg</i>	22
<i>tencon tab 50-325mg</i>	1
TENIPOSIDE INJ 50MG/5ML	31
TENIVAC INJ 5-2LF	105
<i>tenofovir disoproxil fumarate tab 300 mg</i>	13
<i>terazosin hcl cap 10 mg (base equivalent)</i>	33
<i>terazosin hcl cap 1 mg (base equivalent)</i>	33
<i>terazosin hcl cap 2 mg (base equivalent)</i>	33
<i>terazosin hcl cap 5 mg (base equivalent)</i>	33
<i>terbinafine hcl tab 250 mg</i>	12
<i>terbutaline sulfate inj 1 mg/ml.....</i>	115
<i>terbutaline sulfate tab 2.5 mg</i>	115
<i>terbutaline sulfate tab 5 mg</i>	116
<i>terconazole vaginal cream 0.4%</i>	96

terconazole vaginal suppos 80 mg	96
testosterone cypionate im inj in oil 100 mg/ml.....	72
testosterone cypionate im inj in oil 200 mg/ml.....	72
testosterone enanthate im inj in oil 200 mg/ml.....	72
testosterone td gel 10mg/act (2%)	72
testosterone td gel 25 mg/2.5gm (1%)	72
tetrabenazine tab 12.5 mg.....	68
tetrabenazine tab 25 mg	68
tetracycline hcl cap 250 mg	22
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timolol maleate ophth gel forming soln 0.5%	112
timolol maleate ophth soln 0.25%	112
timolol maleate ophth soln 0.5%.....	112
timolol maleate ophth soln 0.5% (once-daily)	112
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timolol maleate tab 20 mg	41
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TIMOPTIC OCU SOL 0.5% OP	112
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TIVICAY TAB 10MG	13
TIVICAY TAB 25MG	13
TIVICAY TAB 50MG	13
tizanidine hcl tab 2 mg (base equivalent)	70
tizanidine hcl tab 4 mg (base equivalent)	70
TOBRADEX OIN 0.3-0.1%	110
TOBRADEX ST SUS 0.3-0.05	110
tobramycin-dexamethasone ophth susp 0.3-0.1%.....	110
tobramycin nebu soln 300 mg/5ml.....	9
tobramycin ophth soln 0.3%	110
tobramycin sulfate for inj 1.2 gm.....	9
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv).....	9
tobramycin sulfate inj 10 mg/ml (base equivalent)	9
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	9
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tolmetin sodium tab 600 mg	2
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<i>topiramate tab 100 mg</i>	52	<i>tretinoin cap 10 mg</i>	30
<i>topiramate tab 200 mg</i>	52	<i>tretinoin cream 0.025%</i>	120
<i>topiramate tab 25 mg</i>	52	<i>tretinoin cream 0.05%</i>	120
<i>topiramate tab 50 mg</i>	52	<i>tretinoin cream 0.1%</i>	120
<i>toposar inj 100/5ml</i>	31	<i>tretinoin gel 0.01%</i>	120
<i>toposar inj 20mg/ml</i>	31	<i>tretinoin gel 0.025%</i>	120
<i>topotecan hcl for inj 4 mg (base equiv)</i>	31	<i>tretinoin gel 0.05%</i>	120
<i>toremifene citrate tab 60 mg (base equivalent)</i>	26	<i>tretinoin microsphere gel 0.04%</i>	120
<i>torsemide tab 100 mg</i>	45	<i>tretinoin microsphere gel 0.1%</i>	120
<i>torsemide tab 10 mg.</i>	45	<i>triamicolone acetonide aerosol soln 0.147 mg/gm</i>	124
<i>torsemide tab 20 mg.</i>	45	<i>triamicolone acetonide cream 0.025%</i>	124
<i>torsemide tab 5 mg</i>	45	<i>triamicolone acetonide cream 0.1%</i>	124
TOVIAZ TAB 4MG	95	<i>triamicolone acetonide cream 0.5%</i>	124
TOVIAZ TAB 8MG	95	<i>triamicolone acetonide dental paste 0.1%</i>	126
