

oscar

2021 Formulary

(List of Covered Drugs)



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 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 network pharmacy, and other plan rules are followed. This Formulary was updated as of 10/15/2020

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

01 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.

02 Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 94. 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 approved by the FDA as having the same active ingredient as the brand name drug. 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 48 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, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Can the Formulary change?

Most changes in drug coverage happen on January 1, but during the year Oscar may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. 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.

Changes that can affect you this year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. You can find information in the section above entitled "How do I request an exception to the Oscar Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

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 that begins on page 1 provides coverage information about the drugs covered by Oscar. If you have trouble finding your drug in the list, turn to the Index that begins on page 94.

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
^	Insulin Co-Pay Cap	You will pay no more than \$100 per 30 day supply of Insulin.

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

EXCH_OSCAR 3T NY STND eff 01/01/2021

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		

WAKIX TABS 17.8mg	3	MNPA
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AMINOGLYCOSIDES**AMINOGLYCOSIDES**

ARIKAYCE SUSP 590mg/8.4ml	3	PA
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ANALGESICS**COX-2 INHIBITORS**

celecoxib CAPS 50mg, 100mg, 200mg	2	
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GOUT

allopurinol TABS 100mg, 300mg	1	\$0*
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allopurinol sodium SOLR 500mg	1	\$0*
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colchicine TABS .6mg	2	QL (120 tablets / 25 days)
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colchicine w/ probenecid tab 0.5-500 mg	1	\$0*
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febuxostat TABS 40mg, 80mg	3	PA
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probenecid TABS 500mg	1	\$0*
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NON-OPIOID ANALGESICS

butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	QL (48 caps / 25 days); \$0*
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butalbital-acetaminophen-caffeine cap 50-325-40 mg	1	QL (48 caps / 25 days); \$0*
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butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	QL (48 tabs / 25 days); \$0*
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butalbital-aspirin-caffeine cap 50-325-40 mg	1	QL (48 caps / 25 days); \$0*
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tencon	1	QL (48 tabs / 25 days); \$0*
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NSAIDS

diclofenac potassium TABS 50mg	1	\$0*
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diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	1	\$0*
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etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	\$0*
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flurbiprofen TABS 50mg, 100mg	1	\$0*
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ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	\$0*
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ketorolac tromethamine SOLN 15mg/ml, 30mg/ml	1	\$0*
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ketorolac tromethamine TABS 10mg	1	QL (20 tabs / 25 days); \$0*
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\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	\$0*
<i>mefenamic acid</i> CAPS 250mg	1	\$0*
<i>meloxicam</i> TABS 7.5mg, 15mg	1	\$0*
<i>nabumetone</i> TABS 500mg, 750mg	1	\$0*
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	\$0*
<i>oxaprozin</i> TABS 600mg	1	\$0*
<i>piroxicam</i> CAPS 10mg, 20mg	1	\$0*
<i>sulindac</i> TABS 150mg, 200mg	1	\$0*
<i>tolmetin sodium</i> CAPS 400mg; TABS 200mg, 600mg	1	\$0*

NSAIDS, COMBINATIONS

<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	\$0*
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	\$0*

OPIOID AGONIST/ANTAGONIST

<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 units / 25 days); \$0*
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 units / 25 days); \$0*
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 units / 25 days); \$0*
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 units / 25 days); \$0*
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	QL (90 tabs / 25 days); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	QL (90 tabs / 25 days); \$0 copay
ZUBSOLV SUB 0.7-0.18	2	QL (90 units / 25 days)
ZUBSOLV SUB 1.4-0.36	2	QL (90 units / 25 days)
ZUBSOLV SUB 2.9-0.71	2	QL (90 units / 25 days)
ZUBSOLV SUB 5.7-1.4	2	QL (90 units / 25 days)
ZUBSOLV SUB 8.6-2.1	2	QL (60 units / 25 days)
ZUBSOLV SUB 11.4-2.9	2	QL (30 units / 25 days)

OPIOID ANALGESICS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	ST, QL (2700 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	ST, QL (400 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps / 25 days); \$0*
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	1	\$0*
<i>butorphanol tartrate SOLN 10mg/ml</i>	1	QL (2 bottles / 25 days); \$0*
<i>codeine sulfate TABS 30mg</i>	1	ST, QL (42 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
CODEINE SULFATE TABS 60mg	2	ST, QL (42 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
EMBEDA CAP 20-0.8MG	2	ST, QL (60 caps / 25 days)
EMBEDA CAP 30-1.2MG	2	ST, QL (60 caps / 25 days)
EMBEDA CAP 50-2MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 60-2.4MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 80-3.2MG	2	ST, QL (30 caps / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
EMBEDA CAP 100-4MG	2	ST, PA; High Strength Requires PA
<i>endocet</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>endocet</i>	1	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>endocet</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr	1	ST, QL (10 patches / 25 days); \$0*
<i>fentanyl</i> PT72 50mcg/hr, 75mcg/hr, 100mcg/hr	1	ST, PA; High Strength Requires PA; \$0*
<i>fentanyl citrate</i> LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1	PA, QL (120 lozenges / 25 days); \$0*
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	ST, QL (2700 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	ST, QL (50 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>hydromorphone hcl SOLN 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml</i>	1	\$0*
HYDROMORPHONE HCL SUPP 3mg	3	ST, QL (120 suppositories / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl TABS 2mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>hydromorphone hcl TABS 4mg</i>	1	ST, QL (150 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>hydromorphone hcl TABS 8mg</i>	1	ST, QL (60 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>hydromorphone hcl TB24 8mg, 12mg, 16mg</i>	1	ST, QL (30 tabs / 25 days); \$0*
<i>hydromorphone hcl TB24 32mg</i>	1	ST, PA; High Strength Requires PA; \$0*
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg	3	ST, QL (30 tabs / 25 days)
HYSINGLA ER T24A 100mg, 120mg	3	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> CONC 10mg/ml	1	QL (30 ml / 25 days); (indicated for opioid addiction); \$0*
<i>methadone hcl</i> SOLN 5mg/5ml	1	ST, QL (450 ml / 25 days); \$0*
<i>methadone hcl</i> SOLN 10mg/5ml	1	ST, QL (300 mL / 25 days); \$0*
<i>methadone hcl</i> SOLN 10mg/ml	1	ST, QL (20 ml / 25 days); \$0*
<i>methadone hcl</i> TABS 5mg	1	ST, QL (90 tabs / 25 days); \$0*
<i>methadone hcl</i> TABS 10mg	1	ST, QL (60 tabs / 25 days); \$0*
<i>methadone hcl</i> TBSO 40mg	1	QL (9 tabs / 25 days); \$0*
<i>methadone hcl intensol</i> CONC 10mg/ml	1	ST, QL (60 mL / 25 days); (generic of Methadone Intensol, indicated for pain); \$0*
<i>methadose</i> TBSO 40mg	1	QL (9 tabs / 25 days); \$0*
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg	1	ST, QL (60 caps / 25 days); \$0*
<i>morphine sulfate</i> CP24 50mg, 60mg, 80mg	1	ST, QL (30 caps / 25 days); \$0*
<i>morphine sulfate</i> CP24 100mg; TBCR 60mg, 100mg, 200mg	1	ST, PA; High Strength Requires PA; \$0*
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 150mg/30ml	3	
<i>morphine sulfate</i> SOLN 10mg/5ml	1	ST, QL (900 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>morphine sulfate</i> SOLN 20mg/5ml	1	ST, QL (675 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>morphine sulfate</i> SOLN 100mg/5ml	1	ST, QL (135 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	1	\$0*
<i>morphine sulfate</i> SUPP 5mg, 10mg	1	ST, QL (180 suppositories / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>morphine sulfate</i> SUPP 20mg	1	ST, QL (120 supp / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>morphine sulfate</i> SUPP 30mg	1	ST, QL (90 supp / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>morphine sulfate</i> TABS 15mg	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>morphine sulfate</i> TABS 30mg	1	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>morphine sulfate</i> TBCR 15mg, 30mg	1	ST, QL (90 tabs / 25 days); \$0*
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg	1	ST, QL (30 caps / 25 days); \$0*
<i>morphine sulfate beads</i> CP24 120mg	1	ST, PA; High Strength Requires PA; \$0*
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	\$0*
<i>oxycodone hcl</i> CAPS 5mg	1	ST, QL (180 caps / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl</i> CONC 100mg/5ml	1	ST, QL (90 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	ST, QL (900 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone hcl</i> T12A 10mg, 15mg, 20mg, 30mg	1	ST, QL (60 tabs / 25 days); \$0*
<i>oxycodone hcl</i> T12A 40mg, 80mg	1	ST, PA; High Strength Requires PA; \$0*
<i>oxycodone hcl</i> T12A 60mg	1	ST; High Strength Requires PA; \$0*
<i>oxycodone hcl</i> TABS 5mg, 10mg	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone hcl</i> TABS 15mg	1	ST, QL (120 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone hcl</i> TABS 20mg	1	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone hcl</i> TABS 30mg	1	ST, QL (60 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	ST, QL (1800 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	ST, QL (28 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl</i> TABS 5mg	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxymorphone hcl</i> TABS 10mg	1	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg	1	ST, QL (60 tabs / 25 days); \$0*
<i>oxymorphone hcl</i> TB12 20mg, 30mg, 40mg	1	ST, PA; High Strength Requires PA; \$0*
<i>tramadol hcl</i> TABS 50mg	1	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>tramadol hcl</i> TABS 100mg	1	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>tramadol hcl</i> TB24 100mg	1	ST, QL (30 tabs / 25 days); \$0*
<i>tramadol hcl</i> TB24 200mg, 300mg	1	ST, PA; High Strength Requires PA; \$0*
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	1	ST, QL (40 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
OPIOID PARTIAL AGONISTS		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg	2	ST, QL (60 films / 25 days)
BELBUCA FILM 600mcg, 750mcg, 900mcg	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl</i> SOLN .3mg/ml	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	0	QL (90 tabs / 25 days); \$0 copay; Must obtain approval after the first 30 day supply
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	3	

SALICYLATES

<i>aspirin enteric coated ad</i> TBEC 81mg	0	QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>diflunisal</i> TABS 500mg	1	\$0*
<i>goodsense aspirin</i> CHEW 81mg	0	QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC ANTIMETABOLITES

OTREXUP SOAJ 10mg/0.4ml	3	MNPA
RASUVO SOAJ 20mg/0.4ml, 22.5mg/0.45ml	3	MNPA

INTERLEUKIN-1BETA BLOCKERS

ILARIS SOLN 150mg/ml	3	PA
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NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>indomethacin</i> CAPS 25mg, 50mg	1	\$0*
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SELECTIVE COSTIMULATION MODULATORS

ORENCIA SOSY 125mg/ml	3	MNPA
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ANDROGENS-ANABOLIC

ANDROGENS

AVEED SOLN 750mg/3ml	3	PA
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ANESTHETICS

LOCAL ANESTHETICS

LIDO/DEXTROS INJ 5-7.5%	3	
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%, 4%	1	\$0*

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	\$0*
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\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>chloramphenicol sodium succinate</i> SOLR 1gm	1	\$0*
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	\$0*
<i>gentamicin in saline inj 1 mg/ml</i>	1	\$0*
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	\$0*
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	\$0*
<i>gentamicin in saline inj 2 mg/ml</i>	1	\$0*
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	\$0*
MONUROL PACK 5.631gm	3	
<i>neomycin sulfate</i> TABS 500mg	1	\$0*
<i>paromomycin sulfate</i> CAPS 250mg	1	\$0*
<i>streptomycin sulfate</i> SOLR 1gm	1	\$0*
SULFADIAZINE TABS 500mg	3	
<i>tinidazole</i> TABS 250mg, 500mg	1	\$0*
<i>tobramycin</i> NEBU 300mg/5ml	3	PA, QL (280 mL / 28 days)
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml; SOLR 1.2gm	1	\$0*

ANTI-INFECTIVES - MISCELLANEOUS

ALINIA SUSR 100mg/5ml	3	QL (540mL / 25 days)
ALINIA TABS 500mg	3	QL (20 tabs / 25 days)
<i>atovaquone</i> SUSP 750mg/5ml	1	\$0*
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	3	
<i>aztreonam</i> SOLR 1gm, 2gm	1	\$0*
CAYSTON SOLR 75mg	3	PA, QL (84 vials / 28 days)
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	\$0*
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	\$0*
<i>clindamycin phosphate</i> SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	\$0*
<i>dapsone</i> TABS 25mg, 100mg	1	\$0*
<i>daptomycin</i> SOLR 500mg	1	\$0*
DARAPRIM TABS 25mg	3	PA
<i>doripenem</i> SOLR 250mg, 500mg	1	\$0*
EMVERM CHEW 100mg	3	PA, QL (12 tabs / 365 days)
<i>ertapenem sodium</i> SOLR 1gm	1	\$0*
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	\$0*
INVANZ SOLR 1gm	3	
<i>ivermectin TABS 3mg</i>	1	\$0*
<i>linezolid SOLN 600mg/300ml; SUSR 100mg/5ml; TABS 600mg</i>	1	\$0*
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	1	\$0*
<i>meropenem SOLR 1gm, 500mg</i>	1	\$0*
<i>methenamine hippurate TABS 1gm</i>	1	\$0*
<i>metronidazole TABS 250mg, 500mg</i>	1	\$0*
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1	\$0*
<i>nitrofurantoin SUSP 25mg/5ml</i>	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>nitrofurantoin macrocrystal CAPS 25mg, 50mg, 100mg</i>	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>pentamidine isethionate SOLR 300mg</i>	1	\$0*
<i>polymyxin b sulfate SOLR 500000unit</i>	1	\$0*
<i>praziquantel TABS 600mg</i>	1	QL (24 tabs / 365 days); \$0*
PRIMSOL SOLN 50mg/5ml	2	
SIVEXTRO SOLR 200mg; TABS 200mg	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	\$0*
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	\$0*
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	\$0*
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	\$0*
<i>trimethoprim TABS 100mg</i>	1	\$0*
<i>vancomycin hcl CAPS 125mg, 250mg</i>	1	QL (80 caps / 10 days); \$0*
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	1	\$0*
XIFAXAN TABS 200mg	3	QL (9 tabs / 25 days)
XIFAXAN TABS 550mg	3	PA

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Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
<i>amphotericin b</i> SOLR 50mg	1	\$0*
<i>bio-statin</i>	1	\$0*
BIO-STATIN CAPS 500000unit, 1000000unit	2	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	\$0*
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	\$0*
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	\$0*
FLUCONAZOLE/ INJ NACL 100	3	
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	\$0*
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	\$0*
<i>itraconazole</i> CAPS 100mg; SOLN 10mg/ml	3	PA
<i>nystatin</i> TABS 500000unit	1	\$0*
<i>terbinafine hcl</i> TABS 250mg	1	QL (180 tabs / 365 days); \$0*
<i>voriconazole</i> SUSR 40mg/ml; TABS 50mg, 200mg	3	PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	\$0*
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	\$0*
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	\$0*
COARTEM TAB 20-120MG	3	
<i>mefloquine hcl</i> TABS 250mg	1	\$0*
<i>primaquine phosphate</i> TABS 26.3mg	1	\$0*
<i>quinine sulfate</i> CAPS 324mg	1	\$0*
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml	1	QL (900 mL / 30 days); \$0*
<i>abacavir sulfate</i> TABS 300mg	1	QL (60 tabs / 30 days); \$0*
APTIVUS CAPS 250mg	2	QL (120 caps / 30 days)
APTIVUS SOLN 100mg/ml	2	QL (285 mL / 28 days)
<i>atazanavir sulfate</i> CAPS 150mg, 300mg	1	QL (30 caps / 30 days); \$0*
<i>atazanavir sulfate</i> CAPS 200mg	1	QL (60 caps / 30 days); \$0*
CRIXIVAN CAPS 200mg	2	QL (450 caps / 30 days)
CRIXIVAN CAPS 400mg	2	QL (180 caps / 30 days)
<i>didanosine</i> CPDR 200mg, 250mg, 400mg	1	QL (30 caps / 30 days); \$0*
EDURANT TABS 25mg	2	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz</i> CAPS 50mg, 200mg	1	QL (90 caps / 30 days); \$0*
<i>efavirenz</i> TABS 600mg	1	QL (30 tabs / 30 days); \$0*
EMTRIVA CAPS 200mg	2	QL (30 caps / 30 days)
EMTRIVA SOLN 10mg/ml	2	QL (680 ml / 28 days)
<i>fosamprenavir calcium</i> TABS 700mg	1	QL (120 tabs / 30 days); \$0*
FUZEON SOLR 90mg	3	QL (60 vials / 30 days)
INTELENCE TABS 25mg, 100mg	2	QL (120 tabs / 30 days)
INTELENCE TABS 200mg	2	QL (60 tabs / 30 days)
INVIRASE CAPS 200mg	2	QL (300 caps / 30 days)
INVIRASE TABS 500mg	2	QL (120 tabs / 30 days)
ISENTRESS CHEW 25mg, 100mg	2	QL (180 tabs / 30 days)
ISENTRESS PACK 100mg	2	QL (60 packets / 30 days)
ISENTRESS TABS 400mg	2	QL (120 tabs / 30 days)
ISENTRESS HD TABS 600mg	2	QL (60 tabs / 30 days)
<i>lamivudine</i> SOLN 10mg/ml	1	QL (900 ml / 30 days); \$0*
<i>lamivudine</i> TABS 150mg	1	QL (60 tabs / 30 days); \$0*
<i>lamivudine</i> TABS 300mg	1	QL (30 tabs / 30 days); \$0*
LEXIVA SUSP 50mg/ml	2	QL (1575 mL / 28 days)
<i>nevirapine</i> SUSP 50mg/5ml	1	QL (1200 mL / 30 days); \$0*
<i>nevirapine</i> TABS 200mg	1	QL (60 tabs / 30 days); \$0*
<i>nevirapine</i> TB24 100mg	1	QL (90 tabs / 30 days); \$0*
<i>nevirapine</i> TB24 400mg	1	QL (30 tabs / 30 days); \$0*
NORVIR PACK 100mg	2	QL (360 packets / 30 days)
NORVIR SOLN 80mg/ml	2	QL (480 mL / 30 days)
PREZISTA SUSP 100mg/ml	2	QL (400 ml / 30 days)
PREZISTA TABS 75mg	2	QL (300 tabs / 30 days)
PREZISTA TABS 150mg	2	QL (180 tabs / 30 days)
PREZISTA TABS 600mg	2	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	2	QL (30 tabs / 30 days)
RESCRIPTOR TABS 100mg	3	QL (900 tabs / 30 days)
RESCRIPTOR TABS 200mg	3	QL (180 tabs / 30 days)
RETROVIR IV INFUSION SOLN 10mg/ml	2	

