

Oscar 2026 Formulary

List of Covered Drugs



oscar

What is the Oscar Formulary?

A formulary is a list of covered drugs selected by Oscar in consultation with a team of health care providers, which represents the prescription drug therapies believed to be a necessary part of a quality treatment program.

Oscar will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Oscar In-network pharmacy, and other plan rules are followed.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., OTEZLA) and generic drugs are listed in lower-case italics (e.g., *carvedilol*). There are two ways to find your drug within the formulary:

1 Medical Condition

The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Antiarrhythmics. If you know what your drug is used for, look for the category name in the list. Then look under the category name for your drug.

1 Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Can't find your drug?

Utilize the online drug look-up tool to search for your drug.
<https://www.hioscar.com/care-options>

What are generic drugs?

Oscar covers both brand name drugs and generic drugs. A generic drug is determined and approved by the Food and Drug Administration (FDA) to be therapeutically equivalent to the Brand drug and has the same active ingredient. Generally, generic drugs cost less than brand name drugs. You may be responsible for your member cost-share payment amount (copay or coinsurance) plus the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic equivalent.

What are specialty drugs?

Specialty drugs are usually prescribed by specialists and used to treat complex chronic diseases. These medications usually require special storage or handling, have a higher price and are not always available at retail pharmacies. Prescriptions for these medications must be filled at an in-network specialty pharmacy and may require additional counseling or education. Some specialty medications are only available at specific pharmacies (defined as limited distribution). The specialty drug list <https://www.hioscar.com/prescriptions> is available for your reference.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage.

These requirements and limits may include:

- **Prior Authorization:** Oscar requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Oscar before you fill your prescriptions. If you don't get approval, Oscar may not cover the drug.
- **Quantity Limits:** For certain drugs, Oscar limits the amount of the drug being filled. For example Oscar may limit a drug to only 30 pills in a 1-month timeframe or a maximum duration of therapy. These amounts will be listed in the formulary below if they are applicable to your medication.
- **Step Therapy:** In some cases, Oscar requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Oscar may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Oscar will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary. Your coverage may have additional limitations and exclusions. To learn more, view your summary of benefits at www.hioscar.com/forms/...

Some drugs are not available under your prescription drug coverage. Prescription drug coverage does not include prescription drugs that are billed under the medical benefit, such as physician administered medications. Prescription drugs administered in physician offices and/or outpatient facilities are commonly referred to as ‘Physician-Administered Drugs’ and are applied towards the Medical Benefit portion of Your Oscar plan, not the Pharmacy Benefit. Physician-Administered Drugs require Prior Authorization. You can obtain information about drugs covered under the Medical Benefit in Your Evidence of Coverage.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Concierge and ask if your drug is covered. Drugs that need a health care provider to administer them and are often given to you in a hospital, doctor’s office or other health care setting may be covered under your medical benefit and not included in this list.

If you learn that Oscar does not cover your drug, you can ask Concierge for similar drugs that are covered by Oscar. Discuss these alternatives with your doctor and ask them to prescribe one of the alternatives that are covered by Oscar.

How do I request an exception to the Oscar Formulary?

Your Doctor can ask Oscar to make an exception to our coverage rules. Generally, Oscar will only approve your request for an exception if the alternative drugs included on the plan’s formulary would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Can the Formulary change?

Please note, the formulary is reviewed and updated on a monthly basis and may be subject to change. Most changes in drug coverage occur on January 1, but Oscar may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new utilization management restrictions. If you are impacted by a change to the formulary, Oscar will aim to notify you at least 60 days prior to the change becoming effective.

If we make such a change, you or your prescriber may request an exception for continued coverage. You can find information in the section above entitled “How do I request an exception to the Oscar Formulary?”

You can contact Concierge to find out if your drug is still covered, visit [hioscar.com](https://www.hioscar.com) and log in to your plan specific account, or use the Oscar app drug search feature.

How can I save on prescriptions?

Below are some tips to potentially help you pay less for your prescription drugs:

- Take less trips to the pharmacy by utilizing mail-order pharmacies or getting 90-day supplies of your maintenance medications.
- Ask your doctor to prescribe drugs that are on the formulary or prescribe generic drugs instead of brand-name drugs. You can also let your pharmacist know that you would like a generic equivalent for a brand drug, whenever one is available. Your pharmacist can usually substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.
- Ask your pharmacy about any copay assistance programs available if you are taking a brand or specialty medication
- Visit www.hioscar.com or call Concierge at 1 (855) OSCAR-88 to enroll with a care guide to determine if there are lower cost drug alternatives.

For more information

For more detailed information about your Oscar prescription drug coverage, please visit www.hioscar.com or call Concierge at 1 (855) OSCAR-88. You can also find your plan specific information on our Oscar app available through Apple App Store or Google Play.

Formulary Terminology

The formulary provides coverage information about the drugs covered by Oscar. If you have trouble finding your drug in the list, look at the Index. The information in the Requirements/Limits column tells you if Oscar has any special requirements for coverage of your drug.

Abbreviation	Term	Description
PA	Prior Authorization	Your Physician must get approval from Oscar to cover this medication
QL	Quantity Limits	Some drugs have a limit of how much you can fill at a time
SP	Specialty	Specialty drugs are required to be filled at an in-network specialty pharmacy. Please note, select drugs are LDD (limited distribution) and may need to be filled at an out of network pharmacy. A complete list of specialty and LDD medications can be found here https://www.hioscar.com/prescriptions .
ST	Step Therapy	For some drugs you must first try certain drugs to treat your medical condition before we will cover another drug for that condition
OTC	Over-the-counter	Medications that can be purchased with ¹ or without a prescription from your Physician
PA**	Prior Authorization if Step Therapy is not met	A Prior authorization will be needed if you do not meet the step therapy
+	\$0 Condition Specific Plan	Oscar offers several condition specific plans (as described above) and these medications might be lower cost for members enrolled in one of these plans

¹To be covered at the pharmacy a prescription from your doctor is required.

Cost Sharing

Your Doctor can ask Oscar to make an exception to our coverage rules. Generally, Oscar will only approve your request for an exception if the alternative drugs included on the plan’s formulary would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Tier	Cost Share	Description
0	\$0	\$0 Cost share medications available at no cost to you, which includes preventive medications
1A	\$	\$3* medications that are lowest cost, preferred generic drugs *Only applies to select plans
1B	\$	Low cost share medications that are low cost, non-preferred generic drugs
2	\$\$	Mid-range cost share medications that are brand drugs or are higher cost generic medications
3	\$\$	High cost share medications that are higher cost, non-preferred brand drugs
4	\$\$\$	Highest cost share specialty medications that are the highest cost drugs
5	\$\$\$	Highest cost share specialty medications that are the highest cost drugs

¹To be covered at the pharmacy a prescription from your doctor is required.

MO 6T STND Effective 01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANOREXIANTS		
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>clonidine hcl (adhd) tb12 .1mg</i>	1B	QL (120 tabs every 30 days)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TABS 75MG, 150MG	3	PA, QL (30 tabs every 30 days)
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib caps 50mg, 100mg, 200mg</i>	1B	
GOUT		
<i>allopurinol tabs 100mg, 300mg</i>	1A	
<i>allopurinol sodium solr 500mg</i>	1B	
<i>colchicine tabs .6mg</i>	1B	QL (120 tablets every 25 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1B	
<i>febuxostat tabs 40mg, 80mg</i>	1B	PA
<i>probenecid tabs 500mg</i>	1B	
NON-OPIOID ANALGESICS		
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1B	QL (48 caps every 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1B	QL (48 caps every 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1B	QL (48 tabs every 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1B	QL (48 caps every 25 days)
JOURNAVX TABS 50MG	2	QL (30 tabs per 14 days; max of 4 fills per year)
<i>tencon</i>	1B	QL (48 tabs every 25 days)
NSAIDS		
<i>diclofenac potassium tabs 50mg</i>	1B	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	1B	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	1B	
<i>flurbiprofen tabs 50mg, 100mg</i>	1B	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1A	
<i>ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml</i>	1B	
<i>ketorolac tromethamine tabs 10mg</i>	1B	QL (20 tabs every 25 days)
<i>meclofenamate sodium caps 50mg, 100mg</i>	1B	

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam tabs 7.5mg, 15mg</i>	1A	
<i>nabumetone tabs 500mg, 750mg</i>	1B	
<i>naproxen susp 125mg/5ml</i>	1B	PA; PA applies for members age 13 and older
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1A	
<i>oxaprozin tabs 600mg</i>	1B	
<i>piroxicam caps 10mg, 20mg</i>	1B	
<i>sulindac tabs 150mg, 200mg</i>	1B	
<i>tolmetin sodium caps 400mg; tabs 600mg</i>	1B	

NSAIDS, COMBINATIONS

<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	

OPIOID AGONIST/ANTAGONIST

<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1A	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1A	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1A	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1A	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	QL (3 units every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	QL (3 units every day); \$0 copay
ZUBSOLV SUB 0.7-0.18	1A	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36	1A	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71	1A	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4	1A	QL (3 units every day)
ZUBSOLV SUB 8.6-2.1	1A	QL (2 units every day)
ZUBSOLV SUB 11.4-2.9	1A	QL (1 unit every day)

OPIOID ANALGESICS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1B	QL (2700 ml every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1B	QL (390 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1B	QL (360 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1B	QL (180 caps every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>butorphanol tartrate soln 1mg/ml, 2mg/ml</i>	1B	
<i>butorphanol tartrate soln 10mg/ml</i>	1B	QL (2 bottles every 30 days)
<i>codeine sulfate tabs 30mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
CODEINE SULFATE TABS 60MG	2	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	1B	QL (10 patches every 30 days)
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	1B	PA, QL (120 lozenges every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	2	QL (30 tabs every 30 days)
<i>hydrocodone bitartrate t24a 100mg, 120mg</i>	2	QL (30 tablets every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1B	QL (2700 ml every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1B	QL (240 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1B	QL (240 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1B	QL (150 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl soln 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml</i>	1B	Injectable Only
<i>hydromorphone hcl tabs 2mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tabs 4mg</i>	1B	QL (120 tablets every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tabs 8mg</i>	1B	QL (60 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i>	1B	QL (30 tabs every 30 days)
<i>hydromorphone hcl tb24 32mg</i>	1B	QL (30 tablets every 30 days)
<i>levorphanol tartrate tabs 2mg</i>	3	QL (120 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>levorphanol tartrate tabs 3mg</i>	3	QL (60 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>methadone hcl conc 10mg/ml</i>	1A	QL (600 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5mg/5ml</i>	1A	QL (450 ml every 30 days)
<i>methadone hcl soln 10mg/5ml</i>	1A	QL (225mL every 30 days)
<i>methadone hcl soln 10mg/ml</i>	1A	QL (90 mL every 30 days)
<i>methadone hcl tabs 5mg</i>	1A	QL (90 tabs every 30 days)
<i>methadone hcl tabs 10mg</i>	1A	QL (90 tablets every 30 days)
<i>methadone hcl tbso 40mg</i>	1A	QL (9 tabs every 30 days)
<i>methadone hydrochloride i conc 10mg/ml</i>	1A	QL (600 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose tbso 40mg</i>	1A	QL (9 tabs every 30 days)
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg</i>	1B	QL (30 caps every 30 days)
MORPHINE SULFATE SOLN 2MG/ML, 4MG/ML, 5MG/ML, 150MG/30ML	3	
<i>morphine sulfate soln 10mg/5ml</i>	1B	QL (900 ml every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate soln 20mg/5ml</i>	1B	QL (675 mL every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln 100mg/5ml</i>	1B	QL (135 mL every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln .5mg/ml, 1mg/ml, 4mg/ml, 10mg/ml</i>	1B	
<i>morphine sulfate tabs 15mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tabs 30mg</i>	1B	QL (90 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tbcr 15mg, 30mg, 60mg, 100mg, 200mg</i>	1B	QL (90 tabs every 30 days)
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	1B	QL (30 caps every 30 days)
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	1B	
<i>oxycodone hcl caps 5mg</i>	1B	QL (180 caps every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl conc 100mg/5ml</i>	1B	QL (90 mL every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl soln 5mg/5ml</i>	1B	QL (900 ml every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl t12a 10mg, 20mg, 40mg, 80mg</i>	1B	QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tabs 5mg, 10mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 15mg</i>	1B	QL (120 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 20mg</i>	1B	QL (90 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 30mg</i>	1B	QL (60 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1B	QL (360 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1B	QL (360 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1B	QL (240 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1B	QL (360 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1B	QL (120 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG, 40MG, 60MG, 80MG	2	QL (60 tabs every 30 days)
<i>oxymorphone hcl tabs 5mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tabs 10mg</i>	1B	QL (90 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg</i>	2	QL (60 tabs every 30 days)
<i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i>	2	QL (60 tablets every 30 days)
<i>tramadol hcl tabs 50mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tb24 100mg</i>	1B	QL (30 tabs every 30 days)
<i>tramadol hcl tb24 200mg, 300mg</i>	1B	QL (30 tablets every 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1B	QL (240 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
OPIOID PARTIAL AGONISTS		
BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG	1A	QL (60 films every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BRIXADI SOSY 8MG/0.16ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 96MG/0.27ML, 128MG/0.36ML	4	
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	1B	QL (4 patches every 30 days)
<i>buprenorphine hcl soln .3mg/ml</i>	1A	
<i>buprenorphine hcl subl 2mg, 8mg</i>	0	QL (90 tabs every 30 days); \$0 copay
SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML	1A	

SALICYLATES

<i>aspirin ec adult low dose tbec 81mg</i>	1B	QL (100 tabs every 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>diflunisal tabs 500mg</i>	1B	
<i>goodsense aspirin chew 81mg</i>	1B	QL (100 tabs every 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC ANTIMETABOLITES

OTREXUP SOAJ 10MG/0.4ML, 12.5MG/0.4ML, 17.5MG/0.4ML, 22.5MG/0.4ML	1B	SP
OTREXUP SOAJ 15MG/0.4ML, 20MG/0.4ML, 25MG/0.4ML	1B	SP; +
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 25MG/0.5ML	1B	SP; +
RASUVO SOAJ 22.5MG/0.45ML, 30MG/0.6ML	1B	SP

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>indomethacin caps 25mg, 50mg</i>	1B	
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ANESTHETICS

LOCAL ANESTHETICS

LIDO/DEXTROS INJ 5-7.5%	3	
<i>lidocaine hcl (local anesth.) soln .5%, 1%, 1.5%, 2%, 4%</i>	1B	

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
ANTHELMINTICS		
<i>albendazole tabs 200mg</i>	2	PA
EMVERM CHEW 100MG	3	PA, QL (12 tabs every 365 days)
<i>ivermectin tabs 3mg</i>	1B	QL (12 tabs every 91 days)
<i>praziquantel tabs 600mg</i>	3	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
<i>chloramphenicol sodium succinate solr 1gm</i>	1B	
<i>fosfomycin tromethamine pack 3gm</i>	1B	
<i>neomycin sulfate tabs 500mg</i>	1B	
<i>streptomycin sulfate solr 1gm</i>	1B	
SULFADIAZINE TABS 500MG	2	
<i>tinidazole tabs 250mg, 500mg</i>	1B	
ANTI-INFECTIVES - MISCELLANEOUS		
ALINIA SUSR 100MG/5ML	3	QL (540mL every 25 days)
<i>atovaquone susp 750mg/5ml</i>	1B	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1B	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1B	
<i>clindamycin phosphate soln 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	1B	
<i>dapsone tabs 25mg, 100mg</i>	1B	
<i>daptomycin solr 500mg</i>	3	
<i>ertapenem sodium solr 1gm</i>	1B	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1B	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1B	
INVANZ SOLR 1GM	3	
<i>linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg</i>	1B	
<i>linezolid inj 2mg/ml</i>	1B	
<i>meropenem solr 1gm</i>	1B	QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>meropenem solr 500mg</i>	1B	QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 10
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
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Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate tabs 1gm</i>	1B	
<i>metronidazole soln 500mg/100ml; tabs 250mg, 500mg</i>	1B	
<i>nitazoxanide tabs 500mg</i>	3	QL (20 tabs every 25 days)
<i>nitrofurantoin susp 25mg/5ml</i>	3	
<i>nitrofurantoin macrocrystal caps 25mg</i>	1B	
<i>nitrofurantoin macrocrystal caps 50mg, 100mg</i>	1A	
<i>nitrofurantoin monohyd macro caps 100mg</i>	1A	
<i>pentamidine isethionate solr 300mg</i>	1B	
<i>polymyxin b sulfate solr 500000unit</i>	1B	
PRIMSOL SOLN 50MG/5ML	2	
SIVEXTRO SOLR 200MG	3	
SIVEXTRO TABS 200MG	3	QL (6 tabs every 180 days)
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1A	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1A	
<i>trimethoprim tabs 100mg</i>	1B	
<i>vancomycin hcl caps 125mg, 250mg</i>	1B	QL (80 caps every 10 days)
<i>vancomycin hcl solr 1gm</i>	1B	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl solr 5gm, 10gm</i>	1B	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl solr 25mg/ml, 50mg/ml</i>	1B	PA; PA applies for members age 13 and older
<i>vancomycin hcl solr 500mg, 750mg</i>	1B	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days
XIFAXAN TABS 200MG	3	QL (9 tabs every 25 days)
XIFAXAN TABS 550MG	3	PA, QL (90 tabs every 30 days)
ANTIFUNGALS		
<i>amphotericin b solr 50mg</i>	1B	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>fluconazole susr 10mg/ml, 40mg/ml</i>	1B	
<i>fluconazole tabs 50mg, 100mg, 150mg, 200mg</i>	1A	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1B	

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1B	
FLUCONAZOLE SOL /NACL	3	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	1B	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1B	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	1B	PA
<i>nystatin tabs 500000unit</i>	1B	
<i>terbinafine hcl tabs 250mg</i>	1B	QL (180 tabs every 365 days)
<i>voriconazole susr 40mg/ml</i>	3	PA
<i>voriconazole tabs 50mg, 200mg</i>	1B	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1B	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1B	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1B	
COARTEM TAB 20-120MG	3	QL (24 tabs per fill); 1 fill max per 180 days
<i>mefloquine hcl tabs 250mg</i>	1B	
<i>primaquine phosphate tabs 26.3mg</i>	1B	
<i>pyrimethamine tabs 25mg</i>	2	PA
<i>quinine sulfate caps 324mg</i>	1B	

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20mg/ml</i>	1B	QL (900 mL every 30 days)
<i>abacavir sulfate tabs 300mg</i>	1B	QL (60 tabs every 30 days)
APRETUDE SUER 600MG/3ML	0	QL (6mL every 56 days)
APTIVUS CAPS 250MG	2	QL (120 caps every 30 days)
APTIVUS SOLN 100MG/ML	2	QL (285 mL every 28 days)
<i>atazanavir sulfate caps 150mg, 300mg</i>	1B	QL (30 caps every 30 days)
<i>atazanavir sulfate caps 200mg</i>	1B	QL (60 caps every 30 days)
CRIXIVAN CAPS 200MG	2	QL (450 caps every 30 days)
CRIXIVAN CAPS 400MG	2	QL (180 caps every 30 days)
<i>darunavir tabs 600mg</i>	1B	QL (60 tabs every 30 days)
<i>darunavir tabs 800mg</i>	1B	QL (30 tabs every 30 days)
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	1B	QL (30 caps every 30 days)
EDURANT TABS 25MG	2	QL (60 tabs every 30 days)
<i>efavirenz caps 50mg, 200mg</i>	1B	QL (90 caps every 30 days)

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12

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz tabs 600mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine caps 200mg</i>	1B	QL (30 caps every 30 days)
EMTRIVA SOLN 10MG/ML	2	QL (680 ml every 28 days)
<i>etravirine tabs 100mg</i>	1B	QL (120 tabs every 30 days)
<i>etravirine tabs 200mg</i>	1B	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	1B	QL (120 tabs every 30 days)
INTELENCE TABS 25MG	2	QL (120 tabs every 30 days)
INVIRASE CAPS 200MG	2	QL (300 caps every 30 days)
INVIRASE TABS 500MG	2	QL (120 tabs every 30 days)
ISENTRESS CHEW 25MG, 100MG	2	QL (180 tabs every 30 days)
ISENTRESS PACK 100MG	2	QL (60 packets every 30 days)
ISENTRESS TABS 400MG	2	QL (120 tabs every 30 days)
ISENTRESS HD TABS 600MG	2	QL (60 tabs every 30 days)
<i>lamivudine soln 10mg/ml</i>	1B	QL (960 ml every 30 days)
<i>lamivudine tabs 150mg</i>	1B	QL (60 tabs every 30 days)
<i>lamivudine tabs 300mg</i>	1B	QL (30 tabs every 30 days)
<i>maraviroc tabs 150mg</i>	1B	QL (60 tabs every 30 days)
<i>maraviroc tabs 300mg</i>	1B	QL (120 tabs every 30 days)
<i>nevirapine susp 50mg/5ml</i>	1B	QL (1200 mL every 30 days)
<i>nevirapine tabs 200mg</i>	1B	QL (60 tabs every 30 days)
<i>nevirapine tb24 100mg</i>	1B	QL (90 tabs every 30 days)
<i>nevirapine tb24 400mg</i>	1B	QL (30 tabs every 30 days)
NORVIR PACK 100MG	2	QL (360 packets every 30 days)
NORVIR SOLN 80MG/ML	2	QL (480 mL every 30 days)
PREZISTA SUSP 100MG/ML	2	QL (400 ml every 30 days)
RESCRIPTOR TABS 100MG	3	QL (900 tabs every 30 days)
RESCRIPTOR TABS 200MG	3	QL (180 tabs every 30 days)
RETROVIR IV INFUSION SOLN 10MG/ML	2	

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACK 50MG	2	QL (180 packets every 30 days)
<i>ritonavir tabs 100mg</i>	1B	QL (360 tabs every 30 days)
SELZENTRY SOLN 20MG/ML	2	QL (1840 mL every 30 days)
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	1B	QL (60 caps every 30 days)
SUNLENCA SOLN 463.5MG/1.5ML	4	QL (6mL every 24 weeks)
SUNLENCA TABS 300MG; TBPK 300MG	4	QL (1 pack every year)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1B	QL (30 tabs every 30 days)
TIVICAY TABS 50MG	2	QL (60 tabs every 30 days)
TYBOST TABS 150MG	2	QL (30 tabs every 30 days)
VIRACEPT TABS 250MG	2	QL (300 tabs every 30 days)
VIRACEPT TABS 625MG	2	QL (120 tabs every 30 days)
VIREAD POWD 40MG/GM	2	QL (240 gm every 30 days)
VIREAD TABS 150MG, 200MG, 250MG	2	QL (30 tabs every 30 days)
YEZTUGO SOLN 463.5MG/1.5ML; TABS 300MG	0	
ZERIT SOLR 1MG/ML	2	QL (2400 ml every 30 days)
<i>zidovudine caps 100mg</i>	1B	QL (180 caps every 30 days)
<i>zidovudine syrp 50mg/5ml</i>	1B	QL (1920 ml every 30 days)
<i>zidovudine tabs 300mg</i>	1B	QL (60 tabs every 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1B	QL (30 tabs every 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1B	QL (60 tabs every 30 days)
BIKTARVY TAB	2	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	2	QL (1 box every 30 days)
CABENUVA SUS 600-900	2	QL (1 box every 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	0	QL (30 tabs every 30 days)
DOVATO TAB 50-300MG	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1B	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1B	QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 tabs every 30 days); \$0 for pre-exposure prophylaxis only; Tier 1B for all others
EVOTAZ TAB 300-150	2	QL (30 tabs every 30 days)
GENVOYA TAB	2	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1B	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1B	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1B	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1B	QL (120 tabs every 30 days)
ODEFSEY TAB	2	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs every 30 days)
TEMIXYS TAB 300-300	2	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	2	QL (180 tabs every 30 days)
TRIUMEQ TAB	2	QL (30 tabs every 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine caps 250mg</i>	1B	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1B	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	1B	
PASER PACK 4GM	3	
PRIFTIN TABS 150MG	2	
<i>pyrazinamide tabs 500mg</i>	1B	
<i>rifabutin caps 150mg</i>	1B	
<i>rifampin caps 150mg, 300mg; solr 600mg</i>	1B	
SIRTURO TABS 100MG	4	PA
TRECTOR TABS 250MG	2	
ANTIVIRALS		
<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	1A	
<i>acyclovir susp 200mg/5ml</i>	1B	
<i>acyclovir sodium soln 50mg/ml</i>	1B	
<i>adefovir dipivoxil tabs 10mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
BARACLUDE SOLN .05MG/ML	3	PA, QL (630 mL every 30 days)
<i>cidofovir soln 75mg/ml</i>	1B	
<i>entecavir tabs .5mg, 1mg</i>	3	PA, QL (30 tabs every 30 days)
EPIVIR HBV SOLN 5MG/ML	2	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1B	
<i>lamivudine (hbv) tabs 100mg</i>	1B	
<i>oseltamivir phosphate caps 30mg</i>	1B	QL (40 caps every 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	1B	QL (20 caps every 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	1B	QL (360 mL every 90 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	2	QL (2 inhalers every 90 days)
<i>ribavirin solr 6gm</i>	1B	
<i>rimantadine hydrochloride tabs 100mg</i>	1B	
<i>valacyclovir hcl tabs 500mg, 1000mg</i>	1B	
<i>valganciclovir hcl solr 50mg/ml</i>	4	QL (1000 mL every 30 days)
<i>valganciclovir hcl tabs 450mg</i>	4	QL (120 tabs every 30 days)
VEMLIDY TABS 25MG	4	PA, QL (30 tabs every 30 days)

CEPHALOSPORINS

<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1B	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1B	
<i>cefazolin sodium solr 1gm, 10gm, 500mg</i>	1B	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	1B	
<i>cefditoren pivoxil tabs 200mg, 400mg</i>	1B	
<i>cefepime hcl solr 1gm, 2gm</i>	1B	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	1B	
<i>cefotaxime sodium solr 1gm, 2gm</i>	1B	
<i>cefotetan disodium solr 1gm, 2gm</i>	1B	
<i>cefoxitin sodium solr 1gm, 2gm, 10gm</i>	1B	
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	1B	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime solr 2gm</i>	1B	
CEFTIN SUSR 125MG/5ML, 250MG/5ML	2	
<i>ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg</i>	1B	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium solr 10gm</i>	1B	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>cefuroxime axetil tabs 250mg, 500mg</i>	1B	
<i>cefuroxime sodium solr 1.5gm, 750mg</i>	1B	
<i>cephalexin caps 250mg, 500mg</i>	1A	
<i>cephalexin caps 750mg; susr 125mg/5ml, 250mg/5ml</i>	1B	
<i>tazicef solr 1gm, 2gm</i>	1B	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 600mg</i>	1B	
<i>azithromycin tabs 250mg, 500mg</i>	1A	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	1B	
DIFICID SUSR 40MG/ML	2	QL (1 bottle per fill); 1 fill max per 180 days
DIFICID TABS 200MG	2	QL (20 tabs per fill); 1 fill max per 180 days
<i>e.e.s. 400 tabs 400mg</i>	1B	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	1B	
<i>erythrocin stearate tabs 250mg</i>	1B	
<i>erythromycin base tabs 250mg, 500mg</i>	1B	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>	1B	
ZITHROMAX PACK 1GM	2	
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1B	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1B	
<i>ciprofloxacin hcl tabs 100mg</i>	1B	
<i>ciprofloxacin hcl tabs 250mg, 500mg, 750mg</i>	1A	
FACTIVE TABS 320MG	3	
<i>levofloxacin soln 25mg/ml</i>	1B	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	1B	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1B	

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1B	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1B	
<i>moxifloxacin hcl tabs 400mg</i>	1B	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1B	
<i>ofloxacin tabs 300mg, 400mg</i>	1B	

HEPATITIS C

EPCLUSA PAK 150-37.5	4	SP, PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	4	SP, PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG	4	SP, PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	4	SP, PA, QL (28 tabs every 28 days)
HARVONI PAK	4	SP, PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	4	SP, PA, QL (56 pellets every 28 days)
HARVONI TAB 45-200MG	4	SP, PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	4	SP, PA, QL (28 tabs every 28 days)
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	4	SP, PA, QL (4 syringes every 30 days)
REBETOL SOLN 40MG/ML	4	PA
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	1B	SP, PA
VOSEVI TAB	4	SP, PA, QL (28 tabs every 28 days)
ZEPATIER TAB 50-100MG	5	SP, PA, QL (28 tabs every 28 days)

PENICILLINS

<i>amoxicillin caps 250mg, 500mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1A	
<i>amoxicillin chew 125mg, 250mg</i>	1B	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1B	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1B	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1B	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1B	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1B	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1A	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1A	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1A	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1B	
<i>ampicillin caps 500mg</i>	1B	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1B	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1B	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1B	
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1B	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	1B	
<i>nafillin sodium solr 1gm, 2gm, 10gm</i>	1B	
<i>oxacillin sodium solr 1gm, 2gm, 10gm</i>	1B	
<i>penicillin g potassium solr 5000000unit, 20000000unit</i>	1B	
<i>penicillin g sodium solr 5000000unit</i>	1B	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1B	
<i>pfizerpen solr 20000000unit</i>	1B	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1B	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1B	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1B	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1B	
TETRACYCLINES		
<i>avidoxy tabs 100mg</i>	1B	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	1B	
<i>doxy 100 solr 100mg</i>	1B	
<i>doxycycline (monohydrate) caps 50mg, 100mg</i>	1A	
<i>doxycycline (monohydrate) susr 25mg/5ml; tabs 50mg, 75mg, 150mg</i>	1B	
<i>doxycycline hyclate caps 50mg, 100mg</i>	1A	
<i>doxycycline hyclate solr 100mg; tabs 20mg</i>	1B	

