



# Neighborhood Health Plan

OF RHODE ISLAND™

## **2024 INDIVIDUAL/FAMILY & SMALL GROUP DRUG FORMULARY**

**PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE  
PRESCRIPTION DRUGS WE COVER.**

Please refer to your “Certificate of Coverage or other plan materials” to determine if your drug is covered. This Drug Formulary does not guarantee coverage and is subject to change without notice. Members must use participating pharmacies to fill their prescription drugs.

Tiers are groups of drugs on our Drug List.

- Tier 0 drugs are drugs that qualify as an Affordable Care Act Preventative Drug
- Tier 1 drugs are generic drugs in the Adherence Drug Program
- Tier 2 drugs are generic drugs not included in the Adherence Drug Program
- Tier 3 drugs are preferred brand drugs
- Tier 4 drugs are non-preferred brand drugs
- Tier 5 drugs are preferred specialty drugs
- Tier 6 drugs are non-preferred specialty drugs

For the most recent information or other questions, please contact Neighborhood Member Services at 1-833-486-5274 (ITY 711).

## Neighborhood Health Plan 6T Exchange Formulary Effective 12/01/2024

**Drug Name Drug Tier Requirements/Limits**  
**ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS**

### **ANTI-OBESITY AGENTS**

SAXENDA INJ 18MG/3ML	Tier 6	PA, QL (5 pens every 30 days)
WEGOVY INJ 0.5MG	Tier 6	PA, QL (4 pens every 28 days)
WEGOVY INJ 0.25MG	Tier 6	PA, QL (4 pens every 28 days)
WEGOVY INJ 1.7MG	Tier 6	PA, QL (4 pens every 28 days)
WEGOVY INJ 1MG	Tier 6	PA, QL (4 pens every 28 days)
WEGOVY INJ 2.4MG	Tier 6	PA, QL (4 pens every 28 days)
ZEPBOUND INJ 2.5MG	Tier 6	PA, QL (4 pens every 28 days)
ZEPBOUND INJ 5/0.5ML	Tier 6	PA, QL (4 pens every 28 days)
ZEPBOUND INJ 7.5MG	Tier 6	PA, QL (4 pens every 28 days)
ZEPBOUND INJ 10/0.5ML	Tier 6	PA, QL (4 pens every 28 days)
ZEPBOUND INJ 12.5MG	Tier 6	PA, QL (4 pens every 28 days)
ZEPBOUND INJ 15/0.5ML	Tier 6	PA, QL (4 pens every 28 days)

### **ALTERNATIVE MEDICINES**

#### **ALTERNATIVE MEDICINE - M'S**

MELATONIN LIQ 1MG/4ML	Tier 1	OTC
<i>melatonin sub 5mg</i>	Tier 1	OTC
<i>melatonin tab 1 mg</i>	Tier 1	OTC
<i>melatonin tab 3mg</i>	Tier 1	OTC
<i>melatonin tab 5 mg</i>	Tier 1	OTC
<i>melatonin tab 10mg cr</i>	Tier 1	OTC

### **ANALGESICS**

#### **COX-2 INHIBITORS**

<i>celecoxib cap 50 mg</i>	Tier 2	
<i>celecoxib cap 100 mg</i>	Tier 2	
<i>celecoxib cap 200 mg</i>	Tier 2	

#### **GOUT**

<i>allopurinol tab 100 mg</i>	Tier 2	
-------------------------------	--------	--

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>allopurinol tab 300 mg</i>	Tier 2	
<i>colchicine tab 0.6 mg</i>	Tier 2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 2	
<i>febuxostat tab 40 mg</i>	Tier 2	ST; PA**
<i>febuxostat tab 80 mg</i>	Tier 2	ST; PA**
<i>probenecid tab 500 mg</i>	Tier 2	

### **NSAIDS**

<i>advil jr st tab 100mg</i>	Tier 1	OTC
<i>diclofenac potassium tab 50 mg</i>	Tier 2	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Tier 4	
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 2	
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 2	
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 2	
<i>etodolac cap 200 mg</i>	Tier 2	
<i>etodolac cap 300 mg</i>	Tier 2	
<i>etodolac tab 400 mg</i>	Tier 2	
<i>etodolac tab 500 mg</i>	Tier 2	
<i>etodolac tab er 24hr 400 mg</i>	Tier 2	
<i>etodolac tab er 24hr 500 mg</i>	Tier 2	
<i>etodolac tab er 24hr 600 mg</i>	Tier 2	
<i>fenoprofen calcium tab 600 mg</i>	Tier 4	
<i>flurbiprofen tab 50 mg</i>	Tier 2	
<i>flurbiprofen tab 100 mg</i>	Tier 2	
<i>ibuprofen jr chw 100mg</i>	Tier 1	OTC
<i>ibuprofen susp 100 mg/5ml</i>	Tier 2	
<i>ibuprofen tab 400 mg</i>	Tier 2	
<i>ibuprofen tab 600 mg</i>	Tier 2	
<i>ibuprofen tab 800 mg</i>	Tier 2	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	Tier 2	
<i>ketorolac tromethamine inj 15 mg/ml</i>	Tier 2	
<i>ketorolac tromethamine inj 30 mg/ml</i>	Tier 2	
<i>ketorolac tromethamine tab 10 mg</i>	Tier 2	QL (20 tabs every 30 days)
<i>meclofenamate sodium cap 50 mg</i>	Tier 2	
<i>meclofenamate sodium cap 100 mg</i>	Tier 2	
<i>mefenamic acid cap 250 mg</i>	Tier 2	
<i>meloxicam tab 7.5 mg</i>	Tier 2	
<i>meloxicam tab 15 mg</i>	Tier 2	
MOTRIN CHILD SUS 100/5ML	Tier 1	OTC
<i>motrin ib tab 200mg</i>	Tier 1	OTC
MOTRIN INFAN DRO 50/1.25	Tier 1	OTC
<i>nabumetone tab 500 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nabumetone tab 750 mg</i>	Tier 2	
<i>naproxen sod tab 220mg</i>	Tier 1	OTC
<i>naproxen tab 250 mg</i>	Tier 2	
<i>naproxen tab 375 mg</i>	Tier 2	
<i>naproxen tab 500 mg</i>	Tier 2	
<i>oxaprozin tab 600 mg</i>	Tier 2	
<i>piroxicam cap 10 mg</i>	Tier 2	
<i>piroxicam cap 20 mg</i>	Tier 2	
<i>sulindac tab 150 mg</i>	Tier 2	
<i>sulindac tab 200 mg</i>	Tier 2	
<i>tolmetin sodium cap 400 mg</i>	Tier 2	
<i>tolmetin sodium tab 600 mg</i>	Tier 2	
<i>wal-profen cap 200mg</i>	Tier 1	OTC

### **NSAIDS, COMBINATIONS**

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

### **OPIOID ANALGESICS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 2	PA, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 2	PA, QL (400 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 2	PA, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 2	PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	Tier 2	ST, QL (300 caps every 30 days); Subject to initial 7-day limit
<i>butorphanol tartrate inj 1 mg/ml</i>	Tier 2	
<i>butorphanol tartrate inj 2 mg/ml</i>	Tier 2	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 2	QL (2 bottles every 30 days)
CODEINE SULF TAB 60MG	Tier 4	PA, QL (42 tabs every 30 days); Subject to initial 7-day limit

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>codeine sulfate tab 30 mg</i>	Tier 2	PA, QL (42 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 2.5-325</i>	Tier 2	PA, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 5-325mg</i>	Tier 2	PA, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 7.5-325</i>	Tier 2	PA, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>endocet tab 10-325mg</i>	Tier 2	PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Tier 2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	Tier 2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	Tier 2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	Tier 2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	Tier 2	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	Tier 2	PA, QL (120 lozenges every 30 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 2	PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 2	PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Tier 2	PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 2	PA, QL (10 patches every 30 days); High Strength Requires PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	Tier 2	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 2	PA, QL (10 patches every 30 days); High Strength Requires PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	Tier 2	ST, PA; High Strength Requires PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 2	PA, QL (10 patches every 30 days); High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	Tier 2	PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Tier 2	PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Tier 2	PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Tier 2	PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Tier 2	PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Tier 2	PA, QL (Initial fill 30 tabs, then 60 tabs/30 days); High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Tier 2	PA, QL (Initial fill 30 tabs, then 60 tabs/30 days); High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 2	PA, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 2	PA, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 2	PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 2	PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 2	PA, QL (50 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl inj 2 mg/ml</i>	Tier 2	
<i>hydromorphone hcl tab 2 mg</i>	Tier 2	PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 4 mg</i>	Tier 2	PA, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 8 mg</i>	Tier 2	PA, QL (60 tabs every 30 days); Subject to initial 7-day limit

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Tier 2	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Tier 2	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Tier 2	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Tier 2	ST, PA, QL (30 tabs every 30 days); High Strength Requires PA
<i>methadone hcl conc 10 mg/ml</i>	Tier 2	PA, QL (30 mL every 30 days)
<i>methadone hcl soln 5 mg/5ml</i>	Tier 2	PA, QL (450 ml every 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	Tier 2	PA, QL (300 mL every 30 days)
<i>methadone hcl tab 5 mg</i>	Tier 2	PA, QL (90 tabs every 30 days)
<i>methadone hcl tab 10 mg</i>	Tier 2	PA, QL (30 tabs every 30 days)
<i>methadone hcl tab for oral susp 40 mg</i>	Tier 2	PA, QL (9 tabs every 30 days)
<i>methadone hydrochloride i</i>	Tier 2	PA, QL (60 mL every 30 days)
<i>methadose</i>	Tier 2	PA, QL (9 tabs every 30 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Tier 2	PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Tier 2	PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Tier 2	PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Tier 2	PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Tier 2	PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Tier 2	PA, QL (30 tabs every 30 days); High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	Tier 2	PA, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	Tier 2	PA, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	Tier 2	PA, QL (60 caps every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate cap er 24hr 50 mg</i>	Tier 2	PA, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	Tier 2	PA, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	Tier 2	PA, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	Tier 2	PA; High Strength Requires PA
<i>morphine sulfate iv soln 4 mg/ml</i>	Tier 2	
<i>morphine sulfate iv soln 10 mg/ml</i>	Tier 2	
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 2	PA, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 2	PA, QL (675 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 2	PA, QL (135 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab 15 mg</i>	Tier 2	PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab 30 mg</i>	Tier 2	PA, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tab er 15 mg</i>	Tier 2	PA, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 30 mg</i>	Tier 2	PA, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 60 mg</i>	Tier 2	PA, QL (90 tabs every 30 days); High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	Tier 2	PA, QL (60 tabs every 30 days); High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	Tier 2	PA, QL (60 tabs every 30 days); High Strength Requires PA
<i>nalbuphine hcl inj 10 mg/ml</i>	Tier 2	PA
<i>nalbuphine hcl inj 20 mg/ml</i>	Tier 2	PA
NUCYNTA ER TAB 50MG	Tier 4	PA, QL (60 tabs every 30 days)
NUCYNTA ER TAB 100MG	Tier 4	PA, QL (60 tabs every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUCYNTA ER TAB 150MG	Tier 4	PA, QL (90 tabs every 30 days); High Strength Requires PA
NUCYNTA ER TAB 200MG	Tier 4	PA, QL (60 tabs every 30 days); High Strength Requires PA
NUCYNTA ER TAB 250MG	Tier 4	PA, QL (60 tabs every 30 days); High Strength Requires PA
NUCYNTA TAB 50MG	Tier 3	PA, QL (120 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TAB 75MG	Tier 3	PA, QL (90 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TAB 100MG	Tier 3	PA, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl cap 5 mg</i>	Tier 2	PA, QL (180 caps every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Tier 2	PA, QL (90 mL every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 2	PA, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 5 mg</i>	Tier 2	PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 10 mg</i>	Tier 2	PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 15 mg</i>	Tier 2	PA, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 20 mg</i>	Tier 2	PA, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 30 mg</i>	Tier 2	PA, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Tier 2	PA, QL (60 tabs every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Tier 2	PA, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Tier 2	PA; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Tier 2	PA; High Strength Requires PA
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 2	PA, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 2	PA, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 2	PA, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 2	PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab 5 mg</i>	Tier 2	PA, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab 10 mg</i>	Tier 2	PA, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Tier 2	PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Tier 2	PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Tier 2	PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Tier 2	PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Tier 2	PA, QL (90 tabs every 30 days); High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Tier 2	PA, QL (60 tabs every 30 days); High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Tier 2	PA, QL (60 tabs every 30 days); High Strength Requires PA
<i>tramadol hcl tab 50 mg</i>	Tier 2	PA, QL (180 tabs every 30 days); Subject to initial 7-day limit

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tramadol hcl tab er 24hr 100 mg</i>	Tier 2	PA, QL (30 tabs every 30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 2	PA, QL (30 tabs every 30 days); High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	Tier 2	PA, QL (30 tabs every 30 days); High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 2	PA, QL (40 tabs every 30 days); Subject to initial 7-day limit
XTAMPZA ER CAP 9MG	Tier 3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	Tier 3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 18MG	Tier 3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 27MG	Tier 3	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	Tier 3	ST, PA, QL (90 caps every 30 days); High Strength Requires Prior Auth

### **OPIOID PARTIAL AGONISTS**

BELBUCA MIS 75MCG	Tier 3	ST, QL (60 films every 30 days)
BELBUCA MIS 150MCG	Tier 3	ST, QL (60 films every 30 days)
BELBUCA MIS 300MCG	Tier 3	ST, QL (60 films every 30 days)
BELBUCA MIS 450MCG	Tier 3	ST, QL (60 films every 30 days)
BELBUCA MIS 600MCG	Tier 3	ST, PA, QL (60 films every 30 days); High Strength Requires Prior Auth
BELBUCA MIS 750MCG	Tier 3	ST, PA, QL (60 films every 30 days); High Strength Requires Prior Auth
BELBUCA MIS 900MCG	Tier 3	ST, PA, QL (60 films every 30 days); High Strength Requires Prior Auth
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	Tier 2	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 2	ST, QL (4 patches every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 2	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 2	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 2	ST, PA, QL (4 patches every 30 days); High Strength Requires Prior Auth
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 2	ST, PA, QL (4 patches every 30 days); High Strength Requires Prior Auth
SUBLOCADE INJ 100/0.5	Tier 5	
SUBLOCADE INJ 300/1.5	Tier 5	

### **SALICYLATES**

<i>diflunisal tab 500 mg</i>	Tier 2	
------------------------------	--------	--

### **ANALGESICS - NONNARCOTIC**

#### **ANALGESIC COMBINATIONS**

EXCEDRIN TAB MIGRAINE	Tier 1	OTC
-----------------------	--------	-----

#### **ANALGESICS OTHER**

<i>acephen sup 325mg</i>	Tier 1	OTC
<i>acephen sup 650mg</i>	Tier 1	OTC
<i>acetaminophen soln 160 mg/5ml</i>	Tier 1	OTC
<i>ed-apap liq 80mg/2.5</i>	Tier 1	OTC
FEVERALL INF SUP 80MG	Tier 1	OTC
<i>non-aspirin chw 80mg</i>	Tier 1	OTC
<i>pain/fever sup 120mg</i>	Tier 1	OTC
<i>tgt apap dro infants</i>	Tier 1	OTC
TYLENOL 8 HR TAB 650MG	Tier 1	OTC
TYLENOL INFA SUS 160/5ML	Tier 1	OTC
TYLENOL SORE LIQ THROAT	Tier 1	OTC
TYLENOL TAB 325MG	Tier 1	OTC
TYLENOL TAB 500MG	Tier 1	OTC

### **SALICYLATES**

ALKA-SELTZER TAB 325MG	Tier 1	OTC
ALKA-SELTZER TAB 500MG	Tier 1	OTC
<i>aspirin ec adult low dose</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
<i>aspirin tab 325mg</i>	Tier 0	OTC
<i>aspirin tab 500mg</i>	Tier 1	OTC

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 11

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bayer asa tab 325mg</i>	Tier 0	OTC
BAYER PLUS TAB 500MG	Tier 1	OTC
BUFFERIN TAB 325MG	Tier 1	OTC
ECOTRIN M/S TAB 500MG EC	Tier 1	OTC
<i>goodsense aspirin</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

<i>lidocaine hcl local inj 0.5%</i>	Tier 2	
<i>lidocaine hcl local inj 1%</i>	Tier 2	
<i>lidocaine hcl local inj 2%</i>	Tier 2	
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	Tier 2	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	Tier 2	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	Tier 2	

## **ANORECTAL AND RELATED PRODUCTS**

### **RECTAL COMBINATIONS**

<i>hemorrhoidal cre</i>	Tier 1	OTC
<i>hemorrhoidal gel 0.25-50%</i>	Tier 1	OTC
<i>hemorrhoidal sup</i>	Tier 1	OTC

## **ANTACIDS**

### **ANTACID COMBINATIONS**

<i>antacid plus sus gas rel</i>	Tier 1	OTC
<i>maalox advan sus max st</i>	Tier 1	OTC

### **ANTACIDS - ALUMINUM SALTS**

ALUM HYDROX SUS 320/5ML	Tier 1	OTC
-------------------------	--------	-----

### **ANTACIDS - BICARBONATE**

<i>sodium bicarbonate tab 650 mg</i>	Tier 1	OTC
--------------------------------------	--------	-----

### **ANTACIDS - CALCIUM SALTS**

<i>cal antacid chw 1000mg</i>	Tier 1	OTC
<i>calc antacid chw 500mg</i>	Tier 1	OTC
<i>calc antacid chw 750mg</i>	Tier 1	OTC
CALCIUM CARB TAB 648MG	Tier 1	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 1	OTC

## **ANTHELMINTICS**

### **ANTHELMINTICS**

<i>pinworm med sus 144mg/ml</i>	Tier 1	OTC
---------------------------------	--------	-----

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-INFECTIVES</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole tab 200 mg</i>	Tier 4	QL (336 tabs every 365 days)
EMVERM CHW 100MG	Tier 4	QL (12 tabs every 365 days)
<i>ivermectin tab 3 mg</i>	Tier 2	PA
<i>praziquantel tab 600 mg</i>	Tier 2	QL (24 tabs every 365 days)
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	Tier 2	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	Tier 2	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 2	
<i>gentamicin sulfate inj 40 mg/ml</i>	Tier 2	
<i>neomycin sulfate tab 500 mg</i>	Tier 2	
<i>sulfadiazine tab 500 mg</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 2	
<i>tinidazole tab 250 mg</i>	Tier 2	
<i>tinidazole tab 500 mg</i>	Tier 2	
<i>tobramycin sulfate for inj 1.2 gm</i>	Tier 2	QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	Tier 2	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	Tier 2	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
<b>ANTIFUNGALS</b>		
<i>amphotericin b for iv soln 50 mg</i>	Tier 2	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
CRESEMBA CAP 74.5MG	Tier 4	
CRESEMBA CAP 186 MG	Tier 4	
<i>fluconazole for susp 10 mg/ml</i>	Tier 2	
<i>fluconazole for susp 40 mg/ml</i>	Tier 2	
<i>fluconazole tab 50 mg</i>	Tier 2	
<i>fluconazole tab 100 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 13  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluconazole tab 150 mg</i>	Tier 2	
<i>fluconazole tab 200 mg</i>	Tier 2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 2	
<i>griseofulvin microsize tab 500 mg</i>	Tier 2	
<i>griseofulvin ultramicrosize tab 125 mg</i>	Tier 2	
<i>griseofulvin ultramicrosize tab 250 mg</i>	Tier 2	
<i>itraconazole cap 100 mg</i>	Tier 2	PA
<i>itraconazole oral soln 10 mg/ml</i>	Tier 2	PA
<i>nystatin tab 500000 unit</i>	Tier 2	
<i>posaconazole susp 40 mg/ml</i>	Tier 2	PA
<i>posaconazole tab delayed release 100 mg</i>	Tier 4	PA
<i>terbinafine hcl tab 250 mg</i>	Tier 2	
<i>voriconazole for susp 40 mg/ml</i>	Tier 4	PA
<i>voriconazole tab 50 mg</i>	Tier 4	PA
<i>voriconazole tab 200 mg</i>	Tier 4	PA

### **ANTIMALARIALS**

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 2	
<i>chloroquine phosphate tab 250 mg</i>	Tier 2	
<i>chloroquine phosphate tab 500 mg</i>	Tier 2	
COARTEM TAB 20-120MG	Tier 4	
<i>mefloquine hcl tab 250 mg</i>	Tier 2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 2	
<i>quinine sulfate cap 324 mg</i>	Tier 2	

### **ANTIRETROVIRAL AGENTS**

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 2	QL (900 mL every 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 2	QL (60 tabs every 30 days)
APRETUDE SUS 600MG ER	Tier 4	QL (2 vials every 90 days)
APTIVUS CAP 250MG	Tier 3	QL (120 caps every 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 2	QL (30 caps every 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 2	QL (60 caps every 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 2	QL (30 caps every 30 days)
<i>darunavir tab 600 mg</i>	Tier 2	QL (60 tabs every 30 days)
<i>darunavir tab 800 mg</i>	Tier 2	QL (30 tabs every 30 days)
EDURANT TAB 25MG	Tier 3	QL (60 tabs every 30 days)
<i>efavirenz cap 50 mg</i>	Tier 2	QL (90 caps every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>efavirenz cap 200 mg</i>	Tier 2	QL (90 caps every 30 days)
<i>efavirenz tab 600 mg</i>	Tier 2	QL (30 tabs every 30 days)
<i>emtricitabine caps 200 mg</i>	Tier 2	QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	Tier 3	QL (680 ml every 28 days)
<i>etravirine tab 100 mg</i>	Tier 2	QL (120 tabs every 30 days)
<i>etravirine tab 200 mg</i>	Tier 2	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 2	QL (120 tabs every 30 days)
FUZEON INJ 90MG	Tier 5	PA, QL (60 vials every 30 days)
INTELENCE TAB 25MG	Tier 3	QL (120 tabs every 30 days)
ISENTRESS CHW 25MG	Tier 3	QL (180 tabs every 30 days)
ISENTRESS CHW 100MG	Tier 3	QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	Tier 3	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	Tier 3	QL (60 packets every 30 days)
ISENTRESS TAB 400MG	Tier 3	QL (120 tabs every 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 2	QL (960 ml every 30 days)
<i>lamivudine tab 150 mg</i>	Tier 2	QL (60 tabs every 30 days)
<i>lamivudine tab 300 mg</i>	Tier 2	QL (30 tabs every 30 days)
LEXIVA SUS 50MG/ML	Tier 3	QL (1575 mL every 28 days)
<i>maraviroc tab 150 mg</i>	Tier 2	QL (60 tabs every 30 days)
<i>maraviroc tab 300 mg</i>	Tier 2	QL (120 tabs every 30 days)
<i>nevirapine susp 50 mg/5ml</i>	Tier 2	QL (1200 mL every 30 days)
<i>nevirapine tab 200 mg</i>	Tier 2	QL (60 tabs every 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	Tier 2	QL (90 tabs every 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 2	QL (30 tabs every 30 days)
NORVIR POW 100MG	Tier 3	QL (360 packets every 30 days)
PREZISTA SUS 100MG/ML	Tier 3	QL (400 ml every 30 days)
PREZISTA TAB 75MG	Tier 3	QL (300 tabs every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREZISTA TAB 150MG	Tier 3	QL (180 tabs every 30 days)
RETROVIR INJ 10MG/ML	Tier 3	
REYATAZ POW 50MG	Tier 3	QL (180 packets every 30 days)
<i>ritonavir tab 100 mg</i>	Tier 2	QL (360 tabs every 30 days)
SELZENTRY SOL 20MG/ML	Tier 3	QL (1840 mL every 30 days)
SELZENTRY TAB 25MG	Tier 3	QL (240 tabs every 30 days)
SELZENTRY TAB 75MG	Tier 3	QL (60 tabs every 30 days)
<i>stavudine cap 15 mg</i>	Tier 2	QL (60 caps every 30 days)
<i>stavudine cap 20 mg</i>	Tier 2	QL (60 caps every 30 days)
<i>stavudine cap 30 mg</i>	Tier 2	QL (60 caps every 30 days)
<i>stavudine cap 40 mg</i>	Tier 2	QL (60 caps every 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 2	QL (30 tabs every 30 days)
TIVICAY PD TAB 5MG	Tier 3	QL (360 tabs every 30 days)
TIVICAY TAB 10MG	Tier 3	QL (240 tabs every 30 days)
TIVICAY TAB 25MG	Tier 3	QL (60 tabs every 30 days)
TIVICAY TAB 50MG	Tier 3	QL (60 tabs every 30 days)
TROGARZO INJ 150MG/ML	Tier 5	
TYBOST TAB 150MG	Tier 3	QL (30 tabs every 30 days)
VIRACEPT TAB 250MG	Tier 3	QL (300 tabs every 30 days)
VIRACEPT TAB 625MG	Tier 3	QL (120 tabs every 30 days)
VIREAD POW 40MG/GM	Tier 3	QL (240 gm every 30 days)
VIREAD TAB 150MG	Tier 3	QL (30 tabs every 30 days)
VIREAD TAB 200MG	Tier 3	QL (30 tabs every 30 days)
VIREAD TAB 250MG	Tier 3	QL (30 tabs every 30 days)
<i>zidovudine cap 100 mg</i>	Tier 2	QL (180 caps every 30 days)
<i>zidovudine syrup 10 mg/ml</i>	Tier 2	QL (1920 ml every 30 days)
<i>zidovudine tab 300 mg</i>	Tier 2	QL (60 tabs every 30 days)
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 2	QL (30 tabs every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 16  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BIKTARVY TAB	Tier 3	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	Tier 6	PA, QL (1 kit every 30 days)
CABENUVA SUS 600-900	Tier 6	PA, QL (1 kit every 60 days); Loading dose of 1 kit in 30 days allowed for initial fill
CIMDUO TAB 300-300	Tier 3	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	Tier 3	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	Tier 3	QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	Tier 3	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 2	QL (30 tabs every 30 days); \$0 copay for pre-exposure prophylaxis
EVOTAZ TAB 300-150	Tier 3	QL (30 tabs every 30 days)
GENVOYA TAB	Tier 3	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 2	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 2	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 2	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 2	QL (120 tabs every 30 days)
ODEFSEY TAB	Tier 3	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	Tier 3	QL (30 tabs every 30 days)
SYMTUZA TAB	Tier 4	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	Tier 4	QL (180 tabs every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 17  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRIUMEQ TAB	Tier 4	QL (30 tabs every 30 days)
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine cap 250 mg</i>	Tier 2	
<i>ethambutol hcl tab 100 mg</i>	Tier 2	
<i>ethambutol hcl tab 400 mg</i>	Tier 2	
<i>isoniazid inj 100 mg/ml</i>	Tier 2	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 2	
<i>isoniazid tab 100 mg</i>	Tier 2	
<i>isoniazid tab 300 mg</i>	Tier 2	
PRETOMANID TAB 200MG	Tier 4	
PRIFTIN TAB 150MG	Tier 3	
<i>pyrazinamide tab 500 mg</i>	Tier 2	
<i>rifabutin cap 150 mg</i>	Tier 2	
<i>rifampin cap 150 mg</i>	Tier 2	
<i>rifampin cap 300 mg</i>	Tier 2	
<i>rifampin for inj 600 mg</i>	Tier 2	
SIRTURO TAB 20MG	Tier 4	
SIRTURO TAB 100MG	Tier 4	
TRECTOR TAB 250MG	Tier 3	
<b>ANTIVIRALS</b>		
<i>acyclovir cap 200 mg</i>	Tier 2	
<i>acyclovir susp 200 mg/5ml</i>	Tier 2	
<i>acyclovir tab 400 mg</i>	Tier 2	
<i>acyclovir tab 800 mg</i>	Tier 2	
<i>cidofovir iv inj 75 mg/ml</i>	Tier 2	
<i>famciclovir tab 125 mg</i>	Tier 2	
<i>famciclovir tab 250 mg</i>	Tier 2	
<i>famciclovir tab 500 mg</i>	Tier 2	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 2	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 2	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 2	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 2	QL (360 mL every 90 days)
PAXLOVID TAB 150-100	Tier 4	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	Tier 4	QL (60 tabs every 30 days)
RELENZA MIS DISKHALE	Tier 3	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 2	
<i>valacyclovir hcl tab 1 gm</i>	Tier 2	
<i>valacyclovir hcl tab 500 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 18  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 5	PA, QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 5	PA, QL (120 tabs every 30 days)

### **CEPHALOSPORINS**

<i>cefaclor cap 250 mg</i>	Tier 2	
<i>cefaclor cap 500 mg</i>	Tier 2	
<i>cefaclor for susp 125 mg/5ml</i>	Tier 2	
<i>cefaclor for susp 250 mg/5ml</i>	Tier 2	
<i>cefaclor for susp 375 mg/5ml</i>	Tier 2	
<i>cefadroxil cap 500 mg</i>	Tier 2	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 2	
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 2	
<i>cefadroxil tab 1 gm</i>	Tier 2	
<i>cefazolin sodium for inj 1 gm</i>	Tier 2	
<i>cefdinir cap 300 mg</i>	Tier 2	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 2	
<i>cefdinir for susp 250 mg/5ml</i>	Tier 2	
<i>cefepime hcl for inj 1 gm</i>	Tier 2	
<i>cefepime hcl for iv soln 2 gm</i>	Tier 2	
<i>cefixime cap 400 mg</i>	Tier 2	
<i>cefixime for susp 100 mg/5ml</i>	Tier 2	
<i>cefixime for susp 200 mg/5ml</i>	Tier 2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 2	
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 2	
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 2	
<i>cefprozil for susp 125 mg/5ml</i>	Tier 2	
<i>cefprozil for susp 250 mg/5ml</i>	Tier 2	
<i>cefprozil tab 250 mg</i>	Tier 2	
<i>cefprozil tab 500 mg</i>	Tier 2	
<i>ceftazidime for iv soln 2 gm</i>	Tier 2	
<i>ceftriaxone sodium for inj 1 gm</i>	Tier 2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 2 gm</i>	Tier 2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 10 gm</i>	Tier 2	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ceftriaxone sodium for inj 250 mg</i>	Tier 2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 500 mg</i>	Tier 2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for iv soln 1 gm</i>	Tier 2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for iv soln 2 gm</i>	Tier 2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>cefuroxime axetil tab 250 mg</i>	Tier 2	
<i>cefuroxime axetil tab 500 mg</i>	Tier 2	
<i>cephalexin cap 250 mg</i>	Tier 2	
<i>cephalexin cap 500 mg</i>	Tier 2	
<i>cephalexin cap 750 mg</i>	Tier 2	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 2	
<i>cephalexin for susp 250 mg/5ml</i>	Tier 2	
<i>cephalexin tab 250 mg</i>	Tier 2	
<i>cephalexin tab 500 mg</i>	Tier 2	
SUPRAX CHW 100MG	Tier 3	
SUPRAX CHW 200MG	Tier 3	
SUPRAX SUS 500/5ML	Tier 3	
<i>tazicef</i>	Tier 2	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin for susp 100 mg/5ml</i>	Tier 2	
<i>azithromycin for susp 200 mg/5ml</i>	Tier 2	
<i>azithromycin powd pack for susp 1 gm</i>	Tier 2	
<i>azithromycin tab 250 mg</i>	Tier 2	
<i>azithromycin tab 500 mg</i>	Tier 2	
<i>azithromycin tab 600 mg</i>	Tier 2	
<i>clarithromycin for susp 125 mg/5ml</i>	Tier 2	
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 2	
<i>clarithromycin tab 250 mg</i>	Tier 2	
<i>clarithromycin tab 500 mg</i>	Tier 2	
<i>clarithromycin tab er 24hr 500 mg</i>	Tier 2	
DIFICID SUS	Tier 3	PA
DIFICID TAB 200MG	Tier 3	PA
<i>ery-tab</i>	Tier 2	
<i>erythrocin stearate</i>	Tier 2	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 2	
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 2	
<i>erythromycin tab 250 mg</i>	Tier 2	
<i>erythromycin tab 500 mg</i>	Tier 2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Tier 2	

### **FLUOROQUINOLONES**

BAXDELA TAB 450MG	Tier 4	
CIPRO (10%) SUS 500MG/5	Tier 4	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	Tier 2	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 2	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 2	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 2	
<i>levofloxacin iv soln 25 mg/ml</i>	Tier 2	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 2	
<i>levofloxacin tab 250 mg</i>	Tier 2	
<i>levofloxacin tab 500 mg</i>	Tier 2	
<i>levofloxacin tab 750 mg</i>	Tier 2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 2	
<i>ofloxacin tab 300 mg</i>	Tier 2	
<i>ofloxacin tab 400 mg</i>	Tier 2	

### **HEPATITIS B**

<i>adefovir dipivoxil tab 10 mg</i>	Tier 5	
BARACLUDE SOL	Tier 5	PA, QL (630 mL every 30 days)
<i>entecavir tab 0.5 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>entecavir tab 1 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 2	
VEMLIDY TAB 25MG	Tier 4	PA, QL (30 tabs every 30 days)

### **HEPATITIS C**

EPCLUSA PAK 150-37.5	Tier 5	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	Tier 5	PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG	Tier 5	PA, QL (28 tabs every 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPCLUSA TAB 400-100	Tier 5	PA, QL (28 tabs every 28 days)
HARVONI PAK	Tier 5	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	Tier 5	PA, QL (56 pellets every 28 days)
HARVONI TAB 45-200MG	Tier 5	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	Tier 5	PA, QL (28 tabs every 28 days)
PEGASYS INJ	Tier 5	PA
PEGASYS INJ 180MCG/ML	Tier 5	PA
<i>ribavirin cap 200 mg</i>	Tier 2	
<i>ribavirin tab 200 mg</i>	Tier 2	
SOVALDI PAK 150MG	Tier 6	ST, PA, QL (28 pellets every 28 days)
SOVALDI PAK 200MG	Tier 6	ST, PA, QL (56 pellets every 28 days)
SOVALDI TAB 200MG	Tier 6	ST, PA, QL (28 tabs every 28 days)
SOVALDI TAB 400MG	Tier 6	ST, PA, QL (28 tabs every 28 days)
VOSEVI TAB	Tier 5	PA, QL (28 tabs every 28 days)
ZEPATIER TAB 50-100MG	Tier 6	ST, PA, QL (28 tabs every 28 days)

### **MISCELLANEOUS**

ALINIA SUS 100/5ML	Tier 4	QL (540 mL every 30 days)
<i>atovaquone susp 750 mg/5ml</i>	Tier 2	
<i>aztreonam for inj 1 gm</i>	Tier 2	
<i>aztreonam for inj 2 gm</i>	Tier 2	
<i>clindamycin hcl cap 75 mg</i>	Tier 2	
<i>clindamycin hcl cap 150 mg</i>	Tier 2	
<i>clindamycin hcl cap 300 mg</i>	Tier 2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 2	
<i>clindamycin phosphate inj 9 gm/60ml</i>	Tier 2	
<i>clindamycin phosphate inj 300 mg/2ml</i>	Tier 2	
<i>clindamycin phosphate inj 600 mg/4ml</i>	Tier 2	
<i>dapsone tab 25 mg</i>	Tier 2	
<i>dapsone tab 100 mg</i>	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	Tier 2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>linezolid for susp 100 mg/5ml</i>	Tier 2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	Tier 2	
<i>linezolid tab 600 mg</i>	Tier 2	
<i>meropenem iv for soln 1 gm</i>	Tier 2	QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>meropenem iv for soln 500 mg</i>	Tier 2	QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>methenamine hippurate tab 1 gm</i>	Tier 2	
<i>metronidazole cap 375 mg</i>	Tier 2	
<i>metronidazole iv soln 500 mg/100ml</i>	Tier 2	
<i>metronidazole tab 250 mg</i>	Tier 2	
<i>metronidazole tab 500 mg</i>	Tier 2	
<i>nitazoxanide tab 500 mg</i>	Tier 2	QL (20 tabs every 30 days)
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate for inj soln 300 mg</i>	Tier 2	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Tier 2	
<i>polymyxin b sulfate for inj 500000 unit</i>	Tier 2	
<i>pyrimethamine tab 25 mg</i>	Tier 4	PA
<i>trimethoprim tab 100 mg</i>	Tier 2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Tier 2	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Tier 2	QL (80 caps every 10 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	Tier 2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 23  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	Tier 2	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	Tier 2	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	Tier 2	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	Tier 2	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days

