

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. This Formulary was updated as of 05/01/2024.

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 formulary begins on page 1. 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 that begins page 1. Then look under the category name for your drug.

2 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.

What are generic drugs?

Oscar covers both brand name drugs and generic drugs. A generic drug is determined and approved by the FDA to be therapeutically equivalent to the Brand drug and has the same active ingredient. Generally, generic drugs cost less than brand name drugs.

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. 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 that begins on page 1.

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.

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 him or her 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 and log in to your plan specific account, or use the Oscar app drug search feature.

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 iTunes 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
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

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

IA 6T STND Effective 05/01/2024

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANOREXIANTS		
<i>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</i>		
SUNOSI TABS 75MG, 150MG	3	PA, QL (30 tabs every 30 days)
ANALGESICS		
<i>COX-2 INHIBITORS</i>		
celecoxib caps 50mg, 100mg, 200mg	2	
GOUT		
allopurinol tabs 100mg, 300mg	1A	
allopurinol sodium solr 500mg	1B	
colchicine tabs .6mg	2	QL (120 tablets every 25 days)
colchicine w/ probenecid tab 0.5-500 mg	1B	
febuxostat tabs 40mg, 80mg	3	PA
probenecid tabs 500mg	1B	
NON-OPIOID ANALGESICS		
butalbital-acetaminophen-caffeine cap 50-300-40 mg	2	QL (48 caps every 25 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg	2	QL (48 caps every 25 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1B	QL (48 tabs every 25 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1B	QL (48 caps every 25 days)
tencon	1B	QL (48 tabs every 25 days)
NSAIDS		
diclofenac potassium tabs 50mg	1B	
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	1B	
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	1B	
flurbiprofen tabs 50mg, 100mg	1B	
ibuprofen tabs 400mg, 600mg, 800mg	1A	
ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml	1B	
ketorolac tromethamine tabs 10mg	1B	QL (20 tabs every 25 days)
meclofenamate sodium caps 50mg, 100mg	2	
mefenamic acid caps 250mg	1B	
meloxicam tabs 7.5mg, 15mg	1A	
nabumetone tabs 500mg, 750mg	1B	
naproxen tabs 250mg, 375mg, 500mg	1A	
oxaprozin tabs 600mg	1B	
piroxicam caps 10mg, 20mg	1B	

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

Drug Name	Drug Tier	Requirements/Limits
<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>	1B	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1B	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1B	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1B	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	2	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36	2	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71	2	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4	2	QL (3 units every day)
ZUBSOLV SUB 8.6-2.1	2	QL (2 units every day)
ZUBSOLV SUB 11.4-2.9	2	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 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1B	QL (400 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1B	QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 3-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 (48 caps every 30 days)
<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 (42 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
CODEINE SULFATE TABS 60MG	2	QL (42 tabs every 30 days); Subject to initial 3-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)
<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)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1B	QL (2700 ml every 30 days); Subject to initial 3-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 3-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 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1B	QL (50 tabs every 30 days); Subject to initial 3-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 3-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 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tabs 8mg</i>	1B	QL (60 tabs every 30 days); Subject to initial 3-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>methadone hcl conc 10mg/ml</i>	1B	QL (45mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5mg/5ml</i>	1B	QL (450 ml every 30 days)
<i>methadone hcl soln 10mg/5ml</i>	1B	QL (225mL every 30 days)
<i>methadone hcl soln 10mg/ml</i>	1B	QL (20 ml every 30 days)
<i>methadone hcl tabs 5mg</i>	1B	QL (90 tabs every 30 days)
<i>methadone hcl tabs 10mg</i>	1B	QL (30 tablets every 30 days)
<i>methadone hcl tbso 40mg</i>	1B	QL (9 tabs every 30 days)
<i>methadone hydrochloride i conc 10mg/ml</i>	1B	QL (45mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose tbso 40mg</i>	1B	QL (9 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cp24 10mg, 20mg, 30mg</i>	1B	QL (60 caps every 30 days)
<i>morphine sulfate cp24 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 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln 20mg/5ml</i>	1B	QL (675 mL every 30 days); Subject to initial 3-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 3-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 3-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 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tbc 15mg, 30mg</i>	1B	QL (90 tabs every 30 days)
<i>morphine sulfate tbc 60mg, 100mg</i>	1B	QL (60 tabs every 30 days)
<i>morphine sulfate tbc 200mg</i>	1B	QL (30 tablets 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 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl conc 100mg/5ml</i>	1B	QL (90 mL every 30 days); Subject to initial 3-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 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl t12a 10mg, 20mg</i>	1B	QL (60 tabs every 30 days)
<i>oxycodone hcl t12a 40mg, 80mg</i>	1B	QL (60 tablets every 30 days)
<i>oxycodone hcl tabs 5mg, 10mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 3-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 3-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 3-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 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1B	QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1B	QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1B	QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1B	QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1B	QL (28 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tabs 5mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 3-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 3-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 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tabs 100mg</i>	1B	QL (90 tabs every 30 days); Subject to initial 3-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)

Drug Name	Drug Tier	Requirements/Limits
<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 (40 tabs every 30 days); Subject to initial 3-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	2	QL (60 films every 30 days)
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 hcl soln .3mg/ml</i>	1B	
<i>buprenorphine hcl subl 2mg, 8mg</i>	0	QL (90 tabs every 30 days); \$0 copay
SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML	4	

SALICYLATES

<i>aspirin enteric coated ad 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

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>ibuprofen-famotidine tab 800-26.6 mg</i>	3	PA, QL (90 tabs every 30 days)
<i>indomethacin caps 25mg, 50mg</i>	1B	

ANALGESICS - OPIOID

OPIOID AGONISTS

<i>levorphanol tartrate tabs 2mg, 3mg</i>	3	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages"
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Drug Name	Drug Tier	Requirements/Limits
ANESTHETICS		
LOCAL ANESTHETICS		
LIDO/DEXTROS INJ 5-7.5%	3	
<i>lidocaine hcl (local anesth.) soln .5%, 1%, 1.5%, 2%, 4%</i>	1B	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tabs 200mg</i>	2	PA
ANTI-INFECTIVES		
ANTHELMINTICS		
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>	2	
<i>neomycin sulfate tabs 500mg</i>	1B	
<i>paromomycin sulfate caps 250mg</i>	1B	
<i>streptomycin sulfate solr 1gm</i>	1B	
SULFADIAZINE TABS 500MG	1B	
<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>	3	
<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>	3	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</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid tabs 600mg</i>	3	
<i>linezolid inj 2mg/ml</i>	1B	
<i>meropenem solr 1gm</i>	3	QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>meropenem solr 500mg</i>	3	QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days
<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; TABS 200MG	3	
<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>	3	QL (80 caps every 10 days)
<i>vancomycin hcl solr 1gm</i>	3	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl solr 5gm, 10gm</i>	3	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl solr 500mg, 750mg</i>	3	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
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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1B	
FLUCONAZOLE/ INJ NACL 100	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>	3	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; tabs 50mg, 200mg</i>	3	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	
<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	PA, 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)

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz caps 50mg, 200mg</i>	1B	QL (90 caps every 30 days)
<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)
FUZEON SOLR 90MG	4	QL (60 vials 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)

Drug Name	Drug Tier	Requirements/Limits
RETROVIR IV INFUSION SOLN 10MG/ML	2	
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)
<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)
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	2	PA, QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
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)

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>	2	
<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
BARACLUDE SOLN .05MG/ML	3	PA, QL (630 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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 (hcv) tabs 100mg</i>	1B	
<i>oseltamivir phosphate caps 30mg</i>	2	QL (40 caps every 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	2	QL (20 caps every 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	2	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>	3	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	2	
<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	
<i>ceftazidime solr 2gm</i>	1B	
CEFTIN SUSR 125MG/5ML, 250MG/5ML	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg</i>	3	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium solr 10gm</i>	3	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; tabs 250mg, 500mg</i>	1B	
<i>tazicef solr 1gm, 2gm</i>	1B	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin pack 1gm; tabs 600mg</i>	2	
<i>azithromycin solr 500mg; susr 100mg/5ml, 200mg/5ml</i>	1B	
<i>azithromycin tabs 250mg, 500mg</i>	1A	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	1B	
DIFICID TABS 200MG	2	PA
<i>e.e.s. 400 tabs 400mg</i>	1B	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	2	
<i>erythrocin stearate tabs 250mg</i>	1B	
<i>erythromycin base cpep 250mg</i>	1B	
<i>erythromycin base tabs 250mg, 500mg</i>	2	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml</i>	3	
<i>erythromycin ethylsuccinate tabs 400mg</i>	1B	
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	4	PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG	4	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	4	PA, QL (28 tabs every 28 days)
HARVONI PAK	4	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	4	PA, QL (56 pellets every 28 days)
HARVONI TAB 45-200MG	4	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	4	PA, QL (28 tabs every 28 days)
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	4	PA
PEGASYS PROCLICK SOAJ 135MCG/0.5ML	4	PA
REBETOL SOLN 40MG/ML	4	PA
<i>ribavirin (hepatitis c) caps 200mg</i>	1B	PA
<i>ribavirin (hepatitis c) tabs 200mg</i>	3	PA
SOVALDI PACK 150MG	5	PA, QL (28 pellets every 28 days)
SOVALDI PACK 200MG	5	PA, QL (56 pellets every 28 days)
SOVALDI TABS 200MG, 400MG	5	PA, QL (28 tabs every 28 days)
VOSEVI TAB	4	PA, QL (28 tabs every 28 days)
ZEPATIER TAB 50-100MG	5	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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>	3	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	3	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	3	
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	3	
AUGMENTIN SUS 125/5ML	2	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	1B	
<i>nafcillin sodium solr 1gm, 2gm, 10gm</i>	3	
<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>	3	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	3	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) caps 75mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg</i>	1B	
<i>doxycycline hyclate caps 50mg, 100mg</i>	1A	
<i>doxycycline hyclate solr 100mg; tabs 20mg, 100mg; tbec 100mg</i>	1B	
<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>	3	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

STEROID 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, 10MG, 40MG, 100MG	4	
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	2	

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

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	

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	PA
ERIVEDGE CAPS 150MG	4	PA, QL (30 caps every 30 days)
FARYDAK CAPS 10MG, 15MG, 20MG	4	PA, QL (6 caps every 21 days)
GAZYVA SOLN 1000MG/40ML	4	PA
<i>hydroxyurea caps 500mg</i>	1B	
IBRANCE CAPS 75MG, 100MG, 125MG	4	PA, QL (21 caps every 28 days)
IBRANCE TABS 75MG, 100MG, 125MG	4	PA, QL (21 tabs every 28 days)
KADCYLA SOLR 100MG, 160MG	4	PA
KEYTRUDA SOLN 100MG/4ML	4	PA
KISQALI TBPK 200MG	4	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TBPK 200MG	4	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TBPK 200MG	4	PA, QL (63 tabs every 28 days)
KISQALI 200 PAK FEMARA	4	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	4	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	4	PA, QL (91 tabs every 28 days)
LOQTORZI SOLN 240MG/6ML	4	PA
LYNPARZA CAPS 50MG	4	PA, QL (480 caps every 30 days)
LYNPARZA TABS 100MG, 150MG	4	PA, QL (120 tabs every 30 days)
ODOMZO CAPS 200MG	4	PA, QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
RYDAPT CAPS 25MG	5	PA, QL (224 caps every 28 days)
ZEJULA CAPS 100MG	4	PA, QL (90 caps every 30 days)
ZOLINZA CAPS 100MG	4	PA, QL (120 caps every 30 days)

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tabs 250mg</i>	4	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tabs 500mg</i>	4	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	PA
ERLEADA TABS 60MG	4	PA, QL (120 tabs every 30 days)
ERLEADA TABS 240MG	4	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	
<i>letrozole tabs 2.5mg</i>	1B	
<i>leuprolide acetate kit 1mg/0.2ml</i>	4	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG)	4	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG)	4	PA
LYSODREN TABS 500MG	2	
<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	PA, QL (120 tablets every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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	PA, QL (120 caps every 30 days)
XTANDI TABS 40MG	4	PA, QL (120 tabs every 30 days)
XTANDI TABS 80MG	4	PA, QL (60 tabs every 30 days)

IMMUNOMODULATORS

<i>arsenic trioxide soln 10mg/10ml, 12mg/6ml</i>	1B	
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KINASE INHIBITORS

ALECENSA CAPS 150MG	4	PA, QL (240 caps every 30 days)
AUGTYRO CAPS 40MG	4	PA, QL (240 caps every 30 days)
CALQUENCE CAPS 100MG	4	PA, QL (60 caps every 30 days)
CAPRELSA TABS 100MG	4	PA, QL (60 tabs every 30 days)
CAPRELSA TABS 300MG	4	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 20MG	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	4	PA, QL (1 kit every 28 days)
<i>erlotinib hcl tabs 25mg</i>	4	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	4	PA, QL (30 tabs every 30 days)
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	4	PA, QL (30 tabs every 30 days)
<i>everolimus tbso 2mg, 5mg</i>	4	PA, QL (60 tabs every 30 days)
<i>everolimus tbso 3mg</i>	4	PA, QL (90 tabs every 30 days)
ICLUSIG TABS 10MG, 15MG, 30MG, 45MG	4	PA, QL (30 tabs every 30 days)
IDHIFA TABS 50MG, 100MG	4	PA, QL (30 tabs every 30 days)
<i>imatinib mesylate tabs 100mg</i>	4	PA, QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate tabs 400mg</i>	4	PA, QL (60 tabs every 30 days)
IMBRUVICA CAPS 70MG	4	PA, QL (30 caps every 30 days)
IMBRUVICA CAPS 140MG	4	PA, QL (90 caps every 30 days)
IMBRUVICA SUSP 70MG/ML	4	PA, QL (240 mL every 30 days)
IMBRUVICA TABS 140MG, 280MG, 420MG	4	PA, QL (30 tabs every 30 days)
INLYTA TABS 1MG	4	PA, QL (240 tabs every 30 days)
INLYTA TABS 5MG	4	PA, QL (120 tabs every 30 days)
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	4	PA, QL (60 tabs every 30 days)
<i>lapatinib ditosylate tabs 250mg</i>	4	PA, QL (180 tabs every 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4MG	4	PA, QL (30 caps every 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4MG	4	PA, QL (60 caps every 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10MG	4	PA, QL (30 caps every 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4MG	4	PA, QL (90 caps every 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10MG	4	PA, QL (60 caps every 30 days)
LENVIMA CAP 14 MG	4	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	4	PA, QL (90 caps every 30 days)
LENVIMA CAP 24 MG	4	PA, QL (90 caps every 30 days)
LORBRENA TABS 25MG	5	PA, QL (90 tabs every 30 days)
LORBRENA TABS 100MG	5	PA, QL (30 tabs every 30 days)
MEKINIST TABS 2MG	4	PA, QL (30 tabs every 30 days)
MEKINIST TABS .5MG	4	PA, QL (90 tabs every 30 days)
<i>pazopanib hcl tabs 200mg</i>	4	PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate tabs 200mg</i>	4	PA, QL (120 tabs every 30 days)
SPRYCEL TABS 20MG	4	PA, QL (90 tabs every 30 days)
SPRYCEL TABS 50MG, 70MG, 80MG, 100MG, 140MG	4	PA, QL (30 tabs every 30 days)
STIVARGA TABS 40MG	4	PA, QL (84 tabs every 28 days)
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	PA, QL (30 caps every 30 days)
TAFINLAR CAPS 50MG, 75MG	4	PA, QL (120 caps every 30 days)
VITRAKVI CAPS 25MG	5	PA, QL (180 caps every 30 days)
VITRAKVI CAPS 100MG	5	PA, QL (60 caps every 30 days)
VITRAKVI SOLN 20MG/ML	5	PA, QL (300 mL every 30 days)
XALKORI CAPS 200MG, 250MG	4	PA, QL (120 caps every 30 days)
XALKORI CPSP 20MG, 50MG	4	PA, QL (60 caps every 30 days)
XALKORI CPSP 150MG	4	PA, QL (90 caps every 30 days)
ZELBORAF TABS 240MG	4	PA, QL (240 tabs every 30 days)
ZYDELIG TABS 100MG, 150MG	4	PA, QL (60 tabs every 30 days)
ZYKADIA CAPS 150MG	4	PA, QL (90 caps every 30 days)
ZYKADIA TABS 150MG	4	PA, QL (90 tabs every 30 days)
MISCELLANEOUS		
<i>bexarotene caps 75mg</i>	4	PA
DROXIA CAPS 200MG, 300MG, 400MG	2	
ONCASPAR SOLN 750UNIT/ML	4	PA
PADCEV SOLR 20MG	5	PA, QL (21 vials every 28 days)
PADCEV SOLR 30MG	5	PA, QL (15 vials every 28 days)
PHOTOFRIN SOLR 75MG	2	
QUADRAMET SOLN 1850MBQ/ML	2	
<i>tretinoin (chemotherapy) caps 10mg</i>	1B	
UVADEX SOLN 20MCG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
VISTOGARD PACK 10GM	2	QL (20 packets every 5 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	
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	
MESNEX TABS 400MG	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 ENZYME INHIBITORS		
CALQUENCE TABS 100MG	4	PA, QL (60 tabs every 30 days)
KOSELUGO CAPS 10MG	5	PA, QL (240 caps every 30 days)
KOSELUGO CAPS 25MG	5	PA, QL (120 caps every 30 days)
TAGRISO TABS 40MG, 80MG	5	PA, QL (30 tabs every 30 days)
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	5	PA, QL (60 tabs every 30 days)
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TABS 10MG, 50MG	4	PA, QL (120 tabs every 30 days)
VENCLEXTA TABS 100MG	4	PA, QL (180 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TAB START PK	4	PA

ANTIVIRALS

ANTIRETROVIRALS

SUNLENCA SOLN 463.5MG/1.5ML	4	QL (6mL every 24 weeks)
SUNLENCA TBPk 300MG	4	QL (1 pack every year)

ANTIVIRAL COMBINATIONS

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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CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKER COMBINATIONS

CONSENSI TAB 2.5-200	3	PA, QL (30 tabs every 30 days)
CONSENSI TAB 5-200MG	3	PA, QL (30 tabs every 30 days)
CONSENSI TAB 10-200MG	3	PA, QL (30 tabs every 30 days)

