

Oscar 2026 Formulary

List of Covered Drugs



oscar

What is the Oscar Formulary?

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

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

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

1 Medical Condition

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

1 Alphabetical Listing

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

Can't find your drug?

Utilize the online drug look-up tool to search for your drug.

<https://www.hioscar.com/care-options>

What are generic drugs?

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

What are specialty drugs?

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

Are there any restrictions on my coverage?

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

These requirements and limits may include:

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

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

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

What if my drug is not on the Formulary?

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

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

How do I request an exception to the Oscar Formulary?

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

Can the Formulary change?

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

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

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

How can I save on prescriptions?

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

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

For more information

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

Formulary Terminology

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

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

Cost Sharing

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

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

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

FL 6T STND Effective 01/01/2026

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

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 1
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>meclofenamate sodium caps 50mg, 100mg</i>	1B	
<i>meloxicam tabs 7.5mg, 15mg</i>	1A	
<i>nabumetone tabs 500mg, 750mg</i>	1B	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1A	
<i>oxaprozin tabs 600mg</i>	1B	
<i>piroxicam caps 10mg, 20mg</i>	1B	
<i>sulindac tabs 150mg, 200mg</i>	1B	
<i>tolmetin sodium caps 400mg; tabs 600mg</i>	1B	

NSAIDS, COMBINATIONS

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

OPIOID AGONIST/ANTAGONIST

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

OPIOID ANALGESICS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1B	QL (2700 ml every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
--	----	---

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate t24a 100mg, 120mg</i>	2	QL (30 tablets every 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1B	QL (2700 ml every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1B	QL (240 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1B	QL (240 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1B	QL (150 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl soln 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml</i>	1B	Injectable Only
<i>hydromorphone hcl tabs 2mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tabs 4mg</i>	1B	QL (120 tablets every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 4
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy ^ - HIV Cost-Sharing cap will apply

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

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

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

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

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

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

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

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1B	QL (360 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1B	QL (120 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG, 40MG, 60MG, 80MG	2	QL (60 tabs every 30 days)
<i>oxymorphone hcl tabs 5mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tabs 10mg</i>	1B	QL (90 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tb12 5mg, 7.5mg</i>	2	QL (60 tabs every 30 days)
<i>oxymorphone hcl tb12 10mg, 15mg</i>	3	QL (60 tabs every 30 days)
<i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i>	3	QL (60 tablets every 30 days)
<i>tramadol hcl tabs 50mg</i>	1B	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tb24 100mg</i>	1B	QL (30 tabs every 30 days)
<i>tramadol hcl tb24 200mg, 300mg</i>	1B	QL (30 tablets every 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1B	QL (240 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
OPIOID PARTIAL AGONISTS		
BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG	2	QL (60 films every 30 days)

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

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

SALICYLATES

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

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC ANTIMETABOLITES

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

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

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

ANESTHETICS

LOCAL ANESTHETICS

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

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

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

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 10
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>meropenem solr 500mg</i>	1B	QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>methenamine hippurate tabs 1gm</i>	1B	
<i>metronidazole soln 500mg/100ml; tabs 250mg, 500mg</i>	1B	
<i>nitazoxanide tabs 500mg</i>	3	QL (20 tabs every 25 days)
<i>nitrofurantoin susp 25mg/5ml</i>	3	
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	1B	
<i>nitrofurantoin monohyd macro caps 100mg</i>	1B	
<i>pentamidine isethionate solr 300mg</i>	1B	
<i>polymyxin b sulfate solr 500000unit</i>	1B	
PRIMSOL SOLN 50MG/5ML	2	
SIVEXTRO SOLR 200MG	3	
SIVEXTRO TABS 200MG	3	QL (6 tabs every 180 days)
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1A	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1A	
<i>trimethoprim tabs 100mg</i>	1B	
<i>vancomycin hcl caps 125mg, 250mg</i>	1B	QL (80 caps every 10 days)
<i>vancomycin hcl solr 1gm</i>	1B	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl solr 5gm, 10gm</i>	1B	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl solr 500mg, 750mg</i>	1B	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days
XIFAXAN TABS 200MG	3	QL (9 tabs every 25 days)
XIFAXAN TABS 550MG	3	PA, QL (90 tabs every 30 days)
ANTIFUNGALS		
<i>amphotericin b solr 50mg</i>	1B	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>fluconazole susr 10mg/ml, 40mg/ml</i>	1B	

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 11
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tabs 50mg, 100mg, 150mg, 200mg</i>	1A	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1B	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1B	
FLUCONAZOLE SOL /NACL	3	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	1B	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1B	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	1B	PA
<i>nystatin tabs 500000unit</i>	1B	
<i>terbinafine hcl tabs 250mg</i>	1B	QL (180 tabs every 365 days)
<i>voriconazole susr 40mg/ml</i>	3	PA
<i>voriconazole tabs 50mg, 200mg</i>	1B	PA

ANTIMALARIALS

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

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20mg/ml</i>	1B	QL (960 mL every 30 days)
<i>abacavir sulfate tabs 300mg</i>	1B	QL (60 tabs every 30 days)
APTIVUS CAPS 250MG	2	QL (120 caps every 30 days)
APTIVUS SOLN 100MG/ML	2	QL (285 mL every 28 days)
<i>atazanavir sulfate caps 150mg, 300mg</i>	1B	QL (30 caps every 30 days)
<i>atazanavir sulfate caps 200mg</i>	1B	QL (60 caps every 30 days)
CRIXIVAN CAPS 200MG	2	QL (450 caps every 30 days)
CRIXIVAN CAPS 400MG	2	QL (180 caps every 30 days)
<i>darunavir tabs 600mg</i>	1B	QL (60 tabs every 30 days)
<i>darunavir tabs 800mg</i>	1B	QL (30 tabs every 30 days)
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	1B	QL (30 caps every 30 days)
EDURANT TABS 25MG	2	QL (60 tabs every 30 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 12
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

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

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 13
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
NORVIR SOLN 80MG/ML	2	QL (480 mL every 30 days)
NORVIR TABS 100MG	3	QL (360 tabs every 30 days)
PREZISTA SUSP 100MG/ML	2	QL (400 ml every 30 days)
RESCRIPTOR TABS 100MG	3	QL (900 tabs every 30 days)
RESCRIPTOR TABS 200MG	2	QL (180 tabs every 30 days)
RETROVIR CAPS 100MG	3	QL (180 caps every 30 days)
RETROVIR SYRP 50MG/5ML	3	QL (1920 ml every 30 days)
RETROVIR IV INFUSION SOLN 10MG/ML	2	
REYATAZ CAPS 150MG, 300MG	3	QL (30 caps every 30 days)
REYATAZ CAPS 200MG	3	QL (60 caps every 30 days)
REYATAZ PACK 50MG	2	QL (180 packets every 30 days)
<i>ritonavir tabs 100mg</i>	1B	QL (360 tabs every 30 days)
SELZENTRY SOLN 20MG/ML	3	QL (1840 mL every 30 days)
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	1B	QL (60 caps every 30 days)
SUNLENCA SOLN 463.5MG/1.5ML	2	QL (6mL every 24 weeks)
SUNLENCA TABS 300MG; TBPK 300MG	2	QL (1 pack every year)
SUSTIVA CAPS 50MG, 200MG	3	QL (90 caps every 30 days)
SUSTIVA TABS 600MG	3	QL (30 tabs every 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1B	QL (30 tabs every 30 days)
TIVICAY TABS 50MG	2	QL (60 tabs every 30 days)
TYBOST TABS 150MG	2	QL (30 tabs every 30 days)
VIRACEPT TABS 250MG	2	QL (300 tabs every 30 days)
VIRACEPT TABS 625MG	2	QL (120 tabs every 30 days)
VIRAMUNE SUSP 50MG/5ML	3	QL (1200 mL every 30 days)
VIRAMUNE TABS 200MG	3	QL (60 tabs every 30 days)
VIRAMUNE XR TB24 400MG	3	QL (30 tabs every 30 days)
VIREAD POWD 40MG/GM	2	QL (240 gm every 30 days)
VIREAD TABS 150MG, 200MG, 250MG	2	QL (30 tabs every 30 days)
VIREAD TABS 300MG	3	QL (30 tabs every 30 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 14
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
YEZTUGO SOLN 463.5MG/1.5ML; TABS 300MG	0	
ZERIT SOLR 1MG/ML	2	QL (2400 ml every 30 days)
ZIAGEN SOLN 20MG/ML	3	QL (960 mL every 30 days)
ZIAGEN TABS 300MG	3	QL (60 tabs every 30 days)
<i>zidovudine caps 100mg</i>	1B	QL (180 caps every 30 days)
<i>zidovudine syrp 50mg/5ml</i>	1B	QL (1920 ml every 30 days)
<i>zidovudine tabs 300mg</i>	1B	QL (60 tabs every 30 days)

ANTIRETROVIRAL AGENTS^

APRETUDE SUER 600MG/3ML	0	QL (6mL every 56 days)
-------------------------	---	------------------------

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1B	QL (30 tabs every 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1B	QL (60 tabs every 30 days)
ATRIPLA TAB	3	QL (30 tabs every 30 days)
BIKTARVY TAB	2	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	2	QL (1 box every 30 days)
CABENUVA SUS 600-900	2	QL (1 box every 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs every 30 days)
COMBIVIR TAB 150-300	3	QL (60 tabs every 30 days)
COMPLERA TAB	2	QL (30 tabs every 30 days)
DELSTRIGO TAB	2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	0	QL (30 tabs every 30 days)
DOVATO TAB 50-300MG	2	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1B	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1B	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1B	QL (30 tabs every 30 days)

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

15

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 tabs every 30 days); \$0 for pre-exposure prophylaxis only; Tier 1B for all others
EPZICOM TAB 600-300	3	QL (30 tabs every 30 days)
EVOTAZ TAB 300-150	2	QL (30 tabs every 30 days)
GENVOYA TAB	2	QL (30 tabs every 30 days)
JULUCA TAB 50-25MG	2	QL (30 tabs every 30 days)
KALETRA SOL	3	QL (480 ml every 30 days)
KALETRA TAB 100-25MG	2	QL (300 tabs every 30 days)
KALETRA TAB 200-50MG	2	QL (120 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1B	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1B	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1B	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1B	QL (120 tabs every 30 days)
ODEFSEY TAB	2	QL (30 tabs every 30 days)
PIFELTRO TABS 100MG	2	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs every 30 days)
RUKOBIA TB12 600MG	2	QL (60 tabs every 30 days)
STRIBILD TAB	2	QL (30 tabs every 30 days)
SYMFI LO TAB	3	QL (30 tabs every 30 days)
SYMFI TAB	3	QL (30 tabs every 30 days)
SYMTUZA TAB	2	QL (30 tabs every 30 days)
TEMIXYS TAB 300-300	2	QL (30 tabs every 30 days)
TIVICAY PD TBSO 5MG	2	QL (180 tabs every 30 days)
TRIUMEQ PD TAB	2	QL (180 tabs every 30 days)
TRIUMEQ TAB	2	QL (30 tabs every 30 days)
TRIZIVIR TAB	3	QL (60 tabs every 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine caps 250mg</i>	1B	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1B	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	1B	
PASER PACK 4GM	3	
PRIFTIN TABS 150MG	2	

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

16

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide tabs 500mg</i>	1B	
<i>rifabutin caps 150mg</i>	1B	
<i>rifampin caps 150mg, 300mg; solr 600mg</i>	1B	
SIRTURO TABS 100MG	4	PA
TRECTOR TABS 250MG	2	

ANTIVIRALS

<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	1A	
<i>acyclovir susp 200mg/5ml</i>	1B	
<i>acyclovir sodium soln 50mg/ml</i>	1B	
<i>adefovir dipivoxil tabs 10mg</i>	4	PA
BARACLUDE SOLN .05MG/ML	3	PA, QL (630 mL every 30 days)
<i>cidofovir soln 75mg/ml</i>	1B	
<i>entecavir tabs .5mg, 1mg</i>	3	PA, QL (30 tabs every 30 days)
EPIVIR HBV SOLN 5MG/ML	2	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1B	
<i>lamivudine (hbv) tabs 100mg</i>	1B	
<i>oseltamivir phosphate caps 30mg</i>	1B	QL (40 caps every 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	1B	QL (20 caps every 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	1B	QL (360 mL every 90 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	2	QL (2 inhalers every 90 days)
<i>ribavirin solr 6gm</i>	1B	
<i>rimantadine hydrochloride tabs 100mg</i>	1B	
<i>valacyclovir hcl tabs 500mg, 1000mg</i>	1B	
<i>valganciclovir hcl solr 50mg/ml</i>	4	QL (1000 mL every 30 days)
<i>valganciclovir hcl tabs 450mg</i>	4	QL (120 tabs every 30 days)
VEMLIDY TABS 25MG	4	PA, QL (30 tabs every 30 days)

CEPHALOSPORINS

<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1B	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1B	
<i>cefazolin sodium solr 1gm, 10gm, 500mg</i>	1B	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	1B	

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 17
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

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

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

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1B	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1B	
<i>ciprofloxacin hcl tabs 100mg</i>	1B	
<i>ciprofloxacin hcl tabs 250mg, 500mg, 750mg</i>	1A	
FACTIVE TABS 320MG	3	
<i>levofloxacin soln 25mg/ml</i>	1B	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	1B	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1B	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1B	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1B	
<i>moxifloxacin hcl tabs 400mg</i>	1B	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1B	
<i>ofloxacin tabs 300mg, 400mg</i>	1B	
HEPATITIS C		
EPCLUSA PAK 150-37.5	1B	SP, PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	1B	SP, PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG	1B	SP, PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	1B	SP, PA, QL (28 tabs every 28 days)
HARVONI PAK	1B	SP, PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	1B	SP, PA, QL (56 pellets every 28 days)
HARVONI TAB 45-200MG	1B	SP, PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	1B	SP, PA, QL (28 tabs every 28 days)
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	4	SP, PA, QL (4 syringes every 30 days)
REBETOL SOLN 40MG/ML	4	PA
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	1B	SP, PA
VOSEVI TAB	1B	SP, PA, QL (28 tabs every 28 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 19
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
ZEPATIER TAB 50-100MG	5	SP, PA, QL (28 tabs every 28 days)

PENICILLINS

<i>amoxicillin caps 250mg, 500mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1A	
<i>amoxicillin chew 125mg, 250mg</i>	1B	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1B	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1B	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1B	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1B	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1B	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1B	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1A	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1A	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1A	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1B	
<i>ampicillin caps 500mg</i>	1B	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1B	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1B	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1B	
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1B	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	1B	
<i>nafcillin sodium solr 1gm, 2gm, 10gm</i>	1B	
<i>oxacillin sodium solr 1gm, 2gm, 10gm</i>	1B	
<i>penicillin g potassium solr 5000000unit, 20000000unit</i>	1B	
<i>penicillin g sodium solr 5000000unit</i>	1B	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1B	
<i>pfizerpen solr 20000000unit</i>	1B	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1B	

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

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1B	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1B	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1B	

TETRACYCLINES

<i>avidoxy tabs 100mg</i>	1B	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	1B	
<i>doxy 100 solr 100mg</i>	1B	
<i>doxycycline (monohydrate) caps 50mg, 100mg</i>	1A	
<i>doxycycline (monohydrate) susr 25mg/5ml; tabs 50mg, 75mg, 150mg</i>	1B	
<i>doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg</i>	1B	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	1B	
<i>morgidox 1x100mg caps 100mg</i>	1B	
<i>tetracycline hcl caps 250mg, 500mg</i>	1B	QL (120 caps every 30 days)
VIBRAMYCIN SYRP 50MG/5ML	3	

ANTI-ANXIETY AGENTS

BENZODIAZEPINES

<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	1B	
--	----	--

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

STERIOD INHALANTS

ALVESCO AERS 80MCG/ACT	3	PA, QL (1 inhaler every 25 days); +
ALVESCO AERS 160MCG/ACT	3	PA, QL (2 inhalers every 25 days); +
<i>fluticasone propionate (inhalation) aepb 50mcg/act, 100mcg/act, 250mcg/act</i>	1B	QL (1 package every 25 days); +
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	1B	QL (1 package every 25 days); +

SYMPATHOMIMETICS

ARCAPTA NEOHALER CAPS 75MCG	3	PA, QL (1 inhaler every 25 days); +
BREZTRI AERO AER SPHERE	2	QL (1 package every 30 days); +

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

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB 45-105MG	3	PA, QL (60 tabs every 30 days)
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>busulfan soln 6mg/ml</i>	1B	
CARMUSTINE SOLR 50MG, 300MG	2	
<i>carmustine solr 100mg</i>	1B	
<i>cyclophosphamide caps 25mg, 50mg</i>	1B	
<i>cyclophosphamide solr 1gm, 2gm, 500mg</i>	4	
<i>dacarbazine solr 100mg, 200mg</i>	1B	
EMCYT CAPS 140MG	4	
GLEOSTINE CAPS 5MG	4	
GLEOSTINE CAPS 10MG, 40MG, 100MG	4	SP
GLIADEL WAF 7.7MG	2	
HEXALEN CAPS 50MG	2	
<i>ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm</i>	1B	
LEUKERAN TABS 2MG	2	
MATULANE CAPS 50MG	4	SP
<i>melphalan tabs 2mg</i>	1B	
<i>melphalan hcl solr 50mg</i>	1B	
TEMODAR SOLR 100MG	4	SP, PA
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	4	SP, PA
ANTHRACYCLINES		
<i>daunorubicin hcl soln 20mg/4ml</i>	1B	
<i>doxorubicin hcl solr 10mg, 50mg</i>	1B	
<i>doxorubicin hcl liposomal susp 2mg/ml</i>	1B	
<i>doxorubicin hydrochloride soln 2mg/ml</i>	1B	
<i>epirubicin hcl soln 50mg/25ml, 200mg/100ml</i>	1B	
<i>idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml</i>	1B	
ANTIBIOTICS		
<i>bleomycin sulfate solr 15unit, 30unit</i>	1B	
<i>mitomycin solr 5mg, 20mg</i>	1B	
<i>mitomycin solr 40mg</i>	4	
<i>mitoxantrone hcl conc 2mg/ml</i>	4	SP, PA
ANTIMETABOLITES		
<i>adrucil soln 500mg/10ml</i>	1B	
<i>azacitidine susr 100mg</i>	4	SP, PA

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 22
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>capecitabine tabs 150mg, 500mg</i>	4	SP, PA
<i>cladribine soln 10mg/10ml</i>	4	
<i>clofarabine soln 1mg/ml</i>	1B	
<i>cytarabine soln 20mg/ml, 100mg/ml</i>	1B	
<i>decitabine solr 50mg</i>	4	SP, PA
<i>floxuridine solr .5gm</i>	1B	
<i>fludarabine phosphate soln 50mg/2ml; solr 50mg</i>	1B	
<i>fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i>	1B	
<i>gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg</i>	4	
<i>mercaptopurine tabs 50mg</i>	1B	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	1B	PA
<i>nelarabine soln 5mg/ml</i>	1B	
NIPENT SOLR 10MG	2	
<i>pemetrexed disodium solr 100mg, 500mg</i>	4	
TABLOID TABS 40MG	4	PA
ANTIMITOTIC, TAXOIDS		
DOCETAXEL CONC 20MG/0.5ML, 80MG/2ML	2	
<i>docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml</i>	4	
<i>docetaxel soln 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	1B	SP
DOCETAXEL (NON-ALCOHOL FO SOLN 20MG/ML, 80MG/4ML, 160MG/8ML	2	
<i>paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	1B	
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1B	SP
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate soln 1mg/ml</i>	1B	
<i>vincasar pfs soln 1mg/ml</i>	1B	
<i>vincristine sulfate soln 1mg/ml</i>	1B	
<i>vinorelbine tartrate soln 10mg/ml, 50mg/5ml</i>	1B	
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX SOLN 100MG/50ML, 200MG/100ML	4	SP, PA
ERIVEDGE CAPS 150MG	4	SP, PA, QL (30 caps every 30 days)
FARYDAK CAPS 10MG, 15MG, 20MG	4	SP, PA, QL (6 caps every 21 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 23
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
GAZYVA SOLN 1000MG/40ML	4	SP, PA
<i>hydroxyurea caps 500mg</i>	1B	
IBRANCE CAPS 75MG, 100MG, 125MG	4	SP, PA, QL (21 caps every 28 days)
IBRANCE TABS 75MG, 100MG, 125MG	4	SP, PA, QL (21 tabs every 28 days)
KADCYLA SOLR 100MG, 160MG	4	SP, PA
KEYTRUDA SOLN 100MG/4ML	4	SP, PA
KISQALI TBPK 200MG	4	SP, PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TBPK 200MG	4	SP, PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TBPK 200MG	4	SP, PA, QL (63 tabs every 28 days)
KISQALI 200 PAK FEMARA	4	SP, PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	4	SP, PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	4	SP, PA, QL (91 tabs every 28 days)
LOQTORZI SOLN 240MG/6ML	4	SP, PA
LYNPARZA TABS 100MG, 150MG	4	SP, PA, QL (120 tabs every 30 days)
ODOMZO CAPS 200MG	4	SP, PA, QL (30 caps every 30 days)
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	4	SP, PA
RYDAPT CAPS 25MG	5	SP, PA, QL (224 caps every 28 days)
TEVIMBRA SOLN 100MG/10ML	4	SP, PA
VYLOY SOLR 100MG, 300MG	4	SP, PA
ZEJULA TABS 100MG, 200MG, 300MG	4	SP, PA, QL (30 tabs every 30 days)
ZOLINZA CAPS 100MG	4	SP, PA, QL (120 caps every 30 days)
IMMUNOMODULATORS		
<i>arsenic trioxide soln 10mg/10ml, 12mg/6ml</i>	1B	
TRAZIMERA SOLR 150MG, 420MG	4	SP, PA
KINASE INHIBITORS		
ALECENSA CAPS 150MG	4	SP, PA, QL (240 caps every 30 days)
AUGTYRO CAPS 40MG	4	SP, PA, QL (240 caps every 30 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 24
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
AUGTYRO CAPS 160MG	4	SP, PA, QL (60 caps every 30 days)
BRUKINSA CAPS 80MG	4	SP, PA, QL (120 caps every 30 days)
CALQUENCE CAPS 100MG	4	SP, PA, QL (60 caps every 30 days)
CAPRELSA TABS 100MG	4	SP, PA, QL (60 tabs every 30 days)
CAPRELSA TABS 300MG	4	SP, PA, QL (30 tabs every 30 days)
COMETRIQ KIT 20MG	4	SP, PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	4	SP, PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	4	SP, PA, QL (1 kit every 28 days)
COPIKTRA CAPS 15MG, 25MG	4	SP, PA, QL (60 caps every 30 days)
<i>dasatinib tabs 20mg</i>	4	SP, PA, QL (90 tabs every 30 days)
<i>dasatinib tabs 50mg, 70mg, 80mg, 100mg, 140mg</i>	4	SP, PA, QL (30 tabs every 30 days)
ENSACOVE CAPS 25MG	4	SP, PA, QL (30 caps every 30 days)
ENSACOVE CAPS 100MG	4	SP, PA, QL (60 caps every 30 days)
<i>erlotinib hcl tabs 25mg</i>	4	SP, PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	4	SP, PA, QL (30 tabs every 30 days)
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	4	SP, PA, QL (30 tabs every 30 days)
<i>everolimus tbso 2mg, 5mg</i>	4	SP, PA, QL (60 tabs every 30 days)
<i>everolimus tbso 3mg</i>	4	SP, PA, QL (90 tabs every 30 days)
GOMEKLI CAPS 1MG, 2MG; TBSO 1MG	4	SP, PA
IBTROZI CAPS 200MG	4	SP, PA, QL (90 caps every 30 days)
ICLUSIG TABS 10MG, 15MG, 30MG, 45MG	4	SP, PA, QL (30 tabs every 30 days)
IDHIFA TABS 50MG, 100MG	4	SP, PA, QL (30 tabs every 30 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 25
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate tabs 100mg</i>	4	SP, PA, QL (90 tabs every 30 days)
<i>imatinib mesylate tabs 400mg</i>	4	SP, PA, QL (60 tabs every 30 days)
INLYTA TABS 1MG	4	SP, PA, QL (240 tabs every 30 days)
INLYTA TABS 5MG	4	SP, PA, QL (120 tabs every 30 days)
ITOVEBI TABS 3MG	4	SP, PA, QL (60 tabs every 30 days)
ITOVEBI TABS 9MG	4	SP, PA, QL (30 tabs every 30 days)
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	4	SP, PA, QL (60 tabs every 30 days)
<i>lapatinib ditosylate tabs 250mg</i>	4	SP, PA, QL (180 tabs every 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	SP, PA, QL (30 caps every 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	SP, PA, QL (60 caps every 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	SP, PA, QL (30 caps every 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	SP, PA, QL (90 caps every 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	SP, PA, QL (60 caps every 30 days)
LENVIMA CAP 14 MG	5	SP, PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	5	SP, PA, QL (90 caps every 30 days)
LENVIMA CAP 24 MG	5	SP, PA, QL (90 caps every 30 days)
LORBRENA TABS 25MG	5	SP, PA, QL (90 tabs every 30 days)
LORBRENA TABS 100MG	5	SP, PA, QL (30 tabs every 30 days)
MEKINIST TABS 2MG	4	SP, PA, QL (30 tabs every 30 days)
MEKINIST TABS .5MG	4	SP, PA, QL (90 tabs every 30 days)
OGSIVEO TABS 50MG, 100MG	4	SP, PA, QL (180 tablets every 30 days)