TRACLEER TAB 125MG	47	<i>triamicolone acetonide lotion 0.025%</i>	124
TRACLEER TAB 32MG	47	<i>triamicolone acetonide lotion 0.1%</i>	124
TRACLEER TAB 62.5MG	47	<i>triamicolone acetonide nasal aerosol suspension 55 mcg/act</i>	117
TRADJENTA TAB 5MG.....	73	<i>triamicolone acetonide oint 0.025%</i>	124
<i>tramadol hcl tab 50 mg</i>	7	<i>triamicolone acetonide oint 0.1%</i>	124
<i>tramadol hcl tab er 24hr 100 mg</i>	7	<i>triamicolone acetonide oint 0.5%</i>	124
<i>tramadol hcl tab er 24hr 200 mg</i>	7	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	45
<i>tramadol hcl tab er 24hr 300 mg</i>	7	<i>triamterene & hydrochlorothiazide cap 50-25 mg</i>	45
<i>trandolapril tab 1 mg</i>	33	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	45
<i>trandolapril tab 2 mg</i>	33	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	45
<i>trandolapril tab 4 mg</i>	33	<i>triamterene cap 100 mg</i>	45
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	32	<i>triamterene cap 50 mg</i>	45
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	32	<i>triderm cre 0.1%</i>	124
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	32	<i>trientine hcl cap 250 mg</i>	77
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	32	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	63
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	98	<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	63
<i>tranexamic acid tab 650 mg</i>	98	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	63
TRANSDERM-SC DIS 1.5MG	91	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	63
<i>tranylcypromine sulfate tab 10 mg</i>	57	<i>trifluridine ophth soln 1%</i>	110
TRAVATAN Z DRO 0.004%	112		
<i>trazodone hcl tab 100 mg</i>	57		
<i>trazodone hcl tab 150 mg</i>	57		
<i>trazodone hcl tab 300 mg</i>	57		
<i>trazodone hcl tab 50 mg</i>	57		
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<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	60
<i>trihexyphenidyl hcl tab 2 mg</i>	60
<i>trihexyphenidyl hcl tab 5 mg</i>	60
<i>tri-linyah tab</i>	80
<i>trimethobenzamide hcl cap 300 mg</i>	91
<i>trimethoprim tab 100 mg</i>	11
<i>trimipramine maleate cap 100 mg</i>	57
<i>trimipramine maleate cap 25 mg</i>	57
<i>trimipramine maleate cap 50 mg</i>	57
<i>trinessa tab</i>	80
TRINTELLIX TAB 10MG	58
TRINTELLIX TAB 20MG	58
TRINTELLIX TAB 5MG	58
TRISENOX INJ 12MG/6ML	30
<i>tri-sprintec tab</i>	80
TRIUMEQ TAB	14
<i>tri-vit/fe dro /fl 0.25</i>	109
<i>tri-vit/fl dro 0.25mg</i>	109
<i>tri-vit/fl dro 0.5mg</i>	109
<i>trivora-28 tab</i>	80
TROGARZO INJ 150MG/ML	13
<i>tropicamide ophth soln 0.5%</i>	112
<i>tropicamide ophth soln 1%</i>	112
<i>trospium chloride cap er 24hr 60 mg</i>	95
<i>trospium chloride tab 20 mg</i>	95
TRULICITY INJ 0.75/0.5	73
TRULICITY INJ 1.5/0.5	73
TRUMENBA INJ	105
TRUVADA TAB 100-150	14
TRUVADA TAB 133-200	14
TRUVADA TAB 167-250	14
TRUVADA TAB 200-300	14
<i>tussigon tab 5-1.5mg</i>	116
TUZISTRA XR SUS	116
TWINRIX INJ	105
TYBOST TAB 150MG	13
TYKERB TAB 250MG	29
TYMLOS INJ	87
TYSABRI INJ 300/15ML	69
TYVASO START SOL 0.6MG/ML	47
U	
ULESFIA LOT 5%	125