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	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<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 10-12.5 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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 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	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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	PA
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1B	
<i>lidocaine hcl (cardiac) sosy 50mg/5ml, 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	PA
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	PA
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	1B	
<i>fenofibrate caps 50mg, 150mg; tabs 48mg, 54mg</i>	1B	
<i>fenofibrate tabs 145mg</i>	2	
<i>fenofibrate tabs 160mg</i>	1A	
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	1B	
<i>gemfibrozil tabs 600mg</i>	1A	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	
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>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

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	PA; 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, MISCELLANEOUS		
<i>niacin (antihyperlipidemic) tbcr 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		
PRALUENT SOAJ 75MG/ML, 150MG/ML	4	PA, QL (2 pens every 28 days)
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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	

Drug Name	Drug Tier	Requirements/Limits
<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</i>	1B	
<i>diltiazem hcl coated beads cp24 360mg</i>	2	
<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	
<i>nifedipine tb24 30mg, 60mg, 90mg</i>	1B	
<i>nimodipine caps 30mg</i>	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
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>	2	
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>	2	
<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>	2	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1B	
<i>osmitrol viaflex soln 5%, 10%, 15%</i>	1B	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1A	
<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	

Drug Name	Drug Tier	Requirements/Limits
HEART FAILURE		
CORLANOR SOLN 5MG/5ML; TABS 5MG, 7.5MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
MISCELLANEOUS		
clonidine ptwk .1mg/24hr	1B	QL (4 patches every 28 days)
clonidine ptwk .2mg/24hr, .3mg/24hr	1B	
clonidine hcl tabs .1mg, .2mg	1A	
clonidine hcl tabs .3mg	1B	
guanfacine hcl tabs 1mg, 2mg	1B	
hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg	1B	
methyldopa tabs 250mg, 500mg	1B	
midodrine hcl tabs 2.5mg, 5mg, 10mg	1B	
minoxidil tabs 2.5mg, 10mg	1B	
phenoxybenzamine hcl caps 10mg	3	PA
ranolazine tb12 500mg, 1000mg	1B	ST; PA**
NITRATES		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	1B	
isosorbide mononitrate tabs 10mg, 20mg; tb24 120mg	1B	
isosorbide mononitrate tb24 30mg, 60mg	1A	
minitran pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1B	
NITRO-BID OINT 2%	3	
NITRO-DUR PT24 .3MG/HR, .8MG/HR	2	
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .6mg	1B	
NITROGLYCERIN SOLN 5MG/ML	3	
nitroglycerin subl .4mg	1A	
nitroglycerin iv soln 100 mcg/ml in d5w	1B	
nitroglycerin iv soln 200 mcg/ml in d5w	1B	
nitroglycerin iv soln 400 mcg/ml in d5w	1B	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	5	PA, QL (90 tabs every 30 days)
ambrisentan tabs 5mg, 10mg	4	PA, QL (30 tabs every 30 days)
bosentan tabs 62.5mg, 125mg	4	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	4	PA
OPSUMIT TABS 10MG	4	PA, QL (30 tabs every 30 days)
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	4	PA
ORENITRAM TAB MONTH 1	4	PA, QL (1 kit every 365 days)
ORENITRAM TAB MONTH 2	4	PA, QL (1 kit every 365 days)
ORENITRAM TAB MONTH 3	4	PA, QL (1 kit every 365 days)
REMODULIN SOLN 20MG/20ML, 50MG/20ML, 100MG/20ML, 200MG/20ML	5	PA
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	4	PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	4	PA, QL (360 tabs every 30 days)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	5	PA, QL (60 tabs every 30 days)
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	4	PA
TYVASO SOLN .6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO REFILL SOLN .6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO STARTER SOLN .6MG/ML	4	PA, QL (28 ampules every 28 days)
UPTRAVI SOLR 1800MCG	4	PA
UPTRAVI TABS 200MCG	4	PA, QL (140 tabs every 28 days)
UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	4	PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800	4	PA
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	4	PA, QL (270 ampules every 30 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>bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl tabs 30mg</i>	2	
<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>	2	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	1B	QL (120 caps every 25 days)

ANTICONVULSANTS

APTIOM TABS 200MG, 400MG, 600MG, 800MG	3	PA
BRIVIACT SOLN 10MG/ML, 50MG/5ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	3	PA
<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>	2	PA
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	1B	
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	2	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 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	PA, QL (800 mL every 30 days)
<i>epitol tabs 200mg</i>	1B	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1B	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	2	
<i>fosphephenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i>	1B	
FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	2	PA
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>	1A	
<i>lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i>	3	PA
<i>lamotrigine chew 5mg, 25mg; kit 25mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg</i>	1A	
<i>lamotrigine tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	1B	PA
<i>lamotrigine tbdp 25mg, 50mg, 100mg, 200mg</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	
<i>methsuximide caps 300mg</i>	1B	
<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; soln 20mg/ml</i>	1B	PA
<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	
<i>valproic acid caps 250mg</i>	1B	
<i>vigabatrin pack 500mg</i>	4	PA, QL (180 packets every 30 days)
<i>vigabatrin tabs 500mg</i>	4	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	

Drug Name	Drug Tier	Requirements/Limits
<i>ergoloid mesylates tabs 1mg</i>	1B	
<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	
<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>	3	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl caps 75mg</i>	3	QL (90 caps every 30 days); QL applies to members age 65 and older

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

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

Drug Name	Drug Tier	Requirements/Limits
<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, 100mg</i>	1B	PA, QL (30 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
<i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>	1B	
EMSAM PT24 6MG/24HR, 9MG/24HR, 12MG/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

Drug Name	Drug Tier	Requirements/Limits
<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	
<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

Drug Name	Drug Tier	Requirements/Limits
<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	
VIIBRYD KIT STARTER	3	PA
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	3	PA, QL (30 tabs every 30 days)
ZURZUVAE CAPS 20MG, 25MG	3	PA, QL (28 capsules for 14 days)
ZURZUVAE CAPS 30MG	3	PA, QL (14 capsules for 14 days)

ANTIPARKINSONIAN AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	1B	
<i>rasagiline mesylate tabs 1mg</i>	2	PA
<i>rasagiline mesylate tabs .5mg</i>	2	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1B	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1B	
<i>tolcapone tabs 100mg</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)
<i>aripiprazole soln 1mg/ml</i>	2	PA, QL (450 mL every 30 days)
<i>aripiprazole tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	
<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, 1064MG/3.9ML	2	
ARISTADA INITIO PRSY 675MG/2.4ML	2	
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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)
NUPLAZID TABS 17MG	4	PA
<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>	2	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	1B	
PERSERIS PRSY 90MG, 120MG	2	QL (1 injection every 25 days)
<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
<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)
RYKINDO SRER 25MG, 37.5MG, 50MG	2	QL (2 syringes every 28 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>	3	

Drug Name	Drug Tier	Requirements/Limits
<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)
<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 (60 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)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	2	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	ST; PA**
<i>methamphetamine hcl tabs 5mg</i>	3	QL (150 tabs every 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg</i>	3	QL (180 tabs every 30 days)
<i>methylphenidate hcl cp24 20mg, 30mg</i>	1B	QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cp24 40mg, 60mg</i>	1B	QL (30 caps every 30 days)
<i>methylphenidate hcl cpcr 10mg, 20mg, 30mg</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cpcr 40mg, 50mg, 60mg</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	3	QL (2,160 mL every 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	3	QL (1080 mL every 30 days)
<i>methylphenidate hcl tabs 5mg, 10mg</i>	1B	QL (180 tabs every 30 days)
<i>methylphenidate hcl tabs 20mg</i>	1B	QL (90 tabs every 30 days)
<i>methylphenidate hcl tb24 18mg, 27mg, 36mg; tbcx 18mg, 27mg, 36mg</i>	3	QL (60 tabs every 30 days)
<i>methylphenidate hcl tb24 54mg; tbcx 54mg</i>	3	QL (30 tabs every 30 days)
<i>methylphenidate hcl tbcx 10mg, 20mg</i>	2	QL (90 tabs every 30 days)
FIBROMYALGIA		
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	3	PA
SAVELLA MIS TITR PAK	3	PA
HYPNOTICS		
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	2	PA
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<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	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; tbcx 6.25mg, 12.5mg</i>	1B	QL (30 tablets every 30 days)
MIGRAINE		
AIMOVIG SOAJ 70MG/ML, 140MG/ML	2	PA, QL (1 injection every 25 days)
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	2	PA, QL (3 injections every 75 days)
<i>almotriptan malate tabs 6.25mg</i>	2	QL (18 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>almotriptan malate tabs 12.5mg</i>	2	QL (12 tabs every 25 days)
<i>eletriptan hydrobromide tabs 20mg</i>	2	QL (18 tabs every 25 days)
<i>eletriptan hydrobromide tabs 40mg</i>	2	QL (12 tabs every 25 days)
EMGALITY SOAJ 120MG/ML; SOSY 120MG/ML	2	PA, QL (2 injections every 25 days)
EMGALITY SOSY 100MG/ML	2	PA, QL (3 injections every 25 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>naratriptan hcl tabs 1mg</i>	1A	QL (18 tabs every 25 days)
<i>naratriptan hcl tabs 2.5mg</i>	1A	QL (12 tabs every 25 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; sosal 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**
<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>	2	QL (18 tabs every 25 days)
<i>zolmitriptan tabs 5mg</i>	1B	QL (12 tabs every 25 days)
<i>zolmitriptan tbdp 5mg</i>	2	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	
<i>lithium carbonate tabs 300mg; tbc 300mg, 450mg</i>	1B	
NUEDEXTA CAP 20-10MG	2	PA
<i>pimozide tabs 1mg, 2mg</i>	1B	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	1B	
<i>pyridostigmine bromide tbc 180mg</i>	2	
<i>riluzole tabs 50mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
MOVEMENT DISORDERS		
AUSTEDO TABS 6MG, 9MG, 12MG	4	PA, QL (60 tablets every 30 days)
AUSTEDO XR TB24 6MG, 12MG, 24MG	4	PA, QL (30 tablets every 30 days)
AUSTEDO XR TAB TITR KIT	4	PA, QL (1 per 365 days)
<i>tetrabenazine tabs 12.5mg</i>	4	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tabs 25mg</i>	4	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
AVONEX KIT 30MCG/VIAL; PSKT 30MCG/0.5ML	5	PA, QL (4 injections every 28 days)
AVONEX PEN AJKT 30MCG/0.5ML	5	PA, QL (4 injections every 28 days)
BETASERON KIT .3MG	4	PA, QL (14 injections every 28 days)
COPAXONE SOSY 20MG/ML	4	PA, QL (30 injections every 30 days)
COPAXONE SOSY 40MG/ML	4	PA, QL (12 syringes every 28 days)
<i>dalfampridine tb12 10mg</i>	5	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate cpdr 120mg</i>	4	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate cpdr 240mg</i>	4	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA, QL (1 kit every 30 days)
<i>fingolimod hcl caps .5mg</i>	4	PA, QL (30 caps every 30 days)
MAYZENT TABS 1MG, 2MG	4	PA, QL (30 tabs every 30 days)
MAYZENT TABS .25MG	4	PA, QL (112 tabs every 28 days)
MAYZENT STARTER PACK TBPK .25MG	4	PA, QL (1 pack every 365 days)
PLEGRIDY SOPN 125MCG/0.5ML; SOSY 125MCG/0.5ML	5	PA, QL (1 carton every 28 days)
PLEGRIDY INJ STARTER	5	PA, QL (1 kit every 28 days)
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 pack every 28 days)
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	4	PA, QL (12 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDO INJ TITRATN	4	PA, QL (1 box every 28 days)
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	4	PA, QL (12 syringes every 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (1 box every 28 days)
<i>teriflunomide tabs 7mg, 14mg</i>	4	PA, QL (30 tabs every 30 days)
TYSABRI CONC 300MG/15ML	4	PA, QL (1 vial every 28 days)
VUMERITY CPDR 231MG	4	PA, QL (106 caps every 30 days)
VUMERITY CPDR 231MG	4	PA, QL (120 caps every 30 days)
ZEPOSIA CAPS .92MG	4	PA, QL (30 every 30 Days)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (1 every 365 Days)
ZEPOSIA CAP STR KIT	4	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 400mg, 800mg</i>	2	
<i>methocarbamol tabs 500mg, 750mg</i>	1B	
<i>orphenadrine citrate soln 60mg/2ml; 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)
<i>modafinil tabs 100mg, 200mg</i>	3	PA, QL (30 tabs every 30 days)
SODIUM OXYBATE SOLN 500MG/ML	4	PA, QL (540 mL every 30 days)

OPIOID ANTAGONIST

<i>naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	1B	
<i>naltrexone hcl tabs 50mg</i>	0	\$0 copay
VIVITROL SUSR 380MG	4	QL (1 vial every 28 days)

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	0	\$0 limited to 2 treatment cycles/year
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Drug Name	Drug Tier	Requirements/Limits
<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>nicorelief gum 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
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
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	
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DERMATOLOGICALS

ANTIBIOTICS - TOPICAL

ALTABAX OINT 1%	2	
XEPI CREA 1%	2	

ANTIFUNGALS - TOPICAL

<i>luliconazole crea 1%</i>	2	
<i>oxiconazole nitrate crea 1%</i>	2	PA

ANTIVIRALS - TOPICAL

<i>acyclovir topical oint 5%</i>	2	PA
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CORTICOSTEROIDS - TOPICAL

<i>diflorasone diacetate oint .05%</i>	2	
<i>halcinonide crea .1%</i>	3	QL (60g every 30 days)

ECZEMA AGENTS

DUPIXENT SOPN 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	4	PA, QL (2 syringes every 28 days)
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Drug Name	Drug Tier	Requirements/Limits
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>octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	4	PA, QL (90 ml every 30 days)
<i>octreotide acetate soln 200mcg/ml</i>	4	PA, QL (225 ml every 30 days)
<i>octreotide acetate soln 1000mcg/ml</i>	4	PA, QL (45 ml every 30 days)
OCTREOTIDE ACETATE SOSY 50MCG/ML, 100MCG/ML, 500MCG/ML	4	PA, QL (90 mL every 30 days)
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	4	PA, QL (1 injection every 28 days)
SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG	4	PA, QL (30 vials every 30 days)
ANDROGENS		
ANADROL-50 TABS 50MG	3	PA
<i>depo-testosterone soln 200mg/ml</i>	1B	PA
INTRAROSA INST 6.5MG	3	
<i>methyltestosterone caps 10mg</i>	3	PA
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	3	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1B	PA
<i>testosterone enanthate soln 200mg/ml</i>	1B	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	1B	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	1B	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500MCG/1.5ML	3	ST; PA**
SYMLINPEN 120 SOPN 2700MCG/2.7ML	3	ST; PA**
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg</i>	1A	
<i>metformin hcl tabs 850mg</i>	1A	\$0 copay for members age 35-70 for prevention of diabetes

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1A	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1A	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1A	
<i>glyburide-metformin tab 1.25-250 mg</i>	1A	
<i>glyburide-metformin tab 2.5-500 mg</i>	1A	
<i>glyburide-metformin tab 5-500 mg</i>	1A	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	1B	
JANUVIA TABS 25MG, 50MG, 100MG	2	ST, QL (30 tabs every 30 days); PA**
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TABS .8MG	3	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG	2	ST, QL (60 tabs every 30 days); PA**
JANUMET TAB 50-1000	2	ST, QL (60 tabs every 30 days); PA**
JANUMET XR TAB 50-500MG	2	ST, QL (60 tabs every 30 days); PA**
JANUMET XR TAB 50-1000	2	ST, QL (60 tabs every 30 days); PA**
JANUMET XR TAB 100-1000	2	ST, QL (30 tabs every 30 days); PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
MOUNJARO SOPN 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 3MG, 7MG, 14MG	2	PA, QL (30 tablets every 30 days)
TRULICITY SOPN .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	PA, QL (4 pens every 28 days)
VICTOZA SOPN 18MG/3ML	2	PA, QL (3 pens every 30 days)
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	ST, QL (6 pens every 30 days); PA**
XULTOPHY INJ 100/3.6	2	ST, QL (5 pens every 30 days); PA**

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN SOPN 100UNIT/ML	2	
BASAGLAR TEMPO PEN SOPN 100UNIT/ML	2	
FIASP SOLN 100UNIT/ML	2	QL (60mL every 30 days)
FIASP FLEXTOUCH SOPN 100UNIT/ML	2	QL (60mL every 30 days)
FIASP PENFILL SOCT 100UNIT/ML	2	QL (60mL every 30 days)
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	2	
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	2	
LEVEMIR SOLN 100UNIT/ML	2	
LEVEMIR FLEXPEN SOPN 100UNIT/ML	2	
NOVOLIN INJ 70/30	1A	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN INJ 70/30 FP	2	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN N SUSP 100UNIT/ML	1A	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	2	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN R SOLN 100UNIT/ML	1A	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	2	QL (60mL every 30 days), OTC; RELION not covered
NOVOLOG SOLN 100UNIT/ML	2	QL (60mL every 30 days)
NOVOLOG FLEXPEN SOPN 100UNIT/ML	2	QL (60mL every 30 days)
NOVOLOG MIX INJ 70/30	2	QL (60mL every 30 days)
NOVOLOG MIX INJ FLEXPEN	2	QL (60mL every 30 days)
NOVOLOG PENFILL SOCT 100UNIT/ML	2	QL (60mL every 30 days)
TRESIBA SOLN 100UNIT/ML	2	
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	2	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1A	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1B	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1B	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1B	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1B	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tabs 60mg, 120mg</i>	1B	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY TAB 5-500MG	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY TAB 5-1000MG	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY TAB 12.5-500	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY XR TAB	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY XR TAB 5-1000MG	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY XR TAB 10-1000	2	ST, QL (30 tabs every 30 days); PA**
SYNJARDY XR TAB 25-1000	2	ST, QL (30 tabs every 30 days); PA**
XIGDUO XR TAB 2.5-1000	2	ST, QL (60 tabs every 30 days); PA**
XIGDUO XR TAB 5-500MG	2	ST, QL (30 tabs every 30 days); PA**
XIGDUO XR TAB 5-1000MG	2	ST, QL (60 tabs every 30 days); PA**
XIGDUO XR TAB 10-500MG	2	ST, QL (30 tabs every 30 days); PA**
XIGDUO XR TAB 10-1000	2	ST, QL (30 tabs every 30 days); PA**
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	2	ST, QL (30 tabs every 30 days); PA**
GLYXAMBI TAB 25-5 MG	2	ST, QL (30 tabs every 30 days); PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA TABS 5MG, 10MG	2	ST, QL (30 tabs every 30 days); PA**
JARDIANCE TABS 10MG, 25MG	2	ST, QL (30 tabs every 30 days); PA**
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	

