

2024

New York State of Health Marketplace (NYSOH)

Healthfirst Leaf Premier Plans:

Platinum, Gold, Silver, and Bronze

Healthfirst Leaf Plans:

Platinum, Gold, Silver, Bronze, and Green

Healthfirst HMO Plans:

HMO A-VAD, HMO B-VAD, HMO B1-VAD, HMO C-VAD, HMO C1-VAD, HMO D-VAD, HMO A, HMO B, HMO C, HMO D, and HMO E

Healthfirst Essential Plans:

Essential Plans, 1, 2, 3, and 4



Healthfirst Comprehensive Drug List

This list is a guide to all of the drugs Healthfirst covers on your prescription benefit plan.

You and your covered family members must use network pharmacies to get all prescription medicines. Your benefits, drug list, and/or pharmacy network may change at times.

Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

This list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. Any brand-name medicine for which a generic product becomes available may require prior authorization or may not be covered. Unless specifically indicated, list products will include all oral dosage forms, except for orally disintegrating formulations. This list represents brand-name products in CAPS and generic products in lowercase italics. This is not an all-inclusive list. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to **www.healthfirst.org** to check coverage.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Healthfirst.

Frequently Asked Questions

Q: What is the Healthfirst Comprehensive Drug List?

- **A:** The Comprehensive Drug List is a list of medicines covered by your benefit plan. Healthfirst Plans work with a team of doctors and pharmacists to choose medicines that provide quality treatment. Healthfirst will cover medicines on this list as long as:
 - The medicine is medically necessary
 - The prescription is filled at a Healthfirst network pharmacy
 - · Other plan rules are followed

Please review your Subscriber Contract for more information on coverage and how to fill your prescriptions.

Q: Can the Comprehensive Drug List change?

A: Yes, the list can change. Reasons include:

- Removing medicine from our list of covered treatments
- Adding the need for Prior Approval or Authorization (when your doctor must explain and give medical reasons why you need a certain medicine and why a covered option will not work for you)
- Adding Quantity Limits (when you can only get a certain amount of medicine at one time)
- Adding Step Therapy rules (when you have to try one type of medicine as a first step in treating your condition before you can try another type of medicine)

 Moving a medicine to a higher Cost-Sharing Tier (when you have to pay more of the prescription cost)

If you are affected by a change, we will tell you at least 60 days before the change goes into effect.

Q: What else could result in changes to the covered medicines on the list?

A: We take medicine off our list and let affected members know right away when:

- The FDA (US Food and Drug Administration) decides a product is unsafe
- The company that makes the medicine removes it from the market

Q: How do I use the Comprehensive Drug List?

A: Use the list to check if your current medicines are covered options. If not, ask your doctor if a medicine on the list is right for you. Also, take the list with you each time you or your family visits a doctor.

There are two ways to find your medicine on this list. Medicines are listed by the body system or health condition they commonly treat and alphabetically.

1. Body System or Health Condition

The list starts on page 1. The medicines are grouped by the body system or condition they are commonly used to treat.

- If you know what your medicine is used for, look for the heading on the list that starts on page 1
- Then look under the heading for your medicine

2. Alphabetical Listing

Medicines are listed in alphabetical order in the Index. The Index starts on page 110. Generic and brand names are listed together by the first letter of the medicine name. This list can help you find your current medicine if you are unsure what body system or condition to look under.

- Look in the Index and find your medicine
- Next to your medicine is the page number where you can find coverage information
- Turn to that page, locate the first column of the list, and find the name of your medicine in that column
- Read across the second and third columns. to check the Cost-Sharing Tier and restrictions/limits

Q: What are generic medicines?

A: Healthfirst covers both brand-name and generic medicines. A generic medicine is approved by the FDA. It must have the same active ingredient and perform the same as the brand name. Generics usually cost less than brand names, but can provide the same quality of treatment.

Q: Are there any restrictions on my coverage?

- **A:** Some covered medicines may have more coverage requirements or limits. These requirements and limits may include:
 - **Prior Authorization:** Healthfirst needs your doctor to submit and get Prior Approval or Authorization for certain medicines. This means that you need to get approval from Healthfirst before you can fill your

- prescriptions. If you don't get approval, Healthfirst may not cover the medicine.
- · Quantity Limits: For certain medicines, Healthfirst limits the amount that it will cover. For example, Healthfirst covers 28 Tamiflu 30 mg tablets every 180 days. This may be in addition to a standard 1-month or 3-month supply.
- **Step Therapy:** Healthfirst requires you to try certain medicines as the first step in treating your condition before covering another option. For example, if Drug A and Drug B both treat your condition, Healthfirst may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Healthfirst will then cover Drug B.

You can find out if your medicine has any requirements or limits by looking at the list that starts on page 1. You can also get more information about the restrictions for specific covered options by visiting www.healthfirst.org.

You can ask Healthfirst to make an exception to these restrictions or limits. See the answer to the question, "How do I ask for a coverage exception?" on page iii.

Q: What are OTC (over-the-counter) medicines?

A: OTC medicines are nonprescription products that are not usually covered by a prescription benefit plan. Healthfirst pays for certain OTC medicines, but your cost may differ among them. Please see the Comprehensive Drug List that starts on page 1 for more information.

Q: Does my plan cover prescription medicines that are considered "Preventive Services" under the Affordable Care Act?

- A: The HHS (U.S. Department of Health and Human Services) has adopted Guidelines for Preventive Services under the ACA (Affordable Care Act). Under the ACA, some prescription benefit plans may provide a range of preventive services for \$0 member cost share and are designated as Tier 0 on this document. These items may include:
 - Aspirin to prevent cardiovascular disease
 - Fluoride and/or iron supplementation in children
 - Folic acid supplementation for women expecting or planning to be pregnant
 - Tobacco use counseling and cessation intervention
 - Immunizations
 - Women's health preventive services (e.g., contraceptives, emergency contraception)

A list of the covered preventive services is available on our website at www.healthfirst.org, or will be mailed to you upon request. You can request the list by calling Member Services at 1-888-250-2220, Monday to Friday, 8am–8pm, or by calling the toll-free number on the back of your Member ID card.

Q: What if my medicine is not on the list?

A: If you learn that Healthfirst does not cover your medicine, you have two choices:

 You can ask Member Services for a list of alternative options that are covered by Healthfirst. When you get the list, show it to

- your doctor and ask him or her to prescribe an alternative that is covered by Healthfirst.
- You can ask Healthfirst for an exception to cover your medicine. Read on for information about how to ask for an exception.

Q: How do I ask for a coverage exception?

- **A:** You can ask Healthfirst to make an exception to our coverage rules. There are different types of exceptions that you can ask us to make:
 - You can ask us to cover your medicine if it is not on our Comprehensive Drug List.
 - You can ask us to remove a restriction or limit. For example, Healthfirst limits the amount of certain medicine that we will cover. If your medicine has this quantity limit, you can ask us to remove the limit and cover a larger amount.

Q: Will my request for an exception be approved?

- **A:** Generally, Healthfirst will only approve your request for an exception if the covered options included on the plan would:
 - Not be as effective in treating your condition.
 - Cause you to have adverse medical effects.

Q: How do I find out if my exception has been approved?

- **A:** When you ask for a utilization restriction exception, please send a statement from your doctor that supports your request. Then:
 - We will make our decision within three business days of receipt of your doctor's supporting statement.

- You can ask for an expedited (fast) exception if your doctor believes that your health could be seriously harmed by waiting up to three business days for a decision.
- If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your doctor's supporting statement.

Q: How do I get more information about my benefit plan and coverage?

A: For more information about your Healthfirst prescription benefit plan and coverage, please look at your Subscriber Contract and other plan materials.

If you have questions about Healthfirst plans, please call Member Services at 1-888-250-2220, Monday to Friday, 8am-8pm. TTY users please call 1-888-542-3821. Or visit www.healthfirst.org.

Q: Why do my diabetes drugs have a different copayment?

A: Some diabetes supplies, insulin, and oral medications are provided as a part of a separate benefit setup. This means that the amount you pay may differ from the other drugs listed on this formulary. These drugs have a caret (^) next to them on the drug list. See your Summary of Benefits to find out how much you will pay for these drugs.

Healthfirst Comprehensive Drug List

The Comprehensive Drug List gives coverage information about all of the medicines on Healthfirst plans. If you have trouble finding your medicine on the list, turn to the Index.

The list is up to date as of January 2024. To get updated information about the medicines covered by Healthfirst, please visit www.healthfirst.org or call Member Services at 1-888-250-2220, Monday to Friday, 8am-8pm. TTY users please call 1-888-542-3821.

The list is divided into three columns:

- Column 1 lists the medicine name. Brand-name medicines are capitalized. For example, DIOVAN. Generic medicines are listed in lowercase italics. For example, simvastatin.
- Column 2 lists the Cost-Sharing Tier for the medicine.
 - Tier 0: Drugs indicated as tier "0" are preventive drugs that are provided at no cost under your plan
 - Tier 1: Drugs on tier 1 will generally be the lower-cost drugs when covered under your plan
 - Tier 2: Drugs on tier 2 will generally be more expensive than tier 1 drugs but not as expensive as tier 3 when covered under your plan
 - Tier 3: Drugs on tier 3 will generally be the most expensive drugs when covered under your plan
- **Column 3** lists the coverage Requirements and Limits Healthfirst has for the medicine. Please review the LEGEND to learn about each Requirement or Limit.



HEALTHFIRST COMPREHENSIVE DRUG LIST

Drug Name	Drug Tier	Requirements/Limits
ALGESICS		
COX-2 INHIBITORS		
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
GOUT		
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	1	
colchicine w/ probenecid tab 0.5-500 mg	1	
febuxostat tab 40 mg	1	ST; PA**
febuxostat tab 80 mg	1	ST; PA**
probenecid tab 500 mg	1	
SAIDS, COMBINATIONS		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	? 1	
diclofenac w/ misoprostol tab delayed release 75-0.2	? 1	
mg	•	
<u> </u>		
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
fenoprofen calcium tab 600 mg	3	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibuprofen susp 100 mg/5ml	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)	1	
ketorolac tromethamine inj 15 mg/ml	1	
ketorolac tromethamine inj 30 mg/ml	1	
ketorolac tromethamine tab 10 mg	1	QL (20 tabs every 30 days

Drug Name	Drug Tier	Requirements/Limits
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 600 mg	1	
PIOID ANALGESICS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	ST, QL (2700 mL every 30 days); Subject to initial 7-day
acetaminophen w/ codeine tab 300-15 mg	1	ST, QL (400 tabs every 30 days); Subject to initial 7-day
acetaminophen w/ codeine tab 300-30 mg	1	ST, QL (360 tabs every 30 days); Subject to initial 7-da limit
acetaminophen w/ codeine tab 300-60 mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-da limit
acetaminophen-caffeine-dihydrocodeine cap 320.5 30-16 mg	- 1	ST, QL (300 caps every 30 days); Subject to initial 7-da limit
butorphanol tartrate nasal soln 10 mg/ml	1	QL (2 bottles every 30 days)
CODEINE SULF TAB 60MG	3	ST, QL (42 tabs every 30 days); Subject to initial 7-da limit
codeine sulfate tab 30 mg	1	ST, QL (42 tabs every 30 days); Subject to initial 7-da limit
fentanyl citrate lozenge on a handle 200 mcg	1	PA, QL (120 lozenges every 30 days)
fentanyl citrate lozenge on a handle 400 mcg	1	PA, QL (120 lozenges every 30 days)
fentanyl citrate lozenge on a handle 600 mcg	1	PA, QL (120 lozenges every 30 days)

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate lozenge on a handle 800 mcg	1	PA, QL (120 lozenges every 30 days)
fentanyl citrate lozenge on a handle 1200 mcg	1	PA, QL (120 lozenges every 30 days)
fentanyl citrate lozenge on a handle 1600 mcg	1	PA, QL (120 lozenges every 30 days)
fentanyl td patch 72hr 12 mcg/hr	1	ST, QL (10 patches every 30 days)
fentanyl td patch 72hr 25 mcg/hr	1	ST, QL (10 patches every 30 days)
fentanyl td patch 72hr 37.5 mcg/hr	1	ST, QL (10 patches every 30 days)
fentanyl td patch 72hr 50 mcg/hr	1	ST, PA; High Strength Requires PA
fentanyl td patch 72hr 62.5 mcg/hr	1	ST, PA; High Strength Requires PA
fentanyl td patch 72hr 75 mcg/hr	1	ST, PA; High Strength Requires PA
fentanyl td patch 72hr 87.5 mcg/hr	1	ST, PA; High Strength Requires PA
fentanyl td patch 72hr 100 mcg/hr	1	ST, PA; High Strength Requires PA
hydrocodone bitartrate tab er 24hr deter 20 mg	1	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 30 mg	1	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 40 mg	1	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 60 mg	1	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 80 mg	1	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate tab er 24hr deter 100 mg	1	ST, PA; High Strength Requires PA
hydrocodone bitartrate tab er 24hr deter 120 mg	1	ST, PA; High Strength Requires PA
hydrocodone-acetaminophen soln 7.5-325 mg/15m	nl 1	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 5-325 mg	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 7.5-325 mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 10-325 mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-ibuprofen tab 10-200 mg	1	ST, QL (50 tabs every 30 days); Subject to initial 7-day limit
hydromorphone hcl tab 2 mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
hydromorphone hcl tab 4 mg	1	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
hydromorphone hcl tab 8 mg	1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
hydromorphone hcl tab er 24hr 8 mg	1	ST, QL (30 tabs every 30 days)
hydromorphone hcl tab er 24hr 12 mg	1	ST, QL (30 tabs every 30 days)
hydromorphone hcl tab er 24hr 16 mg	1	ST, QL (30 tabs every 30 days)
hydromorphone hcl tab er 24hr 32 mg	1	ST, PA; High Strength Requires PA
methadone hcl conc 10 mg/ml	1	QL (30 mL every 30 days); (indicated for opioid addiction)
methadone hcl conc 10 mg/ml	1	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
methadone hcl soln 5 mg/5ml	1	ST, QL (450 mL every 30 days)
methadone hcl soln 10 mg/5ml	1	ST, QL (225 mL every 30 days)
methadone hcl tab 5 mg	1	ST, QL (90 tabs every 30 days)
methadone hcl tab 10 mg	1	ST, QL (30 tabs every 30 days)
methadone hcl tab for oral susp 40 mg	1	QL (9 tabs every 30 days)
morphine sulfate beads cap er 24hr 30 mg	1	ST, QL (30 caps every 30 days)
morphine sulfate beads cap er 24hr 45 mg	1	ST, QL (30 caps every 30 days)
morphine sulfate beads cap er 24hr 60 mg	1	ST, QL (30 caps every 30 days)
morphine sulfate beads cap er 24hr 75 mg	1	ST, QL (30 caps every 30 days)
morphine sulfate beads cap er 24hr 90 mg	1	ST, QL (30 caps every 30 days)
morphine sulfate beads cap er 24hr 120 mg	1	ST, PA; High Strength Requires PA
morphine sulfate cap er 24hr 10 mg	1	ST, QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate cap er 24hr 20 mg	1	ST, QL (60 caps every 30
		days)
morphine sulfate cap er 24hr 30 mg	1	ST, QL (60 caps every 30
		days)
morphine sulfate cap er 24hr 50 mg	1	ST, QL (30 caps every 30
		days)
morphine sulfate cap er 24hr 60 mg	1	ST, QL (30 caps every 30
		days)
morphine sulfate cap er 24hr 80 mg	1	ST, QL (30 caps every 30
		days)
morphine sulfate cap er 24hr 100 mg	1	ST, PA; High Strength
		Requires PA
morphine sulfate oral soln 10 mg/5ml	1	ST, QL (900 mL every 30
		days); Subject to initial 7-day
		limit
morphine sulfate oral soln 20 mg/5ml	1	ST, QL (675 mL every 30
		days); Subject to initial 7-day
1: 10: 1 1 400 (5 100 (1)		limit
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	ST, QL (135 mL every 30
		days); Subject to initial 7-day
	1	limit
morphine sulfate tab 15 mg	1	ST, QL (180 tabs every 30
		days); Subject to initial 7-day
manhina quifata tah 20 ma	1	CT OL (00 to be excessed 20
morphine sulfate tab 30 mg	1	ST, QL (90 tabs every 30
		days); Subject to initial 7-day limit
morphine sulfate tab er 15 mg	1	ST, QL (90 tabs every 30
moi piline sulface cab er 15 mg	1	days)
morphine sulfate tab er 30 mg	1	ST, QL (90 tabs every 30
morphine surface cab er 50 mg	1	days)
morphine sulfate tab er 60 mg	1	ST, PA; High Strength
morphine surface cab er oo mg	1	Requires PA
morphine sulfate tab er 100 mg	1	ST, PA; High Strength
morphine surface cab er 100 mg	1	Requires PA
morphine sulfate tab er 200 mg	1	ST, PA; High Strength
mor printe outly acc case or zee m.g	_	Requires PA
nalbuphine hcl inj 10 mg/ml	1	Requires 111
nalbuphine hcl inj 20 mg/ml	1	
NUCYNTA ER TAB 50MG	3	ST, QL (60 tabs every 30
NOCTIVIA ER TAD SOMO	3	days)
NUCYNTA ER TAB 100MG	3	ST, QL (60 tabs every 30
NOCTRIN ER IND TOUNG	3	days)
NUCYNTA ER TAB 150MG	3	ST, PA; High Strength
TOOTTITLE TILD TOUNG	5	Requires PA
NUCYNTA ER TAB 200MG	3	ST, PA; High Strength
NOOTH IN LIN THE LOUING	3	Requires PA
NUCYNTA ER TAB 250MG	3	ST, PA; High Strength
NUCINIA EK IAB Z5UMG	3	Requires PA
		Required I II

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TAB 50MG	2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TAB 75MG	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TAB 100MG	2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
oxycodone hcl cap 5 mg	1	ST, QL (180 caps every 30 days); Subject to initial 7-day limit
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	ST, QL (90 mL every 30 days); Subject to initial 7-day limit
oxycodone hcl soln 5 mg/5ml	1	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
oxycodone hcl tab 5 mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
oxycodone hcl tab 10 mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
oxycodone hcl tab 15 mg	1	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
oxycodone hcl tab 20 mg	1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
oxycodone hcl tab 30 mg	1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
oxycodone hcl tab er 12hr deter 10 mg	1	ST, QL (60 tabs every 30 days)
oxycodone hcl tab er 12hr deter 20 mg	1	ST, QL (60 tabs every 30 days)
oxycodone hcl tab er 12hr deter 40 mg	1	ST, PA; High Strength Requires PA
oxycodone hcl tab er 12hr deter 80 mg	1	ST, PA; High Strength Requires PA
oxycodone w/ acetaminophen tab 2.5-325 mg	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 5-325 mg	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 7.5-325 mg	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
overgodon a w / gastamin onhan tah 10 225 ma	1	ST, QL (180 tabs every 30
oxycodone w/ acetaminophen tab 10-325 mg	1	
		days); Subject to initial 7-day
1 1 1 7	1	limit
oxymorphone hcl tab 5 mg	1	ST, QL (180 tabs every 30
		days); Subject to initial 7-day
1 1 1 1 40		limit
oxymorphone hcl tab 10 mg	1	ST, QL (90 tabs every 30
		days); Subject to initial 7-day
		limit
oxymorphone hcl tab er 12hr 5 mg	1	ST, QL (60 tabs every 30
		days)
oxymorphone hcl tab er 12hr 7.5 mg	1	ST, QL (60 tabs every 30
		days)
oxymorphone hcl tab er 12hr 10 mg	1	ST, QL (60 tabs every 30
		days)
oxymorphone hcl tab er 12hr 15 mg	1	ST, QL (60 tabs every 30
		days)
oxymorphone hcl tab er 12hr 20 mg	1	ST, PA; High Strength
		Requires PA
oxymorphone hcl tab er 12hr 30 mg	1	ST, PA; High Strength
	_	Requires PA
oxymorphone hcl tab er 12hr 40 mg	1	ST, PA; High Strength
orginor phone ner cas or 12m to mg	-	Requires PA
tramadol hcl tab 50 mg	1	ST, QL (180 tabs every 30
trumauor ner tub 50 mg	1	days); Subject to initial 7-day
		limit
tramadol hcl tab er 24hr 100 mg	1	ST, QL (30 tabs every 30
trumauorner tub er 2 mr 100 mg	1	days)
tramadol hcl tab er 24hr 200 mg	1	ST, PA; High Strength
tramadorner tab er 24nr 200 mg	1	Requires PA
tramadol hcl tab er 24hr 300 mg	1	ST, PA; High Strength
traniaaoi nei tab er 24nr 500 mg	1	Requires PA
tugue adal agatamin anhan tah 27 5 225 ma	1	-
tramadol-acetaminophen tab 37.5-325 mg	1	ST, QL (40 tabs every 30
		days); Subject to initial 7-day
VELLARE A ED GAD OMO	2	limit
XTAMPZA ER CAP 9MG	2	ST, QL (60 caps every 30
		days)
XTAMPZA ER CAP 13.5MG	2	ST, QL (60 caps every 30
		days)
XTAMPZA ER CAP 18MG	2	ST, QL (60 caps every 30
		days)
XTAMPZA ER CAP 27MG	2	ST, QL (60 caps every 30
		days)
XTAMPZA ER CAP 36MG	2	ST, PA; High Strength
		Requires Prior Auth
		<u> </u>

Drug Name	Drug Tier	Requirements/Limits
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	ST, QL (60 films every 30 days)
BELBUCA MIS 150MCG	2	ST, QL (60 films every 30 days)
BELBUCA MIS 300MCG	2	ST, QL (60 films every 30 days)
BELBUCA MIS 450MCG	2	ST, QL (60 films every 30 days)
BELBUCA MIS 600MCG	2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	2	ST, PA; High Strength Requires Prior Auth
buprenorphine td patch weekly 5 mcg/hr	1	ST, QL (4 patches every 30 days)
buprenorphine td patch weekly 7.5 mcg/hr	1	ST, QL (4 patches every 30 days)
buprenorphine td patch weekly 10 mcg/hr	1	ST, QL (4 patches every 30 days)
buprenorphine td patch weekly 15 mcg/hr	1	ST, PA; High Strength Requires Prior Auth
buprenorphine td patch weekly 20 mcg/hr	1	ST, PA; High Strength Requires Prior Auth
SUBLOCADE INJ 100/0.5	3	
SUBLOCADE INJ 300/1.5	3	
SALICYLATES		
aspirin chew tab 81 mg	0	QL (100 tabs every 30 days) OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
aspirin tab delayed release 81 mg	0	QL (100 tabs every 30 days) OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
diflunisal tab 500 mg	1	
ANTI-INFECTIVES		
ANTHELMINTICS		
EMVERM CHW 100MG	3	QL (12 tabs every 365 days)
ivermectin tab 3 mg	1	
praziquantel tab 600 mg	1	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
neomycin sulfate tab 500 mg	1	
sulfadiazine tab 500 mg	1	
, ,		

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Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
NTIFUNGALS		
amphotericin b for iv soln 50 mg	1	QL (3 vials every day); Initia limit allows up to a 14 day course every 365 days
CRESEMBA CAP 74.5MG	3	<u> </u>
CRESEMBA CAP 186 MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
itraconazole cap 100 mg	1	PA
itraconazole oral soln 10 mg/ml	1	PA
nystatin tab 500000 unit	1	
posaconazole susp 40 mg/ml	1	PA
posaconazole tab delayed release 100 mg	3	PA
terbinafine hcl tab 250 mg	1	
voriconazole for susp 40 mg/ml	3	PA
voriconazole tab 50 mg	3	PA
voriconazole tab 200 mg	3	PA
NTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
COARTEM TAB 20-120MG	3	
mefloquine hcl tab 250 mg	1	
primaquine phosphate tab 26.3 mg (15 mg base)	1	
quinine sulfate cap 324 mg	1	
NTIRETROVIRAL AGENTS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	QL (900 mL every 30 days)
abacavir sulfate tab 300 mg (base equiv)	1	QL (60 tabs every 30 days)
APTIVUS CAP 250MG	2	QL (120 caps every 30 days)
atazanavir sulfate cap 150 mg (base equiv)	1	QL (30 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
atazanavir sulfate cap 200 mg (base equiv)	1	QL (60 caps every 30 days)
atazanavir sulfate cap 300 mg (base equiv)	1	QL (30 caps every 30 days)
darunavir tab 600 mg	1	QL (60 tabs every 30 days)
darunavir tab 800 mg	1	QL (30 tabs every 30 days)
EDURANT TAB 25MG	2	QL (60 tabs every 30 days)
efavirenz cap 50 mg	1	QL (90 caps every 30 days)
efavirenz cap 200 mg	1	QL (90 caps every 30 days)
efavirenz tab 600 mg	1	QL (30 tabs every 30 days)
emtricitabine caps 200 mg	1	QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	2	QL (680 ml every 28 days)
etravirine tab 100 mg	1	QL (120 tabs every 30 days)
etravirine tab 200 mg	1	QL (60 tabs every 30 days)
fosamprenavir calcium tab 700 mg (base equiv)	1	QL (120 tabs every 30 days)
FUZEON INJ 90MG	3	PA, QL (60 vials every 30
		days)
INTELENCE TAB 25MG	2	QL (120 tabs every 30 days)
ISENTRESS CHW 25MG	2	QL (180 tabs every 30 days)
ISENTRESS CHW 100MG	2	QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	2	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	2	QL (60 packets every 30
		days)
ISENTRESS TAB 400MG	2	QL (120 tabs every 30 days)
lamivudine oral soln 10 mg/ml	1	QL (960 ml every 30 days)
lamivudine tab 150 mg	1	QL (60 tabs every 30 days)
lamivudine tab 300 mg	1	QL (30 tabs every 30 days)
LEXIVA SUS 50MG/ML	2	QL (1575 mL every 28 days)
maraviroc tab 150 mg	1	QL (60 tabs every 30 days)
maraviroc tab 300 mg	1	QL (120 tabs every 30 days)
nevirapine susp 50 mg/5ml	1	QL (1200 mL every 30 days)
nevirapine tab 200 mg	1	QL (60 tabs every 30 days)
nevirapine tab er 24hr 100 mg	1	QL (90 tabs every 30 days)
nevirapine tab er 24hr 400 mg	1	QL (30 tabs every 30 days)
NORVIR POW 100MG	2	QL (360 packets every 30
DD DGVOTA GVG 4 0 0 MG /MG		days)
PREZISTA SUS 100MG/ML	2	QL (400 ml every 30 days)
PREZISTA TAB 75MG	2	QL (300 tabs every 30 days)
PREZISTA TAB 150MG	2	QL (180 tabs every 30 days)
REYATAZ POW 50MG	2	QL (180 packets every 30
ritan quir tah 100 ma	1	days) QL (360 tabs every 30 days)
ritonavir tab 100 mg	2	
SELZENTRY SOL 20MG/ML SELZENTRY TAB 25MG	2	QL (1840 mL every 30 days)
	2	QL (240 tabs every 30 days)
SELZENTRY TAB 75MG		QL (60 tabs every 30 days)
stavudine cap 15 mg	1	QL (60 caps every 30 days)
stavudine cap 20 mg	1	QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
stavudine cap 30 mg	1	QL (60 caps every 30 days)
stavudine cap 40 mg	1	QL (60 caps every 30 days)
ten of ovir disoproxil fumarate tab 300 mg	1	QL (30 tabs every 30 days)
TIVICAY PD TAB 5MG	2	QL (360 tabs every 30 days)
TIVICAY TAB 10MG	2	QL (240 tabs every 30 days)
TIVICAY TAB 25MG	2	QL (60 tabs every 30 days)
TIVICAY TAB 50MG	2	QL (60 tabs every 30 days)
TROGARZO INJ 150MG/ML	3	
TYBOST TAB 150MG	2	QL (30 tabs every 30 days)
VIRACEPT TAB 250MG	2	QL (300 tabs every 30 days)
VIRACEPT TAB 625MG	2	QL (120 tabs every 30 days)
VIREAD POW 40MG/GM	2	QL (240 gm every 30 days)
VIREAD TAB 150MG	2	QL (30 tabs every 30 days)
VIREAD TAB 200MG	2	QL (30 tabs every 30 days)
VIREAD TAB 250MG	2	QL (30 tabs every 30 days)
zidovudine cap 100 mg	1	QL (180 caps every 30 days)
zidovudine syrup 10 mg/ml	1	QL (1920 ml every 30 days)
zidovudine tab 300 mg	1	QL (60 tabs every 30 days)
	1	QL (00 tabs every 30 days)
ANTIRETROVIRAL COMBINATION AGENTS	1	01 (20 + 1 20 1)
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (30 tabs every 30 days)
BIKTARVY TAB	2	QL (30 tabs every 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	2	QL (30 tabs every 30 days);
		Exception process available
		for \$0 copay when medically
		necessary for pre-exposure
DOVATO TAB 50-300MG	2	prophylaxis
-		QL (30 tabs every 30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200- 300 mg	1	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300	1	QL (30 tabs every 30 days)
<u>mg</u>		
efavirenz-lamivudine-tenofovir df tab 600-300-300	1	QL (30 tabs every 30 days)
mg		0. (00.1
emtricitabine-tenofovir disoproxil fumarate tab 100	- 1	QL (30 tabs every 30 days)
150 mg		01 (00 : 1
emtricitabine-tenofovir disoproxil fumarate tab 133 200 mg	- 1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167 250 mg	<i>'</i> - 1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200	- 1	QL (30 tabs every 30 days);
300 mg		\$0 copay for pre-exposure
		prophylaxis
EVOTAZ TAB 300-150	2	QL (30 tabs every 30 days)
GENVOYA TAB	2	QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
lamivudine-zidovudine tab 150-300 mg	1	QL (60 tabs every 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL (480 ml every 30 days)
lopinavir-ritonavir tab 100-25 mg	1	QL (300 tabs every 30 days)
lopinavir-ritonavir tab 200-50 mg	1	QL (120 tabs every 30 days)
ODEFSEY TAB	2	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	3	QL (180 tabs every 30 days)
TRIUMEQ TAB	3	QL (30 tabs every 30 days)
ANTITUBERCULAR AGENTS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
PRETOMANID TAB 200MG	3	PA
PRIFTIN TAB 150MG	2	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
SIRTURO TAB 20MG	3	PA
SIRTURO TAB 100MG	3	PA
TRECATOR TAB 250MG	2	
ANTIVIRALS		
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
adefovir dipivoxil tab 10 mg	3	
BARACLUDE SOL	3	PA, QL (630 mL every 30 days)
entecavir tab 0.5 mg	3	PA, QL (30 tabs every 30 days)
entecavir tab 1 mg	3	PA, QL (30 tabs every 30 days)
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
lamivudine tab 100 mg (hbv)	1	
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (40 caps every 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (20 caps every 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (20 caps every 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv		QL (360 mL every 90 days)
		<u> </u>

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Drug Name	Drug Tier	Requirements/Limits
RELENZA MIS DISKHALE	2	QL (2 inhalers every 90 days
rimantadine hydrochloride tab 100 mg	1	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
valganciclovir hcl for soln 50 mg/ml (base equiv)	3	PA, QL (1000 mL every 30 days)
valganciclovir hcl tab 450 mg (base equivalent)	3	PA, QL (120 tabs every 30 days)
VEMLIDY TAB 25MG	3	PA, QL (30 tabs every 30 days)
EPHALOSPORINS		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
cefaclor for susp 125 mg/5ml	1	
cefaclor for susp 250 mg/5ml	1	
cefaclor for susp 375 mg/5ml	1	
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefepime hcl for inj 1 gm	1	
cefepime hcl for iv soln 2 gm	1	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
ceftazidime for inj 1 gm	1	
ceftazidime for iv soln 2 gm	1	
ceftriaxone sodium for inj 1 gm	1	QL (2 vials every day); Initi limit allows up to a 14 day course every 365 days
ceftriaxone sodium for inj 2 gm	1	QL (2 vials every day); Initi limit allows up to a 14 day course every 365 days

Drug Name	Drug Tier	Requirements/Limits
eftriaxone sodium for inj 10 gm	1	QL (0.5 vials every day);
		Initial limit allows up to a 14
a flui a como a a di como face in i 250 m a	1	day course every 365 days
ceftriaxone sodium for inj 250 mg	1	QL (2 vials every day); Initia limit allows up to a 14 day
		course every 365 days
ceftriaxone sodium for inj 500 mg	1	QL (2 vials every day); Initia
coju takone soutam jer mje oce mg	•	limit allows up to a 14 day
		course every 365 days
ceftriaxone sodium for iv soln 1 gm	1	QL (2 vials every day); Initia
		limit allows up to a 14 day
(i - '	1	course every 365 days
ceftriaxone sodium for iv soln 2 gm	1	QL (2 vials every day); Initia limit allows up to a 14 day
		course every 365 days
cefuroxime axetil tab 250 mg	1	course every 505 days
cefuroxime axetil tab 500 mg	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 500/5ML	2	
RYTHROMYCINS/MACROLIDES		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
DIFICID SUS	2	PA
DIFICID TAB 200MG	2	PA
$erythromycin\ ethyl succinate\ for\ susp\ 200\ mg/5ml$	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin stearate tab 250 mg	1	
erythromycin tab 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
erythromycin w/ delayed release particles cap 250	1	
<u>mg</u>		
<i>TLUOROQUINOLONES</i>		
BAXDELA TAB 450MG	3	
CIPRO (10%) SUS 500MG/5	3	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
HEPATITIS C		
EPCLUSA PAK 150-37.5	3	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	3	PA, QL (28 pellets every 28 days)
EPCLUSA TAB 200-50MG	3	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	3	PA, QL (28 tabs every 28 days)
HARVONI PAK	3	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	3	PA, QL (28 pellets every 28 days)
HARVONI TAB 45-200MG	3	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	3	PA, QL (28 tabs every 28 days)
PEGASYS INJ	3	PA
PEGASYS INJ 180MCG/M	3	PA
ribavirin cap 200 mg	1	PA
ribavirin tab 200 mg	1	PA
SOVALDI PAK 150MG	3	ST, PA, QL (28 pellets ever 28 days)
SOVALDI PAK 200MG	3	ST, PA, QL (28 pellets ever 28 days)

Drug Name	Drug Tier	Requirements/Limits
SOVALDI TAB 200MG	3	ST, PA, QL (28 tabs every 28
		days)
SOVALDI TAB 400MG	3	ST, PA, QL (28 tabs every 28
MODELL MAD		days)
VOSEVI TAB	3	PA, QL (28 tabs every 28
ZEPATIER TAB 50-100MG	3	days) ST, PA, QL (28 tabs every 28
ZEFATIER TAD 50-100MG	J	days)
SCELLANEOUS		
ALINIA SUS 100/5ML	3	QL (540 mL every 30 days)
atovaquone susp 750 mg/5ml	1	
aztreonam for inj 1 gm	1	
aztreonam for inj 2 gm	1	
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
ertapenem sodium for inj 1 gm (base equivalent)	1	QL (2 vials every day); Initia limit allows up to a 14 day course every 365 days
linezolid for susp 100 mg/5ml	1	
linezolid tab 600 mg	1	
methenamine hippurate tab 1 gm	1	
metronidazole cap 375 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
nitazoxanide tab 500 mg	1	QL (20 tabs every 30 days)
nitrofurantoin macrocrystalline cap 25 mg	1	PA; High Risk Medications
		require PA for members ag
		70 and older
nitrofurantoin macrocrystalline cap 50 mg	1	PA; High Risk Medications
		require PA for members ag
		70 and older
nitrofurantoin macrocrystalline cap 100 mg	1	PA; High Risk Medications
		require PA for members ag 70 and older
nitrofurantoin monohydrate macrocrystalline cap	1	PA; High Risk Medications
100 mg	1	require PA for members ag
100 mg		70 and older
pentamidine isethionate for inj soln 300 mg	1	
pentamidine isethionate for nebulization soln 300	1	
mg	_	
pyrimethamine tab 25 mg	3	PA
trimethoprim tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl cap 125 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps every 10 days)
PENICILLINS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5	1	
mg/5ml		
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5mi	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 500 mg	1	
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
penicillin g potassium for inj 5000000 unit	1	
penicillin g potassium for inj 20000000 unit	1	
penicillin g sodium for inj 5000000 unit	1	
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
TETRACYCLINES		
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1 1	

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
tetracycline hcl cap 250 mg	1	QL (120 caps every 30 days)
tetracycline hcl cap 500 mg	1	QL (120 caps every 30 days)
TINEOPLASTIC AGENTS		
LKYLATING AGENTS		
busulfan inj 6 mg/ml	1	
carmustine for inj 100 mg	1	
cyclophosphamide cap 25 mg	1	
cyclophosphamide cap 50 mg	1	
cyclophosphamide for inj 1 gm	3	
cyclophosphamide for inj 2 gm	3	
cyclophosphamide for inj 500 mg	3	
dacarbazine for inj 100 mg	1	
dacarbazine for inj 200 mg	1	
EMCYT CAP 140MG	3	
GLEOSTINE CAP 10MG	3	
GLEOSTINE CAP 40MG	3	
GLEOSTINE CAP 100MG	3	
GLIADEL WAF 7.7MG	2	
ifosfamide for inj 1 gm	1	
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	1	
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	1	
LEUKERAN TAB 2MG	2	
MATULANE CAP 50MG	2	
melphalan tab 2 mg	1	
TEMODAR INJ 100MG	3	PA
temozolomide cap 5 mg	3	PA
temozolomide cap 20 mg	3	PA
temozolomide cap 100 mg	3	PA
temozolomide cap 140 mg	3	PA
temozolomide cap 180 mg	3	PA
temozolomide cap 250 mg	3	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIBIOTICS		
bleomycin sulfate for inj 15 unit	1	
bleomycin sulfate for inj 30 unit	1	
daunorubicin hcl iv soln 20 mg/4ml (base equiv)	1	
doxorubicin hcl for inj 10 mg	1	
doxorubicin hcl for inj 50 mg	1	
doxorubicin hcl inj 2 mg/ml	1	
doxorubicin hcl liposomal inj (for iv infusion) 2	1	
mg/ml		
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	1	
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	1	
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	1	
mitomycin for iv soln 5 mg	1	
mitomycin for iv soln 20 mg	1	
mitomycin for iv soln 40 mg	1	
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	3	
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	3	
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	3	
ANTIMETABOLITES		
azacitidine for inj 100 mg	3	PA
capecitabine tab 150 mg	3	PA
capecitabine tab 500 mg	3	PA
cladribine iv soln 10 mg/10ml (1 mg/ml)	1	
clofarabine iv soln 1 mg/ml	1	
cytarabine inj 20 mg/ml	1	
cytarabine inj pf 20 mg/ml	1	
cytarabine inj pf 100 mg/ml	1	
decitabine for inj 50 mg	3	PA
fludarabine phosphate for inj 50 mg	1	171
fludarabine phosphate inj 25 mg/ml	1	
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	1	
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	1	
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	1	
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	1	
gemcitabine hcl for inj 1 gm	3	
gemeitabine hel for inj 2 gm	3	
gemeitabine hel for inj 200 mg	3	
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base	3	
equiv)	3	
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base	3	
equiv)	3	
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)	3	
(base equiv)		
mercaptopurine tab 50 mg	1	
methotrexate sodium for inj 1 gm	1	

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Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25	1	
mg/ml)		
methotrexate sodium inj pf 1000 mg/40ml (25	1	
mg/ml)		
pemetrexed disodium for iv soln 100 mg (base equiv		
TABLOID TAB 40MG	2	
ANTIMITOTIC, TAXOIDS		
docetaxel for inj conc 20 mg/ml	1	
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	1	
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	1	
docetaxel soln for iv infusion 20 mg/2ml	1	
docetaxel soln for iv infusion 80 mg/8ml	1	
docetaxel soln for iv infusion 160 mg/16ml	1	
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	1	
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	1	
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	1	
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	1	
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate inj 1 mg/ml	1	
vincristine sulfate iv soln 1 mg/ml	1	
vinorelbine tartrate inj 10 mg/ml (base equiv)	1	
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)	1	
(base equiv)	-	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	3	PA
VENCLEXTA TAB 50MG	3	PA
VENCLEXTA TAB 100MG	3	PA
VENCLEXTA TAB START PK	3	PA
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INI 100MG	3	PA
ERBITUX INJ 200MG	3	PA
ERIVEDGE CAP 150MG	3	PA
GAZYVA INJ 25MG/ML	3	PA
KADCYLA INJ 100MG	3	PA
KADCYLA INI 160MG	3	PA
KEYTRUDA INJ 100MG/4M	3	PA
POLIVY INJ 30MG	3	PA
POLIVY INJ 140MG	3	PA
POMALYST CAP 1MG	3	PA
POMALYST CAP 2MG	3	PA
POMALYST CAP 3MG	3	PA
POMALYST CAP 4MG	3	PA PA
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Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 2.5MG	3	PA
REVLIMID CAP 5MG	3	PA
REVLIMID CAP 10MG	3	PA
REVLIMID CAP 15MG	3	PA
REVLIMID CAP 20MG	3	PA
REVLIMID CAP 25MG	3	PA
THALOMID CAP 50MG	3	PA
THALOMID CAP 100MG	3	PA
THALOMID CAP 150MG	3	PA
THALOMID CAP 200MG	3	PA
TICE BCG INJ	2	
ORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tab 250 mg	3	PA
abiraterone acetate tab 500 mg	3	PA
anastrozole tab 1 mg	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
bicalutamide tab 50 mg	1	
ELIGARD INJ 7.5MG	3	PA
ELIGARD INJ 22.5MG	3	PA
ELIGARD INJ 30MG	3	PA
ELIGARD INJ 45MG	3	PA
ERLEADA TAB 60MG	3	PA
ERLEADA TAB 240MG	3	PA
exemestane tab 25 mg	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
fulvestrant inj soln pref syr 250 mg/5ml	3	PA
letrozole tab 2.5 mg	1	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	3	PA
LYSODREN TAB 500MG	2	
megestrol acetate susp 40 mg/ml	1	
megestrol acetate tab 20 mg	1	
megestrol acetate tab 40 mg	1	
nilutamide tab 150 mg	1	
NUBEQA TAB 300MG	3	PA
tamoxifen citrate tab 10 mg (base equivalent)	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
tamoxifen citrate tab 20 mg (base equivalent)	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
toremifene citrate tah 60 ma (hase eauivalent)	1	p. 0 , 0
toremifene citrate tab 60 mg (base equivalent) XTANDI CAP 40MG	1 3	•
toremifene citrate tab 60 mg (base equivalent) XTANDI CAP 40MG XTANDI TAB 40MG	1 3 3	PA PA