### **PENICILLINS**

<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	Tier 2	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Tier 2	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 2	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 2	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 2	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 2	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 2	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Tier 2	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 2	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 2	
<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 2	
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 2	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 2	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 2	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 2	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 2	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 2	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 2	
<i>ampicillin cap 500 mg</i>	Tier 2	
<i>ampicillin sodium for inj 1 gm</i>	Tier 2	
<i>ampicillin sodium for inj 2 gm</i>	Tier 2	
<i>dicloxacillin sodium cap 250 mg</i>	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dicloxacillin sodium cap 500 mg</i>	Tier 2	
<i>penicillin g potassium for inj 5000000 unit</i>	Tier 2	
<i>penicillin g potassium for inj 20000000 unit</i>	Tier 2	
<i>penicillin g sodium for inj 5000000 unit</i>	Tier 2	
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 2	
<i>penicillin v potassium tab 250 mg</i>	Tier 2	
<i>penicillin v potassium tab 500 mg</i>	Tier 2	
<i>pfizerpen</i>	Tier 2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 2	
<b>TETRACYCLINES</b>		
<i>avidoxy</i>	Tier 2	
<i>demeclocycline hcl tab 150 mg</i>	Tier 2	
<i>demeclocycline hcl tab 300 mg</i>	Tier 2	
<i>doxy 100</i>	Tier 2	
<i>doxycycline hyclate cap 50 mg</i>	Tier 2	
<i>doxycycline hyclate cap 100 mg</i>	Tier 2	
<i>doxycycline hyclate for inj 100 mg</i>	Tier 2	
<i>doxycycline hyclate tab 20 mg</i>	Tier 2	
<i>doxycycline hyclate tab 100 mg</i>	Tier 2	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 2	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 2	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	Tier 2	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 2	
<i>doxycycline monohydrate tab 75 mg</i>	Tier 2	
<i>doxycycline monohydrate tab 150 mg</i>	Tier 2	
<i>minocycline hcl cap 50 mg</i>	Tier 2	
<i>minocycline hcl cap 75 mg</i>	Tier 2	
<i>minocycline hcl cap 100 mg</i>	Tier 2	
<i>minocycline hcl tab 50 mg</i>	Tier 2	
<i>minocycline hcl tab 75 mg</i>	Tier 2	
<i>minocycline hcl tab 100 mg</i>	Tier 2	
<i>tetracycline hcl cap 250 mg</i>	Tier 2	QL (120 caps every 30 days)
<i>tetracycline hcl cap 500 mg</i>	Tier 2	QL (120 caps every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES</b>		
NUCALA INJ 40MG/0.4	Tier 5	PA, QL (2.5 syringes every 28 days); 1 every 28 days
NUCALA INJ 100MG	Tier 5	PA, QL (3 vials every 28 days); 3 every 28 days
NUCALA INJ 100MG/ML	Tier 5	PA, QL (3 pens every 28 days); 3 every 28 days
NUCALA INJ 100MG/ML	Tier 5	PA, QL (3 syringes every 28 days); 3 every 28 days
<b>STEROID INHALANTS</b>		
<i>fluticas hfa aer 44mcg</i>	Tier 2	QL (0.094 inhalers every 30 days)
<i>fluticas hfa aer 110mcg</i>	Tier 2	QL (0.083 inhalers every 30 days)
<i>fluticas hfa aer 220mcg</i>	Tier 2	QL (0.083 inhalers every 30 days)
<b>SYMPATHOMIMETICS</b>		
<i>wixela inhub aer 100/50</i>	Tier 2	QL (1 package every 30 days)
<i>wixela inhub aer 250/50</i>	Tier 2	QL (1 package every 30 days)
<i>wixela inhub aer 500/50</i>	Tier 2	QL (1 package every 30 days)
<b>ANTI-DIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTI-DIARRHEAL/PROBIOTIC AGENTS - MISC.</b>		
<i>soothe tab 262mg</i>	Tier 1	OTC
<i>stomach relf chw 262mg</i>	Tier 1	OTC
<i>stomach relf sus 262/15ml</i>	Tier 1	OTC
<i>stomach relf sus 525/15ml</i>	Tier 1	OTC
<b>ANTIPERISTALTIC AGENTS</b>		
ANTI-DIARRHE LIQ 1MG/5ML	Tier 1	OTC
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 2	
IMODIUM A-D CAP 2MG	Tier 1	OTC
IMODIUM A-D SOL 1MG/7.5	Tier 1	OTC
IMODIUM A-D TAB 2MG	Tier 1	OTC
MOTOFEN TAB 1-0.025	Tier 4	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>busulfan inj 6 mg/ml</i>	Tier 2	
<i>carmustine for inj 100 mg</i>	Tier 2	
<i>cyclophosphamide cap 25 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 26

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclophosphamide cap 50 mg</i>	Tier 2	
<i>cyclophosphamide for inj 1 gm</i>	Tier 5	
<i>cyclophosphamide for inj 2 gm</i>	Tier 5	
<i>cyclophosphamide for inj 500 mg</i>	Tier 5	
<i>dacarbazine for inj 100 mg</i>	Tier 2	
<i>dacarbazine for inj 200 mg</i>	Tier 2	
EMCYT CAP 140MG	Tier 5	
GLEOSTINE CAP 10MG	Tier 5	
GLEOSTINE CAP 40MG	Tier 5	
GLEOSTINE CAP 100MG	Tier 5	
GLIADEL WAF 7.7MG	Tier 3	
<i>ifosfamide for inj 1 gm</i>	Tier 2	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	Tier 2	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	Tier 2	
LEUKERAN TAB 2MG	Tier 3	
MATULANE CAP 50MG	Tier 3	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	Tier 2	
<i>melphalan tab 2 mg</i>	Tier 2	
TEMODAR INJ 100MG	Tier 5	PA
<i>temozolomide cap 5 mg</i>	Tier 5	PA
<i>temozolomide cap 20 mg</i>	Tier 5	PA
<i>temozolomide cap 100 mg</i>	Tier 5	PA
<i>temozolomide cap 140 mg</i>	Tier 5	PA
<i>temozolomide cap 180 mg</i>	Tier 5	PA
<i>temozolomide cap 250 mg</i>	Tier 5	PA

### **ANTIBIOTICS**

<i>adriamycin</i>	Tier 2	
<i>bleomycin sulfate for inj 15 unit</i>	Tier 2	
<i>bleomycin sulfate for inj 30 unit</i>	Tier 2	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	Tier 2	
<i>doxorubicin hcl for inj 10 mg</i>	Tier 2	
<i>doxorubicin hcl inj 2 mg/ml</i>	Tier 2	
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	Tier 2	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	Tier 2	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	Tier 2	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	Tier 2	
<i>mitomycin for iv soln 5 mg</i>	Tier 2	
<i>mitomycin for iv soln 20 mg</i>	Tier 2	
<i>mitomycin for iv soln 40 mg</i>	Tier 2	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	Tier 5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	Tier 5	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	Tier 5	

### **ANTIMETABOLITES**

<i>azacitidine for inj 100 mg</i>	Tier 5	PA
<i>capecitabine tab 150 mg</i>	Tier 5	PA
<i>capecitabine tab 500 mg</i>	Tier 5	PA
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	Tier 2	
<i>clofarabine iv soln 1 mg/ml</i>	Tier 2	
<i>cytarabine inj 20 mg/ml</i>	Tier 2	
<i>cytarabine inj pf 20 mg/ml</i>	Tier 2	
<i>cytarabine inj pf 100 mg/ml</i>	Tier 2	
<i>decitabine for inj 50 mg</i>	Tier 5	PA
<i>fludarabine phosphate for inj 50 mg</i>	Tier 2	
<i>fludarabine phosphate inj 25 mg/ml</i>	Tier 2	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	Tier 2	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	Tier 2	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	Tier 2	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	Tier 2	
<i>gemcitabine hcl for inj 1 gm</i>	Tier 5	
<i>gemcitabine hcl for inj 2 gm</i>	Tier 5	
<i>gemcitabine hcl for inj 200 mg</i>	Tier 5	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	Tier 5	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	Tier 5	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	Tier 5	
<i>mercaptopurine tab 50 mg</i>	Tier 2	
<i>methotrexate sodium for inj 1 gm</i>	Tier 2	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 2	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 2	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 2	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 2	
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	Tier 5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	Tier 5	
TABLOID TAB 40MG	Tier 3	
<b>ANTIMITOTIC, TAXOIDS</b>		
<i>docetaxel for inj conc 20 mg/ml</i>	Tier 2	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	Tier 2	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	Tier 2	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	Tier 2	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	Tier 2	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	Tier 2	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	Tier 2	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	Tier 2	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	Tier 2	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	Tier 2	
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate inj 1 mg/ml</i>	Tier 2	
<i>vincristine sulfate iv soln 1 mg/ml</i>	Tier 2	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	Tier 2	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	Tier 2	
<b>ANTINEOPLASTIC, BCL-2 INHIBITORS</b>		
VENCLEXTA TAB 10MG	Tier 5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	Tier 5	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	Tier 5	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	Tier 5	PA, QL (1 pack every 28 days)
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
ERBITUX INJ 100MG	Tier 5	PA
ERBITUX INJ 200MG	Tier 5	PA
ERIVEDGE CAP 150MG	Tier 5	PA, QL (30 caps every 30 days)
GAZYVA INJ 25MG/ML	Tier 5	PA
KADCYLA INJ 100MG	Tier 5	PA
KADCYLA INJ 160MG	Tier 5	PA
KEYTRUDA INJ 100MG/4ML	Tier 5	PA
PADCEV INJ 20MG	Tier 6	PA, QL (21 vials every 28 days)
PADCEV INJ 30MG	Tier 6	PA, QL (15 vials every 28 days)
POLIVY INJ 30MG	Tier 6	PA

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 29  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
POLIVY INJ 140MG	Tier 6	PA
POMALYST CAP 1MG	Tier 5	PA, QL (21 caps every 28 days)
POMALYST CAP 2MG	Tier 5	PA, QL (21 caps every 28 days)
POMALYST CAP 3MG	Tier 5	PA, QL (21 caps every 28 days)
POMALYST CAP 4MG	Tier 5	PA, QL (21 caps every 28 days)
REVLIMID CAP 2.5MG	Tier 5	PA, QL (28 caps every 28 days)
REVLIMID CAP 5MG	Tier 5	PA, QL (28 caps every 28 days)
REVLIMID CAP 10MG	Tier 5	PA, QL (28 caps every 28 days)
REVLIMID CAP 15MG	Tier 5	PA, QL (28 caps every 28 days)
REVLIMID CAP 20MG	Tier 5	PA, QL (21 caps every 28 days)
REVLIMID CAP 25MG	Tier 5	PA, QL (21 caps every 28 days)
THALOMID CAP 50MG	Tier 5	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	Tier 5	PA, QL (112 caps every 28 days)
THALOMID CAP 150MG	Tier 5	PA, QL (56 caps every 28 days)
THALOMID CAP 200MG	Tier 5	PA, QL (56 caps every 28 days)
TICE BCG INJ	Tier 3	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	Tier 5	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tab 500 mg</i>	Tier 5	PA, QL (60 tabs every 30 days)
<i>anastrozole tab 1 mg</i>	Tier 2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	Tier 2	
ELIGARD INJ 7.5MG	Tier 5	PA
ELIGARD INJ 22.5MG	Tier 5	PA
ELIGARD INJ 30MG	Tier 5	PA
ELIGARD INJ 45MG	Tier 5	PA

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 30  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ERLEADA TAB 60MG	Tier 5	PA, QL (120 tabs every 30 days)
ERLEADA TAB 240MG	Tier 5	PA, QL (30 tabs every 30 days)
<i>exemestane tab 25 mg</i>	Tier 2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	Tier 5	PA
<i>letrozole tab 2.5 mg</i>	Tier 2	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	Tier 5	PA
LYSODREN TAB 500MG	Tier 3	
<i>megestrol acetate tab 20 mg</i>	Tier 2	
<i>megestrol acetate tab 40 mg</i>	Tier 2	
<i>nilutamide tab 150 mg</i>	Tier 2	
NUBEQA TAB 300MG	Tier 5	PA, QL (120 tabs every 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 2	
XTANDI CAP 40MG	Tier 5	PA, QL (120 caps every 30 days)
XTANDI TAB 40MG	Tier 5	PA, QL (120 tabs every 30 days)
XTANDI TAB 80MG	Tier 5	PA, QL (60 tabs every 30 days)
YONSA TAB 125MG	Tier 5	PA, QL (120 tabs every 30 days)
<b>KINASE INHIBITORS</b>		
ALECENSA CAP 150MG	Tier 5	PA, QL (240 caps every 30 days)
CABOMETYX TAB 20MG	Tier 5	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 40MG	Tier 5	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 60MG	Tier 5	PA, QL (30 tabs every 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CALQUENCE TAB 100MG	Tier 6	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	Tier 5	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 300MG	Tier 5	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 60MG	Tier 5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	Tier 5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	Tier 5	PA, QL (1 kit every 28 days)
<i>dasatinib tab 20 mg</i>	Tier 5	PA, QL (90 tabs every 30 days)
<i>dasatinib tab 50 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 70 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 80 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 100 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 140 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 5	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 2.5 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 5 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 7.5 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>everolimus tab 10 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>everolimus tab for oral susp 2 mg</i>	Tier 5	PA, QL (60 tabs every 30 days)
<i>everolimus tab for oral susp 3 mg</i>	Tier 5	PA, QL (90 tabs every 30 days)
<i>everolimus tab for oral susp 5 mg</i>	Tier 5	PA, QL (60 tabs every 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 5	PA, QL (120 tabs every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 5	PA, QL (60 tabs every 30 days)
IMBRUVICA CAP 70MG	Tier 5	PA, QL (30 caps every 30 days)
IMBRUVICA CAP 140MG	Tier 5	PA, QL (90 caps every 30 days)
IMBRUVICA SUS 70MG/ML	Tier 5	PA, QL (216 ml every 36 days)
IMBRUVICA TAB 140MG	Tier 5	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 280MG	Tier 5	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 420MG	Tier 5	PA, QL (30 tabs every 30 days)
INLYTA TAB 1MG	Tier 5	PA, QL (240 tabs every 30 days)
INLYTA TAB 5MG	Tier 5	PA, QL (120 tabs every 30 days)
JAKAFI TAB 5MG	Tier 5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 10MG	Tier 5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 15MG	Tier 5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 20MG	Tier 5	PA, QL (60 tabs every 30 days)
JAKAFI TAB 25MG	Tier 5	PA, QL (60 tabs every 30 days)
KISQALI TAB 200DOSE	Tier 5	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TAB 400DOSE	Tier 5	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TAB 600DOSE	Tier 5	PA, QL (63 tabs every 28 days); 600 mg dose
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 5	PA, QL (180 tabs every 30 days)
LENVIMA CAP 4MG	Tier 5	PA, QL (30 caps every 30 days)
LENVIMA CAP 8 MG	Tier 5	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	Tier 5	PA, QL (30 caps every 30 days)
LENVIMA CAP 12MG	Tier 5	PA, QL (90 caps every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LENVIMA CAP 14 MG	Tier 5	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	Tier 5	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	Tier 5	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	Tier 5	PA, QL (90 caps every 30 days)
LORBRENA TAB 25MG	Tier 6	PA, QL (90 tabs every 30 days)
LORBRENA TAB 100MG	Tier 6	PA, QL (30 tabs every 30 days)
MEKINIST SOL 0.05/ML	Tier 5	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	Tier 5	PA, QL (90 tabs every 30 days)
MEKINIST TAB 2MG	Tier 5	PA, QL (30 tabs every 30 days)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	Tier 5	PA, QL (120 tabs every 30 days)
RYDAPT CAP 25MG	Tier 6	PA, QL (224 caps every 28 days)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 5	PA, QL (120 tabs every 30 days)
SPRYCEL TAB 20MG	Tier 5	PA, QL (90 tabs every 30 days)
SPRYCEL TAB 50MG	Tier 5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 70MG	Tier 5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 80MG	Tier 5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 100MG	Tier 5	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 140MG	Tier 5	PA, QL (30 tabs every 30 days)
STIVARGA TAB 40MG	Tier 5	PA, QL (84 tabs every 28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 5	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 5	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Tier 5	PA, QL (30 caps every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 34  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Tier 5	PA, QL (30 caps every 30 days)
TAFINLAR CAP 50MG	Tier 5	PA, QL (120 caps every 30 days)
TAFINLAR CAP 75MG	Tier 5	PA, QL (120 caps every 30 days)
TAFINLAR TAB 10MG	Tier 5	PA, QL (4 bottles every 28 days)
TUKYSA TAB 50MG	Tier 6	PA, QL (120 tabs every 30 days)
TUKYSA TAB 150MG	Tier 6	PA, QL (120 tabs every 30 days)
VERZENIO TAB 50MG	Tier 5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 100MG	Tier 5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 150MG	Tier 5	PA, QL (56 tabs every 28 days)
VERZENIO TAB 200MG	Tier 5	PA, QL (56 tabs every 28 days)
VITRAKVI CAP 25MG	Tier 6	PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	Tier 6	PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	Tier 6	PA, QL (300 mL every 30 days)
XALKORI CAP 20MG	Tier 5	PA, QL (120 pellets every 30 days)
XALKORI CAP 50MG	Tier 5	PA, QL (120 pellets every 30 days)
XALKORI CAP 150MG	Tier 5	PA, QL (180 pellets every 30 days)
XALKORI CAP 200MG	Tier 5	PA, QL (120 caps every 30 days)
XALKORI CAP 250MG	Tier 5	PA, QL (120 caps every 30 days)
ZELBORAF TAB 240MG	Tier 5	PA, QL (240 tabs every 30 days)
ZYDELIG TAB 100MG	Tier 5	PA, QL (60 tabs every 30 days)
ZYDELIG TAB 150MG	Tier 5	PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	Tier 5	PA, QL (90 tabs every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 35  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISCELLANEOUS</b>		
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	Tier 2	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	Tier 2	
<i>bexarotene cap 75 mg</i>	Tier 5	PA
<i>hydroxyurea cap 500 mg</i>	Tier 2	
IDHIFA TAB 50MG	Tier 5	PA, QL (30 tabs every 30 days)
IDHIFA TAB 100MG	Tier 5	PA, QL (30 tabs every 30 days)
LYNPARZA TAB 100MG	Tier 5	PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	Tier 5	PA, QL (120 tabs every 30 days)
NIPENT INJ 10MG	Tier 3	
ODOMZO CAP 200MG	Tier 5	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	Tier 5	PA
PHOTOFRIN INJ 75MG	Tier 3	
<i>tretinoin cap 10 mg</i>	Tier 2	
ZEJULA CAP 100MG	Tier 5	PA, QL (90 caps every 30 days)
ZEJULA TAB 100MG	Tier 5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 200MG	Tier 5	PA, QL (30 tabs every 30 days)
ZEJULA TAB 300MG	Tier 5	PA, QL (30 tabs every 30 days)
ZOLINZA CAP 100MG	Tier 5	PA, QL (120 caps every 30 days)
<b>PLATINUM-BASED AGENTS</b>		
<i>carboplatin iv soln 50 mg/5ml</i>	Tier 2	
<i>carboplatin iv soln 150 mg/15ml</i>	Tier 2	
<i>carboplatin iv soln 450 mg/45ml</i>	Tier 2	
<i>carboplatin iv soln 600 mg/60ml</i>	Tier 2	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	Tier 2	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	Tier 2	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	Tier 2	
<i>oxaliplatin for iv inj 50 mg</i>	Tier 5	
<i>oxaliplatin for iv inj 100 mg</i>	Tier 5	
<i>oxaliplatin iv soln 50 mg/10ml</i>	Tier 5	
<i>oxaliplatin iv soln 100 mg/20ml</i>	Tier 5	
<i>paraplatin</i>	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	Tier 2	
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	Tier 2	
<i>leucovorin calcium for inj 50 mg</i>	Tier 2	
<i>leucovorin calcium for inj 100 mg</i>	Tier 2	
<i>leucovorin calcium for inj 200 mg</i>	Tier 2	
<i>leucovorin calcium for inj 350 mg</i>	Tier 2	
<i>leucovorin calcium for inj 500 mg</i>	Tier 2	
<i>leucovorin calcium tab 5 mg</i>	Tier 2	
<i>leucovorin calcium tab 10 mg</i>	Tier 2	
<i>leucovorin calcium tab 15 mg</i>	Tier 2	
<i>leucovorin calcium tab 25 mg</i>	Tier 2	
<i>mesna inj 100 mg/ml</i>	Tier 2	
MESNEX TAB 400MG	Tier 5	
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide cap 50 mg</i>	Tier 2	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	Tier 2	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	Tier 2	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	Tier 2	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	Tier 5	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	Tier 5	
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	Tier 2	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	Tier 5	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	Tier 2	
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Tier 1	

### **ACE INHIBITORS**

<i>benazepril hcl tab 5 mg</i>	Tier 1	
<i>benazepril hcl tab 10 mg</i>	Tier 1	
<i>benazepril hcl tab 20 mg</i>	Tier 1	
<i>benazepril hcl tab 40 mg</i>	Tier 1	
<i>captopril tab 12.5 mg</i>	Tier 1	
<i>captopril tab 25 mg</i>	Tier 1	
<i>captopril tab 50 mg</i>	Tier 1	
<i>captopril tab 100 mg</i>	Tier 1	
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	
<i>enalapril maleate tab 5 mg</i>	Tier 1	
<i>enalapril maleate tab 10 mg</i>	Tier 1	
<i>enalapril maleate tab 20 mg</i>	Tier 1	
<i>fosinopril sodium tab 10 mg</i>	Tier 1	
<i>fosinopril sodium tab 20 mg</i>	Tier 1	
<i>fosinopril sodium tab 40 mg</i>	Tier 1	
<i>lisinopril tab 2.5 mg</i>	Tier 1	
<i>lisinopril tab 5 mg</i>	Tier 1	
<i>lisinopril tab 10 mg</i>	Tier 1	
<i>lisinopril tab 20 mg</i>	Tier 1	
<i>lisinopril tab 30 mg</i>	Tier 1	
<i>lisinopril tab 40 mg</i>	Tier 1	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	
<i>moexipril hcl tab 15 mg</i>	Tier 1	
<i>perindopril erbumine tab 2 mg</i>	Tier 1	
<i>perindopril erbumine tab 4 mg</i>	Tier 1	
<i>perindopril erbumine tab 8 mg</i>	Tier 1	
<i>quinapril hcl tab 5 mg</i>	Tier 1	
<i>quinapril hcl tab 10 mg</i>	Tier 1	
<i>quinapril hcl tab 20 mg</i>	Tier 1	
<i>quinapril hcl tab 40 mg</i>	Tier 1	
<i>ramipril cap 1.25 mg</i>	Tier 1	
<i>ramipril cap 2.5 mg</i>	Tier 1	
<i>ramipril cap 5 mg</i>	Tier 1	
<i>ramipril cap 10 mg</i>	Tier 1	
<i>trandolapril tab 1 mg</i>	Tier 1	
<i>trandolapril tab 2 mg</i>	Tier 1	
<i>trandolapril tab 4 mg</i>	Tier 1	

#### **ALDOSTERONE RECEPTOR ANTAGONISTS**

<i>eplerenone tab 25 mg</i>	Tier 2	
<i>eplerenone tab 50 mg</i>	Tier 2	
<i>spironolactone tab 25 mg</i>	Tier 2	
<i>spironolactone tab 50 mg</i>	Tier 2	
<i>spironolactone tab 100 mg</i>	Tier 2	

#### **ALPHA BLOCKERS**

<i>prazosin hcl cap 1 mg</i>	Tier 2	
<i>prazosin hcl cap 2 mg</i>	Tier 2	
<i>prazosin hcl cap 5 mg</i>	Tier 2	

#### **ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS**

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Tier 1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil tab 4 mg</i>	Tier 1	
<i>candesartan cilexetil tab 8 mg</i>	Tier 1	
<i>candesartan cilexetil tab 16 mg</i>	Tier 1	
<i>candesartan cilexetil tab 32 mg</i>	Tier 1	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 40  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>irbesartan tab 75 mg</i>	Tier 1	
<i>irbesartan tab 150 mg</i>	Tier 1	
<i>irbesartan tab 300 mg</i>	Tier 1	
<i>losartan potassium tab 25 mg</i>	Tier 1	
<i>losartan potassium tab 50 mg</i>	Tier 1	
<i>losartan potassium tab 100 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 5 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 20 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 40 mg</i>	Tier 1	
<i>telmisartan tab 20 mg</i>	Tier 1	
<i>telmisartan tab 40 mg</i>	Tier 1	
<i>telmisartan tab 80 mg</i>	Tier 1	
<i>valsartan tab 40 mg</i>	Tier 1	
<i>valsartan tab 80 mg</i>	Tier 1	
<i>valsartan tab 160 mg</i>	Tier 1	
<i>valsartan tab 320 mg</i>	Tier 1	

### **ANTIARRHYTHMICS**

<i>amiodarone hcl tab 200 mg</i>	Tier 2	
<i>amiodarone hcl tab 400 mg</i>	Tier 2	
<i>disopyramide phosphate cap 100 mg</i>	Tier 2	
<i>disopyramide phosphate cap 150 mg</i>	Tier 2	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 2	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 2	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 2	PA
<i>flecainide acetate tab 50 mg</i>	Tier 2	
<i>flecainide acetate tab 100 mg</i>	Tier 2	
<i>flecainide acetate tab 150 mg</i>	Tier 2	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	Tier 2	
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	Tier 2	
MULTAQ TAB 400MG	Tier 4	PA
NORPACE CAP 100MG CR	Tier 3	
NORPACE CAP 150MG CR	Tier 3	
<i>pacerone</i>	Tier 2	
<i>procainamide hcl inj 100 mg/ml</i>	Tier 2	
<i>propafenone hcl cap er 12hr 225 mg</i>	Tier 2	
<i>propafenone hcl cap er 12hr 325 mg</i>	Tier 2	
<i>propafenone hcl cap er 12hr 425 mg</i>	Tier 2	
<i>propafenone hcl tab 150 mg</i>	Tier 2	
<i>propafenone hcl tab 225 mg</i>	Tier 2	
<i>propafenone hcl tab 300 mg</i>	Tier 2	
<i>sotalol hcl (afib/af) tab 80 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 41  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sotalol hcl (afib/af) tab 120 mg</i>	Tier 2	
<i>sotalol hcl (afib/af) tab 160 mg</i>	Tier 2	
<i>sotalol hcl tab 80 mg</i>	Tier 2	
<i>sotalol hcl tab 120 mg</i>	Tier 2	
<i>sotalol hcl tab 160 mg</i>	Tier 2	
<i>sotalol hcl tab 240 mg</i>	Tier 2	
<b>ANTILIPEMICS, BILE ACID RESINS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 2	
<i>cholestyramine light powder packets 4 gm</i>	Tier 2	
<i>cholestyramine powder 4 gm/dose</i>	Tier 2	
<i>cholestyramine powder packets 4 gm</i>	Tier 2	
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 2	
<i>colesevelam hcl tab 625 mg</i>	Tier 2	
<i>colestipol hcl granule packets 5 gm</i>	Tier 2	
<i>colestipol hcl granules 5 gm</i>	Tier 2	
<i>colestipol hcl tab 1 gm</i>	Tier 2	
<i>prevalite</i>	Tier 2	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR</b>		
<i>ezetimibe tab 10 mg</i>	Tier 2	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 2	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 2	
<i>fenofibrate cap 150 mg</i>	Tier 2	
<i>fenofibrate micronized cap 43 mg</i>	Tier 2	
<i>fenofibrate micronized cap 67 mg</i>	Tier 2	
<i>fenofibrate micronized cap 134 mg</i>	Tier 2	
<i>fenofibrate micronized cap 200 mg</i>	Tier 2	
<i>fenofibrate tab 48 mg</i>	Tier 2	
<i>fenofibrate tab 54 mg</i>	Tier 2	
<i>fenofibrate tab 145 mg</i>	Tier 2	
<i>fenofibrate tab 160 mg</i>	Tier 2	
<i>gemfibrozil tab 600 mg</i>	Tier 2	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Tier 0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 0	\$0 copay for members age 40 through 75

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Tier 0	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	Tier 0	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	Tier 0	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	Tier 0	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 1 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 2 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 4 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	Tier 0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	Tier 0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	Tier 0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	Tier 0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	Tier 0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	Tier 0	\$0 copay for members age 40 through 75

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tab 5 mg</i>	Tier 0	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	Tier 0	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	Tier 0	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	Tier 0	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	Tier 1	ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

#### **ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS**

<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 2
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 2
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 2
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 2

#### **ANTILIPEMICS, MISCELLANEOUS**

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 2
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	Tier 2
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	Tier 2

#### **ANTILIPEMICS, OMEGA-3 FATTY ACIDS**

<i>icosapent ethyl cap 0.5 gm</i>	Tier 2
-----------------------------------	--------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>icosapent ethyl cap 1 gm</i>	Tier 2	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
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 2	
<b>ANTILIPEMICS, PCSK9 INHIBITORS</b>		
REPATHA INJ 140MG/ML	Tier 3	QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	Tier 3	QL (1 injection every 28 days)
REPATHA SURE INJ 140MG/ML	Tier 3	QL (3 pens every 28 days)
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	Tier 2	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	Tier 2	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 2	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 2	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	Tier 2	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	Tier 2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	Tier 2	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl cap 200 mg</i>	Tier 2	
<i>acebutolol hcl cap 400 mg</i>	Tier 2	
<i>atenolol tab 25 mg</i>	Tier 2	
<i>atenolol tab 50 mg</i>	Tier 2	
<i>atenolol tab 100 mg</i>	Tier 2	
<i>betaxolol hcl tab 10 mg</i>	Tier 2	
<i>betaxolol hcl tab 20 mg</i>	Tier 2	
<i>bisoprolol fumarate tab 5 mg</i>	Tier 2	
<i>bisoprolol fumarate tab 10 mg</i>	Tier 2	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	Tier 2	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	Tier 2	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	Tier 2	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	Tier 2	
<i>carvedilol tab 3.125 mg</i>	Tier 2	
<i>carvedilol tab 6.25 mg</i>	Tier 2	
<i>carvedilol tab 12.5 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 45  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carvedilol tab 25 mg</i>	Tier 2	
<i>labetalol hcl tab 100 mg</i>	Tier 2	
<i>labetalol hcl tab 200 mg</i>	Tier 2	
<i>labetalol hcl tab 300 mg</i>	Tier 2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 2	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 2	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 2	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 2	
<i>metoprolol tartrate tab 25 mg</i>	Tier 2	
<i>metoprolol tartrate tab 50 mg</i>	Tier 2	
<i>metoprolol tartrate tab 100 mg</i>	Tier 2	
<i>nadolol tab 20 mg</i>	Tier 2	
<i>nadolol tab 40 mg</i>	Tier 2	
<i>nadolol tab 80 mg</i>	Tier 2	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Tier 2	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Tier 2	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Tier 2	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Tier 2	
<i>pindolol tab 5 mg</i>	Tier 2	
<i>pindolol tab 10 mg</i>	Tier 2	
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 2	
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 2	
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 2	
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 2	
<i>propranolol hcl tab 10 mg</i>	Tier 2	
<i>propranolol hcl tab 20 mg</i>	Tier 2	
<i>propranolol hcl tab 40 mg</i>	Tier 2	
<i>propranolol hcl tab 60 mg</i>	Tier 2	
<i>propranolol hcl tab 80 mg</i>	Tier 2	
<i>timolol maleate tab 5 mg</i>	Tier 2	
<i>timolol maleate tab 10 mg</i>	Tier 2	
<i>timolol maleate tab 20 mg</i>	Tier 2	
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Tier 1	

### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 2	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 2	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 2	
<i>cartia xt</i>	Tier 2	
<i>dilt-xr</i>	Tier 2	
<i>diltiazem hcl cap er 12hr 60 mg</i>	Tier 2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	Tier 2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	Tier 2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	Tier 2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 2	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	Tier 2	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	Tier 2	
<i>diltiazem hcl tab 30 mg</i>	Tier 2	
<i>diltiazem hcl tab 60 mg</i>	Tier 2	
<i>diltiazem hcl tab 90 mg</i>	Tier 2	
<i>diltiazem hcl tab 120 mg</i>	Tier 2	
<i>diltiazem hcl tab er 24hr 120 mg</i>	Tier 2	
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 2	
<i>felodipine tab er 24hr 5 mg</i>	Tier 2	
<i>felodipine tab er 24hr 10 mg</i>	Tier 2	
<i>isradipine cap 2.5 mg</i>	Tier 2	
<i>isradipine cap 5 mg</i>	Tier 2	
<i>matzim la</i>	Tier 2	
<i>nicardipine hcl cap 20 mg</i>	Tier 2	
<i>nicardipine hcl cap 30 mg</i>	Tier 2	
<i>nifedipine tab er 24hr 30 mg</i>	Tier 2	
<i>nifedipine tab er 24hr 60 mg</i>	Tier 2	
<i>nifedipine tab er 24hr 90 mg</i>	Tier 2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 2	
<i>nimodipine cap 30 mg</i>	Tier 2	
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 2	
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 2	
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 2	
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 2	
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 2	
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 2	
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 2	
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 2	
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 2	
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 2	
<i>verapamil hcl cap er 24hr 200 mg</i>	Tier 2	
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 2	
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 2	
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 2	
<i>verapamil hcl tab 40 mg</i>	Tier 2	
<i>verapamil hcl tab 80 mg</i>	Tier 2	
<i>verapamil hcl tab 120 mg</i>	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>verapamil hcl tab er 120 mg</i>	Tier 2	
<i>verapamil hcl tab er 180 mg</i>	Tier 2	
<i>verapamil hcl tab er 240 mg</i>	Tier 2	
<b>DIGITALIS GLYCOSIDES</b>		
<i>digoxin oral soln 0.05 mg/ml</i>	Tier 2	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	Tier 2	
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 2	
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 2	
<b>DIRECT RENIN INHIBITORS/COMBINATIONS</b>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 2	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 2	
<b>DIURETICS</b>		
<i>acetazolamide cap er 12hr 500 mg</i>	Tier 2	
<i>acetazolamide tab 125 mg</i>	Tier 2	
<i>acetazolamide tab 250 mg</i>	Tier 2	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 2	
<i>amiloride hcl tab 5 mg</i>	Tier 2	
<i>bumetanide tab 0.5 mg</i>	Tier 2	
<i>bumetanide tab 1 mg</i>	Tier 2	
<i>bumetanide tab 2 mg</i>	Tier 2	
<i>chlorthalidone tab 25 mg</i>	Tier 2	
<i>chlorthalidone tab 50 mg</i>	Tier 2	
<i>DIURIL SUS 250/5ML</i>	Tier 4	
<i>ethacrynic acid tab 25 mg</i>	Tier 4	
<i>furosemide inj 10 mg/ml</i>	Tier 2	
<i>furosemide oral soln 8 mg/ml</i>	Tier 2	
<i>furosemide oral soln 10 mg/ml</i>	Tier 2	
<i>furosemide tab 20 mg</i>	Tier 2	
<i>furosemide tab 40 mg</i>	Tier 2	
<i>furosemide tab 80 mg</i>	Tier 2	
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 2	
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 2	
<i>hydrochlorothiazide tab 25 mg</i>	Tier 2	
<i>hydrochlorothiazide tab 50 mg</i>	Tier 2	
<i>indapamide tab 1.25 mg</i>	Tier 2	
<i>indapamide tab 2.5 mg</i>	Tier 2	
<i>mannitol iv soln 20%</i>	Tier 2	
<i>mannitol iv soln 25%</i>	Tier 2	
<i>methazolamide tab 25 mg</i>	Tier 2	
<i>methazolamide tab 50 mg</i>	Tier 2	
<i>metolazone tab 2.5 mg</i>	Tier 2	
<i>metolazone tab 5 mg</i>	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metolazone tab 10 mg</i>	Tier 2	
<i>osmitrol viaflex</i>	Tier 2	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 2	
<i>toremide tab 5 mg</i>	Tier 2	
<i>toremide tab 10 mg</i>	Tier 2	
<i>toremide tab 20 mg</i>	Tier 2	
<i>toremide tab 100 mg</i>	Tier 2	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 2	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Tier 2	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Tier 2	
<i>triamterene cap 50 mg</i>	Tier 2	
<i>triamterene cap 100 mg</i>	Tier 2	

