



MARKETPLACE PLAN |

Drug Formulary

West Virginia

WV-EXCM-0606-V.13

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](https://www.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
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The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

metformin ext-rel	Glucophage XR
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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
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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](https://www.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		
COX-2 INHIBITORS		
<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	
ULORIC TAB 40MG	3	ST; PA**
ULORIC TAB 80MG	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	

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
<i>fenoprofen calcium cap 400 mg</i>	1	
<i>fenoprofen calcium tab 600 mg</i>	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>ketoprofen cap er 24hr 200 mg</i>	1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	
<i>ketorolac tromethamine inj 15 mg/ml</i>	1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	QL (20 tabs / 26 days)
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen dr tab 375mg</i>	1	
<i>naproxen dr tab 500mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 200 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
OPIOID AGONIST/ANTAGONISTS		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 units / 27 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 units / 27 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 units / 27 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 units / 27 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 27 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	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§

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 ml / 27 days), ST; Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs / 27 days), ST; Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs / 27 days), ST; Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs / 27 days), ST; Subject to initial 7-day limit
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps / 27 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	1	
<i>butorphanol tartrate inj 2 mg/ml</i>	1	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2 bottles / 27 days)
CAPITAL/COD SUS 120-12/5	3	QL (2700 ml / 27 days), ST; Subject to initial 7-day limit
<i>codeine sulf tab 15mg</i>	1	QL (42 tabs / 27 days), ST; Subject to initial 7-day limit
<i>codeine sulf tab 60mg</i>	1	QL (42 tabs / 27 days), ST; Subject to initial 7-day limit
<i>codeine sulfate tab 30 mg</i>	1	QL (42 tabs / 27 days), ST; Subject to initial 7-day limit
EMBEDA CAP 20-0.8MG	2	QL (60 caps / 27 days), ST
EMBEDA CAP 30-1.2MG	2	QL (60 caps / 27 days), ST

Drug Name	Drug Tier	Requirements/Limits
EMBEDA CAP 50-2MG	2	QL (30 caps / 27 days), ST
EMBEDA CAP 60-2.4MG	2	QL (30 caps / 27 days), ST
EMBEDA CAP 80-3.2MG	2	QL (30 caps / 27 days), ST
EMBEDA CAP 100-4MG	2	PA, ST; High Strength Requires PA
<i>endocet tab 2.5-325</i>	1	QL (360 tabs / 27 days), ST; Subject to initial 7-day limit
<i>endocet tab 5-325mg</i>	1	QL (360 tabs / 27 days), ST; Subject to initial 7-day limit
<i>endocet tab 7.5-325</i>	1	QL (240 tabs / 27 days), ST; Subject to initial 7-day limit
<i>endocet tab 10-325mg</i>	1	QL (180 tabs / 27 days), ST; Subject to initial 7-day limit
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	QL (120 lozenges / 27 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	QL (120 lozenges / 27 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	QL (120 lozenges / 27 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	QL (120 lozenges / 27 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	QL (120 lozenges / 27 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	QL (120 lozenges / 27 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	QL (10 patches / 27 days), ST
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (10 patches / 27 days), ST
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, ST; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, ST; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, ST; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 ml / 27 days), ST; Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 27 days), ST; Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 27 days), ST; Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 27 days), ST; Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	QL (50 tabs / 27 days), ST; Subject to initial 7-day limit
HYDROMORPHON SUP 3MG	3	QL (120 suppositories / 27 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl inj 1 mg/ml</i>	1	
<i>hydromorphone hcl inj 2 mg/ml</i>	1	
<i>hydromorphone hcl inj 4 mg/ml</i>	1	
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	QL (600 ml / 27 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	1	
<i>hydromorphone hcl tab 2 mg</i>	1	QL (180 tabs / 27 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl tab 4 mg</i>	1	QL (150 tabs / 27 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl tab 8 mg</i>	1	QL (60 tabs / 27 days), ST; Subject to initial 7-day limit
<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	1	QL (30 tabs / 27 days), ST
<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	1	QL (30 tabs / 27 days), ST
<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	1	QL (30 tabs / 27 days), ST
<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	1	PA, ST; High Strength Requires PA
HYSINGLA ER TAB 20 MG	2	QL (30 tabs / 27 days), ST
HYSINGLA ER TAB 30 MG	2	QL (30 tabs / 27 days), ST
HYSINGLA ER TAB 40 MG	2	QL (30 tabs / 27 days), ST
HYSINGLA ER TAB 60 MG	2	QL (30 tabs / 27 days), ST
HYSINGLA ER TAB 80 MG	2	QL (30 tabs / 27 days), ST

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 100 MG	2	PA, ST; High Strength Requires PA
HYSINGLA ER TAB 120 MG	2	PA, ST; High Strength Requires PA
<i>loratab tab 10-325mg</i>	1	QL (180 tabs / 27 days), ST; Subject to initial 7-day limit
<i>methadone con 10mg/ml</i>	1	QL (60 mL / 27 days), ST; (generic of Methadone Intensol, indicated for pain)
<i>methadone hcl inj 10 mg/ml</i>	1	QL (20 ml / 27 days), ST
<i>methadone hcl soln 5 mg/5ml</i>	1	QL (450 ml / 27 days), ST
<i>methadone hcl soln 10 mg/5ml</i>	1	QL (300 mL / 27 days), ST
<i>methadone hcl tab 5 mg</i>	1	QL (90 tabs / 27 days), ST
<i>methadone hcl tab 10 mg</i>	1	QL (60 tabs / 27 days), ST
<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)
MORPHINE SUL INJ 2MG/ML	3	
MORPHINE SUL INJ 4MG/ML	3	
MORPHINE SUL INJ 5MG/ML	3	
MORPHINE SUL INJ 150/30ML	3	
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	QL (30 caps / 27 days), ST
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	QL (30 caps / 27 days), ST
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	QL (30 caps / 27 days), ST
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	QL (30 caps / 27 days), ST
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	QL (30 caps / 27 days), ST
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA, ST; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	QL (60 caps / 27 days), ST
<i>morphine sulfate cap er 24hr 20 mg</i>	1	QL (60 caps / 27 days), ST
<i>morphine sulfate cap er 24hr 30 mg</i>	1	QL (60 caps / 27 days), ST
<i>morphine sulfate cap er 24hr 50 mg</i>	1	QL (30 caps / 27 days), ST

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cap er 24hr 60 mg</i>	1	QL (30 caps / 27 days), ST
<i>morphine sulfate cap er 24hr 80 mg</i>	1	QL (30 caps / 27 days), ST
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA, ST; High Strength Requires 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), ST; Subject to initial 7-day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QL (675 mL / 27 days), ST; Subject to initial 7-day limit
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL (135 mL / 27 days), ST; Subject to initial 7-day limit
<i>morphine sulfate suppos 5 mg</i>	1	QL (180 suppositories / 27 days), ST; Subject to initial 7-day limit
<i>morphine sulfate suppos 10 mg</i>	1	QL (180 suppositories / 27 days), ST; Subject to initial 7-day limit
<i>morphine sulfate suppos 20 mg</i>	1	QL (120 supp / 27 days), ST; Subject to initial 7-day limit
MORPHINE SULFATE SUPPOS 30 MG	1	QL (90 supp / 27 days), ST; Subject to initial 7-day limit
<i>morphine sulfate tab 15 mg</i>	1	QL (180 tabs / 27 days), ST; Subject to initial 7-day limit
<i>morphine sulfate tab 30 mg</i>	1	QL (90 tabs / 27 days), ST; Subject to initial 7-day limit
<i>morphine sulfate tab er 15 mg</i>	1	QL (90 tabs / 27 days), ST
<i>morphine sulfate tab er 30 mg</i>	1	QL (90 tabs / 27 days), ST
<i>morphine sulfate tab er 60 mg</i>	1	PA, ST; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab er 100 mg</i>	1	PA, ST; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	1	PA, ST; High Strength Requires PA
<i>nalbuphine hcl inj 10 mg/ml</i>	1	
<i>nalbuphine hcl inj 20 mg/ml</i>	1	
NUCYNTA ER TAB 50MG	2	QL (60 tabs / 27 days), ST
NUCYNTA ER TAB 100MG	2	QL (60 tabs / 27 days), ST
NUCYNTA ER TAB 150MG	2	PA, ST; High Strength Requires PA
NUCYNTA ER TAB 200MG	2	PA, ST; High Strength Requires PA
NUCYNTA ER TAB 250MG	2	PA, ST; High Strength Requires PA
NUCYNTA TAB 50MG	2	QL (120 tabs / 27 days), ST; Subject to initial 7-day limit
NUCYNTA TAB 75MG	2	QL (90 tabs / 27 days), ST; Subject to initial 7-day limit
NUCYNTA TAB 100MG	2	QL (60 tabs / 27 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl cap 5 mg</i>	1	QL (180 caps / 27 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	QL (90 mL / 27 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL (900 ml / 27 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs / 27 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl tab 10 mg</i>	1	QL (180 tabs / 27 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl tab 15 mg</i>	1	QL (120 tabs / 27 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl tab 20 mg</i>	1	QL (90 tabs / 27 days), ST; Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab 30 mg</i>	1	QL (60 tabs / 27 days), ST; Subject to initial 7-day limit
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	QL (60 tabs / 27 days), ST
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	QL (60 tabs / 27 days), ST
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	QL (60 tabs / 27 days), ST
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	QL (60 tabs / 27 days), ST
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, ST; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	PA, ST; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, ST; High Strength Requires PA
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL (1800 ml / 27 days), ST; Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 27 days), ST; Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 27 days), ST; Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 27 days), ST; Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 27 days), ST; Subject to initial 7-day limit
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	QL (360 tabs / 27 days), ST; Subject to initial 7-day limit
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	QL (28 tabs / 27 days), ST; Subject to initial 7-day limit
OXYCONTIN TAB 10MG CR	2	QL (60 tabs / 27 days), ST
OXYCONTIN TAB 15MG CR	2	QL (60 tabs / 27 days), ST
OXYCONTIN TAB 20MG CR	2	QL (60 tabs / 27 days), ST
OXYCONTIN TAB 30MG CR	2	QL (60 tabs / 27 days), ST
OXYCONTIN TAB 40MG CR	2	PA, ST; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TAB 60MG CR	2	PA, ST; High Strength Requires PA
OXYCONTIN TAB 80MG CR	2	PA, ST; High Strength Requires PA
<i>oxymorphone hcl tab 5 mg</i>	1	QL (180 tabs / 27 days), ST; Subject to initial 7-day limit
<i>oxymorphone hcl tab 10 mg</i>	1	QL (90 tabs / 27 days), ST; Subject to initial 7-day limit
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	QL (60 tabs / 27 days), ST
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	QL (60 tabs / 27 days), ST
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	QL (60 tabs / 27 days), ST
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	QL (60 tabs / 27 days), ST
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	PA, ST; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	PA, ST; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	PA, ST; High Strength Requires PA
<i>tramadol hcl tab 50 mg</i>	1	QL (180 tabs / 27 days), ST; Subject to initial 7-day limit
<i>tramadol hcl tab er 24hr 100 mg</i>	1	QL (30 tabs / 27 days), ST
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, ST; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, ST; High Strength Requires 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), ST; Subject to initial 7-day limit

OPIOID PARTIAL AGONISTS§

BELBUCA MIS 75MCG	2	QL (60 films / 27 days), ST
BELBUCA MIS 150MCG	2	QL (60 films / 27 days), ST
BELBUCA MIS 300MCG	2	QL (60 films / 27 days), ST
BELBUCA MIS 450MCG	2	QL (60 films / 27 days), ST
BELBUCA MIS 600MCG	2	PA, ST; High Strength Requires Prior Auth

Drug Name	Drug Tier	Requirements/Limits
BELBUCA MIS 750MCG	2	PA, ST; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	2	PA, ST; High Strength Requires Prior Auth
<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

<i>aspirin chw 81mg</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>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

LIDO/DEXTROS INJ 5-7.5%	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 sulfite inj 1 gm/4ml (250 mg/ml)</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	1	
<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	1	
GENTAM/NAACL INJ 0.9MG/ML	3	
GENTAM/NAACL INJ 1.4MG/ML	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	
MONUROL PAK GRANULES	3	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>streptomycin sulfate for inj 1 gm</i>	1	
SULFADIAZINE TAB 500MG	3	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>tobramycin nebu soln 300 mg/5ml</i>	4	QL (280 mL / 28 days), PA
<i>tobramycin sulfate for inj 1.2 gm</i>	1	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	1	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	1	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	1	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	1	
ANTI-INFECTIVES - MISCELLANEOUS		
ALINIA SUS 100/5ML	2	
ALINIA TAB 500MG	2	
<i>atovaquone susp 750 mg/5ml</i>	1	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	3	
<i>aztreonam for inj 1 gm</i>	1	
<i>aztreonam for inj 2 gm</i>	1	
CAYSTON INH 75MG	4	QL (84 vials / 28 days), PA
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate inj 9 gm/60ml</i>	1	
<i>clindamycin phosphate inj 300 mg/2ml</i>	1	
<i>clindamycin phosphate inj 600 mg/4ml</i>	1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	1	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	1	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	1	
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<i>daptomycin for iv soln 500 mg</i>	1	
DARAPRIM TAB 25MG	3	
<i>doripenem for iv infusion 250 mg</i>	1	
<i>doripenem for iv infusion 500 mg</i>	1	
EMVERM CHW 100MG	3	QL (12 tabs / 365 days)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
INVANZ INJ 1GM	3	
<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	
NEBUPENT INH 300MG	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

Drug Name	Drug Tier	Requirements/Limits
<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)
PRIMSOL SOL 50MG/5ML	2	
SIVEXTRO INJ 200MG	3	
SIVEXTRO TAB 200MG	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	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	1	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	1	
XIFAXAN TAB 200MG	2	
XIFAXAN TAB 550MG	2	PA
ANTIFUNGALS		
<i>amphotericin b for iv soln 50 mg</i>	1	
BIO-STATIN CAP 500000	2	
BIO-STATIN CAP 1000000	2	
<i>bio-statin pow</i>	1	
CRESEMBA CAP 186 MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in dextrose inj 200 mg/100ml</i>	1	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
FLUCONAZOLE/ INJ NAACL 100	3	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
<i>itraconazole oral soln 10 mg/ml</i>	1	PA
NOXAFIL SUS 40MG/ML	2	
NOXAFIL TAB 100MG	2	
<i>nystatin tab 500000 unit</i>	1	
<i>posaconazole tab delayed release 100 mg</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	PA
<i>voriconazole for susp 40 mg/ml</i>	3	PA
<i>voriconazole tab 50 mg</i>	3	PA
<i>voriconazole tab 200 mg</i>	3	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM TAB 20-120MG	3	
<i>mefloquine hcl tab 250 mg</i>	1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>quinine sulfate cap 324 mg</i>	1	

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG	2	QL (120 caps / 30 days)
APTIVUS SOL	2	QL (285 mL / 28 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (30 caps / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (30 caps / 30 days)
CRIXIVAN CAP 200MG	2	QL (450 caps / 30 days)
CRIXIVAN CAP 400MG	2	QL (180 caps / 30 days)
<i>didanosine delayed release capsule 200 mg</i>	1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine delayed release capsule 250 mg</i>	1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	1	QL (30 caps / 30 days)
EDURANT TAB 25MG	2	QL (60 tabs / 30 days)
<i>efavirenz cap 50 mg</i>	1	QL (90 caps / 30 days)
<i>efavirenz cap 200 mg</i>	1	QL (90 caps / 30 days)
<i>efavirenz tab 600 mg</i>	1	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG	2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML	2	QL (680 ml / 28 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
FUZEON INJ 90MG	4	QL (60 vials / 30 days)
INTELENCE TAB 25MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 100MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG	2	QL (60 tabs / 30 days)
INVIRASE CAP 200MG	2	QL (300 caps / 30 days)
INVIRASE TAB 500MG	2	QL (120 tabs / 30 days)
ISENTRESS CHW 25MG	2	QL (180 tabs / 30 days)
ISENTRESS CHW 100MG	2	QL (180 tabs / 30 days)
ISENTRESS HD TAB 600MG	2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG	2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG	2	QL (120 tabs / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (900 ml / 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
SYMFI LO TAB	2	QL (30 tabs / 30 days)
SYMFI 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

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

Drug Name	Drug Tier	Requirements/Limits
<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	
CEPHALOSPORINS		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	
ZINACEF INJ 750MG	3	
ZINACEF/H2O INJ 1.5GM PB	3	

ERYTHROMYCINS/MACROLIDES

<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
DIFICID TAB 200MG	2	PA
<i>e.e.s. 400 tab 400mg</i>	1	
<i>ery-tab tab 250mg ec</i>	1	
<i>ery-tab tab 333mg ec</i>	1	
<i>ery-tab tab 500mg ec</i>	1	
ERYTHROCIN INJ 500MG	3	
<i>erythrocin tab 250mg</i>	1	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
PCE TAB 333MG EC	3	
PCE TAB 500MG EC	3	
ZMAX SUS 2GM	3	

FLUOROQUINOLONES

<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	1	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>	1	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	1	
FACTIVE TAB 320MG	3	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>levofloxacin iv soln 25 mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl 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

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	1	
<i>ampicillin for susp 250 mg/5ml</i>	1	
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for inj 2 gm</i>	1	
<i>ampicillin sodium for inj 125 mg</i>	1	
<i>ampicillin sodium for inj 250 mg</i>	1	
<i>ampicillin sodium for inj 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium for iv soln 1 gm</i>	1	
<i>ampicillin sodium for iv soln 2 gm</i>	1	
<i>ampicillin sodium for iv soln 10 gm</i>	1	
AUGMENTIN SUS 125/5ML	2	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<i>nafcillin sodium for inj 1 gm</i>	1	
<i>nafcillin sodium for inj 2 gm</i>	1	
<i>nafcillin sodium for iv soln 1 gm</i>	1	
<i>nafcillin sodium for iv soln 2 gm</i>	1	
<i>nafcillin sodium for iv soln 10 gm</i>	1	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	1	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	1	
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	1	
<i>penicillin g potassium for inj 5000000 unit</i>	1	
<i>penicillin g potassium for inj 20000000 unit</i>	1	
<i>penicillin g sodium for inj 5000000 unit</i>	1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>pfizerpen 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>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline 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	

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

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>busulfan inj 6 mg/ml</i>	1	
<i>carmustine for inj 100 mg</i>	1	
<i>cyclophosphamide cap 25 mg</i>	1	
<i>cyclophosphamide cap 50 mg</i>	1	
<i>cyclophosphamide for inj 1 gm</i>	4	
<i>cyclophosphamide for inj 2 gm</i>	4	
<i>cyclophosphamide for inj 500 mg</i>	4	
<i>dacarbazine for inj 100 mg</i>	1	
<i>dacarbazine for inj 200 mg</i>	1	
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	
<i>ifosfamide for inj 1 gm</i>	1	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	1	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	1	
LEUKERAN TAB 2MG	2	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>melfalan tab 2 mg</i>	1	
TEMODAR INJ 100MG	4	PA
<i>temozolomide cap 5 mg</i>	4	PA
<i>temozolomide cap 20 mg</i>	4	PA
<i>temozolomide cap 100 mg</i>	4	PA
<i>temozolomide cap 140 mg</i>	4	PA
<i>temozolomide cap 180 mg</i>	4	PA
<i>temozolomide cap 250 mg</i>	4	PA

ANTHRACYCLINES

<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	1	
<i>doxorubicin hcl for inj 10 mg</i>	1	
<i>doxorubicin hcl for inj 50 mg</i>	1	
<i>doxorubicin hcl inj 2 mg/ml</i>	1	
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	1	
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	1	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	1	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	1	

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	
ALIMTA INJ 100MG	4	
ALIMTA INJ 500MG	4	
ARRANON INJ 5MG/ML	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>floxuridine for inj 0.5 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fludarabine phosphate for inj 50 mg</i>	1	
<i>fludarabine phosphate inj 25 mg/ml</i>	1	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	1	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	1	
<i>gemcitabine hcl for inj 1 gm</i>	4	
<i>gemcitabine hcl for inj 2 gm</i>	4	
<i>gemcitabine hcl for inj 200 mg</i>	4	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	4	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	4	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	4	
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
NIPENT INJ 10MG	2	
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	

Drug Name	Drug Tier	Requirements/Limits
<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
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

Drug Name	Drug Tier	Requirements/Limits
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	
DEPO-PROVERA INJ 400/ML	3	
ELIGARD INJ 7.5MG	4	PA
ELIGARD INJ 22.5MG	4	PA
ELIGARD INJ 30MG	4	PA
ELIGARD INJ 45MG	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
LUPR DEP-PED INJ 3M 30MG	4	PA
LUPR DEP-PED INJ 7.5MG	4	PA
LUPR DEP-PED INJ 11.25MG	4	PA
LUPR DEP-PED INJ 15MG	4	PA
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
BYVALSON TAB 5-80MG	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
EDARBI TAB 40MG	3	ST; PA**
EDARBI TAB 80MG	3	ST; PA**
<i>eprosartan mesylate tab 600 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	

ANTIARRHYTHMICS

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	1	
<i>lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)</i>	1	
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	1	
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	1	
<i>lidocaine inj 20mg/ml</i>	1	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1	
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
MULTAQ TAB 400MG	3	PA
NEXTERONE INJ	3	

Drug Name	Drug Tier	Requirements/Limits
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG CR	2	
<i>pacerone tab 100mg</i>	1	
<i>pacerone tab 200mg</i>	1	
<i>procainamide hcl inj 100 mg/ml</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
<i>sorine tab 80mg</i>	1	
<i>sorine tab 120mg</i>	1	
<i>sorine tab 160mg</i>	1	
<i>sorine tab 240mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
SOTALOL HCL INJ 150/10ML	3	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>prevalite pow 4gm</i>	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tab 10 mg</i>	1	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 50 mg</i>	1	
<i>fenofibrate cap 150 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 130 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
FENOFIBRIC TAB 105MG	1	
<i>gemfibrozil tab 600 mg</i>	1	

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS

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

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
LIVALO TAB 1MG	3	ST; PA**
LIVALO TAB 2MG	3	ST; PA**
LIVALO TAB 4MG	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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>simvastatin tab 40 mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	ST; PA**
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML	4	QL (2 syringes / 28 days), PA
REPATHA PUSH INJ 420/3.5	4	QL (1 cartridge / 28 days), PA
REPATHA SURE INJ 140MG/ML	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	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	

BETA-BLOCKERS

<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	3	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl iv soln 5 mg/ml</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	1	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl inj 1 mg/ml</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
<i>afeditab tab 30mg cr</i>	1	
<i>afeditab tab 60mg cr</i>	1	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
CARDENE IV INJ 40/200ML	3	
CARDENE IV SOL 20/200ML	3	
CARDIZEM LA TAB 120MG	2	
<i>cartia xt cap 120/24hr</i>	1	
<i>cartia xt cap 180/24hr</i>	1	
<i>cartia xt cap 240/24hr</i>	1	
<i>cartia xt cap 300/24hr</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
DILTIAZEM INJ 100MG	3	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>matzim la tab 180mg/24</i>	1	
<i>matzim la tab 240mg/24</i>	1	
<i>matzim la tab 300mg/24</i>	1	
<i>matzim la tab 360mg/24</i>	1	
<i>matzim la tab 420mg/24</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
<i>taztia xt cap 120mg/24</i>	1	
<i>taztia xt cap 180mg/24</i>	1	
<i>taztia xt cap 240mg/24</i>	1	
<i>taztia xt cap 300mg er</i>	1	
<i>taztia xt cap 360mg/24</i>	1	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digox tab 0.25mg</i>	1	
<i>digox tab 0.125mg</i>	1	
<i>digoxin inj 0.25 mg/ml</i>	1	
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN PED INJ 0.1MG/ML	3	
LANOXIN TAB 0.0625MG	2	
LANOXIN TAB 0.1875MG	2	
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
<i>DIURETICS</i>		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide sodium for inj 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
ALDACTAZIDE TAB 50/50	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	
<i>bumetanide inj 0.25 mg/ml</i>	1	
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>chlorothiazide sodium for inj 500 mg</i>	1	
<i>chlorothiazide tab 250 mg</i>	1	
<i>chlorothiazide tab 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
DYRENIUM CAP 50MG	3	

Drug Name	Drug Tier	Requirements/Limits
DYRENIUM CAP 100MG	3	
<i>ethacrynate sodium for inj 50 mg</i>	1	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide inj 10 mg/ml</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>methyclothiazide tab 5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide 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	

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>hydralazine hcl inj 20 mg/ml</i>	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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

ANTI-ANXIETY

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	

Drug Name	Drug Tier	Requirements/Limits
<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
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CELONTIN CAP 300MG	3	
<i>clobazam suspension 2.5 mg/ml</i>	1	PA
<i>clobazam tab 10 mg</i>	1	PA
<i>clobazam tab 20 mg</i>	1	PA
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (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)
DILANTIN CAP 30MG	3	

Drug Name	Drug Tier	Requirements/Limits
<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>fosphephenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	1	
<i>fosphephenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
LYRICA CAP 25MG	3	ST; PA**
LYRICA CAP 50MG	3	ST; PA**
LYRICA CAP 75MG	3	ST; PA**
LYRICA CAP 100MG	3	ST; PA**
LYRICA CAP 150MG	3	ST; PA**
LYRICA CAP 200MG	3	ST; PA**
LYRICA CAP 225MG	3	ST; PA**
LYRICA CAP 300MG	3	ST; PA**
LYRICA SOL 20MG/ML	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	
PEGANONE TAB 250MG	3	
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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
VIMPAT INJ 200MG/20	3	
VIMPAT SOL 10MG/ML	3	
VIMPAT TAB 50MG	3	
VIMPAT TAB 100MG	3	
VIMPAT TAB 150MG	3	
VIMPAT TAB 200MG	3	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	QL (90 tabs / 26 days); QL applies to members age 65 and older
<i>desipramine hcl tab 25 mg</i>	1	QL (90 tabs / 26 days); QL applies to members age 65 and older
<i>desipramine hcl tab 50 mg</i>	1	QL (90 tabs / 26 days); QL applies to members age 65 and older
<i>desipramine hcl tab 75 mg</i>	1	QL (60 tabs / 26 days); QL applies to members age 65 and older
<i>desipramine hcl tab 100 mg</i>	1	QL (30 tabs / 26 days); QL applies to members age 65 and older
<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

Drug Name	Drug Tier	Requirements/Limits
<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	
EMSAM DIS 6MG/24HR	3	PA
EMSAM DIS 9MG/24HR	3	PA
EMSAM DIS 12MG/24H	3	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	3	ST; PA**
FETZIMA CAP 40MG	3	ST; PA**
FETZIMA CAP 80MG	3	ST; PA**
FETZIMA CAP 120MG	3	ST; PA**
FETZIMA CAP TITRATIO	3	ST; PA**
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	1	(generic Sarafem not covered)
<i>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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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

Drug Name	Drug Tier	Requirements/Limits
<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
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**

Drug Name	Drug Tier	Requirements/Limits
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	
<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	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
<i>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	

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	
ARISTADA INJ INITIO	2	
CHLORPROMAZ INJ 25MG/ML	3	
CHLORPROMAZ INJ 50MG/2ML	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	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
SAPHRIS SUB 2.5MG	3	ST; PA**
SAPHRIS SUB 5MG	3	ST; PA**
SAPHRIS SUB 10MG	3	ST; PA**
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDERS		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps / 27 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps / 27 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 27 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 27 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 27 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 27 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs / 27 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs / 27 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs / 27 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs / 27 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 27 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs / 27 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs / 27 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps / 27 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps / 27 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps / 27 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps / 27 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps / 27 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps / 27 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps / 27 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps / 27 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (120 tabs / 27 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (120 tabs / 27 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs / 27 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (120 caps / 27 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (120 caps / 27 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps / 27 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1,200 mL / 27 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (120 tabs / 27 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (120 tabs / 27 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	ST; PA**
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	ST; PA**
<i>methamphetamine hcl tab 5 mg</i>	1	QL (150 tabs / 27 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps / 27 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps / 27 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps / 27 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps / 27 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps / 27 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps / 27 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps / 27 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 caps / 27 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps / 27 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps / 27 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (180 chew tabs / 27 days)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (180 chew tabs / 27 days)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (180 chew tabs / 27 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL / 27 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900 mL / 27 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs / 27 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs / 27 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs / 27 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (90 tabs / 27 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (90 tabs / 27 days)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	QL (60 tabs / 27 days)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	QL (60 tabs / 27 days)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	QL (60 tabs / 27 days)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	QL (30 tabs / 27 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (60 tabs / 27 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (60 tabs / 27 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (60 tabs / 27 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (30 tabs / 27 days)
VYVANSE CAP 10MG	2	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>zenzedi tab 2.5mg</i>	1	QL (120 tabs / 27 days)
<i>zenzedi tab 7.5mg</i>	1	QL (120 tabs / 27 days)
<i>zenzedi tab 15mg</i>	1	QL (60 tabs / 27 days)
<i>zenzedi tab 20mg</i>	1	QL (60 tabs / 27 days)
<i>zenzedi tab 30mg</i>	1	QL (30 tabs / 27 days)

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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>clomipramine hcl cap 25 mg</i>	1	QL (150 caps / 26 days); QL applies to members age 65 and older
<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	
GUANIDINE TAB 125MG	3	
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	3	
NUEDEXTA CAP 20-10MG	2	PA
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
REGONOL INJ 5MG/ML	3	
<i>riluzole tab 50 mg</i>	1	
SAVELLA MIS TITR PAK	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TAB 12.5MG	3	ST; PA**
SAVELLA TAB 25MG	3	ST; PA**
SAVELLA TAB 50MG	3	ST; PA**
SAVELLA TAB 100MG	3	ST; PA**
<i>tetrabenazine tab 12.5 mg</i>	4	QL (240 tabs / 30 days), PA
<i>tetrabenazine tab 25 mg</i>	4	QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
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
<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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 200 mg</i>	1	PA
XYREM SOL 500MG/ML	4	PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG	0	\$0 limited to 2 treatment cycles/year
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	0	\$0 copay
NARCAN SPR	2	
<i>nicorelief gum 4mg mint</i>	0	OTC; \$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine dis 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pol loz 4mg mint</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
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)

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	

Drug Name	Drug Tier	Requirements/Limits
<i>acarbose tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	3	ST; PA**
SYMLINPEN 120 INJ 1000MCG	3	ST; PA**
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide-metformin tab 5-500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	
JANUVIA TAB 25MG	2	ST; PA**
JANUVIA TAB 50MG	2	ST; PA**
JANUVIA TAB 100MG	2	ST; PA**
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**

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION		
<i>repaglinide-metformin hcl tab 1-500 mg</i>	1	
<i>repaglinide-metformin hcl tab 2-500 mg</i>	1	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB	2	ST; PA**
SYNJARDY TAB 5-500MG	2	ST; PA**
SYNJARDY TAB 5-1000MG	2	ST; PA**
SYNJARDY TAB 12.5-500	2	ST; PA**
SYNJARDY XR TAB	2	ST; PA**
SYNJARDY XR TAB 5-1000MG	2	ST; PA**
SYNJARDY XR TAB 10-1000	2	ST; PA**
SYNJARDY XR TAB 25-1000	2	ST; PA**
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		
<i>glimepiride tab 1 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
<i>glyburide micronized tab 1.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide micronized tab 3 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide micronized tab 6 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide tab 1.25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide tab 2.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide tab 5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older