Drug Name	Drug Tier	Requirements/Limits
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>	2	
<i>zoledronic acid conc 4mg/5ml; soln 5mg/100ml</i>	4	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tabs 30mg, 60mg</i>	4	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tabs 90mg</i>	4	PA, QL (120 tabs every 30 days)
CHELATING AGENTS		
CHEMET CAPS 100MG	3	
<i>deferiprone tabs 500mg, 1000mg</i>	4	PA
FERRIPROX SOLN 100MG/ML	4	PA
FERRIPROX TWICE-A-DAY TABS 1000MG	4	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	
<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	
<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

Drug Name	Drug Tier	Requirements/Limits
<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 inj every 300 days)
<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)
<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)
<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>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	

Drug Name	Drug Tier	Requirements/Limits
<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 0.15 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	
<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	
MIRENA IUD 20MCG/DAY	0	QL (1 every 300 days)
<i>mono-lynyah</i>	0	
<i>mononessa</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-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 365 days)
PHEXXI 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-lynyah</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 1/35e</i>	0	

Drug Name	Drug Tier	Requirements/Limits
CUSHING'S DISEASE		
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	5	PA, QL (60 ampules every 30 days)
ENDOMETRIOSIS		
danazol caps 50mg, 100mg, 200mg	1B	
SYNAREL SOLN 2MG/ML	5	PA
ENZYME REPLACEMENTS		
betaine powder for oral solution	4	PA
carglumic acid tbso 200mg	4	PA
CERDELGA CAPS 84MG	4	PA, QL (56 caps every 28 days)
CYSTAGON CAPS 50MG, 150MG	4	PA
MYALEPT SOLR 11.3MG	4	PA, QL (30 vials every 30 days)
nitisinone caps 2mg, 5mg, 10mg, 20mg	4	PA
ORFADIN SUSP 4MG/ML	4	PA
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	4	PA
sodium phenylbutyrate powd 3gm/tsp	4	PA, QL (600g every 30 days)
sodium phenylbutyrate tabs 500mg	4	PA, QL (1200 tabs every 30 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	
estradiol gel .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	1B	
estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1B	QL (8 patches every 28 days)
estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	1B	QL (4 patches every 28 days)
estradiol tabs .5mg, 1mg, 2mg	1A	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1B	
estradiol & norethindrone acetate tab 1-0.5 mg	1B	
estradiol vaginal crea .1mg/gm	1B	
estradiol valerate oil 20mg/ml	1B	QL (1 vial every 28 days)
estradiol valerate oil 40mg/ml	1B	
ESTROGEL GEL .06%	3	QL (50 g every 30 days)
EVAMIST SOLN 1.53MG/SPRAY	3	

Drug Name	Drug Tier	Requirements/Limits
<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>yuvafem 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	
<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) kit 1mg</i>	2	
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

Drug Name	Drug Tier	Requirements/Limits
HUMAN GROWTH HORMONES		
HUMATROPE CART 6MG, 12MG, 24MG	4	PA
HUMATROPE COMBO PACK SOLR 5MG	4	PA
NORDITROPIN FLEXPPO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	4	PA
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
SUPPRELIN LA KIT 50MG	4	PA
TRIPTODUR SRER 22.5MG	4	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10MG, 20MG	3	PA, QL (30 tabs every 30 days)
MISCELLANEOUS		
<i>cabergoline tabs .5mg</i>	1B	
<i>calcitonin (salmon) soln 200unit/act</i>	2	
CHORIONIC GONADOTROPIN SOLR 10000UNIT	4	PA
INCRELEX SOLN 40MG/4ML	4	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</i>	4	PA
OSTEOPOROSIS		
PROLIA SOSY 60MG/ML	4	PA, QL (60mg every 24 weeks)
TYMLOS SOPN 3120MCG/1.56ML	4	PA, QL (1 pen every 30 days)
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	1B	
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	1B	PA
<i>sevelamer carbonate tabs 800mg</i>	3	
VELPHORO CHEW 500MG	3	PA
PROGESTINS		
CRINONE GEL 4%, 8%	2	
<i>medroxyprogesterone acetate tabs 2.5mg, 10mg</i>	1A	
<i>medroxyprogesterone acetate tabs 5mg</i>	1B	
<i>norethindrone acetate tabs 5mg</i>	1B	
<i>progesterone caps 100mg, 200mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1B	
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1B	
<i>liothyronine sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	1B	
<i>methimazole tabs 5mg, 10mg</i>	1B	
<i>propylthiouracil tabs 50mg</i>	1B	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	2	
<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		
ABORTIFACIENTS		
<i>misoprostol tabs 100mcg, 200mcg</i>	1B	
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	

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS		
<i>aprepitant caps 40mg</i>	3	QL (3 caps every 180 days)
<i>aprepitant caps 80mg</i>	3	QL (4 caps every 21 days)
<i>aprepitant caps 125mg</i>	3	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	3	QL (2 packs every 21 days)
CESAMET CAPS 1MG	3	QL (18 caps every 21 days)
<i>compro supp 25mg</i>	2	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	2	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	
<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>	2	
<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
<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>	2	PA
<i>colocort enem 100mg/60ml</i>	1B	
DIPENTUM CAPS 250MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>lubiprostone caps 8mcg, 24mcg</i>	1B	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl tabs .5mg, 1mg</i>	3	PA
LAXATIVES		
<i>enulose soln 10gm/15ml</i>	1B	
<i>gavilyte-c</i>	1B	\$0 copay for members age 45 through 75
<i>gavilyte-g</i>	1B	\$0 copay for members age 45 through 75
<i>gavilyte-n/flavor pack</i>	1B	\$0 copay for members age 45 through 75
<i>generlac soln 10gm/15ml</i>	1B	
<i>lactulose soln 10gm/15ml</i>	1B	
<i>peg 3350-kcl-na bicarb-nacl-na sulfatate for soln 236 gm</i>	1B	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfatate for soln 240 gm</i>	1B	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-nacl-na sulfatate-na ascorbate-c for soln 100 gm</i>	1B	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1B	\$0 copay for members age 45 through 75
PEG-PREP KIT	1B	\$0 copay for members age 45 through 75
<i>polyethylene glycol 3350 powd 17gm/scoop</i>	1B	OTC
<i>sod sulfatate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1B	
SUPREP BOWEL SOL PREP KIT	2	
MISCELLANEOUS		
<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	1B	PA
MOVANTIK TABS 12.5MG, 25MG	2	
<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 12000UNT	2	PA
CREON CAP 24000UNT	2	PA

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 36000UNT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000UNT	2	PA
ZENPEP CAP 40000UNT	2	PA
ZENPEP CAP 60000UNT	2	PA

PROTON PUMP INHIBITORS

<i>dexlansoprazole cpdr 30mg, 60mg</i>	1B	PA, QL (30 caps every 30 days)
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	3	PA, QL (30 caps every 30 days)
<i>esomeprazole sodium solr 40mg</i>	1B	
<i>lansoprazole cpdr 15mg, 30mg</i>	1A	QL (30 caps every 30 days)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1A	QL (30 caps every 30 days)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1B	QL (30 tabs every 30 days)
<i>rabeprazole sodium tbec 20mg</i>	2	PA, QL (30 tabs every 30 days)

RECTAL, CORTICOSTEROIDS

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

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tb24 10mg</i>	1B	
CARDURA XL TB24 4MG, 8MG	3	ST; PA**
<i>dutasteride caps .5mg</i>	1B	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1B	
<i>finasteride tabs 5mg</i>	1B	
<i>silodosin caps 4mg, 8mg</i>	1B	
<i>tadalafil tabs 2.5mg, 5mg</i>	1B	PA, QL (30 tablets every 30 days)
<i>tamsulosin hcl caps .4mg</i>	1B	

MISCELLANEOUS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1B	
ELMIRON CAPS 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>flavoxate hcl tabs 100mg</i>	1B	
<i>phenazopyridine tab 95mg tabs 95mg</i>	1B	OTC
<i>potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg</i>	1B	

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	2	
<i>fesoterodine fumarate tb24 4mg, 8mg</i>	3	PA, QL (30 tabs every 30 days)
MYRBETRIQ SRER 8MG/ML	2	PA, QL (300 mL every 30 days)
MYRBETRIQ TB24 25MG, 50MG	2	PA, QL (30 tablets every 30 days)
<i>oxybutynin chloride soln 5mg/5ml; 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>	2	
<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 TABS 2.5MG	2	QL (60 tablets every 30 days)
ELIQUIS TABS 5MG	2	QL (74 tablets every 30 days)
ELIQUIS STARTER PACK TBPK 5MG	2	QL (1 starter pack every 365 days)
<i>enoxaparin sodium soln 300mg/3ml; sosal 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	

Drug Name	Drug Tier	Requirements/Limits
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, 18000UNT/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 every 30 days)
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		
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML, 300MCG/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	PA
MIRCERA SOSY 30MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML, 100MCG/0.3ML, 120MCG/0.3ML, 150MCG/0.3ML, 200MCG/0.3ML	5	PA
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	4	PA
PROMACTA TABS 12.5MG, 25MG	5	PA, QL (30 tabs every 30 days)
PROMACTA TABS 50MG, 75MG	5	PA, QL (60 tabs every 30 days)
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
HEMOPHILIA A AGENTS		
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	5	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	
<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	
HEMATOPOIETIC AGENTS		
HEMATOPOIETIC GROWTH FACTORS		
NYVEPRIA SOSY 6MG/0.6ML	4	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
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
<i>quazepam tabs 15mg</i>	2	ST
IMMUNOLOGIC AGENTS		
BIOLOGIC DISEASE-MODIFYING AGENTS		
ACTEMRA SOSY 162MG/0.9ML	5	PA, QL (4 syringes every 28 days)
ACTEMRA ACTPEN SOAJ 162MG/0.9ML	5	PA, QL (4 syringes every 28 days)
ADBRY SOSY 150MG/ML	4	PA, QL (4 syringes every 28 days)
ENBREL SOLN 25MG/0.5ML	4	PA, QL (8 vials every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLR 25MG; SOSY 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOSY 25MG/0.5ML	4	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50MG/ML	4	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10MG/0.1ML, 10MG/0.2ML, 20MG/0.4ML	4	PA, QL (2 injections every 28 days)
HUMIRA PSKT 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	4	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	4	PA, QL (2 injections every 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML	4	PA, QL (3 injections every 28 days); (80mg single strength kit)
HUMIRA PEN PNKT 40MG/0.4ML	4	PA, QL (4 injections every 28 days)
HUMIRA PEN KIT PS/UV	4	PA, QL (1 kit every 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 40MG/0.8ML	4	PA, QL (6 pens every 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 80MG/0.8ML	4	PA, QL (1 kit every 28 days)
HUMIRA PEN-PS/UV STARTER PNKT 40MG/0.8ML	4	PA, QL (4 pens every 28 days)
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA SOSY 150MG/1.14ML, 200MG/1.14ML	4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
REMICADE SOLR 100MG	4	PA
RINVOQ TB24 15MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, and Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira).
RINVOQ TB24 30MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease. Preferred agent for Ulcerative Colitis (after failure of Humira).
RINVOQ TB24 45MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Crohn's Disease. Preferred agent for Ulcerative Colitis (after failure of Humira). Dose is one time induction dose for UC diagnosis only.
SIMPONI SOAJ 50MG/0.5ML, 100MG/ML; SOSY 50MG/0.5ML, 100MG/ML	5	PA, QL (1 injection every 28 days)
SIMPONI ARIA SOLN 50MG/4ML	4	PA, QL (200 mg every 8 weeks)
SKYRIZI PSKT 75MG/0.83ML	4	PA, QL (2 syringes every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI SOLN 600MG/10ML	4	PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI SOSY 150MG/ML	4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI PEN SOAJ 150MG/ML	4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
STELARA SOLN 45MG/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOLN 130MG/26ML	4	PA, QL (4 vials every 365 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 45MG/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ SOAJ 80MG/ML; SOSY 80MG/ML	4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	4	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis
XELJANZ TABS 5MG	4	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	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 11MG	4	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	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
<i>leflunomide tabs 10mg, 20mg</i>	1B

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium tabs 2.5mg</i>	1B	
OTEZLA TABS 30MG	4	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis

HEREDITARY ANGIOEDEMA

<i>icatibant acetate sosy 30mg/3ml</i>	4	PA, QL (45 syringes every 90 days)
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IMMUNOGLOBULIN

<i>HYQVIA INJ 2.5-200</i>	4	PA
<i>HYQVIA INJ 5-400</i>	4	PA
<i>HYQVIA INJ 10-800</i>	4	PA
<i>HYQVIA INJ 20-1600</i>	4	PA
<i>HYQVIA INJ 30-2400</i>	4	PA

IMMUNOMODULATORS

<i>ACTIMMUNE SOLN 2000000UNIT/0.5ML</i>	4	PA
<i>ALFERON N SOLN 5000000UNIT/ML</i>	4	
ARCALYST SOLR 220MG	4	PA, QL (8 vials every 28 days)
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg</i>	4	PA, QL (28 caps every 28 days)
<i>lenalidomide caps 20mg, 25mg</i>	4	PA, QL (21 caps every 28 days)
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	4	PA, QL (21 caps every 28 days)
THALOMID CAPS 50MG, 100MG	4	PA, QL (28 caps every 28 days)
TICE BCG SUSR 50MG	2	

IMMUNOSUPPRESSANTS

<i>azathioprine tabs 50mg, 75mg, 100mg</i>	1B	
<i>cyclosporine caps 25mg, 100mg</i>	3	
<i>cyclosporine soln 50mg/ml</i>	1B	
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	1B	
<i>gengraf caps 25mg, 100mg; soln 100mg/ml</i>	1B	
<i>mycophenolate mofetil caps 250mg; tabs 500mg</i>	2	
<i>mycophenolate mofetil susr 200mg/ml</i>	3	
<i>mycophenolate mofetil hcl solr 500mg</i>	1B	
<i>mycophenolate sodium tbec 180mg, 360mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
PROGRAF SOLN 5MG/ML	3	
SANDIMMUNE SOLN 100MG/ML	3	
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	3	
<i>tacrolimus caps 1mg, 5mg</i>	3	
<i>tacrolimus caps .5mg</i>	1B	
VACCINES		
ABRYSVO SOLR 120MCG/0.5ML	0	
ACTHIB INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AFLURIA QUAD INJ 2023-24	0	
AREXVY SUSR 120MCG/0.5ML	0	
BEXSERO INJ	0	
BOOSTRIX INJ	0	
COMIRNATY 2023-24 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	
FLUAD QUADRI INJ 2023-24	0	
FLUARIX QUAD INJ 2023-24	0	
FLUBLOK QUAD INJ 2023-24	0	
FLUCLVX QUAD INJ 2023-24	0	
FLULAVAL QUA INJ 2023-24	0	
FLUMIST QUAD SUS 2023-24	0	
FLUZONE QUAD INJ 2023-24	0	
GARDASIL 9 INJ	0	
HAVRIX SUSP 720ELU/0.5ML, 1440ELU/ML	0	
HEPLISAV-B SOLN 20MCG/0.5ML; SOSY 20MCG/0.5ML	0	
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

Drug Name	Drug Tier	Requirements/Limits
IPOL INJ INACTIVE	0	\$0 copay for members age 18 and younger, otherwise not covered
JYNNEOS SUSP .5ML	0	
KINRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	
MENACTRA INJ	0	
MENQUADFI INJ	0	
MENVEO INJ	0	
MENVEO SOL	0	
MODERNA COVID-19 VACCINE SUSP 25MCG/0.25ML	0	
NOVAVAX COVID-19 VACCINE/ SUSP 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	
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 INJ 25MCG/0.5ML	0	
PREHEVBRIO SUSP 10MCG/ML	0	
PREVNAR 13 INJ	0	
PREVNAR 20 INJ	0	
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	
ROTARIX SUS	0	\$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
ROTATEQ SOL	0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50MCG/0.5ML	0	\$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 INJ	0	
TWINRIX INJ	0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML	0	
VARIVAX INJ 1350PFU/0.5ML	0	
VAXNEUVANCE INJ	0	
ZOSTAVAX SUSR 19400UNT/0.65ML	0	\$0 copay for members age 19 and older, otherwise not covered

LAXATIVES

LAXATIVE COMBINATIONS

SUTAB TAB	2	QL (Limited to 1 every year)
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MACROLIDES

FIDAXOMICIN

DIFICID SUSR 40MG/ML	2	PA
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MEDICAL DEVICES

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
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 (30 patches every 30 days)
GLUCOSE URINE TEST STRIPS	2	OTC
INSULIN PEN NEEDLES	2	
INSULIN PEN NEEDLES/SYRINGES	2	OTC
KETONE URINE TEST STRIPS	2	OTC

Drug Name	Drug Tier	Requirements/Limits
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MISC LANCETS	2	OTC
NOVOFINE PEN NEEDLES	2	OTC
SHARPS CONTAINER	2	OTC
SIMPLICITY MIS INSERTER	2	PA, QL (1 inserter every 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 RECEIVER	2	PA, QL (1 device every 3 years)
DEXCOM G7 MIS SENSOR	2	PA, QL (3 every 30 days)
FREESTY LIBR KIT 2 SENSOR	1B	PA, QL (1 every 14 days)
FREESTY LIBR KIT 3 SENSOR	1B	PA, QL (1 every 14 days)
FREESTY LIBR MIS 2 READER	1B	PA, QL (1 device every 3 years)
FREESTY LIBR MIS 3 READER	1B	PA, QL (1 device every 3 years)
FREESTYLE KIT SENSOR	1B	PA, QL (1 every 14 days)
FREESTYLE MIS READER	1B	PA, QL (1 device every 3 years)
OMNIPOD 5 G6 KIT INTRO	2	PA, QL (1 kit every 365 days)
OMNIPOD 5 G6 MIS PODS	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 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)

Drug Name	Drug Tier	Requirements/Limits
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)
OMNIPOD PDM KIT CLASSIC	2	PA, QL (1 kit every 365 days)

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

NURTEC TBDP 75MG	3	PA, QL (16 tablets every 30 days)
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SEROTONIN AGONISTS

<i>frovatriptan succinate tabs 2.5mg</i>	2	ST, QL (12 tabs every 30 days)
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MUSCULOSKELETAL THERAPY AGENTS