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Drug Name	Drug Tier	Requirements/Limits
YONSA TAB 125MG	3	PA, QL (120 tabs every 30
		days)
INASE INHIBITORS	2	D.A.
ALECENSA CAP 150MG	3	PA
CABOMETYX TAB 20MG	3	PA
CABOMETYX TAB 40MG	3	PA
CABOMETYX TAB 60MG	3	PA
CALQUENCE TAB 100MG	3	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	3	PA
CAPRELSA TAB 300MG	3	PA
COMETRIQ KIT 60MG	3	PA
COMETRIQ KIT 100MG	3	PA
COMETRIQ KIT 140MG	3	PA
erlotinib hcl tab 25 mg (base equivalent)	3	PA
erlotinib hcl tab 100 mg (base equivalent)	3	PA
erlotinib hcl tab 150 mg (base equivalent)	3	PA
everolimus tab 2.5 mg	3	PA
everolimus tab 5 mg	3	PA
everolimus tab 7.5 mg	3	PA
everolimus tab 10 mg	3	PA
everolimus tab for oral susp 2 mg	3	PA
everolimus tab for oral susp 3 mg	3	PA
everolimus tab for oral susp 5 mg	3	PA
imatinib mesylate tab 100 mg (base equivalent)	3	PA
imatinib mesylate tab 400 mg (base equivalent)	3	PA
IMBRUVICA CAP 70MG	3	PA
IMBRUVICA CAP 140MG	3	PA
IMBRUVICA SUS 70MG/ML	3	PA
IMBRUVICA TAB 140MG	3	PA
IMBRUVICA TAB 280MG	3	PA
IMBRUVICA TAB 420MG	3	PA
INLYTA TAB 1MG	3	PA
INLYTA TAB 5MG	3	PA
JAKAFI TAB 5MG	3	PA
JAKAFI TAB 10MG	3	PA
JAKAFI TAB 15MG	3	PA
JAKAFI TAB 20MG	3	PA
JAKAFI TAB 25MG	3	PA
KISQALI TAB 200DOSE	3	PA; 200 mg dose
KISQALI TAB 400DOSE	3	PA; 400 mg dose
KISQALI TAB 600DOSE	3	PA; 600 mg dose
lapatinib ditosylate tab 250 mg (base equiv)	3	PA
LENVIMA CAP 4MG	3	PA
LENVIMA CAP 4 MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 10 MG	3	PA
LENVIMA CAP 12MG	3	PA
LENVIMA CAP 14 MG	3	PA
LENVIMA CAP 18 MG	3	PA
LENVIMA CAP 20 MG	3	PA
LENVIMA CAP 24 MG	3	PA
LORBRENA TAB 25MG	3	PA
LORBRENA TAB 100MG	3	PA
MEKINIST SOL 0.05/ML	3	PA, QL (12 bottles every 28
		days)
MEKINIST TAB 0.5MG	3	PA
MEKINIST TAB 2MG	3	PA
RYDAPT CAP 25MG	3	PA
sorafenib tosylate tab 200 mg (base equivalent)	3	PA
SPRYCEL TAB 20MG	3	PA
SPRYCEL TAB 50MG	3	PA
SPRYCEL TAB 70MG	3	PA
SPRYCEL TAB 80MG	3	PA
SPRYCEL TAB 100MG	3	PA
SPRYCEL TAB 140MG	3	PA
STIVARGA TAB 40MG	3	PA
sunitinib malate cap 12.5 mg (base equivalent)	3	PA
sunitinib malate cap 25 mg (base equivalent)	3	PA
sunitinib malate cap 37.5 mg (base equivalent)	3	PA
sunitinib malate cap 50 mg (base equivalent)	3	PA
TAFINLAR CAP 50MG	3	PA
TAFINLAR CAP 75MG	3	PA
TAFINLAR TAB 10MG	3	PA, QL (4 bottles every 28
		days)
TUKYSA TAB 50MG	3	PA
TUKYSA TAB 150MG	3	PA
VERZENIO TAB 50MG	3	PA
VERZENIO TAB 100MG	3	PA
VERZENIO TAB 150MG	3	PA
VERZENIO TAB 200MG	3	PA
VITRAKVI CAP 25MG	3	PA
VITRAKVI CAP 100MG	3	PA
VITRAKVI SOL 20MG/ML	3	PA
VOTRIENT TAB 200MG	3	PA
XALKORI CAP 200MG	3	PA
XALKORI CAP 250MG	3	PA
ZELBORAF TAB 240MG	3	PA
ZYDELIG TAB 100MG	3	PA
ZYDELIG TAB 150MG	3	PA
ZYKADIA TAB 150MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)	1	
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	1	
bexarotene cap 75 mg	3	PA
hydroxyurea cap 500 mg	1	
IDHIFA TAB 50MG	3	PA
IDHIFA TAB 100MG	3	PA
LYNPARZA TAB 100MG	3	PA
LYNPARZA TAB 150MG	3	PA
NIPENT INJ 10MG	2	
ODOMZO CAP 200MG	3	PA
ONCASPAR INJ 750/ML	3	PA
PHOTOFRIN INJ 75MG	2	
tretinoin cap 10 mg	1	
VISTOGARD PAK 10GM	3	QL (20 packets every 5 days)
ZEJULA CAP 100MG	3	PA
ZEJULA TAB 100MG	3	PA, QL (30 tabs every 30 days)
ZEJULA TAB 200MG	3	PA, QL (30 tabs every 30 days)
ZEJULA TAB 300MG	3	PA, QL (30 tabs every 30 days)
ZOLINZA CAP 100MG	3	PA
PLATINUM-BASED AGENTS		
carboplatin iv soln 50 mg/5ml	1	
carboplatin iv soln 150 mg/15ml	1	
carboplatin iv soln 450 mg/45ml	1	
carboplatin iv soln 600 mg/60ml	1	
carboplatin iv soln 1000 mg/100ml	1	
cisplatin inj 50 mg/50ml (1 mg/ml)	1	
cisplatin inj 100 mg/100ml (1 mg/ml)	1	
cisplatin inj 200 mg/200ml (1 mg/ml)	1	
oxaliplatin for iv inj 50 mg	3	
oxaliplatin for iv inj 100 mg	3	
oxaliplatin iv soln 50 mg/10ml	3	
oxaliplatin iv soln 100 mg/20ml	3	
PROTECTIVE AGENTS		
dexrazoxane hcl for inj 250 mg (base equivalent)	1	
dexrazoxane hcl for inj 500 mg (base equivalent)	1	
leucovorin calcium for inj 50 mg	1	
leucovorin calcium for inj 100 mg	1	
leucovorin calcium for inj 200 mg	1	
leucovorin calcium for inj 350 mg	1	
leucovorin calcium for inj 500 mg	1	
leucovorin calcium tab 5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium tab 10 mg	1	
leucovorin calcium tab 15 mg	1	
leucovorin calcium tab 25 mg	1	
mesna inj 100 mg/ml	1	
MESNEX TAB 400MG	3	
OPOISOMERASE INHIBITORS		
etoposide cap 50 mg	1	
etoposide inj 1 gm/50ml (20 mg/ml)	1	
etoposide inj 100 mg/5ml (20 mg/ml)	1	
etoposide inj 500 mg/25ml (20 mg/ml)	1	
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	3	
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	3	
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	1	
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	3	
topotecan hcl for inj 4 mg (base equiv)	1	
INEOPLASTICS AND ADJUNCTIVE THERAP	IES	
NTIMETABOLITES		
pemetrexed disodium for iv soln 500 mg (base equ.	iv) 3	
PEMETREXED INJ 100MG	3	
PEMETREXED SOL 100/4ML	3	
PEMETREXED SOL 500/20ML	3	
DIOVASCULAR		
CE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
annoaipine besylace-benazepi ii nci cap 10-40 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg benazepril & hydrochlorothiazide tab 10-12.5 mg	1 1	
benazepril & hydrochlorothiazide tab 5-6.25 mg benazepril & hydrochlorothiazide tab 10-12.5 mg benazepril & hydrochlorothiazide tab 20-12.5 mg	1 1 1 1	
benazepril & hydrochlorothiazide tab 5-6.25 mg benazepril & hydrochlorothiazide tab 10-12.5 mg benazepril & hydrochlorothiazide tab 20-12.5 mg benazepril & hydrochlorothiazide tab 20-25 mg enalapril maleate & hydrochlorothiazide tab 5-12. mg	1 1 1 1 5 1	
benazepril & hydrochlorothiazide tab 5-6.25 mg benazepril & hydrochlorothiazide tab 10-12.5 mg benazepril & hydrochlorothiazide tab 20-12.5 mg benazepril & hydrochlorothiazide tab 20-25 mg enalapril maleate & hydrochlorothiazide tab 5-12.	1 1 1 1 5 1	
benazepril & hydrochlorothiazide tab 5-6.25 mg benazepril & hydrochlorothiazide tab 10-12.5 mg benazepril & hydrochlorothiazide tab 20-12.5 mg benazepril & hydrochlorothiazide tab 20-25 mg enalapril maleate & hydrochlorothiazide tab 5-12. mg enalapril maleate & hydrochlorothiazide tab 10-25 mg	1 1 1 1 5 1	
benazepril & hydrochlorothiazide tab 5-6.25 mg benazepril & hydrochlorothiazide tab 10-12.5 mg benazepril & hydrochlorothiazide tab 20-12.5 mg benazepril & hydrochlorothiazide tab 20-25 mg enalapril maleate & hydrochlorothiazide tab 5-12. mg enalapril maleate & hydrochlorothiazide tab 10-25 mg fosinopril sodium & hydrochlorothiazide tab 10-12	1 1 1 1 5 1	
benazepril & hydrochlorothiazide tab 5-6.25 mg benazepril & hydrochlorothiazide tab 10-12.5 mg benazepril & hydrochlorothiazide tab 20-12.5 mg benazepril & hydrochlorothiazide tab 20-25 mg enalapril maleate & hydrochlorothiazide tab 5-12. mg enalapril maleate & hydrochlorothiazide tab 10-25 mg fosinopril sodium & hydrochlorothiazide tab 10-12 mg	1 1 1 1 5 1 5 1	
benazepril & hydrochlorothiazide tab 5-6.25 mg benazepril & hydrochlorothiazide tab 10-12.5 mg benazepril & hydrochlorothiazide tab 20-12.5 mg benazepril & hydrochlorothiazide tab 20-25 mg enalapril maleate & hydrochlorothiazide tab 5-12. mg enalapril maleate & hydrochlorothiazide tab 10-25 mg fosinopril sodium & hydrochlorothiazide tab 10-12 mg fosinopril sodium & hydrochlorothiazide tab 20-12	1 1 1 1 5 1 5 1	
benazepril & hydrochlorothiazide tab 5-6.25 mg benazepril & hydrochlorothiazide tab 10-12.5 mg benazepril & hydrochlorothiazide tab 20-12.5 mg benazepril & hydrochlorothiazide tab 20-25 mg enalapril maleate & hydrochlorothiazide tab 5-12. mg enalapril maleate & hydrochlorothiazide tab 10-25 mg fosinopril sodium & hydrochlorothiazide tab 10-12 mg fosinopril sodium & hydrochlorothiazide tab 20-12 mg	1 1 1 1 5 1 5 1 2.5 1	
benazepril & hydrochlorothiazide tab 5-6.25 mg benazepril & hydrochlorothiazide tab 10-12.5 mg benazepril & hydrochlorothiazide tab 20-12.5 mg benazepril & hydrochlorothiazide tab 20-25 mg enalapril maleate & hydrochlorothiazide tab 5-12. mg enalapril maleate & hydrochlorothiazide tab 10-25 mg fosinopril sodium & hydrochlorothiazide tab 10-12 mg fosinopril sodium & hydrochlorothiazide tab 20-12 mg lisinopril & hydrochlorothiazide tab 10-12.5 mg	1 1 1 1 5 1 5 1 2.5 1	
benazepril & hydrochlorothiazide tab 5-6.25 mg benazepril & hydrochlorothiazide tab 10-12.5 mg benazepril & hydrochlorothiazide tab 20-12.5 mg benazepril & hydrochlorothiazide tab 20-25 mg enalapril maleate & hydrochlorothiazide tab 5-12. mg enalapril maleate & hydrochlorothiazide tab 10-25 mg fosinopril sodium & hydrochlorothiazide tab 10-12 mg fosinopril sodium & hydrochlorothiazide tab 20-12 mg	1 1 1 1 5 1 5 1 2.5 1	

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Drug Name	Drug Tier	Requirements/Limits
quinapril-hydrochlorothiazide tab 20-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
CE INHIBITORS		
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
a anaotapi ii tao ring	1	

Drug Name	Drug Tier	Requirements/Limits
LDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
ALPHA BLOCKERS		
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	
prazosin hel cap 5 mg	1	
NIGIOTENSIN II RECEPTOR ANTAGONIST COMB		
amlodipine besylate-olmesartan medoxomil tab 5-20		
mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40) 1	
mg	_	
amlodipine besylate-olmesartan medoxomil tab 10-	1	
20 mg		
amlodipine besylate-olmesartan medoxomil tab 10-	1	
40 mg		
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-	1	
12.5 mg		
candesartan cilexetil-hydrochlorothiazide tab 32-	1	
12.5 mg		
candesartan cilexetil-hydrochlorothiazide tab 32-25	1	
mg		
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 50-	1	
12.5 mg		
losartan potassium & hydrochlorothiazide tab 100-	1	
_12.5 mg		
losartan potassium & hydrochlorothiazide tab 100-	1	
25 mg		
olmesartan medoxomil-hydrochlorothiazide tab 20-	1	
12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40- 12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-	1	
25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-	1	
5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-	1	
5-12.5 mg	-	
olmesartan-amlodipine-hydrochlorothiazide tab 40-	1	
5-25 mg		

Drug Name	Drug Tier	Requirements/Limits
olmesartan-amlodipine-hydrochlorothiazide tab 40-	- 1	
10-12.5 mg		
olmesartan-amlodipine-hydrochlorothiazide tab 40-	- 1	
10-25 mg		
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIARRHYTHMICS		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hel tab 400 mg	1	
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	PA
dofetilide cap 250 mcg (0.25 mg)	1	PA
acjounted cup 200 mag (o.20 mg)		* * * *

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Drug Name	Drug Tier	Requirements/Limits
dofetilide cap 500 mcg (0.5 mg)	1	PA
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
MULTAQ TAB 400MG	3	PA
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG CR	2	
procainamide hcl inj 100 mg/ml	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg		
NTILIPEMICS, BILE ACID RESINS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
NTILIPEMICS, CHOLESTEROL ABSORPTION	N INHIBITOR	
ezetimibe tab 10 mg	1	
NTILIPEMICS, FIBRATES		
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
gemfibrozil tab 600 mg	1	
NTILIPEMICS, HMG-COA REDUCTASE INHII		NATIONS
ezetimibe-simvastatin tab 10-10 mg	1	

M - Covered Under the Medical Benefit Only $\ OTC$ - Over the counter $\ PA$ - Prior Authorization $\ PA^{**}$ - PA Applied if Step Not Met $\ QL$ - Quantity Limits $\ ST$ - Step Therapy ^ - Covered Under Medical Benefit — PCP copay applies

Drug Name	Drug Tier	Requirements/Limits
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
- NTILIPEMICS, HMG-CoA REDUCTASE INHIBITO	ORS	
atorvastatin calcium tab 10 mg (base equivalent)	1	\$0 copay for members age 40 through 75
atorvastatin calcium tab 20 mg (base equivalent)	1	\$0 copay for members age 40 through 75
atorvastatin calcium tab 40 mg (base equivalent)	1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
atorvastatin calcium tab 80 mg (base equivalent)	1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
fluvastatin sodium cap 20 mg (base equivalent)	1	\$0 copay for members age 40 through 75
fluvastatin sodium cap 40 mg (base equivalent)	1	\$0 copay for members age 40 through 75
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	1	\$0 copay for members age 40 through 75
lovastatin tab 10 mg	1	\$0 copay for members age 40 through 75
lovastatin tab 20 mg	1	\$0 copay for members age 40 through 75
lovastatin tab 40 mg	1	\$0 copay for members age 40 through 75
pravastatin sodium tab 10 mg	1	\$0 copay for members age 40 through 75
pravastatin sodium tab 20 mg	1	\$0 copay for members age 40 through 75
pravastatin sodium tab 40 mg	1	\$0 copay for members age 40 through 75
pravastatin sodium tab 80 mg	1	\$0 copay for members age 40 through 75
rosuvastatin calcium tab 5 mg	1	\$0 copay for members age 40 through 75
rosuvastatin calcium tab 10 mg	1	\$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
rosuvastatin calcium tab 20 mg	1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
rosuvastatin calcium tab 40 mg	1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
simvastatin tab 5 mg	1	\$0 copay for members age 40 through 75
simvastatin tab 10 mg	1	\$0 copay for members age 40 through 75
simvastatin tab 20 mg	1	\$0 copay for members age 40 through 75
simvastatin tab 40 mg	1	\$0 copay for members age 40 through 75
simvastatin tab 80 mg	1	ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
NTILIPEMICS, MISCELLANEOUS		
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
NTILIPEMICS, OMEGA-3 FATTY ACIDS		
icosapent ethyl cap 0.5 gm	1	
icosapent ethyl cap 1 gm	1	Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia
omega-3-acid ethyl esters cap 1 gm	1	
NTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML	3	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	3	PA, QL (1 injection every 28 days)
REPATHA SURE INJ 140MG/ML	3	PA, QL (3 pens every 28 days)
ETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	

 $\begin{tabular}{ll} M - Covered Under the Medical Benefit Only & OTC - Over the counter & PA - Prior Authorization & PA^{**} - PA Applied if Step Not Met & QL - Quantity Limits & ST - Step Therapy $$^$ - Covered Under Medical Benefit — PCP copay applies $$$

Drug Name	Drug Tier	Requirements/Limits
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
ETA-BLOCKERS		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hel tab 20 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
-		
carvedilol tab 25 mg	1	
labetalol hel tab 100 mg	1	
labetalol hel tab 200 mg	1	
labetalol hcl tab 300 mg	1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 100 mg	1	
nadolol tab 20 mg	1	
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
nebivolol hcl tab 2.5 mg (base equivalent)	1	
nebivolol hcl tab 5 mg (base equivalent)	1	
nebivolol hel tab 10 mg (base equivalent)	1	
nebivolol hel tab 20 mg (base equivalent)	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
	1	

Drug Name	Drug Tier	Requirements/Limits
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	
propranolol hcl cap er 24hr 160 mg	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC CO.	MBINATION:	S
amlodipine besylate-atorvastatin calcium tab 2.5-10		
mg		
amlodipine besylate-atorvastatin calcium tab 2.5-20	0 1	
mg		
amlodipine besylate-atorvastatin calcium tab 2.5-4	0 1	
mg		
amlodipine besylate-atorvastatin calcium tab 5-10	1	
mg amlodipine besylate-atorvastatin calcium tab 5-20	1	
mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40	1	
mg		
amlodipine besylate-atorvastatin calcium tab 5-80	1	
<u>mg</u>		
amlodipine besylate-atorvastatin calcium tab 10-10) 1	
mg		
amlodipine besylate-atorvastatin calcium tab 10-20) 1	
mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40) 1	
mg amlodipine besylate-atorvastatin calcium tab 10-80) 1	
mg	, 1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hel cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
anduzom not cup of 2 mil 2 mily	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120	1	
_mg		
diltiazem hcl extended release beads cap er 24hr 180	1	
mg		
diltiazem hcl extended release beads cap er 24hr 240	1	
mg		
diltiazem hcl extended release beads cap er 24hr 300	1	
mg	1	
diltiazem hcl extended release beads cap er 24hr 360	1	
mg diltiazem hcl extended release beads cap er 24hr 420	1	
mg	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hel tab 120 mg	1	
diltiazem hel tab er 24hr 120 mg	1	
diltiazem hel tab er 24hr 180 mg	1	
diltiazem hel tab er 24hr 240 mg	1	
diltiazem hel tab er 24hr 300 mg	1	
diltiazem hel tab er 24hr 360 mg	1	
diltiazem hcl tab er 24hr 420 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
· · · ·	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg nicardipine hcl cap 20 mg		
	1	
nicardipine hcl cap 30 mg	1 1	
nifedipine tab er 24hr 30 mg		
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	

Drug Name	Drug Tier	Requirements/Limits
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	
DIGITALIS GLYCOSIDES		
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 62.5 mcg (0.0625 mg)	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
DIURETICS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl tab 5 mg	1	
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
DIURIL SUS 250/5ML	3	
ethacrynic acid tab 25 mg	3	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
mannitol iv soln 10%	1	
mannitol iv soln 20%	1	
mannitol iv soln 25%	1	
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
EART FAILURE	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
IISCELLANEOUS		
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
midodrine hcl tab 2.5 mg	1	
-		

Drug Name	Drug Tier	Requirements/Limits
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
phenoxybenzamine hcl cap 10 mg	3	PA, QL (360 caps every 30 days)
ranolazine tab er 12hr 500 mg	1	ST; PA**
ranolazine tab er 12hr 1000 mg	1	ST; PA**
TRATES		
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)) 1	
ILMONARY ARTERIAL HYPERTENSION		
ADEMPAS TAB 0.5MG	3	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG	3	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1MG	3	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG	3	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG	3	PA, QL (90 tabs every 30 days)
ambrisentan tab 5 mg	3	PA, QL (30 tabs every 30 days)
ambrisentan tab 10 mg	3	PA, QL (30 tabs every 30 days)
bosentan tab 62.5 mg	3	PA, QL (60 tabs every 30

Drug Name	Drug Tier	Requirements/Limits
bosentan tab 125 mg	3	PA, QL (60 tabs every 30
		days)
OPSUMIT TAB 10MG	3	PA, QL (30 tabs every 30
		days)
ORENITRAM TAB 0.25MG	3	PA
ORENITRAM TAB 0.125MG	3	PA
ORENITRAM TAB 1MG	3	PA
ORENITRAM TAB 2.5MG	3	PA
ORENITRAM TAB 5MG	3	PA
ORENITRAM TAB MONTH 1	3	PA
ORENITRAM TAB MONTH 2	3	PA
ORENITRAM TAB MONTH 3	3	PA
REMODULIN INJ 1MG/ML	3	PA
REMODULIN INJ 2.5MG/ML	3	PA
REMODULIN INJ 5MG/ML	3	PA
REMODULIN INJ 10MG/ML	3	PA
sildenafil citrate iv soln 10 mg/12.5ml (base	3	PA
equivalent)	3	rA
sildenafil citrate tab 20 mg	3	PA, QL (360 tabs every 30
shaenajn citrate tab 20 mg	3	days)
tadalafil tab 20 mg (pah)	3	PA, QL (60 tabs every 30
tudulajii tub 20 mg (pun)	3	days)
TYVASO REFIL SOL 0.6MG/ML	3	PA, QL (28 ampules every 28
TIVIDO REI IE OOE OIONIQ/ ME	5	days)
TYVASO SOL 0.6MG/ML	3	PA, QL (28 ampules every 28
		days)
TYVASO START SOL 0.6MG/ML	3	PA, QL (28 ampules every 28
		days)
UPTRAVI INJ 1800MCG	3	PA
UPTRAVI PACK TAB 200/800	3	PA, QL (1 pack every 28
		days)
UPTRAVI TAB 200MCG	3	PA, QL (140 tabs every 28
		days)
UPTRAVI TAB 400MCG	3	PA, QL (60 tabs every 30
		days)
UPTRAVI TAB 600MCG	3	PA, QL (60 tabs every 30
		days)
UPTRAVI TAB 800MCG	3	PA, QL (60 tabs every 30
		days)
UPTRAVI TAB 1000MCG	3	PA, QL (60 tabs every 30
		days)
UPTRAVI TAB 1200MCG	3	PA, QL (60 tabs every 30
		days)
UPTRAVI TAB 1400MCG	3	PA, QL (60 tabs every 30
		days)
UPTRAVI TAB 1600MCG	3	PA, QL (60 tabs every 30
		days)

Drug Name	Drug Tier	Requirements/Limits
VENTAVIS SOL 10MCG/ML	3	PA, QL (270 ampules every 30 days)
VENTAVIS SOL 20MCG/ML	3	PA, QL (270 ampules every 30 days)
CENTRAL NERVOUS SYSTEM		
ALCOHOL DETERRENTS		
acamprosate calcium tab delayed release 333 mg	1	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
ANTIANXIETY		
ALPRAZOLAM CON 1 MG/ML	2	QL (300 mL every 30 days)
alprazolam orally disintegrating tab 0.5 mg	1	QL (150 tabs every 30 days)
alprazolam orally disintegrating tab 0.25 mg	1	QL (150 tabs every 30 days)
alprazolam orally disintegrating tab 1 mg	1	QL (150 tabs every 30 days)
alprazolam orally disintegrating tab 2 mg	1	QL (150 tabs every 30 days)
alprazolam tab 0.5 mg	1	QL (150 tabs every 30 days)
alprazolam tab 0.25 mg	1	QL (150 tabs every 30 days)
alprazolam tab 1 mg	1	QL (150 tabs every 30 days)
alprazolam tab 2 mg	1	QL (150 tabs every 30 days)
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
chlordiazepoxide hcl cap 5 mg	1	QL (360 caps every 30 days)
chlordiazepoxide hcl cap 10 mg	1	QL (360 caps every 30 days)
chlordiazepoxide hcl cap 25 mg	1	QL (360 caps every 30 days)
clomipramine hcl cap 25 mg	1	QL (150 caps every 30 days); QL applies to members age 65 and older
clomipramine hcl cap 50 mg	1	QL (150 caps every 30 days); QL applies to members age 65 and older
clomipramine hcl cap 75 mg	1	QL (90 caps every 30 days); QL applies to members age 65 and older
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
lorazepam conc 2 mg/ml	1	QL (150 mL every 30 days)
lorazepam tab 0.5 mg	1	QL (150 tabs every 30 days)
lorazepam tab 1 mg	1	QL (150 tabs every 30 days)
lorazepam tab 2 mg	1	QL (150 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
oxazepam cap 10 mg	1	QL (120 caps every 30 days
oxazepam cap 15 mg	1	QL (120 caps every 30 days)
oxazepam cap 30 mg	1	QL (120 caps every 30 days
NTIDEMENTIA		
donepezil hydrochloride orally disintegrating tab 5	1	
mg		
donepezil hydrochloride orally disintegrating tab 10	1	
mg		
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	1	PA; PA applies for members
-		less than 30 years of age
memantine hcl cap er 24hr 14 mg	1	PA; PA applies for members
		less than 30 years of age
memantine hcl cap er 24hr 21 mg	1	PA; PA applies for members
		less than 30 years of age
memantine hcl cap er 24hr 28 mg	1	PA; PA applies for members
		less than 30 years of age
memantine hcl oral solution 2 mg/ml	1	PA; PA applies for members
mamantina hal tah E ma	1	less than 30 years of age
memantine hcl tab 5 mg	1	PA; PA applies for members less than 30 years of age
memantine hcl tab 10 mg	1	PA; PA applies for members
memantine ner tab 10 mg	1	less than 30 years of age
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration	1	PA; PA applies for members
pack	•	less than 30 years of age
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	PA
rivastigmine tartrate cap 3 mg (base equivalent)	1	PA
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	PA
rivastigmine tartrate cap 6 mg (base equivalent)	1	PA
rivastigmine ta patch 24hr 4.6 mg/24hr	1	PA
rivastigmine td patch 24hr 9.5 mg/24hr	1	PA
rivastigmine td patch 24hr 13.3 mg/24hr	1	PA

Drug Name	Drug Tier	Requirements/Limits
NTIDEPRESSANTS		
amitriptyline hcl tab 10 mg	1	QL (150 tabs every 30 days) QL applies to members age 65 and older
amitriptyline hcl tab 25 mg	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
amitriptyline hcl tab 50 mg	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
amitriptyline hcl tab 75 mg	1	PA; High strength requires PA for members age 65 and older
amitriptyline hcl tab 100 mg	1	PA; High strength requires PA for members age 65 and older
amitriptyline hcl tab 150 mg	1	PA; High strength requires PA for members age 65 and older
amoxapine tab 25 mg	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
amoxapine tab 50 mg	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
amoxapine tab 100 mg	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
amoxapine tab 150 mg	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
bupropion hcl tab 75 mg	1	
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
desipramine hcl tab 10 mg	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
desipramine hcl tab 25 mg	1	QL (90 tabs every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
desipramine hcl tab 50 mg	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
desipramine hcl tab 75 mg	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
desipramine hcl tab 100 mg	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
desipramine hcl tab 150 mg	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**
doxepin hcl cap 10 mg	1	QL (90 caps every 30 days); QL applies to members age 65 and older
doxepin hcl cap 25 mg	1	QL (90 caps every 30 days); QL applies to members age 65 and older
doxepin hcl cap 50 mg	1	QL (90 caps every 30 days); QL applies to members age 65 and older
doxepin hcl cap 75 mg	1	QL (60 caps every 30 days); QL applies to members age 65 and older
doxepin hcl cap 100 mg	1	QL (30 caps every 30 days); QL applies to members age 65 and older
doxepin hcl cap 150 mg	1	QL (30 caps every 30 days); QL applies to members age 65 and older
doxepin hcl conc 10 mg/ml	1	QL (450 mL every 30 days); QL applies to members age 65 and older
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	2 1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)		
duloxetine hcl enteric coated pellets cap 60 mg (base eq)		
EMSAM DIS 6MG/24HR	3	PA

Drug Name	Drug Tier	Requirements/Limits
EMSAM DIS 9MG/24HR	3	PA
EMSAM DIS 12MG/24H	3	PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
FETZIMA CAP 20MG	3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 40MG	3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 80MG	3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 120MG	3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP TITRATIO	3	ST, QL (30 caps every 30 days); PA**
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	1	(generic Sarafem not covered)
fluoxetine hcl tab 20 mg	1	(generic Sarafem not covered)
imipramine hcl tab 10 mg	1	QL (120 tabs every 30 days); QL applies to members age 65 and older
imipramine hcl tab 25 mg	1	QL (120 tabs every 30 days); QL applies to members age 65 and older
imipramine hcl tab 50 mg	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
imipramine pamoate cap 75 mg	1	QL (30 caps every 30 days); QL applies to members age 65 and older
imipramine pamoate cap 100 mg	1	QL (30 caps every 30 days); QL applies to members age 65 and older
imipramine pamoate cap 125 mg	1	PA; High strength requires PA for members age 65 and older
imipramine pamoate cap 150 mg	1	PA; High strength requires PA for members age 65 and older
MARPLAN TAB 10MG	3	
mirtazapine orally disintegrating tab 15 mg	1	
IIIII LUZUDIILE OI UIIV UISIILLEUI ULIIIU LUD 13 IIIU	1	

Drug Name	Drug Tier	Requirements/Limits
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	
nortriptyline hcl cap 10 mg	1	QL (150 caps every 30 days); QL applies to members age 65 and older
nortriptyline hcl cap 25 mg	1	QL (60 caps every 30 days); QL applies to members age 65 and older
nortriptyline hcl cap 50 mg	1	QL (30 caps every 30 days); QL applies to members age 65 and older
nortriptyline hcl cap 75 mg	1	PA; High strength requires PA for members age 65 and older
nortriptyline hcl soln 10 mg/5ml	1	QL (750 mL every 30 days); QL applies to members age 65 and older
paroxetine hcl tab 10 mg	1	
paroxetine hcl tab 20 mg	1	
paroxetine hcl tab 30 mg	1	
paroxetine hcl tab 40 mg	1	
paroxetine hcl tab er 24hr 12.5 mg	1	
paroxetine hcl tab er 24hr 25 mg	1	
paroxetine hcl tab er 24hr 37.5 mg	1	
phenelzine sulfate tab 15 mg	1	
protriptyline hcl tab 5 mg	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
protriptyline hcl tab 10 mg	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
sertraline hcl oral concentrate for solution 20 mg/n	nl 1	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
tranylcypromine sulfate tab 10 mg	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
trazodone hcl tab 300 mg	1	
trimipramine maleate cap 25 mg	1	QL (60 caps every 30 days) QL applies to members age
trimipramine maleate cap 50 mg	1	65 and older QL (60 caps every 30 days) QL applies to members age 65 and older
trimipramine maleate cap 100 mg	1	QL (30 caps every 30 days) QL applies to members age 65 and older
TRINTELLIX TAB 5MG	3	ST; PA**
TRINTELLIX TAB 10MG	3	ST; PA**
TRINTELLIX TAB 20MG	3	ST; PA**
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 150 mg (base equivalent)) 1	
VIIBRYD KIT STARTER	3	
vilazodone hcl tab 10 mg	1	
vilazodone hcl tab 20 mg	1	
vilazodone hcl tab 40 mg	1	
NTIPARKINSONIAN AGENTS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
APOKYN INJ 10MG/ML	3	PA, QL (20 cartridges ever 30 days)
benztropine mesylate tab 0.5 mg	1	• •
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent		
carbidopa & levodopa orally disintegrating tab 10- 100 mg	1	
carbidopa & levodopa orally disintegrating tab 25- 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa & levodopa orally disintegrating tab 25-	1	
250 mg		
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa tab 25 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200	1	
mg		
carbidopa-levodopa-entacapone tabs 18.75-75-200	1	
_mg		
carbidopa-levodopa-entacapone tabs 25-100-200	1	
mg		
carbidopa-levodopa-entacapone tabs 31.25-125-200	9 1	
mg		
carbidopa-levodopa-entacapone tabs 37.5-150-200	1	
mg		
carbidopa-levodopa-entacapone tabs 50-200-200	1	
mg		
entacapone tab 200 mg	1	D. O. (222
INBRIJA CAP 42MG	3	PA, QL (300 caps every 30
NEUDDO DIC 1MC /2 4UD	2	days)
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
ONGENTYS CAP 25MG	3	PA
ONGENTYS CAP 50MG	3	PA
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	
<u> </u>	1	
rasagiline mesylate tab 0.5 mg (base equiv)		
rasagiline mesylate tab 1 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPSYCHOTICS		
aripiprazole oral solution 1 mg/ml	1	
aripiprazole orally disintegrating tab 10 mg	1	
aripiprazole orally disintegrating tab 15 mg	1	
aripiprazole tab 2 mg	1	
aripiprazole tab 5 mg	1	
aripiprazole tab 10 mg	1	
aripiprazole tab 15 mg	1	
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	
ARISTADA INJ INITIO	2	
asenapine maleate sl tab 2.5 mg (base equiv)	1	
asenapine maleate sl tab 5 mg (base equiv)	1	
asenapine maleate sl tab 10 mg (base equiv)	1	
chlorpromazine hcl tab 10 mg	1	
chlorpromazine hcl tab 25 mg	1	
chlorpromazine hcl tab 50 mg	1	
chlorpromazine hcl tab 100 mg	1	
chlorpromazine hcl tab 200 mg	1	
clozapine orally disintegrating tab 12.5 mg	1	
clozapine orally disintegrating tab 25 mg	1	
clozapine orally disintegrating tab 100 mg	1	
clozapine orally disintegrating tab 150 mg	1	
clozapine orally disintegrating tab 200 mg	1	
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
clozapine tab 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
haloperidol decanoate im soln 50 mg/ml	1	
haloperidol decanoate im soln 100 mg/ml	1	
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg	1	
haloperidol tab 1 mg	1	
haloperidol tab 2 mg	1	
haloperidol tab 5 mg	1	
haloperidol tab 10 mg	1	
haloperidol tab 20 mg	1	
loxapine succinate cap 5 mg	1	
loxapine succinate cap 10 mg	1	
loxapine succinate cap 25 mg	1	
loxapine succinate cap 50 mg	1	
lurasidone hcl tab 20 mg	1	
lurasidone hcl tab 40 mg	1	
lurasidone hcl tab 60 mg	1	
lurasidone hcl tab 80 mg	1	
lurasidone hcl tab 120 mg	1	
olanzapine orally disintegrating tab 5 mg	1	
olanzapine orally disintegrating tab 10 mg	1	
olanzapine orally disintegrating tab 15 mg	1	
olanzapine orally disintegrating tab 20 mg	1	
olanzapine tab 2.5 mg	1	
olanzapine tab 5 mg	1	
olanzapine tab 7.5 mg	1	
olanzapine tab 10 mg	1	
olanzapine tab 15 mg	1	
olanzapine tab 20 mg	1	
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
quetiapine fumarate tab 25 mg	1	
quetiapine fumarate tab 50 mg	1	
quetiapine fumarate tab 100 mg	1	

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Orug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tab 200 mg	1	
quetiapine fumarate tab 300 mg	1	
quetiapine fumarate tab 400 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	
quetiapine fumarate tab er 24hr 150 mg	1	
quetiapine fumarate tab er 24hr 200 mg	1	
quetiapine fumarate tab er 24hr 300 mg	1	
quetiapine fumarate tab er 24hr 400 mg	1	
risperidone orally disintegrating tab 0.5 mg	1	
risperidone orally disintegrating tab 0.25 mg	1	
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	
risperidone orally disintegrating tab 3 mg	1	
risperidone orally disintegrating tab 4 mg	1	
risperidone soln 1 mg/ml	1	
risperidone tab 0.5 mg	1	
risperidone tab 0.25 mg	1	
risperidone tab 1 mg	1	
risperidone tab 2 mg	1	
risperidone tab 3 mg	1	
risperidone tab 4 mg	1	
thioridazine hcl tab 10 mg	1	
thioridazine hcl tab 25 mg	1	
thioridazine hcl tab 50 mg	1	
thioridazine hcl tab 100 mg	1	
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent)	1	
trifluoperazine hcl tab 2 mg (base equivalent)	1	
trifluoperazine hcl tab 5 mg (base equivalent)	1	
trifluoperazine hcl tab 10 mg (base equivalent)	1	
VRAYLAR CAP 1.5-3MG	2	ST; PA**
VRAYLAR CAP 1.5MG	2	ST; PA**
VRAYLAR CAP 3MG	2	ST; PA**
VRAYLAR CAP 4.5MG	2	ST; PA**
VRAYLAR CAP 6MG	2	ST; PA**
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ITISEIZURE AGENTS		
carbamazepine cap er 12hr 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 300 mg	1	_
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	_
clorazepate dipotassium tab 3.75 mg	1	QL (180 tabs every 30 days)
clorazepate dipotassium tab 7.5 mg	1	QL (180 tabs every 30 days)
clorazepate dipotassium tab 15 mg	1	QL (180 tabs every 30 days)
diazepam conc 5 mg/ml	1	QL (240 mL every 30 days)
diazepam inj 5 mg/ml	1	<u> </u>
diazepam oral soln 1 mg/ml	1	QL (1200 mL every 30 days)
diazepam tab 2 mg	1	QL (120 tabs every 30 days)
diazepam tab 5 mg	1	QL (120 tabs every 30 days)
diazepam tab 10 mg	1	QL (120 tabs every 30 days)
divalproex sodium cap delayed release sprinkle 125		<u>4_ (1_0 0000 0001) 00 00000</u>
mg	-	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
ethosuximide cap 250 mg	1	_
ethosuximide soln 250 mg/5ml	1	_
felbamate susp 600 mg/5ml	1	_
felbamate tab 400 mg	1	_
felbamate tab 600 mg	1	_
fosphenytoin sodium inj 100 mg/2ml (phenytoin	1	
equiv)	_	
fosphenytoin sodium inj 500 mg/10ml (phenytoin	1	
equiv)		
FYCOMPA SUS 0.5MG/ML	3	
FYCOMPA TAB 2MG	3	
FYCOMPA TAB 4MG	3	
FYCOMPA TAB 6MG	3	
FYCOMPA TAB 8MG	3	
FYCOMPA TAB 10MG	3	

PYCOMPA TAB 12MG 3 gabapentin cap 100 mg 1 QL (6 caps every day) gabapentin cap 300 mg 1 QL (6 caps every day) gabapentin cap 400 mg 1 QL (6 caps every day) gabapentin cap 400 mg 1 QL (6 caps every day) gabapentin tab 600 mg 1 QL (6 tabs every day) gabapentin tab 600 mg 1 QL (6 tabs every day) gabapentin tab 600 mg 1 QL (6 tabs every day) gabapentin tab 600 mg 1 QL (4 tabs every day) lacosamide tab 50 mg 1 lacosamide tab 50 mg 1 lacosamide tab 100 mg 1 lacosamide tab 150 mg 1 lacosamide tab 150 mg 1 lacosamide tab 150 mg 1 lamotrigine orally disintegrating tab 50 mg 1 lamotrigine orally disintegrating tab 50 mg 1 lamotrigine orally disintegrating tab 50 mg 1 lamotrigine orally disintegrating tab 100 mg 1 lamotrigine tab 25 mg 42) & 100 mg / 1 lamotrigine tab 25 mg 42) & 100 mg / 1 lamotrigine tab 25 mg / 42) & 100 mg / 7 starter kit 1 lamotrigine tab 25 mg / 42) & 100 mg / 1 lamotrigine tab 150 mg 1 levetiracetam tab 550 mg 1 levetiracetam tab 150 mg 1 levetir	Drug Name	Drug Tier	Requirements/Limits
gabapentin cap 300 mg gabapentin cap 400 mg 1 QL (6 caps every day) gabapentin cap 400 mg 1 QL (6 caps every day) gabapentin roal soln 250 mg/5ml 1 QL (72 mL every day) gabapentin tab 800 mg 1 QL (4 tabs every day) gabapentin tab 800 mg 1 QL (4 tabs every day) lacosamide tab 50 mg 1 lacosamide tab 50 mg 1 lacosamide tab 100 mg 1 lacosamide tab 100 mg 1 lacosamide tab 150 mg 1 lamotrigine orally disintegrating tab 25 mg 1 lamotrigine orally disintegrating tab 50 mg 1 lamotrigine orally disintegrating tab 50 mg 1 lamotrigine tab 25 mg 1 lamotrigine tab 35 x 25 mg starter kit 1 lamotrigine tab 35 x 25 mg starter kit 1 lamotrigine tab 35 x 25 mg starter kit 1 lamotrigine tab 150 mg 1 lamotrigine tab er 24hr 25 mg 1 lamotrigine tab er 24hr 25 mg 1 lamotrigine tab er 24hr 30 mg 1 levetiracetam tab 50 mg 1 loxarbazepine tab 150 mg 1 loxarbazepine tab 60 mg	FYCOMPA TAB 12MG	3	_
gabapentin cap 400 mg gabapentin oral soln 250 mg/5ml gabapentin oral soln 250 mg/5ml gabapentin tab 600 mg gabapentin tab 600 mg gabapentin tab 800 mg 1 QL (6 tabs every day) gabapentin tab 800 mg 1 QL (4 tabs every day) lacosamide tab 50 mg lacosamide tab 150 mg lacosamide tab 150 mg lacosamide tab 150 mg lacosamide tab 100 mg lacosamide tab 100 mg lacosamide tab 100 mg lacosamide tab 100 mg lamotrigine orally disintegrating tab 25 mg lamotrigine orally disintegrating tab 50 mg lamotrigine orally disintegrating tab 100 mg lamotrigine orally disintegrating tab 200 mg lamotrigine tab 25 mg lamotrigine tab 35 x 25 mg starter kit lamotrigine tab 35 x 25 mg 41 x 100 mg starter kit lamotrigine tab 100 mg lamotrigine tab chewable dispersible 5 mg lamotrigine tab chewable dispersible 25 mg lamotrigine tab er 24hr 20 mg lamotrigine tab er 24hr 20 mg lamotrigine tab er 24hr 20 mg lamotrigine tab er 24hr 300 mg lamotrigine tab er 24hr 50 mg levetiracetam tab 500 mg lamotrigine tab er 24hr 500 mg lamotrigi	gabapentin cap 100 mg	1	QL (6 caps every day)
gabapentin oral soln 250 mg/5ml 1 QL (72 mL every day) gabapentin tab 600 mg 1 QL (6 tabs every day) gabapentin tab 600 mg 1 QL (4 tabs every day) lacosamide oral solution 10 mg/ml 1 lacosamide tab 50 mg 1 lacosamide tab 150 mg 1 lacosamide tab 200 mg 1 lamotrigine orally disintegrating tab 25 mg 1 lamotrigine orally disintegrating tab 50 mg 1 lamotrigine orally disintegrating tab 50 mg 1 lamotrigine orally disintegrating tab 200 mg 1 lamotrigine tab 25 mg 1 lamotrigine tab 35 x 25 mg starter kit 1 lamotrigine tab 35 x 25 mg starter kit 1 lamotrigine tab 35 x 25 mg starter kit 1 lamotrigine tab 150 mg 1 lamotrigine tab 100 mg 1 lamotrigine tab 200 mg 1 lamotrigine tab 200 mg 1 lamotrigine tab 100 mg 1 lamotrigine tab 100 mg 1 lamotrigine tab 200 mg 1 lamotrigine tab 200 mg 1 lamotrigine tab 100 mg 1 lamotrigine tab 200 mg 1 lamotrigine tab 24 x 25 mg 8 14 x 100 mg starter kit 1 lamotrigine tab chewable dispersible 5 mg 1 lamotrigine tab chewable dispersible 5 mg 1 lamotrigine tab er 24hr 25 mg 1 lamotrigine tab er 24hr 35 mg 1 lamotrigine tab er 24hr 300 mg 1 lamotrigine tab er 24hr 300 mg 1 lamotrigine tab er 24hr 300 mg 1 levetiracetam tab 500 mg 1 NAYZILAM SPR 5MG 2 QL (10 units every 30 days) oxcarbazepine tab 500 mg 1 oxcarbazepine tab 500 mg 1 oxcarbazepine tab 600 mg 1	gabapentin cap 300 mg	1	QL (6 caps every day)
gabapentin tab 600 mg gabapentin tab 800 mg 1 QL (4 tabs every day) lacosamide oral solution 10 mg/ml 1 lacosamide tab 50 mg 1 lacosamide tab 100 mg 1 lacosamide tab 150 mg 1 lacosamide tab 150 mg 1 lacosamide tab 200 mg 1 lamotrigine orally disintegrating tab 25 mg 1 lamotrigine orally disintegrating tab 50 mg 1 lamotrigine orally disintegrating tab 100 mg 1 lamotrigine orally disintegrating tab 200 mg 1 lamotrigine tab 25 mg 1 lamotrigine tab 25 mg 1 lamotrigine tab 25 mg (42) & 100 mg (7) starter kit 1 lamotrigine tab 35 x 25 mg starter kit 1 lamotrigine tab 35 x 25 mg starter kit 1 lamotrigine tab 150 mg 1 lamotrigine tab 150 mg 1 lamotrigine tab 200 mg 1 lamotrigine tab 150 mg 1 lamotrigine tab 64 x 25 mg & 14 x 100 mg starter kit 1 lamotrigine tab 200 mg 1 lamotrigine tab 100 mg 1 lamotrigine tab 100 mg 1 lamotrigine tab chewable dispersible 5 mg 1 lamotrigine tab chewable dispersible 25 mg 1 lamotrigine tab en 24hr 25 mg 1 lamotrigine tab en 24hr 200 mg 1 lamotrigine tab en 24hr 300 mg 1 levetiracetam oral soln 100 mg/ml 1 levetiracetam tab 500 mg 1 levetiracetam tab 500 mg 1 levetiracetam tab 500 mg 1 levetiracetam tab 150 mg 1 lev	gabapentin cap 400 mg	1	QL (6 caps every day)
gabapentin tab 800 mg	gabapentin oral soln 250 mg/5ml	1	QL (72 mL every day)
Tacosamide oral solution 10 mg/ml Tacosamide tab 50 mg Tacosamide tab 100 mg Tacosamide tab 200 mg Tacosamide tab 25 mg Tacosamide tab 200 mg Tacosamide tab 25 mg Tacosamide tab 200 mg Tacosamide tab 24 ta 25 mg Tacosamide tab	gabapentin tab 600 mg	1	QL (6 tabs every day)
lacosamide tab 50 mg 1 lacosamide tab 100 mg 1 lacosamide tab 150 mg 1 lacosamide tab 200 mg 1 lamotrigine orally disintegrating tab 25 mg 1 lamotrigine orally disintegrating tab 50 mg 1 lamotrigine orally disintegrating tab 100 mg 1 lamotrigine orally disintegrating tab 200 mg 1 lamotrigine tab 25 mg 1 lamotrigine tab 25 mg 1 lamotrigine tab 25 mg (42) & 100 mg (7) starter kit 1 lamotrigine tab 35 x 25 mg starter kit 1 lamotrigine tab 4 x 25 mg & 14 x 100 mg starter kit 1 lamotrigine tab 4 x 25 mg & 14 x 100 mg starter kit 1 lamotrigine tab 150 mg 1 lamotrigine tab 150 mg 1 lamotrigine tab 6 200 mg 1 lamotrigine tab 6 chewable dispersible 5 mg 1 lamotrigine tab chewable dispersible 25 mg 1 lamotrigine tab er 24hr 25 mg 1 lamotrigine tab er 24hr 100 mg 1 lamotrigine tab er 24hr 300 mg 1 lamotrigine tab er 24hr 300 mg 1 levetiracetam tab 250 mg 1 levetiracetam tab 250 mg 1 levetiracetam tab 500 mg 1 levetiracetam tab 600 mg 1 NAYZILAM SPR 5MG 2 QL (10 units every 30 days) oxcarbazepine tab 600 mg 1	gabapentin tab 800 mg	1	QL (4 tabs every day)
lacosamide tab 100 mg	lacosamide oral solution 10 mg/ml	1	
lacosamide tab 150 mg	lacosamide tab 50 mg	1	
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		1	
phenobarbital elixir 20 mg/5ml 1	oxcarbazepine tab 600 mg	1	
	phenobarbital elixir 20 mg/5ml	1	