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Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACK 50mg	2	QL (180 packets / 30 days)
<i>ritonavir</i> TABS 100mg	1	QL (360 tabs / 30 days); \$0*
SELZENTRY SOLN 20mg/ml	2	QL (1840 mL / 30 days)
SELZENTRY TABS 25mg	2	QL (240 tabs / 30 days)
SELZENTRY TABS 75mg, 150mg	2	QL (60 tabs / 30 days)
SELZENTRY TABS 300mg	2	QL (120 tabs / 30 days)
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	1	QL (60 caps / 30 days); \$0*
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	QL (30 tabs / 30 days); \$0*
TIVICAY TABS 10mg, 25mg, 50mg	2	QL (60 tabs / 30 days)
TROGARZO SOLN 200mg/1.33ml	3	
TYBOST TABS 150mg	2	QL (30 tabs / 30 days)
VIDEX EC CPDR 125mg	2	QL (30 caps / 30 days)
VIDEX PEDIATRIC SOLR 2gm, 4gm	2	QL (1200 ml / 30 days)
VIRACEPT TABS 250mg	2	QL (300 tabs / 30 days)
VIRACEPT TABS 625mg	2	QL (120 tabs / 30 days)
VIREAD POWD 40mg/gm	2	QL (240 gm / 30 days)
VIREAD TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days)
ZERIT SOLR 1mg/ml	2	QL (2400 ml / 30 days)
<i>zidovudine</i> CAPS 100mg	1	QL (180 caps / 30 days); \$0*
<i>zidovudine</i> SYRP 50mg/5ml	1	QL (1800 ml / 30 days); \$0*
<i>zidovudine</i> TABS 300mg	1	QL (60 tabs / 30 days); \$0*
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 tabs / 30 days); \$0*
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	QL (60 tabs / 30 days); \$0*
BIKTARVY TAB	2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs / 30 days)
COMPLERA TAB	2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25	2	PA, QL (30 tabs / 30 days)
DOVATO TAB 50-300MG	2	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 tabs / 30 days); \$0 for pre-exposure prophylaxis only; Tier 2 for all others
EVOTAZ TAB 300-150	2	QL (30 tabs / 30 days)
GENVOYA TAB	2	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KALETRA TAB 100-25MG	2	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG	2	QL (120 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 tabs / 30 days); \$0*
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (390 mL / 30 days); \$0*
ODEFSEY TAB	2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs / 30 days)
STRIBILD TAB	2	QL (30 tabs / 30 days)
SYMFI LO TAB	2	QL (30 tabs / 30 days)
SYMFI TAB	2	QL (30 tabs / 30 days)
TEMIXYS TAB 300-300	2	QL (30 tabs / 30 days)
TRIUMEQ TAB	2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150	2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	2	QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

<i>cycloserine</i> CAPS 250mg	1	\$0*
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	\$0*
<i>isoniazid</i> SOLN 100mg/ml; SYRP 50mg/5ml; TABS 100mg, 300mg	1	\$0*
PASER PACK 4gm	3	
PRIFTIN TABS 150mg	2	
<i>pyrazinamide</i> TABS 500mg	1	\$0*
<i>rifabutin</i> CAPS 150mg	1	\$0*
RIFAMATE CAP	2	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	\$0*
RIFATER TAB	2	
SIRTURO TABS 100mg	3	PA
TRECTOR TABS 250mg	2	

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	\$0*
<i>acyclovir sodium</i> SOLN 50mg/ml; SOLR 500mg	1	\$0*
<i>adefovir dipivoxil</i> TABS 10mg	3	PA
BARACLUDE SOLN .05mg/ml	3	
<i>cidofovir</i> SOLN 75mg/ml	1	\$0*
<i>entecavir</i> TABS .5mg, 1mg	3	PA
EPIVIR HBV SOLN 5mg/ml	2	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	\$0*
<i>lamivudine (hbv)</i> TABS 100mg	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (40 caps / 90 days); \$0*
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (20 caps / 90 days); \$0*
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (360 mL / 90 days); \$0*
RELENZA DISKHALER AEPB 5mg/blister	2	QL (2 inhalers / 90 days)
<i>ribavirin</i> SOLR 6gm	1	\$0*
<i>rimantadine hydrochloride</i> TABS 100mg	1	\$0*
<i>valacyclovir hcl</i> TABS 500mg, 1000mg	1	\$0*
<i>valganciclovir hcl</i> SOLR 50mg/ml	3	QL (1000 mL / 30 days)
<i>valganciclovir hcl</i> TABS 450mg	3	QL (102 tabs / 30 days)
VEMLIDY TABS 25mg	3	PA, QL (30 tabs / 30 days)

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	\$0*
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	\$0*
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 20gm, 500mg	1	\$0*
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	\$0*
<i>cefditoren pivoxil</i> TABS 200mg, 400mg	1	\$0*
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	\$0*
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	\$0*
<i>cefotaxime sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	1	\$0*
<i>cefotetan disodium</i> SOLR 1gm, 2gm, 10gm	1	\$0*
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	\$0*
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	\$0*
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	\$0*
<i>ceftazidime</i> SOLR 2gm	1	\$0*
<i>ceftibuten</i> CAPS 400mg; SUSR 180mg/5ml	1	\$0*
CEFTIN SUSR 125mg/5ml, 250mg/5ml	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	\$0*
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	\$0*
<i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	\$0*
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	\$0*
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	\$0*
<i>azithromycin</i> TABS 600mg	2	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	\$0*
DIFICID TABS 200mg	2	PA
<i>e.e.s. 400</i> TABS 400mg	1	\$0*
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	\$0*
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythrocin stearate</i> TABS 250mg	1	\$0*
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg	1	\$0*
<i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml, 400mg/5ml; TABS 400mg	1	\$0*
PCE TBEC 333mg, 500mg	3	
ZMAX SUSR 2gm	3	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	3	
<i>ciprofloxacin</i> SOLN 200mg/20ml, 400mg/40ml	1	\$0*
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	\$0*
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	\$0*
<i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg	1	\$0*
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	1	\$0*
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	1	\$0*
FACTIVE TABS 320mg	3	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	\$0*
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	\$0*
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	\$0*
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	\$0*
<i>moxifloxacin hcl</i> TABS 400mg	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	\$0*
<i>ofloxacin TABS 300mg, 400mg</i>	1	\$0*
HEPATITIS C		
EPCLUSA TAB 400-100	3	PA, QL (28 tabs / 28 days)
HARVONI PAK	3	PA, QL (28 pellets / 28 days)
HARVONI PAK 45-200MG	3	PA, QL (28 pellets / 28 days)
HARVONI TAB 45-200MG	3	PA, QL (28 tabs / 28 days)
HARVONI TAB 90-400MG	3	PA, QL (28 tabs / 28 days)
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	3	PA
PEGASYS PROCLICK SOLN 135mcg/0.5ml	3	PA
REBETOL SOLN 40mg/ml	3	PA
<i>ribavirin (hepatitis c) CAPS 200mg; TABS 200mg</i>	1	PA; \$0*
SOVALDI PACK 150mg, 200mg	3	ST, PA, QL (28 pellets / 28 days)
SOVALDI TABS 200mg, 400mg	3	ST, PA, QL (28 tabs / 28 days)
TECHNIVIE TAB	3	ST, PA, QL (56 tabs / 28 days)
VOSEVI TAB	3	PA, QL (28 tabs / 28 days)
ZEPATIER TAB 50-100MG	3	ST, PA, QL (28 tabs / 28 days)
PENICILLINS		
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	\$0*
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	\$0*
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	\$0*
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	\$0*
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	\$0*
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	\$0*
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	\$0*
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	\$0*
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	\$0*
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	\$0*
<i>ampicillin CAPS 500mg</i>	1	\$0*
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	\$0*
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	\$0*
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	\$0*
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	\$0*
<i>AUGMENTIN SUS 125/5ML</i>	2	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	\$0*
<i>nafcillin sodium SOLR 1gm, 2gm, 10gm</i>	1	\$0*
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	\$0*
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	\$0*
<i>penicillin g sodium SOLR 5000000unit</i>	1	\$0*
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	\$0*
<i>pfizerpen SOLR 20mu</i>	1	\$0*
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	\$0*
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	\$0*
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	\$0*
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	\$0*
TETRACYCLINES		
<i>avidoxy TABS 100mg</i>	1	\$0*
<i>demeclocycline hcl TABS 150mg, 300mg</i>	1	\$0*
<i>doxy 100 SOLR 100mg</i>	1	\$0*
<i>doxycycline (monohydrate) CAPS 50mg, 75mg, 100mg, 150mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 150mg</i>	1	\$0*
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg; TBEC 75mg, 100mg, 150mg</i>	1	\$0*
<i>minocycline hcl CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg</i>	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>morgidox 1x100mg</i> CAPS 100mg	1	\$0*
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	\$0*
VIBRAMYCIN SYRP 50mg/5ml	3	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>busulfan</i> SOLN 6mg/ml	1	\$0*
<i>carmustine</i> SOLR 100mg	1	\$0*
<i>cyclophosphamide</i> CAPS 25mg, 50mg	1	\$0*
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	3	
<i>dacarbazine</i> SOLR 100mg, 200mg	1	\$0*
EMCYT CAPS 140mg	3	
GLEOSTINE CAPS 5mg, 10mg, 40mg, 100mg	3	
GLIADEL WAF 7.7MG	2	
HEXALEN CAPS 50mg	2	
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml; SOLR 1gm	1	\$0*
LEUKERAN TABS 2mg	2	
<i>melphalan</i> TABS 2mg	1	\$0*
<i>melphalan hcl</i> SOLR 50mg	1	\$0*
TEMODAR SOLR 100mg	3	PA
<i>temozolomide</i> CAPS 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	3	PA

ANTHRACYCLINES

<i>daunorubicin hcl</i> SOLN 20mg/4ml	1	\$0*
<i>doxorubicin hcl</i> SOLN 2mg/ml; SOLR 10mg, 50mg	1	\$0*
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	1	\$0*
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	1	\$0*
<i>idarubicin hcl</i> SOLN 5mg/5ml, 10mg/10ml, 20mg/20ml	1	\$0*

ANTIBIOTICS

<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	\$0*
<i>mitomycin</i> SOLR 5mg, 20mg, 40mg	1	\$0*

ANTIMETABOLITES

<i>adrucil</i> SOLN 500mg/10ml	1	\$0*
ALIMTA SOLR 100mg, 500mg	3	
ARRANON SOLN 5mg/ml	2	
<i>azacitidine</i> SUSR 100mg	3	PA
<i>capecitabine</i> TABS 150mg	3	PA, QL (120 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>capecitabine</i> TABS 500mg	3	PA, QL (300 tabs / 30 days)
<i>cladribine</i> SOLN 10mg/10ml	1	\$0*
<i>clofarabine</i> SOLN 1mg/ml	1	\$0*
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	\$0*
<i>decitabine</i> SOLR 50mg	3	PA
<i>floxuridine</i> SOLR .5gm	1	\$0*
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	\$0*
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	\$0*
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	3	
<i>mercaptopurine</i> TABS 50mg	1	\$0*
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	\$0*
NIPENT SOLR 10mg	2	
TABLOID TABS 40mg	2	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	2	
DOCETAXEL CONC 20mg/0.5ml, 80mg/2ml	2	
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	\$0*
DOCETAXEL (NON-ALCOHOL FO SOLN 20mg/ml, 80mg/4ml, 160mg/8ml	2	
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	\$0*
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	\$0*
<i>vincasar pfs</i> SOLN 1mg/ml	1	\$0*
<i>vincristine sulfate</i> SOLN 1mg/ml	1	\$0*
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	\$0*
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	PA
ERIVEDGE CAPS 150mg	3	PA, QL (30 caps / 30 days)
FARYDAK CAPS 10mg, 15mg, 20mg	3	PA, QL (6 caps / 21 days)
GAZYVA SOLN 1000mg/40ml	3	PA

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS 75mg, 100mg, 125mg	3	PA, QL (21 caps / 28 days)
IBRANCE TABS 75mg, 100mg, 125mg	3	PA, QL (21 tabs / 28 days)
KADCYLA SOLR 100mg, 160mg	3	PA
KEYTRUDA SOLN 100mg/4ml	3	PA
KISQALI TBPK 200mg	3	PA, QL (21 tabs / 28 days); 200 mg dose
KISQALI TBPK 200mg	3	PA, QL (42 tabs / 28 days); 400 mg dose
KISQALI TBPK 200mg	3	PA, QL (63 tabs / 28 days); 600 mg dose
LYNPARZA CAPS 50mg	3	PA, QL (480 caps / 30 days)
LYNPARZA TABS 100mg, 150mg	3	PA, QL (120 tabs / 30 days)
RYDAPT CAPS 25mg	3	PA, QL (224 caps / 28 days)
ZEJULA CAPS 100mg	3	PA, QL (90 caps / 30 days)
ZOLINZA CAPS 100mg	3	PA, QL (120 caps / 30 days)

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i> TABS 250mg	3	PA, QL (120 tabs / 30 days)
<i>anastrozole</i> TABS 1mg	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer; \$0*
<i>bicalutamide</i> TABS 50mg	1	\$0*
DEPO-PROVERA SUSP 400mg/ml	3	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	3	PA
ERLEADA TABS 60mg	3	PA, QL (120 tabs / 30 days)
<i>exemestane</i> TABS 25mg	1	PA; \$0 copay for women ages 35 and older for the primary prevention of breast cancer; \$0*
<i>flutamide</i> CAPS 125mg	1	\$0*
<i>fulvestrant</i> SOLN 250mg/5ml	3	
<i>letrozole</i> TABS 2.5mg	1	\$0*
<i>leuprolide acetate</i> KIT 1mg/0.2ml	3	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	3	PA

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	3	PA
LYSODREN TABS 500mg	2	
<i>megestrol acetate</i> SUSP 40mg/ml; TABS 20mg, 40mg	1	\$0*
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	\$0*
<i>nilutamide</i> TABS 150mg	1	\$0*
NUBEQA TABS 300mg	3	PA, QL (120 tabs / 30 days)
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer; \$0*
<i>toremifene citrate</i> TABS 60mg	1	\$0*
XTANDI CAPS 40mg	3	PA, QL (120 caps / 30 days)
YONSA TABS 125mg	3	PA, QL (120 tabs / 30 days)
ZYTIGA TABS 500mg	3	PA, QL (60 tabs / 30 days)
KINASE INHIBITORS		
AFINITOR TABS 10mg	3	PA, QL (30 tabs / 30 days)
AFINITOR DISPERZ TBSO 2mg, 5mg	3	PA, QL (60 tabs / 30 days)
AFINITOR DISPERZ TBSO 3mg	3	PA, QL (90 tabs / 30 days)
ALECENSA CAPS 150mg	3	PA, QL (240 caps / 30 days)
BOSULIF TABS 100mg	3	PA, QL (90 tabs / 30 days)
BOSULIF TABS 400mg, 500mg	3	PA, QL (30 tabs / 30 days)
CALQUENCE CAPS 100mg	3	PA, QL (60 caps / 30 days)
CAPRELSA TABS 100mg	3	PA, QL (60 tabs / 30 days)
CAPRELSA TABS 300mg	3	PA, QL (30 tabs / 30 days)
COMETRIQ KIT 20mg	3	PA, QL (1 kit / 28 days)
COMETRIQ KIT 100MG	3	PA, QL (1 kit / 28 days)
COMETRIQ KIT 140MG	3	PA, QL (1 kit / 28 days)
<i>erlotinib hcl</i> TABS 25mg	3	PA, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl</i> TABS 100mg, 150mg	3	PA, QL (30 tabs / 30 days)
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg	3	PA, QL (30 tabs / 30 days)
ICLUSIG TABS 15mg	3	PA, QL (60 tabs / 30 days)
ICLUSIG TABS 45mg	3	PA, QL (30 tabs / 30 days)
IDHIFA TABS 50mg, 100mg	3	PA, QL (30 tabs / 30 days)
<i>imatinib mesylate</i> TABS 100mg	3	PA, QL (90 tabs / 30 days)
GLEEVEC TABS 400mg	3	QL (60 tabs / 30 days); MNPA
<i>imatinib mesylate</i> TABS 400mg	3	PA, QL (60 tabs / 30 days)
IMBRUVICA CAPS 70mg	3	PA, QL (30 caps / 30 days)
IMBRUVICA CAPS 140mg	3	PA, QL (90 caps / 30 days)
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	3	PA, QL (30 tabs / 30 days)
INLYTA TABS 1mg	3	PA, QL (240 tabs / 30 days)
INLYTA TABS 5mg	3	PA, QL (120 tabs / 30 days)
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	3	PA, QL (60 tabs / 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4mg	3	PA, QL (30 caps / 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4mg	3	PA, QL (60 caps / 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10mg	3	PA, QL (30 caps / 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4mg	3	PA, QL (90 caps / 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10mg	3	PA, QL (60 caps / 30 days)
LENVIMA CAP 14 MG	3	PA, QL (60 caps / 30 days)
LENVIMA CAP 18 MG	3	PA, QL (90 caps / 30 days)
LENVIMA CAP 24 MG	3	PA, QL (90 caps / 30 days)
LORBRENA TABS 25mg	3	PA, QL (90 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 100mg	3	PA, QL (30 tabs / 30 days)
MEKINIST TABS 2mg	3	PA, QL (30 tabs / 30 days)
MEKINIST TABS .5mg	3	PA, QL (90 tabs / 30 days)
NEXAVAR TABS 200mg	3	PA, QL (120 tabs / 30 days)
SPRYCEL TABS 20mg	3	PA, QL (90 tabs / 30 days)
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	3	PA, QL (30 tabs / 30 days)
STIVARGA TABS 40mg	3	PA, QL (84 tabs / 28 days)
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	3	PA, QL (30 caps / 30 days)
TAFINLAR CAPS 50mg, 75mg	3	PA, QL (120 caps / 30 days)
TYKERB TABS 250mg	3	PA, QL (180 tabs / 30 days)
VITRAKVI CAPS 25mg	3	PA, QL (180 caps / 30 days)
VITRAKVI CAPS 100mg	3	PA, QL (60 caps / 30 days)
VITRAKVI SOLN 20mg/ml	3	PA, QL (300 mL / 30 days)
VOTRIENT TABS 200mg	3	PA, QL (120 tabs / 30 days)
XALKORI CAPS 200mg, 250mg	3	PA, QL (60 caps / 30 days)
ZELBORAF TABS 240mg	3	PA, QL (240 tabs / 30 days)
ZYDELIG TABS 100mg, 150mg	3	PA, QL (60 tabs / 30 days)
ZYKADIA CAPS 150mg	3	PA, QL (90 caps / 30 days)
ZYKADIA TABS 150mg	3	PA, QL (90 tabs / 30 days)