BISPHOSPHONATES

<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
FOSAMAX + D TAB 70-2800	3	ST; PA**
FOSAMAX + D TAB 70-5600	3	ST; PA**
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>pamidronate disodium for inj 30 mg</i>	1	
<i>pamidronate disodium for inj 90 mg</i>	1	
<i>pamidronate disodium iv soln 3 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate disodium iv soln 9 mg/ml</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	PA
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	4	QL (60 tabs / 30 days), PA
SENSIPAR TAB 60MG	4	QL (60 tabs / 30 days), PA
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	

Drug Name	Drug Tier	Requirements/Limits
<i>cryselle-28 tab 28 tabs</i>	0	
<i>cyclafem tab 1/35</i>	0	
<i>cyclafem tab 7/7/7</i>	0	
<i>dasetta tab 1/35</i>	0	
<i>dasetta tab 7/7/7</i>	0	
<i>delyla tab 0.1-0.02</i>	0	
DEPO-SQ PROV INJ 104	0	QL (4 inj / 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>elinest tab</i>	0	
ELLA TAB 30MG	0	
<i>emoquette tab</i>	0	
<i>enpresse-28 tab</i>	0	
<i>enskyce tab</i>	0	
<i>errin tab 0.35mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>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	
KYLEENA IUD 19.5MG	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	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levora-28 tab 0.15/30</i>	0	
LILETTA IUD 52MG	0	QL (1 / 300 days)
LO LOESTRIN TAB 1-10-10	0	
<i>loryna tab 3-0.02mg</i>	0	
<i>low-ogestrel tab</i>	0	
<i>lutra tab</i>	0	
<i>marlissa tab 0.15/30</i>	0	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 inj / 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 inj / 300 days)
<i>mibelas 24 chw fe</i>	0	
<i>microgestin tab 1.5/30</i>	0	
MIRENA IUD SYSTEM	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	

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

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

Drug Name	Drug Tier	Requirements/Limits
ESTROGEL GEL	3	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate tab 0.75 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate tab 1.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate tab 3 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
EVAMIST SPR 1.53MG	3	PA; High Risk Medications require PA for members age 70 and older
<i>jinteli tab 1mg-5mcg</i>	1	
MENEST TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	3	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey lo tab 0.5-0.1</i>	1	
<i>mimvey tab 1-0.5mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
PREMARIN INJ 25MG	3	
PREMARIN TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TAB 0.9MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	3	
<i>yuvaferm tab 10mcg</i>	1	

FERTILITY REGULATORS

CHOR GONADOT INJ 10000UNT	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
PREDNISON CON 5MG/ML	2	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
SOLU-CORTEF INJ 100MG	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

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
SYNTHROID TAB 25MCG	2	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYROLAR-1 TAB 60MG	3	
THYROLAR-1/2 TAB 30MG	3	
THYROLAR-1/4 TAB 15MG	3	
THYROLAR-2 TAB 120MG	3	
THYROLAR-3 TAB 180MG	3	
<i>unithroid tab 25mcg</i>	1	
<i>unithroid tab 50mcg</i>	1	
<i>unithroid tab 75mcg</i>	1	
<i>unithroid tab 88mcg</i>	1	
<i>unithroid tab 100mcg</i>	1	
<i>unithroid tab 112mcg</i>	1	
<i>unithroid tab 125mcg</i>	1	
<i>unithroid tab 200mcg</i>	1	
<i>unithroid tab 300mcg</i>	1	
VASOPRESSINS		
<i>desmopressin acetate inj 4 mcg/ml</i>	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	
CUVPOSA SOL 1MG/5ML	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	

Drug Name	Drug Tier	Requirements/Limits
<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	

ANTIEMETICS§

<i>AKYNZEO CAP 300-0.5</i>	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)
<i>CESAMET CAP 1MG</i>	3	QL (18 caps / 21 days)
<i>compro sup 25mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	QL (60 caps / 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)

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 12.5 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan sup 12.5mg</i>	1	
<i>promethegan sup 25mg</i>	1	
<i>promethegan sup 50mg</i>	1	
SANCUSO DIS 3.1MG	2	QL (2 patches / 21 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
TRANSDERM-SC DIS 1.5MG	3	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
VARUBI INJ	2	
VARUBI TAB 90MG	2	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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>alose tron hcl tab 0.5 mg (base equiv)</i>	1	PA
<i>alose tron hcl tab 1 mg (base equiv)</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
CLENPIQ SOL	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>enulose sol 10gm/15</i>	1	
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	
<i>gavilyte-h kit</i>	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>gavilyte-n sol flav pk</i>	1	
<i>generlac sol 10gm/15</i>	1	
GOLYTELY SOL	2	
<i>lactulose solution 10 gm/15ml</i>	1	
MOVIPREP SOL	0	\$0 copay for members age 50 through 74; Tier 2 for all others
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl-na 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	
PLENVU 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	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
MOTOFEN TAB 1-0.025	3	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	

Drug Name	Drug Tier	Requirements/Limits
SUCRAID SOL 8500/ML	3	
<i>sucralfate tab 1 gm</i>	1	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>proctozone cre -hc 2.5%</i>	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
CARDURA XL TAB 4MG	3	ST; PA**
CARDURA XL TAB 8MG	3	ST; PA**
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tadalafil tab 2.5 mg</i>	1	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	
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		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
ELMIRON CAP 100MG	3	
<i>flavoxate hcl tab 100 mg</i>	1	
<i>phenazopyridine tab 95mg</i>	1	OTC
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
MYRBETRIQ TAB 25MG	3	ST; PA**
MYRBETRIQ TAB 50MG	3	ST; PA**
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
<i>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	

VAGINAL ANTI-INFECTIVES

CLEOCIN SUP 100MG	2	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
GYNAZOLE-1 CRE 2%	3	
<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

ARGATRB/NACL INJ 50MG/50	3	
ARGATROBAN INJ 125/125	3	
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	1	
ARGATROBAN INJ 250/250	3	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 100 mg/ml</i>	1	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 150 mg/ml</i>	1	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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)

<i>hydroxychloroquine sulfate tab 200 mg</i>	1
<i>leflunomide tab 10 mg</i>	1
<i>leflunomide tab 20 mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	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
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

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

Drug Name	Drug Tier	Requirements/Limits
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	
FLUARIX QUAD INJ 2019-20	0	
FLUBLOK QUAD INJ 2019-20	0	
FLUCLVX QUAD INJ 2019-20	0	
FLULAVAL 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
IPOL 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

Drug Name	Drug Tier	Requirements/Limits
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
RECOMBIVA HB INJ 5MCG/0.5	0	
RECOMBIVA HB INJ 10MCG/ML	0	
RECOMBIVA-HB INJ 40MCG/ML	0	
ROTARIX SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX INJ 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)
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Drug Name	Drug Tier	Requirements/Limits
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)
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
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Drug Name	Drug Tier	Requirements/Limits
FLUORABON DRO	0	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab chw 0.5mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab chw 0.25mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab chw 2.2mg</i>	1	
<i>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	
KLOR-CON M15 TAB 15MEQ ER	1	
<i>klor-con m20 tab 20meq er</i>	1	
<i>ludent chw 0.5mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>ludent chw 0.25mg f</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>ludent chw 1mg f</i>	1	
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	

Drug Name	Drug Tier	Requirements/Limits
<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
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	
IV REPLACEMENT SOLUTIONS		
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
<i>potassium chloride inj 2 meq/ml</i>	1	
<i>potassium chloride inj 10 meq/50ml</i>	1	
<i>potassium chloride inj 10 meq/100ml</i>	1	
<i>potassium chloride inj 20 meq/50ml</i>	1	
<i>potassium chloride inj 20 meq/100ml</i>	1	
<i>potassium chloride inj 40 meq/100ml</i>	1	
<i>sodium chloride iv soln 0.9%</i>	1	
<i>sodium chloride iv soln 0.45%</i>	1	
<i>sodium chloride iv soln 3%</i>	1	
<i>sodium chloride iv soln 5%</i>	1	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VITAMINS		
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol inj 1 mcg/ml</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	1	OTC
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>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	

Drug Name	Drug Tier	Requirements/Limits
<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	

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	

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polycin oin op</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>trifluridine ophth soln 1%</i>	1	
ZIRGAN GEL 0.15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOL 0.45%	2	
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		
ALOCRI SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
EMADINE SOL 0.05% OP	3	
<i>epinastine hcl ophth soln 0.05%</i>	1	
LASTACFT SOL 0.25%	2	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PAZEO DRO 0.7%	2	

ANTI GLAUCOMA

ALPHAGAN P SOL 0.1%	3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
AZOPT SUS 1% OP	2	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5%	3	
BETIMOL SOL 0.25%	3	
BETOPTIC-S SUS 0.25% OP	2	
<i>bimatoprost ophth soln 0.03%</i>	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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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)

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA CAP HANDIHLR	2	QL (1 package / 26 days)
SPIRIVA SPR 2.5MCG	2	QL (1 package / 26 days)

ANTI-HISTAMINE COMBINATIONS

DYMISTA SPR 137-50	2	QL (1 package / 26 days)
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ANTI-HISTAMINES

<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	
CLARINEX SYP 0.5MG/ML	3	
<i>clemastine fumarate tab 2.68 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<i>desloratadine tab 5 mg</i>	1	
<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

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tab 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 25 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 50 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 100 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 container / 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)

Drug Name	Drug Tier	Requirements/Limits
<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	
PERFOROMIST NEB 20MCG	2	QL (2 boxes / 26 days)
PROAIR HFA AER	2	QL (2 inhalers / 26 days)
PROAIR RESPI AER	2	QL (2 packages / 26 days)
STRIVERDI AER 2.5MCG	2	QL (1 package / 26 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	1	
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
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 syp ac</i>	1	OTC
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	
<i>hydromet syp 5-1.5/5</i>	1	
NORTUSS-EX LIQ 200-20/5	2	
<i>prometh vc sol plain</i>	1	
<i>prometh vc/ syp 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	
TUZISTRA XR SUS	3	
VITUZ SOL 5-4MG	3	

Drug Name	Drug Tier	Requirements/Limits
LEUKOTRIENE MODIFIERS		
<i>zileuton tab er 12hr 600 mg</i>	3	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
MAST CELL STABILIZERS§		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (2 boxes / 26 days)
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	

Drug Name	Drug Tier	Requirements/Limits
<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)

STEROID INHALANTS§

ASMANEX 30 AER 110MCG	2	QL (2 inhalers / 26 days)
ASMANEX 30 AER 220MCG	2	QL (4 inhalers / 26 days)
ASMANEX 60 AER 220MCG	2	QL (2 inhalers / 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 REDIIHA AER 80MCG	2	QL (2 packages / 26 days)
QVAR REDIIHAL AER 40MCG	2	QL (2 packages / 26 days)

STEROID/BETA-AGONIST COMBINATIONS§

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)

Drug Name	Drug Tier	Requirements/Limits
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)

XANTHINES

<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	
<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>amneesteem cap 10mg</i>	1	PA
<i>amneesteem cap 20mg</i>	1	PA
<i>amneesteem 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
AZELEX CRE 20%	3	ST; PA**
BENZIQL GEL 5.25%	2	
BENZIQL LS GEL 2.75%	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin microsphere gel 0.1%</i>	1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	1	PA; PA applies for members age 35 and older
<i>zenatane cap 30mg</i>	1	PA
DERMATOLOGY, ACTINIC KERATOSIS		
FLUOROPLEX CRE 1%	3	
<i>fluorouracil cream 0.5%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
<i>imiquimod cream 5%</i>	1	
PICATO GEL 0.05%	3	
PICATO GEL 0.015%	3	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OIN 1%	3	
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	
SULFAMYLON 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**

Drug Name	Drug Tier	Requirements/Limits
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	

DERMATOLOGY, ANTIPRURITIC

<i>doxepin hcl cream 5%</i>	1	QL (90 grams / 26 days), ST; PA**
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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 oin 0.005%</i>	1	
<i>calcitriol oint 3 mcg/gm</i>	1	
COSENTYX INJ 150MG/ML	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	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

Drug Name	Drug Tier	Requirements/Limits
TAZORAC CRE 0.05%	2	PA
TAZORAC GEL 0.1%	2	PA
TAZORAC GEL 0.05%	2	PA

DERMATOLOGY, ANTISEBORRHEICS

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

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort cre 1%</i>	1	
<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)
AMCINONIDE OIN 0.1%	2	QL (120g / 26 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120g / 26 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)
HALOG CRE 0.1%	3	QL (120g / 26 days)
HALOG OIN 0.1%	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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL 0.01%	3	PA
SANTYL OIN 250/GM	3	PA
<i>sodium chloride irrigation soln 0.9%</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	1	
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>oralone dent pst 0.1%</i>	1	
ORAVIG TAB 50MG	3	
<i>periogard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
OTIC		
<i>acetic acid 2% in aluminum acetate otic soln</i>	1	
<i>acetic acid otic soln 2%</i>	1	
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
COLY-MYCIN S SUS OTIC	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
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<i>allopurinol sodium for inj 500 mg</i>	1	<i>amikacin sulfate inj 500 mg/2ml (250</i>	
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<i>allopurinol tab 300 mg</i>	1	<i>amiloride & hydrochlorothiazide tab 5-50</i>	
<i>almotriptan malate tab 12.5 mg</i>	70	<i>mg</i>	47
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<i>alogliptin benzoate tab 25 mg (base</i>		<i>amiodarone hcl inj 450 mg/9ml (50</i>	
<i>equiv)</i>	76	<i>mg/ml)</i>	39
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amiodarone hcl tab 200 mg	39	amlodipine besylate-olmesartan	
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<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	66	<i>ANADROL-50 TAB 50MG</i>	75
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	66	<i>anagrelide hcl cap 0.5 mg</i>	101
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	66	<i>anagrelide hcl cap 1 mg</i>	101
<i>amphetamine-dextroamphetamine tab 10 mg</i>	67	<i>anastrozole tab 1 mg</i>	29
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	67	<i>ANNOVERA MIS</i>	80
<i>amphetamine-dextroamphetamine tab 15 mg</i>	67	<i>APOKYN INJ 10MG/ML</i>	62
<i>amphetamine-dextroamphetamine tab 20 mg</i>	67	<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	115
<i>amphetamine-dextroamphetamine tab 30 mg</i>	67	<i>aprepitant capsule 125 mg</i>	93
<i>amphetamine-dextroamphetamine tab 5 mg</i>	66	<i>aprepitant capsule 40 mg</i>	93
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		<i>apri tab</i>	80
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		<i>APTIOM TAB 400MG</i>	52
		<i>APTIOM TAB 600MG</i>	52
		<i>APTIOM TAB 800MG</i>	52
		<i>APTIVUS CAP 250MG</i>	15
		<i>APTIVUS SOL</i>	15
		<i>aranelle tab</i>	80
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		<i>ARANESP INJ 10MCG</i>	100
		<i>ARANESP INJ 150MCG</i>	101
		<i>ARANESP INJ 200MCG</i>	101
		<i>ARANESP INJ 25MCG</i>	100

ARANESP INJ 300MCG	101	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	15
ARANESP INJ 40MCG.....	100	<i>atenolol & chlorthalidone tab 100-25 mg</i>	42
ARANESP INJ 500MCG	101	<i>atenolol & chlorthalidone tab 50-25 mg</i>	42
ARANESP INJ 60MCG.....	101	<i>atenolol tab 100 mg</i>	43
ARCALYST INJ 220MG	105	<i>atenolol tab 25 mg</i>	43
ARGATRB/NACL INJ 50MG/50.....	99	<i>atenolol tab 50 mg</i>	43
ARGATROBAN INJ 125/125	99	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	67
ARGATROBAN INJ 250/250	99	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	67
<i>argatroban inj 250 mg/2.5ml</i>		<i>atomoxetine hcl cap 18 mg (base equiv)</i>	67
<i>(concentrate for iv infusion)</i>	99	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	67
<i>aripiprazole orally disintegrating tab 10 mg</i>	63	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	67
<i>aripiprazole orally disintegrating tab 15 mg</i>	63	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	67
<i>aripiprazole oral solution 1 mg/ml</i>	63	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	67
<i>aripiprazole tab 10 mg</i>	63	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	41
<i>aripiprazole tab 15 mg</i>	63	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	41
<i>aripiprazole tab 20 mg</i>	63	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	41
<i>aripiprazole tab 2 mg</i>	63	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	41
<i>aripiprazole tab 30 mg</i>	63	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	15
<i>aripiprazole tab 5 mg</i>	63	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	15
ARISTADA INJ 1064MG	64	<i>atovaquone susp 750 mg/5ml</i>	12
ARISTADA INJ 441MG/1.	64	<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	92
ARISTADA INJ 662MG/2	64	<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	92
ARISTADA INJ 882MG/3	64	<i>atropine sul sol 1% op</i>	116
ARISTADA INJ INITIO	64	AUBAGIO TAB 14MG	72
<i>armodafinil tab 150 mg</i>	74	AUBAGIO TAB 7MG	72
<i>armodafinil tab 200 mg</i>	74	AUGMENTIN SUS 125/5ML.....	24
<i>armodafinil tab 250 mg</i>	74	<i>aviane tab</i>	80
<i>armodafinil tab 50 mg</i>	74	<i>avidoxy tab 100mg</i>	24
ARRANON INJ 5MG/ML	26	<i>avita cre 0.025%</i>	122
ARSENIC TRIOXIDE IV SOLN 10 MG/10ML (1 MG/ML).....	33	<i>avita gel 0.025%</i>	122
<i>ashlyna tab</i>	80		
ASMANEX 120 AER 220MCG	121		
ASMANEX 30 AER 110MCG.....	121		
ASMANEX 30 AER 220MCG.....	121		
ASMANEX 60 AER 220MCG.....	121		
ASMANEX HFA AER 100 MCG.....	121		
ASMANEX HFA AER 200 MCG.....	121		
<i>aspirin chw 81mg</i>	11		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	102		
<i>aspirin low tab 81mg ec</i>	11		
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	15		
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	15		

AVONEX KIT 30MCG	72	BELBUCA MIS 750MCG	11
AVONEX PEN KIT 30MCG	72	BELBUCA MIS 75MCG.....	10
AVONEX PREFL KIT 30MCG	72	BELBUCA MIS 900MCG.....	11
<i>azacitidine for inj 100 mg</i>	26	BELSOMRA TAB 10MG	69
AZACTAM/DEX INJ 1GM.....	12	BELSOMRA TAB 15MG	69
AZACTAM/DEX INJ 2GM.....	12	BELSOMRA TAB 20MG	69
AZASAN TAB 100MG	106	BELSOMRA TAB 5MG.....	69
AZASAN TAB 75 MG	106	<i>benazepril & hydrochlorothiazide tab</i>	
AZASITE SOL 1%.....	113	<i>10-12.5 mg</i>	35
<i>azathioprine tab 50 mg</i>	106	<i>benazepril & hydrochlorothiazide tab</i>	
<i>azelaic acid gel 15%</i>	128	<i>20-12.5 mg</i>	35
<i>azelastine hcl nasal spray 0.1% (137</i>		<i>benazepril & hydrochlorothiazide tab</i>	
<i>mcg/spray)</i>	117	<i>20-25 mg</i>	35
<i>azelastine hcl nasal spray 0.15% (205.5</i>		<i>benazepril & hydrochlorothiazide tab</i>	
<i>mcg/spray)</i>	117	<i>5-6.25 mg</i>	34
<i>azelastine hcl ophth soln 0.05%</i>	114	<i>benazepril hcl tab 10 mg</i>	35
AZELEX CRE 20%	122	<i>benazepril hcl tab 20 mg</i>	35
<i>azithromycin for susp 100 mg/5ml</i>	21	<i>benazepril hcl tab 40 mg</i>	36
<i>azithromycin for susp 200 mg/5ml</i>	21	<i>benazepril hcl tab 5 mg</i>	35
<i>azithromycin iv for soln 500 mg</i>	21	BENZIQU GEL 5.25%	122
<i>azithromycin powd pack for susp 1 gm</i>	21	BENZIQU LS GEL 2.75%	122
<i>azithromycin tab 250 mg</i>	21	<i>benziq wash liq 5.25%</i>	123
<i>azithromycin tab 500 mg</i>	21	<i>benzonatate cap 100 mg</i>	119
<i>azithromycin tab 600 mg</i>	21	<i>benzonatate cap 200 mg</i>	119
AZOPT SUS 1% OP	115	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	
<i>aztreonam for inj 1 gm</i>	12	.....	123
<i>aztreonam for inj 2 gm</i>	12	<i>benztropine mesylate inj 1 mg/ml</i>	62
<i>azurette tab 28 day</i>	80	<i>benztropine mesylate tab 0.5 mg</i>	62
B		<i>benztropine mesylate tab 1 mg</i>	62
<i>bacitracin ophth oint 500 unit/gm</i>	113	<i>benztropine mesylate tab 2 mg</i>	62
<i>bacitracin-polymyxin b ophth oint</i>	113	BEPREVE DRO 1.5%.....	115
<i>bacitracin-polymyxin-neomycin-hc ophth</i>		BESIVANCE SUS 0.6%.....	113
<i>ointment 1%</i>	113	<i>betamethasone dipropionate augmented</i>	
<i>baclofen tab 10 mg</i>	73	<i>cream 0.05%</i>	126
<i>baclofen tab 20 mg</i>	73	<i>betamethasone dipropionate augmented</i>	
<i>baclofen tab 5 mg</i>	73	<i>gel 0.05%</i>	126
BACTROBAN OIN NASAL 2%	124	<i>betamethasone dipropionate augmented</i>	
BALCOLTRA TAB 0.1-20.....	80	<i>lotion 0.05%</i>	126
<i>balsalazide disodium cap 750 mg</i>	95	<i>betamethasone dipropionate augmented</i>	
BANZEL SUS 40MG/ML	52	<i>ointment 0.05%</i>	126
BANZEL TAB 200MG.....	52	<i>betamethasone dipropionate cream</i>	
BANZEL TAB 400MG.....	52	<i>0.05%</i>	126
BARACLUDGE SOL .05MG/ML	18	<i>betamethasone dipropionate lotion</i>	
BASAGLAR KWIKPEN.....	77	<i>0.05%</i>	126
BELBUCA MIS 150MCG	10	<i>betamethasone dipropionate oint 0.05%</i>	
BELBUCA MIS 300MCG	10	.....	126
BELBUCA MIS 450MCG	10	<i>betamethasone valerate aerosol foam</i>	
BELBUCA MIS 600MCG	10	<i>0.12%</i>	126

<i>betamethasone valerate cream 0.1% (base equivalent)</i>	126	BREO ELLIPTA INH 200-25.....	122
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	126	BRILINTA TAB 60MG	102
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	126	BRILINTA TAB 90MG	102
BETASERON INJ 0.3MG	72	<i>brimonidine tartrate ophth soln 0.15%</i>	115
<i>betaxolol hcl ophth soln 0.5%</i>	115	<i>brimonidine tartrate ophth soln 0.2%</i>	115
<i>betaxolol hcl tab 10 mg</i>	43	BRIVIACT INJ 50MG/5ML.....	52
<i>betaxolol hcl tab 20 mg</i>	43	BRIVIACT SOL 10MG/ML.....	52
<i>bethanechol chloride tab 10 mg</i>	98	BRIVIACT TAB 100MG	52
<i>bethanechol chloride tab 25 mg</i>	98	BRIVIACT TAB 10MG.....	52
<i>bethanechol chloride tab 50 mg</i>	98	BRIVIACT TAB 25MG.....	52
<i>bethanechol chloride tab 5 mg</i>	98	BRIVIACT TAB 50MG.....	52
BETIMOL SOL 0.25%.....	115	BRIVIACT TAB 75MG.....	52
BETIMOL SOL 0.5%	115	<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	114
BETOPTIC-S SUS 0.25% OP	115	<i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>	114
BEVESPI AER 9-4.8MCG.....	116	<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	62
<i>bexarotene cap 75 mg</i>	33	<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	62
BEXSERO INJ	107	<i>brompheniramine tannate chew tab 12 mg</i>	117
<i>bicalutamide tab 50 mg</i>	29	<i>budesonide delayed release particles cap 3 mg</i>	95
BIKTARVY TAB	17	<i>budesonide inhalation susp 0.25 mg/2ml</i>	121
<i>bimatoprost ophth soln 0.03%</i>	115	<i>budesonide inhalation susp 0.5 mg/2ml</i>	121
BIO-STATIN CAP 1000000	14	<i>budesonide inhalation susp 1 mg/2ml</i>	121
BIO-STATIN CAP 500000	14	<i>bumetanide inj 0.25 mg/ml</i>	47
<i>bio-statin pow</i>	14	<i>bumetanide tab 0.5 mg</i>	47
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	42	<i>bumetanide tab 1 mg</i>	47
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	42	<i>bumetanide tab 2 mg</i>	47
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	42	<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	11
<i>bisoprolol fumarate tab 10 mg</i>	43	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	3
<i>bisoprolol fumarate tab 5 mg</i>	43	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2
<i>bleomycin sulfate for inj 15 unit</i>	26	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2
<i>bleomycin sulfate for inj 30 unit</i>	26	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	3
BLEPHAMIDE OIN S.O.P.....	113	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	3
BLEPHAMIDE SUS OP	113	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	3
BLOOD GLUCOSE CALIBRATION SOLUTION	109		
BOOSTRIX INJ.....	107		
<i>bosentan tab 125 mg</i>	50		
<i>bosentan tab 62.5 mg</i>	50		
BOSULIF TAB 100MG	30		
BOSULIF TAB 400MG	30		
BOSULIF TAB 500MG	30		
<i>bp wash liq 2.5%</i>	123		

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	11	<i>calcitrene oin 0.005%</i>	125
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	11	<i>calcitriol cap 0.25 mcg</i>	112
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	74	<i>calcitriol cap 0.5 mcg</i>	112
<i>bupropion hcl tab 100 mg</i>	57	<i>calcitriol inj 1 mcg/ml</i>	112
<i>bupropion hcl tab 75 mg</i>	57	<i>calcitriol oint 3 mcg/gm</i>	125
<i>bupropion hcl tab er 12hr 100 mg</i>	57	<i>calcitriol oral soln 1 mcg/ml</i>	112
<i>bupropion hcl tab er 12hr 150 mg</i>	57	<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	90
<i>bupropion hcl tab er 12hr 200 mg</i>	57	<i>calcium acetate (phosphate binder) tab 667 mg</i>	90
<i>bupropion hcl tab er 24hr 150 mg</i>	57	CALQUENCE CAP 100MG.....	30
<i>bupropion hcl tab er 24hr 300 mg</i>	57	<i>camila tab 0.35mg</i>	80
<i>bupirone hcl tab 10 mg</i>	71	CAMPTOSAR INJ 300/15ML	34
<i>bupirone hcl tab 15 mg</i>	71	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	37
<i>bupirone hcl tab 30 mg</i>	71	<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	37
<i>bupirone hcl tab 5 mg</i>	71	<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	37
<i>bupirone hcl tab 7.5 mg</i>	71	<i>candesartan cilexetil tab 16 mg</i>	38
<i>busulfan inj 6 mg/ml</i>	25	<i>candesartan cilexetil tab 32 mg</i>	38
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	<i>candesartan cilexetil tab 4 mg</i>	38
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	<i>candesartan cilexetil tab 8 mg</i>	38
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	<i>capecitabine tab 150 mg</i>	26
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	3	<i>capecitabine tab 500 mg</i>	26
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	CAPITAL/COD SUS 120-12/5.....	3
<i>butorphanol tartrate inj 1 mg/ml</i>	3	CAPRELSA TAB 100MG	30
<i>butorphanol tartrate inj 2 mg/ml</i>	3	CAPRELSA TAB 300MG	30
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	3	<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	35
BYSTOLIC TAB 10MG	43	<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	35
BYSTOLIC TAB 2.5MG	43	<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	35
BYSTOLIC TAB 20MG	43	<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	35
BYSTOLIC TAB 5MG	43	<i>captopril tab 100 mg</i>	36
BYVALSON TAB 5-80MG	37	<i>captopril tab 12.5 mg</i>	36
C		<i>captopril tab 25 mg</i>	36
<i>cabergoline tab 0.5 mg</i>	89	<i>captopril tab 50 mg</i>	36
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	126	CARAFATE SUS 1GM/10ML.....	96
<i>calcipotriene cream 0.005%</i>	125	CARBAGLU TAB 200MG	83
<i>calcipotriene oint 0.005%</i>	125	<i>carbamazepine cap er 12hr 100 mg</i>	52
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	125	<i>carbamazepine cap er 12hr 200 mg</i>	52
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	89	<i>carbamazepine cap er 12hr 300 mg</i>	52
		<i>carbamazepine chew tab 100 mg</i>	52
		<i>carbamazepine susp 100 mg/5ml</i>	52
		<i>carbamazepine tab 200 mg</i>	52

<i>carbamazepine tab er 12hr 100 mg</i>	52	<i>cartia xt cap 300/24hr</i>	45
<i>carbamazepine tab er 12hr 200 mg</i>	52	<i>carvedilol phosphate cap er 24hr 10 mg</i>	43
<i>carbamazepine tab er 12hr 400 mg</i>	52	<i>carvedilol phosphate cap er 24hr 20 mg</i>	43
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	62	<i>carvedilol phosphate cap er 24hr 40 mg</i>	43
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	62	<i>carvedilol phosphate cap er 24hr 80 mg</i>	43
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	62	<i>carvedilol tab 12.5 mg</i>	43
<i>carbidopa & levodopa tab 10-100 mg</i> ..	62	<i>carvedilol tab 25 mg</i>	43
<i>carbidopa & levodopa tab 25-100 mg</i> ..	62	<i>carvedilol tab 3.125 mg</i>	43
<i>carbidopa & levodopa tab 25-250 mg</i> ..	62	<i>carvedilol tab 6.25 mg</i>	43
<i>carbidopa & levodopa tab er 25-100 mg</i>	62	CAYA DPR.....	108
<i>carbidopa & levodopa tab er 50-200 mg</i>	62	CAYSTON INH 75MG.....	12
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	62	<i>caziant pak</i>	80
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	62	<i>cefaclor cap 250 mg</i>	19
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	62	<i>cefaclor cap 500 mg</i>	19
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	62	CEFACLOR ER TAB 500MG.....	19
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	62	<i>cefaclor for susp 125 mg/5ml</i>	19
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	62	<i>cefaclor for susp 250 mg/5ml</i>	19
<i>carbidopa tab 25 mg</i>	62	<i>cefaclor for susp 375 mg/5ml</i>	19
<i>carbinoxamine maleate soln 4 mg/5ml</i>	117	<i>cefadroxil cap 500 mg</i>	19
<i>carbinoxamine maleate tab 4 mg</i>	117	<i>cefadroxil for susp 250 mg/5ml</i>	19
<i>carboplatin iv soln 150 mg/15ml</i>	33	<i>cefadroxil for susp 500 mg/5ml</i>	19
<i>carboplatin iv soln 450 mg/45ml</i>	33	<i>cefadroxil tab 1 gm</i>	19
<i>carboplatin iv soln 50 mg/5ml</i>	33	<i>cefazolin sodium for inj 10 gm</i>	19
<i>carboplatin iv soln 600 mg/60ml</i>	33	<i>cefazolin sodium for inj 1 gm</i>	19
CARDENE IV INJ 40/200ML.....	45	<i>cefazolin sodium for inj 20 gm</i>	19
CARDENE IV SOL 20/200ML.....	45	<i>cefazolin sodium for inj 500 mg</i>	19
CARDIZEM LA TAB 120MG.....	45	<i>cefazolin sodium for iv soln 1 gm</i>	19
CARDURA XL TAB 4MG.....	98	<i>cefazolin sodium for susp 125 mg/5ml</i>	19
CARDURA XL TAB 8MG.....	98	<i>cefdinir for susp 250 mg/5ml</i>	19
<i>carisoprodol tab 250 mg</i>	73	<i>cefdinir for susp 250 mg/5ml</i>	19
<i>carisoprodol tab 350 mg</i>	73	<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	19
<i>carmustine for inj 100 mg</i>	25	<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	19
<i>carteolol hcl ophth soln 1%</i>	115	<i>cefepime hcl for inj 1 gm</i>	19
<i>cartia xt cap 120/24hr</i>	45	<i>cefepime hcl for inj 2 gm</i>	19
<i>cartia xt cap 180/24hr</i>	45	<i>cefixime cap 400 mg</i>	19
<i>cartia xt cap 240/24hr</i>	45	<i>cefixime for susp 100 mg/5ml</i>	19
		<i>cefixime for susp 200 mg/5ml</i>	20
		<i>cefotaxime sodium for inj 10 gm</i>	20
		<i>cefotaxime sodium for inj 1 gm</i>	20
		<i>cefotaxime sodium for inj 2 gm</i>	20
		<i>cefotaxime sodium for inj 500 mg</i>	20
		<i>cefotetan disodium for inj 10 gm</i>	20