 $[\]begin{tabular}{ll} M - Covered Under the Medical Benefit Only & OTC - Over the counter & PA - Prior \\ Authorization & PA** - PA Applied if Step Not Met & QL - Quantity Limits & ST - Step Therapy \\ $^{\bullet}$ - Covered Under Medical Benefit — PCP copay applies \\ \end{tabular}$

Drug Name	Drug Tier	Requirements/Limits
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	
phenytoin susp 125 mg/5ml	1	
pregabalin cap 25 mg	1	ST; PA**
pregabalin cap 50 mg	1	ST; PA**
pregabalin cap 75 mg	1	ST; PA**
pregabalin cap 100 mg	1	ST; PA**
pregabalin cap 150 mg	1	ST; PA**
pregabalin cap 200 mg	1	ST; PA**
pregabalin cap 225 mg	1	ST; PA**
pregabalin cap 300 mg	1	ST; PA**
pregabalin soln 20 mg/ml	1	ST; PA**
primidone tab 50 mg	1	<u> </u>
primidone tab 250 mg	1	
rufinamide susp 40 mg/ml	1	
rufinamide tab 200 mg	1	
rufinamide tab 400 mg	1	
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv) 1	
valproic acid cap 250 mg	1	
vigabatrin powd pack 500 mg	3	PA, QL (180 packets every 30 days)
vigabatrin tab 500 mg	3	PA, QL (180 tabs every 30 days)
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	_

Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDE	ER	
amphetamine-dextroamphetamine cap er 24hr 5 m		QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 10	1	QL (90 caps every 30 days)
mg	_	Q2 (5 0 0aps 0, 01) 0 0 aays)
amphetamine-dextroamphetamine cap er 24hr 15	1	QL (30 caps every 30 days)
_mg		
amphetamine-dextroamphetamine cap er 24hr 20	1	QL (30 caps every 30 days)
mg		
amphetamine-dextroamphetamine cap er 24hr 25	1	QL (30 caps every 30 days)
mg		01 (00
amphetamine-dextroamphetamine cap er 24hr 30	1	QL (30 caps every 30 days)
mg amphetamine-dextroamphetamine tab 5 mg	1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 10 mg	1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs every 30 days)
atomoxetine hcl cap 10 mg (base equiv)	1	QL (30 tabs every 30 days)
	1	
atomoxetine hel cap 18 mg (base equiv)		
atomoxetine hel cap 25 mg (base equiv)	1	
atomoxetine hcl cap 40 mg (base equiv) atomoxetine hcl cap 60 mg (base equiv)	1 1	
atomoxetine hcl cap 80 mg (base equiv) atomoxetine hcl cap 100 mg (base equiv)	<u>1</u> 1	
AZSTARYS CAP 26.1-5.2	2	QL (30 caps every 30 days)
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AZSTARYS CAP 53.2.10	2	QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	2	QL (30 caps every 30 days)
dexmethylphenidate hel cap er 24 hr 5 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (60 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (30 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (30 caps every 30 days)
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (30 caps every 30 days)
dexmethylphenidate hcl tab 2.5 mg	1	QL (120 tabs every 30 days)
dexmethylphenidate hcl tab 5 mg	1	QL (120 tabs every 30 days)
dexmethylphenidate hcl tab 10 mg	1	QL (60 tabs every 30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (120 caps every 30 days)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (120 caps every 30 days)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (60 caps every 30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (1,200 mL every 30 days)
dextroamphetamine sulfate tab 2.5 mg	1	QL (120 tabs every 30 days)
dextroamphetamine sulfate tab 5 mg	1	QL (120 tabs every 30 days)
dextroamphetamine sulfate tab 7.5 mg	1	QL (120 tabs every 30 days)
dextroamphetamine sulfate tab 10 mg	1	QL (120 tabs every 30 days)
dextroamphetamine sulfate tab 15 mg	1	QL (60 tabs every 30 days)
dextroamphetamine sulfate tab 20 mg	1	QL (60 tabs every 30 days)
dextroamphetamine sulfate tab 30 mg	1	QL (30 tabs every 30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
methamphetamine hcl tab 5 mg	1	QL (150 tabs every 30 days)
methylphenidate hcl cap er 10 mg (cd)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 20 mg (cd)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (30 caps every 30 days)
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL (30 caps every 30 days)
methylphenidate hcl cap er 30 mg (cd)	1	QL (60 caps every 30 days)
methylphenidate hcl cap er 40 mg (cd)	1	QL (30 caps every 30 days)
methylphenidate hcl cap er 50 mg (cd)	1	QL (30 caps every 30 days)
methylphenidate hcl cap er 60 mg (cd)	1	QL (30 caps every 30 days)
methylphenidate hcl chew tab 2.5 mg	1	QL (180 chew tabs every 30
		days)
methylphenidate hcl chew tab 5 mg	1	QL (180 chew tabs every 30
		days)
methylphenidate hcl chew tab 10 mg	1	QL (180 chew tabs every 30
methylphenidate hcl soln 5 mg/5ml	1	days) QL (1800 mL every 30 days)
methylphenidate hcl soln 10 mg/5ml	1	QL (900 mL every 30 days)
methylphenidate hcl tab 5 mg	1	QL (180 tabs every 30 days)
methylphenidate hcl tab 10 mg	1	QL (180 tabs every 30 days)
methylphenidate hcl tab 20 mg	1	QL (90 tabs every 30 days)
methylphenidate hcl tab er 10 mg	1	QL (90 tabs every 30 days)
methylphenidate hcl tab er 20 mg	1	QL (90 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 18		QL (60 tabs every 30 days)
	1	QL (OU tabs every 50 days)
<u>mg</u>		

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL (60 tabs every 30 days)
methylphenidate hcl tab er osmotic release (osm) 54	1	QL (30 tabs every 30 days)
wg VYVANSE CAP 10MG	2	QL (60 caps every 30 days)
VYVANSE CAP 20MG	2	QL (60 caps every 30 days)
VYVANSE CAP 30MG	2	QL (60 caps every 30 days)
VYVANSE CAP 40MG	2	QL (30 caps every 30 days)
VYVANSE CAP 50MG	2	QL (30 caps every 30 days)
VYVANSE CAP 60MG	2	QL (30 caps every 30 days)
VYVANSE CAP 70MG	2	QL (30 caps every 30 days)
VYVANSE CHW 10MG	2	QL (60 chew tabs every 30 days)
VYVANSE CHW 20MG	2	QL (60 chew tabs every 30 days)
VYVANSE CHW 30MG	2	QL (60 chew tabs every 30 days)
VYVANSE CHW 40MG	2	QL (30 chew tabs every 30 days)
VYVANSE CHW 50MG	2	QL (30 chew tabs every 30 days)
VYVANSE CHW 60MG	2	QL (30 chew tabs every 30 days)
BROMYALGIA		
SAVELLA MIS TITR PAK	3	ST; PA**
SAVELLA TAB 12.5MG	3	ST; PA**
SAVELLA TAB 25MG	3	ST; PA**
SAVELLA TAB 50MG	3	ST; PA**
SAVELLA TAB 100MG	3	ST; PA**
YPNOTICS		
BELSOMRA TAB 5MG	2	ST; PA**
BELSOMRA TAB 10MG	2	ST; PA**
BELSOMRA TAB 15MG	2	ST; PA**
BELSOMRA TAB 20MG	2	ST; PA**
DAYVIGO TAB 5MG	2	PA, QL (30 tabs every 30 days)
DAYVIGO TAB 10MG	2	PA, QL (30 tabs every 30 days)
doxepin hcl (sleep) tab 3 mg (base equiv)	1	QL (30 tabs every 30 days) QL applies to members age 65 and older
doxepin hcl (sleep) tab 6 mg (base equiv)	1	QL (30 tabs every 30 days) QL applies to members age 65 and older
doxylamine succinate (sleep) tab 25 mg	1	OTC

Orug Name	Drug Tier	Requirements/Limits
estazolam tab 1 mg	3	QL (15 tabs every 30 days)
estazolam tab 2 mg	3	QL (15 tabs every 30 days)
eszopiclone tab 1 mg	1	QL (15 tabs every 30 days)
eszopiclone tab 2 mg	1	QL (15 tabs every 30 days)
eszopiclone tab 3 mg	1	QL (15 tabs every 30 days)
ramelteon tab 8 mg	1	QL (15 tabs every 30 days)
tasimelteon capsule 20 mg	3	PA, QL (30 caps every 30
		days)
temazepam cap 7.5 mg	1	QL (15 caps every 30 days)
temazepam cap 15 mg	1	QL (15 caps every 30 days)
temazepam cap 22.5 mg	1	QL (15 caps every 30 days)
temazepam cap 30 mg	1	QL (15 caps every 30 days)
triazolam tab 0.25 mg	3	QL (10 tabs every 30 days)
triazolam tab 0.125 mg	3	QL (10 tabs every 30 days)
zaleplon cap 5 mg	1	QL (15 caps every 30 days)
zaleplon cap 10 mg	1	QL (15 caps every 30 days)
zolpidem tartrate tab 5 mg	1	QL (15 tabs every 30 days)
zolpidem tartrate tab 10 mg	1	QL (15 tabs every 30 days)
zolpidem tartrate tab er 6.25 mg	1	QL (15 tabs every 30 days)
zolpidem tartrate tab er 12.5 mg	1	QL (15 tabs every 30 days)
_ · · · · · · · · · · · · · · · · · _ · _ ·		<u> </u>
GRAINE AJOVY INJ 225/1.5	2	CT OI (2 inications arrows 0)
AJUVI INJ 225/1.5	2	ST, QL (3 injections every 90 days); PA**
almotriptan malate tab 6.25 mg	1	QL (12 tabs every 30 days)
almotriptan malate tab 12.5 mg	1	QL (12 tabs every 30 days)
dihydroergotamine mesylate inj 1 mg/ml	1	QL (12 tubb every bo days)
eletriptan hydrobromide tab 20 mg (base	1	QL (12 tabs every 30 days)
equivalent)	1	QL (12 tubs every 50 tudys)
eletriptan hydrobromide tab 40 mg (base	1	QL (12 tabs every 30 days)
equivalent)	_	Q = (== same 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
EMGALITY INJ 100MG/ML	2	ST, QL (3 injections every 30
,		days); PA**
EMGALITY INJ 120MG/ML	2	ST, QL (2 injections every 30
		days); PA**
ergotamine w/ caffeine tab 1-100 mg	3	
frovatriptan succinate tab 2.5 mg (base equivalent	t) 1	QL (18 tabs every 30 days)
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 tabs every 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 tabs every 30 days)
QULIPTA TAB 10MG	2	ST, QL (30 tabs every 30
		days); PA**
QULIPTA TAB 30MG	2	ST, QL (30 tabs every 30
		days); PA**
QULIPTA TAB 60MG	2	ST, QL (30 tabs every 30
		days); PA** QL (18 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (18 tabs every 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (18 tabs every 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (18 tabs every 30 days)
sumatriptan nasal spray 5 mg/act	1	QL (24 sprays every 30 days)
sumatriptan nasal spray 20 mg/act	1	QL (12 sprays every 30 days)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (12 vials every 30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (18 syringes every 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL (12 units every 30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL (18 syringes every 30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL (12 units every 30 days)
sumatriptan succinate tab 25 mg	1	QL (12 tabs every 30 days)
sumatriptan succinate tab 50 mg	1	QL (12 tabs every 30 days)
sumatriptan succinate tab 100 mg	1	QL (12 tabs every 30 days)
sumatriptan-naproxen sodium tab 85-500 mg	3	ST, QL (9 tabs every 30 days); PA**
UBRELVY TAB 50MG	2	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	2	ST, QL (16 tabs every 30 days); PA**
zolmitriptan nasal spray 5 mg/spray unit	1	QL (12 sprays every 30 days
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (12 tabs every 30 days)
zolmitriptan orally disintegrating tab 5 mg	1	QL (12 tabs every 30 days)
zolmitriptan tab 2.5 mg	1	QL (12 tabs every 30 days)
zolmitriptan tab 5 mg	1	QL (12 tabs every 30 days)
SCELLANEOUS		
EVRYSDI SOL	3	PA, QL (2 bottles every 24 days)
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
LITHIUM SOL 8MEQ/5ML	3	
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
riluzole tab 50 mg	1	
OVEMENT DISORDERS		
tetrabenazine tab 12.5 mg	3	PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine tab 25 mg	3	PA, QL (60 tabs every 30
		days)
ULTIPLE SCLEROSIS AGENTS		
BETASERON INJ 0.3MG	3	PA, QL (14 injections every 28 days)
COPAXONE INJ 40MG/ML	3	PA, QL (12 syringes every 2 days)
dalfampridine tab er 12hr 10 mg	3	PA, QL (60 tabs every 30 days)
dimethyl fumarate capsule delayed release 120 mg	3	PA, QL (14 caps every 28 days)
dimethyl fumarate capsule delayed release 240 mg	3	PA, QL (60 caps every 30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	3	PA, QL (1 kit every 30 days)
fingolimod hcl cap 0.5 mg (base equiv)	3	PA, QL (30 caps every 30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml	2	PA, QL (30 injections every 30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	2	PA, QL (12 syringes every 2 days)
teriflunomide tab 7 mg	3	PA, QL (30 tabs every 30 days)
teriflunomide tab 14 mg	3	PA, QL (30 tabs every 30 days)
TYSABRI INJ 300/15ML	3	PA, QL (1 vial every 28 day
USCULOSKELETAL THERAPY AGENTS		
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 350 mg	1	PA; High Risk Medications require PA for members ag 70 and older
chlorzoxazone tab 500 mg	1	PA; High Risk Medications require PA for members ag 70 and older
cyclobenzaprine hcl tab 5 mg	1	PA; High Risk Medications require PA for members ag 70 and older
cyclobenzaprine hcl tab 10 mg	1	PA; High Risk Medications require PA for members ag 70 and older
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
metaxalone tab 800 mg	1	PA; High Risk Medications require PA for members ag 70 and older

Drug Name	Drug Tier	Requirements/Limits
methocarbamol tab 500 mg	1	PA; High Risk Medications require PA for members age
		70 and older
methocarbamol tab 750 mg	1	PA; High Risk Medications
		require PA for members age
		70 and older
orphenadrine citrate inj 30 mg/ml	1	
orphenadrine citrate tab er 12hr 100 mg	1	PA; High Risk Medications require PA for members age 70 and older
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	3	PA; High Risk Medications require PA for members age
mg		70 and older
tizanidine hcl tab 2 mg (base equivalent)	1	7 o ana oraci
tizanidine hcl tab 4 mg (base equivalent)	1	
NARCOLEPSY/CATAPLEXY armodafinil tab 50 mg	1	DA OI (60 taba ayany 20
		PA, QL (60 tabs every 30 days)
armodafinil tab 150 mg	1	PA, QL (30 tabs every 30 days)
armodafinil tab 200 mg	1	PA, QL (30 tabs every 30 days)
armodafinil tab 250 mg	1	PA, QL (30 tabs every 30 days)
modafinil tab 100 mg	1	PA, QL (60 tabs every 30 days)
modafinil tab 200 mg	1	PA, QL (60 tabs every 30 days)
SOD OXYBATE SOL 500MG/ML	3	PA, QL (540mL every 30 days)
SUNOSI TAB 75MG	2	PA, QL (30 tabs every 30 days)
SUNOSI TAB 150MG	2	PA, QL (30 tabs every 30 days)
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (3 units every day)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	e 1	QL (3 units every day)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	e 1	QL (3 units every day)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (2 units every day)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	0	QL (3 tabs every day); \$0 copay
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	0	QL (3 tabs every day); \$0 copay
ZUBSOLV SUB 0.7-0.18	2	QL (3 units every day)
TODOOT (OOD 0.7 -0.10		Qu (3 units every day)

Drug Name	Drug Tier	Requirements/Limits
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 ANTAGONIST		
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	0	\$0 copay
VIVITROL INJ 380MG	3	QL (1 vial every 28 days)
OPIOID PARTIAL AGONISTS		
buprenorphine hcl sl tab 2 mg (base equiv)	0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
buprenorphine hcl sl tab 8 mg (base equiv)	0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
PSYCHOTHERAPEUTIC-MISC		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	3	QL (120 tabs every 30 days); QL applies to members age 65 and older
chlordiazepoxide-amitriptyline tab 10-25 mg	3	QL (60 tabs every 30 days); QL applies to members age 65 and older
NUEDEXTA CAP 20-10MG	2	PA
perphenazine-amitriptyline tab 2-10 mg	3	QL (150 units every 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 2-25 mg	3	QL (60 units every 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 4-10 mg	3	QL (120 units every 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 4-25 mg	3	QL (60 units every 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 4-50 mg	3	QL (30 units every 30 days); QL applies to members age 65 and older
pimozide tab 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150	0	\$0 limited to 2 treatment
mg		cycles/year
nicotine polacrilex gum 2 mg	0	OTC; \$0 limited to 2
		treatment cycles/year
nicotine polacrilex gum 4 mg	0	OTC; \$0 limited to 2
		treatment cycles/year
nicotine polacrilex lozenge 2 mg	0	OTC; \$0 limited to 2
		treatment cycles/year
nicotine polacrilex lozenge 4 mg	0	OTC; \$0 limited to 2
		treatment cycles/year
nicotine td patch 24hr 7 mg/24hr	0	OTC; \$0 limited to 2
		treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	0	OTC; \$0 limited to 2
migating to natch 24hm 21 mg/24hm	0	treatment cycles/year OTC; \$0 limited to 2
nicotine td patch 24hr 21 mg/24hr	U	treatment cycles/year
NICOTROL INH	0	QL (max 168 days every
NICOTROL INFI	U	year); \$0 limited to 2
		treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	QL (max 168 days every
MICOTROL NO STR TOMO, ML	O	year); \$0 limited to 2
		treatment cycles/year
varenicline tartrate tab 0.5 mg (base equiv)	0	\$0 limited to 2 treatment
, a	-	cycles/year
varenicline tartrate tab 1 mg (base equiv)	0	\$0 limited to 2 treatment
		cycles/year
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg	0	\$0 limited to 2 treatment
start pack		cycles/year
IAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
CONTOUR TES BLD GLUC	2	QL (150 Test Strips every 30
		days), OTC
NDOCRINE AND METABOLIC		
ACROMEGALY		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	3	PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	3	PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	3	PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	3	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	3	PA
octreotide acetate subcutaneous soln pref syr 50	3	PA
mcg/ml	_	
octreotide acetate subcutaneous soln pref syr 100	3	PA
mcg/ml	-	
octreotide acetate subcutaneous soln pref syr 500	3	PA
mcg/ml		
SOMATULINE INJ 60/0.2ML	3	PA
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M - Covered Under the Medical Benefit Only $\ OTC$ - Over the counter $\ PA$ - Prior Authorization $\ PA^{**}$ - PA Applied if Step Not Met $\ QL$ - Quantity Limits $\ ST$ - Step Therapy ^ - Covered Under Medical Benefit — PCP copay applies

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE INJ 90/0.3ML	3	PA
SOMATULINE INJ 120/.5ML	3	PA
SOMAVERT INJ 10MG	3	PA, QL (30 vials every 30
		days)
SOMAVERT INJ 15MG	3	PA, QL (30 vials every 30
COMANEDTINI 20MC	2	days)
SOMAVERT INJ 20MG	3	PA, QL (30 vials every 30 days)
SOMAVERT INJ 25MG	3	PA, QL (30 vials every 30
50.11, 2.11, 2 0.10	J	days)
SOMAVERT INJ 30MG	3	PA, QL (30 vials every 30
		days)
ANDROGENS		
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 10mg/act (2%)	1	PA
testosterone td gel 25 mg/2.5gm (1%)	1	PA
A <u>NTIDIABETICS, ALPHA-GLUCOSIDASE INHIB</u>	ITORS	
acarbose tab 25 mg ^		
acarbose tab 50 mg ^		
acarbose tab 100 mg ^		
miglitol tab 25 mg ^		
miglitol tab 50 mg ^		
miglitol tab 100 mg ^		
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	3	ST; PA**
SYMLNPEN 120 INJ 1000MCG	3	ST; PA**
ANTIDIABETICS, BIGUANIDE/ SULFONYLURE	A COMBINATIO	ONS .
glipizide-metformin hcl tab 2.5-250 mg^		
glipizide-metformin hcl tab 2.5-500 mg ^		
glipizide-metformin hcl tab 5-500 mg^		
ANTIDIABETICS, BIGUANIDE		
metformin hcl tab 500 mg ^		
metformin hcl tab 850 mg ^		\$0 copay for members age
		35-70 for prevention of
		diabetes
metformin hcl tab 1000 mg^		
metformin hcl tab er 24hr 500 mg^		
metformin hcl tab er 24hr 750 mg ^		
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 II	NHIBITORS	OT DAY
alogliptin benzoate tab 6.25 mg (base equiv) ^		ST; PA**
alogliptin benzoate tab 12.5 mg (base equiv) ^		ST; PA**
		am a table
alogliptin benzoate tab 25 mg (base equiv) ^ JANUVIA TAB 25MG ^		ST; PA** ST; PA**

 $[\]begin{tabular}{ll} M - Covered Under the Medical Benefit Only & OTC - Over the counter & PA - Prior \\ Authorization & PA** - PA Applied if Step Not Met & QL - Quantity Limits & ST - Step Therapy \\ $^{\bullet}$ - Covered Under Medical Benefit — PCP copay applies \\ \end{tabular}$

Drug Name	Drug Tier	Requirements/Limits
JANUVIA TAB 50MG ^		ST; PA**
JANUVIA TAB 100MG [^]		ST; PA**
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATION	ONS	
alogliptin-metformin hcl tab 12.5-500 mg ^		ST; PA**
alogliptin-metformin hcl tab 12.5-1000 mg ^		ST; PA**
JANUMET TAB 50-500MG [^]		ST; PA**
JANUMET TAB 50-1000		ST; PA**
JANUMET XR TAB 50-500MG ⁴		ST; PA**
JANUMET XR TAB 50-1000 ^a		ST; PA**
JANUMET XR TAB 100-1000		ST; PA**
JENTADUETO TAB XR 4		ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
MOUNJARO INJ 2.5/0.5	2	PA, QL (4 pens every 28
, -, -, -,		days)
MOUNJARO INJ 5MG/0.5	2	PA, QL (4 pens every 28
		days)
MOUNJARO INJ 7.5/0.5	2	PA, QL (4 pens every 28
		days)
MOUNJARO INJ 10MG/0.5	2	PA, QL (4 pens every 28
MOUNIADO INI 12 E /O E	2	days)
MOUNJARO INJ 12.5/0.5	۷	PA, QL (4 pens every 28 days)
MOUNJARO INJ 15MG/0.5	2	PA, QL (4 pens every 28
riconfine in toria, oil	_	days)
OZEMPIC INJ 2MG/3ML	2	PA, QL (3 mL every 28 days)
OZEMPIC INJ 4MG/3ML	2	PA, QL (3 mL every 28 days)
OZEMPIC INJ 8MG/3ML	2	PA, QL (3 mL every 28 days)
TRULICITY INJ 0.75/0.5	2	PA, QL (4 pens every 28
		days)
TRULICITY INJ 1.5/0.5	2	PA, QL (4 pens every 28
TRANSPORTER OF THE PROPERTY OF		days)
TRULICITY INJ 3/0.5	2	PA, QL (4 pens every 28
TRULICITY INJ 4.5/0.5	2	days) PA, QL (4 pens every 28
TROLIGITI INJ 4.5/0.5	2	days)
VICTOZA INJ 18MG/3ML	2	PA, QL (3 pens every 30
Viciozii iii, Ionid, oniz	_	days)
ANTIDIABETICS, INCRETIN MIMETIC COMBINAT	ION AGENT.	
SOLIQUA INJ 100/33 A		ST; PA**
XULTOPHY INJ 100/3.6 [^]		ST; PA**
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIA	DE COMBINA	ATION
pioglitazone hcl-metformin hcl tab 15-500 mg^	DE COMBINI	111011
pioglitazone hcl-metformin hcl tab 15-850 mg ^		
ANTIDIABETICS, INSULIN SENSITIZER/SULFONY	LUREA CON	MRINATION
pioglitazone hcl-glimepiride tab 30-2 mg^	LUNLA CUN	121111111111
progratuzone ner grimepir ide tub 30 2 mg		

Drug Name	Drug Tier	Requirements/Limits
pioglitazone hcl-glimepiride tab 30-4 mg^		
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl tab 15 mg (base equiv) ^		
pioglitazone hcl tab 30 mg (base equiv) ^		
pioglitazone hcl tab 45 mg (base equiv) ^		
ANTIDIABETICS, INSULIN		
BASAGLAR INI 100UNIT [*]		
FIASP FLEX IN TOUCH A		
FIASP INJ 100/ML [^]		
FIASP PENFIL INJ U-100 [^]		
HUMULIN INJ 70/30^		ОТС
HUMULIN INJ 70/30KWP^		OTC
HUMULIN N INJ U-100^		ОТС
HUMULIN N INJ U-100KWP^		ОТС
HUMULIN R INJ U-100 [^]		ОТС
HUMULIN R INJ U-500 ⁴		
LEVEMIR INJ^		
LEVEMIR INJ FLEXPEN ^		
NOVOLIN INJ 70/30^		OTC; RELION not covered
NOVOLIN INJ 70/30 FP^		OTC; RELION not covered
NOVOLIN N INJ 100 UNIT^		OTC; RELION not covered
NOVOLIN N INJ U-100^		OTC; RELION not covered
NOVOLIN R INJ 100 UNIT^		OTC; RELION not covered
NOVOLIN R INJ U-100^		OTC; RELION not covered
NOVOLOG INJ 100/ML^		
NOVOLOG INJ FLEXPEN^		
NOVOLOG INJ PENFILL *		
NOVOLOG MIX INJ 70/30 ^		
NOVOLOG MIX INJ FLEXPEN^		
TRESIBA FLEX INI 100UNIT^		
TRESIBA FLEX INJ 200UNIT [^]		
TRESIBA INJ 100UNIT^		
NTIDIABETICS, MEGLITINIDE^		
nateglinide tab 60 mg ^		
nateglinide tab 120 mg ^		
repaglinide tab 0.5 mg ^		
repaglinide tab 1 mg^		
repaglinide tab 2 mg ^		
NTIDIABETICS, SODIUM-GLUCOSE COTRAN	SPORTER-2 (SC	GLT2) INHIRITOR
COMBINATIONS	or orribit b (bt	~~. ~ ,
SYNJARDY TAB^		ST; PA**
SYNJARDY TAB 5-500MG ^A		ST; PA**
SYNJARDY TAB 5-1000MG ⁴		ST; PA**
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 $\begin{tabular}{ll} M - Covered Under the Medical Benefit Only & OTC - Over the counter & PA - Prior \\ Authorization & PA** - PA Applied if Step Not Met & QL - Quantity Limits & ST - Step Therapy \\ $^{\bullet}$ - Covered Under Medical Benefit — PCP copay applies \\ \end{tabular}$

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 12.5-500 ^a		ST; PA**
SYNJARDY XR TAB ¹		ST; PA**
SYNJARDY XR TAB 5-1000MG ⁴		ST; PA**
SYNJARDY XR TAB 10-1000 ^a		ST; PA**
SYNJARDY XR TAB 25-1000 ^a		ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSP	ORTER-2 (SC	GLT2) INHIBITOR/DPP-4
INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG ^		ST; PA**
GLYXAMBI TAB 25-5 MG [^]		ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSP	ORTER-2 (SO	GLT2) INHIBITORS
JARDIANCE TAB 10MG [^]	,	ST; PA**
JARDIANCE TAB 25MG ^		ST; PA**
ANTIDIABETICS, SULFONYLUREA		
glimepiride tab 1 mg ^		
glimepiride tab 2 mg ^		
glimepiride tab 4 mg ^		
glipizide tab 5 mg ^		
glipizide tab 10 mg ^		
glipizide tab er 24hr 2.5 mg ^		
glipizide tab er 24hr 5 mg ^		
glipizide tab er 24hr 10 mg ^		
BISPHOSPHONATES		
alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 5 mg	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 70 mg	1	
FOSAMAX + D TAB 70-2800	3	ST; PA**
FOSAMAX + D TAB 70-5600	3	ST; PA**
ibandronate sodium tab 150 mg (base equivalent)	1	
pamidronate disodium iv soln 3 mg/ml	1	
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
zoledronic acid inj conc for iv infusion 4 mg/5ml	3	PA
zoledronic acid iv soln 5 mg/100ml	3	PA
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tab 30 mg (base equiv)	3	PA, QL (60 tabs every 30 days)
cinacalcet hcl tab 60 mg (base equiv)	3	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
cinacalcet hcl tab 90 mg (base equiv)	3	PA, QL (120 tabs every 30
		days)
HELATING AGENTS	2	
CHEMET CAP 100MG	3	D.1
deferiprone tab 500 mg	3	PA
deferiprone tab 1000 mg	3	PA
FERPRX 2-DAY TAB 1000MG	3	PA
FERRIPROX SOL 100MG/ML	3	PA
penicillamine tab 250 mg	3	PA
sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
ONTRACEPTIVES		
ANNOVERA MIS	0	QL (1 every 300 days)
CAYA DPR	0	QL (1 every 300 days)
CONDOMS MIS	0	QL (12 condoms every 30 days), OTC
DEPO-SQ PROV INJ 104	0	QL (4 inj every 300 days)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	0	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
drospirenone-ethinyl estrad-levomefolate tab 3- 0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3- 0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
DUREX MIS REALFEEL	0	QL (12 condoms every 30 days), OTC
ELLA TAB 30MG	0	<i>J.</i>
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	0	QL (13 every 300 days)
FC2 FEMALE MIS CONDOM	0	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	0	QL (1 every 300 days)
FEMCAP MIS 26MM	0	QL (1 every 300 days)
FEMCAP MIS 30MM	0	QL (1 every 300 days)
KYLEENA IUD 19.5MG	0	QL (1 every 300 days)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	

levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0 0.01mg(7)	
0.01mg(7)	
817	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-	
0.03 mg	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 0	
<u>mcg</u>	
levonorgestrel tab 1.5 mg 0 OTC	
levonorgestrel-eth estra tab 0.05-30/0.075- 0	
40/0.125-30mg-mcg	
levonorgestrel-ethinyl estradiol (continuous) tab 90- 0	
20 mcg	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 0	
mcg (21)	
LILETTA IUD 52MG 0 QL (1 every 300 day	s)
LO LOESTRIN TAB 1-10-10 0	
medroxyprogesterone acetate im susp 150 mg/ml 0 QL (4 inj every 300 c	lays)
medroxyprogesterone acetate im susp prefilled syr 0 QL (4 inj every 300 c	days)
MIRENA IUD SYSTEM 0 QL (1 every 300 day	s)
NATAZIA TAB 0	
NEXPLANON IMP 68MG 0 QL (1 every 300 day	s)
NEXTSTELLIS TAB 3-14.2MG 0	
norelgestromin-ethinyl estradiol td ptwk 150-35 0	
mcg/24hr	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg 0	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg 0	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg 0	
norethindrone & ethinyl estradiol-fe chew tab 0.4 0	
mg-35 mcg	
norethindrone & ethinyl estradiol-fe chew tab 0.8 0	
mg-25 mcg	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1- 0	
35 mg-mcg	
norethindrone ace & ethinyl estradiol tab 1 mg-20 0	
тсд	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 0	
тся	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 0	
тсд	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-	
30 mcg	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 0	
mcg (24)	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 0	
mcg (24)	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 0	
mcg (24)	

Drug Name	Drug Tier	Requirements/Limits
norethindrone tab 0.35 mg	0	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	0	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	7 0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25- 25 mg-mcg		
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	0	
OMNIFLEX DPR	0	QL (1 every 300 days)
PARAGARD IUD T380A	0	QL (1 unit every 300 days)
SKYLA IUD 13.5MG	0	QL (1 every 300 days)
SLYND TAB 4MG	0	(= (= = = = = = = = = = = = = = = = = =
TRUSTEX/RIA MIS NON-LUB	0	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	0	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	0	<i>y y</i>
TYBLUME CHW 0.1-0.02	0	
WIDE-SEAL DPR KIT 60	0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 every 300 days)
ABETIC SUPPLIES		
ALCOHOL PREP PAD^		ОТС
AUTOLET PLAT MIS 1.8MM A		OTC
CAREFINE MIS 32GX6MM [^]		OTC
CHEMSTRIP 9 TES STRIPS A		OTC
DEXCOM G5 MIS RECEIVER ⁴		
DEXCOM G5 MIS TRANSMIT ⁴		
DEXCOM G5 MIS TRANSMIT DEXCOM G6 MIS RECEIVER^		
DEXCOM G6 MIS SENSOR^		QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT [*]		QL (8 sensors every 80 days)
DEXCOM GO MIS TRANSMIT DEXCOM G7 MIS RECEIVER^		
DEXCOM G7 MIS RECEIVER**		QL (3 sensors every 30 days)
DIASCREEN 10 MIS A		OTC
DIASTIX TES STRIPS		OTC
		OTC
INSULIN SYRG MIS 1ML/31G * KETO-DIASTIX TES *		OTC
VETO-DIASTIV TES		OIC

Drug Name	Drug Tier	Requirements/Limits
LANCING DEVI MIS^		OTC
NOVOFINE MIS 32GX6MM [^]		OTC
OMNIPOD 5 G6 KIT INTRO 4		
OMNIPOD 5 G6 MIS PODS ⁴		
OMNIPOD DASH KIT INTRO^		
OMNIPOD DASH KIT PDM^		
OMNIPOD DASH MIS PODS *		
OMNIPOD MIS CLASSIC *		
OMNIPOD PDM KIT CLASSIC *		
SHARPS CONT MIS 2QUART [*]		OTC
SOFTCLIX MIS LANCETS ^		OTC
V-GO 20 KIT^		
V-GO 30 KIT^		
V-GO 40 KIT^		
ENDOMETRIOSIS		
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	
ENZYME REPLACEMENTS		
betaine powder for oral solution	3	PA
CERDELGA CAP 84MG	3	PA, QL (56 caps every 28
		days)
CYSTAGON CAP 50MG	3	PA
CYSTAGON CAP 150MG	3	PA
sapropterin dihydrochloride powder packet 100 mg	3	PA
sapropterin dihydrochloride powder packet 500 mg	3	PA
sapropterin dihydrochloride tab 100 mg	3	PA
ESTROGENS		
CLIMARA PRO DIS WEEKLY	2	
DUAVEE TAB 0.45-20	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estradiol tab 0.5 mg	1	PA; High Risk Medications
		require PA for members age
		70 and older
estradiol tab 1 mg	1	PA; High Risk Medications
		require PA for members age 70 and older
estradiol tab 2 mg	1	PA; High Risk Medications
Con dutor cub 2 mg	1	require PA for members age
		70 and older

Drug Name	Drug Tier	Requirements/Limits
estradiol td patch twice weekly 0.1 mg/24hr	1	PA; High Risk Medications require PA for members age
		70 and older
estradiol td patch twice weekly 0.05 mg/24hr	1	PA; High Risk Medications
		require PA for members age
	1	70 and older
estradiol td patch twice weekly 0.025 mg/24hr	1	PA; High Risk Medications
		require PA for members age 70 and older
estradiol td patch twice weekly 0.075 mg/24hr	1	PA; High Risk Medications
		require PA for members age
		70 and older
estradiol td patch twice weekly 0.0375 mg/24hr	1	PA; High Risk Medications
		require PA for members age
		70 and older
estradiol td patch weekly 0.1 mg/24hr	1	PA; High Risk Medications
		require PA for members age 70 and older
estradiol td patch weekly 0.05 mg/24hr	1	PA; High Risk Medications
esti datoi tu pattii weekty 0.05 mg/24m	1	require PA for members age
		70 and older
estradiol td patch weekly 0.06 mg/24hr	1	PA; High Risk Medications
<i>y y</i>		require PA for members age
		70 and older
estradiol td patch weekly 0.025 mg/24hr	1	PA; High Risk Medications
		require PA for members age
		70 and older
estradiol td patch weekly 0.075 mg/24hr	1	PA; High Risk Medications
		require PA for members age 70 and older
estradiol td patch weekly 0.0375 mg/24hr (37.5	1	PA; High Risk Medications
mcg/24hr)		require PA for members age
		70 and older
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tab 10 mcg	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
MENEST TAB 0.3MG	3	PA; High Risk Medications
		require PA for members age
		70 and older
MENEST TAB 0.625MG	3	PA; High Risk Medications
		require PA for members age 70 and older
MENEST TAB 1.25MG	3	PA; High Risk Medications
MENEOT IND 1.25MG	3	require PA for members age
		70 and older

Drug Name	Drug Tier	Requirements/Limits
MENEST TAB 2.5MG	3	PA; High Risk Medications require PA for members age 70 and older
norethindrone acetate-ethinyl estradiol tab 0.5 mg- 2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
PREMARIN TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	3	
RTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	3	PA
clomiphene citrate tab 50 mg	1	
GANIRELIX AC INJ 250/0.5	3	PA
GONAL-F INJ 450UNIT	3	PA, QL (10 vials every 28 days)
GONAL-F INJ 1050UNIT	3	PA, QL (6 vials every 28 days)
GONAL-F RFF INJ 75UNIT	3	PA, QL (60 vials every 28 days)
GONAL-F RFF INJ 300/0.5	3	PA, QL (15 cartridges every 28 days)
GONAL-F RFF INJ 450/0.75	3	PA, QL (10 cartridges every 28 days)
GONAL-F RFF INJ 900/1.5	3	PA, QL (7 cartridges every 28 days)
OVIDREL INJ	3	PA
UCOCORTICOIDS		
DEXAMETHASON CON 1MG/ML	2	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
EMFLAZA SUS 22.75/ML	3	PA, QL (52 mL every 30 days)
EMFLAZA TAB 6MG	3	PA, QL (60 tabs every 30 days)
EMFLAZA TAB 18MG	3	PA, QL (30 tabs every 30 days)
EMFLAZA TAB 30MG	3	PA, QL (30 tabs every 30 days)
EMFLAZA TAB 36MG	3	PA, QL (30 tabs every 30 days)
fludrocortisone acetate tab 0.1 mg	1	V)
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG	2	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab 52 mg methylprednisolone tab therapy pack 4 mg (21)	1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	1	
prednisolone sod phosphate oral soln 15 mg/5ml	1	
(base equiv)	1 1	
prednisolone sodium phosphate oral soln 25 mg/5m. (base eq)		
prednisolone soln 15 mg/5ml	1	
PREDNISONE CON 5MG/ML	2	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
UCOSE ELEVATING AGENTS^		
glucagon (rdna) for inj kit 1 mg	1	
glucugon frunuffor mit Kil I mu		