MUSCLE RELAXANT COMBINATIONS

<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	2	
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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 chew 1mg</i>	1B	
<i>fluoritab chew .25mg, .5mg; 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
<i>k-effervescent tbef 25meq</i>	1B	
<i>klor-con 8 tbc 8meq</i>	1B	
<i>klor-con 10 tbc 10meq</i>	1B	
<i>klor-con m15 tbc 15meq</i>	1B	
<i>klor-con m20 tbc 20meq</i>	1B	
<i>ludent chew 1mg</i>	1B	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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</i> <i>8meq, 10meq, 20meq</i>	1B	
<i>potassium chloride soln 10%, 20%</i>	1B	PA
<i>potassium chloride microencapsulated crystals</i> <i>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</i> <i>.5mg/ml; tabs .5mg</i>	1B	\$0 applies for ages 5 and under
IV REPLACEMENT SOLUTIONS		
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1B	
<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>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	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</i>	2	
<i>doxercalciferol soln 4mcg/2ml</i>	1B	
<i>elite-ob</i>	1B	
<i>ergocalciferol caps 50000unit</i>	1B	
<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/fluoride</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<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>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</i>	1B	OTC
<i>prenatal 19</i>	1B	
<i>pyridoxine hcl tabs 25mg, 50mg</i>	1B	OTC
<i>tri-vit/fluoride</i>	1B	
<i>trinate</i>	1B	
<i>vitamins a/c/d/fluoride</i>	1B	

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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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>	2	
<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 OINT .1%	2	
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		
ALOCRIAL SOLN 2%	3	
ALOMIDE SOLN .1%	3	
<i>azelastine hcl (ophth) soln .05%</i>	1B	
<i>bepotastine besilate soln 1.5%</i>	2	
<i>cromolyn sodium (ophth) soln 4%</i>	1B	
EMADINE SOLN .05%	3	
<i>epinastine hcl (ophth) soln .05%</i>	1B	
<i>gmp olopatadine hydrochlo soln .1%</i>	1B	OTC
LASTACFT SOLN .25%	2	
<i>olopatadine hcl soln .2%</i>	1B	OTC
PATADAY EXTRA STRENGTH SOLN .7%	2	OTC
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>brinzolamide susp 1%</i>	2	
<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	ST, QL (1 bottle per 30 days); PA**
PHOSPHOLINE IODIDE SOLR .125%	3	
<i>pilocarpine hcl soln 1%</i>	1B	
SIMBRINZA SUS 1-0.2%	2	
<i>tafluprost soln .015mg/ml</i>	1B	ST; PA**
<i>timolol maleate (ophth) solg .25%, .5%</i>	1B	
<i>timolol maleate (ophth) soln .5%</i>	2	
<i>timolol maleate (ophth) soln .25%, .5%</i>	1A	
<i>travoprost soln .004%</i>	2	
DRY EYE DISEASE		
RESTASIS EMUL .05%	1B	PA; Single-Dose
RESTASIS MULTIDOSE EMUL .05%	2	PA; Multi-Dose
XIIDRA SOLN 5%	2	PA
MISCELLANEOUS		
<i>atropine sulfate (ophthalmic) soln 1%</i>	1B	
CYSTARAN SOLN .44%	5	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 - OPHTHALMIC		
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC ANTI-INFECTIVES		
XDEMVI SOLN .25%	3	PA, QL (1 bottle every 6 weeks)
OPHTHALMIC STEROIDS		
PRED-G SUS OP	3	
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte</i>	1B	
<i>physiosol irrigation</i>	1B	
<i>tis-u-sol</i>	1B	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
MICRHOGAM ULTRA-FILTERED SOSY 250UNIT	3	
RHOGAM ULTRA-FILTERED PLU SOSY 1500UNIT	3	
MONOCLONAL ANTIBODIES		
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	0	PA, QL (1 injection per RSV season)
PENICILLINS		
NATURAL PENICILLINS		
BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML	2	QL (3 syringes per 365 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1B	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1B	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	2	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	2	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	2	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	2	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	2	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C SOLN 1000MG/20ML; 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)
ANTI-HISTAMINES		
<i>azelastine hcl soln .1%, .15%</i>	1B	QL (2 bottles every 25 days)

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

COLD/COUGH

benzonatate caps 100mg, 200mg	1B	
cheratussin ac	1B	OTC
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1B	
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1B	
hydromet	1B	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1B	
promethazine vc/codeine	1B	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1B	
promethazine-dm syrup 6.25-15 mg/5ml	1B	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1B	
tussigon	1B	

CYSTIC FIBROSIS

amikacin sulfate soln 1gm/4ml, 500mg/2ml	1B	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	3	
CAYSTON SOLR 75MG	4	PA, QL (84 vials every 28 days)
gentamicin in saline inj 0.8 mg/ml	1B	
gentamicin in saline inj 1 mg/ml	1B	
gentamicin in saline inj 1.2 mg/ml	1B	
gentamicin in saline inj 1.6 mg/ml	1B	
gentamicin in saline inj 2 mg/ml	1B	
gentamicin sulfate soln 10mg/ml, 40mg/ml	1B	

Drug Name	Drug Tier	Requirements/Limits
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG	4	PA, QL (56 packets every 28 days)
KALYDECO TABS 150MG	4	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 100-125	4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	4	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	4	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	4	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	4	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	4	PA, QL (56 tabs every 28 days)
<i>tobramycin nebu 300mg/4ml</i>	4	PA, QL (224 ml every 28 days)
<i>tobramycin nebu 300mg/5ml</i>	4	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	PA, QL (1 package (56 granules) every 28 days)
TRIKAFTA PAK 75MG	4	PA, QL (1 package (56 granules) every 28 days)
TRIKAFTA TAB	4	PA, QL (84 tabs every 28 days)
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)
OMNARIS SUSP 50MCG/ACT	3	ST, QL (1 package every 25 days); PA**
<i>triamcinolone acetonide (nasal) aereo 55mcg/act</i>	1B	QL (1 bottle every 25 days), OTC

Drug Name	Drug Tier	Requirements/Limits
PULMONARY AGENTS		
<i>acetylcysteine soln 10%, 20%</i>	2	
<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)
ARNUITY 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 1mg/2ml</i>	1B	QL (1 box every 25 days)
<i>budesonide (inhalation) susp .5mg/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)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1B	QL (1 package every 25 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
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 syrp 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	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	
<i>theochron tb12 300mg</i>	1B	
<i>theophylline soln 80mg/15ml; tb12 450mg; tb24 400mg, 600mg</i>	1B	
TRELEGY AER 100MCG	2	QL (1 package every 30 days)
TRELEGY AER 200MCG	2	QL (1 package every 25 days)
XOLAIR SOAJ 75MG/0.5ML	4	PA, QL (2 pens every 28 days)
XOLAIR SOAJ 150MG/ML	4	PA, QL (8 pens every 28 days)
XOLAIR SOAJ 300MG/2ML	4	PA, QL (4 pens every 28 days)
XOLAIR SOLR 150MG	4	PA, QL (8 vials every 28 days)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOSY 75MG/0.5ML	4	PA, QL (2 syringes every 28 days)
XOLAIR SOSY 150MG/ML	4	PA, QL (8 syringes every 28 days)
XOLAIR SOSY 300MG/2ML	4	PA, QL (4 syringes every 28 days)
<i>zafirlukast tabs 10mg, 20mg</i>	1B	
<i>zileuton tb12 600mg</i>	3	

PULMONARY FIBROSIS AGENTS

<i>pirfenidone caps 267mg</i>	4	PA, QL (270 caps every 30 days)
<i>pirfenidone tabs 267mg</i>	4	PA, QL (270 tabs every 30 days)
<i>pirfenidone tabs 801mg</i>	4	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 crea .1%; gel .1%, .3%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	QL (45g every 30 days)
<i>avita crea .025%; gel .025%</i>	2	PA, QL (45g every 30 days); PA applies for members age 35 and older
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	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>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>	2	PA
<i>sulfacetamide sodium (acne) lotn 10%</i>	1B	QL (118mL every 30 days)
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	2	PA, QL (45g every 30 days); PA applies for members age 35 and older

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin gel .05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel .04%, .1%</i>	2	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%, 5%</i>	1B	
<i>imiquimod crea 5%</i>	1B	
PICATO GEL .015%, .05%	3	

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>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)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	QL (60mL every 25 days)
<i>econazole nitrate crea 1%</i>	1B	QL (60g every 25 days)
ERTACZO CREA 2%	3	QL (60g every 25 days)
<i>ketoconazole (topical) crea 2%</i>	1B	QL (120g every 25 days)
LOTRIMIN ULTRA CREA 1%	3	QL (60g every 25 days), OTC
<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>	2	QL (60g every 25 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	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**

Drug Name	Drug Tier	Requirements/Limits
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>	3	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SOSY 150MG/ML	4	PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX UNOREADY SOAJ 300MG/2ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<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>	3	
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)

Drug Name	Drug Tier	Requirements/Limits
<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>	3	
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%</i>	2	QL (240g every 25 days)
<i>clobetasol propionate liqd .05%; sham .05%</i>	2	QL (300mL every 25 days)
<i>clobetasol propionate lotn .05%; soln .05%</i>	2	QL (240mL every 25 days)
<i>desonide crea .05%; oint .05%</i>	2	QL (300g every 25 days)
<i>desonide lotn .05%</i>	2	QL (300mL every 25 days)
<i>desoximetasone crea .25%</i>	1B	QL (240g every 25 days)
<i>desoximetasone oint .25%</i>	2	QL (240g every 25 days)
<i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>	1B	QL (300g every 25 days)
<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>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>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>	2	PA, QL (90 patches every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl gel 2%; prsy 2%</i>	1B	QL (60mL every 25 days)
<i>lidocaine hcl soln 4%</i>	1B	QL (50mL 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	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>	2	
<i>podofilox soln .5%</i>	1B	
RECTIV OINT .4%	3	

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)
<i>metronidazole (topical) crea .75%; gel .75%</i>	1B	QL (60g every 30 days)
<i>metronidazole (topical) lotn .75%</i>	2	QL (60 mL every 30 days)
<i>rosadan crea .75%</i>	1B	QL (60g every 30 days)

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>crotan lotn 10%</i>	1B	
EURAX CREA 10%	3	
<i>lindane sham 1%</i>	1B	
<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 lozenges every 30 days)
<i>lidocaine hcl (mouth-throat) soln 2%, 4%</i>	1B	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>oralone dental paste pste .1%</i>	1B	
ORAVIG TABS 50MG	3	QL (14 tabs every 25 days)
<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>	2	
COLY-MYCIN S SUS OTIC	3	
<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	

TOXOIDS

TOXOID COMBINATIONS

VAXELIS INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
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ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ULCER THERAPY COMBINATIONS

<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	3	PA, QL (1 box every 365 Days)
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VASOPRESSORS

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

<i>droxidopa caps 100mg</i>	4	PA, QL (450 capsules every 30 days)
<i>droxidopa caps 200mg, 300mg</i>	4	PA, QL (180 capsules every 30 days)

Index

A	
<i>abacavir sulfate</i>	11
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	13
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	13
ABILIFY ASIMTUFII	44
ABILIFY MAINTENA.....	44
<i>abiraterone acetate</i>	22
ABRYSVO	74
<i>acamprosate calcium</i>	37
<i>acarbose</i>	52
ACCU-CHEK BLOOD GLUCOSE TEST KITS	76
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	76
<i>acebutolol hcl</i>	33
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3
<i>acetazolamide</i>	35
<i>acetazolamide sodium</i>	35
<i>acetic acid (otic)</i>	93
<i>acetylcysteine</i>	86
<i>acitretin</i>	90
ACTEMRA	69
ACTEMRA ACTPEN	69
ACTHIB INJ.....	74
ACTIMMUNE.....	73
ACUVAIL	81
<i>acyclovir</i>	14
<i>acyclovir sodium</i>	14
<i>acyclovir topical</i>	51
ADACEL INJ.....	74
<i>adapalene</i>	88
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	88
ADBRY	69
<i>adefovir dipivoxil</i>	14
ADEMPAS	36
<i>adrucil</i>	20
<i>afeditab cr</i>	34
AFLURIA QUAD INJ 2023-24	74
AIMOVIG.....	47
AJOVY	47
<i>albendazole</i>	9
<i>albuterol sulfate</i>	86
<i>alclometasone dipropionate</i>	90
ALCOHOL SWABS	76
ALCOH-WIPE MIS 12	76
ALDACTAZIDE TAB 50/50	35
ALECENSA	23
<i>alendronate sodium</i>	56
ALFERON N	73
<i>alfuzosin hcl</i>	66
ALINIA.....	9
<i>aliskiren fumarate</i>	35
<i>allopurinol</i>	1
<i>allopurinol sodium</i>	1
<i>almotriptan malate</i>	47, 48
ALOCRI.....	81
<i>alogliptin benzoate</i>	53
ALOMIDE.....	81
<i>alosetron hcl</i>	65
ALPHAGAN P	81
<i>alprazolam</i>	37
ALPRAZOLAM INTENSOL.....	37
ALTABAX	51
<i>altavera</i>	56
<i>alyacen 1/35</i>	56
<i>alyacen 7/7/7</i>	56
<i>amantadine hcl</i>	43
<i>ambrisentan</i>	36
<i>amcinonide</i>	90
<i>amethia</i>	56
<i>amethyst</i>	56
<i>amikacin sulfate</i>	84
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	35
<i>amiloride hcl</i>	35
<i>aminophylline</i>	86
<i>amiodarone hcl</i>	30

amitriptyline hcl.....	40	amlodipine besylate-valsartan tab 10-160 mg	29
amlodipine besylate.....	34	amlodipine besylate-valsartan tab 10-320 mg	29
amlodipine besylate-atorvastatin calcium tab 10-10 mg.....	34	amlodipine besylate-valsartan tab 5-160 mg	29
amlodipine besylate-atorvastatin calcium tab 10-20 mg.....	34	amlodipine besylate-valsartan tab 5-320 mg	29
amlodipine besylate-atorvastatin calcium tab 10-40 mg.....	34	amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg.....	29
amlodipine besylate-atorvastatin calcium tab 10-80 mg.....	34	amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	29
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	33	amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg.....	29
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg.....	33	amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg.....	29
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	33	amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	29
amlodipine besylate-atorvastatin calcium tab 5-10 mg	33	amoxapine	40
amlodipine besylate-atorvastatin calcium tab 5-20 mg.....	34	amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg.....	93
amlodipine besylate-atorvastatin calcium tab 5-40 mg	34	amoxicillin	17
amlodipine besylate-atorvastatin calcium tab 5-80 mg	34	amoxicillin & k clavulanate chew tab 200- 28.5 mg.....	17
amlodipine besylate-benazepril hcl cap 10- 20 mg	27	amoxicillin & k clavulanate chew tab 400- 57 mg	17
amlodipine besylate-benazepril hcl cap 10- 40 mg	27	amoxicillin & k clavulanate for susp 200- 28.5 mg/5ml	18
amlodipine besylate-benazepril hcl cap 2.5- 10 mg.....	27	amoxicillin & k clavulanate for susp 250- 62.5 mg/5ml	18
amlodipine besylate-benazepril hcl cap 5- 10 mg.....	27	amoxicillin & k clavulanate for susp 400-57 mg/5ml.....	18
amlodipine besylate-benazepril hcl cap 5- 20 mg	27	amoxicillin & k clavulanate for susp 600- 42.9 mg/5ml	18
amlodipine besylate-benazepril hcl cap 5- 40 mg.....	27	amoxicillin & k clavulanate tab 250-125 mg	18
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	29	amoxicillin & k clavulanate tab 500-125 mg	18
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	29	amoxicillin & k clavulanate tab 875-125 mg	18
amlodipine besylate-olmesartan medoxomil tab 5-20 mg.....	28	amoxicillin & k clavulanate tab er 12hr 1000- 62.5 mg.....	18
amlodipine besylate-olmesartan medoxomil tab 5-40 mg.....	29	amphetamine-dextroamphetamine cap er 24hr 10 mg	46

<i>amphetamine-dextroamphetamine cap er</i>	APRETUDE.....	11
24hr 15 mg.....	<i>apri</i>	56
<i>amphetamine-dextroamphetamine cap er</i>	APTIOM	38
24hr 20 mg.....	APTIVUS.....	11
<i>amphetamine-dextroamphetamine cap er</i>	<i>aranelle</i>	56
24hr 25 mg	ARANESP ALBUMIN FREE.....	68
<i>amphetamine-dextroamphetamine cap er</i>	ARCALYST	73
24hr 30 mg.....	AREXVY	74
<i>amphetamine-dextroamphetamine cap er</i>	ARGATRB/NACL INJ 50MG/50	67
24hr 5 mg	<i>argatroban</i>	67
<i>amphetamine-dextroamphetamine tab 10</i>	ARGATROBAN INJ 125/125	67
mg	ARGATROBAN INJ 250/250	67
<i>amphetamine-dextroamphetamine tab 12.5</i>	<i>aripiprazole</i>	44
mg	ARISTADA.....	44
<i>amphetamine-dextroamphetamine tab 15</i>	ARISTADA INITIO	44
mg	<i>armodafinil</i>	50
<i>amphetamine-dextroamphetamine tab 20</i>	ARNUITY ELLIPTA	86
mg	<i>arsenic trioxide</i>	23
<i>amphetamine-dextroamphetamine tab 30</i>	<i>asenapine maleate</i>	44
mg	<i>ashlyna</i>	56
<i>amphetamine-dextroamphetamine tab 5</i>	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	69
mg	69
<i>amphetamine-dextroamphetamine tab 7.5</i>	<i>aspirin enteric coated ad</i>	8
mg	<i>atazanavir sulfate</i>	11
<i>amphetamine sulfate</i>	<i>atenolol</i>	33
.....	<i>atenolol & chlorthalidone tab 100-25 mg</i> ..	32
<i>amphotericin b</i>	<i>atenolol & chlorthalidone tab 50-25 mg</i> ...	32
.....	<i>atomoxetine hcl</i>	46
<i>ampicillin</i>	<i>atorvastatin calcium</i>	31
.....	<i>atovaquone</i>	9
<i>ampicillin & sulbactam sodium for inj 1.5 (1-</i>	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	11
0.5) gm	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	11
.....	<i>atropine sulfate</i>	63
<i>ampicillin & sulbactam sodium for inj 3 (2-1)</i>	<i>atropine sulfate (ophthalmic)</i>	82
gm	AUGMENTIN SUS 125/5ML	18
.....	AUGTYRO	23
<i>ampicillin sodium</i>	AUSTEDO	49
.....	AUSTEDO XR	49
ANADROL-50	AUSTEDO XR TAB TITR KIT	49
.....	AUVELITY TAB 45-105MG.....	19
<i>anagrelide hcl</i>	<i>aviane</i>	56
.....	<i>avidoxy</i>	18
<i>anastrozole</i>	<i>avita</i>	88
.....	AVONEX	49
ANNOVERA MIS.....		
.....		
ANORO ELLIPT AER 62.5-25.....		
.....		
APOKYN		
.....		
<i>apraclonidine hcl</i>		
.....		
<i>aprepitant</i>		
.....		
<i>aprepitant capsule therapy pack 80 & 125</i>		
mg		
.....		