<i>cefotetan disodium for inj 1 gm</i>	20	CHANTIX PAK 1MG	74
<i>cefotetan disodium for inj 2 gm</i>	20	CHANTIX TAB 0.5MG.....	74
<i>cefoxitin sodium for inj 10 gm</i>	20	CHANTIX TAB 1MG	74
<i>cefoxitin sodium for iv soln 1 gm</i>	20	<i>chateal tab 0.15/30</i>	80
<i>cefoxitin sodium for iv soln 2 gm</i>	20	CHEMET CAP 100MG	80
<i>cefpodoxime proxetil for susp 100</i> <i>mg/5ml</i>	20	<i>cheratussin syp ac</i>	119
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	20	<i>chloramphenicol sodium succinate for iv</i> <i>inj 1 gm</i>	12
<i>cefpodoxime proxetil tab 100 mg</i>	20	<i>chlorhexidine gluconate soln 0.12%</i> ..	129
<i>cefpodoxime proxetil tab 200 mg</i>	20	<i>chloroquine phosphate tab 250 mg</i>	15
<i>cefprozil for susp 125 mg/5ml</i>	20	<i>chloroquine phosphate tab 500 mg</i>	15
<i>cefprozil for susp 250 mg/5ml</i>	20	<i>chlorothiazide sodium for inj 500 mg</i> ...	47
<i>cefprozil tab 250 mg</i>	20	<i>chlorothiazide tab 250 mg</i>	47
<i>cefprozil tab 500 mg</i>	20	<i>chlorothiazide tab 500 mg</i>	47
<i>ceftazidime for inj 2 gm</i>	20	<i>chlorpromazine hcl tab 100 mg</i>	64
<i>ceftibuten cap 400 mg</i>	20	<i>chlorpromazine hcl tab 10 mg</i>	64
<i>ceftibuten for susp 180 mg/5ml</i>	20	<i>chlorpromazine hcl tab 200 mg</i>	64
CEFTIN SUS 125/5ML.....	20	<i>chlorpromazine hcl tab 25 mg</i>	64
CEFTIN SUS 250/5ML.....	20	<i>chlorpromazine hcl tab 50 mg</i>	64
<i>ceftriaxone sodium for inj 10 gm</i>	20	CHLORPROMAZ INJ 25MG/ML.....	64
<i>ceftriaxone sodium for inj 1 gm</i>	20	CHLORPROMAZ INJ 50MG/2ML	64
<i>ceftriaxone sodium for inj 250 mg</i>	20	<i>chlorthalidone tab 25 mg</i>	47
<i>ceftriaxone sodium for inj 2 gm</i>	20	<i>chlorthalidone tab 50 mg</i>	47
<i>ceftriaxone sodium for inj 500 mg</i>	20	<i>chlorzoxazone tab 500 mg</i>	73
<i>ceftriaxone sodium for iv soln 1 gm</i>	20	<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	112
<i>ceftriaxone sodium for iv soln 2 gm</i>	20	<i>cholestyramine light powder 4 gm/dose</i>	40
<i>cefuroxime axetil tab 250 mg</i>	20	<i>cholestyramine light powder packets 4</i> <i>gm</i>	40
<i>cefuroxime axetil tab 500 mg</i>	20	<i>cholestyramine powder 4 gm/dose</i>	40
<i>cefuroxime sodium for inj 7.5 gm</i>	20	<i>cholestyramine powder packets 4 gm</i> ..	40
<i>cefuroxime sodium for inj 750 mg</i>	20	<i>choline fenofibrate cap dr 135 mg</i> <i>(fenofibric acid equiv)</i>	40
<i>cefuroxime sodium for iv soln 1.5 gm</i> ..	20	<i>choline fenofibrate cap dr 45 mg</i> <i>(fenofibric acid equiv)</i>	40
<i>celecoxib cap 100 mg</i>	1	CHOR GONADOT INJ 10000UNT.....	87
<i>celecoxib cap 200 mg</i>	1	<i>ciclopirox gel 0.77%</i>	124
<i>celecoxib cap 400 mg</i>	1	<i>ciclopirox olamine cream 0.77% (base</i> <i>equiv)</i>	124
<i>celecoxib cap 50 mg</i>	1	<i>ciclopirox olamine susp 0.77% (base</i> <i>equiv)</i>	124
CELONTIN CAP 300MG	52	<i>ciclopirox shampoo 1%</i>	124
<i>cephalexin cap 250 mg</i>	20	<i>ciclopirox solution 8%</i>	124
<i>cephalexin cap 500 mg</i>	20	<i>cidofovir iv inj 75 mg/ml</i>	18
<i>cephalexin cap 750 mg</i>	20	<i>cilostazol tab 100 mg</i>	101
<i>cephalexin for susp 125 mg/5ml</i>	20	<i>cilostazol tab 50 mg</i>	101
<i>cephalexin for susp 250 mg/5ml</i>	20	CIMDUO TAB 300-300	17
<i>cephalexin tab 250 mg</i>	20		
<i>cephalexin tab 500 mg</i>	20		
CERDELGA CAP 84MG	83		
CESAMET CAP 1MG	93		
<i>cevimeline hcl cap 30 mg</i>	129		
CHANTIX PAK 0.5& 1MG	74		

<i>cimetidine hcl soln 300 mg/5ml</i>	94	CITRANATAL PAK DHA	112
<i>cimetidine tab 200 mg</i>	94	CITRANATAL TAB BLOOM	112
<i>cimetidine tab 300 mg</i>	95	CITRANATAL TAB RX	112
<i>cimetidine tab 400 mg</i>	95	<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	
<i>cimetidine tab 800 mg</i>	95	.....	26
CIPRODEX SUS 0.3-0.1%	129	<i>claravis cap 10mg</i>	123
<i>ciprofloxacin 200 mg/100ml in d5w</i>	21	<i>claravis cap 20mg</i>	123
<i>ciprofloxacin 400 mg/200ml in d5w</i>	21	<i>claravis cap 30mg</i>	123
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i>		<i>claravis cap 40mg</i>	123
<i>1000 mg(base eq)</i>	22	CLARINEX SYP 0.5MG/ML.....	117
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr</i>		<i>clarithromycin for susp 125 mg/5ml</i>	21
<i>500 mg (base eq)</i>	22	<i>clarithromycin for susp 250 mg/5ml</i>	21
<i>ciprofloxacin for oral susp 250 mg/5ml</i>		<i>clarithromycin tab 250 mg</i>	21
<i>(5%) (5 gm/100ml)</i>	21	<i>clarithromycin tab 500 mg</i>	21
<i>ciprofloxacin for oral susp 500 mg/5ml</i>		<i>clarithromycin tab er 24hr 500 mg</i>	21
<i>(10%) (10 gm/100ml)</i>	21	<i>clearplex x gel 10%</i>	123
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>		<i>clemastine fumarate tab 2.68 mg</i>	117
<i>equivalent)</i>	113	CLENPIQ SOL.....	96
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>		CLEOCIN SUP 100MG	99
.....	21	CLIMARA PRO DIS WEEKLY	84
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>		<i>clindamycin hcl cap 150 mg</i>	12
.....	21	<i>clindamycin hcl cap 300 mg</i>	12
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>		<i>clindamycin hcl cap 75 mg</i>	12
.....	22	<i>clindamycin palmitate hcl for soln 75</i>	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>		<i>mg/5ml (base equiv)</i>	12
.....	22	<i>clindamycin phosphate-benzoyl peroxide</i>	
<i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>		<i>gel 1.2-2.5%</i>	123
.....	22	<i>clindamycin phosphate-benzoyl peroxide</i>	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>		<i>gel 1-5%</i>	123
.....	22	<i>clindamycin phosphate foam 1%</i>	123
CIPRO HC SUS OTIC	129	<i>clindamycin phosphate gel 1%</i>	123
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .	33	<i>clindamycin phosphate inj 300 mg/2ml</i>	13
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .	33	<i>clindamycin phosphate inj 600 mg/4ml</i>	13
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	33	<i>clindamycin phosphate inj 900 mg/6ml</i>	13
<i>citalopram hydrobromide oral soln 10</i>		<i>clindamycin phosphate inj 9 gm/60ml</i> .	13
<i>mg/5ml</i>	57	<i>clindamycin phosphate iv soln 300</i>	
<i>citalopram hydrobromide tab 10 mg</i>		<i>mg/2ml</i>	13
<i>(base equiv)</i>	58	<i>clindamycin phosphate iv soln 900</i>	
<i>citalopram hydrobromide tab 20 mg</i>		<i>mg/6ml</i>	13
<i>(base equiv)</i>	58	<i>clindamycin phosphate lotion 1%</i>	123
<i>citalopram hydrobromide tab 40 mg</i>		<i>clindamycin phosphate soln 1%</i>	123
<i>(base equiv)</i>	58	<i>clindamycin phosphate swab 1%</i>	123
CITRANATAL CAP HARMONY.....	112	<i>clindamycin phosphate vaginal cream 2%</i>	
CITRANATAL CAP MEDLEY.....	112	.....	99
CITRANATAL MIS	112	<i>clindamycin phosph-benzoyl peroxide</i>	
CITRANATAL MIS 90 DHA	112	<i>(refrig) gel 1.2 (1)-5%</i>	123
CITRANATAL MIS B-CALM	112	<i>clobazam suspension 2.5 mg/ml</i>	52
CITRANATAL PAK ASSURE.....	112	<i>clobazam tab 10 mg</i>	52

<i>clobazam tab 20 mg</i>	52	.....	64
<i>clobetasol propionate cream 0.05%</i> ...	126	<i>clozapine tab 100 mg</i>	64
<i>clobetasol propionate foam 0.05%</i>	126	<i>clozapine tab 200 mg</i>	64
<i>clobetasol propionate gel 0.05%</i>	126	<i>clozapine tab 25 mg</i>	64
<i>clobetasol propionate lotion 0.05%</i>	126	<i>clozapine tab 50 mg</i>	64
<i>clobetasol propionate oint 0.05%</i>	126	COARTEM TAB 20-120MG	15
<i>clobetasol propionate shampoo 0.05%</i>	.....126	<i>codeine sulfate tab 30 mg</i>	3
<i>clobetasol propionate soln 0.05%</i>	126	<i>codeine sulf tab 15mg</i>	3
<i>clobetasol propionate spray 0.05%</i>	126	<i>codeine sulf tab 60mg</i>	3
<i>clocortolone pivalate cream 0.1%</i>	126	<i>colchicine tab 0.6 mg</i>	1
<i>clofarabine iv soln 1 mg/ml</i>	26	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	.....1
<i>clomiphene citrate tab 50 mg</i>	87	<i>colesevelam hcl packet for susp 3.75 gm</i>	.....40
<i>clomipramine hcl cap 25 mg</i>	71	<i>colesevelam hcl tab 625 mg</i>	40
<i>clomipramine hcl cap 50 mg</i>	71	<i>colestipol hcl granule packets 5 gm</i>	40
<i>clomipramine hcl cap 75 mg</i>	71	<i>colestipol hcl granules 5 gm</i>	40
<i>clonazepam tab 0.5 mg</i>	52	<i>colestipol hcl tab 1 gm</i>	40
<i>clonazepam tab 1 mg</i>	52	<i>colocort ene 100mg</i>	95
<i>clonazepam tab 2 mg</i>	52	COLY-MYCIN S SUS OTIC.....	129
<i>clonidine hcl tab 0.1 mg</i>	48	COMBIGAN SOL 0.2/0.5%.....	115
<i>clonidine hcl tab 0.2 mg</i>	48	COMBIVENT AER 20-100.....	116
<i>clonidine hcl tab 0.3 mg</i>	48	COMETRIQ KIT 100MG	30
<i>clonidine td patch weekly 0.1 mg/24hr</i>	48	COMETRIQ KIT 140MG	30
<i>clonidine td patch weekly 0.2 mg/24hr</i>	48	COMETRIQ KIT 60MG	30
<i>clonidine td patch weekly 0.3 mg/24hr</i>	49	COMPLERA TAB	17
<i>clopidogrel bisulfate tab 300 mg (base</i>	.....102	<i>compro sup 25mg</i>	93
<i>equiv)</i>	102	CONCEPTROL GEL 4%	98
<i>clopidogrel bisulfate tab 75 mg (base</i>	.....102	CONDYLOX GEL 0.5%.....	128
<i>equiv)</i>	102	COPAXONE INJ 20MG/ML.....	72
<i>clorazepate dipotassium tab 15 mg</i>	52	COPAXONE INJ 40MG/ML.....	72
<i>clorazepate dipotassium tab 3.75 mg</i> ..	52	CORLANOR TAB 5MG.....	49
<i>clorazepate dipotassium tab 7.5 mg</i> ...	52	CORLANOR TAB 7.5MG.....	49
<i>clotrimazole cream 1%</i>	124	<i>cortisone acetate tab 25 mg</i>	87
<i>clotrimazole soln 1%</i>	124	CORTISPORIN CRE 0.5%	124
<i>clotrimazole troche 10 mg</i>	129	CORTISPORIN OIN 1%	124
<i>clotrimazole w/ betamethasone cream</i>	.....124	COSENTYX INJ 150MG/ML.....	125
<i>1-0.05%</i>	124	COSENTYX INJ 300DOSE	125
<i>clotrimazole w/ betamethasone lotion</i>	.....124	COSENTYX PEN INJ 150MG/ML	125
<i>1-0.05%</i>	124	COSENTYX PEN INJ 300DOSE.....	125
<i>clozapine orally disintegrating tab 100</i>	.....64	CREON CAP 12000UNT	97
<i>mg</i>	64	CREON CAP 24000UNT	97
<i>clozapine orally disintegrating tab 12.5</i>	.....64	CREON CAP 3000UNIT.....	97
<i>mg</i>	64	CREON CAP 36000UNT	97
<i>clozapine orally disintegrating tab 150</i>	.....64	CREON CAP 6000UNIT.....	97
<i>mg</i>	64	CRESEMBA CAP 186 MG	14
<i>clozapine orally disintegrating tab 200</i>	.....64	CRINONE GEL 4% VAG.....	91
<i>mg</i>	64	CRINONE GEL 8% VAG.....	91
<i>clozapine orally disintegrating tab 25 mg</i>	.....64		

CRIXIVAN CAP 200MG.....	15	<i>danazol cap 50 mg</i>	83
CRIXIVAN CAP 400MG.....	15	<i>dantrolene sodium cap 100 mg.....</i>	73
<i>cromolyn sodium ophth soln 4%</i>	115	<i>dantrolene sodium cap 25 mg</i>	73
<i>cromolyn sodium oral conc 100 mg/5ml</i>		<i>dantrolene sodium cap 50 mg</i>	73
.....	96	<i>dapsone tab 100 mg</i>	13
<i>cromolyn sodium soln nebu 20 mg/2ml</i>		<i>dapsone tab 25 mg</i>	13
.....	120	DAPTACEL INJ	107
<i>crotan lot 10%</i>	129	<i>daptomycin for iv soln 500 mg</i>	13
<i>cryselle-28 tab 28 tabs.....</i>	81	DARAPRIM TAB 25MG	13
CUVPOSA SOL 1MG/5ML.....	92	<i>darifenacin hydrobromide tab er 24hr 15</i>	
<i>cyanocobalamin inj 1000 mcg/ml</i>	112	<i>mg (base equiv)</i>	98
<i>cyclafem tab 1/35.....</i>	81	<i>darifenacin hydrobromide tab er 24hr 7.5</i>	
<i>cyclafem tab 7/7/7</i>	81	<i>mg (base equiv)</i>	98
<i>cyclobenzaprine hcl tab 10 mg</i>	73	<i>dasetta tab 1/35.....</i>	81
<i>cyclobenzaprine hcl tab 5 mg</i>	73	<i>dasetta tab 7/7/7</i>	81
<i>cyclobenzaprine hcl tab 7.5 mg</i>	73	<i>daunorubicin hcl iv soln 20 mg/4ml (base</i>	
<i>cyclophosphamide cap 25 mg.....</i>	25	<i>equiv)</i>	26
<i>cyclophosphamide cap 50 mg.....</i>	25	<i>decitabine for inj 50 mg.....</i>	26
<i>cyclophosphamide for inj 1 gm</i>	25	<i>delyla tab 0.1-0.02</i>	81
<i>cyclophosphamide for inj 2 gm</i>	25	<i>demeclocycline hcl tab 150 mg</i>	24
<i>cyclophosphamide for inj 500 mg.....</i>	25	<i>demeclocycline hcl tab 300 mg</i>	24
<i>cycloserine cap 250 mg</i>	18	DENAVIR CRE 1%	128
CYCLOSET TAB 0.8MG.....	76	DEPEN TITRA TAB 250MG	80
<i>cyclosporine cap 100 mg.....</i>	106	DEPO-ESTRADI INJ 5MG/ML.....	84
<i>cyclosporine cap 25 mg</i>	106	DEPO-MEDROL INJ 20MG/ML	87
<i>cyclosporine iv soln 50 mg/ml</i>	106	DEPO-PROVERA INJ 400/ML.....	29
<i>cyclosporine modified cap 100 mg.....</i>	106	DEPO-SQ PROV INJ 104	81
<i>cyclosporine modified cap 25 mg</i>	106	DESCOVY TAB 200/25	17
<i>cyclosporine modified cap 50 mg</i>	106	<i>desipramine hcl tab 100 mg</i>	58
<i>cyclosporine modified oral soln 100</i>		<i>desipramine hcl tab 10 mg.....</i>	58
<i>mg/ml</i>	106	<i>desipramine hcl tab 150 mg</i>	58
<i>cyproheptadine hcl syrup 2 mg/5ml...117</i>		<i>desipramine hcl tab 25 mg.....</i>	58
<i>cyproheptadine hcl tab 4 mg</i>	117	<i>desipramine hcl tab 50 mg.....</i>	58
CYSTADANE POW	83	<i>desipramine hcl tab 75 mg.....</i>	58
CYSTAGON CAP 150MG	83	<i>desloratadine tab 5 mg.....</i>	117
CYSTAGON CAP 50MG	83	<i>desloratadine tab orally disintegrating</i>	
CYSTARAN SOL 0.44%	116	<i>2.5 mg</i>	117
<i>cytarabine inj 20 mg/ml</i>	26	<i>desloratadine tab orally disintegrating 5</i>	
<i>cytarabine inj pf 100 mg/ml.....</i>	26	<i>mg.....</i>	117
<i>cytarabine inj pf 20 mg/ml.....</i>	26	<i>desmopressin acetate inj 4 mcg/ml</i>	92
D		<i>desmopressin acetate nasal spray soln</i>	
<i>dacarbazine for inj 100 mg</i>	25	<i>0.01%</i>	92
<i>dacarbazine for inj 200 mg</i>	25	<i>desmopressin acetate nasal spray soln</i>	
<i>dalfampridine tab er 12hr 10 mg</i>	72	<i>0.01% (refrigerated).....</i>	92
DALIRESPI TAB 250MCG	120	<i>desmopressin acetate tab 0.1 mg</i>	92
DALIRESPI TAB 500MCG	120	<i>desmopressin acetate tab 0.2 mg</i>	92
<i>danazol cap 100 mg.....</i>	83	<i>desonide cream 0.05%.....</i>	126
<i>danazol cap 200 mg.....</i>	83	<i>desonide lotion 0.05%.....</i>	126

<i>desonide oint 0.05%</i>	127	<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	67
<i>desoximetasone cream 0.05%</i>	127	<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	67
<i>desoximetasone cream 0.25%</i>	127	<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	67
<i>desoximetasone gel 0.05%</i>	127	<i>dexmethylphenidate hcl tab 10 mg</i>	67
<i>desoximetasone oint 0.05%</i>	127	<i>dexmethylphenidate hcl tab 2.5 mg</i>	67
<i>desoximetasone oint 0.25%</i>	127	<i>dexmethylphenidate hcl tab 5 mg</i>	67
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	58	<i>dextrazoxane hcl for inj 250 mg (base equivalent)</i>	33
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	58	<i>dextrazoxane hcl for inj 500 mg (base equivalent)</i>	34
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	58	<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	67
DEXAMETHASON CON 1MG/ML	87	<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	67
<i>dexamethasone elixir 0.5 mg/5ml</i>	87	<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	67
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	88	<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	67
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	87	<i>dextroamphetamine sulfate tab 10 mg</i>	67
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	88	<i>dextroamphetamine sulfate tab 5 mg</i>	67
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	88	<i>diazepam con 5mg/ml</i>	52
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	87	<i>diazepam inj 5 mg/ml</i>	52
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	114	<i>diazepam oral soln 1 mg/ml</i>	52
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	87	<i>diazepam tab 10 mg</i>	52
<i>dexamethasone soln 0.5 mg/5ml</i>	88	<i>diazepam tab 2 mg</i>	52
<i>dexamethasone tab 0.5 mg</i>	88	<i>diazepam tab 5 mg</i>	52
<i>dexamethasone tab 0.75 mg</i>	88	<i>diclofenac potassium tab 50 mg</i>	1
<i>dexamethasone tab 1.5 mg</i>	88	<i>diclofenac sodium gel 1%</i>	128
<i>dexamethasone tab 1 mg</i>	88	<i>diclofenac sodium ophth soln 0.1%</i>	114
<i>dexamethasone tab 2 mg</i>	88	<i>diclofenac sodium tab delayed release 25 mg</i>	1
<i>dexamethasone tab 4 mg</i>	88	<i>diclofenac sodium tab delayed release 50 mg</i>	1
<i>dexamethasone tab 6 mg</i>	88	<i>diclofenac sodium tab delayed release 75 mg</i>	1
DEXILANT CAP 30MG DR	97	<i>diclofenac sodium tab er 24hr 100 mg</i>	1
DEXILANT CAP 60MG DR	97	<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	67	<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	67	<i>dicloxacillin sodium cap 250 mg</i>	24
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	67	<i>dicloxacillin sodium cap 500 mg</i>	24
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	67	<i>dicyclomine hcl cap 10 mg</i>	92
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	67	<i>dicyclomine hcl inj 10 mg/ml</i>	92
		<i>dicyclomine hcl oral soln 10 mg/5ml</i>	92

<i>dicyclomine hcl tab 20 mg</i>	92	<i>er 24hr 360 mg</i>	45
<i>didanosine delayed release capsule 200 mg</i>	15	<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	45
<i>didanosine delayed release capsule 250 mg</i>	16	<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	46
<i>didanosine delayed release capsule 400 mg</i>	16	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	45
DIFICID TAB 200MG	21	<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	45
<i>diflorasone diacetate cream 0.05%</i> ..	127	<i>diltiazem hcl tab 120 mg</i>	46
<i>diflorasone diacetate oint 0.05%</i>	127	<i>diltiazem hcl tab 30 mg</i>	46
<i>diflunisal tab 500 mg</i>	11	<i>diltiazem hcl tab 60 mg</i>	46
<i>digoxin inj 0.25 mg/ml</i>	47	<i>diltiazem hcl tab 90 mg</i>	46
<i>digoxin oral soln 0.05 mg/ml</i>	47	DILTIAZEM INJ 100MG	46
<i>digoxin tab 125 mcg (0.125 mg)</i>	47	DIP/TET PED INJ 25-5LFU	107
<i>digoxin tab 250 mcg (0.25 mg)</i>	47	DIPENTUM CAP 250MG.....	95
<i>digox tab 0.125mg</i>	47	<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	117
<i>digox tab 0.25mg</i>	47	<i>diphenhydramine hcl inj 50 mg/ml</i>	117
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	70	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	96
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	70	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	96
DILANTIN CAP 30MG.....	52	<i>dipyridamole tab 25 mg</i>	102
DILATRATE SR CAP 40MG	49	<i>dipyridamole tab 50 mg</i>	102
<i>diltiazem hcl cap er 12hr 120 mg</i>	45	<i>dipyridamole tab 75 mg</i>	102
<i>diltiazem hcl cap er 12hr 60 mg</i>	45	<i>disopyramide phosphate cap 100 mg</i> ..	39
<i>diltiazem hcl cap er 12hr 90 mg</i>	45	<i>disopyramide phosphate cap 150 mg</i> ..	39
<i>diltiazem hcl cap er 24hr 120 mg</i>	45	<i>disulfiram tab 250 mg</i>	74
<i>diltiazem hcl cap er 24hr 180 mg</i>	45	<i>disulfiram tab 500 mg</i>	74
<i>diltiazem hcl cap er 24hr 240 mg</i>	45	DIURIL SUS 250/5ML	47
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	45	<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	53
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	45	<i>divalproex sodium tab delayed release 125 mg</i>	53
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	45	<i>divalproex sodium tab delayed release 250 mg</i>	53
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	45	<i>divalproex sodium tab delayed release 500 mg</i>	53
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	45	<i>divalproex sodium tab er 24 hr 250 mg</i>	53
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	45	<i>divalproex sodium tab er 24 hr 500 mg</i>	53
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	45	DIVIGEL GEL 0.25MG	84
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	45	DIVIGEL GEL 0.5MG.....	84
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	45	DIVIGEL GEL 0.75MG	84
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	45	DIVIGEL GEL 1MG/GM.....	84
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	45	DOCEFREZ INJ 20MG	27

<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	27	<i>doxorubicin hcl for inj 10 mg</i>	26
<i>docetaxel for inj conc 20 mg/ml</i>	27	<i>doxorubicin hcl for inj 50 mg</i>	26
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	27	<i>doxorubicin hcl inj 2 mg/ml</i>	26
DOCETAXEL INJ 140/7ML	27	<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	26
DOCETAXEL INJ 160/8ML	27	<i>doxy 100 inj 100mg</i>	24
DOCETAXEL INJ 20/0.5ML	27	<i>doxycycline hyclate cap 100 mg</i>	24
DOCETAXEL INJ 80MG/2ML.....	27	<i>doxycycline hyclate cap 50 mg</i>	24
DOCETAXEL INJ NON-ALCO.....	27	<i>doxycycline hyclate for inj 100 mg</i>	24
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	27	<i>doxycycline hyclate tab 100 mg</i>	24
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	27	<i>doxycycline hyclate tab 20 mg</i>	24
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	27	<i>doxycycline hyclate tab delayed release 100 mg</i>	25
<i>dofetilide cap 125 mcg (0.125 mg)</i>	39	<i>doxycycline hyclate tab delayed release 150 mg</i>	25
<i>dofetilide cap 250 mcg (0.25 mg)</i>	39	<i>doxycycline hyclate tab delayed release 75 mg</i>	24
<i>dofetilide cap 500 mcg (0.5 mg)</i>	39	<i>doxycycline monohydrate cap 100 mg</i> .25	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	56	<i>doxycycline monohydrate cap 150 mg</i> .25	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	56	<i>doxycycline monohydrate cap 50 mg</i> ...25	
<i>donepezil hydrochloride tab 10 mg</i>	56	<i>doxycycline monohydrate cap 75 mg</i> ...25	
<i>donepezil hydrochloride tab 23 mg</i>	56	<i>doxycycline monohydrate for susp 25 mg/5ml</i>	25
<i>donepezil hydrochloride tab 5 mg</i>	56	<i>doxycycline monohydrate tab 150 mg</i> .25	
<i>doripenem for iv infusion 250 mg</i>	13	<i>doxycycline monohydrate tab 50 mg</i> ...25	
<i>doripenem for iv infusion 500 mg</i>	13	<i>doxycycline monohydrate tab 75 mg</i> ...25	
<i>dorzolamide hcl ophth soln 2%</i>	115	<i>doxylamine succinate tab 25mg</i>	69
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	115	<i>dronabinol cap 10 mg</i>	93
<i>doxazosin mesylate tab 1 mg</i>	36	<i>dronabinol cap 2.5 mg</i>	93
<i>doxazosin mesylate tab 2 mg</i>	36	<i>dronabinol cap 5 mg</i>	93
<i>doxazosin mesylate tab 4 mg</i>	36	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	81
<i>doxazosin mesylate tab 8 mg</i>	36	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	81
<i>doxepin hcl cap 100 mg</i>	58	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	81
<i>doxepin hcl cap 10 mg</i>	58	DROXIA CAP 200MG	33
<i>doxepin hcl cap 150 mg</i>	58	DROXIA CAP 300MG	33
<i>doxepin hcl cap 25 mg</i>	58	DROXIA CAP 400MG	33
<i>doxepin hcl cap 50 mg</i>	58	DUAVEE TAB 0.45-20	84
<i>doxepin hcl cap 75 mg</i>	58	<i>duloxetine hcl cap 20 mg</i>	59
<i>doxepin hcl conc 10 mg/ml</i>	59	<i>duloxetine hcl cap 30 mg</i>	59
<i>doxepin hcl cream 5%</i>	125	<i>duloxetine hcl cap 60 mg</i>	59
<i>doxercalciferol cap 0.5 mcg</i>	112	DUREZOL EMU 0.05%	114
<i>doxercalciferol cap 1 mcg</i>	112	<i>dutasteride cap 0.5 mg</i>	98
<i>doxercalciferol cap 2.5 mcg</i>	112	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	98
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	112	DYMISTA SPR 137-50.....	117