MISCELLANEOUS

<i>arsenic trioxide</i> SOLN 10mg/10ml, 12mg/6ml	1	\$0*
<i>bexarotene</i> CAPS 75mg	3	PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
<i>hydroxyurea</i> CAPS 500mg	1	\$0*
MATULANE CAPS 50mg	2	
<i>mitoxantrone hcl</i> CONC 2mg/ml	3	PA

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Drug Name	Drug Tier	Requirements/Limits
ODOMZO CAPS 200mg	3	PA, QL (30 caps / 30 days)
ONCASPAR SOLN 750unit/ml	3	PA
PHOTOFRIN SOLR 75mg	2	
QUADRAMET SOLN 1850mbq/ml	2	
TICE BCG SUSR 50mg	2	
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	\$0*
UVADEX SOLN 20mcg/ml	2	
VISTOGARD PACK 10gm	2	QL (20 packets / 5 days)

PLATINUM-BASED AGENTS

<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	\$0*
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	\$0*
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml; SOLR 50mg, 100mg	3	

PROTECTIVE AGENTS

<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	1	\$0*
<i>leucovorin calcium</i> SOLR 50mg, 100mg, 200mg, 350mg, 500mg; TABS 5mg, 10mg, 15mg, 25mg	1	\$0*
<i>mesna</i> SOLN 100mg/ml	1	\$0*
MESNEX TABS 400mg	3	

TOPOISOMERASE INHIBITORS

<i>etoposide</i> CAPS 50mg; SOLN 100mg/5ml	1	\$0*
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 500mg/25ml	3	
<i>irinotecan hcl</i> SOLN 300mg/15ml	1	\$0
TENIPOSIDE SOLN 10mg/ml	2	
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	\$0*
<i>topotecan hcl</i> SOLR 4mg	1	\$0*

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

LUPR DEP-3MO KIT 11.25mg	3	MNPA
LUPRON DEPOT KIT 7.5mg	3	MNPA

ANTINEOPLASTIC COMBINATIONS

LONSURF TAB 20-8.19	3	PA
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ANTINEOPLASTIC ENZYME INHIBITORS

BRAFTOVI CAPS 75mg	3	PA
CABOMETYX TABS 40mg	3	PA
MEKTOVI TABS 15mg	3	PA
NERLYNX TABS 40mg	3	PA
NINLARO CAPS 3mg	3	PA

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA TABS 200mg, 300mg	3	PA
TAGRISSO TABS 80mg	3	MNPA
TASIGNA CAPS 200mg	3	MNPA
VERZENIO TABS 100mg, 150mg	3	MNPA

ANTINEOPLASTIC, BCL-2 INHIBITORS

VENCLEXTA TABS 10mg, 50mg	3	PA, QL (120 tabs / 30 days)
VENCLEXTA TABS 100mg	3	PA, QL (180 tabs / 30 days)
VENCLEXTA TAB START PK	3	PA

ANTIVIRALS

ANTIRETROVIRALS

ATRIPLA TAB	3	MNPA
JULUCA TAB 50-25MG	3	MNPA
SYMTUZA TAB	3	PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	\$0*
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	\$0*
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	\$0*
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	\$0*
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	\$0*
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	\$0*
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	\$0*
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	\$0*
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	\$0*
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	\$0*
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	\$0*
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	\$0*
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	\$0*
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	\$0*
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	\$0*
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	\$0*
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	\$0*
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	\$0*
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	\$0*
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	\$0*
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	\$0*
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	\$0*
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	\$0*
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	\$0*
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	\$0*
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	\$0*
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	\$0*
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	\$0*
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	\$0*
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	\$0*

ACE INHIBITORS

<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	\$0*
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	\$0*
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	\$0*
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	\$0*
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	\$0*
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	\$0*
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	\$0*
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	\$0*
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	\$0*

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	\$0*
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1	\$0*
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	\$0*
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	\$0*
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	\$0*
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	\$0*
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	\$0*
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	\$0*
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	\$0*
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	\$0*
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	\$0*
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	\$0*
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	\$0*
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	\$0*
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	\$0*
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	\$0*
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	\$0*
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	\$0*
BYVALSON TAB 5-80MG	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	\$0*
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	\$0*
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	\$0*
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	\$0*
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	\$0*
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	\$0*
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	\$0*
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	\$0*
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	\$0*
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	\$0*
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	\$0*
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	\$0*
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	\$0*
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	\$0*
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	\$0*
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	\$0*
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	\$0*
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	\$0*
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	\$0*
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	\$0*
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	\$0*
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	\$0*
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	\$0*
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	\$0*
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	\$0*
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	\$0*
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	\$0*
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg, 32mg</i>	1	\$0*
<i>eprosartan mesylate TABS 600mg</i>	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	1	\$0*
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	1	\$0*
<i>olmesartan medoxomil</i> TABS 5mg, 20mg, 40mg	1	\$0*
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	\$0*
<i>valsartan</i> TABS 40mg, 80mg, 160mg, 320mg	1	\$0*

ANTIARRHYTHMICS

<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 200mg, 400mg	1	\$0*
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	1	\$0*
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	PA; \$0*
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	\$0*
<i>lidocaine hcl (cardiac)</i> SOSY 50mg/5ml, 100mg/5ml	1	\$0*
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1	\$0*
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1	\$0*
<i>mexiletine hcl</i> CAPS 150mg, 200mg, 250mg	1	\$0*
MULTAQ TABS 400mg	3	PA
NEXTERONE INJ	3	
NORPACE CR CP12 100mg, 150mg	2	
<i>pacerone</i> TABS 100mg, 200mg	1	\$0*
<i>procainamide hcl</i> SOLN 100mg/ml	1	\$0*
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	\$0*
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	\$0*
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	\$0*
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	\$0*
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	1	\$0*
SOTALOL HYDROCHLORIDE SOLN 150mg/10ml	3	

ANTILIPEMICS, BILE ACID RESINS

<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	\$0*
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	\$0*
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>prevalite</i> POWD 4gm/dose	1	\$0*
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe</i> TABS 10mg	1	PA; \$0*
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	1	\$0*
<i>fenofibrate</i> CAPS 50mg, 150mg; TABS 48mg, 54mg, 160mg	1	\$0*
<i>fenofibrate</i> TABS 145mg	2	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 130mg, 134mg, 200mg	1	\$0*
<i>gemfibrozil</i> TABS 600mg	1	\$0*
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</i> TABS 10mg, 20mg	1	\$0 copay for members age 40 through 75; \$0*
<i>atorvastatin calcium</i> TABS 40mg, 80mg	1	\$0*
<i>fluvastatin sodium</i> CAPS 20mg, 40mg; TB24 80mg	2	PA; \$0 copay for members age 40 through 75
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	\$0 copay for members age 40 through 75; \$0*
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	\$0 copay for members age 40 through 75; \$0*
<i>rosuvastatin calcium</i> TABS 5mg, 10mg	1	PA; \$0 copay for members age 40 through 75; \$0*
<i>rosuvastatin calcium</i> TABS 20mg, 40mg	1	PA; \$0*
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	\$0 copay for members age 40 through 75; \$0*
<i>simvastatin</i> TABS 80mg	1	\$0*
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	\$0*
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA; \$0*
VASCEPA CAPS .5gm, 1gm	2	PA
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	PA, QL (2 pens / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	\$0*
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	\$0*
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	\$0*
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	\$0*
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	\$0*
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	\$0*
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	\$0*
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	\$0*
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	1	\$0*
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	\$0*
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	\$0*
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	\$0*
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	\$0*
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	\$0*
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	\$0*
<i>BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg</i>	3	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	\$0*
<i>carvedilol phosphate CP24 10mg, 20mg, 40mg, 80mg</i>	1	\$0*
<i>labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg</i>	1	\$0*
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	\$0*
<i>metoprolol tartrate SOCT 5mg/5ml; SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	\$0*
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	\$0*
<i>pindolol TABS 5mg, 10mg</i>	1	\$0*
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	\$0*
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	\$0*

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

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	\$0*
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	\$0*
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	\$0*
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	\$0*
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	\$0*
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	\$0*
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	\$0*
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	\$0*
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	\$0*
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	\$0*
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	\$0*

CALCIUM CHANNEL BLOCKERS

<i>afeditab cr TB24 30mg, 60mg</i>	1	\$0*
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	\$0*
CARDENE IV SOL 20/200ML	3	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	1	\$0*
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i>	1	\$0*
DILTIAZEM HCL SOLR 100mg	3	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	\$0*
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	\$0*
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	1	\$0*
<i>isradipine CAPS 2.5mg, 5mg</i>	1	\$0*
<i>matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	\$0*
<i>nicardipine hcl CAPS 20mg, 30mg; SOLN 2.5mg/ml</i>	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	\$0*
<i>nimodipine</i> CAPS 30mg	1	\$0*
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	1	\$0*
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	\$0*
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	\$0*

DIGITALIS GLYCOSIDES

<i>digox</i> TABS 125mcg, 250mcg	1	\$0*
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml; TABS 125mcg, 250mcg	1	\$0*
LANOXIN TABS 62.5mcg, 187.5mcg	2	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	

DIRECT RENIN INHIBITORS/COMBINATIONS

<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	\$0*
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DIURETICS

<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	\$0*
<i>acetazolamide sodium</i> SOLR 500mg	1	\$0*
ALDACTAZIDE TAB 50/50	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	\$0*
<i>amiloride hcl</i> TABS 5mg	1	\$0*
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	\$0*
<i>chlorothiazide</i> TABS 250mg, 500mg	1	\$0*
<i>chlorothiazide sodium</i> SOLR 500mg	1	\$0*
<i>chlorthalidone</i> TABS 25mg, 50mg	1	\$0*
DIURIL SUSP 250mg/5ml	3	
<i>ethacrynate sodium</i> SOLR 50mg	1	\$0*
<i>ethacrynic acid</i> TABS 25mg	1	\$0*
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	1	\$0*
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	\$0*
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	\$0*
<i>mannitol</i> SOLN 20%, 25%	1	\$0*
<i>methazolamide</i> TABS 25mg, 50mg	1	\$0*
<i>methyclothiazide</i> TABS 5mg	1	\$0*
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	\$0*
<i>osmitrol viaflex</i> SOLN 5%, 10%, 15%	1	\$0*
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	\$0*
<i>toremide TABS 5mg, 10mg, 20mg, 100mg</i>	1	\$0*
<i>triamterene CAPS 50mg, 100mg</i>	1	\$0*
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	\$0*
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	\$0*
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	\$0*

MISCELLANEOUS

<i>clonidine hcl PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr; TABS .1mg, .2mg, .3mg</i>	1	\$0*
<i>CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg</i>	2	
<i>ENTRESTO TAB 24-26MG</i>	2	
<i>ENTRESTO TAB 49-51MG</i>	2	
<i>ENTRESTO TAB 97-103MG</i>	2	
<i>guanfacine hcl TABS 1mg, 2mg</i>	1	\$0*
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	1	\$0*
<i>methyldopa TABS 250mg, 500mg</i>	1	\$0*
<i>methyldopate hcl SOLN 250mg/5ml</i>	1	\$0*
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	1	\$0*
<i>minoxidil TABS 2.5mg, 10mg</i>	1	\$0*
<i>phenoxybenzamine hcl CAPS 10mg</i>	3	PA
<i>ranolazine TB12 500mg, 1000mg</i>	1	ST; PA**; \$0*

NITRATES

<i>DILATRATE SR CPCR 40mg</i>	3	
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg, 40mg; TBCR 40mg</i>	1	\$0*
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	1	\$0*
<i>minitran PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	1	\$0*
<i>NITRO-BID OINT 2%</i>	3	
<i>NITRO-DUR PT24 .3mg/hr, .8mg/hr</i>	2	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg</i>	1	\$0*
<i>NITROGLYCERIN SOLN 5mg/ml</i>	3	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	1	\$0*
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	1	\$0*
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	PA, QL (90 tabs / 30 days)
<i>ambrisentan</i> TABS 5mg, 10mg	3	PA, QL (30 tabs / 30 days)
<i>bosentan</i> TABS 62.5mg, 125mg	3	PA, QL (60 tabs / 30 days)
<i>epoprostenol sodium</i> SOLR .5mg, 1.5mg	3	PA
LETAIRIS TABS 10mg	3	QL (30 tabs / 30 days); MNPA
OPSUMIT TABS 10mg	3	PA, QL (30 tabs / 30 days)
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	3	PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	PA
<i>sildenafil citrate (pulmonary hypertension)</i> SOLN 10mg/12.5ml	3	PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	PA, QL (90 tabs / 30 days)
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	3	PA, QL (60 tabs / 30 days)
TYVASO STARTER SOLN .6mg/ml	3	PA, QL (28 ampules / 28 days)
UPTRAVI TABS 200mcg	3	PA, QL (140 tabs / 28 days)
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 200/800	3	PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	3	PA, QL (270 ampules / 30 days)

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg; TBP .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 25 days); \$0*
ALPRAZOLAM INTENSOL CONC 1mg/ml	2	QL (300 mL / 25 days)
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 25 days); \$0*
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 25 days); \$0*
<i>meprobamate</i> TABS 200mg, 400mg	1	\$0*
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg	1	QL (120 caps / 25 days); \$0*

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy [^]-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	PA
BRIVIACT SOLN 10mg/ml, 50mg/5ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	PA
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	\$0*
CELONTIN CAPS 300mg	3	
clobazam SUSP 2.5mg/ml; TABS 10mg, 20mg	2	PA
clonazepam TABS .5mg, 1mg, 2mg	1	\$0*
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 25 days)
diazepam SOLN 5mg/5ml	1	QL (1200 mL / 25 days); \$0*
diazepam SOLN 5mg/ml	1	\$0*
diazepam TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 25 days); \$0*
diazepam intensol CONC 5mg/ml	1	QL (240 mL / 25 days); \$0*
DILANTIN CAPS 30mg	3	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	\$0*
EPIDIOLEX SOLN 100mg/ml	3	PA, QL (600 mL / 30 days)
epitol TABS 200mg	1	\$0*
ethosuximide CAPS 250mg; SOLN 250mg/5ml	1	\$0*
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	1	\$0*
fosphenytoin sodium SOLN 100mgpe/2ml, 500mgpe/10ml	1	\$0*
FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	2	
gabapentin CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml; TABS 600mg, 800mg	1	\$0*
lamotrigine CHEW 5mg, 25mg; KIT 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	\$0*
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	PA; \$0*
lamotrigine TBDP 25mg, 50mg, 100mg, 200mg	2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	\$0*
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	\$0*
<i>levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg</i>	1	\$0*
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	\$0*
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	\$0*
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	\$0*
<i>oxcarbazepine SUSP 60mg/ml; TABS 150mg, 300mg, 600mg</i>	1	\$0*
<i>PEGANONE TABS 250mg</i>	3	
<i>phenobarbital ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1	\$0*
<i>phenytoin CHEW 50mg; SUSP 125mg/5ml</i>	1	\$0*
<i>phenytoin sodium SOLN 50mg/ml</i>	1	\$0*
<i>phenytoin sodium extended CAPS 100mg, 200mg, 300mg</i>	1	\$0*
<i>pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml</i>	1	PA; \$0*
<i>primidone TABS 50mg, 250mg</i>	1	\$0*
<i>tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg</i>	1	\$0*
<i>topiramate CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg</i>	1	\$0*
<i>valproate sodium SOLN 100mg/ml, 250mg/5ml</i>	1	\$0*
<i>valproic acid CAPS 250mg</i>	1	\$0*
<i>vigabatrin PACK 500mg</i>	3	PA, QL (180 packets / 30 days)
<i>vigabatrin TABS 500mg</i>	3	PA, QL (180 tabs / 30 days)
<i>VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg</i>	3	PA
<i>zonisamide CAPS 25mg, 50mg, 100mg</i>	1	\$0*
ANTIDEMENTIA		
<i>donepezil hydrochloride TABS 5mg, 10mg, 23mg; TBDP 5mg, 10mg</i>	1	\$0*
<i>ergoloid mesylates TABS 1mg</i>	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1	\$0*
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies for members less than 30 years of age; \$0*
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies for members less than 30 years of age; \$0*
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	PA; \$0*
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	PA; \$0*

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg	1	QL (150 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>amitriptyline hcl</i> TABS 25mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>amitriptyline hcl</i> TABS 50mg	1	QL (30 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>amitriptyline hcl</i> TABS 75mg, 100mg, 150mg	1	PA; Members 70 and older subject to PA; \$0*
<i>amoxapine</i> TABS 25mg, 50mg, 100mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>amoxapine</i> TABS 150mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	1	\$0*
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	\$0*
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>desipramine hcl</i> TABS 75mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older; \$0*

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<i>desipramine hcl</i> TABS 100mg, 150mg	1	QL (30 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	PA, QL (30 tabs / 25 days); (generic of Pristiq); \$0*
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg	1	QL (90 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>doxepin hcl</i> CAPS 75mg	1	QL (60 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>doxepin hcl</i> CAPS 100mg, 150mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>doxepin hcl</i> CONC 10mg/ml	1	QL (450 mL / 25 days); QL applies to members age 65 and older; \$0*
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	\$0*
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	\$0*
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	PA, QL (30 caps / 25 days)
FETZIMA CAP TITRATIO	3	PA, QL (30 caps / 25 days)
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; CPDR 90mg; SOLN 20mg/5ml	1	\$0*
<i>fluoxetine hcl</i> TABS 10mg, 20mg	1	(generic Sarafem not covered); \$0*
<i>imipramine hcl</i> TABS 10mg, 25mg	1	QL (120 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>imipramine hcl</i> TABS 50mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>imipramine pamoate</i> CAPS 75mg, 100mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>imipramine pamoate</i> CAPS 125mg, 150mg	1	PA; Members 70 and older subject to PA; \$0*
<i>maprotiline hcl</i> TABS 25mg, 50mg, 75mg	1	\$0*
MARPLAN TABS 10mg	3	
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	\$0*
<i>nortriptyline hcl</i> CAPS 10mg	1	QL (150 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>nortriptyline hcl</i> CAPS 25mg	1	QL (60 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>nortriptyline hcl</i> CAPS 50mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>nortriptyline hcl</i> CAPS 75mg	1	PA; Members 70 and older subject to PA; \$0*
<i>nortriptyline hcl</i> SOLN 10mg/5ml	1	QL (750 mL / 25 days); QL applies to members age 65 and older; \$0*
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg; TB24 12.5mg, 25mg, 37.5mg	1	\$0*
<i>phenelzine sulfate</i> TABS 15mg	1	\$0*
<i>protriptyline hcl</i> TABS 5mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>protriptyline hcl</i> TABS 10mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	\$0*
<i>tranylcypromine sulfate</i> TABS 10mg	1	\$0*
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	\$0*
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (60 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>trimipramine maleate</i> CAPS 100mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg	1	\$0*
VIIBRYD TABS 10mg, 20mg, 40mg	3	PA
VIIBRYD KIT STARTER	3	PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg; SYRP 50mg/5ml; TABS 100mg	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
APOKYN SOCT 30mg/3ml	3	PA
<i>benztropine mesylate</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	\$0*
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	\$0*
<i>carbidopa</i> TABS 25mg	1	\$0*
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	\$0*
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	\$0*
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	\$0*
<i>carbidopa & levodopa tab 10-100 mg</i>	1	\$0*
<i>carbidopa & levodopa tab 25-100 mg</i>	1	\$0*
<i>carbidopa & levodopa tab 25-250 mg</i>	1	\$0*
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	\$0*
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	\$0*
<i>carbidopa-levodopa-entacapone tabs 12.5- 50-200 mg</i>	1	\$0*
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	\$0*
<i>carbidopa-levodopa-entacapone tabs 25- 100-200 mg</i>	1	\$0*
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	\$0*
<i>carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg</i>	1	\$0*
<i>carbidopa-levodopa-entacapone tabs 50- 200-200 mg</i>	1	\$0*
<i>entacapone</i> TABS 200mg	1	\$0*
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	2	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	\$0*
<i>rasagiline mesylate</i> TABS 1mg	1	PA; \$0*
<i>rasagiline mesylate</i> TABS .5mg	1	\$0*
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	\$0*
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	\$0*
<i>tolcapone</i> TABS 100mg	1	\$0*
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	\$0*