### **HEART FAILURE**

<i>CORLANOR SOL 5MG/5ML</i>	Tier 3	
<i>CORLANOR TAB 5MG</i>	Tier 3	
<i>CORLANOR TAB 7.5MG</i>	Tier 3	
<i>ENTRESTO CAP 6-6MG</i>	Tier 3	
<i>ENTRESTO CAP 15-16MG</i>	Tier 3	
<i>ENTRESTO TAB 24-26MG</i>	Tier 3	
<i>ENTRESTO TAB 49-51MG</i>	Tier 3	
<i>ENTRESTO TAB 97-103MG</i>	Tier 3	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	Tier 2	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	Tier 2	
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	Tier 2	

### **MISCELLANEOUS**

<i>clonidine hcl tab 0.1 mg</i>	Tier 2	
<i>clonidine hcl tab 0.2 mg</i>	Tier 2	
<i>clonidine hcl tab 0.3 mg</i>	Tier 2	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 2	
<i>guanfacine hcl tab 1 mg</i>	Tier 2	
<i>guanfacine hcl tab 2 mg</i>	Tier 2	
<i>hydralazine hcl tab 10 mg</i>	Tier 2	
<i>hydralazine hcl tab 25 mg</i>	Tier 2	
<i>hydralazine hcl tab 50 mg</i>	Tier 2	
<i>hydralazine hcl tab 100 mg</i>	Tier 2	
<i>methyl dopa tab 250 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 50  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methyldopa tab 500 mg</i>	Tier 2	
<i>midodrine hcl tab 2.5 mg</i>	Tier 2	
<i>midodrine hcl tab 5 mg</i>	Tier 2	
<i>midodrine hcl tab 10 mg</i>	Tier 2	
<i>minoxidil tab 2.5 mg</i>	Tier 2	
<i>minoxidil tab 10 mg</i>	Tier 2	
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 5	PA, QL (360 caps every 30 days)
<i>ranolazine tab er 12hr 500 mg</i>	Tier 2	ST; PA**
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 2	ST; PA**

### **NITRATES**

<i>isosorbide dinitrate tab 5 mg</i>	Tier 2	
<i>isosorbide dinitrate tab 10 mg</i>	Tier 2	
<i>isosorbide dinitrate tab 20 mg</i>	Tier 2	
<i>isosorbide dinitrate tab 30 mg</i>	Tier 2	
<i>isosorbide mononitrate tab 10 mg</i>	Tier 2	
<i>isosorbide mononitrate tab 20 mg</i>	Tier 2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 2	
NITRO-BID OIN 2%	Tier 4	
NITRO-DUR DIS 0.3MG/HR	Tier 3	
NITRO-DUR DIS 0.8MG/HR	Tier 3	
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 2	
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 2	
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	Tier 2	

### **PULMONARY ARTERIAL HYPERTENSION**

ADEMPAS TAB 0.5MG	Tier 6	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG	Tier 6	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1MG	Tier 6	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG	Tier 6	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG	Tier 6	PA, QL (90 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ambrisentan tab 5 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>ambrisentan tab 10 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>bosentan tab 62.5 mg</i>	Tier 5	PA, QL (60 tabs every 30 days)
<i>bosentan tab 125 mg</i>	Tier 5	PA, QL (60 tabs every 30 days)
OPSUMIT TAB 10MG	Tier 5	PA, QL (30 tabs every 30 days)
ORENITRAM TAB 0.25MG	Tier 5	PA
ORENITRAM TAB 0.125MG	Tier 5	PA
ORENITRAM TAB 1MG	Tier 5	PA
ORENITRAM TAB 2.5MG	Tier 5	PA
ORENITRAM TAB 5MG	Tier 5	PA
ORENITRAM TAB MONTH 1	Tier 5	PA
ORENITRAM TAB MONTH 2	Tier 5	PA
ORENITRAM TAB MONTH 3	Tier 5	PA
REMODULIN INJ 1MG/ML	Tier 6	PA
REMODULIN INJ 2.5MG/ML	Tier 6	PA
REMODULIN INJ 5MG/ML	Tier 6	PA
REMODULIN INJ 10MG/ML	Tier 6	PA
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	Tier 5	PA
<i>sildenafil citrate tab 20 mg</i>	Tier 5	PA, QL (360 tabs every 30 days)
<i>tadalafil tab 20 mg (pah)</i>	Tier 6	PA, QL (60 tabs every 30 days)
TYVASO RF KT SOL 0.6MG/ML	Tier 5	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	Tier 5	PA, QL (28 ampules every 28 days)
TYVASO ST KT SOL 0.6MG/ML	Tier 5	PA, QL (28 ampules every 28 days)
UPTRAVI INJ 1800MCG	Tier 5	PA
UPTRAVI PACK TAB 200/800	Tier 5	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	Tier 5	PA, QL (140 tabs every 28 days)
UPTRAVI TAB 400MCG	Tier 5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 600MCG	Tier 5	PA, QL (60 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UPTRAVI TAB 800MCG	Tier 5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1000MCG	Tier 5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1200MCG	Tier 5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG	Tier 5	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG	Tier 5	PA, QL (60 tabs every 30 days)
VENTAVIS SOL 10MCG/ML	Tier 5	PA, QL (270 ampules every 30 days)
VENTAVIS SOL 20MCG/ML	Tier 5	PA, QL (270 ampules every 30 days)

## **CENTRAL NERVOUS SYSTEM**

### **ALCOHOL DETERRENTS**

<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 2	PA
<i>disulfiram tab 250 mg</i>	Tier 2	
<i>disulfiram tab 500 mg</i>	Tier 2	

### **ANTI-ANXIETY**

ALPRAZOLAM CON 1 MG/ML	Tier 3	QL (300 mL every 30 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	Tier 2	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	Tier 2	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	Tier 2	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	Tier 2	QL (150 tabs every 30 days)
<i>alprazolam tab 0.5 mg</i>	Tier 2	QL (150 tabs every 30 days)
<i>alprazolam tab 0.25 mg</i>	Tier 2	QL (150 tabs every 30 days)
<i>alprazolam tab 1 mg</i>	Tier 2	QL (150 tabs every 30 days)
<i>alprazolam tab 2 mg</i>	Tier 2	QL (150 tabs every 30 days)
<i>buspirone hcl tab 5 mg</i>	Tier 2	
<i>buspirone hcl tab 7.5 mg</i>	Tier 2	
<i>buspirone hcl tab 10 mg</i>	Tier 2	
<i>buspirone hcl tab 15 mg</i>	Tier 2	
<i>buspirone hcl tab 30 mg</i>	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 2	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 2	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 2	QL (360 caps every 30 days)
<i>clomipramine hcl cap 25 mg</i>	Tier 2	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	Tier 2	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	Tier 2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>fluvoxamine maleate tab 25 mg</i>	Tier 2	
<i>fluvoxamine maleate tab 50 mg</i>	Tier 2	
<i>fluvoxamine maleate tab 100 mg</i>	Tier 2	
<i>lorazepam conc 2 mg/ml</i>	Tier 2	QL (150 mL every 30 days)
<i>lorazepam tab 0.5 mg</i>	Tier 2	QL (150 tabs every 30 days)
<i>lorazepam tab 1 mg</i>	Tier 2	QL (150 tabs every 30 days)
<i>lorazepam tab 2 mg</i>	Tier 2	QL (150 tabs every 30 days)
<i>meprobamate tab 200 mg</i>	Tier 2	
<i>meprobamate tab 400 mg</i>	Tier 2	
<i>oxazepam cap 10 mg</i>	Tier 2	QL (120 caps every 30 days)
<i>oxazepam cap 15 mg</i>	Tier 2	QL (120 caps every 30 days)
<i>oxazepam cap 30 mg</i>	Tier 2	QL (120 caps every 30 days)

### **ANTIDEMENTIA**

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 2	
<i>donepezil hydrochloride tab 5 mg</i>	Tier 2	
<i>donepezil hydrochloride tab 10 mg</i>	Tier 2	
<i>donepezil hydrochloride tab 23 mg</i>	Tier 2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 2	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 2	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Tier 2	
<i>galantamine hydrobromide tab 4 mg</i>	Tier 2	
<i>galantamine hydrobromide tab 8 mg</i>	Tier 2	
<i>galantamine hydrobromide tab 12 mg</i>	Tier 2	
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 2	
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 2	
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 2	
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 2	
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 2	
<i>memantine hcl tab 5 mg</i>	Tier 2	
<i>memantine hcl tab 10 mg</i>	Tier 2	
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	Tier 2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 2	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 2	

### **ANTIDEPRESSANTS**

<i>amitriptyline hcl tab 10 mg</i>	Tier 2	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 25 mg</i>	Tier 2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 50 mg</i>	Tier 2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 75 mg</i>	Tier 2	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 100 mg</i>	Tier 2	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 150 mg</i>	Tier 2	PA; High strength requires PA for members age 65 and older



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxapine tab 25 mg</i>	Tier 2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 50 mg</i>	Tier 2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 100 mg</i>	Tier 2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 150 mg</i>	Tier 2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>bupropion hcl tab 75 mg</i>	Tier 2	
<i>bupropion hcl tab 100 mg</i>	Tier 2	
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 2	
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 2	
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 2	
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 2	
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 2	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 2	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 2	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 2	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 2	
<i>desipramine hcl tab 10 mg</i>	Tier 2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 25 mg</i>	Tier 2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 50 mg</i>	Tier 2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 75 mg</i>	Tier 2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 100 mg</i>	Tier 2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 150 mg</i>	Tier 2	QL (30 tabs every 30 days); QL applies to members age 65 and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Tier 2	QL (30 tabs every 30 days); (generic of Pristiq)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 2	QL (30 tabs every 30 days); (generic of Pristiq)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 2	QL (30 tabs every 30 days); (generic of Pristiq)
<i>doxepin hcl cap 10 mg</i>	Tier 2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	Tier 2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	Tier 2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 75 mg</i>	Tier 2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	Tier 2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150 mg</i>	Tier 2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10 mg/ml</i>	Tier 2	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl cap 20 mg</i>	Tier 2	
<i>duloxetine hcl cap 30 mg</i>	Tier 2	
<i>duloxetine hcl cap 60 mg</i>	Tier 2	
EMSAM DIS 6MG/24HR	Tier 4	PA
EMSAM DIS 9MG/24HR	Tier 4	PA
EMSAM DIS 12MG/24H	Tier 4	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 2	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 2	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 2	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 2	
FETZIMA CAP 20MG	Tier 4	QL (30 caps every 30 days)
FETZIMA CAP 40MG	Tier 4	QL (30 caps every 30 days)
FETZIMA CAP 80MG	Tier 4	QL (30 caps every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 57  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FETZIMA CAP 120MG	Tier 4	QL (30 caps every 30 days)
FETZIMA CAP TITRATIO	Tier 4	QL (30 caps every 30 days)
<i>fluoxetine hcl cap 10 mg</i>	Tier 2	
<i>fluoxetine hcl cap 20 mg</i>	Tier 2	
<i>fluoxetine hcl cap 40 mg</i>	Tier 2	
<i>fluoxetine hcl cap delayed release 90 mg</i>	Tier 2	
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 2	
<i>fluoxetine hcl tab 10 mg</i>	Tier 2	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	Tier 2	(generic Sarafem not covered)
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	Tier 2	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	Tier 2	
<i>imipramine hcl tab 10 mg</i>	Tier 2	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	Tier 2	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	Tier 2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	Tier 2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	Tier 2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 125 mg</i>	Tier 2	PA, QL (Max DD of 200mg); High strength requires PA for members age 65 and older
<i>imipramine pamoate cap 150 mg</i>	Tier 2	PA, QL (Max DD of 200mg); High strength requires PA for members age 65 and older
MARPLAN TAB 10MG	Tier 4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	Tier 2	
<i>mirtazapine orally disintegrating tab 30 mg</i>	Tier 2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	Tier 2	
<i>mirtazapine tab 7.5 mg</i>	Tier 2	
<i>mirtazapine tab 15 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 58  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mirtazapine tab 30 mg</i>	Tier 2	
<i>mirtazapine tab 45 mg</i>	Tier 2	
<i>nefazodone hcl tab 50 mg</i>	Tier 2	
<i>nefazodone hcl tab 100 mg</i>	Tier 2	
<i>nefazodone hcl tab 150 mg</i>	Tier 2	
<i>nefazodone hcl tab 200 mg</i>	Tier 2	
<i>nefazodone hcl tab 250 mg</i>	Tier 2	
<i>nortriptyline hcl cap 10 mg</i>	Tier 2	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 25 mg</i>	Tier 2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 50 mg</i>	Tier 2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 75 mg</i>	Tier 2	PA, QL (Max DD of 150mg); High strength requires PA for members age 65 and older
<i>nortriptyline hcl soln 10 mg/5ml</i>	Tier 2	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	Tier 2	
<i>paroxetine hcl tab 20 mg</i>	Tier 2	
<i>paroxetine hcl tab 30 mg</i>	Tier 2	
<i>paroxetine hcl tab 40 mg</i>	Tier 2	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	Tier 2	
<i>paroxetine hcl tab er 24hr 25 mg</i>	Tier 2	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	Tier 2	
<i>phenelzine sulfate tab 15 mg</i>	Tier 2	
<i>protriptyline hcl tab 5 mg</i>	Tier 2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	Tier 2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 2	
<i>sertraline hcl tab 25 mg</i>	Tier 2	
<i>sertraline hcl tab 50 mg</i>	Tier 2	
<i>sertraline hcl tab 100 mg</i>	Tier 2	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trazodone hcl tab 50 mg</i>	Tier 2	
<i>trazodone hcl tab 100 mg</i>	Tier 2	
<i>trazodone hcl tab 150 mg</i>	Tier 2	
<i>trazodone hcl tab 300 mg</i>	Tier 2	
<i>trimipramine maleate cap 25 mg</i>	Tier 2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 50 mg</i>	Tier 2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	Tier 2	QL (30 caps every 30 days); QL applies to members age 65 and older
TRINTELLIX TAB 5MG	Tier 4	ST; PA**
TRINTELLIX TAB 10MG	Tier 4	ST; PA**
TRINTELLIX TAB 20MG	Tier 4	ST; PA**
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 2	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 2	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 2	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 2	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 2	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 2	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 2	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 2	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	Tier 2	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	Tier 2	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	Tier 2	
VIIBRYD KIT STARTER	Tier 4	
<i>vilazodone hcl tab 10 mg</i>	Tier 2	
<i>vilazodone hcl tab 20 mg</i>	Tier 2	
<i>vilazodone hcl tab 40 mg</i>	Tier 2	
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl cap 100 mg</i>	Tier 2	
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 2	
<i>amantadine hcl tab 100 mg</i>	Tier 2	
APOKYN INJ 10MG/ML	Tier 6	PA, QL (20 cartridges every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benztropine mesylate inj 1 mg/ml</i>	Tier 2	
<i>benztropine mesylate tab 0.5 mg</i>	Tier 2	
<i>benztropine mesylate tab 1 mg</i>	Tier 2	
<i>benztropine mesylate tab 2 mg</i>	Tier 2	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 2	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	Tier 2	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	Tier 2	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	Tier 2	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Tier 2	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Tier 2	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 2	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 2	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Tier 2	
<i>carbidopa tab 25 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 2	
<i>entacapone tab 200 mg</i>	Tier 2	
INBRIJA CAP 42MG	Tier 5	PA, QL (300 caps every 30 days)
NEUPRO DIS 1MG/24HR	Tier 3	
NEUPRO DIS 2MG/24HR	Tier 3	
NEUPRO DIS 3MG/24HR	Tier 3	
NEUPRO DIS 4MG/24HR	Tier 3	
NEUPRO DIS 6MG/24HR	Tier 3	
NEUPRO DIS 8MG/24HR	Tier 3	
ONGENTYS CAP 25MG	Tier 4	PA
ONGENTYS CAP 50MG	Tier 4	PA

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 2	
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 2	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	Tier 2	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	Tier 2	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	Tier 2	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	Tier 2	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	Tier 2	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	Tier 2	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	Tier 2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 2	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 2	
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 2	
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 2	
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 2	
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 2	
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 2	
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 2	
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 2	
<i>selegiline hcl cap 5 mg</i>	Tier 2	
<i>selegiline hcl tab 5 mg</i>	Tier 2	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 2	
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 2	
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 2	
<b>ANTIPSYCHOTICS</b>		
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 2	
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 2	
<i>aripiprazole tab 2 mg</i>	Tier 2	
<i>aripiprazole tab 5 mg</i>	Tier 2	
<i>aripiprazole tab 10 mg</i>	Tier 2	
<i>aripiprazole tab 15 mg</i>	Tier 2	
<i>aripiprazole tab 20 mg</i>	Tier 2	
<i>aripiprazole tab 30 mg</i>	Tier 2	
ARISTADA INJ 441MG/1.	Tier 3	
ARISTADA INJ 662MG/2	Tier 3	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARISTADA INJ 882MG/3	Tier 3	
ARISTADA INJ 1064MG	Tier 3	
ARISTADA INJ INITIO	Tier 3	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Tier 2	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Tier 2	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Tier 2	
<i>chlorpromazine hcl inj 25 mg/ml</i>	Tier 2	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	Tier 2	
<i>chlorpromazine hcl tab 10 mg</i>	Tier 2	
<i>chlorpromazine hcl tab 25 mg</i>	Tier 2	
<i>chlorpromazine hcl tab 50 mg</i>	Tier 2	
<i>chlorpromazine hcl tab 100 mg</i>	Tier 2	
<i>chlorpromazine hcl tab 200 mg</i>	Tier 2	
<i>clozapine orally disintegrating tab 12.5 mg</i>	Tier 2	
<i>clozapine orally disintegrating tab 25 mg</i>	Tier 2	
<i>clozapine orally disintegrating tab 100 mg</i>	Tier 2	
<i>clozapine orally disintegrating tab 150 mg</i>	Tier 2	
<i>clozapine orally disintegrating tab 200 mg</i>	Tier 2	
<i>clozapine tab 25 mg</i>	Tier 2	
<i>clozapine tab 50 mg</i>	Tier 2	
<i>clozapine tab 100 mg</i>	Tier 2	
<i>clozapine tab 200 mg</i>	Tier 2	
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 2	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Tier 2	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	Tier 2	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Tier 2	
<i>fluphenazine hcl tab 1 mg</i>	Tier 2	
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 2	
<i>fluphenazine hcl tab 5 mg</i>	Tier 2	
<i>fluphenazine hcl tab 10 mg</i>	Tier 2	
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 2	
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 2	
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 2	
<i>haloperidol tab 0.5 mg</i>	Tier 2	
<i>haloperidol tab 1 mg</i>	Tier 2	
<i>haloperidol tab 2 mg</i>	Tier 2	
<i>haloperidol tab 5 mg</i>	Tier 2	
<i>haloperidol tab 10 mg</i>	Tier 2	
<i>haloperidol tab 20 mg</i>	Tier 2	
<i>loxapine succinate cap 5 mg</i>	Tier 2	
<i>loxapine succinate cap 10 mg</i>	Tier 2	
<i>loxapine succinate cap 25 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loxapine succinate cap 50 mg</i>	Tier 2	
<i>lurasidone hcl tab 20 mg</i>	Tier 2	
<i>lurasidone hcl tab 40 mg</i>	Tier 2	
<i>lurasidone hcl tab 60 mg</i>	Tier 2	
<i>lurasidone hcl tab 80 mg</i>	Tier 2	
<i>lurasidone hcl tab 120 mg</i>	Tier 2	
<i>olanzapine for im inj 10 mg</i>	Tier 2	
<i>olanzapine orally disintegrating tab 5 mg</i>	Tier 2	
<i>olanzapine orally disintegrating tab 10 mg</i>	Tier 2	
<i>olanzapine orally disintegrating tab 15 mg</i>	Tier 2	
<i>olanzapine orally disintegrating tab 20 mg</i>	Tier 2	
<i>olanzapine tab 2.5 mg</i>	Tier 2	
<i>olanzapine tab 5 mg</i>	Tier 2	
<i>olanzapine tab 7.5 mg</i>	Tier 2	
<i>olanzapine tab 10 mg</i>	Tier 2	
<i>olanzapine tab 15 mg</i>	Tier 2	
<i>olanzapine tab 20 mg</i>	Tier 2	
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 2	
<i>paliperidone tab er 24hr 3 mg</i>	Tier 2	
<i>paliperidone tab er 24hr 6 mg</i>	Tier 2	
<i>paliperidone tab er 24hr 9 mg</i>	Tier 2	
<i>perphenazine tab 2 mg</i>	Tier 2	
<i>perphenazine tab 4 mg</i>	Tier 2	
<i>perphenazine tab 8 mg</i>	Tier 2	
<i>perphenazine tab 16 mg</i>	Tier 2	
<i>quetiapine fumarate tab 25 mg</i>	Tier 2	
<i>quetiapine fumarate tab 50 mg</i>	Tier 2	
<i>quetiapine fumarate tab 100 mg</i>	Tier 2	
<i>quetiapine fumarate tab 200 mg</i>	Tier 2	
<i>quetiapine fumarate tab 300 mg</i>	Tier 2	
<i>quetiapine fumarate tab 400 mg</i>	Tier 2	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 2	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 2	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 2	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 2	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 2	
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 2	
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 2	
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 2	
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 2	
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 2	
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 2	
<i>risperidone soln 1 mg/ml</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 64  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risperidone tab 0.5 mg</i>	Tier 2	
<i>risperidone tab 0.25 mg</i>	Tier 2	
<i>risperidone tab 1 mg</i>	Tier 2	
<i>risperidone tab 2 mg</i>	Tier 2	
<i>risperidone tab 3 mg</i>	Tier 2	
<i>risperidone tab 4 mg</i>	Tier 2	
<i>thioridazine hcl tab 10 mg</i>	Tier 2	
<i>thioridazine hcl tab 25 mg</i>	Tier 2	
<i>thioridazine hcl tab 50 mg</i>	Tier 2	
<i>thioridazine hcl tab 100 mg</i>	Tier 2	
<i>thiothixene cap 1 mg</i>	Tier 2	
<i>thiothixene cap 2 mg</i>	Tier 2	
<i>thiothixene cap 5 mg</i>	Tier 2	
<i>thiothixene cap 10 mg</i>	Tier 2	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 2	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 2	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 2	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 2	
VRAYLAR CAP 1.5-3MG	Tier 3	ST; PA**
VRAYLAR CAP 1.5MG	Tier 3	ST; PA**
VRAYLAR CAP 3MG	Tier 3	ST; PA**
VRAYLAR CAP 4.5MG	Tier 3	ST; PA**
VRAYLAR CAP 6MG	Tier 3	ST; PA**
<i>ziprasidone hcl cap 20 mg</i>	Tier 2	
<i>ziprasidone hcl cap 40 mg</i>	Tier 2	
<i>ziprasidone hcl cap 60 mg</i>	Tier 2	
<i>ziprasidone hcl cap 80 mg</i>	Tier 2	
<b>ANTISEIZURE AGENTS</b>		
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 2	
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 2	
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 2	
<i>carbamazepine chew tab 100 mg</i>	Tier 2	
<i>carbamazepine susp 100 mg/5ml</i>	Tier 2	
<i>carbamazepine tab 200 mg</i>	Tier 2	
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 2	
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 2	
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 2	
<i>clobazam suspension 2.5 mg/ml</i>	Tier 2	
<i>clobazam tab 10 mg</i>	Tier 2	
<i>clobazam tab 20 mg</i>	Tier 2	
<i>clonazepam tab 0.5 mg</i>	Tier 2	
<i>clonazepam tab 1 mg</i>	Tier 2	
<i>clonazepam tab 2 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 65  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 2	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 2	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 15 mg</i>	Tier 2	QL (180 tabs every 30 days)
<i>diazepam inj 5 mg/ml</i>	Tier 2	
<i>diazepam intensol</i>	Tier 2	QL (240 mL every 30 days)
<i>diazepam oral soln 1 mg/ml</i>	Tier 2	QL (1200 mL every 30 days)
<i>diazepam tab 2 mg</i>	Tier 2	QL (120 tabs every 30 days)
<i>diazepam tab 5 mg</i>	Tier 2	QL (120 tabs every 30 days)
<i>diazepam tab 10 mg</i>	Tier 2	QL (120 tabs every 30 days)
DILANTIN CAP 30MG	Tier 4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 2	
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 2	
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 2	
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 2	
<i>epitol</i>	Tier 2	
<i>ethosuximide cap 250 mg</i>	Tier 2	
<i>ethosuximide soln 250 mg/5ml</i>	Tier 2	
<i>felbamate susp 600 mg/5ml</i>	Tier 2	
<i>felbamate tab 400 mg</i>	Tier 2	
<i>felbamate tab 600 mg</i>	Tier 2	
<i>fospheyntoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	Tier 2	
<i>fospheyntoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	Tier 2	
FYCOMPA SUS 0.5MG/ML	Tier 4	
FYCOMPA TAB 2MG	Tier 4	
FYCOMPA TAB 4MG	Tier 4	
FYCOMPA TAB 6MG	Tier 4	
FYCOMPA TAB 8MG	Tier 4	
FYCOMPA TAB 10MG	Tier 4	
FYCOMPA TAB 12MG	Tier 4	
<i>gabapentin cap 100 mg</i>	Tier 2	QL (6 caps every day)
<i>gabapentin cap 300 mg</i>	Tier 2	QL (6 caps every day)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gabapentin cap 400 mg</i>	Tier 2	QL (6 caps every day)
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 2	QL (72 mL every day)
<i>gabapentin tab 600 mg</i>	Tier 2	QL (6 tabs every day)
<i>gabapentin tab 800 mg</i>	Tier 2	QL (4 tabs every day)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	Tier 2	
<i>lacosamide oral solution 10 mg/ml</i>	Tier 2	
<i>lacosamide tab 50 mg</i>	Tier 2	
<i>lacosamide tab 100 mg</i>	Tier 2	
<i>lacosamide tab 150 mg</i>	Tier 2	
<i>lacosamide tab 200 mg</i>	Tier 2	
<i>lamotrigine orally disintegrating tab 25 mg</i>	Tier 2	
<i>lamotrigine orally disintegrating tab 50 mg</i>	Tier 2	
<i>lamotrigine orally disintegrating tab 100 mg</i>	Tier 2	
<i>lamotrigine orally disintegrating tab 200 mg</i>	Tier 2	
<i>lamotrigine tab 25 mg</i>	Tier 2	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	Tier 2	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	Tier 2	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	Tier 2	
<i>lamotrigine tab 100 mg</i>	Tier 2	
<i>lamotrigine tab 150 mg</i>	Tier 2	
<i>lamotrigine tab 200 mg</i>	Tier 2	
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 2	
<i>lamotrigine tab er 24hr 25 mg</i>	Tier 2	
<i>lamotrigine tab er 24hr 50 mg</i>	Tier 2	
<i>lamotrigine tab er 24hr 100 mg</i>	Tier 2	
<i>lamotrigine tab er 24hr 200 mg</i>	Tier 2	
<i>lamotrigine tab er 24hr 250 mg</i>	Tier 2	
<i>lamotrigine tab er 24hr 300 mg</i>	Tier 2	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	Tier 2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	Tier 2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	Tier 2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	Tier 2	
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 2	
<i>levetiracetam tab 250 mg</i>	Tier 2	
<i>levetiracetam tab 500 mg</i>	Tier 2	
<i>levetiracetam tab 750 mg</i>	Tier 2	
<i>levetiracetam tab 1000 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 2	
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 2	
<i>methsuximide cap 300 mg</i>	Tier 2	
<b>NAYZILAM SPR 5MG</b>	Tier 3	QL (10 units every 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 2	
<i>oxcarbazepine tab 150 mg</i>	Tier 2	
<i>oxcarbazepine tab 300 mg</i>	Tier 2	
<i>oxcarbazepine tab 600 mg</i>	Tier 2	
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 2	
<i>phenobarbital tab 15 mg</i>	Tier 2	
<i>phenobarbital tab 16.2 mg</i>	Tier 2	
<i>phenobarbital tab 30 mg</i>	Tier 2	
<i>phenobarbital tab 32.4 mg</i>	Tier 2	
<i>phenobarbital tab 60 mg</i>	Tier 2	
<i>phenobarbital tab 64.8 mg</i>	Tier 2	
<i>phenobarbital tab 97.2 mg</i>	Tier 2	
<i>phenobarbital tab 100 mg</i>	Tier 2	
<i>phenytoin infatabs</i>	Tier 2	
<i>phenytoin sodium extended cap 100 mg</i>	Tier 2	
<i>phenytoin sodium extended cap 200 mg</i>	Tier 2	
<i>phenytoin sodium extended cap 300 mg</i>	Tier 2	
<i>phenytoin sodium inj 50 mg/ml</i>	Tier 2	
<i>phenytoin susp 125 mg/5ml</i>	Tier 2	
<i>pregabalin cap 25 mg</i>	Tier 2	ST; PA**
<i>pregabalin cap 50 mg</i>	Tier 2	ST; PA**
<i>pregabalin cap 75 mg</i>	Tier 2	ST; PA**
<i>pregabalin cap 100 mg</i>	Tier 2	ST; PA**
<i>pregabalin cap 150 mg</i>	Tier 2	ST; PA**
<i>pregabalin cap 200 mg</i>	Tier 2	ST; PA**
<i>pregabalin cap 225 mg</i>	Tier 2	ST; PA**
<i>pregabalin cap 300 mg</i>	Tier 2	ST; PA**
<i>pregabalin soln 20 mg/ml</i>	Tier 2	ST; PA**
<i>primidone tab 50 mg</i>	Tier 2	
<i>primidone tab 250 mg</i>	Tier 2	
<i>rufinamide susp 40 mg/ml</i>	Tier 2	
<i>rufinamide tab 200 mg</i>	Tier 2	
<i>rufinamide tab 400 mg</i>	Tier 2	
<i>tiagabine hcl tab 2 mg</i>	Tier 2	
<i>tiagabine hcl tab 4 mg</i>	Tier 2	
<i>tiagabine hcl tab 12 mg</i>	Tier 2	
<i>tiagabine hcl tab 16 mg</i>	Tier 2	
<i>topiramate sprinkle cap 15 mg</i>	Tier 2	
<i>topiramate sprinkle cap 25 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>topiramate tab 25 mg</i>	Tier 2	
<i>topiramate tab 50 mg</i>	Tier 2	
<i>topiramate tab 100 mg</i>	Tier 2	
<i>topiramate tab 200 mg</i>	Tier 2	
<i>valproate sodium inj 100 mg/ml</i>	Tier 2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 2	
<i>valproic acid cap 250 mg</i>	Tier 2	
<i>vigabatrin powd pack 500 mg</i>	Tier 5	PA, QL (180 packets every 30 days)
<i>vigabatrin tab 500 mg</i>	Tier 5	PA, QL (180 tabs every 30 days)
<i>XCOPRI PAK 12.5-25</i>	Tier 3	
<i>XCOPRI PAK 50-100MG</i>	Tier 3	
<i>XCOPRI PAK 100-150</i>	Tier 3	
<i>XCOPRI PAK 150-200</i>	Tier 3	
<i>XCOPRI TAB 25MG</i>	Tier 3	
<i>XCOPRI TAB 50MG</i>	Tier 3	
<i>XCOPRI TAB 100MG</i>	Tier 3	
<i>XCOPRI TAB 150MG</i>	Tier 3	
<i>XCOPRI TAB 200MG</i>	Tier 3	
<i>zonisamide cap 25 mg</i>	Tier 2	
<i>zonisamide cap 50 mg</i>	Tier 2	
<i>zonisamide cap 100 mg</i>	Tier 2	

**ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>ADZENYS XR TAB 3.1MG</i>	Tier 4	QL (60 tabs every 30 days)
<i>ADZENYS XR TAB 6.3MG</i>	Tier 4	QL (60 tabs every 30 days)
<i>ADZENYS XR TAB 9.4MG</i>	Tier 4	QL (60 tabs every 30 days)
<i>ADZENYS XR TAB 12.5MG</i>	Tier 4	QL (30 tabs every 30 days)
<i>ADZENYS XR TAB 15.7 MG</i>	Tier 4	QL (30 tabs every 30 days)
<i>ADZENYS XR TAB 18.8MG</i>	Tier 4	QL (30 tabs every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 2	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 2	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 2	QL (30 caps every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 2	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 2	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 2	QL (30 tabs every 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 2	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 2	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 2	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 2	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 2	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 2	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 2	
AZSTARYS CAP 26.1-5.2	Tier 3	QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	Tier 3	QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	Tier 3	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	Tier 2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	Tier 2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	Tier 2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	Tier 2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	Tier 2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	Tier 2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	Tier 2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	Tier 2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 2	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 2	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 2	QL (120 caps every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 2	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 2	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Tier 2	QL (1,200 mL every 30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 2	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 2	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 15 mg</i>	Tier 2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	Tier 2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	Tier 2	QL (30 tabs every 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 2	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 2	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 2	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 2	
<i>methamphetamine hcl tab 5 mg</i>	Tier 2	QL (150 tabs every 30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	Tier 2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 2	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 2	QL (30 caps every 30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	Tier 2	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 5 mg</i>	Tier 2	QL (180 chew tabs every 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl chew tab 10 mg</i>	Tier 2	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 2	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 2	QL (900 mL every 30 days)
<i>methylphenidate hcl tab 5 mg</i>	Tier 2	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 10 mg</i>	Tier 2	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 20 mg</i>	Tier 2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Tier 2	QL (30 tabs every 30 days)
VYVANSE CAP 10MG	Tier 3	QL (60 caps every 30 days)
VYVANSE CAP 20MG	Tier 3	QL (60 caps every 30 days)
VYVANSE CAP 30MG	Tier 3	QL (60 caps every 30 days)
VYVANSE CAP 40MG	Tier 3	QL (30 caps every 30 days)
VYVANSE CAP 50MG	Tier 3	QL (30 caps every 30 days)
VYVANSE CAP 60MG	Tier 3	QL (30 caps every 30 days)
VYVANSE CAP 70MG	Tier 3	QL (30 caps every 30 days)
VYVANSE CHW 10MG	Tier 3	QL (60 tabs every 30 days)
VYVANSE CHW 20MG	Tier 3	QL (60 tabs every 30 days)
VYVANSE CHW 30MG	Tier 3	QL (60 tabs every 30 days)
VYVANSE CHW 40MG	Tier 3	QL (30 tabs every 30 days)
VYVANSE CHW 50MG	Tier 3	QL (30 tabs every 30 days)
VYVANSE CHW 60MG	Tier 3	QL (30 tabs every 30 days)
<i>zenzedi</i>	Tier 2	QL (120 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>FIBROMYALGIA</b>		
SAVELLA MIS TITR PAK	Tier 4	ST; PA**
SAVELLA TAB 12.5MG	Tier 4	ST; PA**
SAVELLA TAB 25MG	Tier 4	ST; PA**
SAVELLA TAB 50MG	Tier 4	ST; PA**
SAVELLA TAB 100MG	Tier 4	ST; PA**
<b>HYPNOTICS</b>		
BELSOMRA TAB 5MG	Tier 3	ST; PA**
BELSOMRA TAB 10MG	Tier 3	ST; PA**
BELSOMRA TAB 15MG	Tier 3	ST; PA**
BELSOMRA TAB 20MG	Tier 3	ST; PA**
<i>cvs sleep-aid nighttime</i>	Tier 2	OTC
DAYVIGO TAB 5MG	Tier 3	PA, QL (30 tabs every 30 days)
DAYVIGO TAB 10MG	Tier 3	PA, QL (30 tabs every 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>estazolam tab 1 mg</i>	Tier 4	QL (15 tabs every 30 days)
<i>estazolam tab 2 mg</i>	Tier 4	QL (15 tabs every 30 days)
<i>eszopiclone tab 1 mg</i>	Tier 2	QL (15 tabs every 30 days)
<i>eszopiclone tab 2 mg</i>	Tier 2	QL (15 tabs every 30 days)
<i>eszopiclone tab 3 mg</i>	Tier 2	QL (15 tabs every 30 days)
EXCEDRIN PM TAB 500-38MG	Tier 1	OTC
<i>ramelteon tab 8 mg</i>	Tier 2	QL (15 tabs every 30 days)
<i>tasimelteon capsule 20 mg</i>	Tier 5	PA, QL (30 caps every 30 days)
<i>temazepam cap 7.5 mg</i>	Tier 2	QL (15 caps every 30 days)
<i>temazepam cap 15 mg</i>	Tier 2	QL (15 caps every 30 days)
<i>temazepam cap 22.5 mg</i>	Tier 2	QL (15 caps every 30 days)
<i>temazepam cap 30 mg</i>	Tier 2	QL (15 caps every 30 days)
<i>triazolam tab 0.25 mg</i>	Tier 4	QL (10 tabs every 30 days)
<i>triazolam tab 0.125 mg</i>	Tier 4	QL (10 tabs every 30 days)
<i>zaleplon cap 5 mg</i>	Tier 2	QL (15 caps every 30 days)
<i>zaleplon cap 10 mg</i>	Tier 2	QL (15 caps every 30 days)
<i>zolpidem tartrate tab 5 mg</i>	Tier 2	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab 10 mg</i>	Tier 2	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	Tier 2	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	Tier 2	QL (15 tabs every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 73  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MIGRAINE</b>		
AJOVY INJ 225/1.5	Tier 3	ST, QL (3 injections every 90 days); PA**
<i>almotriptan malate tab 6.25 mg</i>	Tier 2	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	Tier 2	QL (12 tabs every 30 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 2	
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 2	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 2	QL (12 tabs every 30 days)
EMGALITY INJ 100MG/ML	Tier 3	ST, QL (3 injections every 30 days); PA**
EMGALITY INJ 120MG/ML	Tier 3	ST, QL (2 injections every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 4	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Tier 2	QL (18 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 2	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 2	QL (12 tabs every 30 days)
QULIPTA TAB 10MG	Tier 3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 30MG	Tier 3	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 60MG	Tier 3	ST, QL (30 tabs every 30 days); PA**
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 2	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 2	QL (18 tabs every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	Tier 2	QL (24 sprays every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	Tier 2	QL (12 sprays every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 2	QL (12 vials every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Tier 2	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Tier 2	QL (12 units every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Tier 2	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Tier 2	QL (12 units every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	Tier 2	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 2	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 2	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	Tier 4	ST, QL (9 tabs every 30 days); PA**
UBRELVY TAB 50MG	Tier 3	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	Tier 3	ST, QL (16 tabs every 30 days); PA**
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Tier 2	QL (12 sprays every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 2	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	Tier 2	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	Tier 2	QL (12 tabs every 30 days)