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

26

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
OGSIVEO TABS 150MG	4	SP, PA, QL (60 tablets every 30 days)
<i>pazopanib hcl tabs 200mg</i>	4	SP, PA, QL (120 tabs every 30 days)
ROMVIMZA CAPS 14MG, 20MG, 30MG	4	SP, PA, QL (1 carton every 28 days)
<i>sorafenib tosylate tabs 200mg</i>	4	SP, PA, QL (120 tabs every 30 days)
STIVARGA TABS 40MG	4	SP, PA, QL (84 tabs every 28 days)
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	SP, PA, QL (30 caps every 30 days)
TAFINLAR CAPS 50MG, 75MG	4	SP, PA, QL (120 caps every 30 days)
VITRAKVI CAPS 25MG	5	SP, PA, QL (180 caps every 30 days)
VITRAKVI CAPS 100MG	5	SP, PA, QL (60 caps every 30 days)
VITRAKVI SOLN 20MG/ML	5	SP, PA, QL (300 mL every 30 days)
XALKORI CAPS 200MG, 250MG	4	SP, PA, QL (120 caps every 30 days)
XALKORI CPSP 20MG, 50MG	4	SP, PA, QL (60 caps every 30 days)
XALKORI CPSP 150MG	4	SP, PA, QL (90 caps every 30 days)
ZELBORAF TABS 240MG	4	SP, PA, QL (240 tabs every 30 days)
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	4	SP, PA
ZYDELIG TABS 100MG, 150MG	4	SP, PA, QL (60 tabs every 30 days)
ZYKADIA CAPS 150MG	4	PA, QL (90 caps every 30 days)
ZYKADIA TABS 150MG	4	SP, PA, QL (90 tabs every 30 days)
MISCELLANEOUS		
<i>bexarotene caps 75mg</i>	4	SP, PA
DROXIA CAPS 200MG, 300MG, 400MG	2	
ONCASPAR SOLN 750UNIT/ML	4	SP, PA
PADCEV SOLR 20MG	5	SP, PA, QL (21 vials every 28 days)
PADCEV SOLR 30MG	5	SP, PA, QL (15 vials every 28 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 27
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
PHOTOFRIN SOLR 75MG	2	
QUADRAMET SOLN 1850MBQ/ML	2	
<i>tretinoin (chemotherapy) caps 10mg</i>	3	
UVADEX SOLN 20MCG/ML	2	
VISTOGARD PACK 10GM	2	SP, QL (20 packets every 5 days)
VORANIGO TABS 10MG	4	SP, PA, QL (60 tabs per 30 days)
VORANIGO TABS 40MG	4	SP, PA, QL (30 tabs per 30 days)

PLATINUM-BASED AGENTS

<i>carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1B	
<i>cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1B	
<i>oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg</i>	4	

PROTECTIVE AGENTS

<i>dexrazoxane hcl solr 250mg, 500mg</i>	1B	
<i>leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg</i>	1B	
<i>mesna soln 100mg/ml</i>	1B	
<i>mesna tabs 400mg</i>	4	

TOPOISOMERASE INHIBITORS

<i>etoposide caps 50mg; soln 100mg/5ml</i>	1B	
<i>irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml</i>	4	
<i>irinotecan hcl soln 300mg/15ml</i>	1B	
TENIPOSIDE SOLN 10MG/ML	2	
<i>toposar soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i>	1B	
<i>topotecan hcl solr 4mg</i>	1B	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>paraplatin soln 1000mg/100ml</i>	1B	
-------------------------------------	----	--

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate tabs 250mg</i>	4	SP, PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tabs 500mg</i>	4	SP, PA, QL (60 tabs every 30 days)

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

28

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole tabs 1mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tabs 50mg</i>	1B	
DEPO-PROVERA SUSP 400MG/ML	3	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	4	SP, PA
ERLEADA TABS 60MG	4	SP, PA, QL (120 tabs every 30 days)
ERLEADA TABS 240MG	4	SP, PA, QL (30 tabs every 30 days)
<i>exemestane tabs 25mg</i>	1B	PA; \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide caps 125mg</i>	1B	
<i>fulvestrant sosy 250mg/5ml</i>	4	
<i>letrozole tabs 2.5mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>leuprolide acetate kit 1mg/0.2ml</i>	4	SP, PA
LUPRON DEPOT-PED (1-MONTH) KIT 7.5MG, 11.25MG, 15MG	4	SP, PA
LUPRON DEPOT-PED (3-MONTH) KIT 11.25MG, 30MG	4	SP, PA
LYSODREN TABS 500MG	4	SP
<i>megestrol acetate susp 40mg/ml; tabs 20mg, 40mg</i>	1B	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	1B	
<i>nilutamide tabs 150mg</i>	1B	
NUBEQA TABS 300MG	4	SP, PA, QL (120 tablets every 30 days)
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tabs 60mg</i>	3	
XTANDI CAPS 40MG	4	SP, PA, QL (120 caps every 30 days)
XTANDI TABS 40MG	4	SP, PA, QL (120 tabs every 30 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 29
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
XTANDI TABS 80MG	4	SP, PA, QL (60 tabs every 30 days)
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI PAK FAKZYNJA	4	SP, PA, QL (66 units (42 tabs, 24 caps) every 28 days)
ANTINEOPLASTIC ENZYME INHIBITORS		
CALQUENCE TABS 100MG	4	SP, PA, QL (60 tabs every 30 days)
KOSELUGO CAPS 10MG	5	SP, PA, QL (240 caps every 30 days)
KOSELUGO CAPS 25MG	5	SP, PA, QL (120 caps every 30 days)
TAGRISO TABS 40MG, 80MG	5	SP, PA, QL (30 tabs every 30 days)
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	5	SP, PA, QL (60 tabs every 30 days)
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TABS 10MG	4	SP, PA, QL (60 tablets every 30 days)
VENCLEXTA TABS 50MG	4	SP, PA, QL (30 tabs every 30 days)
VENCLEXTA TABS 100MG	4	SP, PA, QL (120 tabs every 30 days)
VENCLEXTA TAB START PK	4	SP, PA, QL (1 pack per 365 days)
ANTIVIRALS		
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK	2	QL (22 tabs every 90 days); Limited to 12 years of age and older
PAXLOVID TAB 150-100	2	QL (20 tabs every 90 days); Limited to 12 years of age and older
PAXLOVID TAB 300-100	2	QL (30 tabs every 90 days); Limited to 12 years of age and older
MISC. ANTIVIRALS		
LAGEVRIO CAPS 200MG	2	QL (40 caps every 90 days); Limited to 18 years of age and older

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

Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1A	+
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1A	+
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1A	+
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1A	+
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1A	+
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1A	+
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1B	+
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1B	+
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1B	+
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1B	+
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1B	+
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1B	+
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1B	+
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1B	+
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1A	+
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1A	+
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1B	+
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1B	+
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1A	+
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1A	+
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1A	+
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1B	+
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1B	+
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1B	+
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1B	+
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1B	+
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1B	+

ACE INHIBITORS

<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1A	+
--	----	---

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 31
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1B	+
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	1B	+
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1A	+
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1A	+
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1B	+
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1B	+
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1A	+
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1B	+
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1A	+
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tabs 25mg, 50mg</i>	1B	+
ALPHA BLOCKERS		
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1B	+
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1B	+
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1B	+
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1B	+
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1B	+
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1B	+
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1B	+
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1B	+
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1B	+
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1B	+
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1B	+
BYVALSON TAB 5-80MG	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1B	+
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1B	+
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1B	+
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1A	+
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1A	+
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1A	+

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

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1A	+
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1A	+
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1B	+
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1B	+
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1B	+
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1B	+
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1B	+
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1B	+
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1B	+
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1B	+
<i>telmisartan-amlodipine tab 40-5 mg</i>	1B	+
<i>telmisartan-amlodipine tab 40-10 mg</i>	1B	+
<i>telmisartan-amlodipine tab 80-5 mg</i>	1B	+
<i>telmisartan-amlodipine tab 80-10 mg</i>	1B	+
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1B	+
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1B	+
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1B	+
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1B	+
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1B	+
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1B	+
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1B	+
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1B	+
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1B	+
<i>eprosartan mesylate tabs 600mg</i>	1B	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1A	+
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1A	+
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	1B	+
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1B	+
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1B	+

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

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
<i>amiodarone hcl soln 50mg/ml, 900mg/18ml; tabs 200mg, 400mg</i>	1B	+
<i>disopyramide phosphate caps 100mg, 150mg</i>	1B	+
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	1B	SP; +
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1B	+
<i>lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml</i>	1B	+
<i>lidocaine hcl (cardiac) sosy 100mg/5ml</i>	1B	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1B	+
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1B	+
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	1B	+
MULTAQ TABS 400MG	3	QL (60 tablets every 30 days); +
<i>pacerone tabs 100mg, 200mg</i>	1B	+
<i>procainamide hcl soln 100mg/ml</i>	1B	+
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1B	+
<i>quinidine sulfate tabs 200mg, 300mg</i>	1B	+
<i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>	1B	+
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	1B	+
<i>sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg</i>	1B	+
SOTALOL HYDROCHLORIDE SOLN 150MG/10ML	3	+
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1B	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1B	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1B	
<i>prevalite powd 4gm/dose</i>	1B	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tabs 10mg</i>	1B	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	1B	
<i>fenofibrate caps 50mg, 150mg; tabs 48mg, 54mg, 145mg, 160mg</i>	1B	
<i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>	1B	
<i>gemfibrozil tabs 600mg</i>	1A	

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

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	1A	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	1B	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1A	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1B	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	1B	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1A	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tabs 80mg</i>	1A	

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 35
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy ^ - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1B	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1B	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1B	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1B	
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	1B	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl caps .5gm, 1gm</i>	1B	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	1B	PA
ANTILIPEMICS, PCSK9 INHIBITORS		
<i>PRALUENT SOAJ 75MG/ML, 150MG/ML</i>	4	PA, QL (2 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1B	+
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1B	+
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1B	+
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1B	+
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1B	+
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1B	+
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1B	+
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1B	+
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1B	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1B	
BETA-BLOCKERS		
<i>acebutolol hcl caps 200mg, 400mg</i>	1B	+
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1A	+
<i>betaxolol hcl tabs 10mg, 20mg</i>	1B	+
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1B	+
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1B	+
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1B	+
<i>labetalol hcl soln 5mg/ml; tabs 200mg</i>	1B	+
<i>labetalol hcl tabs 100mg, 300mg</i>	1A	+

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 36
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg	1B	+
metoprolol tartrate soln 5mg/5ml	1B	+
metoprolol tartrate tabs 25mg, 50mg, 100mg	1A	+
nadolol tabs 20mg, 40mg, 80mg	1B	+
nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg	1B	+
pindolol tabs 5mg, 10mg	1B	+
propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 60mg, 80mg	1B	+
propranolol hcl tabs 10mg, 20mg, 40mg	1A	+
timolol maleate tabs 5mg, 10mg, 20mg	1B	+

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1B	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1B	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1B	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1B	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1B	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1B	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1B	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1B	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1B	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1B	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1B	

CALCIUM CHANNEL BLOCKERS

afeditab cr tb24 30mg, 60mg	1B	+
amlodipine besylate tabs 2.5mg, 5mg, 10mg	1A	+
CARDENE IV SOL 20/200ML	3	+
cartia xt cp24 120mg, 180mg, 240mg, 300mg	1B	+

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

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; soln 25mg/5ml, 50mg/10ml, 125mg/25ml; tabs 90mg, 120mg	1B	+
DILTIAZEM HCL SOLR 100MG	3	+
diltiazem hcl tabs 30mg, 60mg	1A	+
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg	1B	+
diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1B	+
felodipine tb24 2.5mg, 5mg, 10mg	1B	+
isradipine caps 2.5mg, 5mg	1B	+
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	1B	+
nicardipine hcl caps 20mg, 30mg; soln 2.5mg/ml	1B	+
nifedipine tb24 30mg, 60mg, 90mg	1B	+
nimodipine caps 30mg	1B	+
taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg	1B	+
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; soln 2.5mg/ml; tbcr 120mg, 180mg, 240mg	1B	+
verapamil hcl tabs 40mg, 80mg, 120mg	1A	+
DIGITALIS GLYCOSIDES		
digox tabs 125mcg, 250mcg	1B	+
digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg	1B	+
LANOXIN TABS 187.5MCG	2	
LANOXIN PEDIATRIC SOLN .1MG/ML	3	+
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate tabs 150mg, 300mg	1B	+
DIURETICS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	1B	+
acetazolamide sodium solr 500mg	1B	+
ALDACTAZIDE TAB 50/50	3	+
amiloride & hydrochlorothiazide tab 5-50 mg	1B	+
amiloride hcl tabs 5mg	1B	+
bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg	1B	+
chlorothiazide sodium solr 500mg	1B	+
chlorthalidone tabs 25mg, 50mg	1A	+

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

Drug Name	Drug Tier	Requirements/Limits
DIURIL SUSP 250MG/5ML	3	+
<i>ethacrynate sodium solr 50mg</i>	1B	+
<i>ethacrynic acid tabs 25mg</i>	1B	+
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 80mg</i>	1B	+
<i>furosemide tabs 20mg, 40mg</i>	1A	+
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1A	+
<i>indapamide tabs 1.25mg, 2.5mg</i>	1B	+
<i>mannitol soln 20%, 25%</i>	1B	+
<i>methazolamide tabs 25mg, 50mg</i>	1B	+
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1B	+
<i>osmitrol viaflex soln 5%, 15%</i>	1B	
<i>osmitrol viaflex soln 10%</i>	1B	+
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1A	+
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1B	+
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	1B	+
<i>triamterene caps 50mg, 100mg</i>	1B	+
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1B	+
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1B	+
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1B	+

HEART FAILURE

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

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

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

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 40
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
OPSYNVI TAB 10-20MG	4	SP, PA, QL (30 tablets every 30 days)
OPSYNVI TAB 10-40MG	4	SP, PA, QL (30 tablets every 30 days)
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	4	SP, PA, QL (300 tabs every 30 days)
ORENITRAM TAB MONTH 1	4	SP, PA, QL (1 kit every 365 days)
ORENITRAM TAB MONTH 2	4	SP, PA, QL (1 kit every 365 days)
ORENITRAM TAB MONTH 3	4	SP, PA, QL (1 kit every 365 days)
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	4	SP, PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	4	SP, PA, QL (360 tabs every 30 days)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	5	SP, PA, QL (60 tabs every 30 days)
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	4	SP, PA
TYVASO SOLN .6MG/ML	4	SP, PA, QL (28 ampules every 28 days)
TYVASO REFILL KIT SOLN .6MG/ML	4	SP, PA, QL (28 ampules every 28 days)
TYVASO STARTER KIT SOLN .6MG/ML	4	SP, PA, QL (28 ampules every 28 days)
UPTRAVI SOLR 1800MCG	4	SP, PA
UPTRAVI TABS 200MCG	4	SP, PA, QL (140 tabs every 28 days)
UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	4	SP, PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800	4	SP, PA, QL (1 pack per 180 days)
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	4	SP, PA, QL (270 ampules every 30 days)
WINREVAIR KIT 45MG, 60MG	4	SP, PA, QL (2 vials every 21 days)
WINREVAIR INJ 45MG	4	SP, PA, QL (2 vials every 21 days)
WINREVAIR INJ 60MG	4	SP, PA, QL (2 vials every 21 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 41
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ALCOHOL DETERRENTS		
<i>acamprosate calcium tbec 333mg</i>	1B	
<i>disulfiram tabs 250mg, 500mg</i>	1B	
ANTIANKIETY		
<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	1B	QL (150 tabs every 25 days)
ALPRAZOLAM INTENSOL CONC 1MG/ML	2	QL (300 mL every 25 days)
<i>bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	1B	
<i>lorazepam conc 2mg/ml</i>	1B	QL (150 mL every 25 days)
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	1B	QL (150 tabs every 25 days)
<i>meprobamate tabs 200mg, 400mg</i>	1B	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	1B	QL (120 caps every 25 days)
ANTICONVULSANTS		
BRIVIACT SOLN 10MG/ML	3	PA, QL (600 mL every 30 days)
BRIVIACT SOLN 50MG/5ML	3	PA
BRIVIACT TABS 10MG, 25MG, 50MG, 75MG, 100MG	3	PA, QL (60 tablets every 30 days)
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	1B	
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	1B	PA
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	1B	
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	1B	QL (180 tabs every 25 days)
<i>diazepam soln 5mg/5ml</i>	1B	QL (1200 mL every 25 days)
<i>diazepam soln 5mg/ml</i>	1B	
<i>diazepam tabs 2mg, 5mg, 10mg</i>	1B	QL (120 tabs every 25 days)
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	2	
<i>diazepam intensol conc 5mg/ml</i>	1B	QL (240 mL every 25 days)
DILANTIN CAPS 30MG	3	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg</i>	1B	
<i>divalproex sodium tbec 125mg, 250mg, 500mg</i>	1A	

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

Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX SOLN 100MG/ML	4	SP, QL (800 mL every 30 days)
<i>epitol tabs 200mg</i>	1B	
<i>eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg</i>	2	PA, QL (60 tablets every 30 days)
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1B	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	1B	
<i>fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i>	1B	
FYCOMPA SUSP .5MG/ML	2	PA, QL (720 mL every 30 days)
FYCOMPA TABS 2MG, 4MG, 6MG	2	PA, QL (60 tablets every 30 days)
FYCOMPA TABS 8MG, 10MG, 12MG	2	PA, QL (30 tabs every 30 days)
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>	1A	+
<i>lacosamide soln 10mg/ml</i>	3	PA
<i>lacosamide soln 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1B	PA
<i>lamotrigine chew 5mg, 25mg; kit 25mg</i>	1B	
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg</i>	1A	
<i>lamotrigine tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 100mg, 200mg</i>	1B	PA
<i>lamotrigine tbdp 25mg, 50mg</i>	2	PA
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1B	
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	1B	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1B	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1B	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1B	
LIBERVANT FILM 5MG, 7.5MG, 10MG, 12.5MG, 15MG	2	PA, QL (10 films every 30 days)
<i>methsuximide caps 300mg</i>	1B	

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

Drug Name	Drug Tier	Requirements/Limits
NAYZILAM SOLN 5MG/0.1ML	2	PA, QL (10 nasal spray units every 30 days)
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	1B	
PEGANONE TABS 250MG	3	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1B	
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	1B	
<i>phenytoin sodium soln 50mg/ml</i>	1B	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1B	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg</i>	1B	QL (90 caps every 30 days)
<i>pregabalin soln 20mg/ml</i>	1B	
<i>primidone tabs 50mg, 250mg</i>	1B	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1B	
<i>topiramate csp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1B	
<i>valproate sodium soln 100mg/ml, 250mg/5ml</i>	1B	
<i>valproic acid caps 250mg</i>	1B	
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	2	PA, QL (10 devices every 30 days)
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	2	PA, QL (10 devices every 30 days)
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	2	PA, QL (10 devices every 30 days)
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	2	PA, QL (10 devices every 30 days)
<i>vigabatrin pack 500mg</i>	4	SP, PA, QL (180 packets every 30 days)
<i>vigabatrin tabs 500mg</i>	4	SP, PA, QL (180 tabs every 30 days)
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1A	
ANTIDEMENTIA		
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	1B	
<i>ergoloid mesylates tabs 1mg</i>	3	QL (90 tabs every 30 days)
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	1B	
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i>	1B	PA; PA applies for members less than 30 years of age

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 44
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1B	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1B	PA
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1B	PA
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 10mg</i>	1A	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 25mg</i>	1A	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 50mg</i>	1A	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 75mg, 100mg, 150mg</i>	1B	
<i>amoxapine tabs 25mg, 50mg, 100mg</i>	1B	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tabs 150mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>bupropion hcl tabs 75mg; tb12 100mg, 150mg, 200mg</i>	1A	
<i>bupropion hcl tabs 100mg; tb24 150mg, 300mg</i>	1B	
<i>citalopram hydrobromide soln 10mg/5ml</i>	1B	
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	1A	+
<i>clomipramine hcl caps 25mg, 50mg</i>	1B	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl caps 75mg</i>	1B	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 10mg, 25mg, 50mg</i>	1B	QL (90 tabs every 30 days); QL applies to members age 65 and older

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 45
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl tabs 75mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 100mg, 150mg</i>	1B	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tb24 25mg, 50mg</i>	1B	QL (30 tabs every 25 days); (generic of Pristiq); +
<i>desvenlafaxine succinate tb24 100mg</i>	1B	QL (120 tabs every 25 days); (generic of Pristiq); +
<i>doxepin hcl caps 10mg, 25mg, 50mg</i>	1B	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 75mg</i>	1B	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 100mg, 150mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10mg/ml</i>	1B	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>	1B	
EMSAM PT24 6MG/24HR, 12MG/24HR	3	PA, QL (30 patches every 30 days)
EMSAM PT24 9MG/24HR	3	PA
<i>escitalopram oxalate soln 5mg/5ml</i>	1B	
<i>escitalopram oxalate tabs 5mg, 10mg, 20mg</i>	1A	+
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	3	PA, QL (30 caps every 25 days)
FETZIMA CAP TITRATIO	3	PA, QL (30 caps every 25 days)
<i>fluoxetine hcl caps 10mg, 20mg, 40mg</i>	1A	
<i>fluoxetine hcl cpdr 90mg; soln 20mg/5ml</i>	1B	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	1B	(generic Sarafem not covered)
<i>fluvoxamine maleate cp24 100mg, 150mg</i>	1B	
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	1A	
<i>imipramine hcl tabs 10mg, 25mg</i>	1B	QL (120 tabs every 30 days); QL applies to members age 65 and older

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

46

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl tabs 50mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 75mg, 100mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 125mg, 150mg</i>	1B	
<i>maprotiline hcl tabs 25mg, 50mg, 75mg</i>	1B	
MARPLAN TABS 10MG	3	
<i>mirtazapine tabs 7.5mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1B	
<i>mirtazapine tabs 15mg</i>	1A	
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1B	
<i>nortriptyline hcl caps 10mg</i>	1B	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 25mg</i>	1B	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 50mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 75mg</i>	1B	
<i>nortriptyline hcl soln 10mg/5ml</i>	1B	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg</i>	1A	+
<i>paroxetine hcl tb24 12.5mg, 25mg, 37.5mg</i>	1B	+
<i>phenelzine sulfate tabs 15mg</i>	1B	
<i>protriptyline hcl tabs 5mg</i>	1B	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tabs 10mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl conc 20mg/ml</i>	1B	
<i>sertraline hcl tabs 25mg, 50mg, 100mg</i>	1A	
<i>tranylcypromine sulfate tabs 10mg</i>	1B	
<i>trazodone hcl tabs 50mg, 100mg, 150mg</i>	1A	
<i>trazodone hcl tabs 300mg</i>	1B	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate caps 25mg, 50mg</i>	1B	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate caps 100mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1A	+
<i>venlafaxine hcl tb24 37.5mg, 75mg, 150mg</i>	1B	+
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	1B	QL (30 tabs every 30 days)
ZURZUVAE CAPS 20MG, 25MG	4	SP, PA, QL (28 capsules for 14 days)
ZURZUVAE CAPS 30MG	4	SP, PA, QL (14 capsules for 14 days)

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	1B	
<i>apomorphine hydrochloride soct 30mg/3ml</i>	4	SP, PA, QL (20 cartridges every 25 days)
<i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1B	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	1B	
<i>carbidopa tabs 25mg</i>	1B	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1B	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1B	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1B	
<i>carbidopa & levodopa tab 10-100 mg</i>	1B	
<i>carbidopa & levodopa tab 25-100 mg</i>	1B	
<i>carbidopa & levodopa tab 25-250 mg</i>	1B	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1B	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1B	

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1B	
<i>entacapone tabs 200mg</i>	1B	
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
ONAPGO SOCT 98MG/20ML	4	SP, PA, QL (30 cartridges per 30 days)
ONGENTYS CAPS 25MG, 50MG	2	QL (30 caps every 30 days)
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1B	
<i>rasagiline mesylate tabs 1mg</i>	1B	PA
<i>rasagiline mesylate tabs .5mg</i>	1B	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1B	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1B	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1B	

ANTIPSYCHOTICS

ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	2	QL (1 Injection every 56 days)
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	2	QL (1 injection every 25 days)
<i>aripiprazole soln 1mg/ml</i>	2	PA, QL (450 mL every 30 days)
<i>aripiprazole tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	1B	
<i>aripiprazole tbdp 10mg, 15mg</i>	1B	PA, QL (30 tablets every 30 days)
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	2	QL (1 syringe every 28 days)
ARISTADA PRSY 1064MG/3.9ML	2	QL (1 syringe every 56 days)
ARISTADA INITIO PRSY 675MG/2.4ML	2	QL (1 kit every 365 days)
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	2	PA
CAPLYTA CAPS 10.5MG, 21MG, 42MG	3	PA, QL (30 caps every 30 days)
CHLORPROMAZINE HCL SOLN 25MG/ML, 50MG/2ML	1B	

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

49

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	1B	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	1B	
COBENFY CAP 50-20MG	3	PA, QL (60 caps every 30 days)
COBENFY CAP 100-20MG	3	PA, QL (60 caps every 30 days)
COBENFY CAP 125-30MG	3	PA, QL (60 caps every 30 days)
COBENFY STRT CAP PACK	3	PA, QL (60 caps every 30 days)
<i>fluphenazine decanoate soln 25mg/ml</i>	1B	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	1B	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1B	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	1B	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	1B	
INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	2	QL (1 injection every 25 days)
INVEGA TRINZA SUSY 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	2	QL (1 injection every 84 days)
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	1B	
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 120mg</i>	2	PA, QL (30 tabs / 30 days)
<i>lurasidone hcl tabs 80mg</i>	2	PA, QL (60 tabs / 30 days)
<i>olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	1B	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	1B	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	1B	
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg</i>	1A	
<i>quetiapine fumarate tabs 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	1B	
REXULTI TABS .25MG, .5MG, 1MG, 2MG, 3MG, 4MG	3	PA, QL (30 tabs every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1B	
<i>risperidone microspheres srer 12.5mg, 25mg, 37.5mg, 50mg</i>	1B	QL (2 injections every 25 days)
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1B	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	1B	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	1B	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1B	
ZYPREXA RELPREVV SUSR 210MG, 300MG	2	QL (2 injections every 25 days)
ZYPREXA RELPREVV SUSR 405MG	2	QL (1 injection every 25 days)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine sulfate tabs 10mg</i>	1B	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1B	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1B	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1B	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1B	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1B	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1B	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1B	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1B	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1B	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1B	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1B	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1B	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1B	QL (60 tabs every 30 days)
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 100mg</i>	1B	
<i>atomoxetine hcl caps 60mg, 80mg</i>	1B	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	1B	QL (60 caps every 30 days)