DYRENIUM CAP 100MG.....	48	<i>enalapril maleate tab 2.5 mg.....</i>	36
DYRENIUM CAP 50MG	47	<i>enalapril maleate tab 20 mg.....</i>	36
E		<i>enalapril maleate tab 5 mg</i>	36
<i>e.e.s. 400 tab 400mg.....</i>	21	ENBREL INJ 25/0.5ML.....	102
<i>econazole nitrate cream 1%</i>	124	ENBREL INJ 25MG.....	102
EDARBI TAB 40MG.....	38	ENBREL INJ 50MG/ML.....	103
EDARBI TAB 80MG.....	38	ENBREL MINI INJ 50MG/ML.....	103
<i>ed-spaz tab 0.125mg</i>	92	ENBREL SRCLK INJ 50MG/ML	103
EDURANT TAB 25MG.....	16	ENCARE SUP 100MG	98
<i>efavirenz cap 200 mg.....</i>	16	<i>endocet tab 10-325mg.....</i>	4
<i>efavirenz cap 50 mg</i>	16	<i>endocet tab 2.5-325</i>	4
<i>efavirenz tab 600 mg</i>	16	<i>endocet tab 5-325mg</i>	4
ELESTRIN GEL 0.06%	84	<i>endocet tab 7.5-325</i>	4
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	70	ENGERIX-B INJ 10/0.5ML.....	107
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	70	ENGERIX-B INJ 20MCG/ML.....	107
ELIGARD INJ 22.5MG	29	<i>enoxaparin sodium inj 100 mg/ml.....</i>	99
ELIGARD INJ 30MG	29	<i>enoxaparin sodium inj 120 mg/0.8ml ..</i>	99
ELIGARD INJ 45MG.....	29	<i>enoxaparin sodium inj 150 mg/ml.....</i>	99
ELIGARD INJ 7.5MG.....	29	<i>enoxaparin sodium inj 300 mg/3ml</i>	99
<i>elinest tab</i>	81	<i>enoxaparin sodium inj 30 mg/0.3ml ...</i>	99
ELIQUIS TAB 2.5MG.....	99	<i>enoxaparin sodium inj 40 mg/0.4ml ...</i>	99
ELIQUIS TAB 5MG	99	<i>enoxaparin sodium inj 60 mg/0.6ml ...</i>	99
<i>elite-ob tab</i>	112	<i>enoxaparin sodium inj 80 mg/0.8ml ...</i>	99
ELIXOPHYLLIN ELX 80/15ML.....	122	<i>enpresse-28 tab</i>	81
ELLA TAB 30MG.....	81	<i>enskyce tab</i>	81
ELMIRON CAP 100MG.....	98	<i>entacapone tab 200 mg.....</i>	62
EMADINE SOL 0.05% OP	115	<i>entecavir tab 0.5 mg.....</i>	18
EMBEDA CAP 100-4MG.....	4	<i>entecavir tab 1 mg</i>	18
EMBEDA CAP 20-0.8MG.....	3	ENTRESTO TAB 24-26MG.....	49
EMBEDA CAP 30-1.2MG.....	3	ENTRESTO TAB 49-51MG.....	49
EMBEDA CAP 50-2MG	4	ENTRESTO TAB 97-103MG.....	49
EMBEDA CAP 60-2.4MG.....	4	<i>enulose sol 10gm/15.....</i>	96
EMBEDA CAP 80-3.2MG.....	4	EPCLUSA TAB 400-100	22
EMCYT CAP 140MG	25	EPIDUO FORTE GEL 0.3-2.5%	123
<i>emoquette tab</i>	81	<i>epinastine hcl ophth soln 0.05%</i>	115
EMSAM DIS 12MG/24H.....	59	<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	116
EMSAM DIS 6MG/24HR	59	<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....</i>	116
EMSAM DIS 9MG/24HR	59	<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....</i>	116
EMTRIVA CAP 200MG.....	16	EPIPEN 2-PAK INJ 0.3MG	116
EMTRIVA SOL 10MG/ML.....	16	EPIPEN-JR INJ 0.15MG	116
EMVERM CHW 100MG	13	<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	26
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg.....</i>	35	<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	26
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....</i>	35	<i>epitol tab 200mg</i>	53
<i>enalapril maleate tab 10 mg.....</i>	36		

EPIVIR HBV SOL 5MG/ML.....	18	escitalopram oxalate tab 10 mg (base equiv)	59
eplerenone tab 25 mg	36	escitalopram oxalate tab 20 mg (base equiv)	59
eplerenone tab 50 mg	36	escitalopram oxalate tab 5 mg (base equiv)	59
epoprostenol sodium for inj 0.5 mg	50	esomeprazole magnesium cap delayed release 20 mg (base eq).....	97
epoprostenol sodium for inj 1.5 mg	50	esomeprazole magnesium cap delayed release 40 mg (base eq).....	97
eprosartan mesylate tab 600 mg	38	esomeprazole sodium for intravenous soln 20 mg (base equiv).....	97
ERBITUX INJ 100MG	28	esomeprazole sodium for intravenous soln 40 mg (base equiv).....	97
ERBITUX INJ 200MG	28	estradiol & norethindrone acetate tab 0.5-0.1 mg	84
ergocalciferol cap 1.25 mg (50000 unit)	112	estradiol & norethindrone acetate tab 1-0.5 mg.....	84
ergoloid mesylates tab 1 mg	56	estradiol tab 0.5 mg.....	84
ergotamine w/ caffeine tab 1-100 mg ..	70	estradiol tab 1 mg	84
ERIVEDGE CAP 150MG	28	estradiol tab 2 mg	84
erlotinib hcl tab 100 mg (base equivalent)	30	estradiol td patch twice weekly 0.025 mg/24hr.....	85
erlotinib hcl tab 150 mg (base equivalent)	30	estradiol td patch twice weekly 0.0375 mg/24hr.....	85
erlotinib hcl tab 25 mg (base equivalent)	30	estradiol td patch twice weekly 0.05 mg/24hr.....	85
errin tab 0.35mg	81	estradiol td patch twice weekly 0.075 mg/24hr.....	85
ERTACZO CRE 2%	124	estradiol td patch twice weekly 0.1 mg/24hr.....	85
ertapenem sodium for inj 1 gm (base equivalent)	13	estradiol td patch weekly 0.025 mg/24hr	85
ery pad 2%.....	123	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	85
ery-tab tab 250mg ec	21	estradiol td patch weekly 0.05 mg/24hr	85
ery-tab tab 333mg ec	21	estradiol td patch weekly 0.06 mg/24hr	85
ery-tab tab 500mg ec	21	estradiol td patch weekly 0.075 mg/24hr	85
ERYTHROCIN INJ 500MG	21	estradiol td patch weekly 0.1 mg/24hr ..	85
erythrocin tab 250mg.....	21	estradiol vaginal cream 0.1 mg/gm	85
erythromycin ethylsuccinate for susp 200 mg/5ml.....	21	estradiol valerate im in oil 20 mg/ml ...	85
erythromycin ethylsuccinate for susp 400 mg/5ml.....	21	estradiol valerate im in oil 40 mg/ml ...	85
erythromycin ethylsuccinate tab 400 mg	21	ESTROGEL GEL	86
erythromycin gel 2%.....	123	estropipate tab 0.75 mg	86
erythromycin ophth oint 5 mg/gm.....	113	estropipate tab 1.5 mg	86
erythromycin pads 2%	123		
erythromycin soln 2%	123		
erythromycin tab 250 mg	21		
erythromycin tab 500 mg	21		
erythromycin w/ delayed release particles cap 250 mg.....	21		
ESBRIET CAP 267MG.....	120		
ESBRIET TAB 267MG.....	120		
ESBRIET TAB 801MG.....	120		
escitalopram oxalate soln 5 mg/5ml (base equiv)	59		

<i>estropipate tab 3 mg</i>	86	FARXIGA TAB 5MG.....	78
<i>eszopiclone tab 1 mg</i>	69	FARYDAK CAP 10MG	28
<i>eszopiclone tab 2 mg</i>	69	FARYDAK CAP 15MG	28
<i>eszopiclone tab 3 mg</i>	69	FARYDAK CAP 20MG	28
<i>ethacrynate sodium for inj 50 mg</i>	48	<i>fayosim tab</i>	81
<i>ethacrynic acid tab 25 mg</i>	48	FC2 FEMALE MIS CONDOM.....	109
<i>ethambutol hcl tab 100 mg</i>	18	<i>febuxostat tab 40 mg</i>	1
<i>ethambutol hcl tab 400 mg</i>	18	<i>febuxostat tab 80 mg</i>	1
<i>ethosuximide cap 250 mg</i>	53	<i>felbamate susp 600 mg/5ml</i>	53
<i>ethosuximide soln 250 mg/5ml</i>	53	<i>felbamate tab 400 mg</i>	53
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	81	<i>felbamate tab 600 mg</i>	53
<i>etodolac cap 200 mg</i>	1	<i>felodipine tab er 24hr 10 mg</i>	46
<i>etodolac cap 300 mg</i>	1	<i>felodipine tab er 24hr 2.5 mg</i>	46
<i>etodolac tab 400 mg</i>	2	<i>felodipine tab er 24hr 5 mg</i>	46
<i>etodolac tab 500 mg</i>	2	FEMCAP MIS 22MM	109
<i>etodolac tab er 24hr 400 mg</i>	2	FEMCAP MIS 26MM	109
<i>etodolac tab er 24hr 500 mg</i>	2	FEMCAP MIS 30MM	109
<i>etodolac tab er 24hr 600 mg</i>	2	<i>fenofibrate cap 150 mg</i>	40
<i>etoposide cap 50 mg</i>	34	<i>fenofibrate cap 50 mg</i>	40
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i> .	34	<i>fenofibrate micronized cap 130 mg</i>	41
EUCRISA OIN 2%	128	<i>fenofibrate micronized cap 134 mg</i>	41
EURAX CRE 10%.....	129	<i>fenofibrate micronized cap 200 mg</i>	41
EVAMIST SPR 1.53MG	86	<i>fenofibrate micronized cap 43 mg</i>	41
EVOTAZ TAB 300-150	17	<i>fenofibrate micronized cap 67 mg</i>	41
EXELDERM CRE 1%.....	124	<i>fenofibrate tab 145 mg</i>	41
EXELDERM SOL 1%.....	124	<i>fenofibrate tab 160 mg</i>	41
<i>exemestane tab 25 mg</i>	29	<i>fenofibrate tab 48 mg</i>	41
<i>ezetimibe-simvastatin tab 10-10 mg</i> ...	41	<i>fenofibrate tab 54 mg</i>	41
<i>ezetimibe-simvastatin tab 10-20 mg</i> ...	41	<i>fenofibric acid tab 35 mg</i>	41
<i>ezetimibe-simvastatin tab 10-40 mg</i> ...	41	FENOFIBRIC TAB 105MG	41
<i>ezetimibe-simvastatin tab 10-80 mg</i> ...	41	<i>fenoprofen calcium cap 400 mg</i>	2
<i>ezetimibe tab 10 mg</i>	40	<i>fenoprofen calcium tab 600 mg</i>	2
F		<i>fantanyl citrate lozenge on a handle 1200</i> <i>mcg</i>	4
FACTIVE TAB 320MG.....	22	<i>fantanyl citrate lozenge on a handle 1600</i> <i>mcg</i>	4
<i>falmina tab</i>	81	<i>fantanyl citrate lozenge on a handle 200</i> <i>mcg</i>	4
<i>famciclovir tab 125 mg</i>	18	<i>fantanyl citrate lozenge on a handle 400</i> <i>mcg</i>	4
<i>famciclovir tab 250 mg</i>	18	<i>fantanyl citrate lozenge on a handle 600</i> <i>mcg</i>	4
<i>famciclovir tab 500 mg</i>	18	<i>fantanyl citrate lozenge on a handle 800</i> <i>mcg</i>	4
<i>famotidine for susp 40 mg/5ml</i>	95	<i>fantanyl td patch 72hr 100 mcg/hr</i>	4
<i>famotidine inj 200 mg/20ml</i>	95	<i>fantanyl td patch 72hr 12 mcg/hr</i>	4
<i>famotidine inj 20 mg/2ml</i>	95	<i>fantanyl td patch 72hr 25 mcg/hr</i>	4
<i>famotidine inj 40 mg/4ml</i>	95	<i>fantanyl td patch 72hr 50 mcg/hr</i>	4
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	95		
<i>famotidine tab 20 mg</i>	95		
<i>famotidine tab 40 mg</i>	95		
FARXIGA TAB 10MG.....	78		

<i>fentanyl td patch 72hr 75 mcg/hr</i>	4	<i>fluocinolone acetonide cream 0.01%</i> .	127
FERRIPROX SOL 100MG/ML	80	<i>fluocinolone acetonide cream 0.025%</i>	127
FERRIPROX TAB 1000MG	80	<i>fluocinolone acetonide oil 0.01% (body oil)</i>	127
FERRIPROX TAB 500MG	80	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	127
FETZIMA CAP 120MG	59	<i>fluocinolone acetonide oint 0.025%</i> ...	127
FETZIMA CAP 20MG	59	<i>fluocinolone acetonide soln 0.01%</i>	127
FETZIMA CAP 40MG	59	<i>fluocinonide cream 0.05%</i>	127
FETZIMA CAP 80MG	59	<i>fluocinonide gel 0.05%</i>	127
FETZIMA CAP TITRATIO.....	59	<i>fluocinonide oint 0.05%</i>	127
FIASP FLEX INJ TOUCH.....	77	<i>fluocinonide soln 0.05%</i>	127
FIASP INJ 100/ML.....	77	FLUORABON DRO.....	110
FINACEA AER 15%.....	128	<i>fluor-a-day dro 0.125mg</i>	109
<i>finasteride tab 5 mg</i>	98	<i>fluoritab chw 0.25mg f</i>	110
FIRAZYR INJ 30MG/3ML.....	101	<i>fluoritab chw 0.5mg f</i>	110
FLAREX SUS 0.1% OP	114	<i>fluoritab chw 2.2mg</i>	110
<i>flavoxate hcl tab 100 mg</i>	98	<i>fluorometholone ophth susp 0.1%</i>	114
<i>flecainide acetate tab 100 mg</i>	39	FLUOROPLEX CRE 1%.....	124
<i>flecainide acetate tab 150 mg</i>	39	<i>fluorouracil cream 0.5%</i>	124
<i>flecainide acetate tab 50 mg</i>	39	<i>fluorouracil cream 5%</i>	124
<i>floxuridine for inj 0.5 gm</i>	26	<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	27
FLUAD INJ 2019-20.....	107	<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	27
FLUARIX QUAD INJ 2019-20.....	107	<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	27
FLUBLOK QUAD INJ 2019-20	107	<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	27
FLUCLVX QUAD INJ 2019-20	107	<i>fluorouracil soln 2%</i>	124
FLUCONAZOLE/ INJ NACL 100	15	<i>fluorouracil soln 5%</i>	124
<i>fluconazole for susp 10 mg/ml</i>	14	<i>fluoxetine hcl cap 10 mg</i>	59
<i>fluconazole for susp 40 mg/ml</i>	14	<i>fluoxetine hcl cap 20 mg</i>	59
<i>fluconazole in dextrose inj 200 mg/100ml</i>	15	<i>fluoxetine hcl cap 40 mg</i>	59
<i>fluconazole in dextrose inj 400 mg/200ml</i>	15	<i>fluoxetine hcl cap delayed release 90 mg</i>	59
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	15	<i>fluoxetine hcl solution 20 mg/5ml</i>	59
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	15	<i>fluoxetine hcl tab 10 mg</i>	59
<i>fluconazole tab 100 mg</i>	15	<i>fluoxetine hcl tab 20 mg</i>	59
<i>fluconazole tab 150 mg</i>	15	<i>fluoxetine hcl tab 60 mg</i>	59
<i>fluconazole tab 200 mg</i>	15	<i>fluphenazine decanoate inj 25 mg/ml</i> ..	64
<i>fluconazole tab 50 mg</i>	15	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	64
<i>fludarabine phosphate for inj 50 mg</i> ...	27	<i>fluphenazine hcl inj 2.5 mg/ml</i>	64
<i>fludarabine phosphate inj 25 mg/ml</i> ...	27	<i>fluphenazine hcl oral conc 5 mg/ml</i>	64
<i>fludrocortisone acetate tab 0.1 mg</i>	88	<i>fluphenazine hcl tab 10 mg</i>	64
FLULAVAL QUA INJ 2019-20	107	<i>fluphenazine hcl tab 1 mg</i>	64
FLUMIST QUAD SUS 2019-20	107	<i>fluphenazine hcl tab 2.5 mg</i>	64
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	121	<i>fluphenazine hcl tab 5 mg</i>	64
<i>fluocinolone acetonide (otic) oil 0.01%</i>	129		

<i>flura-drops dro 0.25mg f</i>	110	<i>tab 10-12.5 mg</i>	35
<i>flurandrenolide cream 0.05%</i>	127	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>flurandrenolide lotion 0.05%</i>	127	<i>tab 20-12.5 mg</i>	35
<i>flurandrenolide oint 0.05%</i>	127	<i>fosinopril sodium tab 10 mg</i>	36
<i>flurbiprofen sodium ophth soln 0.03%</i>		<i>fosinopril sodium tab 20 mg</i>	36
.....	114	<i>fosinopril sodium tab 40 mg</i>	36
<i>flurbiprofen tab 100 mg</i>	2	<i>fosphenytoin sodium inj 100 mg/2ml</i>	
<i>flurbiprofen tab 50 mg</i>	2	<i>(phenytoin equiv)</i>	53
<i>flutamide cap 125 mg</i>	29	<i>fosphenytoin sodium inj 500 mg/10ml</i>	
<i>fluticasone propionate cream 0.05%</i> ..	127	<i>(phenytoin equiv)</i>	53
<i>fluticasone propionate lotion 0.05%</i> ..	127	FOSRENOL POW 1000MG.....	90
<i>fluticasone propionate nasal susp 50</i>		FOSRENOL POW 750MG	90
<i>mcg/act</i>	121	FRAGMIN INJ 10000/ML.....	100
<i>fluticasone propionate oint 0.005%</i> ...	127	FRAGMIN INJ 12500UNT	100
<i>fluvastatin sodium cap 20 mg (base</i>		FRAGMIN INJ 15000UNT	100
<i>equivalent)</i>	41	FRAGMIN INJ 18000UNT	100
<i>fluvastatin sodium cap 40 mg (base</i>		FRAGMIN INJ 2500/0.2.....	100
<i>equivalent)</i>	41	FRAGMIN INJ 5000/0.2.....	100
<i>fluvastatin sodium tab er 24 hr 80 mg</i>		FRAGMIN INJ 7500/0.3.....	100
<i>(base equivalent)</i>	41	FRAGMIN INJ 95000UNT	100
<i>fluvoxamine maleate cap er 24hr 100 mg</i>		<i>frovatriptan succinate tab 2.5 mg (base</i>	
.....	71	<i>equivalent)</i>	70
<i>fluvoxamine maleate cap er 24hr 150 mg</i>		FULPHILA INJ 6/0.6ML.....	101
.....	71	<i>fulvestrant inj 250 mg/5ml</i>	29
<i>fluvoxamine maleate tab 100 mg</i>	71	<i>furosemide inj 10 mg/ml</i>	48
<i>fluvoxamine maleate tab 25 mg</i>	71	<i>furosemide oral soln 10 mg/ml</i>	48
<i>fluvoxamine maleate tab 50 mg</i>	71	<i>furosemide oral soln 8 mg/ml</i>	48
FLUZONE HD INJ PF 19-20	107	<i>furosemide tab 20 mg</i>	48
FLUZONE QUAD INJ 2019-20.....	107	<i>furosemide tab 40 mg</i>	48
FML FORTE SUS 0.25% OP.....	114	<i>furosemide tab 80 mg</i>	48
FML OIN 0.1% OP	114	FUZEON INJ 90MG.....	16
<i>folic acid cap 0.8 mg</i>	112	FYCOMPA SUS 0.5MG/ML.....	53
<i>folic acid tab 1 mg</i>	112	FYCOMPA TAB 10MG	53
<i>folic acid tab 400 mcg</i>	112	FYCOMPA TAB 12MG	53
<i>folic acid tab 800 mcg</i>	112	FYCOMPA TAB 2MG	53
<i>fondaparinux sodium subcutaneous inj</i>		FYCOMPA TAB 4MG.....	53
<i>10 mg/0.8ml</i>	100	FYCOMPA TAB 6MG	53
<i>fondaparinux sodium subcutaneous inj</i>		FYCOMPA TAB 8MG	53
<i>2.5 mg/0.5ml</i>	99	G	
<i>fondaparinux sodium subcutaneous inj 5</i>		<i>gabapentin cap 100 mg</i>	53
<i>mg/0.4ml</i>	99	<i>gabapentin cap 300 mg</i>	53
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin cap 400 mg</i>	53
<i>7.5 mg/0.6ml</i>	99	<i>gabapentin oral soln 250 mg/5ml</i>	53
FOSAMAX + D TAB 70-2800.....	79	<i>gabapentin tab 600 mg</i>	53
FOSAMAX + D TAB 70-5600.....	79	<i>gabapentin tab 800 mg</i>	53
<i>fosamprenavir calcium tab 700 mg (base</i>		<i>galantamine hydrobromide cap er 24hr</i>	
<i>equiv)</i>	16	<i>16 mg</i>	56
<i>fosinopril sodium & hydrochlorothiazide</i>		<i>galantamine hydrobromide cap er 24hr</i>	

24 mg	56	<i>gildess fe tab 1/20</i>	81
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	56	<i>gildess fe tab 1.5/30</i>	81
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	56	GILENYA CAP 0.5MG	72
<i>galantamine hydrobromide tab 12 mg</i> ..	56	GLASSIA INJ	120
<i>galantamine hydrobromide tab 4 mg</i> ...	56	<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	72
<i>galantamine hydrobromide tab 8 mg</i> ...	56	<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	72
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	87	GLEOSTINE CAP 100MG	25
GARDASIL 9 INJ	107	GLEOSTINE CAP 10MG	25
GARDASIL INJ	107	GLEOSTINE CAP 40MG	25
<i>gatifloxacin ophth soln 0.5%</i>	113	GLEOSTINE CAP 5MG	25
<i>gavilyte-c sol</i>	96	GLIADEL WAF 7.7MG	25
<i>gavilyte-g sol</i>	96	<i>glimepiride tab 1 mg</i>	78
<i>gavilyte-h kit</i>	96	<i>glimepiride tab 2 mg</i>	79
<i>gavilyte-n sol flav pk</i>	96	<i>glimepiride tab 4 mg</i>	79
GAZYVA INJ 25MG/ML.....	28	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	76
<i>gemcitabine hcl for inj 1 gm</i>	27	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	76
<i>gemcitabine hcl for inj 200 mg</i>	27	<i>glipizide-metformin hcl tab 5-500 mg</i> ..	76
<i>gemcitabine hcl for inj 2 gm</i>	27	<i>glipizide tab 10 mg</i>	79
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	27	<i>glipizide tab 5 mg</i>	79
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	27	<i>glipizide tab er 24hr 10 mg</i>	79
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	27	<i>glipizide tab er 24hr 2.5 mg</i>	79
<i>gemfibrozil tab 600 mg</i>	41	<i>glipizide tab er 24hr 5 mg</i>	79
<i>generlac sol 10gm/15</i>	96	GLUCAGON KIT 1MG.....	89
<i>gengraf cap 100mg</i>	106	GLUCOSE URINE TEST STRIPS.....	109
<i>gengraf cap 25mg</i>	106	<i>glyburide-metformin tab 1.25-250 mg</i> ..	76
<i>gengraf sol 100mg/ml</i>	106	<i>glyburide-metformin tab 2.5-500 mg</i> ..	76
<i>gentak oin 0.3% op</i>	113	<i>glyburide-metformin tab 5-500 mg</i>	76
GENTAM/NACL INJ 0.9MG/ML.....	12	<i>glyburide micronized tab 1.5 mg</i>	79
GENTAM/NACL INJ 1.4MG/ML.....	12	<i>glyburide micronized tab 3 mg</i>	79
<i>gentamicin in saline inj 0.8 mg/ml</i>	12	<i>glyburide micronized tab 6 mg</i>	79
<i>gentamicin in saline inj 1.2 mg/ml</i>	12	<i>glyburide tab 1.25 mg</i>	79
<i>gentamicin in saline inj 1.6 mg/ml</i>	12	<i>glyburide tab 2.5 mg</i>	79
<i>gentamicin in saline inj 1 mg/ml</i>	12	<i>glyburide tab 5 mg</i>	79
<i>gentamicin in saline inj 2 mg/ml</i>	12	<i>glycopyrrolate inj 0.2 mg/ml</i>	92
<i>gentamicin sulfate cream 0.1%</i>	124	<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	93
<i>gentamicin sulfate inj 10 mg/ml</i>	12	<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	93
<i>gentamicin sulfate inj 40 mg/ml</i>	12	<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	93
<i>gentamicin sulfate oint 0.1%</i>	124	<i>glycopyrrolate tab 1 mg</i>	93
<i>gentamicin sulfate ophth oint 0.3%</i> ...	113	<i>glycopyrrolate tab 2 mg</i>	93
<i>gentamicin sulfate ophth soln 0.3%</i> ...	113	GLYXAMBI TAB 10-5 MG	78
GENVOYA TAB.....	17	GLYXAMBI TAB 25-5 MG	78
<i>gianvi tab 3-0.02mg</i>	81		

GOLYTELY SOL.....	96	HARVONI TAB 90-400MG.....	22
GONAL-F INJ 1050UNIT.....	87	HAVRIX INJ 1440UNIT.....	107
GONAL-F INJ 450UNIT.....	87	HAVRIX INJ 720UNIT.....	107
GONAL-F RFF INJ 300/0.5.....	87	<i>heather tab 0.35mg</i>	81
GONAL-F RFF INJ 450/0.75.....	87	HEMLIBRA INJ 105/0.7.....	101
GONAL-F RFF INJ 75UNIT.....	87	HEMLIBRA INJ 150/ML.....	101
GONAL-F RFF INJ 900/1.5.....	87	HEMLIBRA INJ 30MG/ML.....	101
<i>granisetron hcl inj 0.1 mg/ml</i>	93	HEMLIBRA INJ 60/0.4.....	101
<i>granisetron hcl inj 1 mg/ml</i>	93	<i>heparin sodium (porcine) inj 10000</i>	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>		<i>unit/ml</i>	100
.....	93	<i>heparin sodium (porcine) inj 1000</i>	
<i>granisetron hcl tab 1 mg</i>	93	<i>unit/ml</i>	100
<i>griseofulvin microsize susp 125 mg/5ml</i>		<i>heparin sodium (porcine) inj 20000</i>	
.....	15	<i>unit/ml</i>	100
<i>griseofulvin microsize tab 500 mg</i>	15	<i>heparin sodium (porcine) inj 5000</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i>	15	<i>unit/ml</i>	100
<i>griseofulvin ultramicrosize tab 250 mg</i>	15	<i>heparin sodium (porcine) pf inj 5000</i>	
<i>guanfacine hcl tab 1 mg</i>	49	<i>unit/0.5ml</i>	100
<i>guanfacine hcl tab 2 mg</i>	49	HEPLISAV-B INJ 20/0.5ML.....	107
<i>guanfacine hcl tab er 24hr 1 mg (base</i>		HEPLISAV-B INJ 20MCG.....	107
<i>equiv)</i>	67	HETLIOZ CAP 20MG.....	69
<i>guanfacine hcl tab er 24hr 2 mg (base</i>		HEXALEN CAP 50MG.....	25
<i>equiv)</i>	68	HIBERIX SOL 10MCG.....	107
<i>guanfacine hcl tab er 24hr 3 mg (base</i>		HUMATROPE INJ 12MG.....	89
<i>equiv)</i>	68	HUMATROPE INJ 24MG.....	89
<i>guanfacine hcl tab er 24hr 4 mg (base</i>		HUMATROPE INJ 5MG.....	89
<i>equiv)</i>	68	HUMATROPE INJ 6MG.....	89
GUANIDINE TAB 125MG.....	71	HUMATROPEN MIS FOR 12MG.....	109
GYNAZOLE-1 CRE 2%.....	99	HUMATROPEN MIS FOR 24MG.....	109
GYNOL II GEL 3%.....	98	HUMATROPEN MIS FOR 6MG.....	109
H		HUMIRA INJ 10/0.1ML.....	103
<i>halcinonide cream 0.1%</i>	127	HUMIRA INJ 10MG/0.2.....	103
<i>halobetasol propionate cream 0.05%</i>	127	HUMIRA INJ 20/0.2ML.....	103
<i>halobetasol propionate oint 0.05%</i>	127	HUMIRA INJ 40/0.4ML.....	103
HALOG CRE 0.1%.....	127	HUMIRA KIT 20MG/0.4.....	103
HALOG OIN 0.1%.....	127	HUMIRA KIT 40MG/0.8.....	103
<i>haloperidol decanoate im soln 100 mg/ml</i>		HUMIRA PEDIA INJ CROHNS.....	103
.....	64	HUMIRA PEN INJ 40/0.4ML.....	103
<i>haloperidol decanoate im soln 50 mg/ml</i>		HUMIRA PEN INJ CD/UC/HS.....	103
.....	64	HUMIRA PEN INJ PS/UV.....	103
<i>haloperidol lactate inj 5 mg/ml</i>	64	HUMIRA PEN KIT CD/UC/HS.....	103
<i>haloperidol lactate oral conc 2 mg/ml</i> ..	64	HUMIRA PEN KIT PS/UV.....	103
<i>haloperidol tab 0.5 mg</i>	64	HUMULIN INJ 70/30.....	77
<i>haloperidol tab 10 mg</i>	64	HUMULIN INJ 70/30KWP.....	77
<i>haloperidol tab 1 mg</i>	64	HUMULIN N INJ U-100.....	77
<i>haloperidol tab 20 mg</i>	64	HUMULIN N INJ U-100KWP.....	77
<i>haloperidol tab 2 mg</i>	64	HUMULIN R INJ U-100.....	77
<i>haloperidol tab 5 mg</i>	64	HUMULIN R INJ U-500.....	77

<i>hydralazine hcl inj 20 mg/ml</i>	49	<i>hydromorphone hcl tab 8 mg</i>	5
<i>hydralazine hcl tab 100 mg</i>	49	<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	5
<i>hydralazine hcl tab 10 mg</i>	49	<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	5
<i>hydralazine hcl tab 25 mg</i>	49	<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	5
<i>hydralazine hcl tab 50 mg</i>	49	<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	5
<i>hydrochlorothiazide cap 12.5 mg</i>	48	<i>HYDROMORPHON SUP 3MG</i>	5
<i>hydrochlorothiazide tab 12.5 mg</i>	48	<i>hydroxychloroquine sulfate tab 200 mg</i>	104
<i>hydrochlorothiazide tab 25 mg</i>	48	<i>hydroxyurea cap 500 mg</i>	33
<i>hydrochlorothiazide tab 50 mg</i>	48	<i>hydroxyzine hcl im soln 25 mg/ml</i>	117
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	4	<i>hydroxyzine hcl im soln 50 mg/ml</i>	117
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	5	<i>hydroxyzine hcl syrup 10 mg/5ml</i>	117
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	4	<i>hydroxyzine hcl tab 10 mg</i>	117
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	5	<i>hydroxyzine hcl tab 25 mg</i>	118
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	5	<i>hydroxyzine hcl tab 50 mg</i>	118
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	119	<i>hydroxyzine pamoate cap 100 mg</i>	118
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	119	<i>hydroxyzine pamoate cap 25 mg</i>	118
<i>hydrocortisone butyrate cream 0.1%</i>	127	<i>hydroxyzine pamoate cap 50 mg</i>	118
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	127	<i>hyoscyamine sulfate sl tab 0.125 mg</i>	93
<i>hydrocortisone butyrate oint 0.1%</i>	127	<i>hyoscyamine sulfate tab 0.125 mg</i>	93
<i>hydrocortisone butyrate soln 0.1%</i>	127	<i>hyoscyamine sulfate tab disint 0.125 mg</i>	93
<i>hydrocortisone cream 1%</i>	127	<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	93
<i>hydrocortisone cream 2.5%</i>	127	<i>HYQVIA INJ 10-800</i>	105
<i>hydrocortisone lotion 2.5%</i>	127	<i>HYQVIA INJ 2.5-200</i>	105
<i>hydrocortisone oint 1%</i>	127	<i>HYQVIA INJ 20-1600</i>	105
<i>hydrocortisone oint 2.5%</i>	127	<i>HYQVIA INJ 30-2400</i>	105
<i>hydrocortisone tab 10 mg</i>	88	<i>HYQVIA INJ 5-400</i>	105
<i>hydrocortisone tab 20 mg</i>	88	<i>HYSINGLA ER TAB 100 MG</i>	6
<i>hydrocortisone tab 5 mg</i>	88	<i>HYSINGLA ER TAB 120 MG</i>	6
<i>hydrocortisone valerate cream 0.2%</i>	127	<i>HYSINGLA ER TAB 20 MG</i>	5
<i>hydrocortisone valerate oint 0.2%</i>	127	<i>HYSINGLA ER TAB 30 MG</i>	5
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	129	<i>HYSINGLA ER TAB 40 MG</i>	5
<i>hydromet syp 5-1.5/5</i>	119	<i>HYSINGLA ER TAB 60 MG</i>	5
<i>hydromorphone hcl inj 1 mg/ml</i>	5	<i>HYSINGLA ER TAB 80 MG</i>	5
<i>hydromorphone hcl inj 2 mg/ml</i>	5	I	
<i>hydromorphone hcl inj 4 mg/ml</i>	5	<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	79
<i>hydromorphone hcl liqd 1 mg/ml</i>	5	<i>ibandronate sodium tab 150 mg (base equivalent)</i>	79
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	5	<i>IBRANCE CAP 100MG</i>	28
<i>hydromorphone hcl tab 2 mg</i>	5	<i>IBRANCE CAP 125MG</i>	28
<i>hydromorphone hcl tab 4 mg</i>	5	<i>IBRANCE CAP 75MG</i>	28