### **MISCELLANEOUS**

EVRYSDI SOL	Tier 6	PA, QL (2 bottles every 24 days)
<i>lithium carbonate cap 150 mg</i>	Tier 2	
<i>lithium carbonate cap 300 mg</i>	Tier 2	
<i>lithium carbonate cap 600 mg</i>	Tier 2	
<i>lithium carbonate tab 300 mg</i>	Tier 2	
<i>lithium carbonate tab er 300 mg</i>	Tier 2	
<i>lithium carbonate tab er 450 mg</i>	Tier 2	
<i>lithium oral solution 8 meq/5ml</i>	Tier 2	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	Tier 2	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 2	
<i>pyridostigmine bromide tab er 180 mg</i>	Tier 2	
<i>riluzole tab 50 mg</i>	Tier 2	

### **MOVEMENT DISORDERS**

<i>tetrabenazine tab 12.5 mg</i>	Tier 5	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tab 25 mg</i>	Tier 5	PA, QL (60 tabs every 30 days)

### **MULTIPLE SCLEROSIS AGENTS**

BETASERON INJ 0.3MG	Tier 5	PA, QL (14 injections every 28 days)
COPAXONE INJ 40MG/ML	Tier 5	PA, QL (12 syringes every 28 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 75  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 6	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Tier 5	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Tier 5	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	Tier 5	PA, QL (1 kit every 30 days)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	Tier 5	PA, QL (30 caps every 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 3	PA, QL (12 syringes every 28 days)
<i>glatopa</i>	Tier 3	PA, QL (30 injections every 30 days)
<i>teriflunomide tab 7 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>teriflunomide tab 14 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
TYSABRI INJ 300/15ML	Tier 5	PA, QL (1 vial every 28 days)

### **MUSCULOSKELETAL THERAPY AGENTS**

<i>baclofen tab 5 mg</i>	Tier 2	
<i>baclofen tab 10 mg</i>	Tier 2	
<i>baclofen tab 20 mg</i>	Tier 2	
<i>carisoprodol tab 350 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tab 500 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium cap 25 mg</i>	Tier 2	
<i>dantrolene sodium cap 50 mg</i>	Tier 2	
<i>dantrolene sodium cap 100 mg</i>	Tier 2	
<i>metaxalone tab 800 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methocarbamol tab 500 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 750 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>norgesic</i>	Tier 4	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	Tier 2	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 2	

### **NARCOLEPSY/CATAPLEXY**

<i>armodafinil tab 50 mg</i>	Tier 2	PA, QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	Tier 2	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	Tier 2	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	Tier 2	PA, QL (30 tabs every 30 days)
<i>modafinil tab 100 mg</i>	Tier 2	PA, QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	Tier 2	PA, QL (60 tabs every 30 days)
SOD OXYBATE SOL 500MG/ML	Tier 5	PA, QL (540mL every 30 days)
SUNOSI TAB 75MG	Tier 3	PA, QL (30 tabs every 30 days)
SUNOSI TAB 150MG	Tier 3	PA, QL (30 tabs every 30 days)

### **OPIOID AGONIST/ANTAGONIST**

<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Tier 2	QL (90 units every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 2	QL (90 units every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 2	QL (2 units every day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 0	QL (90 tabs every 30 days); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 0	QL (90 tabs every 30 days); \$0 copay
ZUBSOLV SUB 0.7-0.18	Tier 3	QL (90 units every 30 days)
ZUBSOLV SUB 1.4-0.36	Tier 3	QL (90 units every 30 days)
ZUBSOLV SUB 2.9-0.71	Tier 3	QL (90 units every 30 days)
ZUBSOLV SUB 5.7-1.4	Tier 3	QL (90 units every 30 days)
ZUBSOLV SUB 8.6-2.1	Tier 3	QL (60 units every 30 days)
ZUBSOLV SUB 11.4-2.9	Tier 3	QL (30 units every 30 days)

### **OPIOID ANTAGONIST**

<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 2	
<i>naloxone hcl inj 4 mg/10ml</i>	Tier 2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 2	OTC
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 2	
<i>naltrexone hcl tab 50 mg</i>	Tier 0	\$0 copay
NARCAN SPR 4MG	Tier 2	OTC

### **OPIOID PARTIAL AGONISTS**

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply

### **PSYCHOTHERAPEUTIC-MISC**

<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Tier 4	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Tier 4	QL (60 tabs every 30 days); QL applies to members age 65 and older
NUEDEXTA CAP 20-10MG	Tier 3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Tier 4	QL (150 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Tier 4	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Tier 4	QL (120 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Tier 4	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Tier 4	QL (30 units every 30 days); QL applies to members age 65 and older
<i>pimozide tab 1 mg</i>	Tier 2	
<i>pimozide tab 2 mg</i>	Tier 2	

### **SMOKING DETERRENTS**

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	Tier 0	\$0 limited to 2 treatment cycles/year

### **COUGH/COLD/ALLERGY**

#### **ANTITUSSIVES**

<i>robatussin sus 30mg/5ml</i>	Tier 1	OTC
<i>ROBITUSSIN SYP 7.5/5ML</i>	Tier 1	OTC
<i>wal-tussin syp 15mg/5ml</i>	Tier 1	OTC

#### **COUGH/COLD/ALLERGY COMBINATIONS**

<i>allergy/cong tab 5-120mg</i>	Tier 1	OTC
---------------------------------	--------	-----



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cold/cough liq child</i>	Tier 1	OTC
CORICIDN HBP TAB CGH&COLD	Tier 1	OTC
CORICIDN HBP TAB COLD/FLU	Tier 1	OTC
DIMETAPP CLD ELX /ALLERGY	Tier 1	OTC
<i>dimetapp liq nighttim</i>	Tier 1	OTC
DIMETAPP SYP CGH/COLD	Tier 1	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 2	OTC
<i>kidkare liq cgh/cold</i>	Tier 1	OTC
<i>mucus relief tab dm cough</i>	Tier 1	OTC
<i>mucus-d tab 60-600mg</i>	Tier 1	OTC
<i>nasal relief tab night</i>	Tier 1	OTC
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 2	
<i>robit cgh dm cap 10-200mg</i>	Tier 1	OTC
<i>robitussin cap cold+flu</i>	Tier 1	OTC
<i>robitussin liq</i>	Tier 1	OTC
ROBITUSSIN LIQ CGH/CONG	Tier 1	OTC
ROBITUSSIN LIQ TO GO CF	Tier 1	OTC
ROBITUSSN DM SYP	Tier 1	OTC
SCOT-TUSSIN LIQ DM SF	Tier 1	OTC
<i>sinus tab max-st</i>	Tier 1	OTC
<i>sudafed pe sol cold/cgh</i>	Tier 1	OTC
<i>theraflu sev tab cold/cgh</i>	Tier 1	OTC
TRIAMINIC SYP CGH/CNG	Tier 1	OTC
TRIAMINIC SYP CHST/NSL	Tier 1	OTC
TYLENOL CHLD SUS COLD FLU	Tier 1	OTC
TYLENOL COLD TAB SEVERE	Tier 1	OTC
<i>tylenol sinu tab 5-325mg</i>	Tier 1	OTC
<i>wal-itin d tab 24 hour</i>	Tier 1	OTC
<i>wal-phed pe tab 4-10mg</i>	Tier 1	OTC
<i>wal-profen tab cold/sin</i>	Tier 1	OTC
<i>wal-tussin liq cf</i>	Tier 1	OTC
ZYNCOF SYP 20-400/5	Tier 1	OTC
ZYRTEC-D TAB 5-120MG	Tier 1	OTC

### **EXPECTORANTS**

<i>guaifenesin tab 200 mg</i>	Tier 1	OTC
<i>mucus relief tab 400mg</i>	Tier 1	OTC
<i>mucus relief tab 600mg er</i>	Tier 1	OTC
<i>mucus relief tab 1200mg</i>	Tier 1	OTC
<i>mucus+chst liq 100/5ml</i>	Tier 1	OTC
<i>tussin chest liq 100/5ml</i>	Tier 1	OTC

### **MISC. RESPIRATORY INHALANTS**

<i>medicated oin chst rub</i>	Tier 1	OTC
-------------------------------	--------	-----

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 80  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<b>DERMATOLOGICALS</b>		
<b>EMOLLIENTS</b>		
<i>a+d prevent oin</i>	Tier 1	OTC
AVEENO BATH PAK TREATMNT	Tier 1	OTC
KERI NRSHING LOT SHEA BTR	Tier 1	OTC
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>INFANT FOODS</b>		
GOOD START LIQ W/IRON	Tier 1	OTC
GOOD START POW NATURAL	Tier 1	OTC
<b>ENDOCRINE AND METABOLIC</b>		
<b>ACROMEGALY</b>		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 5	PA, QL (225 ml every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 5	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 5	PA, QL (45 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	Tier 5	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	Tier 5	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	Tier 5	PA, QL (90 ml every 30 days)
SOMATULINE INJ 60/0.2ML	Tier 5	PA, QL (1 injection every 28 days)
SOMATULINE INJ 90/0.3ML	Tier 5	PA, QL (1 injection every 28 days)
SOMATULINE INJ 120/.5ML	Tier 5	PA, QL (1 injection every 28 days)
SOMAVERT INJ 10MG	Tier 5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 15MG	Tier 5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 20MG	Tier 5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 25MG	Tier 5	PA, QL (30 vials every 30 days)
SOMAVERT INJ 30MG	Tier 5	PA, QL (30 vials every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 81

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANDROGENS</b>		
<i>oxandrolone tab 2.5 mg</i>	Tier 2	
<i>oxandrolone tab 10 mg</i>	Tier 2	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 2	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 2	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 2	PA
<i>testosterone td gel 10mg/act (2%)</i>	Tier 2	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Tier 2	PA
<b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose tab 25 mg</i>	Tier 2	
<i>acarbose tab 50 mg</i>	Tier 2	
<i>acarbose tab 100 mg</i>	Tier 2	
<i>miglitol tab 25 mg</i>	Tier 2	
<i>miglitol tab 50 mg</i>	Tier 2	
<i>miglitol tab 100 mg</i>	Tier 2	
<b>ANTIDIABETICS, AMYLIN ANALOGS</b>		
SYMLINPEN 60 INJ 1000MCG	Tier 4	ST; PA**
SYMLINPEN 120 INJ 1000MCG	Tier 4	ST; PA**
<b>ANTIDIABETICS, BIGUANIDE</b>		
<i>metformin hcl tab 500 mg</i>	Tier 1	
<i>metformin hcl tab 850 mg</i>	Tier 1	\$0 copay for members age 35-70 for prevention of diabetes
<i>metformin hcl tab 1000 mg</i>	Tier 1	
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	
<b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS</b>		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 1	ST; PA**
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 1	ST; PA**
JANUMET TAB 50-500MG	Tier 3	ST; PA**
JANUMET TAB 50-1000	Tier 3	ST; PA**
JANUMET XR TAB 50-500MG	Tier 3	ST; PA**
JANUMET XR TAB 50-1000	Tier 3	ST; PA**
JANUMET XR TAB 100-1000	Tier 3	ST; PA**
JENTADUETO TAB XR	Tier 4	ST; PA**
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 1	ST; PA**

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 1	ST; PA**
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 1	ST; PA**
JANUVIA TAB 25MG	Tier 3	ST; PA**
JANUVIA TAB 50MG	Tier 3	ST; PA**
JANUVIA TAB 100MG	Tier 3	ST; PA**

### **ANTIDIABETICS, INCRETIN MIMETIC AGENTS**

<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	Tier 2	ST, QL (3 pens every 30 days); PA**
MOUNJARO INJ 2.5/0.5	Tier 3	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 5MG/0.5	Tier 3	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 7.5/0.5	Tier 3	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 10MG/0.5	Tier 3	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 12.5/0.5	Tier 3	ST, QL (4 pens every 28 days); PA**
MOUNJARO INJ 15MG/0.5	Tier 3	ST, QL (4 pens every 28 days); PA**
OZEMPIC INJ 2MG/3ML	Tier 3	ST, QL (3 mL every 28 days); PA**
OZEMPIC INJ 4MG/3ML	Tier 3	ST, QL (3 mL every 28 days); PA**
OZEMPIC INJ 8MG/3ML	Tier 3	ST, QL (3 mL every 28 days); PA**
TRULICITY INJ 0.75/0.5	Tier 3	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 1.5/0.5	Tier 3	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 3/0.5	Tier 3	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 4.5/0.5	Tier 3	ST, QL (4 pens every 28 days); PA**
VICTOZA INJ 18MG/3ML	Tier 3	ST, QL (3 pens every 30 days); PA**

### **ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS**

SOLIQUA INJ 100/33	Tier 3	ST; PA**
XULTOPHY INJ 100/3.6	Tier 3	ST; PA**

### **ANTIDIABETICS, INSULIN**

BASAGLAR KWIKPEN	Tier 3	
FIASP FLEX INJ TOUCH	Tier 3	
FIASP INJ 100/ML	Tier 3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FIASP PENFIL INJ U-100	Tier 3	
HUMULIN INJ 70/30	Tier 4	OTC
HUMULIN INJ 70/30KWP	Tier 4	OTC
HUMULIN N INJ U-100	Tier 4	OTC
HUMULIN N INJ U-100KWP	Tier 4	OTC
HUMULIN R INJ U-100	Tier 4	OTC
HUMULIN R INJ U-500	Tier 3	
LEVEMIR INJ	Tier 3	
LEVEMIR INJ FLEXPEN	Tier 3	
NOVOLIN INJ 70/30	Tier 3	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	Tier 3	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	Tier 3	OTC; RELION not covered
NOVOLIN N INJ U-100	Tier 3	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	Tier 3	OTC; RELION not covered
NOVOLIN R INJ U-100	Tier 3	OTC; RELION not covered
NOVOLOG INJ 100/ML	Tier 3	
NOVOLOG INJ FLEXPEN	Tier 3	
NOVOLOG INJ PENFILL	Tier 3	
NOVOLOG MIX INJ 70/30	Tier 3	
NOVOLOG MIX INJ FLEXPEN	Tier 3	
TRESIBA FLEX INJ 100UNIT	Tier 3	
TRESIBA FLEX INJ 200UNIT	Tier 3	
TRESIBA INJ 100UNIT	Tier 3	
<b>ANTIDIABETICS, INSULIN SENSITIZER</b>		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Tier 1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Tier 1	
<b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Tier 1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Tier 1	
<b>ANTIDIABETICS, MEGLITINIDE</b>		
<i>nateglinide tab 60 mg</i>	Tier 1	
<i>nateglinide tab 120 mg</i>	Tier 1	
<i>repaglinide tab 0.5 mg</i>	Tier 1	
<i>repaglinide tab 1 mg</i>	Tier 1	
<i>repaglinide tab 2 mg</i>	Tier 1	
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS</b>		
SYNJARDY TAB	Tier 3	ST; PA**

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 84  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY TAB 5-500MG	Tier 3	ST; PA**
SYNJARDY TAB 5-1000MG	Tier 3	ST; PA**
SYNJARDY TAB 12.5-500	Tier 3	ST; PA**
SYNJARDY XR TAB	Tier 3	ST; PA**
SYNJARDY XR TAB 5-1000MG	Tier 3	ST; PA**
SYNJARDY XR TAB 10-1000	Tier 3	ST; PA**
SYNJARDY XR TAB 25-1000	Tier 3	ST; PA**

### **ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2)**

#### **INHIBITOR/DPP-4 INHIBITOR COMBINATIONS**

GLYXAMBI TAB 10-5 MG	Tier 3	ST; PA**
GLYXAMBI TAB 25-5 MG	Tier 3	ST; PA**

#### **ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS**

JARDIANCE TAB 10MG	Tier 3	ST; PA**
JARDIANCE TAB 25MG	Tier 3	ST; PA**

#### **ANTIDIABETICS, SULFONYLUREA**

<i>glimepiride tab 1 mg</i>	Tier 1	
<i>glimepiride tab 2 mg</i>	Tier 1	
<i>glimepiride tab 4 mg</i>	Tier 1	
<i>glipizide tab 5 mg</i>	Tier 1	
<i>glipizide tab 10 mg</i>	Tier 1	
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	

#### **CALCIUM RECEPTOR AGONISTS**

<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 5	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 5	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 5	PA, QL (120 tabs every 30 days)

#### **CALCIUM REGULATORS, BISPHOSPHONATES**

<i>alendronate sodium oral soln 70 mg/75ml</i>	Tier 2	
<i>alendronate sodium tab 5 mg</i>	Tier 2	
<i>alendronate sodium tab 10 mg</i>	Tier 2	
<i>alendronate sodium tab 35 mg</i>	Tier 2	
<i>alendronate sodium tab 70 mg</i>	Tier 2	
FOSAMAX + D TAB 70-2800	Tier 4	ST; PA**
FOSAMAX + D TAB 70-5600	Tier 4	ST; PA**
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	Tier 2	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pamidronate disodium iv soln 3 mg/ml</i>	Tier 2	
<i>risedronate sodium tab 5 mg</i>	Tier 2	
<i>risedronate sodium tab 30 mg</i>	Tier 2	
<i>risedronate sodium tab 35 mg</i>	Tier 2	
<i>risedronate sodium tab 150 mg</i>	Tier 2	
<i>risedronate sodium tab delayed release 35 mg</i>	Tier 2	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	Tier 5	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	Tier 5	PA
<b>CALCIUM REGULATORS, MISCELLANEOUS</b>		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 2	
PROLIA INJ 60MG/ML	Tier 5	PA, QL (60mg every 24 weeks)
<b>CALCIUM REGULATORS, PARATHYROID HORMONES</b>		
TYMLOS INJ	Tier 5	PA, QL (1 pen every 30 days)
<b>CHELATING AGENTS</b>		
CHEMET CAP 100MG	Tier 4	
<i>deferiprone tab 500 mg</i>	Tier 5	PA
<i>deferiprone tab 1000 mg</i>	Tier 5	PA
FERPRX 2-DAY TAB 1000MG	Tier 5	PA
FERRIPROX SOL 100MG/ML	Tier 5	PA
<i>penicillamine tab 250 mg</i>	Tier 5	
VISTOGARD PAK 10GM	Tier 5	QL (20 packets every 5 days)
<b>CONTRACEPTIVES</b>		
<i>altavera</i>	Tier 0	C
<i>alyacen 1/35</i>	Tier 0	C
<i>alyacen 7/7/7</i>	Tier 0	C
<i>amethyst</i>	Tier 0	C
ANNOVERA MIS	Tier 0	QL (1 every 300 days)
<i>apri</i>	Tier 0	C
<i>aranelle</i>	Tier 0	C
<i>ashlyna</i>	Tier 0	C
<i>aviane</i>	Tier 0	C
<i>azurette</i>	Tier 0	C
<i>camila</i>	Tier 0	C
<i>camrese</i>	Tier 0	C
<i>chateal eq</i>	Tier 0	C
CONDOMS MIS	Tier 0	QL (12 condoms every 30 days), OTC
<i>cryselle-28</i>	Tier 0	C
<i>dasetta 1/35</i>	Tier 0	C

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dasetta 7/7/7</i>	Tier 0	C
<i>delyla</i>	Tier 0	C
DEPO-SQ PROV INJ 104	Tier 0	QL (4 inj every 300 days); C
<i>drosiprenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 0	C
<i>drosiprenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Tier 0	C
<i>drosiprenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 0	C
<i>drosiprenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 0	C
DUREX MIS REALFEEL	Tier 0	QL (12 condoms every 30 days), OTC
<i>elinest</i>	Tier 0	C
ELLA TAB 30MG	Tier 0	C
<i>enpresse-28</i>	Tier 0	C
<i>enskyce</i>	Tier 0	C
<i>errin</i>	Tier 0	C
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 0	C
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	Tier 0	QL (13 every 300 days); C
<i>falmina</i>	Tier 0	C
FC2 FEMALE MIS CONDOM	Tier 0	QL (12 condoms every 30 days), OTC
<i>gemmily</i>	Tier 0	C
<i>heather</i>	Tier 0	C
<i>introvale</i>	Tier 0	C
<i>jolessa</i>	Tier 0	C
<i>junel 1.5/30</i>	Tier 0	C
<i>junel 1/20</i>	Tier 0	C
<i>junel fe 1.5/30</i>	Tier 0	C
<i>junel fe 1/20</i>	Tier 0	C
<i>junel fe 24</i>	Tier 0	C
<i>kariva</i>	Tier 0	C
<i>kelnor 1/35</i>	Tier 0	C
<i>kurvelo</i>	Tier 0	C
KYLEENA IUD 19.5MG	Tier 0	QL (1 every 300 days); C
<i>larin 1.5/30</i>	Tier 0	C
<i>leena</i>	Tier 0	C
<i>lessina</i>	Tier 0	C
<i>levonest</i>	Tier 0	C
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	Tier 0	C

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 0	C
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 0	C
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 0	C
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	Tier 0	C
<i>levora 0.15/30-28</i>	Tier 0	C
LILETTA IUD 52MG	Tier 0	QL (1 every 300 days); C
LO LOESTRIN TAB 1-10-10	Tier 0	C
<i>loryna</i>	Tier 0	C
<i>low-ogestrel</i>	Tier 0	C
<i>lutra</i>	Tier 0	C
<i>marlissa</i>	Tier 0	C
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 0	QL (4 inj every 300 days); C
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 0	QL (4 inj every 300 days); C
<i>microgestin 1.5/30</i>	Tier 0	C
MIRENA IUD SYSTEM	Tier 0	QL (1 every 300 days); C
<i>mono-lynyah</i>	Tier 0	C
NATAZIA TAB	Tier 0	C
<i>necon 0.5/35-28</i>	Tier 0	C
NEXPLANON IMP 68MG	Tier 0	QL (1 every 300 days); C
NEXTSTELLIS TAB 3-14.2MG	Tier 0	
<i>nikki</i>	Tier 0	C
<i>nora-be</i>	Tier 0	C
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 0	C
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Tier 0	C
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 0	C
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Tier 0	C
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Tier 0	C
<i>norethindrone tab 0.35 mg</i>	Tier 0	C
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 0	C
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 0	C

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 0	C
<i>nortrel 0.5/35 (28)</i>	Tier 0	C
<i>nortrel 1/35</i>	Tier 0	C
<i>nortrel 7/7/7</i>	Tier 0	C
<i>nylia 1/35</i>	Tier 0	C
<i>ocella</i>	Tier 0	C
OPILL TAB 0.075MG	Tier 0	OTC
PARAGARD IUD T380A	Tier 0	QL (1 unit every 300 days); C
<i>portia-28</i>	Tier 0	C
<i>reclipsen</i>	Tier 0	C
<i>rivelsa</i>	Tier 0	C
SKYLA IUD 13.5MG	Tier 0	QL (1 every 300 days); C
SLYND TAB 4MG	Tier 0	
<i>sprintec 28</i>	Tier 0	C
<i>sronyx</i>	Tier 0	C
<i>syeda</i>	Tier 0	C
<i>take action</i>	Tier 0	OTC; C
<i>tilia fe</i>	Tier 0	C
<i>tri-linyah</i>	Tier 0	C
<i>tri-sprintec</i>	Tier 0	C
<i>trivora-28</i>	Tier 0	C
TRUSTEX/RIA MIS NON-LUB	Tier 0	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	Tier 0	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	Tier 0	
TYBLUME CHW 0.1-0.02	Tier 0	
<i>velivet</i>	Tier 0	C
<i>viorele</i>	Tier 0	C
<i>vyfemla</i>	Tier 0	C
<i>wera</i>	Tier 0	C
<i>xulane</i>	Tier 0	C
<i>zovia 1/35</i>	Tier 0	C

### **DIABETIC SUPPLIES**

ACCU-CHEK BLOOD GLUCOSE TEST KITS	Tier 3	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	Tier 3	QL (204 Test Strips every 30 days), OTC
ALCOHOL PREP PAD	Tier 3	OTC
AUTOLET PLAT MIS 1.8MM	Tier 3	OTC
CAREFINE MIS 32GX6MM	Tier 3	OTC
DEXCOM G5 MIS RECEIVER	Tier 3	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 89  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXCOM G5 MIS TRANSMIT	Tier 3	
DEXCOM G6 MIS RECEIVER	Tier 3	
DEXCOM G6 MIS SENSOR	Tier 3	QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	Tier 3	
DEXCOM G7 MIS RECEIVER	Tier 3	
DEXCOM G7 MIS SENSOR	Tier 3	QL (3 sensors every 30 days)
OMNIPOD 5 DX KIT INT G7G6	Tier 3	
OMNIPOD 5 DX MIS POD G7G6	Tier 3	
OMNIPOD 5 G7 KIT INTRO	Tier 3	
OMNIPOD 5 G7 MIS PODS	Tier 3	
OMNIPOD DASH KIT INTRO	Tier 3	
OMNIPOD DASH KIT PDM	Tier 3	
OMNIPOD DASH MIS PODS	Tier 3	
OMNIPOD MIS CLASSIC	Tier 3	
OMNIPOD PDM KIT CLASSIC	Tier 3	
ONETOUCH BLOOD GLUCOSE TEST KITS	Tier 3	OTC
ONETOUCH BLOOD GLUCOSE TEST STRIPS	Tier 3	QL (150 Test Strips every 30 days), OTC
ONETOUCH SOL KIT COMPLETE	Tier 3	OTC
ONETOUCH SOL KIT FIT	Tier 3	OTC
ONETOUCH SOL KIT REFILL	Tier 3	OTC
ONETOUCH SOL KIT STARTER	Tier 3	OTC
SHARPS CONTAINER	Tier 3	OTC
SOFTCLIX MIS LANCETS	Tier 3	OTC
V-GO 20 KIT	Tier 3	
V-GO 30 KIT	Tier 3	
V-GO 40 KIT	Tier 3	
<b>ENDOMETRIOSIS</b>		
<i>danazol cap 50 mg</i>	Tier 2	
<i>danazol cap 100 mg</i>	Tier 2	
<i>danazol cap 200 mg</i>	Tier 2	
ORILISSA TAB 150MG	Tier 3	
ORILISSA TAB 200MG	Tier 3	
<b>ENZYME REPLACEMENTS</b>		
<i>betaine powder for oral solution</i>	Tier 5	PA
<i>carglumic acid soluble tab 200 mg</i>	Tier 5	PA
CERDELGA CAP 84MG	Tier 5	PA, QL (56 caps every 28 days)
MYALEPT INJ 11.3MG	Tier 5	PA, QL (30 vials every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sapropterin dihydrochloride powder packet 100 mg</i>	Tier 5	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	Tier 5	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	Tier 5	PA, QL (798g every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 5	PA, QL (1200 tabs every 30 days)

## **ESTROGENS**

<i>CLIMARA PRO DIS WEEKLY</i>	Tier 3	
<i>DEPO-ESTRADI INJ 5MG/ML</i>	Tier 4	
<i>DUAVEE TAB 0.45-20</i>	Tier 3	
<i>ELESTRIN GEL 0.06%</i>	Tier 4	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 2	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	Tier 2	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 0.5 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 1 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1 mg/gm (0.1%)</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 2	
<i>estradiol valerate im in oil 20 mg/ml</i>	Tier 2	
<i>estradiol valerate im in oil 40 mg/ml</i>	Tier 2	
EVAMIST SPR 1.53MG	Tier 4	PA; High Risk Medications require PA for members age 70 and older
IMVEXXY MAIN SUP 4MCG	Tier 3	
IMVEXXY MAIN SUP 10MCG	Tier 3	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 92  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMVEXXY STRT SUP 4MCG	Tier 3	
IMVEXXY STRT SUP 10MCG	Tier 3	
<i>jinteli</i>	Tier 2	
MENEST TAB 0.3MG	Tier 4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	Tier 4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	Tier 4	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	Tier 4	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey</i>	Tier 2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 2	
PREMARIN TAB 0.3MG	Tier 4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG	Tier 4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	Tier 4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	Tier 4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	Tier 4	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	Tier 4	
<i>yuvafem</i>	Tier 2	
<b>FERTILITY REGULATORS</b>		
CHOR GONADOT INJ 10000UNT	Tier 6	PA
<i>clomid</i>	Tier 2	
GANIRELIX AC INJ 250/0.5	Tier 5	PA
GONAL-F INJ 450UNIT	Tier 5	PA, QL (10 vials every 28 days)
GONAL-F INJ 1050UNIT	Tier 5	PA, QL (6 vials every 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GONAL-F RFF INJ 75UNIT	Tier 5	PA, QL (60 vials every 28 days)
GONAL-F RFF INJ 300/0.5	Tier 5	PA, QL (15 cartridges every 28 days)
GONAL-F RFF INJ 450/0.75	Tier 5	PA, QL (10 cartridges every 28 days)
GONAL-F RFF INJ 900/1.5	Tier 5	PA, QL (7 cartridges every 28 days)
OVIDREL INJ	Tier 5	PA

### **GLUCOCORTICOIDS**

<i>deflazacort susp 22.75 mg/ml</i>	Tier 5	PA, QL (52 mL every 30 days)
<i>deflazacort tab 6 mg</i>	Tier 5	PA, QL (60 tabs every 30 days)
<i>deflazacort tab 18 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 30 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 36 mg</i>	Tier 5	PA, QL (30 tabs every 30 days)
DEPO-MEDROL INJ 20MG/ML	Tier 4	
DEXAMETHASON CON 1MG/ML	Tier 3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 2	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	Tier 2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	Tier 2	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Tier 2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	Tier 2	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	Tier 2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	Tier 2	
<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	Tier 2	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 2	
<i>dexamethasone tab 0.5 mg</i>	Tier 2	
<i>dexamethasone tab 0.75 mg</i>	Tier 2	
<i>dexamethasone tab 1 mg</i>	Tier 2	
<i>dexamethasone tab 1.5 mg</i>	Tier 2	
<i>dexamethasone tab 2 mg</i>	Tier 2	
<i>dexamethasone tab 4 mg</i>	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone tab 6 mg</i>	Tier 2	
EMFLAZA SUS 22.75/ML	Tier 6	PA, QL (52 mL every 30 days)
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 2	
<i>hydrocortisone tab 5 mg</i>	Tier 2	
<i>hydrocortisone tab 10 mg</i>	Tier 2	
<i>hydrocortisone tab 20 mg</i>	Tier 2	
MEDROL TAB 2MG	Tier 3	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	Tier 2	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	Tier 2	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	Tier 2	
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	Tier 2	
<i>methylprednisolone tab 4 mg</i>	Tier 2	
<i>methylprednisolone tab 8 mg</i>	Tier 2	
<i>methylprednisolone tab 16 mg</i>	Tier 2	
<i>methylprednisolone tab 32 mg</i>	Tier 2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 2	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	Tier 2	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	Tier 2	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	Tier 2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 2	
<i>prednisolone soln 15 mg/5ml</i>	Tier 2	
PREDNISON CON 5MG/ML	Tier 3	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 2	
<i>prednisone tab 1 mg</i>	Tier 2	
<i>prednisone tab 2.5 mg</i>	Tier 2	
<i>prednisone tab 5 mg</i>	Tier 2	
<i>prednisone tab 10 mg</i>	Tier 2	
<i>prednisone tab 20 mg</i>	Tier 2	
<i>prednisone tab 50 mg</i>	Tier 2	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 2	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 2	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 2	
SOLU-CORTEF INJ 100MG	Tier 4	
SOLU-CORTEF INJ 250MG	Tier 4	
SOLU-CORTEF INJ 500MG	Tier 4	
SOLU-CORTEF INJ 1000MG	Tier 4	
SOLU-MEDROL INJ 2GM	Tier 4	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>glucagon (rdna) for inj kit 1 mg</i>	Tier 2	
GLUCOSE CHW 4GM	Tier 1	OTC
GVOKE HYPO 1 INJ 0.5/.1ML	Tier 3	
GVOKE HYPO 1 INJ 1MG/.2ML	Tier 3	
GVOKE KIT SOL 1MG/0.2M	Tier 3	
GVOKE PFS INJ	Tier 3	
ORAL GLUCOSE REPLACEMENT	Tier 3	OTC
<b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS</b>		
<i>nitisinone cap 2 mg</i>	Tier 5	PA
<i>nitisinone cap 5 mg</i>	Tier 5	PA
<i>nitisinone cap 10 mg</i>	Tier 5	PA
<i>nitisinone cap 20 mg</i>	Tier 5	PA
ORFADIN SUS 4MG/ML	Tier 5	PA
<b>HUMAN GROWTH HORMONES</b>		
GENOTROPIN INJ 0.2MG	Tier 5	PA
GENOTROPIN INJ 0.4MG	Tier 5	PA
GENOTROPIN INJ 0.6MG	Tier 5	PA
GENOTROPIN INJ 0.8MG	Tier 5	PA
GENOTROPIN INJ 1.2MG	Tier 5	PA
GENOTROPIN INJ 1.4MG	Tier 5	PA
GENOTROPIN INJ 1.6MG	Tier 5	PA
GENOTROPIN INJ 1.8MG	Tier 5	PA
GENOTROPIN INJ 1MG	Tier 5	PA
GENOTROPIN INJ 2MG	Tier 5	PA
GENOTROPIN INJ 5MG	Tier 5	PA
GENOTROPIN INJ 12MG	Tier 5	PA
NORDITROPIN INJ 5/1.5ML	Tier 5	PA
NORDITROPIN INJ 10/1.5ML	Tier 5	PA
NORDITROPIN INJ 15/1.5ML	Tier 5	PA
NORDITROPIN INJ 30/3ML	Tier 5	PA
<b>LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS</b>		
SYNAREL SOL 2MG/ML	Tier 6	PA
TRIPTODUR SUS 22.5MG	Tier 5	PA
<b>METABOLIC MODIFIERS</b>		
<i>mccarnitine tab 330mg</i>	Tier 1	OTC