AVONEX PEN.....	49	<i>betaxolol hcl (ophth)</i>	82
<i>av-vite fb forte</i>	79	<i>bethanechol chloride</i>	66
<i>azacitidine</i>	20	BETIMOL	82
AZACTAM/DEX INJ 1GM	84	BETOPTIC-S.....	82
AZACTAM/DEX INJ 2GM.....	84	BEVESPI AER 9-4.8MCG.....	86
AZASITE	80	<i>bexarotene</i>	25
<i>azathioprine</i>	73	<i>bexarotene (topical)</i>	92
<i>azelaic acid</i>	92	BEXSERO INJ.....	74
<i>azelastine hcl</i>	83	BEYFORTUS	83
<i>azelastine hcl (ophth)</i>	81	<i>bicalutamide</i>	22
<i>azithromycin</i>	16	BICILLIN L-A	83
<i>azurette</i>	56	BIKTARVY TAB.....	13
B		<i>bimatoprost</i>	82
<i>bacitracin (ophthalmic)</i>	80	<i>bisoprolol & hydrochlorothiazide tab 10-</i>	
<i>bacitracin-polymyxin b ophth oint</i>	80	6.25 mg.....	33
<i>bacitracin-polymyxin-neomycin-hc ophth</i>		<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>	
<i>oint 1%</i>	80	6.25 mg.....	32
<i>baclofen</i>	50	<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>	
<i>balsalazide disodium</i>	64	mg.....	32
BARACLUDGE	14	<i>bisoprolol fumarate</i>	33
BASAGLAR KWIKPEN	54	<i>bleomycin sulfate</i>	20
BASAGLAR TEMPO PEN.....	54	BLEPHAMIDE OIN S.O.P.....	80
BELBUCA.....	8	BLEPHAMIDE SUS OP	80
BELSOMRA	47	BLOOD GLUCOSE CALIBRATION	
<i>benazepril & hydrochlorothiazide tab 10-</i>		SOLUTION	76
12.5 mg.....	27	BOOSTRIX INJ	74
<i>benazepril & hydrochlorothiazide tab 20-</i>		<i>bosentan</i>	36
12.5 mg.....	27	BREO ELLIPTA INH 100-25.....	86
<i>benazepril & hydrochlorothiazide tab 20-25</i>		BREO ELLIPTA INH 200-25	86
mg.....	27	BREO ELLIPTA INH 50-25MCG	86
<i>benazepril & hydrochlorothiazide tab 5-</i>		BREZTRI AERO AER SPHERE	19
6.25 mg.....	27	BRILINTA.....	69
<i>benazepril hcl</i>	28	<i>brimonidine tartrate</i>	82
<i>benzonatate</i>	84	<i>brimonidine tartrate (topical)</i>	92
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	88	<i>brimonidine tartrate-timolol maleate ophth</i>	
<i>benztropine mesylate</i>	43	<i>soln 0.2-0.5%</i>	82
<i>bepotastine besilate</i>	81	<i>brinzolamide</i>	82
BESIVANCE.....	80	BRIVIACT.....	38
<i>betaine powder for oral solution</i>	60	BRIXADI	8
<i>betamethasone dipropionate (topical)</i>	90, 91	<i>bromfenac sodium (ophth)</i>	81
<i>betamethasone dipropionate augmented</i>	91	<i>bromocriptine mesylate</i>	43
<i>betamethasone valerate</i>	91	<i>budesonide</i>	64
BETASERON	49	<i>budesonide (inhalation)</i>	86
<i>betaxolol hcl</i>	33		

<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	86	<i>calcium acetate (phosphate binder)</i>	62
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	86	CALQUENCE.....	23, 26
<i>bumetanide</i>	35	<i>camila</i>	56
<i>buprenorphine hcl</i>	8	<i>candesartan cilexetil</i>	30
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	29
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	29
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	29
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	<i>capecitabine</i>	20
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	CAPLYTA	44
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	CAPRELSA	23
<i>bupropion hcl</i>	40	<i>captopril</i>	28
<i>bupropion hcl (smoking deterrent)</i>	50	<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	27
<i>bupirone hcl</i>	37, 38	<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	28
<i>busulfan</i>	19	<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	28
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	28
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	<i>carbamazepine</i>	38
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	<i>carbidopa</i>	43
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	3	<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	43
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	43
<i>butorphanol tartrate</i>	3	<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	43
BYVALSON TAB 5-80MG	29	<i>carbidopa & levodopa tab 10-100 mg</i>	43
C		<i>carbidopa & levodopa tab 25-100 mg</i>	43
CABENUVA SUS 400-600	13	<i>carbidopa & levodopa tab 25-250 mg</i>	43
CABENUVA SUS 600-900	13	<i>carbidopa & levodopa tab er 25-100 mg</i> ..	43
<i>cabergoline</i>	62	<i>carbidopa & levodopa tab er 50-200 mg</i> .	43
<i>calcipotriene</i>	90	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	43
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	91	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	43
<i>calcitonin (salmon)</i>	62	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	43
<i>calcitriol</i>	79	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	43
<i>calcitriol (topical)</i>	90		

<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	43	<i>chateal</i>	56
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	43	CHEMET.....	56
<i>carbinoxamine maleate</i>	84	<i>cheratussin ac</i>	84
<i>carboplatin</i>	26	<i>chloramphenicol sodium succinate</i>	9
CARDENE IV SOL 20/200ML.....	34	<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	83
CARDURA XL.....	66	<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	83
<i>carglumic acid</i>	60	<i>chlordiazepoxide hcl</i>	19
<i>carisoprodol</i>	50	<i>chlorhexidine gluconate (mouth-throat)</i> ...	92
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	78	<i>chloroquine phosphate</i>	11
<i>carmustine</i>	19	<i>chlorothiazide sodium</i>	35
CARMUSTINE.....	19	<i>chlorpromazine hcl</i>	44
<i>carteolol hcl (ophth)</i>	82	CHLORPROMAZINE HCL.....	44
<i>cartia xt</i>	34	<i>chlorthalidone</i>	35
<i>carvedilol</i>	33	<i>chlorzoxazone</i>	50
<i>carvedilol phosphate</i>	33	<i>cholecalciferol</i>	79
CAYA DPR.....	56	<i>cholestyramine</i>	31
CAYSTON.....	84	<i>cholestyramine light</i>	31
<i>caziant</i>	56	<i>choline fenofibrate</i>	31
<i>cefaclor</i>	15	CHORIONIC GONADOTROPIN.....	62
<i>cefadroxil</i>	15	<i>ciclopirox</i>	89
<i>cefazolin sodium</i>	15	<i>ciclopirox olamine</i>	89
<i>cefdinir</i>	15	<i>cidofovir</i>	15
<i>cefditoren pivoxil</i>	15	<i>cilostazol</i>	69
<i>cefepime hcl</i>	15	CIMDUO TAB 300-300.....	13
<i>cefixime</i>	15	<i>cimetidine</i>	64
<i>cefotaxime sodium</i>	15	<i>cimetidine hcl</i>	64
<i>cefotetan disodium</i>	15	<i>cinacalcet hcl</i>	56
<i>cefoxitin sodium</i>	15	<i>ciprofloxacin 200 mg/100ml in d5w</i>	16
<i>cefpodoxime proxetil</i>	15	<i>ciprofloxacin 400 mg/200ml in d5w</i>	16
<i>cefprozil</i>	15	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	93
<i>ceftazidime</i>	15, 51	<i>ciprofloxacin hcl</i>	16
CEFTIN.....	15	<i>ciprofloxacin hcl (ophth)</i>	80
<i>ceftriaxone sodium</i>	16	CIPRO HC SUS OTIC.....	93
<i>cefuroxime axetil</i>	16	<i>cisplatin</i>	26
<i>cefuroxime sodium</i>	16	<i>citalopram hydrobromide</i>	40
<i>celecoxib</i>	1	CITRANATAL CAP HARMONY.....	79
<i>cephalexin</i>	16	CITRANATAL CAP MEDLEY.....	79
CEQUR SIMPL KIT PATCH 2U.....	76	CITRANATAL MIS.....	79
CERDELGA.....	60	CITRANATAL MIS 90 DHA.....	79
CESAMET.....	64	CITRANATAL MIS B-CALM.....	79
<i>cevimeline hcl</i>	92	CITRANATAL PAK ASSURE.....	79

CITRANATAL PAK DHA	79	CONSENSI TAB 2.5-200	27
CITRANATAL TAB BLOOM.....	79	CONSENSI TAB 5-200MG	27
CITRANATAL TAB RX.....	79	COPAXONE.....	49
<i>cladribine</i>	20	CORLANOR.....	36
<i>clarithromycin</i>	16	<i>cortisone acetate</i>	61
<i>clemastine fumarate</i>	84	COSENTYX	90
CLIMARA PRO DIS WEEKLY	60	COSENTYX SENSOREADY PEN.....	90
<i>clindacin etz pledgets</i>	88	COSENTYX UNOREADY	90
<i>clindacin-p</i>	88	CREON CAP 12000UNT	65
<i>clindamycin hcl</i>	9	CREON CAP 24000UNT	65
<i>clindamycin palmitate hydrochloride</i>	9	CREON CAP 3000UNIT.....	65
<i>clindamycin phosphate</i>	9	CREON CAP 36000UNT	66
<i>clindamycin phosphate (topical)</i>	88	CREON CAP 6000UNIT	65
<i>clindamycin phosphate vaginal</i>	67	CRINONE.....	62
<i>clobazam</i>	38	CRIXIVAN.....	11
<i>clobetasol propionate</i>	91	<i>cromolyn sodium</i>	86
<i>clofarabine</i>	20	<i>cromolyn sodium (mastocytosis)</i>	65
<i>clomipramine hcl</i>	40	<i>cromolyn sodium (ophth)</i>	81
<i>clonazepam</i>	38	<i>crotan</i>	92
<i>clonidine</i>	36	<i>cryselle-28</i>	57
<i>clonidine hcl</i>	36	<i>cyanocobalamin</i>	79
<i>clopidogrel bisulfate</i>	69	<i>cyclafem 1/35</i>	57
<i>clorazepate dipotassium</i>	38	<i>cyclafem 7/7/7</i>	57
<i>clotrimazole</i>	92	<i>cyclobenzaprine hcl</i>	50
<i>clotrimazole w/ betamethasone cream 1-</i> <i>0.05%</i>	89	<i>cyclophosphamide</i>	19
<i>clotrimazole w/ betamethasone lotion 1-</i> <i>0.05%</i>	89	<i>cycloserine</i>	14
<i>clozapine</i>	44	CYCLOSET	53
COARTEM TAB 20-120MG.....	11	<i>cyclosporine</i>	73
<i>codeine sulfate</i>	3	<i>cyclosporine modified (for microemulsion)</i>	73
CODEINE SULFATE	3	<i>cyproheptadine hcl</i>	84
<i>colchicine</i>	1	CYSTAGON.....	60
<i>colchicine w/ probenecid tab 0.5-500 mg</i> ..	1	CYSTARAN.....	82
<i>colestipol hcl</i>	31	<i>cytarabine</i>	20
<i>colocort</i>	64	D	
COLY-MYCIN S SUS OTIC	93	<i>dacarbazine</i>	19
COMETRIQ.....	23	<i>dalfampridine</i>	49
COMETRIQ KIT 100MG	23	<i>danazol</i>	60
COMETRIQ KIT 140MG.....	23	<i>dantrolene sodium</i>	50
COMIRNATY 2023-24	74	<i>dapsone</i>	9
<i>compro</i>	64	DAPTACEL INJ	74
CONDOMS MIS	56	<i>daptomycin</i>	9
CONSENSI TAB 10-200MG.....	27	<i>darifenacin hydrobromide</i>	67
		<i>darunavir</i>	11

<i>dasetta 1/35</i>	57	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>dasetta 7/7/7</i>	57	<i>release 50-0.2 mg</i>	2
<i>daunorubicin hcl</i>	20	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>decitabine</i>	20	<i>release 75-0.2 mg</i>	2
<i>deferiprone</i>	56	<i>dicloxacillin sodium</i>	18
<i>delyla</i>	57	<i>dicyclomine hcl</i>	63
<i>demeclocycline hcl</i>	18	<i>didanosine</i>	11
DENG VAXIA SUS.....	74	DIFICID	16, 76
DEPO-ESTRADIOL.....	60	<i>diflorasone diacetate</i>	51
DEPO-MEDROL.....	61	<i>diflunisal</i>	8
DEPO-PROVERA	22	<i>difluprednate</i>	81
DEPO-SUBQ PROVERA 104.....	57	<i>digox</i>	35
<i>depo-testosterone</i>	52	<i>digoxin</i>	35
DESCOVY TAB 120-15MG.....	13	DILANTIN	38
DESCOVY TAB 200/25MG	13	<i>diltiazem hcl</i>	34
<i>desipramine hcl</i>	41	DILTIAZEM HCL	34
<i>desloratadine</i>	84	<i>diltiazem hcl coated beads</i>	34
<i>desmopressin acetate</i>	63	<i>diltiazem hcl extended release beads</i>	34
<i>desmopressin acetate spray</i>	63	<i>dimethyl fumarate</i>	49
<i>desmopressin acetate spray refrigerated</i>	63	<i>dimethyl fumarate capsule dr starter pack</i>	
<i>desonide</i>	91	<i>120 mg & 240 mg</i>	49
<i>desoximetasone</i>	91	DIP/TET PED INJ 25-5LFU.....	74
<i>desvenlafaxine succinate</i>	41	DIPENTUM	64
<i>dexamethasone</i>	61	<i>diphenhydramine hcl</i>	84
DEXAMETHASONE INTENSOL.....	61	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>dexamethasone sodium phosphate</i>	61	<i>mg/5ml</i>	63
<i>dexamethasone sodium phosphate (ophth)</i>		<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
.....	81	<i>mg</i>	63
DEXCOM G6 MIS RECEIVER.....	77	<i>dipyridamole</i>	69
DEXCOM G6 MIS SENSOR.....	77	<i>disopyramide phosphate</i>	30
DEXCOM G6 MIS TRANSMIT	77	<i>disulfiram</i>	37
DEXCOM G7 MIS RECEIVER.....	77	DIURIL.....	35
DEXCOM G7 MIS SENSOR.....	77	<i>divalproex sodium</i>	38
<i>dexlansoprazole</i>	66	<i>docetaxel</i>	20
<i>dexmethylphenidate hcl</i>	46	DOCETAXEL	20
<i>dexrazoxane hcl</i>	26	DOCETAXEL (NON-ALCOHOL FO	21
<i>dextroamphetamine sulfate</i>	46	<i>dofetilide</i>	30
<i>diazepam</i>	38	<i>donepezil hydrochloride</i>	39
<i>diazepam intensol</i>	38	<i>dorzolamide hcl</i>	82
<i>diclofenac potassium</i>	1	<i>dorzolamide hcl-timolol maleate ophth soln</i>	
<i>diclofenac sodium</i>	1	<i>2-0.5%</i>	82
<i>diclofenac sodium (ophth)</i>	81	DOVATO TAB 50-300MG.....	13
<i>diclofenac sodium (topical)</i>	92	<i>doxazosin mesylate</i>	28
		<i>doxepin hcl</i>	41

<i>doxepin hcl (antipruritic)</i>	90	EMGALITY.....	48
<i>doxepin hcl (sleep)</i>	47	<i>emoquette</i>	57
<i>doxercalciferol</i>	79	EMSAM.....	41
<i>doxorubicin hcl</i>	20	<i>emtricitabine</i>	12
<i>doxorubicin hcl liposomal</i>	20	<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 100-150 mg</i>	14
<i>doxy 100</i>	18	<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 133-200 mg</i>	14
<i>doxycycline (monohydrate)</i>	18, 19	<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 167-250 mg</i>	14
<i>doxycycline hyclate</i>	19	<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 200-300 mg</i>	14
<i>doxylamine succinate (sleep)</i>	47	EMTRIVA.....	12
<i>dronabinol</i>	64	EMVERM.....	9
<i>drospirenone-ethinyl estradiol tab 3-0.03</i> <i>mg</i>	57	<i>enalapril maleate</i>	28
<i>drospirenone-ethinyl estrad-levomefolate</i> <i>tab 3-0.03-0.451 mg</i>	57	<i>enalapril maleate & hydrochlorothiazide tab</i> <i>10-25 mg</i>	28
DROXIA.....	25	<i>enalapril maleate & hydrochlorothiazide tab</i> <i>5-12.5 mg</i>	28
<i>droxidopa</i>	93	ENBREL.....	69, 70
DRYSOL.....	52	ENBREL MINI.....	70
DUAVEE TAB 0.45-20.....	60	ENBREL SURECLICK.....	70
<i>duloxetine hcl</i>	41	ENCARE.....	57
DUPIXENT.....	51	ENGERIX-B.....	74
<i>dutasteride</i>	66	<i>enilloring</i>	57
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	66	<i>enoxaparin sodium</i>	67
E		<i>enpresse-28</i>	57
<i>e.e.s. 400</i>	16	<i>enskyce</i>	57
<i>econazole nitrate</i>	89	<i>entacapone</i>	43
<i>ed-spaz</i>	63	<i>entecavir</i>	15
EDURANT.....	11	ENTRESTO TAB 24-26MG.....	36
<i>efavirenz</i>	12	ENTRESTO TAB 49-51MG.....	36
<i>efavirenz-lamivudine-tenofovir df tab 400-</i> <i>300-300 mg</i>	13	ENTRESTO TAB 97-103MG.....	36
<i>efavirenz-lamivudine-tenofovir df tab 600-</i> <i>300-300 mg</i>	13	<i>enulose</i>	65
ELESTRIN.....	60	EPCLUSA PAK 150-37.5.....	17
<i>eletriptan hydrobromide</i>	48	EPCLUSA PAK 200-50MG.....	17
ELIGARD.....	22	EPCLUSA TAB 200-50MG.....	17
<i>elinest</i>	57	EPCLUSA TAB 400-100.....	17
ELIQUIS.....	67	EPIDIOLEX.....	38
ELIQUIS STARTER PACK.....	67	<i>epinastine hcl (ophth)</i>	81
<i>elite-ob</i>	79	<i>epinephrine (anaphylaxis)</i>	83
ELLA.....	57	<i>epirubicin hcl</i>	20
ELMIRON.....	66	<i>epitol</i>	38
EMADINE.....	81	EPIVIR HBV.....	15
EMCYT.....	19		