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

51

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	1B	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	1B	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1B	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg</i>	1B	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1B	QL (2,160 mL every 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	1B	QL (120 tabs every 30 days)
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1B	
<i>methamphetamine hcl tabs 5mg</i>	3	QL (150 tabs every 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; tabs 5mg, 10mg</i>	1B	QL (180 tabs every 30 days)
<i>methylphenidate hcl cp24 20mg, 30mg; cpcr 10mg, 20mg, 30mg</i>	1B	QL (60 caps every 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg</i>	1B	QL (30 caps every 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	1B	QL (2,160 mL every 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	1B	QL (1080 mL every 30 days)
<i>methylphenidate hcl tabs 20mg; tbcR 10mg, 20mg</i>	1B	QL (90 tabs every 30 days)
<i>methylphenidate hcl tb24 18mg, 27mg, 36mg; tbcR 18mg, 27mg, 36mg</i>	1B	QL (60 tabs every 30 days)
<i>methylphenidate hcl tb24 54mg; tbcR 54mg</i>	1B	QL (30 tabs every 30 days)

FIBROMYALGIA

SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	3	PA, QL (60 tablets every 30 days)
SAVELLA MIS TITR PAK	3	PA, QL (60 tablets every 30 days)

HYPNOTICS

BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	2	PA, QL (30 tabs every 30 days); +
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	2	QL (30 tabs every 30 days); +
<i>doxylamine succinate (sleep) tabs 25mg</i>	1B	OTC; +
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1B	QL (30 tablets every 30 days); +

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

Drug Name	Drug Tier	Requirements/Limits
<i>ramelteon tabs 8mg</i>	1B	QL (30 tabs every 25 days); +
<i>tasimelteon caps 20mg</i>	4	SP, PA, QL (30 caps every 30 days); +
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1B	QL (15 caps every 25 days); +
<i>zaleplon caps 5mg</i>	1B	QL (30 caps every 30 days); +
<i>zaleplon caps 10mg</i>	1B	QL (60 caps every 30 days); +
<i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	1B	QL (30 tablets every 30 days); +

MIGRAINE

AIMOVIG SOAJ 70MG/ML, 140MG/ML	2	PA, QL (1 injection every 25 days); +
<i>almotriptan malate tabs 6.25mg</i>	1B	QL (18 tabs every 25 days); +
<i>almotriptan malate tabs 12.5mg</i>	1B	QL (12 tabs every 25 days); +
<i>eletriptan hydrobromide tabs 20mg</i>	1B	QL (18 tabs every 25 days); +
<i>eletriptan hydrobromide tabs 40mg</i>	1B	QL (12 tabs every 25 days); +
EMGALITY SOAJ 120MG/ML; SOSY 120MG/ML	2	PA, QL (2 injections every 25 days); +
EMGALITY SOSY 100MG/ML	2	PA, QL (3 injections every 25 days); +
ERGOMAR SUBL 2MG	3	QL (20 tabs every 28 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>frovatriptan succinate tabs 2.5mg</i>	1B	ST, QL (12 tabs every 30 days)
<i>naratriptan hcl tabs 1mg</i>	1B	QL (18 tabs every 25 days); +
<i>naratriptan hcl tabs 2.5mg</i>	1B	QL (12 tabs every 25 days); +
QULIPTA TABS 10MG, 30MG, 60MG	2	PA, QL (30 tabs every 30 days); +
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	1B	QL (27 tabs every 25 days); +
<i>rizatriptan benzoate tabs 10mg</i>	1B	QL (18 tabs every 25 days); +
<i>rizatriptan benzoate tbdp 10mg</i>	1A	QL (18 tabs every 25 days); +

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 53
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy ^ - HIV Cost-Sharing cap will
apply

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan soln 5mg/act</i>	2	QL (36 sprays every 25 days); +
<i>sumatriptan soln 20mg/act</i>	2	QL (12 sprays every 25 days); +
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	2	QL (18 syringes every 25 days); +
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; sosy 6mg/0.5ml</i>	2	QL (12 units every 25 days); +
<i>sumatriptan succinate soln 6mg/0.5ml</i>	2	QL (12 vials every 25 days); +
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	1A	QL (18 tabs every 25 days); +
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	3	ST, QL (9 tabs every 25 days); PA**; +
UBRELVY TABS 50MG, 100MG	2	PA, QL (16 tabs every 30 days); +
<i>zolmitriptan soln 2.5mg</i>	1B	QL (18 sprays every 25 days); +
<i>zolmitriptan soln 5mg</i>	1B	QL (12 sprays every 25 days); +
<i>zolmitriptan tabs 2.5mg; tbdp 2.5mg</i>	1B	QL (18 tabs every 25 days); +
<i>zolmitriptan tabs 5mg; tbdp 5mg</i>	1B	QL (12 tabs every 25 days); +
MISCELLANEOUS		
GUANIDINE HCL TABS 125MG	3	
<i>lithium soln 8meq/5ml</i>	1B	
<i>lithium carbonate caps 150mg, 300mg, 600mg</i>	1A	
<i>lithium carbonate tabs 300mg; tbcr 300mg, 450mg</i>	1B	
NUDEXTA CAP 20-10MG	2	PA, QL (60 caps every 30 days)
<i>pimozide tabs 1mg, 2mg</i>	1B	
<i>pyridostigmine bromide soln 60mg/5ml; tbcr 180mg</i>	2	
<i>pyridostigmine bromide tabs 60mg</i>	1B	
<i>riluzole tabs 50mg</i>	1B	
MOVEMENT DISORDERS		
AUSTEDO TABS 6MG, 9MG, 12MG	4	SP, PA, QL (60 tablets every 30 days)
AUSTEDO XR TB24 6MG, 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG	4	SP, PA, QL (30 tablets every 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TAB TITR KIT	4	SP, PA, QL (28 tablets per year)
<i>tetrabenazine tabs 12.5mg</i>	4	SP, PA, QL (120 tabs every 30 days)
<i>tetrabenazine tabs 25mg</i>	4	SP, PA, QL (60 tabs every 30 days)

MULTIPLE SCLEROSIS AGENTS

AVONEX KIT 30MCG/VIAL	5	PA, QL (4 injections every 28 days)
AVONEX PSKT 30MCG/0.5ML	5	SP, PA, QL (4 injections every 28 days); +
AVONEX PEN AJKT 30MCG/0.5ML	5	SP, PA, QL (4 injections every 28 days); +
BETASERON KIT .3MG	4	SP, PA, QL (14 injections every 28 days); +
COPAXONE SOSY 20MG/ML	4	SP, PA, QL (30 injections every 30 days); +
COPAXONE SOSY 40MG/ML	4	SP, PA, QL (12 syringes every 28 days); +
<i>dalfampridine tb12 10mg</i>	5	SP, PA, QL (60 tabs every 30 days); +
<i>dimethyl fumarate cpdr 120mg</i>	1B	SP, PA, QL (14 caps every 28 days); +
<i>dimethyl fumarate cpdr 240mg</i>	1B	SP, PA, QL (60 caps every 30 days); +
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1B	SP, PA, QL (1 kit every 30 days); +
<i>fingolimod hcl caps .5mg</i>	4	SP, PA, QL (30 caps every 30 days); +
PLEGRIDY SOAJ 125MCG/0.5ML; SOSY 125MCG/0.5ML	5	SP, PA, QL (1 carton every 28 days)
PLEGRIDY INJ STARTER	5	SP, PA, QL (1 kit every 28 days)
PLEGRIDY PEN INJ STARTER	5	SP, PA, QL (1 pack every 28 days)
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	4	SP, PA, QL (12 syringes every 28 days); +
REBIF REBIDO INJ TITRATN	4	SP, PA, QL (1 box every 28 days)
REBIF REBIDOSE SOAJ 22MCG/0.5ML	4	SP, PA, QL (12 syringes every 28 days)
REBIF REBIDOSE SOAJ 44MCG/0.5ML	4	SP, PA, QL (12 syringes every 28 days); +

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 55
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
REBIF TITRTN INJ PACK	4	SP, PA, QL (1 box every 28 days)
<i>teriflunomide tabs 7mg, 14mg</i>	4	SP, PA, QL (30 tabs every 30 days); +
TYSABRI CONC 300MG/15ML	4	SP, PA, QL (1 vial every 28 days)
ZEPOSIA CAPS .92MG	4	SP, PA, QL (30 every 30 Days); +
ZEPOSIA 7DAY CAP STR PACK	4	SP, PA, QL (1 every 365 Days)
ZEPOSIA CAP STR KIT	4	SP, PA, QL (1 kit every 365 days)
ZEPOSIA CAP STR KIT	4	SP, PA, QL (1 kit every 365 days); +

MUSCULOSKELETAL THERAPY AGENTS

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

NARCOLEPSY/CATAPLEXY

<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1B	PA, QL (30 tabs every 30 days)
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	4	SP, PA, QL (30 packets every 30 days)
LUMRYZ PAK STARTER	4	SP, PA, QL (1 pack per 365 days)
<i>modafinil tabs 100mg, 200mg</i>	1B	QL (30 tabs every 30 days)
WAKIX TABS 4.45MG, 17.8MG	4	SP, PA, QL (60 tablets every 30 days)

OPIOID ANTAGONIST

KLOXXADO LIQD 8MG/0.1ML	2	
<i>naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy .4mg/ml, 2mg/2ml</i>	1B	
<i>naltrexone hcl tabs 50mg</i>	0	\$0 copay
OPVEE SOLN 2.7MG/0.1ML	2	

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 56
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
REXTOVY LIQD 4MG/0.25ML	2	
RIVIVE SPR 3/0.1ML	2	OTC
VIVITROL SUSR 380MG	4	QL (1 vial every 28 days)
ZIMHI SOSY 5MG/0.5ML	2	

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	0	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine lozq 2mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr lozq 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2mg, 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3 pt24 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTINE SYS KIT TRANSDER	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10MG	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10MG/ML	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
VARENICLINE TARTRATE TABS .5MG, 1MG	0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	0	\$0 limited to 2 treatment cycles/year

CEPHALOSPORINS

CEPHALOSPORINS - 3RD GENERATION

<i>ceftazidime solr 6gm</i>	1B	
-----------------------------	----	--

DERMATOLOGICALS

ANTIBIOTICS - TOPICAL

ALTABAX OINT 1%	2	
XEPI CREA 1%	2	

ANTIFUNGALS - TOPICAL

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS - TOPICAL		
<i>acyclovir topical oint 5%</i>	1B	
ECZEMA AGENTS		
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	4	SP, PA, QL (2 syringes every 28 days)
MISC. TOPICAL		
DRYSOL SOLN 20%	2	
XERAC AC SOLN 6.25%	3	
DIURETICS		
LOOP DIURETICS		
FUROSCIX CTKT 80MG/10ML	4	ST, QL (5 kits every 3 months); +
ENDOCRINE AND METABOLIC		
ACROMEGALY		
<i>lanreotide acetate soln 120mg/0.5ml</i>	4	SP, PA, QL (1 injection every 28 days)
<i>octreotide acetate kit 10mg, 20mg, 30mg</i>	4	SP, PA
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	4	SP, PA, QL (90 ml every 30 days)
<i>octreotide acetate soln 200mcg/ml</i>	4	SP, PA, QL (225 ml every 30 days)
<i>octreotide acetate soln 1000mcg/ml</i>	4	SP, PA, QL (45 ml every 30 days)
OCTREOTIDE ACETATE SOSY 50MCG/ML, 100MCG/ML, 500MCG/ML	4	SP, PA, QL (90 mL every 30 days)
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML	4	SP, PA, QL (1 injection every 28 days)
SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG	4	SP, PA, QL (30 vials every 30 days)
ANDROGENS		
ANADROL-50 TABS 50MG	3	PA
<i>depo-testosterone soln 200mg/ml</i>	1B	PA
INTRAROSA INST 6.5MG	3	+
<i>methyltestosterone caps 10mg</i>	3	PA
<i>oxandrolone tabs 2.5mg, 10mg</i>	1B	
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	1B	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1B	PA
<i>testosterone enanthate soln 200mg/ml</i>	1B	PA

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

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	1B	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	1B	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500MCG/1.5ML	3	ST; PA**
SYMLINPEN 120 SOPN 2700MCG/2.7ML	3	ST; PA**
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg</i>	1A	
<i>metformin hcl tabs 850mg</i>	1A	\$0 copay for members age 35-70 for prevention of diabetes
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1B	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1B	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1B	
<i>glyburide-metformin tab 1.25-250 mg</i>	1A	
<i>glyburide-metformin tab 2.5-500 mg</i>	1A	
<i>glyburide-metformin tab 5-500 mg</i>	1A	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	1B	
ZITUVIO TABS 25MG, 50MG, 100MG	2	QL (30 tabs every 30 days)
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
ZITUVIMET TAB 50-500MG	2	QL (60 tabs every 30 days)
ZITUVIMET TAB 50-1000	2	QL (60 tabs every 30 days)
ZITUVIMET XR TAB 50-500MG	2	QL (60 tabs every 30 days)
ZITUVIMET XR TAB 50-1000	2	QL (60 tabs every 30 days)
ZITUVIMET XR TAB 100-1000	2	QL (60 tabs every 30 days)
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
<i>liraglutide sopn 18mg/3ml</i>	1B	PA, QL (3 pens every 30 days)
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	2	PA, QL (4 pens every 28 days)
OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML	2	PA, QL (1 pen every 28 days)
OZEMPIC SOPN 8MG/3ML	2	PA, QL (1 pen every 30 days)
RYBELSUS TABS 1.5MG, 3MG, 4MG, 7MG, 9MG, 14MG	2	PA, QL (30 tablets every 30 days)
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	PA, QL (4 pens every 28 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 59
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	ST, QL (6 pens every 30 days); PA**; INS
XULTOPHY INJ 100/3.6	2	ST, QL (5 pens every 30 days); PA**; INS
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN SOPN 100UNIT/ML	2	INS
BASAGLAR TEMPO PEN SOPN 100UNIT/ML	2	INS
FIASP SOLN 100UNIT/ML	2	QL (60mL every 30 days); INS
FIASP FLEXTOUCH SOPN 100UNIT/ML	2	QL (60mL every 30 days); INS
FIASP PENFILL SOCT 100UNIT/ML	2	QL (60mL every 30 days); INS
FIASP PUMPCART SOCT 100UNIT/ML	2	QL (60mL every 30 days); INS
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	2	INS
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	2	INS
INSULIN LISPRO SOLN 100UNIT/ML	2	INS
LEVEMIR SOLN 100UNIT/ML	2	INS
LEVEMIR FLEXPEN SOPN 100UNIT/ML	2	INS
NOVOLIN INJ 70/30	1A	QL (60mL every 30 days), OTC; RELION not covered; INS
NOVOLIN INJ 70/30 FP	2	QL (60mL every 30 days), OTC; RELION not covered; INS
NOVOLIN N SUSP 100UNIT/ML	1A	QL (60mL every 30 days), OTC; RELION not covered; INS
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	2	QL (60mL every 30 days), OTC; RELION not covered; INS
NOVOLIN R SOLN 100UNIT/ML	1A	QL (60mL every 30 days), OTC; RELION not covered; INS
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	2	QL (60mL every 30 days), OTC; RELION not covered; INS
NOVOLOG SOLN 100UNIT/ML	2	QL (60mL every 30 days); INS

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 60
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy ^ - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN SOPN 100UNIT/ML	2	QL (60mL every 30 days); INS
NOVOLOG MIX INJ 70/30	2	QL (60mL every 30 days); INS
NOVOLOG MIX INJ FLEXPEN	2	QL (60mL every 30 days); INS
NOVOLOG PENFILL SOCT 100UNIT/ML	2	QL (60mL every 30 days); INS
TRESIBA SOLN 100UNIT/ML	2	INS
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	2	INS

ANTIDIABETICS, INSULIN SENSITIZER

<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1A
---	----

ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1B
---	----

<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1B
---	----

ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1B
---	----

<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1B
---	----

ANTIDIABETICS, MEGLITINIDE

<i>nateglinide tabs 60mg, 120mg</i>	1B
-------------------------------------	----

<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1B
--	----

ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO

SYNJARDY TAB	2	QL (60 tabs every 30 days)
--------------	---	----------------------------

SYNJARDY TAB 5-500MG	2	QL (60 tabs every 30 days)
----------------------	---	----------------------------

SYNJARDY TAB 5-1000MG	2	QL (60 tabs every 30 days)
-----------------------	---	----------------------------

SYNJARDY TAB 12.5-500	2	QL (60 tabs every 30 days)
-----------------------	---	----------------------------

SYNJARDY XR TAB	2	QL (60 tabs every 30 days)
-----------------	---	----------------------------

SYNJARDY XR TAB 5-1000MG	2	QL (60 tabs every 30 days)
--------------------------	---	----------------------------

SYNJARDY XR TAB 10-1000	2	QL (30 tabs every 30 days)
-------------------------	---	----------------------------

SYNJARDY XR TAB 25-1000	2	QL (30 tabs every 30 days)
-------------------------	---	----------------------------

XIGDUO XR TAB 2.5-1000	2	QL (60 tabs every 30 days)
------------------------	---	----------------------------

XIGDUO XR TAB 5-500MG	2	QL (30 tabs every 30 days)
-----------------------	---	----------------------------

XIGDUO XR TAB 5-1000MG	2	QL (60 tabs every 30 days)
------------------------	---	----------------------------

XIGDUO XR TAB 10-500MG	2	QL (30 tabs every 30 days)
------------------------	---	----------------------------

XIGDUO XR TAB 10-1000	2	QL (30 tabs every 30 days)
-----------------------	---	----------------------------

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

INHIBITOR COMBINATIONS

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

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

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

61

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA TABS 5MG, 10MG	2	QL (30 tabs every 30 days); +
JARDIANCE TABS 10MG, 25MG	2	QL (30 tabs every 30 days); +
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1B	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	1A	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1A	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1A	
BISPHOSPHONATES		
<i>alendronate sodium soln 70mg/75ml</i>	1B	+
<i>alendronate sodium tabs 5mg, 10mg, 35mg, 70mg</i>	1A	+
<i>ibandronate sodium soln 3mg/3ml; tabs 150mg</i>	1B	+
<i>pamidronate disodium soln 30mg/10ml, 90mg/10ml; solr 30mg, 90mg</i>	1B	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	1B	+
<i>zoledronic acid conc 4mg/5ml; soln 5mg/100ml</i>	4	SP; +
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tabs 30mg, 60mg</i>	4	SP, PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tabs 90mg</i>	4	SP, PA, QL (120 tabs every 30 days)
CHELATING AGENTS		
CHEMET CAPS 100MG	3	
<i>deferiprone tabs 500mg, 1000mg</i>	4	SP, PA
FERRIPROX SOLN 100MG/ML	4	SP, PA
FERRIPROX TWICE-A-DAY TABS 1000MG	4	SP, PA
<i>kionex susp 15gm/60ml</i>	1B	
LOKELMA PACK 5GM, 10GM	3	PA, QL (900g every 30 days)
<i>penicillamine tabs 250mg</i>	3	SP
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	1B	
CONTRACEPTIVES		
<i>altavera</i>	0	
<i>alyacen 1/35</i>	0	
<i>alyacen 7/7/7</i>	0	
<i>amethia</i>	0	

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 62
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>amethyst</i>	0	
ANNOVERA MIS	0	QL (1 every 300 days)
<i>apri</i>	0	
<i>aranelle</i>	0	
<i>ashlyna</i>	0	
AVERI TAB	0	
<i>aviane</i>	0	
<i>azurette</i>	0	
<i>camila tabs .35mg</i>	0	
CAYA DPR	0	QL (1 every 300 days)
<i>caziant</i>	0	
<i>chateal</i>	0	
CONDOMS MIS	0	QL (12 condoms every 30 days), OTC
<i>cryselle-28</i>	0	
<i>cyclafem 1/35</i>	0	
<i>cyclafem 7/7/7</i>	0	
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	
<i>delyla</i>	0	
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	0	QL (4 injections every 300 days); +
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>elinest</i>	0	
ELLA TABS 30MG	0	
<i>emoquette</i>	0	
ENCARE SUPP 100MG	0	OTC
<i>enilloring</i>	0	QL (13 every 300 days)
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	
<i>errin tabs .35mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	0	QL (13 every 300 days)
<i>falmina</i>	0	
FC2 FEMALE MIS CONDOM	0	QL (12 condoms every 30 days), OTC

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

63

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
FEMCAP MIS 22MM	0	QL (1 every 300 days)
FEMCAP MIS 26MM	0	QL (1 every 300 days)
FEMCAP MIS 30MM	0	QL (1 every 300 days)
FEMLYV TAB 1/0.02MG	0	
<i>gianvi</i>	0	
<i>heather tabs .35mg</i>	0	
<i>introvale</i>	0	
<i>jolessa</i>	0	
<i>jolivette tabs .35mg</i>	0	
<i>joyeaux</i>	0	
<i>junel 1.5/30</i>	0	+
<i>junel 1/20</i>	0	+
<i>junel fe 1.5/30</i>	0	+
<i>junel fe 1/20</i>	0	+
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	
<i>kurvelo</i>	0	
KYLEENA IUD 19.5MG	0	QL (1 every 300 days)
<i>larin 1.5/30</i>	0	+
<i>leena</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	0	OTC
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	0	
<i>levora 0.15/30-28</i>	0	
LILETTA IUD 20.1MCG/DAY	0	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	0	
<i>loryna</i>	0	
<i>low-ogestrel</i>	0	
<i>luttera</i>	0	
<i>marlissa</i>	0	
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	0	QL (1 injection every 84 days); +

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

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 1.5/30</i>	0	+
<i>minzoya</i>	0	
MIRENA IUD 20MCG/DAY	0	QL (1 every 300 days)
MIUDELLA IUD COPPER	0	QL (1 every 300 days)
<i>mono-lynyah</i>	0	
<i>myzilra</i>	0	
NATAZIA TAB	0	
<i>necon 0.5/35-28</i>	0	
NEXPLANON IMPL 68MG	0	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	0	
<i>nikki</i>	0	
<i>nora-be tabs .35mg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone (contraceptive) tabs .35mg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1- 30/1-35 mg-mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg</i>	0	+
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg- 20 mcg (24)</i>	0	+
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35</i>	0	
<i>nortrel 7/7/7</i>	0	
<i>nylia 1/35</i>	0	
<i>ocella</i>	0	
<i>ogestrel</i>	0	
OMNIFLEX DPR	0	QL (1 every 300 days)
OPILL TABS .075MG	0	QL (28 tablets every 28 days), OTC; Rx required

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

65

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
OPTIONS GYNOL II VAGINAL GEL 3%	0	OTC
<i>orsythia</i>	0	
PARAGARD IUD T380A	0	QL (1 every 300 days)
PHEXXI GEL	0	QL (60g every 30 days)
<i>portia-28</i>	0	
<i>previfem</i>	0	
<i>quasense</i>	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
SKYLA IUD 13.5MG	0	QL (1 every 300 days)
SLYND TABS 4MG	0	
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
TODAY SPONGE MISC 1000MG	0	OTC
<i>tri-lynyah</i>	0	
<i>tri-sprintec</i>	0	
<i>trinessa</i>	0	
<i>trivora-28</i>	0	
<i>turqoz</i>	0	
TWIRLA DIS 120-30	0	
TYBLUME CHW 0.1-0.02	0	
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4%	0	OTC
<i>velivet</i>	0	
<i>viorele</i>	0	
<i>wera</i>	0	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	0	QL (1 every 300 days)
<i>xulane</i>	0	
<i>zenchent</i>	0	
<i>zovia 1/35</i>	0	
CUSHING'S DISEASE		
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	5	SP, PA, QL (60 ampules every 30 days)
ENDOMETRIOSIS		
<i>danazol caps 50mg, 100mg, 200mg</i>	1B	
ORILISSA TABS 150MG	3	PA, QL (30 tablets every 30 days)
ORILISSA TABS 200MG	3	PA, QL (60 tablets every 30 days)
SYNAREL SOLN 2MG/ML	5	PA

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

66

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
ENZYME REPLACEMENTS		
<i>betaine powder for oral solution</i>	4	SP, PA
<i>carglumic acid tbsso 200mg</i>	4	SP, PA
CERDELGA CAPS 84MG	4	SP, PA, QL (56 caps every 28 days)
CYSTAGON CAPS 50MG, 150MG	4	SP, PA
MYALEPT SOLR 11.3MG	4	SP, PA, QL (30 vials every 30 days)
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	4	SP, PA
ORFADIN SUSP 4MG/ML	4	SP, PA
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	4	SP, PA
<i>sodium phenylbutyrate powd 3gm/tsp</i>	4	SP, PA, QL (600g every 30 days)
<i>sodium phenylbutyrate tabs 500mg</i>	4	SP, PA, QL (1200 tabs every 30 days)
STRENSIQ SOLN 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	4	SP, PA
YORVIPATH SOPN 168MCG/0.56ML, 294MCG/0.98ML, 420MCG/1.4ML	4	SP, PA, QL (2 pens every 28 days)
ESTROGENS		
CLIMARA PRO DIS WEEKLY	2	QL (4 patches every 28 days); +
DEPO-ESTRADIOL OIL 5MG/ML	3	+
DUAVEE TAB 0.45-20	2	+
ELESTRIN GEL .06%	3	+
<i>estradiol gel .25mg/0.25gm, .5mg/0.5gm, 1mg/gm</i>	1B	+
<i>estradiol gel .75mg/0.75gm, 1.25mg/1.25gm</i>	1B	
<i>estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1B	QL (8 patches every 28 days); +
<i>estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	1B	QL (4 patches every 28 days); +
<i>estradiol tabs .5mg, 1mg, 2mg</i>	1A	+
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1B	+
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1B	+
<i>estradiol vaginal crea .1mg/gm</i>	1B	+
<i>estradiol valerate oil 20mg/ml</i>	1B	QL (1 vial every 28 days); +
<i>estradiol valerate oil 40mg/ml</i>	1B	+
ESTROGEL GEL .06%	3	QL (50 g every 30 days); +

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 67
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
EVAMIST SOLN 1.53MG/SPRAY	3	+
IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG	3	QL (18 supps every 28 days); +
IMVEXXY STARTER PACK INST 4MCG, 10MCG	3	QL (1 starter pack per year); +
<i>jinteli</i>	1B	+
MENEST TABS .3MG, .625MG, 1.25MG, 2.5MG	3	+
<i>mimvey</i>	1B	+
<i>mimvey lo</i>	1B	+
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1B	+
PREMARIN CREA .625MG/GM	2	QL (30 g every 30 days); +
PREMARIN SOLR 25MG	3	+
PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	3	QL (30 tablets every 30 days); +
<i>yuvaferm tabs 10mcg</i>	1B	+