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 96  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TAB 10MG	Tier 4	PA
KERENDIA TAB 20MG	Tier 4	PA
<b>MISCELLANEOUS</b>		
<i>cabergoline tab 0.5 mg</i>	Tier 2	
CYSTAGON CAP 50MG	Tier 5	PA
CYSTAGON CAP 150MG	Tier 5	PA
INCRELEX INJ 40MG/4ML	Tier 5	PA
INTRAROSA SUP 6.5MG	Tier 4	
OSPHENA TAB 60MG	Tier 4	PA
<i>raloxifene hcl tab 60 mg</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR INJ 0.3MG/ML	Tier 6	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.6MG/ML	Tier 6	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.9MG/ML	Tier 6	PA, QL (60 ampules every 30 days)
SUPPRELIN LA KIT 50MG	Tier 5	PA
<i>tolvaptan tab 15 mg</i>	Tier 5	PA
<i>tolvaptan tab 30 mg</i>	Tier 5	PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Tier 2	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 2	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 2	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 2	
PHOSLYRA SOL	Tier 3	
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 2	
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 2	
<i>sevelamer carbonate tab 800 mg</i>	Tier 2	
VELPHORO CHW 500MG	Tier 3	
<b>POTASSIUM-REMOVING AGENTS</b>		
<i>sps</i>	Tier 2	
<b>PROGESTINS</b>		
CRINONE GEL 4% VAG	Tier 3	
CRINONE GEL 8% VAG	Tier 3	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 97  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 2	
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 2	
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 2	
<i>megestrol acetate susp 40 mg/ml</i>	Tier 2	
<i>megestrol acetate susp 625 mg/5ml</i>	Tier 2	
<i>norethindrone acetate tab 5 mg</i>	Tier 2	
<i>progesterone cap 100 mg</i>	Tier 2	
<i>progesterone cap 200 mg</i>	Tier 2	

### **THYROID AGENTS**

<i>levothyroxine sodium tab 25 mcg</i>	Tier 2	
<i>levothyroxine sodium tab 50 mcg</i>	Tier 2	
<i>levothyroxine sodium tab 75 mcg</i>	Tier 2	
<i>levothyroxine sodium tab 88 mcg</i>	Tier 2	
<i>levothyroxine sodium tab 100 mcg</i>	Tier 2	
<i>levothyroxine sodium tab 112 mcg</i>	Tier 2	
<i>levothyroxine sodium tab 125 mcg</i>	Tier 2	
<i>levothyroxine sodium tab 137 mcg</i>	Tier 2	
<i>levothyroxine sodium tab 150 mcg</i>	Tier 2	
<i>levothyroxine sodium tab 175 mcg</i>	Tier 2	
<i>levothyroxine sodium tab 200 mcg</i>	Tier 2	
<i>levothyroxine sodium tab 300 mcg</i>	Tier 2	
<i>levoxyl</i>	Tier 2	
<i>liothyronine sodium tab 5 mcg</i>	Tier 2	
<i>liothyronine sodium tab 25 mcg</i>	Tier 2	
<i>liothyronine sodium tab 50 mcg</i>	Tier 2	
<i>methimazole tab 5 mg</i>	Tier 2	
<i>methimazole tab 10 mg</i>	Tier 2	
<i>propylthiouracil tab 50 mg</i>	Tier 2	
SYNTHROID TAB 25MCG	Tier 3	
SYNTHROID TAB 50MCG	Tier 3	
SYNTHROID TAB 75MCG	Tier 3	
SYNTHROID TAB 88MCG	Tier 3	
SYNTHROID TAB 100MCG	Tier 3	
SYNTHROID TAB 112MCG	Tier 3	
SYNTHROID TAB 125MCG	Tier 3	
SYNTHROID TAB 137MCG	Tier 3	
SYNTHROID TAB 150MCG	Tier 3	
SYNTHROID TAB 175MCG	Tier 3	
SYNTHROID TAB 200MCG	Tier 3	
SYNTHROID TAB 300MCG	Tier 3	
<i>unithroid</i>	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
------------------	------------------	----------------------------

**VASOPRESSINS**

<i>desmopressin acetate inj 4 mcg/ml</i>	Tier 2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 2	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	Tier 2	
<i>desmopressin acetate tab 0.1 mg</i>	Tier 2	
<i>desmopressin acetate tab 0.2 mg</i>	Tier 2	

**GASTROINTESTINAL**

**ANTICHOLINERGICS**

<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	Tier 2	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	Tier 2	
<i>dicyclomine hcl cap 10 mg</i>	Tier 2	
<i>dicyclomine hcl inj 10 mg/ml</i>	Tier 2	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 2	
<i>dicyclomine hcl tab 20 mg</i>	Tier 2	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	Tier 2	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	Tier 2	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	Tier 2	
<i>glycopyrrolate tab 1 mg</i>	Tier 2	
<i>glycopyrrolate tab 2 mg</i>	Tier 2	
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>methscopolamine bromide tab 5 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older

**ANTIDIARRHEALS**

<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 2	
---	--------	--

**ANTIEMETICS**

<i>AKYNZEO CAP 300-0.5</i>	Tier 4	QL (2 caps every 28 days)
<i>aprepitant capsule 40 mg</i>	Tier 2	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	Tier 2	QL (4 caps every 28 days)
<i>aprepitant capsule 125 mg</i>	Tier 2	QL (2 caps every 28 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg compo</i>	Tier 2	QL (2 packs every 28 days)
<i>DRAMAMINE CHW 50MG</i>	Tier 1	OTC
<i>dramamine tab 25mg</i>	Tier 1	OTC
<i>DRAMAMINE TAB 50MG</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dronabinol cap 2.5 mg</i>	Tier 2	QL (60 caps every 30 days)
<i>dronabinol cap 5 mg</i>	Tier 2	QL (60 caps every 30 days)
<i>dronabinol cap 10 mg</i>	Tier 2	QL (60 caps every 30 days)
<i>granisetron hcl inj 1 mg/ml</i>	Tier 2	QL (2 mL every 28 days)
<i>granisetron hcl tab 1 mg</i>	Tier 2	QL (12 tabs every 28 days)
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	OTC
<i>meclizine hcl tab 12.5 mg</i>	Tier 2	
<i>meclizine hcl tab 25 mg</i>	Tier 2	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Tier 2	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	Tier 2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 2	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 2	
<i>motion sick chw 25mg</i>	Tier 1	OTC
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	Tier 2	QL (20 mL every 28 days)
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	Tier 2	QL (20 mL every 28 days)
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	Tier 2	QL (20 mL every 28 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 2	QL (200 mL every 28 days)
<i>ondansetron hcl tab 4 mg</i>	Tier 2	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 2	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 24 mg</i>	Tier 2	QL (2 tabs every 28 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 2	QL (18 tabs every 28 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 2	QL (18 tabs every 28 days)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 2	
<i>prochlorperazine suppos 25 mg</i>	Tier 2	
<i>promethazine hcl inj 25 mg/ml</i>	Tier 2	
<i>promethazine hcl inj 50 mg/ml</i>	Tier 2	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl suppos 12.5 mg</i>	Tier 2	
<i>promethazine hcl suppos 25 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 100  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl tab 12.5 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 25 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan</i>	Tier 2	
SANCUSO DIS 3.1MG	Tier 3	QL (2 patches every 28 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 2	
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 2	
VARUBI TAB 90MG	Tier 3	

### **ANTIPLATULENTS**

GAS-X CHW 80MG	Tier 1	OTC
PHAZYME CAP 180MG	Tier 1	OTC
<i>phazyme chw 125mg</i>	Tier 1	OTC
<i>simethicone dro 20/0.3ml</i>	Tier 1	OTC

### **H2-RECEPTOR ANTAGONISTS**

<i>cimetidine tab 200 mg</i>	Tier 2	
<i>cimetidine tab 300 mg</i>	Tier 2	
<i>cimetidine tab 400 mg</i>	Tier 2	
<i>cimetidine tab 800 mg</i>	Tier 2	
<i>famotidine for susp 40 mg/5ml</i>	Tier 2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 2	
<i>famotidine preservative free inj 20 mg/2ml</i>	Tier 2	
<i>famotidine tab 10 mg</i>	Tier 1	OTC
<i>famotidine tab 20 mg</i>	Tier 2	
<i>famotidine tab 40 mg</i>	Tier 2	
<i>nizatidine cap 150 mg</i>	Tier 2	
<i>nizatidine cap 300 mg</i>	Tier 2	

### **INFLAMMATORY BOWEL DISEASE**

<i>balsalazide disodium cap 750 mg</i>	Tier 2	
<i>budesonide delayed release particles cap 3 mg</i>	Tier 2	
<i>budesonide tab er 24hr 9 mg</i>	Tier 2	
DIPENTUM CAP 250MG	Tier 4	
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 2	
<i>mesalamine cap dr 400 mg</i>	Tier 2	
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 2	
<i>mesalamine enema 4 gm</i>	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	Tier 2	
<i>mesalamine suppos 1000 mg</i>	Tier 2	
<i>mesalamine tab delayed release 1.2 gm</i>	Tier 2	
<i>mesalamine tab delayed release 800 mg</i>	Tier 2	
<i>sulfasalazine tab 500 mg</i>	Tier 2	
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 2	
<b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>		
LINZESS CAP 72MCG	Tier 3	
LINZESS CAP 145MCG	Tier 3	
LINZESS CAP 290MCG	Tier 3	
<i>lubiprostone cap 8 mcg</i>	Tier 2	
<i>lubiprostone cap 24 mcg</i>	Tier 2	
<b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 2	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 2	PA
VIBERZI TAB 75MG	Tier 3	PA
VIBERZI TAB 100MG	Tier 3	PA
<b>LAXATIVES</b>		
CLENPIQ SOL	Tier 0	\$0 copay for members age 45 through 75, Tier 3 for all others
<i>enulose</i>	Tier 2	
<i>generlac</i>	Tier 2	
<i>lactulose solution 10 gm/15ml</i>	Tier 2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 2	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
PEG-PREP KIT	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Tier 2	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
SUFLAVE SOL	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUTAB TAB	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered

### **MISCELLANEOUS**

<i>cromolyn sodium oral conc 100 mg/5ml</i>	Tier 2	
<i>misoprostol tab 100 mcg</i>	Tier 2	
<i>misoprostol tab 200 mcg</i>	Tier 2	
MOVANTIK TAB 12.5MG	Tier 3	
MOVANTIK TAB 25MG	Tier 3	
SUCRAID SOL 8500/ML	Tier 4	PA, QL (354 mL every 30 days)
<i>sucralfate tab 1 gm</i>	Tier 2	
<i>ursodiol cap 300 mg</i>	Tier 2	
<i>ursodiol tab 250 mg</i>	Tier 2	
<i>ursodiol tab 500 mg</i>	Tier 2	

### **PANCREATIC ENZYMES**

CREON CAP 3000UNIT	Tier 3	PA
CREON CAP 6000UNIT	Tier 3	PA
CREON CAP 12000UNT	Tier 3	PA
CREON CAP 24000UNT	Tier 3	PA
CREON CAP 36000UNT	Tier 3	PA
VIOKACE TAB 10440	Tier 3	PA
VIOKACE TAB 20880	Tier 3	PA
ZENPEP CAP 3000UNIT	Tier 3	PA
ZENPEP CAP 5000UNIT	Tier 3	PA
ZENPEP CAP 10000UNT	Tier 3	PA
ZENPEP CAP 15000UNT	Tier 3	PA
ZENPEP CAP 20000UNT	Tier 3	PA
ZENPEP CAP 25000UNT	Tier 3	PA
ZENPEP CAP 40000UNT	Tier 3	PA
ZENPEP CAP 60000UNT	Tier 3	PA

### **PROTON PUMP INHIBITORS**

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 2	QL (90 caps every 365 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Tier 2	QL (90 caps every 365 days)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	Tier 2	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>lansoprazole cap delayed release 15 mg</i>	Tier 2	QL (90 caps every 365 days)
<i>lansoprazole cap delayed release 30 mg</i>	Tier 2	QL (90 caps every 365 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 103  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEXIUM GRA 2.5MG DR	Tier 4	QL (90 packets every 365 days); Covered for age less than 1 year only
NEXIUM GRA 5MG DR	Tier 4	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>omeprazole cap delayed release 10 mg</i>	Tier 2	QL (90 caps every 365 days)
<i>omeprazole cap delayed release 20 mg</i>	Tier 2	QL (90 caps every 365 days)
<i>omeprazole cap delayed release 40 mg</i>	Tier 2	QL (90 caps every 365 days)
<i>omeprazole delayed release tab 20 mg</i>	Tier 1	OTC
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	Tier 4	QL (90 packets every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	Tier 4	QL (90 packets every 365 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 2	QL (90 tabs every 365 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 2	QL (90 tabs every 365 days)
PRILOSEC OTC TAB 20MG	Tier 1	OTC
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 2	QL (90 tabs every 365 days)

### **RECTAL, CORTICOSTEROIDS**

<i>hydrocortisone perianal cream 1%</i>	Tier 2	
<i>hydrocortisone perianal cream 2.5%</i>	Tier 2	
<i>proctozone-hc</i>	Tier 2	

### **ULCER THERAPY COMBINATIONS**

<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	Tier 2	
<i>dual action chw complete</i>	Tier 1	OTC
HELIDAC MIS THERAPY	Tier 4	

### **GENITOURINARY**

#### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 2	
CARDURA XL TAB 4MG	Tier 4	ST; PA**
CARDURA XL TAB 8MG	Tier 4	ST; PA**
<i>doxazosin mesylate tab 1 mg</i>	Tier 2	
<i>doxazosin mesylate tab 2 mg</i>	Tier 2	
<i>doxazosin mesylate tab 4 mg</i>	Tier 2	
<i>doxazosin mesylate tab 8 mg</i>	Tier 2	
<i>dutasteride cap 0.5 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 104  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 2	
<i>finasteride tab 5 mg</i>	Tier 2	
<i>silodosin cap 4 mg</i>	Tier 2	
<i>silodosin cap 8 mg</i>	Tier 2	
<i>tadalafil tab 2.5 mg</i>	Tier 2	PA, QL (30 tabs every 30 days)
<i>tadalafil tab 5 mg</i>	Tier 2	PA, QL (30 tabs every 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 2	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 2	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 2	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 2	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 2	

### **CONTRACEPTIVES**

ENCARE SUP 100MG	Tier 0	OTC
GYNOL II GEL 3%	Tier 0	OTC
PHEXXI GEL	Tier 0	
TODAY SPONGE MIS	Tier 0	OTC
VCF VAGINAL GEL CONTRACE	Tier 0	OTC
VCF VAGINAL MIS CONTRACP	Tier 0	OTC

### **MISCELLANEOUS**

<i>bethanechol chloride tab 5 mg</i>	Tier 2	
<i>bethanechol chloride tab 10 mg</i>	Tier 2	
<i>bethanechol chloride tab 25 mg</i>	Tier 2	
<i>bethanechol chloride tab 50 mg</i>	Tier 2	
ELMIRON CAP 100MG	Tier 4	
<i>phenazopyridine tab 95mg</i>	Tier 2	OTC
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 2	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 2	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 2	

### **URINARY ANTISPASMODICS**

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 2	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 2	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	Tier 2	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	Tier 2	
GEMTESA TAB 75MG	Tier 4	
<i>mirabegron tab er 24 hr 25 mg</i>	Tier 2	
<i>mirabegron tab er 24 hr 50 mg</i>	Tier 2	
MYRBETRIQ SUS 8MG/ML	Tier 3	
MYRBETRIQ TAB 25MG	Tier 3	
MYRBETRIQ TAB 50MG	Tier 3	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 105  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxybutynin chloride solution 5 mg/5ml</i>	Tier 2	
<i>oxybutynin chloride tab 5 mg</i>	Tier 2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 2	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 2	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 2	
<i>solifenacin succinate tab 5 mg</i>	Tier 2	
<i>solifenacin succinate tab 10 mg</i>	Tier 2	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	Tier 2	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	Tier 2	
<i>tolterodine tartrate tab 1 mg</i>	Tier 2	
<i>tolterodine tartrate tab 2 mg</i>	Tier 2	
<i>tropium chloride cap er 24hr 60 mg</i>	Tier 2	
<i>tropium chloride tab 20 mg</i>	Tier 2	

### **VAGINAL ANTI-INFECTIVES**

<i>CLEOCIN SUP 100MG</i>	Tier 3	
<i>clindamycin phosphate vaginal cream 2%</i>	Tier 2	
<i>3 day vaginal cre 4%</i>	Tier 1	OTC
<i>GYNAZOLE-1 CRE 2%</i>	Tier 4	
<i>GYNE-LOTRIM CRE 1% VAG</i>	Tier 1	OTC
<i>GYNE-LOTRIMI CRE 3</i>	Tier 1	OTC
<i>metronidazole vaginal gel 0.75%</i>	Tier 2	
<i>miconazole 1 kit 1200-2%</i>	Tier 1	OTC
<i>miconazole 3</i>	Tier 2	
<i>miconazole 7 cre tube/kit</i>	Tier 1	OTC
<i>miconazole 7 sup 100mg</i>	Tier 1	OTC
<i>terconazole vaginal cream 0.4%</i>	Tier 2	
<i>terconazole vaginal cream 0.8%</i>	Tier 2	
<i>terconazole vaginal suppos 80 mg</i>	Tier 2	
<i>VAGISTAT-1 OIN 6.5% VAG</i>	Tier 1	OTC
<i>vagistat-3 kit combo pk</i>	Tier 1	OTC

### **HEMATOLOGIC**

#### **ANTICOAGULANTS**

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	Tier 2	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	Tier 2	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	Tier 2	
<i>ELIQUIS ST P TAB 5MG</i>	Tier 3	
<i>ELIQUIS TAB 2.5MG</i>	Tier 3	
<i>ELIQUIS TAB 5MG</i>	Tier 3	
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Tier 2	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Tier 2	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Tier 2	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	Tier 2	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	Tier 2	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	Tier 2	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	Tier 2	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 2	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 2	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 2	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 2	
FRAGMIN INJ 2500/0.2	Tier 4	
FRAGMIN INJ 2500/ML	Tier 4	
FRAGMIN INJ 5000/0.2	Tier 4	
FRAGMIN INJ 7500/0.3	Tier 4	
FRAGMIN INJ 10000/ML	Tier 4	
FRAGMIN INJ 12500UNT	Tier 4	
FRAGMIN INJ 15000UNT	Tier 4	
FRAGMIN INJ 18000UNT	Tier 4	
FRAGMIN INJ 95000UNT	Tier 4	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 2	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	Tier 2	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 2	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	Tier 2	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	Tier 2	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 2	
<i>jantoven</i>	Tier 2	
PRADAXA CAP 75MG	Tier 4	
<i>warfarin sodium tab 1 mg</i>	Tier 2	
<i>warfarin sodium tab 2 mg</i>	Tier 2	
<i>warfarin sodium tab 2.5 mg</i>	Tier 2	
<i>warfarin sodium tab 3 mg</i>	Tier 2	
<i>warfarin sodium tab 4 mg</i>	Tier 2	
<i>warfarin sodium tab 5 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 107  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
warfarin sodium tab 6 mg	Tier 2	
warfarin sodium tab 7.5 mg	Tier 2	
warfarin sodium tab 10 mg	Tier 2	
XARELTO STAR TAB 15/20MG	Tier 3	
XARELTO SUS 1MG/ML	Tier 3	
XARELTO TAB 2.5MG	Tier 3	
XARELTO TAB 10MG	Tier 3	
XARELTO TAB 15MG	Tier 3	
XARELTO TAB 20MG	Tier 3	

### **HEMATOPOIETIC GROWTH FACTORS**

ARANESP INJ 10MCG	Tier 5	PA
ARANESP INJ 25MCG	Tier 5	PA
ARANESP INJ 40MCG	Tier 5	PA
ARANESP INJ 60MCG	Tier 5	PA
ARANESP INJ 100MCG	Tier 5	PA
ARANESP INJ 150MCG	Tier 5	PA
ARANESP INJ 200MCG	Tier 5	PA
ARANESP INJ 300MCG	Tier 5	PA
ARANESP INJ 500MCG	Tier 5	PA
FYLNETRA INJ 6MG/0.6	Tier 5	PA, QL (2 syringes every 28 days)
MIRCERA INJ 30MCG	Tier 5	PA
MIRCERA INJ 50MCG	Tier 5	PA
MIRCERA INJ 75MCG	Tier 5	PA
MIRCERA INJ 100MCG	Tier 5	PA
MIRCERA INJ 120MCG	Tier 5	PA
MIRCERA INJ 150MCG	Tier 5	PA
MIRCERA INJ 200MCG	Tier 5	PA
NIVESTYM INJ 300/0.5	Tier 5	PA
NIVESTYM INJ 300MCG	Tier 5	PA
NIVESTYM INJ 480/0.8	Tier 5	PA
NIVESTYM INJ 480MCG	Tier 5	PA
NYVEPRIA INJ 6/0.6ML	Tier 5	PA, QL (2 syringes every 28 days)
RETACRIT INJ 2000UNIT	Tier 5	PA
RETACRIT INJ 3000UNIT	Tier 5	PA
RETACRIT INJ 4000UNIT	Tier 5	PA
RETACRIT INJ 10000UNT	Tier 5	PA
RETACRIT INJ 20000UNI	Tier 5	PA
RETACRIT INJ 40000UNT	Tier 5	PA

### **HEMOPHILIA A AGENTS**

HEMLIBRA INJ 30MG/ML	Tier 6	PA
HEMLIBRA INJ 60/0.4	Tier 6	PA

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 108  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HEMLIBRA INJ 105/0.7	Tier 6	PA
HEMLIBRA INJ 150/ML	Tier 6	PA
HEMLIBRA INJ 300/2ML	Tier 6	PA
HEMLIBRA SOL 12/0.4ML	Tier 6	PA

### **MISCELLANEOUS**

<i>anagrelide hcl cap 0.5 mg</i>	Tier 2	
<i>anagrelide hcl cap 1 mg</i>	Tier 2	
<i>cilostazol tab 50 mg</i>	Tier 2	
<i>cilostazol tab 100 mg</i>	Tier 2	
DROXIA CAP 200MG	Tier 3	
DROXIA CAP 300MG	Tier 3	
DROXIA CAP 400MG	Tier 3	
<i>pentoxifylline tab er 400 mg</i>	Tier 2	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	Tier 2	
<i>tranexamic acid tab 650 mg</i>	Tier 2	

### **PLATELET AGGREGATION INHIBITORS**

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 2	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	Tier 2	
<i>dipyridamole tab 25 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 2	
YOSPRALA TAB 81-40MG	Tier 4	
YOSPRALA TAB 325-40MG	Tier 4	

### **THROMBOCYTOPENIA AGENTS**

DOPTELET TAB 20MG (10 TABLETS)	Tier 5	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS)	Tier 5	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS)	Tier 5	PA, QL (2 cartons every 30 days)

### **HEMATOPOIETIC AGENTS**

#### **COBALAMINS**

<i>cyanocobalamin sl tab 500 mcg</i>	Tier 1	OTC
--------------------------------------	--------	-----

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 109  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyanocobalamin sl tab 1000 mcg</i>	Tier 1	OTC
<i>vitamin b-12 tab 100mcg</i>	Tier 1	OTC
<i>vitamin b-12 tab 250mcg</i>	Tier 1	OTC
<i>vitamin b-12 tab 500mcg</i>	Tier 1	OTC
<i>vitamin b-12 tab 1000mcg</i>	Tier 1	OTC

### **IRON**

FER-IN-SOL DRO 15MG/ML	Tier 0	OTC
<i>ferate tab 27mg</i>	Tier 1	OTC
FERRETTTS TAB 325MG	Tier 1	OTC
<i>ferrocite tab 324mg</i>	Tier 1	OTC
FERROUS GLUC TAB 324MG	Tier 1	OTC
FERROUS SUL LIQ 220/5ML	Tier 0	OTC
FERROUS SULF TAB 140MG	Tier 1	OTC
FERROUS SULF TAB 324MG EC	Tier 1	OTC
<i>ferrous sulf tab 325mg</i>	Tier 1	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Tier 0	OTC
<i>ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)</i>	Tier 0	OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Tier 1	OTC
IRON CHW PEDIATRI	Tier 1	OTC
<i>nu-iron 150 cap 150mg</i>	Tier 1	OTC

### **IMMUNOLOGIC AGENTS**

#### **AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)**

ACTEMRA INJ 80MG/4ML	Tier 6	ST, PA, QL (20 vials every 28 days)
ACTEMRA INJ 200/10ML	Tier 6	ST, PA, QL (8 vials every 28 days)
ACTEMRA INJ 400/20ML	Tier 6	ST, PA, QL (4 vials every 28 days)
INFLIXIMAB INJ 100MG	Tier 5	PA, QL (5 vials every 42 days)
SIMPONI ARIA SOL 50MG/4ML	Tier 6	PA, QL (200 mg every 8 weeks)
SKYRIZI SOL 60MG/ML	Tier 5	PA, QL (6 vials every 56 days)

#### **AUTOIMMUNE AGENTS (SELF-ADMINISTERED)**

ACTEMRA INJ 162/0.9	Tier 6	ST, PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	Tier 5	PA, QL (4 auto-injectors every 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADALIMU-ADAZ INJ 40/0.4ML	Tier 5	PA, QL (4 syringes every 28 days)
COSENTYX INJ 75MG/0.5	Tier 5	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	Tier 5	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE	Tier 5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	Tier 5	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	Tier 5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML	Tier 5	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
ENBREL INJ 25/0.5ML	Tier 5	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	Tier 5	PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	Tier 5	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENBREL MINI INJ 50MG/ML	Tier 5	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	Tier 5	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA INJ 10/0.1ML	Tier 5	PA, QL (2 injections every 28 days)
HUMIRA INJ 20/0.2ML	Tier 5	PA, QL (4 injections every 28 days)
HUMIRA INJ 40/0.4ML	Tier 5	PA, QL (4 injections every 28 days)
HUMIRA KIT 40MG/0.8	Tier 5	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	Tier 5	PA, QL (Starter pack - initial dose only); (80mg and 40mg dual strength kit)
HUMIRA PEDIA INJ CROHNS	Tier 5	PA, QL (Starter pack - initial dose only); (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML	Tier 5	PA, QL (4 injections every 28 days)
HUMIRA PEN INJ 40MG/0.8	Tier 5	PA, QL (4 pens every 28 days)
HUMIRA PEN INJ 80/0.8ML	Tier 5	PA, QL (2 pens every 28 days)
HUMIRA PEN KIT PS/UV	Tier 5	PA, QL (Starter pack - initial dose only)
HYRIMOZ INJ 10/0.1ML	Tier 5	PA, QL (2 syringes every 28 days)
HYRIMOZ INJ 20/0.2ML	Tier 5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.4ML	Tier 5	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ INJ 40/0.4ML	Tier 5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.8ML	Tier 5	PA, QL (4 auto-injectors every 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYRIMOZ INJ 40/0.8ML	Tier 5	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 80/0.8ML	Tier 5	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SENS INJ 80/0.8ML	Tier 5	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SENS INJ 80/0.8ML	Tier 5	PA, QL (Starter pack - initial dose only)
HYRIMOZ-CROH INJ UC SP	Tier 5	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PED INJ CROHNS	Tier 5	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PLAQ INJ PSOR/UVE	Tier 5	PA, QL (Starter pack - initial dose only)
KEVZARA INJ 150/1.14	Tier 5	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 150/1.14	Tier 5	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	Tier 5	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	Tier 5	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
OTEZLA TAB 10/20	Tier 5	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	Tier 5	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 20MG	Tier 5	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	Tier 5	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RINVOQ LQ SOL 1MG/ML	Tier 5	PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis
RINVOQ TAB 15MG ER	Tier 5	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis.
RINVOQ TAB 30MG ER	Tier 5	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.
RINVOQ TAB 45MG ER	Tier 5	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	Tier 6	ST, PA, QL (1 injection every 28 days)
SIMPONI INJ 100MG/ML	Tier 6	ST, PA, QL (1 injection every 28 days)
SKYRIZI INJ 150MG/ML	Tier 5	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI INJ 180/1.2	Tier 5	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI INJ 360/2.4	Tier 5	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI PEN INJ 150MG/ML	Tier 5	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA INJ 45MG/0.5	Tier 5	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STELARA INJ 45MG/0.5	Tier 5	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 90MG/ML	Tier 5	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ INJ 20/0.25	Tier 5	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TALTZ INJ 40/0.5ML	Tier 5	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TALTZ INJ 80MG/ML	Tier 5	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	Tier 5	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis
XELJANZ SOL 1MG/ML	Tier 5	PA, QL (240 mL every 24 days)
XELJANZ TAB 5MG	Tier 5	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TAB 10MG	Tier 5	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
XELJANZ XR TAB 11MG	Tier 5	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ XR TAB 22MG	Tier 5	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 2	
<i>leflunomide tab 10 mg</i>	Tier 2	
<i>leflunomide tab 20 mg</i>	Tier 2	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 2	
<b>HEREDITARY ANGIOEDEMA</b>		
HAEGARDA INJ 2000UNIT	Tier 6	PA, QL (20 vials every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 115  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HAEGARDA INJ 3000UNIT	Tier 6	PA, QL (20 vials every 30 days)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	Tier 5	PA, QL (45 syringes every 90 days)

### **IMMUNOGLOBULIN**

CUTAQUIG SOL 1.65GM	Tier 5	PA
CUTAQUIG SOL 1GM	Tier 5	PA
CUTAQUIG SOL 2GM	Tier 5	PA
CUTAQUIG SOL 3.3GM	Tier 5	PA
CUTAQUIG SOL 4GM	Tier 5	PA
CUTAQUIG SOL 8GM	Tier 5	PA

### **IMMUNOMODULATORS**

ACTIMMUNE INJ 2MU/0.5	Tier 6	PA
ARCALYST INJ 220MG	Tier 5	PA, QL (8 vials every 28 days)

### **IMMUNOSUPPRESSANTS**

ASTAGRAF XL CAP 0.5MG	Tier 4	
ASTAGRAF XL CAP 1MG	Tier 4	
ASTAGRAF XL CAP 5MG	Tier 4	
<i>azathioprine tab 50 mg</i>	Tier 2	
<i>azathioprine tab 75 mg</i>	Tier 2	
<i>azathioprine tab 100 mg</i>	Tier 2	
CELLCEPT CAP 250MG	Tier 4	
CELLCEPT IV INJ 500MG	Tier 4	
CELLCEPT SUS 200MG/ML	Tier 4	
CELLCEPT TAB 500MG	Tier 4	
<i>cyclosporine cap 25 mg</i>	Tier 2	
<i>cyclosporine cap 100 mg</i>	Tier 2	
<i>cyclosporine iv soln 50 mg/ml</i>	Tier 2	
<i>cyclosporine modified cap 25 mg</i>	Tier 2	
<i>cyclosporine modified cap 50 mg</i>	Tier 2	
<i>cyclosporine modified cap 100 mg</i>	Tier 2	
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 2	
ENVARUSUS XR TAB 0.75MG	Tier 4	
ENVARUSUS XR TAB 1MG	Tier 4	
ENVARUSUS XR TAB 4MG	Tier 4	
<i>everolimus tab 0.5 mg</i>	Tier 2	
<i>everolimus tab 0.25 mg</i>	Tier 2	
<i>everolimus tab 0.75 mg</i>	Tier 2	
<i>everolimus tab 1 mg</i>	Tier 2	
<i>gengraf</i>	Tier 2	
<i>mycophenolate mofetil cap 250 mg</i>	Tier 2	

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

### **MISCELLANEOUS**

BEYFORTUS INJ 50/0.5ML	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
------------------------	--------	---

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 117  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BEYFORTUS INJ 100MG/ML	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered

### **VACCINES**

ABRYSVO INJ	Tier 0	
AREXVY INJ 120MCG	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
BEXSERO INJ	Tier 0	
BOOSTRIX INJ	Tier 0	
CAPVAXIVE INJ 0.5ML	Tier 0	
COMIRNATY INJ 30/0.3ML	Tier 0	
COMIRNATY INJ 2024-25	Tier 0	
DENGVAXIA SUS	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10/0.5ML	Tier 0	
ENGERIX-B INJ 20MCG/ML	Tier 0	
FLUMIST	Tier 0	
GARDASIL 9 INJ	Tier 0	
HAVRIX INJ 720UNIT	Tier 0	
HAVRIX INJ 1440UNIT	Tier 0	
HIBERIX SOL 10MCG	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
INFLUENZA VACCINE	Tier 0	
IPOL INJ INACTIVE	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
JYNNEOS INJ	Tier 0	
KINRIX INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
MENQUADFI INJ	Tier 0	
MENVEO INJ	Tier 0	
MENVEO SOL	Tier 0	
MODERNA INJ 6MO-11Y	Tier 0	
MODERNA INJ 2024-25	Tier 0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MRESVIA INJ 50MCG	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
NOVAVAX INJ 2023-24	Tier 0	
NOVAVAX INJ 2024-25	Tier 0	
PENBRAYA INJ	Tier 0	
PENTACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER 5-11Y INJ 2023-24	Tier 0	
PFIZER 6M-4Y INJ 2023-24	Tier 0	
PNEUMOVAX 23 INJ 25/0.5	Tier 0	
PREHEVBRIO SUS 10MCG/ML	Tier 0	
PREVNAR 20 INJ	Tier 0	
PRIORIX INJ	Tier 0	
PROQUAD INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVA HB INJ 5MCG/0.5	Tier 0	
RECOMBIVA HB INJ 10MCG/ML	Tier 0	
ROTARIX SUS	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX INJ 50/0.5ML	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX INJ 50/0.5ML	Tier 0	
TWINRIX INJ	Tier 0	\$0 copay for members age 18 and older, otherwise not covered
VAXELIS INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	Tier 0	



Drug Name	Drug Tier	Requirements/Limits
<b>LAXATIVES</b>		
<b>BULK LAXATIVES</b>		
CITRUCEL POW ORANGE	Tier 1	OTC
CITRUCEL TAB 500MG	Tier 1	OTC
<i>corn dextrin oral powder</i>	Tier 1	OTC
<i>fiber oral powder</i>	Tier 1	OTC
FIBERCON TAB 625MG	Tier 1	OTC
<i>konsyl daily pow 28.3%</i>	Tier 1	OTC
<i>naturl fiber pow 58.6%</i>	Tier 1	OTC
<i>wal-mucil pow 43%</i>	Tier 1	OTC
<b>LAXATIVE COMBINATIONS</b>		
CLENPIQ SOL	Tier 0	\$0 copay for members age 45 through 75, Tier 3 for all others
<i>easy-lax pls tab 8.6-50mg</i>	Tier 1	OTC
<i>gavilyte-c</i>	Tier 2	
<i>gavilyte-g</i>	Tier 2	
PLENVU SOL	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>clearlax pow</i>	Tier 1	OTC
GLYCERIN SUP 2GM	Tier 1	OTC
<b>LUBRICANT LAXATIVES</b>		
<i>mineral oil</i>	Tier 1	OTC
<b>SALINE LAXATIVES</b>		
FLEET ENE ENEMA	Tier 1	OTC
<i>magnesium citrate soln</i>	Tier 1	OTC
<i>milk of magn sus frsh mnt</i>	Tier 1	OTC
OSMOPREP TAB 1.5GM	Tier 4	
<b>STIMULANT LAXATIVES</b>		
<i>ex-lax ultra tab 5mg ec</i>	Tier 1	OTC
<i>gentle laxat sup 10mg</i>	Tier 1	OTC
<i>senexon liq 8.8mg/5</i>	Tier 1	OTC
<i>senna tab 8.6mg</i>	Tier 1	OTC
<b>SURFACTANT LAXATIVES</b>		
<i>diocto syp 60/15ml</i>	Tier 1	OTC
<i>docusate calcium cap 240 mg</i>	Tier 1	OTC
<i>docusate sodium cap 250 mg</i>	Tier 1	OTC
<i>docusate sodium liquid 150 mg/15ml</i>	Tier 1	OTC
<i>stool softnr cap 100mg</i>	Tier 1	OTC