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	1A	
<i>minocycline hcl tabs 50mg, 75mg, 100mg</i>	1B	
<i>morgidox 1x100mg caps 100mg</i>	1A	
<i>tetracycline hcl caps 250mg, 500mg</i>	1B	QL (120 caps every 30 days)
VIBRAMYCIN SYRP 50MG/5ML	3	

ANTI-ANXIETY AGENTS

BENZODIAZEPINES

<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	1B	
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ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

STERIOD INHALANTS

<i>fluticasone propionate (inhalation) aepb 50mcg/act, 100mcg/act, 250mcg/act</i>	1B	QL (1 package every 25 days)
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	1B	QL (1 package every 25 days)

SYMPATHOMIMETICS

BREZTRI AERO AER SPHERE	2	QL (1 package every 30 days)
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ANTIDEPRESSANTS

ANTIDEPRESSANT COMBINATIONS

AUVELITY TAB 45-105MG	3	PA, QL (60 tabs every 30 days)
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ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>busulfan soln 6mg/ml</i>	1B	
CARMUSTINE SOLR 50MG, 300MG	2	
<i>carmustine solr 100mg</i>	1B	
<i>cyclophosphamide caps 25mg, 50mg</i>	1B	
<i>cyclophosphamide solr 1gm, 2gm, 500mg</i>	4	
<i>dacarbazine solr 100mg, 200mg</i>	1B	
EMCYT CAPS 140MG	4	
GLEOSTINE CAPS 5MG	4	
GLEOSTINE CAPS 10MG, 40MG, 100MG	4	SP
GLIADEL WAF 7.7MG	2	
HEXALEN CAPS 50MG	2	
<i>ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm</i>	1B	
LEUKERAN TABS 2MG	2	
MATULANE CAPS 50MG	4	SP
<i>melphalan tabs 2mg</i>	1B	
<i>melphalan hcl solr 50mg</i>	1B	
TEMODAR SOLR 100MG	4	SP, PA

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Drug Name	Drug Tier	Requirements/Limits
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	4	SP, PA
ANTHRACYCLINES		
daunorubicin hcl soln 20mg/4ml	1B	
doxorubicin hcl solr 10mg, 50mg	1B	
doxorubicin hcl liposomal susp 2mg/ml	1B	
doxorubicin hydrochloride soln 2mg/ml	1B	
epirubicin hcl soln 50mg/25ml, 200mg/100ml	1B	
idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml	1B	
ANTIBIOTICS		
bleomycin sulfate solr 15unit, 30unit	1B	
mitomycin solr 5mg, 20mg	1B	
mitomycin solr 40mg	4	
mitoxantrone hcl conc 2mg/ml	4	SP, PA
ANTIMETABOLITES		
adrucil soln 500mg/10ml	1B	
azacitidine susr 100mg	4	SP, PA
capecitabine tabs 150mg, 500mg	4	SP, PA
cladribine soln 10mg/10ml	4	
clofarabine soln 1mg/ml	1B	
cytarabine soln 20mg/ml, 100mg/ml	1B	
decitabine solr 50mg	4	SP, PA
floxuridine solr .5gm	1B	
fludarabine phosphate soln 50mg/2ml; solr 50mg	1B	
fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1B	
gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg	4	
mercaptopurine tabs 50mg	1B	
methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm	1B	PA
nelarabine soln 5mg/ml	1B	
NIPENT SOLR 10MG	2	
pemetrexed disodium solr 100mg, 500mg	4	
TABLOID TABS 40MG	4	PA
ANTIMITOTIC, TAXOIDS		
DOCETAXEL CONC 20MG/0.5ML, 80MG/2ML	2	
docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml	4	
docetaxel soln 20mg/2ml, 80mg/8ml, 160mg/16ml	1B	SP

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 21
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL (NON-ALCOHOL FO SOLN 20MG/ML, 80MG/4ML, 160MG/8ML	2	
<i>paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	1B	
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1B	SP
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate soln 1mg/ml</i>	1B	
<i>vincasar pfs soln 1mg/ml</i>	1B	
<i>vincristine sulfate soln 1mg/ml</i>	1B	
<i>vinorelbine tartrate soln 10mg/ml, 50mg/5ml</i>	1B	
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX SOLN 100MG/50ML, 200MG/100ML	4	SP, PA
ERIVEDGE CAPS 150MG	4	SP, PA, QL (30 caps every 30 days)
FARYDAK CAPS 10MG, 15MG, 20MG	4	SP, PA, QL (6 caps every 21 days)
GAZYVA SOLN 1000MG/40ML	4	SP, PA
<i>hydroxyurea caps 500mg</i>	1B	
IBRANCE CAPS 75MG, 100MG, 125MG	4	SP, PA, QL (21 caps every 28 days)
IBRANCE TABS 75MG, 100MG, 125MG	4	SP, PA, QL (21 tabs every 28 days)
KADCYLA SOLR 100MG, 160MG	4	SP, PA
KEYTRUDA SOLN 100MG/4ML	4	SP, PA
KEYTRUDA INJ QLEX	4	SP, PA, QL (1 vial every 21 days)
KISQALI TBPK 200MG	4	SP, PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TBPK 200MG	4	SP, PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TBPK 200MG	4	SP, PA, QL (63 tabs every 28 days)
KISQALI 200 PAK FEMARA	4	SP, PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	4	SP, PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	4	SP, PA, QL (91 tabs every 28 days)
LOQTORZI SOLN 240MG/6ML	4	SP, PA
LYNPARZA TABS 100MG, 150MG	4	SP, PA, QL (120 tabs every 30 days)

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ODOMZO CAPS 200MG	4	SP, PA, QL (30 caps every 30 days)
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	4	SP, PA
RYDAPT CAPS 25MG	5	SP, PA, QL (224 caps every 28 days)
TEVIMBRA SOLN 100MG/10ML	4	SP, PA
VYLOY SOLR 100MG, 300MG	4	SP, PA
ZEJULA TABS 100MG, 200MG, 300MG	4	SP, PA, QL (30 tabs every 30 days)
ZOLINZA CAPS 100MG	4	SP, PA, QL (120 caps every 30 days)

IMMUNOMODULATORS

<i>arsenic trioxide soln 10mg/10ml, 12mg/6ml</i>	1B	
HERNEXEOS TABS 60MG	4	SP, PA, QL (90 tabs every 30 days)
TRAZIMERA SOLR 150MG, 420MG	4	SP, PA

KINASE INHIBITORS

ALECENSA CAPS 150MG	4	SP, PA, QL (240 caps every 30 days)
AUGTYRO CAPS 40MG	4	SP, PA, QL (240 caps every 30 days)
AUGTYRO CAPS 160MG	4	SP, PA, QL (60 caps every 30 days)
BRUKINSA CAPS 80MG	4	SP, PA, QL (120 caps every 30 days)
BRUKINSA TABS 160MG	4	SP, PA, QL (60 tabs every 30 days)
CALQUENCE CAPS 100MG	4	SP, PA, QL (60 caps every 30 days)
CAPRELSA TABS 100MG	4	SP, PA, QL (60 tabs every 30 days)
CAPRELSA TABS 300MG	4	SP, PA, QL (30 tabs every 30 days)
COMETRIQ KIT 20MG	4	SP, PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	4	SP, PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	4	SP, PA, QL (1 kit every 28 days)
COPIKTRA CAPS 15MG, 25MG	4	SP, PA, QL (60 caps every 30 days)
<i>dasatinib tabs 20mg</i>	4	SP, PA, QL (90 tabs every 30 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans

23

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib tabs 50mg, 70mg, 80mg, 100mg, 140mg</i>	4	SP, PA, QL (30 tabs every 30 days)
ENSACOVE CAPS 25MG	4	SP, PA, QL (30 caps every 30 days)
ENSACOVE CAPS 100MG	4	SP, PA, QL (60 caps every 30 days)
<i>erlotinib hcl tabs 25mg</i>	4	SP, PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	4	SP, PA, QL (30 tabs every 30 days)
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	4	SP, PA, QL (30 tabs every 30 days)
<i>everolimus tbso 2mg, 5mg</i>	4	SP, PA, QL (60 tabs every 30 days)
<i>everolimus tbso 3mg</i>	4	SP, PA, QL (90 tabs every 30 days)
GOMEKLI CAPS 1MG, 2MG; TBSO 1MG	4	SP, PA
IBTROZI CAPS 200MG	4	SP, PA, QL (90 caps every 30 days)
ICLUSIG TABS 10MG, 15MG, 30MG, 45MG	4	SP, PA, QL (30 tabs every 30 days)
IDHIFA TABS 50MG, 100MG	4	SP, PA, QL (30 tabs every 30 days)
<i>imatinib mesylate tabs 100mg</i>	4	SP, PA, QL (90 tabs every 30 days)
<i>imatinib mesylate tabs 400mg</i>	4	SP, PA, QL (60 tabs every 30 days)
INLYTA TABS 1MG	4	SP, PA, QL (240 tabs every 30 days)
INLYTA TABS 5MG	4	SP, PA, QL (120 tabs every 30 days)
ITOVEBI TABS 3MG	4	SP, PA, QL (60 tabs every 30 days)
ITOVEBI TABS 9MG	4	SP, PA, QL (30 tabs every 30 days)
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	4	SP, PA, QL (60 tabs every 30 days)
<i>lapatinib ditosylate tabs 250mg</i>	4	SP, PA, QL (180 tabs every 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	SP, PA, QL (30 caps every 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	SP, PA, QL (60 caps every 30 days)

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24

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	SP, PA, QL (30 caps every 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	SP, PA, QL (90 caps every 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	SP, PA, QL (60 caps every 30 days)
LENVIMA CAP 14 MG	5	SP, PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	5	SP, PA, QL (90 caps every 30 days)
LENVIMA CAP 24 MG	5	SP, PA, QL (90 caps every 30 days)
LORBRENA TABS 25MG	5	SP, PA, QL (90 tabs every 30 days)
LORBRENA TABS 100MG	5	SP, PA, QL (30 tabs every 30 days)
MEKINIST TABS 2MG	4	SP, PA, QL (30 tabs every 30 days)
MEKINIST TABS .5MG	4	SP, PA, QL (90 tabs every 30 days)
OGSIVEO TABS 50MG, 100MG	4	SP, PA, QL (180 tablets every 30 days)
OGSIVEO TABS 150MG	4	SP, PA, QL (60 tablets every 30 days)
<i>pazopanib hcl tabs 200mg</i>	4	SP, PA, QL (120 tabs every 30 days)
ROMVIMZA CAPS 14MG, 20MG, 30MG	4	SP, PA, QL (1 carton every 28 days)
SCEMBLIX TABS 20MG, 40MG	4	SP, PA, QL (60 tabs every 30 days)
SCEMBLIX TABS 100MG	4	SP, PA, QL (120 tabs every 30 days)
<i>sorafenib tosylate tabs 200mg</i>	4	SP, PA, QL (120 tabs every 30 days)
STIVARGA TABS 40MG	4	SP, PA, QL (84 tabs every 28 days)
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	SP, PA, QL (30 caps every 30 days)
TAFINLAR CAPS 50MG, 75MG	4	SP, PA, QL (120 caps every 30 days)
VITRAKVI CAPS 25MG	5	SP, PA, QL (180 caps every 30 days)
VITRAKVI CAPS 100MG	5	SP, PA, QL (60 caps every 30 days)

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25

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI SOLN 20MG/ML	5	SP, PA, QL (300 mL every 30 days)
XALKORI CAPS 200MG, 250MG	4	SP, PA, QL (120 caps every 30 days)
XALKORI CPSP 20MG, 50MG	4	SP, PA, QL (60 caps every 30 days)
XALKORI CPSP 150MG	4	SP, PA, QL (90 caps every 30 days)
ZELBORAF TABS 240MG	4	SP, PA, QL (240 tabs every 30 days)
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	4	SP, PA
ZYDELIG TABS 100MG, 150MG	4	SP, PA, QL (60 tabs every 30 days)
ZYKADIA CAPS 150MG	4	PA, QL (90 caps every 30 days)
ZYKADIA TABS 150MG	4	SP, PA, QL (90 tabs every 30 days)
MISCELLANEOUS		
<i>bexarotene caps 75mg</i>	4	SP, PA
DROXIA CAPS 200MG, 300MG, 400MG	2	
ONCASPAR SOLN 750UNIT/ML	4	SP, PA
PADCEV SOLR 20MG	5	SP, PA, QL (21 vials every 28 days)
PADCEV SOLR 30MG	5	SP, PA, QL (15 vials every 28 days)
PHOTOFRIN SOLR 75MG	2	
QUADRAMET SOLN 1850MBQ/ML	2	
<i>tretinoin (chemotherapy) caps 10mg</i>	3	
UVADEX SOLN 20MCG/ML	2	
VISTOGARD PACK 10GM	2	SP, QL (20 packets every 5 days)
VORANIGO TABS 10MG	4	SP, PA, QL (60 tabs per 30 days)
VORANIGO TABS 40MG	4	SP, PA, QL (30 tabs per 30 days)
PLATINUM-BASED AGENTS		
<i>carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1B	
<i>cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1B	
<i>oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
PROTECTIVE AGENTS		
<i>dexrazoxane hcl solr 250mg, 500mg</i>	1B	
<i>leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg</i>	1B	
<i>mesna soln 100mg/ml</i>	1B	
<i>mesna tabs 400mg</i>	4	
TOPOISOMERASE INHIBITORS		
<i>etoposide caps 50mg; soln 100mg/5ml</i>	1B	
<i>irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml</i>	4	
<i>irinotecan hcl soln 300mg/15ml</i>	1B	
TENIPOSIDE SOLN 10MG/ML	2	
<i>toposar soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i>	1B	
<i>topotecan hcl solr 4mg</i>	1B	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>paraplatin soln 1000mg/100ml</i>	1B	
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tabs 250mg</i>	4	SP, PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tabs 500mg</i>	4	SP, PA, QL (60 tabs every 30 days)
<i>anastrozole tabs 1mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tabs 50mg</i>	1B	
DEPO-PROVERA SUSP 400MG/ML	3	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	4	SP, PA
ERLEADA TABS 60MG	4	SP, PA, QL (120 tabs every 30 days)
ERLEADA TABS 240MG	4	SP, PA, QL (30 tabs every 30 days)
<i>exemestane tabs 25mg</i>	1B	PA; \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide caps 125mg</i>	1B	
<i>fulvestrant sosy 250mg/5ml</i>	4	

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
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Drug Name	Drug Tier	Requirements/Limits
<i>letrozole tabs 2.5mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>leuprolide acetate kit 1mg/0.2ml</i>	4	SP, PA
LUPRON DEPOT-PED (1-MONTH) KIT 7.5MG, 11.25MG, 15MG	4	SP, PA
LUPRON DEPOT-PED (3-MONTH) KIT 11.25MG, 30MG	4	SP, PA
LYSODREN TABS 500MG	4	SP
<i>megestrol acetate susp 40mg/ml; tabs 20mg, 40mg</i>	1B	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	1B	
<i>nilutamide tabs 150mg</i>	1B	
NUBEQA TABS 300MG	4	SP, PA, QL (120 tablets every 30 days)
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tabs 60mg</i>	2	
XTANDI CAPS 40MG	4	SP, PA, QL (120 caps every 30 days)
XTANDI TABS 40MG	4	SP, PA, QL (120 tabs every 30 days)
XTANDI TABS 80MG	4	SP, PA, QL (60 tabs every 30 days)
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI PAK FAKZYNJA	4	SP, PA, QL (66 units (42 tabs, 24 caps) every 28 days)
ANTINEOPLASTIC ENZYME INHIBITORS		
CALQUENCE TABS 100MG	4	SP, PA, QL (60 tabs every 30 days)
KOSELUGO CAPS 10MG	5	SP, PA, QL (240 caps every 30 days)
KOSELUGO CAPS 25MG	5	SP, PA, QL (120 caps every 30 days)
KOSELUGO CPSP 5MG	5	SP, PA, QL (600 caps every 30 days)
KOSELUGO CPSP 7.5MG	5	SP, PA, QL (390 caps every 30 days)
<i>nilotinib hcl caps 50mg</i>	4	SP, PA, QL (60 caps every 30 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 28
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>nilotinib hcl caps 150mg, 200mg</i>	4	SP, PA, QL (120 caps every 30 days)
TAGRISSE TABS 40MG, 80MG	5	SP, PA, QL (30 tabs every 30 days)
TRUQAP TABS 200MG; TBPK 160MG, 200MG	4	SP, PA, QL (64 tabs every 28 days)
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	5	SP, PA, QL (60 tabs every 30 days)

ANTINEOPLASTIC, BCL-2 INHIBITORS

VENCLEXTA TABS 10MG	4	SP, PA, QL (60 tablets every 30 days)
VENCLEXTA TABS 50MG	4	SP, PA, QL (30 tabs every 30 days)
VENCLEXTA TABS 100MG	4	SP, PA, QL (120 tabs every 30 days)
VENCLEXTA TAB START PK	4	SP, PA, QL (1 pack per 365 days)

ANTIVIRALS

ANTIVIRAL COMBINATIONS

PAXLOVID PAK	2	QL (22 tabs every 90 days); Limited to 12 years of age and older
PAXLOVID TAB 150-100	2	QL (20 tabs every 90 days); Limited to 12 years of age and older
PAXLOVID TAB 300-100	2	QL (30 tabs every 90 days); Limited to 12 years of age and older

MISC. ANTIVIRALS

LAGEVRIO CAPS 200MG	2	QL (40 caps every 90 days); Limited to 18 years of age and older
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CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1A	+
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1B	+
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1B	+
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1B	+
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1B	+
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1B	+
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1B	+
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1B	+
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1B	+
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1A	+
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1A	+
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1B	+
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1B	+
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1A	+
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1A	+
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1A	+
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1A	+
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1A	+
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1B	+
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1B	+
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1B	+
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1B	+

ACE INHIBITORS

<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1A	+
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1B	+
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	1B	+
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1A	+
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1A	+
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1B	+
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1B	+
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1A	+
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1B	+
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1A	+

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Drug Name	Drug Tier	Requirements/Limits
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tabs 25mg, 50mg</i>	1B	+
ALPHA BLOCKERS		
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1B	+
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1B	+
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1B	+
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1B	+
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1B	+
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1B	+
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1B	+
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1B	+
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1B	+
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1B	+
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1B	+
BYVALSON TAB 5-80MG	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1B	+
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1B	+
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1B	+
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1A	+
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1A	+
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1A	+
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1A	+
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1A	+
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1B	+
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1B	+
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1B	+
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1B	+

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1B	+
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1B	+
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1B	+
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1B	+
<i>telmisartan-amlodipine tab 40-5 mg</i>	1B	+
<i>telmisartan-amlodipine tab 40-10 mg</i>	1B	+
<i>telmisartan-amlodipine tab 80-5 mg</i>	1B	+
<i>telmisartan-amlodipine tab 80-10 mg</i>	1B	+
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1B	+
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1B	+
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1B	+
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1B	+
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1B	+
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1B	+
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1B	+
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1B	+
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1B	+
<i>eprosartan mesylate tabs 600mg</i>	1B	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1A	+
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1A	+
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	1B	+
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1B	+
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1B	+
ANTIARRHYTHMICS		
<i>amiodarone hcl soln 50mg/ml, 900mg/18ml; tabs 200mg, 400mg</i>	1B	+
<i>disopyramide phosphate caps 100mg, 150mg</i>	1B	+
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	1B	SP; +
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1B	+
<i>lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml</i>	1B	+
<i>lidocaine hcl (cardiac) sosy 100mg/5ml</i>	1B	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1B	+
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1B	+
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	1B	+
MULTAQ TABS 400MG	3	QL (60 tablets every 30 days); +

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Drug Name	Drug Tier	Requirements/Limits
<i>pacerone tabs 100mg, 200mg</i>	1B	+
<i>procainamide hcl soln 100mg/ml</i>	1B	+
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1B	+
<i>quinidine sulfate tabs 200mg, 300mg</i>	1B	+
<i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>	1B	+
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	1B	+
<i>sotalol hcl (afib/afI) tabs 80mg, 120mg, 160mg</i>	1B	+
SOTALOL HYDROCHLORIDE SOLN 150MG/10ML	3	+
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1B	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1B	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1B	
<i>prevalite powd 4gm/dose</i>	1B	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tabs 10mg</i>	1B	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	1B	
<i>fenofibrate caps 50mg, 150mg; tabs 48mg, 54mg, 145mg</i>	1B	
<i>fenofibrate tabs 160mg</i>	1A	
<i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>	1B	
<i>gemfibrozil tabs 600mg</i>	1A	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	1A	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	1B	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

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Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1A	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1B	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	1B	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1A	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tabs 80mg</i>	1A	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1B	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1B	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1B	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1B	
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	1B	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl caps .5gm, 1gm</i>	1B	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	1B	PA
ANTILIPEMICS, PCSK9 INHIBITORS		
<i>PRALUENT SOAJ 75MG/ML, 150MG/ML</i>	4	PA, QL (2 pens every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1B	+
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1B	+
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1B	+
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1B	+
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1B	+
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1B	+
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1B	+
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1B	+
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1B	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1B	
BETA-BLOCKERS		
<i>acebutolol hcl caps 200mg, 400mg</i>	1B	+
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1A	+
<i>betaxolol hcl tabs 10mg, 20mg</i>	1B	+
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1B	+
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1B	+
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1B	+
HEMANGEOL SOLN 4.28MG/ML	3	PA, QL (3 bottles every 30 days); PA applies for members age 2 and older
<i>labetalol hcl soln 5mg/ml</i>	1B	+
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	1A	+
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	1B	+
<i>metoprolol tartrate soln 5mg/5ml</i>	1B	+
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	1A	+
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1B	+
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	1B	+
<i>pindolol tabs 5mg, 10mg</i>	1B	+
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 60mg, 80mg</i>	1B	+
<i>propranolol hcl tabs 10mg, 20mg, 40mg</i>	1A	+
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	1B	+

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Drug Name	Drug Tier	Requirements/Limits
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CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

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

CALCIUM CHANNEL BLOCKERS

<i>afeditab cr tb24 30mg, 60mg</i>	1B	+
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	1A	+
CARDENE IV SOL 20/200ML	3	+
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	1B	+
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; soln 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	1B	+
DILTIAZEM HCL SOLR 100MG	3	+
<i>diltiazem hcl tabs 30mg, 60mg, 90mg, 120mg</i>	1A	+
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1B	+
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1B	+
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	1B	+
<i>isradipine caps 2.5mg, 5mg</i>	1B	+
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	1B	+
<i>nicardipine hcl caps 20mg, 30mg; soln 2.5mg/ml</i>	1B	+

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tb24 30mg, 60mg, 90mg</i>	1B	+
<i>nimodipine caps 30mg</i>	1B	+
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1B	+
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; soln 2.5mg/ml; tbc 120mg, 180mg, 240mg</i>	1B	+
<i>verapamil hcl tabs 40mg, 80mg, 120mg</i>	1A	+
DIGITALIS GLYCOSIDES		
<i>digox tabs 125mcg, 250mcg</i>	1B	+
<i>digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg</i>	1B	+
LANOXIN TABS 187.5MCG	2	
LANOXIN PEDIATRIC SOLN .1MG/ML	3	+
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	1B	+
DIURETICS		
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	1B	+
<i>acetazolamide sodium solr 500mg</i>	1B	+
ALDACTAZIDE TAB 50/50	2	+
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1B	+
<i>amiloride hcl tabs 5mg</i>	1B	+
<i>bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg</i>	1B	+
<i>chlorothiazide sodium solr 500mg</i>	1B	+
<i>chlorthalidone tabs 25mg, 50mg</i>	1A	+
DIURIL SUSP 250MG/5ML	3	+
<i>ethacrynate sodium solr 50mg</i>	1B	+
<i>ethacrynic acid tabs 25mg</i>	1B	+
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 80mg</i>	1B	+
<i>furosemide tabs 20mg, 40mg</i>	1A	+
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1A	+
<i>indapamide tabs 1.25mg, 2.5mg</i>	1B	+
<i>mannitol soln 20%, 25%</i>	1B	+
<i>methazolamide tabs 25mg, 50mg</i>	1B	+
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1B	+
<i>osmitrol viaflex soln 5%, 15%</i>	1B	
<i>osmitrol viaflex soln 10%</i>	1B	+
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1A	+

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Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1B	+
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	1B	+
<i>triamterene caps 50mg, 100mg</i>	1B	+
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1B	+
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1B	+
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1B	+

HEART FAILURE

ATTRUBY TBPk 356MG	4	SP, PA, QL (120 tabs every 30 days)
CORLANOR SOLN 5MG/5ML	2	+
ENTRESTO CAP 6-6MG	2	QL (240 caps every 30 days)
ENTRESTO CAP 15-16MG	2	QL (240 caps every 30 days)
<i>ivabradine hcl tabs 5mg, 7.5mg</i>	1B	+
<i>sacubitril-valsartan tab 24-26 mg</i>	1B	QL (60 tablets every 30 days); +
<i>sacubitril-valsartan tab 49-51 mg</i>	1B	QL (60 tablets every 30 days); +
<i>sacubitril-valsartan tab 97-103 mg</i>	1B	QL (60 tablets every 30 days); +

MISCELLANEOUS

<i>clonidine ptwk .1mg/24hr</i>	1B	QL (4 patches every 28 days); +
<i>clonidine ptwk .2mg/24hr, .3mg/24hr</i>	1B	+
<i>clonidine hcl tabs .1mg, .2mg</i>	1A	+
<i>clonidine hcl tabs .3mg</i>	1B	+
<i>guanfacine hcl tabs 1mg, 2mg</i>	1B	+
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	1B	+
<i>methyldopa tabs 250mg, 500mg</i>	1B	+
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	1B	
<i>minoxidil tabs 2.5mg, 10mg</i>	1B	+
<i>phenoxybenzamine hcl caps 10mg</i>	3	PA; +
<i>ranolazine tb12 500mg, 1000mg</i>	1B	ST; PA**; +

NITRATES

<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	1B	+
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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 120mg</i>	1B	+
<i>isosorbide mononitrate tb24 30mg, 60mg</i>	1A	+
<i>minitran pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	1B	+
NITRO-BID OINT 2%	3	+
NITRO-DUR PT24 .3MG/HR, .8MG/HR	2	+
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .6mg</i>	1B	+
NITROGLYCERIN SOLN 5MG/ML	3	+
<i>nitroglycerin subl .4mg</i>	1A	+
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	1B	+
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	1B	+
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	1B	+

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	5	SP, PA, QL (90 tabs every 30 days)
<i>ambisentan tabs 5mg, 10mg</i>	4	SP, PA, QL (30 tabs every 30 days)
<i>bosentan tabs 62.5mg, 125mg</i>	4	SP, PA, QL (60 tabs every 30 days)
<i>bosentan tbso 32mg</i>	4	SP, PA, QL (112 tabs every 28 days)
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	4	SP, PA
OPSUMIT TABS 10MG	4	SP, PA, QL (30 tabs every 30 days)
OPSYNVI TAB 10-20MG	4	SP, PA, QL (30 tablets every 30 days)
OPSYNVI TAB 10-40MG	4	SP, PA, QL (30 tablets every 30 days)
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	4	SP, PA, QL (300 tabs every 30 days)
ORENITRAM TAB MONTH 1	4	SP, PA, QL (1 kit every 365 days)
ORENITRAM TAB MONTH 2	4	SP, PA, QL (1 kit every 365 days)
ORENITRAM TAB MONTH 3	4	SP, PA, QL (1 kit every 365 days)
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	4	SP, PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	4	SP, PA, QL (360 tabs every 30 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	5	SP, PA, QL (60 tabs every 30 days)
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	4	SP, PA
TYVASO SOLN .6MG/ML	4	SP, PA, QL (28 ampules every 28 days)
TYVASO REFILL KIT SOLN .6MG/ML	4	SP, PA, QL (28 ampules every 28 days)
TYVASO STARTER KIT SOLN .6MG/ML	4	SP, PA, QL (28 ampules every 28 days)
UPTRAVI SOLR 1800MCG	4	SP, PA
UPTRAVI TABS 200MCG	4	SP, PA, QL (140 tabs every 28 days)
UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	4	SP, PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800	4	SP, PA, QL (1 pack per 180 days)
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	4	SP, PA, QL (270 ampules every 30 days)
WINREVAIR KIT 45MG, 60MG	4	SP, PA, QL (2 vials every 21 days)
WINREVAIR INJ 45MG	4	SP, PA, QL (2 vials every 21 days)
WINREVAIR INJ 60MG	4	SP, PA, QL (2 vials every 21 days)

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

<i>acamprosate calcium tbec 333mg</i>	1B	
<i>disulfiram tabs 250mg, 500mg</i>	1B	

ANTI-ANXIETY

<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	1B	QL (150 tabs every 25 days)
ALPRAZOLAM INTENSOL CONC 1MG/ML	2	QL (300 mL every 25 days)
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	1B	
<i>lorazepam conc 2mg/ml</i>	1B	QL (150 mL every 25 days)
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	1B	QL (150 tabs every 25 days)
<i>meprobamate tabs 200mg, 400mg</i>	1B	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	1B	QL (120 caps every 25 days)