<i>ibuprofen susp 100 mg/5ml</i>	2	<i>indomethacin cap 25 mg</i>	2
<i>ibuprofen tab 400 mg</i>	2	<i>indomethacin cap 50 mg</i>	2
<i>ibuprofen tab 600 mg</i>	2	INFANRIX INJ.....	107
<i>ibuprofen tab 800 mg</i>	2	INLYTA TAB 1MG	31
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	101	INLYTA TAB 5MG	31
ICLUSIG TAB 15MG.....	30	INSULIN PEN NEEDLES.....	109
ICLUSIG TAB 45MG.....	30	INSULIN PEN NEEDLES/SYRINGES	109
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	26	INTELENCE TAB 100MG.....	16
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	26	INTELENCE TAB 200MG.....	16
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	26	INTELENCE TAB 25MG.....	16
IDHIFA TAB 100MG.....	30	INTRAROSA SUP 6.5MG.....	75
IDHIFA TAB 50MG	30	INTRON A INJ 10MU.....	105
<i>ifosfamide for inj 1 gm</i>	25	INTRON A INJ 18MU.....	105
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	25	INTRON A INJ 25MU.....	105
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	25	INTRON A INJ 50MU.....	105
ILEVRO DRO 0.3% OP	114	<i>introvale tab</i>	81
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	30	INVANZ INJ 1GM	13
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	30	INVIRASE CAP 200MG	16
IMBRUVICA CAP 140MG	31	INVIRASE TAB 500MG	16
IMBRUVICA CAP 70MG	30	IOPIDINE SOL 1% OP.....	115
IMBRUVICA TAB 140MG	31	IPOL INJ INACTIVE	107
IMBRUVICA TAB 280MG	31	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	116
IMBRUVICA TAB 420MG	31	<i>ipratropium bromide inhal soln 0.02%</i>	116
IMBRUVICA TAB 560MG	31	<i>ipratropium bromide nasal soln 0.03%</i> (21 mcg/spray)	116
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	13	<i>ipratropium bromide nasal soln 0.06%</i> (42 mcg/spray)	116
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	13	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	37
<i>imipramine hcl tab 10 mg</i>	59	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	37
<i>imipramine hcl tab 25 mg</i>	59	<i>irbesartan tab 150 mg</i>	38
<i>imipramine hcl tab 50 mg</i>	59	<i>irbesartan tab 300 mg</i>	38
<i>imipramine pamoate cap 100 mg</i>	59	<i>irbesartan tab 75 mg</i>	38
<i>imipramine pamoate cap 125 mg</i>	60	<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	34
<i>imipramine pamoate cap 150 mg</i>	60	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	34
<i>imipramine pamoate cap 75 mg</i>	59	<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	34
<i>imiquimod cream 5%</i>	124	ISENTRESS CHW 100MG	16
INCRELEX INJ 40MG/4ML.....	89	ISENTRESS CHW 25MG	16
INCRUSE ELPT INH 62.5MCG.....	116	ISENTRESS HD TAB 600MG	16
<i>indapamide tab 1.25 mg</i>	48	ISENTRESS POW 100MG.....	16
<i>indapamide tab 2.5 mg</i>	48	ISENTRESS TAB 400MG.....	16
		<i>isoniazid inj 100 mg/ml</i>	18

<i>isoniazid syrup 50 mg/5ml</i>	18	JARDIANCE TAB 25MG	78
<i>isoniazid tab 100 mg</i>	18	JENTADUETO TAB XR	77
<i>isoniazid tab 300 mg</i>	18	<i>jinteli tab 1mg-5mcg</i>	86
ISORDIL TAB 40MG	49	<i>jolessa tab</i>	81
<i>isosorbide dinitrate tab 10 mg</i>	49	<i>jolivette tab 0.35mg</i>	81
<i>isosorbide dinitrate tab 20 mg</i>	49	JUBLIA SOL 10%	125
<i>isosorbide dinitrate tab 30 mg</i>	49	<i>junel 1/20 tab</i>	81
<i>isosorbide dinitrate tab 5 mg</i>	49	<i>junel 1.5/30 tab</i>	81
<i>isosorbide dinitrate tab er 40 mg</i>	49	<i>junel fe tab 1/20</i>	81
<i>isosorbide mononitrate tab 10 mg</i>	49	<i>junel fe tab 1.5/30</i>	81
<i>isosorbide mononitrate tab 20 mg</i>	49	K	
<i>isosorbide mononitrate tab er 24hr 120</i> <i>mg</i>	49	KADCYLA INJ 100MG.....	28
<i>isosorbide mononitrate tab er 24hr 30</i> <i>mg</i>	49	KADCYLA INJ 160MG.....	28
<i>isosorbide mononitrate tab er 24hr 60</i> <i>mg</i>	49	KALETRA TAB 100-25MG	17
<i>isotretinoin cap 10 mg</i>	123	KALETRA TAB 200-50MG	17
<i>isradipine cap 2.5 mg</i>	46	KALYDECO PAK 25MG.....	120
<i>isradipine cap 5 mg</i>	46	KALYDECO PAK 50MG.....	120
<i>itraconazole cap 100 mg</i>	15	KALYDECO PAK 75MG.....	120
<i>itraconazole oral soln 10 mg/ml</i>	15	KALYDECO TAB 150MG.....	120
<i>ivermectin tab 3 mg</i>	13	<i>kariva tab 28 day</i>	81
IV PREP WIPE PAD	124	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	111
J		<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	111
JAKAFI TAB 10MG.....	31	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	111
JAKAFI TAB 15MG.....	31	<i>k-effervesce tab 25meq ef</i>	110
JAKAFI TAB 20MG.....	31	<i>kelnor tab 1/35</i>	81
JAKAFI TAB 25MG.....	31	<i>ketoconazole cream 2%</i>	125
JAKAFI TAB 5MG	31	<i>ketoconazole foam 2%</i>	125
<i>jantoven tab 10mg</i>	100	<i>ketoconazole shampoo 2%</i>	126
<i>jantoven tab 1mg</i>	100	KETONE URINE TEST STRIPS.....	109
<i>jantoven tab 2.5mg</i>	100	<i>ketoprofen cap er 24hr 200 mg</i>	2
<i>jantoven tab 2mg</i>	100	<i>ketorolac tromethamine im inj 60</i> <i>mg/2ml (30 mg/ml)</i>	2
<i>jantoven tab 3mg</i>	100	<i>ketorolac tromethamine inj 15 mg/ml</i> ...	2
<i>jantoven tab 4mg</i>	100	<i>ketorolac tromethamine inj 30 mg/ml</i> ...	2
<i>jantoven tab 5mg</i>	100	<i>ketorolac tromethamine ophth soln 0.4%</i>	114
<i>jantoven tab 6mg</i>	100	<i>ketorolac tromethamine ophth soln 0.5%</i>	114
<i>jantoven tab 7.5mg</i>	100	<i>ketorolac tromethamine tab 10 mg</i>	2
JANUMET TAB 50-1000.....	76	KEVZARA INJ 150/1.14	103, 104
JANUMET TAB 50-500MG.....	76	KEVZARA INJ 200/1.14.....	104
JANUMET XR TAB 100-1000	77	KEYTRUDA INJ 100MG/4M	28
JANUMET XR TAB 50-1000.....	76	KINRIX INJ	107
JANUMET XR TAB 50-500MG	76	<i>kionex sus 15gm/60</i>	80
JANUVIA TAB 100MG	76	KISQALI TAB 200DOSE	28
JANUVIA TAB 25MG	76	KISQALI TAB 400DOSE	28
JANUVIA TAB 50MG	76		
JARDIANCE TAB 10MG	78		

KISQALI TAB 600DOSE	28	<i>lamotrigine tab chewable dispersible 5</i>	
<i>klor-con 10 tab 10meq er</i>	110	<i>mg</i>	54
<i>klor-con 8 tab 8meq er</i>	110	<i>lamotrigine tab er 24hr 100 mg</i>	54
KLOR-CON M15 TAB 15MEQ ER	110	<i>lamotrigine tab er 24hr 200 mg</i>	54
<i>klor-con m20 tab 20meq er</i>	110	<i>lamotrigine tab er 24hr 250 mg</i>	54
<i>kurvelo tab 0.15/30</i>	81	<i>lamotrigine tab er 24hr 25 mg</i>	54
KUVAN POW 100MG	83	<i>lamotrigine tab er 24hr 300 mg</i>	54
KUVAN POW 500MG	83	<i>lamotrigine tab er 24hr 50 mg</i>	54
KUVAN TAB 100MG	83	LANCETS	109
KYLEENA IUD 19.5MG	81	LANCING DEVICE	109
L		LANOXIN PED INJ 0.1MG/ML	47
<i>labetalol hcl iv soln 5 mg/ml</i>	43	LANOXIN TAB 0.0625MG	47
<i>labetalol hcl tab 100 mg</i>	43	LANOXIN TAB 0.1875MG	47
<i>labetalol hcl tab 200 mg</i>	43	<i>lansoprazole cap delayed release 15 mg</i>	
<i>labetalol hcl tab 300 mg</i>	43	.....	97
LACRISERT MIS 5MG OP	116	<i>lansoprazole cap delayed release 30 mg</i>	
<i>lactic acid (ammonium lactate) cream</i>		.....	97
<i>12%</i>	128	<i>lanthanum carbonate chew tab 1000 mg</i>	
<i>lactic acid (ammonium lactate) lotion</i>		<i>(elemental)</i>	90
<i>10%</i>	128	<i>lanthanum carbonate chew tab 500 mg</i>	
<i>lactic acid (ammonium lactate) lotion</i>		<i>(elemental)</i>	90
<i>12%</i>	128	<i>lanthanum carbonate chew tab 750 mg</i>	
<i>lactulose solution 10 gm/15ml</i>	96	<i>(elemental)</i>	90
<i>lamivudine oral soln 10 mg/ml</i>	16	<i>larin tab 1.5/30</i>	81
<i>lamivudine tab 100 mg (hbv)</i>	18	LASTACAFT SOL 0.25%	115
<i>lamivudine tab 150 mg</i>	16	<i>latanoprost ophth soln 0.005%</i>	115
<i>lamivudine tab 300 mg</i>	16	LATUDA TAB 120MG	64
<i>lamivudine-zidovudine tab 150-300 mg</i>		LATUDA TAB 20MG	64
.....	17	LATUDA TAB 40MG	64
<i>lamotrigine orally disintegrating tab 100</i>		LATUDA TAB 60MG	64
<i>mg</i>	53	LATUDA TAB 80MG	64
<i>lamotrigine orally disintegrating tab 200</i>		<i>leena tab</i>	81
<i>mg</i>	53	<i>leflunomide tab 10 mg</i>	104
<i>lamotrigine orally disintegrating tab 25</i>		<i>leflunomide tab 20 mg</i>	104
<i>mg</i>	53	LENVIMA CAP 10 MG	31
<i>lamotrigine orally disintegrating tab 50</i>		LENVIMA CAP 12MG	31
<i>mg</i>	53	LENVIMA CAP 14 MG	31
<i>lamotrigine tab 100 mg</i>	53	LENVIMA CAP 18 MG	31
<i>lamotrigine tab 150 mg</i>	53	LENVIMA CAP 20 MG	31
<i>lamotrigine tab 200 mg</i>	54	LENVIMA CAP 24 MG	31
<i>lamotrigine tab 25 mg</i>	53	LENVIMA CAP 4MG	31
<i>lamotrigine tab 25 mg (35) starter kit</i> .	53	LENVIMA CAP 8 MG	31
<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>		<i>lessina tab</i>	81
<i>starter kit</i>	53	LETAIRIS TAB 10MG	50
<i>lamotrigine tab 25 mg (84) & 100 mg</i>		LETAIRIS TAB 5MG	50
<i>(14) starter kit</i>	53	<i>letrozole tab 2.5 mg</i>	29
<i>lamotrigine tab chewable dispersible 25</i>		<i>leucovorin calcium for inj 100 mg</i>	34
<i>mg</i>	54	<i>leucovorin calcium for inj 200 mg</i>	34

<i>leucovorin calcium for inj 350 mg</i>	34	<i>levofloxacin ophth soln 0.5%</i>	113
<i>leucovorin calcium for inj 500 mg</i>	34	<i>levofloxacin oral soln 25 mg/ml</i>	22
<i>leucovorin calcium for inj 50 mg</i>	34	<i>levofloxacin tab 250 mg</i>	22
<i>leucovorin calcium tab 10 mg</i>	34	<i>levofloxacin tab 500 mg</i>	22
<i>leucovorin calcium tab 15 mg</i>	34	<i>levofloxacin tab 750 mg</i>	22
<i>leucovorin calcium tab 25 mg</i>	34	<i>levonest tab</i>	81
<i>leucovorin calcium tab 5 mg</i>	34	<i>levonorgestrel & ethinyl estradiol</i>	
LEUKERAN TAB 2MG	25	<i>(91-day) tab 0.15-0.03 mg</i>	81
<i>leuprolide acetate inj kit 5 mg/ml</i>	29	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i>		<i>0.15 mg-30 mcg</i>	82
<i>(base equiv)</i>	118	<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	
<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i>		<i>eth est tab 0.01mg(7)</i>	81
<i>(base equiv)</i>	118	<i>levora-28 tab 0.15/30</i>	82
<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>		<i>levothyroxine sodium tab 100 mcg</i>	91
<i>(base equiv)</i>	118	<i>levothyroxine sodium tab 112 mcg</i>	91
<i>levalbuterol hcl soln nebu conc 1.25</i>		<i>levothyroxine sodium tab 125 mcg</i>	91
<i>mg/0.5ml (base equiv)</i>	119	<i>levothyroxine sodium tab 137 mcg</i>	91
<i>levalbuterol tartrate inhal aerosol 45</i>		<i>levothyroxine sodium tab 150 mcg</i>	91
<i>mcg/act (base equiv)</i>	119	<i>levothyroxine sodium tab 175 mcg</i>	91
LEVEMIR INJ	77	<i>levothyroxine sodium tab 200 mcg</i>	91
LEVEMIR INJ FLEXTOUC	77	<i>levothyroxine sodium tab 25 mcg</i>	91
<i>levetiracetam inj 500 mg/5ml (100</i>		<i>levothyroxine sodium tab 300 mcg</i>	91
<i>mg/ml)</i>	54	<i>levothyroxine sodium tab 50 mcg</i>	91
<i>levetiracetam in sodium chloride iv soln</i>		<i>levothyroxine sodium tab 75 mcg</i>	91
<i>1000 mg/100ml</i>	54	<i>levothyroxine sodium tab 88 mcg</i>	91
<i>levetiracetam in sodium chloride iv soln</i>		<i>levoxyl tab 100mcg</i>	91
<i>1500 mg/100ml</i>	54	<i>levoxyl tab 112mcg</i>	91
<i>levetiracetam in sodium chloride iv soln</i>		<i>levoxyl tab 125mcg</i>	91
<i>500 mg/100ml</i>	54	<i>levoxyl tab 137mcg</i>	91
<i>levetiracetam oral soln 100 mg/ml</i>	54	<i>levoxyl tab 150mcg</i>	91
<i>levetiracetam tab 1000 mg</i>	54	<i>levoxyl tab 175mcg</i>	91
<i>levetiracetam tab 250 mg</i>	54	<i>levoxyl tab 200mcg</i>	91
<i>levetiracetam tab 500 mg</i>	54	<i>levoxyl tab 25mcg</i>	91
<i>levetiracetam tab 750 mg</i>	54	<i>levoxyl tab 50mcg</i>	91
<i>levetiracetam tab er 24hr 500 mg</i>	54	<i>levoxyl tab 75mcg</i>	91
<i>levetiracetam tab er 24hr 750 mg</i>	54	<i>levoxyl tab 88mcg</i>	91
<i>levobunolol hcl ophth soln 0.5%</i>	115	LEXIVA SUS 50MG/ML	16
<i>levocetirizine dihydrochloride soln 2.5</i>		LIDO/DEXTROS INJ 5-7.5%	11
<i>mg/5ml (0.5 mg/ml)</i>	118	<i>lidocaine hcl(cardiac) iv pf soln pref syr</i>	
<i>levocetirizine dihydrochloride tab 5 mg</i>		<i>100 mg/5ml (2%)</i>	39
.....	118	<i>lidocaine hcl (cardiac) iv pf soln pref syr</i>	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>		<i>50 mg/5ml(1%)</i>	39
.....	22	<i>lidocaine hcl (cardiac) iv soln pref syr</i>	
<i>levofloxacin in d5w iv soln 500</i>		<i>100 mg/5ml (2%)</i>	39
<i>mg/100ml</i>	22	<i>lidocaine hcl (cardiac) iv soln pref syr 50</i>	
<i>levofloxacin in d5w iv soln 750</i>		<i>mg/5ml (1%)</i>	39
<i>mg/150ml</i>	22	<i>lidocaine hcl laryngotracheal soln 4%</i>	129
<i>levofloxacin iv soln 25 mg/ml</i>	22	<i>lidocaine hcl local inj 0.5%</i>	11

<i>lidocaine hcl local inj 1%</i>	11	<i>lisinopril tab 10 mg</i>	36
<i>lidocaine hcl local inj 2%</i>	11	<i>lisinopril tab 2.5 mg</i>	36
<i>lidocaine hcl local preservative free (pf)</i>		<i>lisinopril tab 20 mg</i>	36
<i>inj 0.5%</i>	11	<i>lisinopril tab 30 mg</i>	36
<i>lidocaine hcl local preservative free (pf)</i>		<i>lisinopril tab 40 mg</i>	36
<i>inj 1.5%</i>	11	<i>lisinopril tab 5 mg</i>	36
<i>lidocaine hcl local preservative free (pf)</i>		<i>lithium carbonate cap 150 mg</i>	71
<i>inj 1%</i>	11	<i>lithium carbonate cap 300 mg</i>	71
<i>lidocaine hcl local preservative free (pf)</i>		<i>lithium carbonate cap 600 mg</i>	71
<i>inj 2%</i>	11	<i>lithium carbonate tab 300 mg</i>	71
<i>lidocaine hcl local preservative free (pf)</i>		<i>lithium carbonate tab er 300 mg</i>	71
<i>inj 4%</i>	11	<i>lithium carbonate tab er 450 mg</i>	71
<i>lidocaine hcl soln 4%</i>	128	LITHIUM SOL 8MEQ/5ML	71
<i>lidocaine hcl urethral/mucosal gel 2%</i>	128	LIVALO TAB 1MG	41
<i>lidocaine hcl urethral/mucosal gel</i>		LIVALO TAB 2MG	41
<i>prefilled syringe 2%</i>	128	LIVALO TAB 4MG	41
<i>lidocaine hcl viscous soln 2%</i>	129	<i>lokara lot 0.05%</i>	127
<i>lidocaine inj 20mg/ml</i>	39	LO LOESTRIN TAB 1-10-10	82
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>		<i>loperamide hcl cap 2 mg</i>	96
.....	39	<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>		<i>(80-20 mg/ml)</i>	17
.....	39	<i>lorazepam conc 2 mg/ml</i>	51
<i>lidocaine oint 5%</i>	128	<i>lorazepam tab 0.5 mg</i>	51
<i>lidocaine patch 5%</i>	128	<i>lorazepam tab 1 mg</i>	51
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	128	<i>lorazepam tab 2 mg</i>	51
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>		LORBRENA TAB 100MG	31
.....	128	LORBRENA TAB 25MG	31
LILETTA IUD 52MG	82	<i>lortab tab 10-325mg</i>	6
<i>lindane shampoo 1%</i>	129	<i>loryna tab 3-0.02mg</i>	82
<i>linezolid for susp 100 mg/5ml</i>	13	<i>losartan potassium & hydrochlorothiazide</i>	
<i>linezolid in sodium chloride iv soln 600</i>		<i>tab 100-12.5 mg</i>	37
<i>mg/300ml-0.9%</i>	13	<i>losartan potassium & hydrochlorothiazide</i>	
<i>linezolid iv soln 600 mg/300ml (2</i>		<i>tab 100-25 mg</i>	37
<i>mg/ml)</i>	13	<i>losartan potassium & hydrochlorothiazide</i>	
<i>linezolid tab 600 mg</i>	13	<i>tab 50-12.5 mg</i>	37
LINZESS CAP 145MCG	95	<i>losartan potassium tab 100 mg</i>	39
LINZESS CAP 290MCG	95	<i>losartan potassium tab 25 mg</i>	39
LINZESS CAP 72MCG	95	<i>losartan potassium tab 50 mg</i>	39
<i>liothyronine sodium iv soln 10 mcg/ml</i>	91	LOTEMAX GEL 0.5%	114
<i>liothyronine sodium tab 25 mcg</i>	91	LOTEMAX OIN 0.5%	114
<i>liothyronine sodium tab 50 mcg</i>	91	LOTEMAX SUS 0.5%	114
<i>liothyronine sodium tab 5 mcg</i>	91	<i>loteprednol etabonate ophth susp 0.5%</i>	
<i>lisinopril & hydrochlorothiazide tab</i>		.....	114
<i>10-12.5 mg</i>	35	<i>lovastatin tab 10 mg</i>	41
<i>lisinopril & hydrochlorothiazide tab</i>		<i>lovastatin tab 20 mg</i>	41
<i>20-12.5 mg</i>	35	<i>lovastatin tab 40 mg</i>	41
<i>lisinopril & hydrochlorothiazide tab 20-25</i>		<i>low-ogestrel tab</i>	82
<i>mg</i>	35	<i>loxapine succinate cap 10 mg</i>	64

<i>loxapine succinate cap 25 mg</i>	65
<i>loxapine succinate cap 50 mg</i>	65
<i>loxapine succinate cap 5 mg</i>	64
<i>ludent chw 0.25mg f</i>	110
<i>ludent chw 0.5mg f</i>	110
<i>ludent chw 1mg f</i>	110
LUMIGAN SOL 0.01%	115
LUPANETA KIT 11.25-5.....	91
LUPANETA KIT 3.75-5	91
LUPR DEP-PED INJ 11.25MG	29
LUPR DEP-PED INJ 15MG.....	29
LUPR DEP-PED INJ 3M 30MG.....	29
LUPR DEP-PED INJ 7.5MG	29
LURIDE DRO 0.5MG/ML	110
<i>luteria tab</i>	82
LYNPARZA CAP 50MG.....	28
LYNPARZA TAB 100MG	28
LYNPARZA TAB 150MG	28
LYRICA CAP 100MG	54
LYRICA CAP 150MG	54
LYRICA CAP 200MG	54
LYRICA CAP 225MG	54
LYRICA CAP 25MG	54
LYRICA CAP 300MG	54
LYRICA CAP 50MG	54
LYRICA CAP 75MG	54
LYRICA SOL 20MG/ML.....	54
LYSODREN TAB 500MG	29
M	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	110
<i>magnesium sulfate inj 50%</i>	110
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	110
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	110
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	110
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	110
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	110
<i>malathion lotion 0.5%</i>	129
<i>maprotiline hcl tab 25 mg</i>	60
<i>maprotiline hcl tab 50 mg</i>	60
<i>maprotiline hcl tab 75 mg</i>	60
<i>marlissa tab 0.15/30</i>	82
MARPLAN TAB 10MG.....	60

MATULANE CAP 50MG	33
<i>matzim la tab 180mg/24</i>	46
<i>matzim la tab 240mg/24</i>	46
<i>matzim la tab 300mg/24</i>	46
<i>matzim la tab 360mg/24</i>	46
<i>matzim la tab 420mg/24</i>	46
MAXIDEX SUS 0.1% OP	114
<i>meclizine hcl tab 12.5 mg</i>	93
<i>meclizine hcl tab 25 mg</i>	93
<i>meclofenamate sodium cap 100 mg</i>	2
<i>meclofenamate sodium cap 50 mg</i>	2
MEDROL TAB 2MG	88
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	82
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	82
<i>medroxyprogesterone acetate tab 10 mg</i>	91
<i>medroxyprogesterone acetate tab 2.5 mg</i>	91
<i>medroxyprogesterone acetate tab 5 mg</i>	91
<i>mefenamic acid cap 250 mg</i>	2
<i>mefloquine hcl tab 250 mg</i>	15
<i>megestrol acetate susp 40 mg/ml</i>	29
<i>megestrol acetate susp 625 mg/5ml</i> ...	29
<i>megestrol acetate tab 20 mg</i>	29
<i>megestrol acetate tab 40 mg</i>	29
MEKINIST TAB 0.5MG	31
MEKINIST TAB 2MG	31
<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>	25
<i>melphalan tab 2 mg</i>	26
<i>memantine hcl cap er 24hr 14 mg</i>	56
<i>memantine hcl cap er 24hr 21 mg</i>	56
<i>memantine hcl cap er 24hr 28 mg</i>	56
<i>memantine hcl cap er 24hr 7 mg</i>	56
<i>memantine hcl oral solution 2 mg/ml</i> ..	56
<i>memantine hcl tab 10 mg</i>	56
<i>memantine hcl tab 5 mg</i>	56
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	56
MENACTRA INJ	107
MENEST TAB 0.3MG.....	86
MENEST TAB 0.625MG	86
MENEST TAB 1.25MG	86

MENEST TAB 2.5MG	86	<i>methotrexate sodium inj pf 1000</i>	
MENHIBRIX INJ	107	<i>mg/40ml (25 mg/ml)</i>	27
MENOMUNE INJ A/C/Y/W	108	<i>methotrexate sodium inj pf 250 mg/10ml</i>	
MENTAX CRE 1%	125	<i>(25 mg/ml).....</i>	27
MENVEO INJ.....	108	<i>methotrexate sodium inj pf 50 mg/2ml</i>	
<i>meprobamate tab 200 mg</i>	51	<i>(25 mg/ml).....</i>	27
<i>meprobamate tab 400 mg</i>	51	<i>methotrexate sodium tab 2.5 mg (base</i>	
<i>mercaptapurine tab 50 mg.....</i>	27	<i>equiv)</i>	105
<i>meropenem iv for soln 1 gm</i>	13	<i>methoxsalen rapid cap 10 mg.....</i>	125
<i>meropenem iv for soln 500 mg</i>	13	<i>methscopolamine bromide tab 2.5 mg.</i>	93
<i>mesalamine enema 4 gm.....</i>	95	<i>methscopolamine bromide tab 5 mg....</i>	93
<i>mesalamine rectal enema 4 gm &</i>		<i>methyclothiazide tab 5 mg.....</i>	48
<i>cleanser wipe kit</i>	95	<i>methylidopa tab 250 mg</i>	49
<i>mesalamine suppos 1000 mg</i>	95	<i>methylidopa tab 500 mg</i>	49
<i>mesna inj 100 mg/ml.....</i>	34	<i>methylidopate hcl inj 250 mg/5ml</i>	49
MESNEX TAB 400MG.....	34	<i>methylphenidate hcl cap er 10 mg (cd)</i>	68
<i>metaproterenol sulfate syrup 10 mg/5ml</i>		<i>methylphenidate hcl cap er 20 mg (cd)</i>	68
<i>.....</i>	119	<i>methylphenidate hcl cap er 24hr 20 mg</i>	
<i>metaproterenol sulfate tab 10 mg</i>	119	<i>(la).....</i>	68
<i>metaproterenol sulfate tab 20 mg</i>	119	<i>methylphenidate hcl cap er 24hr 30 mg</i>	
<i>metaxalone tab 400 mg.....</i>	73	<i>(la).....</i>	68
<i>metaxalone tab 800 mg.....</i>	73	<i>methylphenidate hcl cap er 24hr 40 mg</i>	
<i>metformin hcl tab 1000 mg</i>	76	<i>(la).....</i>	68
<i>metformin hcl tab 500 mg</i>	76	<i>methylphenidate hcl cap er 24hr 60 mg</i>	
<i>metformin hcl tab 850 mg</i>	76	<i>(la).....</i>	68
<i>metformin hcl tab er 24hr 500 mg</i>	76	<i>methylphenidate hcl cap er 30 mg (cd)</i>	68
<i>metformin hcl tab er 24hr 750 mg</i>	76	<i>methylphenidate hcl cap er 40 mg (cd)</i>	68
<i>methadone con 10mg/ml.....</i>	6	<i>methylphenidate hcl cap er 50 mg (cd)</i>	68
<i>methadone hcl inj 10 mg/ml.....</i>	6	<i>methylphenidate hcl cap er 60 mg (cd)</i>	68
<i>methadone hcl soln 10 mg/5ml</i>	6	<i>methylphenidate hcl chew tab 10 mg ..</i>	68
<i>methadone hcl soln 5 mg/5ml</i>	6	<i>methylphenidate hcl chew tab 2.5 mg .</i>	68
<i>methadone hcl tab 10 mg.....</i>	6	<i>methylphenidate hcl chew tab 5 mg ...</i>	68
<i>methadone hcl tab 5 mg</i>	6	<i>methylphenidate hcl soln 10 mg/5ml... </i>	68
<i>methadone hcl tab for oral susp 40 mg .</i>	6	<i>methylphenidate hcl soln 5 mg/5ml.....</i>	68
<i>methadose tab 40mg</i>	6	<i>methylphenidate hcl tab 10 mg</i>	68
<i>methamphetamine hcl tab 5 mg</i>	68	<i>methylphenidate hcl tab 20 mg</i>	68
<i>methazolamide tab 25 mg</i>	48	<i>methylphenidate hcl tab 5 mg</i>	68
<i>methazolamide tab 50 mg</i>	48	<i>methylphenidate hcl tab er 10 mg.....</i>	68
<i>methenamine hippurate tab 1 gm</i>	13	<i>methylphenidate hcl tab er 20 mg.....</i>	68
<i>methimazole tab 10 mg.....</i>	91	<i>methylphenidate hcl tab er 24hr 18 mg</i>	
<i>methimazole tab 5 mg</i>	91	<i>.....</i>	68
<i>methocarbamol tab 500 mg</i>	74	<i>methylphenidate hcl tab er 24hr 27 mg</i>	
<i>methocarbamol tab 750 mg</i>	74	<i>.....</i>	68
<i>methotrexate sodium for inj 1 gm.....</i>	27	<i>methylphenidate hcl tab er 24hr 36 mg</i>	
<i>methotrexate sodium inj 250 mg/10ml</i>		<i>.....</i>	68
<i>(25 mg/ml).....</i>	27	<i>methylphenidate hcl tab er 24hr 54 mg</i>	
<i>methotrexate sodium inj 50 mg/2ml (25</i>		<i>.....</i>	68
<i>mg/ml)</i>	27	<i>methylphenidate hcl tab er osmotic</i>	