GLUCOCORTICOIDS

<i>cortisone acetate tabs 25mg</i>	1B	
DEPO-MEDROL SUSP 20MG/ML	3	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs 1mg, 2mg</i>	1B	
<i>dexamethasone tabs .5mg, .75mg, 1.5mg, 4mg, 6mg</i>	1A	
DEXAMETHASONE INTENSOL CONC 1MG/ML	2	
<i>dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	1B	
<i>fludrocortisone acetate tabs .1mg</i>	1B	
<i>hydrocortisone tabs 5mg, 10mg</i>	1B	
<i>hydrocortisone tabs 20mg</i>	1A	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1B	
<i>methylprednisolone acetate susp 40mg/ml, 80mg/ml</i>	1B	
<i>methylprednisolone sod succ solr 40mg, 125mg, 1000mg</i>	1B	
<i>prednisolone soln 15mg/5ml</i>	1B	
<i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	1B	
<i>prednisone soln 5mg/5ml; tabs 50mg; tbpk 5mg, 10mg</i>	1B	
<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg</i>	1A	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
STOBOCLO SOSY 60MG/ML	4	SP, QL (60mg every 24 weeks)
TYMLOS SOPN 3120MCG/1.56ML	4	SP, PA, QL (1 pen every 30 days)

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	1B	
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	1B	PA
<i>sevelamer carbonate tabs 800mg</i>	1B	
VELPHORO CHEW 500MG	3	PA

PROGESTINS

CRINONE GEL 4%, 8%	2	
<i>medroxyprogesterone acetate tabs 2.5mg, 10mg</i>	1A	+
<i>medroxyprogesterone acetate tabs 5mg</i>	1B	+
<i>norethindrone acetate tabs 5mg</i>	1B	+
<i>progesterone caps 100mg, 200mg</i>	1B	

THYROID AGENTS

ADTHYZA TABS 15MG, 30MG, 60MG, 90MG, 120MG	1B	+
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	1B	+
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1B	+
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1B	+
<i>liothyronine sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	1B	+
<i>methimazole tabs 5mg, 10mg</i>	1B	+
NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	1B	+
NP THYROID 15 TABS 15MG	1B	+
NP THYROID 30 TABS 30MG	1B	+
NP THYROID 60 TABS 60MG	1B	+
NP THYROID 90 TABS 90MG	1B	+
NP THYROID 120 TABS 120MG	1B	+
<i>propylthiouracil tabs 50mg</i>	1B	+

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

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

VASOPRESSINS

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

GASTROINTESTINAL

ANTICHOLINERGICS

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

ANTIDIARRHEALS

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

ANTIEMETICS

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

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 71
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

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

H2-RECEPTOR ANTAGONISTS

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

INFLAMMATORY BOWEL DISEASE

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

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

LINZESS CAPS 72MCG, 145MCG, 290MCG	2	QL (30 caps every 30 days)
---	---	----------------------------

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 72
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>lubiprostone caps 8mcg, 24mcg</i>	1B	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl tabs .5mg, 1mg</i>	3	PA
LAXATIVES		
CLENPIQ SOL	2	QL (Limited to 1 every year); \$0 copay for members age 45 through 75
<i>enulose soln 10gm/15ml</i>	1B	
<i>generlac soln 10gm/15ml</i>	1B	
<i>lactulose soln 10gm/15ml</i>	1B	
PEG-PREP KIT	1B	\$0 copay for members age 45 through 75
PLENVU SOL	2	QL (Limited to 1 every year); \$0 copay for members age 45 through 75
SUFLAVE SOL	2	QL (Limited to 1 every year); \$0 copay for members age 45 through 75
SUTAB TAB	2	QL (Limited to 1 every year); \$0 copay for members age 45 through 75
MISCELLANEOUS		
<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	1B	PA
MOVANTIK TABS 12.5MG, 25MG	2	QL (30 tabs every 30 days)
REBYOTA SUSP 150ML	2	SP, PA, QL (150 mL every 30 days)
<i>sucralfate tabs 1gm</i>	1B	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	1B	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 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

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

73

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000UNT	2	PA
ZENPEP CAP 40000UNT	2	PA
ZENPEP CAP 60000UNT	2	PA

PROTON PUMP INHIBITORS

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

RECTAL, CORTICOSTEROIDS

<i>hydrocortisone (rectal) crea 1%</i>	1B	
<i>proctosol hc crea 2.5%</i>	1B	
<i>proctozone-hc crea 2.5%</i>	1B	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

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

MISCELLANEOUS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1B	
ELMIRON CAPS 100MG	3	QL (90 caps every 30 days)
<i>flavoxate hcl tabs 100mg</i>	1B	
<i>phenazopyridine tab 95mg tabs 95mg</i>	1B	OTC

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

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will

apply

Drug Name	Drug Tier	Requirements/Limits
potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg	1B	

URINARY ANTISPASMODICS

darifenacin hydrobromide tb24 7.5mg, 15mg	1B	
fesoterodine fumarate tb24 4mg, 8mg	3	PA, QL (30 tabs every 30 days)
mirabegron tb24 25mg, 50mg	2	PA, QL (30 tablets every 30 days)
MYRBETRIQ SRER 8MG/ML	2	PA, QL (300 mL every 30 days)
oxybutynin chloride soln 5mg/5ml	1B	
oxybutynin chloride tabs 5mg; tb24 5mg, 10mg, 15mg	1B	+
solifenacin succinate tabs 5mg, 10mg	1B	
tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg	1B	
tropium chloride cp24 60mg; tabs 20mg	1B	

VAGINAL ANTI-INFECTIVES

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

HEMATOLOGIC

ANTICOAGULANTS

ARGATRB/NACL INJ 50MG/50	3	
argatroban soln 250mg/2.5ml	1B	
ARGATROBAN INJ 125/125	3	
ARGATROBAN INJ 250/250	3	
ELIQUIS TABS 2.5MG	2	QL (60 tablets every 30 days)
ELIQUIS TABS 5MG	2	QL (74 tablets every 30 days)
ELIQUIS STARTER PACK TBPK 5MG	2	QL (1 starter pack every 365 days)
enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	

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

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML	3	
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	1B	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1A	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1A	
XARELTO SUSR 1MG/ML	2	PA, QL (20mL per day)
XARELTO TABS 2.5MG, 15MG	2	QL (60 tablets every 30 days)
XARELTO TABS 10MG, 20MG	2	QL (30 tablets every 30 days)
XARELTO STAR TAB 15/20MG	2	QL (51 tablets every 365 days)

HEMATOPOIETIC GROWTH FACTORS

ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	4	SP, PA, QL (60 tablets every 30 days)
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	4	SP, PA
ARANESP ALBUMIN FREE SOLN 300MCG/ML	4	PA
<i>eltrombopag olamine tabs 12.5mg, 25mg</i>	4	SP, PA, QL (30 tabs every 30 days)
<i>eltrombopag olamine tabs 50mg, 75mg</i>	4	SP, PA, QL (60 tabs every 30 days)
MIRCERA SOSY 30MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML, 100MCG/0.3ML, 120MCG/0.3ML, 150MCG/0.3ML, 200MCG/0.3ML	5	SP, PA
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	4	SP, PA

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

Drug Name	Drug Tier	Requirements/Limits
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	4	SP, PA
HEMOPHILIA A AGENTS		
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	5	SP, PA
MISCELLANEOUS		
<i>anagrelide hcl caps .5mg, 1mg</i>	2	
<i>cilostazol tabs 50mg, 100mg</i>	1B	
<i>pentoxifylline tbcr 400mg</i>	1B	
<i>tranexamic acid soln 1000mg/10ml; tabs 650mg</i>	1B	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1B	
BRILINTA TABS 60MG, 90MG	2	QL (60 tablets every 30 days)
<i>clopidogrel bisulfate tabs 75mg</i>	1A	
<i>clopidogrel bisulfate tabs 300mg</i>	1B	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1B	
<i>prasugrel hcl tabs 5mg, 10mg</i>	1B	
<i>ticagrelor tabs 90mg</i>	1B	QL (60 tablets every 30 days)
HEMATOPOIETIC AGENTS		
HEMATOPOIETIC GROWTH FACTORS		
NYVEPRIA SOSY 6MG/0.6ML	4	SP, PA
IRON		
FERROUS FUMARATE TABS 29MG	1B	OTC
<i>ferrous fumarate tabs 324mg</i>	1B	OTC
<i>ferrous gluconate tabs 240mg</i>	1B	OTC
FERROUS GLUCONATE TABS 324MG	1B	OTC
FERROUS SULFATE LIQD 220MG/5ML; TBEC 324MG	1B	OTC
<i>ferrous sulfate soln 220mg/5ml; tbec 325mg</i>	1B	OTC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
<i>flurazepam hcl caps 15mg, 30mg</i>	1B	
<i>quazepam tabs 15mg</i>	2	ST; +

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

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENTYVIO PEN SOAJ 108MG/0.68ML	5	SP, PA, QL (2 pens every 28 days)
BIOLOGIC DISEASE-MODIFYING AGENTS		
ADBRY SOAJ 300MG/2ML	4	SP, PA, QL (4 injections every 28 days)
ADBRY SOSY 150MG/ML	4	SP, PA, QL (4 syringes every 28 days)
AVSOLA SOLR 100MG	4	SP, PA
ENBREL SOLN 25MG/0.5ML	4	SP, PA, QL (8 vials every 28 days)
ENBREL SOLR 25MG; SOSY 50MG/ML	4	SP, PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOSY 25MG/0.5ML	4	SP, PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50MG/ML	4	SP, PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50MG/ML	4	SP, PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10MG/0.1ML	4	SP, PA, QL (2 injections every 28 days)
HUMIRA PSKT 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	4	SP, PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	4	SP, PA, QL (2 injections every 28 days); (80mg and 40mg dual strength kit)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 78
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

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

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

79

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ SOLN 1MG/ML	4	SP, PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis
SIMPONI SOAJ 50MG/0.5ML, 100MG/ML; SOSY 50MG/0.5ML, 100MG/ML	5	SP, PA, QL (1 injection every 28 days)
SIMPONI ARIA SOLN 50MG/4ML	4	SP, PA, QL (200 mg every 8 weeks)
SKYRIZI PSKT 75MG/0.83ML	4	SP, PA, QL (2 syringes every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	4	SP, PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI SOLN 600MG/10ML	4	SP, PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI SOSY 150MG/ML	4	SP, PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI PEN SOAJ 150MG/ML	4	SP, PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA SOLN 45MG/0.5ML	4	SP, PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOLN 130MG/26ML	4	SP, PA, QL (4 vials every 365 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 45MG/0.5ML	4	SP, PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis

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

Drug Name	Drug Tier	Requirements/Limits
STELARA SOSY 90MG/ML	4	SP, PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ SOAJ 80MG/ML; SOSY 20MG/0.25ML, 40MG/0.5ML, 80MG/ML	4	SP, PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	4	SP, PA, QL (1 injection every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis, and Crohn's Disease
TREMFYA SOAJ 200MG/2ML	4	SP, PA, QL (1 pen every 28 days); Preferred for Crohn's Disease
TREMFYA SOLN 200MG/20ML	4	SP, PA, QL (1 vial every 28 days); Preferred for Ulcerative Colitis and Crohn's Disease
TREMFYA SOSY 200MG/2ML	4	SP, PA, QL (1 syringe every 28 days); Preferred for Ulcerative Colitis and Crohn's Disease
TYENNE SOAJ 162MG/0.9ML; SOSY 162MG/0.9ML	5	SP, PA, QL (4 syringes every 28 days)
XELJANZ TABS 5MG	4	SP, PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ TABS 10MG	4	SP, PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 11MG	4	SP, PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 81
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TB24 22MG	4	SP, PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tabs 200mg</i>	1B	+
<i>leflunomide tabs 10mg, 20mg</i>	1B	+
<i>methotrexate sodium tabs 2.5mg</i>	1B	+
OTEZLA TABS 20MG	4	SP, PA, QL (30 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TABS 30MG	4	SP, PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20	4	SP, PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	4	SP, PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis

HEREDITARY ANGIOEDEMA

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

IMMUNOGLOBULIN

HYQVIA INJ 2.5-200	4	SP, PA
HYQVIA INJ 5-400	4	SP, PA
HYQVIA INJ 10-800	4	SP, PA
HYQVIA INJ 20-1600	4	SP, PA
HYQVIA INJ 30-2400	4	SP, PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 100MCG/0.5ML	4	SP, PA
ALFERON N SOLN 5000000UNIT/ML	4	SP
ARCALYST SOLR 220MG	4	SP, PA, QL (8 vials every 28 days)
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg</i>	4	SP, PA, QL (28 caps every 28 days)
<i>lenalidomide caps 20mg, 25mg</i>	4	SP, PA, QL (21 caps every 28 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 82
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

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

IMMUNOSUPPRESSANTS

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

VACCINES

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

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

Drug Name	Drug Tier	Requirements/Limits
CAPVAXIVE SOSY .5ML	0	
COMIRNATY 2023-24 SUSP 30MCG/0.3ML; SUSY 30MCG/0.3ML	0	
DAPTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	0	
DIP/TET PED INJ 25-5LFU	0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML	0	
ENGERIX-B SUSY 20MCG/ML	0	QL (3 injections per 365 days)
FLUAD INJ 2025-26	0	QL (1 injection every 180 days)
FLUARIX INJ 2025-26	0	QL (1 injection every 180 days)
FLUBLOK INJ 2025-26	0	QL (1 injection every 180 days)
FLUCELVAX INJ 2025-26	0	QL (1 injection every 180 days)
FLULAVAL INJ 2025-26	0	QL (1 injection every 180 days)
FLUMIST NASAL VACCINE 2025-2026	0	QL (1 application every 180 days)
FLUZONE INJ 2025-26	0	QL (1 injection every 180 days)
GARDASIL 9 SUSP .5ML; SUSY .5ML	0	QL (3 injections per 365 days)
HAVRIX SUSP 1440ELU/ML; SUSY 720ELU/0.5ML	0	QL (2 injections every 365 days)
HEPLISAV-B SOSY 20MCG/0.5ML	0	QL (2 injections every 365 days)
HIBERIX SOLR 10MCG	0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	0	
JYNNEOS SUSP .5ML	0	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML	0	
ROTARIX SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50MCG/0.5ML	0	QL (2 injections per lifetime); \$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX COVID-19 VACCINE SUSP 50MCG/0.5ML; SUSY 50MCG/0.5ML	0	
TDVAX INJ 2-2 LF	0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA SUSY .5ML	0	
TWINRIX INJ	0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25UNIT/0.5ML	0	
VAQTA SUSP 50UNIT/ML	0	QL (1 injection every 365 days)
VARIVAX SUSR 1350PFU/0.5ML	0	QL (2 injections every 365 days)
VAXNEUVANCE INJ	0	
ZOSTAVAX SUSR 19400UNT/0.65ML	0	\$0 copay for members age 19 and older, otherwise not covered

MEDICAL DEVICES

BLOOD PRESSURE MONITORS

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

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

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
DIABETIC SUPPLIES		
ACCU-CHEK BLOOD GLUCOSE TEST KITS	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	1A	QL (150 test strips every 25 days), OTC
ALCOH-WIPE MIS 12"X12"	2	
ALCOHOL SWABS PADS 70%	3	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC
CEQR SIMPL KIT PATCH 2U	2	PA, QL (10 patches every 30 days)
CEQR SIMPL KIT PATCH 2U	2	PA, QL (8 patches every 32 days)
CEQR SIMPL MIS INSERTER	2	PA, QL (1 inserter every 365 days)
GLUCOSE URINE TEST STRIPS	2	OTC
KETONE URINE TEST STRIPS	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MISC LANCETS	2	OTC
NOVOPEN ECHO MIS	2	QL (1 pen per 365 days)
SHARPS CONTAINER	2	OTC
TECHLITE INSULIN PEN NEEDLES	2	OTC
TECHLITE PLUS PEN NEEDLES	2	OTC
TEMPO SMART MIS BUTTON	2	QL (1 pen per 365 days)
URINE GLUCOSE MONITORING SUPPLIES	2	OTC
URINE TEST STRIPS	2	OTC

MEDICAL DEVICES AND SUPPLIES

DIABETIC SUPPLIES

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

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 87
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G7 MIS PODS	2	PA, QL (10 pods every 30 days)
OMNIPOD 5 L2 KIT INTRO G6	2	PA, QL (1 kit every 365 days)
OMNIPOD 5 L2 MIS PODS G6	2	PA, QL (10 pods every 30 days)
OMNIPOD DASH KIT INTRO	2	PA, QL (1 kit every 365 days)
OMNIPOD DASH MIS PODS	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 10UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 15UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 25UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 35UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD MIS CLASSIC	2	PA, QL (10 pods every 30 days)

MISCELLANEOUS THERAPEUTIC CLASSES

SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

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

MUSCULOSKELETAL THERAPY AGENTS

MUSCLE RELAXANT COMBINATIONS

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

VISCOSUPPLEMENTS

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

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>fluoritab soln .125mg/drop</i>	1B	\$0 applies for ages 5 and under
<i>flura-drops soln .25mg/drop</i>	1B	\$0 applies for ages 5 and under

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 88
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>k-effervescent tbef 25meq</i>	1B	
<i>klor-con 8 tbc 8meq</i>	1B	
<i>klor-con 10 tbc 10meq</i>	1B	
<i>klor-con m15 tbc 15meq</i>	1B	
<i>klor-con m20 tbc 20meq</i>	1B	
<i>ludent chew 1mg</i>	1B	
<i>ludent chew .25mg, .5mg</i>	1B	\$0 applies for ages 5 and under
<i>magnesium sulfate soln 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1B	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1B	
<i>nafrinse chew 2.2mg</i>	1B	
<i>nafrinse drops soln .125mg/drop</i>	1B	\$0 applies for ages 5 and under
<i>potassium chloride cpcr 8meq, 10meq; tbc 8meq, 10meq, 20meq</i>	1B	
<i>potassium chloride soln 10%, 20%</i>	1B	PA
<i>potassium chloride microencapsulated crystals er tbc 10meq, 20meq</i>	1B	
<i>sodium chloride soln 2.5meq/ml</i>	1B	
<i>sodium chloride flush soln .9%</i>	1B	
<i>sodium fluoride chew 1mg; tabs 1mg</i>	1B	
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	1B	\$0 applies for ages 5 and under
IV REPLACEMENT SOLUTIONS		
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1B	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1B	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1B	
<i>potassium chloride soln 2meq/ml</i>	1B	
<i>sodium chloride soln .45%, .9%, 3%, 5%</i>	1B	
VITAMINS		
<i>av-vite fb forte</i>	1B	
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1B	
<i>cholecalciferol caps 50000unit</i>	1B	OTC; +
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 89
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
<i>cyanocobalamin soln 1000mcg/ml</i>	1B	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml</i>	1B	
<i>elite-ob</i>	1B	
<i>ergocalciferol caps 50000unit</i>	1B	+
<i>folic acid caps 800mcg</i>	0	QL (100 caps every 30 days), OTC
<i>folic acid tabs 1mg</i>	1B	
<i>folic acid tabs 400mcg, 800mcg</i>	0	QL (100 tabs every 30 days), OTC
<i>inatal gt</i>	1B	
<i>multi-vit/iron/fluoride</i>	1B	OTC
<i>multi-vitamin/fluoride dr</i>	1B	
<i>multi-vitamin/fluoride/ir</i>	1B	
<i>multivitamin/fluoride</i>	1B	
<i>multivitamin/fluoride</i>	1B	OTC
<i>mvc-fluoride</i>	1B	
<i>niva-fol tab</i>	1B	OTC
<i>paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i>	1B	
<i>phytonadione tabs 5mg</i>	3	
<i>prenatabs rx</i>	1B	OTC
<i>prenatal 19</i>	1B	
<i>pyridoxine hcl tabs 25mg, 50mg</i>	1B	OTC
<i>tri-vitamin/fluoride</i>	1B	
<i>tri-vite/fluoride</i>	1B	
<i>trinate</i>	1B	
<i>vit a/c/d/fl dro 0.25mg</i>	1B	OTC
VITAMIN D2 TABS 400UNIT	1B	OTC
VITAMIN D2 TABS 2000UNIT	1A	OTC

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1B	
BLEPHAMIDE OIN S.O.P.	2	
BLEPHAMIDE SUS OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1B	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1B	

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

90

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

QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophth susp</i>	1B	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1B	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1B	

ANTI-INFECTIVES

AZASITE SOLN 1%	2	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1B	
<i>bacitracin-polymyxin b ophth oint</i>	1B	
BESIVANCE SUSP .6%	3	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1A	
<i>erythromycin (ophth) oint 5mg/gm</i>	1B	
<i>gatifloxacin (ophth) soln .5%</i>	1B	
<i>gentak oint .3%</i>	1B	
<i>gentamicin sulfate (ophth) soln .3%</i>	1A	QL (20 mL every 30 days)
<i>levofloxacin (ophth) soln .5%</i>	1B	
<i>moxifloxacin hcl (ophth) soln .5%</i>	1B	
NATACYN SUSP 5%	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1B	
<i>ofloxacin (ophth) soln .3%</i>	1B	
<i>polycin</i>	1B	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1B	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	1B	
<i>tobramycin (ophth) soln .3%</i>	1A	
<i>trifluridine soln 1%</i>	1B	
ZIRGAN GEL .15%	3	

ANTI-INFLAMMATORIES

ACUVAIL SOLN .45%	2	
<i>bromfenac sodium (ophth) soln .09%</i>	1B	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	1B	
<i>diclofenac sodium (ophth) soln .1%</i>	1B	
<i>difluprednate emul .05%</i>	1B	ST; PA**
<i>flurbiprofen sodium soln .03%</i>	1B	
FML OINT .1%	2	
FML FORTE SUSP .25%	2	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	1B	

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

Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate susp .5%</i>	2	
MAXIDEX SUSP .1%	2	
NEVANAC SUSP .1%	2	ST; PA**
PRED MILD SUSP .12%	2	
<i>prednisolone acetate (ophth) susp 1%</i>	1B	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
ANTIALLERGICS		
ALOCRIOL SOLN 2%	3	
ALOMIDE SOLN .1%	3	
<i>azelastine hcl (ophth) soln .05%</i>	1B	
<i>bepotastine besilate soln 1.5%</i>	1B	
<i>cromolyn sodium (ophth) soln 4%</i>	1B	
EMADINE SOLN .05%	3	
<i>epinastine hcl (ophth) soln .05%</i>	1B	
<i>gmp olopatadine hydrochlo soln .1%</i>	1B	OTC
LASTACFT SOLN .25%	2	OTC
<i>olopatadine hcl soln .2%</i>	1B	OTC
PATADAY EXTRA STRENGTH SOLN .7%	2	OTC
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>apraclonidine hcl soln .5%</i>	1B	
<i>betaxolol hcl (ophth) soln .5%</i>	1B	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	2	
<i>bimatoprost soln .03%</i>	1B	Generic Lumigan
<i>brimonidine tartrate soln .2%</i>	1A	
<i>brimonidine tartrate soln .15%</i>	1B	
<i>brinzolamide susp 1%</i>	1B	
<i>carteolol hcl (ophth) soln 1%</i>	1B	
<i>dorzolamide hcl soln 2%</i>	1B	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1B	
IOPIDINE SOLN 1%	3	
<i>latanoprost soln .005%</i>	1A	
<i>levobunolol hcl soln .5%</i>	1B	
LUMIGAN SOLN .01%	2	QL (1 bottle per 30 days)
PHOSPHOLINE IODIDE SOLR .125%	3	
<i>pilocarpine hcl soln 1%</i>	1B	
SIMBRINZA SUS 1-0.2%	2	QL (8mL every 20 days)
<i>tafluprost soln .015mg/ml</i>	1B	ST; PA**
<i>timolol maleate (ophth) solg .25%, .5%; soln .5%</i>	1B	

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 92
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate (ophth) soln .25%, .5%</i>	1A	
<i>travoprost soln .004%</i>	1B	
DRY EYE DISEASE		
MIEBO SOLN 1.338GM/ML	2	PA, QL (3 mL every 30 days)
RESTASIS EMUL .05%	1B	PA, QL (60 vials every 30 days); Single-Dose
RESTASIS MULTIDOSE EMUL .05%	2	PA, QL (1 bottle every 30 days); Multi-Dose
XIIDRA SOLN 5%	2	PA, QL (60 ampules every 30 days)
MISCELLANEOUS		
<i>atropine sulfate (ophthalmic) soln 1%</i>	1B	
CYSTARAN SOLN .44%	5	SP, PA, QL (4 bottles every 28 days)
LACRISERT INST 5MG	3	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1B	
<i>proparacaine hcl soln .5%</i>	1B	
<i>tropicamide soln .5%, 1%</i>	1B	
OPHTHALMIC AGENTS		
OPHTHALMIC ANTI-INFECTIVES		
XDEMVY SOLN .25%	3	PA, QL (1 bottle every 6 weeks)
OPHTHALMIC STEROIDS		
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
ZYLET SUS 0.5-0.3%	3	
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte</i>	1B	
<i>physiosol irrigation</i>	1B	
<i>tis-u-sol</i>	1B	
OTIC AGENTS		
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl (otic) soln .2%</i>	1B	
OTIPRIO SUSP 6%	2	
OTIC COMBINATIONS		
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
FLEBOGAMMA DIF SOLN 2.5GM/50ML, 5GM/100ML, 5GM/50ML, 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML	4	SP, PA
GAMMAGARD LIQUID SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	4	SP, PA
GAMMAKED SOLN 1GM/10ML, 5GM/50ML, 10GM/100ML, 20GM/200ML	4	SP, PA
GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	4	SP, PA
MICRHOGAM ULTRA-FILTERED SOSY 250UNIT	3	
OCTAGAM SOLN 1GM/20ML, 2GM/20ML, 2.5GM/50ML, 5GM/100ML, 5GM/50ML, 10GM/100ML, 10GM/200ML, 20GM/200ML, 30GM/300ML	4	SP, PA
RHOGAM ULTRA-FILTERED PLU SOSY 1500UNIT	3	
MONOCLONAL ANTIBODIES		
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	0	PA, QL (1 injection per RSV season); \$0 copay for members age 18 and younger, otherwise not covered
PENICILLINS		
NATURAL PENICILLINS		
BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML	2	QL (3 syringes per 365 days)
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C SOLN 1000MG/20ML	4	SP, PA
PROLASTIN-C SOLR 1000MG	4	PA
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml</i>	1B	QL (4 auto-injectors every 25 days)
NEFFY SOLN 1MG/0.1ML, 2MG/0.1ML	2	PA, QL (4 devices per 28 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 94
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
ANTI-HISTAMINES		
<i>azelastine hcl soln .1%, .15%</i>	1B	QL (2 bottles every 25 days)
<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	1B	
<i>clemastine fumarate tabs 2.68mg</i>	1B	
<i>cyproheptadine hcl syrpf 2mg/5ml; tabs 4mg</i>	1B	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	1B	
<i>diphenhydramine hcl soln 50mg/ml</i>	1B	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrpf 10mg/5ml</i>	1B	
<i>hydroxyzine hcl tabs 10mg, 25mg, 50mg</i>	1A	
<i>hydroxyzine pamoate caps 25mg, 50mg</i>	1A	
<i>hydroxyzine pamoate caps 100mg</i>	1B	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	1B	
<i>olopatadine hcl (nasal) soln .6%</i>	1B	QL (1 container every 25 days)
COLD/COUGH		
<i>benzonatate caps 100mg, 200mg</i>	1B	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1B	OTC; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1B	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1B	
<i>hydromet</i>	1B	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1B	
<i>promethazine vc/codeine</i>	1B	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1B	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1B	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1B	
<i>tussigon</i>	1B	