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Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS		
BRIVIACT SOLN 10MG/ML	3	PA, QL (600 mL every 30 days)
BRIVIACT SOLN 50MG/5ML	3	PA
BRIVIACT TABS 10MG, 25MG, 50MG, 75MG, 100MG	3	PA, QL (60 tablets every 30 days)
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	1B	
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	1B	PA
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	1B	
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	1B	QL (180 tabs every 25 days)
<i>diazepam soln 5mg/5ml</i>	1B	QL (1200 mL every 25 days)
<i>diazepam soln 5mg/ml</i>	1B	
<i>diazepam tabs 2mg, 5mg, 10mg</i>	1B	QL (120 tabs every 25 days)
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	2	QL (10 devices every 30 days)
<i>diazepam intensol conc 5mg/ml</i>	1B	QL (240 mL every 25 days)
DILANTIN CAPS 30MG	3	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg</i>	1B	
<i>divalproex sodium tbec 125mg, 250mg, 500mg</i>	1A	
EPIDIOLEX SOLN 100MG/ML	4	SP, QL (800 mL every 30 days)
<i>epitol tabs 200mg</i>	1B	
<i>eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg</i>	2	PA, QL (60 tablets every 30 days)
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1B	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	1B	
<i>fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i>	1B	
FYCOMPA SUSP .5MG/ML	2	PA, QL (720 mL every 30 days)
FYCOMPA TABS 2MG, 4MG, 6MG	2	PA, QL (60 tablets every 30 days)
FYCOMPA TABS 8MG, 10MG, 12MG	2	PA, QL (30 tabs every 30 days)
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>	1A	+

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Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide soln 10mg/ml</i>	3	PA
<i>lacosamide soln 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1B	PA
<i>lamotrigine chew 5mg, 25mg; kit 25mg</i>	1B	
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg</i>	1A	
<i>lamotrigine tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 100mg, 200mg</i>	1B	PA
<i>lamotrigine tbdp 25mg, 50mg</i>	2	PA
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1B	
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	1B	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1B	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1B	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1B	
LIBERVANT FILM 5MG, 7.5MG, 10MG, 12.5MG, 15MG	2	PA, QL (10 films every 30 days)
<i>methsuximide caps 300mg</i>	1B	
NAYZILAM SOLN 5MG/0.1ML	2	PA, QL (10 nasal spray units every 30 days)
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	1B	
PEGANONE TABS 250MG	3	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1B	
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	1B	
<i>phenytoin sodium soln 50mg/ml</i>	1B	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1B	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg</i>	1B	QL (90 caps every 30 days)
<i>pregabalin soln 20mg/ml</i>	1B	
<i>primidone tabs 50mg, 250mg</i>	1B	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1B	
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1B	
<i>valproate sodium soln 100mg/ml, 250mg/5ml</i>	1B	

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
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Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid caps 250mg</i>	1B	
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	2	PA, QL (10 devices every 30 days)
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	2	PA, QL (10 devices every 30 days)
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	2	PA, QL (10 devices every 30 days)
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	2	PA, QL (10 devices every 30 days)
<i>vigabatrin pack 500mg</i>	4	SP, PA, QL (180 packets every 30 days)
<i>vigabatrin tabs 500mg</i>	4	SP, PA, QL (180 tabs every 30 days)
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1A	

ANTIDEMENTIA

<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	1B	
<i>ergoloid mesylates tabs 1mg</i>	3	QL (90 tabs every 30 days)
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	1B	
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i>	1B	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1B	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1B	PA
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1B	PA

ANTIDEPRESSANTS

<i>amitriptyline hcl tabs 10mg</i>	1A	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 25mg</i>	1A	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 50mg</i>	1A	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 75mg, 100mg, 150mg</i>	1B	

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine tabs 25mg, 50mg, 100mg</i>	1B	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tabs 150mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg</i>	1A	
<i>bupropion hcl tb24 150mg, 300mg</i>	1B	
<i>citalopram hydrobromide soln 10mg/5ml</i>	1B	
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	1A	+
<i>clomipramine hcl caps 25mg, 50mg</i>	1B	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl caps 75mg</i>	1B	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 10mg, 25mg, 50mg</i>	1B	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 75mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 100mg, 150mg</i>	1B	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tb24 25mg, 50mg</i>	1B	QL (30 tabs every 25 days); (generic of Pristiq); +
<i>desvenlafaxine succinate tb24 100mg</i>	1B	QL (120 tabs every 25 days); (generic of Pristiq); +
<i>doxepin hcl caps 10mg, 25mg, 50mg</i>	1B	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 75mg</i>	1B	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 100mg, 150mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10mg/ml</i>	1B	QL (450 mL every 30 days); QL applies to members age 65 and older

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44

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>	1B	
EMSAM PT24 6MG/24HR, 12MG/24HR	3	PA, QL (30 patches every 30 days)
EMSAM PT24 9MG/24HR	3	PA
<i>escitalopram oxalate soln 5mg/5ml</i>	1B	
<i>escitalopram oxalate tabs 5mg, 10mg, 20mg</i>	1A	+
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	3	PA, QL (30 caps every 25 days)
FETZIMA CAP TITRATIO	3	PA, QL (30 caps every 25 days)
<i>fluoxetine hcl caps 10mg, 20mg, 40mg</i>	1A	
<i>fluoxetine hcl cpdr 90mg; soln 20mg/5ml</i>	1B	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	1B	(generic Sarafem not covered)
<i>fluvoxamine maleate cp24 100mg, 150mg</i>	1B	
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	1A	
<i>imipramine hcl tabs 10mg, 25mg</i>	1B	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tabs 50mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 75mg, 100mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 125mg, 150mg</i>	1B	
<i>maprotiline hcl tabs 25mg, 50mg, 75mg</i>	1B	
MARPLAN TABS 10MG	3	
<i>mirtazapine tabs 7.5mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1B	
<i>mirtazapine tabs 15mg</i>	1A	
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1B	
<i>nortriptyline hcl caps 10mg</i>	1B	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 25mg</i>	1B	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 50mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 75mg</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl soln 10mg/5ml</i>	1B	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg</i>	1A	+
<i>paroxetine hcl tb24 12.5mg, 25mg, 37.5mg</i>	1B	+
<i>phenelzine sulfate tabs 15mg</i>	1B	
<i>protriptyline hcl tabs 5mg</i>	1B	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tabs 10mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl conc 20mg/ml</i>	1B	
<i>sertraline hcl tabs 25mg, 50mg, 100mg</i>	1A	
<i>tranylcypromine sulfate tabs 10mg</i>	1B	
<i>trazodone hcl tabs 50mg, 100mg, 150mg</i>	1A	
<i>trazodone hcl tabs 300mg</i>	1B	
<i>trimipramine maleate caps 25mg, 50mg</i>	1B	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate caps 100mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1A	+
<i>venlafaxine hcl tb24 37.5mg, 75mg, 150mg</i>	1B	+
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	1B	QL (30 tabs every 30 days)
ZURZUVAE CAPS 20MG, 25MG	4	SP, PA, QL (28 capsules for 14 days)
ZURZUVAE CAPS 30MG	4	SP, PA, QL (14 capsules for 14 days)

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	1B	
<i>apomorphine hydrochloride soct 30mg/3ml</i>	4	SP, PA, QL (20 cartridges every 25 days)
<i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1B	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	1B	
<i>carbidopa tabs 25mg</i>	1B	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1B	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1B	
<i>carbidopa & levodopa tab 10-100 mg</i>	1B	
<i>carbidopa & levodopa tab 25-100 mg</i>	1B	
<i>carbidopa & levodopa tab 25-250 mg</i>	1B	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1B	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1B	
<i>entacapone tabs 200mg</i>	1B	
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
ONAPGO SOCT 98MG/20ML	4	SP, PA, QL (30 cartridges per 30 days)
ONGENTYS CAPS 25MG, 50MG	2	QL (30 caps every 30 days)
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1B	
<i>rasagiline mesylate tabs 1mg</i>	1B	PA
<i>rasagiline mesylate tabs .5mg</i>	1B	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1B	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1B	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1B	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	2	QL (1 Injection every 56 days)
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	2	QL (1 injection every 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole soln 1mg/ml</i>	2	PA, QL (450 mL every 30 days)
<i>aripiprazole tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	1B	
<i>aripiprazole tbdp 10mg, 15mg</i>	1B	PA, QL (30 tablets every 30 days)
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	2	QL (1 syringe every 28 days)
ARISTADA PRSY 1064MG/3.9ML	2	QL (1 syringe every 56 days)
ARISTADA INITIO PRSY 675MG/2.4ML	2	QL (1 kit every 365 days)
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	2	PA
CAPLYTA CAPS 10.5MG, 21MG, 42MG	3	PA, QL (30 caps every 30 days)
CHLORPROMAZINE HCL SOLN 25MG/ML, 50MG/2ML	1B	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	1B	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	1B	
COBENFY CAP 50-20MG	3	PA, QL (60 caps every 30 days)
COBENFY CAP 100-20MG	3	PA, QL (60 caps every 30 days)
COBENFY CAP 125-30MG	3	PA, QL (60 caps every 30 days)
COBENFY STRT CAP PACK	3	PA, QL (60 caps every 30 days)
<i>fluphenazine decanoate soln 25mg/ml</i>	1B	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	1B	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1B	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	1B	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	1B	
INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	2	QL (1 injection every 25 days)
INVEGA TRINZA SUSY 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	2	QL (1 injection every 84 days)
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 120mg</i>	2	PA, QL (30 tabs / 30 days)
<i>lurasidone hcl tabs 80mg</i>	2	PA, QL (60 tabs / 30 days)
<i>olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	1B	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	1B	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	1B	
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg</i>	1A	
<i>quetiapine fumarate tabs 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	1B	
REXULTI TABS .25MG, .5MG, 1MG, 2MG, 3MG, 4MG	3	PA, QL (30 tabs every 30 days)
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1B	
<i>risperidone microspheres srer 12.5mg, 25mg, 37.5mg, 50mg</i>	1B	QL (2 injections every 25 days)
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1B	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	1B	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	1B	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1B	
ZYPREXA RELPREVV SUSR 210MG, 300MG	2	QL (2 injections every 25 days)
ZYPREXA RELPREVV SUSR 405MG	2	QL (1 injection every 25 days)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine sulfate tabs 10mg</i>	1B	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1B	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1B	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1B	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1B	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1B	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1B	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1B	QL (90 tabs every 30 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans

49

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1B	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1B	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1B	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1B	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1B	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1B	QL (60 tabs every 30 days)
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 100mg</i>	1B	
<i>atomoxetine hcl caps 60mg, 80mg</i>	1B	QL (30 caps every 30 days)
AZSTARYS CAP 26.1-5.2	3	PA, QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	3	PA, QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	3	PA, QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	1B	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	1B	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	1B	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1B	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg</i>	1B	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1B	QL (2,160 mL every 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	1B	QL (120 tabs every 30 days)
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1B	QL (30 tabs every 30 days)
<i>methamphetamine hcl tabs 5mg</i>	3	QL (150 tabs every 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; tabs 5mg, 10mg</i>	1B	QL (180 tabs every 30 days)
<i>methylphenidate hcl cp24 20mg, 30mg; cpcr 10mg, 20mg, 30mg</i>	1B	QL (60 caps every 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg</i>	1B	QL (30 caps every 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	1B	QL (2,160 mL every 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	1B	QL (1080 mL every 30 days)

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tabs 20mg; tbc</i> 10mg, 20mg	1B	QL (90 tabs every 30 days)
<i>methylphenidate hcl tb24 18mg, 27mg, 36mg; tbc</i> 18mg, 27mg, 36mg	1B	QL (60 tabs every 30 days)
<i>methylphenidate hcl tb24 54mg; tbc</i> 54mg	1B	QL (30 tabs every 30 days)
FIBROMYALGIA		
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	3	PA, QL (60 tablets every 30 days)
SAVELLA MIS TITR PAK	3	PA, QL (60 tablets every 30 days)
HYPNOTICS		
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	2	PA, QL (30 tabs every 30 days); +
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	2	QL (30 tabs every 30 days); +
<i>doxylamine succinate (sleep) tabs 25mg</i>	1B	OTC; +
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1B	QL (30 tablets every 30 days); +
<i>ramelteon tabs 8mg</i>	1B	QL (30 tabs every 25 days); +
<i>tasimelteon caps 20mg</i>	4	SP, PA, QL (30 caps every 30 days); +
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1B	QL (15 caps every 25 days); +
<i>zaleplon caps 5mg</i>	1B	QL (30 caps every 30 days); +
<i>zaleplon caps 10mg</i>	1B	QL (60 caps every 30 days); +
<i>zolpidem tartrate tabs 5mg, 10mg; tbc</i> 6.25mg, 12.5mg	1B	QL (30 tablets every 30 days); +
MIGRAINE		
AIMOVIG SOAJ 70MG/ML, 140MG/ML	2	PA, QL (1 injection every 25 days); +
<i>almotriptan malate tabs 6.25mg</i>	1B	QL (18 tabs every 25 days); +
<i>almotriptan malate tabs 12.5mg</i>	1B	QL (12 tabs every 25 days); +
<i>eletriptan hydrobromide tabs 20mg</i>	1B	QL (18 tabs every 25 days); +
<i>eletriptan hydrobromide tabs 40mg</i>	1B	QL (12 tabs every 25 days); +
EMGALITY SOAJ 120MG/ML; SOSY 120MG/ML	2	PA, QL (2 injections every 25 days); +

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOSY 100MG/ML	2	PA, QL (3 injections every 25 days); +
ERGOMAR SUBL 2MG	3	QL (20 tabs every 28 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>frovatriptan succinate tabs 2.5mg</i>	1B	ST, QL (12 tabs every 30 days)
<i>naratriptan hcl tabs 1mg</i>	1B	QL (18 tabs every 25 days); +
<i>naratriptan hcl tabs 2.5mg</i>	1B	QL (12 tabs every 25 days); +
QULIPTA TABS 10MG, 30MG, 60MG	2	PA, QL (30 tabs every 30 days); +
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	1A	QL (27 tabs every 25 days); +
<i>rizatriptan benzoate tabs 10mg; tbdp 10mg</i>	1A	QL (18 tabs every 25 days); +
<i>sumatriptan soln 5mg/act</i>	2	QL (36 sprays every 25 days); +
<i>sumatriptan soln 20mg/act</i>	2	QL (12 sprays every 25 days); +
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	2	QL (18 syringes every 25 days); +
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; sosy 6mg/0.5ml</i>	2	QL (12 units every 25 days); +
<i>sumatriptan succinate soln 6mg/0.5ml</i>	2	QL (12 vials every 25 days); +
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	1A	QL (18 tabs every 25 days); +
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	3	ST, QL (9 tabs every 25 days); PA**; +
UBRELVY TABS 50MG, 100MG	2	PA, QL (16 tabs every 30 days); +
<i>zolmitriptan soln 2.5mg</i>	1B	QL (18 sprays every 25 days); +
<i>zolmitriptan soln 5mg</i>	1B	QL (12 sprays every 25 days); +
<i>zolmitriptan tabs 2.5mg; tbdp 2.5mg</i>	1B	QL (18 tabs every 25 days); +
<i>zolmitriptan tabs 5mg; tbdp 5mg</i>	1B	QL (12 tabs every 25 days); +
MISCELLANEOUS		
GUANIDINE HCL TABS 125MG	3	
<i>lithium soln 8meq/5ml</i>	1B	
<i>lithium carbonate caps 150mg, 300mg, 600mg</i>	1A	

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 52
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate tabs 300mg; tbc</i> 300mg, 450mg	1B	
NUDEXTA CAP 20-10MG	2	PA, QL (60 caps every 30 days)
<i>pimozide tabs 1mg, 2mg</i>	1B	
<i>pyridostigmine bromide soln 60mg/5ml; tbc</i> 180mg	2	
<i>pyridostigmine bromide tabs 60mg</i>	1B	
<i>riluzole tabs 50mg</i>	1B	

MOVEMENT DISORDERS

AUSTEDO TABS 6MG, 9MG, 12MG	4	SP, PA, QL (60 tablets every 30 days)
AUSTEDO XR TB24 6MG, 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG	4	SP, PA, QL (30 tablets every 30 days)
AUSTEDO XR TAB TITR KIT	4	SP, PA, QL (28 tablets per year)
<i>tetrabenazine tabs 12.5mg</i>	4	SP, PA, QL (120 tabs every 30 days)
<i>tetrabenazine tabs 25mg</i>	4	SP, PA, QL (60 tabs every 30 days)

MULTIPLE SCLEROSIS AGENTS

AVONEX KIT 30MCG/VIAL	5	PA, QL (4 injections every 28 days)
AVONEX PSKT 30MCG/0.5ML	5	SP, PA, QL (4 injections every 28 days); +
AVONEX PEN AJKT 30MCG/0.5ML	5	SP, PA, QL (4 injections every 28 days); +
BETASERON KIT .3MG	4	SP, PA, QL (14 injections every 28 days); +
COPAXONE SOSY 20MG/ML	4	SP, PA, QL (30 injections every 30 days); +
COPAXONE SOSY 40MG/ML	4	SP, PA, QL (12 syringes every 28 days); +
<i>dalfampridine tb12 10mg</i>	5	SP, PA, QL (60 tabs every 30 days); +
<i>dimethyl fumarate cpdr 120mg</i>	4	SP, PA, QL (14 caps every 28 days); +
<i>dimethyl fumarate cpdr 240mg</i>	4	SP, PA, QL (60 caps every 30 days); +
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	SP, PA, QL (1 kit every 30 days); +
<i>fingolimod hcl caps .5mg</i>	4	SP, PA, QL (30 caps every 30 days); +

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SOAJ 125MCG/0.5ML; SOSY 125MCG/0.5ML	5	SP, PA, QL (1 carton every 28 days)
PLEGRIDY INJ STARTER	5	SP, PA, QL (1 kit every 28 days)
PLEGRIDY PEN INJ STARTER	5	SP, PA, QL (1 pack every 28 days)
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	4	SP, PA, QL (12 syringes every 28 days); +
REBIF REBIDO INJ TITRATN	4	SP, PA, QL (1 box every 28 days)
REBIF REBIDOSE SOAJ 22MCG/0.5ML	4	SP, PA, QL (12 syringes every 28 days)
REBIF REBIDOSE SOAJ 44MCG/0.5ML	4	SP, PA, QL (12 syringes every 28 days); +
REBIF TITRTN INJ PACK	4	SP, PA, QL (1 box every 28 days)
<i>teriflunomide tabs 7mg, 14mg</i>	4	SP, PA, QL (30 tabs every 30 days); +
TYSABRI CONC 300MG/15ML	4	SP, PA, QL (1 vial every 28 days)
ZEPOSIA CAPS .92MG	4	SP, PA, QL (30 every 30 Days); +
ZEPOSIA 7DAY CAP STR PACK	4	SP, PA, QL (1 every 365 Days)
ZEPOSIA CAP STR KIT	4	SP, PA, QL (1 kit every 365 days)
ZEPOSIA CAP STR KIT	4	SP, PA, QL (1 kit every 365 days); +

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tabs 5mg, 10mg, 20mg</i>	1B	
<i>carisoprodol tabs 350mg</i>	1A	
<i>chlorzoxazone tabs 500mg</i>	1B	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	1A	
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	1B	
<i>metaxalone tabs 800mg</i>	2	
<i>methocarbamol tabs 500mg, 750mg</i>	1B	
<i>orphenadrine citrate soln 30mg/ml; tb12 100mg</i>	1B	
<i>tizanidine hcl tabs 2mg, 4mg</i>	1A	

NARCOLEPSY/CATAPLEXY

<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1B	PA, QL (30 tabs every 30 days)
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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	4	SP, PA, QL (30 packets every 30 days)
LUMRYZ PAK STARTER	4	SP, PA, QL (1 pack per 365 days)
<i>modafinil tabs 100mg, 200mg</i>	1B	QL (30 tabs every 30 days)
WAKIX TABS 4.45MG, 17.8MG	4	SP, PA, QL (60 tablets every 30 days)

OPIOID ANTAGONIST

KLOXXADO LIQD 8MG/0.1ML	2	
<i>naloxone hcl liqd 4mg/0.1ml</i>	1B	
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy .4mg/ml, 2mg/2ml</i>	1A	
<i>naltrexone hcl tabs 50mg</i>	0	\$0 copay
OPVEE SOLN 2.7MG/0.1ML	2	
REXTOVY LIQD 4MG/0.25ML	2	
RIVIVE SPR 3/0.1ML	2	OTC
VIVITROL SUSR 380MG	1A	QL (1 vial every 28 days)
ZIMHI SOSY 5MG/0.5ML	2	
ZURNAI SOAJ 1.5MG/0.5ML	2	

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	0	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine lozg 2mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr lozg 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2mg, 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3 pt24 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTINE SYS KIT TRANSDER	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10MG	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10MG/ML	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
VARENICLINE TARTRATE TABS .5MG, 1MG	0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	0	\$0 limited to 2 treatment cycles/year
CEPHALOSPORINS		
CEPHALOSPORINS - 3RD GENERATION		
<i>ceftazidime solr 6gm</i>	1B	
DERMATOLOGICALS		
ANTIBIOTICS - TOPICAL		
ALTABAX OINT 1%	2	
XEPI CREA 1%	2	
ANTIFUNGALS - TOPICAL		
<i>luliconazole crea 1%</i>	1B	
<i>oxiconazole nitrate crea 1%</i>	2	PA
ANTIVIRALS - TOPICAL		
<i>acyclovir topical oint 5%</i>	1B	
ECZEMA AGENTS		
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	4	SP, PA, QL (2 syringes every 28 days)
MISC. TOPICAL		
DRYSOL SOLN 20%	2	
XERAC AC SOLN 6.25%	2	
DIURETICS		
LOOP DIURETICS		
FUROSCIX CTKT 80MG/10ML	4	ST, QL (5 kits every 3 months); +
ENDOCRINE AND METABOLIC		
ACROMEGALY		
<i>lanreotide acetate soln 120mg/0.5ml</i>	4	SP, PA, QL (1 injection every 28 days)
<i>octreotide acetate kit 10mg, 20mg, 30mg</i>	4	SP, PA
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	4	SP, PA, QL (90 ml every 30 days)
<i>octreotide acetate soln 200mcg/ml</i>	4	SP, PA, QL (225 ml every 30 days)
<i>octreotide acetate soln 1000mcg/ml</i>	4	SP, PA, QL (45 ml every 30 days)
OCTREOTIDE ACETATE SOSY 50MCG/ML, 100MCG/ML, 500MCG/ML	4	SP, PA, QL (90 mL every 30 days)
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML	4	SP, PA, QL (1 injection every 28 days)

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG	4	SP, PA, QL (30 vials every 30 days)
ANDROGENS		
ANADROL-50 TABS 50MG	3	PA
depo-testosterone soln 200mg/ml	1B	PA
INTRAROSA INST 6.5MG	3	+
methyltestosterone caps 10mg	3	PA
oxandrolone tabs 2.5mg, 10mg	1B	
testosterone gel 10mg/act, 25mg/2.5gm	1B	PA
testosterone cypionate soln 100mg/ml, 200mg/ml	1B	PA
testosterone enanthate soln 200mg/ml	1B	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tabs 25mg, 50mg, 100mg	1B	
miglitol tabs 25mg, 50mg, 100mg	1B	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500MCG/1.5ML	3	ST; PA**
SYMLINPEN 120 SOPN 2700MCG/2.7ML	3	ST; PA**
ANTIDIABETICS, BIGUANIDE		
metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg	1A	
metformin hcl tabs 850mg	1A	\$0 copay for members age 35-70 for prevention of diabetes
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	1A	
glipizide-metformin hcl tab 2.5-500 mg	1A	
glipizide-metformin hcl tab 5-500 mg	1A	
glyburide-metformin tab 1.25-250 mg	1A	
glyburide-metformin tab 2.5-500 mg	1A	
glyburide-metformin tab 5-500 mg	1A	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg	1B	
ZITUVIO TABS 25MG, 50MG, 100MG	2	QL (30 tabs every 30 days)
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
ZITUVIMET TAB 50-500MG	2	QL (60 tabs every 30 days)
ZITUVIMET TAB 50-1000	2	QL (60 tabs every 30 days)
ZITUVIMET XR TAB 50-500MG	2	QL (60 tabs every 30 days)
ZITUVIMET XR TAB 50-1000	2	QL (60 tabs every 30 days)
ZITUVIMET XR TAB 100-1000	2	QL (60 tabs every 30 days)

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
<i>liraglutide sopn 18mg/3ml</i>	1B	PA, QL (3 pens every 30 days)
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	2	PA, QL (4 pens every 28 days)
OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML	2	PA, QL (1 pen every 28 days)
OZEMPIC SOPN 8MG/3ML	2	PA, QL (1 pen every 30 days)
RYBELSUS TABS 1.5MG, 3MG, 4MG, 7MG, 9MG, 14MG	2	PA, QL (30 tablets every 30 days)
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	PA, QL (4 pens every 28 days)
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	ST, QL (6 pens every 30 days); PA**; INS
XULTOPHY INJ 100/3.6	2	ST, QL (5 pens every 30 days); PA**; INS
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN SOPN 100UNIT/ML	2	INS
BASAGLAR TEMPO PEN SOPN 100UNIT/ML	2	INS
FIASP SOLN 100UNIT/ML	2	QL (60mL every 30 days); INS
FIASP FLEXTOUCH SOPN 100UNIT/ML	2	QL (60mL every 30 days); INS
FIASP PENFILL SOCT 100UNIT/ML	2	QL (60mL every 30 days); INS
FIASP PUMPCART SOCT 100UNIT/ML	2	QL (60mL every 30 days); INS
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	2	INS
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	2	INS
INSULIN LISPRO SOLN 100UNIT/ML	2	INS
LEVEMIR SOLN 100UNIT/ML	2	INS
LEVEMIR FLEXPEN SOPN 100UNIT/ML	2	INS
NOVOLIN INJ 70/30	1A	QL (60mL every 30 days), OTC; RELION not covered; INS
NOVOLIN INJ 70/30 FP	2	QL (60mL every 30 days), OTC; RELION not covered; INS

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N SUSP 100UNIT/ML	1A	QL (60mL every 30 days), OTC; RELION not covered; INS
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	2	QL (60mL every 30 days), OTC; RELION not covered; INS
NOVOLIN R SOLN 100UNIT/ML	1A	QL (60mL every 30 days), OTC; RELION not covered; INS
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	2	QL (60mL every 30 days), OTC; RELION not covered; INS
NOVOLOG SOLN 100UNIT/ML	2	QL (60mL every 30 days); INS
NOVOLOG FLEXPEN SOPN 100UNIT/ML	2	QL (60mL every 30 days); INS
NOVOLOG MIX INJ 70/30	2	QL (60mL every 30 days); INS
NOVOLOG MIX INJ FLEXPEN	2	QL (60mL every 30 days); INS
NOVOLOG PENFILL SOCT 100UNIT/ML	2	QL (60mL every 30 days); INS
TRESIBA SOLN 100UNIT/ML	2	INS
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	2	INS

ANTIDIABETICS, INSULIN SENSITIZER

<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1A
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ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1B
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<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1B
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ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1B
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<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1B
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ANTIDIABETICS, MEGLITINIDE

<i>nateglinide tabs 60mg, 120mg</i>	1B
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<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1B
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ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO

SYNJARDY TAB	2	QL (60 tabs every 30 days)
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SYNJARDY TAB 5-500MG	2	QL (60 tabs every 30 days)
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SYNJARDY TAB 5-1000MG	2	QL (60 tabs every 30 days)
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SYNJARDY TAB 12.5-500	2	QL (60 tabs every 30 days)
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SYNJARDY XR TAB	2	QL (60 tabs every 30 days)
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SYNJARDY XR TAB 5-1000MG	2	QL (60 tabs every 30 days)
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+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 59

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 10-1000	2	QL (30 tabs every 30 days)
SYNJARDY XR TAB 25-1000	2	QL (30 tabs every 30 days)
XIGDUO XR TAB 2.5-1000	2	QL (60 tabs every 30 days)
XIGDUO XR TAB 5-500MG	2	QL (30 tabs every 30 days)
XIGDUO XR TAB 5-1000MG	2	QL (60 tabs every 30 days)
XIGDUO XR TAB 10-500MG	2	QL (30 tabs every 30 days)
XIGDUO XR TAB 10-1000	2	QL (30 tabs every 30 days)

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

GLYXAMBI TAB 10-5 MG	2	QL (30 tabs every 30 days)
GLYXAMBI TAB 25-5 MG	2	QL (30 tabs every 30 days)

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB

FARXIGA TABS 5MG, 10MG	2	QL (30 tabs every 30 days); +
JARDIANCE TABS 10MG, 25MG	2	QL (30 tabs every 30 days); +

ANTIDIABETICS, SULFONYLUREA

<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1B	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	1A	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1A	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1A	

BISPHOSPHONATES

<i>alendronate sodium soln 70mg/75ml</i>	1B	+
<i>alendronate sodium tabs 5mg, 10mg, 35mg, 70mg</i>	1A	+
<i>ibandronate sodium soln 3mg/3ml; tabs 150mg</i>	1B	+
<i>pamidronate disodium soln 30mg/10ml, 90mg/10ml; solr 30mg, 90mg</i>	1B	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	1B	+
<i>zoledronic acid conc 4mg/5ml; soln 5mg/100ml</i>	4	SP; +

CALCIUM RECEPTOR AGONISTS

<i>cinacalcet hcl tabs 30mg, 60mg</i>	4	SP, PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tabs 90mg</i>	4	SP, PA, QL (120 tabs every 30 days)

CHELATING AGENTS

CHEMET CAPS 100MG	3	
<i>deferiprone tabs 500mg, 1000mg</i>	4	SP, PA
FERRIPROX SOLN 100MG/ML	4	SP, PA