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 120  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

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

**MEDICAL DEVICES AND SUPPLIES**

**CONTRACEPTIVES**

CAYA DPR	Tier 0	QL (1 every 300 days)
FEMCAP MIS 22MM	Tier 0	QL (1 every 300 days)
FEMCAP MIS 26MM	Tier 0	QL (1 every 300 days)
FEMCAP MIS 30MM	Tier 0	QL (1 every 300 days)
OMNIFLEX DPR	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 60	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 65	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 70	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 75	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 80	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 85	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 90	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 95	Tier 0	QL (1 every 300 days)

**DIABETIC SUPPLIES**

ACCU-CHEK BLOOD GLUCOSE TEST KITS	Tier 3	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	Tier 3	QL (204 Test Strips every 25 days), OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	Tier 3	QL (204 Test Strips every 30 days), OTC
AUTOLET LITE KIT STARTER	Tier 1	OTC
BAYER MICRLT MIS LANC DVC	Tier 1	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	Tier 3	OTC
FINGERSTIX MIS LANCETS	Tier 1	OTC
FREESTY LIBR KIT 2 SENSOR	Tier 3	QL (6 per 71 days)
FREESTY LIBR KIT 3 SENSOR	Tier 3	QL (6 per 71 days)
FREESTY LIBR KIT SENSOR	Tier 3	QL (6 per 71 days)
FREESTY LIBR MIS 2 READER	Tier 3	
FREESTY LIBR MIS READER	Tier 3	
FREESTYLE MIS READER	Tier 3	
GLUCOSE URINE TEST STRIPS	Tier 3	OTC
INSULIN PEN NEEDLES	Tier 3	OTC
INSULIN PEN NEEDLES/SYRINGES	Tier 3	OTC
KETONE URINE TEST STRIPS	Tier 3	OTC
LANCING DEVICE	Tier 3	OTC
MULTISTIX 10 TES SG	Tier 1	OTC
URIN-TEK KIT	Tier 1	OTC
URINE GLUCOSE MONITORING SUPPLIES	Tier 3	OTC
URINE TEST STRIPS	Tier 3	OTC

**DIAGNOSTIC TESTS**

ALBUSTIX TES	Tier 1	OTC
--------------	--------	-----

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RELION KETON TES	Tier 1	OTC
URINE TEST STRIPS	Tier 1	OTC

### **MISC. DEVICES**

ALCOHOL SWAB PAD 70%	Tier 1	OTC
----------------------	--------	-----

### **MISCELLANEOUS**

NORDIPEN 5 MIS DEVICE	Tier 3	
NORDIPEN DEL MIS SYSTEM	Tier 3	OTC
PEDIATRIC RESPIRATORY MASK	Tier 3	OTC

### **PARENTERAL THERAPY SUPPLIES**

BULB IRR SYR MIS 60ML	Tier 1	OTC
HYPO NEEDLE MIS 23GX1"	Tier 1	OTC
HYPO NEEDLE MIS 25GX5/8"	Tier 1	OTC
INSULIN PEN NEEDLES/SYRINGES	Tier 1	OTC
3ML LUER LOC MIS 22GX1"	Tier 1	OTC
3ML LUER LOC MIS 25GX1"	Tier 1	OTC
3ML LUER LOC MIS 25GX5/8"	Tier 1	OTC
MONOJECT S/P MIS 35ML/REG	Tier 1	OTC
1ML SYRINGE MIS 25GX5/8"	Tier 1	OTC
3ML SYRINGE MIS LUER LOK	Tier 1	OTC
12ML SYRINGE MIS REG LUER	Tier 1	OTC

### **MINERALS & ELECTROLYTES**

#### **CALCIUM**

CA CITRATE TAB 250MG	Tier 1	OTC
CA GLUCONATE TAB 50MG	Tier 1	OTC
CA LACTATE TAB 100MG	Tier 1	OTC
CALCI-CHEW CHW 1250MG	Tier 1	OTC
<i>calcitrate tab 950mg</i>	Tier 1	OTC
<i>calcium 600 tab</i>	Tier 1	OTC
<i>calcium 600+d</i>	Tier 1	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i>	Tier 1	OTC
CALCIUM CIT TAB 1040MG	Tier 1	OTC
<i>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)</i>	Tier 1	OTC
<i>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</i>	Tier 1	OTC
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	Tier 1	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit</i>	Tier 1	OTC
CALCIUM GLUC TAB 500MG	Tier 1	OTC

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 122  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CALCIUM LACT TAB 648MG	Tier 1	OTC
CALCIUM LACT TAB 750MG	Tier 1	OTC
CALCIUM SOFT CHW CHOCOLAT	Tier 1	OTC
<i>calcium soft chw mlk choc</i>	Tier 1	OTC
CALCIUM TAB 333MG	Tier 1	OTC
CALCIUM/D3 WAF	Tier 1	OTC
<i>calcium/d chw 500-400</i>	Tier 1	OTC
CALTRATE +D3 TAB 600-800	Tier 1	OTC
<i>os-cal + d3 tab 500-200</i>	Tier 1	OTC
<i>oyst shell/d tab 500mg</i>	Tier 1	OTC
<b>MAGNESIUM</b>		
<i>magnesium oxide tab 250 mg (mg supplement)</i>	Tier 1	OTC
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
<i>b-complex vitamin tab</i>	Tier 1	OTC
<b>B-COMPLEX W/ C</b>		
<i>bee zee tab</i>	Tier 1	OTC
<b>B-COMPLEX W/ FOLIC ACID</b>		
<i>b-100 complx tab</i>	Tier 1	OTC
B-COMPLEX TAB C/FA/BIO	Tier 1	OTC
<i>kobee tab</i>	Tier 1	OTC
<i>reno cap</i>	Tier 1	OTC
<b>MULTIPLE VITAMINS W/ IRON</b>		
<i>daily-vite/ tab iron</i>	Tier 1	OTC
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
CENTRUM CHW VITAMINT	Tier 1	OTC
CENTRUM LIQ	Tier 1	OTC
CENTRUM TAB SILVER	Tier 1	OTC
<b>MULTIVITAMINS</b>		
<i>therapeutic tab</i>	Tier 1	OTC
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
CENTRUM KIDS CHW	Tier 1	OTC
<i>gummy vit/ chw minerals</i>	Tier 1	OTC
HEALTHY KIDS CHW GUMMIES	Tier 1	OTC
<i>multivitamin dro pediatrc</i>	Tier 1	OTC
NANOVM T/F POW	Tier 1	OTC
<b>PED MV W/ IRON</b>		
POLY-VI-SOL SOL IRON	Tier 1	OTC
<i>vite/iron chw children</i>	Tier 1	OTC
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
<i>chewabl vite chw childrns</i>	Tier 1	OTC

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 123  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
POLY-VI-SOL SOL 50MG/ML	Tier 1	OTC
<b>PEDIATRIC VITAMINS</b>		
TRI-VI-SOL SOL A/C/D	Tier 1	OTC
<i>tri-vitamin dro</i>	Tier 1	OTC
TRI-VITAMIN DRO	Tier 1	OTC
<b>PRENATAL VITAMINS</b>		
ALIVE PRENAT CHW DAILY SU	Tier 3	OTC
ATABEX CHW PRENATAL	Tier 3	OTC
BE WELL PAK ROUNDED	Tier 3	OTC
BRAINSTRONG MIS PRENATAL	Tier 3	OTC
CADEAU DHA CAP	Tier 3	OTC
CALNA TAB	Tier 3	OTC
CENTRUM SPEC PAK PRENATAL	Tier 3	OTC
COMP PRNATAL MIS DHA	Tier 3	OTC
CVS PRENATAL CHW GUMMY	Tier 3	OTC
<i>elite-ob</i>	Tier 2	
ENFAMIL MIS EXPECTA	Tier 3	OTC
EZFE FORTE CAP	Tier 3	OTC
KPN PRENATAL TAB	Tier 3	OTC
MTERYTI TAB	Tier 3	OTC
MTERYTI TAB FOLIC 5	Tier 3	OTC
NUTRICION TAB PORVIDA	Tier 3	OTC
NUTRIENTS TAB PRENATAL	Tier 3	OTC
OBTREX DHA PAK	Tier 3	OTC
OBTREX TAB	Tier 3	OTC
ONE A DAY CAP PRENATAL	Tier 3	OTC
ONE A DAY MIS PRENATAL	Tier 3	OTC
PERRY PRENAT CAP	Tier 3	OTC
PRENATAL 1 CAP	Tier 3	OTC
PRENATAL CAP FORMULA	Tier 3	OTC
PRENATAL CAP OMEGA-3	Tier 3	OTC
PRENATAL DHA PAK MULTI	Tier 3	OTC
PRENATAL FRM TAB A-FREE	Tier 3	OTC
PRENATAL GUM CHW 0.4-32.5	Tier 3	OTC
PRENATAL MUL CAP +DHA	Tier 3	OTC
PRENATAL MUL CAP DHA	Tier 3	OTC
PRENATAL MULTIVITAMINS	Tier 1	OTC
PRENATAL TAB	Tier 3	OTC
PRENATAL TAB 27-0.8MG	Tier 1	OTC
PRENATAL TAB COMPLETE	Tier 3	OTC
PRENATAL TAB FORMULA	Tier 3	OTC
PRENATAL+DHA MIS	Tier 3	OTC

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 124

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRENATL MULT CAP + DHA	Tier 3	OTC
SM ONE DAILY MIS PRENATAL	Tier 1	OTC
STUART ONE CAP	Tier 3	OTC
THERANATAL CAP ONE	Tier 3	OTC
THERANATAL MIS COMPLETE	Tier 3	OTC
THERANATAL PAK OVAVITE	Tier 3	OTC
THERANATAL TAB 27-1	Tier 3	OTC
VINATE CARE CHW 40-1MG	Tier 3	OTC

### **VITAMIN MIXTURES**

<i>cod liver oil cap</i>	Tier 1	OTC
--------------------------	--------	-----

### **NUTRITIONAL/SUPPLEMENTS**

#### **ELECTROLYTE MIXTURES**

<i>rehydralyte sol</i>	Tier 1	OTC
------------------------	--------	-----

#### **ELECTROLYTES**

<i>effer-k</i>	Tier 2	
<i>fluoritab</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>klor-con 8</i>	Tier 2	
<i>klor-con 10</i>	Tier 2	
<i>klor-con m15</i>	Tier 2	
MAGNESIUM GL TAB 500MG	Tier 1	OTC
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	Tier 1	OTC
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Tier 1	OTC
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	Tier 2	
<i>magnesium sulfate inj 50%</i>	Tier 2	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	Tier 2	
<i>magnesium tab 250mg</i>	Tier 1	OTC
<i>monoject sodium chloride</i>	Tier 2	
<i>nafrinse drops</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
PHOS-NAK POW CONCENTR	Tier 1	OTC
<i>potassium chloride cap er 8 meq</i>	Tier 2	
<i>potassium chloride cap er 10 meq</i>	Tier 2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 125  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 2	
<i>potassium chloride tab er 10 meq</i>	Tier 2	
<i>potassium chloride tab er 15 meq</i>	Tier 2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 2	
<b>SLOW-MAG TAB</b>	Tier 1	OTC
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	Tier 2	
<i>sodium chloride tab 1 gm</i>	Tier 1	OTC
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Tier 2	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	Tier 2	
<b>IV REPLACEMENT SOLUTIONS</b>		
<i>potassium chloride inj 2 meq/ml</i>	Tier 2	
<i>sodium chloride iv soln 0.9%</i>	Tier 2	
<i>sodium chloride iv soln 0.45%</i>	Tier 2	
<i>sodium chloride iv soln 3%</i>	Tier 2	
<i>sodium chloride iv soln 5%</i>	Tier 2	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	Tier 2	
<b>LIPIDS</b>		
MCT OIL	Tier 1	OTC
<b>MINERAL COMBINATIONS</b>		
CALC CHEWABL CHW 600 PLUS	Tier 1	OTC
<b>MISC. NUTRITIONAL SUBSTANCES</b>		
<i>omega-3 fish cap 1200mg</i>	Tier 1	OTC
<i>sea-omega 50 cap 1000mg</i>	Tier 1	OTC
<b>PRENATAL VITAMINS</b>		
<i>inatal gt</i>	Tier 2	
<i>pnv-dha</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 126  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pnv-select</i>	Tier 2	
<i>prenatal 19</i>	Tier 2	
<i>trinate</i>	Tier 2	
<b>PROTEINS</b>		
L-CARNITINE TAB 500MG	Tier 1	OTC
<i>levocarnitine cap 250 mg</i>	Tier 1	OTC
<b>TRACE MINERALS</b>		
<i>orazinc cap 220mg</i>	Tier 1	OTC
<i>selenium tab 200 mcg</i>	Tier 1	OTC
<i>zinc gluconate tab 50 mg (elemental zn)</i>	Tier 1	OTC
<b>VITAMINS</b>		
<i>calcitriol cap 0.5 mcg</i>	Tier 2	
<i>calcitriol cap 0.25 mcg</i>	Tier 2	
<i>calcitriol oral soln 1 mcg/ml</i>	Tier 2	
<i>doxercalciferol cap 0.5 mcg</i>	Tier 2	
<i>doxercalciferol cap 1 mcg</i>	Tier 2	
<i>doxercalciferol cap 2.5 mcg</i>	Tier 2	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 2	
<i>folic acid cap 0.8 mg</i>	Tier 0	QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 1 mg</i>	Tier 2	
<i>folic acid tab 400 mcg</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 800 mcg</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>multi-vitamin/fluoride dr</i>	Tier 2	
<i>multi-vitamin/fluoride/ir</i>	Tier 2	
<i>multivitamin/fluoride</i>	Tier 2	
<i>paricalcitol cap 1 mcg</i>	Tier 2	
<i>paricalcitol cap 2 mcg</i>	Tier 2	
<i>paricalcitol cap 4 mcg</i>	Tier 2	
<i>phytonadione tab 5 mg</i>	Tier 2	
<i>tri-vite/fluoride</i>	Tier 2	
<i>vitamin b-12 injection</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 127  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 2	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 2	
TOBRADEX OIN 0.3-0.1%	Tier 3	
TOBRADEX ST SUS 0.3-0.05	Tier 3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 2	
ZYLET SUS 0.5-0.3%	Tier 4	
<b>ANTI-INFECTIVES</b>		
AZASITE SOL 1%	Tier 3	
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 2	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 2	
BESIVANCE SUS 0.6%	Tier 4	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 2	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 2	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 2	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 2	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	Tier 2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 2	
NATACYN SUS 5% OP	Tier 3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 2	
<i>ofloxacin ophth soln 0.3%</i>	Tier 2	
<i>polycin</i>	Tier 2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 2	
<i>sulfacetamide sodium ophth oint 10%</i>	Tier 2	
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 2	
<i>tobramycin ophth soln 0.3%</i>	Tier 2	
<i>trifluridine ophth soln 1%</i>	Tier 2	
ZIRGAN GEL 0.15%	Tier 4	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 128

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-INFLAMMATORIES</b>		
ACUVAIL SOL 0.45%	Tier 3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Tier 2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 2	
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 2	
<i>difluprednate ophth emulsion 0.05%</i>	Tier 2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 2	
ILEVRO DRO 0.3% OP	Tier 3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 2	
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 2	
NEVANAC SUS 0.1% OP	Tier 3	
PRED SOD PHO SOL 1% OP	Tier 3	
<i>prednisolone acetate ophth susp 1%</i>	Tier 2	
<b>ANTIALLERGICS</b>		
ALOCRI SOL 2%	Tier 4	
ALOMIDE SOL 0.1% OP	Tier 4	
<i>azelastine hcl ophth soln 0.05%</i>	Tier 2	
<i>bepotastine besilate ophth soln 1.5%</i>	Tier 2	
<i>cromolyn sodium ophth soln 4%</i>	Tier 2	
<i>epinastine hcl ophth soln 0.05%</i>	Tier 2	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 2	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 2	
ZADITOR DRO 0.035%OP	Tier 1	OTC
ZERVIA DRO 0.24%	Tier 4	
<b>ANTIGLAUCOMA</b>		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 2	
<i>betaxolol hcl ophth soln 0.5%</i>	Tier 2	
BETIMOL SOL 0.5%	Tier 4	
BETIMOL SOL 0.25%	Tier 4	
BETOPTIC-S SUS 0.25% OP	Tier 3	
<i>brimonidine tartrate ophth soln 0.1%</i>	Tier 2	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 2	
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Tier 2	
<i>brinzolamide ophth susp 1%</i>	Tier 2	
<i>carteolol hcl ophth soln 1%</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 129  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dorzolamide hcl ophth soln 2%</i>	Tier 2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	Tier 2	
IOPIDINE SOL 1% OP	Tier 4	
<i>latanoprost ophth soln 0.005%</i>	Tier 2	
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 2	
LUMIGAN SOL 0.01% OP	Tier 3	ST; PA**
PHOSPHOLINE SOL 0.125%OP	Tier 4	
<i>pilocarpine hcl ophth soln 1%</i>	Tier 2	
SIMBRINZA SUS 1-0.2%	Tier 3	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	Tier 2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 2	
<i>timolol maleate ophth soln 0.5%</i>	Tier 2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	Tier 2	
<i>timolol maleate ophth soln 0.25%</i>	Tier 2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 2	

#### **ARTIFICIAL TEARS AND LUBRICANTS**

<i>artifi tears sol 1.4% op</i>	Tier 1	OTC
MOISTURE EYE DRO	Tier 1	OTC
REFRESH LIQU DRO 1% OP	Tier 1	OTC
REFRESH OPTI DRO 0.5-0.9%	Tier 1	OTC
<i>refresh p.m. oin op</i>	Tier 1	OTC
REFRESH TEAR DRO 0.5% OP	Tier 1	OTC
<i>systane dro contacts</i>	Tier 1	OTC
SYSTANE SOL	Tier 1	OTC
TEARS NATURA OIN PM	Tier 1	OTC
<i>tears natura sol free op</i>	Tier 1	OTC

#### **DRY EYE DISEASE**

RESTASIS EMU 0.05% OP	Tier 2	
RESTASIS MUL EMU 0.05% OP	Tier 3	Multi-dose vial remains on preferred brand tier

#### **MISCELLANEOUS**

<i>atropine sulfate ophth soln 1%</i>	Tier 2	
CYSTARAN SOL 0.44%	Tier 6	PA, QL (4 bottles every 28 days)
<i>phenylephrine hcl ophth soln 2.5%</i>	Tier 2	
<i>phenylephrine hcl ophth soln 10%</i>	Tier 2	
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 2	
<i>sodium chloride hypertonic ophth oint 5%</i>	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5%</i>	Tier 1	OTC

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 130  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tropicamide ophth soln 0.5%</i>	Tier 2	
<i>tropicamide ophth soln 1%</i>	Tier 2	

### **OPHTHALMIC DECONGESTANTS**

<i>eye drops sol 0.05% op</i>	Tier 1	OTC
NAPHCN-A SOL OP	Tier 1	OTC
OPCON-A SOL OP	Tier 1	OTC
<i>relief eye sol drops</i>	Tier 1	OTC
<i>sm eye dro</i>	Tier 1	OTC

### **OTHER**

#### **IRRIGATION SOLUTIONS**

<i>physiolyte</i>	Tier 2	
<i>physiosol irrigation</i>	Tier 2	

### **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

#### **SMOKING DETERRENTS**

<i>goodsense nicotine polacr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	Tier 0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	Tier 0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year

### **RESPIRATORY**

#### **ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS**

PROLASTIN-C INJ 1000MG	Tier 5	PA
------------------------	--------	----

#### **ANAPHYLAXIS TREATMENT AGENTS**

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 2	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Tier 2	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Tier 2	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	Tier 3	QL (4 auto-injectors every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 131  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPIPEN-JR INJ 0.15MG	Tier 3	QL (4 auto-injectors every 30 days)
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
BEVESPI AER 9-4.8MCG	Tier 3	QL (1 package every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 2	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	Tier 3	QL (1 package every 30 days)
<b>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS</b>		
BREZTRI AERO AER SPHERE	Tier 3	QL (1 package every 30 days)
TRELEGY AER 100MCG	Tier 3	QL (1 package every 30 days)
TRELEGY AER 200MCG	Tier 3	QL (1 package every 30 days)
<b>ANTICHOLINERGICS</b>		
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 2	QL (5 boxes every 30 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 2	
SPIRIVA AER 1.25MCG	Tier 3	QL (1 package every 30 days)
SPIRIVA SPR 2.5MCG	Tier 3	QL (1 package every 30 days)
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	Tier 2	QL (1 package every 30 days)
<b>ANTI-HISTAMINE COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Tier 2	QL (1 package every 30 days)
<b>ANTI-HISTAMINES</b>		
<i>aller-ease tab 180mg</i>	Tier 1	OTC
<i>allergy rel liq 12.5/5ml</i>	Tier 1	OTC
<i>allergy relf cap 25mg</i>	Tier 1	OTC
ALLERGY ULTR TAB 25MG	Tier 1	OTC
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 2	QL (2 bottles every 30 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Tier 2	QL (2 bottles every 30 days)
BENADRYL ALL LIQ 12.5/5ML	Tier 1	OTC
<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 2	
<i>carbinoxamine maleate tab 4 mg</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 132  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cetirizine tab 5mg</i>	Tier 1	OTC
CHLOR-TRIMET SYP 2MG/5ML	Tier 1	OTC
CHLOR-TRIMET TAB 4MG	Tier 1	OTC
CHLOR-TRIMET TAB 12MG CR	Tier 1	OTC
CLARITIN RDT TAB 5MG	Tier 1	OTC
<i>clemastine fumarate tab 2.68 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 2	
<i>cyproheptadine hcl tab 4 mg</i>	Tier 2	
<i>desloratadine tab 5 mg</i>	Tier 2	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	Tier 2	
<i>desloratadine tab orally disintegrating 5 mg</i>	Tier 2	
<i>diphenhydram cap 50mg</i>	Tier 1	OTC
<i>diphenhydramine hcl inj 50 mg/ml</i>	Tier 2	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 10 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 25 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 2	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Tier 2	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 133  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 1	OTC
<i>loratadine tab 10 mg</i>	Tier 1	OTC
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 2	QL (1 container every 30 days)
<i>quenalin syp 12.5/5ml</i>	Tier 1	OTC
<i>ryclora</i>	Tier 4	PA; High Risk Medications require PA for members age 70 and older
TAVIST TAB 1.34MG	Tier 1	OTC
<i>triaminic tab 10mg</i>	Tier 1	OTC
<i>wal-fex chld sus 30mg/5ml</i>	Tier 1	OTC
<i>wal-itin sol 5mg/5ml</i>	Tier 1	OTC
<i>wal-zyr chw 5mg</i>	Tier 1	OTC
<i>wal-zyr chw 10mg</i>	Tier 1	OTC
ZYRTEC ALLGY TAB 10MG	Tier 1	OTC
ZYRTEC CHILD SOL 5MG/5ML	Tier 1	OTC

### **BETA AGONISTS**

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 2	QL (2 inhalers every 30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 2	QL (120 vials every 30 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 2	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 2	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 2	QL (5 boxes every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 2	
<i>albuterol sulfate tab 2 mg</i>	Tier 2	
<i>albuterol sulfate tab 4 mg</i>	Tier 2	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	Tier 2	QL (60 vials every 30 days)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	Tier 2	QL (60 vials every 30 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 2	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 2	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 2	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 2	QL (45 mL every 30 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Tier 2	QL (2 inhalers every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SEREVENT DIS AER 50MCG	Tier 3	QL (1 package every 30 days)
STRIVERDI AER 2.5MCG	Tier 3	QL (1 package every 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 2	
<i>terbutaline sulfate tab 5 mg</i>	Tier 2	
<b>COLD/COUGH</b>		
<i>benzonatate cap 100 mg</i>	Tier 2	
<i>benzonatate cap 200 mg</i>	Tier 2	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 2	QL (60 mL every day), OTC; Subject to initial 7-day limit
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	Tier 2	QL (10 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Tier 2	QL (30 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	Tier 2	QL (6 tabs every day); Subject to initial 7-day limit
<i>hydromet</i>	Tier 2	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine vc</i>	Tier 2	
<i>promethazine vc/codeine</i>	Tier 2	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 2	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 2	
TUZISTRA XR SUS	Tier 4	QL (20 mL every day); Subject to initial 7-day limit
<b>CYSTIC FIBROSIS</b>		
CAYSTON INH 75MG	Tier 5	PA, QL (84 vials every 28 days)
KALYDECO GRA 5.8MG	Tier 5	PA, QL (56 packets every 28 days)
KALYDECO GRA 13.4MG	Tier 5	PA, QL (56 packets every 28 days)
KALYDECO PAK 25MG	Tier 5	PA, QL (56 packets every 28 days)
KALYDECO PAK 50MG	Tier 5	PA, QL (56 packets every 28 days)
KALYDECO PAK 75MG	Tier 5	PA, QL (56 packets every 28 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KALYDECO TAB 150MG	Tier 5	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 75-94MG	Tier 5	PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	Tier 5	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	Tier 5	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	Tier 5	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	Tier 5	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	Tier 5	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	Tier 5	PA, QL (56 tabs every 28 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	Tier 5	PA, QL (224 mL every 28 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 5	PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	Tier 5	PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	Tier 5	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	Tier 5	PA, QL (84 tabs every 28 days)

### **LEUKOTRIENE MODIFIERS**

<i>zileuton tab er 12hr 600 mg</i>	Tier 4
------------------------------------	--------

### **LEUKOTRIENE RECEPTOR ANTAGONISTS**

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 2
--	--------

<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 2
--	--------

<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	Tier 2
--	--------

<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 2
--	--------

<i>zafirlukast tab 10 mg</i>	Tier 2
------------------------------	--------

<i>zafirlukast tab 20 mg</i>	Tier 2
------------------------------	--------

### **MAST CELL STABILIZERS**

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 2	QL (2 boxes every 30 days)
--	--------	----------------------------

### **MISCELLANEOUS**

<i>acetylcysteine inhal soln 10%</i>	Tier 2
--------------------------------------	--------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetylcysteine inhal soln 20%</i>	Tier 2	
<i>roflumilast tab 250 mcg</i>	Tier 2	PA
<i>roflumilast tab 500 mcg</i>	Tier 2	PA
<i>sodium chloride soln nebu 0.9%</i>	Tier 2	
<i>sodium chloride soln nebu 3%</i>	Tier 2	
<i>sodium chloride soln nebu 7%</i>	Tier 2	
<i>sodium chloride soln nebu 10%</i>	Tier 2	
<b>NASAL AGENTS - MISC.</b>		
<i>afrin saline spr 0.65%</i>	Tier 1	OTC
AYR SALINE KIT RINSE	Tier 1	OTC
<b>NASAL ANTIALLERGY</b>		
NASALCROM SPR 5.2/ACT	Tier 1	OTC
<b>NASAL STEROIDS</b>		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 2	QL (3 containers every 30 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	Tier 2	QL (2 packages every 30 days)
<i>nasoflow spr 50mcg</i>	Tier 1	OTC
OMNARIS SPR	Tier 4	ST, QL (1 package every 30 days); PA**
<i>rhinocort sus allergy</i>	Tier 1	OTC
<i>triamcinolone acetanide nasal aerosol suspension 55 mcg/act</i>	Tier 2	QL (1 package every 30 days), OTC
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV CAP 100MG	Tier 5	PA, QL (60 caps every 30 days)
OFEV CAP 150MG	Tier 5	PA, QL (60 caps every 30 days)
<i>pirfenidone cap 267 mg</i>	Tier 5	PA, QL (270 caps every 30 days)
<i>pirfenidone tab 267 mg</i>	Tier 5	PA, QL (270 tabs every 30 days)
<i>pirfenidone tab 801 mg</i>	Tier 5	PA, QL (90 tabs every 30 days)
<b>RESPIRATORY THERAPY SUPPLIES</b>		
ADULT RESPIRATORY MASK	Tier 3	
HOLD CHAMBER MIS MEDIUM	Tier 3	OTC
PEDIATRIC RESPIRATORY MASK	Tier 3	
<b>SEVERE ASTHMA AGENTS</b>		
DUPIXENT INJ 100/0.67	Tier 5	PA, QL (2 syringes every 28 days); Indicated for Asthma

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FASENRA INJ 10MG/0.5	Tier 5	PA, QL (1 syringe every 56 days)
FASENRA INJ 30MG/ML	Tier 5	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	Tier 5	PA, QL (1 syringe every 56 days)
XOLAIR INJ 75/0.5	Tier 5	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	Tier 5	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	Tier 5	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	Tier 5	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	Tier 5	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	Tier 5	PA, QL (4 syringes every 28 days)
XOLAIR SOL 150MG	Tier 5	PA, QL (8 vials every 28 days)

### **STEROID INHALANTS**

ALVESCO AER 80MCG	Tier 4	QL (3 packages every 30 days)
ALVESCO AER 160MCG	Tier 4	QL (2 packages every 30 days)
ARNUITY ELPT INH 50MCG	Tier 3	QL (1 package every 30 days)
ARNUITY ELPT INH 100MCG	Tier 3	QL (1 package every 30 days)
ARNUITY ELPT INH 200MCG	Tier 3	QL (1 package every 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 2	QL (2 boxes every 30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 2	QL (3 boxes every 30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	Tier 2	QL (1 box every 30 days)
QVAR REDIIHA AER 80MCG	Tier 3	QL (2 packages every 30 days)
QVAR REDIIHAL AER 40MCG	Tier 3	QL (2 packages every 30 days)

### **STEROID/BETA-AGONIST COMBINATIONS**

AIRSUPRA AER 90-80MCG	Tier 3	QL (3 packages every 30 days)
BREO ELLIPTA INH 50-25MCG	Tier 3	QL (1 package every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BREO ELLIPTA INH 100-25	Tier 3	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	Tier 3	QL (1 package every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Tier 2	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Tier 2	QL (3 packages every 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	Tier 2	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	Tier 2	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	Tier 2	QL (1 package every 30 days)

### **SYMPATHOMIMETIC DECONGESTANTS**

AFRIN CHILD SPR 0.25%	Tier 1	OTC
<i>gnp suphedrn liq 15mg/5ml</i>	Tier 1	OTC
LITTLE REMED DRO 0.125%	Tier 1	OTC
NEO-SYNEPHRI SPR 0.5%	Tier 1	OTC
NEO-SYNEPHRI SPR 0.05%	Tier 1	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Tier 1	OTC
<i>sudafed 12hr tab 120mg cr</i>	Tier 1	OTC
SUDAFED CONG TAB 30MG	Tier 1	OTC
SUDAFED PE TAB SIN CONG	Tier 1	OTC
<i>4-way fast spr 1%</i>	Tier 1	OTC

### **XANTHINES**

<i>aminophylline inj 25 mg/ml</i>	Tier 2	
<i>theophylline elixir 80 mg/15ml</i>	Tier 2	
<i>theophylline soln 80 mg/15ml</i>	Tier 2	
<i>theophylline tab er 12hr 300 mg</i>	Tier 2	
<i>theophylline tab er 12hr 450 mg</i>	Tier 2	
<i>theophylline tab er 24hr 400 mg</i>	Tier 2	
<i>theophylline tab er 24hr 600 mg</i>	Tier 2	

### **TOPICAL**

#### **ANALGESICS - TOPICAL**

EUCERIN CALM LOT 0.1%	Tier 1	OTC
-----------------------	--------	-----

#### **ANTIHISTAMINES-TOPICAL**

<i>anti-itch gel 2% ex st</i>	Tier 1	OTC
<i>sb itch relf spr 2%</i>	Tier 1	OTC

#### **ANTISEBORRHEIC PRODUCTS**

SEBULEX SHA	Tier 1	OTC
-------------	--------	-----

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
HIBICLENS SOL 4%	Tier 1	OTC
NUPREP 5% SOL POV-IODI	Tier 1	OTC
POVIDONE-IOD SOL 0.75%	Tier 1	OTC
POVIDONE-IOD SOL 1%	Tier 1	OTC
<i>povidone-iod sol 7.5%</i>	Tier 1	OTC
<i>povidone-iodine oint 10%</i>	Tier 1	OTC
<i>povidone-iodine soln 10%</i>	Tier 1	OTC
<b>DERMATOLOGY, ACNE</b>		
<i>acne cleansi bar 10%</i>	Tier 1	OTC
ACNE MEDICAT LOT 5%	Tier 1	OTC
ACNE MEDICAT LOT 10%	Tier 1	OTC
<i>adapalene cream 0.1%</i>	Tier 2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.1%</i>	Tier 2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.3%</i>	Tier 2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Tier 2	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	Tier 2	
<i>benzoyl peroxide gel 2.5%</i>	Tier 1	OTC
<i>benzoyl peroxide gel 5%</i>	Tier 1	OTC
<i>benzoyl peroxide gel 10%</i>	Tier 1	OTC
<i>benzoyl peroxide liq 5%</i>	Tier 1	OTC
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 2	QL (47g every 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Tier 2	QL (45g every 30 days)
<i>clindamycin phosphate foam 1%</i>	Tier 2	
<i>clindamycin phosphate gel 1%</i>	Tier 2	QL (75g every 30 days)
<i>clindamycin phosphate lotion 1%</i>	Tier 2	QL (60mL every 30 days)
<i>clindamycin phosphate soln 1%</i>	Tier 2	QL (60mL every 30 days)
<i>clindamycin phosphate swab 1%</i>	Tier 2	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Tier 2	QL (50g every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Tier 2	QL (50g every 30 days)
<i>ery</i>	Tier 2	
<i>erythromycin gel 2%</i>	Tier 2	QL (60g every 30 days)
<i>erythromycin soln 2%</i>	Tier 2	QL (60mL every 30 days)
<i>isotretinoin cap 10 mg</i>	Tier 2	PA

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 140  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isotretinoin cap 20 mg</i>	Tier 2	PA
<i>isotretinoin cap 30 mg</i>	Tier 2	PA
<i>isotretinoin cap 40 mg</i>	Tier 2	PA
<i>panoxyl wash liq 10%</i>	Tier 1	OTC
PANOXYL-4 LIQ CREM WSH	Tier 1	OTC
<i>spot acne cre 2.5%</i>	Tier 1	OTC
<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 2	
<i>tretinoin cream 0.1%</i>	Tier 2	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	Tier 2	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	Tier 2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	Tier 2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	Tier 2	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	Tier 2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.1%</i>	Tier 2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	Tier 2	PA; PA applies for members age 35 and older

### **DERMATOLOGY, ACTINIC KERATOSIS**

<i>fluorouracil cream 5%</i>	Tier 2	
<i>fluorouracil soln 2%</i>	Tier 2	
<i>fluorouracil soln 5%</i>	Tier 2	
<i>imiquimod cream 5%</i>	Tier 2	