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 95
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
CYSTIC FIBROSIS		
ALYFTREK TAB 4-20-50	4	SP, PA, QL (90 tabs every 30 days)
ALYFTREK TAB 10-50-125	4	SP, PA, QL (60 tabs every 30 days)
<i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i>	1B	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	3	
CAYSTON SOLR 75MG	4	SP, PA, QL (84 vials every 28 days)
<i>gentamicin in saline inj 0.8 mg/ml</i>	1B	
<i>gentamicin in saline inj 1 mg/ml</i>	1B	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1B	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1B	
<i>gentamicin in saline inj 2 mg/ml</i>	1B	
<i>gentamicin sulfate soln 10mg/ml, 40mg/ml</i>	1B	
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG	4	SP, PA, QL (56 packets every 28 days)
KALYDECO TABS 150MG	4	SP, PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 100-125	4	SP, PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	4	SP, PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	4	SP, PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	4	SP, PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	4	SP, PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	4	SP, PA, QL (56 tabs every 28 days)
<i>tobramycin nebu 300mg/4ml</i>	4	SP, PA, QL (224 ml every 28 days)
<i>tobramycin nebu 300mg/5ml</i>	4	SP, PA, QL (280 mL every 28 days)
<i>tobramycin sulfate soln 1.2gm/30ml, 10mg/ml</i>	1B	
<i>tobramycin sulfate soln 40mg/ml, 80mg/2ml</i>	1B	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 96
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate solr 1.2gm</i>	1B	QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days
TRIKAFTA PAK 59.5MG	4	SP, PA, QL (1 package (56 granules) every 28 days)
TRIKAFTA PAK 75MG	4	SP, PA, QL (1 package (56 granules) every 28 days)
TRIKAFTA TAB	4	SP, PA, QL (84 tabs every 28 days)

NASAL STEROIDS

<i>flunisolide (nasal) soln .025%</i>	1B	QL (3 containers every 25 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1B	QL (1 container every 25 days), OTC
OMNARIS SUSP 50MCG/ACT	3	ST, QL (1 package every 25 days); PA**
<i>triamcinolone acetonide (nasal) aero 55mcg/act</i>	1B	QL (1 bottle every 25 days), OTC

PULMONARY AGENTS

<i>acetylcysteine soln 10%, 20%</i>	1B	
<i>albuterol sulfate aers 108mcg/act</i>	1B	QL (2 inhalers every 25 days); +
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1B	QL (120 vials every 30 days); +
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	1B	QL (5 boxes every 25 days); +
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg</i>	1B	+
<i>aminophylline soln 25mg/ml</i>	1B	+
ANORO ELLIPT AER 62.5-25	2	QL (1 package every 25 days); +
ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	2	QL (1 package every 25 days); +
BEVESPI AER 9-4.8MCG	2	QL (1 package every 25 days); +
BREO ELLIPTA INH 50-25MCG	2	QL (1 package every 25 days); +
BREO ELLIPTA INH 100-25	2	QL (1 package every 25 days); +
BREO ELLIPTA INH 200-25	2	QL (1 package every 25 days); +
<i>budesonide (inhalation) susp .5mg/2ml, 1mg/2ml</i>	1B	QL (2 boxes every 25 days); +

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 97
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (inhalation) susp .25mg/2ml</i>	1B	QL (3 boxes every 25 days); +
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1B	QL (1 package every 25 days); +
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1B	QL (1 package every 25 days); +
<i>cromolyn sodium nebu 20mg/2ml</i>	1B	QL (2 boxes every 25 days); +
DULERA AER 50-5MCG	2	QL (1 package every 30 days); +
DULERA AER 100-5MCG	2	QL (1 package every 30 days); +
DULERA AER 200-5MCG	2	QL (1 inhaler every 30 days); +
FASENRA SOSY 10MG/0.5ML, 30MG/ML	4	SP, PA, QL (1 syringe every 56 days)
FASENRA PEN SOAJ 30MG/ML	4	SP, PA, QL (1 autoinjector every 56 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1B	QL (1 package every 25 days); +
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1B	QL (1 package every 25 days); +
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1B	QL (1 package every 25 days); +
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	1B	QL (1 package every 25 days); +
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	1B	QL (1 package every 25 days); +
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	1B	QL (1 package every 25 days); +
<i>formoterol fumarate nebu 20mcg/2ml</i>	2	QL (60 vials every 25 days); +
INCRUSE ELLIPTA AEPB 62.5MCG/INH	2	QL (1 package every 25 days); +
<i>ipratropium bromide soln .02%</i>	1B	QL (5 boxes every 25 days); +
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1B	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1B	QL (6 boxes every 25 days); +
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	1B	QL (45 mL every 30 days); +
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1B	QL (300 mL every 30 days); +

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 98
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol tartrate</i> aero 45mcg/act	1B	QL (2 inhalers every 30 days); +
<i>metaproterenol sulfate</i> syrp 10mg/5ml	1B	+
<i>montelukast sodium</i> chew 4mg, 5mg; pack 4mg; tabs 10mg	1B	+
NUCALA SOAJ 100MG/ML; SOLR 100MG; SOSY 100MG/ML	4	SP, PA, QL (3 injections every 28 days)
QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	2	QL (2 packages every 25 days); +
<i>roflumilast</i> tabs 250mcg, 500mcg	3	PA; +
<i>sodium chloride (inhalant)</i> nebu .9%, 3%, 7%, 10%	1B	
SPIRIVA HANDIHALER CAPS 18MCG	2	QL (1 package every 25 days); +
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	2	QL (1 package every 25 days); +
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	2	QL (1 package every 25 days); +
<i>terbutaline sulfate</i> soln 1mg/ml; tabs 2.5mg, 5mg	1B	+
TEZSPIRE SOAJ 210MG/1.91ML	4	SP, PA, QL (1 pen every 4 weeks)
TEZSPIRE SOSY 210MG/1.91ML	4	SP, PA, QL (1 syringe every 4 weeks)
<i>theophylline</i> soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg	1B	+
TRELEGY AER 100MCG	2	QL (1 package every 30 days); +
TRELEGY AER 200MCG	2	QL (1 package every 30 days); +
XOLAIR SOAJ 75MG/0.5ML	4	SP, PA, QL (2 pens every 28 days)
XOLAIR SOAJ 150MG/ML	4	SP, PA, QL (8 pens every 28 days)
XOLAIR SOAJ 300MG/2ML	4	SP, PA, QL (4 pens every 28 days)
XOLAIR SOLR 150MG	4	SP, PA, QL (8 vials every 28 days)
XOLAIR SOSY 75MG/0.5ML	4	SP, PA, QL (2 syringes every 28 days)
XOLAIR SOSY 150MG/ML	4	SP, PA, QL (8 syringes every 28 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 99
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOSY 300MG/2ML	4	SP, PA, QL (4 syringes every 28 days)
<i>zafirlukast tabs 10mg, 20mg</i>	1B	+
<i>zileuton tb12 600mg</i>	3	PA, QL (120 tabs every 30 days); +

PULMONARY FIBROSIS AGENTS

OFEV CAPS 100MG, 150MG	4	SP, PA, QL (60 caps every 30 days)
<i>pirfenidone caps 267mg</i>	4	SP, PA, QL (270 caps every 30 days)
<i>pirfenidone tabs 267mg</i>	4	SP, PA, QL (270 tabs every 30 days)
<i>pirfenidone tabs 534mg, 801mg</i>	4	SP, PA, QL (90 tabs every 30 days)

RESPIRATORY THERAPY SUPPLIES

MICROCHAMBER MIS	2	QL (2 every 365 days)
PEDIATRIC RESPIRATORY MASK	2	OTC

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene gel .1%, .3%</i>	1B	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1B	QL (45g every 30 days)
<i>avita crea .025%; gel .025%</i>	1B	PA, QL (45g every 30 days); PA applies for members age 35 and older
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1B	QL (46.6 g every 30 days)
<i>clindacin etz pledgets swab 1%</i>	1B	QL (60 every 30 days)
<i>clindacin-p swab 1%</i>	1B	QL (69 every 30 days)
<i>clindamycin phosphate (topical) foam 1%</i>	1B	
<i>clindamycin phosphate (topical) gel 1%</i>	1B	QL (75g every 25 days)
<i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>	1B	QL (60mL every 25 days)
<i>dapsone (topical) gel 7.5%</i>	1B	PA
<i>ery pads 2%</i>	1B	
<i>erythromycin (acne aid) gel 2%</i>	1B	QL (60g every 25 days)
<i>erythromycin (acne aid) pads 2%</i>	1B	
<i>erythromycin (acne aid) soln 2%</i>	1B	QL (60mL every 25 days)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	1B	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	1B	PA, QL (45g every 30 days); PA applies for members age 35 and older

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

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin gel .05%</i>	1B	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel .04%, .1%</i>	1B	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

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

DERMATOLOGY, ANTIBIOTICS

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

DERMATOLOGY, ANTIFUNGALS

<i>butenafine hcl crea 1%</i>	1A	QL (60g every 25 days), OTC
<i>ciclopirox gel .77%</i>	1B	QL (120g every 25 days)
<i>ciclopirox sham 1%</i>	1B	QL (120mL every 25 days)
<i>ciclopirox soln 8%</i>	1B	
<i>ciclopirox olamine crea .77%</i>	1B	QL (120g every 25 days)
<i>ciclopirox olamine susp .77%</i>	1B	QL (120mL every 25 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1B	QL (60g every 25 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1B	QL (60mL every 25 days)
<i>econazole nitrate crea 1%</i>	1B	QL (60g every 25 days)
<i>ketoconazole (topical) crea 2%</i>	1B	QL (120g every 25 days)
<i>naftifine hcl crea 1%, 2%</i>	1B	QL (60g every 25 days)
<i>nyamyc powd 100000unit/gm</i>	1B	QL (120g every 25 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	1B	QL (120g every 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1B	QL (60g every 25 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1B	QL (60g every 25 days)
<i>nystop powd 100000unit/gm</i>	1B	QL (120g every 25 days)
<i>sulconazole nitrate crea 1%</i>	1B	ST, QL (60g every 21 days); PA**
<i>sulconazole nitrate soln 1%</i>	1B	ST, QL (60mL every 21 days); PA**

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 101
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl (antipruritic) crea 5%</i>	3	ST, QL (90 grams every 25 days); PA**
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	2	
<i>calcipotriene soln .005%</i>	1B	QL (60mL every 30 days)
<i>calcitriol (topical) oint 3mcg/gm</i>	2	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	4	SP, PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
COSENTYX SOSY 150MG/ML	4	SP, PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	SP, PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	SP, PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
COSENTYX UNOREADY SOAJ 300MG/2ML	4	SP, PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
<i>methoxsalen rapid caps 10mg</i>	1B	
<i>tazarotene crea .1%; gel .05%, .1%</i>	1B	PA
TAZORAC CREA .05%	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) sham 2%</i>	1B	
<i>selenium sulfide lotn 2.5%</i>	1B	
DERMATOLOGY, ATOPIC DERMATITIS		
EUCRISA OINT 2%	2	PA, QL (60 grams every 25 days)
<i>tacrolimus (topical) oint .03%, .1%</i>	1B	

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 102
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1B	QL (300g every 25 days)
<i>amcinonide lotn .1%</i>	1B	QL (240mL every 25 days)
<i>betamethasone dipropionate (topical) crea .05%; oint .05%</i>	1B	QL (240g every 25 days)
<i>betamethasone dipropionate (topical) lotn .05%</i>	1B	QL (240mL every 25 days)
<i>betamethasone dipropionate augmented crea .05%; gel .05%; oint .05%</i>	1B	QL (240g every 25 days)
<i>betamethasone dipropionate augmented lotn .05%</i>	1B	QL (240mL every 25 days)
<i>betamethasone valerate crea .1%; oint .1%</i>	1B	QL (240g every 25 days)
<i>betamethasone valerate lotn .1%</i>	1B	QL (240mL every 25 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	2	
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%</i>	1B	QL (240g every 25 days)
<i>clobetasol propionate liqd .05%; sham .05%</i>	1B	QL (300mL every 25 days)
<i>clobetasol propionate lotn .05%; soln .05%</i>	1B	QL (240mL every 25 days)
<i>desonide crea .05%; oint .05%</i>	1B	QL (300g every 25 days)
<i>desonide lotn .05%</i>	1B	QL (300mL every 25 days)
<i>desoximetasone crea .25%; oint .25%</i>	1B	QL (240g every 25 days)
<i>diflorasone diacetate oint .05%</i>	1B	QL (1 tube every 30 days)
<i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>	1B	QL (300g every 25 days)
<i>fluocinolone acetonide oil .01%; soln .01%</i>	1B	QL (300mL every 25 days)
<i>fluocinonide crea .05%; gel .05%; oint .05%</i>	1B	QL (240g every 25 days)
<i>fluocinonide soln .05%</i>	1B	QL (240mL every 25 days)
<i>flurandrenolide lotn .05%</i>	2	
<i>fluticasone propionate crea .05%; oint .005%</i>	1B	QL (240g every 25 days)
<i>fluticasone propionate lotn .05%</i>	2	QL (300mL every 25 days)
<i>halcinonide crea .1%</i>	3	QL (60g every 30 days)
<i>halobetasol propionate crea .05%; oint .05%</i>	1B	QL (240g every 25 days)
<i>hydrocortisone (topical) crea 2.5%</i>	1B	QL (300g every 25 days)
<i>hydrocortisone (topical) lotn 2.5%</i>	1B	QL (300mL every 25 days)
<i>hydrocortisone (topical) oint 2.5%</i>	1A	QL (300g every 25 days)
<i>hydrocortisone butyrate crea .1%; oint .1%</i>	1B	QL (240g every 25 days)
<i>hydrocortisone butyrate soln .1%</i>	1B	QL (240mL every 25 days)
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1B	QL (240g every 25 days)
<i>mometasone furoate crea .1%; oint .1%</i>	1B	QL (240g every 25 days)
<i>mometasone furoate soln .1%</i>	1B	QL (240mL every 25 days)

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 103
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>prednicarbate crea .1%; oint .1%</i>	1B	QL (240g every 25 days)
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%</i>	1B	QL (240g every 25 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	1B	QL (240mL every 25 days)
<i>triderm crea .1%</i>	1B	QL (240g every 25 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine ptch 5%</i>	1B	PA, QL (90 patches every 25 days)
<i>lidocaine hcl gel 2%; prsy 2%</i>	1B	QL (60mL every 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1B	QL (30gm every 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1B	
<i>pramox gel gel 1%</i>	1B	
SYNERA DIS 70-70MG	3	QL (2 patches every 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical) gel 1%</i>	4	SP, PA
<i>diclofenac sodium (topical) gel 1%</i>	1B	QL (300g every 25 days)
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	1B	
<i>nitroglycerin (intra-anal) oint .4%</i>	2	
<i>podofilox soln .5%</i>	1B	
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	1B	PA, QL (50 g every 30 days)
<i>brimonidine tartrate (topical) gel .33%</i>	3	
FINACEA FOAM 15%	2	QL (50 g every 30 days)
<i>ivermectin (rosacea) crea 1%</i>	1B	PA, QL (1 tube every 30 days)
<i>metronidazole (topical) crea .75%; gel .75%</i>	1B	QL (60g every 30 days)
<i>metronidazole (topical) lotn .75%</i>	1B	QL (60 mL every 30 days)
<i>rosadan crea .75%</i>	1B	QL (60g every 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotn .5%</i>	1B	
<i>permethrin crea 5%</i>	1B	
<i>spinosad susp .9%</i>	3	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	3	PA, QL (30g every 25 days)
SANTYL OINT 250UNIT/GM	3	PA, QL (180g every 30 days)
<i>sodium chloride (gu irrigant) soln .9%</i>	1B	

+ - \$0 for condition based plan **INS** - \$100 per 30 day supply cap for select plans 104
OTC - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met
QL - Quantity Limits **SP** - Specialty **ST** - Step Therapy **^** - HIV Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl caps 30mg</i>	1B	
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	1A	
<i>clotrimazole troc 10mg</i>	1B	QL (90 lozenges every 30 days)
<i>lidocaine hcl (mouth-throat) soln 2%</i>	1B	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1B	
<i>oralone dental paste pste .1%</i>	1B	
<i>periogard soln .12%</i>	1A	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1B	
<i>triamcinolone acetonide (mouth) pste .1%</i>	1B	
OTIC		
<i>acetic acid (otic) soln 2%</i>	1B	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1B	
COLY-MYCIN S SUS OTIC	3	
<i>fluocinolone acetonide (otic) oil .01%</i>	1B	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1B	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1B	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1B	
<i>ofloxacin (otic) soln .3%</i>	1B	
TOXOIDS		
TOXOID COMBINATIONS		
VAXELIS INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
VASOPRESSORS		
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa caps 100mg</i>	4	SP, PA, QL (450 capsules every 30 days)
<i>droxidopa caps 200mg, 300mg</i>	4	SP, PA, QL (180 capsules every 30 days)

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

Index

A	
<i>abacavir sulfate</i>	12
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	15
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	15
ABILIFY ASIMTUFII	49
ABILIFY MAINTENA	49
<i>abiraterone acetate</i>	28
ABRYSVO	83
<i>acamprosate calcium</i>	42
<i>acarbose</i>	59
ACCU-CHEK BLOOD GLUCOSE TEST KITS	87
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	87
<i>acebutolol hcl</i>	36
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	3
<i>acetaminophen w/ codeine tab 300-30 mg</i>	3
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3
<i>acetazolamide</i>	38
<i>acetazolamide sodium</i>	38
<i>acetic acid (otic)</i>	105
<i>acetylcysteine</i>	97
<i>acitretin</i>	102
ACTHIB INJ.....	83
ACTIMMUNE.....	82
ACUVAIL	91
<i>acyclovir</i>	17
<i>acyclovir sodium</i>	17
<i>acyclovir topical</i>	58
ADACEL INJ.....	83
<i>adapalene</i>	100
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	100
ADBRY	78
<i>adefovir dipivoxil</i>	17
ADEMPAS	40
<i>adrucil</i>	22
ADTHYZA	70
<i>afeditab cr</i>	37
AFLURIA INJ 2025-26	83
AIMOVIG.....	53
<i>albuterol sulfate</i>	97
<i>alclometasone dipropionate</i>	103
ALCOHOL SWABS	87
ALCOH-WIPE MIS 12	87
ALDACTAZIDE TAB 50/50	38
ALECENSA	24
<i>alendronate sodium</i>	62
ALFERON N.....	82
<i>alfuzosin hcl</i>	74
ALINIA	10
<i>aliskiren fumarate</i>	38
<i>allopurinol</i>	1
<i>allopurinol sodium</i>	1
<i>almotriptan malate</i>	53
ALOCRILO.....	92
<i>alogliptin benzoate</i>	59
ALOMIDE.....	92
<i>alosetron hcl</i>	73
ALPHAGAN P.....	92
<i>alprazolam</i>	42
ALPRAZOLAM INTENSOL	42
ALTABAX.....	57
<i>altavera</i>	62
ALVAIZ.....	76
ALVESCO	21
<i>alyacen 1/35</i>	62
<i>alyacen 7/7/7</i>	62
ALYFTREK TAB 10-50-125.....	96
ALYFTREK TAB 4-20-50.....	96
<i>amantadine hcl</i>	48
<i>ambrisentan</i>	40
<i>amcinonide</i>	103
<i>amethia</i>	62
<i>amethyst</i>	63
<i>amikacin sulfate</i>	96
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	38
<i>amiloride hcl</i>	38
<i>aminophylline</i>	97

<i>amiodarone hcl</i>	34	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl</i>	45	<i>medoxomil tab 5-40 mg</i>	32
<i>amlodipine besylate</i>	37	<i>amlodipine besylate-valsartan tab 10-160</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	32
<i>tab 10-10 mg</i>	37	<i>amlodipine besylate-valsartan tab 10-320</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	32
<i>tab 10-20 mg</i>	37	<i>amlodipine besylate-valsartan tab 5-160</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	32
<i>tab 10-40 mg</i>	37	<i>amlodipine besylate-valsartan tab 5-320</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	32
<i>tab 10-80 mg</i>	37	<i>amoxapine</i>	45
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amoxicillin</i>	20
<i>tab 2.5-10 mg</i>	37	<i>amoxicillin & k clavulanate chew tab 200-</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>28.5 mg</i>	20
<i>tab 2.5-20 mg</i>	37	<i>amoxicillin & k clavulanate chew tab 400-</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>57 mg</i>	20
<i>tab 2.5-40 mg</i>	37	<i>amoxicillin & k clavulanate for susp 200-</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>28.5 mg/5ml</i>	20
<i>tab 5-10 mg</i>	37	<i>amoxicillin & k clavulanate for susp 250-</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>62.5 mg/5ml</i>	20
<i>tab 5-20 mg</i>	37	<i>amoxicillin & k clavulanate for susp 400-57</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg/5ml</i>	20
<i>tab 5-40 mg</i>	37	<i>amoxicillin & k clavulanate for susp 600-</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>42.9 mg/5ml</i>	20
<i>tab 5-80 mg</i>	37	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-</i>		.....	20
<i>20 mg</i>	31	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-</i>		.....	20
<i>40 mg</i>	31	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 2.5-</i>		.....	20
<i>10 mg</i>	31	<i>amoxicillin & k clavulanate tab er 12hr 1000-</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>62.5 mg</i>	20
<i>10 mg</i>	31	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>24hr 10 mg</i>	51
<i>20 mg</i>	31	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>24hr 15 mg</i>	51
<i>40 mg</i>	31	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amlodipine besylate-olmesartan</i>		<i>24hr 20 mg</i>	51
<i>medoxomil tab 10-20 mg</i>	32	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amlodipine besylate-olmesartan</i>		<i>24hr 25 mg</i>	51
<i>medoxomil tab 10-40 mg</i>	32	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amlodipine besylate-olmesartan</i>		<i>24hr 30 mg</i>	51
<i>medoxomil tab 5-20 mg</i>	32	<i>amphetamine-dextroamphetamine cap er</i>	
		<i>24hr 5 mg</i>	51

<i>amphetamine-dextroamphetamine tab 10 mg</i>	51	ARGATROBAN INJ 125/125	75
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	51	ARGATROBAN INJ 250/250	75
<i>amphetamine-dextroamphetamine tab 15 mg</i>	51	<i>aripiprazole</i>	49
<i>amphetamine-dextroamphetamine tab 20 mg</i>	51	ARISTADA	49
<i>amphetamine-dextroamphetamine tab 30 mg</i>	51	ARISTADA INITIO	49
<i>amphetamine-dextroamphetamine tab 5 mg</i>	51	<i>armodafinil</i>	56
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	51	ARMOUR THYROID	70
<i>amphetamine sulfate</i>	51	ARNUITY ELLIPTA	97
<i>amphotericin b</i>	11	<i>arsenic trioxide</i>	24
<i>ampicillin</i>	20	<i>asenapine maleate</i>	49
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	20	<i>ashlyna</i>	63
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	20	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	77
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	20	<i>aspirin ec adult low dose</i>	9
<i>ampicillin sodium</i>	20	<i>atazanavir sulfate</i>	12
ANADROL-50	58	<i>atenolol</i>	36
<i>anagrelide hcl</i>	77	<i>atenolol & chlorthalidone tab 100-25 mg</i> ..	36
<i>anastrozole</i>	29	<i>atenolol & chlorthalidone tab 50-25 mg</i> ..	36
ANNOVERA MIS	63	<i>atomoxetine hcl</i>	51
ANORO ELLIPT AER 62.5-25	97	<i>atorvastatin calcium</i>	35
<i>apomorphine hydrochloride</i>	48	<i>atovaquone</i>	10
<i>apraclonidine hcl</i>	92	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	12
<i>aprepitant</i>	71	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> ..	12
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	71	ATRIPLA TAB	15
APRETUDE	15	<i>atropine sulfate</i>	71
<i>apri</i>	63	<i>atropine sulfate (ophthalmic)</i>	93
APTIVUS	12	ATTRUBY	39
<i>aranelle</i>	63	AUGTYRO	24, 25
ARANESP ALBUMIN FREE	76	AUSTEDO	54
ARCALYST	82	AUSTEDO XR	54
ARCAPTA NEOHALER	21	AUSTEDO XR TAB TITR KIT	55
AREXVY	83	AUVELITY TAB 45-105MG	22
ARGATRB/NACL INJ 50MG/50	75	AVERI TAB	63
<i>argatroban</i>	75	<i>aviane</i>	63
		<i>avidoxy</i>	21
		<i>avita</i>	100
		AVMAPKI PAK FAKZYNJA	30
		AVONEX	55
		AVONEX PEN	55
		AVSOLA	78
		<i>av-vite fb forte</i>	89
		<i>azacitidine</i>	22
		AZACTAM/DEX INJ 1GM	96