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPO 1 INJ.5/.1ML	2	
GVOKE KIT SOL 1MG/0.2M	2	
GVOKE PFS INJ	2	
INSTA-GLUCOS GEL 77.4%	2	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
nitisinone cap 2 mg	3	PA
nitisinone cap 5 mg	3	PA
nitisinone cap 10 mg	3	PA
ORFADIN CAP 20MG	3	PA
ORFADIN SUS 4MG/ML	3	PA
HUMAN GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	3	PA
GENOTROPIN INJ 0.4MG	3	PA
GENOTROPIN INJ 0.6MG	3	PA
GENOTROPIN INJ 0.8MG	3	PA
GENOTROPIN INJ 1.2MG	3	PA
GENOTROPIN INJ 1.4MG	3	PA
GENOTROPIN INJ 1.6MG	3	PA
GENOTROPIN INJ 1.8MG	3	PA
GENOTROPIN INJ 1MG	3	PA
GENOTROPIN INJ 2MG	3	PA
GENOTROPIN INJ 5MG	3	PA
GENOTROPIN INJ 12MG	3	PA
NORDIPEN 5 MIS DEVICE	2	
NORDIPEN DEL MIS SYSTEM	2	OTC
NORDITROPIN INJ 5/1.5ML	3	PA
NORDITROPIN INJ 10/1.5ML	3	PA
NORDITROPIN INJ 15/1.5ML	3	PA
NORDITROPIN INJ 30/3ML	3	PA
LUTEINIZING HORMONE-RELEASING HORMON	NE (LHRH) AG	ONISTS
SYNAREL SOL 2MG/ML	3	PA
TRIPTODUR SUS 22.5MG	3	PA
MINERALOCORTICOID RECEPTOR ANTAGONIS	STS	
KERENDIA TAB 10MG	3	PA
KERENDIA TAB 20MG	3	PA
MISCELLANEOUS		
cabergoline tab 0.5 mg	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
INCRELEX INJ 40MG/4ML	3	PA
INTRAROSA SUP 6.5MG	3	
mifepristone tab 200 mg	1	
OSPHENA TAB 60MG	3	PA
PROLIA INJ 60MG/ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
raloxifene hcl tab 60 mg	1	\$0 copay for women ages 35 and older for the primary
CANDED BY ANY A WAR FORM		prevention of breast cancer
SUPPRELIN LA KIT 50MG	3	PA
tolvaptan tab 15 mg	3	PA
tolvaptan tab 30 mg	3	PA
TYMLOS INJ	3	PA, QL (1 pen every 30 days)
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) cap 667 mg	1	
<u>(</u> 169 mg ca)		
calcium acetate (phosphate binder) tab 667 mg	1	
lanthanum carbonate chew tab 500 mg (elemental)	1	
lanthanum carbonate chew tab 750 mg (elemental)	1	
lanthanum carbonate chew tab 1000 mg (elemental)	1	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
VELPHORO CHW 500MG	2	
PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
medroxyprogesterone acetate tab 2.5 mg	<u>-</u> 1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
norethindrone acetate tab 5 mg	1	
progesterone cap 100 mg	1	
progesterone cap 200 mg	1	
THYROID AGENTS		
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg methimazole tab 5 mg	1	
memmazore tav 3 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
VASOPRESSINS		
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01%	1	
(refrigerated)		
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
ASTROINTESTINAL		
ANTICHOLINERGICS		
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
glycopyrrolate oral soln 1 mg/5ml	1	
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
methscopolamine bromide tab 2.5 mg	1	PA; High Risk Medications require PA for members ago 70 and older
methscopolamine bromide tab 5 mg	1	PA; High Risk Medications require PA for members ag 70 and older
ANTIDIARRHEALS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
loperamide hcl cap 2 mg	1	
loperamide hcl tab 2 mg	1	OTC
MOTOFEN TAB 1-0.025	3	
ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	
aprepitant capsule 40 mg	1	
aprepitant capsule 80 mg	1	
aprepitant capsule 125 mg	1	

 $[\]begin{tabular}{ll} M - Covered Under the Medical Benefit Only & OTC - Over the counter & PA - Prior \\ Authorization & PA** - PA Applied if Step Not Met & QL - Quantity Limits & ST - Step Therapy \\ $^{\bullet}$ - Covered Under Medical Benefit — PCP copay applies \\ \end{tabular}$

Drug Name	Drug Tier	Requirements/Limits
aprepitant capsule therapy pack 80 & 125 mg	1	
dronabinol cap 2.5 mg	1	QL (60 caps every 30 days)
dronabinol cap 5 mg	1	QL (60 caps every 30 days)
dronabinol cap 10 mg	1	QL (60 caps every 30 days)
granisetron hcl tab 1 mg	1	QL (12 tabs every 28 days)
meclizine hcl tab 12.5 mg	1	
meclizine hcl tab 25 mg	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
ondansetron hcl oral soln 4 mg/5ml	1	QL (200 mL every 28 days)
ondansetron hcl tab 4 mg	1	QL (18 tabs every 28 days)
ondansetron hcl tab 8 mg	1	QL (18 tabs every 28 days)
ondansetron hcl tab 24 mg	1	QL (2 tabs every 28 days)
ondansetron orally disintegrating tab 4 mg	1	QL (18 tabs every 28 days)
ondansetron orally disintegrating tab 8 mg	1	QL (18 tabs every 28 days)
prochlorperazine maleate tab 5 mg (base	1	
equivalent)		
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	
promethazine hcl suppos 12.5 mg	1	
promethazine hcl suppos 25 mg	1	
promethazine hcl suppos 50 mg	1	
promethazine hcl syrup 6.25 mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 12.5 mg	1	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 25 mg	1	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 50 mg	1	PA; High Risk Medications require PA for members age 70 and older
SANCUSO DIS 3.1MG	2	QL (2 patches every 28 days)
scopolamine td patch 72hr 1 mg/3days	1	
trimethobenzamide hcl cap 300 mg	1	
VARUBI TAB 90MG	2	
P-RECEPTOR ANTAGONISTS		
cimetidine tab 200 mg	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	

Drug Name	Drug Tier	Requirements/Limits
famotidine for susp 40 mg/5ml	1	
famotidine tab 20 mg	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
NFLAMMATORY BOWEL DISEASE		
balsalazide disodium cap 750 mg	1	
budesonide delayed release particles cap 3 mg	1	
budesonide tab er 24hr 9 mg	1	
DIPENTUM CAP 250MG	3	PA
hydrocortisone enema 100 mg/60ml	1	
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit	1	
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	
mesalamine tab delayed release 800 mg	1	
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
RRITABLE BOWEL SYNDROME WITH CONSTIPA	ATION	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	
RRITABLE BOWEL SYNDROME WITH DIARRHE	EA .	
alosetron hcl tab 0.5 mg (base equiv)	1	PA
alosetron hcl tab 1 mg (base equiv)	1	PA
VIBERZI TAB 75MG	2	PA
VIBERZI TAB 100MG	2	PA
AXATIVES		
CLENPIQ SOL	0	\$0 copay for members age 45 through 75, Tier 2 for all others
lactulose (encephalopathy) solution 10 gm/15ml	1	others
lactulose solution 10 gm/15ml	1	
OSMOPREP TAB 1.5GM	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236		
gm		
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm) 1	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for sol 100 gm	n 0	\$0 copay for members age 45 through 75, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PEG-PREP KIT	0	\$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	0	\$0 copay for members age 45 through 75, otherwise not covered
polyethylene glycol 3350 oral powder 17 gm/scoop	1	OTC
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	0	\$0 copay for members age 45 through 75, otherwise not covered
SUFLAVE SOL	0	\$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	0	\$0 copay for members age 45 through 75, otherwise not covered
MISCELLANEOUS		
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
SUCRAID SOL 8500/ML	3	PA
sucralfate tab 1 gm	1	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
ANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 12000UNT	2	PA
CREON CAP 24000UNT	2	PA
CREON CAP 36000UNT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000UNT	2	PA
ZENPEP CAP 40000UNT	2	PA
ROTON PUMP INHIBITORS		
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 caps every 365 days)

Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 caps every 365 days), OTC
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (90 caps every 365 days)
esomeprazole magnesium for delayed release susp	1	QL (90 packets every 365
packet 10 mg		days); Covered for age less than 1 year only
esomeprazole magnesium tab delayed release 20 mg	1	QL (90 tabs every 365 days), OTC
lansoprazole cap delayed release 15 mg	1	QL (90 caps every 365 days)
lansoprazole cap delayed release 15 mg	1	QL (90 caps every 365 days), OTC
lansoprazole cap delayed release 30 mg	1	QL (90 caps every 365 days)
NEXIUM 24HR CAP 20MG	1	QL (90 caps every 365 days), OTC
NEXIUM GRA 2.5MG DR	3	QL (90 packets every 365 days); Covered for age less than 1 year only
NEXIUM GRA 5MG DR	3	QL (90 packets every 365 days); Covered for age less than 1 year only
omeprazole cap delayed release 10 mg	1	QL (90 caps every 365 days)
omeprazole cap delayed release 20 mg	1	QL (90 caps every 365 days)
omeprazole cap delayed release 40 mg	1	QL (90 caps every 365 days)
omeprazole delayed release tab 20 mg	1	QL (90 tabs every 365 days), OTC
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	1	QL (90 caps every 365 days), OTC
omeprazole-sodium bicarbonate cap 20-1100 mg	1	QL (90 caps every 365 days), OTC
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (90 tabs every 365 days)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 tabs every 365 days)
rabeprazole sodium ec tab 20 mg	1	QL (90 tabs every 365 days)
ECTAL, CORTICOSTEROIDS		
hydrocortisone perianal cream 1%	1	
hydrocortisone perianal cream 2.5%	1	
LCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	
HELIDAC MIS THERAPY	3	
NITOURINARY		
ENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl tab er 24hr 10 mg	1	am D t dub
CARDURA XL TAB 4MG	3	ST; PA**
CARDURA XL TAB 8MG	3	ST; PA**
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	

doxazosin mesylate tab 4 mg	Drug Name	Drug Tier	Requirements/Limits
dutasteride tap 0.5 mg dutasteride tab 5 mg 1 finasteride tab 5 mg 1 silodosin cap 4 mg silodosin cap 8 mg 1 tadalafil tab 2.5 mg 1 PA, QL (30 tabs every 30 days) tadalafil tab 2.5 mg 1 tadalafil tab 2.5 mg 1 PA, QL (30 tabs every 30 days) tadalafil tab 2.5 mg 1 terazosin hel cap 0.4 mg 1 terazosin hel cap 1 mg (base equivalent) 1 terazosin hel cap 1 mg (base equivalent) 1 terazosin hel cap 10 mg (base equivalent) 1 terazosin hel cap 10 mg (base equivalent) 1 terazosin hel cap 10 mg (base equivalent) 1 terazosin hel cap 5 mg OOTC CONTRACEPTIVES ENCARE SUP 100MG OOTC GYNOL II GEL 3% OOTC PHEXXI GEL TODAY SPONGE MIS OOTC VCF VAGINAL AER CONTRACP OOTC VCF VAGINAL AER CONTRACP OOTC VCF VAGINAL MIS CONTRACP OOTC MISCELLANEOUS bethanechol chloride tab 5 mg bethanechol chloride tab 5 mg bethanechol chloride tab 5 mg 1 bethanechol chloride tab 50	doxazosin mesylate tab 4 mg	1	
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Silodosin cap 4 mg	dutasteride cap 0.5 mg	1	
Silodosin cap 4 mg	dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
silodosin cap 4 mg 1 silodosin cap 8 mg 1 tadalafil tab 2.5 mg 1 tadalafil tab 2.5 mg 1 tadalafil tab 5 mg 1 tadalafil tab 5 mg 1 terazosin hcl cap 0.4 mg 1 terazosin hcl cap 1 mg (base equivalent) 1 terazosin hcl cap 2 mg (base equivalent) 1 terazosin hcl cap 5 mg (base equivalent) 1 terazosin hcl cap 5 mg (base equivalent) 1 terazosin hcl cap 10 mg (base equivalent) 1 terazosin hcl cap 5 mg 0 OTC WCNTRACEPTIVES ENCARE SUP 100MG 0 OTC PHEXXI GEL 0 TODAY SPONGE MIS 0 OTC VCF VAGINAL AER CONTRACP 0 OTC WCF VAGINAL AER CONTRACP 0 OTC WCF VAGINAL MES CONTRACP 0 OTC MISCELLANEOUS bethanechol chloride tab 5 mg 1 bet		1	
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terazosin hel cap 10 mg (base equivalent) CONTRACEPTIVES ENCARE SUP 100MG 0 OTC GYNOL II GEL 3% 0 OTC PHEXXI GEL 0 OTC VCF VAGINAL AER CONTRACP 0 OTC VCF VAGINAL AER CONTRACP 0 OTC VCF VAGINAL GEL CONTRACE 0 OTC VCF VAGINAL MIS CONTRACP 0 OTC MISCELLANEOUS bethanechol chloride tab 5 mg 1 bethanechol chloride tab 10 mg 1 bethanechol chloride tab 50 mg 1 bethanechol	terazosin hcl cap 2 mg (base equivalent)	1	
### CONTRACEPTIVES ENCARE SUP 100MG	terazosin hcl cap 5 mg (base equivalent)	1	
ENCARE SUP 100MG	terazosin hcl cap 10 mg (base equivalent)	1	
ENCARE SUP 100MG	CONTRACEPTIVES		
PHEXXI GEL TODAY SPONGE MIS O OTC VCF VAGINAL AER CONTRACP O OTC VCF VAGINAL GEL CONTRACE O OTC VCF VAGINAL MIS CONTRACP O OTC WISCELLANEOUS bethanechol chloride tab 5 mg bethanechol chloride tab 10 mg bethanechol chloride tab 25 mg bethanechol chloride tab 50 mg 1 bethanechol chloride tab 50 mg 1 ELMIRON CAP 100MG 3 phenazopyridine hcl tab 95 mg potassium citrate tab er 5 meq (540 mg) potassium citrate tab er 10 meq (1080 mg) potassium citrate tab er 15 meq (1620 mg) URINARY ANTISPASMODICS darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) darifenacin fumarate tab er 24hr 4 mg fesoterodine fumarate tab er 24hr 4 mg fesoterodine fumarate tab er 24hr 8 mg MYRBETRIQ SUS 8MG/ML MYRBETRIQ SUS 8MG/ML MYRBETRIQ TAB 25MG		0	OTC
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VCF VAGINAL GEL CONTRACE VCF VAGINAL MIS CONTRACP **MISCELLANEOUS** **bethanechol chloride tab 5 mg** **bethanechol chloride tab 10 mg** **bethanechol chloride tab 25 mg** **bethanechol chloride tab 25 mg** **bethanechol chloride tab 50 mg** **ELMIRON CAP 100MG** **phenazopyridine hcl tab 95 mg** **phenazopyridine hcl tab 95 mg** **potassium citrate tab er 5 meq (540 mg)** **potassium citrate tab er 10 meq (1080 mg)** **potassium citrate tab er 15 meq (1620 mg)** **URINARY ANTISPASMODICS** **darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)** **darifenacin hydrobromide tab er 24hr 15 mg (base equiv)** **fesoterodine fumarate tab er 24hr 8 mg** **GEMTESA TAB 75MG** **MYRBETRIQ SUS 8MG/ML** **MYRBETRIQ TAB 25MG** **OTC** **OTC** **OTC** **DOTC** *	TODAY SPONGE MIS	0	ОТС
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MYRBETRIQ TAB 25MG 2	<u> </u>	3	
MYRBETRIQ TAB 25MG 2	MYRBETRIQ SUS 8MG/ML	2	
		2	
	·	2	

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Drug Name	Drug Tier	Requirements/Limits
oxybutynin chloride solution 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	2	
clindamycin phosphate vaginal cream 2%	1	
GYNAZOLE-1 CRE 2%	3	
metronidazole vaginal gel 0.75%	1	
miconazole nitrate vaginal app 200 mg & 2% cream		OTC
9 gm kit		
miconazole nitrate vaginal cream 2%	1	OTC
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit	1	OTC
miconazole nitrate vaginal supp 1200 mg & 2%	1	OTC
cream kit		
miconazole nitrate vaginal suppos 200 mg	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
MATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	1	
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
enoxaparin sodium inj 150 mg/ml	1	
enoxaparin sodium inj 300 mg/3ml	1	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	1	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 100 mg/ml	1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 150 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
fondaparinux sodium subcutaneous inj 2.5 mg/0.5m	<i>l</i> 1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6m	<i>l</i> 1	
fondaparinux sodium subcutaneous inj 10 mg/0.8m	<i>l</i> 1	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 2500/ML	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
heparin sodium (porcine) inj 1000 unit/ml	1	
heparin sodium (porcine) inj 5000 unit/ml	1	
heparin sodium (porcine) inj 10000 unit/ml	1	
heparin sodium (porcine) inj 20000 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
EMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	3	PA
ARANESP INJ 25MCG	3	PA
ARANESP INJ 40MCG	3	PA
ARANESP INJ 60MCG	3	PA
ARANESP INJ 100MCG	3	PA
ARANESP INJ 150MCG	3	PA
ARANESP INJ 200MCG	3	PA
ARANESP INJ 300MCG	3	PA

Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 500MCG	3	PA
DOPTELET TAB 20MG (10 TABLETS)	3	PA, QL (1 carton every 5
		days)
DOPTELET TAB 20MG (15 TABLETS)	3	PA, QL (1 carton every 5
DODELL DE TAD COMO (OA TAD LETTO)		days)
DOPTELET TAB 20MG (30 TABLETS)	3	PA, QL (2 cartons every 30
FYLNETRA INJ 6MG/0.6	3	days) PA
MIRCERA INJ 30MCG	3	PA
MIRCERA INJ 50MCG	3	PA
MIRCERA INJ 50MCG MIRCERA INJ 75MCG	3	PA
MIRCERA INJ 100MCG	3	PA
MIRCERA INJ 120MCG	3	PA
MIRCERA INJ 150MCG	3	PA
MIRCERA INJ 200MCG	3	PA
NIVESTYM INJ 300/0.5	3	PA
NIVESTYM INJ 300MCG	3	PA
NIVESTYM INJ 480/0.8	3	PA
NIVESTYM INJ 480MCG	3	PA
NYVEPRIA INJ 6/0.6ML	3	PA
RETACRIT INJ 2000UNIT	3	PA
RETACRIT INJ 3000UNIT	3	PA
RETACRIT INJ 4000UNIT	3	PA
RETACRIT INJ 10000UNT	3	PA
RETACRIT INJ 20000UNI	3	PA
RETACRIT INJ 40000UNT	3	PA
EMOPHILIA A AGENTS		
HEMLIBRA INJ 30MG/ML	3	PA
HEMLIBRA INJ 60/0.4	3	PA
HEMLIBRA INJ 105/0.7	3	PA
HEMLIBRA INJ 150/ML	3	PA
ISCELLANEOUS		
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
pentoxifylline tab er 400 mg	1	
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)		
tranexamic acid tab 650 mg	1	
LATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	

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Drug Name	Drug Tier	Requirements/Limits
clopidogrel bisulfate tab 300 mg (base equiv)	1	
dipyridamole tab 25 mg	1	PA; High Risk Medications
		require PA for members ag
11 1 1 1 7 1 7 2		70 and older
dipyridamole tab 50 mg	1	PA; High Risk Medications
		require PA for members as 70 and older
dipyridamole tab 75 mg	1	PA; High Risk Medications
uipyrtaamote tab 75 mg	1	require PA for members ag
		70 and older
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
UNOLOGIC AGENTS		
TOIMMUNE AGENTS (PHYSICIAN-ADMINISTI	ERED)	
ACTEMRA INJ 80MG/4ML	3	ST, PA
ACTEMRA INJ 200/10ML	3	ST, PA
ACTEMRA INJ 400/20ML	3	ST, PA
INFLIXIMAB INJ 100MG	3	PA, QL (5 vials every 42
,		days)
SIMPONI ARIA SOL 50MG/4ML	3	PA, QL (200 mg every 8
·		weeks)
SKYRIZI SOL 60MG/ML	3	PA, QL (3 vials every 56
		days); Preferred Agent for
		Crohn's Disease
TOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA INJ 162/0.9	3	ST, PA
ADALIMU-ADAZ INJ 40/0.4ML	3	PA, QL (4 auto-injectors
		every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	3	PA, QL (4 syringes every 2
COCENTRY IN TEMC /OF	2	days)
COSENTYX INJ 75MG/0.5	3	PA, QL (1 syringe every 28 days); Preferred agent for
		Ankylosing Spondylitis and
		Psoriatic Arthritis
COSENTYX INJ 150MG/ML	3	PA, QL (1 syringe every 28
5552 111111, 2557.14, 1111	J	days); Preferred agent for
		Ankylosing Spondylitis and
		Psoriatic Arthritis
COSENTYX INJ 300DOSE	3	PA, QL (300 mg every 28
		days); Preferred agent for
		Ankylosing Spondylitis and
		Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	3	PA, QL (1 pen every 28 day
		Preferred agent for
		Ankylosing Spondylitis and
		Psoriatic Arthritis

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 300DOSE	3	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML	3	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
ENBREL INJ 25/0.5ML	3	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	3	PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	3	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	3	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	3	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA INJ 10/0.1ML	3	PA, QL (2 injections every 28 days)
HUMIRA INJ 20/0.2ML	3	PA, QL (4 injections every 28 days)
HUMIRA INJ 40/0.4ML	3	PA, QL (4 injections every 28 days)
HUMIRA KIT 40MG/0.8	3	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	3	PA, QL (Starter pack - initial dose only); (80mg and 40mg dual strength kit)
HUMIRA PEDIA INJ CROHNS	3	PA, QL (Starter pack - initial dose only); (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML	3	PA, QL (4 injections every 28 days)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 40MG/0.8	3	PA, QL (4 pens every 28
		days)
HUMIRA PEN INJ 80/0.8ML	3	PA, QL (2 pens every 28
		days)
HUMIRA PEN KIT PS/UV	3	PA, QL (Starter pack - initial
,		dose only)
HYRIMOZ INJ 10/0.1ML	3	PA, QL (2 syringes every 28
		days)
HYRIMOZ INJ 20/0.2ML	3	PA, QL (4 syringes every 28
		days)
HYRIMOZ INJ 40/0.4ML	3	PA, QL (4 auto-injectors
		every 28 days)
HYRIMOZ INJ 40/0.4ML	3	PA, QL (4 syringes every 28
		days)
HYRIMOZ INJ 80/0.8ML	3	PA, QL (2 auto-injectors
		every 28 days)
HYRIMOZ-CROH INJ UC SP	3	PA, QL (Starter pack - initial
·		dose only)
HYRIMOZ-PED INJ CROHNS	3	PA, QL (Starter pack - initial
		dose only)
HYRIMOZ-PLAQ INJ PSORIASI	3	PA, QL (Starter pack - initial
• ,		dose only)
KEVZARA INJ 150/1.14	3	PA, QL (2 pens every 28
,		days); Preferred agent for
		Rheumatoid Arthritis
KEVZARA INJ 150/1.14	3	PA, QL (2 syringes every 4
,		weeks); Preferred agent for
		Rheumatoid Arthritis
KEVZARA INJ 200/1.14	3	PA, QL (2 pens every 28
,		days); Preferred agent for
		Rheumatoid Arthritis
KEVZARA INJ 200/1.14	3	PA, QL (2 syringes every 4
,		weeks); Preferred agent for
		Rheumatoid Arthritis
OTEZLA TAB 10/20/30	3	PA, QL (55 tabs every 28
, .		days); Preferred agent for
		Psoriasis and Psoriatic
		Arthritis
OTEZLA TAB 30MG	3	PA, QL (60 tabs every 30
		days); Preferred agent for
		Psoriasis and Psoriatic
		Arthritis
RINVOQ TAB 15MG ER	3	PA, QL (30 tabs every 30
		days); Preferred agent for
		Ankylosing Spondylitis,
		Atopic Dermatitis, Crohn's
		Disease, Psoriatic Arthritis,
		Rheumatoid Arthritis, and
		Ulcerative Colitis.
		orcerative contra.

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 30MG ER	3	PA, QL (30 tabs every 30
		days); Preferred agent for
		Atopic Dermatitis, Crohn's
		Disease and Ulcerative
		Colitis.
RINVOQ TAB 45MG ER	3	PA, QL (One time induction
		dose for CD/UC diagnosis
		only); Preferred agent for
		Crohn's Disease and
		Ulcerative Colitis.
SIMPONI INJ 50/0.5ML	3	ST, PA, QL (1 injection every
		28 days)
SIMPONI INJ 100MG/ML	3	ST, PA, QL (1 injection every
		28 days)
SKYRIZI INJ 150MG/ML	3	PA, QL (1 syringe every 12
		weeks); Preferred agent for
		Psoriasis and Psoriatic
		Arthritis
SKYRIZI INJ 180/1.2	3	PA, QL (1 cartridge every 56
		days); Preferred Agent for
		Crohn's Disease
SKYRIZI INJ 360/2.4	3	PA, QL (1 cartridge every 56
		days); Preferred Agent for
		Crohn's Disease
SKYRIZI PEN INJ 150MG/ML	3	PA, QL (1 syringe every 12
		weeks); Preferred agent for
		Psoriasis and Psoriatic
		Arthritis
STELARA INJ 45MG/0.5	3	PA, QL (1 syringe every 84
		days); Preferred agent for
		Crohn's Disease, Psoriasis,
		and Ulcerative Colitis
STELARA INJ 45MG/0.5	3	PA, QL (1 vial every 84 days);
		Preferred agent for Crohn's
		Disease, Psoriasis, and
		Ulcerative Colitis
STELARA INJ 90MG/ML	3	PA, QL (1 syringe every 56
		days); Preferred agent for
		Crohn's Disease, Psoriasis,
THE THE LIVE COLUMN		and Ulcerative Colitis
TALTZ INJ 80MG/ML	3	PA, QL (1 injection every 28
		days); Preferred agent for
MD DAKINYA IANI 400370 /3"		Psoriasis 5.6
TREMFYA INJ 100MG/ML	3	PA, QL (1 injection every 56
		days); Preferred agent for
WELLAND OOL 11/0 (5.5)		Psoriasis 2.1
XELJANZ SOL 1MG/ML	3	PA, QL (240 mL every 24
		days)

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 5MG	3	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TAB 10MG	3	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
XELJANZ XR TAB 11MG	3	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ XR TAB 22MG	3	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.
DISEASE-MODIFYING ANTI-RHEUMATIC DRUG	S (DMARDS)	
hydroxychloroquine sulfate tab 200 mg	1	
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	
IEREDITARY ANGIOEDEMA		
HAEGARDA INJ 2000UNIT	3	PA, QL (20 vials every 30 days)
HAEGARDA INJ 3000UNIT	3	PA, QL (20 vials every 30 days)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	3	PA, QL (45 syringes every 90 days)
MMUNOGLOBULIN		
CUTAQUIG SOL 1.65GM	3	PA
CUTAQUIG SOL 1GM	3	PA
CUTAQUIG SOL 2GM	3	PA
CUTAQUIG SOL 3.3GM	3	PA
CUTAQUIG SOL 4GM	3	PA
CUTAQUIG SOL 8GM	3	PA
MMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	3	PA
MMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
azathioprine tab 50 mg	1	
CELLCEPT CAP 250MG	3	
CELLCEPT IV INJ 500MG	3	
CELLCEPT SUS 200MG/ML	3	
•	3	
CELLCEPT TAB 500MG	3	
CELLCEPT TAB 500MG cyclosporine cap 25 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
cyclosporine iv soln 50 mg/ml	1	
cyclosporine modified cap 25 mg	1	
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified oral soln 100 mg/ml	1	
ENVARSUS XR TAB 0.75MG	3	
ENVARSUS XR TAB 1MG	3	
ENVARSUS XR TAB 4MG	3	
everolimus tab 0.5 mg	1	
everolimus tab 0.25 mg	1	
everolimus tab 0.75 mg	1	
everolimus tab 1 mg	1	
mycophenolate mofetil cap 250 mg	1	
mycophenolate mofetil for oral susp 200 mg/ml	1	
mycophenolate mofetil hcl for iv soln 500 mg (base	1	
equiv)		
mycophenolate mofetil tab 500 mg	1	
mycophenolate sodium tab dr 180 mg	1	
(mycophenolic acid equiv)		
mycophenolate sodium tab dr 360 mg	1	
(mycophenolic acid equiv)		
MYFORTIC TAB 180MG	3	
MYFORTIC TAB 360MG	3	
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
NULOJIX INJ 250MG	3	
PROGRAF CAP 0.5MG	3	
PROGRAF CAP 1MG	3	
PROGRAF CAP 5MG	3	
PROGRAF GRA 0.2MG	3	
PROGRAF GRA 1MG	3	
PROGRAF INJ 5MG/ML	3	
RAPAMUNE SOL 1MG/ML	3	
RAPAMUNE TAB 0.5MG	3	
RAPAMUNE TAB 1MG	3	
RAPAMUNE TAB 2MG	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE INJ 50MG/ML	3	
SANDIMMUNE SOL 100MG/ML	3	
sirolimus oral soln 1 mg/ml	1	
sirolimus tab 0.5 mg	1	
sirolimus tab 1 mg	1	
sirolimus tab 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	
MISCELLANEOUS		
BEYFORTUS INJ 50/0.5ML	2	
BEYFORTUS INJ 100MG/ML	2	
VACCINES		
ABRYSVO INJ	2	
ACTHIB INI	0	M
ADACEL INJ	0	
AREXVY INJ 120MCG	2	
BEXSERO INI	0	
BOOSTRIX INI	0	
COMIRNATY INJ 30/0.3ML	0	
DAPTACEL INJ	0	M
DENGVAXIA SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10/0.5ML	0	M
ENGERIX-B INJ 20MCG/ML	0	M
FLUMIST	0	IvI
GARDASIL 9 INJ	0	\$0 copay for members age 18 and older, otherwise not covered
GARDASIL 9 INJ	0	M
HAVRIX INJ 720UNIT	0	M
HAVRIX INJ 1440UNIT	0	M
HEPLISAV-B INJ 20/0.5ML	0	M
HIBERIX SOL 10MCG	0	M
INFANRIX INJ	0	M
INFLUENZA VACCINE	0	
IPOL INJ INACTIVE	0	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	0	M
M-M-R II INJ	0	M
MENACTRA INJ	0	
MENQUADFI INJ	0	
MENVEO INJ	0	
MENVEO SOL	0	
MODERNA INJ 6MO-11Y	0	

 $[\]begin{tabular}{ll} M - Covered Under the Medical Benefit Only & OTC - Over the counter & PA - Prior \\ Authorization & PA** - PA Applied if Step Not Met & QL - Quantity Limits & ST - Step Therapy \\ $^{\bullet}$ - Covered Under Medical Benefit — PCP copay applies \\ \end{tabular}$

Drug Name	Drug Tier	Requirements/Limits
NOVAVAX VAC INJ COVID-19	0	
PEDIARIX INJ 0.5ML	0	M
PEDVAX HIB INJ	0	M
PENTACEL INJ	0	M
PFIZER 5-11Y INJ 2023-24	0	
PFIZER 6M-4Y INJ 2023-24	0	
PNEUMOVAX 23 INJ 25/0.5	0	
PREHEVBRIO SUS 10MCG/ML	0	
PREVNAR 13 INJ	0	
PREVNAR 20 INJ	0	
PRIORIX INJ	0	
PROQUAD INJ	0	M
QUADRACEL INJ	0	M
QUADRACEL INJ 0.5ML	0	M
RECOMBIVA HB INJ 5MCG/0.5	0	M
RECOMBIVA HB INJ 10MCG/ML	0	M
RECOMBIVA-HB INJ 40MCG/ML	0	M
ROTARIX SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ROTARIX SUS	0	M
ROTATEQ SOL	0	M
SHINGRIX INJ 50/0.5ML	0	\$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX INJ 50/0.5ML	0	00.01.01
TDVAX INJ 2-2 LF	0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	0	
TWINRIX INJ	0	M
VAQTA INJ 25/0.5ML	0	M
VAQTA INJ 50UNT/ML	0	M
VARIVAX INJ	0	M
VAXELIS INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	0	
OICAL DEVICES AND SUPPLIES		
ABETIC SUPPLIES		
CONTOUR KIT NEXT	2	OTC
CUNTUUK KIT NEXT	Z	UIG
CONTOUR KIT NEXT	2	OTC

Drug Name	Drug Tier	Requirements/Limits
CONTOUR NEXT KIT GEN	2	OTC
CONTOUR NXT KIT LINK 2.4	2	OTC
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
potassium bicarbonate effer tab 25 meq	1	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10	0 1	
meq		
potassium chloride microencapsulated crys er tab 1	5 1	
meq	0 1	
potassium chloride microencapsulated crys er tab 20	0 1	
meq potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meg	1	
potassium chloride tab er 20 meg (1500 mg)	1	
sodium chloride flush iv soln 0.9%	1	
sodium chloride inj 2.5 meg/ml (14.6%)	1	
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)		\$0 applies for ages 5 and
	C	under, otherwise not covered
sodium fluoride chew tab 0.25 mg f (from 0.55 mg	0	\$0 applies for ages 5 and
naf)		under, otherwise not covered
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml	0	\$0 applies for ages 5 and
naf)	•	under, otherwise not covered
sodium fluoride soln 0.125 mg/drop f (0.275	0	\$0 applies for ages 5 and under, otherwise not covered
mg/drop naf) sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	0	\$0 applies for ages 5 and
soutum fluoritue tub o.5 mg f from 1.1 mg huff	O	under, otherwise not covered
sodium fluoride tab 1 mg f (from 2.2 mg naf)	1	,
IV REPLACEMENT SOLUTIONS		
sodium chloride iv soln 0.9%	1	_
sodium chloride iv soln 0.45%	1	
sodium chloride iv soln 3%	1	
sodium chloride iv soln 5%	1	
sodium chloride preservative free (pf) inj 0.9%	1	
PRENATAL VITAMINS		
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6- 0.4-300 mg	1	
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	1	
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4	4 1	
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	1	
prenatal vit w/ fe fumarate-fa tab 28-1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	1	
TAMINS		
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
cholecalciferol cap 1.25 mg (50000 unit)	1	OTC
cyanocobalamin inj 1000 mcg/ml	1	
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
ergocalciferol cap 1.25 mg (50000 unit)	1	
folic acid cap 0.8 mg	0	QL (100 caps every 30 days) OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
folic acid tab 1 mg	1	
folic acid tab 400 mcg	0	QL (100 tabs every 30 days) OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
folic acid tab 800 mcg	0	QL (100 tabs every 30 days) OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	1	COVERED
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	1	
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	5 1	
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	1	
pediatric multiple vitamins w/ fluoride chew tab 1 mg	1	
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml	1	
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml	1	
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	1	
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
pyridoxine hcl tab 25 mg	1	OTC
pyridoxine hcl tab 50 mg	1	OTC
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
neomycin-polymyxin-dexamethasone ophth oint	1	
0.1%		
neomycin-polymyxin-dexamethasone ophth susp	1	
0.1%		
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium-prednisolone ophth soln 10-	1	
<u>0.23(0.25)%</u> TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
AZASITE SOL 1%	2	
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUS 0.6%	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth soln 0.3%	1	QL (20 mL every 30 days)
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
NATACYN SUS 5% OP	2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt- _10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000- 0.025mg-unt-mg/ml	1	
ofloxacin ophth soln 0.3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
trifluridine ophth soln 1%	1	
ZIRGAN GEL 0.15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOL 0.45%	2	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate ophth soln 0.1%	1	
diclofenac sodium ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05%	1	
flurbiprofen sodium ophth soln 0.03%	1	
ILEVRO DRO 0.3% OP	2	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
loteprednol etabonate ophth susp 0.5%	1	
NEVANAC SUS 0.1% OP	2	
PRED SOD PHO SOL 1% OP	2	
prednisolone acetate ophth susp 1%	1	
NTIALLERGICS		
ALOCRIL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
azelastine hcl ophth soln 0.05%	1	ST
bepotastine besilate ophth soln 1.5%	1	ST
cromolyn sodium ophth soln 4%	1	
epinastine hcl ophth soln 0.05%	1	ST
ketotifen fumarate ophth soln 0.035%	1	OTC
olopatadine hcl ophth soln 0.1% (base equivalent)	1	ST
olopatadine hcl ophth soln 0.2% (base equivalent)	1	ST
ZERVIATE DRO 0.24%	3	ST
NTIGLAUCOMA		
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
betaxolol hcl ophth soln 0.5%	1	
BETIMOL SOL 0.5%	3	
BETIMOL SOL 0.25%	3	
BETOPTIC-S SUS 0.25% OP	2	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-		
0.5%	-	
brinzolamide ophth susp 1%	1	
carteolol hcl ophth soln 1%	1	
dorzolamide hcl ophth soln 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
latanoprost ophth soln 0.005%	1	
levobunolol hcl ophth soln 0.5%	1	
LUMIGAN SOL 0.01%	2	ST; PA**
PHOSPHOLINE SOL 0.125%OP	3	,
pilocarpine hcl ophth soln 1%	1	
SIMBRINZA SUS 1-0.2%	2	
tafluprost preservative free (pf) ophth soln 0.0015%		

Drug Name	Drug Tier	Requirements/Limits
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.25%	1	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	
DRY EYE DISEASE		
RESTASIS EMU 0.05% OP	1	
RESTASIS MUL EMU 0.05% OP	2	Multi-dose vial remains on preferred brand tier
MISCELLANEOUS		
atropine sulfate ophth soln 1%	1	
CYSTARAN SOL 0.44%	3	PA, QL (4 bottles every 28 days)
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
tropicamide ophth soln 0.5%	1	
tropicamide ophth soln 1%	1	
HER		
IRRIGATION SOLUTIONS		
irrigation solution, physiological	1	
SPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C INJ 1000MG	3	PA
ANAPHYLAXIS TREATMENT AGENTS		
epinephrine solution auto-injector 0.3 mg/0.3ml	1	QL (4 auto-injectors every 3
(1:1000)	•	days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	QL (4 auto-injectors every 3 days)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL (4 auto-injectors every 3
		days); (generic of
EDIDEN 2 DAV INI O 2MC	2	days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	2	days); (generic of Adrenaclick) QL (4 auto-injectors every 3
EPIPEN 2-PAK INJ 0.3MG EPIPEN-JR INJ 0.15MG	2	days); (generic of Adrenaclick) QL (4 auto-injectors every 3 days) QL (4 auto-injectors every 3
EPIPEN-JR INJ 0.15MG	2	days); (generic of Adrenaclick) QL (4 auto-injectors every 3
EPIPEN-JR INJ 0.15MG ANTICHOLINERGIC/BETA AGONIST COMBINATIO	2 NS	days); (generic of Adrenaclick) QL (4 auto-injectors every 3 days) QL (4 auto-injectors every 3 days)
EPIPEN-JR INJ 0.15MG ANTICHOLINERGIC/BETA AGONIST COMBINATIO BEVESPI AER 9-4.8MCG	2 NS 2	days); (generic of Adrenaclick) QL (4 auto-injectors every 3 days) QL (4 auto-injectors every 3 days) QL (1 package every 30 day
EPIPEN-JR INJ 0.15MG ANTICHOLINERGIC/BETA AGONIST COMBINATIO BEVESPI AER 9-4.8MCG ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2 NS 2 1	days); (generic of Adrenaclick) QL (4 auto-injectors every 3 days) QL (4 auto-injectors every 3 days) QL (1 package every 30 days) QL (6 boxes every 30 days)
EPIPEN-JR INJ 0.15MG ANTICHOLINERGIC/BETA AGONIST COMBINATIO BEVESPI AER 9-4.8MCG ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml STIOLTO AER 2.5-2.5	2 NS 2 1 2	days); (generic of Adrenaclick) QL (4 auto-injectors every 3 days) QL (4 auto-injectors every 3 days) QL (1 package every 30 days) QL (6 boxes every 30 days) QL (1 package every 30 days)
EPIPEN-JR INJ 0.15MG ANTICHOLINERGIC/BETA AGONIST COMBINATIO BEVESPI AER 9-4.8MCG ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml STIOLTO AER 2.5-2.5 ANTICHOLINERGIC/BETA AGONIST/STEROID COM	2 NS 2 1 2 MBINATIO	days); (generic of Adrenaclick) QL (4 auto-injectors every 3 days) QL (4 auto-injectors every 3 days) QL (1 package every 30 days) QL (6 boxes every 30 days) QL (1 package every 30 days)
EPIPEN-JR INJ 0.15MG ANTICHOLINERGIC/BETA AGONIST COMBINATIO BEVESPI AER 9-4.8MCG ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml STIOLTO AER 2.5-2.5 ANTICHOLINERGIC/BETA AGONIST/STEROID COMBREZTRI AERO AER SPHERE	2 NS 2 1 2 MBINATION 2	days); (generic of Adrenaclick) QL (4 auto-injectors every 3 days) QL (4 auto-injectors every 3 days) QL (1 package every 30 days) QL (6 boxes every 30 days) QL (1 package every 30 days) QL (1 package every 30 days)
EPIPEN-JR INJ 0.15MG ANTICHOLINERGIC/BETA AGONIST COMBINATIO BEVESPI AER 9-4.8MCG ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml STIOLTO AER 2.5-2.5 ANTICHOLINERGIC/BETA AGONIST/STEROID COMBREZTRI AERO AER SPHERE TRELEGY AER 100MCG	2 NS 2 1 2 MBINATION 2 2	days); (generic of Adrenaclick) QL (4 auto-injectors every 3 days) QL (4 auto-injectors every 3 days) QL (1 package every 30 day) QL (6 boxes every 30 days) QL (1 package every 30 days) QL (1 package every 30 day VS QL (1 package every 30 day QL (1 package every 30 day
EPIPEN-JR INJ 0.15MG ANTICHOLINERGIC/BETA AGONIST COMBINATIO BEVESPI AER 9-4.8MCG ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml STIOLTO AER 2.5-2.5 ANTICHOLINERGIC/BETA AGONIST/STEROID COMBREZTRI AERO AER SPHERE TRELEGY AER 100MCG TRELEGY AER 200MCG	2 NS 2 1 2 MBINATION 2	days); (generic of Adrenaclick) QL (4 auto-injectors every 3 days) QL (4 auto-injectors every 3 days) QL (1 package every 30 day) QL (6 boxes every 30 days) QL (1 package every 30 days) QL (1 package every 30 day VS QL (1 package every 30 day QL (1 package every 30 day
EPIPEN-JR INJ 0.15MG ANTICHOLINERGIC/BETA AGONIST COMBINATIO BEVESPI AER 9-4.8MCG ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml STIOLTO AER 2.5-2.5 ANTICHOLINERGIC/BETA AGONIST/STEROID COMBREZTRI AERO AER SPHERE TRELEGY AER 100MCG	2 NS 2 1 2 MBINATION 2 2	days); (generic of Adrenaclick) QL (4 auto-injectors every 3 days) QL (4 auto-injectors every 3 days) QL (1 package every 30 days) QL (6 boxes every 30 days) QL (1 package every 30 days)

 $[\]begin{tabular}{ll} M - Covered Under the Medical Benefit Only & OTC - Over the counter & PA - Prior \\ Authorization & PA** - PA Applied if Step Not Met & QL - Quantity Limits & ST - Step Therapy \\ $^{\bullet}$ - Covered Under Medical Benefit — PCP copay applies \\ \end{tabular}$

Drug Name	Drug Tier	Requirements/Limits
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
SPIRIVA AER 1.25MCG	2	QL (1 package every 30 days)
SPIRIVA CAP HANDIHLR	2	QL (1 package every 30 days)
SPIRIVA SPR 2.5MCG	2	QL (1 package every 30 days
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	1	QL (1 package every 30 days)
NTIHISTAMINE COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 package every 30 days)
NTIHISTAMINES		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 bottles every 30 days)
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	1	QL (2 bottles every 30 days)
carbinoxamine maleate tab 4 mg	1	<u> </u>
cetirizine hcl cap 10 mg	1	OTC
cetirizine hcl chew tab 5 mg	1	OTC
cetirizine hcl chew tab 10 mg	1	OTC
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	ОТС
cetirizine hcl tab 5 mg	1	OTC
cetirizine hcl tab 10 mg	1	OTC
clemastine fumarate tab 2.68 mg	1	PA; High Risk Medications require PA for members age 70 and older
cyproheptadine hcl syrup 2 mg/5ml	1	7 o and older
cyproheptadine hcl tab 4 mg	1	
desloratadine tab 5 mg	1	ST
desloratadine tab orally disintegrating 2.5 mg	1	ST
desloratadine tab orally disintegrating 5 mg	1	ST
diphenhydramine hcl elixir 12.5 mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
diphenhydramine hcl inj 50 mg/ml	1	
fexofenadine hcl susp 30 mg/5ml (6 mg/ml)	1	OTC
fexofenadine hcl tab 60 mg	1	OTC
fexofenadine hcl tab 180 mg	1	OTC
hydroxyzine hcl syrup 10 mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl tab 10 mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl tab 25 mg	1	PA; High Risk Medications require PA for members age 70 and older