### **DERMATOLOGY, ANTIBIOTICS**

<i>bacitracin oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC
<i>gentamicin sulfate cream 0.1%</i>	Tier 2	
<i>gentamicin sulfate oint 0.1%</i>	Tier 2	
IV PREP WIPE PAD	Tier 3	OTC
<i>mupirocin oint 2%</i>	Tier 2	QL (30g every 30 days)
NEOSPORIN CRE PLUS	Tier 1	OTC
NEOSPORIN OIN ORIGINAL	Tier 1	OTC
<i>neosporin+pn oin relf max</i>	Tier 1	OTC
POLYSPORIN OIN	Tier 1	OTC
<i>silver sulfadiazine cream 1%</i>	Tier 2	
<i>ssd</i>	Tier 2	
SULFAMYLON CRE 85MG/GM	Tier 4	
XEPI CRE 1%	Tier 4	PA, QL (30g every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 141  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>anti-fungal pow 1%</i>	Tier 1	OTC
<i>ciclopirox gel 0.77%</i>	Tier 2	QL (120g every 30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 2	QL (120g every 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 2	QL (120 mL every 30 days)
<i>ciclopirox shampoo 1%</i>	Tier 2	QL (120 mL every 30 days)
<i>ciclopirox solution 8%</i>	Tier 2	
<i>clotrimazole cream 1%</i>	Tier 2	QL (120g every 30 days)
<i>clotrimazole soln 1%</i>	Tier 2	QL (120 mL every 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 2	QL (60g every 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 2	QL (60 mL every 30 days)
<i>desenex cre 1%</i>	Tier 1	OTC
<i>econazole nitrate cream 1%</i>	Tier 2	QL (60g every 30 days)
ERTACZO CRE 2%	Tier 4	QL (60g every 30 days)
JUBLIA SOL 10%	Tier 4	PA, QL (4mL every 30 days)
<i>ketoconazole cream 2%</i>	Tier 2	QL (120g every 30 days)
<i>lamisil af aer 1%</i>	Tier 1	OTC
LAMISIL AT CRE 1%	Tier 1	OTC
LOTRIMIN ULT CRE 1%	Tier 1	OTC
<i>luliconazole cream 1%</i>	Tier 4	QL (60g every 30 days)
<i>miconazole cre 2%</i>	Tier 1	OTC
<i>naftifine hcl cream 1%</i>	Tier 2	QL (60g every 30 days)
<i>naftifine hcl cream 2%</i>	Tier 2	QL (60g every 30 days)
NIZORAL A-D SHA 1%	Tier 1	OTC
<i>nyamyc</i>	Tier 2	QL (120g every 30 days)
<i>nystatin cream 100000 unit/gm</i>	Tier 2	QL (120g every 30 days)
<i>nystatin oint 100000 unit/gm</i>	Tier 2	QL (120g every 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	Tier 2	QL (120g every 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 2	QL (60g every 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 2	QL (60g every 30 days)
<i>nystop</i>	Tier 2	QL (120g every 30 days)
<i>oxiconazole nitrate cream 1%</i>	Tier 2	QL (60g every 30 days)
<i>sulconazole nitrate cream 1%</i>	Tier 2	QL (60g every 30 days)
<i>sulconazole nitrate solution 1%</i>	Tier 2	QL (60 mL every 30 days)
TINACTIN CRE 1%	Tier 1	OTC
<i>tolnaftate soln 1%</i>	Tier 1	OTC
<i>triple paste oin af 2%</i>	Tier 1	OTC
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>doxepin hcl cream 5%</i>	Tier 4	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 142  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin cap 10 mg</i>	Tier 2	
<i>acitretin cap 17.5 mg</i>	Tier 2	
<i>acitretin cap 25 mg</i>	Tier 2	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 2	ST, QL (60 mL every 30 days); PA**
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Tier 4	ST, QL (60g every 30 days); PA**
<i>calcitriol oint 3 mcg/gm</i>	Tier 4	ST, QL (100g every 30 days); PA**
<i>methoxsalen rapid cap 10 mg</i>	Tier 2	
<i>tazarotene cream 0.1%</i>	Tier 2	PA
<i>tazarotene cream 0.05%</i>	Tier 2	PA
<i>tazarotene gel 0.1%</i>	Tier 2	PA
<i>tazarotene gel 0.05%</i>	Tier 2	PA
TAZORAC CRE 0.05%	Tier 3	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo 2%</i>	Tier 2	QL (120 mL every 30 days)
<i>selenium sulfide lotion 2.5%</i>	Tier 2	
<b>DERMATOLOGY, ANTIVIRALS</b>		
ABREVA CRE 10%	Tier 1	OTC
<b>DERMATOLOGY, ATOPIC DERMATITIS</b>		
DUPIXENT INJ 200/1.14	Tier 5	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 200MG	Tier 5	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	Tier 5	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	Tier 5	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
EUCRISA OIN 2%	Tier 3	ST, QL (60 grams every 30 days); PA**
<i>pimecrolimus cream 1%</i>	Tier 4	ST; PA**
<i>tacrolimus oint 0.1%</i>	Tier 4	ST; PA**
<i>tacrolimus oint 0.03%</i>	Tier 4	ST; PA**

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 143  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i>	Tier 2	QL (120g every 30 days)
<i>alclometasone dipropionate cream 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>amcinonide lotion 0.1%</i>	Tier 2	QL (120mL every 30 days)
<i>amcinonide oint 0.1%</i>	Tier 2	QL (120g every 30 days)
<i>anti-itch cre 1%</i>	Tier 1	OTC
<i>aquanil hc lot 1%</i>	Tier 1	OTC
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 2	QL (120mL every 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 2	QL (120mL every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	Tier 2	QL (120g every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 2	QL (120g every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 2	QL (120mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 2	QL (120g every 30 days)
<b>BRYHALI LOT 0.01%</b>	Tier 3	QL (120 mL every 30 days)
<i>clobetasol propionate cream 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>clobetasol propionate emo</i>	Tier 2	QL (120g every 30 days)
<i>clobetasol propionate foam 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>clobetasol propionate gel 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>clobetasol propionate lotion 0.05%</i>	Tier 2	QL (120mL every 30 days)
<i>clobetasol propionate oint 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	Tier 2	QL (120mL every 30 days)
<i>clobetasol propionate soln 0.05%</i>	Tier 2	QL (120mL every 30 days)
<i>clobetasol propionate spray 0.05%</i>	Tier 2	QL (120 mL every 30 days)
<i>clocortolone pivalate cream 0.1%</i>	Tier 4	QL (120g every 30 days)
<i>desonide cream 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>desonide lotion 0.05%</i>	Tier 2	QL (120 mL every 30 days)
<i>desonide oint 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>desoximetasone cream 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>desoximetasone cream 0.25%</i>	Tier 2	QL (120g every 30 days)
<i>desoximetasone gel 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>desoximetasone oint 0.25%</i>	Tier 2	QL (120g every 30 days)

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 144  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desoximetasone spray 0.25%</i>	Tier 4	QL (120 mL every 30 days)
<i>diflorasone diacetate cream 0.05%</i>	Tier 4	QL (120g every 30 days)
<i>diflorasone diacetate oint 0.05%</i>	Tier 4	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	Tier 2	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	Tier 2	QL (120g every 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 2	QL (120 mL every 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 2	QL (120mL every 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	Tier 2	QL (120g every 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	Tier 2	QL (120mL every 30 days)
<i>fluocinonide cream 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>fluocinonide gel 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>fluocinonide oint 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>fluocinonide soln 0.05%</i>	Tier 2	QL (120 mL every 30 days)
<i>fluticasone propionate cream 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>fluticasone propionate lotion 0.05%</i>	Tier 2	QL (120 mL every 30 days)
<i>fluticasone propionate oint 0.005%</i>	Tier 2	QL (120g every 30 days)
<i>halobetasol propionate cream 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>halobetasol propionate oint 0.05%</i>	Tier 2	QL (120g every 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	Tier 2	QL (120g every 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 2	QL (120g every 30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	Tier 2	QL (120mL every 30 days)
<i>hydrocortisone cream 0.5%</i>	Tier 1	OTC
<i>hydrocortisone cream 1%</i>	Tier 2	QL (120g every 30 days)
<i>hydrocortisone cream 2.5%</i>	Tier 2	QL (120g every 30 days)
<i>hydrocortisone lotion 2.5%</i>	Tier 2	QL (120mL every 30 days)
<i>hydrocortisone oint 0.5%</i>	Tier 1	OTC
<i>hydrocortisone oint 1%</i>	Tier 1	OTC
<i>hydrocortisone oint 2.5%</i>	Tier 2	QL (120g every 30 days)
<i>hydrocortisone valerate cream 0.2%</i>	Tier 2	QL (120g every 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	Tier 2	QL (120g every 30 days)
<i>mometasone furoate cream 0.1%</i>	Tier 2	QL (120g every 30 days)
<i>mometasone furoate oint 0.1%</i>	Tier 2	QL (120g every 30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 2	QL (120mL every 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	Tier 2	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	Tier 2	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	Tier 2	QL (120g every 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 2	QL (120 mL every 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 2	QL (120 mL every 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	Tier 2	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	Tier 2	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	Tier 2	QL (120g every 30 days)

**DERMATOLOGY, LOCAL ANESTHETICS**

<i>aloe vera/lidocaine</i>	Tier 1	OTC
----------------------------	--------	-----

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 145  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>arth pain cre 0.075%</i>	Tier 1	OTC
<i>caladryl clr lot 1-0.1%</i>	Tier 1	OTC
CALADRYL LOT 1-8%	Tier 1	OTC
<i>capsaicin cream 0.025%</i>	Tier 1	OTC
<i>capsaicin hp cre 0.1%</i>	Tier 1	OTC
CAPZASIN-P CRE 0.035%	Tier 1	OTC
<i>dibucaine oint 1%</i>	Tier 1	OTC
<i>lidocaine hcl soln 4%</i>	Tier 2	QL (50 mL every 30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 2	QL (60 mL every 30 days)
<i>lidocaine oint 5%</i>	Tier 2	QL (50g every 30 days)
<i>lidocaine pain relief pat</i>	Tier 2	QL (30 patches every 30 days), OTC
<i>lidocaine patch 5%</i>	Tier 2	PA, QL (90 patches every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 2	QL (30g every 30 days)
LMX 4 CRE 4%	Tier 1	OTC
<i>mandelay gel max str</i>	Tier 1	OTC
<i>muscle rub cre ultra st</i>	Tier 1	OTC
MYOFLEX CRE 10%	Tier 1	OTC
<i>regenecare gel ha 2%</i>	Tier 1	OTC
SYNERA DIS 70-70MG	Tier 4	QL (2 patches every 30 days)
<i>thera-gesic cre</i>	Tier 1	OTC
ZOSTRIX NAT CRE 0.033%	Tier 1	OTC

### **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

<i>acyclovir cream 5%</i>	Tier 4	
<i>amlactin lot 12%</i>	Tier 1	OTC
<i>bexarotene gel 1%</i>	Tier 5	PA
<i>callus remov pad 40%</i>	Tier 1	OTC
<i>clean&amp;clear liq 2%</i>	Tier 1	OTC
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Tier 2	QL (300g every 30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Tier 2	QL (300g every 30 days), OTC
<i>gordon-vit e cre 1500unit</i>	Tier 1	OTC
LAC-HYDRIN LOT FIVE	Tier 1	OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	OTC
<i>nitroglycerin oint 0.4%</i>	Tier 2	
<i>penciclovir cream 1%</i>	Tier 2	
<i>podofilox gel 0.5%</i>	Tier 2	
<i>podofilox soln 0.5%</i>	Tier 2	
<i>salactic fil sol 17%</i>	Tier 1	OTC

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 146  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SARNA LOT	Tier 1	OTC
SELSUN BLUE SHA DEEP CLN	Tier 1	OTC
<i>urea 20 intrn cre 20%</i>	Tier 1	OTC
<i>vitamins a &amp; d oint</i>	Tier 1	OTC
VOLTAREN GEL 1% ARTHR	Tier 2	QL (300g every 30 days), OTC

### **DERMATOLOGY, ROSACEA**

<i>azelaic acid gel 15%</i>	Tier 2	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	Tier 2	PA
FINACEA AER 15%	Tier 3	
<i>ivermectin cream 1%</i>	Tier 2	PA
<i>metronidazole cream 0.75%</i>	Tier 2	QL (60g every 30 days)
<i>metronidazole gel 0.75%</i>	Tier 2	QL (60g every 30 days)
<i>metronidazole gel 1%</i>	Tier 2	QL (60g every 30 days)
<i>metronidazole lotion 0.75%</i>	Tier 2	QL (60 mL every 30 days)

### **DERMATOLOGY, SCABICIDES AND PEDICULICIDES**

<i>crotan</i>	Tier 2	
<i>cvs ivermectin lice treat</i>	Tier 2	OTC
<i>cvs lice treatment</i>	Tier 2	OTC
<i>lice treatment</i>	Tier 2	OTC
<i>lice treatmt lot 1%</i>	Tier 2	OTC
<i>malathion lotion 0.5%</i>	Tier 2	
<i>permethrin cream 5%</i>	Tier 2	
<i>spinosad susp 0.9%</i>	Tier 2	

### **DERMATOLOGY, SCABICIDES AND PEDICULIDES**

<i>lice killing sha 0.33-4%</i>	Tier 1	OTC
<i>lice trtmnt liq 1%</i>	Tier 1	OTC
<i>sm lice lot treatmnt</i>	Tier 1	OTC
<i>stop lice kit complete</i>	Tier 1	OTC

### **DERMATOLOGY, WOUND CARE AGENTS**

REGANEX GEL 0.01%	Tier 4	PA, QL (30g every 30 days)
<i>sodium chloride irrigation soln 0.9%</i>	Tier 2	

### **MISCELLANEOUS**

ALUMINUM SOL ACETATE	Tier 1	OTC
BALMEX CRE 11.3%	Tier 1	OTC
BOUDREAUXS OIN 16%	Tier 1	OTC
CALAMINE LOT 8-8%	Tier 1	OTC
CERAVE OIN 46.5%	Tier 1	OTC
<i>diaper rash cre 13%</i>	Tier 1	OTC
<i>diaper rash pst 40%</i>	Tier 1	OTC
DR SMITHS OIN DIAPER	Tier 1	OTC

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 147  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IONIL LIQ	Tier 1	OTC
<i>maxilube gel</i>	Tier 1	OTC
<i>medi pad</i>	Tier 1	OTC
<i>minerin cre</i>	Tier 1	OTC
<i>pedi-boro pow soak pak</i>	Tier 1	OTC
<i>preparation pad h</i>	Tier 1	OTC
SM CALAMINE LOT	Tier 1	OTC
TRIPLE PASTE OIN 12.8%	Tier 1	OTC
<i>zinc oxide oint 20%</i>	Tier 1	OTC
<i>zinc oxide oint 40%</i>	Tier 1	OTC

### **MOUTH/THROAT/DENTAL AGENTS**

ANBESOL GEL 10%	Tier 1	OTC
BABY ANBESOL GEL 7.5%	Tier 1	OTC
<i>cevimeline hcl cap 30 mg</i>	Tier 2	
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 2	
<i>clotrimazole troche 10 mg</i>	Tier 2	QL (90 lozenges every 30 days)
DRY MOUTH SPR	Tier 1	OTC
HURRICAIN SOL 20%	Tier 1	OTC
<i>lidocaine hcl laryngotracheal soln 4%</i>	Tier 2	
<i>lidocaine hcl viscous soln 2%</i>	Tier 2	
<i>nystatin susp 100000 unit/ml</i>	Tier 2	
<i>oralone dental paste</i>	Tier 2	
ORAVIG TAB 50MG	Tier 4	QL (14 tabs every 30 days)
<i>periogard</i>	Tier 2	
PEROXYL SOL	Tier 1	OTC
PHOS FLUR SOL 0.044%	Tier 1	OTC
<i>pilocarpine hcl tab 5 mg</i>	Tier 2	
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 2	
<i>sm fluoride sol mint</i>	Tier 1	OTC
SMART RINSE SOL BBL BLAS	Tier 1	OTC
<i>sore throat loz cherry</i>	Tier 1	OTC
<i>sore throat spr 1.4%</i>	Tier 1	OTC
<i>tooth sol shield</i>	Tier 1	OTC
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 2	

### **OTIC**

<i>acetic acid otic soln 2%</i>	Tier 2	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 2	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	Tier 4	

**C** - As of 4/1/19 contraceptives are covered for 365 days **OTC** - Over the counter **PA** 148  
- Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -  
Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CORTISPORIN SUS -TC OTIC	Tier 4	
<i>e-r-o ear dro 6.5% ot</i>	Tier 1	OTC
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 2	
<i>ofloxacin otic soln 0.3%</i>	Tier 2	

### **TAR PRODUCTS**

DHS TAR SHA	Tier 1	OTC
IONIL-T SHA 1%	Tier 1	OTC

### **VITAMINS**

#### **OIL SOLUBLE VITAMINS**

<i>a-25 cap 25000unt</i>	Tier 1	OTC
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Tier 2	OTC
<i>cholecalciferol cap 10 mcg (400 unit)</i>	Tier 0	OTC
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	Tier 0	OTC
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	Tier 1	OTC
D-VI-SOL LIQ 400UNIT	Tier 0	OTC
E600 CAP 600UNIT	Tier 1	OTC
VIT A FISH CAP 7500UNIT	Tier 1	OTC
<i>vita-plus e cap 400unit</i>	Tier 1	OTC
<i>vitamin a cap 3 mg (10000 unit)</i>	Tier 1	OTC
<i>vitamin a cap 2400 mcg (8000 unit)</i>	Tier 1	OTC
<i>vitamin d3 cap 1000unit</i>	Tier 1	OTC
<i>vitamin d3 cap 2000unit</i>	Tier 1	OTC
<i>vitamin d chw 1000unit</i>	Tier 1	OTC
<i>vitamin e cap 100unit</i>	Tier 1	OTC
<i>vitamin e cap 200 unit</i>	Tier 1	OTC
<i>vitamin e cap 450 mg (1000 unit)</i>	Tier 1	OTC
<i>vitamin e soln 15 unit/0.3ml (50 unit/ml)</i>	Tier 1	OTC

#### **WATER SOLUBLE VITAMINS**

<i>ascorbic acid cap er 500 mg</i>	Tier 1	OTC
<i>ascorbic acid tab 500 mg</i>	Tier 1	OTC
<i>biotin tab 5 mg</i>	Tier 1	OTC
<i>c-500 chw 500mg</i>	Tier 1	OTC
LIQUID C 500 LIQ 500/15ML	Tier 1	OTC
<i>meribin cap 5mg</i>	Tier 1	OTC
<i>niacin cap er 250 mg</i>	Tier 1	OTC
<i>niacin tab 100 mg</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>niacin tab 250 mg</i>	Tier 1	OTC
<i>niacin tab 500mg</i>	Tier 1	OTC
NIACIN TR TAB 1000MG	Tier 1	OTC
SLO-NIACIN TAB 500MG CR	Tier 1	OTC
<i>sm vit b1 tab 100mg</i>	Tier 1	OTC
<i>vitamin b-1 tab 50mg</i>	Tier 1	OTC
<i>vitamin b-2 tab 25mg</i>	Tier 1	OTC
<i>vitamin b-2 tab 100mg</i>	Tier 1	OTC
<i>vitamin b-6 tab 25mg</i>	Tier 1	OTC
<i>vitamin b-6 tab 50mg</i>	Tier 1	OTC
<i>vitamin b-6 tab 100mg</i>	Tier 1	OTC
<i>vitamin c liq 500/5ml</i>	Tier 1	OTC
<i>vitamin c tab 250mg</i>	Tier 1	OTC
<i>vitamin c tab 1000mg</i>	Tier 1	OTC

## Index

<b>1</b>	
12ML SYRINGE MIS REG LUER .....	122
1ML SYRINGE MIS 25GX5/8 .....	122
<b>3</b>	
3 day vaginal cre 4% .....	106
3ML LUER LOC MIS 22GX1.....	122
3ML LUER LOC MIS 25GX1.....	122
3ML LUER LOC MIS 25GX5/8.....	122
3ML SYRINGE MIS LUER LOK.....	122
<b>4</b>	
4-way fast spr 1% .....	139
<b>A</b>	
a+d prevent oin .....	81
a-25 cap 25000unt.....	149
abacavir sulfate-lamivudine tab 600-300 mg .....	16
abacavir sulfate soln 20 mg/ml (base equiv) .....	14
abacavir sulfate tab 300 mg (base equiv) .	14
abiraterone acetate tab 250 mg .....	30
abiraterone acetate tab 500 mg .....	30
ABREVA CRE 10% .....	143
ABRYSVO INJ .....	118
acamprosate calcium tab delayed release 333 mg.....	53
acarbose tab 100 mg .....	82
acarbose tab 25 mg .....	82
acarbose tab 50 mg.....	82
ACCU-CHEK BLOOD GLUCOSE TEST KITS .....	89, 121
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS .....	89, 121
acebutolol hcl cap 200 mg .....	45
acebutolol hcl cap 400 mg .....	45
acephen sup 325mg.....	11
acephen sup 650mg .....	11
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg.....	3
acetaminophen soln 160 mg/5ml.....	11
acetaminophen w/ codeine soln 120-12 mg/5ml .....	3
acetaminophen w/ codeine tab 300-15 mg	3
acetaminophen w/ codeine tab 300-30 mg .....	3
acetaminophen w/ codeine tab 300-60 mg .....	3
acetazolamide cap er 12hr 500 mg .....	49
acetazolamide tab 125 mg .....	49
acetazolamide tab 250 mg .....	49
acetic acid otic soln 2% .....	148
acetylcysteine inhal soln 10% .....	136
acetylcysteine inhal soln 20% .....	137
acitretin cap 10 mg .....	143
acitretin cap 17.5 mg .....	143
acitretin cap 25 mg.....	143
acne cleansi bar 10% .....	140
ACNE MEDICAT LOT 10%.....	140
ACNE MEDICAT LOT 5% .....	140
ACTEMRA INJ 162/0.9 .....	110
ACTEMRA INJ 200/10ML .....	110
ACTEMRA INJ 400/20ML .....	110
ACTEMRA INJ 80MG/4ML.....	110
ACTIMMUNE INJ 2MU/0.5 .....	116
ACUVAIL SOL 0.45% .....	129
acyclovir cap 200 mg .....	18
acyclovir cream 5% .....	146
acyclovir susp 200 mg/5ml.....	18
acyclovir tab 400 mg.....	18
acyclovir tab 800 mg.....	18
ADALIMU-ADAZ INJ 40/0.4ML.....	110, 111
adapalene-benzoyl peroxide gel 0.1-2.5% .....	140
adapalene-benzoyl peroxide gel 0.3-2.5% .....	140
adapalene cream 0.1% .....	140
adapalene gel 0.1%.....	140
adapalene gel 0.3% .....	140
adefovir dipivoxil tab 10 mg .....	21
ADEMPAS TAB 0.5MG.....	51
ADEMPAS TAB 1.5MG.....	51
ADEMPAS TAB 1MG .....	51
ADEMPAS TAB 2.5MG .....	51
ADEMPAS TAB 2MG .....	51
adriamycin.....	27
ADULT RESPIRATORY MASK .....	137



<i>advil jr st tab 100mg</i> .....	2	<i>aliskiren fumarate tab 300 mg (base equivalent)</i> .....	49
ADZENYS XR TAB 12.5MG .....	69	ALIVE PRENAT CHW DAILY SU .....	124
ADZENYS XR TAB 15.7 MG .....	69	ALKA-SELTZER TAB 325MG .....	11
ADZENYS XR TAB 18.8MG .....	69	ALKA-SELTZER TAB 500MG .....	11
ADZENYS XR TAB 3.1MG .....	69	<i>aller-ease tab 180mg</i> .....	132
ADZENYS XR TAB 6.3MG .....	69	<i>allergy/cong tab 5-120mg</i> .....	79
ADZENYS XR TAB 9.4MG .....	69	<i>allergy relf cap 25mg</i> .....	132
AFRIN CHILD SPR 0.25% .....	139	<i>allergy rel liq 12.5/5ml</i> .....	132
<i>afrin saline spr 0.65%</i> .....	137	ALLERGY ULTR TAB 25MG .....	132
AIRSUPRA AER 90-80MCG .....	138	<i>allopurinol tab 100 mg</i> .....	1
AJOVY INJ 225/1.5 .....	74	<i>allopurinol tab 300 mg</i> .....	2
AKYNZEO CAP 300-0.5 .....	99	<i>almotriptan malate tab 12.5 mg</i> .....	74
<i>ala-cort</i> .....	144	<i>almotriptan malate tab 6.25 mg</i> .....	74
<i>albendazole tab 200 mg</i> .....	13	ALOCRI SOL 2% .....	129
ALBUSTIX TES .....	121	<i>aloe vera/lidocaine</i> .....	145
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> .....	134	<i>alogliptin benzoate tab 12.5 mg (base equiv)</i> .....	83
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i> .....	134	<i>alogliptin benzoate tab 25 mg (base equiv)</i> .....	83
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i> .....	134	<i>alogliptin benzoate tab 6.25 mg (base equiv)</i> .....	82
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i> .....	134	<i>alogliptin-metformin hcl tab 12.5-1000 mg</i> .....	82
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i> .....	134	<i>alogliptin-metformin hcl tab 12.5-500 mg</i> .....	82
<i>albuterol sulfate syrup 2 mg/5ml</i> .....	134	ALOMIDE SOL 0.1% OP .....	129
<i>albuterol sulfate tab 2 mg</i> .....	134	<i>alose tron hcl tab 0.5 mg (base equiv)</i> .....	102
<i>albuterol sulfate tab 4 mg</i> .....	134	<i>alose tron hcl tab 1 mg (base equiv)</i> .....	102
<i>alclometasone dipropionate cream 0.05%</i> .....	144	ALPRAZOLAM CON 1 MG/ML .....	53
<i>alclometasone dipropionate oint 0.05%</i> .....	144	<i>alprazolam orally disintegrating tab 0.25 mg</i> .....	53
ALCOHOL PREP PAD .....	89	<i>alprazolam orally disintegrating tab 0.5 mg</i> .....	53
ALCOHOL SWAB PAD 70% .....	122	<i>alprazolam orally disintegrating tab 1 mg</i> .....	53
ALECENSA CAP 150MG .....	31	<i>alprazolam orally disintegrating tab 2 mg</i> .....	53
<i>alendronate sodium oral soln 70 mg/75ml</i> .....	85	<i>alprazolam tab 0.25 mg</i> .....	53
<i>alendronate sodium tab 10 mg</i> .....	85	<i>alprazolam tab 0.5 mg</i> .....	53
<i>alendronate sodium tab 35 mg</i> .....	85	<i>alprazolam tab 1 mg</i> .....	53
<i>alendronate sodium tab 5 mg</i> .....	85	<i>alprazolam tab 2 mg</i> .....	53
<i>alendronate sodium tab 70 mg</i> .....	85	<i>altavera</i> .....	86
<i>alfuzosin hcl tab er 24hr 10 mg</i> .....	104	ALUM HYDROX SUS 320/5ML .....	12
ALINIA SUS 100/5ML .....	22	ALUMINUM SOL ACETATE .....	147
<i>aliskiren fumarate tab 150 mg (base equivalent)</i> .....	49	ALVESCO AER 160MCG .....	138
		ALVESCO AER 80MCG .....	138

<i>alyacen 1/35</i> .....	86	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>alyacen 7/7/7</i> .....	86	<i>tab 5-20 mg</i> .....	47
<i>amantadine hcl cap 100 mg</i> .....	60	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>amantadine hcl soln 50 mg/5ml</i> .....	60	<i>tab 5-40 mg</i> .....	47
<i>amantadine hcl tab 100 mg</i> .....	60	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>ambrisentan tab 10 mg</i> .....	52	<i>tab 5-80 mg</i> .....	47
<i>ambrisentan tab 5 mg</i> .....	52	<i>amlodipine besylate-benazepril hcl cap 10-</i>	
<i>amcinonide lotion 0.1%</i> .....	144	<i>20 mg</i> .....	37
<i>amcinonide oint 0.1%</i> .....	144	<i>amlodipine besylate-benazepril hcl cap 10-</i>	
<i>amethyst</i> .....	86	<i>40 mg</i> .....	37
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>		<i>amlodipine besylate-benazepril hcl cap 2.5-</i>	
.....	13	<i>10 mg</i> .....	37
<i>amikacin sulfate inj 500 mg/2ml (250</i>		<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>mg/ml)</i> .....	13	<i>10 mg</i> .....	37
<i>amiloride &amp; hydrochlorothiazide tab 5-50</i>		<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>mg</i> .....	49	<i>20 mg</i> .....	37
<i>amiloride hcl tab 5 mg</i> .....	49	<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>aminophylline inj 25 mg/ml</i> .....	139	<i>40 mg</i> .....	37
<i>amiodarone hcl tab 200 mg</i> .....	41	<i>amlodipine besylate-olmesartan</i>	
<i>amiodarone hcl tab 400 mg</i> .....	41	<i>medoxomil tab 10-20 mg</i> .....	39
<i>amitriptyline hcl tab 100 mg</i> .....	55	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 10 mg</i> .....	55	<i>medoxomil tab 10-40 mg</i> .....	39
<i>amitriptyline hcl tab 150 mg</i> .....	55	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 25 mg</i> .....	55	<i>medoxomil tab 5-20 mg</i> .....	39
<i>amitriptyline hcl tab 50 mg</i> .....	55	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 75 mg</i> .....	55	<i>medoxomil tab 5-40 mg</i> .....	39
<i>amlactin lot 12%</i> .....	146	<i>amlodipine besylate tab 10 mg (base</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>equivalent)</i> .....	47
<i>tab 10-10 mg</i> .....	47	<i>amlodipine besylate tab 2.5 mg (base</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>equivalent)</i> .....	47
<i>tab 10-20 mg</i> .....	47	<i>amlodipine besylate tab 5 mg (base</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>equivalent)</i> .....	47
<i>tab 10-40 mg</i> .....	47	<i>amlodipine besylate-valsartan tab 10-160</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i> .....	39
<i>tab 10-80 mg</i> .....	47	<i>amlodipine besylate-valsartan tab 10-320</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i> .....	39
<i>tab 2.5-10 mg</i> .....	46	<i>amlodipine besylate-valsartan tab 5-160</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i> .....	39
<i>tab 2.5-20 mg</i> .....	46	<i>amlodipine besylate-valsartan tab 5-320</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i> .....	39
<i>tab 2.5-40 mg</i> .....	47	<i>amoxapine tab 100 mg</i> .....	56
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amoxapine tab 150 mg</i> .....	56
<i>tab 5-10 mg</i> .....	47	<i>amoxapine tab 25 mg</i> .....	56
		<i>amoxapine tab 50 mg</i> .....	56

<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i> .....	104	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> .....	69
<i>amoxicillin (trihydrate) cap 250 mg</i> .....	24	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> .....	69
<i>amoxicillin (trihydrate) cap 500 mg</i> .....	24	<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	70
<i>amoxicillin (trihydrate) chew tab 125 mg</i> ..	24	<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	70
<i>amoxicillin (trihydrate) chew tab 250 mg</i> ..	24	<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	70
<i>amoxicillin (trihydrate) for susp 125 mg/5ml .....</i>	24	<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	70
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i> .....	24	<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	70
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i> .....	24	<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	70
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i> .....	24	<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	70
<i>amoxicillin (trihydrate) tab 500 mg</i> .....	24	<i>amphotericin b for iv soln 50 mg</i> .....	13
<i>amoxicillin (trihydrate) tab 875 mg</i> .....	24	<i>ampicillin cap 500 mg</i> .....	24
<i>amoxicillin &amp; k clavulanate chew tab 200- 28.5 mg</i> .....	24	<i>ampicillin sodium for inj 1 gm</i> .....	24
<i>amoxicillin &amp; k clavulanate chew tab 400- 57 mg</i> .....	24	<i>ampicillin sodium for inj 2 gm</i> .....	24
<i>amoxicillin &amp; k clavulanate for susp 200- 28.5 mg/5ml</i> .....	24	<i>anagrelide hcl cap 0.5 mg</i> .....	109
<i>amoxicillin &amp; k clavulanate for susp 250- 62.5 mg/5ml</i> .....	24	<i>anagrelide hcl cap 1 mg</i> .....	109
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i> .....	24	<i>anastrozole tab 1 mg</i> .....	30
<i>amoxicillin &amp; k clavulanate for susp 600- 42.9 mg/5ml</i> .....	24	<i>ANBESOL GEL 10%</i> .....	148
<i>amoxicillin &amp; k clavulanate tab 250-125 mg .....</i>	24	<i>ANNOVERA MIS</i> .....	86
<i>amoxicillin &amp; k clavulanate tab 500-125 mg .....</i>	24	<i>antacid plus sus gas rel</i> .....	12
<i>amoxicillin &amp; k clavulanate tab 875-125 mg .....</i>	24	<i>ANTI-DIARRHE LIQ 1MG/5ML</i> .....	26
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000- 62.5 mg</i> .....	24	<i>anti-fungal pow 1%</i> .....	142
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> .....	69	<i>anti-itch cre 1%</i> .....	144
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> .....	69	<i>anti-itch gel 2% ex st</i> .....	139
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> .....	69	<i>APOKYN INJ 10MG/ML</i> .....	60
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> .....	69	<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i> .....	129
		<i>aprepitant capsule 125 mg</i> .....	99
		<i>aprepitant capsule 40 mg</i> .....	99
		<i>aprepitant capsule 80 mg</i> .....	99
		<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....	99
		<i>APRETUDE SUS 600MG ER</i> .....	14
		<i>apri</i> .....	86
		<i>APTIVUS CAP 250MG</i> .....	14
		<i>aquanil hc lot 1%</i> .....	144

<i>aranelle</i> .....	86	<i>ascorbic acid tab 500 mg</i> .....	149
ARANESP INJ 100MCG .....	108	<i>asenapine maleate sl tab 10 mg (base equiv)</i> .....	63
ARANESP INJ 10MCG.....	108	<i>asenapine maleate sl tab 2.5 mg (base equiv)</i> .....	63
ARANESP INJ 150MCG .....	108	<i>asenapine maleate sl tab 5 mg (base equiv)</i> .....	63
ARANESP INJ 200MCG.....	108	<i>ashlyna</i> .....	86
ARANESP INJ 25MCG .....	108	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....	109
ARANESP INJ 300MCG .....	108	<i>aspirin ec adult low dose</i> .....	11
ARANESP INJ 40MCG.....	108	<i>aspirin tab 325mg</i> .....	11
ARANESP INJ 500MCG .....	108	<i>aspirin tab 500mg</i> .....	11
ARANESP INJ 60MCG.....	108	ASTAGRAF XL CAP 0.5MG .....	116
ARCALYST INJ 220MG .....	116	ASTAGRAF XL CAP 1MG .....	116
AREXVY INJ 120MCG .....	118	ASTAGRAF XL CAP 5MG .....	116
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i> .....	134	ATABEX CHW PRENATAL.....	124
<i>aripiprazole orally disintegrating tab 10 mg</i> .....	62	<i>atazanavir sulfat cap 150 mg (base equiv)</i> .....	14
<i>aripiprazole orally disintegrating tab 15 mg</i> .....	62	<i>atazanavir sulfat cap 200 mg (base equiv)</i> .....	14
<i>aripiprazole oral solution 1 mg/ml</i> .....	62	<i>atazanavir sulfat cap 300 mg (base equiv)</i> .....	14
<i>aripiprazole tab 10 mg</i> .....	62	<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .	45
<i>aripiprazole tab 15 mg</i> .....	62	<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> ...	45
<i>aripiprazole tab 20 mg</i> .....	62	<i>atenolol tab 100 mg</i> .....	45
<i>aripiprazole tab 2 mg</i> .....	62	<i>atenolol tab 25 mg</i> .....	45
<i>aripiprazole tab 30 mg</i> .....	62	<i>atenolol tab 50 mg</i> .....	45
<i>aripiprazole tab 5 mg</i> .....	62	<i>atomoxetine hcl cap 100 mg (base equiv)</i> ..	70
ARISTADA INJ 1064MG .....	63	<i>atomoxetine hcl cap 10 mg (base equiv)</i> ..	70
ARISTADA INJ 441MG/1. ....	62	<i>atomoxetine hcl cap 18 mg (base equiv)</i> ..	70
ARISTADA INJ 662MG/2 .....	62	<i>atomoxetine hcl cap 25 mg (base equiv)</i> ..	70
ARISTADA INJ 882MG/3 .....	63	<i>atomoxetine hcl cap 40 mg (base equiv)</i> .	70
ARISTADA INJ INITIO .....	63	<i>atomoxetine hcl cap 60 mg (base equiv)</i> .	70
<i>armodafinil tab 150 mg</i> .....	77	<i>atomoxetine hcl cap 80 mg (base equiv)</i> .	70
<i>armodafinil tab 200 mg</i> .....	77	<i>atorvastatin calcium tab 10 mg (base equivalent)</i> .....	42
<i>armodafinil tab 250 mg</i> .....	77	<i>atorvastatin calcium tab 20 mg (base equivalent)</i> .....	42
<i>armodafinil tab 50 mg</i> .....	77	<i>atorvastatin calcium tab 40 mg (base equivalent)</i> .....	43
ARNUITY ELPT INH 100MCG.....	138	<i>atorvastatin calcium tab 80 mg (base equivalent)</i> .....	43
ARNUITY ELPT INH 200MCG .....	138		
ARNUITY ELPT INH 50MCG.....	138		
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i> .....	36		
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i> .....	36		
<i>arth pain cre 0.075%</i> .....	146		
<i>artifi tears sol 1.4% op</i> .....	130		
<i>ascorbic acid cap er 500 mg</i> .....	149		