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ANTIPSYCHOTICS		
<i>aripiprazole</i> SOLN 1mg/ml; TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; TBDP 10mg, 15mg	1	\$0*
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	2	
ARISTADA INITIO PRSY 675mg/2.4ml	2	
CHLORPROMAZINE HCL SOLN 25mg/ml, 50mg/2ml	3	
<i>chlorpromazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	\$0*
<i>clozapine</i> TABS 25mg, 50mg, 100mg, 200mg; TBDP 12.5mg, 25mg, 100mg, 150mg, 200mg	1	\$0*
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	\$0*
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	\$0*
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	\$0*
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	\$0*
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	\$0*
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	2	ST; PA**
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	\$0*
NUPLAZID TABS 17mg	3	PA
<i>olanzapine</i> SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; TBDP 5mg, 10mg, 15mg, 20mg	1	\$0*
<i>paliperidone</i> TB24 1.5mg, 3mg, 6mg, 9mg	1	\$0*
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	\$0*
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1	\$0*
<i>quetiapine fumarate er</i> TB24 50mg, 150mg, 200mg, 300mg, 400mg	1	\$0*
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	3	PA
<i>risperidone</i> SOLN 1mg/ml; TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	\$0*
SAPHRIS SUBL 2.5mg, 5mg, 10mg	3	PA

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<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	\$0*
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	\$0*
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	\$0*
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	\$0*

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine tab 10mg</i> TABS 10mg	3	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps / 25 days); \$0*
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps / 25 days); \$0*
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 25 days); \$0*
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (60 caps / 25 days); \$0*
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (60 caps / 25 days); \$0*
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (60 caps / 25 days); \$0*
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs / 25 days); \$0*
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs / 25 days); \$0*
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs / 25 days); \$0*
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs / 25 days); \$0*
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 25 days); \$0*
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs / 25 days); \$0*
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 25 days); \$0*
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	1	\$0*
<i>dexmethylphenidate hcl</i> CP24 5mg, 10mg, 15mg, 20mg	2	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl</i> CP24 25mg, 30mg, 35mg, 40mg	2	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	1	QL (120 tabs / 25 days); \$0*
<i>dexmethylphenidate hcl</i> TABS 10mg	1	QL (60 tabs / 25 days); \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate</i> CP24 5mg, 10mg, 15mg	1	QL (120 caps / 25 days); \$0*
<i>dextroamphetamine sulfate</i> SOLN 5mg/5ml	1	QL (2,160 mL / 25 days); \$0*
<i>dextroamphetamine sulfate</i> TABS 5mg, 10mg	1	QL (120 tabs / 25 days); \$0*
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 3mg, 4mg	1	ST; PA**; \$0*
<i>methamphetamine hcl</i> TABS 5mg	1	QL (150 tabs / 25 days); \$0*
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg	3	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl</i> CP24 20mg, 30mg	1	QL (60 caps / 25 days); \$0*
<i>methylphenidate hcl</i> CP24 40mg, 60mg	1	QL (30 caps / 25 days); \$0*
<i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg	2	QL (60 caps / 25 days)
<i>methylphenidate hcl</i> CPCR 40mg, 50mg, 60mg	2	QL (30 caps / 25 days)
<i>methylphenidate hcl</i> SOLN 5mg/5ml	3	QL (2,160 mL / 25 days)
<i>methylphenidate hcl</i> SOLN 10mg/5ml	3	QL (1080 mL / 25 days)
<i>methylphenidate hcl</i> TABS 5mg, 10mg	1	QL (180 tabs / 25 days); \$0*
<i>methylphenidate hcl</i> TABS 20mg	1	QL (90 tabs / 25 days); \$0*
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg	3	QL (60 tabs / 25 days)
<i>methylphenidate hcl</i> TB24 54mg; TBCR 54mg	3	QL (30 tabs / 25 days)
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	2	QL (90 tabs / 25 days)
<i>zenzedi</i> TABS 2.5mg, 7.5mg	1	QL (120 tabs / 25 days); \$0*
<i>zenzedi</i> TABS 15mg	1	QL (90 tabs / 25 days); \$0*
<i>zenzedi</i> TABS 20mg, 30mg	1	QL (60 tabs / 25 days); \$0*

HYPNOTICS

BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	PA
<i>cvs sleep-aid nighttime</i> TABS 25mg	1	OTC; \$0*
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1	QL (30 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 25 days); \$0*

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HETLIOZ CAPS 20mg	3	PA, QL (30 caps / 30 days)
<i>ramelteon</i> TABS 8mg	1	QL (30 tabs / 25 days); \$0*
<i>temazepam</i> CAPS 7.5mg, 15mg, 22.5mg, 30mg	1	QL (15 caps / 25 days); \$0*
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 25 days); \$0*
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 25 days); \$0*
<i>zolpidem tartrate</i> TABS 5mg, 10mg; TBCR 6.25mg, 12.5mg	1	QL (30 tabs / 25 days); \$0*

MIGRAINE

AIMOVIG SOAJ 70mg/ml	2	PA, QL (2 injections / 25 days); PA**
AIMOVIG SOAJ 140mg/ml	2	PA, QL (1 injection / 25 days); PA**
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	1	PA, QL (3 injections / 75 days); PA**; \$0*
<i>almotriptan malate</i> TABS 6.25mg	2	QL (18 tabs / 25 days)
<i>almotriptan malate</i> TABS 12.5mg	2	QL (12 tabs / 25 days)
<i>eletriptan hydrobromide</i> TABS 20mg	2	QL (18 tabs / 25 days)
<i>eletriptan hydrobromide</i> TABS 40mg	2	QL (12 tabs / 25 days)
EMGALITY SOAJ 120mg/ml; SOSY 120mg/ml	2	PA, QL (2 injections / 25 days); PA**
EMGALITY SOSY 100mg/ml	2	PA, QL (3 injections / 25 days); PA**
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>naratriptan hcl</i> TABS 1mg	1	QL (18 tabs / 25 days); \$0*
<i>naratriptan hcl</i> TABS 2.5mg	1	QL (12 tabs / 25 days); \$0*
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg	1	QL (27 tabs / 25 days); \$0*
<i>rizatriptan benzoate</i> TABS 10mg; TBDP 10mg	1	QL (18 tabs / 25 days); \$0*
<i>sumatriptan</i> SOLN 5mg/act	2	QL (36 sprays / 25 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 sprays / 25 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 syringes / 25 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOSY 6mg/0.5ml	2	QL (12 units / 25 days)
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml	2	QL (12 vials / 25 days)

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (18 tabs / 25 days); \$0*
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	3	ST, QL (9 tabs / 25 days); PA**
<i>zolmitriptan</i> TABS 2.5mg; TBDP 2.5mg	2	QL (18 tabs / 25 days)
<i>zolmitriptan</i> TABS 5mg	1	QL (12 tabs / 25 days); \$0*
<i>zolmitriptan</i> TBDP 5mg	2	QL (12 tabs / 25 days)
ZOMIG SOLN 2.5mg	3	QL (18 sprays / 25 days)
ZOMIG SOLN 5mg	3	QL (12 sprays / 25 days)

MISCELLANEOUS

<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg	1	\$0*
<i>bupirone hcl</i> TABS 30mg	2	
<i>clomipramine hcl</i> CAPS 25mg, 50mg	3	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl</i> CAPS 75mg	3	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>fluvoxamine maleate</i> CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg	1	\$0*
GUANIDINE HCL TABS 125mg	3	
LITHIUM SOLN 8meq/5ml	3	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	\$0*
NUDEXTA CAP 20-10MG	2	PA
<i>pimozide</i> TABS 1mg, 2mg	1	\$0*
<i>pyridostigmine bromide</i> SOLN 60mg/5ml; TABS 60mg; TBCR 180mg	1	\$0*
REGONOL SOLN 10mg/2ml	3	
<i>riluzole</i> TABS 50mg	1	\$0*
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	PA
SAVELLA MIS TITR PAK	3	PA
<i>tetrabenazine</i> TABS 12.5mg	3	PA, QL (120 tabs / 30 days)
<i>tetrabenazine</i> TABS 25mg	3	PA, QL (60 tabs / 30 days)

MULTIPLE SCLEROSIS AGENTS

AMPYRA TB12 10mg	3	PA, QL (60 tabs / 30 days)
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\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** 50
- Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -
Step Therapy [^]-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
AUBAGIO TABS 7mg, 14mg	3	PA, QL (30 tabs / 30 days)
AVONEX KIT 30mcg/vial; PSKT 30mcg/0.5ml	3	ST, PA, QL (4 injections / 28 days)
AVONEX PEN AJKT 30mcg/0.5ml	3	ST, PA, QL (4 injections / 28 days)
BETASERON KIT .3mg	3	PA, QL (14 injections / 28 days)
COPAXONE INJ 20MG/ML SOSY 20mg/ml	3	PA, QL (30 injections / 30 days)
COPAXONE INJ 40MG/ML SOSY 40mg/ml	3	PA, QL (12 syringes / 28 days)
<i>dalfampridine</i> TB12 10mg	3	PA, QL (60 tabs / 30 days)
<i>dimethyl fumarate</i> CPDR 120mg	3	PA, QL (14 caps / 28 days)
<i>dimethyl fumarate</i> CPDR 240mg	3	PA, QL (60 caps / 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	3	PA, QL (1 kit / 30 days)
GILENYA CAPS .5mg	3	PA, QL (30 caps / 30 days)
MAYZENT TABS 2mg	3	PA, QL (30 tabs / 30 days)
MAYZENT TABS .25mg	3	PA, QL (112 tabs / 28 days)
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	3	ST, PA, QL (1 carton / 28 days)
PLEGRIDY INJ STARTER	3	ST, PA, QL (1 kit / 28 days)
PLEGRIDY PEN INJ STARTER	3	ST, PA, QL (1 pack / 28 days)
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	3	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ TITRATN	3	PA, QL (1 box / 28 days)
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	3	PA, QL (12 syringes / 28 days)
REBIF TITRTN INJ PACK	3	PA, QL (1 box / 28 days)
TYSABRI CONC 300mg/15ml	3	PA, QL (1 vial / 28 days)
VUMERITY CPDR 231mg	3	PA, QL (106 caps / 30 days)
VUMERITY CPDR 231mg	3	PA, QL (120 caps / 30 days)
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg, 10mg, 20mg	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol</i> TABS 250mg, 350mg	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>chlorzoxazone</i> TABS 500mg	1	\$0*
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	\$0*
<i>metaxalone</i> TABS 400mg, 800mg	2	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol</i> TABS 500mg, 750mg	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>orphenadrine citrate</i> SOLN 30mg/ml	1	\$0*
<i>orphenadrine citrate</i> TB12 100mg	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	\$0*
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg, 150mg, 200mg, 250mg	1	PA; \$0*
<i>modafinil</i> TABS 100mg, 200mg	1	PA; \$0*
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	PA; \$0*
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	0	\$0 limited to 2 treatment cycles/year
CHANTIX TABS .5mg, 1mg	0	PA; \$0 limited to 2 treatment cycles/year
CHANTIX CONTINUING MONTH TABS 1mg	0	PA; \$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	0	PA; \$0 limited to 2 treatment cycles/year
<i>disulfiram</i> TABS 250mg, 500mg	1	\$0*
<i>goodsense nicotine polacr</i> LOZG 4mg	0	OTC; \$0 limited to 2 treatment cycles/year
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	\$0*
<i>naltrexone hcl</i> TABS 50mg	0	\$0 copay
NARCAN LIQD 4mg/0.1ml	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nicorelief</i> GUM 4mg	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3</i> PT24 7mg/24hr	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10mg/ml	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	0	OTC; \$0 limited to 2 treatment cycles/year
VIVITROL SUSR 380mg	3	PA, QL (1 vial / 28 days)

DERMATOLOGICALS

ECZEMA AGENTS

DUPIXENT SOSY 300mg/2ml	3	PA
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ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50 TABS 50mg	3	PA
INTRAROSA INST 6.5mg	3	
<i>methyltestosterone</i> CAPS 10mg	1	PA; \$0*
<i>oxandrolone</i> TABS 2.5mg, 10mg	1	PA; \$0*
<i>testosterone</i> GEL 10mg/act, 25mg/2.5gm	3	PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA; \$0*
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA; \$0*

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	\$0*
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	\$0*

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</i> TABS 500mg, 850mg, 1000mg; TB24 500mg, 750mg	1	\$0*
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ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	\$0*
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	\$0*
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	\$0*

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin tab 1.25-250 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>glyburide-metformin tab 5-500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate TABS 6.25mg, 12.5mg, 25mg</i>	1	\$0*
JANUVIA TABS 25mg, 50mg, 100mg	2	ST; PA**
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TABS .8mg	3	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG	2	ST; PA**
JANUMET TAB 50-1000	2	ST; PA**
JANUMET XR TAB 50-500MG	2	ST; PA**
JANUMET XR TAB 50-1000	2	ST; PA**
JANUMET XR TAB 100-1000	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC SOPN 2mg/1.5ml	2	ST; PA**
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml	2	ST; PA**
VICTOZA SOPN 18mg/3ml	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	ST; PA**
XULTOPHY INJ 100/3.6	2	ST; PA**
ANTIDIABETICS, INSULIN ^		
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	2	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	2	
LEVEMIR SOLN 100unit/ml	2	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN INJ 70/30	1	OTC; RELION not covered; \$0*
NOVOLIN INJ 70/30 FP	2	OTC; RELION not covered
NOVOLIN N SUSP 100unit/ml	1	OTC; RELION not covered; \$0*
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	OTC; RELION not covered
NOVOLIN R SOLN 100unit/ml	1	OTC; RELION not covered; \$0*
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	OTC; RELION not covered
NOVOLOG SOLN 100unit/ml	2	
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	

ANTIDIABETICS, INSULIN SENSITIZER

<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	\$0*
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ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	\$0*
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<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	\$0*
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ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	\$0*
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<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	\$0*
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ANTIDIABETICS, MEGLITINIDE

<i>nateglinide</i> TABS 60mg, 120mg	1	\$0*
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<i>repaglinide</i> TABS .5mg, 1mg, 2mg	1	\$0*
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ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION

<i>repaglinide-metformin hcl tab 1-500 mg</i>	1	\$0*
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<i>repaglinide-metformin hcl tab 2-500 mg</i>	1	\$0*
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ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO

SYNJARDY TAB	2	ST; PA**
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SYNJARDY TAB 5-500MG	2	ST; PA**
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SYNJARDY TAB 5-1000MG	2	ST; PA**
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SYNJARDY TAB 12.5-500	2	ST; PA**
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SYNJARDY XR TAB	2	ST; PA**
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\$0* - \$0 when prescribed by an Oscar Virtual Care provider OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met QL - Quantity Limits ST - Step Therapy ^-Insulin Cost-Sharing cap will apply

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

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

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

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB

FARXIGA TABS 5mg, 10mg	2	ST; PA**
JARDIANCE TABS 10mg, 25mg	2	ST; PA**

ANTIDIABETICS, SULFONYLUREA

<i>glimepiride</i> TABS 1mg, 2mg, 4mg	1	\$0*
<i>glipizide</i> TABS 5mg, 10mg; TB24 2.5mg, 5mg, 10mg	1	\$0*
<i>glyburide</i> TABS 1.25mg, 2.5mg, 5mg	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>glyburide micronized</i> TABS 1.5mg, 3mg, 6mg	1	PA; High Risk Medications require PA for members age 70 and older; \$0*

BISPHOSPHONATES

<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 5mg, 10mg, 35mg, 40mg, 70mg	1	\$0*
<i>ibandronate sodium</i> SOLN 3mg/3ml; TABS 150mg	1	\$0*
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	1	\$0*
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	2	
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	3	PA

CALCIUM RECEPTOR AGONISTS

<i>cinacalcet hcl</i> TABS 30mg, 60mg	3	PA, QL (60 tabs / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hcl</i> TABS 90mg	3	PA, QL (120 tabs / 30 days)

CHELATING AGENTS

CHEMET CAPS 100mg	3	
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	3	PA
FERRIPROX TWICE-A-DAY TABS 1000mg	3	PA
<i>kionex</i> SUSP 15gm/60ml	1	\$0*
<i>penicillamine</i> TABS 250mg	1	\$0*
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml, 30gm/120ml	1	\$0*
THYROSAFE TABS 65mg	2	OTC