	Drug Tier	Requirements/Limits
hydroxyzine hcl tab 50 mg	1	PA; High Risk Medications
		require PA for members age
		70 and older
hydroxyzine pamoate cap 25 mg	1	PA; High Risk Medications
		require PA for members age 70 and older
hydroxyzine pamoate cap 50 mg	1	PA; High Risk Medications
nyar oxyzine pamouce cup 30 mg	1	require PA for members age
		70 and older
hydroxyzine pamoate cap 100 mg	1	PA; High Risk Medications
		require PA for members age
		70 and older
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5	1	
mg/ml)		
levocetirizine dihydrochloride tab 5 mg	1	
loratadine cap 10 mg	1	OTC
loratadine oral soln 5 mg/5ml	1	OTC
loratadine rapidly-disintegrating tab 10 mg	1	OTC
loratadine tab 10 mg	1	OTC
olopatadine hcl nasal soln 0.6%	1	QL (1 container every 30
		days)
ZYRTEC ALLGY CAP 10MG	1	OTC
TA AGONISTS		
albuterol sulfate inhal aero 108 mcg/act (90mcg	1	QL (2 inhalers every 30 days
base equiv)		
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (120 vials every 30 days
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (5 boxes every 30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (5 boxes every 30 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (5 boxes every 30 days)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
formoterol fumarate soln nebu 20 mcg/2ml	1	QL (60 vials every 30 days)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (300 mL every 30 days)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL (300 mL every 30 days)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (300 mL every 30 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base	1	QL (45 mL every 30 days)
equiv)		
SEREVENT DIS AER 50MCG	2	QL (1 package every 30 days
STRIVERDI AER 2.5MCG	2	QL (1 package every 30 days
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
DLD/COUGH		
benzonatate cap 100 mg	1	
benzonatate cap 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
guaifenesin-codeine soln 100-10 mg/5ml	1	QL (60 mL every day), OTC; Subject to initial 7-day limit
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	QL (10 mL every day); Subject to initial 7-day limit
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	QL (30 mL every day); Subject to initial 7-day limit
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	QL (6 tabs every day); Subject to initial 7-day limit
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	QL (30 mL every day); Subject to initial 7-day limit
promethazine-dm syrup 6.25-15 mg/5ml	1	,
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1	QL (30 mL every day); Subject to initial 7-day limit
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	,
TUZISTRA XR SUS	3	QL (20 mL every day); Subject to initial 7-day limit
YSTIC FIBROSIS		
CAYSTON INH 75MG	3	PA, QL (84 vials every 28 days)
KALYDECO GRA 5.8MG	3	PA, QL (56 packets every 28 days)
KALYDECO GRA 13.4MG	3	PA, QL (56 packets every 28 days)
KALYDECO PAK 25MG	3	PA, QL (56 packets every 28 days)
KALYDECO PAK 50MG	3	PA, QL (56 packets every 28 days)
KALYDECO PAK 75MG	3	PA, QL (56 packets every 28 days)
KALYDECO TAB 150MG	3	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 75-94MG	3	PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	3	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	3	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	3	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	3	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	3	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	3	PA, QL (56 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
tobramycin nebu soln 300 mg/4ml	3	PA, QL (224 mL every 28
		days)
tobramycin nebu soln 300 mg/5ml	3	PA, QL (280 mL every 28
		days)
TRIKAFTA PAK 59.5MG	3	PA, QL (56 packets every 28
-		days)
TRIKAFTA PAK 75MG	3	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	3	PA, QL (84 tabs every 28 days)
EUKOTRIENE MODIFIERS		
zileuton tab er 12hr 600 mg	3	PA
EUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg	1	
(base equiv)	_	
montelukast sodium tab 10 mg (base equiv)	1	
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
MAST CELL STABILIZERS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (2 boxes every 30 days)
MISCELLANEOUS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
roflumilast tab 250 mcg	1	PA
roflumilast tab 500 mcg	1	PA
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
IASAL STEROIDS		
budesonide nasal susp 32 mcg/act	1	QL (1 bottle every 30 days), OTC
flunisolide nasal soln 25 mcg/act (0.025%)	1	QL (3 containers every 30 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 container every 30 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 container every 30 days), OTC
mometasone furoate nasal susp 50 mcg/act	1	QL (2 packages every 30 days)
triamcinolone acetonide nasal aerosol suspension 5 mcg/act	55 1	QL (1 package every 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	3	PA, QL (60 capsules every 30
		days)
OFEV CAP 150MG	3	PA, QL (60 capsules every 30
		days)
pirfenidone cap 267 mg	3	PA, QL (270 caps every 30
		days)
pirfenidone tab 267 mg	3	PA, QL (270 tabs every 30
of the file and the OOA was	2	days)
pirfenidone tab 801 mg	3	PA, QL (90 tabs every 30 days)
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER MIS PLUS	2	
FLEXICHAMBER MIS MASK SM	2	
HOLD CHAMBER MIS MEDIUM	2	OTC
PANDA MASK MIS PEDIATRI	2	OTC
SEVERE ASTHMA AGENTS		
DUPIXENT INJ 100/0.67	3	PA, QL (2 syringes every 28
, , , , , ,		days); Indicated for Asthma
FASENRA INJ 30MG/ML	3	PA, QL (1 syringe every 56
, , ,		days)
FASENRA PEN INJ 30MG/ML	3	PA, QL (1 syringe every 56
		days)
XOLAIR INJ 75/0.5	3	PA, QL (2 syringes every 28
		days)
XOLAIR INJ 150MG/ML	3	PA, QL (8 syringes every 28
		days)
XOLAIR SOL 150MG	3	PA, QL (8 vials every 28
CTEROID INIIAI ANTE		days)
STEROID INHALANTS	າ	OL (2 al
ALVESCO AER 80MCG	3	QL (3 packages every 30 days)
ALVESCO AER 160MCG	3	QL (2 packages every 30
ALVESCO AER TOOMCG	3	days)
ARNUITY ELPT INH 50MCG	2	QL (1 package every 30 days)
ARNUITY ELPT INH 100MCG	2	QL (1 package every 30 days)
ARNUITY ELPT INH 200MCG	2	QL (1 package every 30 days)
budesonide inhalation susp 0.5 mg/2ml	1	QL (2 boxes every 30 days)
budesonide inhalation susp 0.25 mg/2ml	1	QL (3 boxes every 30 days)
budesonide inhalation susp 0.23 mg/2ml	1	QL (1 box every 30 days)
QVAR REDIHA AER 80MCG	2	QL (2 packages every 30
WAN KEDIHA AEK OUMCU	۷	days)
QVAR REDIHAL AER 40MCG	2	QL (2 packages every 30
Z THE KEDITHER HERE TOPICO	4	days)
STEROID/BETA-AGONIST COMBINATIONS		<i>y</i> ,
BREO ELLIPTA INH 50-25MCG	2	QL (1 package every 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INH 100-25	2	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	2	QL (1 package every 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-	1	QL (3 packages every 30
4.5 mcg/act		days)
budesonide-formoterol fumarate dihyd aerosol 160-	- 1	QL (3 packages every 30
4.5 mcg/act		days)
fluticasone-salmeterol aer powder ba 100-50	1	QL (1 package every 30 days)
mcg/act		0.44
fluticasone-salmeterol aer powder ba 250-50	1	QL (1 package every 30 days)
mcg/act	1	OI (1
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (1 package every 30 days)
XANTHINES	1	
theophylline elixir 80 mg/15ml	1	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
TOPICAL		
DERMATOLOGY, ACNE		
ACNE MEDICAT LOT 5%	1	OTC
ACNE MEDICAT LOT 10%	1	OTC
adapalene cream 0.1%	1	PA, QL (45g every 28 days);
		PA applies for members age
		35 and older
adapalene gel 0.1%	1	PA, QL (45g every 28 days);
		PA applies for members age
1 1 10 207		35 and older
adapalene gel 0.3%	1	PA, QL (45g every 28 days);
		PA applies for members age 35 and older
adapalene-benzoyl peroxide gel 0.1-2.5%	1	ST ST
adapalene-benzoyl peroxide gel 0.3-2.5%	1	ST
benzoyl peroxide bar 10%	1	OTC
benzoyl peroxide cream 2.5%	1	OTC
benzoyl peroxide cream 10%	1	OTC
benzoyl peroxide gel 2.5%	1	OTC
benzoyl peroxide gel 5%	1	OTC
benzoyl peroxide gel 10%	1	OTC
benzoyl peroxide liq 2.5%	1	OTC
benzoyl peroxide liq 4%	1	OTC
benzoyl peroxide liq 5%	1	OTC
benzoyl peroxide liq 10%	1	OTC
benzoyl peroxide-erythromycin gel 5-3%	1	ST, QL (47g every 30 days)
CLEAR PORE LIQ 3.5%	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
CLINDACIN KIT PAC 1%	3	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	2 1	QL (45g every 30 days)
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1%	1	QL (75g every 30 days)
clindamycin phosphate lotion 1%	1	QL (60 mL every 30 days)
clindamycin phosphate soln 1%	1	QL (60 mL every 30 days)
clindamycin phosphate swab 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	QL (50g every 30 days)
clindamycin phosphate-benzoyl peroxide gel 1.2- 2.5%	1	QL (50g every 30 days)
erythromycin gel 2%	1	QL (60g every 30 days)
erythromycin pads 2%	1	
erythromycin soln 2%	1	QL (60 mL every 30 days)
isotretinoin cap 10 mg	1	PA
isotretinoin cap 20 mg	1	PA
isotretinoin cap 30 mg	1	PA
isotretinoin cap 40 mg	1	PA
sulfacetamide sodium lotion 10% (acne)	1	
tretinoin cream 0.1%	1	PA; PA applies for member age 35 and older
tretinoin cream 0.05%	1	PA; PA applies for member age 35 and older
tretinoin cream 0.025%	1	PA; PA applies for member age 35 and older
tretinoin gel 0.01%	1	PA; PA applies for member age 35 and older
tretinoin gel 0.05%	1	PA; PA applies for member age 35 and older
tretinoin gel 0.025%	1	PA; PA applies for member age 35 and older
ERMATOLOGY, ACTINIC KERATOSIS		
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
imiquimod cream 5%	1	
ERMATOLOGY, ANTIBIOTICS		
bacitracin oint 500 unit/gm	1	OTC
gentamicin sulfate cream 0.1%	1	QL (120g every 30 days)
gentamicin sulfate oint 0.1%	1	QL (120g every 30 days)
IV PREP WIPE PAD	2	OTC
mupirocin oint 2%	1	QL (30g every 30 days)
neomycin-bacitracin-polymyxin oint	1	OTC
silver sulfadiazine cream 1%	1	010
SULFAMYLON CRE 85MG/GM	3	
POPL VIALEON CVE OPIMA (AM	ა	

Drug Name	Drug Tier	Requirements/Limits
ERMATOLOGY, ANTIFUNGALS	1	ОТС
butenafine hcl cream 1%	1 1	
ciclopirox gel 0.77%		ST, QL (120g every 30 days)
ciclopirox olamine cream 0.77% (base equiv)	1	ST, QL (120g every 30 days)
ciclopirox olamine susp 0.77% (base equiv)	1	ST, QL (120 mL every 30 days)
ciclopirox shampoo 1%	1	QL (120 mL every 30 days)
ciclopirox solution 8%	1	
clotrimazole cream 1%	1	OTC
clotrimazole cream 1%	1	ST, QL (120g every 30 days)
clotrimazole soln 1%	1	OTC
clotrimazole soln 1%	1	QL (120 mL every 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (60g every 30 days)
clotrimazole w/ betamethasone lotion 1-0.05%	1	QL (60 mL every 30 days)
econazole nitrate cream 1%	1	ST, QL (60g every 30 days)
ERTACZO CRE 2%	3	QL (60g every 30 days)
JUBLIA SOL 10%	3	PA, QL (4 mL every 28 days)
ketoconazole cream 2%	1	ST, QL (120g every 30 days)
LOTRIMIN AF AER 2%	1	OTC
LOTRIMIN ULT CRE 1%	1	OTC
MENTAX CRE 1%	3	QL (60g every 30 days)
miconazole nitrate aerosol 2%	1	OTC
miconazole nitrate aerosol pow 2%	1	OTC
miconazole nitrate cream 2%	1	OTC
miconazole nitrate ointment 2%	1	OTC
miconazole nitrate powder 2%	1	OTC
naftifine hcl cream 1%	1	ST, QL (60g every 30 days)
naftifine hcl cream 2%	1	ST, QL (60g every 30 days)
nystatin cream 100000 unit/gm	1	ST, QL (120g every 30 days)
nystatin oint 100000 unit/gm	1	ST, QL (120g every 30 days)
nystatin topical powder 100000 unit/gm	1	ST, QL (120g every 30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-		QL (60g every 30 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	5 1	QL (60g every 30 days)
oxiconazole nitrate cream 1%	1	ST, QL (60g every 30 days)
sulconazole nitrate cream 1%	1	QL (60g every 30 days)
sulconazole nitrate solution 1%	1	QL (60 mL every 30 days)
terbinafine hcl cream 1%	1	OTC
TINACTIN AER 1%	1	OTC
tolnaftate aerosol 1%	1	OTC
tolnaftate aerosol pow 1%	1	OTC
tolnaftate cream 1%	1	OTC
tolnaftate powder 1%	1	OTC
tolnaftate soln 1%	1	OTC

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl cream 5%	3	QL (45g every 30 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
calcipotriene soln 0.005% (50 mcg/ml)	1	ST, QL (60 mL every 30 days); PA**
calcitriol oint 3 mcg/gm	3	ST, QL (100g every 30 days); PA**
methoxsalen rapid cap 10 mg	1	
tazarotene cream 0.1%	1	PA
tazarotene gel 0.1%	1	PA
tazarotene gel 0.05%	1	PA
TAZORAC CRE 0.05%	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	1	QL (120 mL every 30 days)
selenium sulfide lotion 2.5%	1	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT INJ 200/1.14	3	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 200MG	3	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	3	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	3	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
EUCRISA OIN 2%	2	ST, QL (60g every 30 days); PA**
pimecrolimus cream 1%	3	ST; PA**
tacrolimus oint 0.1%	3	ST; PA**
tacrolimus oint 0.03%	3	ST; PA**
DERMATOLOGY, CORTICOSTEROIDS		
alclometasone dipropionate cream 0.05%	1	QL (120g every 30 days)
alclometasone dipropionate oint 0.05%	1	QL (120g every 30 days)
amcinonide lotion 0.1%	1	QL (120 mL every 30 days)
amcinonide oint 0.1%	1	QL (120g every 30 days)
betamethasone dipropionate augmented cream 0.05%	1	QL (120g every 30 days)
betamethasone dipropionate augmented gel 0.05%	1	QL (120g every 30 days)
betamethasone dipropionate augmented lotion 0.05%	1	QL (120 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate augmented oint 0.05%	1	QL (120g every 30 days)
betamethasone dipropionate cream 0.05%	1	QL (120g every 30 days)
betamethasone dipropionate lotion 0.05%	1	QL (120 mL every 30 days)
betamethasone valerate aerosol foam 0.12%	1	QL (120g every 30 days)
betamethasone valerate cream 0.1% (base	1	QL (120g every 30 days)
equivalent)		
betamethasone valerate lotion 0.1% (base	1	QL (120 mL every 30 days)
equivalent)	4	01 (400 00 1)
betamethasone valerate oint 0.1% (base equivalent)		QL (120g every 30 days)
calcipotriene-betamethasone dipropionate oint	3	ST, QL (60g every 30 days);
0.005-0.064%	1	PA**
clobetasol propionate cream 0.05%	1	QL (120g every 30 days)
clobetasol propionate emollient base cream 0.05%		QL (120g every 30 days)
clobetasol propionate foam 0.05%	1	QL (120g every 30 days)
clobetasol propionate gel 0.05%	1	QL (120g every 30 days)
clobetasol propionate lotion 0.05%	1	QL (120 mL every 30 days)
clobetasol propionate oint 0.05%	1	QL (120g every 30 days)
clobetasol propionate shampoo 0.05%	1	QL (120 mL every 30 days)
clobetasol propionate soln 0.05%	1	QL (120 mL every 30 days)
clobetasol propionate spray 0.05%	1	QL (120 mL every 30 days)
clocortolone pivalate cream 0.1%	3	QL (120g every 30 days)
desonide cream 0.05%	1	QL (120g every 30 days)
desonide lotion 0.05%	1	QL (120 mL every 30 days)
desonide oint 0.05%	1	QL (120g every 30 days)
desoximetasone cream 0.05%	1	QL (120g every 30 days)
desoximetasone cream 0.25%	1	QL (120g every 30 days)
desoximetasone gel 0.05%	1	QL (120g every 30 days)
desoximetasone oint 0.25%	1	QL (120g every 30 days)
desoximetasone spray 0.25%	3	QL (120 mL every 30 days)
diflorasone diacetate cream 0.05%	3	QL (120g every 30 days)
diflorasone diacetate oint 0.05%	3	QL (120g every 30 days)
fluocinolone acetonide cream 0.01%	1	QL (120g every 30 days)
fluocinolone acetonide cream 0.025%	1	QL (120g every 30 days)
fluocinolone acetonide oil 0.01% (body oil)	1	QL (120 mL every 30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	1	QL (120 mL every 30 days)
fluocinolone acetonide oint 0.025%	1	QL (120g every 30 days)
fluocinolone acetonide soln 0.01%	1	QL (120 mL every 30 days)
fluocinonide cream 0.05%	1	QL (120g every 30 days)
fluocinonide gel 0.05%	1	QL (120g every 30 days)
fluocinonide oint 0.05%	1	QL (120g every 30 days)
fluocinonide soln 0.05%	1	QL (120 mL every 30 days)
fluticasone propionate cream 0.05%	1	QL (120g every 30 days)
fluticasone propionate lotion 0.05%	1	QL (120 mL every 30 days)
fluticasone propionate oint 0.005%	1	QL (120 mb every 30 days)
halobetasol propionate cream 0.05%	1	QL (120g every 30 days)
natobetusot propionate cream 0.05%	1	QL (120g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
halobetasol propionate oint 0.05%	1	QL (120g every 30 days)
hydrocortisone butyrate cream 0.1%	1	QL (120g every 30 days)
hydrocortisone butyrate oint 0.1%	1	QL (120g every 30 days)
hydrocortisone butyrate soln 0.1%	1	QL (120 mL every 30 days)
hydrocortisone cream 1%	1	QL (120g every 30 days)
hydrocortisone cream 2.5%	1	QL (120g every 30 days)
hydrocortisone lotion 2.5%	1	QL (120 mL every 30 days)
hydrocortisone oint 2.5%	1	QL (120g every 30 days)
hydrocortisone valerate cream 0.2%	1	QL (120g every 30 days)
hydrocortisone valerate oint 0.2%	1	QL (120g every 30 days)
mometasone furoate cream 0.1%	1	QL (120g every 30 days)
mometasone furoate oint 0.1%	1	QL (120g every 30 days)
mometasone furoate solution 0.1% (lotion)	1	QL (120 mL every 30 days)
triamcinolone acetonide cream 0.1%	1	QL (120g every 30 days)
triamcinolone acetonide cream 0.5%	1	QL (120g every 30 days)
triamcinolone acetonide cream 0.025%	1	QL (120g every 30 days)
triamcinolone acetonide lotion 0.1%	1	QL (120 mL every 30 days)
triamcinolone acetonide lotion 0.025%	1	QL (120 mL every 30 days)
triamcinolone acetonide oint 0.1%	1	QL (120g every 30 days)
triamcinolone acetonide oint 0.5%	1	QL (120g every 30 days)
triamcinolone acetonide oint 0.025%	1	QL (120g every 30 days)
ERMATOLOGY, LOCAL ANESTHETICS		
lidocaine hcl soln 4%	1	QL (50 mL every 30 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (60 mL every 30 days)
lidocaine patch 4%	1	QL (30 patches every 30 days), OTC
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30g every 30 days)
SYNERA DIS 70-70MG	3	QL (2 patches every 30 days
ERMATOLOGY, MISCELLANEOUS SKIN AND MU	COUS MEMI	BRANE
acyclovir cream 5%	3	
bexarotene gel 1%	3	PA
CONDYLOX GEL 0.5%	3	
diclofenac sodium gel 1% (1.16% diethylamine equiv)	1	QL (300g every 30 days)
diclofenac sodium gel 1% (1.16% diethylamine equiv)	1	QL (300g every 30 days), OTC
docosanol cream 10%	1	OTC
lactic acid (ammonium lactate) cream 12%	1	
lactic acid (ammonium lactate) lotion 12%	1	
penciclovir cream 1%	1	ST
podofilox soln 0.5%	1	
RECTIV OIN 0.4%	3	
VOLTAREN GEL 1% ARTHR	1	QL (300g every 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ROSACEA		
azelaic acid gel 15%	1	
brimonidine tartrate gel 0.33% (base equivalent)	1	PA
FINACEA AER 15%	2	
ivermectin cream 1%	1	PA
metronidazole cream 0.75%	1	QL (60g every 30 days)
metronidazole gel 0.75%	1	QL (60g every 30 days)
metronidazole gel 1%	1	QL (60g every 30 days)
metronidazole lotion 0.75%	1	QL (60 mL every 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULICID	ES	
crotamiton lotion 10%	1	
ivermectin lotion 0.5%	1	ОТС
malathion lotion 0.5%	1	ST; PA**
permethrin cream 5%	1	
permethrin creme rinse 1%	1	ОТС
permethrin lotion 1%	1	OTC
spinosad susp 0.9%	1	ST; PA**
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL 0.01%	3	PA, QL (30g every 30 days)
sodium chloride irrigation soln 0.9%	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	1	
chlorhexidine gluconate soln 0.12%	1	
clotrimazole troche 10 mg	1	QL (90 lozenges every 30 days)
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG	3	QL (14 tabs every 30 days)
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
triamcinolone acetonide dental paste 0.1%	1	
OTIC		
acetic acid otic soln 2%	1	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	- 3	
CORTISPORIN SUS -TC OTIC	3	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	

M- Covered Under the Medical Benefit Only $\ OTC$ - Over the counter $\ PA$ - Prior Authorization $\ PA^{**}$ - PA Applied if Step Not Met $\ QL$ - Quantity Limits $\ ST$ - Step Therapy ^- Covered Under Medical Benefit — PCP copay applies

Drug Name	Drug Tier	Requirements/Limits	
ofloxacin otic soln 0.3%	1		

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A	adapalene gel 0.1%102
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acetaminophen w/ codeine soln 120-12 mg/5ml	(90mcg base equiv)98
2	albuterol sulfate soln nebu 0.083% (2.5
acetaminophen w/ codeine tab 300-15 mg2	mg/3ml)98
acetaminophen w/ codeine tab 300-30 mg2	albuterol sulfate soln nebu 0.5% (5 mg/ml)98
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equivalent)30	BELBUCA MIS 750MCG	8
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mcg/spray)97	benazepril hcl tab 10 mg	26
azelastine hcl nasal spray 0.15% (205.5	benazepril hcl tab 20 mg	26
mcg/spray)97	benazepril hcl tab 40 mg	
azelastine hcl ophth soln 0.05%95	benazepril hcl tab 5 mg	
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	38
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0.05%105 brimonidine tartrate ge	el 0.33% (base
	108
	phth soln 0.15%95
	phth soln 0.2%95
betamethasone dipropionate lotion 0.05% 106 brimonidine tartrate-ti	-
• •	95
· · · · · · · · · · · · · · · · · · ·	sp 1%95
betamethasone valerate cream 0.1% (base bromfenac sodium oph	=
	94
betamethasone valerate lotion 0.1% (base bromocriptine mesylat	
	45
betamethasone valerate oint 0.1% (base bromocriptine mesylat	
	45
	lease particles cap 3 mg
·	77
•	susp 0.25 mg/2ml101
	susp 0.5 mg/2ml101
	susp 1 mg/2ml101
——————————————————————————————————————	<i>32 mcg/act</i> 100
·	r 9 mg77
	l fumarate dihyd aerosol
	102
o,	l fumarate dihyd aerosol
	102
	ı35
· · · · · · · · · · · · · · · · · · ·	35
	35
	ab 2 mg (base equiv)60
	ab 8 mg (base equiv)60

buprenorphine hcl-naloxone hcl sl film 12-3 mg	calcium acetate (phosphate binder) tab 667 mg
(base equiv)59	74
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg	CALQUENCE TAB 100MG22
(base equiv)59	candesartan cilexetil tab 16 mg28
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carboplatin iv soln 600 mg/60ml	24	celecoxib cap 100 mg	1
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carmustine for inj 100 mg		CELLCEPT SUS 200MG/ML	
carteolol hcl ophth soln 1%		CELLCEPT TAB 500MG	
carvedilol tab 12.5 mg		cephalexin cap 250 mg	
carvedilol tab 25 mg		cephalexin cap 500 mg	
carvedilol tab 3.125 mg		cephalexin cap 750 mg	
carvedilol tab 6.25 mg		cephalexin for susp 125 mg/5ml	
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CAYSTON INH 75MG		cephalexin tab 250 mg	
cefaclor cap 250 mg		cephalexin tab 500 mg	
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cefaclor for susp 125 mg/5ml		cetirizine hcl cap 10 mg	
cefactor for susp 250 mg/5mlcefactor for susp 250 mg/5ml		cetirizine hcl chew tab 10 mg	
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cefadroxil cap 500 mg		cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	
cefadroxil for susp 250 mg/5ml		cetirizine hcl tab 10 mg	
cefadroxil for susp 500 mg/5ml		cetirizine hcl tab 5 mg	
cefadroxil tab 1 gm		cevimeline hcl cap 30 mg	
cefdinir cap 300 mg		CHEMET CAP 100MG	
cefdinir for susp 125 mg/5ml		CHEMSTRIP 9 TES STRIPS	
cefdinir for susp 250 mg/5mlcefdinir		chlordiazepoxide hcl cap 10 mg	
cefepime hcl for inj 1 gm		chlordiazepoxide hcl cap 25 mg	
cefepime hcl for iv soln 2 gm		chlordiazepoxide hcl cap 5 mgchlordiazepoxide hcl cap 5 mg	
cefixime cap 400 mg		chlordiazepoxide-amitriptyline tab 10-25 mg	
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cefpodoxime proxetil tab 100 mg		chlorpromazine hcl tab 10 mg	
cefpodoxime proxetil tab 100 mgcefpodoxime proxetil tab 200 mg		chlorpromazine hcl tab 10 mgchlorpromazine hcl tab 100 mg	
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CEIDI OZII LUD JOO IILY	IS	CHOLUIUIUOHE WD 23 HQ	ວວ

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104	CLINDACIN KIT PAC 1%	102
ciclopirox olamine susp 0.77% (base equiv)104	clindamycin hcl cap 150 mg	16
ciclopirox shampoo 1%104	clindamycin hcl cap 300 mg	
ciclopirox solution 8%104	clindamycin hcl cap 75 mg	
cilostazol tab 100 mg83	clindamycin palmitate hcl for soln 75 mg	
cilostazol tab 50 mg83	(base equiv)	-
CIMDUO TAB 300-30011	clindamycin phosphate foam 1%	
cimetidine tab 200 mg76	clindamycin phosphate gel 1%	
cimetidine tab 300 mg76	clindamycin phosphate lotion 1%	
cimetidine tab 400 mg76	clindamycin phosphate soln 1%	
cimetidine tab 800 mg76	clindamycin phosphate swab 1%	
cinacalcet hcl tab 30 mg (base equiv)65	clindamycin phosphate vaginal cream 29	
cinacalcet hcl tab 60 mg (base equiv)65	clindamycin phosphate-benzoyl peroxide	
cinacalcet hcl tab 90 mg (base equiv)66	1.2-2.5%	_
CIPRO (10%) SUS 500MG/515	clindamycin phosphate-benzoyl peroxide	
ciprofloxacin hcl ophth soln 0.3% (base	5%	
equivalent)94	clindamycin phosph-benzoyl peroxide (r	
ciprofloxacin hcl otic soln 0.2% (base	gel 1.2 (1)-5%	
equivalent)108	clobazam suspension 2.5 mg/ml	50
ciprofloxacin hcl tab 100 mg (base equiv) 15	clobazam tab 10 mg	
ciprofloxacin hcl tab 250 mg (base equiv) 15	clobazam tab 20 mg	
ciprofloxacin hcl tab 500 mg (base equiv) 15	clobetasol propionate cream 0.05%	
ciprofloxacin hcl tab 750 mg (base equiv) 15	clobetasol propionate emollient base cre	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	0.05%	106
108	clobetasol propionate foam 0.05%	106
ciprofloxacin-fluocinolone aceton (pf) otic soln	clobetasol propionate gel 0.05%	106
0.3-0.025%108	clobetasol propionate lotion 0.05%	106
cisplatin inj 100 mg/100ml (1 mg/ml)24	clobetasol propionate oint 0.05%	
cisplatin inj 200 mg/200ml (1 mg/ml)24	clobetasol propionate shampoo 0.05%	106
cisplatin inj 50 mg/50ml (1 mg/ml)24	clobetasol propionate soln 0.05%	106
citalopram hydrobromide oral soln 10 mg/5ml	clobetasol propionate spray 0.05%	106
41	clocortolone pivalate cream 0.1%	
citalopram hydrobromide tab 10 mg (base	clofarabine iv soln 1 mg/ml	19
equiv)41	clomiphene citrate tab 50 mg	
citalopram hydrobromide tab 20 mg (base	clomipramine hcl cap 25 mg	
equiv)41	clomipramine hcl cap 50 mg	
citalopram hydrobromide tab 40 mg (base	clomipramine hcl cap 75 mg	
equiv)41	clonazepam tab 0.5 mg	50
cladribine iv soln 10 mg/10ml (1 mg/ml) 19	clonazepam tab 1 mg	50

COSENTYX IN 150MG/ML	clonazepam tab 2 mg50	0 CORTISPORIN SUS -TC OTIC108
COSENTYX IN] 300DOSE		
COSENTYX NIN 75MG/O.S.		
COSENTYX PEN IN] 150MG/MI.	S .	•
Colonidine td patch weekly 0.2 mg/24hr.	——————————————————————————————————————	
Colsing Cols		
CREON CAP 12000UNT	. ,	· · · · · · · · · · · · · · · · · · ·
CREON CAP 24000UNT	• • • • • • • • • • • • • • • • • • • •	
CREON CAP 3000UNIT. 78 Clorazepate dipotassium tab 15 mg 50 CREON CAP 3600UNIT. 78 CREON CAP 45000UNIT. 78 CREON CAP 36000UNIT. 78 CREON CAP 3600UNIT. 78 CREON CAP 36000UNIT. 78 CREON CAP 3600UNIT. 78 CREON CAP 3600UNIT. 78 CREON CAP 3600UNIT. 78 CREON CAP 3600UNIT. 78 C		
CREON CAP 36000UNT		
CRESMBA CAP 186 MG	• •	
CRESEMBA CAP 186 MG		
CRESEMBA CAP 74.5MG		
CRINONE GEL 4% VAG		
COLORING SEL 8% VAG		
104		
Colorimazole w/ betamethasone lotion 1-0.05%		
104		
Clozapine orally disintegrating tab 100 mg		
Clozapine orally disintegrating tab 12.5 mg .47		
CUTAQUIG SOL 2GM		
Clozapine orally disintegrating tab 200 mg		
Clozapine orally disintegrating tab 25 mg		
CUTAQUIG SOL 8GM 88 88 88 88 89 89 89 8		
clozapine tab 200 mg 47 cyanocobalamin inj 1000 mcg/ml 93 clozapine tab 25 mg 47 cyclobenzaprine hcl tab 10 mg 58 COARTEM TAB 20-120MG 9 cyclophosphamide cap 25 mg 18 CODEINE SULF TAB 60MG 2 cyclophosphamide cap 50 mg 18 codeine sulfate tab 30 mg 2 cyclophosphamide for inj 1 gm 18 colchicine tab 0.6 mg 1 cyclophosphamide for inj 2 gm 18 colchicine w/ probenecid tab 0.5-500 mg 1 cyclophosphamide for inj 500 mg 18 colestipol hcl granule packets 5 gm 29 cyclosporine cap 250 mg 12 colestipol hcl granules 5 gm 29 cyclosporine cap 100 mg 88 colestipol hcl tab 1 gm 29 cyclosporine cap 25 mg 88 COMETRIQ KIT 100MG 22 cyclosporine wolified cap 100 mg 89 COMETRIQ KIT 160MG 22 cyclosporine modified cap 25 mg 89 COMETRIQ KIT 160MG 22 cyclosporine modified cap 50 mg 89 COMETRIQ KIT 180MG 22 cyclosporine modified cap 50 mg 89		
clozapine tab 25 mg 47 cyclobenzaprine hcl tab 10 mg 58 clozapine tab 50 mg 47 cyclobenzaprine hcl tab 5 mg 58 COARTEM TAB 20-120MG 9 cyclophosphamide cap 25 mg 18 CODEINE SULF TAB 60MG 2 cyclophosphamide cap 50 mg 18 codeine sulfate tab 30 mg 2 cyclophosphamide for inj 1 gm 18 colchicine tab 0.6 mg 1 cyclophosphamide for inj 2 gm 18 colchicine w/ probenecid tab 0.5-500 mg 1 cyclophosphamide for inj 500 mg 18 colestipol hcl granule packets 5 gm 29 cyclosporine cap 250 mg 12 colestipol hcl tab 1 gm 29 cyclosporine cap 250 mg 12 colestipol hcl tab 1 gm 29 cyclosporine cap 25 mg 88 COMETRIQ KIT 100MG 22 cyclosporine iv soln 50 mg/ml 89 COMETRIQ KIT 60MG 22 cyclosporine modified cap 100 mg 89 COMETRIQ KIT 60MG 22 cyclosporine modified cap 50 mg 89 CONDOMS MIS 66 cyclosporine modified cap 50 mg 89 C		
clozapine tab 50 mg 47 cyclobenzaprine hcl tab 5 mg 58 COARTEM TAB 20-120MG 9 cyclophosphamide cap 25 mg 18 CODEINE SULF TAB 60MG 2 cyclophosphamide cap 50 mg 18 codeine sulfate tab 30 mg 2 cyclophosphamide for inj 1 gm 18 colchicine tab 0.6 mg 1 cyclophosphamide for inj 2 gm 18 colchicine w/ probenecid tab 0.5-500 mg 1 cyclophosphamide for inj 500 mg 18 colestipol hcl granule packets 5 gm 29 cyclosporine cap 250 mg 12 colestipol hcl granules 5 gm 29 cyclosporine cap 250 mg 12 colestipol hcl tab 1 gm 29 cyclosporine cap 250 mg 88 COMETRIQ KIT 100MG 22 cyclosporine cap 25 mg 88 COMETRIQ KIT 140MG 22 cyclosporine modified cap 100 mg 89 COMETRIQ KIT 60MG 22 cyclosporine modified cap 25 mg 89 CONTOURS MIS 66 cyclosporine modified cap 50 mg 89 CONTOUR KIT NEXT 91 cyclosporine modified cap 50 mg 89 C		
COARTEM TAB 20-120MG 9 cyclophosphamide cap 25 mg 18 CODEINE SULF TAB 60MG 2 cyclophosphamide cap 50 mg 18 codeine sulfate tab 30 mg 2 cyclophosphamide for inj 1 gm 18 colchicine tab 0.6 mg 1 cyclophosphamide for inj 2 gm 18 colchicine w/ probenecid tab 0.5-500 mg 1 cyclophosphamide for inj 500 mg 18 colestipol hel granule packets 5 gm 29 cyclosphosphamide for inj 500 mg 18 colestipol hel granules 5 gm 29 cyclosperine cap 250 mg 12 colestipol hel tab 1 gm 29 cyclosporine cap 100 mg 88 colestipol hel tab 1 gm 29 cyclosporine cap 25 mg 88 COMETRIQ KIT 100MG 22 cyclosporine iv soln 50 mg/ml 89 COMETRIQ KIT 160MG 22 cyclosporine modified cap 100 mg 89 COMETRIQ KIT 60MG 22 cyclosporine modified cap 25 mg 89 CONDOMS MIS 66 cyclosporine modified cap 50 mg 89 CONDOWS MIS 66 cyclosporine modified cap 50 mg 89		
CODEINE SULF TAB 60MG 2 cyclophosphamide cap 50 mg 18 codeine sulfate tab 30 mg 2 cyclophosphamide for inj 1 gm 18 colchicine tab 0.6 mg 1 cyclophosphamide for inj 2 gm 18 colchicine w/ probenecid tab 0.5-500 mg 1 cyclophosphamide for inj 500 mg 18 colestipol hcl granule packets 5 gm 29 cycloserine cap 250 mg 12 colestipol hcl tab 1 gm 29 cyclosporine cap 100 mg 88 cometriq kit 100MG 22 cyclosporine iv soln 50 mg/ml 89 COMETRIQ kit 140MG 22 cyclosporine modified cap 100 mg 89 COMETRIQ kit 60MG 22 cyclosporine modified cap 25 mg 89 COMETRIQ kit 60MG 22 cyclosporine modified cap 25 mg 89 COMETRIQ kit 60MG 22 cyclosporine modified cap 25 mg 89 CONDOMS MIS 66 cyclosporine modified cap 50 mg 89 CONDOWS MIS 66 cyclosporine modified oral soln 100 mg/ml 89 CONTOUR KIT NEXT 91 cycroheptadine hcl tab 4 mg 97		
codeine sulfate tab 30 mg 2 cyclophosphamide for inj 1 gm 18 colchicine tab 0.6 mg 1 cyclophosphamide for inj 2 gm 18 colchicine w/ probenecid tab 0.5-500 mg 1 cyclophosphamide for inj 500 mg 18 colestipol hcl granule packets 5 gm 29 cycloserine cap 250 mg 12 colestipol hcl granules 5 gm 29 cyclosporine cap 100 mg 88 colestipol hcl tab 1 gm 29 cyclosporine cap 25 mg 88 COMETRIQ KIT 100MG 22 cyclosporine iv soln 50 mg/ml 89 COMETRIQ KIT 60MG 22 cyclosporine modified cap 100 mg 89 COMETRIQ KIT 60MG 22 cyclosporine modified cap 25 mg 89 COMIRNATY INJ 30/0.3ML 90 cyclosporine modified cap 50 mg 89 CONDOMS MIS 66 cyclosporine modified oral soln 100 mg/ml 89 CONTOUR KIT NEXT 91 cyproheptadine hcl tab 4 mg 97 CONTOUR KIT NEXT EZ 91 cystaGON CAP 150MG 69 CONTOUR NEXT KIT GEN 92 cystarabine inj 20 mg/ml 19	CODEINE SULF TAB 60MG	
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colestipol hcl granule packets 5 gm 29 cycloserine cap 250 mg 12 colestipol hcl granules 5 gm 29 cyclosporine cap 100 mg 88 colestipol hcl tab 1 gm 29 cyclosporine cap 25 mg 88 COMETRIQ KIT 100MG 22 cyclosporine iv soln 50 mg/ml 89 COMETRIQ KIT 60MG 22 cyclosporine modified cap 100 mg 89 COMIRNATY INJ 30/0.3ML 90 cyclosporine modified cap 25 mg 89 CONDOMS MIS 66 cyclosporine modified cap 50 mg 89 CONTOUR KIT NEXT 91 cyproheptadine hcl syrup 2 mg/5ml 97 CONTOUR KIT NEXT EZ 91 CYSTAGON CAP 150MG 69 CONTOUR KIT NEXT LNK 91 CYSTAGON CAP 50MG 69 CONTOUR NEXT KIT GEN 92 CYSTARAN SOL 0.44% 96 CONTOUR NEXT KIT LINK 2.4 92 cytarabine inj pf 100 mg/ml 19 CONTOUR TES BLD GLUC 61 cytarabine inj pf 100 mg/ml 19		
colestipol hcl granules 5 gm 29 cyclosporine cap 100 mg 88 colestipol hcl tab 1 gm 29 cyclosporine cap 25 mg 88 COMETRIQ KIT 100MG 22 cyclosporine iv soln 50 mg/ml 89 COMETRIQ KIT 140MG 22 cyclosporine modified cap 100 mg 89 COMETRIQ KIT 60MG 22 cyclosporine modified cap 25 mg 89 COMIRNATY INJ 30/0.3ML 90 cyclosporine modified cap 50 mg 89 CONDOMS MIS 66 cyclosporine modified oral soln 100 mg/ml 89 CONTOUR KIT NEXT 91 cyproheptadine hcl syrup 2 mg/5ml 97 CONTOUR KIT NEXT EZ 91 CYSTAGON CAP 150MG 69 CONTOUR KIT NEXT LNK 91 CYSTAGON CAP 50MG 69 CONTOUR NEXT KIT GEN 92 CYSTARAN SOL 0.44% 96 CONTOUR NXT KIT LINK 2.4 92 cytarabine inj 20 mg/ml 19 CONTOUR TES BLD GLUC 61 cytarabine inj pf 100 mg/ml 19	, ,	
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$		
COMETRIQ KIT 100MG 22 cyclosporine iv soln 50 mg/ml 89 COMETRIQ KIT 140MG 22 cyclosporine modified cap 100 mg 89 COMETRIQ KIT 60MG 22 cyclosporine modified cap 25 mg 89 COMIRNATY INJ 30/0.3ML 90 cyclosporine modified cap 50 mg 89 CONDOMS MIS 66 cyclosporine modified oral soln 100 mg/ml 89 CONDYLOX GEL 0.5% 107 cyproheptadine hcl syrup 2 mg/5ml 97 CONTOUR KIT NEXT 91 cyproheptadine hcl tab 4 mg 97 CONTOUR KIT NEXT EZ 91 CYSTAGON CAP 150MG 69 CONTOUR NEXT KIT GEN 92 CYSTARAN SOL 0.44% 96 CONTOUR NXT KIT LINK 2.4 92 cytarabine inj 20 mg/ml 19 CONTOUR TES BLD GLUC 61 cytarabine inj pf 100 mg/ml 19		
COMETRIQ KIT 140MG		
COMETRIQ KIT 60MG 22 cyclosporine modified cap 25 mg 89 COMIRNATY INJ 30/0.3ML 90 cyclosporine modified cap 50 mg 89 CONDOMS MIS 66 cyclosporine modified oral soln 100 mg/ml 89 CONDYLOX GEL 0.5% 107 cyproheptadine hcl syrup 2 mg/5ml 97 CONTOUR KIT NEXT 91 cyproheptadine hcl tab 4 mg 97 CONTOUR KIT NEXT EZ 91 CYSTAGON CAP 150MG 69 CONTOUR KIT NEXT LNK 91 CYSTAGON CAP 50MG 69 CONTOUR NEXT KIT GEN 92 CYSTARAN SOL 0.44% 96 CONTOUR NXT KIT LINK 2.4 92 cytarabine inj 20 mg/ml 19 CONTOUR TES BLD GLUC 61 cytarabine inj pf 100 mg/ml 19		
COMIRNATY INJ 30/0.3ML 90 cyclosporine modified cap 50 mg 89 CONDOMS MIS 66 cyclosporine modified oral soln 100 mg/ml 89 CONDYLOX GEL 0.5% 107 cyproheptadine hcl syrup 2 mg/5ml 97 CONTOUR KIT NEXT 91 cyproheptadine hcl tab 4 mg 97 CONTOUR KIT NEXT EZ 91 CYSTAGON CAP 15 0MG 69 CONTOUR KIT NEXT LNK 91 CYSTAGON CAP 50 MG 69 CONTOUR NEXT KIT GEN 92 CYSTARAN SOL 0.44% 96 CONTOUR NXT KIT LINK 2.4 92 cytarabine inj 20 mg/ml 19 CONTOUR TES BLD GLUC 61 cytarabine inj pf 100 mg/ml 19		
CONDOMS MIS 66 cyclosporine modified oral soln 100 mg/ml 89 CONDYLOX GEL 0.5% 107 cyproheptadine hcl syrup 2 mg/5ml 97 CONTOUR KIT NEXT 91 cyproheptadine hcl tab 4 mg 97 CONTOUR KIT NEXT EZ 91 CYSTAGON CAP 150MG 69 CONTOUR KIT NEXT LNK 91 CYSTAGON CAP 50MG 69 CONTOUR NEXT KIT GEN 92 CYSTARAN SOL 0.44% 96 CONTOUR NXT KIT LINK 2.4 92 cytarabine inj 20 mg/ml 19 CONTOUR TES BLD GLUC 61 cytarabine inj pf 100 mg/ml 19	COMIRNATY INJ 30/0.3ML90	
CONDYLOX GEL 0.5% 107 cyproheptadine hcl syrup 2 mg/5ml 97 CONTOUR KIT NEXT 91 cyproheptadine hcl tab 4 mg 97 CONTOUR KIT NEXT EZ 91 CYSTAGON CAP 15 0MG 69 CONTOUR KIT NEXT LNK 91 CYSTAGON CAP 50 MG 69 CONTOUR NEXT KIT GEN 92 CYSTARAN SOL 0.44% 96 CONTOUR NXT KIT LINK 2.4 92 cytarabine inj 20 mg/ml 19 CONTOUR TES BLD GLUC 61 cytarabine inj pf 100 mg/ml 19	•	
CONTOUR KIT NEXT 91 cyproheptadine hcl tab 4 mg 97 CONTOUR KIT NEXT EZ 91 CYSTAGON CAP 150MG 69 CONTOUR KIT NEXT LNK 91 CYSTAGON CAP 50MG 69 CONTOUR NEXT KIT GEN 92 CYSTARAN SOL 0.44% 96 CONTOUR NXT KIT LINK 2.4 92 cytarabine inj 20 mg/ml 19 CONTOUR TES BLD GLUC 61 cytarabine inj pf 100 mg/ml 19	CONDYLOX GEL 0.5%107	
CONTOUR KIT NEXT EZ 91 CYSTAGON CAP 150MG 69 CONTOUR KIT NEXT LNK 91 CYSTAGON CAP 50MG 69 CONTOUR NEXT KIT GEN 92 CYSTARAN SOL 0.44% 96 CONTOUR NXT KIT LINK 2.4 92 cytarabine inj 20 mg/ml 19 CONTOUR TES BLD GLUC 61 cytarabine inj pf 100 mg/ml 19	CONTOUR KIT NEXT9	
CONTOUR NEXT KIT GEN 92 CYSTARAN SOL 0.44% 96 CONTOUR NXT KIT LINK 2.4 92 cytarabine inj 20 mg/ml 19 CONTOUR TES BLD GLUC 61 cytarabine inj pf 100 mg/ml 19		
CONTOUR NXT KIT LINK 2.4	CONTOUR KIT NEXT LNK9	
CONTOUR TES BLD GLUC	CONTOUR NEXT KIT GEN92	2 CYSTARAN SOL 0.44%96
CONTOUR TES BLD GLUC	CONTOUR NXT KIT LINK 2.492	2 <i>cytarabine inj 20 mg/ml</i> 19
	CONTOUR TES BLD GLUC6	1 <i>cytarabine inj pf 100 mg/ml</i> 19
	COPAXONE INJ 40MG/ML58	