<i>eplerenone</i>	28	EUFLEXXA	78
<i>epoprostenol sodium</i>	37	EURAX	92
<i>eprosartan mesylate</i>	30	EVAMIST	60
ERBITUX	21	<i>everolimus</i>	23
<i>ergocalciferol</i>	79	EVOTAZ TAB 300-150	14
<i>ergoloid mesylates</i>	40	<i>exemestane</i>	22
<i>ergotamine w/ caffeine tab 1-100 mg</i>	48	<i>ezetimibe</i>	31
ERIVEDGE	21	<i>ezetimibe-simvastatin tab 10-10 mg</i>	31
ERLEADA	22	<i>ezetimibe-simvastatin tab 10-20 mg</i>	31
<i>erlotinib hcl</i>	23	<i>ezetimibe-simvastatin tab 10-40 mg</i>	31
<i>errin</i>	57	<i>ezetimibe-simvastatin tab 10-80 mg</i>	31
ERTACZO	89	F	
<i>ertapenem sodium</i>	9	FACTIVE	16
<i>ery</i>	88	<i>falmina</i>	57
<i>ery-tab</i>	16	<i>famciclovir</i>	15
<i>erythrocin stearate</i>	16	<i>famotidine</i>	64
<i>erythromycin (acne aid)</i>	88	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	64
<i>erythromycin (ophth)</i>	80	FARXIGA	55
<i>erythromycin base</i>	16	FARYDAK	21
<i>erythromycin ethylsuccinate</i>	16	FC2 FEMALE MIS CONDOM	57
<i>escitalopram oxalate</i>	41	<i>febuxostat</i>	1
<i>esomeprazole magnesium</i>	66	<i>felbamate</i>	38
<i>esomeprazole sodium</i>	66	<i>felodipine</i>	34
<i>estradiol</i>	60	FEMCAP MIS 22MM	57
<i>estradiol & norethindrone acetate tab 0.5- 0.1 mg</i>	60	FEMCAP MIS 26MM	57
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	60	FEMCAP MIS 30MM	57
<i>estradiol vaginal</i>	60	<i>fenofibrate</i>	31
<i>estradiol valerate</i>	60	<i>fenofibrate micronized</i>	31
ESTROGEL	60	<i>fentanyl</i>	3
<i>eszopiclone</i>	47	<i>fentanyl citrate</i>	3
<i>ethacrynate sodium</i>	35	FERRIPROX	56
<i>ethacrynic acid</i>	35	FERRIPROX TWICE-A-DAY	56
<i>ethambutol hcl</i>	14	<i>ferrous fumarate</i>	69
<i>ethosuximide</i>	38	FERROUS FUMARATE	69
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	57	<i>ferrous gluconate</i>	69
<i>etodolac</i>	1	FERROUS GLUCONATE	69
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	57	<i>ferrous sulfate</i>	69
<i>etoposide</i>	26	FERROUS SULFATE	69
<i>etravirine</i>	12	<i>fesoterodine fumarate</i>	67
EUCRISA	90	FETZIMA	41
		FETZIMA CAP TITRATIO	41
		FIASP	54
		FIASP FLEXTOUCH	54

FIASP PENFILL	54	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	86
FINACEA.....	92	<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	86
<i>finasteride</i>	66	<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	86
<i>fingolimod hcl</i>	49	<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	86
<i>flavoxate hcl</i>	67	<i>fluvastatin sodium</i>	31
<i>flecainide acetate</i>	30	<i>fluvoxamine maleate</i>	41
<i>floxuridine</i>	20	FLUZONE QUAD INJ 2023-24	74
FLUAD QUADRI INJ 2023-24	74	FML	81
FLUARIX QUAD INJ 2023-24.....	74	FML FORTE.....	81
FLUBLOK QUAD INJ 2023-24	74	<i>folic acid</i>	79
FLUCLVX QUAD INJ 2023-24	74	<i>fondaparinux sodium</i>	67
<i>fluconazole</i>	11	<i>formoterol fumarate</i>	86
FLUCONAZOLE/ INJ NACL 100	11	<i>fosamprenavir calcium</i>	12
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	11	<i>fosfomycin tromethamine</i>	9
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	11	<i>fosinopril sodium</i>	28
<i>fludarabine phosphate</i>	20	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	28
<i>fludrocortisone acetate</i>	61	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	28
FLULAVAL QUA INJ 2023-24	74	<i>fosphenytoin sodium</i>	38
FLUMIST QUAD SUS 2023-24.....	74	FRAGMIN	68
<i>flunisolide (nasal)</i>	85	FREESTYLE KIT SENSOR	77
<i>fluocinolone acetonide</i>	91	FREESTYLE MIS READER.....	77
<i>fluocinolone acetonide (otic)</i>	93	FREESTY LIBR KIT 2 SENSOR.....	77
<i>fluocinonide</i>	91	FREESTY LIBR KIT 3 SENSOR.....	77
<i>fluoritab</i>	78	FREESTY LIBR MIS 2 READER.....	77
<i>fluorouracil</i>	20	FREESTY LIBR MIS 3 READER.....	77
<i>fluorouracil (topical)</i>	89	<i>frovatriptan succinate</i>	78
<i>fluoxetine hcl</i>	41	<i>fulvestrant</i>	22
<i>fluphenazine decanoate</i>	44	FUROSCIX	52
<i>fluphenazine hcl</i>	44	<i>furosemide</i>	35
<i>flura-drops</i>	78	FUZEON.....	12
<i>flurbiprofen</i>	1	FYCOMPA	38
<i>flurbiprofen sodium</i>	81	G	
<i>flutamide</i>	22	<i>gabapentin</i>	38
<i>fluticasone propionate</i>	91	<i>galantamine hydrobromide</i>	40
<i>fluticasone propionate (inhalation)</i>	19	GARDASIL 9 INJ	74
<i>fluticasone propionate (nasal)</i>	85	<i>gatifloxacin (ophth)</i>	80
<i>fluticasone propionate hfa</i>	19	<i>gavilyte-c</i>	65
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	86	<i>gavilyte-g</i>	65
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	86		

<i>gavilyte-n/flavor pack</i>	65	GYNAZOLE-1.....	67
GAZYVA.....	21	H	
<i>gemcitabine hcl</i>	20	<i>halcinonide</i>	51
<i>gemfibrozil</i>	31	<i>halobetasol propionate</i>	91
<i>generlac</i>	65	<i>haloperidol</i>	44
<i>gengraf</i>	73	<i>haloperidol decanoate</i>	44
<i>gentak</i>	80	<i>haloperidol lactate</i>	45
<i>gentamicin in saline inj 0.8 mg/ml</i>	84	HARVONI PAK.....	17
<i>gentamicin in saline inj 1.2 mg/ml</i>	84	HARVONI PAK 45-200MG	17
<i>gentamicin in saline inj 1.6 mg/ml</i>	84	HARVONI TAB 45-200MG.....	17
<i>gentamicin in saline inj 1 mg/ml</i>	84	HARVONI TAB 90-400MG	17
<i>gentamicin in saline inj 2 mg/ml</i>	84	HAVRIX	74
<i>gentamicin sulfate</i>	84	<i>heather</i>	57
<i>gentamicin sulfate (ophth)</i>	80	HEMLIBRA	69
<i>gentamicin sulfate (topical)</i>	89	<i>heparin sodium (porcine)</i>	68
GENVOYA TAB.....	14	HEPLISAV-B.....	74
<i>gianvi</i>	57	HEXALEN	19
GLEOSTINE.....	19	HIBERIX	74
GLIADEL WAF 7.7MG.....	19	HUMATROPE	62
<i>glimepiride</i>	55	HUMATROPE COMBO PACK	62
<i>glipizide</i>	55	HUMATROPEN MIS FOR 12MG.....	61
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ...	53	HUMATROPEN MIS FOR 24MG.....	61
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ...	53	HUMATROPEN MIS FOR 6MG	61
<i>glipizide-metformin hcl tab 5-500 mg</i>	53	HUMIRA.....	70
<i>glucagon (rdna)</i>	61	HUMIRA PEDIA INJ CROHNS	70
GLUCOSE URINE TEST STRIPS.....	76	HUMIRA PEDIATRIC CROHNS D	70
<i>glyburide</i>	55	HUMIRA PEN	70
<i>glyburide-metformin tab 1.25-250 mg</i>	53	HUMIRA PEN-CD/UC/HS START	70
<i>glyburide-metformin tab 2.5-500 mg</i>	53	HUMIRA PEN KIT PS/UV	70
<i>glyburide-metformin tab 5-500 mg</i>	53	HUMIRA PEN-PS/UV STARTER	70
<i>glyburide micronized</i>	55	HUMULIN R U-500 (CONCENTR	54
<i>glycopyrrolate</i>	63	HUMULIN R U-500 KWIKPEN	54
GLYXAMBI TAB 10-5 MG	55	<i>hydralazine hcl</i>	36
GLYXAMBI TAB 25-5 MG.....	55	<i>hydrochlorothiazide</i>	35
<i>gnp olopatadine hydrochlo</i>	81	<i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i>	3
<i>goodsense aspirin</i>	8	<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i>	4
<i>goodsense nicotine</i>	51	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	3
<i>goodsense nicotine polacr</i>	51	<i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i>	3
<i>granisetron hcl</i>	64	<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	84
<i>griseofulvin microsize</i>	11		
<i>griseofulvin ultramicrosize</i>	11		
<i>guanfacine hcl</i>	36		
<i>guanfacine hcl (adhd)</i>	46		
GUANIDINE HCL	48		

<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	84	INCRUSE ELLIPTA.....	87
<i>hydrocodone bitartrate</i>	3	<i>indapamide</i>	35
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	4	<i>indomethacin</i>	8
<i>hydrocortisone</i>	61	INFANRIX INJ	74
<i>hydrocortisone (topical)</i>	91	INLYTA.....	24
<i>hydrocortisone butyrate</i>	91	INSTA-GLUCOSE	61
<i>hydrocortisone valerate</i>	91	INSULIN PEN NEEDLES.....	76
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	93	INSULIN PEN NEEDLES/SYRINGES	76
<i>hydromet</i>	84	INTELENCE	12
<i>hydromorphone hcl</i>	4	INTRAROSA	52
<i>hydroxychloroquine sulfate</i>	72	<i>introvale</i>	57
<i>hydroxyurea</i>	21	INVANZ	9
<i>hydroxyzine hcl</i>	84	INVEGA SUSTENNA.....	45
<i>hydroxyzine pamoate</i>	84	INVEGA TRINZA	45
<i>hyoscyamine sulfate</i>	63	INVIRASE.....	12
HYQVIA INJ 10-800	73	IOPIDINE.....	82
HYQVIA INJ 2.5-200.....	73	IPOL INJ INACTIVE	75
HYQVIA INJ 20-1600	73	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	87
HYQVIA INJ 30-2400	73	<i>ipratropium bromide</i>	87
HYQVIA INJ 5-400	73	<i>ipratropium bromide (nasal)</i>	87
I		<i>irbesartan</i>	30
<i>ibandronate sodium</i>	56	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	29
IBRANCE	21	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	29
<i>ibuprofen</i>	1	<i>irinotecan hcl</i>	26
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	8	ISENTRESS.....	12
<i>icatibant acetate</i>	73	ISENTRESS HD	12
ICLUSIG	23	<i>isoniazid</i>	14
<i>icosapent ethyl</i>	32	<i>isosorbide dinitrate</i>	36
<i>idarubicin hcl</i>	20	<i>isosorbide mononitrate</i>	36
IDHIFA.....	23	<i>isotretinoin</i>	88
<i>ifosfamide</i>	19	<i>isradipine</i>	34
<i>imatinib mesylate</i>	23, 24	<i>itraconazole</i>	11
IMBRUVICA.....	24	<i>ivermectin</i>	9
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	9	IV PREP WIPE PAD	89
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	9	J	
<i>imipramine hcl</i>	41	JAKAFI.....	24
<i>imipramine pamoate</i>	42	<i>jantoven</i>	68
<i>imiquimod</i>	89	JANUMET TAB 50-1000	53
<i>inatal gt</i>	79	JANUMET TAB 50-500MG.....	53
INCRELEX.....	62	JANUMET XR TAB 100-1000.....	53
		JANUMET XR TAB 50-1000	53

JANUMET XR TAB 50-500MG.....	53	<i>lactic acid (ammonium lactate)</i>	92
JANUVIA.....	53	<i>lactulose</i>	65
JARDIANCE	55	LAGEVRIO	27
<i>jinteli</i>	61	<i>lamivudine</i>	12
<i>jolessa</i>	57	<i>lamivudine (hbv)</i>	15
<i>jolivette</i>	57	<i>lamivudine-zidovudine tab 150-300 mg</i>	14
<i>junel 1/20</i>	57	<i>lamotrigine</i>	38, 39
<i>junel 1.5/30</i>	57	<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>	
<i>junel fe 1/20</i>	57	<i>starter kit</i>	39
<i>junel fe 1.5/30</i>	57	<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i>	
JYNNEOS	75	<i>starter kit</i>	39
K		LANCETS	77
KADCYLA.....	21	LANCING DEVICE	77
KALYDECO	85	LANOXIN	35
<i>kariva</i>	57	LANOXIN PEDIATRIC	35
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> ...	79	<i>lansoprazole</i>	66
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	79	<i>lanthanum carbonate</i>	62
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i> ...	79	<i>lapatinib ditosylate</i>	24
<i>k-effervescent</i>	78	<i>larin 1.5/30</i>	57
<i>kelnor 1/35</i>	57	LASTACRAFT	81
KERENDIA	62	<i>latanoprost</i>	82
<i>ketoconazole (topical)</i>	89, 90	<i>leena</i>	57
KETONE URINE TEST STRIPS.....	76	<i>leflunomide</i>	72
<i>ketorolac tromethamine</i>	1	<i>lenalidomide</i>	73
<i>ketorolac tromethamine (ophth)</i>	81	LENVIMA 10 MG DAILY DOSE.....	24
KEVZARA.....	70	LENVIMA 12MG DAILY DOSE	24
KEYTRUDA.....	21	LENVIMA 20 MG DAILY DOSE	24
KINRIX INJ.....	75	LENVIMA 4 MG DAILY DOSE	24
<i>kionex</i>	56	LENVIMA 8 MG DAILY DOSE	24
KISQALI	21	LENVIMA CAP 14 MG	24
KISQALI 200 PAK FEMARA	21	LENVIMA CAP 18 MG	24
KISQALI 400 PAK FEMARA	21	LENVIMA CAP 24 MG.....	24
KISQALI 600 PAK FEMARA.....	21	<i>lessina</i>	58
<i>klor-con 10</i>	78	<i>letrozole</i>	22
<i>klor-con 8</i>	78	<i>leucovorin calcium</i>	26
<i>klor-con m15</i>	78	LEUKERAN	19
<i>klor-con m20</i>	78	<i>leuprolide acetate</i>	22
KOSELUGO	26	<i>levalbuterol hcl</i>	87
<i>kurvelo</i>	57	<i>levalbuterol tartrate</i>	87
KYLEENA.....	57	LEVEMIR.....	54
L		LEVEMIR FLEXPEN	54
<i>labetalol hcl</i>	33	<i>levetiracetam</i>	39
<i>lacosamide</i>	38	<i>levetiracetam in sodium chloride iv soln</i>	
LACRISERT.....	82	<i>1000 mg/100ml</i>	39

<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml.....	39	<i>lisinopril & hydrochlorothiazide tab 20-12.5</i> mg	28
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	39	<i>lisinopril & hydrochlorothiazide tab 20-25</i> mg	28
<i>levobunolol hcl</i>	82	<i>lithium</i>	48
<i>levocetirizine dihydrochloride</i>	84	<i>lithium carbonate</i>	48
<i>levofloxacin</i>	16	LOKELMA.....	56
<i>levofloxacin (ophth)</i>	80	LO LOESTRIN TAB 1-10-10.....	58
<i>levofloxacin in d5w iv soln 250 mg/50ml</i> ..	16	<i>loperamide hcl</i>	63
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	16	<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> (80-20 mg/ml).....	14
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	16	<i>lopinavir-ritonavir tab 100-25 mg</i>	14
<i>levonest</i>	58	<i>lopinavir-ritonavir tab 200-50 mg</i>	14
<i>levonorgestrel (emergency oc)</i>	58	LOQTORZI.....	21
<i>levonorgestrel & ethinyl estradiol (91-day)</i> tab 0.15-0.03 mg	58	<i>lorazepam</i>	38
<i>levonorgestrel & ethinyl estradiol tab 0.15</i> mg-30 mcg	58	LORBRENA.....	24
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1</i> mg-20 mcg (21)	58	<i>loryna</i>	58
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i> est tab 0.01mg(7)	58	<i>losartan potassium</i>	30
<i>levora 0.15/30-28</i>	58	<i>losartan potassium & hydrochlorothiazide</i> tab 100-12.5 mg	29
<i>levorphanol tartrate</i>	8	<i>losartan potassium & hydrochlorothiazide</i> tab 100-25 mg.....	29
<i>levothyroxine sodium</i>	63	<i>losartan potassium & hydrochlorothiazide</i> tab 50-12.5 mg.....	29
<i>levoxyl</i>	63	<i>loteprednol etabonate</i>	81
LIDO/DEXTROS INJ 5-7.5%	9	LOTRIMIN ULTRA	89
<i>lidocaine</i>	91	<i>lovastatin</i>	32
<i>lidocaine hcl</i>	92	<i>low-ogestrel</i>	58
<i>lidocaine hcl (cardiac)</i>	30	<i>loxapine succinate</i>	45
<i>lidocaine hcl (local anesth.)</i>	9	<i>lubiprostone</i>	65
<i>lidocaine hcl (mouth-throat)</i>	92	<i>ludent</i>	78
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	30	<i>luliconazole</i>	51
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	30	LUMIGAN	82
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	92	LUPRON DEPOT-PED (1-MONTH	22
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i> ...92		LUPRON DEPOT-PED (3-MONTH	22
LILETTA	58	<i>lurasidone hcl</i>	45
<i>lindane</i>	92	<i>lutra</i>	58
<i>linezolid</i>	9, 10	LYNPARZA.....	21
<i>linezolid inj 2mg/ml</i>	10	LYSODREN	22
LINZESS.....	65	M	
<i>liothyronine sodium</i>	63	<i>magnesium sulfate</i>	78
<i>lisinopril</i>	28	<i>magnesium sulfate in dextrose 5% iv soln 1</i> gm/100ml	78
<i>lisinopril & hydrochlorothiazide tab 10-12.5</i> mg	28	<i>malathion</i>	92