ULORIC TAB 40MG	1
ULORIC TAB 80MG	1
<i>unithroid tab 100mcg</i>	89
<i>unithroid tab 112mcg</i>	89
<i>unithroid tab 125mcg</i>	89
<i>unithroid tab 200mcg</i>	89
<i>unithroid tab 25mcg</i>	88
<i>unithroid tab 300mcg</i>	89
<i>unithroid tab 50mcg</i>	88
<i>unithroid tab 75mcg</i>	89
<i>unithroid tab 88mcg</i>	89
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UPTRAVI TAB 1200MCG	48
UPTRAVI TAB 1400MCG	48
UPTRAVI TAB 1600MCG	48
UPTRAVI TAB 200/800	47
UPTRAVI TAB 200MCG	47
UPTRAVI TAB 400MCG	47
UPTRAVI TAB 600MCG	47
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<i>ursodiol tab 250 mg</i>	93
<i>ursodiol tab 500 mg</i>	93
UVADEX INJ 20MCG/ML	30
V	
<i>valacyclovir hcl tab 1 gm</i>	15
<i>valacyclovir hcl tab 500 mg</i>	15
<i>valganciclovir hcl for soln 50 mg/ml</i>	
(base equiv)	15
<i>valganciclovir hcl tab 450 mg (base</i>	
<i>equivalent)</i>	15
<i>valproate sodium inj 100 mg/ml</i>	52
<i>valproate sodium oral soln 250 mg/5ml</i>	
(base equiv)	52
<i>valproic acid cap 250 mg</i>	52
<i>valsartan-hydrochlorothiazide tab</i>	
<i>160-12.5 mg</i>	35
<i>valsartan-hydrochlorothiazide tab 160-25</i>	
<i>mg</i>	35
<i>valsartan-hydrochlorothiazide tab</i>	
<i>320-12.5 mg</i>	35
<i>valsartan-hydrochlorothiazide tab 320-25</i>	
<i>mg</i>	35
<i>valsartan-hydrochlorothiazide tab</i>	
<i>80-12.5 mg</i>	35
<i>valsartan tab 160 mg</i>	35
<i>valsartan tab 320 mg</i>	35
<i>valsartan tab 40 mg</i>	35
<i>valsartan tab 80 mg</i>	35
<i>vancomycin hcl cap 125 mg (base</i>	
<i>equivalent)</i>	11

<i>vancomycin hcl cap 250 mg (base equivalent)</i>	11
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	11
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	11
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	11
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	11
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	11
<i>vandazole gel 0.75%.....</i>	96
<i>VAQTA INJ 25/0.5ML.....</i>	105
<i>VAQTA INJ 50UNT/ML.....</i>	105
<i>VARIVAX INJ</i>	105
<i>VARUBI INJ</i>	91
<i>VARUBI TAB 90MG.....</i>	91
<i>VASCEPA CAP 0.5GM</i>	39
<i>VASCEPA CAP 1GM</i>	39
<i>VCF VAGINAL AER CONTRACP</i>	95
<i>VCF VAGINAL MIS CONTRACP</i>	95
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<i>VENCLEXTA TAB 100MG</i>	31
<i>VENCLEXTA TAB 10MG</i>	31
<i>VENCLEXTA TAB 50MG</i>	31
<i>VENCLEXTA TAB START PK</i>	31
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	58
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	58
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	58
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	58
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	58
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	58
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	58
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	58
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	58
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	58
<i>(base equivalent)</i>	58
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	58
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<i>verapamil hcl cap er 24hr 180 mg.....</i>	43