U		aesogest-eth estraa & eth estraa tab 0.1	
dabigatran etexilate mesylate cap 150	_	0.02/0.01 mg(21/5)	
(etexilate base eq)		desogest-ethin est tab 0.1-0.025/0.125-	
dacarbazine for inj 100 mg		0.025/0.15-0.025mg-mg	
dacarbazine for inj 200 mg		desogestrel & ethinyl estradiol tab 0.15	_
dalfampridine tab er 12hr 10 mg	58	mcg	
danazol cap 100 mg	69	desonide cream 0.05%	106
danazol cap 200 mg	69	desonide lotion 0.05%	
danazol cap 50 mg	69	desonide oint 0.05%	106
dantrolene sodium cap 100 mg	58	desoximetasone cream 0.05%	106
dantrolene sodium cap 25 mg	58	desoximetasone cream 0.25%	106
dantrolene sodium cap 50 mg	58	desoximetasone gel 0.05%	106
dapsone tab 100 mg	16	desoximetasone oint 0.25%	106
dapsone tab 25 mg		desoximetasone spray 0.25%	106
DAPTACEL INJ		desvenlafaxine succinate tab er 24hr 10	
darifenacin hydrobromide tab er 24hr		(base equiv)	_
(base equiv)		desvenlafaxine succinate tab er 24hr 25	
darifenacin hydrobromide tab er 24hr		(base equiv)	
(base equiv)	_	desvenlafaxine succinate tab er 24hr 50	
darunavir tab 600 mg		(base equiv)	_
darunavir tab 800 mg		DEXAMETHASON CON 1MG/ML	
daunorubicin hcl iv soln 20 mg/4ml (b		dexamethasone elixir 0.5 mg/5ml	
equiv)		dexamethasone sodium phosphate oph	
DAYVIGO TAB 10MG		0.1%	
DAYVIGO TAB 10MGDAYVIGO TAB 5MG			
		dexamethasone soln 0.5 mg/5ml	
decitabine for inj 50 mg		dexamethasone tab 0.5 mg	
deferiprone tab 1000 mg		dexamethasone tab 0.75 mg	
deferiprone tab 500 mg		dexamethasone tab 1 mg	
demeclocycline hcl tab 150 mg		dexamethasone tab 1.5 mg	
demeclocycline hcl tab 300 mg		dexamethasone tab 2 mg	
DENGVAXIA SUS		dexamethasone tab 4 mg	
DEPO-SQ PROV INJ 104	66	dexamethasone tab 6 mg	72
DESCOVY TAB 120-15MG		DEXCOM G5 MIS RECEIVER	
DESCOVY TAB 200/25MG		DEXCOM G5 MIS TRANSMIT	
desipramine hcl tab 10 mg		DEXCOM G6 MIS RECEIVER	
desipramine hcl tab 100 mg		DEXCOM G6 MIS SENSOR	
desipramine hcl tab 150 mg	42	DEXCOM G6 MIS TRANSMIT	
desipramine hcl tab 25 mg	41	DEXCOM G7 MIS RECEIVER	
desipramine hcl tab 50 mg	42	DEXCOM G7 MIS SENSOR	
desipramine hcl tab 75 mg	42	dexmethylphenidate hcl cap er 24 hr 10) mg53
desloratadine tab 5 mg	97	dexmethylphenidate hcl cap er 24 hr 15	
desloratadine tab orally disintegrating	2.5 mg	dexmethylphenidate hcl cap er 24 hr 20	mg53
		dexmethylphenidate hcl cap er 24 hr 25	5 mg53
desloratadine tab orally disintegrating		dexmethylphenidate hcl cap er 24 hr 30	-
desmopressin acetate nasal spray soln		dexmethylphenidate hcl cap er 24 hr 35	•
desmopressin acetate nasal spray soln		dexmethylphenidate hcl cap er 24 hr 40	_
(refrigerated)		dexmethylphenidate hcl cap er 24 hr 5 i	•
desmopressin acetate tab 0.1 mg		dexmethylphenidate hcl tab 10 mg	•
desmopressin acetate tab 0.2 mg		dexmethylphenidate hcl tab 2.5 mg	

dexmethylphenidate hcl tab 5 mg54	difluprednate ophth emulsion 0.05%95
dexrazoxane hcl for inj 250 mg (base	digoxin oral soln 0.05 mg/ml35
equivalent)24	digoxin tab 125 mcg (0.125 mg)35
dexrazoxane hcl for inj 500 mg (base	digoxin tab 250 mcg (0.25 mg)35
equivalent)24	digoxin tab 62.5 mcg (0.0625 mg)35
dextroamphetamine sulfate cap er 24hr 10 mg	dihydroergotamine mesylate inj 1 mg/ml56
54	diltiazem hcl cap er 12hr 120 mg33
dextroamphetamine sulfate cap er 24hr 15 mg	diltiazem hcl cap er 12hr 60 mg33
54	diltiazem hcl cap er 12hr 90 mg33
dextroamphetamine sulfate cap er 24hr 5 mg 54	diltiazem hcl cap er 24hr 120 mg33
dextroamphetamine sulfate oral solution 5	diltiazem hcl cap er 24hr 180 mg33
<i>mg/5ml</i> 54	diltiazem hcl cap er 24hr 240 mg33
dextroamphetamine sulfate tab 10 mg54	diltiazem hcl coated beads cap er 24hr 120 mg
dextroamphetamine sulfate tab 15 mg54	34
dextroamphetamine sulfate tab 2.5 mg54	diltiazem hcl coated beads cap er 24hr 180 mg
dextroamphetamine sulfate tab 20 mg54	34
dextroamphetamine sulfate tab 30 mg54	diltiazem hcl coated beads cap er 24hr 240 mg
dextroamphetamine sulfate tab 5 mg54	34
dextroamphetamine sulfate tab 7.5 mg54	diltiazem hcl coated beads cap er 24hr 300 mg
DIASCREEN 10 MIS68	34
DIASTIX TES STRIPS68	diltiazem hcl coated beads cap er 24hr 360 mg
diazepam conc 5 mg/ml50	34
diazepam inj 5 mg/ml50	diltiazem hcl extended release beads cap er
diazepam oral soln 1 mg/ml50	<i>24hr 120 mg</i> 34
diazepam tab 10 mg50	diltiazem hcl extended release beads cap er
diazepam tab 2 mg50	24hr 180 mg34
diazepam tab 5 mg50	diltiazem hcl extended release beads cap er
diclofenac potassium tab 50 mg1	24hr 240 mg34
diclofenac sodium gel 1% (1.16% diethylamine	diltiazem hcl extended release beads cap er
equiv)107	24hr 300 mg34
diclofenac sodium ophth soln 0.1%95	diltiazem hcl extended release beads cap er
diclofenac sodium tab delayed release 25 mg1	24hr 360 mg34
diclofenac sodium tab delayed release 50 mg1	diltiazem hcl extended release beads cap er
diclofenac sodium tab delayed release 75 mg1	<i>24hr 420 mg</i> 34
diclofenac sodium tab er 24hr 100 mg1	diltiazem hcl tab 120 mg34
diclofenac w/ misoprostol tab delayed release	diltiazem hcl tab 30 mg34
<i>50-0.2 mg</i> 1	diltiazem hcl tab 60 mg34
diclofenac w/ misoprostol tab delayed release	diltiazem hcl tab 90 mg34
<i>75-0.2 mg</i> 1	diltiazem hcl tab er 24hr 120 mg34
dicloxacillin sodium cap 250 mg17	diltiazem hcl tab er 24hr 180 mg34
dicloxacillin sodium cap 500 mg17	diltiazem hcl tab er 24hr 240 mg34
dicyclomine hcl cap 10 mg75	diltiazem hcl tab er 24hr 300 mg34
dicyclomine hcl oral soln 10 mg/5ml75	diltiazem hcl tab er 24hr 360 mg34
dicyclomine hcl tab 20 mg75	diltiazem hcl tab er 24hr 420 mg34
DIFICID SUS14	dimethyl fumarate capsule delayed release 120
DIFICID TAB 200MG14	<i>mg</i> 58
diflorasone diacetate cream 0.05%106	dimethyl fumarate capsule delayed release 240
diflorasone diacetate oint 0.05%106	<i>mg</i> 58
diflunisal tah 500 ma8	

dimethyl fumarate capsule dr starter pack 120	dorzolamide hcl-timolol maleate ophth so	
mg & 240 mg58	0.5%	
DIPENTUM CAP 250MG77	DOVATO TAB 50-300MG	
diphenhydramine hcl elixir 12.5 mg/5ml97	doxazosin mesylate tab 1 mg	
diphenhydramine hcl inj 50 mg/ml97	doxazosin mesylate tab 2 mg	79
diphenoxylatew/atropine liq 2.5-0.025 mg/5ml	doxazosin mesylate tab 4 mg	80
75	doxazosin mesylate tab 8 mg	80
diphenoxylate w/ atropine tab 2.5-0.025 mg75	doxepin hcl (sleep) tab 3 mg (base equiv)	55
dipyridamole tab 25 mg84	doxepin hcl (sleep) tab 6 mg (base equiv)	55
dipyridamole tab 50 mg84	doxepin hcl cap 10 mg	42
dipyridamole tab 75 mg84	doxepin hcl cap 100 mg	42
disopyramide phosphate cap 100 mg28	doxepin hcl cap 150 mg	42
disopyramide phosphate cap 150 mg28	doxepin hcl cap 25 mg	
disulfiram tab 250 mg39	doxepin hcl cap 50 mg	
disulfiram tab 500 mg39	doxepin hcl cap 75 mg	
DIURIL SUS 250/5ML35	doxepin hcl conc 10 mg/ml	
divalproex sodium cap delayed release sprinkle	doxepin hcl cream 5%	
125 mg50	doxercalciferol cap 0.5 mcg	
divalproex sodium tab delayed release 125 mg	doxercalciferol cap 1 mcg	
50	doxercalciferol cap 2.5 mcg	
divalproex sodium tab delayed release 250 mg	doxorubicin hcl for inj 10 mg	
50	doxorubicin hcl for inj 50 mg	
divalproex sodium tab delayed release 500 mg	doxorubicin hcl inj 2 mg/ml	
50	doxorubicin hcl liposomal inj (for iv infusio	
divalproex sodium tab er 24 hr 250 mg50	mg/ml	
divalproex sodium tab er 24 hr 500 mg50	doxycycline hyclate cap 100 mg	
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	doxycycline hyclate cap 50 mg	
20	doxycycline hyclate tab 100 mg	
docetaxel for inj conc 20 mg/ml20	doxycycline hyclate tab 20 mg	
docetaxel for inj conc 80 mg/4ml (20 mg/ml) 20	doxycycline monohydrate cap 100 mg	
docetaxel soln for iv infusion 160 mg/16ml 20	doxycycline monohydrate cap 50 mg	
docetaxel soln for iv infusion 20 mg/2ml20	doxycycline monohydrate for susp 25 mg/s	
docetaxel soln for iv infusion 80 mg/8ml20	doxycycline monohydrate tab 100 mg	
docosanol cream 10%107	doxycycline monohydrate tab 150 mg	
dofetilide cap 125 mcg (0.125 mg)28	doxycycline monohydrate tab 50 mg	
dofetilide cap 250 mcg (0.25 mg)28	doxycycline monohydrate tab 75 mg	
dofetilide cap 500 mcg (0.5 mg)29	doxylamine succinate (sleep) tab 25 mg	
donepezil hydrochloride orally disintegrating	dronabinol cap 10 mg	
tab 10 mg40	dronabinol cap 2.5 mg	
donepezil hydrochloride orally disintegrating	dronabinol cap 5 mgdronabinol cap 5 mg	
tab 5 mg40	drospirenone-ethinyl estradiol tab 3-0.02 r	
donepezil hydrochloride tab 10 mg40	drospirenone-ethinyl estradiol tab 3-0.03 r	
donepezil hydrochloride tab 23 mg40	drospirenone-ethinyl estrad-levomefolate	_
donepezil hydrochloride tab 5 mg40	0.02-0.451 mg	
DOPTELET TAB 20MG (10 TABLETS)83	drospirenone-ethinyl estrad-levomefolate	
DOPTELET TAB 20MG (15 TABLETS)83	0.03-0.451 mg	
DOPTELET TAB 20MG (30 TABLETS)83	DROXIA CAP 200MG	
dorzolamide hcl ophth soln 2%95	DROXIA CAP 200MG	
4012014111146 1161 Option 30111 2 /0	DROXIA CAP 400MG	

DUAVEE TAB 0.45-20	69	EMSAM DIS 9MG/24HR	43
duloxetine hcl enteric coated pellets cap 20) mg	emtricitabine caps 200 mg	10
(base eq)	42	emtricitabine-tenofovir disoproxil fumar	ate tab
duloxetine hcl enteric coated pellets cap 30		100-150 mg	
(base eq)		emtricitabine-tenofovir disoproxil fumar	ate tab
duloxetine hcl enteric coated pellets cap 60		133-200 mg	
(base eq)		emtricitabine-tenofovir disoproxil fumar	
DUPIXENT INJ 100/0.67		167-250 mg	
DUPIXENT INJ 200/1.14		emtricitabine-tenofovir disoproxil fumar	
DUPIXENT INJ 200MG		200-300 mg	
DUPIXENT INJ 300/2ML		EMTRIVA SOL 10MG/ML	
DUREX MIS REALFEEL		EMVERM CHW 100MG	
dutasteride cap 0.5 mg		enalapril maleate & hydrochlorothiazide	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg.		10-25 mg	
E	00	enalapril maleate & hydrochlorothiazide	
econazole nitrate cream 1%	104	12.5 mg	
EDURANT TAB 25MG		enalapril maleate tab 10 mg	
efavirenz cap 200 mg		enalapril maleate tab 10 mgenalapril maleate tab 2.5 mg	
efavirenz cap 50 mgefavirenz cap 50 mg		enalapril maleate tab 2.3 mgenalapril maleate tab 20 mg	
efavirenz tab 600 mgefavirenz-emtricitabine-tenofovir df tab 60		enalapril maleate tab 5 mg	
		ENBREL INJ 25/0.5ML	
200-300 mg		ENBREL INJ 25MG	
efavirenz-lamivudine-tenofovir df tab 400-		ENBREL INJ 50MG/ML	
300 mg		ENBREL MINI INJ 50MG/ML	
efavirenz-lamivudine-tenofovir df tab 600-		ENBREL SRCLK INJ 50MG/ML	
300 mg	11	ENCARE SUP 100MG	
eletriptan hydrobromide tab 20 mg (base	= 6	ENGERIX-B INJ 10/0.5ML	
equivalent)	56	ENGERIX-B INJ 20MCG/ML	
eletriptan hydrobromide tab 40 mg (base		enoxaparin sodium inj 150 mg/ml	
equivalent)		enoxaparin sodium inj 300 mg/3ml	
ELIGARD INJ 22.5MG		enoxaparin sodium inj soln pref syr 100 r	
ELIGARD INJ 30MG			81
ELIGARD INJ 45MG		enoxaparin sodium inj soln pref syr 120	
ELIGARD INJ 7.5MG		mg/0.8ml	
ELIQUIS ST P TAB 5MG		enoxaparin sodium inj soln pref syr 150 i	ng/ml
ELIQUIS TAB 2.5MG			81
ELIQUIS TAB 5MG	81	enoxaparin sodium inj soln pref syr 30	
ELLA TAB 30MG		mg/0.3ml	81
ELMIRON CAP 100MG		enoxaparin sodium inj soln pref syr 40	
EMCYT CAP 140MG	18	mg/0.4ml	81
EMFLAZA SUS 22.75/ML	72	enoxaparin sodium inj soln pref syr 60	
EMFLAZA TAB 18MG	72	mg/0.6ml	81
EMFLAZA TAB 30MG	72	enoxaparin sodium inj soln pref syr 80	
EMFLAZA TAB 36MG	72	mg/0.8ml	81
EMFLAZA TAB 6MG		entacapone tab 200 mg	
EMGALITY INJ 100MG/ML	56	entecavir tab 0.5 mg	
EMGALITY INJ 120MG/ML		entecavir tab 1 mg	
EMSAM DIS 12MG/24H		ENTRESTO TAB 24-26MG	
EMSAM DIS 6MG/24HR		ENTRESTO TAB 49-51MG	
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ENTRESTO TAB 97-103MG36	escitalopram oxalate soln 5 mg/5ml (base
ENVARSUS XR TAB 0.75MG89	equiv)43
ENVARSUS XR TAB 1MG89	escitalopram oxalate tab 10 mg (base equiv)43
ENVARSUS XR TAB 4MG89	escitalopram oxalate tab 20 mg (base equiv)43
EPCLUSA PAK 150-37.515	escitalopram oxalate tab 5 mg (base equiv)43
EPCLUSA PAK 200-50MG15	esomeprazole magnesium cap delayed release
EPCLUSA TAB 200-50MG15	20 mg (base eq)78, 79
EPCLUSA TAB 400-10015	esomeprazole magnesium cap delayed release
epinastine hcl ophth soln 0.05%95	<i>40 mg (base eq)</i> 79
epinephrine solution auto-injector 0.15	esomeprazole magnesium for delayed release
mg/0.15ml (1:1000)96	susp packet 10 mg79
epinephrine solution auto-injector 0.15	esomeprazole magnesium tab delayed release
mg/0.3ml (1:2000)96	<i>20 mg</i> 79
epinephrine solution auto-injector 0.3 mg/0.3ml	estazolam tab 1 mg56
(1:1000)96	estazolam tab 2 mg56
EPIPEN 2-PAK INJ 0.3MG96	estradiol & norethindrone acetate tab 0.5-0.1
EPIPEN-JR INJ 0.15MG96	mg69
eplerenone tab 25 mg27	estradiol & norethindrone acetate tab 1-0.5 mg
eplerenone tab 50 mg27	69
ERBITUX INJ 100MG20	estradiol tab 0.5 mg69
ERBITUX INJ 200MG20	estradiol tab 1 mg69
ergocalciferol cap 1.25 mg (50000 unit)93	estradiol tab 2 mg69
ergotamine w/ caffeine tab 1-100 mg56	estradiol td patch twice weekly 0.025 mg/24hr
ERIVEDGE CAP 150MG20	70
ERLEADA TAB 240MG21	estradiol td patch twice weekly 0.0375 mg/24hr
ERLEADA TAB 60MG21	70
erlotinib hcl tab 100 mg (base equivalent) 22	estradiol td patch twice weekly 0.05 mg/24hr70
erlotinib hcl tab 150 mg (base equivalent) 22	estradiol td patch twice weekly 0.075 mg/24hr
erlotinib hcl tab 25 mg (base equivalent) 22	70
ERTACZO CRE 2%104	estradiol td patch twice weekly 0.1 mg/24hr70
ertapenem sodium for inj 1 gm (base	estradiol td patch weekly 0.025 mg/24hr70
equivalent)16	estradiol td patch weekly 0.0375 mg/24hr (37.5
erythromycin ethylsuccinate for susp 200	mcg/24hr)70
mg/5ml14	estradiol td patch weekly 0.05 mg/24hr70
erythromycin ethylsuccinate for susp 400	estradiol td patch weekly 0.06 mg/24hr70
mg/5ml14	estradiol td patch weekly 0.075 mg/24hr70
erythromycin ethylsuccinate tab 400 mg 14	estradiol td patch weekly 0.1 mg/24hr70
erythromycin gel 2%19	estradiol vaginal cream 0.1 mg/gm70
erythromycin ophth oint 5 mg/gm94	estradiol vaginal tab 10 mcg70
erythromycin pads 2%103	eszopiclone tab 1 mg56
erythromycin soln 2%103	eszopicione tab 2 mg56
erythromycin stearate tab 250 mg14	eszopicione tab 3 mg56
erythromycin tab 250 mg14	ethacrynic acid tab 25 mg35
erythromycin tab 500 mg15	ethambutol hcl tab 100 mg12
erythromycin tab delayed release 250 mg 15	ethambutol hcl tab 400 mg12
erythromycin tab delayed release 333 mg 15	ethosuximide cap 250 mg50
erythromycin tab delayed release 500 mg 15	ethosuximide cap 250 mg/5ml50
erythromycin tab delayed release 500 mg 15 erythromycin w/ delayed release particles cap	ethynodiol diacetate & ethinyl estradiol tab 1
250 mg15	mg-35 mcg66
430 Hig 15	11ty-33 11tty00

Febamate tab 400 mg	ethynodiol diacetate & ethinyl estradiol tab 1	felbamate susp 600 mg/5ml50
todolac cap 200 mg		
tetodolac tab 400 mg		
teodolac tab 400 mg		
todolac tab 500 mg		
todolac tab er 24hr 400 mg	etodolac tab 500 mg1	
FEMCAP MIS 30MM	etodolac tab er 24hr 400 mg1	
Ectionogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	etodolac tab er 24hr 500 mg1	FEMCAP MIS 26MM66
0.015 mg/24hr 66 fenofibrate micronized cap 134 mg 29 etoposide cap 50 mg 25 fenofibrate micronized cap 200 mg 29 etoposide inj 1 gm/50ml (20 mg/ml) 25 fenofibrate micronized cap 43 mg 29 etoposide inj 100 mg/5ml (20 mg/ml) 25 fenofibrate micronized cap 67 mg 29 etoposide inj 500 mg/25ml (20 mg/ml) 25 fenofibrate tab 145 mg 29 etravirine tab 100 mg 10 fenofibrate tab 145 mg 29 etravirine tab 200 mg 10 fenofibrate tab 160 mg 29 everolimus tab 0.25 mg 89 fenofibrate tab 54 mg 29 everolimus tab 0.25 mg 89 fentanyl citrate lozenge on a handle 1200 mcg. 3 everolimus tab 0.75 mg 89 fentanyl citrate lozenge on a handle 1200 mcg. 3 everolimus tab 1 mg 22 fentanyl citrate lozenge on a handle 200 mcg. 2 everolimus tab 10 mg 22 fentanyl citrate lozenge on a handle 400 mcg. 2 everolimus tab 5 mg 22 fentanyl citrate lozenge on a handle 600 mcg. 2 everolimus tab 5 mg 22 fentanyl citrate lozenge on a handle 800 mcg. 3 everolimus tab for oral susp 2 mg 22 fentanyl citrate lozenge on a handle 800 mcg. 3 everolimus tab for oral susp 2 mg 22 fentanyl citrate lozenge on a handle 800 mcg. 3 everolimus tab for oral susp 3 mg 22 fentanyl tid patch 72hr 100 mcg/hr 3 everolimus tab for oral susp 3 mg 22 fentanyl tid patch 72hr 100 mcg/hr 3 everolimus tab for oral susp 3 mg 22 fentanyl tid patch 72hr 120 mcg/hr 3 everolimus tab for oral susp 3 mg 22 fentanyl tid patch 72hr 120 mcg/hr 3 everolimus tab for oral susp 3 mg 22 fentanyl tid patch 72hr 120 mcg/hr 3 everolimus tab for oral susp 3 mg 22 fentanyl tid patch 72hr 120 mcg/hr 3 everolimus tab for oral susp 3 mg 22 fentanyl tid patch 72hr 120 mcg/hr 3 everolimus tab for oral susp 3 mg 22 fentanyl tid patch 72hr 120 mcg/hr 3 everolimus tab for oral susp 3 mg 22 fentanyl tid patch 72hr 120 mcg/hr 3 everolimus tab for oral susp 3 mg 22 fentanyl tid patch 72hr 120 mcg/hr 3 everolimus tab for oral s	etodolac tab er 24hr 600 mg1	FEMCAP MIS 30MM66
Ectoposide cap 50 mg	etonogestrel-ethinyl estradiol va ring 0.120-	fenofibrate cap 150 mg29
Ectoposide cap 50 mg		fenofibrate micronized cap 134 mg29
etoposide inj 1 gm/50ml (20 mg/ml)	etoposide cap 50 mg25	
Ecoposide inj 100 mg/5ml (20 mg/ml) 25		fenofibrate micronized cap 43 mg29
etoposide inj 500 mg/25ml (20 mg/ml) 25	etoposide inj 100 mg/5ml (20 mg/ml)25	
etravirine tab 100 mg 10 fenofibrate tab 160 mg 29 etravirine tab 200 mg 10 fenofibrate tab 48 mg 29 EUCRISA OIN 2% 105 fenofibrate tab 54 mg 29 everolimus tab 0.25 mg 89 fenoprofen calcium tab 600 mg 1 everolimus tab 0.75 mg 89 fentanyl citrate lozenge on a handle 1200 mcg. 3 everolimus tab 10 mg 22 fentanyl citrate lozenge on a handle 200 mcg. 2 everolimus tab 5 mg 22 fentanyl citrate lozenge on a handle 800 mcg. 2 everolimus tab 5 mg 22 fentanyl citrate lozenge on a handle 800 mcg. 2 everolimus tab 5 rg 22 fentanyl citrate lozenge on a handle 800 mcg. 2 everolimus tab 5 rg 22 fentanyl citrate lozenge on a handle 800 mcg. 3 everolimus tab 5 rg 22 fentanyl citrate lozenge on a handle 800 mcg. 3 everolimus tab 5 rg 22 fentanyl citrate lozenge on a handle 800 mcg. 3 everolimus tab 5 rg 22 fentanyl tapatch 72hr 100 mcg/hr 3 everolimus tab 5 rg 22 fentanyl tapatch 72hr 12 mcg/hr 3 everolimus tab 5 rg 22	etoposide inj 500 mg/25ml (20 mg/ml)25	
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ezetimibe tab 10 mg	exemestane tab 25 mg21	fentanyl td patch 72hr 75 mcg/hr3
ezetimibe-simvastatin tab 10-10 mg 29 FERPRX 2-DAY TAB 1000MG 66 ezetimibe-simvastatin tab 10-20 mg 30 FERRIPROX SOL 100MG/ML 66 ezetimibe-simvastatin tab 10-40 mg 30 fesoterodine fumarate tab er 24hr 4 mg 80 ezetimibe-simvastatin tab 10-80 mg 30 fesoterodine fumarate tab er 24hr 8 mg 80 F FETZIMA CAP 120MG 43 famciclovir tab 125 mg 12 FETZIMA CAP 20MG 43 famciclovir tab 500 mg 12 FETZIMA CAP 40MG 43 famotidine for susp 40 mg/5ml 77 FETZIMA CAP 80MG 43 famotidine tab 20 mg 77 fexofenadine hcl susp 30 mg/5ml (6 mg/ml) 97 fASENRA INJ 30MG/ML 101 fexofenadine hcl tab 180 mg 97 FASENRA PEN INJ 30MG/ML 101 FIASP FLEX INJ TOUCH 64 FEDXING MIS CONDOM 66 FIASP INJ 100/ML 64 febuxostat tab 40 mg 1 FIASP PENFIL INJ U-100 64		
ezetimibe-simvastatin tab 10-20 mg 30 FERRIPROX SOL 100MG/ML 66 ezetimibe-simvastatin tab 10-40 mg 30 fesoterodine fumarate tab er 24hr 4 mg 80 ezetimibe-simvastatin tab 10-80 mg 30 fesoterodine fumarate tab er 24hr 8 mg 80 F FETZIMA CAP 120MG 43 famciclovir tab 125 mg 12 FETZIMA CAP 20MG 43 famciclovir tab 500 mg 12 FETZIMA CAP 40MG 43 famotidine for susp 40 mg/5ml 77 FETZIMA CAP 80MG 43 famotidine tab 20 mg 77 fexofenadine hcl susp 30 mg/5ml (6 mg/ml) 97 fASENRA INJ 30MG/ML 101 fexofenadine hcl tab 180 mg 97 FASENRA PEN INJ 30MG/ML 101 FIASP FLEX INJ TOUCH 64 FC2 FEMALE MIS CONDOM 66 FIASP INJ 100/ML 64 febuxostat tab 40 mg 1 FIASP PENFIL INJ U-100 64	ezetimibe-simvastatin tab 10-10 mg29	
F FETZIMA CAP 120MG 43 famciclovir tab 125 mg 12 FETZIMA CAP 20MG 43 famciclovir tab 250 mg 12 FETZIMA CAP 20MG 43 famciclovir tab 500 mg 12 FETZIMA CAP 40MG 43 famciclovir tab 500 mg 12 FETZIMA CAP 80MG 43 famotidine for susp 40 mg/5ml 77 FETZIMA CAP TITRATIO 43 famotidine tab 20 mg 77 fexofenadine hcl susp 30 mg/5ml (6 mg/ml) 97 fASENRA INJ 30MG/ML 101 fexofenadine hcl tab 180 mg 97 FASENRA PEN INJ 30MG/ML 101 FIASP FLEX INJ TOUCH 64 FC2 FEMALE MIS CONDOM 66 FIASP INJ 100/ML 64 febuxostat tab 40 mg 1 FIASP PENFIL INJ U-100 64	ezetimibe-simvastatin tab 10-20 mg30	FERRIPROX SOL 100MG/ML66
F FETZIMA CAP 120MG 43 famciclovir tab 125 mg 12 FETZIMA CAP 20MG 43 famciclovir tab 250 mg 12 FETZIMA CAP 20MG 43 famciclovir tab 500 mg 12 FETZIMA CAP 40MG 43 famciclovir tab 500 mg 12 FETZIMA CAP 80MG 43 famotidine for susp 40 mg/5ml 77 FETZIMA CAP TITRATIO 43 famotidine tab 20 mg 77 fexofenadine hcl susp 30 mg/5ml (6 mg/ml) 97 fASENRA INJ 30MG/ML 101 fexofenadine hcl tab 180 mg 97 FASENRA PEN INJ 30MG/ML 101 FIASP FLEX INJ TOUCH 64 FC2 FEMALE MIS CONDOM 66 FIASP INJ 100/ML 64 febuxostat tab 40 mg 1 FIASP PENFIL INJ U-100 64		
F FETZIMA CAP 120MG 43 famciclovir tab 125 mg 12 FETZIMA CAP 20MG 43 famciclovir tab 250 mg 12 FETZIMA CAP 40MG 43 famciclovir tab 500 mg 12 FETZIMA CAP 80MG 43 famotidine for susp 40 mg/5ml 77 FETZIMA CAP TITRATIO 43 famotidine tab 20 mg 77 fexofenadine hcl susp 30 mg/5ml (6 mg/ml) .97 famotidine tab 40 mg 77 fexofenadine hcl tab 180 mg .97 FASENRA INJ 30MG/ML 101 FIASP FLEX INJ TOUCH 64 FC2 FEMALE MIS CONDOM 66 FIASP INJ 100/ML 64 febuxostat tab 40 mg 1 FIASP PENFIL INJ U-100 64	ezetimibe-simvastatin tab 10-80 mg30	
famciclovir tab 250 mg 12 FETZIMA CAP 40MG 43 famciclovir tab 500 mg 12 FETZIMA CAP 80MG 43 famotidine for susp 40 mg/5ml 77 FETZIMA CAP TITRATIO 43 famotidine tab 20 mg 77 fexofenadine hcl susp 30 mg/5ml (6 mg/ml) .97 famotidine tab 40 mg 77 fexofenadine hcl tab 180 mg .97 FASENRA INJ 30MG/ML 101 fexofenadine hcl tab 60 mg .97 FASENRA PEN INJ 30MG/ML 101 FIASP FLEX INJ TOUCH .64 FC2 FEMALE MIS CONDOM 66 FIASP INJ 100/ML .64 febuxostat tab 40 mg 1 FIASP PENFIL INJ U-100 .64	F	FETZIMA CAP 120MG43
famciclovir tab 500 mg 12 FETZIMA CAP 80MG 43 famotidine for susp 40 mg/5ml 77 FETZIMA CAP TITRATIO 43 famotidine tab 20 mg 77 fexofenadine hcl susp 30 mg/5ml (6 mg/ml) .97 famotidine tab 40 mg 77 fexofenadine hcl tab 180 mg .97 FASENRA INJ 30MG/ML 101 fexofenadine hcl tab 60 mg .97 FASENRA PEN INJ 30MG/ML 101 FIASP FLEX INJ TOUCH .64 FC2 FEMALE MIS CONDOM 66 FIASP INJ 100/ML .64 febuxostat tab 40 mg 1 FIASP PENFIL INJ U-100 .64	famciclovir tab 125 mg12	FETZIMA CAP 20MG43
famotidine for susp 40 mg/5ml 77 FETZIMA CAP TITRATIO 43 famotidine tab 20 mg 77 fexofenadine hcl susp 30 mg/5ml (6 mg/ml) .97 famotidine tab 40 mg 77 fexofenadine hcl tab 180 mg .97 FASENRA INJ 30MG/ML 101 fexofenadine hcl tab 60 mg .97 FASENRA PEN INJ 30MG/ML 101 FIASP FLEX INJ TOUCH .64 FC2 FEMALE MIS CONDOM 66 FIASP INJ 100/ML .64 febuxostat tab 40 mg 1 FIASP PENFIL INJ U-100 .64	famciclovir tab 250 mg12	FETZIMA CAP 40MG43
famotidine for susp 40 mg/5ml 77 FETZIMA CAP TITRATIO 43 famotidine tab 20 mg 77 fexofenadine hcl susp 30 mg/5ml (6 mg/ml) .97 famotidine tab 40 mg 77 fexofenadine hcl tab 180 mg .97 FASENRA INJ 30MG/ML 101 fexofenadine hcl tab 60 mg .97 FASENRA PEN INJ 30MG/ML 101 FIASP FLEX INJ TOUCH .64 FC2 FEMALE MIS CONDOM 66 FIASP INJ 100/ML .64 febuxostat tab 40 mg 1 FIASP PENFIL INJ U-100 .64	famciclovir tab 500 mg12	FETZIMA CAP 80MG43
famotidine tab 20 mg 77 fexofenadine hcl susp 30 mg/5ml (6 mg/ml)97 famotidine tab 40 mg 77 fexofenadine hcl tab 180 mg		FETZIMA CAP TITRATIO43
famotidine tab 40 mg 77 fexofenadine hcl tab 180 mg 97 FASENRA INJ 30MG/ML 101 fexofenadine hcl tab 60 mg 97 FASENRA PEN INJ 30MG/ML 101 FIASP FLEX INJ TOUCH 64 FC2 FEMALE MIS CONDOM 66 FIASP INJ 100/ML 64 febuxostat tab 40 mg 1 FIASP PENFIL INJ U-100 64		fexofenadine hcl susp 30 mg/5ml (6 mg/ml)97
FASENRA INJ 30MG/ML 101 fexofenadine hcl tab 60 mg 97 FASENRA PEN INJ 30MG/ML 101 FIASP FLEX INJ TOUCH 64 FC2 FEMALE MIS CONDOM 66 FIASP INJ 100/ML 64 febuxostat tab 40 mg 1 FIASP PENFIL INJ U-100 64	· ·	
FC2 FEMALE MIS CONDOM		
FC2 FEMALE MIS CONDOM	FASENRA PEN INJ 30MG/ML101	
febuxostat tab 40 mg1 FIASP PENFIL INJ U-10064		FIASP INJ 100/ML64
<i>febuxostat tab 80 mg</i>	febuxostat tab 40 mg1	
	febuxostat tab 80 mg1	FINACEA AER 15%108

finasteride tab 5 mg80	flurbiprofen tab 50 mg1
fingolimod hcl cap 0.5 mg (base equiv)58	fluticasone propionate cream 0.05%106
flecainide acetate tab 100 mg29	fluticasone propionate lotion 0.05%106
flecainide acetate tab 150 mg29	fluticasone propionate nasal susp 50 mcg/act
flecainide acetate tab 50 mg29	100
FLEXICHAMBER MIS MASK SM101	fluticasone propionate oint 0.005%106
fluconazole for susp 10 mg/ml9	fluticasone-salmeterol aer powder ba 100-50
fluconazole for susp 40 mg/ml9	mcg/act102
fluconazole tab 100 mg9	fluticasone-salmeterol aer powder ba 250-50
fluconazole tab 150 mg9	<i>mcg/act</i> 102
fluconazole tab 200 mg9	fluticasone-salmeterol aer powder ba 500-50
fluconazole tab 50 mg9	<i>mcg/act</i> 102
fludarabine phosphate for inj 50 mg19	fluvastatin sodium cap 20 mg (base equivalent)
fludarabine phosphate inj 25 mg/ml19	30
fludrocortisone acetate tab 0.1 mg90	fluvastatin sodium cap 40 mg (base equivalent)
flunisolide nasal soln 25 mcg/act (0.025%)100	fluvastatin sodium tab er 24 hr 80 mg (base
fluocinolone acetonide (otic) oil 0.01%108	equivalent)30
fluocinolone acetonide cream 0.01%106	fluvoxamine maleate cap er 24hr 100 mg39
fluocinolone acetonide cream 0.025%106	fluvoxamine maleate cap er 24hr 150 mg39
fluocinolone acetonide oil 0.01% (body oil)106	fluvoxamine maleate tab 100 mg39
fluocinolone acetonide oil 0.01% (scalp oil)106	fluvoxamine maleate tab 25 mg39
fluocinolone acetonide oint 0.025%106	fluvoxamine maleate tab 50 mg39
fluocinolone acetonide soln 0.01%106	folic acid cap 0.8 mg93
fluocinonide cream 0.05%106	folic acid tab 1 mg93
fluocinonide gel 0.05%106	folic acid tab 400 mcg93
fluocinonide oint 0.05%106	folic acid tab 800 mcg93
fluocinonide soln 0.05%106	folic acid-pyridoxine-cyanocobalamin tab 2.5-
fluorouracil cream 5%103	<i>25-2 mg</i> 93
fluorouracil iv soln 1 gm/20ml (50 mg/ml) 19	fondaparinux sodium subcutaneous inj 10
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml).19	<i>mg/0.8ml</i> 82
fluorouracil iv soln 5 gm/100ml (50 mg/ml) 19	fondaparinux sodium subcutaneous inj 2.5
fluorouracil iv soln 500 mg/10ml (50 mg/ml) 19	<i>mg/0.5ml</i> 82
fluorouracil soln 2%103	fondaparinux sodium subcutaneous inj 5
fluorouracil soln 5%103	<i>mg/0.4ml</i> 82
fluoxetine hcl cap 10 mg43	fondaparinux sodium subcutaneous inj 7.5
fluoxetine hcl cap 20 mg43	<i>mg/0.6ml</i> 82
fluoxetine hcl cap 40 mg43	formoterol fumarate soln nebu 20 mcg/2ml98
fluoxetine hcl solution 20 mg/5ml43	FOSAMAX + D TAB 70-280065
fluoxetine hcl tab 10 mg43	FOSAMAX + D TAB 70-560065
fluoxetine hcl tab 20 mg43	fosamprenavir calcium tab 700 mg (base equiv)
fluphenazine hcl elixir 2.5 mg/5ml48	10
fluphenazine hcl oral conc 5 mg/ml48	fosfomycin tromethamine powd pack 3 gm
fluphenazine hcl tab 1 mg48	(base equivalent)8
fluphenazine hcl tab 10 mg48	fosinopril sodium & hydrochlorothiazide tab 10-
fluphenazine hcl tab 2.5 mg48	<i>12.5 mg</i> 25
fluphenazine hcl tab 5 mg48	fosinopril sodium & hydrochlorothiazide tab 20-
flurbiprofen sodium ophth soln 0.03%95	<i>12.5 mg</i> 25
flurbiprofen tab 100 mg1	fosinopril sodium tab 10 mg26