<i>mannitol</i>	35	<i>methazolamide</i>	35
<i>maprotiline hcl</i>	42	<i>methenamine hippurate</i>	10
<i>maraviroc</i>	12	<i>methimazole</i>	63
<i>marlissa</i>	58	<i>methocarbamol</i>	50
MARPLAN	42	<i>methotrexate sodium</i>	20, 73
MATULANE.....	19	<i>methoxsalen rapid</i>	90
<i>matzim la</i>	34	<i>methscopolamine bromide</i>	63
MAXIDEX.....	81	<i>methsuximide</i>	39
MAYZENT.....	49	<i>methyl dopa</i>	36
MAYZENT STARTER PACK	49	<i>methylphenidate hcl</i>	46, 47
<i>meclizine hcl</i>	64	<i>methylprednisolone</i>	61
<i>meclofenamate sodium</i>	1	<i>methylprednisolone acetate</i>	61
<i>medroxyprogesterone acetate</i>	62	<i>methylprednisolone sod succ</i>	61
<i>medroxyprogesterone acetate</i> <i>(contraceptive)</i>	58	<i>methyltestosterone</i>	52
<i>mefenamic acid</i>	1	<i>metoclopramide hcl</i>	64
<i>mefloquine hcl</i>	11	<i>metolazone</i>	35
<i>megestrol acetate</i>	22	<i>metoprolol & hydrochlorothiazide tab 100-</i> <i>25 mg</i>	33
<i>megestrol acetate (appetite)</i>	22	<i>metoprolol & hydrochlorothiazide tab 100-</i> <i>50 mg</i>	33
MEKINIST	24	<i>metoprolol & hydrochlorothiazide tab 50-25</i> <i>mg</i>	33
<i>meloxicam</i>	1	<i>metoprolol succinate</i>	33
<i>melphalan</i>	20	<i>metoprolol tartrate</i>	33
<i>melphalan hcl</i>	20	<i>metronidazole</i>	10
<i>memantine hcl</i>	40	<i>metronidazole (topical)</i>	92
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i> <i>titration pack</i>	40	<i>metronidazole vaginal</i>	67
MENACTRA INJ.....	75	<i>mexiletine hcl</i>	30
MENEST	61	<i>miconazole 3</i>	67
MENQUADFI INJ	75	MICRHOGAM ULTRA-FILTERED	83
MENVEO INJ.....	75	MICROCHAMBER MIS	88
MENVEO SOL	75	<i>microgestin 1.5/30</i>	58
<i>meprobamate</i>	38	<i>midodrine hcl</i>	36
<i>mercaptopurine</i>	20	<i>miglitol</i>	52
<i>meropenem</i>	10	<i>mimvey</i>	61
<i>mesalamine</i>	65	<i>mimvey lo</i>	61
<i>mesna</i>	26	<i>minitran</i>	36
MESNEX	26	<i>minocycline hcl</i>	19
<i>metaproterenol sulfate</i>	87	<i>minoxidil</i>	36
<i>metaxalone</i>	50	MIRCERA.....	68
<i>metformin hcl</i>	52	MIRENA	58
<i>methadone hcl</i>	4	<i>mirtazapine</i>	42
<i>methadone hydrochloride i</i>	4	MISC LANCETS	77
<i>methadose</i>	4	<i>misoprostol</i>	63
<i>methamphetamine hcl</i>	46		

<i>mitomycin</i>	20	<i>naloxone hcl</i>	50
<i>mitoxantrone hcl</i>	20	<i>naltrexone hcl</i>	50
M-M-R II INJ	75	NAMENDA XR CAP TITRATIO	40
<i>modafinil</i>	50	<i>naproxen</i>	1
MODERNA COVID-19 VACCINE.....	75	<i>naratriptan hcl</i>	48
<i>moexipril hcl</i>	28	NATACYN	81
<i>mometasone furoate</i>	91	NATAZIA TAB	58
<i>mono-lynyah</i>	58	<i>nateglinide</i>	54
<i>mononessa</i>	58	<i>nebivolol hcl</i>	33
MONOVISC	78	<i>necon 0.5/35-28</i>	58
<i>montelukast sodium</i>	87	<i>nefazodone hcl</i>	42
<i>morgidox 1x100mg</i>	19	<i>nelarabine</i>	20
<i>morphine sulfate</i>	5	<i>neomycin-polymy-gramicid op sol 1.75-</i> <i>10000-0.025mg-unt-mg/ml</i>	81
MORPHINE SULFATE	5	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	80
<i>morphine sulfate beads</i>	5	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	80
MOTOFEN TAB 1-0.025	63	<i>neomycin-polymyxin-hc ophth susp</i>	80
MOUNJARO	53	<i>neomycin-polymyxin-hc otic soln 1%</i>	93
MOVANTIK.....	65	<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	93
<i>moxifloxacin hcl</i>	16	<i>neomycin sulfate</i>	9
<i>moxifloxacin hcl (ophth)</i>	80	NEUPRO	44
<i>moxifloxacin hcl 400 mg/250ml in sodium</i> <i>chloride 0.8% inj</i>	17	NEVANAC	81
MULTAQ	30	<i>nevirapine</i>	12
<i>multi-vit/fluoride</i>	79	NEXPLANON	58
<i>multi-vit/iron/fluoride</i>	80	NEXTSTELLIS TAB 3-14.2MG	58
<i>multivitamin/fluoride</i>	80	<i>niacin (antihyperlipidemic)</i>	32
<i>multi-vitamin/fluoride/ir</i>	80	<i>nicardipine hcl</i>	34
<i>multi-vitamin/fluoride dr</i>	80	<i>nicorelief</i>	51
<i>mupirocin</i>	89	<i>nicotine</i>	51
<i>mvc-fluoride</i>	80	<i>nicotine polacrilex</i>	51
MYALEPT	60	<i>nicotine step 3</i>	51
<i>mycophenolate mofetil</i>	73	NICOTROL INHALER	51
<i>mycophenolate mofetil hcl</i>	73	NICOTROL NS	51
<i>mycophenolate sodium</i>	73	<i>nifedipine</i>	34
MYRBETRIQ	67	<i>nikki</i>	58
<i>myzilra</i>	58	<i>nilutamide</i>	22
N		<i>nimodipine</i>	34
<i>nabumetone</i>	1	NIPENT	20
<i>nadolol</i>	33	<i>nitazoxanide</i>	10
<i>nafcillin sodium</i>	18	<i>nitisinone</i>	60
<i>nafrinse</i>	79	NITRO-BID	36
<i>nafrinse drops</i>	79		
<i>naftifine hcl</i>	89		
<i>nalbuphine hcl</i>	5		

NITRO-DUR.....	36	NOVOLIN N.....	54
<i>nitrofurantoin</i>	10	NOVOLIN N FLEXPEN	54
<i>nitrofurantoin macrocrystal</i>	10	NOVOLIN R.....	54
<i>nitrofurantoin monohyd macro</i>	10	NOVOLIN R FLEXPEN.....	54
<i>nitroglycerin</i>	36	NOVOLOG.....	54
NITROGLYCERIN	36	NOVOLOG FLEXPEN	54
<i>nitroglycerin (intra-anal)</i>	92	NOVOLOG MIX INJ 70/30.....	54
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i> ..	36	NOVOLOG MIX INJ FLEXPEN	54
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i> ...	36	NOVOLOG PENFILL.....	54
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i> ..	36	NUBEQA	22
<i>niva-fol tab</i>	80	NUCALA	87
NIVESTYM.....	68	NUEDEXTA CAP 20-10MG.....	48
<i>nizatidine</i>	64	<i>nulev</i>	63
<i>nora-be</i>	58	NUPLAZID	45
NORDITROPIN FLEXPRO.....	62	NURTEC.....	78
<i>norethindrone (contraceptive)</i>	58	<i>nyamyc</i>	89
<i>norethindrone & ethinyl estradiol-fe chew</i> <i>tab 0.4 mg-35 mcg</i>	58	<i>nylia 1/35</i>	59
<i>norethindrone & ethinyl estradiol-fe chew</i> <i>tab 0.8 mg-25 mcg</i>	58	<i>nystatin</i>	11
<i>norethindrone ace & ethinyl estradiol tab 1</i> <i>mg-20 mcg</i>	58	<i>nystatin (mouth-throat)</i>	92
<i>norethindrone ace-ethinyl estradiol-fe tab 1</i> <i>mg-20 mcg (24)</i>	58	<i>nystatin (topical)</i>	89
<i>norethindrone acetate</i>	62	<i>nystatin-triamcinolone cream 100000-0.1</i> <i>unit/gm-%</i>	89
<i>norethindrone acetate-ethinyl estradiol tab</i> <i>0.5 mg-2.5 mcg</i>	61	<i>nystatin-triamcinolone oint 100000-0.1</i> <i>unit/gm-%</i>	89
<i>norethindrone ac-ethinyl estrad-fe tab 1-</i> <i>20/1-30/1-35 mg-mcg</i>	58	<i>nystop</i>	89
<i>norgestimate & ethinyl estradiol tab 0.25</i> <i>mg-35 mcg</i>	58	NYVEPRIA	69
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i> <i>25/0.25-25 mg-mcg</i>	59	●	
<i>norgestimate-eth estrad tab 0.18-35/0.215-</i> <i>35/0.25-35 mg-mcg</i>	59	<i>ocella</i>	59
<i>nortrel 0.5/35 (28)</i>	59	<i>octreotide acetate</i>	52
<i>nortrel 1/35</i>	59	OCTREOTIDE ACETATE.....	52
<i>nortrel 7/7/7</i>	59	ODEFSEY TAB	14
<i>nortriptyline hcl</i>	42	ODOMZO.....	21
NORVIR	12	<i>ofloxacin</i>	17
NOVAVAX COVID-19 VACCINE/.....	75	<i>ofloxacin (ophth)</i>	81
NOVOFINE PEN NEEDLES	77	<i>ofloxacin (otic)</i>	93
NOVOLIN INJ 70/30.....	54	<i>ogestrel</i>	59
NOVOLIN INJ 70/30 FP	54	<i>olanzapine</i>	45
		<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5 mg</i> ..	29
		<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5 mg</i> 30	30
		<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i> ...	30

<i>olmesartan-amlodipine-</i>	ORKAMBI TAB 100-125	85
<i>hydrochlorothiazide tab 40-5-12.5 mg ..</i>	ORKAMBI TAB 200-125	85
<i>olmesartan-amlodipine-</i>	<i>orphenadrine citrate</i>	50
<i>hydrochlorothiazide tab 40-5-25 mg</i>	<i>orsythia</i>	59
<i>olmesartan medoxomil</i>	ORTHOVISC	78
<i>olmesartan medoxomil-</i>	<i>oscimin</i>	63
<i>hydrochlorothiazide tab 20-12.5 mg</i>	<i>oscimin sr</i>	63
<i>olmesartan medoxomil-</i>	<i>oseltamivir phosphate</i>	15
<i>hydrochlorothiazide tab 40-12.5 mg</i>	<i>osmitrol viaflex</i>	35
<i>olmesartan medoxomil-</i>	OTEZLA.....	73
<i>hydrochlorothiazide tab 40-25 mg</i>	OTEZLA TAB 10/20/30.....	73
<i>olopatadine hcl</i>	<i>oxacillin sodium</i>	18
<i>olopatadine hcl (nasal)</i>	<i>oxaliplatin</i>	26
<i>omega-3-acid ethyl esters cap 1 gm</i>	<i>oxaprozin</i>	1
<i>omeprazole</i>	<i>oxazepam</i>	38
OMNARIS	<i>oxcarbazepine</i>	39
OMNIFLEX DPR.....	<i>oxiconazole nitrate</i>	51
OMNIPOD 5 G6 KIT INTRO	<i>oxybutynin chloride</i>	67
OMNIPOD 5 G6 MIS PODS	<i>oxycodone-aspirin tab 4.8355-325 mg</i>	7
OMNIPOD 5 G7 KIT INTRO	<i>oxycodone hcl</i>	5, 6
OMNIPOD 5 G7 MIS PODS	<i>oxycodone-ibuprofen tab 5-400 mg</i>	7
OMNIPOD DASH KIT INTRO.....	<i>oxycodone w/ acetaminophen tab 10-325</i>	
OMNIPOD DASH MIS PODS.....	<i>mg</i>	7
OMNIPOD GO KIT 10UNT/DY.....	<i>oxycodone w/ acetaminophen tab 2.5-325</i>	
OMNIPOD GO KIT 15UNT/DY.....	<i>mg</i>	6
OMNIPOD GO KIT 25UNT/DY.....	<i>oxycodone w/ acetaminophen tab 5-325</i>	
OMNIPOD GO KIT 35UNT/DY.....	<i>mg</i>	6
OMNIPOD MIS CLASSIC.....	<i>oxycodone w/ acetaminophen tab 7.5-325</i>	
OMNIPOD PDM KIT CLASSIC	<i>mg</i>	7
ONCASPAR.....	<i>oxymorphone hcl</i>	7
<i>ondansetron</i>	OZEMPIC.....	53
<i>ondansetron hcl</i>	P	
OPILL	<i>pacerone</i>	30
OPSUMIT	<i>paclitaxel</i>	21
OPTIONS GYNOL II VAGINAL	<i>paclitaxel protein-bound particles for iv</i>	
<i>oralone dental paste</i>	<i>susp 100 mg</i>	21
ORAVIG.....	PADCEV.....	25
ORENITRAM.....	<i>paliperidone</i>	45
ORENITRAM TAB MONTH 1	<i>pamidronate disodium</i>	56
ORENITRAM TAB MONTH 2.....	<i>pantoprazole sodium</i>	66
ORENITRAM TAB MONTH 3.....	PARAGARD IUD T380A.....	59
ORFADIN	<i>paraplatin</i>	26
ORKAMBI GRA 100-125.....	<i>paricalcitol</i>	80
ORKAMBI GRA 150-188.....	<i>paromomycin sulfate</i>	9

<i>paroxetine hcl</i>	42	<i>phenobarbital</i>	39
PASER.....	14	<i>phenoxybenzamine hcl</i>	36
PATADAY EXTRA STRENGTH	81	<i>phenylephrine hcl (mydriatic)</i>	82
PAXLOVID TAB 150-100.....	27	<i>phenytoin</i>	39
PAXLOVID TAB 300-100.....	27	<i>phenytoin sodium</i>	39
<i>pazopanib hcl</i>	24	<i>phenytoin sodium extended</i>	39
PEDIARIX INJ 0.5ML.....	75	PHEXXI GEL	59
PEDIATRIC RESPIRATORY MASK	88	PHOSPHOLINE IODIDE	82
PEDVAX HIB.....	75	PHOTOFRIN	25
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	65	<i>physiolyte</i>	83
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	65	<i>physiosol irrigation</i>	83
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	65	<i>phytonadione</i>	80
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	65	PICATO	89
PEGANONE.....	39	<i>pilocarpine hcl</i>	82
PEGASYS.....	17	<i>pilocarpine hcl (oral)</i>	93
PEGASYS PROCLICK	17	<i>pimozide</i>	48
PEG-PREP KIT	65	<i>pindolol</i>	33
<i>pemetrexed disodium</i>	20	<i>pioglitazone hcl</i>	54
PENBRAYA INJ.....	75	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> 54	
<i>penicillamine</i>	56	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> 54	
<i>penicillin g potassium</i>	18	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	54
<i>penicillin g sodium</i>	18	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	54
<i>penicillin v potassium</i>	18	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	18
PENTACEL INJ	75	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	18
<i>pentamidine isethionate</i>	10	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	18
<i>pentoxifylline</i>	69	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	18
<i>perindopril erbumine</i>	28	<i>pirfenidone</i>	88
<i>perio gard</i>	93	<i>piroxicam</i>	1
<i>permethrin</i>	92	PLEGRIDY	49
<i>perphenazine</i>	45	PLEGRIDY INJ STARTER.....	49
<i>perphenazine-amitriptyline tab 2-10 mg</i> ..	83	PLEGRIDY PEN INJ STARTER	49
<i>perphenazine-amitriptyline tab 2-25 mg</i> ..	83	PNEUMOVAX 23/1 DOSE	75
<i>perphenazine-amitriptyline tab 4-10 mg</i> ..	83	<i>podofilox</i>	92
<i>perphenazine-amitriptyline tab 4-25 mg</i> ..	83	<i>polycin</i>	81
<i>perphenazine-amitriptyline tab 4-50 mg</i> ..	83	<i>polyethylene glycol 3350</i>	65
PERSERIS	45	<i>polymyxin b sulfate</i>	10
PFIZER-BIONTECH COVID-19	75	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	81
<i>pfizerpen</i>	18		
<i>phenazopyridine tab 95mg</i>	67		
<i>phenelzine sulfate</i>	42		