<i>verapamil hcl cap er 24hr 200 mg.....</i>	43
<i>verapamil hcl cap er 24hr 240 mg.....</i>	43
<i>verapamil hcl cap er 24hr 300 mg.....</i>	43
<i>verapamil hcl cap er 24hr 360 mg.....</i>	43
<i>verapamil hcl iv soln 2.5 mg/ml.....</i>	43
<i>verapamil hcl tab 120 mg</i>	43
<i>verapamil hcl tab 40 mg</i>	43
<i>verapamil hcl tab 80 mg</i>	43
<i>verapamil hcl tab er 120 mg</i>	43
<i>verapamil hcl tab er 180 mg</i>	43
<i>verapamil hcl tab er 240 mg</i>	43
<i>VEREGEN OIN 15%</i>	125
<i>vestura tab 3-0.02mg</i>	80
<i>VIBRAMYCIN SYP 50MG/5ML.....</i>	22
<i>VICTOZA INJ 18MG/3ML</i>	73
<i>VIDEX EC CAP 125MG</i>	13
<i>VIDEX SOL 2GM</i>	13
<i>VIDEX SOL 4GM</i>	13
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<i>vigabatrin tab 500 mg</i>	52
<i>VIIBRYD KIT STARTER</i>	58
<i>VIIBRYD TAB 10MG</i>	58
<i>VIIBRYD TAB 20MG</i>	58
<i>VIIBRYD TAB 40MG</i>	58
<i>VIMPAT INJ 200MG/20</i>	52
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<i>VIMPAT TAB 100MG</i>	52
<i>VIMPAT TAB 150MG</i>	52
<i>VIMPAT TAB 200MG</i>	52
<i>VIMPAT TAB 50MG.....</i>	52
<i>vinblastine sulfate inj 1 mg/ml</i>	24
<i>vincasar pfs inj 1mg/ml</i>	24
<i>vincristine sulfate iv soln 1 mg/ml.....</i>	24
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	24
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	24
<i>VIOKACE TAB 10440</i>	93
<i>VIOKACE TAB 20880</i>	93
<i>viorele tab</i>	80

VIRACEPT TAB 250MG.....	13
VIRACEPT TAB 625MG.....	13
VIREAD POW 40MG/GM.....	14
VIREAD TAB 150MG.....	14
VIREAD TAB 200MG.....	14
VIREAD TAB 250MG.....	14
<i>virt-vite tab forte</i>	109
VISTOGARD PAK 10GM	30
<i>vit a/c/d/fl dro 0.25mg</i>	109
VITRAKVI CAP 100MG	29
VITRAKVI CAP 25MG.....	29
VITRAKVI SOL 20MG/ML.....	29
VITUZ SOL 5-4MG.....	116
VIVITROL INJ 380MG	72
<i>voriconazole for susp 40 mg/ml</i>	12
<i>voriconazole tab 200 mg</i>	12
<i>voriconazole tab 50 mg</i>	12
VOSEVI TAB.....	19
VOTRIENT TAB 200MG	29
VYVANSE CAP 10MG	65
VYVANSE CAP 20MG	65
VYVANSE CAP 30MG	65
VYVANSE CAP 40MG	65
VYVANSE CAP 50MG	65
VYVANSE CAP 60MG	65
VYVANSE CAP 70MG	65
VYVANSE CHW 10MG	65
VYVANSE CHW 20MG	65
VYVANSE CHW 30MG	65
VYVANSE CHW 40MG	65
VYVANSE CHW 50MG	65
VYVANSE CHW 60MG	65
W	
<i>warfarin sodium tab 10 mg</i>	97
<i>warfarin sodium tab 1 mg</i>	97
<i>warfarin sodium tab 2.5 mg</i>	97
<i>warfarin sodium tab 2 mg</i>	97
<i>warfarin sodium tab 3 mg</i>	97
<i>warfarin sodium tab 4 mg</i>	97
<i>warfarin sodium tab 5 mg</i>	97
<i>warfarin sodium tab 6 mg</i>	97
<i>warfarin sodium tab 7.5 mg</i>	97
<i>wera tab 0.5/35</i>	80
WIDE-SEAL DPR KIT 60	105
WIDE-SEAL DPR KIT 65	105
WIDE-SEAL DPR KIT 70	105
WIDE-SEAL DPR KIT 75	105
WIDE-SEAL DPR KIT 80	105
WIDE-SEAL DPR KIT 85	105
WIDE-SEAL DPR KIT 90	105
WIDE-SEAL DPR KIT 95	105
X	
XALKORI CAP 200MG	29
XALKORI CAP 250MG	29
XARELTO STAR TAB 15/20MG	97
XARELTO TAB 10MG	97
XARELTO TAB 15MG	97
XARELTO TAB 2.5MG	97
XARELTO TAB 20MG	97
XARTEMIS XR TAB 7.5-325.....	7
XELJANZ TAB 5MG	101
XELJANZ XR TAB 11MG.....	101
XIFAXAN TAB 200MG	11
XIFAXAN TAB 550MG	11
XIGDUO XR TAB 10-1000	75
XIGDUO XR TAB 10-500MG.....	75