fosinopril sodium tab 20 mg	26	GANIRELIX AC INJ 250/0.5	71
fosinopril sodium tab 40 mg	26	GARDASIL 9 INJ	
fosphenytoin sodium inj 100 mg/2ml (p	henytoin	gatifloxacin ophth soln 0.5%	
equiv)	50	GAZYVA INJ 25MG/ML	
fosphenytoin sodium inj 500 mg/10ml		gemcitabine hcl for inj 1 gm	19
(phenytoin equiv)		gemcitabine hcl for inj 2 gm	
FRAGMIN INJ 10000/ML		gemcitabine hcl for inj 200 mg	19
FRAGMIN INJ 12500UNT		gemcitabine hcl inj 1 gm/26.3ml (38 mg,	/ml)
FRAGMIN INJ 15000UNT	82	(base equiv)	
FRAGMIN INJ 18000UNT		gemcitabine hcl inj 2 gm/52.6ml (38 mg,	
FRAGMIN INJ 2500/0.2		(base equiv)	
FRAGMIN INJ 2500/ML		gemcitabine hcl inj 200 mg/5.26ml (38 n	
FRAGMIN INJ 5000/0.2		(base equiv)	
FRAGMIN INJ 7500/0.3		gemfibrozil tab 600 mg	
FRAGMIN INJ 95000UNT		GEMTESA TAB 75MG	
frovatriptan succinate tab 2.5 mg (base		GENOTROPIN INJ 0.2MG	
equivalent)		GENOTROPIN INJ 0.4MG	
fulvestrant inj soln pref syr 250 mg/5m		GENOTROPIN INJ 0.6MG	
furosemide oral soln 10 mg/ml		GENOTROPIN INJ 0.8MG	
furosemide oral soln 8 mg/ml		GENOTROPIN INJ 1.2MG	
furosemide tab 20 mg		GENOTROPIN INJ 1.4MG	
furosemide tab 40 mg		GENOTROPIN INJ 1.6MG	
furosemide tab 80 mg		GENOTROPIN INJ 1.8MG	
FUZEON INJ 90MG		GENOTROPIN INJ 12MG	
FYCOMPA SUS 0.5MG/ML		GENOTROPIN INJ 1MG	
FYCOMPA TAB 10MG		GENOTROPIN INJ 2MG	
FYCOMPA TAB 12MG		GENOTROPIN INJ 5MG	
FYCOMPA TAB 2MG		gentamicin sulfate cream 0.1%	
FYCOMPA TAB 4MG		gentamicin sulfate oint 0.1%	103
FYCOMPA TAB 6MG		gentamicin sulfate ophth soln 0.3%	
FYCOMPA TAB 8MG		GENVOYA TAB	
FYLNETRA INJ 6MG/0.6 G	83	glatiramer acetate soln prefilled syringe mg/ml	
gabapentin cap 100 mg	51	glatiramer acetate soln prefilled syringe	40
gabapentin cap 300 mg	51	mg/ml	58
gabapentin cap 400 mg	51	GLEOSTINE CAP 100MG	18
gabapentin oral soln 250 mg/5ml	51	GLEOSTINE CAP 10MG	18
gabapentin tab 600 mg	51	GLEOSTINE CAP 40MG	18
gabapentin tab 800 mg	51	GLIADEL WAF 7.7MG	18
galantamine hydrobromide cap er 24hi	r 16 mg	glimepiride tab 1 mg	65
	40	glimepiride tab 2 mg	65
galantamine hydrobromide cap er 24hi	r 24 mg	glimepiride tab 4 mg	65
	40	glipizide tab 10 mg	65
galantamine hydrobromide cap er 24hi	~8 mg 40	glipizide tab 5 mg	65
galantamine hydrobromide oral soln 4	-	glipizide tab er 24hr 10 mg	65
	40	glipizide tab er 24hr 2.5 mg	65
galantamine hydrobromide tab 12 mg	40	glipizide tab er 24hr 5 mg	
galantamine hydrobromide tab 4 mg	40	glipizide-metformin hcl tab 2.5-250 mg	
galantamine hydrobromide tab 8 mg		glipizide-metformin hcl tab 2.5-500 mg	

glipizide-metformin hcl tab 5-500 mg	.62	HAVRIX INJ 1440UNIT	90
glucagon (rdna) for inj kit 1 mg		HAVRIX INJ 720UNIT	90
glycopyrrolate oral soln 1 mg/5ml		HELIDAC MIS THERAPY	
glycopyrrolate tab 1 mg		HEMLIBRA INJ 105/0.7	
glycopyrrolate tab 2 mg		HEMLIBRA INJ 150/ML	
GLYXAMBI TAB 10-5 MG		HEMLIBRA INJ 30MG/ML	
GLYXAMBI TAB 25-5 MG		HEMLIBRA INJ 60/0.4	
GONAL-F INJ 1050UNIT		heparin sodium (porcine) inj 1000 unit/ml	
GONAL-F INJ 450UNIT		heparin sodium (porcine) inj 10000 unit/ml	
GONAL-F RFF INJ 300/0.5		heparin sodium (porcine) inj 20000 unit/ml	
GONAL-F RFF INJ 450/0.75		heparin sodium (porcine) inj 5000 unit/ml	
GONAL-F RFF INJ 75UNIT		heparin sodium (porcine) pf inj 5000 unit/0.5	
GONAL-F RFF INJ 900/1.5			
granisetron hcl tab 1 mg		HEPLISAV-B INJ 20/0.5ML	
griseofulvin microsize susp 125 mg/5ml		HIBERIX SOL 10MCG	
griseofulvin microsize tab 500 mg		HOLD CHAMBER MIS MEDIUM1	
griseofulvin ultramicrosize tab 125 mg		HUMIRA INJ 10/0.1ML	
griseofulvin ultramicrosize tab 250 mg		HUMIRA INJ 20/0.2ML	
guaifenesin-codeine soln 100-10 mg/5ml		HUMIRA INJ 40/0.4ML	
guanfacine hcl tab 1 mg		HUMIRA KÍT 40MG/0.8	
guanfacine hcl tab 2 mg		HUMIRA PEDIA INJ CROHNS	
guanfacine hcl tab er 24hr 1 mg (base equiv).		HUMIRA PEN INJ 40/0.4ML	
guanfacine hcl tab er 24hr 2 mg (base equiv).		HUMIRA PEN INJ 40MG/0.8	
guanfacine hcl tab er 24hr 3 mg (base equiv).		HUMIRA PEN INJ 80/0.8ML	
guanfacine hcl tab er 24hr 4 mg (base equiv)		HUMIRA PEN KIT PS/UV	
GVOKE HYPO 1 INJ .5/.1ML		HUMULIN INJ 70/30	
GVOKE HYPO 1 INJ 1MG/.2ML		HUMULIN INJ 70/30KWP	
GVOKE KIT SOL 1MG/0.2M		HUMULIN N İNJ U-100	
GVOKE PFS INJ		HUMULIN N INJ U-100KWP	
GYNAZOLE-1 CRE 2%	.81	HUMULIN R INJ U-100	
GYNOL II GEL 3%		HUMULIN R INJ U-500	
Н		hydralazine hcl tab 10 mg	
HAEGARDA INJ 2000UNIT	.88	hydralazine hcl tab 100 mg	
HAEGARDA INJ 3000UNIT	.88	hydralazine hcl tab 25 mg	36
halobetasol propionate cream 0.05%1	106	hydralazine hcl tab 50 mg	
halobetasol propionate oint 0.05%		hydrochlorothiazide cap 12.5 mg	35
haloperidol decanoate im soln 100 mg/ml	.48	hydrochlorothiazide tab 12.5 mg	35
haloperidol decanoate im soln 50 mg/ml	.48	hydrochlorothiazide tab 25 mg	35
haloperidol lactate oral conc 2 mg/ml	.48	hydrochlorothiazide tab 50 mg	36
haloperidol tab 0.5 mg	.48	hydrocod polst-chlorphen polst er susp 10-8	
haloperidol tab 1 mg		mg/5ml	99
haloperidol tab 10 mg	.48	hydrocodone bitart-homatropine methylbron	n
haloperidol tab 2 mg	.48	soln 5-1.5 mg/5ml	
haloperidol tab 20 mg	.48	hydrocodone bitart-homatropine	
haloperidol tab 5 mg		methylbromide tab 5-1.5 mg	99
HARVONI PAK		hydrocodone bitartrate tab er 24hr deter 100)
HARVONI PAK 45-200MG	. 15	mg	
HARVONI TAB 45-200 MG		hydrocodone bitartrate tab er 24hr deter 120)
HARVONI TAB 90-400MG	. 15	mg	3

hydrocodone bitartrate tab er 24hr deter 20 mg	HYRIMOZ INJ 10/0.1ML	
3	HYRIMOZ INJ 20/0.2ML	
hydrocodone bitartrate tab er 24hr deter 30 mg	HYRIMOZ INJ 40/0.4ML	
3	HYRIMOZ INJ 80/0.8ML	86
hydrocodone bitartrate tab er 24hr deter 40 mg	HYRIMOZ-CROH INJ UC SP	86
3	HYRIMOZ-PED INJ CROHNS	86
hydrocodone bitartrate tab er 24hr deter 60 mg	HYRIMOZ-PLAQ INJ PSORIASI	
hydrocodone bitartrate tab er 24hr deter 80 mg	I ibandronate sodium tab 150 mg (base	
3	equivalent)	65
hydrocodone-acetaminophen soln 7.5-325	ibuprofen susp 100 mg/5ml	1
<i>mg/15ml</i> 3	ibuprofen tab 400 mg	1
hydrocodone-acetaminophen tab 10-325 mg3	ibuprofen tab 600 mg	1
hydrocodone-acetaminophen tab 5-325 mg3	ibuprofen tab 800 mg	
hydrocodone-acetaminophen tab 7.5-325 mg3	icatibant acetate subcutaneous soln pref s	
hydrocodone-ibuprofen tab 10-200 mg4	mg/3ml	•
hydrocortisone butyrate cream 0.1%106	icosapent ethyl cap 0.5 gm	
hydrocortisone butyrate oint 0.1%107	icosapent ethyl cap 1 gm	
hydrocortisone butyrate soln 0.1%107	idarubicin hcl iv inj 10 mg/10ml (1 mg/ml	
hydrocortisone cream 1%107	idarubicin hcl iv inj 20 mg/20ml (1 mg/ml	
hydrocortisone cream 2.5%107	idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	-
hydrocortisone enema 100 mg/60ml77	IDHIFA TAB 100MG	
hydrocortisone lotion 2.5%107	IDHIFA TAB 50MG	
hydrocortisone oint 2.5%107	ifosfamide for inj 1 gm	
hydrocortisone perianal cream 1%79	ifosfamide iv inj 1 gm/20ml (50 mg/ml)	
hydrocortisone perianal cream 2.5%79	ifosfamide iv inj 3 gm/60ml (50 mg/ml)	
hydrocortisone tab 10 mg72	ILEVRO DRO 0.3% OP	
hydrocortisone tab 20 mg72	imatinib mesylate tab 100 mg (base equivo	
hydrocortisone tab 5 mg72		-
hydrocortisone valerate cream 0.2%107	imatinib mesylate tab 400 mg (base equivo	
hydrocortisone valerate oint 0.2%107	matimo mesyrate tab 100 mg (base equito	
hydrocortisone w/ acetic acid otic soln 1-2%	IMBRUVICA CAP 140MG	
108	IMBRUVICA CAP 70MG	
hydromorphone hcl tab 2 mg4	IMBRUVICA SUS 70MG/ML	
hydromorphone hcl tab 4 mg4	IMBRUVICA TAB 140MG	
hydromorphone hcl tab 8 mg4	IMBRUVICA TAB 280MG	
hydromorphone hcl tab er 24hr 12 mg4	IMBRUVICA TAB 420MG	
hydromorphone hel tab er 24hr 16 mg4	imipramine hcl tab 10 mg	
hydromorphone hcl tab er 24hr 32 mg4	imipramine hcl tab 25 mg	
hydromorphone hcl tab er 24hr 8 mg4	imipramine hcl tab 50 mg	
hydroxychloroquine sulfate tab 200 mg88	imipramine pamoate cap 100 mg	
hydroxyurea cap 500 mg24	imipramine pamoate cap 125 mg	
hydroxyzine hcl syrup 10 mg/5ml97	imipramine pamoate cap 150 mgimipramine pamoate cap 150 mg	
hydroxyzine hcl tab 10 mg97	imipramine pamoate cap 150 mgimipramine pamoate cap 75 mg	
hydroxyzine hcl tab 25 mg97	imiquimod cream 5%	
hydroxyzine hcl tab 50 mg98	IMVEXXY MAIN SUP 10MCG	
hydroxyzine pamoate cap 100 mg98	IMVEXXY MAIN SUP 4MCG	
hydroxyzine pamoate cap 25 mg98	IMVEXXY STRT SUP 10MCG	
hydroxyzine pamoate cap 50 mg98	IMVEXXY STRT SUP 4MCG	
a. a.y zine panioace cap bo mg	11-17 L2221 011(1 001 11-100	/ U

INBRIJA CAP 42MG		isosorbide mononitrate tab er 24hr 60 mg	37
INCRELEX INJ 40MG/4ML	73	isotretinoin cap 10 mg	103
indapamide tab 1.25 mg	36	isotretinoin cap 20 mg	103
indapamide tab 2.5 mg	36	isotretinoin cap 30 mg	103
INFANRIX INJ	90	isotretinoin cap 40 mg	103
INFLIXIMAB INJ 100MG	84	isradipine cap 2.5 mg	34
INFLUENZA VACCINE	90	isradipine cap 5 mg	34
INLYTA TAB 1MG	22	itraconazole cap 100 mg	9
INLYTA TAB 5MG	22	itraconazole oral soln 10 mg/ml	9
INSTA-GLUCOS GEL 77.4%	73	IV PREP WIPE PAD	103
INSULIN SYRG MIS 1ML/31G	68	ivermectin cream 1%	108
INTELENCE TAB 25MG		ivermectin lotion 0.5%	108
INTRAROSA SUP 6.5MG	73	ivermectin tab 3 mg	8
IPOL INJ INACTIVE	90	I	
ipratropium bromide inhal soln 0.02%		JAKAFI TAB 10MG	22
ipratropium bromide nasal soln 0.03% (21		JAKAFI TAB 15MG	
mcg/spray)	97	JAKAFI TAB 20MG	
ipratropium bromide nasal soln 0.06% (42		JAKAFI TAB 25MG	
mcg/spray)	97	JAKAFI TAB 5MG	
ipratropium-albuterol nebu soln 0.5-2.5(3)	,	JANUMET TAB 50-1000	
mg/3ml	96	JANUMET TAB 50-500MG	
irbesartan tab 150 mg		JANUMET XR TAB 100-1000	
irbesartan tab 300 mg		JANUMET XR TAB 50-1000	
irbesartan tab 75 mg		JANUMET XR TAB 50-500MG	
irbesartan-hydrochlorothiazide tab 150-12.		JANUVIA TAB 100MG	
mg		JANUVIA TAB 25MG	
irbesartan-hydrochlorothiazide tab 300-12.		JANUVIA TAB 50MG	
mg		JARDIANCE TAB 10MG	
irinotecan hcl inj 100 mg/5ml (20 mg/ml)		JARDIANCE TAB 25MG	
irinotecan hcl inj 100 mg/15ml (20 mg/ml)		JENTADUETO TAB XR	
irinotecan hel inj 300 mg/13mi (20 mg/ml)		JUBLIA SOL 10%	
irinotecan hcl inj 500 mg/25ml (20 mg/ml)		K	10 1
irrigation solution, physiological		KADCYLA INJ 100MG	20
ISENTRESS CHW 100MG		KADCYLA INJ 160MG	
ISENTRESS CHW 25MG		KALYDECO GRA 13.4MG	
ISENTRESS HD TAB 600MG		KALYDECO GRA 5.8MG	
ISENTRESS POW 100MG		KALYDECO PAK 25MG	
ISENTRESS TAB 400MG		KALYDECO PAK 50MG	
isoniazid syrup 50 mg/5ml		KALYDECO PAK 75MG	
isoniazid tab 100 mgisoniazid tab 100 mg		KALYDECO TAR 7 5MGKALYDECO TAB 150MG	
isoniazid tab 300 mg		KERENDIA TAB 10MG	
isosorbide dinitrate tab 10 mg		KERENDIA TAB 10MGKERENDIA TAB 20MG	
		ketoconazole cream 2%	
isosorbide dinitrate tab 20 mgisosorbide dinitrate tab 30 mg			
•		ketoconazole shampoo 2% KETO-DIASTIX TES	
isosorbide dinitrate tab 5 mg			
isosorbide mononitrate tab 10 mg		ketorolac tromethamine im inj 60 mg/2ml	•
isosorbide mononitrate tab 20 mg		mg/ml)	
isosorbide mononitrate tab er 24hr 120 mg .		ketorolac tromethamine inj 15 mg/ml	
isosorbide mononitrate tab er 24hr 30 mg	3 /	ketorolac tromethamine inj 30 mg/ml	I

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lamivudine tab 150 mg10	leucovorin calcium for inj 50 mg24
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levonorgestrel & ethinyl estradiol tab 0.15 mg-	lisinopril tab 2.5 mg26
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losartan potassium tab 100 mg	28	megestrol acetate tab 40 mg	21
losartan potassium tab 25 mg	28	MEKINIST SOL 0.05/ML	23
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LOTRIMIN ULT CRE 1%	104	meloxicam tab 7.5 mg	2
lovastatin tab 10 mg	30	melphalan tab 2 mg	18
lovastatin tab 20 mg	30	memantine hcl cap er 24hr 14 mg	40
lovastatin tab 40 mg	30	memantine hcl cap er 24hr 21 mg	40
loxapine succinate cap 10 mg	48	memantine hcl cap er 24hr 28 mg	40
loxapine succinate cap 25 mg	48	memantine hcl cap er 24hr 7 mg	40
loxapine succinate cap 5 mg	48	memantine hcl oral solution 2 mg/ml	40
loxapine succinate cap 50 mg	48	memantine hcl tab 10 mg	40
lubiprostone cap 24 mcg	77	memantine hcl tab 28 x 5 mg & 21 x 10 mg	
lubiprostone cap 8 mcg	77	titration pack	40
LUMIGAN SOL 0.01%	95	memantine hcl tab 5 mg	40
lurasidone hcl tab 120 mg	48	MENACTRA INJ	
lurasidone hcl tab 20 mg	48	MENEST TAB 0.3MG	70
lurasidone hcl tab 40 mg	48	MENEST TAB 0.625MG	70
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malathion lotion 0.5%	108	meprobamate tab 200 mg	40
mannitol iv soln 10%	36	meprobamate tab 400 mg	40
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maraviroc tab 150 mg	10	mesalamine cap er 24hr 0.375 gm	77
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MARPLAN TAB 10MG	43	mesalamine rectal enema 4 gm & cleanser	wipe
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meclizine hcl tab 25 mg	76	mesalamine tab delayed release 1.2 gm	77
meclofenamate sodium cap 100 mg	2	mesalamine tab delayed release 800 mg	77
meclofenamate sodium cap 50 mg		mesna inj 100 mg/ml	25
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methotrexate sodium inj 50 mg/2ml (25	metoclopramide hcl soln 5 mg/5ml (10
<i>mg/ml</i>)20	mg/10ml) (base equiv)76
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<i>mg/ml</i>)20	equivalent)76
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methylphenidate hcl cap er 24hr 30 mg (la)54	(tartrate equiv)32
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miglitol tab 25 mg62	100
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minocycline hcl cap 50 mg18	montelukast sodium tab 10 mg (base equiv).100
minocycline hcl cap 75 mg18	morphine sulfate beads cap er 24hr 120 mg 4
minocycline hcl tab 100 mg18	morphine sulfate beads cap er 24hr 30 mg 4
minocycline hcl tab 50 mg18	morphine sulfate beads cap er 24hr 45 mg 4
minocycline hcl tab 75 mg18	morphine sulfate beads cap er 24hr 60 mg 4
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MIRCERA INJ 150 MCG83	morphine sulfate cap er 24hr 20 mg5
MIRCERA INJ 200 MCG83	morphine sulfate cap er 24hr 30 mg5
MIRCERA INJ 30MCG83	morphine sulfate cap er 24hr 50 mg5
MIRCERA INJ 50MCG83	morphine sulfate cap er 24hr 60 mg5
MIRCERA INJ 75MCG83	morphine sulfate cap er 24hr 80 mg5
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mirtazapine orally disintegrating tab 45 mg 44	morphine sulfate oral soln 20 mg/5ml5
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mirtazapine tab 30 mg44	morphine sulfate tab 30 mg
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mirtazapine tab 7.5 mg44	morphine sulfate tab er 15 mg5
misoprostol tab 100 mcg78	morphine sulfate tab er 200 mg5
misoprostol tab 200 mcg78	morphine sulfate tab er 30 mg5
mitomycin for iv soln 20 mg19	morphine sulfate tab er 60 mg5

MOTOFEN TAB 1-0.025		naratriptan hcl tab 1 mg (base equiv)	
MOUNJARO INJ 10MG/0.5		naratriptan hcl tab 2.5 mg (base equiv)	56
MOUNJARO INJ 12.5/0.5	63	NATACYN SUS 5% OP	
MOUNJARO INJ 15MG/0.5	63	NATAZIA TAB	
MOUNJARO INJ 2.5/0.5	63	nateglinide tab 120 mg	64
MOUNJARO INJ 5MG/0.5	63	nateglinide tab 60 mg	64
MOUNJARO INJ 7.5/0.5	63	NAYZILAM SPR 5MG	51
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MOVANTIK TAB 25MG	78	nebivolol hcl tab 2.5 mg (base equivalent	t)32
moxifloxacin hcl ophth soln 0.5% (base	eq) (2	nebivolol hcl tab 20 mg (base equivalent)32
times daily)	94	nebivolol hcl tab 5 mg (base equivalent).	32
moxifloxacin hcl ophth soln 0.5% (base	equiv)94	nefazodone hcl tab 100 mg	44
moxifloxacin hcl tab 400 mg (base equiv	v) 15	nefazodone hcl tab 150 mg	44
MULTAQ TAB 400MG		nefazodone hcl tab 200 mg	
mupirocin oint 2%	103	nefazodone hcl tab 250 mg	44
mycophenolate mofetil cap 250 mg	89	nefazodone hcl tab 50 mg	44
mycophenolate mofetil for oral susp 200		neomycin sulfate tab 500 mg	
		neomycin-bacitrac zn-polymyx 5(3.5)mg	
mycophenolate mofetil hcl for iv soln 50		400unt-10000unt op oin	
(base equiv)		neomycin-bacitracin-polymyxin oint	
mycophenolate mofetil tab 500 mg		neomycin-polymy-gramicid op sol 1.75-2	10000-
mycophenolate sodium tab dr 180 mg		0.025mg-unt-mg/ml	94
(mycophenolic acid equiv)	89	neomycin-polymyxin-dexamethasone op	
mycophenolate sodium tab dr 360 mg		0.1%	
(mycophenolic acid equiv)	89	neomycin-polymyxin-dexamethasone op	
MYFORTIC TAB 180MG		susp 0.1%	
MYFORTIC TAB 360MG		neomycin-polymyxin-hc ophth susp	
MYRBETRIQ SUS 8MG/ML	80	neomycin-polymyxin-hc otic soln 1%	
MYRBETRIQ TAB 25 MG		neomycin-polymyxin-hc otic susp 3.5 mg	
MYRBETRIQ TAB 50MG		10000 unit/ml-1%	
N		NEORAL CAP 100MG	
nabumetone tab 500 mg	2	NEORAL CAP 25MG	89
nabumetone tab 750 mg		NEORAL SOL 100MG/ML	89
nadolol tab 20 mg		NEUPRO DIS 1MG/24HR	
nadolol tab 40 mg		NEUPRO DIS 2MG/24HR	
nadolol tab 80 mg		NEUPRO DIS 3MG/24HR	
naftifine hcl cream 1%		NEUPRO DIS 4MG/24HR	
naftifine hcl cream 2%		NEUPRO DIS 6MG/24HR	
nalbuphine hcl inj 10 mg/ml	5	NEUPRO DIS 8MG/24HR	46
nalbuphine hcl inj 20 mg/ml		NEVANAC SUS 0.1% OP	
naloxone hcl inj 0.4 mg/ml		nevirapine susp 50 mg/5ml	
naloxone hcl inj 4 mg/10ml		nevirapine tab 200 mg	
naloxone hcl nasal spray 4 mg/0.1ml		nevirapine tab er 24hr 100 mg	
naloxone hcl soln cartridge 0.4 mg/ml		nevirapine tab er 24hr 400 mg	
naloxone hcl soln prefilled syringe 2 mg,		NEXIUM 24HR CAP 20MG	
naltrexone hcl tab 50 mg		NEXIUM GRA 2.5MG DR	79
naproxen tab 250 mg		NEXIUM GRA 5MG DR	79
naproxen tab 375 mg		NEXPLANON IMP 68MG	
naproxen tab 500 mg		NEXTSTELLIS TAB 3-14.2MG	

niacin tab er 1000 mg (antihyperlipidemic)	.31	nitroglycerin tl soln 0.4 mg/spray (400	
niacin tab er 500 mg (antihyperlipidemic)	.31	mcg/spray)	37
niacin tab er 750 mg (antihyperlipidemic)	.31	NIVESTYM INJ 300/0.5	
nicardipine hcl cap 20 mg		NIVESTYM INJ 300MCG	
nicardipine hcl cap 30 mg		NIVESTYM INJ 480/0.8	83
nicotine polacrilex gum 2 mg		NIVESTYM INJ 480MCG	
nicotine polacrilex gum 4 mg		nizatidine cap 150 mg	
nicotine polacrilex lozenge 2 mg		nizatidine cap 300 mg	
nicotine polacrilex lozenge 4 mg		NORDIPEN 5 MIS DEVICE	
nicotine td patch 24hr 14 mg/24hr		NORDIPEN DEL MIS SYSTEM	
nicotine td patch 24hr 21 mg/24hr		NORDITROPIN INJ 10/1.5ML	
nicotine td patch 24hr 7 mg/24hr		NORDITROPIN INJ 15/1.5ML	
NICOTROL INH		NORDITROPIN INJ 30/3ML	
NICOTROL NS SPR 10MG/ML		NORDITROPIN INJ 5/1.5ML	
nifedipine tab er 24hr 30 mg		norelgestromin-ethinyl estradiol td ptwk 150	
nifedipine tab er 24hr 60 mg		mcg/24hr	
nifedipine tab er 24hr 90 mg		norethindrone & ethinyl estradiol tab 0.4 mg-3	
nifedipine tab er 24hr osmotic release 30 mg		mcg	
nifedipine tab er 24hr osmotic release 60 mg		norethindrone & ethinyl estradiol tab 0.5 mg-3	
nifedipine tab er 24hr osmotic release 90 mg		mcg	
nilutamide tab 150 mg		norethindrone & ethinyl estradiol tab 1 mg-35	
nimodipine cap 30 mg		mcg	
NIPENT INJ 10MG		norethindrone & ethinyl estradiol-fe chew tab	
nisoldipine tab er 24hr 17 mg		0.4 mg-35 mcg	
nisoldipine tab er 24hr 20 mgnisoldipine tab er 24hr 20 mg		norethindrone & ethinyl estradiol-fe chew tab	
nisoldipine tab er 24hr 25.5 mgnisoldipine tab er 24hr 25.5 mg		0.8 mg-25 mcg	
nisoldipine tab er 24hr 30 mgnig			
nisoldipine tab er 24hr 30 mgnisoldipine tab er 24hr 34 mg		norethindrone ace & ethinyl estradiol tab 1 mg	
			07
nisoldipine tab er 24hr 40 mg		norethindrone ace & ethinyl estradiol tab 1.5	
nisoldipine tab er 24hr 8.5 mg		mg-30 mcg	
nitazoxanide tab 500 mgg		norethindrone ace & ethinyl estradiol-fe tab 1	
nitisinone cap 10 mg	./3	mg-20 mcg	о/ г
nitisinone cap 2 mg		norethindrone ace & ethinyl estradiol-fe tab 1.	
nitisinone cap 5 mg		mg-30 mcg	
NITRO-DUR DIS 0.3MG/HR		norethindrone ace-eth estradiol-fe chew tab 1	
NITRO-DUR DIS 0.8MG/HR		mg-20 mcg (24)	6/
nitrofurantoin macrocrystalline cap 100 mg.		norethindrone ace-ethinyl estradiol-fe cap 1	
nitrofurantoin macrocrystalline cap 25 mg		mg-20 mcg (24)	
nitrofurantoin macrocrystalline cap 50 mg		norethindrone ace-ethinyl estradiol-fe tab 1 m	
nitrofurantoin monohydrate macrocrystallin		20 mcg (24)	
cap 100 mg		norethindrone acetate tab 5 mg	
nitroglycerin sl tab 0.3 mg		norethindrone acetate-ethinyl estradiol tab 0.	
nitroglycerin sl tab 0.4 mg		mg-2.5 mcg	71
nitroglycerin sl tab 0.6 mg		norethindrone acetate-ethinyl estradiol tab 1	_
nitroglycerin td patch 24hr 0.1 mg/hr		mg-5 mcg	
nitroglycerin td patch 24hr 0.2 mg/hr		norethindrone ac-ethinyl estrad-fe tab 1-20/1	
nitroglycerin td patch 24hr 0.4 mg/hr		30/1-35 mg-mcg	67
nitroglycerin td patch 24hr 0.6 mg/hr	.37	norethindrone tab 0.35 mg	68

norethindrone-eth estradiol tab 0.5-35/0.75		nystatin-triamcinolone cream 100000-0.	
35/1-35 mg-mcg	68	unit/gm-%	104
norethindrone-eth estradiol tab 0.5-35/1-		nystatin-triamcinolone oint 100000-0.1	404
35/0.5-35 mg-mcg		unit/gm-%	
norgestimate & ethinyl estradiol tab 0.25 mg		NYVEPRIA INJ 6/0.6ML	83
mcg	68	0	
norgestimate-eth estrad tab 0.18-25/0.215-		octreotide acetate inj 100 mcg/ml (0.1 m	g/ml)
25/0.25-25 mg-mcg	68		
norgestimate-eth estrad tab 0.18-35/0.215-		octreotide acetate inj 1000 mcg/ml (1 mg	
35/0.25-35 mg-mcg	68		
norgestrel & ethinyl estradiol tab 0.3 mg-30		octreotide acetate inj 200 mcg/ml (0.2 m	
mcg			
NORPACE CAP 100MG CR		octreotide acetate inj 50 mcg/ml (0.05 m	ig/ml)
NORPACE CAP 150MG CR	29		
nortriptyline hcl cap 10 mg	44	octreotide acetate inj 500 mcg/ml (0.5 m	ig/ml)
nortriptyline hcl cap 25 mg	44		61
nortriptyline hcl cap 50 mg	44	octreotide acetate subcutaneous soln pre	ef syr
nortriptyline hcl cap 75 mg		100 mcg/ml	
nortriptyline hcl soln 10 mg/5ml	44	octreotide acetate subcutaneous soln pre	fsyr 50
NORVIR POW 100MG		mcg/ml	
NOVAVAX VAC INJ COVID-19		octreotide acetate subcutaneous soln pre	
NOVOFINE MIS 32GX6MM		500 mcg/ml	
NOVOLIN INJ 70/30		ODEFSEY TAB	
NOVOLIN INJ 70/30 FP		ODOMZO CAP 200MG	
NOVOLIN N INJ 100 UNIT		OFEV CAP 100MG	
NOVOLIN N INJ U-100		OFEV CAP 150MG	
NOVOLIN R INJ 100 UNIT		ofloxacin ophth soln 0.3%	
NOVOLIN R INJ U-100		ofloxacin otic soln 0.3%	
NOVOLOG INJ 100/ML		ofloxacin tab 300 mg	
NOVOLOG INJ FLEXPEN		ofloxacin tab 400 mg	
NOVOLOG INJ PENFILL		olanzapine orally disintegrating tab 10 n	
NOVOLOG MIX INJ 70/30		olanzapine orally disintegrating tab 15 n	_
NOVOLOG MIX INJ FLEXPEN	64	olanzapine orally disintegrating tab 20 n	_
NUBEQA TAB 300MG		olanzapine orally disintegrating tab 5 mg	_
NUCYNTA ER TAB 100MG		olanzapine tab 10 mg	•
NUCYNTA ER TAB 150MG		olanzapine tab 15 mgolanzapine tab 15 mg	
NUCYNTA ER TAB 200MG			
		olanzapine tab 2.5 mg	
NUCYNTA ER TAB 50MG		olanzapine tab 20 mg	
NUCYNTA TAB 100MC		olanzapine tab 5 mg	
NUCYNTA TAB 50MG		olanzapine tab 7.5 mg	
NUCYNTA TAB 50MG		olmesartan medoxomil tab 20 mg	
NUCYNTA TAB 75MG		olmesartan medoxomil tab 40 mg	
NUEDEXTA CAP 20-10MG		olmesartan medoxomil tab 5 mg	
NULOJIX INJ 250MG		olmesartan medoxomil-hydrochlorothiaz	
nystatin cream 100000 unit/gm		20-12.5 mg	
nystatin oint 100000 unit/gm		olmesartan medoxomil-hydrochlorothiaz	
nystatin susp 100000 unit/ml		40-12.5 mg	
nystatin tab 500000 unit		olmesartan medoxomil-hydrochlorothiaz	
nystatin topical powder 100000 unit/gm	104	40-25 mg	27

olmesartan-amlodipine-hydrochloroth	iazide	ORENITRAM TAB MONTH 2	
tab 20-5-12.5 mg	27	ORENITRAM TAB MONTH 3	
olmes artan-amlo dipine-hydrochlor oth	iazide	ORFADIN CAP 20MG	
tab 40-10-12.5 mg		ORFADIN SUS 4MG/ML	
olmes artan-amlo dipine-hydrochlor oth	iazide	ORILISSA TAB 150MG	
tab 40-10-25 mg		ORILISSA TAB 200MG	
olmesartan-amlodipine-hydrochloroth	iazide	ORKAMBI GRA 100-125	
tab 40-5-12.5 mg	27	ORKAMBI GRA 150-188	
olmesartan-amlodipine-hydrochloroth	iazide	ORKAMBI GRA 75-94MG	
tab 40-5-25 mg		ORKAMBI TAB 100-125	
olopatadine hcl nasal soln 0.6%	98	ORKAMBI TAB 200-125	
olopatadine hcl ophth soln 0.1% (base		orphenadrine citrate inj 30 mg/ml	
equivalent)	95	orphenadrine citrate tab er 12hr 100 n	ng59
olopatadine hcl ophth soln 0.2% (base		orphenadrine w/ aspirin & caffeine tal	25-385-
equivalent)		<i>30 mg</i>	
omega-3-acid ethyl esters cap 1 gm	31	oseltamivir phosphate cap 30 mg (bas	e equiv)
omeprazole cap delayed release 10 mg.	79		12
omeprazole cap delayed release 20 mg.	79	oseltamivir phosphate cap 45 mg (bas	e equiv)
omeprazole cap delayed release 40 mg.	79		
$ome prazole\ de la yed\ release\ tab\ 20\ mg\ .$	79	oseltamivir phosphate cap 75 mg (base	
omeprazole magnesium cap dr 20.6 mg	g (20 mg		
base equiv)		oseltamivir phosphate for susp 6 mg/n	
omeprazole-sodium bicarbonate cap 2		equiv)	12
mg	79	OSMOPREP TAB 1.5GM	
OMNIFLEX DPR		OSPHENA TAB 60MG	73
OMNIPOD 5 G6 KIT INTRO		OTEZLA TAB 10/20/30	86
OMNIPOD 5 G6 MIS PODS		OTEZLA TAB 30MG	
OMNIPOD DASH KIT INTRO	69	OVIDREL INJ	
OMNIPOD DASH KIT PDM	69	oxaliplatin for iv inj 100 mg	24
OMNIPOD DASH MIS PODS		oxaliplatin for iv inj 50 mg	24
OMNIPOD MIS CLASSIC	69	oxaliplatin iv soln 100 mg/20ml	24
OMNIPOD PDM KIT CLASSIC		oxaliplatin iv soln 50 mg/10ml	
ONCASPAR INJ 750/ML	24	oxaprozin tab 600 mg	2
ondansetron hcl oral soln 4 mg/5ml	76	oxazepam cap 10 mg	
ondansetron hcl tab 24 mg	76	oxazepam cap 15 mg	
ondansetron hcl tab 4 mg	76	oxazepam cap 30 mg	
ondansetron hcl tab 8 mg		oxcarbazepine susp 300 mg/5ml (60 m	າ <i>g/ml</i>)51
ondansetron orally disintegrating tab 4	4 mg 76	oxcarbazepine tab 150 mg	
ondansetron orally disintegrating tab &	3 mg 76	oxcarbazepine tab 300 mg	51
ONGENTYS CAP 25 MG	46	oxcarbazepine tab 600 mg	
ONGENTYS CAP 50MG	46	oxiconazole nitrate cream 1%	
OPSUMIT TAB 10MG	38	oxybutynin chloride solution 5 mg/5m	<i>l</i> 81
ORAVIG TAB 50MG		oxybutynin chloride tab 5 mg	
ORENITRAM TAB 0.125MG		oxybutynin chloride tab er 24hr 10 mg	81
ORENITRAM TAB 0.25MG		oxybutynin chloride tab er 24hr 15 mg	81
ORENITRAM TAB 1MG		oxybutynin chloride tab er 24hr 5 mg	
ORENITRAM TAB 2.5MG	38	oxycodone hcl cap 5 mg	
ORENITRAM TAB 5MG		oxycodone hcl conc 100 mg/5ml (20 m	g/ml) 6
ORENITRAM TAB MONTH 1	38	oxycodone hcl soln 5 mg/5ml	

oxycodone hcl tab 10 mg6	paroxetine hcl tab er 24hr 25 mg44
oxycodone hcl tab 15 mg6	paroxetine hcl tab er 24hr 37.5 mg44
oxycodone hcl tab 20 mg6	PEDIARIX INJ 0.5ML91
oxycodone hcl tab 30 mg6	pediatric multiple vitamins w/fl-fe drops 0.25-
oxycodone hcl tab 5 mg6	<i>10 mg/ml</i> 93
oxycodone hcl tab er 12hr deter 10 mg6	pediatric multiple vitamins w/ fluoride chew
oxycodone hcl tab er 12hr deter 20 mg6	tab 0.25 mg93
oxycodone hcl tab er 12hr deter 40 mg6	pediatric multiple vitamins w/ fluoride chew
oxycodone hcl tab er 12hr deter 80 mg6	tab 0.5 mg93
oxycodone w/ acetaminophen tab 10-325 mg7	pediatric multiple vitamins w/ fluoride chew
oxycodone w/ acetaminophen tab 2.5-325 mg6	tab 1 mg93
oxycodone w/ acetaminophen tab 5-325 mg6	pediatric multiple vitamins w/ fluoride soln 0.25
oxycodone w/ acetaminophen tab 7.5-325 mg7	mg/ml93
oxymorphone hcl tab 10 mg7	pediatric multiple vitamins w/ fluoride soln 0.5
oxymorphone hcl tab 5 mg7	mg/ml93
oxymorphone hcl tab er 12hr 10 mg7	pediatric vitamins acd w/ fluoride soln 0.25
oxymorphone hcl tab er 12hr 15 mg7	mg/ml93
oxymorphone hcl tab er 12hr 20 mg7	pediatric vitamins acd w/ fluoride soln 0.5
oxymorphone hcl tab er 12hr 30 mg7	<i>mg/ml</i> 93
oxymorphone hcl tab er 12hr 40 mg7	PEDVAX HIB INJ91
oxymorphone hcl tab er 12hr 5 mg7	peg 3350-kcl-na bicarb-nacl-na sulfate for soln
oxymorphone hcl tab er 12hr 7.5 mg7	236 gm77
OZEMPIC INJ 2MG/3ML63	peg 3350-kcl-na bicarb-nacl-na sulfate for soln
OZEMPIC INJ 4MG/3ML63	240 gm77
OZEMPIC INJ 8MG/3ML63	peg 3350-kcl-nacl-na sulfate-na ascorbate-c for
P	soln 100 gm77
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)20	peg 3350-kcl-sod bicarb-nacl for soln 420 gm.78
paclitaxel iv conc 150 mg/25ml (6 mg/ml) 20	PEGASYS INJ15
paclitaxel iv conc 30 mg/5ml (6 mg/ml)20	PEGASYS INJ 180MCG/M15
paclitaxel iv conc 300 mg/50ml (6 mg/ml) 20	PEG-PREP KIT78
paliperidone tab er 24hr 1.5 mg48	pemetrexed disodium for iv soln 100 mg (base
paliperidone tab er 24hr 3 mg48	equiv)20
paliperidone tab er 24hr 6 mg48	pemetrexed disodium for iv soln 500 mg (base
paliperidone tab er 24hr 9 mg48	equiv)25
pamidronate disodium iv soln 3 mg/ml65	PEMETREXED INJ 100MG25
PANDA MASK MIS PEDIATRI101	PEMETREXED SOL 100/4ML25
pantoprazole sodium ec tab 20 mg (base equiv)	PEMETREXED SOL 500/20ML25
	penciclovir cream 1%107
pantoprazole sodium ec tab 40 mg (base equiv)	penicillamine tab 250 mg66
79	penicillin g potassium for inj 20000000 unit17
PARAGARD IUD T380A68	penicillin g potassium for inj 5000000 unit17
paricalcitol cap 1 mcg93	penicillin g sodium for inj 5000000 unit17
paricalcitol cap 2 mcg93	penicillin v potassium for soln 125 mg/5ml17
paricalcitol cap 4 mcg93	penicillin v potassium for soln 250 mg/5ml17
paroxetine hcl tab 10 mg44	penicillin v potassium tab 250 mg17
paroxetine hcl tab 20 mg44	penicillin v potassium tab 500 mg17
paroxetine hcl tab 30 mg44	PENTACEL INJ91
paroxetine hcl tab 40 mg44	pentamidine isethionate for inj soln 300 mg16
paroxetine hcl tab er 24hr 12.5 mg44	- 7
-	

pentamidine isethionate for nebulization soln	pindolol tab 10 mg32
300 mg16	pindolol tab 5 mg32
pentoxifylline tab er 400 mg83	pioglitazone hcl tab 15 mg (base equiv)64
perindopril erbumine tab 2 mg26	pioglitazone hcl tab 30 mg (base equiv)64
perindopril erbumine tab 4 mg26	pioglitazone hcl tab 45 mg (base equiv)64
perindopril erbumine tab 8 mg26	pioglitazone hcl-glimepiride tab 30-2 mg63
permethrin cream 5%108	pioglitazone hcl-glimepiride tab 30-4 mg64
permethrin creme rinse 1%108	pioglitazone hcl-metformin hcl tab 15-500 mg
permethrin lotion 1%108	63
perphenazine tab 16 mg48	pioglitazone hcl-metformin hcl tab 15-850 mg
perphenazine tab 2 mg48	63
perphenazine tab 4 mg48	pirfenidone cap 267 mg101
perphenazine tab 8 mg48	pirfenidone tab 267 mg101
perphenazine-amitriptyline tab 2-10 mg 60	pirfenidone tab 801 mg101
perphenazine-amitriptyline tab 2-25 mg 60	piroxicam cap 10 mg2
perphenazine-amitriptyline tab 4-10 mg 60	piroxicam cap 20 mg2
perphenazine-amitriptyline tab 4-25 mg 60	PLENVU SOL78
perphenazine-amitriptyline tab 4-50 mg 60	PNEUMOVAX 23 INJ 25/0.591
PFIZER 5-11Y INJ 2023-2491	podofilox soln 0.5%107
PFIZER 6M-4Y INJ 2023-2491	POLIVY INJ 140MG20
phenazopyridine hcl tab 95 mg80	POLIVY INJ 30MG20
phenelzine sulfate tab 15 mg44	polyethylene glycol 3350 oral powder 17
phenobarbital elixir 20 mg/5ml51	<i>gm/scoop</i> 78
phenobarbital tab 100 mg52	polymyxin b-trimethoprim ophth soln 10000
phenobarbital tab 15 mg52	unit/ml-0.1%94
phenobarbital tab 16.2 mg52	POMALYST CAP 1MG20
phenobarbital tab 30 mg52	POMALYST CAP 2MG20
phenobarbital tab 32.4 mg52	POMALYST CAP 3MG20
phenobarbital tab 60 mg52	POMALYST CAP 4MG20
phenobarbital tab 64.8 mg52	posaconazole susp 40 mg/ml9
phenobarbital tab 97.2 mg52	posaconazole tab delayed release 100 mg9
phenoxybenzamine hcl cap 10 mg37	potassium bicarbonate effer tab 25 meq92
phenylephrine hcl ophth soln 10%96	potassium chloride cap er 10 meq92
phenylephrine hcl ophth soln 2.5%96	potassium chloride cap er 8 meq92
phenytoin chew tab 50 mg52	potassium chloride microencapsulated crys er
phenytoin sodium extended cap 100 mg52	tab 10 meq92
phenytoin sodium extended cap 200 mg52	potassium chloride microencapsulated crys er
phenytoin sodium extended cap 300 mg52	tab 15 meq92
phenytoin susp 125 mg/5ml52	potassium chloride microencapsulated crys er
PHEXXI GEL80	tab 20 meq92
PHOSPHOLINE SOL 0.125%OP95	potassium chloride oral soln 10% (20
PHOTOFRIN INJ 75MG24	meq/15ml)92
phytonadione tab 5 mg93	potassium chloride oral soln 20% (40
pilocarpine hcl ophth soln 1%95	meq/15ml)92
pilocarpine hcl tab 5 mg108	potassium chloride tab er 10 meq92
pilocarpine hcl tab 7.5 mg108	potassium chloride tab er 20 meq (1500 mg)92
pimecrolimus cream 1%105	potassium chloride tab er 8 meq (600 mg)92
pimozide tab 1 mg60	potassium citrate tab er 10 meq (1080 mg)80
pimozide tab 2 mg60	potassium citrate tab er 15 meq (1620 mg)80