AZACTAM/DEX INJ 2GM.....	96	<i>betaxolol hcl (ophth)</i>	92
AZASITE	91	<i>bethanechol chloride</i>	74
<i>azathioprine</i>	83	BETIMOL	92
<i>azelaic acid</i>	104	BETOPTIC-S.....	92
<i>azelastine hcl</i>	95	BEVESPI AER 9-4.8MCG.....	97
<i>azelastine hcl (ophth)</i>	92	<i>bexarotene</i>	27
<i>azithromycin</i>	18	<i>bexarotene (topical)</i>	104
<i>azurette</i>	63	BEXSERO.....	83
B		BEYFORTUS.....	94
<i>bacitracin (ophthalmic)</i>	91	<i>bicalutamide</i>	29
<i>bacitracin-polymyxin b ophth oint</i>	91	BICILLIN L-A	94
<i>bacitracin-polymyxin-neomycin-hc ophth</i> <i>oint 1%</i>	90	BIKTARVY TAB.....	15
<i>baclofen</i>	56	<i>bimatoprost</i>	92
<i>balsalazide disodium</i>	72	<i>bisoprolol & hydrochlorothiazide tab 10-</i> <i>6.25 mg</i>	36
BARACLUDGE	17	<i>bisoprolol & hydrochlorothiazide tab 2.5-</i> <i>6.25 mg</i>	36
BASAGLAR KWIKPEN	60	<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i> <i>mg</i>	36
BASAGLAR TEMPO PEN.....	60	<i>bisoprolol fumarate</i>	36
BELBUCA.....	8	<i>bleomycin sulfate</i>	22
BELSOMRA	52	BLEPHAMIDE OIN S.O.P.....	90
<i>benazepril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	31	BLEPHAMIDE SUS OP	90
<i>benazepril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	31	BLOOD GLUCOSE CALIBRATION SOLUTION	87
<i>benazepril & hydrochlorothiazide tab 20-25</i> <i>mg</i>	31	BLOOD PRESS MIS MONITOR	86
<i>benazepril & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i>	31	BLOOD PRESSURE MONITORING KIT W/ DEVICE & DIGITAL APP.....	86
<i>benazepril hcl</i>	31	BLOOD PRSSRE KIT MONITOR	86
BENLYSTA	88	BOOSTRIX INJ	83
BENZNIDAZOLE.....	10	<i>bosentan</i>	40
<i>benzonatate</i>	95	BREO ELLIPTA INH 100-25	97
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	100	BREO ELLIPTA INH 200-25	97
<i>benztropine mesylate</i>	48	BREO ELLIPTA INH 50-25MCG	97
<i>bepotastine besilate</i>	92	BREZTRI AERO AER SPHERE	21
BESIVANCE.....	91	BRILINTA	77
<i>betaine powder for oral solution</i>	67	<i>brimonidine tartrate</i>	92
<i>betamethasone dipropionate (topical)</i> ...	103	<i>brimonidine tartrate (topical)</i>	104
<i>betamethasone dipropionate augmented</i>	103	<i>brinzolamide</i>	92
<i>betamethasone valerate</i>	103	BRIVIACT.....	42
BETASERON	55	BRIXADI	9
<i>betaxolol hcl</i>	36	<i>bromfenac sodium (ophth)</i>	91
		<i>bromocriptine mesylate</i>	48
		BRUKINSA	25

<i>budesonide</i>	72	<i>calcipotriene-betamethasone dipropionate</i>	
<i>budesonide (inhalation)</i>	97, 98	<i>oint 0.005-0.064%</i>	103
<i>budesonide-formoterol fumarate dihyd</i>		<i>calcitonin (salmon)</i>	69
<i>aerosol 160-4.5 mcg/act</i>	98	<i>calcitriol</i>	89
<i>budesonide-formoterol fumarate dihyd</i>		<i>calcitriol (topical)</i>	102
<i>aerosol 80-4.5 mcg/act</i>	98	<i>calcium acetate (phosphate binder)</i>	70
<i>bumetanide</i>	38	CALQUENCE	25, 30
<i>buprenorphine</i>	9	<i>camila</i>	63
<i>buprenorphine hcl</i>	9	<i>candesartan cilexetil</i>	33
<i>buprenorphine hcl-naloxone hcl sl film 12-3</i>		<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>mg (base equiv)</i>	2	<i>tab 16-12.5 mg</i>	32
<i>buprenorphine hcl-naloxone hcl sl film 2-</i>		<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>0.5 mg (base equiv)</i>	2	<i>tab 32-12.5 mg</i>	32
<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>		<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>mg (base equiv)</i>	2	<i>tab 32-25 mg</i>	32
<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>		<i>capecitabine</i>	23
<i>mg (base equiv)</i>	2	CAPLYTA	49
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>		CAPRELSA	25
<i>mg (base equiv)</i>	2	<i>captopril</i>	32
<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>		<i>captopril & hydrochlorothiazide tab 25-15</i>	
<i>mg (base equiv)</i>	2	<i>mg</i>	31
<i>bupropion hcl</i>	45	<i>captopril & hydrochlorothiazide tab 25-25</i>	
<i>bupropion hcl (smoking deterrent)</i>	57	<i>mg</i>	31
<i>bupirone hcl</i>	42	<i>captopril & hydrochlorothiazide tab 50-15</i>	
<i>busulfan</i>	22	<i>mg</i>	31
<i>butalbital-acetaminophen-caffeine cap 50-</i>		<i>captopril & hydrochlorothiazide tab 50-25</i>	
<i>300-40 mg</i>	1	<i>mg</i>	31
<i>butalbital-acetaminophen-caffeine cap 50-</i>		CAPVAXIVE	84
<i>325-40 mg</i>	1	<i>carbamazepine</i>	42
<i>butalbital-acetaminophen-caffeine tab 50-</i>		<i>carbidopa</i>	48
<i>325-40 mg</i>	1	<i>carbidopa & levodopa orally disintegrating</i>	
<i>butalbital-acetaminophen-caff w/ cod cap</i>		<i>tab 10-100 mg</i>	48
<i>50-300-40-30 mg</i>	3	<i>carbidopa & levodopa orally disintegrating</i>	
<i>butalbital-aspirin-caffeine cap 50-325-40</i>		<i>tab 25-100 mg</i>	48
<i>mg</i>	1	<i>carbidopa & levodopa orally disintegrating</i>	
<i>butenafine hcl</i>	101	<i>tab 25-250 mg</i>	48
<i>butorphanol tartrate</i>	3	<i>carbidopa & levodopa tab 10-100 mg</i>	48
BYVALSON TAB 5-80MG	32	<i>carbidopa & levodopa tab 25-100 mg</i>	48
C		<i>carbidopa & levodopa tab 25-250 mg</i>	48
CABENUVA SUS 400-600	15	<i>carbidopa & levodopa tab er 25-100 mg</i> ..	48
CABENUVA SUS 600-900	15	<i>carbidopa & levodopa tab er 50-200 mg</i> .	48
<i>cabergoline</i>	69	<i>carbidopa-levodopa-entacapone tabs 12.5-</i>	
<i>calcipotriene</i>	102	<i>50-200 mg</i>	48

<i>carbidopa-levodopa-entacapone tabs</i>		<i>celecoxib</i>	1
18.75-75-200 mg	48	<i>cephalexin</i>	18
<i>carbidopa-levodopa-entacapone tabs 25-</i>		CEQUR SIMPL KIT PATCH 2U	87
100-200 mg.....	48	CEQUR SIMPL MIS INSERTER.....	87
<i>carbidopa-levodopa-entacapone tabs</i>		CERDELGA	67
31.25-125-200 mg	48	<i>cevimeline hcl</i>	105
<i>carbidopa-levodopa-entacapone tabs 37.5-</i>		<i>chateal</i>	63
150-200 mg.....	49	CHEMET	62
<i>carbidopa-levodopa-entacapone tabs 50-</i>		<i>chloramphenicol sodium succinate</i>	10
200-200 mg	49	<i>chlordiazepoxide hcl</i>	21
<i>carbinoxamine maleate</i>	95	<i>chlorhexidine gluconate (mouth-throat)</i> .	105
<i>carboplatin</i>	28	<i>chloroquine phosphate</i>	12
CARDENE IV SOL 20/200ML	37	<i>chlorothiazide sodium</i>	38
CARDURA XL	74	<i>chlorpromazine hcl</i>	50
<i>carglumic acid</i>	67	CHLORPROMAZINE HCL.....	49
<i>carisoprodol</i>	56	<i>chlorthalidone</i>	38
<i>carisoprodol w/ aspirin & codeine tab 200-</i>		<i>chlorzoxazone</i>	56
325-16 mg	88	<i>cholecalciferol</i>	89
<i>carmustine</i>	22	<i>cholestyramine</i>	34
CARMUSTINE	22	<i>cholestyramine light</i>	34
<i>carteolol hcl (ophth)</i>	92	<i>choline fenofibrate</i>	34
<i>cartia xt</i>	37	<i>ciclopirox</i>	101
<i>carvedilol</i>	36	<i>ciclopirox olamine</i>	101
<i>carvedilol phosphate</i>	36	<i>cidofovir</i>	17
CAYA DPR.....	63	<i>cilostazol</i>	77
CAYSTON.....	96	CIMDUO TAB 300-300	15
<i>caziant</i>	63	<i>cimetidine</i>	72
<i>cefaclor</i>	17	<i>cimetidine hcl</i>	72
<i>cefadroxil</i>	17	<i>cinacalcet hcl</i>	62
<i>cefazolin sodium</i>	17	<i>ciprofloxacin 200 mg/100ml in d5w</i>	19
<i>cefdinir</i>	17	<i>ciprofloxacin 400 mg/200ml in d5w</i>	19
<i>cefditoren pivoxil</i>	18	<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>cefepime hcl</i>	18	0.3-0.1%.....	105
<i>cefixime</i>	18	<i>ciprofloxacin-fluocinolone acetone (pf) otic</i>	
<i>cefotaxime sodium</i>	18	soln 0.3-0.025%	93
<i>cefotetan disodium</i>	18	<i>ciprofloxacin hcl</i>	19
<i>cefoxitin sodium</i>	18	<i>ciprofloxacin hcl (ophth)</i>	91
<i>cefpodoxime proxetil</i>	18	<i>ciprofloxacin hcl (otic)</i>	93
<i>cefprozil</i>	18	CIPRO HC SUS OTIC	105
<i>ceftazidime</i>	18, 57	<i>cisplatin</i>	28
CEFTIN	18	<i>citalopram hydrobromide</i>	45
<i>ceftriaxone sodium</i>	18	CITRANATAL CAP HARMONY	89
<i>cefuroxime axetil</i>	18	CITRANATAL CAP MEDLEY	89
<i>cefuroxime sodium</i>	18	CITRANATAL MIS 90 DHA	89

CITRANATAL MIS B-CALM	89	COLY-MYCIN S SUS OTIC	105
CITRANATAL PAK ASSURE.....	89	COMBIVIR TAB 150-300.....	15
CITRANATAL PAK DHA	89	COMETRIQ	25
CITRANATAL TAB BLOOM.....	90	COMETRIQ KIT 100MG	25
CITRANATAL TAB RX.....	90	COMETRIQ KIT 140MG.....	25
<i>cladribine</i>	23	COMIRNATY 2023-24.....	84
<i>clarithromycin</i>	18	COMPLERA TAB	15
<i>clemastine fumarate</i>	95	<i>compro</i>	71
CLENPIQ SOL	73	CONDOMS MIS	63
CLIMARA PRO DIS WEEKLY	67	COPAXONE.....	55
<i>clindacin etz pledgets</i>	100	COPIKTRA	25
<i>clindacin-p</i>	100	CORLANOR.....	39
<i>clindamycin hcl</i>	10	<i>cortisone acetate</i>	68
<i>clindamycin palmitate hydrochloride</i>	10	COSENTYX	102
<i>clindamycin phosphate</i>	10	COSENTYX SENSOREADY PEN	102
<i>clindamycin phosphate (topical)</i>	100	COSENTYX UNOREADY	102
<i>clindamycin phosphate vaginal</i>	75	CREON CAP 12000UNT	73
<i>clobazam</i>	42	CREON CAP 24000UNT	73
<i>clobetasol propionate</i>	103	CREON CAP 3000UNIT.....	73
<i>clofarabine</i>	23	CREON CAP 36000UNT	73
<i>clomipramine hcl</i>	45	CREON CAP 6000UNIT.....	73
<i>clonazepam</i>	42	CRINONE.....	70
<i>clonidine</i>	40	CRIVAN	12
<i>clonidine hcl</i>	40	<i>cromolyn sodium</i>	98
<i>clonidine hcl (adhd)</i>	1	<i>cromolyn sodium (mastocytosis)</i>	73
<i>clopidogrel bisulfate</i>	77	<i>cromolyn sodium (ophth)</i>	92
<i>clorazepate dipotassium</i>	42	<i>cryselle-28</i>	63
<i>clotrimazole</i>	105	<i>cyanocobalamin</i>	90
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	101	<i>cyclafem 1/35</i>	63
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	101	<i>cyclafem 7/7/7</i>	63
<i>clozapine</i>	50	<i>cyclobenzaprine hcl</i>	56
COARTEM TAB 20-120MG	12	<i>cyclophosphamide</i>	22
COBENFY CAP 100-20MG	50	<i>cycloserine</i>	16
COBENFY CAP 125-30MG.....	50	<i>cyclosporine</i>	83
COBENFY CAP 50-20MG	50	<i>cyclosporine modified (for microemulsion)</i>	83
COBENFY STRT CAP PACK	50	<i>cyproheptadine hcl</i>	95
<i>codeine sulfat</i> e	3	CYSTAGON	67
CODEINE SULFATE	3	CYSTARAN	93
<i>colchicine</i>	1	<i>cytarabine</i>	23
<i>colchicine w/ probenecid tab 0.5-500 mg</i> ..	1	D	
<i>colestipol hcl</i>	34	<i>dacarbazine</i>	22
<i>colocort</i>	72	<i>dalfampridine</i>	55
		<i>danazol</i>	66

<i>dantrolene sodium</i>	56	<i>dexmethylphenidate hcl</i>	51, 52
<i>dapsone</i>	10	<i>dextrazoxane hcl</i>	28
<i>dapsone (topical)</i>	100	<i>dextroamphetamine sulfate</i>	52
DAPTACEL INJ	84	<i>diazepam</i>	42
<i>daptomycin</i>	10	<i>diazepam (anticonvulsant)</i>	42
<i>darifenacin hydrobromide</i>	75	<i>diazepam intensol</i>	42
<i>darunavir</i>	12	<i>diclofenac potassium</i>	1
<i>dasatinib</i>	25	<i>diclofenac sodium</i>	1
<i>dasetta 1/35</i>	63	<i>diclofenac sodium (ophth)</i>	91
<i>dasetta 7/7/7</i>	63	<i>diclofenac sodium (topical)</i>	104
<i>daunorubicin hcl</i>	22	<i>diclofenac w/ misoprostol tab delayed</i> <i>release 50-0.2 mg</i>	2
<i>decitabine</i>	23	<i>diclofenac w/ misoprostol tab delayed</i> <i>release 75-0.2 mg</i>	2
<i>deferiprone</i>	62	<i>dicloxacillin sodium</i>	20
DELSTRIGO TAB	15	<i>dicyclomine hcl</i>	71
<i>delyla</i>	63	<i>didanosine</i>	12
<i>demeclocycline hcl</i>	21	DIFICID	18
DENGVAXIA SUS	84	<i>diflorasone diacetate</i>	103
DEPO-ESTRADIOL	67	<i>diflunisal</i>	9
DEPO-MEDROL	68	<i>difluprednate</i>	91
DEPO-PROVERA	29	<i>digox</i>	38
DEPO-SUBQ PROVERA 104	63	<i>digoxin</i>	38
<i>depo-testosterone</i>	58	DILANTIN	42
DESCOVY TAB 120-15MG	15	<i>diltiazem hcl</i>	38
DESCOVY TAB 200/25MG	15	DILTIAZEM HCL	38
<i>desipramine hcl</i>	45, 46	<i>diltiazem hcl coated beads</i>	38
<i>desloratadine</i>	95	<i>diltiazem hcl extended release beads</i>	38
<i>desmopressin acetate</i>	71	<i>dimethyl fumarate</i>	55
<i>desmopressin acetate spray</i>	71	<i>dimethyl fumarate capsule dr starter pack</i> <i>120 mg & 240 mg</i>	55
<i>desmopressin acetate spray refrigerated</i>	71	DIP/TET PED INJ 25-5LFU	84
<i>desonide</i>	103	DIPENTUM	72
<i>desoximetasone</i>	103	<i>diphenhydramine hcl</i>	95
<i>desvenlafaxine succinate</i>	46	<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	71
<i>dexamethasone</i>	68	<i>diphenoxylate w/ atropine tab 2.5-0.025</i> <i>mg</i>	71
DEXAMETHASONE INTENSOL	68	<i>dipyridamole</i>	77
<i>dexamethasone sodium phosphate</i>	68	<i>disopyramide phosphate</i>	34
<i>dexamethasone sodium phosphate (ophth)</i>	91	<i>disulfiram</i>	42
DEXCOM G6 MIS RECEIVER	87	DIURIL	39
DEXCOM G6 MIS SENSOR	87	<i>divalproex sodium</i>	42
DEXCOM G6 MIS TRANSMIT	87	<i>docetaxel</i>	23
DEXCOM G7 MIS 15 DAY	87		
DEXCOM G7 MIS RECEIVER	87		
DEXCOM G7 MIS SENSOR	87		
<i>dexlansoprazole</i>	74		

DOCETAXEL.....	23	efavirenz.....	13
DOCETAXEL (NON-ALCOHOL FO.....	23	efavirenz-emtricitabine-tenofovir df tab	
dofetilide	34	600-200-300 mg	15
donepezil hydrochloride	44	efavirenz-lamivudine-tenofovir df tab 400-	
dorzolamide hcl.....	92	300-300 mg.....	15
dorzolamide hcl-timolol maleate ophth soln		efavirenz-lamivudine-tenofovir df tab 600-	
2-0.5%	92	300-300 mg.....	15
DOVATO TAB 50-300MG.....	15	ELESTRIN	67
doxazosin mesylate	32	eletriptan hydrobromide	53
doxepin hcl.....	46	ELIGARD.....	29
doxepin hcl (antipruritic)	102	elinest	63
doxepin hcl (sleep).....	52	ELIQUIS.....	75
doxercalciferol	90	ELIQUIS STARTER PACK.....	75
doxorubicin hcl	22	elite-ob	90
doxorubicin hcl liposomal	22	ELLA.....	63
doxorubicin hydrochloride.....	22	ELMIRON.....	74
doxy 100	21	eltrombopag olamine	76
doxycycline (monohydrate)	21	EMADINE.....	92
doxycycline hyclate	21	EMCYT	22
doxylamine succinate (sleep).....	52	EMGALITY	53
dronabinol.....	71	emoquette.....	63
drospirenone-ethinyl estradiol tab 3-0.03		EMSAM.....	46
mg	63	emtricitabine.....	13
drospirenone-ethinyl estrad-levomefolate		emtricitabine-rilpivirine-tenofovir df tab	
tab 3-0.02-0.451 mg	63	200-25-300 mg	15
drospirenone-ethinyl estrad-levomefolate		emtricitabine-tenofovir disoproxil fumarate	
tab 3-0.03-0.451 mg	63	tab 100-150 mg.....	15
DROXIA.....	27	emtricitabine-tenofovir disoproxil fumarate	
droxidopa	105	tab 133-200 mg	15
DRYSOL.....	58	emtricitabine-tenofovir disoproxil fumarate	
DUAVEE TAB 0.45-20	67	tab 167-250 mg	15
DULERA AER 100-5MCG	98	emtricitabine-tenofovir disoproxil fumarate	
DULERA AER 200-5MCG.....	98	tab 200-300 mg	16
DULERA AER 50-5MCG	98	EMTRIVA.....	13
duloxetine hcl	46	EMVERM	10
DUPIXENT	58	enalapril maleate	32
dutasteride	74	enalapril maleate & hydrochlorothiazide tab	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg		10-25 mg.....	31
.....	74	enalapril maleate & hydrochlorothiazide tab	
E		5-12.5 mg.....	31
e.e.s. 400.....	18	ENBREL.....	78
econazole nitrate.....	101	ENBREL MINI	78
ed-spaz.....	71	ENBREL SURECLICK.....	78
EDURANT	12	ENCARE.....	63

ENGERIX-B.....	84	<i>erythromycin (ophth)</i>	91
<i>enilloring</i>	63	<i>erythromycin base</i>	18
<i>enoxaparin sodium</i>	75	<i>erythromycin ethylsuccinate</i>	18
<i>enpresse-28</i>	63	<i>escitalopram oxalate</i>	46
ENSACOVE.....	25	<i>eslicarbazepine acetate</i>	43
<i>enskyce</i>	63	<i>esomeprazole magnesium</i>	74
<i>entacapone</i>	49	<i>esomeprazole sodium</i>	74
<i>entecavir</i>	17	<i>estradiol</i>	67
ENTRESTO CAP 15-16MG	39	<i>estradiol & norethindrone acetate tab 0.5-</i> <i>0.1 mg</i>	67
ENTRESTO CAP 6-6MG	39	<i>estradiol & norethindrone acetate tab 1-0.5</i> <i>mg</i>	67
ENTRESTO TAB 24-26MG	39	<i>estradiol vaginal</i>	67
ENTRESTO TAB 49-51MG.....	39	<i>estradiol valerate</i>	67
ENTRESTO TAB 97-103MG	39	ESTROGEL	67
ENTYVIO PEN	78	<i>eszopiclone</i>	52
<i>enulose</i>	73	<i>ethacrynate sodium</i>	39
EPCLUSA PAK 150-37.5.....	19	<i>ethacrynic acid</i>	39
EPCLUSA PAK 200-50MG	19	<i>ethambutol hcl</i>	16
EPCLUSA TAB 200-50MG.....	19	<i>ethosuximide</i>	43
EPCLUSA TAB 400-100	19	<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-50 mcg</i>	63
EPIDIOLEX.....	43	<i>etodolac</i>	1
<i>epinastine hcl (ophth)</i>	92	<i>etonogestrel-ethinyl estradiol va ring 0.12-</i> <i>0.015 mg/24hr</i>	63
<i>epinephrine (anaphylaxis)</i>	94	<i>etoposide</i>	28
<i>epirubicin hcl</i>	22	<i>etravirine</i>	13
<i>epitol</i>	43	EUCRISA	102
EPIVIR	13	EUFLEXXA.....	88
EPIVIR HBV	17	EVAMIST	68
<i>eplerenone</i>	32	<i>everolimus</i>	25
<i>epoprostenol sodium</i>	40	EVOTAZ TAB 300-150.....	16
<i>eprosartan mesylate</i>	33	<i>exemestane</i>	29
EPZICOM TAB 600-300	16	<i>ezetimibe</i>	34
ERBITUX	23	<i>ezetimibe-simvastatin tab 10-10 mg</i>	36
<i>ergocalciferol</i>	90	<i>ezetimibe-simvastatin tab 10-20 mg</i>	36
<i>ergoloid mesylates</i>	44	<i>ezetimibe-simvastatin tab 10-40 mg</i>	36
ERGOMAR.....	53	<i>ezetimibe-simvastatin tab 10-80 mg</i>	36
<i>ergotamine w/ caffeine tab 1-100 mg</i>	53	F	
ERIVEDGE.....	23	FACTIVE	19
ERLEADA.....	29	<i>falmina</i>	63
<i>erlotinib hcl</i>	25	<i>famciclovir</i>	17
<i>errin</i>	63	<i>famotidine</i>	72
<i>ertapenem sodium</i>	10		
<i>ery</i>	100		
<i>ery-tab</i>	18		
<i>erythrocin stearate</i>	18		
<i>erythromycin (acne aid)</i>	100		

<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	<i>fluconazole</i>	11, 12
.....	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	12
FARXIGA.....	.....	12
FARYDAK.....	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	12
FASENRA.....	.....	12
FASENRA PEN.....	FLUCONAZOLE SOL /NACL.....	12
FC2 FEMALE MIS CONDOM.....	<i>fludarabine phosphate</i>	23
<i>febuxostat</i>	<i>fludrocortisone acetate</i>	68
<i>felbamate</i>	FLULAVAL INJ 2025-26.....	84
<i>felodipine</i>	FLUMIST NASAL VACCINE 2025-2026....	84
FEMCAP MIS 22MM.....	<i>flunisolide (nasal)</i>	97
FEMCAP MIS 26MM.....	<i>fluocinolone acetonide</i>	103
FEMCAP MIS 30MM.....	<i>fluocinolone acetonide (otic)</i>	105
FEMLYV TAB 1/0.02MG.....	<i>fluocinonide</i>	103
<i>fenofibrate</i>	<i>fluoritab</i>	88
<i>fenofibrate micronized</i>	<i>fluorouracil</i>	23
<i>fentanyl</i>	<i>fluorouracil (topical)</i>	101
<i>fentanyl citrate</i>	<i>fluoxetine hcl</i>	46
FERRIPROX.....	<i>fluphenazine decanoate</i>	50
FERRIPROX TWICE-A-DAY.....	<i>fluphenazine hcl</i>	50
<i>ferrous fumarate</i>	<i>flura-drops</i>	88
FERROUS FUMARATE.....	<i>flurandrenolide</i>	103
<i>ferrous gluconate</i>	<i>flurazepam hcl</i>	77
FERROUS GLUCONATE.....	<i>flurbiprofen</i>	1
<i>ferrous sulfate</i>	<i>flurbiprofen sodium</i>	91
FERROUS SULFATE.....	<i>flutamide</i>	29
<i>fesoterodine fumarate</i>	<i>fluticasone propionate</i>	103
FETZIMA.....	<i>fluticasone propionate (inhalation)</i>	21
FETZIMA CAP TITRATIO.....	<i>fluticasone propionate (nasal)</i>	97
FIASP.....	<i>fluticasone propionate hfa</i>	21
FIASP FLEXTOUCH.....	<i>fluticasone-salmeterol aer powder ba 100-</i>	
FIASP PENFILL.....	<i>50 mcg/act</i>	98
FIASP PUMPCART.....	<i>fluticasone-salmeterol aer powder ba 250-</i>	
FINACEA.....	<i>50 mcg/act</i>	98
<i>finasteride</i>	<i>fluticasone-salmeterol aer powder ba 500-</i>	
<i> fingolimod hcl</i>	<i>50 mcg/act</i>	98
<i>flavoxate hcl</i>	<i>fluticasone-salmeterol inhal aerosol 115-21</i>	
FLEBOGAMMA DIF.....	<i>mcg/act</i>	98
<i>flecainide acetate</i>	<i>fluticasone-salmeterol inhal aerosol 230-21</i>	
<i>floxuridine</i>	<i>mcg/act</i>	98
FLUAD INJ 2025-26.....	<i>fluticasone-salmeterol inhal aerosol 45-21</i>	
FLUARIX INJ 2025-26.....	<i>mcg/act</i>	98
FLUBLOK INJ 2025-26.....	<i>fluvastatin sodium</i>	35
FLUCELVAX INJ 2025-26.....	<i>fluvoxamine maleate</i>	46