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 60
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
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Drug Name	Drug Tier	Requirements/Limits
FERRIPROX TWICE-A-DAY TABS 1000MG	4	SP, PA
<i>kionex susp 15gm/60ml</i>	1B	
LOKELMA PACK 5GM, 10GM	3	PA, QL (900g every 30 days)
<i>penicillamine tabs 250mg</i>	3	SP
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	1B	
CONTRACEPTIVES		
<i>altavera</i>	0	
<i>alyacen 1/35</i>	0	
<i>alyacen 7/7/7</i>	0	
<i>amethia</i>	0	
<i>amethyst</i>	0	
ANNOVERA MIS	0	QL (1 every 300 days)
<i>apri</i>	0	
<i>aranelle</i>	0	
<i>ashlyna</i>	0	
AVERI TAB	0	
<i>aviane</i>	0	
<i>azurette</i>	0	
<i>camila tabs .35mg</i>	0	
CAYA DPR	0	QL (1 every 300 days)
<i>caziant</i>	0	
<i>chateal</i>	0	
CONDOMS MIS	0	QL (12 condoms every 30 days), OTC
<i>cryselle-28</i>	0	
<i>cyclafem 1/35</i>	0	
<i>cyclafem 7/7/7</i>	0	
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	
<i>delyla</i>	0	
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	0	QL (4 injections every 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</i>	0	
ELLA TABS 30MG	0	
<i>emoquette</i>	0	
ENCARE SUPP 100MG	0	OTC
<i>enilloring</i>	0	QL (13 every 300 days)

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	
<i>errin tabs .35mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	0	QL (13 every 300 days)
<i>falmina</i>	0	
FC2 FEMALE MIS CONDOM	0	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	0	QL (1 every 300 days)
FEMCAP MIS 26MM	0	QL (1 every 300 days)
FEMCAP MIS 30MM	0	QL (1 every 300 days)
FEMLYV TAB 1/0.02MG	0	
<i>gianvi</i>	0	
<i>heather tabs .35mg</i>	0	
<i>introvale</i>	0	
<i>jolessa</i>	0	
<i>jolivette tabs .35mg</i>	0	
<i>joyeaux</i>	0	
<i>junel 1.5/30</i>	0	+
<i>junel 1/20</i>	0	+
<i>junel fe 1.5/30</i>	0	+
<i>junel fe 1/20</i>	0	+
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	
<i>kurvelo</i>	0	
KYLEENA IUD 19.5MG	0	QL (1 every 300 days)
<i>larin 1.5/30</i>	0	+
<i>leena</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	0	OTC
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	0	

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>levora 0.15/30-28</i>	0	
LILETTA IUD 20.1MCG/DAY	0	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	0	
<i>loryna</i>	0	
<i>low-ogestrel</i>	0	
<i>lutra</i>	0	
<i>marlissa</i>	0	
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	0	QL (1 injection every 84 days); +
<i>microgestin 1.5/30</i>	0	+
<i>minzoya</i>	0	
MIRENA IUD 20MCG/DAY	0	QL (1 every 300 days)
MIUDELLA IUD COPPER	0	QL (1 every 300 days)
<i>mono-lynyah</i>	0	
<i>myzilra</i>	0	
NATAZIA TAB	0	
<i>necon 0.5/35-28</i>	0	
NEXPLANON IMPL 68MG	0	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	0	
<i>nikki</i>	0	
<i>nora-be tabs .35mg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone (contraceptive) tabs .35mg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	+
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</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 0.5/35 (28)</i>	0	

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
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Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 1/35</i>	0	
<i>nortrel 7/7/7</i>	0	
<i>nylia 1/35</i>	0	
<i>ocella</i>	0	
<i>ogestrel</i>	0	
OMNIFLEX DPR	0	QL (1 every 300 days)
OPILL TABS .075MG	0	QL (28 tablets every 28 days), OTC; Rx required
OPTIONS GYNOL II VAGINAL GEL 3%	0	OTC
<i>orsythia</i>	0	
PARAGARD IUD T380A	0	QL (1 every 300 days)
PHEXX GEL	0	QL (60g every 30 days)
<i>portia-28</i>	0	
<i>previfem</i>	0	
<i>quasense</i>	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
SKYLA IUD 13.5MG	0	QL (1 every 300 days)
SLYND TABS 4MG	0	
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
TODAY SPONGE MISC 1000MG	0	OTC
<i>tri-linyah</i>	0	
<i>tri-sprintec</i>	0	
<i>trinessa</i>	0	
<i>trivora-28</i>	0	
<i>turqoz</i>	0	
TWIRLA DIS 120-30	0	
TYBLUME CHW 0.1-0.02	0	
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4%	0	OTC
<i>velivet</i>	0	
<i>viorele</i>	0	
<i>wera</i>	0	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	0	QL (1 every 300 days)
<i>xulane</i>	0	
<i>zenchent</i>	0	
<i>zovia 1/35</i>	0	
CUSHING'S DISEASE		
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	5	SP, PA, QL (60 ampules every 30 days)

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ENDOMETRIOSIS		
<i>danazol caps 50mg, 100mg, 200mg</i>	1B	
ORILISSA TABS 150MG	3	PA, QL (30 tablets every 30 days)
ORILISSA TABS 200MG	3	PA, QL (60 tablets every 30 days)
SYNAREL SOLN 2MG/ML	5	PA
ENZYME REPLACEMENTS		
<i>betaine powder for oral solution</i>	4	SP, PA
<i>carglumic acid tbs 200mg</i>	4	SP, PA
CERDELGA CAPS 84MG	4	SP, PA, QL (56 caps every 28 days)
CYSTAGON CAPS 50MG, 150MG	4	SP, PA
<i>glycerol phenylbutyrate liqd 1.1gm/ml</i>	5	SP, PA, QL (525 mL every 30 days)
MYALEPT SOLR 11.3MG	4	SP, PA, QL (30 vials every 30 days)
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	4	SP, PA
ORFADIN SUSP 4MG/ML	4	SP, PA
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	4	SP, PA
<i>sodium phenylbutyrate powd 3gm/tsp</i>	4	SP, PA, QL (600g every 30 days)
<i>sodium phenylbutyrate tabs 500mg</i>	4	SP, PA, QL (1200 tabs every 30 days)
STRENSIQ SOLN 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	4	SP, PA
YORVIPATH SOPN 168MCG/0.56ML, 294MCG/0.98ML, 420MCG/1.4ML	4	SP, PA, QL (2 pens every 28 days)
ESTROGENS		
CLIMARA PRO DIS WEEKLY	2	QL (4 patches every 28 days); +
DEPO-ESTRADIOL OIL 5MG/ML	3	+
DUAVEE TAB 0.45-20	2	+
ELESTRIN GEL .06%	3	+
<i>estradiol gel .25mg/0.25gm, .5mg/0.5gm, 1mg/gm</i>	1B	+
<i>estradiol gel .75mg/0.75gm, 1.25mg/1.25gm</i>	1B	
<i>estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1B	QL (8 patches every 28 days); +
<i>estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	1B	QL (4 patches every 28 days); +

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol tabs .5mg, 1mg, 2mg</i>	1A	+
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1B	+
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1B	+
<i>estradiol vaginal crea .1mg/gm</i>	1B	+
<i>estradiol valerate oil 20mg/ml</i>	1B	QL (1 vial every 28 days); +
<i>estradiol valerate oil 40mg/ml</i>	1B	+
ESTROGEL GEL .06%	3	QL (50 g every 30 days); +
EVAMIST SOLN 1.53MG/SPRAY	3	+
IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG	3	QL (18 supps every 28 days); +
IMVEXXY STARTER PACK INST 4MCG, 10MCG	3	QL (1 starter pack per year); +
<i>jinteli</i>	1B	+
MENEST TABS .3MG, .625MG, 1.25MG, 2.5MG	3	+
<i>mimvey</i>	1B	+
<i>mimvey lo</i>	1B	+
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1B	+
PREMARIN CREA .625MG/GM	2	QL (30 g every 30 days); +
PREMARIN SOLR 25MG	3	+
PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	3	QL (30 tablets every 30 days); +
<i>yuvaferm tabs 10mcg</i>	1B	+
GLUCOCORTICOIDS		
<i>cortisone acetate tabs 25mg</i>	1B	
DEPO-MEDROL SUSP 20MG/ML	3	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs 1mg, 2mg</i>	1B	
<i>dexamethasone tabs .5mg, .75mg, 1.5mg, 4mg, 6mg</i>	1A	
DEXAMETHASONE INTENSOL CONC 1MG/ML	2	
<i>dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	1B	
<i>fludrocortisone acetate tabs .1mg</i>	1B	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	1A	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1B	
<i>methylprednisolone acetate susp 40mg/ml, 80mg/ml</i>	1B	
<i>methylprednisolone sod succ solr 40mg, 125mg, 1000mg</i>	1B	

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone soln 15mg/5ml</i>	1B	
<i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	1B	
<i>prednisone soln 5mg/5ml; tabs 50mg; tbpk 5mg, 10mg</i>	1B	
<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg</i>	1A	
PREDNISONE INTENSOL CONC 5MG/ML	2	
GLUCOSE ELEVATING AGENTS		
<i>glucagon (rdna) solr 1mg</i>	1B	
INSTA-GLUCOSE GEL 77.4%	2	OTC
HUMAN GROWTH HORMONE SUPPLIES		
HUMATROPEN MIS FOR 6MG	2	OTC
HUMATROPEN MIS FOR 12MG	2	OTC
HUMATROPEN MIS FOR 24MG	2	OTC
HUMAN GROWTH HORMONES		
HUMATROPE CART 6MG, 12MG, 24MG	4	SP, PA
HUMATROPE COMBO PACK SOLR 5MG	4	PA
NORDITROPIN FLEXPLO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	4	SP, PA
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
SUPPRELIN LA KIT 50MG	4	SP, PA
TRIPTODUR SRER 22.5MG	4	SP, PA, QL (1 injection every 168 days)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10MG, 20MG, 40MG	3	PA, QL (30 tabs every 30 days)
MISCELLANEOUS		
<i>cabergoline tabs .5mg</i>	1B	
<i>calcitonin (salmon) soln 200unit/act</i>	1B	
INCRELEX SOLN 40MG/4ML	4	SP, PA
<i>misoprostol tabs 100mcg, 200mcg</i>	1B	
PREGNYL W/DILUENT BENZYL SOLR 10000UNIT	4	SP, PA
<i>raloxifene hcl tabs 60mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer; +
<i>tolvaptan tabs 15mg, 30mg; tbpk 15mg</i>	4	SP, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	4	SP, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	4	SP, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	4	SP, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	4	SP, PA

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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Drug Name	Drug Tier	Requirements/Limits
OSTEOPOROSIS		
JUBBONTI SOSY 60MG/ML	4	SP, QL (60mg every 24 weeks)
STOBOCLO SOSY 60MG/ML	4	SP, QL (60mg every 24 weeks)
TYMLOS SOPN 3120MCG/1.56ML	4	SP, PA, QL (1 pen every 30 days)
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	1B	
lanthanum carbonate chew 500mg, 750mg, 1000mg	1B	PA
sevelamer carbonate tabs 800mg	1B	
VELPHORO CHEW 500MG	3	PA
PROGESTINS		
CRINONE GEL 4%, 8%	2	
medroxyprogesterone acetate tabs 2.5mg, 10mg	1A	+
medroxyprogesterone acetate tabs 5mg	1B	+
norethindrone acetate tabs 5mg	1B	+
progesterone caps 100mg, 200mg	1B	
THYROID AGENTS		
ADTHYZA TABS 15MG, 30MG, 60MG, 90MG, 120MG	1B	+
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	1B	+
levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1B	+
levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1B	+
liothyronine sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg	1B	+
methimazole tabs 5mg, 10mg	1B	+
NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	1B	+
NP THYROID 15 TABS 15MG	1B	+
NP THYROID 30 TABS 30MG	1B	+
NP THYROID 60 TABS 60MG	1B	+
NP THYROID 90 TABS 90MG	1B	+
NP THYROID 120 TABS 120MG	1B	+
propylthiouracil tabs 50mg	1B	+

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	2	+
THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	1B	+
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg</i>	1B	+

VASOPRESSINS

<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	1B	
<i>desmopressin acetate spray soln .01%</i>	1B	
<i>desmopressin acetate spray refrigerated soln .01%</i>	2	

GASTROINTESTINAL

ANTICHOLINERGICS

<i>atropine sulfate sosy .25mg/5ml, 1mg/10ml</i>	1B	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg</i>	1B	
<i>ed-spaz tbdp .125mg</i>	1B	
<i>glycopyrrolate soln .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; tabs 1mg, 2mg</i>	1B	
<i>hyoscyamine sulfate subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	1B	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	1B	
<i>nulev tbdp .125mg</i>	1B	
<i>oscimin subl .125mg; tabs .125mg</i>	1B	
<i>oscimin sr tb12 .375mg</i>	1B	
<i>symax-sl subl .125mg</i>	1B	

ANTIDIARRHEALS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1B	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1B	
<i>loperamide hcl caps 2mg</i>	1B	
MOTOFEN TAB 1-0.025	3	

ANTIEMETICS

<i>aprepitant caps 40mg</i>	1B	QL (3 caps every 180 days)
<i>aprepitant caps 80mg</i>	1B	QL (4 caps every 21 days)
<i>aprepitant caps 125mg</i>	1B	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1B	QL (2 packs every 21 days)
<i>compro supp 25mg</i>	1B	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	1B	QL (60 caps every 25 days)
<i>granisetron hcl soln 1mg/ml, 4mg/4ml</i>	1B	QL (2 mL every 21 days)
<i>granisetron hcl tabs 1mg</i>	1B	QL (12 tabs every 21 days)
<i>meclizine hcl tabs 12.5mg, 25mg</i>	1B	

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	1B	
<i>ondansetron tbdp 4mg, 8mg</i>	1A	QL (60 tabs every 30 days)
<i>ondansetron hcl soln 4mg/2ml, 40mg/20ml</i>	1B	QL (20 mL every 21 days)
<i>ondansetron hcl soln 4mg/5ml</i>	1B	QL (200 mL every 21 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	1A	QL (60 tabs every 30 days)
<i>ondansetron hcl tabs 24mg</i>	1B	QL (2 tabs every 21 days)
<i>prochlorperazine supp 25mg</i>	1B	
<i>prochlorperazine edisylate soln 10mg/2ml, 50mg/10ml</i>	1B	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	1B	
<i>promethazine hcl soln 6.25mg/5ml, 25mg/ml, 50mg/ml; tabs 12.5mg, 25mg, 50mg</i>	1B	
SANCUSO PTCH 3.1MG/24HR	2	PA, QL (3 patches every 30 days)
<i>scopolamine pt72 1mg/3days</i>	1B	
<i>trimethobenzamide hcl caps 300mg</i>	1B	
VARUBI EMUL 166.5MG/92.5ML	2	
VARUBI TBPK 90MG	2	PA

H2-RECEPTOR ANTAGONISTS

<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1B	
<i>cimetidine hcl soln 300mg/5ml</i>	1B	
<i>famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg</i>	1B	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1B	
<i>nizatidine caps 150mg, 300mg; soln 15mg/ml</i>	1B	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium caps 750mg</i>	1B	
<i>budesonide cpep 3mg</i>	1B	PA; +
<i>colocort enem 100mg/60ml</i>	1B	
DIPENTUM CAPS 250MG	3	PA
<i>mesalamine cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm</i>	2	
<i>mesalamine tbec 800mg</i>	2	PA
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1B	+

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

LINZESS CAPS 72MCG, 145MCG, 290MCG	2	QL (30 caps every 30 days)
<i>lubiprostone caps 8mcg, 24mcg</i>	1B	

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

<i>alosetron hcl tabs .5mg, 1mg</i>	3	PA
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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
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Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
CLENPIQ SOL	2	QL (Limited to 1 every year); \$0 copay for members age 45 through 75
<i>enulose soln 10gm/15ml</i>	1B	
<i>generlac soln 10gm/15ml</i>	1B	
<i>lactulose soln 10gm/15ml</i>	1B	
PEG-PREP KIT	1B	\$0 copay for members age 45 through 75
PLENVU SOL	2	QL (Limited to 1 every year); \$0 copay for members age 45 through 75
SUFLAVE SOL	2	QL (Limited to 1 every year); \$0 copay for members age 45 through 75
SUTAB TAB	2	QL (Limited to 1 every year); \$0 copay for members age 45 through 75
MISCELLANEOUS		
<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	1B	PA
MOVANTIK TABS 12.5MG, 25MG	2	QL (30 tabs every 30 days)
<i>sucralfate tabs 1gm</i>	1B	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	1B	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 12000UNIT	2	PA
CREON CAP 24000UNIT	2	PA
CREON CAP 36000UNIT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNIT	2	PA
ZENPEP CAP 15000UNIT	2	PA
ZENPEP CAP 20000UNIT	2	PA
ZENPEP CAP 25000UNIT	2	PA
ZENPEP CAP 40000UNIT	2	PA

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 60000UNT	2	PA
PROTON PUMP INHIBITORS		
dexlansoprazole cpdr 30mg, 60mg	1B	PA, QL (30 caps every 30 days)
esomeprazole magnesium cpdr 20mg, 40mg	1B	QL (30 caps every 30 days)
esomeprazole magnesium pack 2.5mg, 5mg, 10mg, 20mg, 40mg	1B	PA; PA applies for members age 13 and older
esomeprazole sodium solr 40mg	1B	
lansoprazole cpdr 15mg, 30mg	1A	QL (30 caps every 30 days)
omeprazole cpdr 10mg, 20mg, 40mg	1A	QL (30 caps every 30 days)
pantoprazole sodium tbec 20mg, 40mg	1B	QL (30 tabs every 30 days)
rabeprazole sodium tbec 20mg	1B	QL (30 tabs every 30 days)
RECTAL, CORTICOSTEROIDS		
hydrocortisone (rectal) crea 1%	1B	
proctosol hc crea 2.5%	1B	
proctozone-hc crea 2.5%	1B	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl tb24 10mg	1B	
CARDURA XL TB24 4MG, 8MG	3	ST; PA**
dutasteride caps .5mg	1B	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1B	
finasteride tabs 5mg	1B	
silodosin caps 4mg, 8mg	1B	
tadalafil tabs 2.5mg, 5mg	1B	PA, QL (30 tablets every 30 days)
tamsulosin hcl caps .4mg	1B	
MISCELLANEOUS		
bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	1B	
ELMIRON CAPS 100MG	3	QL (90 caps every 30 days)
flavoxate hcl tabs 100mg	1B	
phenazopyridine tab 95mg tabs 95mg	1B	OTC
potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg	1B	
URINARY ANTISPASMODICS		
darifenacin hydrobromide tb24 7.5mg, 15mg	1B	
fesoterodine fumarate tb24 4mg, 8mg	3	PA, QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>mirabegron tb24 25mg, 50mg</i>	2	PA, QL (30 tablets every 30 days)
MYRBETRIQ SRER 8MG/ML	2	PA, QL (300 mL every 30 days)
<i>oxybutynin chloride soln 5mg/5ml</i>	1B	
<i>oxybutynin chloride tabs 5mg; tb24 5mg, 10mg, 15mg</i>	1B	+
<i>solifenacin succinate tabs 5mg, 10mg</i>	1B	
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	1B	
<i>tropium chloride cp24 60mg; tabs 20mg</i>	1B	

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal crea 2%</i>	1B	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal gel .75%</i>	1B	
<i>miconazole 3 supp 200mg</i>	1B	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	1B	

HEMATOLOGIC

ANTICOAGULANTS

ARGATRB/NACL INJ 50MG/50	3	
<i>argatroban soln 250mg/2.5ml</i>	1B	
ARGATROBAN INJ 125/125	3	
ARGATROBAN INJ 250/250	3	
ELIQUIS CPSP .15MG	2	PA, QL (112 caps every 28 days); PA applies for members age 13 and older
ELIQUIS TABS 2.5MG	2	QL (60 tablets every 30 days)
ELIQUIS TABS 5MG	2	QL (74 tablets every 30 days)
ELIQUIS TBSO .5MG	2	PA, QL (112 tabs every 28 days); PA applies for members age 13 and older
ELIQUIS 3X 0.5MG (1.5MG) TBSO .5MG	2	PA, QL (168 tabs every 28 days); PA applies for members age 13 and older
ELIQUIS 4X 0.5MG (2MG) TBSO .5MG	2	PA, QL (224 tabs every 28 days); PA applies for members age 13 and older
ELIQUIS STARTER PACK TBPK 5MG	2	QL (1 starter pack every 365 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	2	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	3	
FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML	3	
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	1B	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1A	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1A	
XARELTO SUSR 1MG/ML	2	PA, QL (20mL per day); PA applies for members age 13 and older
XARELTO TABS 2.5MG, 15MG	2	QL (60 tablets every 30 days)
XARELTO TABS 10MG, 20MG	2	QL (30 tablets every 30 days)
XARELTO STAR TAB 15/20MG	2	QL (51 tablets every 365 days)
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	4	SP, PA, QL (60 tablets every 30 days)
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	4	SP, PA
ARANESP ALBUMIN FREE SOLN 300MCG/ML	4	PA
<i>eltrombopag olamine tabs 12.5mg, 25mg</i>	4	SP, PA, QL (30 tabs every 30 days)
<i>eltrombopag olamine tabs 50mg, 75mg</i>	4	SP, PA, QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MIRCERA SOSY 30MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML, 100MCG/0.3ML, 120MCG/0.3ML, 150MCG/0.3ML, 200MCG/0.3ML	5	SP, PA
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	4	SP, PA
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	4	SP, PA
HEMOPHILIA A AGENTS		
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	5	SP, PA
MISCELLANEOUS		
<i>anagrelide hcl caps .5mg, 1mg</i>	2	
<i>cilostazol tabs 50mg, 100mg</i>	1B	
<i>pentoxifylline tbc 400mg</i>	1B	
<i>tranexamic acid soln 1000mg/10ml; tabs 650mg</i>	1B	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1B	
BRILINTA TABS 60MG, 90MG	2	QL (60 tablets every 30 days)
<i>clopidogrel bisulfate tabs 75mg</i>	1A	
<i>clopidogrel bisulfate tabs 300mg</i>	1B	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1B	
<i>prasugrel hcl tabs 5mg, 10mg</i>	1B	
<i>ticagrelor tabs 60mg, 90mg</i>	1B	QL (60 tablets every 30 days)
HEMATOPOIETIC AGENTS		
HEMATOPOIETIC GROWTH FACTORS		
NYVEPRIA SOSY 6MG/0.6ML	4	SP, PA
IRON		
FERROUS FUMARATE TABS 29MG	1B	OTC
<i>ferrous fumarate tabs 324mg</i>	1B	OTC
<i>ferrous gluconate tabs 240mg</i>	1B	OTC
FERROUS GLUCONATE TABS 324MG	1B	OTC
FERROUS SULFATE LIQD 220MG/5ML; TBEC 324MG	1B	OTC
<i>ferrous sulfate soln 220mg/5ml; tbec 325mg</i>	1B	OTC

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Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
<i>quazepam tabs 15mg</i>	2	ST; +
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENTYVIO PEN SOAJ 108MG/0.68ML	5	SP, PA, QL (2 pens every 28 days)
BIOLOGIC DISEASE-MODIFYING AGENTS		
ADBRY SOAJ 300MG/2ML	4	SP, PA, QL (4 injections every 28 days)
ADBRY SOSY 150MG/ML	4	SP, PA, QL (4 syringes every 28 days)
AVSOLA SOLR 100MG	4	SP, PA
ENBREL SOLN 25MG/0.5ML	4	SP, PA, QL (8 vials every 28 days)
ENBREL SOLR 25MG; SOSY 50MG/ML	4	SP, PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOSY 25MG/0.5ML	4	SP, PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50MG/ML	4	SP, PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50MG/ML	4	SP, PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10MG/0.1ML	4	SP, PA, QL (2 injections every 28 days)
HUMIRA PSKT 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	4	SP, PA, QL (4 injections every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIA INJ CROHNS	4	SP, PA, QL (2 injections every 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML	4	SP, PA, QL (3 injections every 28 days); (80mg single strength kit)
HUMIRA PEN AJKT 40MG/0.4ML	4	SP, PA, QL (4 injections every 28 days)
HUMIRA PEN KIT PS/UV	4	SP, PA, QL (1 kit every 28 days)
HUMIRA PEN-CD/UC/HS START AJKT 40MG/0.8ML	4	SP, PA, QL (6 pens every 28 days)
HUMIRA PEN-CD/UC/HS START AJKT 80MG/0.8ML	4	SP, PA, QL (1 kit every 28 days)
HUMIRA PEN-PS/UV STARTER AJKT 40MG/0.8ML	4	SP, PA, QL (4 pens every 28 days)
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML	4	SP, PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA SOSY 150MG/1.14ML, 200MG/1.14ML	4	SP, PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
RINVOQ TB24 15MG	4	SP, PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis.
RINVOQ TB24 30MG	4	SP, PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease, and Ulcerative Colitis.
RINVOQ TB24 45MG	4	SP, PA, QL (30 tabs every 30 days); Preferred agent for Crohn's Disease and Ulcerative Colitis. Dose is one time induction dose for UC diagnosis only.
RINVOQ LQ SOLN 1MG/ML	4	SP, PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis

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Drug Name	Drug Tier	Requirements/Limits
SIMPONI SOAJ 50MG/0.5ML, 100MG/ML; SOSY 50MG/0.5ML, 100MG/ML	5	SP, PA, QL (1 injection every 28 days)
SIMPONI ARIA SOLN 50MG/4ML	4	SP, PA, QL (200 mg every 8 weeks)
SKYRIZI PSKT 75MG/0.83ML	4	SP, PA, QL (2 syringes every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	4	SP, PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI SOLN 600MG/10ML	4	SP, PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI SOSY 150MG/ML	4	SP, PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI PEN SOAJ 150MG/ML	4	SP, PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA SOLN 45MG/0.5ML	4	SP, PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOLN 130MG/26ML	4	SP, PA, QL (4 vials every 365 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 45MG/0.5ML	4	SP, PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 90MG/ML	4	SP, PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis

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78

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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Drug Name	Drug Tier	Requirements/Limits
TALTZ SOAJ 80MG/ML; SOSY 20MG/0.25ML, 40MG/0.5ML, 80MG/ML	4	SP, PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA SOAJ 200MG/2ML	4	SP, PA, QL (1 pen every 28 days); Preferred for Crohn's Disease
TREMFYA SOLN 200MG/20ML	4	SP, PA, QL (1 vial every 28 days); Preferred for Ulcerative Colitis and Crohn's Disease
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	4	SP, PA, QL (1 injection every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis, and Crohn's Disease
TREMFYA SOSY 200MG/2ML	4	SP, PA, QL (1 syringe every 28 days); Preferred for Ulcerative Colitis and Crohn's Disease
TYENNE SOAJ 162MG/0.9ML; SOSY 162MG/0.9ML	5	SP, PA, QL (4 syringes every 28 days)
XELJANZ TABS 5MG	4	SP, PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ TABS 10MG	4	SP, PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 11MG	4	SP, PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 22MG	4	SP, PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tabs 200mg</i>	1B	+
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Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide tabs 10mg, 20mg</i>	1B	+
<i>methotrexate sodium tabs 2.5mg</i>	1B	+
OTEZLA TABS 20MG	4	SP, PA, QL (30 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TABS 30MG	4	SP, PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20	4	SP, PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	4	SP, PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA XR TB24 75MG	4	SP, PA, QL (30 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA/XR TAB 28 DAY	4	SP, PA, QL (41 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
HEREDITARY ANGIOEDEMA		
<i>icatibant acetate sosy 30mg/3ml</i>	4	SP, PA, QL (45 syringes every 90 days)
IMMUNOGLOBULIN		
HYQVIA INJ 2.5-200	4	SP, PA
HYQVIA INJ 5-400	4	SP, PA
HYQVIA INJ 10-800	4	SP, PA
HYQVIA INJ 20-1600	4	SP, PA
HYQVIA INJ 30-2400	4	SP, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100MCG/0.5ML	4	SP, PA
ALFERON N SOLN 5000000UNIT/ML	4	SP
ARCALYST SOLR 220MG	4	SP, PA, QL (8 vials every 28 days)
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg</i>	4	SP, PA, QL (28 caps every 28 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans

80

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide caps 20mg, 25mg</i>	4	SP, PA, QL (21 caps every 28 days)
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	5	SP, PA, QL (21 caps every 28 days)
THALOMID CAPS 50MG	4	SP, PA, QL (28 caps every 28 days)
THALOMID CAPS 100MG	4	SP, PA, QL (112 caps every 28 days)
TICE BCG SUSR 50MG	2	
VYVGART INJ HYTRULO	4	SP, PA, QL (4 syringes every 28 days)

IMMUNOSUPPRESSANTS

<i>azathioprine tabs 50mg, 75mg, 100mg</i>	1B	+
<i>cyclosporine caps 25mg, 100mg; soln 50mg/ml</i>	1B	
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	1B	
<i>engraf caps 25mg, 100mg; soln 100mg/ml</i>	1B	
<i>mycophenolate mofetil caps 250mg; tabs 500mg</i>	1B	
<i>mycophenolate mofetil susr 200mg/ml</i>	3	
<i>mycophenolate mofetil hcl solr 500mg</i>	1B	
<i>mycophenolate sodium tbec 180mg, 360mg</i>	1B	
PROGRAF SOLN 5MG/ML	3	
SANDIMMUNE SOLN 100MG/ML	3	
<i>sirolimus soln 1mg/ml</i>	3	
<i>sirolimus tabs .5mg, 1mg, 2mg</i>	1B	
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	1B	