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 / 300 days)
<i>apri</i>	0	
<i>aranelle</i>	0	
<i>ashlyna</i>	0	
<i>aviane</i>	0	
<i>azurette</i>	0	
<i>camila</i> TABS .35mg	0	
<i>caziant</i>	0	
<i>chateal</i>	0	
<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 / 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	
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>errin</i> TABS .35mg	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	0	QL (13 / 300 days)
<i>falmina</i>	0	
<i>fayosim</i>	0	
<i>gianvi</i>	0	
<i>heather</i> TABS .35mg	0	
<i>introvale</i>	0	
<i>jolessa</i>	0	
<i>jolivette</i> TABS .35mg	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 / 300 days)
<i>larin 1.5/30</i>	0	
<i>leena</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levora 0.15/30-28</i>	0	
LILETTA IUD 19.5mcg/day	0	QL (1 / 300 days)
<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 (4 inj / 300 days)
<i>microgestin 1.5/30</i>	0	
MIRENA IUD 20mcg/24hr	0	QL (1 / 300 days)
<i>mono-linyah</i>	0	
<i>mononessa</i>	0	
<i>myzilra</i>	0	
<i>necon 0.5/35-28</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
NEXPLANON IMPL 68mg	0	QL (1 / 300 days)
<i>nikki</i>	0	
<i>nora-be</i> TABS .35mg	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 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	
<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>ocella</i>	0	
<i>ogestrel</i>	0	
<i>orsythia</i>	0	
PARAGARD IUD T380A	0	QL (1 unit / 300 days)
<i>pirmella 1/35</i>	0	
<i>pirmella 7/7/7</i>	0	
<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 / 300 days)
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
<i>take action</i> TABS 1.5mg	0	OTC
<i>tri-linyah</i>	0	
<i>tri-sprintec</i>	0	
<i>trinessa</i>	0	
<i>trivora-28</i>	0	
<i>velivet</i>	0	
<i>viorele</i>	0	
<i>wera</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>xulane</i>	0	
<i>zarah</i>	0	
<i>zenchent</i>	0	
<i>zovia 1/35e</i>	0	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	\$0*
SYNAREL SOLN 2mg/ml	3	PA
ENZYME REPLACEMENTS		
CARBAGLU TABS 200mg	3	PA
CERDELGA CAPS 84mg	3	PA, QL (60 caps / 30 days)
CYSTADANE POW	3	PA
CYSTAGON CAPS 50mg, 150mg	3	PA
KUVAN PACK 100mg, 500mg; TBSO 100mg	3	PA
MYALEPT SOLR 11.3mg	3	PA, QL (30 vials / 30 days)
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	3	PA
ORFADIN CAPS 20mg; SUSP 4mg/ml	3	PA
<i>sodium phenylbutyrate</i> TABS 500mg	3	PA, QL (1200 tabs / 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i> POWD 3gm/tsp	3	PA, QL (600g / 30 days)
ESTROGENS		
CLIMARA PRO DIS WEEKLY	2	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	PA; High Risk Medications require PA for members age 70 and older
DUAVEE TAB 0.45-20	2	
ELESTRIN GEL .06%	3	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	\$0*
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal cream</i> CREA .1mg/gm	1	\$0*
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	1	\$0*
ESTROGEL GEL .06%	3	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate</i> TABS .75mg, 1.5mg, 3mg	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
EVAMIST SOLN 1.53mg/spray	3	PA; High Risk Medications require PA for members age 70 and older
<i>jinteli</i>	1	\$0*
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey</i>	1	\$0*
<i>mimvey lo</i>	1	\$0*
<i>norethindrone acetate-ethinyl estradiol tab</i> 0.5 mg-2.5 mcg	1	\$0*
PREMARIN CREA .625mg/gm	2	
PREMARIN SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	3	PA; High Risk Medications require PA for members age 70 and older
<i>yuvaferm</i> TABS 10mcg	1	\$0*
FERTILITY REGULATORS		
CHOR GONADOT SOLR 10000unit	3	PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	PA
<i>clomiphene citrate</i> TABS 50mg	1	
<i>ganirelix acetate</i> SOSY 250mcg/0.5ml	3	PA
GONAL-F SOLR 450unit	3	PA, QL (10 vials / 28 days)
GONAL-F SOLR 1050unit	3	PA, QL (6 vials / 28 days)
GONAL-F RFF SOLR 75unit	3	PA, QL (60 vials / 28 days)
GONAL-F RFF REDIJECT SOLN 300unit/0.5ml	3	PA, QL (15 cartridges / 28 days)
GONAL-F RFF REDIJECT SOLN 450unt/0.75ml	3	PA, QL (10 cartridges / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
GONAL-F RFF REDIJECT SOLN 900unit/1.5ml	3	PA, QL (7 cartridges / 28 days)
OVIDREL INJ 250mcg/0.5ml	3	PA
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS 25mg	1	\$0*
DEPO-MEDROL SUSP 20mg/ml	3	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	\$0*
DEXAMETHASONE INTENSOL CONC 1mg/ml	2	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	\$0*
<i>fludrocortisone acetate</i> TABS .1mg	1	\$0*
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	\$0*
MEDROL TABS 2mg	2	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg; TBPk 4mg	1	\$0*
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	\$0*
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	\$0*
<i>prednisolone</i> SOLN 15mg/5ml	1	\$0*
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBPk 10mg, 15mg, 30mg	1	\$0*
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; TBPk 5mg, 10mg	1	\$0*
PREDNISON INTENSOL CONC 5mg/ml	2	
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm	3	
GLUCOSE ELEVATING AGENTS		
GLUCAGON EMERGENCY KIT KIT 1mg	2	
INSTA-GLUCOSE GEL 77.4%	2	OTC
HUMAN GROWTH HORMONES		
HUMATROPE SOLR 6mg, 12mg, 24mg	3	PA
HUMATROPE COMBO PACK SOLR 5mg	3	PA
MISCELLANEOUS		
<i>cabergoline</i> TABS .5mg	1	\$0*
<i>calcitonin (salmon)</i> SOLN 200unit/act	2	
INCRELEX SOLN 40mg/4ml	3	PA

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Drug Name	Drug Tier	Requirements/Limits
MIACALCIN SOLN 200unit/ml	3	
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml	3	PA, QL (90 ml / 30 days)
octreotide acetate SOLN 200mcg/ml	3	PA, QL (225 ml / 30 days)
octreotide acetate SOLN 1000mcg/ml	3	PA, QL (45 ml / 30 days)
OSPHENA TABS 60mg	2	
PROLIA SOSY 60mg/ml	3	PA, QL (60mg / 24 weeks)
raloxifene hcl TABS 60mg	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer; \$0*
SAMSCA TABS 15mg	3	PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	PA, QL (60 ampules / 30 days)
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	PA, QL (1 injection / 28 days)
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	PA, QL (30 vials / 30 days)
tolvaptan TABS 30mg	3	PA
TYMLOS SOPN 3120mcg/1.56ml	3	PA, QL (1 pen / 30 days)

PHOSPHATE BINDER AGENTS

calcium acetate (phosphate binder) CAPS 667mg; TABS 667mg	1	\$0*
FOSRENOL PACK 750mg, 1000mg	3	
PHOSLYRA SOLN 667mg/5ml	2	
sevelamer carbonate PACK .8gm, 2.4gm	1	\$0*
sevelamer carbonate TABS 800mg	3	
VELPHORO CHEW 500mg	3	

PROGESTINS

CRINONE GEL 4%, 8%	2	
LUPANETA KIT 3.75-5	3	PA
LUPANETA KIT 11.25-5	3	PA
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	\$0*
norethindrone acetate TABS 5mg	1	\$0*
progesterone micronized CAPS 100mg, 200mg	1	\$0*

THYROID AGENTS

levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	\$0*
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Drug Name	Drug Tier	Requirements/Limits
<i>levoxy/</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	\$0*
<i>liothyronine sodium</i> SOLN 10mcg/ml; TABS 5mcg, 25mcg, 50mcg	1	\$0*
<i>methimazole</i> TABS 5mg, 10mg	1	\$0*
<i>propylthiouracil</i> TABS 50mg	1	\$0*
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
THYROLAR-1 TABS 60mg	3	
THYROLAR-1/2 TABS 30mg	3	
THYROLAR-1/4 TABS 15mg	3	
THYROLAR-2 TABS 120mg	3	
THYROLAR-3 TAB 180MG	3	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg	1	\$0*

VASOPRESSINS

<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	1	\$0*
<i>desmopressin acetate spray</i> SOLN .01%	1	\$0*
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	\$0*

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

FORTEO SOPN 600mcg/2.4ml	3	MNPA
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CORTICOTROPIN

ACTHAR GEL 80unit/ml	3	PA
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FERTILITY REGULATORS

MENOPUR VIA SOLR 75unit	3	PA
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GNRH/LHRH ANTAGONISTS

CETROTIDE KIT .25mg	3	PA
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GROWTH HORMONES

NORDITROPIN SOPN 5mg/1.5ml, 15mg/1.5ml	3	MNPA
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GASTROINTESTINAL

ANTICHOLINERGICS

<i>atropine sulfate</i> SOSY .25mg/5ml, 1mg/10ml	1	\$0*
CUVPOSA SOLN 1mg/5ml	2	
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml, 10mg/ml; TABS 20mg	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>ed-spaz</i> TBDP .125mg	1	\$0*
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; TABS 1mg, 2mg	1	\$0*
<i>hyoscyamine sulfate</i> SUBL .125mg; TABS .125mg; TB12 .375mg; TBDP .125mg	1	\$0*
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>nulev</i> TBDP .125mg	1	\$0*
<i>oscimin</i> SUBL .125mg; TABS .125mg	1	\$0*
<i>oscimin sr</i> TB12 .375mg	1	\$0*
<i>symax-sl</i> SUBL .125mg	1	\$0*

ANTIEMETICS

<i>AKYNZEO</i> CAP 300-0.5	3	QL (2 caps / 21 days)
<i>aprepitant</i> CAPS 40mg	1	QL (3 caps / 180 days); \$0*
<i>aprepitant</i> CAPS 80mg	1	QL (4 caps / 21 days); \$0*
<i>aprepitant</i> CAPS 125mg	1	QL (2 caps / 21 days); \$0*
<i>aprepitant pak 80 & 125</i>	1	QL (2 packs / 21 days); \$0*
<i>CESAMET</i> CAPS 1mg	3	QL (18 caps / 21 days)
<i>compro</i> SUPP 25mg	1	\$0*
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	QL (60 caps / 25 days); \$0*
<i>granisetron hcl</i> SOLN .1mg/ml, 1mg/ml, 4mg/4ml	1	QL (2 mL / 21 days); \$0*
<i>granisetron hcl</i> TABS 1mg	1	QL (12 tabs / 21 days); \$0*
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	\$0*
<i>metoclopramide hcl</i> SOLN 5mg/ml, 10mg/10ml; TABS 5mg, 10mg; TBDP 5mg	1	\$0*
<i>ondansetron</i> TBDP 4mg, 8mg	1	QL (18 tabs / 21 days); \$0*
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	1	QL (20 mL / 21 days); \$0*
<i>ondansetron hcl</i> SOLN 4mg/5ml	1	QL (200 mL / 21 days); \$0*
<i>ondansetron hcl</i> TABS 4mg, 8mg	1	QL (18 tabs / 21 days); \$0*
<i>ondansetron hcl</i> TABS 24mg	1	QL (2 tabs / 21 days); \$0*
<i>prochlorperazine</i> SUPP 25mg	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml, 50mg/10ml	1	\$0*
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	\$0*
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	1	\$0*
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
SANCUSO PTCH 3.1mg/24hr	2	PA
<i>scopolamine</i> PT72 1mg/3days	1	\$0*
<i>trimethobenzamide hcl</i> CAPS 300mg	1	\$0*
VARUBI EMUL 166.5mg/92.5ml; TBPk 90mg	2	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	\$0*
<i>cimetidine hcl</i> SOLN 300mg/5ml	1	\$0*
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	\$0*
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	\$0*
<i>nizatidine</i> CAPS 150mg, 300mg; SOLN 15mg/ml	1	\$0*
<i>ranitidine hcl</i> SOLN 50mg/2ml, 150mg/6ml	1	\$0*
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	1	\$0*
<i>budesonide</i> CPEP 3mg	2	PA
<i>colocort</i> ENEM 100mg/60ml	1	\$0*
DIPENTUM CAPS 250mg	3	PA
<i>mesalamine</i> CPDR 400mg; ENEM 4gm; SUPP 1000mg; TBEC 1.2gm	2	
<i>mesalamine</i> TBEC 800mg	2	PA
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	\$0*
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA CAPS 8mcg, 24mcg	2	
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl</i> TABS .5mg, 1mg	3	PA

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Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
CLENPIQ SOL	2	Members age 50 through 74, otherwise not covered
<i>enulose</i> SOLN 10gm/15ml	1	\$0*
<i>gavilyte-c</i>	0	
<i>gavilyte-g</i>	0	
<i>gavilyte-h</i>	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>gavilyte-n/flavor pack</i>	0	
<i>generlac</i> SOLN 10gm/15ml	1	\$0*
GOLYTELY SOL	0	
<i>lactulose</i> SOLN 10gm/15ml	1	\$0*
MOVIPREP SOL	2	
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	0	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	0	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	0	
PLENVU SOL	2	Members age 50 through 74, otherwise not covered
<i>polyethylene glycol 3350</i> POWD 17gm/scoop	1	OTC; \$0*
PREPOPIK PAK	2	Members age 50 through 74, otherwise not covered
SUPREP BOWEL SOL PREP KIT	2	
MISCELLANEOUS		
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	PA; \$0*
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	\$0*
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	\$0*
<i>loperamide hcl</i> CAPS 2mg	1	\$0*
<i>misoprostol</i> TABS 100mcg, 200mcg	1	\$0*
MOTOFEN TAB 1-0.025	3	
MOVANTIK TABS 12.5mg, 25mg	2	

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Drug Name	Drug Tier	Requirements/Limits
SUCRAID SOLN 8500unit/ml	3	PA, QL (354 mL / 25 days)
<i>sucralfate</i> TABS 1gm	1	\$0*
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	\$0*

PANCREATIC ENZYMES

CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 12000UNT	2	PA
CREON CAP 24000UNT	2	PA
CREON CAP 36000UNT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000	2	PA
ZENPEP CAP 40000	2	PA

PROTON PUMP INHIBITORS

DEXILANT CPDR 30mg, 60mg	3	ST, QL (30 caps / 30 days); PA**
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	3	PA, QL (30 caps / 30 days)
<i>esomeprazole sodium</i> SOLR 20mg, 40mg	1	\$0*
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (30 caps / 30 days); \$0*
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	QL (30 caps / 30 days); \$0*
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	QL (30 tabs / 30 days); \$0*
<i>rabeprazole sodium</i> TBEC 20mg	2	PA, QL (30 tabs / 30 days)

RECTAL,CORTICOSTEROIDS

<i>procto-pak</i> CREA 1%	1	\$0*
<i>proctosol hc</i> CREA 2.5%	1	\$0*
<i>proctozone-hc</i> CREA 2.5%	1	\$0*

GASTROINTESTINAL AGENTS - MISC.

INFLAMMATORY BOWEL AGENTS

CIMZIA PREFL KIT 200mg/ml	3	MNPA
ENTYVIO SOLR 300mg	3	MNPA
REMICADE SOLR 100mg	3	MNPA
STELARA SOLN 130mg/26ml	3	MNPA

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Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	\$0*
CARDURA XL TB24 4mg, 8mg	3	ST; PA**
<i>dutasteride</i> CAPS .5mg	1	\$0*
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	1	\$0*
<i>finasteride</i> TABS 5mg	1	\$0*
<i>silodosin</i> CAPS 4mg, 8mg	1	\$0*
<i>tadalafil</i> TABS 2.5mg, 5mg	1	PA, QL (30 tabs / 25 days); \$0*
<i>tamsulosin hcl</i> CAPS .4mg	1	\$0*
CONTRACEPTIVES		
ENCARE SUPP 100mg	0	OTC
OPTIONS CONCEPTROL VAGINA GEL 4%	0	OTC
OPTIONS GYNOL II VAGINAL GEL 3%	0	OTC
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MISC 1000mg	0	OTC
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%	0	OTC
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	\$0*
ELMIRON CAPS 100mg	3	
<i>flavoxate hcl</i> TABS 100mg	1	\$0*
<i>phenazopyridine tab</i> 95mg TABS 95mg	1	OTC; \$0*
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	\$0*
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1	\$0*
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg	1	\$0*
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	\$0*
<i>tolterodine tartrate</i> CP24 2mg, 4mg; TABS 1mg, 2mg	1	\$0*
<i>trospium chloride</i> CP24 60mg; TABS 20mg	1	\$0*
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100mg	2	
<i>clindamycin phosphate vaginal</i> CREA 2%	1	\$0*
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>miconazole</i> 3 SUPP 200mg	1	\$0*
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	\$0*

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>vandazole</i> GEL .75%	2	

HEMATOLOGIC

ANTICOAGULANTS

ARGATRB/NACL INJ 50MG/50	3	
<i>argatroban</i> SOLN 250mg/2.5ml	1	\$0*
ARGATROBAN INJ 125/125	3	
ARGATROBAN INJ 250/250	3	
ELIQUIS TABS 2.5mg, 5mg	2	
<i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	1	\$0*
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	\$0*
FRAGMIN SOLN 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	\$0*
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	\$0*
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	\$0*
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	2	
XARELTO STAR TAB 15/20MG	2	

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	3	PA
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	3	PA
NEULASTA SOSY 6mg/0.6ml	3	PA, QL (2 injections / 28 days)
NEULASTA ONPRO KIT PSKT 6mg/0.6ml	3	PA, QL (2 injections / 28 days)

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	PA
PROMACTA TABS 12.5mg, 25mg	3	PA, QL (30 tabs / 30 days)
PROMACTA TABS 50mg, 75mg	3	PA, QL (60 tabs / 30 days)
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 40000unit/ml	3	PA
UDENYCA SOSY 6mg/0.6ml	3	PA, QL (2 injections / 28 days)

MISCELLANEOUS

<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	\$0*
<i>cilostazol</i> TABS 50mg, 100mg	1	\$0*
FIRAZYR SOLN 30mg/3ml	3	QL (45 syringes / 90 days); MNPA
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	3	PA
<i>icatibant acetate</i> SOLN 30mg/3ml	3	PA, QL (45 syringes / 90 days)
<i>pentoxifylline</i> TBCR 400mg	1	\$0*
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	\$0*

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	\$0*
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate</i> TABS 75mg, 300mg	1	\$0*
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	\$0*
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
ZONTIVITY TABS 2.08mg	2	

HEMATOLOGICAL AGENTS - MISC.