FLUZONE INJ 2025-26.....	84	GLEOSTINE	22
FML	91	GLIADEL WAF 7.7MG	22
FML FORTE	91	<i>glimepiride</i>	62
<i>folic acid</i>	90	<i>glipizide</i>	62
<i>fondaparinux sodium</i>	75	<i>glipizide-metformin hcl tab 2.5-250 mg</i> ...	59
<i>formoterol fumarate</i>	98	<i>glipizide-metformin hcl tab 2.5-500 mg</i> ...	59
<i>fosamprenavir calcium</i>	13	<i>glipizide-metformin hcl tab 5-500 mg</i>	59
<i>fosfomycin tromethamine</i>	10	<i>glucagon (rdna)</i>	69
<i>fosinopril sodium</i>	32	GLUCOSE URINE TEST STRIPS.....	87
<i>fosinopril sodium & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	31	<i>glyburide</i>	62
<i>fosinopril sodium & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	31	<i>glyburide-metformin tab 1.25-250 mg</i>	59
<i>fosphenytoin sodium</i>	43	<i>glyburide-metformin tab 2.5-500 mg</i>	59
FRAGMIN.....	76	<i>glyburide-metformin tab 5-500 mg</i>	59
<i>frovatriptan succinate</i>	53	<i>glyburide micronized</i>	62
<i>fulvestrant</i>	29	<i>glycopyrrolate</i>	71
FUROSCIX	58	GLYXAMBI TAB 10-5 MG.....	61
<i>furosemide</i>	39	GLYXAMBI TAB 25-5 MG	61
FYCOMPA	43	<i>gnp olopatadine hydrochlo</i>	92
G		GOMEKLI	25
<i>gabapentin</i>	43	<i>goodsense aspirin</i>	9
<i>galantamine hydrobromide</i>	44	<i>goodsense nicotine</i>	57
GAMMAGARD LIQUID.....	94	<i>goodsense nicotine polacr</i>	57
GAMMAKED	94	<i>granisetron hcl</i>	71
GAMUNEX-C	94	<i>griseofulvin microsize</i>	12
GARDASIL 9.....	84	<i>griseofulvin ultramicrosize</i>	12
<i>gatifloxacin (ophth)</i>	91	<i>guaifenesin-codeine soln 100-10 mg/5ml</i> 95	
GAZYVA.....	24	<i>guanfacine hcl</i>	40
<i>gemcitabine hcl</i>	23	<i>guanfacine hcl (adhd)</i>	52
<i>gemfibrozil</i>	34	GUANIDINE HCL	54
<i>generlac</i>	73	GYNAZOLE-1.....	75
<i>gengraf</i>	83	H	
<i>gentak</i>	91	<i>halcinonide</i>	103
<i>gentamicin in saline inj 0.8 mg/ml</i>	96	<i>halobetasol propionate</i>	103
<i>gentamicin in saline inj 1.2 mg/ml</i>	96	<i>haloperidol</i>	50
<i>gentamicin in saline inj 1.6 mg/ml</i>	96	<i>haloperidol decanoate</i>	50
<i>gentamicin in saline inj 1 mg/ml</i>	96	<i>haloperidol lactate</i>	50
<i>gentamicin in saline inj 2 mg/ml</i>	96	HARVONI PAK.....	19
<i>gentamicin sulfate</i>	96	HARVONI PAK 45-200MG	19
<i>gentamicin sulfate (ophth)</i>	91	HARVONI TAB 45-200MG	19
<i>gentamicin sulfate (topical)</i>	101	HARVONI TAB 90-400MG	19
GENVOYA TAB.....	16	HAVRIX.....	84
<i>gianvi</i>	64	<i>heather</i>	64
		HEMLIBRA.....	77
		<i>heparin sodium (porcine)</i>	76

HEPLISAV-B.....	84	<i>hydroxychloroquine sulfate</i>	82
HEXALEN.....	22	<i>hydroxyurea</i>	24
HIBERIX	84	<i>hydroxyzine hcl</i>	95
HUMATROPE.....	69	<i>hydroxyzine pamoate</i>	95
HUMATROPE COMBO PACK.....	69	<i>hyoscyamine sulfate</i>	71
HUMATROPEN MIS FOR 12MG.....	69	HYQVIA INJ 10-800	82
HUMATROPEN MIS FOR 24MG.....	69	HYQVIA INJ 2.5-200.....	82
HUMATROPEN MIS FOR 6MG	69	HYQVIA INJ 20-1600.....	82
HUMIRA.....	78	HYQVIA INJ 30-2400	82
HUMIRA PEDIA INJ CROHNS.....	78	HYQVIA INJ 5-400.....	82
HUMIRA PEDIATRIC CROHNS D	79	I	
HUMIRA PEN	79	<i>ibandronate sodium</i>	62
HUMIRA PEN-CD/UC/HS START	79	IBRANCE	24
HUMIRA PEN KIT PS/UV	79	IBTROZI.....	25
HUMIRA PEN-PS/UV STARTER	79	<i>ibuprofen</i>	1
HUMULIN R U-500 (CONCENTR.....	60	<i>icatibant acetate</i>	82
HUMULIN R U-500 KWIKPEN.....	60	ICLUSIG	25
<i>hydralazine hcl</i>	40	<i>icosapent ethyl</i>	36
<i>hydrochlorothiazide</i>	39	<i>idarubicin hcl</i>	22
<i>hydrocodone-acetaminophen soln 7.5-325</i>		IDHIFA.....	25
<i>mg/15ml</i>	4	<i>ifosfamide</i>	22
<i>hydrocodone-acetaminophen tab 10-325</i>		<i>imatinib mesylate</i>	26
<i>mg</i>	4	<i>imipenem-cilastatin intravenous for soln</i>	
<i>hydrocodone-acetaminophen tab 2.5-325</i>		250 mg	10
<i>mg</i>	4	<i>imipenem-cilastatin intravenous for soln</i>	
<i>hydrocodone-acetaminophen tab 5-325</i>		500 mg	10
<i>mg</i>	4	<i>imipramine hcl</i>	46, 47
<i>hydrocodone-acetaminophen tab 7.5-325</i>		<i>imipramine pamoate</i>	47
<i>mg</i>	4	<i>imiquimod</i>	101
<i>hydrocodone bitart-homatropine</i>		IMVEXXY MAINTENANCE PACK.....	68
<i>methylbromide tab 5-1.5 mg</i>	95	IMVEXXY STARTER PACK.....	68
<i>hydrocodone bitart-homatropine</i>		<i>inatal gt</i>	90
<i>methylbrom soln 5-1.5 mg/5ml</i>	95	INCRELEX.....	69
<i>hydrocodone bitartrate</i>	3, 4	INCRUSE ELLIPTA.....	98
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	4	<i>indapamide</i>	39
<i>hydrocortisone</i>	68	<i>indomethacin</i>	9
<i>hydrocortisone (rectal)</i>	74	INFANRIX INJ	84
<i>hydrocortisone (topical)</i>	103	INLYTA.....	26
<i>hydrocortisone butyrate</i>	103	INSTA-GLUCOSE	69
<i>hydrocortisone valerate</i>	103	INSULIN LISPRO	60
<i>hydrocortisone w/ acetic acid otic soln 1-</i>		INTELENCE	13
2%	105	INTRAROSA	58
<i>hydromet</i>	95	<i>introvale</i>	64
<i>hydromorphone hcl</i>	4, 5	INVANZ	10

INVEGA SUSTENNA	50	JYNNEOS	84
INVEGA TRINZA	50	K	
INVIRASE.....	13	KADCYLA	24
IOPIDINE.....	92	KALETRA SOL	16
IPOL INJ INACTIVE	84	KALETRA TAB 100-25MG.....	16
<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>		KALETRA TAB 200-50MG.....	16
<i>mg/3ml</i>	98	KALYDECO	96
<i>ipratropium bromide</i>	98	<i>kariva</i>	64
<i>ipratropium bromide (nasal)</i>	98	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> ...89	
<i>irbesartan</i>	33	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>.....89	
<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>		<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i> ...89	
<i>mg</i>	32	<i>k-effervescent</i>	89
<i>irbesartan-hydrochlorothiazide tab 300-</i>		<i>kelnor 1/35</i>	64
<i>12.5 mg</i>	32	KERENDIA	69
<i>irinotecan hcl</i>	28	<i>ketoconazole (topical)</i>	101, 102
ISENTRESS.....	13	KETONE URINE TEST STRIPS.....	87
ISENTRESS HD	13	<i>ketorolac tromethamine</i>	1
<i>isoniazid</i>	16	<i>ketorolac tromethamine (ophth)</i>	91
<i>isosorbide dinitrate</i>	40	KEVZARA.....	79
<i>isosorbide mononitrate</i>	40	KEYTRUDA	24
<i>isotretinoin</i>	100	KINRIX INJ	85
<i>isradipine</i>	38	<i>kionex</i>	62
ITOVEBI	26	KISQALI	24
<i>itraconazole</i>	12	KISQALI 200 PAK FEMARA	24
<i>ivabradine hcl</i>	39	KISQALI 400 PAK FEMARA	24
<i>ivermectin</i>	10	KISQALI 600 PAK FEMARA	24
<i>ivermectin (rosacea)</i>	104	<i>klor-con 10</i>	89
IV PREP WIPE PAD.....	101	<i>klor-con 8</i>	89
J		<i>klor-con m15</i>	89
JAKAFI.....	26	<i>klor-con m20</i>	89
<i>jantoven</i>	76	KLOXXADO	56
JARDIANCE	62	KOSELUGO	30
<i>jinteli</i>	68	<i>kurvelo</i>	64
<i>jolessa</i>	64	KYLEENA.....	64
<i>jolivette</i>	64	L	
JOURNAVX	1	<i>labetalol hcl</i>	36
<i>joyeaux</i>	64	<i>lacosamide</i>	43
JUBBONTI.....	69	LACRISERT	93
JULUCA TAB 50-25MG	16	<i>lactic acid (ammonium lactate)</i>	104
<i>junel 1/20</i>	64	<i>lactulose</i>	73
<i>junel 1.5/30</i>	64	LAGEVRIO.....	30
<i>junel fe 1/20</i>	64	<i>lamivudine</i>	13
<i>junel fe 1.5/30</i>	64	<i>lamivudine (hbv)</i>	17
JYNARQUE.....	69	<i>lamivudine-zidovudine tab 150-300 mg</i>....16	

<i>lamotrigine</i>	43	<i>levocetirizine dihydrochloride</i>	95
<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>		<i>levofloxacin</i>	19
<i>starter kit</i>	43	<i>levofloxacin (ophth)</i>	91
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i>		<i>levofloxacin in d5w iv soln 250 mg/50ml</i> ..	19
<i>starter kit</i>	43	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	19
LANCETS.....	87	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	19
LANCING DEVICE	87	<i>levonest</i>	64
LANOXIN	38	<i>levonorgestrel (emergency oc)</i>	64
LANOXIN PEDIATRIC	38	<i>levonorgestrel & ethinyl estradiol (91-day)</i>	
<i>lanreotide acetate</i>	58	<i>tab 0.15-0.03 mg</i>	64
<i>lansoprazole</i>	74	<i>levonorgestrel & ethinyl estradiol tab 0.15</i>	
<i>lanthanum carbonate</i>	70	<i>mg-30 mcg</i>	64
<i>lapatinib ditosylate</i>	26	<i>levonorgestrel & ethinyl estradiol tab 0.1</i>	
<i>larin 1.5/30</i>	64	<i>mg-20 mcg</i>	64
LASTACRAFT	92	<i>levonorgestrel-ethinyl estradiol-fe tab 0.1</i>	
<i>latanoprost</i>	92	<i>mg-20 mcg (21)</i>	64
<i>leena</i>	64	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i>	
<i>leflunomide</i>	82	<i>est tab 0.01mg(7)</i>	64
<i>lenalidomide</i>	82	<i>levora 0.15/30-28</i>	64
LENVIMA 10 MG DAILY DOSE.....	26	<i>levorphanol tartrate</i>	5
LENVIMA 12MG DAILY DOSE	26	<i>levothyroxine sodium</i>	70
LENVIMA 20 MG DAILY DOSE	26	<i>levoxyl</i>	70
LENVIMA 4 MG DAILY DOSE	26	LIBERVANT	43
LENVIMA 8 MG DAILY DOSE	26	LIDO/DEXTROS INJ 5-7.5%	9
LENVIMA CAP 14 MG	26	<i>lidocaine</i>	104
LENVIMA CAP 18 MG	26	<i>lidocaine hcl</i>	104
LENVIMA CAP 24 MG.....	26	<i>lidocaine hcl (cardiac)</i>	34
<i>lessina</i>	64	<i>lidocaine hcl (local anesth.)</i>	9
<i>letrozole</i>	29	<i>lidocaine hcl (mouth-throat)</i>	105
<i>leucovorin calcium</i>	28	<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	34
LEUKERAN	22	<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	34
<i>leuprolide acetate</i>	29	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	104
<i>levabuterol hcl</i>	98	<i>lidocaine-prilocaine cream kit 2.5-2.5%</i> .	104
<i>levabuterol tartrate</i>	99	LILETTA.....	64
LEVEMIR.....	60	<i>linezolid</i>	10
LEVEMIR FLEXPEN.....	60	<i>linezolid inj 2mg/ml</i>	10
<i>levetiracetam</i>	43	LINZESS.....	72
<i>levetiracetam in sodium chloride iv soln</i>		<i>lithyronine sodium</i>	70
<i>1000 mg/100ml</i>	43	<i>liraglutide</i>	59
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril</i>	32
<i>1500 mg/100ml</i>	43	<i>lisinopril & hydrochlorothiazide tab 10-12.5</i>	
<i>levetiracetam in sodium chloride iv soln</i>		<i>mg</i>	31
<i>500 mg/100ml</i>	43	<i>lisinopril & hydrochlorothiazide tab 20-12.5</i>	
<i>levobunolol hcl</i>	92	<i>mg</i>	31

<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	31	<i>maprotiline hcl</i>	47
<i>lithium</i>	54	<i>maraviroc</i>	13
<i>lithium carbonate</i>	54	<i>marlissa</i>	64
LOKELMA	62	MARPLAN	47
LO LOESTRIN TAB 1-10-10	64	MATULANE	22
<i>loperamide hcl</i>	71	<i>matzim la</i>	38
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	16	MAXIDEX	92
<i>lopinavir-ritonavir tab 100-25 mg</i>	16	<i>meclizine hcl</i>	72
<i>lopinavir-ritonavir tab 200-50 mg</i>	16	<i>meclofenamate sodium</i>	2
LOQTORZI	24	<i>medroxyprogesterone acetate</i>	70
<i>lorazepam</i>	42	<i>medroxyprogesterone acetate (contraceptive)</i>	64
LORBRENA	26	<i>mefloquine hcl</i>	12
<i>loryna</i>	64	<i>megestrol acetate</i>	29
<i>losartan potassium</i>	33	<i>megestrol acetate (appetite)</i>	29
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	33	MEKINIST	26
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	33	<i>meloxicam</i>	2
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	32	<i>melphalan</i>	22
<i>loteprednol etabonate</i>	92	<i>melphalan hcl</i>	22
<i>lovastatin</i>	35	<i>memantine hcl</i>	44
<i>low-ogestrel</i>	64	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	45
<i>loxapine succinate</i>	50	MENACTRA INJ	85
<i>lubiprostone</i>	73	MENEST	68
<i>ludent</i>	89	MENQUADFI	85
<i>luliconazole</i>	57	MENVEO INJ	85
LUMIGAN	92	MENVEO SOL	85
LUMRYZ	56	<i>meprobamate</i>	42
LUMRYZ PAK STARTER	56	<i>mercaptopurine</i>	23
LUPRON DEPOT-PED (1-MONTH)	29	<i>meropenem</i>	10, 11
LUPRON DEPOT-PED (3-MONTH)	29	<i>mesalamine</i>	72
<i>lurasidone hcl</i>	50	<i>mesna</i>	28
<i>lutera</i>	64	<i>metaproterenol sulfate</i>	99
LYNPARZA	24	<i>metaxalone</i>	56
LYSODREN	29	<i>metformin hcl</i>	59
M		<i>methadone hcl</i>	5
<i>magnesium sulfate</i>	89	<i>methadone hydrochloride i</i>	5
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	89	<i>methadose</i>	5
<i>malathion</i>	104	<i>methamphetamine hcl</i>	52
<i>mannitol</i>	39	<i>methazolamide</i>	39
		<i>methenamine hippurate</i>	11
		<i>methimazole</i>	70
		<i>methocarbamol</i>	56
		<i>methotrexate sodium</i>	23, 82

<i>methoxsalen rapid</i>	102	<i>mitoxantrone hcl</i>	22
<i>methscopolamine bromide</i>	71	MIUDELLA IUD COPPER	65
<i>methsuximide</i>	43	M-M-R II INJ	85
<i>methyldopa</i>	40	<i>modafinil</i>	56
<i>methylphenidate hcl</i>	52	MODERNA COVID-19 VACCINE	85
<i>methylprednisolone</i>	68	<i>moexipril hcl</i>	32
<i>methylprednisolone acetate</i>	68	<i>mometasone furoate</i>	103
<i>methylprednisolone sod succ</i>	68	<i>mono-lynyah</i>	65
<i>methyltestosterone</i>	58	MONOVISC	88
<i>metoclopramide hcl</i>	72	<i>montelukast sodium</i>	99
METOCLOPRAMIDE ODT	72	<i>morgidox 1x100mg</i>	21
<i>metolazone</i>	39	<i>morphine sulfate</i>	5, 6
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	36	MORPHINE SULFATE	5
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	36	<i>morphine sulfate beads</i>	6
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	36	MOTOFEN TAB 1-0.025	71
<i>metoprolol succinate</i>	37	MOUNJARO	59
<i>metoprolol tartrate</i>	37	MOVANTIK.....	73
<i>metronidazole</i>	11	<i>moxifloxacin hcl</i>	19
<i>metronidazole (topical)</i>	104	<i>moxifloxacin hcl (ophth)</i>	91
<i>metronidazole vaginal</i>	75	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	19
<i>mexiletine hcl</i>	34	MRESVIA	85
<i>miconazole 3</i>	75	MULTAQ.....	34
MICRHOGAM ULTRA-FILTERED	94	<i>multi-vit/iron/fluoride</i>	90
MICROCHAMBER MIS.....	100	<i>multivitamin/fluoride</i>	90
<i>microgestin 1.5/30</i>	65	<i>multi-vitamin/fluoride/ir</i>	90
<i>midodrine hcl</i>	40	<i>multi-vitamin/fluoride dr</i>	90
MIEBO	93	<i>mupirocin</i>	101
<i>miglitol</i>	59	<i>mvc-fluoride</i>	90
<i>mimvey</i>	68	MYALEPT	67
<i>mimvey lo</i>	68	<i>mycophenolate mofetil</i>	83
<i>minitran</i>	40	<i>mycophenolate mofetil hcl</i>	83
<i>minocycline hcl</i>	21	<i>mycophenolate sodium</i>	83
<i>minoxidil</i>	40	MYRBETRIQ	75
<i>minzoya</i>	65	<i>myzilra</i>	65
<i>mirabegron</i>	75	N	
MIRCERA.....	76	<i>nabumetone</i>	2
MIRENA	65	<i>nadolol</i>	37
<i>mirtazapine</i>	47	<i>nafcillin sodium</i>	20
MISC LANCETS	87	<i>nafrinse</i>	89
<i>misoprostol</i>	69	<i>nafrinse drops</i>	89
<i>mitomycin</i>	22	<i>naftifine hcl</i>	101
		<i>nalbuphine hcl</i>	6
		<i>naloxone hcl</i>	56

<i>naltrexone hcl</i>	56	NITRO-BID	40
NAMENDA XR CAP TITRATIO.....	45	NITRO-DUR.....	40
<i>naproxen</i>	2	<i>nitrofurantoin</i>	11
<i>naratriptan hcl</i>	53	<i>nitrofurantoin macrocrystal</i>	11
NATACYN	91	<i>nitrofurantoin monohyd macro</i>	11
NATAZIA TAB	65	<i>nitroglycerin</i>	40
<i>nateglinide</i>	61	NITROGLYCERIN	40
NAYZILAM	44	<i>nitroglycerin (intra-anal)</i>	104
<i>nebivolol hcl</i>	37	<i>nitroglycerin iv soln 100 mcg/ml in d5w</i> ..	40
<i>necon 0.5/35-28</i>	65	<i>nitroglycerin iv soln 200 mcg/ml in d5w</i> ..	40
<i>nefazodone hcl</i>	47	<i>nitroglycerin iv soln 400 mcg/ml in d5w</i> ..	40
NEFFY	94	<i>niva-fol tab</i>	90
<i>nelarabine</i>	23	NIVA THYROID	70
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	91	NIVESTYM.....	76
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	90	<i>nizatidine</i>	72
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	90	<i>nora-be</i>	65
<i>neomycin-polymyxin-hc ophth susp</i>	91	NORDITROPIN FLEXPRO.....	69
<i>neomycin-polymyxin-hc otic soln 1%</i>	105	<i>norethindrone (contraceptive)</i>	65
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	105	<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	65
<i>neomycin sulfate</i>	10	<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	65
NEUPRO	49	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	65
NEVANAC	92	<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	65
<i>nevirapine</i>	13	<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	65
NEXPLANON	65	<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	65
NEXTSTELLIS TAB 3-14.2MG.....	65	<i>norethindrone acetate</i>	70
<i>niacin (antihyperlipidemic)</i>	36	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	68
<i>nicardipine hcl</i>	38	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	65
<i>nicotine</i>	57	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	65
<i>nicotine polacrilex</i>	57	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	65
<i>nicotine step 3</i>	57	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	65
NICOTINE SYS KIT TRANSDER.....	57	<i>nortrel 0.5/35 (28)</i>	65
NICOTROL INHALER	57	<i>nortrel 1/35</i>	65
NICOTROL NS	57	<i>nortrel 7/7/7</i>	65
<i>nifedipine</i>	38		
<i>nikki</i>	65		
<i>nilutamide</i>	29		
<i>nimodipine</i>	38		
NIPENT	23		
<i>nitazoxanide</i>	11		
<i>nitisinone</i>	67		

<i>nortriptyline hcl</i>	47	<i>ofloxacin (ophth)</i>	91
NORVIR.....	13, 14	<i>ofloxacin (otic)</i>	105
NOVAVAX COVID-19 VACCINE/.....	85	<i>ogestrel</i>	65
NOVOLIN INJ 70/30.....	60	OGSIVEO.....	26, 27
NOVOLIN INJ 70/30 FP.....	60	<i>olanzapine</i>	50
NOVOLIN N.....	60	<i>olmesartan-amlodipine-</i>	
NOVOLIN N FLEXPEN.....	60	<i>hydrochlorothiazide tab 20-5-12.5 mg</i> ..	33
NOVOLIN R.....	60	<i>olmesartan-amlodipine-</i>	
NOVOLIN R FLEXPEN.....	60	<i>hydrochlorothiazide tab 40-10-12.5 mg</i> 33	
NOVOLOG.....	60	<i>olmesartan-amlodipine-</i>	
NOVOLOG FLEXPEN.....	61	<i>hydrochlorothiazide tab 40-10-25 mg</i> ...33	
NOVOLOG MIX INJ 70/30.....	61	<i>olmesartan-amlodipine-</i>	
NOVOLOG MIX INJ FLEXPEN.....	61	<i>hydrochlorothiazide tab 40-5-12.5 mg</i> ..33	
NOVOLOG PENFILL.....	61	<i>olmesartan-amlodipine-</i>	
NOVOPEN ECHO MIS.....	87	<i>hydrochlorothiazide tab 40-5-25 mg</i> ....33	
NP THYROID 120.....	70	<i>olmesartan medoxomil</i>	33
NP THYROID 15.....	70	<i>olmesartan medoxomil-</i>	
NP THYROID 30.....	70	<i>hydrochlorothiazide tab 20-12.5 mg</i>.....33	
NP THYROID 60.....	70	<i>olmesartan medoxomil-</i>	
NP THYROID 90.....	70	<i>hydrochlorothiazide tab 40-12.5 mg</i>.....33	
NUBEQA.....	29	<i>olmesartan medoxomil-</i>	
NUCALA.....	99	<i>hydrochlorothiazide tab 40-25 mg</i> .....33	
NUDEXTA CAP 20-10MG.....	54	<i>olopatadine hcl</i>	92
<i>nulev</i>	71	<i>olopatadine hcl (nasal)</i>	95
<i>nyamyc</i>	101	<i>omega-3-acid ethyl esters cap 1 gm</i>	36
<i>nylia 1/35</i>	65	<i>omeprazole</i>	74
<i>nystatin</i>	12	OMNARIS.....	97
<i>nystatin (mouth-throat)</i>	105	OMNIFLEX DPR.....	65
<i>nystatin (topical)</i>	101	OMNIPOD 5 DX KIT INT G7G6.....	87
<i>nystatin-triamcinolone cream 100000-0.1</i>		OMNIPOD 5 DX MIS POD G7G6.....	87
<i>unit/gm-%</i>	101	OMNIPOD 5 G7 KIT INTRO.....	87
<i>nystatin-triamcinolone oint 100000-0.1</i>		OMNIPOD 5 G7 MIS PODS.....	88
<i>unit/gm-%</i>	101	OMNIPOD 5 L2 KIT INTRO G6.....	88
<i>nystop</i>	101	OMNIPOD 5 L2 MIS PODS G6.....	88
NYVEPRIA.....	77	OMNIPOD DASH KIT INTRO.....	88
●		OMNIPOD DASH MIS PODS.....	88
<i>ocella</i>	65	OMNIPOD GO KIT 10UNT/DY.....	88
OCTAGAM.....	94	OMNIPOD GO KIT 15UNT/DY.....	88
<i>octreotide acetate</i>	58	OMNIPOD GO KIT 25UNT/DY.....	88
OCTREOTIDE ACETATE.....	58	OMNIPOD GO KIT 35UNT/DY.....	88
ODEFSEY TAB.....	16	OMNIPOD MIS CLASSIC.....	88
ODOMZO.....	24	ONAPGO.....	49
OFEV.....	100	ONCASPAR.....	27
<i>ofloxacin</i>	19	<i>ondansetron</i>	72