VACCINES

ABRYSVO SOLR 120MCG/0.5ML	0	QL (1 injection every 365 days)
ACTHIB INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AFLURIA INJ 2025-26	0	QL (1 injection every 180 days)
AREXVY SUSR 120MCG/0.5ML	0	QL (1 injection every 365 days); \$0 copay for members age 50 and older, otherwise not covered
BEXSERO SUSY .5ML	0	

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INJ	0	
CAPVAXIVE SOSY .5ML	0	
COMIRNATY INJ 30/0.3ML SUSP 30MCG/0.3ML; SUSY 30MCG/0.3ML	0	
DAPTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	0	
DIP/TET PED INJ 25-5LFU	0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML	0	QL (3 injections every 365 days)
FLUAD INJ 2025-26	0	QL (1 injection every 180 days)
FLUARIX INJ 2025-26	0	QL (1 injection every 180 days)
FLUBLOK INJ 2025-26	0	QL (1 injection every 180 days)
FLUCELVAX INJ 2025-26	0	QL (1 injection every 180 days)
FLULAVAL INJ 2025-26	0	QL (1 injection every 180 days)
FLUMIST NASAL VACCINE 2025-2026	0	QL (1 application every 180 days)
FLUZONE INJ 2025-26	0	QL (1 injection every 180 days)
GARDASIL 9 SUSP .5ML; SUSY .5ML	0	QL (3 injections per 365 days)
HAVRIX SUSY 720ELU/0.5ML, 1440UNIT/ML	0	QL (2 injections every 365 days)
HEPLISAV-B SOSY 20MCG/0.5ML	0	QL (2 injections every 365 days)
HIBERIX SOLR 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	
JYNNEOS SUSP .5ML	0	
KINRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
M-M-R II INJ	0	QL (2 injections every 365 days)
MENACTRA INJ	0	
MENQUADFI SOLN .5ML	0	
MENVEO INJ	0	
MENVEO SOL	0	
MNEXSPIKE COVID-19 VACCIN SUSY 10MCG/0.2ML	0	
MODERNA COVID-19 VACCINE SUSY 25MCG/0.25ML	0	
MRESVIA SUSY 50MCG/0.5ML	0	QL (1 injection every 365 days); \$0 copay for members age 50 and older, otherwise not covered
NOVAVAX COVID-19 VACCINE/ SUSY 5MCG/0.5ML	0	
PEDIARIX INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB SUSP 7.5MCG/0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	0	
PENMENVY INJ	0	
PENTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER-BIONTECH COVID-19 SUSP 3MCG/0.3ML, 10MCG/0.3ML	0	
PNEUMOVAX 23/1 DOSE SOLN 25MCG/0.5ML	0	
PREHEVBRIO SUSP 10MCG/ML	0	
PREVNAR 13 INJ	0	
PREVNAR 20 INJ	0	QL (1 injection per lifetime)
PRIORIX INJ	0	
PROQUAD INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML	0	QL (3 injections every 365 days)

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Drug Name	Drug Tier	Requirements/Limits
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 SUSR 50MCG/0.5ML	0	QL (2 injections per lifetime); \$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX COVID-19 VACCINE SUSP 50MCG/0.5ML; SUSY 50MCG/0.5ML	0	
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 SUSY .5ML	0	
TWINRIX INJ	0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25UNIT/0.5ML	0	
VAQTA SUSP 50UNIT/ML	0	QL (1 injection every 365 days)
VARIVAX SUSR 1350PFU/0.5ML	0	QL (2 injections every 365 days)
VAXNEUVANCE INJ	0	
ZOSTAVAX SUSR 19400UNT/0.65ML	0	\$0 copay for members age 19 and older, otherwise not covered

MEDICAL DEVICES

BLOOD PRESSURE MONITORS

BLOOD PRESS MIS MONITOR	0	QL (1 monitor per year), OTC
BLOOD PRESSURE MONITORING KIT W/ DEVICE & DIGITAL APP	0	QL (1 monitor per year), OTC
BLOOD PRSSRE MIS MONITOR	0	QL (1 monitor per year), OTC

DIABETIC SUPPLIES

ACCU-CHEK BLOOD GLUCOSE TEST KITS	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	2	QL (150 test strips every 25 days), OTC

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ALCOH-WIPE MIS 12"X12"	2	
ALCOHOL SWABS PADS 70%	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC
CEQR SIMPL KIT PATCH 2U	2	PA, QL (10 patches every 30 days)
CEQR SIMPL KIT PATCH 2U	2	PA, QL (8 patches every 32 days)
CEQR SIMPL MIS INSERTER	2	PA, QL (1 inserter every 365 days)
GLUCOSE URINE TEST STRIPS	2	OTC
KETONE URINE TEST STRIPS	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MISC LANCETS	2	OTC
NOVOPEN ECHO MIS	2	QL (1 pen per 365 days)
SHARPS CONTAINER	2	OTC
TECHLITE INSULIN PEN NEEDLES	2	OTC
TECHLITE PLUS PEN NEEDLES	2	OTC
TEMPO SMART MIS BUTTON	2	QL (1 pen per 365 days)
URINE GLUCOSE MONITORING SUPPLIES	2	OTC
URINE TEST STRIPS	2	OTC

MEDICAL DEVICES AND SUPPLIES

DIABETIC SUPPLIES

DEXCOM G6 MIS RECEIVER	2	PA, QL (1 device every 3 years)
DEXCOM G6 MIS SENSOR	2	PA, QL (3 every 30 days)
DEXCOM G6 MIS TRANSMIT	2	PA, QL (1 every 90 days)
DEXCOM G7 MIS 15 DAY	2	PA, QL (2 sensors every 30 days)
DEXCOM G7 MIS RECEIVER	2	PA, QL (1 device every 3 years)
DEXCOM G7 MIS SENSOR	2	PA, QL (3 every 30 days)
OMNIPOD 5 DX KIT INT G7G6	2	PA, QL (1 kit every 365 days)
OMNIPOD 5 DX MIS POD G7G6	2	PA, QL (10 pods every 30 days)
OMNIPOD 5 G7 KIT INTRO	2	PA, QL (1 kit every 365 days)
OMNIPOD 5 G7 MIS PODS	2	PA, QL (10 pods every 30 days)
OMNIPOD 5 L2 KIT INTRO G6	2	PA, QL (1 kit every 365 days)

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 L2 MIS PODS G6	2	PA, QL (10 pods every 30 days)
OMNIPOD DASH KIT INTRO	2	PA, QL (1 kit every 365 days)
OMNIPOD DASH MIS PODS	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 10UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 15UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 25UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 35UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD MIS CLASSIC	2	PA, QL (10 pods every 30 days)

MISCELLANEOUS THERAPEUTIC CLASSES

SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

BENLYSTA SOAJ 200MG/ML	5	SP, PA, QL (4 pens every 28 days)
BENLYSTA SOSY 200MG/ML	5	SP, PA, QL (4 syringes every 28 days)

MUSCULOSKELETAL THERAPY AGENTS

MUSCLE RELAXANT COMBINATIONS

<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	1B	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
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VISCOSUPPLEMENTS

EUFLEXXA SOSY 20MG/2ML	4	PA, QL (12 ml per year)
MONOVISC SOSY 88MG/4ML	4	PA, QL (8 ml per year)
ORTHOVISC SOSY 30MG/2ML	4	PA, QL (12 ml per year)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>fluoritab soln .125mg/drop</i>	1B	\$0 applies for ages 5 and under
<i>flura-drops soln .25mg/drop</i>	1B	\$0 applies for ages 5 and under
KLOR-CON 8 TBCR 8MEQ	1B	
KLOR-CON 10 TBCR 10MEQ	1B	
<i>klor-con m15 tbc 15meq</i>	1B	
<i>klor-con m20 tbc 20meq</i>	1B	
<i>ludent chew 1mg</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>ludent chew .25mg, .5mg</i>	1B	\$0 applies for ages 5 and under
<i>magnesium sulfate soln 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1B	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1B	
<i>nafrinse chew 2.2mg</i>	1B	
<i>nafrinse drops soln .125mg/drop</i>	1B	\$0 applies for ages 5 and under
<i>potassium chloride cpcr 8meq, 10meq; tbc 8meq, 10meq, 20meq</i>	1B	
<i>potassium chloride soln 10%, 20%</i>	1B	PA
<i>potassium chloride microencapsulated crystals er tbc 10meq, 20meq</i>	1B	
<i>sodium chloride soln 2.5meq/ml</i>	1B	
<i>sodium chloride flush soln .9%</i>	1B	
<i>sodium fluoride chew 1mg; tabs 1mg</i>	1B	
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	1B	\$0 applies for ages 5 and under
IV REPLACEMENT SOLUTIONS		
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1B	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1B	
<i>potassium chloride soln 2meq/ml</i>	1B	
<i>potassium chloride in nacl</i>	1B	
<i>sodium chloride soln .45%, .9%, 3%, 5%</i>	1B	
VITAMINS		
<i>av-vite fb forte</i>	1B	
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1B	
<i>cholecalciferol caps 50000unit</i>	1B	OTC; +
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	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 soln 1000mcg/ml</i>	1B	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml</i>	1B	
<i>elite-ob</i>	1B	
<i>ergocalciferol caps 50000unit</i>	1B	+

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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Drug Name	Drug Tier	Requirements/Limits
<i>folic acid caps 800mcg</i>	0	QL (100 caps every 30 days), OTC
<i>folic acid tabs 1mg</i>	1B	
<i>folic acid tabs 400mcg, 800mcg</i>	0	QL (100 tabs every 30 days), OTC
<i>inatal gt</i>	1B	
<i>multi-vit/iron/fluoride</i>	1B	OTC
<i>multi-vitamin/fluoride dr</i>	1B	
<i>multi-vitamin/fluoride/ir</i>	1B	
<i>multivitamin/fluoride</i>	1B	
<i>multivitamin/fluoride</i>	1B	OTC
<i>mvc-fluoride</i>	1B	
<i>niva-fol tab</i>	1B	OTC
<i>paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i>	1B	
<i>phytonadione tabs 5mg</i>	3	
<i>prenatabs rx tab</i>	1B	OTC
<i>prenatal 19</i>	1B	
<i>pyridoxine hcl tabs 25mg, 50mg</i>	1B	OTC
<i>tri-vitamin/fluoride</i>	1B	
<i>tri-vite/fluoride</i>	1B	
<i>trinate</i>	1B	
<i>vit a/c/d/fl dro 0.25mg</i>	1B	OTC

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

AZASITE SOLN 1%	2	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1B	

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophth oint</i>	1B	
BESIVANCE SUSP .6%	3	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1A	
<i>erythromycin (ophth) oint 5mg/gm</i>	1B	
<i>gatifloxacin (ophth) soln .5%</i>	1B	
<i>gentak oint .3%</i>	1B	
<i>gentamicin sulfate (ophth) soln .3%</i>	1A	QL (20 mL every 30 days)
<i>levofloxacin (ophth) soln .5%</i>	1B	
<i>moxifloxacin hcl (ophth) soln .5%</i>	1B	
NATACYN SUSP 5%	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1B	
<i>ofloxacin (ophth) soln .3%</i>	1B	
<i>polycin</i>	1B	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1A	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	1B	
<i>tobramycin (ophth) soln .3%</i>	1A	
<i>trifluridine soln 1%</i>	1B	
ZIRGAN GEL .15%	3	

ANTI-INFLAMMATORIES

ACUVAIL SOLN .45%	2	
<i>bromfenac sodium (ophth) soln .09%</i>	1B	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	1B	
<i>diclofenac sodium (ophth) soln .1%</i>	1B	
<i>difluprednate emul .05%</i>	1B	ST; PA**
<i>flurbiprofen sodium soln .03%</i>	1B	
FML FORTE SUSP .25%	2	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	1B	
<i>loteprednol etabonate susp .5%</i>	2	
MAXIDEX SUSP .1%	2	
NEVANAC SUSP .1%	2	ST; PA**
PRED MILD SUSP .12%	2	
<i>prednisolone acetate (ophth) susp 1%</i>	1B	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	

ANTIALLERGICS

ALOCRI SOLN 2%	3	
ALOMIDE SOLN .1%	3	
<i>azelastine hcl (ophth) soln .05%</i>	1B	
<i>bepotastine besilate soln 1.5%</i>	1B	
<i>cromolyn sodium (ophth) soln 4%</i>	1B	

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
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Drug Name	Drug Tier	Requirements/Limits
EMADINE SOLN .05%	3	
<i>epinastine hcl (ophth) soln .05%</i>	1B	
<i>gnp olopatadine hydrochlo soln .1%</i>	1B	OTC
LASTACAFT SOLN .25%	2	OTC
<i>olopatadine hcl soln .2%</i>	1B	OTC
PATADAY EXTRA STRENGTH SOLN .7%	2	OTC

ANTIGLAUCOMA

ALPHAGAN P SOLN .1%	3	
<i>apraclonidine hcl soln .5%</i>	1B	
<i>betaxolol hcl (ophth) soln .5%</i>	1B	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	2	
<i>bimatoprost soln .03%</i>	1B	Generic Lumigan
<i>brimonidine tartrate soln .2%</i>	1A	
<i>brimonidine tartrate soln .15%</i>	1B	
<i>brinzolamide susp 1%</i>	1B	
<i>carteolol hcl (ophth) soln 1%</i>	1B	
<i>dorzolamide hcl soln 2%</i>	1B	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1B	
IOPIDINE SOLN 1%	3	
<i>latanoprost soln .005%</i>	1A	
<i>levobunolol hcl soln .5%</i>	1B	
LUMIGAN SOLN .01%	2	QL (1 bottle per 30 days)
PHOSPHOLINE IODIDE SOLR .125%	3	
<i>pilocarpine hcl soln 1%</i>	1B	
SIMBRINZA SUS 1-0.2%	2	QL (8mL every 20 days)
<i>tafluprost soln .015mg/ml</i>	1B	ST; PA**
<i>timolol maleate (ophth) solg .25%, .5%; soln .5%</i>	1B	
<i>timolol maleate (ophth) soln .25%, .5%</i>	1A	
<i>travoprost soln .004%</i>	1B	

DRY EYE DISEASE

MIEBO SOLN 1.338GM/ML	2	PA, QL (3 mL every 30 days)
RESTASIS EMUL .05%	1B	PA, QL (60 vials every 30 days); Single-Dose
RESTASIS MULTIDOSE EMUL .05%	2	PA, QL (1 bottle every 30 days); Multi-Dose
XIIDRA SOLN 5%	2	PA, QL (60 ampules every 30 days)

MISCELLANEOUS

<i>atropine sulfate (ophthalmic) soln 1%</i>	1B	
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+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 90

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN SOLN .44%	5	SP, PA, QL (4 bottles every 28 days)
LACRISERT INST 5MG	3	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1B	
<i>proparacaine hcl soln .5%</i>	1B	
<i>tropicamide soln .5%, 1%</i>	1B	

OPHTHALMIC AGENTS

BETA-BLOCKERS - OPTHALMIC

<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1B	PA
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OPHTHALMIC ANTI-INFECTIVES

XDEMVI SOLN .25%	3	PA, QL (1 bottle every 6 weeks)
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OTHER

IRRIGATION SOLUTIONS

<i>physiolyte</i>	1B	
<i>physiosol irrigation</i>	1B	
<i>tis-u-sol</i>	1B	

OTIC AGENTS

OTIC ANTI-INFECTIVES

<i>ciprofloxacin hcl (otic) soln .2%</i>	1B	
OTIPRIO SUSP 6%	2	

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

FLEBOGAMMA DIF SOLN 2.5GM/50ML, 5GM/100ML, 5GM/50ML, 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML	4	SP, PA
GAMMAGARD LIQUID SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	4	SP, PA
GAMMAKED SOLN 1GM/10ML, 5GM/50ML, 10GM/100ML, 20GM/200ML	4	SP, PA
GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	4	SP, PA
MICRHOGAM ULTRA-FILTERED SOSY 250UNIT	3	
OCTAGAM SOLN 1GM/20ML, 2GM/20ML, 2.5GM/50ML, 5GM/100ML, 5GM/50ML, 10GM/100ML, 10GM/200ML, 20GM/200ML, 30GM/300ML	4	SP, PA
RHOGAM ULTRA-FILTERED PLU SOSY 1500UNIT	3	

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 91

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
MONOCLONAL ANTIBODIES		
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	0	PA, QL (1 injection per RSV season); \$0 copay for members age 18 and younger, otherwise not covered
ENFLONIA SOSY 105MG/0.7ML	0	PA, QL (1 inj every 365 days); \$0 copay for members age 18 and younger, otherwise not covered

PENICILLINS

NATURAL PENICILLINS

BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML	2	QL (3 syringes per 365 days)
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RESPIRATORY

ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS

PROLASTIN-C SOLN 1000MG/20ML	4	SP, PA
PROLASTIN-C SOLR 1000MG	4	PA

ANAPHYLAXIS TREATMENT AGENTS

<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml</i>	1B	QL (4 auto-injectors every 25 days)
NEFFY SOLN 1MG/0.1ML, 2MG/0.1ML	2	PA, QL (4 devices per 28 days)

ANTI-HISTAMINES

<i>azelastine hcl soln .1%, .15%</i>	1B	QL (2 bottles every 25 days)
<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	1B	
<i>clemastine fumarate tabs 2.68mg</i>	1B	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	1B	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	1B	
<i>diphenhydramine hcl soln 50mg/ml</i>	1B	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml</i>	1B	
<i>hydroxyzine hcl tabs 10mg, 25mg, 50mg</i>	1A	
<i>hydroxyzine pamoate caps 25mg, 50mg</i>	1A	
<i>hydroxyzine pamoate caps 100mg</i>	1B	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	1B	
<i>olopatadine hcl (nasal) soln .6%</i>	1B	QL (1 container every 25 days)

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
COLD/COUGH		
<i>benzonatate caps 100mg, 200mg</i>	1B	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1B	OTC; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1B	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1B	
<i>hydromet</i>	1B	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1B	
<i>promethazine vc/codeine</i>	1B	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1B	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1B	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1B	
<i>tussigon</i>	1B	
CYSTIC FIBROSIS		
ALYFTREK TAB 4-20-50	4	SP, PA, QL (90 tabs every 30 days)
ALYFTREK TAB 10-50-125	4	SP, PA, QL (60 tabs every 30 days)
<i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i>	1B	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	3	
CAYSTON SOLR 75MG	4	SP, PA, QL (84 vials every 28 days)
<i>gentamicin in saline inj 0.8 mg/ml</i>	1B	
<i>gentamicin in saline inj 1 mg/ml</i>	1B	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1B	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1B	
<i>gentamicin in saline inj 2 mg/ml</i>	1B	
<i>gentamicin sulfate soln 10mg/ml, 40mg/ml</i>	1B	
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG	4	SP, PA, QL (56 packets every 28 days)

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
KALYDECO TABS 150MG	4	SP, PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 100-125	4	SP, PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	4	SP, PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	4	SP, PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	4	SP, PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	4	SP, PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	4	SP, PA, QL (56 tabs every 28 days)
<i>tobramycin nebu 300mg/4ml</i>	4	SP, PA, QL (224 ml every 28 days)
<i>tobramycin nebu 300mg/5ml</i>	4	SP, PA, QL (280 mL every 28 days)
<i>tobramycin sulfate soln 1.2gm/30ml, 10mg/ml</i>	1B	
<i>tobramycin sulfate soln 40mg/ml, 80mg/2ml</i>	1B	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
<i>tobramycin sulfate solr 1.2gm</i>	1B	QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days
TRIKAFTA PAK 59.5MG	4	SP, PA, QL (1 package (56 granules) every 28 days)
TRIKAFTA PAK 75MG	4	SP, PA, QL (1 package (56 granules) every 28 days)
TRIKAFTA TAB	4	SP, PA, QL (84 tabs every 28 days)
MISCELLANEOUS		
BRINSUPRI TABS 10MG, 25MG	4	SP, PA
NASAL STEROIDS		
<i>flunisolide (nasal) soln .025%</i>	1B	QL (3 containers every 25 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1B	QL (1 container every 25 days), OTC
OMNARIS SUSP 50MCG/ACT	3	ST, QL (1 package every 25 days); PA**
<i>triamcinolone acetonide (nasal) aero 55mcg/act</i>	1B	QL (1 bottle every 25 days), OTC

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
PULMONARY AGENTS		
<i>acetylcysteine soln 10%, 20%</i>	1B	
<i>albuterol sulfate aers 108mcg/act</i>	1B	QL (2 inhalers every 25 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1B	QL (120 vials every 30 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	1B	QL (5 boxes every 25 days)
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg</i>	1B	
<i>aminophylline soln 25mg/ml</i>	1B	
ANORO ELLIPT AER 62.5-25	2	QL (1 package every 25 days)
ARNUIITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	2	QL (1 package every 25 days)
BEVESPI AER 9-4.8MCG	2	QL (1 package every 25 days)
BREO ELLIPTA INH 50-25MCG	2	QL (1 package every 25 days)
BREO ELLIPTA INH 100-25	2	QL (1 package every 25 days)
BREO ELLIPTA INH 200-25	2	QL (1 package every 25 days)
<i>budesonide (inhalation) susp .5mg/2ml, 1mg/2ml</i>	1B	QL (2 boxes every 25 days)
<i>budesonide (inhalation) susp .25mg/2ml</i>	1B	QL (3 boxes every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1B	QL (1 package every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1B	QL (1 package every 25 days)
<i>cromolyn sodium nebu 20mg/2ml</i>	1B	QL (2 boxes every 25 days)
DULERA AER 50-5MCG	2	QL (1 package every 30 days)
DULERA AER 100-5MCG	2	QL (1 package every 30 days)
DULERA AER 200-5MCG	2	QL (1 inhaler every 30 days)
FASENRA SOSY 10MG/0.5ML, 30MG/ML	4	SP, PA, QL (1 syringe every 56 days)
FASENRA PEN SOAJ 30MG/ML	4	SP, PA, QL (1 autoinjector every 56 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1B	QL (1 package every 25 days)

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1B	QL (1 package every 25 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1B	QL (1 package every 25 days)
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	1B	QL (1 package every 25 days)
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	1B	QL (1 package every 25 days)
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	1B	QL (1 package every 25 days)
<i>formoterol fumarate nebu 20mcg/2ml</i>	2	QL (60 vials every 25 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	2	QL (1 package every 25 days)
<i>ipratropium bromide soln .02%</i>	1B	QL (5 boxes every 25 days)
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1B	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1B	QL (6 boxes every 25 days)
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	1B	QL (45 mL every 30 days)
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1B	QL (300 mL every 30 days)
<i>levalbuterol tartrate aero 45mcg/act</i>	1B	QL (2 inhalers every 30 days)
<i>metaproterenol sulfate syrup 10mg/5ml</i>	1B	
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1B	
NUCALA SOAJ 100MG/ML; SOLR 100MG; SOSY 100MG/ML	4	SP, PA, QL (3 injections every 28 days)
QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	2	QL (2 packages every 25 days)
<i>roflumilast tabs 250mcg, 500mcg</i>	3	PA
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	1B	
SPIRIVA HANDIHALER CAPS 18MCG	2	QL (1 package every 25 days)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	2	QL (1 package every 25 days)
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	2	QL (1 package every 25 days)
<i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>	1B	
TEZSPIRE SOAJ 210MG/1.91ML	4	SP, PA, QL (1 pen every 4 weeks)
TEZSPIRE SOSY 210MG/1.91ML	4	SP, PA, QL (1 syringe every 4 weeks)

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96

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</i>	1B	
TRELEGY AER 100MCG	2	QL (1 package every 30 days)
TRELEGY AER 200MCG	2	QL (1 package every 30 days)
XOLAIR SOAJ 75MG/0.5ML	4	SP, PA, QL (2 pens every 28 days)
XOLAIR SOAJ 150MG/ML	4	SP, PA, QL (8 pens every 28 days)
XOLAIR SOAJ 300MG/2ML	4	SP, PA, QL (4 pens every 28 days)
XOLAIR SOLR 150MG	4	SP, PA, QL (8 vials every 28 days)
XOLAIR SOSY 75MG/0.5ML	4	SP, PA, QL (2 syringes every 28 days)
XOLAIR SOSY 150MG/ML	4	SP, PA, QL (8 syringes every 28 days)
XOLAIR SOSY 300MG/2ML	4	SP, PA, QL (4 syringes every 28 days)
<i>zafirlukast tabs 10mg, 20mg</i>	1B	
<i>zileuton tb12 600mg</i>	3	PA, QL (120 tabs every 30 days)
PULMONARY FIBROSIS AGENTS		
OFEV CAPS 100MG, 150MG	4	SP, PA, QL (60 caps every 30 days)
<i>pirfenidone caps 267mg</i>	4	SP, PA, QL (270 caps every 30 days)
<i>pirfenidone tabs 267mg</i>	4	SP, PA, QL (270 tabs every 30 days)
<i>pirfenidone tabs 534mg, 801mg</i>	4	SP, PA, QL (90 tabs every 30 days)
RESPIRATORY THERAPY SUPPLIES		
MICROCHAMBER MIS	2	QL (2 every 365 days)
PEDIATRIC RESPIRATORY MASK	2	OTC
TOPICAL		
DERMATOLOGY, ACNE		
<i>adapalene gel .1%, .3%</i>	1B	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1B	QL (45g every 30 days)

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>avita crea .025%; gel .025%</i>	1B	PA, QL (45g every 30 days); PA applies for members age 35 and older
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1B	QL (46.6 g every 30 days)
<i>clindacin etz pledgets swab 1%</i>	1B	QL (60 every 30 days)
<i>clindacin-p swab 1%</i>	1B	QL (69 every 30 days)
<i>clindamycin phosphate (topical) foam 1%</i>	1B	
<i>clindamycin phosphate (topical) gel 1%</i>	1B	QL (75g every 25 days)
<i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>	1B	QL (60mL every 25 days)
<i>dapsone (topical) gel 7.5%</i>	1B	PA
<i>ery pads 2%</i>	1B	
<i>erythromycin (acne aid) gel 2%</i>	1B	QL (60g every 25 days)
<i>erythromycin (acne aid) pads 2%</i>	1B	
<i>erythromycin (acne aid) soln 2%</i>	1B	QL (60mL every 25 days)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	1B	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	1B	PA, QL (45g every 30 days); PA applies for members age 35 and older
<i>tretinoin gel .05%</i>	1B	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel .04%, .1%</i>	1B	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil (topical) crea 5%</i>	1B	QL (80 g every 28 days)
<i>fluorouracil (topical) crea .5%; soln 2%</i>	1B	
<i>imiquimod crea 5%</i>	1B	

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	1B	QL (120g every 30 days)
IV PREP WIPE PAD	2	OTC
<i>mupirocin oint 2%</i>	1B	QL (30g every 25 days)
<i>silver sulfadiazine crea 1%</i>	1B	
<i>ssd crea 1%</i>	1B	
SULFAMYLON CREA 85MG/GM	3	

DERMATOLOGY, ANTIFUNGALS

<i>butenafine hcl crea 1%</i>	1A	QL (60g every 25 days), OTC
<i>ciclopirox gel .77%</i>	1B	QL (120g every 25 days)
<i>ciclopirox sham 1%</i>	1B	QL (120mL every 25 days)
<i>ciclopirox soln 8%</i>	1B	
<i>ciclopirox olamine crea .77%</i>	1B	QL (120g every 25 days)
<i>ciclopirox olamine susp .77%</i>	1B	QL (120mL every 25 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1B	QL (60g every 25 days)

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OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1B	QL (60mL every 25 days)
<i>econazole nitrate crea 1%</i>	1B	QL (60g every 25 days)
<i>ketoconazole (topical) crea 2%</i>	1B	QL (120g every 25 days)
<i>naftifine hcl crea 1%, 2%</i>	1B	QL (60g every 25 days)
<i>nyamyc powd 100000unit/gm</i>	1B	QL (120g every 25 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	1B	QL (120g every 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1B	QL (60g every 25 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1B	QL (60g every 25 days)
<i>nystop powd 100000unit/gm</i>	1B	QL (120g every 25 days)
<i>sulconazole nitrate crea 1%</i>	1B	ST, QL (60g every 21 days); PA**
<i>sulconazole nitrate soln 1%</i>	1B	ST, QL (60mL every 21 days); PA**
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl (antipruritic) crea 5%</i>	3	ST, QL (90 grams every 25 days); PA**
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	2	
<i>calcipotriene soln .005%</i>	1B	QL (60mL every 30 days)
<i>calcitriol (topical) oint 3mcg/gm</i>	2	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	4	SP, PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
COSENTYX SOSY 150MG/ML	4	SP, PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	SP, PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	SP, PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa

Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNOREADY SOAJ 300MG/2ML	4	SP, PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
<i>methoxsalen rapid caps 10mg</i>	1B	
<i>tazarotene crea .1%; gel .05%, .1%</i>	1B	PA
TAZORAC CREA .05%	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) sham 2%</i>	1B	
<i>selenium sulfide lotn 2.5%</i>	1B	
DERMATOLOGY, ATOPIC DERMATITIS		
EUCRISA OINT 2%	2	PA, QL (60 grams every 25 days)
<i>tacrolimus (topical) oint .03%, .1%</i>	1B	
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1B	QL (300g every 25 days)
<i>amcinonide lotn .1%</i>	1B	QL (240mL every 25 days)
<i>betamethasone dipropionate (topical) crea .05%; oint .05%</i>	1A	QL (240g every 25 days)
<i>betamethasone dipropionate (topical) lotn .05%</i>	1A	QL (240mL every 25 days)
<i>betamethasone dipropionate augmented crea .05%; oint .05%</i>	1A	QL (240g every 25 days)
<i>betamethasone dipropionate augmented gel .05%</i>	1B	QL (240g every 25 days)
<i>betamethasone dipropionate augmented lotn .05%</i>	1A	QL (240mL every 25 days)
<i>betamethasone valerate crea .1%; oint .1%</i>	1A	QL (240g every 25 days)
<i>betamethasone valerate lotn .1%</i>	1A	QL (240mL every 25 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	2	
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%</i>	1B	QL (240g every 25 days)
<i>clobetasol propionate liqd .05%; sham .05%</i>	1B	QL (300mL every 25 days)
<i>clobetasol propionate lotn .05%; soln .05%</i>	1B	QL (240mL every 25 days)
<i>desonide crea .05%; oint .05%</i>	1B	QL (300g every 25 days)
<i>desonide lotn .05%</i>	1B	QL (300mL every 25 days)
<i>desoximetasone crea .25%; oint .25%</i>	1B	QL (240g every 25 days)
<i>diflorasone diacetate oint .05%</i>	1B	QL (1 tube every 30 days)
<i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>	1B	QL (300g every 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oil .01%; soln .01%</i>	1B	QL (300mL every 25 days)
<i>fluocinonide crea .05%; gel .05%; oint .05%</i>	1B	QL (240g every 25 days)
<i>fluocinonide soln .05%</i>	1B	QL (240mL every 25 days)
<i>flurandrenolide lotn .05%</i>	2	
<i>fluticasone propionate crea .05%; oint .005%</i>	1B	QL (240g every 25 days)
<i>fluticasone propionate lotn .05%</i>	2	QL (300mL every 25 days)
<i>halcinonide crea .1%</i>	3	QL (60g every 30 days)
<i>halobetasol propionate crea .05%; oint .05%</i>	1B	QL (240g every 25 days)
<i>hydrocortisone (topical) crea 2.5%; oint 2.5%</i>	1A	QL (300g every 25 days)
<i>hydrocortisone (topical) lotn 2.5%</i>	1A	QL (300mL every 25 days)
<i>hydrocortisone butyrate crea .1%; oint .1%</i>	1B	QL (240g every 25 days)
<i>hydrocortisone butyrate soln .1%</i>	1B	QL (240mL every 25 days)
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1B	QL (240g every 25 days)
<i>mometasone furoate crea .1%; oint .1%</i>	1B	QL (240g every 25 days)
<i>mometasone furoate soln .1%</i>	1B	QL (240mL every 25 days)
<i>prednicarbate crea .1%; oint .1%</i>	1B	QL (240g every 25 days)
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%</i>	1B	QL (240g every 25 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	1B	QL (240mL every 25 days)
<i>triderm crea .1%</i>	1B	QL (240g every 25 days)

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine ptch 5%</i>	1B	PA, QL (90 patches every 25 days)
<i>lidocaine hcl gel 2%; prsy 2%</i>	1B	QL (60mL every 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1B	QL (30gm every 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1B	
<i>pramox gel gel 1%</i>	1B	
SYNERA DIS 70-70MG	3	QL (2 patches every 25 days)

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene (topical) gel 1%</i>	4	SP, PA
<i>diclofenac sodium (topical) gel 1%</i>	1B	QL (300g every 25 days)
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	1B	
<i>nitroglycerin (intra-anal) oint .4%</i>	3	
<i>podofilox soln .5%</i>	1B	

DERMATOLOGY, ROSACEA

<i>azelaic acid gel 15%</i>	1B	PA, QL (50 g every 30 days)
<i>brimonidine tartrate (topical) gel .33%</i>	3	
FINACEA FOAM 15%	2	QL (50 g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin (rosacea) crea 1%</i>	1B	PA, QL (1 tube every 30 days)
<i>metronidazole (topical) crea .75%; gel .75%</i>	1B	QL (60g every 30 days)
<i>metronidazole (topical) lotn .75%</i>	1B	QL (60 mL every 30 days)
<i>rosadan crea .75%</i>	1B	QL (60g every 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotn .5%</i>	1B	
<i>permethrin crea 5%</i>	1B	
<i>spinosad susp .9%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	3	PA, QL (30g every 25 days)
SANTYL OINT 250UNIT/GM	3	PA, QL (180g every 30 days)
<i>sodium chloride (gu irrigant) soln .9%</i>	1B	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl caps 30mg</i>	1B	
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	1A	
<i>clotrimazole troc 10mg</i>	1B	QL (90 troches every 30 days)
<i>lidocaine hcl (mouth-throat) soln 2%</i>	1B	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1B	
<i>oralone dental paste pste .1%</i>	1B	
<i>periogard soln .12%</i>	1A	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1B	
<i>triamcinolone acetonide (mouth) pste .1%</i>	1B	
OTIC		
<i>acetic acid (otic) soln 2%</i>	1B	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1B	
COLY-MYCIN S SUS OTIC	3	
CORTISPORIN SUS -TC OTIC	2	
<i>fluocinolone acetonide (otic) oil .01%</i>	1B	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1B	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1B	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1B	
<i>ofloxacin (otic) soln .3%</i>	1B	

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102

OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met

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Drug Name	Drug Tier	Requirements/Limits
TOXOIDS		
<i>TOXOID COMBINATIONS</i>		
VAXELIS INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
<i>ULCER THERAPY COMBINATIONS</i>		
TALICIA CAP	3	QL (168 tabs every 180 days)
VASOPRESSORS		
<i>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</i>		
<i>droxidopa caps 100mg</i>	4	SP, PA, QL (450 capsules every 30 days)
<i>droxidopa caps 200mg, 300mg</i>	4	SP, PA, QL (180 capsules every 30 days)

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Index

A	
<i>abacavir sulfate</i>	12
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	14
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	14
ABILIFY ASIMTUFII	47
ABILIFY MAINTENA	47
<i>abiraterone acetate</i>	27
ABRYSVO	81
<i>acamprosate calcium</i>	40
<i>acarbose</i>	57
ACCU-CHEK BLOOD GLUCOSE TEST KITS	84
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	84
<i>acebutolol hcl</i>	35
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	3
<i>acetaminophen w/ codeine tab 300-30 mg</i>	3
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3
<i>acetazolamide</i>	37
<i>acetazolamide sodium</i>	37
<i>acetic acid (otic)</i>	102
<i>acetylcysteine</i>	95
<i>acitretin</i>	99
ACTHIB INJ	81
ACTIMMUNE	80
ACUVAIL	89
<i>acyclovir</i>	15
<i>acyclovir sodium</i>	15
<i>acyclovir topical</i>	56
ADACEL INJ	81
<i>adapalene</i>	97
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	97
ADBRY	76
<i>adefovir dipivoxil</i>	15
ADEMPAS	39
<i>adrucil</i>	21
ADTHYZA	68
<i>afeditab cr</i>	36
AFLURIA INJ 2025-26	81
AIMOVIG	51
<i>albendazole</i>	10
<i>albuterol sulfate</i>	95
<i>alclometasone dipropionate</i>	100
ALCOHOL SWABS	85
ALCOH-WIPE MIS 12	85
ALDACTAZIDE TAB 50/50	37
ALECENSA	23
<i>alendronate sodium</i>	60
ALFERON N	80
<i>alfuzosin hcl</i>	72
ALINIA	10
<i>aliskiren fumarate</i>	37
<i>allopurinol</i>	1
<i>allopurinol sodium</i>	1
<i>almotriptan malate</i>	51
ALOCRIAL	89
<i>alogliptin benzoate</i>	57
ALOMIDE	89
<i>alosetron hcl</i>	70
ALPHAGAN P	90
<i>alprazolam</i>	40
ALPRAZOLAM INTENSOL	40
ALTABAX	56
<i>altavera</i>	61
ALVAIZ	74
<i>alyacen 1/35</i>	61
<i>alyacen 7/7/7</i>	61
ALYFTREK TAB 10-50-125	93
ALYFTREK TAB 4-20-50	93
<i>amantadine hcl</i>	46
<i>ambrisentan</i>	39
<i>amcinonide</i>	100
<i>amethia</i>	61
<i>amethyst</i>	61
<i>amikacin sulfate</i>	93
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	37
<i>amiloride hcl</i>	37
<i>aminophylline</i>	95

<i>amiodarone hcl</i>	32	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl</i>	43	<i>medoxomil tab 5-40 mg</i>	31
<i>amlodipine besylate</i>	36	<i>amlodipine besylate-valsartan tab 10-160</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	31
<i>tab 10-10 mg</i>	36	<i>amlodipine besylate-valsartan tab 10-320</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	31
<i>tab 10-20 mg</i>	36	<i>amlodipine besylate-valsartan tab 5-160</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	31
<i>tab 10-40 mg</i>	36	<i>amlodipine besylate-valsartan tab 5-320</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	31
<i>tab 10-80 mg</i>	36	<i>amoxapine</i>	44
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amoxicillin</i>	18
<i>tab 2.5-10 mg</i>	36	<i>amoxicillin & k clavulanate chew tab 200-</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>28.5 mg</i>	18
<i>tab 2.5-20 mg</i>	36	<i>amoxicillin & k clavulanate chew tab 400-</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>57 mg</i>	18
<i>tab 2.5-40 mg</i>	36	<i>amoxicillin & k clavulanate for susp 200-</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>28.5 mg/5ml</i>	18
<i>tab 5-10 mg</i>	36	<i>amoxicillin & k clavulanate for susp 250-</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>62.5 mg/5ml</i>	18
<i>tab 5-20 mg</i>	36	<i>amoxicillin & k clavulanate for susp 400-57</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg/5ml</i>	19
<i>tab 5-40 mg</i>	36	<i>amoxicillin & k clavulanate for susp 600-</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>42.9 mg/5ml</i>	19
<i>tab 5-80 mg</i>	36	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-</i>		19
<i>20 mg</i>	29	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-</i>		19
<i>40 mg</i>	30	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 2.5-</i>		19
<i>10 mg</i>	29	<i>amoxicillin & k clavulanate tab er 12hr 1000-</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>62.5 mg</i>	19
<i>10 mg</i>	29	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>24hr 10 mg</i>	49
<i>20 mg</i>	29	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>24hr 15 mg</i>	49
<i>40 mg</i>	29	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amlodipine besylate-olmesartan</i>		<i>24hr 20 mg</i>	49
<i>medoxomil tab 10-20 mg</i>	31	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amlodipine besylate-olmesartan</i>		<i>24hr 25 mg</i>	49
<i>medoxomil tab 10-40 mg</i>	31	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amlodipine besylate-olmesartan</i>		<i>24hr 30 mg</i>	49
<i>medoxomil tab 5-20 mg</i>	31	<i>amphetamine-dextroamphetamine cap er</i>	
		<i>24hr 5 mg</i>	49

<i>amphetamine-dextroamphetamine tab 10 mg</i>	50	ARGATROBAN INJ 250/250	73
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	50	<i>aripiprazole</i>	48
<i>amphetamine-dextroamphetamine tab 15 mg</i>	50	ARISTADA	48
<i>amphetamine-dextroamphetamine tab 20 mg</i>	50	ARISTADA INITIO	48
<i>amphetamine-dextroamphetamine tab 30 mg</i>	50	<i>armodafinil</i>	54
<i>amphetamine-dextroamphetamine tab 5 mg</i>	49	ARMOUR THYROID	68
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	50	ARNUITY ELLIPTA.....	95
<i>amphetamine sulfate</i>	49	<i>arsenic trioxide</i>	23
<i>amphotericin b</i>	11	<i>asenapine maleate</i>	48
<i>ampicillin</i>	19	<i>ashlyna</i>	61
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	19	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	75
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	19	<i>aspirin ec adult low dose</i>	9
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	19	<i>atazanavir sulfate</i>	12
<i>ampicillin sodium</i>	19	<i>atenolol</i>	35
ANADROL-50	57	<i>atenolol & chlorthalidone tab 100-25 mg</i> ..	35
<i>anagrelide hcl</i>	75	<i>atenolol & chlorthalidone tab 50-25 mg</i> ...	35
<i>anastrozole</i>	27	<i>atomoxetine hcl</i>	50
ANNOVERA MIS.....	61	<i>atorvastatin calcium</i>	33
ANORO ELLIPT AER 62.5-25.....	95	<i>atovaquone</i>	10
<i>apomorphine hydrochloride</i>	46	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	12
<i>apraclonidine hcl</i>	90	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	12
<i>aprepitant</i>	69	<i>atropine sulfate</i>	69
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	69	<i>atropine sulfate (ophthalmic)</i>	90
APRETUDE	12	ATTRUBY.....	38
<i>apri</i>	61	AUGTYRO	23
APTIVUS	12	AUSTEDO	53
<i>aranelle</i>	61	AUSTEDO XR	53
ARANESP ALBUMIN FREE	74	AUSTEDO XR TAB TITR KIT	53
ARCALYST	80	AUVELITY TAB 45-105MG.....	20
AREXVY	81	AVERI TAB	61
ARGATRB/NACL INJ 50MG/50.....	73	<i>aviane</i>	61
<i>argatroban</i>	73	<i>avidoxy</i>	19
ARGATROBAN INJ 125/125	73	<i>avita</i>	98
		AVMAPKI PAK FAKZYNJA	28
		AVONEX	53
		AVONEX PEN.....	53
		AVSOLA.....	76
		<i>av-vite fb forte</i>	87
		<i>azacitidine</i>	21
		AZACTAM/DEX INJ 1GM	93
		AZACTAM/DEX INJ 2GM.....	93
		AZASITE.....	88

<i>azathioprine</i>	81	<i>bethanechol chloride</i>	72
<i>azelaic acid</i>	101	BETIMOL	90
<i>azelastine hcl</i>	92	BETOPTIC-S	90
<i>azelastine hcl (ophth)</i>	89	BEVESPI AER 9-4.8MCG.....	95
<i>azithromycin</i>	17	<i>bexarotene</i>	26
AZSTARYS CAP 26.1-5.2.....	50	<i>bexarotene (topical)</i>	101
AZSTARYS CAP 39.2-7.8.....	50	BEXSERO	81
AZSTARYS CAP 52.3-10.	50	BEYFORTUS	92
<i>azurette</i>	61	<i>bicalutamide</i>	27
B		BICILLIN L-A	92
<i>bacitracin (ophthalmic)</i>	88	BIKTARVY TAB.....	14
<i>bacitracin-polymyxin b ophth oint</i>	89	<i>bimatoprost</i>	90
<i>bacitracin-polymyxin-neomycin-hc ophth</i> <i>oint 1%</i>	88	<i>bisoprolol & hydrochlorothiazide tab 10-</i> <i>6.25 mg</i>	35
<i>baclofen</i>	54	<i>bisoprolol & hydrochlorothiazide tab 2.5-</i> <i>6.25 mg</i>	35
<i>balsalazide disodium</i>	70	<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i> <i>mg</i>	35
BARACLUDGE.....	16	<i>bisoprolol fumarate</i>	35
BASAGLAR KWIKPEN	58	<i>bleomycin sulfate</i>	21
BASAGLAR TEMPO PEN.....	58	BLEPHAMIDE OIN S.O.P.	88
BELBUCA.....	8	BLEPHAMIDE SUS OP	88
BELSOMRA.....	51	BLOOD GLUCOSE CALIBRATION SOLUTION	85
<i>benazepril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	30	BLOOD PRESS MIS MONITOR	84
<i>benazepril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	30	BLOOD PRESSURE MONITORING KIT W/ DEVICE & DIGITAL APP.....	84
<i>benazepril & hydrochlorothiazide tab 20-25</i> <i>mg</i>	30	BLOOD PRSSRE MIS MONITOR	84
<i>benazepril & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i>	30	BOOSTRIX INJ	82
<i>benazepril hcl</i>	30	<i>bosentan</i>	39
BENLYSTA	86	BREO ELLIPTA INH 100-25.....	95
<i>benzonatate</i>	93	BREO ELLIPTA INH 200-25	95
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	98	BREO ELLIPTA INH 50-25MCG	95
<i>benztropine mesylate</i>	46	BREZTRI AERO AER SPHERE	20
<i>bepotastine besilate</i>	89	BRILINTA	75
BESIVANCE.....	89	<i>brimonidine tartrate</i>	90
<i>betaine powder for oral solution</i>	65	<i>brimonidine tartrate (topical)</i>	101
<i>betamethasone dipropionate (topical)</i>	100	<i>brimonidine tartrate-timolol maleate ophth</i> <i>soln 0.2-0.5%</i>	91
<i>betamethasone dipropionate augmented</i>	100	BRINSUPRI	94
<i>betamethasone valerate</i>	100	<i>brinzolamide</i>	90
BETASERON	53	BRIVIACT	41
<i>betaxolol hcl</i>	35	BRIXADI	9
<i>betaxolol hcl (ophth)</i>	90	<i>bromfenac sodium (ophth)</i>	89

<i>bromocriptine mesylate</i>	46	<i>calcipotriene</i>	99
BRUKINSA	23	<i>calcipotriene-betamethasone dipropionate</i> <i>oint 0.005-0.064%</i>	100
<i>budesonide</i>	70	<i>calcitonin (salmon)</i>	67
<i>budesonide (inhalation)</i>	95	<i>calcitriol</i>	87
<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 160-4.5 mcg/act</i>	95	<i>calcitriol (topical)</i>	99
<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 80-4.5 mcg/act</i>	95	<i>calcium acetate (phosphate binder)</i>	68
<i>bumetanide</i>	37	CALQUENCE.....	23, 28
<i>buprenorphine</i>	9	<i>camila</i>	61
<i>buprenorphine hcl</i>	9	<i>candesartan cilexetil</i>	32
<i>buprenorphine hcl-naloxone hcl sl film 12-3</i> <i>mg (base equiv)</i>	2	<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 16-12.5 mg</i>	31
<i>buprenorphine hcl-naloxone hcl sl film 2-</i> <i>0.5 mg (base equiv)</i>	2	<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-12.5 mg</i>	31
<i>buprenorphine hcl-naloxone hcl sl film 4-1</i> <i>mg (base equiv)</i>	2	<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-25 mg</i>	31
<i>buprenorphine hcl-naloxone hcl sl film 8-2</i> <i>mg (base equiv)</i>	2	<i>capecitabine</i>	21
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i> <i>mg (base equiv)</i>	2	CAPLYTA.....	48
<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i> <i>mg (base equiv)</i>	2	CAPRELSA	23
<i>bupropion hcl</i>	44	<i>captopril</i>	30
<i>bupropion hcl (smoking deterrent)</i>	55	<i>captopril & hydrochlorothiazide tab 25-15</i> <i>mg</i>	30
<i>bupirone hcl</i>	40	<i>captopril & hydrochlorothiazide tab 25-25</i> <i>mg</i>	30
<i>busulfan</i>	20	<i>captopril & hydrochlorothiazide tab 50-15</i> <i>mg</i>	30
<i>butalbital-acetaminophen-caffeine cap 50-</i> <i>300-40 mg</i>	1	<i>captopril & hydrochlorothiazide tab 50-25</i> <i>mg</i>	30
<i>butalbital-acetaminophen-caffeine cap 50-</i> <i>325-40 mg</i>	1	CAPVAXIVE.....	82
<i>butalbital-acetaminophen-caffeine tab 50-</i> <i>325-40 mg</i>	1	<i>carbamazepine</i>	41
<i>butalbital-acetaminophen-caff w/ cod cap</i> <i>50-300-40-30 mg</i>	3	<i>carbidopa</i>	46
<i>butalbital-aspirin-caffeine cap 50-325-40</i> <i>mg</i>	1	<i>carbidopa & levodopa orally disintegrating</i> <i>tab 10-100 mg</i>	46
<i>butenafine hcl</i>	98	<i>carbidopa & levodopa orally disintegrating</i> <i>tab 25-100 mg</i>	47
<i>butorphanol tartrate</i>	3	<i>carbidopa & levodopa orally disintegrating</i> <i>tab 25-250 mg</i>	47
BYVALSON TAB 5-80MG	31	<i>carbidopa & levodopa tab 10-100 mg</i>	47
C		<i>carbidopa & levodopa tab 25-100 mg</i>	47
CABENUVA SUS 400-600	14	<i>carbidopa & levodopa tab 25-250 mg</i>	47
CABENUVA SUS 600-900	14	<i>carbidopa & levodopa tab er 25-100 mg</i> ..	47
<i>cabergoline</i>	67	<i>carbidopa & levodopa tab er 50-200 mg</i> .	47
		<i>carbidopa-levodopa-entacapone tabs 12.5-</i> <i>50-200 mg</i>	47

<i>carbidopa-levodopa-entacapone tabs</i>		<i>celecoxib</i>	1
18.75-75-200 mg	47	<i>cephalexin</i>	17
<i>carbidopa-levodopa-entacapone tabs 25-</i>		CEQUR SIMPL KIT PATCH 2U	85
100-200 mg	47	CEQUR SIMPL MIS INSERTER.....	85
<i>carbidopa-levodopa-entacapone tabs</i>		CERDELGA.....	65
31.25-125-200 mg	47	<i>cevimeline hcl</i>	102
<i>carbidopa-levodopa-entacapone tabs 37.5-</i>		<i>chateal</i>	61
150-200 mg	47	CHEMET	60
<i>carbidopa-levodopa-entacapone tabs 50-</i>		<i>chloramphenicol sodium succinate</i>	10
200-200 mg	47	<i>chlordiazepoxide hcl</i>	20
<i>carbinoxamine maleate</i>	92	<i>chlorhexidine gluconate (mouth-throat)</i> .	102
<i>carboplatin</i>	26	<i>chloroquine phosphate</i>	12
CARDENE IV SOL 20/200ML	36	<i>chlorothiazide sodium</i>	37
CARDURA XL	72	<i>chlorpromazine hcl</i>	48
<i>carglumic acid</i>	65	CHLORPROMAZINE HCL.....	48
<i>carisoprodol</i>	54	<i>chlorthalidone</i>	37
<i>carisoprodol w/ aspirin & codeine tab 200-</i>		<i>chlorzoxazone</i>	54
325-16 mg	86	<i>cholecalciferol</i>	87
<i>carmustine</i>	20	<i>cholestyramine</i>	33
CARMUSTINE	20	<i>cholestyramine light</i>	33
<i>carteolol hcl (ophth)</i>	90	<i>choline fenofibrate</i>	33
<i>cartia xt</i>	36	<i>ciclopirox</i>	98
<i>carvedilol</i>	35	<i>ciclopirox olamine</i>	98
<i>carvedilol phosphate</i>	35	<i>cidofovir</i>	16
CAYA DPR.....	61	<i>cilostazol</i>	75
CAYSTON.....	93	CIMDUO TAB 300-300	14
<i>caziant</i>	61	<i>cimetidine</i>	70
<i>cefaclor</i>	16	<i>cimetidine hcl</i>	70
<i>cefadroxil</i>	16	<i>cinacalcet hcl</i>	60
<i>cefazolin sodium</i>	16	<i>ciprofloxacin 200 mg/100ml in d5w</i>	17
<i>cefdinir</i>	16	<i>ciprofloxacin 400 mg/200ml in d5w</i>	17
<i>cefditoren pivoxil</i>	16	<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>cefepime hcl</i>	16	0.3-0.1%.....	102
<i>cefixime</i>	16	<i>ciprofloxacin hcl</i>	17
<i>cefotaxime sodium</i>	16	<i>ciprofloxacin hcl (ophth)</i>	89
<i>cefotetan disodium</i>	16	<i>ciprofloxacin hcl (otic)</i>	91
<i>cefoxitin sodium</i>	16	CIPRO HC SUS OTIC	102
<i>cefpodoxime proxetil</i>	16	<i>cisplatin</i>	26
<i>cefprozil</i>	16	<i>citalopram hydrobromide</i>	44
<i>ceftazidime</i>	17, 56	CITRANATAL CAP HARMONY.....	87
CEFTIN.....	17	CITRANATAL CAP MEDLEY	87
<i>ceftriaxone sodium</i>	17	CITRANATAL MIS 90 DHA.....	87
<i>cefuroxime axetil</i>	17	CITRANATAL MIS B-CALM	87
<i>cefuroxime sodium</i>	17	CITRANATAL PAK ASSURE	87

CITRANATAL PAK DHA	87	COMETRIQ KIT 100MG	23
CITRANATAL TAB BLOOM.....	87	COMETRIQ KIT 140MG.....	23
CITRANATAL TAB RX.....	87	COMIRNATY INJ 30/0.3ML	82
<i>cladribine</i>	21	<i>compro</i>	69
<i>clarithromycin</i>	17	CONDOMS MIS	61
<i>clemastine fumarate</i>	92	COPAXONE.....	53
CLENPIQ SOL	71	COPIKTRA.....	23
CLIMARA PRO DIS WEEKLY	65	CORLANOR.....	38
<i>clindacin etz pledgets</i>	98	<i>cortisone acetate</i>	66
<i>clindacin-p</i>	98	CORTISPORIN SUS -TC OTIC	102
<i>clindamycin hcl</i>	10	COSENTYX.....	99
<i>clindamycin palmitate hydrochloride</i>	10	COSENTYX SENSOREADY PEN.....	99
<i>clindamycin phosphate</i>	10	COSENTYX UNOREADY	100
<i>clindamycin phosphate (topical)</i>	98	CREON CAP 12000UNT	71
<i>clindamycin phosphate vaginal</i>	73	CREON CAP 24000UNT	71
<i>clobazam</i>	41	CREON CAP 3000UNIT	71
<i>clobetasol propionate</i>	100	CREON CAP 36000UNT	71
<i>clofarabine</i>	21	CREON CAP 6000UNIT	71
<i>clomipramine hcl</i>	44	CRINONE.....	68
<i>clonazepam</i>	41	CRIXIVAN	12
<i>clonidine</i>	38	<i>cromolyn sodium</i>	95
<i>clonidine hcl</i>	38	<i>cromolyn sodium (mastocytosis)</i>	71
<i>clonidine hcl (adhd)</i>	1	<i>cromolyn sodium (ophth)</i>	89
<i>clopidogrel bisulfate</i>	75	<i>cryselle-28</i>	61
<i>clorazepate dipotassium</i>	41	<i>cyanocobalamin</i>	87
<i>clotrimazole</i>	102	<i>cyclafem 1/35</i>	61
<i>clotrimazole w/ betamethasone cream 1-</i> <i>0.05%</i>	98	<i>cyclafem 7/7/7</i>	61
<i>clotrimazole w/ betamethasone lotion 1-</i> <i>0.05%</i>	99	<i>cyclobenzaprine hcl</i>	54
<i>clozapine</i>	48	<i>cyclophosphamide</i>	20
COARTEM TAB 20-120MG	12	<i>cycloserine</i>	15
COBENFY CAP 100-20MG	48	<i>cyclosporine</i>	81
COBENFY CAP 125-30MG.....	48	<i>cyclosporine modified (for microemulsion)</i>	81
COBENFY CAP 50-20MG	48	<i>cyproheptadine hcl</i>	92
COBENFY STRT CAP PACK	48	CYSTAGON	65
<i>codeine sulfate</i>	3	CYSTARAN	91
CODEINE SULFATE	3	<i>cytarabine</i>	21
<i>colchicine</i>	1	D	
<i>colchicine w/ probenecid tab 0.5-500 mg</i> ..1		<i>dacarbazine</i>	20
<i>colestipol hcl</i>	33	<i>dalfampridine</i>	53
<i>colocort</i>	70	<i>danazol</i>	65
COLY-MYCIN S SUS OTIC.....	102	<i>dantrolene sodium</i>	54
COMETRIQ	23	<i>dapsone</i>	10
		<i>dapsone (topical)</i>	98

DAPTACEL INJ	82	<i>diazepam (anticonvulsant)</i>	41
<i>daptomycin</i>	10	<i>diazepam intensol</i>	41
<i>darifenacin hydrobromide</i>	72	<i>diclofenac potassium</i>	1
<i>darunavir</i>	12	<i>diclofenac sodium</i>	1
<i>dasatinib</i>	23, 24	<i>diclofenac sodium (ophth)</i>	89
<i>dasetta 1/35</i>	61	<i>diclofenac sodium (topical)</i>	101
<i>dasetta 7/7/7</i>	61	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>daunorubicin hcl</i>	21	<i>release 50-0.2 mg</i>	2
<i>decitabine</i>	21	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>deferiprone</i>	60	<i>release 75-0.2 mg</i>	2
<i>delyla</i>	61	<i>dicloxacillin sodium</i>	19
<i>demeclocycline hcl</i>	19	<i>dicyclomine hcl</i>	69
DENGVAXIA SUS	82	<i>didanosine</i>	12
DEPO-ESTRADIOL	65	DIFICID	17
DEPO-MEDROL	66	<i>diflorasone diacetate</i>	100
DEPO-PROVERA	27	<i>diflunisal</i>	9
DEPO-SUBQ PROVERA 104	61	<i>difluprednate</i>	89
<i>depo-testosterone</i>	57	<i>digox</i>	37
DESCOVY TAB 120-15MG	14	<i>digoxin</i>	37
DESCOVY TAB 200/25MG	14	DILANTIN	41
<i>desipramine hcl</i>	44	<i>diltiazem hcl</i>	36
<i>desloratadine</i>	92	DILTIAZEM HCL	36
<i>desmopressin acetate</i>	69	<i>diltiazem hcl coated beads</i>	36
<i>desmopressin acetate spray</i>	69	<i>diltiazem hcl extended release beads</i>	36
<i>desmopressin acetate spray refrigerated</i>	69	<i>dimethyl fumarate</i>	53
<i>desonide</i>	100	<i>dimethyl fumarate capsule dr starter pack</i>	
<i>desoximetasone</i>	100	<i>120 mg & 240 mg</i>	53
<i>desvenlafaxine succinate</i>	44	DIP/TET PED INJ 25-5LFU	82
<i>dexamethasone</i>	66	DIPENTUM	70
DEXAMETHASONE INTENSOL	66	<i>diphenhydramine hcl</i>	92
<i>dexamethasone sodium phosphate</i>	66	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>dexamethasone sodium phosphate (ophth)</i>		<i>mg/5ml</i>	69
.....	89	<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
DEXCOM G6 MIS RECEIVER	85	<i>mg</i>	69
DEXCOM G6 MIS SENSOR	85	<i>dipyridamole</i>	75
DEXCOM G6 MIS TRANSMIT	85	<i>disopyramide phosphate</i>	32
DEXCOM G7 MIS 15 DAY	85	<i>disulfiram</i>	40
DEXCOM G7 MIS RECEIVER	85	DIURIL	37
DEXCOM G7 MIS SENSOR	85	<i>divalproex sodium</i>	41
<i>dexlansoprazole</i>	72	<i>docetaxel</i>	21
<i>dexmethylphenidate hcl</i>	50	DOCETAXEL	21
<i>dexrazoxane hcl</i>	27	DOCETAXEL (NON-ALCOHOL FO	22
<i>dextroamphetamine sulfate</i>	50	<i>dofetilide</i>	32
<i>diazepam</i>	41	<i>donepezil hydrochloride</i>	43