<i>release (osm) 18 mg</i>	68	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	43
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	68	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	43
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	68	<i>metoprolol tartrate iv soln 5 mg/5ml</i> ...	43
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	68	<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	43
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	88	<i>metoprolol tartrate tab 100 mg</i>	44
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	88	<i>metoprolol tartrate tab 25 mg</i>	44
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	88	<i>metoprolol tartrate tab 50 mg</i>	44
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	88	<i>metronidazole cap 375 mg</i>	13
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	88	<i>metronidazole cream 0.75%</i>	128
<i>methylprednisolone tab 16 mg</i>	88	<i>metronidazole gel 0.75%</i>	129
<i>methylprednisolone tab 32 mg</i>	88	<i>metronidazole gel 1%</i>	129
<i>methylprednisolone tab 4 mg</i>	88	<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	13
<i>methylprednisolone tab 8 mg</i>	88	<i>metronidazole lotion 0.75%</i>	129
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	88	<i>metronidazole tab 250 mg</i>	13
<i>methyltestosterone cap 10 mg</i>	75	<i>metronidazole tab 500 mg</i>	13
<i>metipranolol ophth soln 0.3%</i>	115	<i>metronidazole vaginal gel 0.75%</i>	99
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	93	<i>mexiletine hcl cap 150 mg</i>	39
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	93	<i>mexiletine hcl cap 200 mg</i>	39
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	93	<i>mexiletine hcl cap 250 mg</i>	39
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	93	<i>MIACALCIN INJ 200/ML</i>	89
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	93	<i>mibelas 24 chw fe</i>	82
<i>metolazone tab 10 mg</i>	48	<i>miconazole 3 sup 200mg</i>	99
<i>metolazone tab 2.5 mg</i>	48	<i>microgestin tab 1.5/30</i>	82
<i>metolazone tab 5 mg</i>	48	<i>midodrine hcl tab 10 mg</i>	49
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	43	<i>midodrine hcl tab 2.5 mg</i>	49
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	43	<i>midodrine hcl tab 5 mg</i>	49
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	42	<i>miglitol tab 100 mg</i>	76
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	43	<i>miglitol tab 25 mg</i>	76
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	43	<i>miglitol tab 50 mg</i>	76
		<i>mimvey lo tab 0.5-0.1</i>	86
		<i>mimvey tab 1-0.5mg</i>	86
		<i>minitran dis 0.1mg/hr</i>	49
		<i>minitran dis 0.2mg/hr</i>	49
		<i>minitran dis 0.4mg/hr</i>	49
		<i>minitran dis 0.6mg/hr</i>	49
		<i>minocycline hcl cap 100 mg</i>	25
		<i>minocycline hcl cap 50 mg</i>	25
		<i>minocycline hcl cap 75 mg</i>	25
		<i>minocycline hcl tab 100 mg</i>	25
		<i>minocycline hcl tab 50 mg</i>	25
		<i>minocycline hcl tab 75 mg</i>	25
		<i>minoxidil tab 10 mg</i>	49
		<i>minoxidil tab 2.5 mg</i>	49
		<i>MIRCERA INJ 100MCG</i>	101

MIRCERA INJ 200MCG	101	<i>montelukast sodium chew tab 5 mg</i>	
MIRCERA INJ 50MCG	101	<i>(base equiv).....</i>	120
MIRCERA INJ 75MCG	101	<i>montelukast sodium oral granules packet</i>	
MIRCERA SOL 150/0.3.....	101	<i>4 mg (base equiv)</i>	120
MIRCERA SOL 30/0.3ML	101	<i>montelukast sodium tab 10 mg (base</i>	
MIRENA IUD SYSTEM	82	<i>equiv)</i>	120
<i>mirtazapine orally disintegrating tab 15</i>		MONUROL PAK GRANULES	12
<i>mg</i>	60	<i>morgidox cap 1x100mg</i>	25
<i>mirtazapine orally disintegrating tab 30</i>		<i>morphine sulfate beads cap er 24hr 120</i>	
<i>mg</i>	60	<i>mg</i>	6
<i>mirtazapine orally disintegrating tab 45</i>		<i>morphine sulfate beads cap er 24hr 30</i>	
<i>mg</i>	60	<i>mg</i>	6
<i>mirtazapine tab 15 mg</i>	60	<i>morphine sulfate beads cap er 24hr 45</i>	
<i>mirtazapine tab 30 mg</i>	60	<i>mg</i>	6
<i>mirtazapine tab 45 mg</i>	60	<i>morphine sulfate beads cap er 24hr 60</i>	
<i>mirtazapine tab 7.5 mg</i>	60	<i>mg</i>	6
MIRVASO GEL 0.33%	129	<i>morphine sulfate beads cap er 24hr 75</i>	
MISC LANCETS	109	<i>mg</i>	6
<i>misoprostol tab 100 mcg</i>	96	<i>morphine sulfate beads cap er 24hr 90</i>	
<i>misoprostol tab 200 mcg</i>	96	<i>mg</i>	6
<i>mitomycin for iv soln 20 mg</i>	26	<i>morphine sulfate cap er 24hr 100 mg</i>	7
<i>mitomycin for iv soln 40 mg</i>	26	<i>morphine sulfate cap er 24hr 10 mg</i>	6
<i>mitomycin for iv soln 5 mg</i>	26	<i>morphine sulfate cap er 24hr 20 mg</i>	6
<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i>		<i>morphine sulfate cap er 24hr 30 mg</i>	6
<i>mg/ml)</i>	33	<i>morphine sulfate cap er 24hr 50 mg</i>	6
<i>mitoxantrone hcl inj conc 25 mg/12.5ml</i>		<i>morphine sulfate cap er 24hr 60 mg</i>	7
<i>(2 mg/ml)</i>	33	<i>morphine sulfate cap er 24hr 80 mg</i>	7
<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i>		<i>morphine sulfate inj 10 mg/ml</i>	7
<i>mg/ml)</i>	33	<i>morphine sulfate inj 8 mg/ml</i>	7
M-M-R II INJ	107	<i>morphine sulfate inj pf 0.5 mg/ml.....</i>	7
<i>modafinil tab 100 mg</i>	74	<i>morphine sulfate inj pf 1 mg/ml</i>	7
<i>modafinil tab 200 mg</i>	74	<i>morphine sulfate iv soln 1 mg/ml</i>	7
<i>moexipril hcl tab 15 mg</i>	36	<i>morphine sulfate iv soln pf 10 mg/ml</i>	7
<i>moexipril hcl tab 7.5 mg</i>	36	<i>morphine sulfate iv soln pf 15 mg/ml</i>	7
<i>moexipril-hydrochlorothiazide tab</i>		<i>morphine sulfate iv soln pf 4 mg/ml.....</i>	7
<i>15-12.5 mg</i>	35	<i>morphine sulfate iv soln pf 8 mg/ml.....</i>	7
<i>moexipril-hydrochlorothiazide tab 15-25</i>		<i>morphine sulfate oral soln 100 mg/5ml</i>	
<i>mg</i>	35	<i>(20 mg/ml)</i>	7
<i>moexipril-hydrochlorothiazide tab</i>		<i>morphine sulfate oral soln 10 mg/5ml ...</i>	7
<i>7.5-12.5 mg</i>	35	<i>morphine sulfate oral soln 20 mg/5ml ...</i>	7
<i>mometasone furoate cream 0.1%</i>	127	<i>morphine sulfate suppos 10 mg.....</i>	7
<i>mometasone furoate oint 0.1%</i>	127	<i>morphine sulfate suppos 20 mg.....</i>	7
<i>mometasone furoate solution 0.1%</i>		MORPHINE SULFATE SUPPOS 30 MG	7
<i>(lotion).....</i>	127	<i>morphine sulfate suppos 5 mg</i>	7
<i>mono-lynyah tab 0.25-35</i>	82	<i>morphine sulfate tab 15 mg</i>	7
<i>mononessa tab.....</i>	82	<i>morphine sulfate tab 30 mg</i>	7
<i>montelukast sodium chew tab 4 mg</i>		<i>morphine sulfate tab er 100 mg</i>	8
<i>(base equiv).....</i>	120	<i>morphine sulfate tab er 15 mg</i>	7

<i>morphine sulfate tab er 200 mg</i>	8	<i>mg</i>	43
<i>morphine sulfate tab er 30 mg</i>	7	<i>nadolol tab 20 mg</i>	44
<i>morphine sulfate tab er 60 mg</i>	7	<i>nadolol tab 40 mg</i>	44
MORPHINE SUL INJ 150/30ML.....	6	<i>nadolol tab 80 mg</i>	44
MORPHINE SUL INJ 2MG/ML	6	<i>nafcillin sodium for inj 1 gm</i>	24
MORPHINE SUL INJ 4MG/ML	6	<i>nafcillin sodium for inj 2 gm</i>	24
MORPHINE SUL INJ 5MG/ML	6	<i>nafcillin sodium for iv soln 10 gm</i>	24
MOTOFEN TAB 1-0.025.....	96	<i>nafcillin sodium for iv soln 1 gm</i>	24
MOVANTIK TAB 12.5MG	96	<i>nafcillin sodium for iv soln 2 gm</i>	24
MOVANTIK TAB 25MG	96	<i>nafrinse chw 1mg f</i>	110
MOVIPREP SOL.....	96	<i>nafrinse dro 0.125mg</i>	110
MOXEZA SOL 0.5%	113	<i>naftifine hcl cream 1%</i>	125
<i>moxifloxacin hcl 400 mg/250ml in</i>		<i>naftifine hcl cream 2%</i>	125
<i>sodium chloride 0.8% inj</i>	22	<i>nalbuphine hcl inj 10 mg/ml</i>	8
<i>moxifloxacin hcl ophth soln 0.5% (base</i>		<i>nalbuphine hcl inj 20 mg/ml</i>	8
<i>equiv)</i>	114	<i>naloxone hcl inj 0.4 mg/ml</i>	74
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>		<i>naloxone hcl inj 4 mg/10ml</i>	74
.....	22	<i>naloxone hcl soln cartridge 0.4 mg/ml</i> ..	74
MULTAQ TAB 400MG	39	<i>naloxone hcl soln prefilled syringe 2</i>	
<i>multi-vit/fe dro /fl 0.25</i>	112	<i>mg/2ml</i>	74
<i>multivit/fl chw 0.25mg</i>	112	<i>naltrexone hcl tab 50 mg</i>	74
<i>multivit/fl chw 0.5mg</i>	112	NAMENDA XR CAP TITRATIO	56
<i>multivit/fl chw 1mg</i>	112	<i>naproxen dr tab 375mg</i>	2
<i>multi-vit/fl dro /fe 0.25</i>	112	<i>naproxen dr tab 500mg</i>	2
<i>multi-vit/fl dro 0.25mg</i>	112	<i>naproxen tab 250 mg</i>	2
<i>multi-vit/fl dro 0.5mg/ml</i>	112	<i>naproxen tab 375 mg</i>	2
<i>mupirocin oint 2%</i>	124	<i>naproxen tab 500 mg</i>	2
<i>mvc-fluoride chw 1mg</i>	112	<i>naratriptan hcl tab 1 mg (base equiv)</i> ..	70
MYALEPT INJ 11.3MG	83	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	
<i>mycophenolate mofetil cap 250 mg</i> ...	106	.....	70
<i>mycophenolate mofetil for oral susp 200</i>		NARCAN SPR.....	74
<i>mg/ml</i>	106	NATACYN SUS 5% OP.....	114
<i>mycophenolate mofetil hcl for iv soln 500</i>		NATAZIA TAB.....	82
<i>mg (base equiv)</i>	106	<i>nateglinide tab 120 mg</i>	78
<i>mycophenolate mofetil tab 500 mg</i> ...	106	<i>nateglinide tab 60 mg</i>	78
<i>mycophenolate sodium tab dr 180 mg</i>		NEBUPENT INH 300MG	13
<i>(mycophenolic acid equiv)</i>	106	<i>necon tab 0.5/35</i>	82
<i>mycophenolate sodium tab dr 360 mg</i>		<i>necon tab 1/35</i>	82
<i>(mycophenolic acid equiv)</i>	106	<i>necon tab 1/50-28</i>	82
<i>myorisan cap 20mg</i>	123	NECON TAB 10/11-28	82
<i>myorisan cap 40mg</i>	123	<i>nefazodone hcl tab 100 mg</i>	60
MYRBETRIQ TAB 25MG	98	<i>nefazodone hcl tab 150 mg</i>	60
MYRBETRIQ TAB 50MG	98	<i>nefazodone hcl tab 200 mg</i>	60
<i>myzilra tab</i>	82	<i>nefazodone hcl tab 250 mg</i>	60
N		<i>nefazodone hcl tab 50 mg</i>	60
<i>nabumetone tab 500 mg</i>	2	<i>neomycin-polymy-gramicid op sol</i>	
<i>nabumetone tab 750 mg</i>	2	<i>1.75-10000-0.025mg-unt-mg/ml</i>	114
<i>nadolol & bendroflumethiazide tab 40-5</i>		<i>neomycin-polymyxin-dexamethasone</i>	

<i>ophth oint 0.1%</i>	113	<i>mg</i>	46
<i>neomycin-polymyxin-dexamethasone</i>		<i>nifedipine tab er 24hr osmotic release</i>	90
<i>ophth susp 0.1%</i>	113	<i>mg</i>	46
<i>neomycin-polymyxin-hc ophth susp...</i>	113	<i>nikki tab 3-0.02mg</i>	82
<i>neomycin-polymyxin-hc otic soln 1%</i>	129	<i>nilutamide tab 150 mg</i>	29
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>nimodipine cap 30 mg</i>	46
<i>mg/ml-10000 unit/ml-1%</i>	129	<i>NIPENT INJ 10MG</i>	27
<i>neomycin sulfate tab 500 mg</i>	12	<i>nisoldipine tab er 24hr 17 mg</i>	46
<i>NEUPRO DIS 1MG/24HR</i>	62	<i>nisoldipine tab er 24hr 20 mg</i>	46
<i>NEUPRO DIS 2MG/24HR</i>	62	<i>nisoldipine tab er 24hr 25.5 mg</i>	46
<i>NEUPRO DIS 3MG/24HR</i>	62	<i>nisoldipine tab er 24hr 30 mg</i>	46
<i>NEUPRO DIS 4MG/24HR</i>	62	<i>nisoldipine tab er 24hr 34 mg</i>	46
<i>NEUPRO DIS 6MG/24HR</i>	62	<i>nisoldipine tab er 24hr 40 mg</i>	46
<i>NEUPRO DIS 8MG/24HR</i>	62	<i>nisoldipine tab er 24hr 8.5 mg</i>	46
<i>NEVANAC SUS 0.1%</i>	114	<i>NITRO-BID OIN 2%</i>	49
<i>nevirapine susp 50 mg/5ml</i>	16	<i>NITRO-DUR DIS 0.3MG/HR</i>	49
<i>nevirapine tab 200 mg</i>	16	<i>NITRO-DUR DIS 0.8MG/HR</i>	49
<i>nevirapine tab er 24hr 100 mg</i>	16	<i>nitrofurantoin macrocrystalline cap 100</i>	
<i>nevirapine tab er 24hr 400 mg</i>	16	<i>mg</i>	13
<i>NEXAVAR TAB 200MG</i>	32	<i>nitrofurantoin macrocrystalline cap 25</i>	
<i>NEXPLANON IMP 68MG</i>	82	<i>mg</i>	13
<i>NEXTERONE INJ</i>	39	<i>nitrofurantoin macrocrystalline cap 50</i>	
<i>niacin tab er 1000 mg</i>		<i>mg</i>	13
<i>(antihyperlipidemic)</i>	42	<i>nitrofurantoin monohydrate</i>	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>		<i>macrocrystalline cap 100 mg</i>	14
.....	42	<i>nitrofurantoin susp 25 mg/5ml</i>	14
<i>niacin tab er 750 mg (antihyperlipidemic)</i>		<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	
.....	42	.....	50
<i>nicardipine hcl cap 20 mg</i>	46	<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	
<i>nicardipine hcl cap 30 mg</i>	46	.....	50
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	46	<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	
<i>nicorelief gum 4mg mint</i>	74	.....	50
<i>nicotine dis 7mg/24hr</i>	75	<i>NITROGLYCER INJ 5MG/ML</i>	49
<i>nicotine polacrilex gum 2 mg</i>	75	<i>nitroglycerin sl tab 0.3 mg</i>	50
<i>nicotine polacrilex gum 4 mg</i>	75	<i>nitroglycerin sl tab 0.4 mg</i>	50
<i>nicotine polacrilex lozenge 2 mg</i>	75	<i>nitroglycerin sl tab 0.6 mg</i>	50
<i>nicotine pol loz 4mg mint</i>	75	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> ..	50
<i>nicotine td patch 24hr 14 mg/24hr</i>	75	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> ..	50
<i>nicotine td patch 24hr 21 mg/24hr</i>	75	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> ..	50
<i>nicotine td patch 24hr 7 mg/24hr</i>	75	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> ..	50
<i>NICOTROL INH</i>	75	<i>nitroglycerin tl soln 0.4 mg/spray (400</i>	
<i>NICOTROL NS SPR 10MG/ML</i>	75	<i>mcg/spray)</i>	50
<i>nifedipine tab er 24hr 30 mg</i>	46	<i>nizatidine cap 150 mg</i>	95
<i>nifedipine tab er 24hr 60 mg</i>	46	<i>nizatidine cap 300 mg</i>	95
<i>nifedipine tab er 24hr 90 mg</i>	46	<i>nizatidine oral soln 15 mg/ml</i>	95
<i>nifedipine tab er 24hr osmotic release 30</i>		<i>nora-be tab 0.35mg</i>	82
<i>mg</i>	46	<i>norethindrone & ethinyl estradiol-fe chew</i>	
<i>nifedipine tab er 24hr osmotic release 60</i>		<i>tab 0.8 mg-25 mcg</i>	82

<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	82	NUCYNTA TAB 75MG.....	8
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	82	NUEDEXTA CAP 20-10MG	71
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	86	<i>nulev tab 0.125mg</i>	93
<i>norethindrone acetate tab 5 mg</i>	91	NUPLAZID TAB 17MG	65
<i>norethindrone tab 0.35 mg</i>	82	NUVARING MIS	82
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	82	<i>nyamyc pow 100000</i>	125
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	82	<i>nystatin cream 100000 unit/gm</i>	125
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	82	<i>nystatin oint 100000 unit/gm</i>	125
NORPACE CAP 100MG CR	40	<i>nystatin susp 100000 unit/ml</i>	129
NORPACE CAP 150MG CR	40	<i>nystatin tab 500000 unit</i>	15
<i>nortrel tab 0.5/35</i>	82	<i>nystatin topical powder 100000 unit/gm</i>	125
<i>nortrel tab 1/35</i>	82	<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	125
<i>nortrel tab 7/7/7</i>	82	<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	125
<i>nortriptyline hcl cap 10 mg</i>	60	<i>nystop pow 100000</i>	125
<i>nortriptyline hcl cap 25 mg</i>	60	O	
<i>nortriptyline hcl cap 50 mg</i>	60	<i>ocella tab 3-0.03mg</i>	82
<i>nortriptyline hcl cap 75 mg</i>	60	<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	89
<i>nortriptyline hcl soln 10 mg/5ml</i>	60	<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	89
NORTUSS-EX LIQ 200-20/5.....	119	<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	89
NORVIR CAP 100MG	16	<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	89
NORVIR POW 100MG	16	<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	89
NORVIR SOL 80MG/ML.....	16	ODEFSEY TAB	17
NOVOLIN INJ 70/30	77	ODOMZO CAP 200MG.....	33
NOVOLIN INJ FLEXPEN	77	<i>ofloxacin ophth soln 0.3%</i>	114
NOVOLIN N INJ U-100.....	77	<i>ofloxacin otic soln 0.3%</i>	129
NOVOLIN R INJ U-100.....	77	<i>ofloxacin tab 300 mg</i>	22
NOVOLOG INJ 100/ML.....	77	<i>ofloxacin tab 400 mg</i>	22
NOVOLOG INJ FLEXPEN	77	<i>ogestrel tab</i>	82
NOVOLOG INJ PENFILL.....	77	<i>olanzapine for im inj 10 mg</i>	65
NOVOLOG MIX INJ 70/30.....	77	<i>olanzapine orally disintegrating tab 10 mg</i>	65
NOVOLOG MIX INJ FLEXPEN.....	77	<i>olanzapine orally disintegrating tab 15 mg</i>	65
NOXAFIL SUS 40MG/ML.....	15	<i>olanzapine orally disintegrating tab 20 mg</i>	65
NOXAFIL TAB 100MG	15	<i>olanzapine orally disintegrating tab 5 mg</i>	65
NUCALA INJ 100MG.....	119	<i>olanzapine tab 10 mg</i>	65
NUCALA INJ 100MG/ML	119	<i>olanzapine tab 15 mg</i>	65
NUCYNTA ER TAB 100MG	8	<i>olanzapine tab 2.5 mg</i>	65
NUCYNTA ER TAB 150MG	8		
NUCYNTA ER TAB 200MG	8		
NUCYNTA ER TAB 250MG	8		
NUCYNTA ER TAB 50MG	8		
NUCYNTA TAB 100MG	8		
NUCYNTA TAB 50MG.....	8		

<i>olanzapine tab 20 mg</i>	65	<i>mg</i>	94
<i>olanzapine tab 5 mg</i>	65	OPSUMIT TAB 10MG	50
<i>olanzapine tab 7.5 mg</i>	65	ORAL GLUCOSE REPLACEMENT.....	89
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	38	<i>oralone dent pst 0.1%</i>	129
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	38	ORAVIG TAB 50MG	129
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	38	ORENITRAM TAB 0.125MG	50
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	38	ORENITRAM TAB 0.25MG.....	50
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	38	ORENITRAM TAB 1MG	50
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	38	ORENITRAM TAB 2.5MG	50
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	38	ORFADIN CAP 10MG	84
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	38	ORFADIN CAP 20MG	84
<i>olmesartan medoxomil tab 20 mg</i>	39	ORFADIN CAP 5MG	84
<i>olmesartan medoxomil tab 40 mg</i>	39	ORFADIN SUS 4MG/ML.....	84
<i>olmesartan medoxomil tab 5 mg</i>	39	ORKAMBI GRA 100-125	120
<i>olopatadine hcl nasal soln 0.6%</i>	118	ORKAMBI GRA 150-188	120
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	115	ORKAMBI TAB 100-125.....	120
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	115	ORKAMBI TAB 200-125.....	120
<i>omega-3-acid ethyl esters cap 1 gm</i>	42	<i>orphenadrine citrate inj 30 mg/ml</i>	74
<i>omeprazole cap delayed release 10 mg</i> 97		<i>orphenadrine citrate tab er 12hr 100 mg</i>	74
<i>omeprazole cap delayed release 20 mg</i> 97		<i>orsythia tab</i>	82
<i>omeprazole cap delayed release 40 mg</i> 97		<i>oscimin sr tab 0.375mg</i>	93
OMNARIS SPR	121	<i>oscimin sub 0.125mg</i>	93
OMNIFLEX DPR.....	109	<i>oscimin tab 0.125mg</i>	93
ONCASPAR INJ 750/ML.....	33	<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	19
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	93	<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	19
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	93	<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	19
<i>ondansetron hcl oral soln 4 mg/5ml</i>	94	<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	19
<i>ondansetron hcl tab 24 mg</i>	94	OSMOPREP TAB 1.5GM.....	96
<i>ondansetron hcl tab 4 mg</i>	94	OSPHENA TAB 60MG.....	90
<i>ondansetron hcl tab 8 mg</i>	94	OTEZLA TAB 10/20/30.....	105
<i>ondansetron orally disintegrating tab 4 mg</i>	94	OTEZLA TAB 30MG.....	105
<i>ondansetron orally disintegrating tab 8 mg</i>	94	OVIDREL INJ.....	87
		<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	24
		<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	24
		<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	24
		<i>oxaliplatin for iv inj 100 mg</i>	33
		<i>oxaliplatin for iv inj 50 mg</i>	33
		<i>oxaliplatin iv soln 100 mg/20ml</i>	33

<i>oxaliplatin iv soln 50 mg/10ml</i>	33	OXYCONTIN TAB 15MG CR	9
<i>oxandrolone tab 10 mg</i>	75	OXYCONTIN TAB 20MG CR	9
<i>oxandrolone tab 2.5 mg</i>	75	OXYCONTIN TAB 30MG CR	9
<i>oxaprozin tab 600 mg</i>	2	OXYCONTIN TAB 40MG CR	9
<i>oxazepam cap 10 mg</i>	52	OXYCONTIN TAB 60MG CR.....	10
<i>oxazepam cap 15 mg</i>	52	OXYCONTIN TAB 80MG CR.....	10
<i>oxazepam cap 30 mg</i>	52	<i>oxymorphone hcl tab 10 mg</i>	10
<i>oxcarbazepine susp 300 mg/5ml (60</i> <i>mg/ml)</i>	54	<i>oxymorphone hcl tab 5 mg</i>	10
<i>oxcarbazepine tab 150 mg</i>	54	<i>oxymorphone hcl tab er 12hr 10 mg</i> ...	10
<i>oxcarbazepine tab 300 mg</i>	54	<i>oxymorphone hcl tab er 12hr 15 mg</i> ...	10
<i>oxcarbazepine tab 600 mg</i>	54	<i>oxymorphone hcl tab er 12hr 20 mg</i> ...	10
<i>oxiconazole nitrate cream 1%</i>	125	<i>oxymorphone hcl tab er 12hr 30 mg</i> ...	10
OXISTAT LOT 1%.....	125	<i>oxymorphone hcl tab er 12hr 40 mg</i> ...	10
<i>oxybutynin chloride syrup 5 mg/5ml</i> ...	98	<i>oxymorphone hcl tab er 12hr 5 mg</i>	10
<i>oxybutynin chloride tab 5 mg</i>	98	<i>oxymorphone hcl tab er 12hr 7.5 mg</i> ..	10
<i>oxybutynin chloride tab er 24hr 10 mg</i>	99	OZEMPIC INJ 2/1.5ML	77
<i>oxybutynin chloride tab er 24hr 15 mg</i>	99	P	
<i>oxybutynin chloride tab er 24hr 5 mg</i> ..	98	<i>pacerone tab 100mg</i>	40
<i>oxycodone-aspirin tab 4.8355-325 mg</i> ..	9	<i>pacerone tab 200mg</i>	40
<i>oxycodone hcl cap 5 mg</i>	8	<i>paclitaxel iv conc 100 mg/16.7ml (6</i> <i>mg/ml)</i>	28
<i>oxycodone hcl conc 100 mg/5ml (20</i> <i>mg/ml)</i>	8	<i>paclitaxel iv conc 150 mg/25ml (6</i> <i>mg/ml)</i>	28
<i>oxycodone hcl soln 5 mg/5ml</i>	8	<i>paclitaxel iv conc 300 mg/50ml (6</i> <i>mg/ml)</i>	28
<i>oxycodone hcl tab 10 mg</i>	8	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	28
<i>oxycodone hcl tab 15 mg</i>	8	<i>paliperidone tab er 24hr 1.5 mg</i>	65
<i>oxycodone hcl tab 20 mg</i>	8	<i>paliperidone tab er 24hr 3 mg</i>	65
<i>oxycodone hcl tab 30 mg</i>	9	<i>paliperidone tab er 24hr 6 mg</i>	65
<i>oxycodone hcl tab 5 mg</i>	8	<i>paliperidone tab er 24hr 9 mg</i>	65
<i>oxycodone hcl tab er 12hr deter 10 mg</i> .	9	<i>pamidronate disodium for inj 30 mg</i>	79
<i>oxycodone hcl tab er 12hr deter 15 mg</i> .	9	<i>pamidronate disodium for inj 90 mg</i>	79
<i>oxycodone hcl tab er 12hr deter 20 mg</i> .	9	<i>pamidronate disodium iv soln 3 mg/ml</i>	79
<i>oxycodone hcl tab er 12hr deter 30 mg</i> .	9	<i>pamidronate disodium iv soln 9 mg/ml</i>	80
<i>oxycodone hcl tab er 12hr deter 40 mg</i> .	9	<i>pantoprazole sodium ec tab 20 mg (base</i> <i>equiv)</i>	97
<i>oxycodone hcl tab er 12hr deter 60 mg</i> .	9	<i>pantoprazole sodium ec tab 40 mg (base</i> <i>equiv)</i>	97
<i>oxycodone hcl tab er 12hr deter 80 mg</i> .	9	PARAGARD IUD T380A	83
<i>oxycodone-ibuprofen tab 5-400 mg</i>	9	<i>paricalcitol cap 1 mcg</i>	113
<i>oxycodone w/ acetaminophen soln 5-325</i> <i>mg/5ml</i>	9	<i>paricalcitol cap 2 mcg</i>	113
<i>oxycodone w/ acetaminophen tab 10-325</i> <i>mg</i>	9	<i>paricalcitol cap 4 mcg</i>	113
<i>oxycodone w/ acetaminophen tab</i> <i>2.5-325 mg</i>	9	<i>paricalcitol iv soln 2 mcg/ml</i>	113
<i>oxycodone w/ acetaminophen tab 5-325</i> <i>mg</i>	9	<i>paricalcitol iv soln 5 mcg/ml</i>	113
<i>oxycodone w/ acetaminophen tab</i> <i>7.5-325 mg</i>	9	<i>paromomycin sulfate cap 250 mg</i>	12
OXYCONTIN TAB 10MG CR	9	<i>paroxetine hcl tab 10 mg</i>	60
		<i>paroxetine hcl tab 20 mg</i>	60