<i>ondansetron hcl</i>	72	<i>oxycodone w/ acetaminophen tab 2.5-325</i>	
ONGENTYS.....	49	<i>mg</i>	7
OPILL.....	65	<i>oxycodone w/ acetaminophen tab 5-325</i>	
OPSUMIT.....	40	<i>mg</i>	7
OPSYNVI TAB 10-20MG.....	41	<i>oxycodone w/ acetaminophen tab 7.5-325</i>	
OPSYNVI TAB 10-40MG.....	41	<i>mg</i>	7
OPTIONS GYNOL II VAGINAL.....	66	OXYCONTIN.....	8
OPVEE.....	56	<i>oxymorphone hcl</i>	8
<i>oralone dental paste</i>	105	OZEMPIC.....	59
ORENITRAM.....	41	P	
ORENITRAM TAB MONTH 1.....	41	<i>pacerone</i>	34
ORENITRAM TAB MONTH 2.....	41	<i>paclitaxel</i>	23
ORENITRAM TAB MONTH 3.....	41	<i>paclitaxel protein-bound particles for iv</i>	
ORFADIN.....	67	<i>susp 100 mg</i>	23
ORLISSA.....	66	PADCEV.....	27
ORKAMBI GRA 100-125.....	96	<i>paliperidone</i>	50
ORKAMBI GRA 150-188.....	96	<i>pamidronate disodium</i>	62
ORKAMBI TAB 100-125.....	96	<i>pantoprazole sodium</i>	74
ORKAMBI TAB 200-125.....	96	PARAGARD IUD T380A.....	66
<i>orphenadrine citrate</i>	56	<i>paraplatin</i>	28
<i>orsythia</i>	66	<i>paricalcitol</i>	90
ORTHOVISC.....	88	<i>paroxetine hcl</i>	47
<i>oscimin</i>	71	PASER.....	16
<i>oscimin sr</i>	71	PATADAY EXTRA STRENGTH.....	92
<i>oseltamivir phosphate</i>	17	PAXLOVID PAK.....	30
<i>osmitrol viaflex</i>	39	PAXLOVID TAB 150-100.....	30
OTEZLA.....	82	PAXLOVID TAB 300-100.....	30
OTEZLA TAB 10/20.....	82	<i>pazopanib hcl</i>	27
OTEZLA TAB 10/20/30.....	82	PEDIARIX INJ 0.5ML.....	85
OTIPRIO.....	93	PEDIATRIC RESPIRATORY MASK.....	100
OTREXUP.....	9	PEDVAX HIB.....	85
<i>oxacillin sodium</i>	20	PEGANONE.....	44
<i>oxaliplatin</i>	28	PEGASYS.....	19
<i>oxandrolone</i>	58	PEG-PREP KIT.....	73
<i>oxaprozin</i>	2	<i>pemetrexed disodium</i>	23
<i>oxazepam</i>	42	PENBRAYA INJ.....	85
<i>oxcarbazepine</i>	44	<i>penicillamine</i>	62
<i>oxiconazole nitrate</i>	57	<i>penicillin g potassium</i>	20
<i>oxybutynin chloride</i>	75	<i>penicillin g sodium</i>	20
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	8	<i>penicillin v potassium</i>	20
<i>oxycodone hcl</i>	6, 7	PENTACEL INJ.....	85
<i>oxycodone-ibuprofen tab 5-400 mg</i>	8	<i>pentamidine isethionate</i>	11
<i>oxycodone w/ acetaminophen tab 10-325</i>		<i>pentoxifylline</i>	77
<i>mg</i>	7	<i>perindopril erbumine</i>	32

<i>perigard</i>	105	PLENVU SOL	73
<i>permethrin</i>	104	PNEUMOVAX 23/1 DOSE	85
<i>perphenazine</i>	50	<i>podofilox</i>	104
PFIZER-BIONTECH COVID-19	85	<i>polycin</i>	91
<i>pfizerpen</i>	20	<i>polymyxin b sulfate</i>	11
<i>phenazopyridine tab 95mg</i>	74	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>phenelzine sulfate</i>	47	10000 unit/ml-0.1%	91
<i>phenobarbital</i>	44	POMALYST	83
<i>phenoxybenzamine hcl</i>	40	<i>portia-28</i>	66
<i>phenylephrine hcl (mydriatic)</i>	93	<i>potassium chloride</i>	89
<i>phenytoin</i>	44	<i>potassium chloride microencapsulated</i>	
<i>phenytoin sodium</i>	44	<i>crystals er</i>	89
<i>phenytoin sodium extended</i>	44	<i>potassium citrate (alkalinizer)</i>	75
PHEXXI GEL	66	PRALUENT	36
PHOSPHOLINE IODIDE	92	<i>pramipexole dihydrochloride</i>	49
PHOTOFRIN	28	<i>pramox gel</i>	104
<i>physiolyte</i>	93	<i>prasugrel hcl</i>	77
<i>physiosol irrigation</i>	93	<i>pravastatin sodium</i>	35
<i>phytonadione</i>	90	<i>praziquantel</i>	10
PIFELTRO	16	<i>prazosin hcl</i>	32
<i>pilocarpine hcl</i>	92	PRED-G S.O.P OIN OP	93
<i>pilocarpine hcl (oral)</i>	105	PRED-G SUS OP	93
<i>pimozide</i>	54	PRED MILD	92
<i>pindolol</i>	37	<i>prednicarbate</i>	104
<i>pioglitazone hcl</i>	61	<i>prednisolone</i>	68
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	61	<i>prednisolone acetate (ophth)</i>	92
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	61	PREDNISOLONE SODIUM PHOSP	92
<i>pioglitazone hcl-metformin hcl tab 15-500</i>		<i>prednisolone sodium phosphate</i>	68
<i>mg</i>	61	<i>prednisone</i>	68
<i>pioglitazone hcl-metformin hcl tab 15-850</i>		PREDNISONONE INTENSOL	69
<i>mg</i>	61	<i>pregabalin</i>	44
<i>piperacillin sod-tazobactam na for inj 3.375</i>		PREGNYL W/DILUENT BENZYL	69
<i>gm (3-0.375 gm)</i>	20	PREHEVBRIO	85
<i>piperacillin sod-tazobactam sod for inj 2.25</i>		PREMARIN	68
<i>gm (2-0.25 gm)</i>	21	<i>prenatabs rx</i>	90
<i>piperacillin sod-tazobactam sod for inj 4.5</i>		<i>prenatal 19</i>	90
<i>gm (4-0.5 gm)</i>	21	<i>prevalite</i>	34
<i>piperacillin sod-tazobactam sod for inj 40.5</i>		<i>previfem</i>	66
<i>gm (36-4.5 gm)</i>	21	PREVNAR 13 INJ	85
<i>pirfenidone</i>	100	PREVNAR 20 INJ	85
<i>piroxicam</i>	2	PREZCOBIX TAB 800-150	16
PLEGRIDY	55	PREZISTA	14
PLEGRIDY INJ STARTER	55	PRIFTIN	16
PLEGRIDY PEN INJ STARTER	55	<i>primaquine phosphate</i>	12

<i>primidone</i>	44
PRIMSOL.....	11
PRIORIX INJ	85
<i>probenecid</i>	1
<i>procainamide hcl</i>	34
<i>prochlorperazine</i>	72
<i>prochlorperazine edisylate</i>	72
<i>prochlorperazine maleate</i>	72
<i>proctosol hc</i>	74
<i>proctozone-hc</i>	74
<i>progesterone</i>	70
PROGRAF	83
PROLASTIN-C	94
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	95
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	95
<i>promethazine hcl</i>	72
<i>promethazine vc/codeine</i>	95
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	95
<i>propafenone hcl</i>	34
<i>proparacaine hcl</i>	93
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	36
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	36
<i>propranolol hcl</i>	37
<i>propylthiouracil</i>	70
PROQUAD INJ	85
<i>protriptyline hcl</i>	47
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	95
<i>pyrazinamide</i>	17
<i>pyridostigmine bromide</i>	54
<i>pyridoxine hcl</i>	90
<i>pyrimethamine</i>	12
Q	
QUADRACEL INJ 0.5ML	85
QUADRAMET	28
<i>quasense</i>	66
<i>quazepam</i>	77
<i>quetiapine fumarate</i>	50
<i>quinapril hcl</i>	32

<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	31
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	31
<i>quinidine sulfate</i>	34
<i>quinine sulfate</i>	12
QULIPTA.....	53
QVAR REDHALER	99
R	
<i>rabeprazole sodium</i>	74
<i>raloxifene hcl</i>	69
<i>ramelteon</i>	53
<i>ramipril</i>	32
<i>ranolazine</i>	40
<i>rasagiline mesylate</i>	49
RASUVO.....	9
REBETOL.....	19
REBIF.....	55
REBIF REBIDO INJ TITRATN.....	55
REBIF REBIDOSE	55
REBIF TITRTN INJ PACK.....	56
REBYOTA.....	73
<i>reclipsen</i>	66
RECOMBIVAX HB	86
REGANEX.....	104
RELENZA DISKHALER.....	17
<i>repaglinide</i>	61
RESCRIPTOR	14
RESTASIS	93
RESTASIS MULTIDOSE	93
RETACRIT	77
RETROVIR	14
RETROVIR IV INFUSION.....	14
REXTOVY.....	57
REXULTI	50
REYATAZ.....	14
RHOGAM ULTRA-FILTERED PLU	94
<i>ribavirin</i>	17
<i>ribavirin (hepatitis c)</i>	19
<i>rifabutin</i>	17
<i>rifampin</i>	17
<i>riluzole</i>	54
<i>rimantadine hydrochloride</i>	17
RINVOQ	79

RINVOQ LQ	80	<i>simvastatin</i>	35
<i>risedronate sodium</i>	62	<i>sirolimus</i>	83
<i>risperidone</i>	51	SIRTURO.....	17
<i>risperidone microspheres</i>	51	SIVEXTRO	11
<i>ritonavir</i>	14	SKYLA.....	66
<i>rivastigmine</i>	45	SKYRIZI.....	80
<i>rivastigmine tartrate</i>	45	SKYRIZI PEN	80
<i>rivelsa</i>	66	SLYND	66
RIVIVE SPR 3/0.1ML	57	<i>sm nicotine transdermal s</i>	57
<i>rizatriptan benzoate</i>	53	<i>sodium chloride</i>	89
<i>roflumilast</i>	99	<i>sodium chloride (gu irrigant)</i>	104
ROMVIMZA	27	<i>sodium chloride (inhalant)</i>	99
<i>ropinirole hydrochloride</i>	49	<i>sodium chloride flush</i>	89
<i>rosadan</i>	104	<i>sodium fluoride</i>	89
<i>rosuvastatin calcium</i>	35	<i>sodium phenylbutyrate</i>	67
ROTARIX SUS	86	<i>sodium polystyrene sulfonate</i>	62
ROTATEQ SOL.....	86	<i>solifenacin succinate</i>	75
RUKOBIA	16	SOLQUA INJ 100/33.....	60
RUXIENCE	24	SOMATULINE DEPOT.....	58
RYBELSUS.....	59	SOMAVERT	58
RYDAPT	24	<i>sorafenib tosylate</i>	27
S		<i>sorine</i>	34
SANCUSO.....	72	<i>sotalol hcl</i>	34
SANDIMMUNE.....	83	<i>sotalol hcl (afib/afl)</i>	34
SANTYL	104	SOTALOL HYDROCHLORIDE.....	34
<i>sapropterin dihydrochloride</i>	67	SPIKEVAX COVID-19 VACCINE	86
SAVELLA	52	<i>spinosad</i>	104
SAVELLA MIS TITR PAK.....	52	SPIRIVA HANDIHALER.....	99
<i>scopolamine</i>	72	SPIRIVA RESPIMAT	99
<i>selegiline hcl</i>	49	<i>spironolactone</i>	39
<i>selenium sulfide</i>	102	<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	39
SELZENTRY	14	<i>sprintec 28</i>	66
<i>sertraline hcl</i>	47	<i>sronyx</i>	66
<i>sevelamer carbonate</i>	70	<i>ssd</i>	101
SHARPS CONTAINER.....	87	<i>stavudine</i>	14
SHINGRIX	86	STELARA	80, 81
SIGNIFOR	66	STIVARGA	27
<i>sildenafil citrate (pulmonary hypertension)</i>	41	STOBOCLO	70
<i>silodosin</i>	74	STRENSIQ	67
<i>silver sulfadiazine</i>	101	<i>streptomycin sulfate</i>	10
SIMBRINZA SUS 1-0.2%.....	92	STRIBILD TAB.....	16
SIMPONI.....	80	STRIVERDI RESPIMAT.....	99
SIMPONI ARIA.....	80	SUBLOCADE	9

<i>sucralfate</i>	73	SYNJARDY XR TAB 10-1000.....	61
SUFLAVE SOL.....	73	SYNJARDY XR TAB 25-1000.....	61
<i>sulconazole nitrate</i>	101	SYNJARDY XR TAB 5-1000MG.....	61
<i>sulfacetamide sodium (ophth)</i>	91	SYNTHROID.....	71
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	91	T	
SULFADIAZINE.....	10	TABLOID.....	23
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	11	<i>tacrolimus</i>	83
<i>sulfamethoxazole-trimethoprim susp 200- 40 mg/5ml</i>	11	<i>tacrolimus (topical)</i>	102
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	11	<i>tadalafil</i>	74
<i>sulfamethoxazole-trimethoprim tab 800- 160 mg</i>	11	<i>tadalafil (pulmonary hypertension)</i>	41
SULFAMYLLON.....	101	TAFINLAR.....	27
<i>sulfasalazine</i>	72	<i>tafluprost</i>	92
<i>sulindac</i>	2	TAGRISO.....	30
<i>sumatriptan</i>	54	TALTZ.....	81
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	54	<i>tamoxifen citrate</i>	29
<i>sumatriptan succinate</i>	54	<i>tamsulosin hcl</i>	74
<i>sunitinib malate</i>	27	<i>tasimelteon</i>	53
SUNLENCA.....	14	<i>tazarotene</i>	102
SUNOSI.....	1	<i>tazicef</i>	18
SUPPRELIN LA.....	69	TAZORAC.....	102
SUSTIVA.....	14	<i>taztia xt</i>	38
SUTAB TAB.....	73	TDVAX INJ 2-2 LF.....	86
<i>syeda</i>	66	TECHLITE INSULIN PEN NEEDLES.....	87
<i>symax-sl</i>	71	TECHLITE PLUS PEN NEEDLES.....	87
SYMDEKO TAB 100-150.....	96	<i>telmisartan</i>	33
SYMDEKO TAB 50-75MG.....	96	<i>telmisartan-amlodipine tab 40-10 mg</i>	33
SYMFI LO TAB.....	16	<i>telmisartan-amlodipine tab 40-5 mg</i>	33
SYMFI TAB.....	16	<i>telmisartan-amlodipine tab 80-10 mg</i>	33
SYMLINPEN 120.....	59	<i>telmisartan-amlodipine tab 80-5 mg</i>	33
SYMLINPEN 60.....	59	<i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i>	33
SYMTUZA TAB.....	16	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	33
SYNAREL.....	66	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	33
SYNERA DIS 70-70MG.....	104	<i>temazepam</i>	53
SYNJARDY TAB.....	61	TEMIXYS TAB 300-300.....	16
SYNJARDY TAB 12.5-500.....	61	TEMODAR.....	22
SYNJARDY TAB 5-1000MG.....	61	<i>temozolomide</i>	22
SYNJARDY TAB 5-500MG.....	61	TEMPO SMART MIS BUTTON.....	87
SYNJARDY XR TAB.....	61	<i>tencon</i>	1
		TENIPOSIDE.....	28
		TENIVAC INJ 5-2LF.....	86
		<i>tenofovir disoproxil fumarate</i>	14

<i>terazosin hcl</i>	32	<i>topotecan hcl</i>	28
<i>terbinafine hcl</i>	12	<i>toremifene citrate</i>	29
<i>terbutaline sulfate</i>	99	<i>torseamide</i>	39
<i>terconazole vaginal</i>	75	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	8
<i>teriflunomide</i>	56	<i>tramadol hcl</i>	8
<i>testosterone</i>	58	<i>trandolapril</i>	32
<i>testosterone cypionate</i>	58	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	31
<i>testosterone enanthate</i>	58	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	31
<i>tetrabenazine</i>	55	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	31
<i>tetracycline hcl</i>	21	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	31
TEVIMBRA.....	24	<i>tranexamic acid</i>	77
TEZSPIRE.....	99	<i>tranylcypromine sulfate</i>	47
THALOMID.....	83	<i>travoprost</i>	93
<i>theophylline</i>	99	TRAZIMERA.....	24
<i>thioridazine hcl</i>	51	<i>trazodone hcl</i>	47
<i>thiothixene</i>	51	TRECTOR.....	17
THYROID.....	71	TRELEGY AER 100MCG.....	99
<i>tiagabine hcl</i>	44	TRELEGY AER 200MCG.....	99
<i>ticagrelor</i>	77	TREMFYA.....	81
TICE BCG.....	83	<i>treprostinil</i>	41
<i>timolol maleate</i>	37	TRESIBA.....	61
<i>timolol maleate (ophth)</i>	92, 93	TRESIBA FLEXTOUCH.....	61
<i>tinidazole</i>	10	<i>tretinoin</i>	100, 101
<i>tis-u-sol</i>	93	<i>tretinoin (chemotherapy)</i>	28
TIVICAY.....	14	<i>tretinoin microsphere</i>	101
TIVICAY PD.....	16	<i>triamcinolone acetonide (mouth)</i>	105
<i>tizanidine hcl</i>	56	<i>triamcinolone acetonide (nasal)</i>	97
TOBRADEX OIN 0.3-0.1%.....	91	<i>triamcinolone acetonide (topical)</i>	104
TOBRADEX ST SUS 0.3-0.05.....	91	<i>triamterene</i>	39
<i>tobramycin</i>	96	<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	39
<i>tobramycin (ophth)</i>	91	<i>triamterene & hydrochlorothiazide tab 37.5-</i> <i>25 mg</i>	39
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	91	<i>triamterene & hydrochlorothiazide tab 75-</i> <i>50 mg</i>	39
<i>tobramycin sulfate</i>	96, 97	<i>triderm</i>	104
TODAY SPONGE.....	66	<i>trifluoperazine hcl</i>	51
<i>tolmetin sodium</i>	2	<i>trifluridine</i>	91
<i>tolterodine tartrate</i>	75	<i>trihexyphenidyl hcl</i>	49
<i>tolvaptan</i>	69		
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	69		
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	69		
<i>tolvaptan tab therapy pack 60 & 30 mg</i> ...69	69		
<i>tolvaptan tab therapy pack 90 & 30 mg</i> ...69	69		
<i>topiramate</i>	44		
<i>toposar</i>	28		

TRIKAFTA PAK 59.5MG	97
TRIKAFTA PAK 75MG.....	97
TRIKAFTA TAB.....	97
<i>tri-linyah</i>	66
<i>trimethobenzamide hcl</i>	72
<i>trimethoprim</i>	11
<i>trimipramine maleate</i>	48
<i>trinate</i>	90
<i>trinessa</i>	66
TRIPTODUR	69
<i>tri-sprintec</i>	66
TRIUMEQ PD TAB	16
TRIUMEQ TAB	16
<i>tri-vitamin/fluoride</i>	90
<i>tri-vite/fluoride</i>	90
<i>trivora-28</i>	66
TRIZIVIR TAB	16
<i>tropicamide</i>	93
<i>tropium chloride</i>	75
TRULICITY	59
TRUMENBA.....	86
<i>turqoz</i>	66
<i>tussigon</i>	95
TWINRIX INJ.....	86
TWIRLA DIS 120-30	66
TYBLUME CHW 0.1-0.02	66
TYBOST	14
TYENNE.....	81
TYMLOS	70
TYSABRI	56
TYVASO.....	41
TYVASO REFILL KIT	41
TYVASO STARTER KIT	41
U	
UBRELVY	54
<i>unithroid</i>	71
UPTRAVI.....	41
UPTRAVI PACK TAB 200/800	41
URINE GLUCOSE MONITORING SUPPLIES	
.....	87
URINE TEST STRIPS.....	87
<i>ursodiol</i>	73
UVADEX.....	28

V	
<i>valacyclovir hcl</i>	17
<i>valganciclovir hcl</i>	17
<i>valproate sodium</i>	44
<i>valproic acid</i>	44
<i>valsartan</i>	33
<i>valsartan-hydrochlorothiazide tab 160-12.5</i>	
<i>mg</i>	33
<i>valsartan-hydrochlorothiazide tab 160-25</i>	
<i>mg</i>	33
<i>valsartan-hydrochlorothiazide tab 320-12.5</i>	
<i>mg</i>	33
<i>valsartan-hydrochlorothiazide tab 320-25</i>	
<i>mg</i>	33
<i>valsartan-hydrochlorothiazide tab 80-12.5</i>	
<i>mg</i>	33
VALTOCO 10 MG DOSE	44
VALTOCO 15 MG DOSE.....	44
VALTOCO 20 MG DOSE.....	44
VALTOCO 5 MG DOSE	44
<i>vancomycin hcl</i>	11
VAQTA.....	86
VARENICLINE TARTRATE.....	57
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1</i>	
<i>mg start pack</i>	57
VARIVAX.....	86
VARUBI	72
VAXELIS INJ.....	105
VAXNEUVANCE INJ	86
VCF VAGINAL CONTRACEPTIVE	66
<i>velivet</i>	66
VELPHORO	70
VEMLIDY	17
VENCLEXTA.....	30
VENCLEXTA TAB START PK	30
<i>venlafaxine hcl</i>	48
VENTAVIS	41
<i>verapamil hcl</i>	38
VERZENIO	30
VIBRAMYCIN	21
<i>vigabatrin</i>	44
<i>vilazodone hcl</i>	48
<i>vinblastine sulfate</i>	23
<i>vincasar pfs</i>	23

<i>vincristine sulfate</i>	23	XTANDI	29, 30
<i>vinorelbine tartrate</i>	23	<i>xulane</i>	66
VIOKACE TAB 10440	73	XULTOPHY INJ 100/3.6	60
VIOKACE TAB 20880.....	73	Y	
<i>viorele</i>	66	YEZTUGO	15
VIRACEPT	14	YORVIPATH	67
VIRAMUNE.....	14	<i>yuvafem</i>	68
VIRAMUNE XR.....	14	Z	
VIREAD	14	<i>zafirlukast</i>	100
VISTOGARD	28	<i>zaleplon</i>	53
<i>vit a/c/d/fl dro 0.25mg</i>	90	ZEJULA	24
VITAMIN D2	90	ZELBORAF	27
VITRAKVI	27	<i>zenchent</i>	66
VIVITROL	57	ZENPEP CAP 10000UNT	74
VORANIGO	28	ZENPEP CAP 15000UNT	74
<i>voriconazole</i>	12	ZENPEP CAP 20000UNT	74
VOSEVI TAB.....	19	ZENPEP CAP 25000UNT	74
VYLOY.....	24	ZENPEP CAP 3000UNIT	73
VYVGART INJ HYTRULO	83	ZENPEP CAP 40000UNT	74
W		ZENPEP CAP 5000UNIT	74
WAKIX	56	ZENPEP CAP 60000UNT	74
<i>warfarin sodium</i>	76	ZEPATIER TAB 50-100MG	20
<i>wera</i>	66	ZEPOSIA	56
WIDE-SEAL SILICONE DIAPHR.....	66	ZEPOSIA 7DAY CAP STR PACK	56
WINREVAIR	41	ZEPOSIA CAP STR KIT	56
WINREVAIR INJ 45MG.....	41	ZERIT	15
WINREVAIR INJ 60MG	41	ZIAGEN	15
X		<i>zidovudine</i>	15
XALKORI.....	27	<i>zileuton</i>	100
XARELTO.....	76	ZIMHI	57
XARELTO STAR TAB 15/20MG	76	<i>ziprasidone hcl</i>	51
XDEMVY	93	ZIRABEV	27
XELJANZ.....	81	ZIRGAN.....	91
XELJANZ XR.....	81, 82	ZITHROMAX	18
XEPI.....	57	ZITUVIMET TAB 50-1000.....	59
XERAC AC	58	ZITUVIMET TAB 50-500MG	59
XIFAXAN	11	ZITUVIMET XR TAB 100-1000	59
XIGDUO XR TAB 10-1000	61	ZITUVIMET XR TAB 50-1000.....	59
XIGDUO XR TAB 10-500MG.....	61	ZITUVIMET XR TAB 50-500MG	59
XIGDUO XR TAB 2.5-1000	61	ZITUVIO	59
XIGDUO XR TAB 5-1000MG.....	61	<i>zoledronic acid</i>	62
XIGDUO XR TAB 5-500MG	61	ZOLINZA.....	24
XIIDRA	93	<i>zolmitriptan</i>	54
XOLAIR.....	99, 100	<i>zolpidem tartrate</i>	53

<i>zonisamide</i>	44	ZUBSOLV SUB 5.7-1.4.....	2
ZOSTAVAX.....	86	ZUBSOLV SUB 8.6-2.1.....	2
<i>zovia 1/35</i>	66	ZURZUVAE.....	48
ZUBSOLV SUB 0.7-0.18.....	2	ZYDELIG.....	27
ZUBSOLV SUB 1.4-0.36.....	2	ZYKADIA.....	27
ZUBSOLV SUB 11.4-2.9.....	2	ZYLET SUS 0.5-0.3%.....	93
ZUBSOLV SUB 2.9-0.71.....	2	ZYPREXA RELPREVV.....	51