HEMATAOLOGIC - TYROSINE KINASE INHIBITORS

TAVALISSE TABS 150mg	3	PA
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HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

VPRIV SOLR 400unit	3	PA
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HEMATOPOIETIC GROWTH FACTORS

ZARXIO SOSY 480mcg/0.8ml	3	MNPA
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\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
IRON		
FERROUS FUMARATE TABS 29mg	1	OTC; \$0
<i>ferrous fumarate</i> TABS 324mg	1	OTC; \$0
<i>ferrous gluconate</i> TABS 240mg	1	OTC; \$0
FERROUS GLUCONATE TABS 324mg	1	OTC; \$0
<i>ferrous sulfate</i> ELIX 220mg/5ml; TBEC 325mg	1	OTC; \$0
FERROUS SULFATE LIQD 220mg/5ml; TBCR 140mg; TBEC 324mg	1	OTC; \$0

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

ACTEMRA SOLN 80mg/4ml	3	ST, PA, QL (5 vials / 28 days)
ACTEMRA SOLN 200mg/10ml	3	ST, PA, QL (4 vials / 14 days)
ACTEMRA SOLN 400mg/20ml	3	ST, PA, QL (2 vials / 14 days)
ACTEMRA SOSY 162mg/0.9ml	3	ST, PA, QL (4 syringes / 28 days)
ENBREL SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml	3	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50mg/ml	3	PA, QL (8 cartridges / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50mg/ml	3	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml	3	PA, QL (2 injections / 28 days)
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	3	PA, QL (4 injections / 28 days)
HUMIRA PEDIA INJ CROHNS	3	PA, QL (2 injections / 28 days); (80mg and 40mg dual strength kit)

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy [^]-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	3	PA, QL (3 injections / 28 days); (80mg single strength kit)
HUMIRA PEN PNKT 40mg/0.4ml	3	PA, QL (4 injections / 28 days)
HUMIRA PEN KIT PS/UV	3	PA, QL (1 kit / 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	3	PA, QL (6 pens / 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	3	PA, QL (1 kit / 28 days)
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	3	PA, QL (4 pens / 28 days)
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	3	PA, QL (2 pens / 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	3	PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
RINVOQ TB24 15mg	3	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml	3	PA, QL (1 injection / 28 days)
SIMPONI ARIA SOLN 50mg/4ml	3	PA, QL (200 mg / 8 weeks)
SKYRIZI PSKT 75mg/0.83ml	3	PA, QL (2 syringes / 12 weeks); Preferred agent for Psoriasis
STELARA SOSY 45mg/0.5ml	3	PA, QL (1 syringe / 84 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
STELARA SOSY 90mg/ml	3	PA, QL (1 syringe / 56 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	3	PA, QL (1 injection / 28 days); Preferred agent for Psoriasis

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	3	PA, QL (1 injection / 56 days); Preferred agent for Psoriasis
XELJANZ TABS 5mg	3	PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ TABS 10mg	3	PA, QL (60 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 11mg	3	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ XR TB24 22mg	3	PA, QL (30 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	1	\$0*
<i>leflunomide</i> TABS 10mg, 20mg	1	\$0*
<i>methotrexate sodium</i> TABS 2.5mg	1	\$0*
OTEZLA TABS 30mg	3	PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	3	PA, QL (55 tabs / 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis

IMMUNOGLOBULIN

HYQVIA INJ 2.5-200	3	PA
HYQVIA INJ 5-400	3	PA
HYQVIA INJ 10-800	3	PA
HYQVIA INJ 20-1600	3	PA
HYQVIA INJ 30-2400	3	PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 2000000unit/0.5ml	3	PA
ALFERON N SOLN 5mu/ml	3	
ARCALYST SOLR 220mg	3	PA, QL (4 vials / 28 days)
INTRON A SOLN 10mu/ml, 6000000unit/ml	3	PA
INTRON A W/DILUENT SOLR 10mu, 18mu, 50mu	3	PA
POMALYST CAPS 1mg, 2mg	3	PA, QL (21 caps / 21 days)

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** 74
- Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -
Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAPS 3mg, 4mg	3	PA, QL (21 caps / 28 days)
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	3	PA, QL (28 caps / 28 days)
REVLIMID CAPS 20mg, 25mg	3	PA, QL (21 caps / 28 days)
THALOMID CAPS 50mg, 100mg	3	PA, QL (28 caps / 28 days)
THALOMID CAPS 150mg, 200mg	3	PA, QL (56 caps / 28 days)

IMMUNOSUPPRESSANTS

AZASAN TABS 75mg, 100mg	3	
<i>azathioprine</i> TABS 50mg	1	\$0*
<i>cyclosporine</i> CAPS 25mg, 100mg	3	
<i>cyclosporine</i> SOLN 50mg/ml	1	\$0*
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	\$0*
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	\$0*
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	\$0*
<i>mycophenolate mofetil</i> SUSR 200mg/ml	3	
<i>mycophenolate mofetil hcl</i> SOLR 500mg	1	\$0*
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	3	
PROGRAF SOLN 5mg/ml	3	
SANDIMMUNE SOLN 100mg/ml	3	
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>tacrolimus</i> CAPS 1mg, 5mg	3	
<i>tacrolimus</i> CAPS .5mg	1	\$0*

VACCINES

ACTHIB INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AFLURIA QUAD INJ 2019-20	0	
BEXSERO INJ	0	
BOOSTRIX INJ	0	
DAPTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
DIP/TET PED INJ 25-5LFU	0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10mcg/0.5ml, 20mcg/ml; SUSP 10mcg/0.5ml, 20mcg/ml	0	
FLUAD INJ 2019-20	0	
FLUAD QUADRIVALENT INFLUE PRSY .5ml	0	
FLUARIX QUAD INJ 2019-20	0	
FLUBLOK QUAD INJ 2019-20	0	
FLUCLVX QUAD INJ 2019-20	0	
FLULAVAL QUA INJ 2019-20	0	
FLUMIST QUAD SUS 2019-20	0	
FLUZONE HD INJ PF 19-20	0	
FLUZONE QUAD INJ 2019-20	0	
GARDASIL 9 INJ	0	
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
IPOL INJ INACTIVE	0	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	
MENACTRA INJ	0	
MENVEO INJ	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
PENTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml	0	
PREVNAR 13 INJ	0	

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Drug Name	Drug Tier	Requirements/Limits
PROQUAD INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	0	
ROTARIX SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50mcg/0.5ml	0	\$0 copay for members age 19 and older, otherwise not covered
TDVAX INJ 2-2 LF	0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	0	
TWINRIX INJ	0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25unit/0.5ml, 50unit/ml	0	
VARIVAX INJ 1350pfu/0.5ml	0	
ZOSTAVAX SUSR 19400unt/0.65ml	0	\$0 copay for members age 19 and older, otherwise not covered

MEDICAL DEVICES

CONTRACEPTIVES

CAYA DPR	0	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM	0	OTC
FEMCAP MIS 22MM	0	QL (1 / 300 days)
FEMCAP MIS 26MM	0	QL (1 / 300 days)
FEMCAP MIS 30MM	0	QL (1 / 300 days)
OMNIFLEX DPR	0	QL (1 / 300 days)
WIDE-SEAL SILICONE DIAPHR DPRH 2%	0	QL (1 / 300 days)

DIABETIC SUPPLIES

ACCU-CHEK BLOOD GLUCOSE TEST KITS	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	2	QL (204 Test Strips / 25 days), OTC
ALCOH-WIPE MIS 12"X12"	2	
ALCOHOL PREP WIPES AND SWABS	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC

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Drug Name	Drug Tier	Requirements/Limits
GLUCOSE URINE TEST STRIPS	2	OTC
INSULIN PEN NEEDLES	2	OTC
INSULIN PEN NEEDLES/SYRINGES	2	OTC
KETONE URINE TEST STRIPS	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MISC LANCETS	2	OTC
SHARPS CONTAINER	2	OTC
URINE GLUCOSE MONITORING SUPPLIES	2	OTC
URINE TEST STRIPS	2	OTC

MISCELLANEOUS

ADULT RESPIRATORY MASK	2	
ADULT RESPIRATORY MASK	2	OTC
HUMATROPEN	2	OTC
PEDIATRIC RESPIRATORY MASK	2	
PEDIATRIC RESPIRATORY MASK	2	OTC

MISCELLANEOUS THERAPEUTIC CLASSES

ENZYMES

XIAFLEX SOLR .9mg	3	PA
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SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

BENLYSTA SOLR 120mg, 400mg	3	PA
BENLYSTA AUT SOAJ 200mg/ml	3	PA

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

FLUORABON SOLN .55mg/0.6ml	0	\$0 applies for ages 5 and under, otherwise not covered
<i>floritab</i> CHEW 1mg	1	\$0*
<i>floritab</i> CHEW .25mg, .5mg; SOLN .125mg/drop	0	\$0 applies for ages 5 and under, otherwise not covered
<i>flura-drops</i> SOLN .25mg/drop	0	\$0 applies for ages 5 and under, otherwise not covered
<i>k-effervescent</i> TBEF 25meq	1	\$0*
<i>klor-con 8</i> TBCR 8meq	1	\$0*
<i>klor-con 10</i> TBCR 10meq	1	\$0*
<i>klor-con m15</i> TBCR 15meq	1	\$0*
<i>klor-con m20</i> TBCR 20meq	1	\$0*
<i>ludent</i> CHEW 1mg	1	\$0*
<i>ludent</i> CHEW .25mg, .5mg	0	\$0 applies for ages 5 and under, otherwise not covered

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	1	\$0*
<i>magnesium sulfate in dextrose 5% iv soln</i> 1 gm/100ml	1	\$0*
<i>nafrinse</i> CHEW 2.2mg	1	\$0*
<i>nafrinse drops</i> SOLN .125mg/drop	0	\$0 applies for ages 5 and under, otherwise not covered
<i>potassium chloride</i> CPR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	1	\$0*
<i>potassium chloride</i> SOLN 10%, 20%	1	PA; \$0*
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1	\$0*
<i>sodium chloride</i> SOLN 2.5meq/ml	1	\$0*
<i>sodium chloride flush</i> SOLN .9%	1	\$0*
<i>sodium fluoride</i> CHEW 1mg; TABS 1mg	1	\$0*
<i>sodium fluoride</i> CHEW .25mg, .5mg; SOLN .5mg/ml; TABS .5mg	0	\$0 applies for ages 5 and under, otherwise not covered

IV REPLACEMENT SOLUTIONS

<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	\$0*
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	\$0*
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	\$0*
<i>potassium chloride</i> SOLN 2meq/ml	1	\$0*
<i>sodium chloride</i> SOLN .45%, .9%, 3%, 5%	1	\$0*

VITAMINS

<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	1	\$0*
<i>cholecalciferol</i> CAPS 50000unit	1	OTC; \$0*
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</i> SOLN 1000mcg/ml	1	\$0*
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg; SOLN 4mcg/2ml	1	\$0*
<i>elite-ob</i>	1	\$0*
<i>ergocalciferol</i> CAPS 50000unit	1	\$0*

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid</i> CAPS 800mcg	0	QL (100 caps / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered
<i>folic acid</i> TABS 1mg	1	\$0*
<i>folic acid</i> TABS 400mcg, 800mcg	0	QL (100 tabs / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered
<i>multi-vit/fluoride</i>	1	\$0*
<i>multi-vit/iron/fluoride</i>	1	\$0*
<i>multi-vitamin/fluoride/ir</i>	1	\$0*
<i>multivitamin with fluorid</i>	1	\$0*
<i>mvc-fluoride</i>	1	\$0*
<i>niva-fol</i>	1	\$0*
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg; SOLN 2mcg/ml, 5mcg/ml	1	\$0*
<i>phytonadione</i> TABS 5mg	1	\$0*
<i>prenatabs rx</i>	1	\$0*
<i>pyridoxine hcl</i> TABS 25mg, 50mg	1	OTC; \$0*
<i>tri-vit/fluoride</i>	1	\$0*
<i>tri-vit/fluoride/iron</i>	1	\$0*
<i>vitamins a/c/d/fluoride</i>	1	\$0*

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	\$0*
BLEPHAMIDE OIN S.O.P.	2	
BLEPHAMIDE SUS OP	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	\$0*
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	\$0*
<i>neomycin-polymyxin-hc ophth susp</i>	1	\$0*
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	\$0*
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	\$0*

ANTI-INFECTIVES

AZASITE SOLN 1%	2	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophth oint</i>	1	\$0*
BESIVANCE SUSP .6%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	\$0*
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	\$0*
<i>gatifloxacin (ophth) SOLN .5%</i>	1	\$0*
<i>gentak OINT .3%</i>	1	\$0*
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	\$0*
<i>levofloxacin (ophth) SOLN .5%</i>	1	\$0*
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	\$0*
NATACYN SUSP 5%	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	\$0*
<i>ofloxacin (ophth) SOLN .3%</i>	1	\$0*
<i>polycin</i>	1	\$0*
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	\$0*
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	\$0*
<i>tobramycin (ophth) SOLN .3%</i>	1	\$0*
<i>trifluridine SOLN 1%</i>	1	\$0*
ZIRGAN GEL .15%	3	

ANTI-INFLAMMATORIES

ACUVAIL SOLN .45%	2	
<i>bromfenac sodium (ophth) SOLN .09%</i>	1	\$0*
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	\$0*
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	\$0*
DUREZOL EMUL .05%	2	ST; PA**
<i>flurbiprofen sodium SOLN .03%</i>	1	\$0*
FML OINT .1%	2	
FML FORTE SUSP .25%	2	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	\$0*
<i>loteprednol etabonate SUSP .5%</i>	1	\$0*
MAXIDEX SUSP .1%	2	
NEVANAC SUSP .1%	2	ST; PA**
PRED MILD SUSP .12%	2	
<i>prednisolone acetate (ophth) SUSP 1%</i>	1	\$0*
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	

ANTIALLERGICS

ALOCRIAL SOLN 2%	3	
ALOMIDE SOLN .1%	3	
<i>azelastine hcl (ophth) SOLN .05%</i>	1	\$0*
BEPREVE SOLN 1.5%	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	\$0*
EMADINE SOLN .05%	3	
<i>epinastine hcl (ophth)</i> SOLN .05%	1	\$0*
LASTACFT SOLN .25%	2	
<i>olopatadine hcl</i> SOLN .1%	1	PA; \$0*
<i>olopatadine hydrochloride</i> SOLN .2%	1	PA; \$0*
PAZEO SOLN .7%	2	

ANTI GLAUCOMA

ALPHAGAN P SOLN .1%	3	
<i>apraclonidine hcl</i> SOLN .5%	1	\$0*
AZOPT SUSP 1%	2	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	\$0*
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	2	
<i>bimatoprost</i> SOLN .03%	1	\$0*
<i>brimonidine tartrate</i> SOLN .2%	1	\$0*
<i>brimonidine tartrate</i> SOLN .15%	2	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	\$0*
<i>dorzolamide hcl</i> SOLN 2%	1	\$0*
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	1	\$0*
IOPIDINE SOLN 1%	3	
<i>latanoprost</i> SOLN .005%	1	\$0*
<i>levobunolol hcl</i> SOLN .5%	1	\$0*
LUMIGAN SOLN .01%	2	ST; PA**
<i>metipranolol</i> SOLN .3%	1	\$0*
PHOSPHOLINE IODIDE SOLR .125%	3	
<i>pilocarpine hcl</i> SOLN 1%	1	\$0*
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	\$0*
<i>travoprost</i> SOLN .004%	1	\$0*
ZIOPTAN SOLN .015mg/ml	3	ST; PA**

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	3	
CYSTARAN SOLN .44%	3	PA, QL (4 bottles / 28 days)
LACRISERT INST 5mg	3	
<i>phenylephrine hcl (mydriatic)</i> SOLN 2.5%, 10%	1	\$0*
<i>proparacaine hcl</i> SOLN .5%	1	\$0*
RESTASIS EMUL .05%	2	PA
<i>tropicamide</i> SOLN .5%, 1%	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC AGENTS		
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
EYLEA SOLN 2mg/0.05ml	3	PA
LUCENTIS SOSY .5mg/0.05ml	3	PA
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte</i>	1	\$0*
<i>physiosol irrigation</i>	1	\$0*
<i>tis-u-sol</i>	1	\$0*
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMMAGARD SOLN 30gm/300ml	3	PA
GAMUNEX-C SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	3	PA
PROGESTINS		
PROGESTINS		
HYDROXYPROG OIL 250mg/ml	3	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN 500mg/ml	3	MNPA
MULTIPLE SCLEROSIS AGENTS		
OCREVUS SOLN 300mg/10ml	3	MNPA
RESPIRATORY		
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml	1	QL (4 auto-injectors / 25 days); \$0*
EPIPEN 2-PAK SOAJ .3mg/0.3ml	2	QL (4 auto-injectors / 25 days)
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	2	QL (4 auto-injectors / 25 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA AER 62.5-25	2	QL (1 package / 25 days)
BEVESPI AER 9-4.8MCG	2	QL (1 package / 25 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes / 25 days); \$0*
TRELEGY AER ELLIPTA	2	QL (1 package / 25 days)
ANTICHOLINERGICS		
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	QL (1 package / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide</i> SOLN .02%	1	QL (5 boxes / 25 days); \$0*
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	\$0*
SPIRIVA HANDIHALER CAPS 18mcg	2	QL (1 package / 25 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	2	QL (1 package / 25 days)

ANTIHISTAMINES

<i>azelastine hcl</i> SOLN .1%, .15%	1	QL (2 bottles / 25 days); \$0*
<i>brompheniramine tannate</i> CHEW 12mg	1	\$0*
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg	1	\$0*
CLARINEX SYRP .5mg/ml	3	
<i>clemastine fumarate</i> TABS 2.68mg	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	1	\$0*
<i>desloratadine</i> TABS 5mg; TBDP 2.5mg, 5mg	1	\$0*
<i>diphenhydramine hcl</i> ELIX 12.5mg/5ml; SOLN 50mg/ml	1	\$0*
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg	1	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	1	\$0*
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	QL (1 container / 25 days); \$0*

BETA AGONISTS

<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 25 days); \$0*
<i>albuterol sulfate</i> NEBU 2.5mg/0.5ml	1	QL (60 mL / 25 days); \$0*
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml	1	QL (5 boxes / 25 days); \$0*
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg; TB12 4mg, 8mg	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml	1	QL (45 mL / 25 days); \$0*
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	QL (300 mL / 25 days); \$0*
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 25 days); \$0*
<i>metaproterenol sulfate</i> SYRP 10mg/5ml; TABS 10mg, 20mg	1	\$0*
PERFOROMIST NEBU 20mcg/2ml	2	QL (2 boxes / 25 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	2	QL (1 package / 25 days)
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	\$0*

BIOLOGIC RESPONSE MODIFIERS

NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml	3	PA, QL (3 injections / 28 days)
XOLAIR SOLR 150mg	3	PA, QL (6 vials / 28 days)
XOLAIR SOSY 75mg/0.5ml	3	PA, QL (2 syringes / 28 days)
XOLAIR SOSY 150mg/ml	3	PA, QL (4 syringes / 28 days)

COLD/COUGH

<i>benzonatate</i> CAPS 100mg, 200mg	1	\$0*
<i>cheratussin ac</i>	1	OTC; \$0*
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	\$0*
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	\$0*
<i>hydromet</i>	1	\$0*
NORTUSS-EX LIQ 200-20/5	2	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	\$0*
<i>promethazine vc/codeine</i>	1	\$0*
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	\$0*
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	\$0*
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	\$0*
<i>tussion</i>	1	\$0*
TUZISTRA XR SUS	3	
VITUZ SOL 5-4MG	3	