<i>paroxetine hcl tab 30 mg</i>	60	<i>pfizerpen inj 20000000</i>	24
<i>paroxetine hcl tab 40 mg</i>	60	<i>phenadoz sup 25mg</i>	94
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	60	<i>phenazopyridine tab 95mg</i>	98
<i>paroxetine hcl tab er 24hr 25 mg</i>	60	<i>phenelzine sulfate tab 15 mg</i>	60
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	60	<i>phenobarbital elixir 20 mg/5ml</i>	54
PASER GRA 4GM.....	18	<i>phenobarbital tab 100 mg</i>	55
PAZEO DRO 0.7%	115	<i>phenobarbital tab 15 mg</i>	54
PCE TAB 333MG EC.....	21	<i>phenobarbital tab 16.2 mg</i>	54
PCE TAB 500MG EC.....	21	<i>phenobarbital tab 30 mg</i>	54
PEDIARIX INJ 0.5ML.....	108	<i>phenobarbital tab 32.4 mg</i>	54
PEDIATRIC RESPIRATORY MASK	109	<i>phenobarbital tab 60 mg</i>	54
PEDVAX HIB INJ	108	<i>phenobarbital tab 64.8 mg</i>	54
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> <i>for soln 236 gm</i>	96	<i>phenobarbital tab 97.2 mg</i>	54
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> <i>for soln 240 gm</i>	96	<i>phenoxybenzamine hcl cap 10 mg</i>	49
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm</i>	96	<i>phenylephrine hcl ophth soln 10%</i>	116
PEGANONE TAB 250MG	54	<i>phenylephrine hcl ophth soln 2.5%</i> ...	116
PEGASYS INJ.....	22	<i>phenytoin chew tab 50 mg</i>	55
PEGASYS INJ 180MCG/M	22	<i>phenytoin sodium extended cap 100 mg</i>	55
PEGASYS INJ PROCLICK	22	<i>phenytoin sodium extended cap 200 mg</i>	55
<i>penicillin g potassium for inj 20000000</i> <i>unit</i>	24	<i>phenytoin sodium extended cap 300 mg</i>	55
<i>penicillin g potassium for inj 5000000</i> <i>unit</i>	24	<i>phenytoin sodium inj 50 mg/ml</i>	55
<i>penicillin g sodium for inj 5000000 unit</i>	24	<i>phenytoin susp 125 mg/5ml</i>	55
<i>penicillin v potassium for soln 125</i> <i>mg/5ml</i>	24	PHOSLYRA SOL	90
<i>penicillin v potassium for soln 250</i> <i>mg/5ml</i>	24	PHOSPHOLINE SOL 0.125%OP	115
<i>penicillin v potassium tab 250 mg</i>	24	PHOTOFRIN INJ 75MG	33
<i>penicillin v potassium tab 500 mg</i>	24	<i>physiolyte sol</i>	116
PENTACEL INJ	108	<i>physiosol sol irrigat</i>	116
<i>pentamidine isethionate for soln 300 mg</i>	14	<i>phytonadione tab 5 mg</i>	113
<i>pentoxifylline tab er 400 mg</i>	101	PICATO GEL 0.015%	124
PERFOROMIST NEB 20MCG	119	PICATO GEL 0.05%	124
<i>perindopril erbumine tab 2 mg</i>	36	<i>pilocarpine hcl ophth soln 1%</i>	115
<i>perindopril erbumine tab 4 mg</i>	36	<i>pilocarpine hcl tab 5 mg</i>	129
<i>perindopril erbumine tab 8 mg</i>	36	<i>pilocarpine hcl tab 7.5 mg</i>	129
<i>periogard sol 0.12%</i>	129	<i>pimecrolimus cream 1%</i>	128
<i>permethrin cream 5%</i>	129	<i>pimozide tab 1 mg</i>	71
<i>perphenazine tab 16 mg</i>	65	<i>pimozide tab 2 mg</i>	71
<i>perphenazine tab 2 mg</i>	65	<i>pindolol tab 10 mg</i>	44
<i>perphenazine tab 4 mg</i>	65	<i>pindolol tab 5 mg</i>	44
<i>perphenazine tab 8 mg</i>	65	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	78
		<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	78
		<i>pioglitazone hcl-metformin hcl tab</i> <i>15-500 mg</i>	77
		<i>pioglitazone hcl-metformin hcl tab</i>	

<i>15-850 mg</i>	78	<i>potassium chloride microencapsulated</i>	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>		<i>crys er tab 20 meq</i>	111
.....	77	<i>potassium chloride oral soln 10% (20</i>	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>		<i>meq/15ml)</i>	111
.....	77	<i>potassium chloride oral soln 20% (40</i>	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>		<i>meq/15ml)</i>	111
.....	77	<i>potassium chloride tab er 10 meq</i>	111
<i>piperacillin sod-tazobactam na for inj</i>		<i>potassium chloride tab er 20 meq (1500</i>	
<i>3.375 gm (3-0.375 gm)</i>	24	<i>mg)</i>	111
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium chloride tab er 8 meq (600</i>	
<i>2.25 gm (2-0.25 gm)</i>	24	<i>mg)</i>	111
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium citrate tab er 10 meq (1080</i>	
<i>4.5 gm (4-0.5 gm)</i>	24	<i>mg)</i>	98
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium citrate tab er 15 meq (1620</i>	
<i>40.5 gm (36-4.5 gm)</i>	24	<i>mg)</i>	98
<i>pirmella tab 1/35</i>	83	<i>potassium citrate tab er 5 meq (540 mg)</i>	
<i>pirmella tab 7/7/7</i>	83	.....	98
<i>piroxicam cap 10 mg</i>	2	PRADAXA CAP 110MG.....	100
<i>piroxicam cap 20 mg</i>	2	PRADAXA CAP 150MG.....	100
PLEGRIDY INJ	72	PRADAXA CAP 75MG	100
PLEGRIDY INJ PEN	72	<i>pramipexole dihydrochloride tab 0.125</i>	
PLEGRIDY INJ STARTER.....	72	<i>mg</i>	63
PLEGRIDY PEN INJ STARTER	72	<i>pramipexole dihydrochloride tab 0.25 mg</i>	
PLENVU SOL	96	.....	63
PNEUMOVAX 23 INJ 25/0.5	108	<i>pramipexole dihydrochloride tab 0.5 mg</i>	
<i>podofilox soln 0.5%</i>	128	.....	63
<i>polycin oin op</i>	114	<i>pramipexole dihydrochloride tab 0.75 mg</i>	
<i>polyethylene glycol 3350 oral powder</i> ..	96	.....	63
<i>polymyxin b sulfate for inj 500000 unit</i>	14	<i>pramipexole dihydrochloride tab 1.5 mg</i>	
<i>polymyxin b-trimethoprim ophth soln</i>		.....	63
<i>10000 unit/ml-0.1%</i>	114	<i>pramipexole dihydrochloride tab 1 mg</i> ..	63
POMALYST CAP 1MG	105	<i>pramipexole dihydrochloride tab er 24hr</i>	
POMALYST CAP 2MG	105	<i>0.375 mg</i>	63
POMALYST CAP 3MG	105	<i>pramipexole dihydrochloride tab er 24hr</i>	
POMALYST CAP 4MG	105	<i>0.75 mg</i>	63
<i>portia-28 tab</i>	83	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>posaconazole tab delayed release 100</i>		<i>1.5 mg</i>	63
<i>mg</i>	15	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride cap er 10 meq</i>	110	<i>2.25 mg</i>	63
<i>potassium chloride cap er 8 meq</i>	110	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride inj 10 meq/100ml</i>	111	<i>3.75 mg</i>	63
<i>potassium chloride inj 10 meq/50ml</i> ..	111	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride inj 20 meq/100ml</i>	111	<i>3 mg</i>	63
<i>potassium chloride inj 20 meq/50ml</i> ..	111	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride inj 2 meq/ml</i>	111	<i>4.5 mg</i>	63
<i>potassium chloride inj 40 meq/100ml</i>	111	<i>pramox gel 1%</i>	128
<i>potassium chloride microencapsulated</i>		<i>prasugrel hcl tab 10 mg (base equiv)</i>	102
<i>crys er tab 10 meq</i>	111	<i>prasugrel hcl tab 5 mg (base equiv)</i> ..	102

<i>pravastatin sodium tab 10 mg</i>	41	<i>pregabalin cap 150 mg</i>	55
<i>pravastatin sodium tab 20 mg</i>	41	<i>pregabalin cap 200 mg</i>	55
<i>pravastatin sodium tab 40 mg</i>	42	<i>pregabalin cap 225 mg</i>	55
<i>pravastatin sodium tab 80 mg</i>	42	<i>pregabalin cap 25 mg</i>	55
<i>praziquantel tab 600 mg</i>	14	<i>pregabalin cap 300 mg</i>	55
<i>prazosin hcl cap 1 mg</i>	36	<i>pregabalin cap 50 mg</i>	55
<i>prazosin hcl cap 2 mg</i>	36	<i>pregabalin cap 75 mg</i>	55
<i>prazosin hcl cap 5 mg</i>	36	<i>pregabalin soln 20 mg/ml</i>	55
<i>PRED MILD SUS 0.12% OP</i>	114	<i>PREMARIN INJ 25MG</i>	86
<i>prednicarbate cream 0.1%</i>	127	<i>PREMARIN TAB 0.3MG</i>	86
<i>prednicarbate oint 0.1%</i>	128	<i>PREMARIN TAB 0.45MG</i>	87
<i>prednisolone acetate ophth susp 1%</i>	114	<i>PREMARIN TAB 0.625MG</i>	87
<i>prednisolone sodium phosphate oral soln</i> <i>25 mg/5ml (base eq)</i>	89	<i>PREMARIN TAB 0.9MG</i>	87
<i>prednisolone sod phos orally disintegr</i> <i>tab 10 mg (base eq)</i>	88	<i>PREMARIN TAB 1.25MG</i>	87
<i>prednisolone sod phos orally disintegr</i> <i>tab 15 mg (base eq)</i>	88	<i>PREMARIN VAG CRE 0.625MG</i>	87
<i>prednisolone sod phos orally disintegr</i> <i>tab 30 mg (base eq)</i>	88	<i>prenatabs rx tab</i>	113
<i>prednisolone sod phosphate oral soln 10</i> <i>mg/5ml (base equiv)</i>	88	<i>PREPOPIK PAK</i>	96
<i>prednisolone sod phosphate oral soln 15</i> <i>mg/5ml (base equiv)</i>	88	<i>prevalite pow 4gm</i>	40
<i>prednisolone sod phosphate oral soln 20</i> <i>mg/5ml (base equiv)</i>	89	<i>previfem tab</i>	83
<i>prednisolone sod phosph oral soln 6.7</i> <i>mg/5ml (5 mg/5ml base)</i>	88	<i>PREVNAR 13 INJ</i>	108
<i>prednisolone syrup 15 mg/5ml (usp</i> <i>solution equivalent)</i>	89	<i>PREZCOBIX TAB 800-150</i>	17
<i>PREDNISONE CON 5MG/ML</i>	89	<i>PREZISTA SUS 100MG/ML</i>	16
<i>prednisone oral soln 5 mg/5ml</i>	89	<i>PREZISTA TAB 150MG</i>	16
<i>prednisone tab 10 mg</i>	89	<i>PREZISTA TAB 600MG</i>	16
<i>prednisone tab 1 mg</i>	89	<i>PREZISTA TAB 75MG</i>	16
<i>prednisone tab 2.5 mg</i>	89	<i>PREZISTA TAB 800MG</i>	16
<i>prednisone tab 20 mg</i>	89	<i>PRIFTIN TAB 150MG</i>	18
<i>prednisone tab 50 mg</i>	89	<i>primaquine phosphate tab 26.3 mg (15</i> <i>mg base)</i>	15
<i>prednisone tab 5 mg</i>	89	<i>primidone tab 250 mg</i>	55
<i>prednisone tab therapy pack 10 mg (21)</i>	89	<i>primidone tab 50 mg</i>	55
<i>prednisone tab therapy pack 10 mg (48)</i>	89	<i>PRIMSOL SOL 50MG/5ML</i>	14
<i>prednisone tab therapy pack 5 mg (21)</i>	89	<i>PROAIR HFA AER</i>	119
<i>prednisone tab therapy pack 5 mg (48)</i>	89	<i>PROAIR RESPI AER</i>	119
<i>PRED SOD PHO SOL 1% OP</i>	114	<i>probenecid tab 500 mg</i>	1
<i>pregabalin cap 100 mg</i>	55	<i>procainamide hcl inj 100 mg/ml</i>	40
		<i>prochlorperazine edisylate inj 10 mg/2ml</i>	94
		<i>prochlorperazine edisylate inj 50</i> <i>mg/10ml</i>	94
		<i>prochlorperazine maleate tab 10 mg</i> <i>(base equivalent)</i>	94
		<i>prochlorperazine maleate tab 5 mg (base</i> <i>equivalent)</i>	94
		<i>prochlorperazine suppos 25 mg</i>	94
		<i>procto-pak cre 1%</i>	97
		<i>proctosol hc cre 2.5%</i>	97
		<i>proctozone cre -hc 2.5%</i>	98

<i>progesterone micronized cap 100 mg</i> ..91	<i>propranolol hcl tab 80 mg</i> .....44
<i>progesterone micronized cap 200 mg</i> ..91	<i>propylthiouracil tab 50 mg</i> .....91
PROGRAF INJ 5MG/ML .....106	PROQUAD INJ.....108
PROLASTIN-C INJ 1000MG .....120	<i>protriptyline hcl tab 10 mg</i>.....61
PROLIA SOL 60MG/ML .....90	<i>protriptyline hcl tab 5 mg</i> .....60
PROMACTA TAB 12.5MG .....101	<i>pseudoephed-bromphen-dm syrup</i>
PROMACTA TAB 25MG .....101	<i>30-2-10 mg/5ml</i> .....119
PROMACTA TAB 50MG .....101	<i>pyrazinamide tab 500 mg</i> .....18
PROMACTA TAB 75MG .....101	<i>pyridostigmine bromide oral soln 60</i>
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	<i>mg/5ml</i> .....71
.....119	<i>pyridostigmine bromide tab 60 mg</i>.....71
<i>promethazine hcl inj 25 mg/ml</i> .....94	<i>pyridostigmine bromide tab er 180 mg</i> 71
<i>promethazine hcl inj 50 mg/ml</i> .....94	<i>pyridoxine hcl tab 25 mg</i> .....113
<i>promethazine hcl suppos 12.5 mg</i>.....94	<i>pyridoxine hcl tab 50 mg</i> .....113
<i>promethazine hcl suppos 25 mg</i> .....94	Q
<i>promethazine hcl syrup 6.25 mg/5ml</i> ..94	QTERN TAB 10MG/5MG .....78
<i>promethazine hcl tab 12.5 mg</i> .....94	QTERN TAB 5-5MG .....78
<i>promethazine hcl tab 25 mg</i>.....94	QUADRAMET INJ .....33
<i>promethazine hcl tab 50 mg</i>.....94	<i>quasense tab</i> .....83
<i>promethazine w/ codeine syrup 6.25-10</i>	<i>quetiapine fumarate tab 100 mg</i>.....65
<i>mg/5ml</i> .....119	<i>quetiapine fumarate tab 200 mg</i>.....65
<i>promethegan sup 12.5mg</i>.....94	<i>quetiapine fumarate tab 25 mg</i> .....65
<i>promethegan sup 25mg</i>.....94	<i>quetiapine fumarate tab 300 mg</i>.....65
<i>promethegan sup 50mg</i>.....94	<i>quetiapine fumarate tab 400 mg</i>.....65
<i>prometh vc/ syp codeine</i>.....119	<i>quetiapine fumarate tab 50 mg</i> .....65
<i>prometh vc sol plain</i>.....119	<i>quetiapine fumarate tab er 24hr 150 mg</i>
<i>propafenone hcl cap er 12hr 225 mg</i> ...40	.....65
<i>propafenone hcl cap er 12hr 325 mg</i> ...40	<i>quetiapine fumarate tab er 24hr 200 mg</i>
<i>propafenone hcl cap er 12hr 425 mg</i> ...40	.....65
<i>propafenone hcl tab 150 mg</i> .....40	<i>quetiapine fumarate tab er 24hr 300 mg</i>
<i>propafenone hcl tab 225 mg</i> .....40	.....65
<i>propafenone hcl tab 300 mg</i> .....40	<i>quetiapine fumarate tab er 24hr 400 mg</i>
<i>proparacaine hcl ophth soln 0.5%</i> .....116	.....65
<i>propranolol & hydrochlorothiazide tab</i>	<i>quetiapine fumarate tab er 24hr 50 mg</i>
<i>40-25 mg</i> .....43	.....65
<i>propranolol & hydrochlorothiazide tab</i>	<i>quinapril hcl tab 10 mg</i>.....36
<i>80-25 mg</i> .....43	<i>quinapril hcl tab 20 mg</i>.....36
<i>propranolol hcl cap er 24hr 120 mg</i> ....44	<i>quinapril hcl tab 40 mg</i>.....36
<i>propranolol hcl cap er 24hr 160 mg</i> ....44	<i>quinapril hcl tab 5 mg</i> .....36
<i>propranolol hcl cap er 24hr 60 mg</i> .....44	<i>quinapril-hydrochlorothiazide tab 10-12.5</i>
<i>propranolol hcl cap er 24hr 80 mg</i> .....44	<i>mg</i> .....35
<i>propranolol hcl inj 1 mg/ml</i> .....44	<i>quinapril-hydrochlorothiazide tab 20-12.5</i>
<i>propranolol hcl oral soln 20 mg/5ml</i> ....44	<i>mg</i> .....35
<i>propranolol hcl oral soln 40 mg/5ml</i> ....44	<i>quinapril-hydrochlorothiazide tab 20-25</i>
<i>propranolol hcl tab 10 mg</i> .....44	<i>mg</i> .....35
<i>propranolol hcl tab 20 mg</i> .....44	<i>quinidine sulfate tab 200 mg</i> .....40
<i>propranolol hcl tab 40 mg</i> .....44	<i>quinidine sulfate tab 300 mg</i> .....40
<i>propranolol hcl tab 60 mg</i> .....44	<i>quinine sulfate cap 324 mg</i> .....15

QVAR REDIHA AER 80MCG	121	.....	78
QVAR REDIHAL AER 40MCG	121	<i>repaglinide tab 0.5 mg</i>	78
R		<i>repaglinide tab 1 mg</i>	78
<i>rabeprazole sodium ec tab 20 mg</i>	97	<i>repaglinide tab 2 mg</i>	78
<i>raloxifene hcl tab 60 mg</i>	90	REPATHA INJ 140MG/ML.....	42
<i>ramelteon tab 8 mg</i>	69	REPATHA PUSH INJ 420/3.5.....	42
<i>ramipril cap 1.25 mg</i>	36	REPATHA SURE INJ 140MG/ML	42
<i>ramipril cap 10 mg</i>	36	RESCRIPTOR TAB 100 MG.....	16
<i>ramipril cap 2.5 mg</i>	36	RESCRIPTOR TAB 200MG.....	16
<i>ramipril cap 5 mg</i>	36	RESTASIS EMU 0.05%.....	116
<i>ranitidine hcl cap 150 mg</i>	95	RETACRIT INJ 10000UNT	101
<i>ranitidine hcl cap 300 mg</i>	95	RETACRIT INJ 2000UNIT.....	101
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	95	RETACRIT INJ 3000UNIT.....	101
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	95	RETACRIT INJ 40000UNT	101
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	95	RETACRIT INJ 4000UNIT.....	101
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	95	RETROVIR INJ 10MG/ML.....	16
<i>ranitidine hcl tab 150 mg</i>	95	REVLIMID CAP 10MG.....	105
<i>ranitidine hcl tab 300 mg</i>	95	REVLIMID CAP 15MG.....	105
<i>ranolazine tab er 12hr 1000 mg</i>	49	REVLIMID CAP 2.5MG.....	105
<i>ranolazine tab er 12hr 500 mg</i>	49	REVLIMID CAP 20MG.....	105
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	63	REVLIMID CAP 25MG.....	105
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	63	REVLIMID CAP 5MG	105
REBETOL SOL 40MG/ML	22	REXULTI TAB 0.25MG.....	65
REBIF INJ 22/0.5.....	72	REXULTI TAB 0.5MG	65
REBIF INJ 44/0.5.....	72	REXULTI TAB 1MG	65
REBIF REBIDO INJ 22/0.5.....	72	REXULTI TAB 2MG	65
REBIF REBIDO INJ 44/0.5.....	73	REXULTI TAB 3MG	65
REBIF REBIDO INJ TITRATN	73	REXULTI TAB 4MG	65
REBIF TITRTN INJ PACK	73	REYATAZ POW 50MG.....	16
<i>reclipsen tab</i>	83	<i>ribasphere cap 200mg</i>	22
RECOMBIVA HB INJ 10MCG/ML.....	108	<i>ribasphere tab 200mg</i>	22
RECOMBIVA-HB INJ 40MCG/ML	108	<i>ribasphere tab 400mg</i>	22
RECOMBIVA HB INJ 5MCG/0.5.....	108	<i>ribasphere tab 600mg</i>	22
RECTIV OIN 0.4%	128	<i>ribavirin cap 200 mg</i>	22
REGONOL INJ 5MG/ML	71	<i>ribavirin for inhal soln 6 gm</i>	19
REGRANEX GEL 0.01%	129	<i>ribavirin tab 200 mg</i>	22
RELENZA MIS DISKHALE	19	<i>rifabutin cap 150 mg</i>	18
REMODULIN INJ 10MG/ML	51	RIFAMATE CAP	18
REMODULIN INJ 1MG/ML.....	50	<i>rifampin cap 150 mg</i>	18
REMODULIN INJ 2.5MG/ML	50	<i>rifampin cap 300 mg</i>	18
REMODULIN INJ 5MG/ML.....	50	<i>rifampin for inj 600 mg</i>	18
<i>repaglinide-metformin hcl tab 1-500 mg</i>	78	RIFATER TAB	18
<i>repaglinide-metformin hcl tab 2-500 mg</i>	78	<i>riluzole tab 50 mg</i>	71
		<i>rimantadine hydrochloride tab 100 mg</i>	19
		<i>risedronate sodium tab 150 mg</i>	80
		<i>risedronate sodium tab 30 mg</i>	80
		<i>risedronate sodium tab 35 mg</i>	80
		<i>risedronate sodium tab 5 mg</i>	80

<i>risedronate sodium tab delayed release 35 mg</i>	80	<i>ropinirole hydrochloride tab 2 mg</i>	63
<i>risperidone orally disintegrating tab 0.25 mg</i>	65	<i>ropinirole hydrochloride tab 3 mg</i>	63
<i>risperidone orally disintegrating tab 0.5 mg</i>	65	<i>ropinirole hydrochloride tab 4 mg</i>	63
<i>risperidone orally disintegrating tab 1 mg</i>	65	<i>ropinirole hydrochloride tab 5 mg</i>	63
<i>risperidone orally disintegrating tab 2 mg</i>	65	<i>rosadan cre 0.75%</i>	129
<i>risperidone orally disintegrating tab 3 mg</i>	65	<i>rosuvastatin calcium tab 10 mg</i>	42
<i>risperidone orally disintegrating tab 4 mg</i>	65	<i>rosuvastatin calcium tab 20 mg</i>	42
<i>risperidone soln 1 mg/ml</i>	66	<i>rosuvastatin calcium tab 40 mg</i>	42
<i>risperidone tab 0.25 mg</i>	66	<i>rosuvastatin calcium tab 5 mg</i>	42
<i>risperidone tab 0.5 mg</i>	66	ROTARIX SUS.....	108
<i>risperidone tab 1 mg</i>	66	ROTATEQ SOL	108
<i>risperidone tab 2 mg</i>	66	ROZEREM TAB 8MG	69
<i>risperidone tab 3 mg</i>	66	RYDAPT CAP 25MG	28
<i>risperidone tab 4 mg</i>	66	S	
<i>ritonavir tab 100 mg</i>	16	SAMSCA TAB 15MG.....	90
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	57	SAMSCA TAB 30MG.....	90
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	57	SANCUSO DIS 3.1MG.....	94
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	57	SANDIMMUNE SOL 100MG/ML	106
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	57	SANTYL OIN 250/GM	129
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	57	SAPHRIS SUB 10MG.....	66
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	57	SAPHRIS SUB 2.5MG.....	66
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	57	SAPHRIS SUB 5MG	66
<i>rivelsa tab</i>	83	SAVELLA MIS TITR PAK	71
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	70	SAVELLA TAB 100MG	72
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	70	SAVELLA TAB 12.5MG	72
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	70	SAVELLA TAB 25MG	72
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	70	SAVELLA TAB 50MG	72
<i>ropinirole hydrochloride tab 0.25 mg</i> ...63		<i>scopolamine td patch 72hr 1 mg/3days</i>	94
<i>ropinirole hydrochloride tab 0.5 mg</i>.....63		<i>selegiline hcl cap 5 mg</i>	63
<i>ropinirole hydrochloride tab 1 mg</i>	63	<i>selegiline hcl tab 5 mg</i>	63
		<i>selenium sulfide lotion 2.5%</i>	126
		SELZENTRY SOL 20MG/ML.....	16
		SELZENTRY TAB 150MG	17
		SELZENTRY TAB 25MG	17
		SELZENTRY TAB 300MG	17
		SELZENTRY TAB 75MG	17
		SENSIPAR TAB 30MG	80
		SENSIPAR TAB 60MG	80
		SENSIPAR TAB 90MG	80
		<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	61
		<i>sertraline hcl tab 100 mg</i>	61
		<i>sertraline hcl tab 25 mg</i>	61
		<i>sertraline hcl tab 50 mg</i>	61
		<i>sevelamer carbonate packet 0.8 gm</i>	90
		<i>sevelamer carbonate packet 2.4 gm</i>	90
		<i>sevelamer carbonate tab 800 mg</i>	91

SHARPS CONTAINER	109	<i>sodium chloride soln nebu 10%</i>	121
SHINGRIX INJ 50MCG	108	<i>sodium chloride soln nebu 3%</i>	120
SHUR-SEAL GEL 2%	98	<i>sodium chloride soln nebu 7%</i>	120
SIGNIFOR INJ 0.3MG/ML	90	<i>sodium fluoride chew tab 0.25 mg f</i> <i>(from 0.55 mg naf)</i>	111
SIGNIFOR INJ 0.6MG/ML	90	<i>sodium fluoride chew tab 0.5 mg f (from</i> <i>1.1 mg naf)</i>	111
SIGNIFOR INJ 0.9MG/ML	90	<i>sodium fluoride chew tab 1 mg f (from</i> <i>2.2 mg naf)</i>	111
<i>sildenafil citrate iv soln 10 mg/12.5ml</i> <i>(base equivalent)</i>	51	<i>sodium fluoride soln 0.5 mg/ml f (from</i> <i>1.1 mg/ml naf)</i>	111
<i>sildenafil citrate tab 20 mg</i>	51	<i>sodium fluoride tab 0.5 mg f (from 1.1</i> <i>mg naf)</i>	111
SILENOR TAB 3MG.....	69	<i>sodium fluoride tab 1 mg f (from 2.2 mg</i> <i>naf)</i>	111
SILENOR TAB 6MG.....	69	<i>sodium phenylbutyrate oral powder 3</i> <i>gm/teaspoonful</i>	84
<i>silodosin cap 4 mg</i>	98	<i>sodium phenylbutyrate tab 500 mg</i>	84
<i>silodosin cap 8 mg</i>	98	<i>sodium polystyrene sulfonate oral susp</i> <i>15 gm/60ml</i>	80
<i>silver sulfadiazine cream 1%</i>	124	<i>sodium polystyrene sulfonate rectal susp</i> <i>30 gm/120ml</i>	80
SIMBRINZA SUS 1-0.2%.....	115	<i>solifenacin succinate tab 10 mg</i>	99
SIMPONI ARIA SOL 50MG/4ML	104	<i>solifenacin succinate tab 5 mg</i>	99
SIMPONI INJ 100MG/ML	104	SOLIQUA INJ 100/33	77
SIMPONI INJ 50/0.5ML.....	104	SOLU-CORTEF INJ 1000MG	89
<i>simvastatin tab 10 mg</i>	42	SOLU-CORTEF INJ 100MG.....	89
<i>simvastatin tab 20 mg</i>	42	SOLU-CORTEF INJ 250MG.....	89
<i>simvastatin tab 40 mg</i>	42	SOLU-CORTEF INJ 500MG.....	89
<i>simvastatin tab 5 mg</i>	42	SOLU-MEDROL INJ 2GM	89
<i>simvastatin tab 80 mg</i>	42	SOMATULINE INJ 120/.5ML.....	90
<i>sirolimus oral soln 1 mg/ml</i>	106	SOMATULINE INJ 60/0.2ML.....	90
<i>sirolimus tab 0.5 mg</i>	106	SOMATULINE INJ 90/0.3ML.....	90
<i>sirolimus tab 1 mg</i>	106	SOMAVERT INJ 10MG.....	90
<i>sirolimus tab 2 mg</i>	106	SOMAVERT INJ 15MG.....	90
SIRTURO TAB 100MG.....	18	SOMAVERT INJ 20MG.....	90
SIVEXTRO INJ 200MG	14	SOMAVERT INJ 25MG.....	90
SIVEXTRO TAB 200MG	14	SOMAVERT INJ 30MG.....	90
SKLICE LOT 0.5%	129	<i>sorine tab 120mg</i>	40
SKYLA IUD 13.5MG	83	<i>sorine tab 160mg</i>	40
SKYRIZI INJ 150DOSE.....	104	<i>sorine tab 240mg</i>	40
SLYND TAB 4MG.....	83	<i>sorine tab 80mg</i>	40
<i>sm nicotine dis 14mg/24h</i>	75	<i>sotalol hcl (afib/af) tab 120 mg</i>	40
<i>sm nicotine dis 21mg</i>	75	<i>sotalol hcl (afib/af) tab 160 mg</i>	40
<i>sm nicotine dis 7mg/24hr</i>	75	<i>sotalol hcl (afib/af) tab 80 mg</i>	40
<i>sodium chloride flush iv soln 0.9%</i>	111	SOTALOL HCL INJ 150/10ML.....	40
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	111	<i>sotalol hcl tab 120 mg</i>	40
<i>sodium chloride irrigation soln 0.9%</i> ..	129	<i>sotalol hcl tab 160 mg</i>	40
<i>sodium chloride iv soln 0.45%</i>	111		
<i>sodium chloride iv soln 0.9%</i>	111		
<i>sodium chloride iv soln 3%</i>	111		
<i>sodium chloride iv soln 5%</i>	111		
<i>sodium chloride preservative free (pf) inj</i> <i>0.9%</i>	111		
<i>sodium chloride soln nebu 0.9%</i>	120		