<i>dorzolamide hcl</i>	90	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	14
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	90	ELESTRIN	65
DOVATO TAB 50-300MG.....	14	<i>eletriptan hydrobromide</i>	51
<i>doxazosin mesylate</i>	31	ELIGARD	27
<i>doxepin hcl</i>	44	<i>elinest</i>	61
<i>doxepin hcl (antipruritic)</i>	99	ELIQUIS.....	73
<i>doxepin hcl (sleep)</i>	51	ELIQUIS 3X 0.5MG (1.5MG).....	73
<i>doxercalciferol</i>	87	ELIQUIS 4X 0.5MG (2MG)	73
<i>doxorubicin hcl</i>	21	ELIQUIS STARTER PACK.....	73
<i>doxorubicin hcl liposomal</i>	21	<i>elite-ob</i>	87
<i>doxorubicin hydrochloride</i>	21	ELLA.....	61
<i>doxy 100</i>	19	ELMIRON	72
<i>doxycycline (monohydrate)</i>	19	<i>eltrombopag olamine</i>	74
<i>doxycycline hyclate</i>	19	EMADINE	90
<i>doxylamine succinate (sleep)</i>	51	EMCYT.....	20
<i>dronabinol</i>	69	EMGALITY	51, 52
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	61	<i>emoquette</i>	61
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	61	EMSAM.....	45
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	61	<i>emtricitabine</i>	13
DROXIA.....	26	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	15
<i>droxidopa</i>	103	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	15
DRYSOL.....	56	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	15
DUAVEE TAB 0.45-20	65	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	15
DULERA AER 100-5MCG	95	EMTRIVA	13
DULERA AER 200-5MCG.....	95	EMVERM	10
DULERA AER 50-5MCG	95	<i>enalapril maleate</i>	30
<i>duloxetine hcl</i>	45	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	30
DUPIXENT	56	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	30
<i>dutasteride</i>	72	ENBREL	76
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	72	ENBREL MINI	76
E		ENBREL SURECLICK.....	76
<i>e.e.s. 400</i>	17	ENCARE	61
<i>econazole nitrate</i>	99	ENFLONSIA.....	92
<i>ed-spaz</i>	69	ENGERIX-B.....	82
EDURANT	12	<i>enilloring</i>	61
<i>efavirenz</i>	12, 13	<i>enoxaparin sodium</i>	74
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	14	<i>enpresse-28</i>	62

ENSACOVE	24	estradiol & norethindrone acetate tab 0.5- 0.1 mg.....	66
enskyce	62	estradiol & norethindrone acetate tab 1-0.5 mg	66
entacapone	47	estradiol vaginal	66
entecavir	16	estradiol valerate.....	66
ENTRESTO CAP 15-16MG	38	ESTROGEL	66
ENTRESTO CAP 6-6MG	38	eszopiclone.....	51
ENTYVIO PEN	76	ethacrynate sodium	37
enulose	71	ethacrynic acid	37
EPCLUSA PAK 150-37.5.....	18	ethambutol hcl	15
EPCLUSA PAK 200-50MG	18	ethosuximide.....	41
EPCLUSA TAB 200-50MG.....	18	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	62
EPCLUSA TAB 400-100	18	etodolac.....	1
EPIDIOLEX	41	etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr	62
epinastine hcl (ophth).....	90	etoposide.....	27
epinephrine (anaphylaxis).....	92	etravirine	13
epirubicin hcl	21	EUCRISA	100
epitol.....	41	EUFLEXXA.....	86
EPIVIR HBV	16	EVAMIST	66
eplerenone	31	everolimus.....	24
epoprostenol sodium.....	39	EVOTAZ TAB 300-150.....	15
eprosartan mesylate	32	exemestane.....	27
ERBITUX	22	ezetimibe.....	33
ergocalciferol.....	87	ezetimibe-simvastatin tab 10-10 mg.....	34
ergoloid mesylates.....	43	ezetimibe-simvastatin tab 10-20 mg.....	34
ERGOMAR.....	52	ezetimibe-simvastatin tab 10-40 mg.....	34
ergotamine w/ caffeine tab 1-100 mg.....	52	ezetimibe-simvastatin tab 10-80 mg.....	34
ERIVEDGE.....	22	F	
ERLEADA.....	27	FACTIVE	17
erlotinib hcl.....	24	falmina	62
errin	62	famciclovir	16
ertapenem sodium	10	famotidine	70
ery	98	famotidine in nacl 0.9% iv soln 20 mg/50ml	70
ery-tab	17	FARXIGA	60
erythrocin stearate.....	17	FARYDAK	22
erythromycin (acne aid)	98	FASENRA.....	95
erythromycin (ophth).....	89	FASENRA PEN	95
erythromycin base	17	FC2 FEMALE MIS CONDOM.....	62
erythromycin ethylsuccinate.....	17	febuxostat	1
escitalopram oxalate	45	felbamate	41
eslicarbazepine acetate	41		
esomeprazole magnesium.....	72		
esomeprazole sodium	72		
estradiol	65, 66		

<i>felodipine</i>	36	FLUMIST NASAL VACCINE 2025-2026	82
FEMCAP MIS 22MM	62	<i>flunisolide (nasal)</i>	94
FEMCAP MIS 26MM	62	<i>fluocinolone acetonide</i>	100, 101
FEMCAP MIS 30MM	62	<i>fluocinolone acetonide (otic)</i>	102
FEMLYV TAB 1/0.02MG	62	<i>fluocinonide</i>	101
<i>fenofibrate</i>	33	<i>fluridab</i>	86
<i>fenofibrate micronized</i>	33	<i>fluorouracil</i>	21
<i>fentanyl</i>	3	<i>fluorouracil (topical)</i>	98
<i>fentanyl citrate</i>	3	<i>fluoxetine hcl</i>	45
FERRIPROX.....	60	<i>fluphenazine decanoate</i>	48
FERRIPROX TWICE-A-DAY	61	<i>fluphenazine hcl</i>	48
<i>ferrous fumarate</i>	75	<i>flura-drops</i>	86
FERROUS FUMARATE	75	<i>flurandrenolide</i>	101
<i>ferrous gluconate</i>	75	<i>flurbiprofen</i>	1
FERROUS GLUCONATE	75	<i>flurbiprofen sodium</i>	89
<i>ferrous sulfate</i>	75	<i>flutamide</i>	27
FERROUS SULFATE	75	<i>fluticasone propionate</i>	101
<i>fesoterodine fumarate</i>	72	<i>fluticasone propionate (inhalation)</i>	20
FETZIMA.....	45	<i>fluticasone propionate (nasal)</i>	94
FETZIMA CAP TITRATIO	45	<i>fluticasone propionate hfa</i>	20
FIASP	58	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	95
FIASP FLEXTOUCH	58	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	96
FIASP PENFILL	58	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	96
FIASP PUMPCART	58	<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	96
FINACEA.....	101	<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	96
<i>finasteride</i>	72	<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	96
<i> fingolimod hcl</i>	53	<i>fluvastatin sodium</i>	33
<i>flavoxate hcl</i>	72	<i>fluvoxamine maleate</i>	45
FLEBOGAMMA DIF.....	91	FLUZONE INJ 2025-26	82
<i>flecainide acetate</i>	32	FML FORTE	89
<i>floxuridine</i>	21	<i>folic acid</i>	88
FLUAD INJ 2025-26.....	82	<i>fondaparinux sodium</i>	74
FLUARIX INJ 2025-26	82	<i>formoterol fumarate</i>	96
FLUBLOK INJ 2025-26	82	<i>fosamprenavir calcium</i>	13
FLUCELVAX INJ 2025-26	82	<i>fosfomycin tromethamine</i>	10
<i>fluconazole</i>	11	<i>fosinopril sodium</i>	30
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	11	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	30
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	12		
FLUCONAZOLE SOL /NACL.....	12		
<i>fludarabine phosphate</i>	21		
<i>fludrocortisone acetate</i>	66		
FLULAVAL INJ 2025-26	82		

<i>fosinopril sodium & hydrochlorothiazide tab</i>	
20-12.5 mg	30
<i>fosphenytoin sodium</i>	41
FRAGMIN	74
<i>frovatriptan succinate</i>	52
<i>fulvestrant</i>	27
FUROSCIX	56
<i>furosemide</i>	37
FYCOMPA.....	41
G	
<i>gabapentin</i>	41
<i>galantamine hydrobromide</i>	43
GAMMAGARD LIQUID	91
GAMMAKED	91
GAMUNEX-C	91
GARDASIL 9.....	82
<i>gatifloxacin (ophth)</i>	89
GAZYVA.....	22
<i>gemcitabine hcl</i>	21
<i>gemfibrozil</i>	33
<i>generlac</i>	71
<i>gengraf</i>	81
<i>gentak</i>	89
<i>gentamicin in saline inj 0.8 mg/ml</i>	93
<i>gentamicin in saline inj 1.2 mg/ml</i>	93
<i>gentamicin in saline inj 1.6 mg/ml</i>	93
<i>gentamicin in saline inj 1 mg/ml</i>	93
<i>gentamicin in saline inj 2 mg/ml</i>	93
<i>gentamicin sulfate</i>	93
<i>gentamicin sulfate (ophth)</i>	89
<i>gentamicin sulfate (topical)</i>	98
GENVOYA TAB.....	15
<i>gianvi</i>	62
GLEOSTINE	20
GLIADEL WAF 7.7MG	20
<i>glimepiride</i>	60
<i>glipizide</i>	60
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ..	57
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ..	57
<i>glipizide-metformin hcl tab 5-500 mg</i>	57
<i>glucagon (rdna)</i>	67
GLUCOSE URINE TEST STRIPS.....	85
<i>glyburide</i>	60
<i>glyburide-metformin tab 1.25-250 mg</i>	57

<i>glyburide-metformin tab 2.5-500 mg</i>	57
<i>glyburide-metformin tab 5-500 mg</i>	57
<i>glyburide micronized</i>	60
<i>glycerol phenylbutyrate</i>	65
<i>glycopyrrolate</i>	69
GLYXAMBI TAB 10-5 MG.....	60
GLYXAMBI TAB 25-5 MG	60
<i>gnp olopatadine hydrochlo</i>	90
GOMEKLI.....	24
<i>goodsense aspirin</i>	9
<i>goodsense nicotine</i>	55
<i>goodsense nicotine polacr</i>	55
<i>granisetron hcl</i>	69
<i>griseofulvin microsize</i>	12
<i>griseofulvin ultramicrosize</i>	12
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> 93	
<i>guanfacine hcl</i>	38
<i>guanfacine hcl (adhd)</i>	50
GUANIDINE HCL	52
GYNAZOLE-1.....	73
H	
<i>halcinonide</i>	101
<i>halobetasol propionate</i>	101
<i>haloperidol</i>	48
<i>haloperidol decanoate</i>	48
<i>haloperidol lactate</i>	48
HARVONI PAK.....	18
HARVONI PAK 45-200MG	18
HARVONI TAB 45-200MG	18
HARVONI TAB 90-400MG	18
HAVRIX	82
<i>heather</i>	62
HEMANGEOL.....	35
HEMLIBRA.....	75
<i>heparin sodium (porcine)</i>	74
HEPLISAV-B.....	82
HERNEXEOS	23
HEXALEN	20
HIBERIX	82
HUMATROPE	67
HUMATROPE COMBO PACK	67
HUMATROPEN MIS FOR 12MG.....	67
HUMATROPEN MIS FOR 24MG	67
HUMATROPEN MIS FOR 6MG	67

HUMIRA.....	76	HYQVIA INJ 30-2400.....	80
HUMIRA PEDIA INJ CROHNS.....	77	HYQVIA INJ 5-400.....	80
HUMIRA PEDIATRIC CROHNS D.....	77	I	
HUMIRA PEN.....	77	<i>ibandronate sodium</i>	60
HUMIRA PEN-CD/UC/HS START.....	77	IBRANCE.....	22
HUMIRA PEN KIT PS/UV.....	77	IBTROZI.....	24
HUMIRA PEN-PS/UV STARTER.....	77	<i>ibuprofen</i>	1
HUMULIN R U-500 (CONCENTR.....	58	<i>icatibant acetate</i>	80
HUMULIN R U-500 KWIKPEN.....	58	ICLUSIG.....	24
<i>hydralazine hcl</i>	38	<i>icosapent ethyl</i>	34
<i>hydrochlorothiazide</i>	37	<i>idarubicin hcl</i>	21
<i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i>	4	IDHIFA.....	24
<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i>	4	<i>ifosfamide</i>	20
<i>hydrocodone-acetaminophen tab 2.5-325</i> <i>mg</i>	4	<i>imatinib mesylate</i>	24
<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	4	<i>imipenem-cilastatin intravenous for soln</i> <i>250 mg</i>	10
<i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i>	4	<i>imipenem-cilastatin intravenous for soln</i> <i>500 mg</i>	10
<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	93	<i>imipramine hcl</i>	45
<i>hydrocodone bitart-homatropine</i> <i>methylbrom soln 5-1.5 mg/5ml</i>	93	<i>imipramine pamoate</i>	45
<i>hydrocodone bitartrate</i>	3	<i>imiquimod</i>	98
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	4	IMVEXXY MAINTENANCE PACK.....	66
<i>hydrocortisone</i>	66	IMVEXXY STARTER PACK.....	66
<i>hydrocortisone (rectal)</i>	72	<i>inatal gt</i>	88
<i>hydrocortisone (topical)</i>	101	INCRELEX.....	67
<i>hydrocortisone butyrate</i>	101	INCRUSE ELLIPTA.....	96
<i>hydrocortisone valerate</i>	101	<i>indapamide</i>	37
<i>hydrocortisone w/ acetic acid otic soln 1-</i> <i>2%</i>	102	<i>indomethacin</i>	9
<i>hydromet</i>	93	INFANRIX INJ.....	82
<i>hydromorphone hcl</i>	4, 5	INLYTA.....	24
<i>hydroxychloroquine sulfate</i>	79	INSTA-GLUCOSE.....	67
<i>hydroxyurea</i>	22	INSULIN LISPRO.....	58
<i>hydroxyzine hcl</i>	92	INTELENCE.....	13
<i>hydroxyzine pamoate</i>	92	INTRAROSA.....	57
<i>hyoscyamine sulfate</i>	69	<i>introvale</i>	62
HYQVIA INJ 10-800.....	80	INVANZ.....	10
HYQVIA INJ 2.5-200.....	80	INVEGA SUSTENNA.....	48
HYQVIA INJ 20-1600.....	80	INVEGA TRINZA.....	48
		INVIRASE.....	13
		IOPIDINE.....	90
		IPOL INJ INACTIVE.....	82
		<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i> <i>mg/3ml</i>	96
		<i>ipratropium bromide</i>	96

<i>ipratropium bromide (nasal)</i>	96	KETONE URINE TEST STRIPS	85
<i>irbesartan</i>	32	<i>ketorolac tromethamine</i>	1
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	31	<i>ketorolac tromethamine (ophth)</i>	89
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	31	KEVZARA.....	77
<i>irinotecan hcl</i>	27	KEYTRUDA	22
ISENTRESS.....	13	KEYTRUDA INJ QLEX	22
ISENTRESS HD	13	KINRIX INJ.....	82
<i>isoniazid</i>	15	<i>kionex</i>	61
<i>isosorbide dinitrate</i>	38	KISQALI	22
<i>isosorbide mononitrate</i>	39	KISQALI 200 PAK FEMARA	22
<i>isotretinoin</i>	98	KISQALI 400 PAK FEMARA	22
<i>isradipine</i>	36	KISQALI 600 PAK FEMARA	22
ITOVEBI	24	KLOR-CON 10.....	86
<i>itraconazole</i>	12	KLOR-CON 8	86
<i>ivabradine hcl</i>	38	<i>klor-con m15</i>	86
<i>ivermectin</i>	10	<i>klor-con m20</i>	86
<i>ivermectin (rosacea)</i>	102	KLOXXADO	55
IV PREP WIPE PAD	98	KOSELUGO	28
J		<i>kurvelo</i>	62
JAKAFI.....	24	KYLEENA.....	62
<i>jantoven</i>	74	L	
JARDIANCE	60	<i>labetalol hcl</i>	35
<i>jinteli</i>	66	<i>lacosamide</i>	42
<i>jolessa</i>	62	LACRISERT	91
<i>jolivette</i>	62	<i>lactic acid (ammonium lactate)</i>	101
JOURNAVX	1	<i>lactulose</i>	71
<i>joyeaux</i>	62	LAGEVRIO	29
JUBBONTI.....	68	<i>lamivudine</i>	13
<i>junel 1/20</i>	62	<i>lamivudine (hbv)</i>	16
<i>junel 1.5/30</i>	62	<i>lamivudine-zidovudine tab 150-300 mg</i>	15
<i>junel fe 1/20</i>	62	<i>lamotrigine</i>	42
<i>junel fe 1.5/30</i>	62	<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	42
JYNNEOS	82	<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	42
K		LANCETS.....	85
KADCYLA	22	LANCING DEVICE	85
KALYDECO	93, 94	LANOXIN	37
<i>kariva</i>	62	LANOXIN PEDIATRIC	37
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> ...87		<i>lanreotide acetate</i>	56
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>87		<i>lansoprazole</i>	72
<i>kelnor 1/35</i>	62	<i>lanthanum carbonate</i>	68
KERENDIA	67	<i>lapatinib ditosylate</i>	24
<i>ketoconazole (topical)</i>	99, 100	<i>larin 1.5/30</i>	62

LASTACRAFT	90	<i>levonorgestrel-ethinyl estradiol-fe tab 0.1</i>	
<i>latanoprost</i>	90	<i>mg-20 mcg (21)</i>	62
<i>leena</i>	62	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i>	
<i>leflunomide</i>	80	<i>est tab 0.01mg(7)</i>	62
<i>lenalidomide</i>	80, 81	<i>levora 0.15/30-28</i>	63
LENVIMA 10 MG DAILY DOSE	25	<i>levorphanol tartrate</i>	5
LENVIMA 12MG DAILY DOSE	25	<i>levothyroxine sodium</i>	68
LENVIMA 20 MG DAILY DOSE	25	<i>levoxyl</i>	68
LENVIMA 4 MG DAILY DOSE	24	LIBERVANT	42
LENVIMA 8 MG DAILY DOSE	24	LIDO/DEXTROS INJ 5-7.5%	9
LENVIMA CAP 14 MG	25	<i>lidocaine</i>	101
LENVIMA CAP 18 MG	25	<i>lidocaine hcl</i>	101
LENVIMA CAP 24 MG.....	25	<i>lidocaine hcl (cardiac)</i>	32
<i>lessina</i>	62	<i>lidocaine hcl (local anesth.)</i>	9
<i>letrozole</i>	28	<i>lidocaine hcl (mouth-throat)</i>	102
<i>leucovorin calcium</i>	27	<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	32
LEUKERAN	20	<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	32
<i>leuprolide acetate</i>	28	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	101
<i>levalbuterol hcl</i>	96	<i>lidocaine-prilocaine cream kit 2.5-2.5%</i> ..	101
<i>levalbuterol tartrate</i>	96	LILETTA	63
LEVEMIR.....	58	<i>linezolid</i>	10
LEVEMIR FLEXPEN	58	<i>linezolid inj 2mg/ml</i>	10
<i>levetiracetam</i>	42	LINZESS.....	70
<i>levetiracetam in sodium chloride iv soln</i>		<i>liothyronine sodium</i>	68
<i>1000 mg/100ml</i>	42	<i>liraglutide</i>	58
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril</i>	30
<i>1500 mg/100ml</i>	42	<i>lisinopril & hydrochlorothiazide tab 10-12.5</i>	
<i>levetiracetam in sodium chloride iv soln</i>		<i>mg</i>	30
<i>500 mg/100ml</i>	42	<i>lisinopril & hydrochlorothiazide tab 20-12.5</i>	
<i>levobunolol hcl</i>	90	<i>mg</i>	30
<i>levocetirizine dihydrochloride</i>	92	<i>lisinopril & hydrochlorothiazide tab 20-25</i>	
<i>levofloxacin</i>	17	<i>mg</i>	30
<i>levofloxacin (ophth)</i>	89	<i>lithium</i>	52
<i>levofloxacin in d5w iv soln 250 mg/50ml</i> ..	17	<i>lithium carbonate</i>	52, 53
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	18	LOKELMA.....	61
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	18	LO LOESTRIN TAB 1-10-10.....	63
<i>levonest</i>	62	<i>loperamide hcl</i>	69
<i>levonorgestrel (emergency oc)</i>	62	<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	
<i>levonorgestrel & ethinyl estradiol (91-day)</i>		<i>(80-20 mg/ml)</i>	15
<i>tab 0.15-0.03 mg</i>	62	<i>lopinavir-ritonavir tab 100-25 mg</i>	15
<i>levonorgestrel & ethinyl estradiol tab 0.15</i>		<i>lopinavir-ritonavir tab 200-50 mg</i>	15
<i>mg-30 mcg</i>	62	LOQTORZI	22
<i>levonorgestrel & ethinyl estradiol tab 0.1</i>		<i>lorazepam</i>	40
<i>mg-20 mcg</i>	62	LORBRENA.....	25

<i>loryna</i>	63	<i>megestrol acetate (appetite)</i>	28
<i>losartan potassium</i>	32	MEKINIST	25
<i>losartan potassium & hydrochlorothiazide</i>		<i>meloxicam</i>	2
<i>tab 100-12.5 mg</i>	31	<i>melphalan</i>	20
<i>losartan potassium & hydrochlorothiazide</i>		<i>melphalan hcl</i>	20
<i>tab 100-25 mg</i>	31	<i>memantine hcl</i>	43
<i>losartan potassium & hydrochlorothiazide</i>		<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i>	
<i>tab 50-12.5 mg</i>	31	<i>titration pack</i>	43
<i>loteprednol etabonate</i>	89	MENACTRA INJ	83
<i>lovastatin</i>	34	MENEST	66
<i>low-ogestrel</i>	63	MENQUADFI	83
<i>loxapine succinate</i>	48	MENVEO INJ	83
<i>lubiprostone</i>	70	MENVEO SOL	83
<i>ludent</i>	86, 87	<i>meprobamate</i>	40
<i>luliconazole</i>	56	<i>mercaptopurine</i>	21
LUMIGAN	90	<i>meropenem</i>	10
LUMRYZ	55	<i>mesalamine</i>	70
LUMRYZ PAK STARTER	55	<i>mesna</i>	27
LUPRON DEPOT-PED (1-MONTH)	28	<i>metaproterenol sulfate</i>	96
LUPRON DEPOT-PED (3-MONTH)	28	<i>metaxalone</i>	54
<i>lurasidone hcl</i>	49	<i>metformin hcl</i>	57
<i>lutera</i>	63	<i>methadone hcl</i>	5
LYNPARZA	22	<i>methadone hydrochloride i</i>	5
LYSODREN	28	<i>methadose</i>	5
M		<i>methamphetamine hcl</i>	50
<i>magnesium sulfate</i>	87	<i>methazolamide</i>	37
<i>magnesium sulfate in dextrose 5% iv soln 1</i>		<i>methenamine hippurate</i>	11
<i>gm/100ml</i>	87	<i>methimazole</i>	68
<i>malathion</i>	102	<i>methocarbamol</i>	54
<i>mannitol</i>	37	<i>methotrexate sodium</i>	21, 80
<i>maprotiline hcl</i>	45	<i>methoxsalen rapid</i>	100
<i>maraviroc</i>	13	<i>methscopolamine bromide</i>	69
<i>marlissa</i>	63	<i>methsuximide</i>	42
MARPLAN	45	<i>methyl dopa</i>	38
MATULANE	20	<i>methylphenidate hcl</i>	50, 51
<i>matzim la</i>	36	<i>methylprednisolone</i>	66
MAXIDEX	89	<i>methylprednisolone acetate</i>	66
<i>meclizine hcl</i>	69	<i>methylprednisolone sod succ</i>	66
<i>meclofenamate sodium</i>	1	<i>methyltestosterone</i>	57
<i>medroxyprogesterone acetate</i>	68	<i>metoclopramide hcl</i>	70
<i>medroxyprogesterone acetate</i>		<i>metolazone</i>	37
<i>(contraceptive)</i>	63	<i>metoprolol & hydrochlorothiazide tab 100-</i>	
<i>mefloquine hcl</i>	12	<i>25 mg</i>	35
<i>megestrol acetate</i>	28		

<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	35	<i>morphine sulfate beads</i>	6
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	35	MOTOFEN TAB 1-0.025.....	69
<i>metoprolol succinate</i>	35	MOUNJARO.....	58
<i>metoprolol tartrate</i>	35	MOVANTIK.....	71
<i>metronidazole</i>	11	<i>moxifloxacin hcl</i>	18
<i>metronidazole (topical)</i>	102	<i>moxifloxacin hcl (ophth)</i>	89
<i>metronidazole vaginal</i>	73	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	18
<i>mexiletine hcl</i>	32	MRESVIA.....	83
<i>miconazole 3</i>	73	MULTAQ.....	32
MICRHOGAM ULTRA-FILTERED.....	91	<i>multi-vit/iron/fluoride</i>	88
MICROCHAMBER MIS.....	97	<i>multivitamin/fluoride</i>	88
<i>microgestin 1.5/30</i>	63	<i>multi-vitamin/fluoride/ir</i>	88
<i>midodrine hcl</i>	38	<i>multi-vitamin/fluoride dr</i>	88
MIEBO.....	90	<i>mupirocin</i>	98
<i>miglitol</i>	57	<i>mvc-fluoride</i>	88
<i>mimvey</i>	66	MYALEPT.....	65
<i>mimvey lo</i>	66	<i>mycophenolate mofetil</i>	81
<i>minitran</i>	39	<i>mycophenolate mofetil hcl</i>	81
<i>minocycline hcl</i>	20	<i>mycophenolate sodium</i>	81
<i>minoxidil</i>	38	MYRBETRIQ.....	73
<i>minzoya</i>	63	<i>myzilra</i>	63
<i>mirabegron</i>	73	N	
MIRCERA.....	75	<i>nabumetone</i>	2
MIRENA.....	63	<i>nadolol</i>	35
<i>mirtazapine</i>	45	<i>nafcillin sodium</i>	19
MISC LANCETS.....	85	<i>nafrinse</i>	87
<i>misoprostol</i>	67	<i>nafrinse drops</i>	87
<i>mitomycin</i>	21	<i>naftifine hcl</i>	99
<i>mitoxantrone hcl</i>	21	<i>nalbuphine hcl</i>	6
MIUDELLA IUD COPPER.....	63	<i>naloxone hcl</i>	55
M-M-R II INJ.....	83	<i>naltrexone hcl</i>	55
MNEXSPIKE COVID-19 VACCIN.....	83	NAMENDA XR CAP TITRATIO.....	43
<i>modafinil</i>	55	<i>naproxen</i>	2
MODERNA COVID-19 VACCINE.....	83	<i>naratriptan hcl</i>	52
<i>moexipril hcl</i>	30	NATACYN.....	89
<i>mometasone furoate</i>	101	NATAZIA TAB.....	63
<i>mono-lyyah</i>	63	<i>nateglinide</i>	59
MONOVISC.....	86	NAYZILAM.....	42
<i>montelukast sodium</i>	96	<i>nebevivolol hcl</i>	35
<i>morgidox 1x100mg</i>	20	<i>necon 0.5/35-28</i>	63
<i>morphine sulfate</i>	5, 6	<i>nefazodone hcl</i>	45
MORPHINE SULFATE.....	5	NEFFY.....	92
		<i>nelarabine</i>	21