LEUKOTRIENE MODIFIERS

<i>zileuton</i> TB12 600mg	3	
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Drug Name	Drug Tier	Requirements/Limits
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	\$0*
<i>zafirlukast</i> TABS 10mg, 20mg	1	\$0*
MAST CELL STABILIZERS		
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	QL (2 boxes / 25 days); \$0*
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	\$0*
DALIRESP TABS 250mcg, 500mcg	3	PA
ESBRIET CAPS 267mg	3	PA, QL (270 caps / 30 days)
ESBRIET TABS 267mg	3	PA, QL (270 tabs / 30 days)
ESBRIET TABS 801mg	3	PA, QL (90 tabs / 30 days)
KALYDECO PACK 25mg, 50mg, 75mg	3	PA, QL (56 packets / 28 days)
KALYDECO TABS 150mg	3	PA, QL (56 tabs / 28 days); carton consists of 56 tablets
KALYDECO TABS 150mg	3	PA, QL (60 tabs / 30 days); packet consists of 60 tablets
ORKAMBI GRA 100-125	3	PA, QL (56 packets / 28 days)
ORKAMBI GRA 150-188	3	PA, QL (56 packets / 28 days)
ORKAMBI TAB 100-125	3	PA, QL (112 tabs / 28 days)
ORKAMBI TAB 200-125	3	PA, QL (112 tabs / 28 days)
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	3	PA
<i>sodium chloride (inhalant)</i> NEBU .9%, 3%, 7%, 10%	1	\$0*
SYMDEKO TAB 50-75MG	3	PA, QL (56 tabs / 28 days)
SYMDEKO TAB 100-150	3	PA, QL (56 tabs / 28 days)
TRIKAFTA TAB	3	PA, QL (84 tabs / 28 days)
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 containers / 25 days); \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (nasal) SUSP</i> 50mcg/act	1	QL (1 container / 25 days); \$0*
OMNARIS SUSP 50mcg/act	3	ST, QL (1 package / 25 days); PA**
<i>triamcinolone acetonide (nasal) AERO</i> 55mcg/act	1	QL (1 bottle / 25 days), OTC; \$0*

STEROID INHALANTS

ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	QL (1 package / 25 days)
<i>budesonide (inhalation) SUSP</i> 1mg/2ml	1	QL (1 box / 25 days); \$0*
<i>budesonide (inhalation) SUSP</i> .5mg/2ml	1	QL (2 boxes / 25 days); \$0*
<i>budesonide (inhalation) SUSP</i> .25mg/2ml	1	QL (3 boxes / 25 days); \$0*
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	2	QL (2 packages / 25 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	1	QL (1 package / 25 days); \$0*
ADVAIR DISKU AER 250/50	1	QL (1 package / 25 days); \$0*
ADVAIR DISKU AER 500/50	1	QL (1 package / 25 days); \$0*
ADVAIR HFA AER 45/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 115/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 230/21	2	QL (1 package / 25 days)
BREO ELLIPTA INH 100-25	2	QL (1 package / 25 days)
BREO ELLIPTA INH 200-25	2	QL (1 package / 25 days)
SYMBICORT AER 80-4.5	2	QL (1 package / 25 days)
SYMBICORT AER 160-4.5	2	QL (1 package / 25 days)

XANTHINES

<i>aminophylline SOLN</i> 25mg/ml	1	\$0*
ELIXOPHYLLIN ELIX 80mg/15ml	3	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theochron TB12</i> 100mg, 200mg, 300mg	1	\$0*
<i>theophylline SOLN</i> 80mg/15ml; TB12 450mg; TB24 400mg, 600mg	1	\$0*

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Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AGENTS - MISC.		
PULMONARY FIBROSIS AGENTS		
OFEV CAPS 100mg, 150mg	3	MNPA
TOPICAL		
DERMATOLOGY, ACNE		
<i>adapalene</i> CREA .1%; GEL .1%, .3%	2	PA; PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	\$0*
<i>avita</i> CREA .025%; GEL .025%	2	PA; PA applies for members age 35 and older
BENZIQ GEL 5.25%	2	
BENZIQ LS GEL 2.75%	2	
<i>benziq wash</i> LIQD 5.25%	1	\$0*
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	\$0*
<i>bp wash</i> LIQD 2.5%	1	\$0*
<i>clindamycin phosphate (topical)</i> FOAM 1%; SWAB 1%	1	\$0*
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75g / 25 days); \$0*
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60mL / 25 days); \$0*
<i>ery</i> PADS 2%	1	\$0*
<i>erythromycin (acne aid)</i> GEL 2%	1	QL (60g / 25 days); \$0*
<i>erythromycin (acne aid)</i> PADS 2%	1	\$0*
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60mL / 25 days); \$0*
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA; \$0*
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	\$0*
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%, .05%	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere</i> GEL .04%, .1%	2	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
FLUOROPLEX CREA 1%	3	
<i>fluorouracil (topical)</i> CREA .5%, 5%; SOLN 2%, 5%	1	\$0*
<i>imiquimod</i> CREA 5%	1	\$0*
PICATO GEL .015%, .05%	3	
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN NASAL OINT 2%	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	\$0*
IV PREP WIPE PAD	2	OTC
<i>mupirocin</i> OINT 2%	1	QL (30g / 25 days); \$0*
<i>silver sulfadiazine</i> CREA 1%	1	\$0*
<i>ssd</i> CREA 1%	1	\$0*
SULFAMYLON CREA 85mg/gm	3	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i> GEL .77%	1	QL (120g / 25 days); \$0*
<i>ciclopirox</i> SHAM 1%	1	QL (120mL / 25 days); \$0*
<i>ciclopirox</i> SOLN 8%	1	\$0*
<i>ciclopirox olamine</i> CREA .77%	1	QL (120g / 25 days); \$0*
<i>ciclopirox olamine</i> SUSP .77%	1	QL (120mL / 25 days); \$0*
<i>clotrimazole (topical)</i> CREA 1%	1	QL (120g / 25 days); \$0*
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (120mL / 25 days); \$0*
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (60g / 25 days); \$0*
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	QL (60mL / 25 days)
<i>cvs athletes foot liquid</i> AERO 2%	1	OTC
<i>econazole nitrate</i> CREA 1%	1	QL (60g / 25 days); \$0*
ERTACZO CREA 2%	3	QL (60g / 25 days)
EXELDERM SOLN 1%	3	ST, QL (60mL / 21 days); PA**
<i>ketconazole (topical)</i> CREA 2%	1	QL (120g / 25 days); \$0*
MENTAX CREA 1%	3	QL (60g / 25 days)
<i>naftifine hcl</i> CREA 1%, 2%	1	QL (60g / 25 days); \$0*
<i>nyamyc</i> POWD 100000unit/gm	1	QL (120g / 25 days); \$0*
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm	1	QL (120g / 25 days); \$0*
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	QL (60g / 25 days); \$0*
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	QL (60g / 25 days); \$0*
<i>nystop</i> POWD 100000unit/gm	1	QL (120g / 25 days); \$0*

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>sulconazole nitrate</i> CREA 1%	1	ST, QL (60g / 21 days); PA**

DERMATOLOGY, ANTIPRURITIC

<i>doxepin hcl (antipruritic)</i> CREA 5%	3	ST, QL (90 grams / 25 days); PA**
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DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	\$0*
<i>calcipotriene</i> SOLN .005%	1	\$0*
<i>calcitriol (topical)</i> OINT 3mcg/gm	3	
COSENTYX SOSY 150mg/ml	3	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	3	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>methoxsalen rapid</i> CAPS 10mg	1	\$0*
<i>tazarotene</i> CREA .1%	1	PA; \$0*
TAZORAC CREA .05%; GEL .05%, .1%	2	PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole (topical)</i> SHAM 2%	1	\$0*
<i>selenium sulfide</i> LOTN 2.5%	1	\$0*

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	1	QL (300g / 25 days); \$0*
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (300g / 25 days); \$0*
<i>amcinonide</i> LOTN .1%	1	QL (240mL / 25 days); \$0*
AMCINONIDE OINT .1%	2	QL (240g / 25 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (240g / 25 days); \$0*
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (240mL / 25 days); \$0*
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (240g / 25 days); \$0*
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (240mL / 25 days); \$0*
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (240g / 25 days); \$0*
<i>betamethasone valerate</i> LOTN .1%	1	QL (240mL / 25 days); \$0*

Drug Name	Drug Tier	Requirements/Limits
<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 / 25 days)
<i>clobetasol propionate LIQD .05%; SHAM .05%</i>	2	QL (300mL / 25 days)
<i>clobetasol propionate LOTN .05%; SOLN .05%</i>	2	QL (240mL / 25 days)
<i>clocortolone pivalate CREA .1%</i>	1	QL (240g / 25 days); \$0*
<i>desonide CREA .05%; OINT .05%</i>	2	QL (300g / 25 days)
<i>desonide LOTN .05%</i>	2	QL (300mL / 25 days)
<i>desoximetasone CREA .25%; OINT .25%</i>	1	QL (240g / 25 days); \$0*
<i>fluocinolone acetonide CREA .01%, .025%; OINT .025%</i>	1	QL (300g / 25 days); \$0*
<i>fluocinolone acetonide OIL .01%; SOLN .01%</i>	1	QL (300mL / 25 days); \$0*
<i>fluocinonide CREA .05%; GEL .05%; OINT .05%</i>	1	QL (240g / 25 days); \$0*
<i>fluocinonide SOLN .05%</i>	1	QL (240mL / 25 days); \$0*
<i>fluticasone propionate CREA .05%; OINT .005%</i>	1	QL (240g / 25 days); \$0*
<i>fluticasone propionate LOTN .05%</i>	1	QL (300mL / 25 days); \$0*
<i>halobetasol propionate CREA .05%; OINT .05%</i>	1	QL (240g / 25 days); \$0*
<i>hydrocortisone (topical) CREA 1%, 2.5%; OINT 2.5%</i>	1	QL (300g / 25 days); \$0*
<i>hydrocortisone (topical) LOTN 2.5%</i>	1	QL (300mL / 25 days); \$0*
<i>hydrocortisone butyrate CREA .1%; OINT .1%</i>	1	QL (240g / 25 days); \$0*
<i>hydrocortisone butyrate SOLN .1%</i>	1	QL (240mL / 25 days); \$0*
<i>hydrocortisone valerate CREA .2%; OINT .2%</i>	1	QL (240g / 25 days); \$0*
<i>mometasone furoate CREA .1%; OINT .1%</i>	1	QL (240g / 25 days); \$0*
<i>mometasone furoate SOLN .1%</i>	1	QL (240mL / 25 days); \$0*
<i>prednicarbate CREA .1%; OINT .1%</i>	1	QL (240g / 25 days); \$0*
<i>triamcinolone acetonide (topical) CREA .025%, .1%, .5%; OINT .025%, .1%, .5%</i>	1	QL (240g / 25 days); \$0*

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** 91
- Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -
Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	1	QL (240mL / 25 days); \$0*
<i>triderm</i> CREA .1%	1	QL (240g / 25 days); \$0*

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine</i> PTCH 5%	2	PA, QL (90 patches / 25 days)
<i>lidocaine hcl</i> GEL 2%; PRSY 2%	1	QL (60mL / 25 days); \$0*
<i>lidocaine hcl</i> SOLN 4%	1	QL (50mL / 25 days); \$0*
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30gm / 25 days); \$0*
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	\$0*
<i>pramox gel</i> GEL 1%	1	\$0*
SYNERA DIS 70-70MG	3	QL (2 patches / 25 days)
<i>7t lido gel</i> GEL 2%	1	QL (30gm / 25 days); \$0*

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

CONDYLOX GEL .5%	3	
DENAVIR CREA 1%	3	
<i>diclofenac sodium (topical)</i> GEL 1%	1	QL (300g / 25 days); \$0*
EUCRISA OINT 2%	2	PA, QL (60 grams / 25 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 10%, 12%	1	\$0*
<i>podofilox</i> SOLN .5%	1	\$0*
RECTIV OINT .4%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	3	
TARGRETIN GEL 1%	3	PA
VOLTAREN GEL 1%	1	QL (300g / 25 days), OTC; \$0*

DERMATOLOGY, ROSACEA

<i>azelaic acid</i> GEL 15%	1	PA; \$0*
FINACEA AER 15% FOAM 15%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	\$0*
<i>metronidazole (topical)</i> LOTN .75%	2	
MIRVASO GEL .33%	3	
<i>rosadan</i> CREA .75%	1	\$0*

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>crotan</i> LOTN 10%	1	\$0*
EURAX CREA 10%	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>lindane</i> SHAM 1%	1	\$0*
<i>malathion</i> LOTN .5%	1	\$0*
<i>permethrin</i> CREA 5%	1	\$0*
SKLICE LOTN .5%	3	PA
<i>spinosad</i> SUSP .9%	1	\$0*

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	3	PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	\$0*

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	1	\$0*
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	\$0*
<i>clotrimazole</i> TROC 10mg	1	\$0*
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%, 4%	1	\$0*
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	\$0*
<i>oralone dental paste</i> PSTE .1%	1	\$0*
ORAVIG TABS 50mg	3	QL (14 tabs / 25 days)
<i>periogard</i> SOLN .12%	1	\$0*
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	\$0*
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	\$0*

OTIC

<i>acetic acid (otic)</i> SOLN 2%	1	\$0*
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
COLY-MYCIN S SUS OTIC	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	\$0*
<i>hydrocortisone w/ acetic acid otic soln</i> 1-2%	1	\$0*
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	\$0*
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	\$0*
<i>ofloxacin (otic)</i> SOLN .3%	1	\$0*

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<i>baclofen</i>	51	10-6.25 mg	35
BACTROBAN NASAL	88	<i>bisoprolol & hydrochlorothiazide tab</i>	
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<i>betamethasone dipropionate (topical)</i>		<i>buprenorphine hcl</i>	10, 11
.....	90		

<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv)	2	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	31
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	2	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .	31
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	2	<i>capecitabine</i>	22, 23
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	2	<i>CAPRELSA</i>	25
<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv)	2	<i>captopril</i>	30
<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv)	2	<i>captopril & hydrochlorothiazide tab 25-</i> <i>15 mg</i>	29
<i>bupropion hcl</i>	42	<i>captopril & hydrochlorothiazide tab 25-</i> <i>25 mg</i>	29
<i>bupropion hcl (smoking deterrent)</i> ...	52	<i>captopril & hydrochlorothiazide tab 50-</i> <i>15 mg</i>	29
<i>bupirone hcl</i>	50	<i>captopril & hydrochlorothiazide tab 50-</i> <i>25 mg</i>	29
<i>busulfan</i>	22	<i>CARBAGLU</i>	60
<i>butalbital-acetaminophen-caff w/ cod</i> <i>cap 50-300-40-30 mg</i>	3	<i>carbamazepine</i>	40
<i>butalbital-acetaminophen-caffeine cap</i> <i>50-300-40 mg</i>	1	<i>carbidopa</i>	45
<i>butalbital-acetaminophen-caffeine cap</i> <i>50-325-40 mg</i>	1	<i>carbidopa & levodopa orally</i> <i>disintegrating tab 10-100 mg</i>	45
<i>butalbital-acetaminophen-caffeine tab</i> <i>50-325-40 mg</i>	1	<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-100 mg</i>	45
<i>butalbital-aspirin-caffeine cap 50-325-</i> <i>40 mg</i>	1	<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-250 mg</i>	45
<i>butorphanol tartrate</i>	3	<i>carbidopa & levodopa tab 10-100 mg</i>	45
<i>BYSTOLIC</i>	35	<i>carbidopa & levodopa tab 25-100 mg</i>	45
<i>BYVALSON TAB 5-80MG</i>	31	<i>carbidopa & levodopa tab 25-250 mg</i>	45
C		<i>carbidopa & levodopa tab er 25-100</i> <i>mg</i>	45
<i>cabergoline</i>	62	<i>carbidopa & levodopa tab er 50-200</i> <i>mg</i>	45
<i>CABOMETYX</i>	28	<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i>	45
<i>calcipotriene</i>	90	<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	45
<i>calcipotriene-betamethasone</i> <i>dipropionate oint 0.005-0.064%</i> ...	91	<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i>	45
<i>calcitonin (salmon)</i>	62	<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	45
<i>calcitriol</i>	79	<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i>	45
<i>calcitriol (topical)</i>	90	<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i>	45
<i>calcium acetate (phosphate binder)</i> .	63	<i>carbinoxamine maleate</i>	84
<i>CALQUENCE</i>	25	<i>carboplatin</i>	28
<i>camila</i>	57	<i>CARDENE IV SOL 20/200ML</i>	36
<i>candesartan cilexetil</i>	32		
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	31		

CARDURA XL.....	69	<i>chlorpromazine hcl</i>	46
<i>carisoprodol</i>	52	CHLORPROMAZINE HCL.....	46
<i>carmustine</i>	22	<i>chlorthalidone</i>	37
<i>carteolol hcl (ophth)</i>	82	<i>chlorzoxazone</i>	52
<i>cartia xt</i>	36	<i>cholecalciferol</i>	79
<i>carvedilol</i>	35	<i>cholestyramine</i>	33
<i>carvedilol phosphate</i>	35	<i>cholestyramine light</i>	33
CAYA DPR	77	<i>choline fenofibrate</i>	34
CAYSTON	12	CHOR GONADOT	61
<i>caziant</i>	57	CHORIONIC GONADOTROPIN	61
<i>cefaclor</i>	18	<i>ciclopirox</i>	89
<i>cefadroxil</i>	18	<i>ciclopirox olamine</i>	89
<i>cefazolin sodium</i>	18	<i>cidofovir</i>	17
<i>cefdinir</i>	18	<i>cilostazol</i>	71
<i>cefditoren pivoxil</i>	18	CIMDUO TAB 300-300.....	16
<i>cefepime hcl</i>	18	<i>cimetidine</i>	66
<i>cefixime</i>	18	<i>cimetidine hcl</i>	66
<i>cefotaxime sodium</i>	18	CIMZIA PREFL	68
<i>cefotetan disodium</i>	18	<i>cinacalcet hcl</i>	56, 57
<i>cefoxitin sodium</i>	18	CIPRO	19
<i>cefpodoxime proxetil</i>	18	CIPRO HC SUS OTIC.....	93
<i>cefprozil</i>	18	CIPRODEX SUS 0.3-0.1%	93
<i>ceftazidime</i>	18	<i>ciprofloxacin</i>	19
<i>ceftibuten</i>	18	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	19
CEFTIN	18	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	19
<i>ceftriaxone sodium</i>	18	<i>ciprofloxacin hcl</i>	19
<i>cefuroxime axetil</i>	18	<i>ciprofloxacin hcl (ophth)</i>	81
<i>cefuroxime sodium</i>	18	<i>ciprofloxacin-ciprofloxacin hcl tab er</i> 24hr 1000 mg(base eq).....	19
<i>celecoxib</i>	1	<i>ciprofloxacin-ciprofloxacin hcl tab er</i> 24hr 500 mg (base eq).....	19
CELONTIN	40	<i>cisplatin</i>	28
<i>cephalexin</i>	19	<i>citalopram hydrobromide</i>	42
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<i>cevimeline hcl</i>	93	CITRANATAL MIS 90 DHA	79
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<i>cheratussin ac</i>	85	<i>cladribine</i>	23
<i>chloramphenicol sodium succinate</i> ...	12	CLARINEX	84
<i>chlorhexidine gluconate (mouth-throat)</i>	93	<i>clarithromycin</i>	19
<i>chloroquine phosphate</i>	14	<i>clemastine fumarate</i>	84
<i>chlorothiazide</i>	37	CLENPIQ SOL	67
<i>chlorothiazide sodium</i>	37		