<i>sotalol hcl tab 240 mg</i>	40	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sotalol hcl tab 80 mg</i>	40	<i>800-160 mg</i>	14
SOVALDI TAB 400MG.....	22	SULFAMYLLON CRE 85MG/GM.....	124
<i>spinosad susp 0.9%</i>	129	<i>sulfasalazine tab 500 mg</i>	95
SPIRIVA AER 1.25MCG.....	116	<i>sulfasalazine tab delayed release 500 mg</i>	
SPIRIVA CAP HANDHLR.....	117	.....	95
SPIRIVA SPR 2.5MCG.....	117	<i>sulindac tab 150 mg</i>	2
<i>spironolactone & hydrochlorothiazide tab</i>		<i>sulindac tab 200 mg</i>	2
<i>25-25 mg</i>	48	<i>sumatriptan nasal spray 20 mg/act</i>	70
<i>spironolactone tab 100 mg</i>	48	<i>sumatriptan nasal spray 5 mg/act</i>	70
<i>spironolactone tab 25 mg</i>	48	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	70
<i>spironolactone tab 50 mg</i>	48	<i>sumatriptan succinate solution</i>	
<i>sprintec 28 tab 28 day</i>	83	<i>auto-injector 4 mg/0.5ml</i>	70
SPRYCEL TAB 100MG.....	32	<i>sumatriptan succinate solution</i>	
SPRYCEL TAB 140MG.....	32	<i>auto-injector 6 mg/0.5ml</i>	70
SPRYCEL TAB 20MG.....	32	<i>sumatriptan succinate solution cartridge</i>	
SPRYCEL TAB 50MG.....	32	<i>4 mg/0.5ml</i>	70
SPRYCEL TAB 70MG.....	32	<i>sumatriptan succinate solution cartridge</i>	
SPRYCEL TAB 80MG.....	32	<i>6 mg/0.5ml</i>	70
<i>sronyx tab</i>	83	<i>sumatriptan succinate solution prefilled</i>	
<i>ssd cre 1%</i>	124	<i>syringe 6 mg/0.5ml</i>	70
<i>stavudine cap 15 mg</i>	17	<i>sumatriptan succinate tab 100 mg</i>	70
<i>stavudine cap 20 mg</i>	17	<i>sumatriptan succinate tab 25 mg</i>	70
<i>stavudine cap 30 mg</i>	17	<i>sumatriptan succinate tab 50 mg</i>	70
<i>stavudine cap 40 mg</i>	17	SUPRAX CHW 100MG.....	20
STELARA INJ 45MG/0.5.....	104	SUPRAX CHW 200MG.....	20
STELARA INJ 90MG/ML.....	104	SUPRAX SUS 500/5ML.....	20
STIVARGA TAB 40MG.....	32	SUPREP BOWEL SOL PREP KIT.....	96
<i>streptomycin sulfate for inj 1 gm</i>	12	SUTENT CAP 12.5MG.....	32
STRIBILD TAB.....	17	SUTENT CAP 25MG.....	32
STRIVERDI AER 2.5MCG.....	119	SUTENT CAP 37.5MG.....	32
SUCRAID SOL 8500/ML.....	97	SUTENT CAP 50MG.....	32
<i>sucrafate tab 1 gm</i>	97	<i>syeda tab 3-0.03mg</i>	83
<i>sulfacetamide sodium lotion 10% (acne)</i>		<i>symax-sl sub 0.125mg</i>	93
.....	123	SYMBICORT AER 160-4.5.....	122
<i>sulfacetamide sodium ophth oint 10%</i>		SYMBICORT AER 80-4.5.....	122
.....	114	SYMDEKO TAB 100-150.....	121
<i>sulfacetamide sodium ophth soln 10%</i>		SYMDEKO TAB 50-75MG.....	121
.....	114	SYMFI LO TAB.....	18
<i>sulfacetamide sodium-prednisolone</i>		SYMFI TAB.....	18
<i>ophth soln 10-0.23(0.25)%</i>	113	SYMLINPEN 60 INJ 1000MCG.....	76
SULFADIAZINE TAB 500MG.....	12	SYMLINPEN 120 INJ 1000MCG.....	76
<i>sulfamethoxazole-trimethoprim iv soln</i>		SYNAREL SOL 2MG/ML.....	83
<i>400-80 mg/5ml</i>	14	SYNERA DIS 70-70MG.....	128
<i>sulfamethoxazole-trimethoprim susp</i>		SYNJARDY TAB.....	78
<i>200-40 mg/5ml</i>	14	SYNJARDY TAB 12.5-500.....	78
<i>sulfamethoxazole-trimethoprim tab</i>		SYNJARDY TAB 5-1000MG.....	78
<i>400-80 mg</i>	14	SYNJARDY TAB 5-500MG.....	78

SYNJARDY XR TAB.....	78	<i>taztia xt cap 360mg/24</i>	46
SYNJARDY XR TAB 10-1000	78	TDVAX INJ 2-2 LF	108
SYNJARDY XR TAB 25-1000	78	TECFIDERA CAP 120MG.....	73
SYNJARDY XR TAB 5-1000MG.....	78	TECFIDERA CAP 240MG.....	73
SYNTHROID TAB 100MCG.....	92	TECFIDERA MIS STARTER.....	73
SYNTHROID TAB 112MCG.....	92	TECHNIVIE TAB.....	22
SYNTHROID TAB 125MCG.....	92	<i>telmisartan-amlodipine tab 40-10 mg</i> ..	38
SYNTHROID TAB 137MCG.....	92	<i>telmisartan-amlodipine tab 40-5 mg</i> ...	38
SYNTHROID TAB 150MCG.....	92	<i>telmisartan-amlodipine tab 80-10 mg</i> ..	38
SYNTHROID TAB 175MCG.....	92	<i>telmisartan-amlodipine tab 80-5 mg</i> ...	38
SYNTHROID TAB 200MCG.....	92	<i>telmisartan-hydrochlorothiazide tab</i>	
SYNTHROID TAB 25MCG.....	91	<i>40-12.5 mg</i>	38
SYNTHROID TAB 300MCG.....	92	<i>telmisartan-hydrochlorothiazide tab</i>	
SYNTHROID TAB 50MCG.....	92	<i>80-12.5 mg</i>	38
SYNTHROID TAB 75MCG.....	92	<i>telmisartan-hydrochlorothiazide tab</i>	
SYNTHROID TAB 88MCG.....	92	<i>80-25 mg</i>	38
T		<i>telmisartan tab 20 mg</i>	39
TABLOID TAB 40MG.....	27	<i>telmisartan tab 40 mg</i>	39
<i>tacrolimus cap 0.5 mg</i>	106	<i>telmisartan tab 80 mg</i>	39
<i>tacrolimus cap 1 mg</i>	106	<i>temazepam cap 15 mg</i>	69
<i>tacrolimus cap 5 mg</i>	106	<i>temazepam cap 22.5 mg</i>	69
<i>tacrolimus oint 0.03%</i>	128	<i>temazepam cap 30 mg</i>	69
<i>tacrolimus oint 0.1%</i>	128	<i>temazepam cap 7.5 mg</i>	69
<i>tadalafil tab 2.5 mg</i>	98	TEMODAR INJ 100MG.....	26
<i>tadalafil tab 20 mg (pah)</i>	51	<i>temozolomide cap 100 mg</i>	26
<i>tadalafil tab 5 mg</i>	98	<i>temozolomide cap 140 mg</i>	26
TAFINLAR CAP 50MG.....	32	<i>temozolomide cap 180 mg</i>	26
TAFINLAR CAP 75MG.....	32	<i>temozolomide cap 20 mg</i>	26
<i>take action tab 1.5mg</i>	83	<i>temozolomide cap 250 mg</i>	26
TALTZ INJ 80MG/ML.....	104	<i>temozolomide cap 5 mg</i>	26
<i>tamoxifen citrate tab 10 mg (base</i>		<i>tencon tab 50-325mg</i>	1
<i>equivalent)</i>	29	TENIPOSIDE INJ 50MG/5ML	34
<i>tamoxifen citrate tab 20 mg (base</i>		TENIVAC INJ 5-2LF	108
<i>equivalent)</i>	29	<i>tenofovir disoproxil fumarate tab 300 mg</i>	
<i>tamsulosin hcl cap 0.4 mg</i>	98	.....	17
TARGRETIN GEL 1%.....	128	<i>terazosin hcl cap 10 mg (base</i>	
TAYTULLA CAP 1MG/20MC	83	<i>equivalent)</i>	37
<i>tazarotene cream 0.1%</i>	125	<i>terazosin hcl cap 1 mg (base equivalent)</i>	
<i>tazicef inj 1gm</i>	21	.....	37
<i>tazicef inj 2gm</i>	21	<i>terazosin hcl cap 2 mg (base equivalent)</i>	
<i>tazicef inj 6gm</i>	21	.....	37
TAZORAC CRE 0.05%.....	126	<i>terazosin hcl cap 5 mg (base equivalent)</i>	
TAZORAC GEL 0.05%.....	126	.....	37
TAZORAC GEL 0.1%.....	126	<i>terbinafine hcl tab 250 mg</i>	15
<i>taztia xt cap 120mg/24</i>	46	<i>terbutaline sulfate inj 1 mg/ml</i>	119
<i>taztia xt cap 180mg/24</i>	46	<i>terbutaline sulfate tab 2.5 mg</i>	119
<i>taztia xt cap 240mg/24</i>	46	<i>terbutaline sulfate tab 5 mg</i>	119
<i>taztia xt cap 300mg er</i>	46	<i>terconazole vaginal cream 0.4%</i>	99

<i>terconazole vaginal suppos 80 mg</i>	99	<i>tilia fe tab</i>	83
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	75	<i>timolol maleate ophth gel forming soln 0.25%</i>	115
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	75	<i>timolol maleate ophth gel forming soln 0.5%</i>	115
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	75	<i>timolol maleate ophth soln 0.25%</i>	115
<i>testosterone td gel 10mg/act (2%)</i>	75	<i>timolol maleate ophth soln 0.5%</i>	115
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	75	<i>timolol maleate ophth soln 0.5% (once-daily)</i>	115
<i>tetrabenazine tab 12.5 mg</i>	72	<i>timolol maleate tab 10 mg</i>	44
<i>tetrabenazine tab 25 mg</i>	72	<i>timolol maleate tab 20 mg</i>	44
<i>tetracycline hcl cap 250 mg</i>	25	<i>timolol maleate tab 5 mg</i>	44
<i>tetracycline hcl cap 500 mg</i>	25	TIMOPTIC OCU SOL 0.25% OP.....	115
THALOMID CAP 100MG	106	TIMOPTIC OCU SOL 0.5% OP	115
THALOMID CAP 150MG	106	<i>tinidazole tab 250 mg</i>	12
THALOMID CAP 200MG	106	<i>tinidazole tab 500 mg</i>	12
THALOMID CAP 50MG.....	105	<i>tis-u-sol sol</i>	116
THEO-24 CAP 100MG CR.....	122	TIVICAY TAB 10MG	17
THEO-24 CAP 200MG CR.....	122	TIVICAY TAB 25MG	17
THEO-24 CAP 300MG CR.....	122	TIVICAY TAB 50MG	17
THEO-24 CAP 400MG ER.....	122	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	74
<i>theochron tab 100mg cr</i>	122	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	74
<i>theochron tab 200mg cr</i>	122	TOBRADEX OIN 0.3-0.1%	113
<i>theochron tab 300mg cr</i>	122	TOBRADEX ST SUS 0.3-0.05	113
<i>theophylline soln 80 mg/15ml</i>	122	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	113
<i>theophylline tab er 12hr 450 mg</i>	122	<i>tobramycin nebu soln 300 mg/5ml</i>	12
<i>theophylline tab er 24hr 400 mg</i>	122	<i>tobramycin ophth soln 0.3%</i>	114
<i>theophylline tab er 24hr 600 mg</i>	122	<i>tobramycin sulfate for inj 1.2 gm</i>	12
THERACYS INJ	33	<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	12
<i>thioridazine hcl tab 100 mg</i>	66	<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	12
<i>thioridazine hcl tab 10 mg</i>	66	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	12
<i>thioridazine hcl tab 25 mg</i>	66	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	12
<i>thioridazine hcl tab 50 mg</i>	66	TODAY SPONGE MIS	98
<i>thiothixene cap 10 mg</i>	66	<i>tolcapone tab 100 mg</i>	63
<i>thiothixene cap 1 mg</i>	66	<i>tolmetin sodium cap 400 mg</i>	2
<i>thiothixene cap 2 mg</i>	66	<i>tolmetin sodium tab 200 mg</i>	2
<i>thiothixene cap 5 mg</i>	66	<i>tolmetin sodium tab 600 mg</i>	2
THYROLAR-1/2 TAB 30MG	92	<i>tolterodine tartrate cap er 24hr 2 mg</i> ..	99
THYROLAR-1/4 TAB 15MG	92	<i>tolterodine tartrate cap er 24hr 4 mg</i> ..	99
THYROLAR-1 TAB 60MG	92	<i>tolterodine tartrate tab 1 mg</i>	99
THYROLAR-2 TAB 120MG.....	92	<i>tolterodine tartrate tab 2 mg</i>	99
THYROLAR-3 TAB 180MG.....	92		
THYROSAFE TAB 65MG.....	80		
<i>tiagabine hcl tab 12 mg</i>	55		
<i>tiagabine hcl tab 16 mg</i>	55		
<i>tiagabine hcl tab 2 mg</i>	55		
<i>tiagabine hcl tab 4 mg</i>	55		
TICE BCG INJ.....	33		

<i>topiramate sprinkle cap 15 mg</i>	55	TRESIBA FLEX INJ 200UNIT	77
<i>topiramate sprinkle cap 25 mg</i>	55	TRESIBA INJ 100UNIT	77
<i>topiramate tab 100 mg</i>	55	<i>tretinoin cap 10 mg</i>	33
<i>topiramate tab 200 mg</i>	55	<i>tretinoin cream 0.025%</i>	123
<i>topiramate tab 25 mg</i>	55	<i>tretinoin cream 0.05%</i>	123
<i>topiramate tab 50 mg</i>	55	<i>tretinoin cream 0.1%</i>	123
<i>toposar inj 100/5ml</i>	34	<i>tretinoin gel 0.01%</i>	123
<i>toposar inj 20mg/ml</i>	34	<i>tretinoin gel 0.025%</i>	123
<i>topotecan hcl for inj 4 mg (base equiv)</i> 34		<i>tretinoin gel 0.05%</i>	123
<i>toremifene citrate tab 60 mg (base equivalent)</i>	29	<i>tretinoin microsphere gel 0.04%</i>	124
<i>toremide tab 100 mg</i>	48	<i>tretinoin microsphere gel 0.1%</i>	124
<i>toremide tab 10 mg</i>	48	<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	128
<i>toremide tab 20 mg</i>	48	<i>triamcinolone acetonide cream 0.025%</i>	128
<i>toremide tab 5 mg</i>	48	<i>triamcinolone acetonide cream 0.1%</i> .128	
TOVIAZ TAB 4MG	99	<i>triamcinolone acetonide cream 0.5%</i> .128	
TOVIAZ TAB 8MG	99	<i>triamcinolone acetonide dental paste 0.1%</i>	129
TRACLEER TAB 125MG	51	<i>triamcinolone acetonide lotion 0.025%</i>	128
TRACLEER TAB 32MG	51	<i>triamcinolone acetonide lotion 0.1%</i> ..128	
TRACLEER TAB 62.5MG	51	<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	121
TRADJENTA TAB 5MG.....	76	<i>triamcinolone acetonide oint 0.025%</i> .128	
<i>tramadol hcl tab 50 mg</i>	10	<i>triamcinolone acetonide oint 0.1%</i> ....128	
<i>tramadol hcl tab er 24hr 100 mg</i>	10	<i>triamcinolone acetonide oint 0.5%</i> ....128	
<i>tramadol hcl tab er 24hr 200 mg</i>	10	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	48
<i>tramadol hcl tab er 24hr 300 mg</i>	10	<i>triamterene & hydrochlorothiazide cap 50-25 mg</i>	48
<i>trandolapril tab 1 mg</i>	36	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	48
<i>trandolapril tab 2 mg</i>	36	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	48
<i>trandolapril tab 4 mg</i>	36	<i>triamterene cap 100 mg</i>	48
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	35	<i>triamterene cap 50 mg</i>	48
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	35	<i>triderm cre 0.1%</i>	128
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	35	<i>trientine hcl cap 250 mg</i>	80
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	35	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	66
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	101	<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	66
<i>tranexamic acid tab 650 mg</i>	101	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	66
TRANSDERM-SC DIS 1.5MG	94	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	66
<i>tranylcypramine sulfate tab 10 mg</i>	61	<i>trifluridine ophth soln 1%</i>	114
TRAVATAN Z DRO 0.004%	115		
<i>trazodone hcl tab 100 mg</i>	61		
<i>trazodone hcl tab 150 mg</i>	61		
<i>trazodone hcl tab 300 mg</i>	61		
<i>trazodone hcl tab 50 mg</i>	61		
TRECATOR TAB 250MG.....	18		
TRESIBA FLEX INJ 100UNIT	77		

<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	63	<i>unithroid tab 25mcg</i>	92
<i>trihexyphenidyl hcl tab 2 mg</i>	63	<i>unithroid tab 300mcg</i>	92
<i>trihexyphenidyl hcl tab 5 mg</i>	63	<i>unithroid tab 50mcg</i>	92
<i>tri-linyah tab</i>	83	<i>unithroid tab 75mcg</i>	92
<i>trimethobenzamide hcl cap 300 mg</i>	94	<i>unithroid tab 88mcg</i>	92
<i>trimethoprim tab 100 mg</i>	14	UPTRAVI TAB 1000MCG.....	51
<i>trimipramine maleate cap 100 mg</i>	61	UPTRAVI TAB 1200MCG.....	51
<i>trimipramine maleate cap 25 mg</i>	61	UPTRAVI TAB 1400MCG.....	51
<i>trimipramine maleate cap 50 mg</i>	61	UPTRAVI TAB 1600MCG.....	51
<i>trinessa tab</i>	83	UPTRAVI TAB 200/800	51
TRINTELLIX TAB 10MG	61	UPTRAVI TAB 200MCG	51
TRINTELLIX TAB 20MG	61	UPTRAVI TAB 400MCG	51
TRINTELLIX TAB 5MG.....	61	UPTRAVI TAB 600MCG	51
TRISENOX INJ 12MG/6ML	33	UPTRAVI TAB 800MCG	51
<i>tri-sprintec tab</i>	83	URINE GLUCOSE MONITORING SUPPLIES	
TRIUMEQ TAB	18	.....	109
<i>tri-vit/fe dro /fl 0.25</i>	113	URINE TEST STRIPS	109
<i>tri-vit/fl dro 0.25mg</i>	113	<i>ursodiol cap 300 mg</i>	97
<i>tri-vit/fl dro 0.5mg</i>	113	<i>ursodiol tab 250 mg</i>	97
<i>trivora-28 tab</i>	83	<i>ursodiol tab 500 mg</i>	97
TROGARZO INJ 150MG/ML.....	17	UVADEX INJ 20MCG/ML.....	33
<i>tropicamide ophth soln 0.5%</i>	116	V	
<i>tropicamide ophth soln 1%</i>	116	<i>valacyclovir hcl tab 1 gm</i>	19
<i>trospium chloride cap er 24hr 60 mg</i> ...99		<i>valacyclovir hcl tab 500 mg</i>	19
<i>trospium chloride tab 20 mg</i>	99	<i>valganciclovir hcl for soln 50 mg/ml</i>	
TRULICITY INJ 0.75/0.5	77	(base equiv)	19
TRULICITY INJ 1.5/0.5	77	<i>valganciclovir hcl tab 450 mg (base</i>	
TRUMENBA INJ	108	<i>equivalent)</i>	19
TRUVADA TAB 100-150	18	<i>valproate sodium inj 100 mg/ml</i>	55
TRUVADA TAB 133-200	18	<i>valproate sodium oral soln 250 mg/5ml</i>	
TRUVADA TAB 167-250	18	(base equiv)	55
TRUVADA TAB 200-300	18	<i>valproic acid cap 250 mg</i>	55
<i>tussigon tab 5-1.5mg</i>	119	<i>valsartan-hydrochlorothiazide tab</i>	
TUZISTRA XR SUS	119	<i>160-12.5 mg</i>	38
TWINRIX INJ	108	<i>valsartan-hydrochlorothiazide tab 160-25</i>	
TYBOST TAB 150MG.....	17	<i>mg</i>	38
TYKERB TAB 250MG.....	32	<i>valsartan-hydrochlorothiazide tab</i>	
TYMLOS INJ.....	90	<i>320-12.5 mg</i>	38
TYSABRI INJ 300/15ML	73	<i>valsartan-hydrochlorothiazide tab 320-25</i>	
TYVASO START SOL 0.6MG/ML.....	51	<i>mg</i>	38
U		<i>valsartan-hydrochlorothiazide tab</i>	
ULESFIA LOT 5%	129	<i>80-12.5 mg</i>	38
ULORIC TAB 40MG	1	<i>valsartan tab 160 mg</i>	39
ULORIC TAB 80MG	1	<i>valsartan tab 320 mg</i>	39
<i>unithroid tab 100mcg</i>	92	<i>valsartan tab 40 mg</i>	39
<i>unithroid tab 112mcg</i>	92	<i>valsartan tab 80 mg</i>	39
<i>unithroid tab 125mcg</i>	92	<i>vancomycin hcl cap 125 mg (base</i>	
<i>unithroid tab 200mcg</i>	92	<i>equivalent)</i>	14

<i>vancomycin hcl cap 250 mg (base equivalent)</i>	14	<i>(base equivalent)</i>	61
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	14	<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	61
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	14	VENTAVIS SOL 10MCG/ML	51
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	14	VENTAVIS SOL 20MCG/ML	51
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	14	<i>verapamil hcl cap er 24hr 100 mg</i>	46
<i>vandazole gel 0.75%</i>	99	<i>verapamil hcl cap er 24hr 120 mg</i>	46
VAQTA INJ 25/0.5ML	108	<i>verapamil hcl cap er 24hr 180 mg</i>	46
VAQTA INJ 50UNT/ML	108	<i>verapamil hcl cap er 24hr 200 mg</i>	46
VARIVAX INJ	108	<i>verapamil hcl cap er 24hr 240 mg</i>	47
VARUBI INJ	94	<i>verapamil hcl cap er 24hr 300 mg</i>	47
VARUBI TAB 90MG	94	<i>verapamil hcl cap er 24hr 360 mg</i>	47
VASCEPA CAP 0.5GM	42	<i>verapamil hcl iv soln 2.5 mg/ml</i>	47
VASCEPA CAP 1GM	42	<i>verapamil hcl tab 120 mg</i>	47
VCF VAGINAL AER CONTRACP	98	<i>verapamil hcl tab 40 mg</i>	47
VCF VAGINAL MIS CONTRACP	98	<i>verapamil hcl tab 80 mg</i>	47
<i>velivet pak</i>	83	<i>verapamil hcl tab er 120 mg</i>	47
VELPHORO CHW 500MG	91	<i>verapamil hcl tab er 180 mg</i>	47
VEMLIDY TAB 25MG	19	<i>verapamil hcl tab er 240 mg</i>	47
VENCLEXTA TAB 100MG	34	VEREGEN OIN 15%	128
VENCLEXTA TAB 10MG	34	<i>vestura tab 3-0.02mg</i>	83
VENCLEXTA TAB 50MG	34	VIBRAMYCIN SYP 50MG/5ML	25
VENCLEXTA TAB START PK	34	VICTOZA INJ 18MG/3ML	77
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	61	VIDEX EC CAP 125MG	17
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	61	VIDEX SOL 2GM	17
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	61	VIDEX SOL 4GM	17
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	61	<i>vigabatrin powd pack 500 mg</i>	55
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	61	<i>vigabatrin tab 500 mg</i>	55
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	61	VIIBRYD KIT STARTER	61
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	61	VIIBRYD TAB 10MG	62
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	61	VIIBRYD TAB 20MG	62
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	61	VIIBRYD TAB 40MG	62
<i>venlafaxine hcl tab er 24hr 37.5 mg</i>		VIMPAT INJ 200MG/20	55
		VIMPAT SOL 10MG/ML	55
		VIMPAT TAB 100MG	55
		VIMPAT TAB 150MG	55
		VIMPAT TAB 200MG	55
		VIMPAT TAB 50MG	55
		<i>vinblastine sulfate inj 1 mg/ml</i>	28
		<i>vincasar pfs inj 1mg/ml</i>	28
		<i>vincristine sulfate iv soln 1 mg/ml</i>	28
		<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	28
		<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	28
		VIOKACE TAB 10440	97
		VIOKACE TAB 20880	97
		<i>viorele tab</i>	83

VIRACEPT TAB 250MG.....	17	WIDE-SEAL DPR KIT 85.....	109
VIRACEPT TAB 625MG.....	17	WIDE-SEAL DPR KIT 90.....	109
VIREAD POW 40MG/GM.....	17	WIDE-SEAL DPR KIT 95.....	109
VIREAD TAB 150MG.....	17	X	
VIREAD TAB 200MG.....	17	XALKORI CAP 200MG.....	32
VIREAD TAB 250MG.....	17	XALKORI CAP 250MG.....	32
<i>virt-vite tab forte</i>	113	XARELTO STAR TAB 15/20MG.....	100
VISTOGARD PAK 10GM.....	33	XARELTO TAB 10MG.....	100
<i>vit a/c/d/fl dro 0.25mg</i>	113	XARELTO TAB 15MG.....	100
VITRAKVI CAP 100MG.....	32	XARELTO TAB 2.5MG.....	100
VITRAKVI CAP 25MG.....	32	XARELTO TAB 20MG.....	100
VITRAKVI SOL 20MG/ML.....	32	XARTEMIS XR TAB 7.5-325.....	10
VITUZ SOL 5-4MG.....	119	XELJANZ TAB 5MG.....	104
VIVITROL INJ 380MG.....	75	XELJANZ XR TAB 11MG.....	104
<i>voriconazole for susp 40 mg/ml</i>	15	XIFAXAN TAB 200MG.....	14
<i>voriconazole tab 200 mg</i>	15	XIFAXAN TAB 550MG.....	14
<i>voriconazole tab 50 mg</i>	15	XIGDUO XR TAB 10-1000.....	78
VOSEVI TAB.....	22	XIGDUO XR TAB 10-500MG.....	78
VOTRIENT TAB 200MG.....	32	XIGDUO XR TAB 2.5-1000.....	78
VYVANSE CAP 10MG.....	68	XIGDUO XR TAB 5-1000MG.....	78
VYVANSE CAP 20MG.....	69	XIGDUO XR TAB 5-500MG.....	78
VYVANSE CAP 30MG.....	69	XOLAIR INJ 150MG/ML.....	119
VYVANSE CAP 40MG.....	69	XOLAIR INJ 75/0.5.....	119
VYVANSE CAP 50MG.....	69	XOLAIR SOL 150MG.....	119
VYVANSE CAP 60MG.....	69	XTANDI CAP 40MG.....	29
VYVANSE CAP 70MG.....	69	<i>xulane dis 150-35</i>	83
VYVANSE CHW 10MG.....	69	XULTOPHY INJ 100/3.6.....	77
VYVANSE CHW 20MG.....	69	<i>xylon tab 10-200mg</i>	10
VYVANSE CHW 30MG.....	69	XYREM SOL 500MG/ML.....	74
VYVANSE CHW 40MG.....	69	Y	
VYVANSE CHW 50MG.....	69	YOSPRALA TAB 325-40MG.....	102
VYVANSE CHW 60MG.....	69	YOSPRALA TAB 81-40MG.....	102
W		<i>yuvafem tab 10mcg</i>	87
<i>warfarin sodium tab 10 mg</i>	100	Z	
<i>warfarin sodium tab 1 mg</i>	100	<i>zafirlukast tab 10 mg</i>	120
<i>warfarin sodium tab 2.5 mg</i>	100	<i>zafirlukast tab 20 mg</i>	120
<i>warfarin sodium tab 2 mg</i>	100	<i>zaleplon cap 10 mg</i>	69
<i>warfarin sodium tab 3 mg</i>	100	<i>zaleplon cap 5 mg</i>	69
<i>warfarin sodium tab 4 mg</i>	100	<i>zarah tab 3-0.03mg</i>	83
<i>warfarin sodium tab 5 mg</i>	100	ZARXIO INJ 300/0.5.....	101
<i>warfarin sodium tab 6 mg</i>	100	ZARXIO INJ 480/0.8.....	101
<i>warfarin sodium tab 7.5 mg</i>	100	<i>zazole cre 0.8%</i>	99
<i>wera tab 0.5/35</i>	83	<i>zazole sup 80mg</i>	99
WIDE-SEAL DPR KIT 60.....	109	ZEJULA CAP 100MG.....	28
WIDE-SEAL DPR KIT 65.....	109	ZELBORAF TAB 240MG.....	32
WIDE-SEAL DPR KIT 70.....	109	<i>zenatane cap 30mg</i>	124
WIDE-SEAL DPR KIT 75.....	109	<i>zenchent fe chw 0.4mg-35</i>	83
WIDE-SEAL DPR KIT 80.....	109	<i>zenchent tab</i>	83

ZENPEP CAP 10000UNT	97	ZORTRESS TAB 0.5MG	106
ZENPEP CAP 15000UNT	97	ZORTRESS TAB 0.75MG.....	106
ZENPEP CAP 20000UNT	97	ZORTRESS TAB 1MG	106
ZENPEP CAP 25000	97	ZOSTAVAX INJ	108
ZENPEP CAP 3000UNIT.....	97	<i>zovia 1/35e tab</i>	83
ZENPEP CAP 40000	97	ZUBSOLV SUB 0.7-0.18	3
ZENPEP CAP 5000UNIT.....	97	ZUBSOLV SUB 1.4-0.36	3
<i>zenzedi tab 15mg</i>	69	ZUBSOLV SUB 11.4-2.9	3
<i>zenzedi tab 2.5mg</i>	69	ZUBSOLV SUB 2.9-0.71	3
<i>zenzedi tab 20mg</i>	69	ZUBSOLV SUB 5.7-1.4	3
<i>zenzedi tab 30mg</i>	69	ZUBSOLV SUB 8.6-2.1	3
<i>zenzedi tab 7.5mg</i>	69	ZYDELIG TAB 100MG	32
ZEPATIER TAB 50-100MG	22	ZYDELIG TAB 150MG	32
ZERIT SOL 1MG/ML	17	ZYKADIA CAP 150MG	33
<i>zidovudine cap 100 mg</i>	17	ZYKADIA TAB 150MG	33
<i>zidovudine syrup 10 mg/ml</i>	17	ZYTIGA TAB 500MG	29
<i>zidovudine tab 300 mg</i>	17		
<i>zileuton tab er 12hr 600 mg</i>	120		
ZINACEF/H2O INJ 1.5GM PB.....	21		
ZINACEF INJ 750MG	21		
ZIOPTAN DRO 0.0015%.....	116		
<i>ziprasidone hcl cap 20 mg</i>	66		
<i>ziprasidone hcl cap 40 mg</i>	66		
<i>ziprasidone hcl cap 60 mg</i>	66		
<i>ziprasidone hcl cap 80 mg</i>	66		
ZIRGAN GEL 0.15%	114		
ZMAX SUS 2GM.....	21		
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i>	80		
<i>zoledronic acid iv soln 5 mg/100ml</i>	80		
ZOLINZA CAP 100MG	29		
<i>zolmitriptan orally disintegrating tab 2.5</i> <i>mg</i>	70		
<i>zolmitriptan orally disintegrating tab 5</i> <i>mg</i>	70		
<i>zolmitriptan tab 2.5 mg</i>	71		
<i>zolmitriptan tab 5 mg</i>	71		
<i>zolpidem tartrate tab 10 mg</i>	70		
<i>zolpidem tartrate tab 5 mg</i>	69		
<i>zolpidem tartrate tab er 12.5 mg</i>	70		
<i>zolpidem tartrate tab er 6.25 mg</i>	70		
ZOMIG SPR 2.5MG.....	71		
ZOMIG SPR 5MG	71		
<i>zonisamide cap 100 mg</i>	55		
<i>zonisamide cap 25 mg</i>	55		
<i>zonisamide cap 50 mg</i>	55		
ZONTIVITY TAB 2.08MG	102		
ZORTRESS TAB 0.25MG.....	106		

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-855-202-0622 TTY:711.

ARABIC

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AMHARIC

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BURMESE

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CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-855-202-0622 TTY:711。

CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-855-202-0622 TTY:711 tiin bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-855-202-0622 TTY:711.

FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-855-202-0622 TTY:711.

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-855-202-0622 TTY:711 an.

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તેમ iથી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મેહુતી મેળિાનો અધિકાર છે. તે અર્થ વિન તમ રી ભ ષ મ i પ્ર પ્ત કરી શક ર છે. દ ભ વપરો i ત કરિ મ ટે, આ 1-855-202-0622 TTY:711 પર કાલે કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, 1-855-202-0622 TTY:711.

ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiami il 1-855-202-0622 TTY:711.

JAPANESE

ご本人様、または身の回りの方で、CareSourceに関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます(無償)。通訳をご利用の場合は、1-855-202-0622 TTY:711にご連絡ください。

KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받을 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-855-202-0622 TTY:711.

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-855-202-0622 TTY:711 uffrufe.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-855-202-0622 TTY:711.

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-855-202-0622 TTY:711.

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-855-202-0622 TTY:711.

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-855-202-0622 TTY:711.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-855-202-0622 TTY:711.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
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
HHH 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>.



[CareSource.com/marketplace/](https://www.caresource.com/marketplace/)