XIGDUO XR TAB 2.5-1000	75
XIGDUO XR TAB 5-1000MG.....	75
XIGDUO XR TAB 5-500MG	75
XOLAIR INJ 150MG/ML	116
XOLAIR INJ 75/0.5.....	116
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XTANDI CAP 40MG.....	26
<i>xulane dis 150-35</i>	80
XULTOPHY INJ 100/3.6.....	73
<i>xylon tab 10-200mg</i>	7
XYREM SOL 500MG/ML.....	71
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YOSPRALA TAB 325-40MG	99
YOSPRALA TAB 81-40MG	99
<i>yuvafem tab 10mcg</i>	83
Z	
<i>zafirlukast tab 10 mg</i>	116
<i>zafirlukast tab 20 mg</i>	116
<i>zaleplon cap 10 mg</i>	66
<i>zaleplon cap 5 mg</i>	66
<i>zarah tab 3-0.03mg</i>	80
ZARXIO INJ 300/0.5	98
ZARXIO INJ 480/0.8	98
<i>zazole cre 0.8%</i>	96
<i>zazole sup 80mg</i>	96
ZEJULA CAP 100MG	25
ZELBORA TAB 240MG	29
<i>zenatane cap 30mg</i>	120
<i>zenchent fe chw 0.4mg-35</i>	80
<i>zenchent tab</i>	80

ZENPEP CAP 10000UNT	93
ZENPEP CAP 15000UNT	93
ZENPEP CAP 20000UNT	94
ZENPEP CAP 25000	94
ZENPEP CAP 3000UNIT.....	93
ZENPEP CAP 40000	94
ZENPEP CAP 5000UNIT.....	93
<i>zenzedi tab 15mg</i>	65
<i>zenzedi tab 2.5mg</i>	65
<i>zenzedi tab 20mg</i>	65
<i>zenzedi tab 30mg</i>	65
<i>zenzedi tab 7.5mg</i>	65
ZEPATIER TAB 50-100MG	19
ZERIT SOL 1MG/ML	14
<i>zidovudine cap 100 mg.....</i>	14
<i>zidovudine syrup 10 mg/ml.....</i>	14
<i>zidovudine tab 300 mg</i>	14
<i>zileuton tab er 12hr 600 mg</i>	116
ZINACEF/H2O INJ 1.5GM PB.....	17
ZINACEF INJ 750MG	17
ZIOPTAN DRO 0.0015%.....	112
<i>ziprasidone hcl cap 20 mg</i>	63
<i>ziprasidone hcl cap 40 mg</i>	63
<i>ziprasidone hcl cap 60 mg</i>	63
<i>ziprasidone hcl cap 80 mg</i>	63
ZIRGAN GEL 0.15%	110
ZMAX SUS 2GM.....	18
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml.....</i>	76
<i>zoledronic acid iv soln 5 mg/100ml</i>	76
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<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	67
<i>zolmitriptan orally disintegrating tab 5 mg</i>	67
<i>zolmitriptan tab 2.5 mg</i>	67
<i>zolmitriptan tab 5 mg.....</i>	67
<i>zolpidem tartrate tab 10 mg.....</i>	66
<i>zolpidem tartrate tab 5 mg</i>	66
<i>zolpidem tartrate tab er 12.5 mg</i>	66
<i>zolpidem tartrate tab er 6.25 mg</i>	66
ZOMIG SPR 2.5MG.....	67
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<i>zonisamide cap 100 mg</i>	52
<i>zonisamide cap 25 mg.....</i>	52
<i>zonisamide cap 50 mg.....</i>	52
ZONTIVITY TAB 2.08MG	99
ZORTRESS TAB 0.25MG.....	103
<i>ZORTRESS TAB 0.5MG</i>	103
<i>ZORTRESS TAB 0.75MG.....</i>	103
<i>ZORTRESS TAB 1MG</i>	103
<i>ZOSTAVAX INJ</i>	105
<i>zovia 1/35e tab</i>	80
ZUBSOLV SUB 0.7-0.18	3
ZUBSOLV SUB 1.4-0.36	3
ZUBSOLV SUB 11.4-2.9	3
ZUBSOLV SUB 2.9-0.71	3
ZUBSOLV SUB 5.7-1.4	3
ZUBSOLV SUB 8.6-2.1	3
ZYDELIG TAB 100MG	29
ZYDELIG TAB 150MG	29
ZYKADIA CAP 150MG	29
ZYKADIA TAB 150MG	29
ZYTIGA TAB 500MG	26

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Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of 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
HHB Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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



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