CLEOCIN	69	CREON CAP 3000UNIT	68
CLIMARA PRO DIS WEEKLY.....	60	CREON CAP 36000UNT	68
<i>clindamycin hcl</i>	12	CREON CAP 6000UNIT	68
<i>clindamycin palmitate hydrochloride</i>	12	CRINONE	63
<i>clindamycin phosphate</i>	12	CRIXIVAN	14
<i>clindamycin phosphate (topical)</i>	88	<i>cromolyn sodium</i>	86
<i>clindamycin phosphate vaginal</i>	69	<i>cromolyn sodium (mastocytosis)</i>	67
<i>clobazam</i>	40	<i>cromolyn sodium (ophth)</i>	82
<i>clobetasol propionate</i>	91	<i>crotan</i>	92
<i>clocortolone pivalate</i>	91	<i>cryselle-28</i>	57
<i>clofarabine</i>	23	CUVPOSA.....	64
<i>clomiphene citrate</i>	61	<i>cvs athletes foot liquid</i>	89
<i>clomipramine hcl</i>	50	<i>cvs sleep-aid nightttime</i>	48
<i>clonazepam</i>	40	<i>cyanocobalamin</i>	79
<i>clonidine hcl</i>	38	<i>cyclafem 1/35</i>	57
<i>clopidogrel bisulfate</i>	71	<i>cyclafem 7/7/7</i>	57
<i>clorazepate dipotassium</i>	40	<i>cyclobenzaprine hcl</i>	52
<i>clotrimazole</i>	93	<i>cyclophosphamide</i>	22
<i>clotrimazole (topical)</i>	89	<i>cycloserine</i>	17
<i>clotrimazole w/ betamethasone cream</i> <i>1-0.05%</i>	89	CYCLOSET	54
<i>clotrimazole w/ betamethasone lotion</i> <i>1-0.05%</i>	89	<i>cyclosporine</i>	75
<i>clozapine</i>	46	<i>cyclosporine modified (for</i> <i>microemulsion)</i>	75
COARTEM TAB 20-120MG.....	14	<i>cyproheptadine hcl</i>	84
<i>codeine sulfate</i>	3	CYSTADANE POW	60
CODEINE SULFATE.....	3	CYSTAGON.....	60
<i>colchicine</i>	1	CYSTARAN	82
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i>	1	<i>cytarabine</i>	23
<i>colestipol hcl</i>	33	D	
<i>colocort</i>	66	<i>dacarbazine</i>	22
COLY-MYCIN S SUS OTIC	93	<i>dalfampridine</i>	51
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COMETRIQ KIT 140MG.....	25	<i>dantrolene sodium</i>	52
COMPLERA TAB	16	<i>dapsone</i>	12
<i>compro</i>	65	DAPTACEL INJ	75
CONDYLOX	92	<i>daptomycin</i>	12
COPAXONE INJ 20MG/ML	51	DARAPRIM	12
COPAXONE INJ 40MG/ML	51	<i>darifenacin hydrobromide</i>	69
CORLANOR	38	<i>dasetta 1/35</i>	57
<i>cortisone acetate</i>	62	<i>dasetta 7/7/7</i>	57
COSENTYX.....	90	<i>daunorubicin hcl</i>	22
COSENTYX SENSOREADY PEN	90	<i>decitabine</i>	23
CREON CAP 12000UNT	68	<i>delyla</i>	57
CREON CAP 24000UNT	68	<i>demeclocycline hcl</i>	21
		DENAVIR	92
		DEPO-ESTRADIOL	60

DEPO-MEDROL	62	<i>dimethyl fumarate capsule dr starter</i>	
DEPO-PROVERA.....	24	<i>pack 120 mg & 240 mg</i>	51
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<i>desipramine hcl</i>	42, 43	<i>diphenhydramine hcl</i>	84
<i>desloratadine</i>	84	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>desmopressin acetate</i>	64	<i>mg/5ml</i>	67
<i>desmopressin acetate spray</i>	64	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>desmopressin acetate spray</i>		<i>0.025 mg</i>	67
<i>refrigerated</i>	64	<i>dipyridamole</i>	71
<i>desonide</i>	91	<i>disopyramide phosphate</i>	33
<i>desoximetasone</i>	91	<i>disulfiram</i>	52
<i>desvenlafaxine succinate</i>	43	DIURIL.....	37
<i>dexamethasone</i>	62	<i>divalproex sodium</i>	40
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<i>dexamethasone sodium phosphate</i> ..	62	<i>docetaxel</i>	23
<i>dexamethasone sodium phosphate</i>		DOCETAXEL	23
<i>(ophth)</i>	81	DOCETAXEL (NON-ALCOHOL FO	23
DEXILANT	68	<i>dofetilide</i>	33
<i>dexmethylphenidate hcl</i>	47	<i>donepezil hydrochloride</i>	41
<i>dexrazoxane hcl</i>	28	<i>doripenem</i>	12
<i>dextroamphetamine sulfate</i>	48	<i>dorzolamide hcl</i>	82
<i>diazepam</i>	40	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>diazepam intensol</i>	40	<i>soln 22.3-6.8 mg/ml</i>	82
<i>diclofenac potassium</i>	1	DOVATO TAB 50-300MG	16
<i>diclofenac sodium</i>	1	<i>doxazosin mesylate</i>	31
<i>diclofenac sodium (ophth)</i>	81	<i>doxepin hcl</i>	43
<i>diclofenac sodium (topical)</i>	92	<i>doxepin hcl (antipruritic)</i>	90
<i>diclofenac w/ misoprostol tab delayed</i>		<i>doxepin hcl (sleep)</i>	48
<i>release 50-0.2 mg</i>	2	<i>doxercalciferol</i>	79
<i>diclofenac w/ misoprostol tab delayed</i>		<i>doxorubicin hcl</i>	22
<i>release 75-0.2 mg</i>	2	<i>doxorubicin hcl liposomal</i>	22
<i>dicloxacillin sodium</i>	21	<i>doxy 100</i>	21
<i>dicyclomine hcl</i>	64	<i>doxycycline (monohydrate)</i>	21
<i>didanosine</i>	14	<i>doxycycline hyclate</i>	21
DIFICID	19	<i>dronabinol</i>	65
<i>diflunisal</i>	11	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>digox</i>	37	<i>0.03 mg</i>	57
<i>digoxin</i>	37	<i>drospirenone-ethinyl estrad-</i>	
DILANTIN.....	40	<i>levomefolate tab 3-0.03-0.451 mg</i> 57	
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<i>diltiazem hcl</i>	36	DUAVEE TAB 0.45-20.....	60
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<i>diltiazem hcl coated beads</i>	36	DUPIXENT.....	53
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<i>dimethyl fumarate</i>	51	<i>dutasteride</i>	69

<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	69	<i>entecavir</i>	17
E		ENTRESTO TAB 24-26MG.....	38
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<i>econazole nitrate</i>	89	ENTRESTO TAB 97-103MG.....	38
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<i>efavirenz</i>	15	EPCLUSA TAB 400-100.....	20
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<i>eletriptan hydrobromide</i>	49	<i>epinastine hcl (ophth)</i>	82
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<i>elimest</i>	57	EPIPEN 2-PAK.....	83
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<i>elite-ob</i>	79	<i>epirubicin hcl</i>	22
ELIXOPHYLLIN.....	87	<i>epitol</i>	40
ELLA.....	57	EPIVIR HBV.....	17
ELMIRON.....	69	<i>eplerenone</i>	31
EMADINE	82	<i>epoprostenol sodium</i>	39
EMBEDA CAP 100-4MG	4	<i>eprosartan mesylate</i>	32
EMBEDA CAP 20-0.8MG	3	ERBITUX.....	23
EMBEDA CAP 30-1.2MG	3	<i>ergocalciferol</i>	79
EMBEDA CAP 50-2MG.....	3	<i>ergoloid mesylates</i>	41
EMBEDA CAP 60-2.4MG	3	<i>ergotamine w/ caffeine tab 1-100 mg</i>	49
EMBEDA CAP 80-3.2MG	3	ERIVEDGE.....	23
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<i>enalapril maleate</i>	30	ERYTHROCIN LACTOBIONATE.....	19
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	30	<i>erythrocin stearate</i>	19
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	30	<i>erythromycin (acne aid)</i>	88
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<i>endocet</i>	4	<i>escitalopram oxalate</i>	43
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<i>enoxaparin sodium</i>	70	<i>esomeprazole sodium</i>	68
<i>enpresse-28</i>	57	<i>estradiol</i>	60
<i>enskyce</i>	57	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	60
<i>entacapone</i>	45	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	60
		<i>estradiol vaginal cream</i>	61

<i>estradiol valerate</i>	61	<i>fentanyl citrate</i>	4
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<i>eszopiclone</i>	48	<i>ferrous fumarate</i>	72
<i>ethacrynate sodium</i>	37	FERROUS FUMARATE	72
<i>ethacrynic acid</i>	37	<i>ferrous gluconate</i>	72
<i>ethambutol hcl</i>	17	FERROUS GLUCONATE	72
<i>ethosuximide</i>	40	<i>ferrous sulfate</i>	72
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	58	FERROUS SULFATE.....	72
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<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i>	58	FETZIMA CAP TITRATIO.....	43
<i>etoposide</i>	28	FIASP FLEX INJ TOUCH	54
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EURAX	92	FIASP PENFIL INJ U-100	54
EVAMIST	61	FINACEA AER 15%	92
<i>everolimus</i>	26	<i>finasteride</i>	69
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<i>ezetimibe</i>	34	FLUAD INJ 2019-20	76
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<i>ezetimibe-simvastatin tab 10-40 mg</i>	34	FLUBLOK QUAD INJ 2019-20	76
<i>ezetimibe-simvastatin tab 10-80 mg</i>	34	FLUCLVX QUAD INJ 2019-20	76
F		<i>fluconazole</i>	14
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<i>falmina</i>	58	<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	14
<i>famciclovir</i>	17	FLUCONAZOLE/ INJ NAACL 100	14
<i>famotidine</i>	66	<i>fludarabine phosphate</i>	23
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	66	<i>fludrocortisone acetate</i>	62
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<i>fayosim</i>	58	<i>flunisolide (nasal)</i>	86
FC2 FEMALE MIS CONDOM	77	<i>fluocinolone acetonide</i>	91
<i>febuxostat</i>	1	<i>fluocinolone acetonide (otic)</i>	93
<i>felbamate</i>	40	<i>fluocinonide</i>	91
<i>felodipine</i>	36	FLUORABON	78
FEMCAP MIS 22MM	77	<i>fluoritab</i>	78
FEMCAP MIS 26MM	77	FLUOROPLEX	88
FEMCAP MIS 30MM	77	<i>fluorouracil</i>	23
<i>fenofibrate</i>	34	<i>fluorouracil (topical)</i>	88
<i>fenofibrate micronized</i>	34	<i>fluoxetine hcl</i>	43
<i>fentanyl</i>	4	<i>fluphenazine decanoate</i>	46
		<i>fluphenazine hcl</i>	46

<i>flura-drops</i>	78	<i>gentamicin in saline inj 1 mg/ml</i>	12
<i>flurbiprofen</i>	1	<i>gentamicin in saline inj 1.2 mg/ml</i> ...	12
<i>flurbiprofen sodium</i>	81	<i>gentamicin in saline inj 1.6 mg/ml</i> ...	12
<i>flutamide</i>	24	<i>gentamicin in saline inj 2 mg/ml</i>	12
<i>fluticasone propionate</i>	91	<i>gentamicin sulfate</i>	12
<i>fluticasone propionate (nasal)</i>	87	<i>gentamicin sulfate (ophth)</i>	81
<i>fluvastatin sodium</i>	34	<i>gentamicin sulfate (topical)</i>	89
<i>fluvoxamine maleate</i>	50	GENVOYA TAB	16
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FML FORTE	81	GLIADEL WAF 7.7MG	22
<i>folic acid</i>	80	<i>glimepiride</i>	56
<i>fondaparinux sodium</i>	70	<i>glipizide</i>	56
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<i>fosamprenavir calcium</i>	15	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	53
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IOPIDINE	82	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	79
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<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	19	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5 mg</i>	32
<i>levonest</i>	58	<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i>	32
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<i>magnesium sulfate</i>	79	<i>methadose</i>	6
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	79	<i>methamphetamine hcl</i>	48
<i>malathion</i>	93	<i>methazolamide</i>	37
<i>mannitol</i>	37	<i>methenamine hippurate</i>	13
<i>maprotiline hcl</i>	43	<i>methimazole</i>	64
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<i>mefloquine hcl</i>	14	<i>metipranolol</i>	82
<i>megestrol acetate</i>	25	<i>metoclopramide hcl</i>	65
<i>megestrol acetate (appetite)</i>	25	<i>metolazone</i>	37
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<i>meloxicam</i>	2	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	35
<i>melphalan</i>	22	<i>metoprolol succinate</i>	35
<i>melphalan hcl</i>	22	<i>metoprolol tartrate</i>	35

<i>metronidazole</i>	13	<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>metronidazole (topical)</i>	92	<i>sodium chloride 0.8% inj</i>	20
<i>metronidazole in nacl 0.79% iv soln</i>		MULTAQ	33
<i>500 mg/100ml</i>	13	<i>multi-vit/fluoride</i>	80
<i>metronidazole vaginal</i>	69	<i>multi-vit/iron/fluoride</i>	80
<i>mexiletine hcl</i>	33	<i>multivitamin with fluorid</i>	80
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<i>midodrine hcl</i>	38	MYALEPT	60
<i>miglitol</i>	53	<i>mycophenolate mofetil</i>	75
<i>mimvey</i>	61	<i>mycophenolate mofetil hcl</i>	75
<i>mimvey lo</i>	61	<i>mycophenolate sodium</i>	75
<i>minitran</i>	38	<i>myzilra</i>	58
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<i>minoxidil</i>	38	<i>nabumetone</i>	2
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<i>modafinil</i>	52	<i>naltrexone hcl</i>	52
<i>moexipril hcl</i>	30	NAMENDA XR CAP TITRATIO	42
<i>moexipril-hydrochlorothiazide tab 15-</i>		<i>naproxen</i>	2
<i>12.5 mg</i>	30	<i>naratriptan hcl</i>	49
<i>moexipril-hydrochlorothiazide tab 15-</i>		NARCAN	52
<i>25 mg</i>	30	NATACYN	81
<i>moexipril-hydrochlorothiazide tab 7.5-</i>		<i>nateglinide</i>	55
<i>12.5 mg</i>	30	<i>necon 0.5/35-28</i>	58
<i>mometasone furoate</i>	91	<i>nefazodone hcl</i>	44
<i>mono-lynyah</i>	58	<i>neomycin sulfate</i>	12
<i>mononessa</i>	58	<i>neomycin-polymy-gramicid op sol</i>	
<i>montelukast sodium</i>	86	<i>1.75-10000-0.025mg-unt-mg/ml</i> ..	81
MONUROL	12	<i>neomycin-polymyxin-dexamethasone</i>	
<i>morgidox 1x100mg</i>	22	<i>ophth oint 0.1%</i>	80
<i>morphine sulfate</i>	6, 7	<i>neomycin-polymyxin-dexamethasone</i>	
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<i>morphine sulfate beads</i>	7	<i>neomycin-polymyxin-hc ophth susp</i> ..	80
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<i>moxifloxacin hcl (ophth)</i>	81	NEULASTA	70

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NEUPRO	45	<i>tab 1 mg-20 mcg</i>	59
NEVANAC	81	<i>norethindrone ace-ethinyl estradiol-fe</i>	
<i>nevirapine</i>	15	<i>tab 1 mg-20 mcg (24)</i>	59
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<i>nicardipine hcl</i>	36	<i>0.25 mg-35 mcg</i>	59
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<i>nicotine</i>	53	<i>25/0.215-25/0.25-25 mg-mcg</i>	59
<i>nicotine polacrilex</i>	53	<i>norgestimate-eth estrad tab 0.18-</i>	
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<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>		NUCALA.....	85
.....	38	NUEDEXTA CAP 20-10MG	50
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>		<i>nulev</i>	65
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<i>norethindrone & ethinyl estradiol-fe</i>		<i>nystop</i>	89
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		<i>ocella</i>	59

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		<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i>	9
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<i>for soln 236 gm</i>	67	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>850 mg</i>	55
<i>for soln 240 gm</i>	67	<i>piperacillin sod-tazobactam na for inj</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>		<i>3.375 gm (3-0.375 gm)</i>	21
<i>420 gm</i>	67	<i>piperacillin sod-tazobactam sod for inj</i>	
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<i>phenelzine sulfate</i>	44	<i>polymyxin b-trimethoprim ophth soln</i>	
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<i>prednisone</i>	62	2-10 mg/5ml	85
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<i>rivastigmine</i>	42	<i>sodium fluoride</i>	79
<i>rivastigmine tartrate</i>	42	<i>sodium phenylbutyrate</i>	60
<i>rivelsa</i>	59	<i>sodium phenylbutyrate oral powder 3</i>	
<i>rizatriptan benzoate</i>	49	<i>gm/teaspoonful</i>	60
<i>ropinirole hydrochloride</i>	45	<i>sodium polystyrene sulfonate</i>	57
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<i>sulfacetamide sodium (ophth)</i>	81	<i>tacrolimus (topical)</i>	92
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<i>terbutaline sulfate</i>	85	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	10
<i>terconazole vaginal</i>	69	<i>trandolapril</i>	31
<i>testosterone</i>	53	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	30
<i>testosterone cypionate</i>	53	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	30
<i>testosterone enanthate</i>	53	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	30
<i>tetrabenazine</i>	50	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	30
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<i>tinidazole</i>	12	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	38
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<i>tobramycin</i>	12		
<i>tobramycin (ophth)</i>	81		
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<i>trifluoperazine hcl</i>	47	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	32
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