<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	89	NIVA THYROID	68
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	88	NIVESTYM.....	75
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	88	<i>nizatidine</i>	70
<i>neomycin-polymyxin-hc ophth susp</i>	88	<i>nora-be</i>	63
<i>neomycin-polymyxin-hc otic soln 1%</i>	102	NORDITROPIN FLEXPEN	67
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	102	<i>norethindrone (contraceptive)</i>	63
<i>neomycin sulfate</i>	10	<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	63
NEUPRO	47	<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	63
NEVANAC	89	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	63
<i>nevirapine</i>	13	<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	63
NEXPLANON	63	<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	63
NEXTSTELLIS TAB 3-14.2MG	63	<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	63
<i>niacin (antihyperlipidemic)</i>	34	<i>norethindrone acetate</i>	68
<i>nicardipine hcl</i>	36	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	66
<i>nicotine</i>	55	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	63
<i>nicotine polacrilex</i>	55	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	63
<i>nicotine step 3</i>	55	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	63
NICOTINE SYS KIT TRANSDER.....	55	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	63
NICOTROL INHALER	55	<i>nortrel 0.5/35 (28)</i>	63
NICOTROL NS	55	<i>nortrel 1/35</i>	64
<i>nifedipine</i>	37	<i>nortrel 7/7/7</i>	64
<i>nikki</i>	63	<i>nortriptyline hcl</i>	45, 46
<i>nilotinib hcl</i>	28, 29	NORVIR	13
<i>nilutamide</i>	28	NOVAVAX COVID-19 VACCINE/	83
<i>nimodipine</i>	37	NOVOLIN INJ 70/30.....	58
NIPENT	21	NOVOLIN INJ 70/30 FP	58
<i>nitazoxanide</i>	11	NOVOLIN N.....	59
<i>nitisinone</i>	65	NOVOLIN N FLEXPEN	59
NITRO-BID	39	NOVOLIN R	59
NITRO-DUR.....	39	NOVOLIN R FLEXPEN.....	59
<i>nitrofurantoin</i>	11	NOVOLOG.....	59
<i>nitrofurantoin macrocrystal</i>	11	NOVOLOG FLEXPEN	59
<i>nitrofurantoin monohyd macro</i>	11	NOVOLOG MIX INJ 70/30	59
<i>nitroglycerin</i>	39		
NITROGLYCERIN	39		
<i>nitroglycerin (intra-anal)</i>	101		
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i> ..	39		
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i> ..	39		
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i> ..	39		
<i>niva-fol tab</i>	88		

NOVOLOG MIX INJ FLEXPEN	59	<i>olmesartan-amlodipine-</i>	
NOVOLOG PENFILL.....	59	<i>hydrochlorothiazide tab 40-5-12.5 mg ..</i>	32
NOVOPEN ECHO MIS.....	85	<i>olmesartan-amlodipine-</i>	
NP THYROID 120.....	68	<i>hydrochlorothiazide tab 40-5-25 mg ...</i>	32
NP THYROID 15.....	68	<i>olmesartan medoxomil.....</i>	32
NP THYROID 30.....	68	<i>olmesartan medoxomil-</i>	
NP THYROID 60.....	68	<i>hydrochlorothiazide tab 20-12.5 mg.....</i>	31
NP THYROID 90.....	68	<i>olmesartan medoxomil-</i>	
NUBEQA.....	28	<i>hydrochlorothiazide tab 40-12.5 mg</i>	31
NUCALA.....	96	<i>olmesartan medoxomil-</i>	
NUDEXTA CAP 20-10MG.....	53	<i>hydrochlorothiazide tab 40-25 mg</i>	31
<i>nulev</i>	69	<i>olopatadine hcl.....</i>	90
<i>nyamyc</i>	99	<i>olopatadine hcl (nasal)</i>	92
<i>nylia 1/35</i>	64	<i>omega-3-acid ethyl esters cap 1 gm</i>	34
<i>nystatin</i>	12	<i>omeprazole</i>	72
<i>nystatin (mouth-throat)</i>	102	OMNARIS.....	94
<i>nystatin (topical)</i>	99	OMNIFLEX DPR.....	64
<i>nystatin-triamcinolone cream 100000-0.1</i>		OMNIPOD 5 DX KIT INT G7G6.....	85
<i>unit/gm-%.....</i>	99	OMNIPOD 5 DX MIS POD G7G6.....	85
<i>nystatin-triamcinolone oint 100000-0.1</i>		OMNIPOD 5 G7 KIT INTRO.....	85
<i>unit/gm-%.....</i>	99	OMNIPOD 5 G7 MIS PODS.....	85
<i>nystop</i>	99	OMNIPOD 5 L2 KIT INTRO G6.....	85
NYVEPRIA.....	75	OMNIPOD 5 L2 MIS PODS G6.....	86
●		OMNIPOD DASH KIT INTRO.....	86
<i>ocella</i>	64	OMNIPOD DASH MIS PODS.....	86
OCTAGAM.....	91	OMNIPOD GO KIT 10UNT/DY.....	86
<i>octreotide acetate</i>	56	OMNIPOD GO KIT 15UNT/DY.....	86
OCTREOTIDE ACETATE.....	56	OMNIPOD GO KIT 25UNT/DY.....	86
ODEFSEY TAB.....	15	OMNIPOD GO KIT 35UNT/DY.....	86
ODOMZO.....	23	OMNIPOD MIS CLASSIC.....	86
OFEV.....	97	ONAPGO.....	47
<i>ofloxacin</i>	18	ONCASPAR.....	26
<i>ofloxacin (ophth)</i>	89	<i>ondansetron</i>	70
<i>ofloxacin (otic)</i>	102	<i>ondansetron hcl</i>	70
<i>ogestrel</i>	64	ONGENTYS.....	47
OGSIVEO.....	25	OPILL.....	64
<i>olanzapine</i>	49	OPSUMIT.....	39
<i>olmesartan-amlodipine-</i>		OPSYNVI TAB 10-20MG.....	39
<i>hydrochlorothiazide tab 20-5-12.5 mg...31</i>		OPSYNVI TAB 10-40MG.....	39
<i>olmesartan-amlodipine-</i>		OPTIONS GYNOL II VAGINAL.....	64
<i>hydrochlorothiazide tab 40-10-12.5 mg 32</i>		OPVEE.....	55
<i>olmesartan-amlodipine-</i>		<i>oralone dental paste</i>	102
<i>hydrochlorothiazide tab 40-10-25 mg...32</i>		ORENITRAM.....	39
		ORENITRAM TAB MONTH 1.....	39

ORENITRAM TAB MONTH 2.....	39
ORENITRAM TAB MONTH 3.....	39
ORFADIN	65
ORLISSA	65
ORKAMBI GRA 100-125	94
ORKAMBI GRA 150-188.....	94
ORKAMBI TAB 100-125	94
ORKAMBI TAB 200-125	94
<i>orphenadrine citrate</i>	54
<i>orsythia</i>	64
ORTHOVISC.....	86
<i>oscimin</i>	69
<i>oscimin sr</i>	69
<i>oseltamivir phosphate</i>	16
<i>osmitrol viaflex</i>	37
OTEZLA	80
OTEZLA/XR TAB 28 DAY	80
OTEZLA TAB 10/20.....	80
OTEZLA TAB 10/20/30	80
OTEZLA XR	80
OTIPRIO.....	91
OTREXUP.....	9
<i>oxacillin sodium</i>	19
<i>oxaliplatin</i>	26
<i>oxandrolone</i>	57
<i>oxaprozin</i>	2
<i>oxazepam</i>	40
<i>oxcarbazepine</i>	42
<i>oxiconazole nitrate</i>	56
<i>oxybutynin chloride</i>	73
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	8
<i>oxycodone hcl</i>	6, 7
<i>oxycodone-ibuprofen tab 5-400 mg</i>	8
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	7
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	7
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	7
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	7
OXYCONTIN.....	8
<i>oxymorphone hcl</i>	8
OZEMPIC.....	58

P	
<i>pacerone</i>	33
<i>paclitaxel</i>	22
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	22
PADCEV.....	26
<i>paliperidone</i>	49
<i>pamidronate disodium</i>	60
<i>pantoprazole sodium</i>	72
PARAGARD IUD T380A.....	64
<i>paraplatin</i>	27
<i>paricalcitol</i>	88
<i>paroxetine hcl</i>	46
PASER.....	15
PATADAY EXTRA STRENGTH	90
PAXLOVID PAK	29
PAXLOVID TAB 150-100.....	29
PAXLOVID TAB 300-100.....	29
<i>pazopanib hcl</i>	25
PEDIARIX INJ 0.5ML	83
PEDIATRIC RESPIRATORY MASK	97
PEDVAX HIB.....	83
PEGANONE.....	42
PEGASYS	18
PEG-PREP KIT	71
<i>pemetrexed disodium</i>	21
PENBRAYA INJ.....	83
<i>penicillamine</i>	61
<i>penicillin g potassium</i>	19
<i>penicillin g sodium</i>	19
<i>penicillin v potassium</i>	19
PENMENVY INJ.....	83
PENTACEL INJ	83
<i>pentamidine isethionate</i>	11
<i>pentoxifylline</i>	75
<i>perindopril erbumine</i>	30
<i>perio gard</i>	102
<i>permethrin</i>	102
<i>perphenazine</i>	49
PFIZER-BIONTECH COVID-19.....	83
<i>pfizerpen</i>	19
<i>phenazopyridine tab 95mg</i>	72
<i>phenelzine sulfate</i>	46
<i>phenobarbital</i>	42

<i>phenoxybenzamine hcl</i>	38	<i>potassium chloride</i>	87
<i>phenylephrine hcl (mydriatic)</i>	91	<i>potassium chloride in nacl</i>	87
<i>phenytoin</i>	42	<i>potassium chloride microencapsulated</i>	
<i>phenytoin sodium</i>	42	<i>crystals er</i>	87
<i>phenytoin sodium extended</i>	42	<i>potassium citrate (alkalinizer)</i>	72
PHEXX GEL	64	PRALUENT	34
PHOSPHOLINE IODIDE	90	<i>pramipexole dihydrochloride</i>	47
PHOTOFRIN	26	<i>pramox gel</i>	101
<i>physiolyte</i>	91	<i>prasugrel hcl</i>	75
<i>physiosol irrigation</i>	91	<i>pravastatin sodium</i>	34
<i>phytonadione</i>	88	<i>praziquantel</i>	10
<i>pilocarpine hcl</i>	90	<i>prazosin hcl</i>	31
<i>pilocarpine hcl (oral)</i>	102	PRED MILD.....	89
<i>pimozide</i>	53	<i>prednicarbate</i>	101
<i>pindolol</i>	35	<i>prednisolone</i>	67
<i>pioglitazone hcl</i>	59	<i>prednisolone acetate (ophth)</i>	89
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	59	PREDNISOLONE SODIUM PHOSP	89
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	59	<i>prednisolone sodium phosphate</i>	67
<i>pioglitazone hcl-metformin hcl tab 15-500</i>		<i>prednisone</i>	67
<i>mg</i>	59	PREDNISONE INTENSOL	67
<i>pioglitazone hcl-metformin hcl tab 15-850</i>		<i>pregabalin</i>	42
<i>mg</i>	59	PREGNYL W/DILUENT BENZYL	67
<i>piperacillin sod-tazobactam na for inj 3.375</i>		PREHEVBRIO	83
<i>gm (3-0.375 gm)</i>	19	PREMARIN	66
<i>piperacillin sod-tazobactam sod for inj 2.25</i>		<i>prenatabs rx tab</i>	88
<i>gm (2-0.25 gm)</i>	19	<i>prenatal 19</i>	88
<i>piperacillin sod-tazobactam sod for inj 4.5</i>		<i>prevalite</i>	33
<i>gm (4-0.5 gm)</i>	19	<i>previfem</i>	64
<i>piperacillin sod-tazobactam sod for inj 40.5</i>		PREVNAR 13 INJ.....	83
<i>gm (36-4.5 gm)</i>	19	PREVNAR 20 INJ.....	83
<i>pirfenidone</i>	97	PREZCOBIX TAB 800-150	15
<i>piroxicam</i>	2	PREZISTA	13
PLEGRIDY	54	PRIFTIN	15
PLEGRIDY INJ STARTER.....	54	<i>primaquine phosphate</i>	12
PLEGRIDY PEN INJ STARTER	54	<i>primidone</i>	42
PLENVU SOL.....	71	PRIMSOL.....	11
PNEUMOVAX 23/1 DOSE	83	PRIORIX INJ	83
<i>podofilox</i>	101	<i>probenecid</i>	1
<i>polycin</i>	89	<i>procainamide hcl</i>	33
<i>polymyxin b sulfate</i>	11	<i>prochlorperazine</i>	70
<i>polymyxin b-trimethoprim ophth soln</i>		<i>prochlorperazine edisylate</i>	70
<i>10000 unit/ml-0.1%</i>	89	<i>prochlorperazine maleate</i>	70
POMALYST	81	<i>proctosol hc</i>	72
<i>portia-28</i>	64	<i>proctozone-hc</i>	72

<i>progesterone</i>	68	<i>ramelteon</i>	51
PROGRAF	81	<i>ramipril</i>	30
PROLASTIN-C	92	<i>ranolazine</i>	38
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	93	<i>rasagiline mesylate</i>	47
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	93	RASUVO	9
<i>promethazine hcl</i>	70	REBETOL	18
<i>promethazine vc/codeine</i>	93	REBIF	54
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	93	REBIF REBIDO INJ TITRATN	54
<i>propafenone hcl</i>	33	REBIF REBIDOSE	54
<i>proparacaine hcl</i>	91	REBIF TITRTN INJ PACK	54
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	35	<i>reclipsen</i>	64
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	35	RECOMBIVAX HB	83
<i>propranolol hcl</i>	35	REGRANEX	102
<i>propylthiouracil</i>	68	RELENZA DISKHALER	16
PROQUAD INJ	83	<i>repaglinide</i>	59
<i>protriptyline hcl</i>	46	RESCRIPTOR	13
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	93	RESTASIS	90
<i>pyrazinamide</i>	15	RESTASIS MULTIDOSE	90
<i>pyridostigmine bromide</i>	53	RETACRIT	75
<i>pyridoxine hcl</i>	88	RETROVIR IV INFUSION	13
<i>pyrimethamine</i>	12	REXTOVY	55
Q		REXULTI	49
QUADRACEL INJ 0.5ML	83	REYATAZ	14
QUADRAMET	26	RHOGAM ULTRA-FILTERED PLU	91
<i>quasense</i>	64	<i>ribavirin</i>	16
<i>quazepam</i>	76	<i>ribavirin (hepatitis c)</i>	18
<i>quetiapine fumarate</i>	49	<i>rifabutin</i>	15
<i>quinapril hcl</i>	30	<i>rifampin</i>	15
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	30	<i>riluzole</i>	53
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	30	<i>rimantadine hydrochloride</i>	16
<i>quinidine sulfate</i>	33	RINVOQ	77
<i>quinine sulfate</i>	12	RINVOQ LQ	77
QULIPTA	52	<i>risedronate sodium</i>	60
QVAR REDIHALER	96	<i>risperidone</i>	49
R		<i>risperidone microspheres</i>	49
<i>rabeprazole sodium</i>	72	<i>ritonavir</i>	14
<i>raloxifene hcl</i>	67	<i>rivastigmine</i>	43
		<i>rivastigmine tartrate</i>	43
		<i>rivelsa</i>	64
		RIVIVE SPR 3/0.1ML	55
		<i>rizatriptan benzoate</i>	52
		<i>roflumilast</i>	96
		ROMVIMZA	25
		<i>ropinirole hydrochloride</i>	47

<i>rosadan</i>	102	<i>sodium chloride (gu irrigant)</i>	102
<i>rosuvastatin calcium</i>	34	<i>sodium chloride (inhalant)</i>	96
ROTARIX SUS	84	<i>sodium chloride flush</i>	87
ROTATEQ SOL.....	84	<i>sodium fluoride</i>	87
RUXIENCE	23	<i>sodium phenylbutyrate</i>	65
RYBELSUS.....	58	<i>sodium polystyrene sulfonate</i>	61
RYDAPT	23	<i>solifenacin succinate</i>	73
S		SOLIQUA INJ 100/33.....	58
<i>sacubitril-valsartan tab 24-26 mg</i>	38	SOMATULINE DEPOT.....	56
<i>sacubitril-valsartan tab 49-51 mg</i>	38	SOMAVERT	57
<i>sacubitril-valsartan tab 97-103 mg</i>	38	<i>sorafenib tosylate</i>	25
SANCUSO	70	<i>sorine</i>	33
SANDIMMUNE	81	<i>sotalol hcl</i>	33
SANTYL.....	102	<i>sotalol hcl (afib/afl)</i>	33
<i>sapropterin dihydrochloride</i>	65	SOTALOL HYDROCHLORIDE	33
SAVELLA	51	SPIKEVAX COVID-19 VACCINE	84
SAVELLA MIS TITR PAK.....	51	<i>spinosad</i>	102
SCSEMBLIX.....	25	SPIRIVA HANDIHALER.....	96
<i>scopolamine</i>	70	SPIRIVA RESPIMAT	96
<i>selegiline hcl</i>	47	<i>spironolactone</i>	37
<i>selenium sulfide</i>	100	<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	38
SELZENTRY	14	<i>sprintec 28</i>	64
<i>sertraline hcl</i>	46	<i>sronyx</i>	64
<i>sevelamer carbonate</i>	68	<i>ssd</i>	98
SHARPS CONTAINER.....	85	<i>stavudine</i>	14
SHINGRIX	84	STELARA	78
SIGNIFOR	64	STIVARGA	25
<i>sildenafil citrate (pulmonary hypertension)</i>	39	STOBOCLO	68
<i>silodosin</i>	72	STRENSIQ	65
<i>silver sulfadiazine</i>	98	<i>streptomycin sulfate</i>	10
SIMBRINZA SUS 1-0.2%.....	90	STRIVERDI RESPIMAT	96
SIMPONI	78	SUBLOCADE	9
SIMPONI ARIA	78	<i>sucralfate</i>	71
<i>simvastatin</i>	34	SUFLAVE SOL	71
<i>sirolimus</i>	81	<i>sulconazole nitrate</i>	99
SIRTURO	15	<i>sulfacetamide sodium (ophth)</i>	89
SIVEXTRO	11	<i>sulfacetamide sodium-prednisolone ophth</i> <i>soln 10-0.23(0.25)%</i>	88
SKYLA.....	64	SULFADIAZINE.....	10
SKYRIZI	78	<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	11
SKYRIZI PEN	78	<i>sulfamethoxazole-trimethoprim susp 200-</i> <i>40 mg/5ml</i>	11
SLYND	64		
<i>sm nicotine transdermal s</i>	55		
<i>sodium chloride</i>	87		

<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	11	<i>tamoxifen citrate</i>	28
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	11	<i>tamsulosin hcl</i>	72
SULFAMYLON	98	<i>tasimelteon</i>	51
<i>sulfasalazine</i>	70	<i>tazarotene</i>	100
<i>sulindac</i>	2	<i>tazicef</i>	17
<i>sumatriptan</i>	52	TAZORAC	100
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	52	<i>taztia xt</i>	37
<i>sumatriptan succinate</i>	52	TDVAX INJ 2-2 LF	84
<i>sunitinib malate</i>	25	TECHLITE INSULIN PEN NEEDLES.....	85
SUNLENCA	14	TECHLITE PLUS PEN NEEDLES	85
SUNOSI	1	<i>telmisartan</i>	32
SUPPRELIN LA.....	67	<i>telmisartan-amlodipine tab 40-10 mg</i>	32
SUTAB TAB	71	<i>telmisartan-amlodipine tab 40-5 mg</i>	32
<i>syeda</i>	64	<i>telmisartan-amlodipine tab 80-10 mg</i>	32
<i>symax-sl</i>	69	<i>telmisartan-amlodipine tab 80-5 mg</i>	32
SYMDEKO TAB 100-150.....	94	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	32
SYMDEKO TAB 50-75MG.....	94	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	32
SYMLINPEN 120	57	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	32
SYMLINPEN 60	57	<i>temazepam</i>	51
SYNAREL.....	65	TEMIXYS TAB 300-300	15
SYNERA DIS 70-70MG.....	101	TEMODAR.....	20
SYNJARDY TAB	59	<i>temozolomide</i>	21
SYNJARDY TAB 12.5-500.....	59	TEMPO SMART MIS BUTTON	85
SYNJARDY TAB 5-1000MG	59	<i>tencon</i>	1
SYNJARDY TAB 5-500MG	59	TENIPOSIDE.....	27
SYNJARDY XR TAB	59	TENIVAC INJ 5-2LF	84
SYNJARDY XR TAB 10-1000	60	<i>tenofovir disoproxil fumarate</i>	14
SYNJARDY XR TAB 25-1000	60	<i>terazosin hcl</i>	31
SYNJARDY XR TAB 5-1000MG.....	59	<i>terbinafine hcl</i>	12
SYNTHROID.....	69	<i>terbutaline sulfate</i>	96
T		<i>terconazole vaginal</i>	73
TABLOID.....	21	<i>teriflunomide</i>	54
<i>tacrolimus</i>	81	<i>testosterone</i>	57
<i>tacrolimus (topical)</i>	100	<i>testosterone cypionate</i>	57
<i>tadalafil</i>	72	<i>testosterone enanthate</i>	57
<i>tadalafil (pulmonary hypertension)</i>	40	<i>tetrabenazine</i>	53
TAFINLAR.....	25	<i>tetracycline hcl</i>	20
<i>tafluprost</i>	90	TEVIMBRA.....	23
TAGRISO	29	TEZSPIRE.....	96
TALICIA CAP	103	THALOMID.....	81
TALTZ	79	<i>theophylline</i>	97

<i>thioridazine hcl</i>	49	<i>tranexamic acid</i>	75
<i>thiothixene</i>	49	<i>tranylcypromine sulfate</i>	46
THYROID	69	<i>travoprost</i>	90
<i>tiagabine hcl</i>	42	TRAZIMERA	23
<i>ticagrelor</i>	75	<i>trazodone hcl</i>	46
TICE BCG	81	TRECTOR.....	15
<i>timolol maleate</i>	35	TRELEGY AER 100MCG.....	97
<i>timolol maleate (ophth)</i>	90	TRELEGY AER 200MCG.....	97
<i>tinidazole</i>	10	TREMFYA	79
<i>tis-u-sol</i>	91	<i>treprostinil</i>	40
TIVICAY	14	TRESIBA	59
<i>tizanidine hcl</i>	54	TRESIBA FLEXTOUCH	59
TOBRADEX OIN 0.3-0.1%	88	<i>tretinoin</i>	98
TOBRADEX ST SUS 0.3-0.05	88	<i>tretinoin (chemotherapy)</i>	26
<i>tobramycin</i>	94	<i>tretinoin microsphere</i>	98
<i>tobramycin (ophth)</i>	89	<i>triamcinolone acetonide (mouth)</i>	102
<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	88	<i>triamcinolone acetonide (nasal)</i>	94
<i>tobramycin sulfate</i>	94	<i>triamcinolone acetonide (topical)</i>	101
TODAY SPONGE	64	<i>triamterene</i>	38
<i>tolmetin sodium</i>	2	<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	38
<i>tolterodine tartrate</i>	73	<i>triamterene & hydrochlorothiazide tab 37.5-</i> <i>25 mg</i>	38
<i>tolvaptan</i>	67	<i>triamterene & hydrochlorothiazide tab 75-</i> <i>50 mg</i>	38
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	67	<i>triderm</i>	101
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	67	<i>trifluoperazine hcl</i>	49
<i>tolvaptan tab therapy pack 60 & 30 mg</i> ..	67	<i>trifluridine</i>	89
<i>tolvaptan tab therapy pack 90 & 30 mg</i> ..	67	<i>trihexyphenidyl hcl</i>	47
<i>topiramate</i>	42	TRIKAFTA PAK 59.5MG	94
<i>toposar</i>	27	TRIKAFTA PAK 75MG	94
<i>topotecan hcl</i>	27	TRIKAFTA TAB	94
<i>toremifene citrate</i>	28	<i>tri-linyah</i>	64
<i>toremide</i>	38	<i>trimethobenzamide hcl</i>	70
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	8	<i>trimethoprim</i>	11
<i>tramadol hcl</i>	8	<i>trimipramine maleate</i>	46
<i>trandolapril</i>	30	<i>trinate</i>	88
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	30	<i>trinessa</i>	64
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	30	TRIPTODUR.....	67
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	30	<i>tri-sprintec</i>	64
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	30	TRIUMEQ PD TAB	15
		TRIUMEQ TAB	15
		<i>tri-vitamin/fluoride</i>	88
		<i>tri-vite/fluoride</i>	88

<i>trivora-28</i>	64	VALTOCO 10 MG DOSE.....	43
<i>tropicamide</i>	91	VALTOCO 15 MG DOSE.....	43
<i>trospium chloride</i>	73	VALTOCO 20 MG DOSE.....	43
TRULICITY.....	58	VALTOCO 5 MG DOSE	43
TRUMENBA.....	84	<i>vancomycin hcl</i>	11
TRUQAP.....	29	VAQTA.....	84
<i>turqoz</i>	64	VARENICLINE TARTRATE.....	56
<i>tussigon</i>	93	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1</i> <i>mg start pack</i>	56
TWINRIX INJ.....	84	VARIVAX	84
TWIRLA DIS 120-30	64	VARUBI	70
TYBLUME CHW 0.1-0.02	64	VAXELIS INJ.....	103
TYBOST	14	VAXNEUVANCE INJ	84
TYENNE	79	VCF VAGINAL CONTRACEPTIVE	64
TYMLOS	68	<i>velivet</i>	64
TYSABRI	54	VELPHORO	68
TYVASO.....	40	VEMLIDY	16
TYVASO REFILL KIT.....	40	VENCLEXTA.....	29
TYVASO STARTER KIT	40	VENCLEXTA TAB START PK	29
U		<i>venlafaxine hcl</i>	46
UBRELVY	52	VENTAVIS	40
<i>unithroid</i>	69	<i>verapamil hcl</i>	37
UPTRAVI.....	40	VERZENIO	29
UPTRAVI PACK TAB 200/800.....	40	VIBRAMYCIN	20
URINE GLUCOSE MONITORING SUPPLIES		<i>vigabatrin</i>	43
.....	85	<i>vilazodone hcl</i>	46
URINE TEST STRIPS.....	85	<i>vinblastine sulfate</i>	22
<i>ursodiol</i>	71	<i>vincasar pfs</i>	22
UVADEX.....	26	<i>vincristine sulfate</i>	22
V		<i>vinorelbine tartrate</i>	22
<i>valacyclovir hcl</i>	16	VIOKACE TAB 10440.....	71
<i>valganciclovir hcl</i>	16	VIOKACE TAB 20880	71
<i>valproate sodium</i>	42	<i>viorele</i>	64
<i>valproic acid</i>	43	VIRACEPT	14
<i>valsartan</i>	32	VIREAD	14
<i>valsartan-hydrochlorothiazide tab 160-12.5</i> <i>mg</i>	32	VISTOGARD	26
<i>valsartan-hydrochlorothiazide tab 160-25</i> <i>mg</i>	32	<i>vit a/c/d/fl dro 0.25mg</i>	88
<i>valsartan-hydrochlorothiazide tab 320-12.5</i> <i>mg</i>	32	VITRAKVI	25, 26
<i>valsartan-hydrochlorothiazide tab 320-25</i> <i>mg</i>	32	VIVITROL.....	55
<i>valsartan-hydrochlorothiazide tab 80-12.5</i> <i>mg</i>	32	VORANIGO.....	26
		<i>voriconazole</i>	12
		VOSEVI TAB.....	18
		VYLOY.....	23
		VYVGART INJ HYTRULO	81

W	
WAKIX	55
<i>warfarin sodium</i>	74
<i>wera</i>	64
WIDE-SEAL SILICONE DIAPHR	64
WINREVAIR	40
WINREVAIR INJ 45MG.....	40
WINREVAIR INJ 60MG.....	40
X	
XALKORI.....	26
XARELTO.....	74
XARELTO STAR TAB 15/20MG	74
XDEMVY.....	91
XELJANZ	79
XELJANZ XR	79
XEPI.....	56
XERAC AC	56
XIFAXAN	11
XIGDUO XR TAB 10-1000.....	60
XIGDUO XR TAB 10-500MG.....	60
XIGDUO XR TAB 2.5-1000	60
XIGDUO XR TAB 5-1000MG.....	60
XIGDUO XR TAB 5-500MG.....	60
XIIDRA	90
XOLAIR	97
XTANDI.....	28
<i>xulane</i>	64
XULTOPHY INJ 100/3.6	58
Y	
YEZTUGO	14
YORVIPATH	65
<i>yuvafem</i>	66
Z	
<i>zafirlukast</i>	97
<i>zaleplon</i>	51
ZEJULA	23
ZELBORAF.....	26
<i>zenchent</i>	64
ZENPEP CAP 10000UNT.....	71
ZENPEP CAP 15000UNT.....	71
ZENPEP CAP 20000UNT	71
ZENPEP CAP 25000UNT	71
ZENPEP CAP 3000UNIT	71
ZENPEP CAP 40000UNT.....	71
ZENPEP CAP 5000UNIT	71
ZENPEP CAP 60000UNT	72
ZEPATIER TAB 50-100MG.....	18
ZEPOSIA	54
ZEPOSIA 7DAY CAP STR PACK.....	54
ZEPOSIA CAP STR KIT	54
ZERIT	14
<i>zidovudine</i>	14
<i>zileuton</i>	97
ZIMHI	55
<i>ziprasidone hcl</i>	49
ZIRABEV	26
ZIRGAN.....	89
ZITHROMAX	17
ZITUVIMET TAB 50-1000.....	57
ZITUVIMET TAB 50-500MG	57
ZITUVIMET XR TAB 100-1000	57
ZITUVIMET XR TAB 50-1000	57
ZITUVIMET XR TAB 50-500MG	57
ZITUVIO	57
<i>zoledronic acid</i>	60
ZOLINZA	23
<i>zolmitriptan</i>	52
<i>zolpidem tartrate</i>	51
<i>zonisamide</i>	43
ZOSTAVAX.....	84
<i>zovia 1/35</i>	64
ZUBSOLV SUB 0.7-0.18	2
ZUBSOLV SUB 1.4-0.36	2
ZUBSOLV SUB 11.4-2.9	2
ZUBSOLV SUB 2.9-0.71.....	2
ZUBSOLV SUB 5.7-1.4	2
ZUBSOLV SUB 8.6-2.1.....	2
ZURNAI	55
ZURZUVAE	46
ZYDELIG	26
ZYKADIA.....	26
ZYPREXA RELPREVV	49