POMALYST	73	<i>proctosol hc</i>	66
<i>portia-28</i>	59	<i>proctozone-hc</i>	66
<i>potassium chloride</i>	79	<i>progesterone</i>	62
<i>potassium chloride microencapsulated</i>		PROGRAF	74
<i>crystals er</i>	79	PROLASTIN-C	83
<i>potassium citrate (alkalinizer)</i>	67	PROLIA	62
PRALUENT	32	PROMACTA	68
<i>pramipexole dihydrochloride</i>	44	<i>promethazine & phenylephrine syrup 6.25-</i>	
<i>pramox gel</i>	92	<i>5 mg/5ml</i>	84
<i>prasugrel hcl</i>	69	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	84
<i>pravastatin sodium</i>	32	<i>promethazine hcl</i>	64
<i>praziquantel</i>	9	<i>promethazine vc/codeine</i>	84
<i>prazosin hcl</i>	28	<i>promethazine w/ codeine syrup 6.25-10</i>	
PRED-G SUS OP	83	<i>mg/5ml</i>	84
PRED MILD	81	<i>propafenone hcl</i>	30
<i>prednicarbate</i>	91	<i>proparacaine hcl</i>	82
<i>prednisolone</i>	61	<i>propranolol & hydrochlorothiazide tab 40-</i>	
<i>prednisolone acetate (ophth)</i>	81	<i>25 mg</i>	33
PREDNISOLONE SODIUM PHOSP	81	<i>propranolol & hydrochlorothiazide tab 80-</i>	
<i>prednisolone sodium phosphate</i>	61	<i>25 mg</i>	33
<i>prednisone</i>	61	<i>propranolol hcl</i>	33
PREDNISON INTENSOL.....	61	<i>propylthiouracil</i>	63
<i>pregabalin</i>	39	PROQUAD INJ	75
PREHEVBRIO	75	<i>protriptyline hcl</i>	42
PREMARIN	61	<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
<i>prenatabs rx</i>	80	<i>mg/5ml</i>	84
<i>prenatal 19</i>	80	<i>pyrazinamide</i>	14
<i>prevalite</i>	31	<i>pyridostigmine bromide</i>	48
<i>previfem</i>	59	<i>pyridoxine hcl</i>	80
PREVNAR 13 INJ.....	75	<i>pyrimethamine</i>	11
PREVNAR 20 INJ.....	75	Q	
PREZCOBIX TAB 800-150	14	QUADRACEL INJ 0.5ML.....	75
PREZISTA	12	QUADRAMET	25
PRIFTIN	14	<i>quasense</i>	59
<i>primaquine phosphate</i>	11	<i>quazepam</i>	69
<i>primidone</i>	39	<i>quetiapine fumarate</i>	45
PRIMSOL.....	10	<i>quinapril hcl</i>	28
PRIORIX INJ	75	<i>quinapril-hydrochlorothiazide tab 10-12.5</i>	
<i>probenecid</i>	1	<i>mg</i>	28
<i>procainamide hcl</i>	30	<i>quinapril-hydrochlorothiazide tab 20-12.5</i>	
<i>prochlorperazine</i>	64	<i>mg</i>	28
<i>prochlorperazine edisylate</i>	64	<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
<i>prochlorperazine maleate</i>	64	28
<i>procto-pak</i>	66	<i>quinidine sulfate</i>	30

<i>quinine sulfate</i>	11	<i>rizatriptan benzoate</i>	48
QVAR REDHALER.....	87	<i>roflumilast</i>	87
R		<i>ropinirole hydrochloride</i>	44
<i>rabeprazole sodium</i>	66	<i>rosadan</i>	92
<i>raloxifene hcl</i>	62	<i>rosuvastatin calcium</i>	32
<i>ramelteon</i>	47	ROTARIX SUS.....	75
<i>ramipril</i>	28	ROTATEQ SOL.....	76
<i>ranolazine</i>	36	RYBELSUS.....	53
<i>rasagiline mesylate</i>	44	RYDAPT.....	22
REBETOL.....	17	RYKINDO.....	45
REBIF.....	49	S	
REBIF REBIDO INJ TITRATN.....	50	SANCUSO.....	64
REBIF REBIDOSE.....	50	SANDIMMUNE.....	74
REBIF TITRTN INJ PACK.....	50	SANTYL.....	92
<i>reclipsen</i>	59	<i>sapropterin dihydrochloride</i>	60
RECOMBIVAX HB.....	75	SAVELLA.....	47
RECTIV.....	92	SAVELLA MIS TITR PAK.....	47
REGRANEX.....	92	<i>scopolamine</i>	64
RELENZA DISKHALER.....	15	<i>selegiline hcl</i>	44
REMICADE.....	71	<i>selenium sulfide</i>	90
REMODULIN.....	37	SELZENTRY.....	13
<i>repaglinide</i>	54	<i>sertraline hcl</i>	42
RESCRIPTOR.....	12	<i>sevelamer carbonate</i>	62
RESTASIS.....	82	SHARPS CONTAINER.....	77
RESTASIS MULTIDOSE.....	82	SHINGRIX.....	76
RETACRIT.....	68	SIGNIFOR.....	60
RETROVIR IV INFUSION.....	13	<i>sildenafil citrate (pulmonary hypertension)</i>	37
REXULTI.....	45	<i>silodosin</i>	66
REYATAZ.....	13	<i>silver sulfadiazine</i>	89
RHOGAM ULTRA-FILTERED PLU.....	83	SIMBRINZA SUS 1-0.2%.....	82
<i>ribavirin</i>	15	SIMPLICITY MIS INSERTER.....	77
<i>ribavirin (hepatitis c)</i>	17	SIMPONI.....	71
<i>rifabutin</i>	14	SIMPONI ARIA.....	71
<i>rifampin</i>	14	<i>simvastatin</i>	32
<i>riluzole</i>	48	<i>sirolimus</i>	74
<i>rimantadine hydrochloride</i>	15	SIRTURO.....	14
RINVOQ.....	71	SIVEXTRO.....	10
<i>risedronate sodium</i>	56	SKYLA.....	59
<i>risperidone</i>	45	SKYRIZI.....	71
<i>risperidone microspheres</i>	45	SKYRIZI PEN.....	71
<i>ritonavir</i>	13	SLYND.....	59
<i>rivastigmine</i>	40	<i>sm nicotine transdermal s</i>	51
<i>rivastigmine tartrate</i>	40	<i>sodium chloride</i>	79
<i>rivelsa</i>	59		

<i>sodium chloride (gu irrigant)</i>	92	<i>sulfamethoxazole-trimethoprim iv soln</i>	
<i>sodium chloride (inhalant)</i>	87	400-80 mg/5ml	10
<i>sodium chloride flush</i>	79	<i>sulfamethoxazole-trimethoprim susp 200-</i>	
<i>sodium fluoride</i>	79	40 mg/5ml	10
SODIUM OXYBATE	50	<i>sulfamethoxazole-trimethoprim tab 400-80</i>	
<i>sodium phenylbutyrate</i>	60	mg	10
<i>sodium polystyrene sulfonate</i>	56	<i>sulfamethoxazole-trimethoprim tab 800-</i>	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>		160 mg	10
3.13-1.6 gm/177ml	65	SULFAMYLON	89
<i>solifenacin succinate</i>	67	<i>sulfasalazine</i>	65
SOLIQUA INJ 100/33	53	<i>sulindac</i>	2
SOMATULINE DEPOT	52	<i>sumatriptan</i>	48
SOMAVERT	52	<i>sumatriptan-naproxen sodium tab 85-500</i>	
<i>sorafenib tosylate</i>	25	mg	48
<i>sorine</i>	31	<i>sumatriptan succinate</i>	48
<i>sotalol hcl</i>	31	<i>sunitinib malate</i>	25
<i>sotalol hcl (afib/af)</i>	31	SUNLENCA.....	27
SOTALOL HYDROCHLORIDE.....	31	SUNOSI.....	1
SOVALDI	17	SUPPRELIN LA.....	62
SPIKEVAX COVID-19 VACCINE.....	76	SUPREP BOWEL SOL PREP KIT	65
<i>spinosad</i>	92	SUTAB TAB	76
SPIRIVA HANDIHALER.....	87	<i>syeda</i>	59
SPIRIVA RESPIMAT	87	<i>symax-sl</i>	63
<i>spironolactone</i>	35	SYMDEKO TAB 100-150.....	85
<i>spironolactone & hydrochlorothiazide tab</i>		SYMDEKO TAB 50-75MG.....	85
25-25 mg	35	SYMLINPEN 120	52
<i>sprintec 28</i>	59	SYMLINPEN 60	52
SPRYCEL	25	SYNAREL.....	60
<i>sronyx</i>	59	SYNERA DIS 70-70MG.....	92
<i>ssd</i>	89	SYNJARDY TAB	55
<i>stavudine</i>	13	SYNJARDY TAB 12.5-500.....	55
STELARA	72	SYNJARDY TAB 5-1000MG	55
STIVARGA	25	SYNJARDY TAB 5-500MG	55
<i>streptomycin sulfate</i>	9	SYNJARDY XR TAB	55
STRIVERDI RESPIMAT	87	SYNJARDY XR TAB 10-1000	55
SUBLOCADE	8	SYNJARDY XR TAB 25-1000.....	55
<i>sucralfate</i>	65	SYNJARDY XR TAB 5-1000MG.....	55
<i>sulconazole nitrate</i>	89	SYNTHROID	63
<i>sulfacetamide sodium (acne)</i>	88	T	
<i>sulfacetamide sodium (ophth)</i>	81	TABLOID.....	20
<i>sulfacetamide sodium-prednisolone ophth</i>		<i>tacrolimus</i>	74
soln 10-0.23(0.25)%	80	<i>tacrolimus (topical)</i>	90
SULFADIAZINE	9	<i>tadalafil</i>	66
		<i>tadalafil (pulmonary hypertension)</i>	37

TAFINLAR.....	25	<i>thioridazine hcl</i>	45
<i>tafluprost</i>	82	<i>thiothixene</i>	45
TAGRISSE	26	<i>tiagabine hcl</i>	39
TALTZ.....	72	TICE BCG.....	73
<i>tamoxifen citrate</i>	23	<i>timolol maleate</i>	33
<i>tamsulosin hcl</i>	66	<i>timolol maleate (ophth)</i>	82
<i>tasimelteon</i>	47	<i>tinidazole</i>	9
<i>tazarotene</i>	90	<i>tis-u-sol</i>	83
<i>tazicef</i>	16	TIVICAY	13
TAZORAC	90	<i>tizanidine hcl</i>	50
<i>taztia xt</i>	34	TOBRADEX OIN 0.3-0.1%	80
TDVAX INJ 2-2 LF	76	TOBRADEX ST SUS 0.3-0.05	80
<i>telmisartan</i>	30	<i>tobramycin</i>	85
<i>telmisartan-amlodipine tab 40-10 mg</i>	30	<i>tobramycin (ophth)</i>	81
<i>telmisartan-amlodipine tab 40-5 mg</i>	30	<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	80
<i>telmisartan-amlodipine tab 80-10 mg</i>	30	<i>tobramycin sulfate</i>	85
<i>telmisartan-amlodipine tab 80-5 mg</i>	30	TODAY SPONGE	59
<i>telmisartan-hydrochlorothiazide tab 40-</i> <i>12.5 mg</i>	30	<i>tolcapone</i>	44
<i>telmisartan-hydrochlorothiazide tab 80-12.5</i> <i>mg</i>	30	<i>tolmetin sodium</i>	2
<i>telmisartan-hydrochlorothiazide tab 80-25</i> <i>mg</i>	30	<i>tolterodine tartrate</i>	67
<i>temazepam</i>	47	<i>tolvaptan</i>	62
TEMIXYS TAB 300-300	14	<i>topiramate</i>	39
TEMODAR	20	<i>toposar</i>	26
<i>temozolomide</i>	20	<i>topotecan hcl</i>	26
<i>tencon</i>	1	<i>toremifene citrate</i>	23
TENIPOSIDE.....	26	<i>toremide</i>	35
TENIVAC INJ 5-2LF	76	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	8
<i>tenofovir disoproxil fumarate</i>	13	<i>tramadol hcl</i>	7, 8
<i>terazosin hcl</i>	28	<i>trandolapril</i>	28
<i>terbinafine hcl</i>	11	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	28
<i>terbutaline sulfate</i>	87	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	28
<i>terconazole vaginal</i>	67	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	28
<i>teriflunomide</i>	50	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	28
<i>testosterone</i>	52	<i>tranexamic acid</i>	69
<i>testosterone cypionate</i>	52	<i>tranylcypromine sulfate</i>	42
<i>testosterone enanthate</i>	52	<i>travoprost</i>	82
<i>tetrabenazine</i>	49	<i>trazodone hcl</i>	42
<i>tetracycline hcl</i>	19	TRECTOR	14
THALOMID	73		
<i>theochron</i>	87		
<i>theophylline</i>	87		

TRELEGY AER 100MCG.....	87	TWINRIX INJ.....	76
TRELEGY AER 200MCG.....	87	TWIRLA DIS 120-30.....	59
TREMFYA.....	72	TYBLUME CHW 0.1-0.02.....	59
<i>treprostinil</i>	37	TYBOST.....	13
TRESIBA.....	54	TYMLOS.....	62
TRESIBA FLEXTOUCH.....	54	TYSABRI.....	50
<i>tretinoin</i>	88, 89	TYVASO.....	37
<i>tretinoin (chemotherapy)</i>	25	TYVASO REFILL.....	37
<i>tretinoin microsphere</i>	89	TYVASO STARTER.....	37
<i>triamcinolone acetonide (mouth)</i>	93	U	
<i>triamcinolone acetonide (nasal)</i>	85	<i>unithroid</i>	63
<i>triamcinolone acetonide (topical)</i>	91	UPTRAVI.....	37
<i>triamterene</i>	35	UPTRAVI PACK TAB 200/800.....	37
<i>triamterene & hydrochlorothiazide cap</i>		URINE GLUCOSE MONITORING SUPPLIES	
37.5-25 mg.....	35	77
<i>triamterene & hydrochlorothiazide tab 37.5-</i>		URINE TEST STRIPS.....	77
25 mg.....	35	<i>ursodiol</i>	65
<i>triamterene & hydrochlorothiazide tab 75-</i>		UVADEX.....	25
50 mg.....	35	V	
<i>triderm</i>	91	<i>valacyclovir hcl</i>	15
<i>trifluoperazine hcl</i>	45	<i>valganciclovir hcl</i>	15
<i>trifluridine</i>	81	<i>valproate sodium</i>	39
<i>trihexyphenidyl hcl</i>	44	<i>valproic acid</i>	39
TRIKAFTA PAK 59.5MG.....	85	<i>valsartan</i>	30
TRIKAFTA PAK 75MG.....	85	<i>valsartan-hydrochlorothiazide tab 160-12.5</i>	
TRIKAFTA TAB.....	85	mg.....	30
<i>tri-linyah</i>	59	<i>valsartan-hydrochlorothiazide tab 160-25</i>	
<i>trimethobenzamide hcl</i>	64	mg.....	30
<i>trimethoprim</i>	10	<i>valsartan-hydrochlorothiazide tab 320-12.5</i>	
<i>trimipramine maleate</i>	42	mg.....	30
<i>trinate</i>	80	<i>valsartan-hydrochlorothiazide tab 320-25</i>	
<i>trinessa</i>	59	mg.....	30
TRIPTODUR.....	62	<i>valsartan-hydrochlorothiazide tab 80-12.5</i>	
<i>tri-sprintec</i>	59	mg.....	30
TRIUMEQ PD TAB.....	14	<i>vancomycin hcl</i>	10
TRIUMEQ TAB.....	14	VAQTA.....	76
<i>tri-vit/fluoride</i>	80	VARENICLINE TARTRATE.....	51
<i>trivora-28</i>	59	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1</i>	
<i>tropicamide</i>	82	mg start pack.....	51
<i>tropium chloride</i>	67	VARIVAX.....	76
TRULICITY.....	53	VARUBI.....	64
TRUMENBA INJ.....	76	VAXELIS INJ.....	93
<i>turqoz</i>	59	VAXNEUVANCE INJ.....	76
<i>tussigon</i>	84	VCF VAGINAL CONTRACEPTIVE.....	59

<i>velivet</i>	59	XIGDUO XR TAB 10-1000.....	55
VELPHORO	62	XIGDUO XR TAB 10-500MG	55
VEMLIDY	15	XIGDUO XR TAB 2.5-1000	55
VENCLEXTA.....	26	XIGDUO XR TAB 5-1000MG	55
VENCLEXTA TAB START PK.....	27	XIGDUO XR TAB 5-500MG.....	55
<i>venlafaxine hcl</i>	43	XIIDRA.....	82
VENTAVIS.....	37	XOLAIR.....	87, 88
<i>verapamil hcl</i>	34	XTANDI	23
VERZENIO	26	<i>xulane</i>	59
VIBRAMYCIN.....	19	XULTOPHY INJ 100/3.6	53
VICTOZA.....	53	Y	
<i>vigabatrin</i>	39	<i>yuvaferm</i>	61
VIIBRYD KIT STARTER	43	Z	
<i>vilazodone hcl</i>	43	<i>zafirlukast</i>	88
<i>vinblastine sulfate</i>	21	<i>zaleplon</i>	47
<i>vincasar pfs</i>	21	ZEJULA	22
<i>vincristine sulfate</i>	21	ZELBORAF.....	25
<i>vinorelbine tartrate</i>	21	<i>zenchent</i>	59
VIOKACE TAB 10440	66	ZENPEP CAP 10000UNT.....	66
VIOKACE TAB 20880	66	ZENPEP CAP 15000UNT.....	66
<i>viorele</i>	59	ZENPEP CAP 20000UNT	66
VIRACEPT	13	ZENPEP CAP 25000UNT	66
VIREAD	13	ZENPEP CAP 3000UNIT	66
VISTOGARD	26	ZENPEP CAP 40000UNT.....	66
<i>vitamins a/c/d/fluoride</i>	80	ZENPEP CAP 5000UNIT	66
VITRAKVI.....	25	ZENPEP CAP 60000UNT.....	66
VIVITROL.....	50	ZEPATIER TAB 50-100MG.....	17
<i>voriconazole</i>	11	ZEPOSIA	50
VOSEVI TAB.....	17	ZEPOSIA 7DAY CAP STR PACK.....	50
VUMERITY.....	50	ZEPOSIA CAP STR KIT	50
W		ZERIT	13
<i>warfarin sodium</i>	68	<i>zidovudine</i>	13
<i>wera</i>	59	<i>zileuton</i>	88
WIDE-SEAL SILICONE DIAPHR.....	59	<i>ziprasidone hcl</i>	45
X		ZIRGAN.....	81
XALKORI.....	25	<i>zoledronic acid</i>	56
XARELTO.....	68	ZOLINZA	22
XARELTO STAR TAB 15/20MG	68	<i>zolmitriptan</i>	48
XDEMVY	83	<i>zolpidem tartrate</i>	47
XELJANZ	72	<i>zonisamide</i>	39
XELJANZ XR	72	ZOSTAVAX.....	76
XEPI.....	51	<i>zovia 1/35e</i>	59
XERAC AC	52	ZUBSOLV SUB 0.7-0.18	2
XIFAXAN	10	ZUBSOLV SUB 1.4-0.36	2

ZUBSOLV SUB 11.4-2.9	2	ZURZUVAE	43
ZUBSOLV SUB 2.9-0.71.....	2	ZYDELIG	25
ZUBSOLV SUB 5.7-1.4.....	2	ZYKADIA.....	25
ZUBSOLV SUB 8.6-2.1.....	2	ZYPREXA RELPREVV.....	45