potassium citrate tab er 5 meq (540 mg ₎)80	prednisone tab 50 mg	72
PRADAXA CAP 110MG	82	prednisone tab therapy pack 10 mg (21).	72
PRADAXA CAP 75MG	82	prednisone tab therapy pack 10 mg (48).	72
pramipexole dihydrochloride tab 0.125 i	mg 46	prednisone tab therapy pack 5 mg (21)	72
pramipexole dihydrochloride tab 0.25 m	g46	prednisone tab therapy pack 5 mg (48)	72
pramipexole dihydrochloride tab 0.5 mg	46	pregabalin cap 100 mg	52
pramipexole dihydrochloride tab 0.75 m	g46	pregabalin cap 150 mg	52
pramipexole dihydrochloride tab 1 mg	46	pregabalin cap 200 mg	52
pramipexole dihydrochloride tab 1.5 mg	46	pregabalin cap 225 mg	52
pramipexole dihydrochloride tab er 24h	r 0.375	pregabalin cap 25 mg	52
mg	46	pregabalin cap 300 mg	52
pramipexole dihydrochloride tab er 24h	r 0.75	pregabalin cap 50 mg	52
mg	46	pregabalin cap 75 mg	52
pramipexole dihydrochloride tab er 24h	r 1.5 mg	pregabalin soln 20 mg/ml	52
	46	PREHEVBRIO SUS 10MCG/ML	91
pramipexole dihydrochloride tab er 24h	r 2.25	PREMARIN TAB 0.3MG	71
mg	46	PREMARIN TAB 0.45MG	71
pramipexole dihydrochloride tab er 24h	r 3 mg	PREMARIN TAB 0.625MG	71
	46	PREMARIN TAB 0.9MG	71
pramipexole dihydrochloride tab er 24h		PREMARIN TAB 1.25MG	71
mg	46	PREMARIN VAG CRE 0.625MG	71
pramipexole dihydrochloride tab er 24h		prenat w/o a w/fefum-methfol-fa-dha ca 0.6-0.4-300 mg	
prasugrel hcl tab 10 mg (base equiv)		prenatal vit w/ dss-iron carbonyl-fa tab !	
prasugrel hcl tab 5 mg (base equiv)		mg	
pravastatin sodium tab 10 mg		prenatal vit w/ fe fumarate-fa chew tab 2	
pravastatin sodium tab 20 mg		mg	
pravastatin sodium tab 40 mg		prenatal vit w/ fe fumarate-fa tab 28-1 m	
pravastatin sodium tab 80 mg	30	prenatal vit w/ fe fum-methylfolate-fa ta	b 27-
praziquantel tab 600 mg	8	0.6-0.4 mg	92
prazosin hcl cap 1 mg		prenatal vit w/ iron carbonyl-fa tab 50-1	
prazosin hcl cap 2 mg	27		93
prazosin hcl cap 5 mg	27	PRETOMANID TAB 200MG	12
PRED SOD PHO SOL 1% OP	95	PREVNAR 13 INJ	91
prednisolone acetate ophth susp 1%	95	PREVNAR 20 INJ	91
prednisolone sod phosph oral soln 6.7 m		PREZCOBIX TAB 800-150	12
(5 mg/5ml base)	72	PREZISTA SUS 100MG/ML	10
prednisolone sod phosphate oral soln 15	5	PREZISTA TAB 150MG	
mg/5ml (base equiv)	72	PREZISTA TAB 75MG	10
prednisolone sodium phosphate oral sol	ln 25	PRIFTIN TAB 150MG	12
mg/5ml (base eq)	72	primaquine phosphate tab 26.3 mg (15 n	1g
prednisolone soln 15 mg/5ml	72	base)	
PREDNISONE CON 5MG/ML		primidone tab 250 mg	
prednisone oral soln 5 mg/5ml	72	primidone tab 50 mg	
prednisone tab 1 mg		PRIORIX INJ	
prednisone tab 10 mg	72	probenecid tab 500 mg	1
prednisone tab 2.5 mg		procainamide hcl inj 100 mg/ml	
prednisone tab 20 mg		prochlorperazine maleate tab 10 mg (ba	
prednisone tab 5 mg		equivalent)	

prochlorperazine maleate tab 5 mg (base		pseudoephed-bromphen-dm syrup 30-2-	
equivalent)		mg/5ml	99
prochlorperazine suppos 25 mg	76	pyrazinamide tab 500 mg	12
progesterone cap 100 mg	74	pyridostigmine bromide oral soln 60 mg/	′5ml.57
progesterone cap 200 mg	74	pyridostigmine bromide tab 60 mg	57
PROGRAF CAP 0.5MG	89	pyridostigmine bromide tab er 180 mg	57
PROGRAF CAP 1MG	89	pyridoxine hcl tab 25 mg	94
PROGRAF CAP 5MG	89	pyridoxine hcl tab 50 mg	94
PROGRAF GRA 0.2MG	89	pyrimethamine tab 25 mg	16
PROGRAF GRA 1MG	89	Q	
PROGRAF INJ 5MG/ML	89	QUADRACEL INJ	91
PROLASTIN-C INJ 1000MG	96	QUADRACEL INJ 0.5ML	91
PROLIA INJ 60MG/ML		quetiapine fumarate tab 100 mg	48
promethazine & phenylephrine syrup 6.25-		quetiapine fumarate tab 200 mg	
mg/5ml		quetiapine fumarate tab 25 mg	
promethazine hcl suppos 12.5 mg		quetiapine fumarate tab 300 mg	
promethazine hcl suppos 25 mg		quetiapine fumarate tab 400 mg	
promethazine hcl suppos 50 mg		quetiapine fumarate tab 50 mg	
promethazine hcl syrup 6.25 mg/5ml		quetiapine fumarate tab er 24hr 150 mg	
promethazine hcl tab 12.5 mg		quetiapine fumarate tab er 24hr 200 mg	
promethazine hcl tab 25 mg		quetiapine fumarate tab er 24hr 300 mg.	
promethazine hcl tab 50 mg		quetiapine fumarate tab er 24hr 400 mg.	
promethazine w/ codeine syrup 6.25-10	7 0	quetiapine fumarate tab er 24hr 50 mg	
mg/5ml	99	quinapril hcl tab 10 mg	
promethazine-dm syrup 6.25-15 mg/5ml		quinapril hcl tab 20 mg	
promethazine-phenylephrine-codeine syru		quinapril hcl tab 40 mg	
6.25-5-10 mg/5ml	_	quinapril hcl tab 5 mg	
propafenone hcl cap er 12hr 225 mg		quinapril-hydrochlorothiazide tab 20-12	
propafenone hcl cap er 12hr 325 mg			
propafenone hel cap er 12hr 425 mg		quinapril-hydrochlorothiazide tab 20-25	
propafenone hel tab 150 mgpropafenone hel tab 150 mg		quinine sulfate cap 324 mg	_
propafenone hcl tab 225 mg		QULIPTA TAB 10MG	
propafenone hel tab 300 mg		QULIPTA TAB 30MG	56
propranolol hcl cap er 24hr 120 mg		QULIPTA TAB 60MG	
propranolol hcl cap er 24hr 160 mg		QVAR REDIHA AER 80MCG	
propranolol hcl cap er 24hr 60 mgpropranolol		QVAR REDIHAL AER 40MCG	
propranolol hel cap er 24hr 80 mgpropranolol hel cap er 24hr 80 mg		R	101
propranolol hel oral soln 20 mg/5ml		rabeprazole sodium ec tab 20 mg	79
propranolol hcl oral soln 40 mg/5mlpropranolol hcl oral soln 40 mg/5ml		raloxifene hcl tab 60 mg	
propranolol hcl tab 10 mgpropranolol hcl tab 10 mg		ramelteon tab 8 mg	
propranolol hel tab 20 mgpropranolol hel tab 20 mg		ramipril cap 1.25 mg	
propranolol hel tab 40 mgpropranolol hel tab 40 mg		ramiprii cap 10 mg	
propranolol hcl tab 40 mgpropranolol hcl tab 60 mg		ramiprii cap 10 mgramiprii cap 2.5 mg	
propranolol hel tab 80 mgpropranolol hel tab 80 mg		ramiprii cap 5 mg	
propylthiouracil tab 50 mgpropylthiouracil tab 50 mg		ranolazine tab er 12hr 1000 mg	
		ranolazine tab er 12hr 1000 mg ranolazine tab er 12hr 500 mg	
PROQUAD INJ		-	
protriptyline hcl tab 10 mg		RAPAMUNE SOL 1MG/MLRAPAMUNE TAB 0.5MG	
protriptyline hcl tab 5 mg	44	RAPAMUNE TAB 1MG	
		IVALAMONE LAD IMU	09

RAPAMUNE TAB 2MG		risedronate sodium tab delayed release 3.	
rasagiline mesylate tab 0.5 mg (base equi	-		
rasagiline mesylate tab 1 mg (base equiv)		risperidone orally disintegrating tab 0.25	_
RECOMBIVA HB INJ 10MCG/ML		risperidone orally disintegrating tab 0.5 n	_
RECOMBIVA HB INJ 5MCG/0.5	91	risperidone orally disintegrating tab 1 mg	j49
RECOMBIVA-HB INJ 40MCG/ML	91	risperidone orally disintegrating tab 2 mg	j49
RECTIV OIN 0.4%		risperidone orally disintegrating tab 3 mg	j49
REGRANEX GEL 0.01%	108	risperidone orally disintegrating tab 4 mg	j49
RELENZA MIS DISKHALE		risperidone soln 1 mg/ml	49
REMODULIN INJ 10MG/ML	38	risperidone tab 0.25 mg	49
REMODULIN INJ 1MG/ML	38	risperidone tab 0.5 mg	49
REMODULIN INJ 2.5MG/ML	38	risperidone tab 1 mg	49
REMODULIN INJ 5MG/ML	38	risperidone tab 2 mg	49
repaglinide tab 0.5 mg	64	risperidone tab 3 mg	49
repaglinide tab 1 mg	64	risperidone tab 4 mg	
repaglinide tab 2 mg	64	ritonavir tab 100 mg	10
REPATHA INJ 140MG/ML	31	rivastigmine tartrate cap 1.5 mg (base	
REPATHA PUSH INJ 420/3.5	31	equivalent)	40
REPATHA SURE INJ 140MG/ML	31	rivastigmine tartrate cap 3 mg (base	
RESTASIS EMU 0.05% OP		equivalent)	40
RESTASIS MUL EMU 0.05% OP	96	rivastigmine tartrate cap 4.5 mg (base	
RETACRIT INJ 10000UNT	83	equivalent)	40
RETACRIT INJ 20000UNI		rivastigmine tartrate cap 6 mg (base	
RETACRIT INJ 2000UNIT		equivalent)	40
RETACRIT INJ 3000UNIT	83	rivastigmine td patch 24hr 13.3 mg/24hr	
RETACRIT INJ 40000UNT		rivastigmine td patch 24hr 4.6 mg/24hr	
RETACRIT INJ 4000UNIT		rivastigmine td patch 24hr 9.5 mg/24hr	40
REVLIMID CAP 10MG		rizatriptan benzoate oral disintegrating t	
REVLIMID CAP 15MG	21	mg (base eq)	
REVLIMID CAP 2.5MG	21	rizatriptan benzoate oral disintegrating t	
REVLIMID CAP 20MG	21	mg (base eq)	
REVLIMID CAP 25MG	21	rizatriptan benzoate tab 10 mg (base	
REVLIMID CAP 5MG	21	equivalent)	57
REYATAZ POW 50MG	10	rizatriptan benzoate tab 5 mg (base equiv	valent)
ribavirin cap 200 mg	15		
ribavirin tab 200 mg	15	roflumilast tab 250 mcg	100
rifabutin cap 150 mg	12	roflumilast tab 500 mcg	
rifampin cap 150 mg		ropinirole hydrochloride tab 0.25 mg	47
rifampin cap 300 mg		ropinirole hydrochloride tab 0.5 mg	
riluzole tab 50 mg		ropinirole hydrochloride tab 1 mg	
rimantadine hydrochloride tab 100 mg	13	ropinirole hydrochloride tab 2 mg	47
RINVOQ TAB 15MG ER	86	ropinirole hydrochloride tab 3 mg	
RINVOQ TAB 30MG ER		ropinirole hydrochloride tab 4 mg	47
RINVOQ TAB 45MG ER		ropinirole hydrochloride tab 5 mg	
risedronate sodium tab 150 mg		rosuvastatin calcium tab 10 mg	
risedronate sodium tab 30 mg		rosuvastatin calcium tab 20 mg	
risedronate sodium tab 35 mg		rosuvastatin calcium tab 40 mg	
risedronate sodium tab 5 mg		rosuvastatin calcium tab 5 mg	
J		ROTARIX SUS	

ROTATEQ SOL	91	simvastatin tab 10 mg	31
rufinamide susp 40 mg/ml	52	simvastatin tab 20 mg	31
rufinamide tab 200 mg	52	simvastatin tab 40 mg	31
rufinamide tab 400 mg	52	simvastatin tab 5 mg	31
RYDAPT CAP 25MG	23	simvastatin tab 80 mg	31
S		sirolimus oral soln 1 mg/ml	89
SANCU SO DIS 3.1MG		sirolimus tab 0.5 mg	
SANDIMMUNE CAP 100MG		sirolimus tab 1 mg	
SANDIMMUNE CAP 25MG		sirolimus tab 2 mg	89
SANDIMMUNE INJ 50MG/ML		SIRTURO TAB 100MG	
SANDIMMUNE SOL 100MG/ML	89	SIRTURO TAB 20MG	
sapropterin dihydrochloride powder po	acket 100	SKYLA IUD 13.5MG	68
mg	69	SKYRIZI INJ 150MG/ML	87
sapropterin dihydrochloride powder po	acket 500	SKYRIZI INJ 180/1.2	
mg		SKYRIZI INJ 360/2.4	
sapropterin dihydrochloride tab 100 m	g69	SKYRIZI PEN INJ 150MG/ML	87
SAVELLA MIS TITR PAK		SKYRIZI SOL 60MG/ML	
SAVELLA TAB 100MG	55	SLYND TAB 4MG	68
SAVELLA TAB 12.5MG	55	SOD OXYBATE SOL 500MG/ML	59
SAVELLA TAB 25MG	55	sod sulfate-pot sulf-mg sulf oral sol 17.5	-3.13-
SAVELLA TAB 50MG	55	1.6 gm/177ml	78
scopolamine td patch 72hr 1 mg/3days		sodium chloride flush iv soln 0.9%	92
selegiline hcl cap 5 mg		sodium chloride inj 2.5 meq/ml (14.6%)	92
selegiline hcl tab 5 mg	47	sodium chloride irrigation soln 0.9%	108
selenium sulfide lotion 2.5%	105	sodium chloride iv soln 0.45%	92
SELZENTRÝ SOL 20MG/ML	10	sodium chloride iv soln 0.9%	92
SELZENTRY TAB 25 MG	10	sodium chloride iv soln 3%	92
SELZENTRY TAB 75MG	10	sodium chloride iv soln 5%	92
SEREVENT DIS AER 50MCG	98	sodium chloride preservative free (pf) in	ıj 0.9%
sertraline hcl oral concentrate for solut	tion 20		
mg/ml	44	sodium chloride soln nebu 0.9%	100
sertraline hcl tab 100 mg	44	sodium chloride soln nebu 10%	100
sertraline hcl tab 25 mg		sodium chloride soln nebu 3%	100
sertraline hcl tab 50 mg	44	sodium chloride soln nebu 7%	100
sevelamer carbonate packet 0.8 gm	74	sodium fluoride chew tab 0.25 mg f (froi	n 0.55
sevelamer carbonate packet 2.4 gm	74	mg naf)	92
sevelamer carbonate tab 800 mg	74	sodium fluoride chew tab 0.5 mg f (from	1.1 mg
SHARPS CONT MIS 2QUART	69	naf)	_
SHINGRIX INJ 50/0.5ML	91	sodium fluoride chew tab 1 mg f (from 2	2.2 mg
sildenafil citrate iv soln 10 mg/12.5ml ((base	naf)	92
equivalent)	38	sodium fluoride soln 0.125 mg/drop f (0	.275
sildenafil citrate tab 20 mg	38	mg/drop naf)	92
silodosin cap 4 mg		sodium fluoride soln 0.5 mg/ml f (from 1	1.1
silodosin cap 8 mg	80	mg/ml naf)	
silver sulfadiazine cream 1%1		sodium fluoride tab 0.5 mg f (from 1.1 m	
SIMBRINZA SUS 1-0.2%			
SIMPONI ARIA SOL 50MG/4ML	84	sodium fluoride tab 1 mg f (from 2.2 mg	naf)92
SIMPONI INJ 100MG/ML		sodium polystyrene sulfonate oral susp	
SIMPONI INI 50/0.5ML	87	gm/60ml	

SOFTCLIX MIS LANCETS	69	STRIVERDI AER 2.5MCG	98
solifenacin succinate tab 10 mg	81	SUBLOCADE INJ 100/0.5	8
solifenacin succinate tab 5 mg	81	SUBLOCADE INJ 300/1.5	8
SOLIQUA INJ 100/33		SUCRAID SOL 8500/ML	78
SOMATULINE INJ 120/.5ML	62	sucralfate tab 1 gm	78
SOMATULINE INJ 60/0.2ML	61	SUFLAVE SOL	78
SOMATULINE INJ 90/0.3ML	62	sulconazole nitrate cream 1%1	
SOMAVERT INJ 10MG	62	sulconazole nitrate solution 1%	104
SOMAVERT INJ 15MG	62	sulfacetamide sodium lotion 10% (acne).	103
SOMAVERT INJ 20MG		sulfacetamide sodium ophth oint 10%	94
SOMAVERT INJ 25MG	62	sulfacetamide sodium ophth soln 10%	94
SOMAVERT INJ 30MG		sulfacetamide sodium-prednisolone opht	th soln
sorafenib tosylate tab 200 mg (base equ	uivalent)	10-0.23(0.25)%	
		sulfadiazine tab 500 mg	
sotalol hcl (afib/afl) tab 120 mg		sulfamethoxazole-trimethoprim susp 200	
sotalol hcl (afib/afl) tab 160 mg		mg/5ml	
sotalol hcl (afib/afl) tab 80 mg		sulfamethoxazole-trimethoprim tab 400-	
sotalol hcl tab 120 mg			
sotalol hcl tab 160 mg		sulfamethoxazole-trimethoprim tab 800-	
sotalol hcl tab 240 mg		mg	
sotalol hcl tab 80 mg		SULFAMYLON CRE 85MG/GM	
SOVALDI PAK 150MG		sulfasalazine tab 500 mg	
SOVALDI PAK 200MG		sulfasalazine tab delayed release 500 mg	
SOVALDI TAB 200MG		sulindac tab 150 mg	
SOVALDI TAB 400MG	16	sulindac tab 200 mg	
SPIKEVAX INJ 50/0.5ML		sumatriptan nasal spray 20 mg/act	
spinosad susp 0.9%		sumatriptan nasal spray 5 mg/act	
SPIRIVA AER 1.25MCG		sumatriptan succinate inj 6 mg/0.5ml	
SPIRIVA CAP HANDIHLR	97	sumatriptan succinate solution auto-inje	
SPIRIVA SPR 2.5MCG	97	mg/0.5ml	
spironolactone & hydrochlorothiazide t		sumatriptan succinate solution auto-inje	
mgspironolactone tab 100 mg	36	mg/0.5mlsumatriptan succinate solution cartridge	<i>2</i> 4
spironolactone tab 25 mg		mg/0.5ml	
spironolactone tab 50 mg		sumatriptan succinate solution cartridge	
SPRYCEL TAB 100MG		mg/0.5ml	
SPRYCEL TAB 140MG	23	sumatriptan succinate tab 100 mg	57
SPRYCEL TAB 20MG	23	sumatriptan succinate tab 25 mg	57
SPRYCEL TAB 50MG	23	sumatriptan succinate tab 50 mg	
SPRYCEL TAB 70MG	23	sumatriptan-naproxen sodium tab 85-50	
SPRYCEL TAB 80MG	23		57
stavudine cap 15 mg	10	sunitinib malate cap 12.5 mg (base equiv	alent)
stavudine cap 20 mg			-
stavudine cap 30 mg	11	sunitinib malate cap 25 mg (base equiva	lent).23
stavudine cap 40 mg		sunitinib malate cap 37.5 mg (base equiv	
STELARA INJ 45MG/0.5			
STELARA INJ 90MG/ML		sunitinib malate cap 50 mg (base equiva	lent).23
STIOLTO AÉR 2.5-2.5		SUNOSI TAB 150MG	
STIVARGA TAB 40MG		SUNOSI TAB 75MG	59

SUPPRELIN LA KIT 50MG		tamoxifen citrate tab 20 mg (base equivaler	
SUPRAX CHW 100MG			
SUPRAX CHW 200MG		tamsulosin hcl cap 0.4 mg	
SUPRAX SUS 500/5ML		tasimelteon capsule 20 mg	
SUTAB TAB		tazarotene cream 0.1%	
SYMDEKO TAB 100-150		tazarotene gel 0.05%	
SYMDEKO TAB 50-75MG		tazarotene gel 0.1%	
SYMLINPEN 60 INJ 1000MCG		TAZORAC CRE 0.05%	105
SYMLNPEN 120 INJ 1000MCG	62	TDVAX INJ 2-2 LF	
SYNAREL SOL 2MG/ML	73	telmisartan tab 20 mg	
SYNERA DIS 70-70MG	.107	telmisartan tab 40 mg	28
SYNJARDY TAB	64	telmisartan tab 80 mg	28
SYNJARDY TAB 12.5-500	65	telmisartan-amlodipine tab 40-10 mg	28
SYNJARDY TAB 5-1000MG	64	telmisartan-amlodipine tab 40-5 mg	28
SYNJARDY TAB 5-500MG	64	telmisartan-amlodipine tab 80-10 mg	
SYNJARDY XR TAB	65	telmisartan-amlodipine tab 80-5 mg	
SYNJARDY XR TAB 10-1000		telmisartan-hydrochlorothiazide tab 40-12.	
SYNJARDY XR TAB 25-1000		mg	
SYNJARDY XR TAB 5-1000MG		telmisartan-hydrochlorothiazide tab 80-12.	
SYNTHROID TAB 100MCG		mg	
SYNTHROID TAB 112MCG		telmisartan-hydrochlorothiazide tab 80-25	
SYNTHROID TAB 125MCG			_
SYNTHROID TAB 137MCG		temazepam cap 15 mg	
SYNTHROID TAB 150MCG		temazepam cap 22.5 mg	
SYNTHROID TAB 175MCG		temazepam cap 30 mg	
SYNTHROID TAB 200MCG		temazepam cap 7.5 mg	
SYNTHROID TAB 25MCG		TEMODAR INJ 100MG	
SYNTHROID TAB 300MCG		temozolomide cap 100 mg	
SYNTHROID TAB 50MCG		temozolomide cap 140 mg	
SYNTHROID TAB 75MCG		temozolomide cap 180 mg	
SYNTHROID TAB 88MCG		temozolomide cap 20 mg	18
T	0	temozolomide cap 250 mg	
TABLOID TAB 40MG	20	temozolomide cap 5 mg	18
tacrolimus cap 0.5 mg		TENIVAC INJ 5-2LF	
tacrolimus cap 1 mg		tenofovir disoproxil fumarate tab 300 mg	
tacrolimus cap 5 mg		terazosin hcl cap 1 mg (base equivalent)	
tacrolimus oint 0.03%		terazosin hel cap 10 mg (base equivalent)	
tacrolimus oint 0.1%		terazosin hel cap 2 mg (base equivalent)	
tadalafil tab 2.5 mg		terazosin hel cap 5 mg (base equivalent)	
tadalafil tab 20 mg (pah)		terbinafine hcl cream 1%	
tadalafil tab 5 mgtadalafil tab 5 mg		terbinafine hel tab 250 mg	
TAFINLAR CAP 50MG		terbutaline sulfate tab 2.5 mg	
TAFINLAR CAP 75MG		terbutaline sulfate tab 5 mg	
TAFINLAR TAB 10MG		terconazole vaginal cream 0.4%	
tafluprost preservative free (pf) ophth soln	20	terconazole vaginal cream 0.4%terconazole vaginal cream 0.8%	
0.0015%	95	terconazole vaginal suppos 80 mg	
TALTZ INJ 80MG/ML		teriflunomide tab 14 mg	
tamoxifen citrate tab 10 mg (base equivalen		teriflunomide tab 7 mg	
tamongen eta ate tab 10 mg (buse equivalen	<i>11)</i> 21	configuration and / mg	50

testosterone cypionate im inj in oil 100 n	ng/ml	TIVICAY TAB 10MG	
	62	TIVICAY TAB 25MG	
testosterone cypionate im inj in oil 200 n	ng/ml	TIVICAY TAB 50MG	
		tizanidine hcl tab 2 mg (base equivalent).	59
testosterone enanthate im inj in oil 200 i	mg/ml	tizanidine hcl tab 4 mg (base equivalent).	59
	62	TOBRADEX OIN 0.3-0.1%	94
testosterone td gel 10mg/act (2%)	62	TOBRADEX ST SUS 0.3-0.05	94
testosterone td gel 25 mg/2.5gm (1%)	62	tobramycin nebu soln 300 mg/4ml	100
tetrabenazine tab 12.5 mg	57	tobramycin nebu soln 300 mg/5ml	100
tetrabenazine tab 25 mg	58	tobramycin ophth soln 0.3%	94
tetracycline hcl cap 250 mg	18	tobramycin-dexamethasone ophth susp 0	1.3-
tetracycline hcl cap 500 mg		0.1%	
THALOMID CAP 100MG	21	TODAY SPONGE MIS	80
THALOMID CAP 150MG	21	tolmetin sodium cap 400 mg	
THALOMID CAP 200MG	21	tolmetin sodium tab 600 mg	
THALOMID CAP 50MG	21	tolnaftate aerosol 1%	
theophylline elixir 80 mg/15ml	102	tolnaftate aerosol pow 1%	104
theophylline soln 80 mg/15ml		tolnaftate cream 1%	
theophylline tab er 12hr 300 mg		tolnaftate powder 1%	
theophylline tab er 12hr 450 mg		tolnaftate soln 1%	
theophylline tab er 24hr 400 mg		tolterodine tartrate cap er 24hr 2 mg	
theophylline tab er 24hr 600 mg		tolterodine tartrate cap er 24hr 4 mg	
thioridazine hcl tab 10 mg		tolterodine tartrate tab 1 mg	
thioridazine hcl tab 100 mg		tolterodine tartrate tab 2 mg	
thioridazine hcl tab 25 mg		tolvaptan tab 15 mg	
thioridazine hcl tab 50 mg		tolvaptan tab 30 mg	
thiothixene cap 1 mg		topiramate sprinkle cap 15 mg	
thiothixene cap 10 mg		topiramate sprinkle cap 25 mg	
thiothixene cap 2 mg		topiramate tab 100 mg	
thiothixene cap 5 mg		topiramate tab 200 mg	
tiagabine hcl tab 12 mg		topiramate tab 25 mg	
tiagabine hcl tab 16 mg		topiramate tab 50 mg	
tiagabine hcl tab 2 mg	52	topotecan hcl for inj 4 mg (base equiv)	25
tiagabine hcl tab 4 mg		toremifene citrate tab 60 mg (base equivo	
TICE BCG INJ		g (2 and 2 quite	-
timolol maleate ophth gel forming soln (torsemide tab 10 mg	
		torsemide tab 100 mg	
timolol maleate ophth gel forming soln (torsemide tab 20 mg	
timolol maleate ophth soln 0.25%		torsemide tab 5 mg	
timolol maleate ophth soln 0.5%		tramadol hcl tab 50 mg	
timolol maleate tab 10 mg		tramadol hcl tab er 24hr 100 mg	
timolol maleate tab 20 mg		tramadol hcl tab er 24hr 200 mg	
timolol maleate tab 5 mg		tramadol hcl tab er 24hr 300 mg	
TINACTIN AER 1%		tramadol-acetaminophen tab 37.5-325 m	
tinidazole tab 250 mg		trandolapril tab 1 mg	
tinidazole tab 500 mg		trandolapril tab 2 mg	
tiotropium bromide monohydrate inhal		trandolapril tab 4 mg	
mcg (base equiv)	_	trandolapril-verapamil hcl tab er 1-240 n	
TIVICAY PD TAB 5MG		trandolapril-verapamil hel tab er 2-180 n	

trandolapril-verapamil hcl tab er 2-240 mg 26	trifluoperazine hcl tab 10 mg (base equi	
trandolapril-verapamil hcl tab er 4-240 mg 26		
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)83	trifluoperazine hcl tab 2 mg (base equiv	-
tranexamic acid tab 650 mg83	trifluoperazine hcl tab 5 mg (base equiv	alent)
tranylcypromine sulfate tab 10 mg44		49
travoprost ophth soln 0.004% (benzalkonium	trifluridine ophth soln 1%	
free) (bak free)96	trihexyphenidyl hcl oral soln 0.4 mg/ml.	47
trazodone hcl tab 100 mg44	trihexyphenidyl hcl tab 2 mg	
trazodone hcl tab 150 mg44	trihexyphenidyl hcl tab 5 mg	47
trazodone hcl tab 300 mg45	TRIKAFTA PAK 59.5MG	
trazodone hcl tab 50 mg44	TRIKAFTA PAK 75MG	100
TRECATOR TAB 250MG12	TRIKAFTA TAB	100
TRELEGY AER 100MCG96	trimethobenzamide hcl cap 300 mg	76
TRELEGY AER 200MCG96	trimethoprim tab 100 mg	16
TREMFYA INJ 100MG/ML87	trimipramine maleate cap 100 mg	45
TRESIBA FLEX INJ 100UNIT64	trimipramine maleate cap 25 mg	45
TRESIBA FLEX INJ 200UNIT64	trimipramine maleate cap 50 mg	
TRESIBA INJ 100UNIT64	TRINTELLIX TAB 10MG	45
tretinoin cap 10 mg24	TRINTELLIX TAB 20MG	45
tretinoin cream 0.025%103	TRINTELLIX TAB 5MG	45
tretinoin cream 0.05%103	TRIPTODUR SUS 22.5MG	73
tretinoin cream 0.1%103	TRIUMEQ PD TAB	12
tretinoin gel 0.01%103	TRIUMEQ TAB	12
tretinoin gel 0.025%103	TROGARZO INJ 150MG/ML	11
tretinoin gel 0.05%103	tropicamide ophth soln 0.5%	96
triamcinolone acetonide cream 0.025%107	tropicamide ophth soln 1%	96
triamcinolone acetonide cream 0.1%107	trospium chloride cap er 24hr 60 mg	81
triamcinolone acetonide cream 0.5%107	trospium chloride tab 20 mg	81
triamcinolone acetonide dental paste 0.1%108	TRULICITY INJ 0.75/0.5	63
triamcinolone acetonide lotion 0.025%107	TRULICITY INJ 1.5/0.5	63
triamcinolone acetonide lotion 0.1%107	TRULICITY INJ 3/0.5	63
triamcinolone acetonide nasal aerosol	TRULICITY INJ 4.5/0.5	63
suspension 55 mcg/act100	TRUMENBA INJ	
triamcinolone acetonide oint 0.025%107	TRUSTEX/RIA MIS NON-LUB	
triamcinolone acetonide oint 0.1%107	TRUSTX NON-9 MIS RIB/STUD	
triamcinolone acetonide oint 0.5%107	TUKYSA TAB 150MG	
triamterene & hydrochlorothiazide cap 37.5-25	TUKYSA TAB 50MG	
<i>mg</i> 36	TUZISTRA XR SUS	
triamterene & hydrochlorothiazide tab 37.5-25	TWINRIX INJ	
<i>mg</i> 36	TWIRLA DIS 120-30	
triamterene & hydrochlorothiazide tab 75-50	TYBLUME CHW 0.1-0.02	68
<i>mg</i> 36	TYBOST TAB 150MG	11
triamterene cap 100 mg36	TYMLOS INJ	
triamterene cap 50 mg36	TYSABRI INJ 300/15ML	
triazolam tab 0.125 mg56	TYVASO REFIL SOL 0.6MG/ML	
triazolam tab 0.25 mg56	TYVASO SOL 0.6MG/ML	
trifluoperazine hcl tab 1 mg (base equivalent)	TYVASO START SOL 0.6MG/ML	38
A.Q.		

U		VARUBI TAB 90MG	76
UBRELVY TAB 100MG	57	VAXELIS INJ	
UBRELVY TAB 50MG	57	VAXNEUVANCE INJ	91
UPTRAVI INJ 1800MCG	38	VCF VAGINAL AER CONTRACP	80
UPTRAVI PÁCK TAB 200/800		VCF VAGINAL GEL CONTRACE	
UPTRAVI TAB 1000MCG		VCF VAGINAL MIS CONTRACP	
UPTRAVI TAB 1200MCG		VELPHORO CHW 500MG	
UPTRAVI TAB 1400MCG		VEMLIDY TAB 25MG	
UPTRAVI TAB 1600MCG		VENCLEXTA TAB 100MG	
UPTRAVI TAB 200MCG		VENCLEXTA TAB 10MG	
UPTRAVI TAB 400MCG		VENCLEXTA TAB 50MG	_
UPTRAVI TAB 600MCG		VENCLEXTA TAB START PK	
UPTRAVI TAB 800MCG		venlafaxine hcl cap er 24hr 150 mg (base	20
ursodiol cap 300 mg		equivalent)	45
ursodiol tab 250 mg		venlafaxine hcl cap er 24hr 37.5 mg (base	10
ursodiol tab 500 mg		equivalent)	45
V	/ 0	venlafaxine hcl cap er 24hr 75 mg (base	ТЭ
valacyclovir hcl tab 1 gm	12	equivalent)equivalent)	15
valacyclovir hcl tab 1 gmvalacyclovir hcl tab 500 mg		venlafaxine hcl tab 100 mg (base equivalen	
	13	venlafaxine hel tab 25 mg (base equivalent)	-
valganciclovir hcl for soln 50 mg/ml (base	12		
equiv)haltah 450 ma (haga aguiva		venlafaxine hel tab 37.5 mg (base equivalent	-
valganciclovir hcl tab 450 mg (base equival		venlafaxine hel tab 50 mg (base equivalent)	
		venlafaxine hel tab 75 mg (base equivalent)	/45
valproate sodium oral soln 250 mg/5ml (ba		venlafaxine hcl tab er 24hr 150 mg (base	4 5
equiv)		equivalent)	45
valproic acid cap 250 mg		venlafaxine hcl tab er 24hr 37.5 mg (base	4 -
valsartan tab 160 mg		equivalent)	45
valsartan tab 320 mg		venlafaxine hcl tab er 24hr 75 mg (base	4 -
valsartan tab 40 mg		equivalent)	
valsartan tab 80 mg		VENTAVIS SOL 10MCG/ML	
valsartan-hydrochlorothiazide tab 160-12		VENTAVIS SOL 20MCG/ML	
	28	verapamil hcl cap er 24hr 100 mg	
valsartan-hydrochlorothiazide tab 160-25	•	verapamil hcl cap er 24hr 120 mg	
		verapamil hcl cap er 24hr 180 mg	
valsartan-hydrochlorothiazide tab 320-12	_	verapamil hcl cap er 24hr 200 mg	
		verapamil hcl cap er 24hr 240 mg	
valsartan-hydrochlorothiazide tab 320-25	_	verapamil hcl cap er 24hr 300 mg	
		verapamil hcl cap er 24hr 360 mg	
valsartan-hydrochlorothiazide tab 80-12.5	mg	verapamil hcl tab 120 mg	
		verapamil hcl tab 40 mg	
vancomycin hcl cap 125 mg (base equivaler	ıt) 17	verapamil hcl tab 80 mg	
vancomycin hcl cap 250 mg (base equivaler	ıt) 17	verapamil hcl tab er 120 mg	35
VAQTA INJ 25/0.5ML	91	verapamil hcl tab er 180 mg	
VAQTA INJ 50UNT/ML		verapamil hcl tab er 240 mg	35
varenicline tartrate tab 0.5 mg (base equiv)	61	VERZENIO TAB 100MG	
varenicline tartrate tab 1 mg (base equiv)	61	VERZENIO TAB 150MG	23
varenicline tartrate tab 11 x 0.5 mg & 42 x 1	1 mg	VERZENIO TAB 200MG	
start pack	61	VERZENIO TAB 50MG	23
VARIVAX INJ	91	V-GO 20 KIT	69

V-GO 30 KIT	69	VYVANSE CHW 20MG	
V-GO 40 KIT		VYVANSE CHW 30MG	
VIBERZI TAB 100MG	77	VYVANSE CHW 40MG	55
VIBERZI TAB 75MG		VYVANSE CHW 50MG	55
VICTOZA INJ 18MG/3ML	63	VYVANSE CHW 60MG	55
vigabatrin powd pack 500 mg	52	W	
vigabatrin tab 500 mg	52	warfarin sodium tab 1 mg	82
VIIBRYD KIT STARTER		warfarin sodium tab 10 mg	
vilazodone hcl tab 10 mg	45	warfarin sodium tab 2 mg	
vilazodone hcl tab 20 mg	45	warfarin sodium tab 2.5 mg	
vilazodone hcl tab 40 mg		warfarin sodium tab 3 mg	
vinblastine sulfate inj 1 mg/ml	20	warfarin sodium tab 4 mg	
vincristine sulfate iv soln 1 mg/ml		warfarin sodium tab 5 mg	
vinorelbine tartrate inj 10 mg/ml (bas		warfarin sodium tab 6 mg	
		warfarin sodium tab 7.5 mg	
vinorelbine tartrate inj 50 mg/5ml (10		WIDE-SEAL DPR KIT 60	
(base equiv)		WIDE-SEAL DPR KIT 65	
VIOKACE TAB 10440		WIDE-SEAL DPR KIT 70	
VIOKACE TAB 20880	78	WIDE-SEAL DPR KIT 75	68
VIRACEPT TAB 250MG	11	WIDE-SEAL DPR KIT 80	68
VIRACEPT TAB 625MG		WIDE-SEAL DPR KIT 85	
VIREAD POW 40MG/GM	11	WIDE-SEAL DPR KIT 90	68
VIREAD TAB 150MG		WIDE-SEAL DPR KIT 95	
VIREAD TAB 200MG		X	
VIREAD TAB 250MG		XALKORI CAP 200MG	23
VISTOGARD PAK 10GM		XALKORI CAP 250MG	
VITRAKVI CAP 100MG		XARELTO STAR TAB 15/20MG	82
VITRAKVI CAP 25MG		XARELTO SUS 1MG/ML	
VITRAKVI SOL 20MG/ML	23	XARELTO TAB 10MG	
VIVITROL INJ 380MG		XARELTO TAB 15MG	
VOLTAREN GEL 1% ARTHR		XARELTO TAB 2.5MG	
voriconazole for susp 40 mg/ml		XARELTO TAB 20MG	82
voriconazole tab 200 mg		XCOPRI PAK 100-150	
voriconazole tab 50 mg		XCOPRI PAK 12.5-25	52
VOSEVI TAB		XCOPRI PAK 150-200	53
VOTRIENT TAB 200MG	23	XCOPRI PAK 50-100MG	52
VRAYLAR CAP 1.5-3MG		XCOPRI TAB 100MG	
VRAYLAR CAP 1.5MG		XCOPRI TAB 150MG	
VRAYLAR CAP 3MG	49	XCOPRI TAB 200MG	53
VRAYLAR CAP 4.5MG		XCOPRI TAB 50MG	
VRAYLAR CAP 6MG		XELJANZ SOL 1MG/ML	
VYVANSE CAP 10MG		XELJANZ TAB 10MG	
VYVANSE CAP 20MG		XELJANZ TAB 5MG	
VYVANSE CAP 30MG		XELJANZ XR TAB 11MG	
VYVANSE CAP 40MG		XELJANZ XR TAB 22MG	
VYVANSE CAP 50MG		XOLAIR INJ 150MG/ML	
VYVANSE CAP 60MG		XOLAIR INJ 75/0.5	
VYVANSE CAP 70MG		XOLAIR SOL 150MG	
VYVANSE CHW 10MG		XTAMPZA ER CAP 13.5MG	
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XTAMPZA ER CAP 18MG7
XTAMPZA ER CAP 18MG7 XTAMPZA ER CAP 27MG7
XTAMPZA ER CAP 36MG7
XTAMPZA ER CAP 9MG7
XTANDI CAP 40MG21
XTANDI CAP 40MG
XTANDI TAB 80 MG
XULTOPHY INJ 100/3.663
Y
YONSA TAB 125 MG22
YOSPRALA TAB 325-40MG84
YOSPRALA TAB 81-40MG84
Z
zafirlukast tab 10 mg100
zafirlukast tab 20 mg100
zaleplon cap 10 mg56
<i>zaleplon cap 5 mg</i> 56
ZEJULA CAP 100MG24
ZEJULA TAB 100MG24
ZEJULA TAB 200MG24
ZEJULA TAB 300MG24
ZELBORAF TAB 240MG23
ZENPEP CAP 10000UNT78
ZENPEP CAP 15000UNT78
ZENPEP CAP 20000UNT78
ZENPEP CAP 25000UNT78
ZENPEP CAP 3000UNIT78
ZENPEP CAP 40000UNT
ZENPEP CAP 5000UNIT78
ZEPATIER TAB 50-100MG16
ZERVIATE DRO 0.24%95
zidovudine cap 100 mg11
zidovudine syrup 10 mg/ml11
zidovudine tab 300 mg11
zileuton tab er 12hr 600 mg100
ziprasidone hcl cap 20 mg49

ziprasidone hcl cap 40 mg49
ziprasidone hcl cap 60 mg49
ziprasidone hcl cap 80 mg49
ZIRGAN GEL 0.15%94
zoledronic acid inj conc for iv infusion 4 mg/5ml
65
zoledronic acid iv soln 5 mg/100ml65
ZOLINZA CAP 100MG24
zolmitriptan nasal spray 5 mg/spray unit57
zolmitriptan orally disintegrating tab 2.5 mg .57
zolmitriptan orally disintegrating tab 5 mg57
<i>zolmitriptan tab 2.5 mg</i> 57
zolmitriptan tab 5 mg57
zolpidem tartrate tab 10 mg56
zolpidem tartrate tab 5 mg56
zolpidem tartrate tab er 12.5 mg56
zolpidem tartrate tab er 6.25 mg56
<i>zonisamide cap 100 mg</i> 53
zonisamide cap 25 mg53
<i>zonisamide cap 50 mg</i> 53
ZORTRESS TAB 0.25MG90
ZORTRESS TAB 0.5MG90
ZORTRESS TAB 0.75MG90
ZORTRESS TAB 1MG90
ZUBSOLV SUB 0.7-0.1859
ZUBSOLV SUB 1.4-0.3660
ZUBSOLV SUB 11.4-2.960
ZUBSOLV SUB 2.9-0.7160
ZUBSOLV SUB 5.7-1.460
ZUBSOLV SUB 8.6-2.160
ZYDELIG TAB 100MG23
ZYDELIG TAB 150MG23
ZYKADIA TAB 150MG23
ZYLET SUS 0.5-0.3%94
ZYRTEC ALLGY CAP 10MG98