<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....14	<i>bacitracin ophth oint 500 unit/gm</i> .....128
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> 14	<i>bacitracin-polymyxin b ophth oint</i> .....128
<i>atovaquone susp 750 mg/5ml</i> .....22	<i>bacitracin-polymyxin-neomycin-hc ophth</i> <i>oint 1%</i> .....128
<i>atropine sulfate ophth soln 1%</i> .....130	<i>bacitracin zinc oint 500 unit/gm</i> .....141
<i>atropine sulfate soln prefill syr 0.25 mg/5ml</i> <i>(0.05 mg/ml)</i> .....99	<i>baclofen tab 10 mg</i> .....76
<i>atropine sulfate soln prefill syr 1 mg/10ml</i> <i>(0.1 mg/ml)</i> .....99	<i>baclofen tab 20 mg</i> .....76
AUTOLET LITE KIT STARTER.....121	<i>baclofen tab 5 mg</i> .....76
AUTOLET PLAT MIS 1.8MM.....89	BALMEX CRE 11.3%.....147
AVEENO BATH PAK TREATMNT .....81	<i>balsalazide disodium cap 750 mg</i> .....101
<i>aviane</i> .....86	BARACLUDGE SOL.....21
<i>avidoxy</i> .....25	BASAGLAR KWIKPEN .....83
AYR SALINE KIT RINSE .....137	BAXDELA TAB 450MG.....21
<i>azacitidine for inj 100 mg</i> .....28	<i>bayer asa tab 325mg</i> .....12
AZASITE SOL 1%.....128	BAYER MICRLT MIS LANC DVC.....121
<i>azathioprine tab 100 mg</i> .....116	BAYER PLUS TAB 500MG .....12
<i>azathioprine tab 50 mg</i> .....116	B-COMPLEX TAB C/FA/BIO .....123
<i>azathioprine tab 75 mg</i> .....116	<i>b-complex vitamin tab</i> .....123
<i>azelaic acid gel 15%</i> .....147	<i>bee zee tab</i> .....123
<i>azelastine hcl-fluticasone prop nasal spray</i> <i>137-50 mcg/act</i> .....132	BELBUCA MIS 150MCG .....10
<i>azelastine hcl nasal spray 0.1% (137</i> <i>mcg/spray)</i> .....132	BELBUCA MIS 300MCG .....10
<i>azelastine hcl nasal spray 0.15% (205.5</i> <i>mcg/spray)</i> .....132	BELBUCA MIS 450MCG .....10
<i>azelastine hcl ophth soln 0.05%</i> .....129	BELBUCA MIS 600MCG .....10
<i>azithromycin for susp 100 mg/5ml</i> .....20	BELBUCA MIS 750MCG.....10
<i>azithromycin for susp 200 mg/5ml</i> .....20	BELBUCA MIS 75MCG .....10
<i>azithromycin powd pack for susp 1 gm</i> .....20	BELBUCA MIS 900MCG .....10
<i>azithromycin tab 250 mg</i> .....20	BELSOMRA TAB 10MG.....73
<i>azithromycin tab 500 mg</i> .....20	BELSOMRA TAB 15MG .....73
<i>azithromycin tab 600 mg</i> .....20	BELSOMRA TAB 20MG .....73
AZSTARYS CAP 26.1-5.2.....70	BELSOMRA TAB 5MG .....73
AZSTARYS CAP 39.2-7.8 .....70	BENADRYL ALL LIQ 12.5/5ML .....132
AZSTARYS CAP 52.3-10.....70	<i>benazepril &amp; hydrochlorothiazide tab 10-</i> <i>12.5 mg</i> .....37
<i>aztreonam for inj 1 gm</i> .....22	<i>benazepril &amp; hydrochlorothiazide tab 20-</i> <i>12.5 mg</i> .....38
<i>aztreonam for inj 2 gm</i> .....22	<i>benazepril &amp; hydrochlorothiazide tab 20-25</i> <i>mg</i> .....38
<i>azurette</i> .....86	<i>benazepril &amp; hydrochlorothiazide tab 5-</i> <i>6.25 mg</i> .....37
<b>B</b>	<i>benazepril hcl tab 10 mg</i> .....38
<i>b-100 complx tab</i> .....123	<i>benazepril hcl tab 20 mg</i> .....38
BABY ANBESOL GEL 7.5%.....148	<i>benazepril hcl tab 40 mg</i> .....38
<i>bacitracin oint 500 unit/gm</i> .....141	<i>benazepril hcl tab 5 mg</i> .....38
	<i>benzonatate cap 100 mg</i> .....135

<i>benzonatate cap 200 mg</i> .....	135	BETOPTIC-S SUS 0.25% OP .....	129
<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	140	BEVESPI AER 9-4.8MCG .....	132
<i>benzoyl peroxide gel 10%</i> .....	140	BE WELL PAK ROUNDED .....	124
<i>benzoyl peroxide gel 2.5%</i> .....	140	<i>bexarotene cap 75 mg</i> .....	36
<i>benzoyl peroxide gel 5%</i> .....	140	<i>bexarotene gel 1%</i> .....	146
<i>benzoyl peroxide liq 5%</i> .....	140	BEXSERO INJ .....	118
<i>benztropine mesylate inj 1 mg/ml</i> .....	61	BEYFORTUS INJ 100MG/ML .....	118
<i>benztropine mesylate tab 0.5 mg</i> .....	61	BEYFORTUS INJ 50/0.5ML.....	117
<i>benztropine mesylate tab 1 mg</i> .....	61	<i>bicalutamide tab 50 mg</i> .....	30
<i>benztropine mesylate tab 2 mg</i> .....	61	BIKTARVY TAB .....	17
<i>bepotastine besilate ophth soln 1.5%</i> .....	129	<i>biotin tab 5 mg</i> .....	149
BESIVANCE SUS 0.6% .....	128	<i>bisoprolol &amp; hydrochlorothiazide tab 10- 6.25 mg</i> .....	45
<i>betaine powder for oral solution</i> .....	90	<i>bisoprolol &amp; hydrochlorothiazide tab 2.5- 6.25 mg</i> .....	45
<i>betamethasone dipropionate augmented cream 0.05%</i> .....	144	<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....	45
<i>betamethasone dipropionate augmented gel 0.05%</i> .....	144	<i>bisoprolol fumarate tab 10 mg</i> .....	45
<i>betamethasone dipropionate augmented lotion 0.05%</i> .....	144	<i>bisoprolol fumarate tab 5 mg</i> .....	45
<i>betamethasone dipropionate augmented oint 0.05%</i> .....	144	<i>bleomycin sulfate for inj 15 unit</i> .....	27
<i>betamethasone dipropionate cream 0.05%</i> .....	144	<i>bleomycin sulfate for inj 30 unit</i> .....	27
<i>betamethasone dipropionate lotion 0.05%</i> .....	144	BLOOD GLUCOSE CALIBRATION SOLUTION .....	121
<i>betamethasone valerate aerosol foam 0.12%</i> .....	144	BOOSTRIX INJ .....	118
<i>betamethasone valerate cream 0.1% (base equivalent)</i> .....	144	<i>bosentan tab 125 mg</i> .....	52
<i>betamethasone valerate lotion 0.1% (base equivalent)</i> .....	144	<i>bosentan tab 62.5 mg</i> .....	52
<i>betamethasone valerate oint 0.1% (base equivalent)</i> .....	144	BOUDREAUXS OIN 16%.....	147
BETASERON INJ 0.3MG.....	75	BRAINSTRONG MIS PRENATAL .....	124
<i>betaxolol hcl ophth soln 0.5%</i> .....	129	BREO ELLIPTA INH 100-25 .....	139
<i>betaxolol hcl tab 10 mg</i> .....	45	BREO ELLIPTA INH 200-25.....	139
<i>betaxolol hcl tab 20 mg</i> .....	45	BREO ELLIPTA INH 50-25MCG.....	138
<i>bethanechol chloride tab 10 mg</i> .....	105	BREZTRI AERO AER SPHERE .....	132
<i>bethanechol chloride tab 25 mg</i> .....	105	<i>brimonidine tartrate gel 0.33% (base equivalent)</i> .....	147
<i>bethanechol chloride tab 50 mg</i> .....	105	<i>brimonidine tartrate ophth soln 0.1%</i> .....	129
<i>bethanechol chloride tab 5 mg</i> .....	105	<i>brimonidine tartrate ophth soln 0.15%</i> ...	129
BETIMOL SOL 0.25% .....	129	<i>brimonidine tartrate ophth soln 0.2%</i> .....	129
BETIMOL SOL 0.5% .....	129	<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> .....	129
		<i>brinzolamide ophth susp 1%</i> .....	129
		<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> .....	129
		<i>bromocriptine mesylate cap 5 mg (base equivalent)</i> .....	61

<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> .....	61	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> .....	79
<i>BRYHALI LOT 0.01%</i> .....	144	<i>bupropion hcl tab 100 mg</i> .....	56
<i>budesonide delayed release particles cap 3 mg</i> .....	101	<i>bupropion hcl tab 75 mg</i> .....	56
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> .....	139	<i>bupropion hcl tab er 12hr 100 mg</i> .....	56
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> .....	139	<i>bupropion hcl tab er 12hr 150 mg</i> .....	56
<i>budesonide inhalation susp 0.25 mg/2ml</i> .....	138	<i>bupropion hcl tab er 12hr 200 mg</i> .....	56
<i>budesonide inhalation susp 0.5 mg/2ml</i> .....	138	<i>bupropion hcl tab er 24hr 150 mg</i> .....	56
<i>budesonide inhalation susp 1 mg/2ml</i> .....	138	<i>bupropion hcl tab er 24hr 300 mg</i> .....	56
<i>budesonide tab er 24hr 9 mg</i> .....	101	<i>bupirone hcl tab 10 mg</i> .....	53
<i>BUFFERIN TAB 325MG</i> .....	12	<i>bupirone hcl tab 15 mg</i> .....	53
<i>BULB IRR SYR MIS 60ML</i> .....	122	<i>bupirone hcl tab 30 mg</i> .....	53
<i>bumetanide tab 0.5 mg</i> .....	49	<i>bupirone hcl tab 5 mg</i> .....	53
<i>bumetanide tab 1 mg</i> .....	49	<i>bupirone hcl tab 7.5 mg</i> .....	53
<i>bumetanide tab 2 mg</i> .....	49	<i>busulfan inj 6 mg/ml</i> .....	26
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i> .....	10	<i>butorphanol tartrate inj 1 mg/ml</i> .....	3
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> .....	77	<i>butorphanol tartrate inj 2 mg/ml</i> .....	3
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .....	77	<i>butorphanol tartrate nasal soln 10 mg/ml</i> .....	3
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....	77	<b>C</b>	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....	77	<i>c-500 chw 500mg</i> .....	149
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> .....	78	<i>CABENUVA SUS 400-600</i> .....	17
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> .....	78	<i>CABENUVA SUS 600-900</i> .....	17
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i> .....	78	<i>cabergoline tab 0.5 mg</i> .....	97
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i> .....	78	<i>CABOMETYX TAB 20MG</i> .....	31
<i>buprenorphine td patch weekly 10 mcg/hr</i> .....	11	<i>CABOMETYX TAB 40MG</i> .....	31
<i>buprenorphine td patch weekly 15 mcg/hr</i> .....	11	<i>CABOMETYX TAB 60MG</i> .....	31
<i>buprenorphine td patch weekly 20 mcg/hr</i> .....	11	<i>CA CITRATE TAB 250MG</i> .....	122
<i>buprenorphine td patch weekly 5 mcg/hr</i> .....	10	<i>CADEAU DHA CAP</i> .....	124
<i>buprenorphine td patch weekly 7.5 mcg/hr</i> .....	11	<i>CA GLUCONATE TAB 50MG</i> .....	122
		<i>CA LACTATE TAB 100MG</i> .....	122
		<i>caladryl clr lot 1-0.1%</i> .....	146
		<i>CALADRYL LOT 1-8%</i> .....	146
		<i>CALAMINE LOT 8-8%</i> .....	147
		<i>cal antacid chw 1000mg</i> .....	12
		<i>calc antacid chw 500mg</i> .....	12
		<i>calc antacid chw 750mg</i> .....	12
		<i>CALC CHEWABL CHW 600 PLUS</i> .....	126
		<i>CALCI-CHEW CHW 1250MG</i> .....	122
		<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> .....	143
		<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .....	143
		<i>calcitonin (salmon) nasal soln 200 unit/act</i> .....	86
		<i>calcitrate tab 950mg</i> .....	122

<i>calcitriol cap 0.25 mcg</i> .....	127	<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>calcitriol cap 0.5 mcg</i> .....	127	<i>tab 32-25 mg</i> .....	40
<i>calcitriol oint 3 mcg/gm</i> .....	143	<i>candesartan cilexetil tab 16 mg</i> .....	40
<i>calcitriol oral soln 1 mcg/ml</i> .....	127	<i>candesartan cilexetil tab 32 mg</i> .....	40
CALCIUM/D3 WAF .....	123	<i>candesartan cilexetil tab 4 mg</i> .....	40
<i>calcium/d chw 500-400</i> .....	123	<i>candesartan cilexetil tab 8 mg</i> .....	40
<i>calcium 600+d</i> .....	122	<i>capecitabine tab 150 mg</i> .....	28
<i>calcium 600 tab</i> .....	122	<i>capecitabine tab 500 mg</i> .....	28
<i>calcium acetate (phosphate binder) cap</i>		CAPRELSA TAB 100MG .....	32
<i>667 mg (169 mg ca)</i> .....	97	CAPRELSA TAB 300MG.....	32
<i>calcium acetate (phosphate binder) tab 667</i>		<i>capsaicin cream 0.025%</i> .....	146
<i>mg</i> .....	97	<i>capsaicin hp cre 0.1%</i> .....	146
<i>calcium carbonate (antacid) susp 1250</i>		<i>captopril tab 100 mg</i> .....	38
<i>mg/5ml</i> .....	12	<i>captopril tab 12.5 mg</i> .....	38
<i>calcium carbonate-cholecalciferol tab 600</i>		<i>captopril tab 25 mg</i> .....	38
<i>mg-5 mcg(200 unit)</i> .....	122	<i>captopril tab 50 mg</i> .....	38
<i>calcium carbonate tab 1250 mg (500 mg</i>		CAPVAXIVE INJ 0.5ML.....	118
<i>elemental ca)</i> .....	122	CAPZASIN-P CRE 0.035% .....	146
CALCIUM CARB TAB 648MG.....	12	<i>carbamazepine cap er 12hr 100 mg</i> .....	65
<i>calcium citrate tab 950 mg (200 mg</i>		<i>carbamazepine cap er 12hr 200 mg</i> .....	65
<i>elemental ca)</i> .....	122	<i>carbamazepine cap er 12hr 300 mg</i> .....	65
<i>calcium citrate-vitamin d tab 315 mg-250</i>		<i>carbamazepine chew tab 100 mg</i> .....	65
<i>unit</i> .....	122	<i>carbamazepine susp 100 mg/5ml</i> .....	65
CALCIUM CIT TAB 1040MG.....	122	<i>carbamazepine tab 200 mg</i> .....	65
<i>calcium cit-vitamin d tab 315 mg-5</i>		<i>carbamazepine tab er 12hr 100 mg</i> .....	65
<i>mcg(200 unit) (elem ca)</i> .....	122	<i>carbamazepine tab er 12hr 200 mg</i> .....	65
<i>calcium cit-vit d tab 200 mg-6.25 mcg(250</i>		<i>carbamazepine tab er 12hr 400 mg</i> .....	65
<i>unit) (elem ca)</i> .....	122	<i>carbidopa &amp; levodopa orally disintegrating</i>	
CALCIUM GLUC TAB 500MG .....	122	<i>tab 10-100 mg</i> .....	61
CALCIUM LACT TAB 648MG.....	123	<i>carbidopa &amp; levodopa orally disintegrating</i>	
CALCIUM LACT TAB 750MG.....	123	<i>tab 25-100 mg</i> .....	61
CALCIUM SOFT CHW CHOCOLAT .....	123	<i>carbidopa &amp; levodopa orally disintegrating</i>	
<i>calcium soft chw mlk choc</i> .....	123	<i>tab 25-250 mg</i> .....	61
CALCIUM TAB 333MG .....	123	<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	61
<i>callus remov pad 40%</i> .....	146	<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....	61
CALNA TAB .....	124	<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....	61
CALQUENCE TAB 100MG .....	32	<i>carbidopa &amp; levodopa tab er 25-100 mg</i> ..	61
CALTRATE +D3 TAB 600-800.....	123	<i>carbidopa &amp; levodopa tab er 50-200 mg</i> ..	61
<i>camila</i> .....	86	<i>carbidopa-levodopa-entacapone tabs 12.5-</i>	
<i>camrese</i> .....	86	<i>50-200 mg</i> .....	61
<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
<i>tab 16-12.5 mg</i> .....	39	<i>18.75-75-200 mg</i> .....	61
<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>carbidopa-levodopa-entacapone tabs 25-</i>	
<i>tab 32-12.5 mg</i> .....	39	<i>100-200 mg</i> .....	61



<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefepime hcl for inj 1 gm</i> .....	19
31.25-125-200 mg .....	61	<i>cefepime hcl for iv soln 2 gm</i> .....	19
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-		<i>cefixime cap 400 mg</i> .....	19
150-200 mg.....	61	<i>cefixime for susp 100 mg/5ml</i> .....	19
<i>carbidopa-levodopa-entacapone tabs</i> 50-		<i>cefixime for susp 200 mg/5ml</i> .....	19
200-200 mg.....	61	<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	
<i>carbidopa tab 25 mg</i> .....	61	.....	19
<i>carbinoxamine maleate soln 4 mg/5ml</i> ...132		<i>cefpodoxime proxetil for susp 50 mg/5ml</i> 19	
<i>carbinoxamine maleate tab 4 mg</i> .....132		<i>cefpodoxime proxetil tab 100 mg</i> .....	19
<i>carboplatin iv soln 150 mg/15ml</i> .....36		<i>cefpodoxime proxetil tab 200 mg</i> .....	19
<i>carboplatin iv soln 450 mg/45ml</i> .....36		<i>cefprozil for susp 125 mg/5ml</i> .....	19
<i>carboplatin iv soln 50 mg/5ml</i> .....	36	<i>cefprozil for susp 250 mg/5ml</i> .....	19
<i>carboplatin iv soln 600 mg/60ml</i> .....36		<i>cefprozil tab 250 mg</i> .....	19
CARDURA XL TAB 4MG .....	104	<i>cefprozil tab 500 mg</i> .....	19
CARDURA XL TAB 8MG .....	104	<i>ceftazidime for iv soln 2 gm</i> .....	19
CAREFINE MIS 32GX6MM.....	89	<i>ceftriaxone sodium for inj 10 gm</i> .....	19
<i>carglumic acid soluble tab 200 mg</i> .....	90	<i>ceftriaxone sodium for inj 1 gm</i> .....	19
<i>carisoprodol tab 350 mg</i> .....	76	<i>ceftriaxone sodium for inj 250 mg</i> .....	20
<i>carmustine for inj 100 mg</i> .....	26	<i>ceftriaxone sodium for inj 2 gm</i> .....	19
<i>carteolol hcl ophth soln 1%</i> .....	129	<i>ceftriaxone sodium for inj 500 mg</i> .....	20
<i>cartia xt</i> .....	47	<i>ceftriaxone sodium for iv soln 1 gm</i> .....	20
<i>carvedilol phosphate cap er 24hr 10 mg</i> ..45		<i>ceftriaxone sodium for iv soln 2 gm</i> .....	20
<i>carvedilol phosphate cap er 24hr 20 mg</i> ..45		<i>cefuroxime axetil tab 250 mg</i> .....	20
<i>carvedilol phosphate cap er 24hr 40 mg</i> ..45		<i>cefuroxime axetil tab 500 mg</i> .....	20
<i>carvedilol phosphate cap er 24hr 80 mg</i> ..45		<i>celecoxib cap 100 mg</i> .....	1
<i>carvedilol tab 12.5 mg</i> .....	45	<i>celecoxib cap 200 mg</i> .....	1
<i>carvedilol tab 25 mg</i> .....	46	<i>celecoxib cap 50 mg</i> .....	1
<i>carvedilol tab 3.125 mg</i> .....	45	CELLCEPT CAP 250MG .....	116
<i>carvedilol tab 6.25 mg</i> .....	45	CELLCEPT IV INJ 500MG .....	116
CAYA DPR .....	121	CELLCEPT SUS 200MG/ML .....	116
CAYSTON INH 75MG.....	135	CELLCEPT TAB 500MG .....	116
<i>cefaclor cap 250 mg</i> .....	19	CENTRUM CHW VITAMINT .....	123
<i>cefaclor cap 500 mg</i> .....	19	CENTRUM KIDS CHW .....	123
<i>cefaclor for susp 125 mg/5ml</i> .....	19	CENTRUM LIQ .....	123
<i>cefaclor for susp 250 mg/5ml</i> .....	19	CENTRUM SPEC PAK PRENATAL.....	124
<i>cefaclor for susp 375 mg/5ml</i> .....	19	CENTRUM TAB SILVER.....	123
<i>cefadroxil cap 500 mg</i> .....	19	<i>cephalexin cap 250 mg</i> .....	20
<i>cefadroxil for susp 250 mg/5ml</i> .....	19	<i>cephalexin cap 500 mg</i> .....	20
<i>cefadroxil for susp 500 mg/5ml</i> .....	19	<i>cephalexin cap 750 mg</i> .....	20
<i>cefadroxil tab 1 gm</i> .....	19	<i>cephalexin for susp 125 mg/5ml</i> .....	20
<i>cefazolin sodium for inj 1 gm</i> .....	19	<i>cephalexin for susp 250 mg/5ml</i> .....	20
<i>cefdinir cap 300 mg</i> .....	19	<i>cephalexin tab 250 mg</i> .....	20
<i>cefdinir for susp 125 mg/5ml</i> .....	19	<i>cephalexin tab 500 mg</i> .....	20
<i>cefdinir for susp 250 mg/5ml</i> .....	19	CERAVE OIN 46.5% .....	147

CERDELGA CAP 84MG .....	90	CHOR GONADOT INJ 10000UNT .....	93
cetirizine tab 5mg .....	133	ciclopirox gel 0.77%.....	142
cevimeline hcl cap 30 mg.....	148	ciclopirox olamine cream 0.77% (base equiv).....	142
chateal eq.....	86	ciclopirox olamine susp 0.77% (base equiv) .....	142
CHEMET CAP 100MG.....	86	ciclopirox shampoo 1%.....	142
chewabl vite chw childrns .....	123	ciclopirox solution 8% .....	142
chlordiazepoxide-amitriptyline tab 10-25 mg .....	78	cidofovir iv inj 75 mg/ml.....	18
chlordiazepoxide-amitriptyline tab 5-12.5 mg .....	78	cilostazol tab 100 mg .....	109
chlordiazepoxide hcl cap 10 mg.....	54	cilostazol tab 50 mg .....	109
chlordiazepoxide hcl cap 25 mg .....	54	CIMDUO TAB 300-300 .....	17
chlordiazepoxide hcl cap 5 mg .....	54	cimetidine tab 200 mg .....	101
chlorhexidine gluconate soln 0.12% .....	148	cimetidine tab 300 mg .....	101
chloroquine phosphate tab 250 mg .....	14	cimetidine tab 400 mg .....	101
chloroquine phosphate tab 500 mg.....	14	cimetidine tab 800 mg .....	101
chlorpromazine hcl inj 25 mg/ml .....	63	cinacalcet hcl tab 30 mg (base equiv) .....	85
chlorpromazine hcl inj 50 mg/2ml.....	63	cinacalcet hcl tab 60 mg (base equiv) .....	85
chlorpromazine hcl tab 100 mg.....	63	cinacalcet hcl tab 90 mg (base equiv) .....	85
chlorpromazine hcl tab 10 mg .....	63	CIPRO (10%) SUS 500MG/5 .....	21
chlorpromazine hcl tab 200 mg .....	63	ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	148
chlorpromazine hcl tab 25 mg.....	63	ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025% .....	148
chlorpromazine hcl tab 50 mg .....	63	ciprofloxacin hcl ophth soln 0.3% (base equivalent) .....	128
chlorthalidone tab 25 mg .....	49	ciprofloxacin hcl otic soln 0.2% (base equivalent) .....	148
chlorthalidone tab 50 mg.....	49	ciprofloxacin hcl tab 100 mg (base equiv) .	21
CHLOR-TRIMET SYP 2MG/5ML.....	133	ciprofloxacin hcl tab 250 mg (base equiv) 21	
CHLOR-TRIMET TAB 12MG CR .....	133	ciprofloxacin hcl tab 500 mg (base equiv) 21	
CHLOR-TRIMET TAB 4MG.....	133	ciprofloxacin hcl tab 750 mg (base equiv) 21	
chlorzoxazone tab 500 mg .....	76	cisplatin inj 100 mg/100ml (1 mg/ml) .....	36
cholecalciferol cap 1.25 mg (50000 unit)149		cisplatin inj 200 mg/200ml (1 mg/ml) .....	36
cholecalciferol cap 10 mcg (400 unit) .....	149	cisplatin inj 50 mg/50ml (1 mg/ml).....	36
cholecalciferol cap 125 mcg (5000 unit) .149		citalopram hydrobromide oral soln 10 mg/5ml .....	56
cholecalciferol tab 10 mcg (400 unit) .....	149	citalopram hydrobromide tab 10 mg (base equiv) .....	56
cholecalciferol tab 25 mcg (1000 unit) ....	149	citalopram hydrobromide tab 20 mg (base equiv) .....	56
cholecalciferol tab 50 mcg (2000 unit) ...	149	citalopram hydrobromide tab 40 mg (base equiv) .....	56
cholestyramine light powder 4 gm/dose..	42	CITRUCEL POW ORANGE .....	120
cholestyramine light powder packets 4 gm .....	42		
cholestyramine powder 4 gm/dose .....	42		
cholestyramine powder packets 4 gm.....	42		
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) .....	42		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) .....	42		

CITRUCEL TAB 500MG .....	120	<i>clobetasol propionate shampoo 0.05%</i> ..	144
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i> ...	28	<i>clobetasol propionate soln 0.05%</i> .....	144
<i>clarithromycin for susp 125 mg/5ml</i> .....	20	<i>clobetasol propionate spray 0.05%</i> .....	144
<i>clarithromycin for susp 250 mg/5ml</i> .....	20	<i>clocortolone pivalate cream 0.1%</i> .....	144
<i>clarithromycin tab 250 mg</i> .....	20	<i>clofarabine iv soln 1 mg/ml</i> .....	28
<i>clarithromycin tab 500 mg</i> .....	20	<i>clomid</i> .....	93
<i>clarithromycin tab er 24hr 500 mg</i> .....	20	<i>clomipramine hcl cap 25 mg</i> .....	54
CLARITIN RDT TAB 5MG .....	133	<i>clomipramine hcl cap 50 mg</i> .....	54
<i>clean&amp;clear liq 2%</i> .....	146	<i>clomipramine hcl cap 75 mg</i> .....	54
<i>clearlax pow</i> .....	120	<i>clonazepam tab 0.5 mg</i> .....	65
<i>clemastine fumarate tab 2.68 mg</i> .....	133	<i>clonazepam tab 1 mg</i> .....	65
CLENPIQ SOL.....	102, 120	<i>clonazepam tab 2 mg</i> .....	65
CLEOCIN SUP 100MG.....	106	<i>clonidine hcl tab 0.1 mg</i> .....	50
CLIMARA PRO DIS WEEKLY .....	91	<i>clonidine hcl tab 0.2 mg</i> .....	50
<i>clindamycin hcl cap 150 mg</i> .....	22	<i>clonidine hcl tab 0.3 mg</i> .....	50
<i>clindamycin hcl cap 300 mg</i> .....	22	<i>clonidine td patch weekly 0.1 mg/24hr</i> .....	50
<i>clindamycin hcl cap 75 mg</i> .....	22	<i>clonidine td patch weekly 0.2 mg/24hr</i> ....	50
<i>clindamycin palmitate hcl for soln 75</i> <i>mg/5ml (base equiv)</i> .....	22	<i>clonidine td patch weekly 0.3 mg/24hr</i> ...	50
<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1.2-2.5%</i> .....	140	<i>clopidogrel bisulfate tab 300 mg (base</i> <i>equiv)</i> .....	109
<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1-5%</i> .....	140	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> .....	109
<i>clindamycin phosphate foam 1%</i> .....	140	<i>clorazepate dipotassium tab 15 mg</i> .....	66
<i>clindamycin phosphate gel 1%</i> .....	140	<i>clorazepate dipotassium tab 3.75 mg</i> .....	66
<i>clindamycin phosphate inj 300 mg/2ml</i> ...	22	<i>clorazepate dipotassium tab 7.5 mg</i> .....	66
<i>clindamycin phosphate inj 600 mg/4ml</i> ...	22	<i>clotrimazole cream 1%</i> .....	142
<i>clindamycin phosphate inj 9 gm/60ml</i> ....	22	<i>clotrimazole soln 1%</i> .....	142
<i>clindamycin phosphate lotion 1%</i> .....	140	<i>clotrimazole troche 10 mg</i> .....	148
<i>clindamycin phosphate soln 1%</i> .....	140	<i>clotrimazole w/ betamethasone cream 1-</i> <i>0.05%</i> .....	142
<i>clindamycin phosphate swab 1%</i> .....	140	<i>clotrimazole w/ betamethasone lotion 1-</i> <i>0.05%</i> .....	142
<i>clindamycin phosphate vaginal cream 2%</i> .....	106	<i>clozapine orally disintegrating tab 100 mg</i> .....	63
<i>clindamycin phosph-benzoyl peroxide</i> <i>(refrig) gel 1.2 (1)-5%</i> .....	140	<i>clozapine orally disintegrating tab 12.5 mg</i> .....	63
<i>clobazam suspension 2.5 mg/ml</i> .....	65	<i>clozapine orally disintegrating tab 150 mg</i> .....	63
<i>clobazam tab 10 mg</i> .....	65	<i>clozapine orally disintegrating tab 200 mg</i> .....	63
<i>clobazam tab 20 mg</i> .....	65	<i>clozapine orally disintegrating tab 25 mg</i> .63	
<i>clobetasol propionate cream 0.05%</i> .....	144	<i>clozapine tab 100 mg</i> .....	63
<i>clobetasol propionate emo</i> .....	144	<i>clozapine tab 200 mg</i> .....	63
<i>clobetasol propionate foam 0.05%</i> .....	144	<i>clozapine tab 25 mg</i> .....	63
<i>clobetasol propionate gel 0.05%</i> .....	144		
<i>clobetasol propionate lotion 0.05%</i> .....	144		
<i>clobetasol propionate oint 0.05%</i> .....	144		

<i>clozapine tab 50 mg</i> .....	63	<i>cromolyn sodium ophth soln 4%</i> .....	129
COARTEM TAB 20-120MG .....	14	<i>cromolyn sodium oral conc 100 mg/5ml</i>	103
<i>codeine sulfate tab 30 mg</i> .....	4	<i>cromolyn sodium soln nebu 20 mg/2ml</i> ..	136
CODEINE SULF TAB 60MG .....	3	<i>croton</i> .....	147
<i>cod liver oil cap</i> .....	125	<i>cryselle-28</i> .....	86
<i>colchicine tab 0.6 mg</i> .....	2	CUTAQUIG SOL 1.65GM .....	116
<i>colchicine w/ probenecid tab 0.5-500 mg</i> .2		CUTAQUIG SOL 1GM .....	116
<i>cold/cough liq child</i> .....	80	CUTAQUIG SOL 2GM.....	116
<i>colesevelam hcl packet for susp 3.75 gm</i>	42	CUTAQUIG SOL 3.3GM.....	116
<i>colesevelam hcl tab 625 mg</i> .....	42	CUTAQUIG SOL 4GM.....	116
<i>colestipol hcl granule packets 5 gm</i> .....	42	CUTAQUIG SOL 8GM.....	116
<i>colestipol hcl granules 5 gm</i> .....	42	<i>cvs ivermectin lice treat</i> .....	147
<i>colestipol hcl tab 1 gm</i> .....	42	<i>cvs lice treatment</i> .....	147
COMETRIQ KIT 100MG .....	32	CVS PRENATAL CHW GUMMY .....	124
COMETRIQ KIT 140MG.....	32	<i>cvs sleep-aid nighttime</i> .....	73
COMETRIQ KIT 60MG .....	32	<i>cyanocobalamin sl tab 1000 mcg</i> .....	110
COMIRNATY INJ 2024-25 .....	118	<i>cyanocobalamin sl tab 500 mcg</i> .....	109
COMIRNATY INJ 30/0.3ML.....	118	<i>cyclobenzaprine hcl tab 10 mg</i> .....	76
COMP PRNATAL MIS DHA .....	124	<i>cyclobenzaprine hcl tab 5 mg</i> .....	76
<i>compro</i> .....	99	<i>cyclophosphamide cap 25 mg</i> .....	26
CONDOMS MIS .....	86	<i>cyclophosphamide cap 50 mg</i> .....	27
COPAXONE INJ 40MG/ML .....	75	<i>cyclophosphamide for inj 1 gm</i> .....	27
CORICIDN HBP TAB CGH&COLD .....	80	<i>cyclophosphamide for inj 2 gm</i> .....	27
CORICIDN HBP TAB COLD/FLU.....	80	<i>cyclophosphamide for inj 500 mg</i> .....	27
CORLANOR SOL 5MG/5ML .....	50	<i>cycloserine cap 250 mg</i> .....	18
CORLANOR TAB 5MG.....	50	<i>cyclosporine cap 100 mg</i> .....	116
CORLANOR TAB 7.5MG .....	50	<i>cyclosporine cap 25 mg</i> .....	116
<i>corn dextrin oral powder</i> .....	120	<i>cyclosporine iv soln 50 mg/ml</i> .....	116
CORTISPORIN SUS -TC OTIC .....	149	<i>cyclosporine modified cap 100 mg</i> .....	116
COSENTYX INJ 150MG/ML.....	111	<i>cyclosporine modified cap 25 mg</i> .....	116
COSENTYX INJ 300DOSE .....	111	<i>cyclosporine modified cap 50 mg</i> .....	116
COSENTYX INJ 75MG/0.5 .....	111	<i>cyclosporine modified oral soln 100 mg/ml</i>	116
COSENTYX PEN INJ 150MG/ML .....	111	.....	116
COSENTYX PEN INJ 300DOSE.....	111	<i>cyproheptadine hcl syrup 2 mg/5ml</i> .....	133
COSENTYX UNO INJ 300/2ML.....	111	<i>cyproheptadine hcl tab 4 mg</i> .....	133
CREON CAP 12000UNT.....	103	CYSTAGON CAP 150MG.....	97
CREON CAP 24000UNT.....	103	CYSTAGON CAP 50MG .....	97
CREON CAP 3000UNIT .....	103	CYSTARAN SOL 0.44%.....	130
CREON CAP 36000UNT .....	103	<i>cytarabine inj 20 mg/ml</i> .....	28
CREON CAP 6000UNIT .....	103	<i>cytarabine inj pf 100 mg/ml</i> .....	28
CRESEMBA CAP 186 MG .....	13	<i>cytarabine inj pf 20 mg/ml</i> .....	28
CRESEMBA CAP 74.5MG .....	13	<b>D</b>	
CRINONE GEL 4% VAG.....	97	<i>dabigatran etexilate mesylate cap 110 mg</i>	
CRINONE GEL 8% VAG .....	97	( <i>etexilate base eq</i> ) .....	106

<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i> .....	106	<i>demeclocycline hcl tab 300 mg</i> .....	25
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i> .....	106	DENGVAXIA SUS .....	118
<i>dacarbazine for inj 100 mg</i> .....	27	DEPO-ESTRADI INJ 5MG/ML .....	91
<i>dacarbazine for inj 200 mg</i> .....	27	DEPO-MEDROL INJ 20MG/ML .....	94
<i>daily-vite/ tab iron</i> .....	123	DEPO-SQ PROV INJ 104 .....	87
<i>dalfampridine tab er 12hr 10 mg</i> .....	76	DESCOVY TAB 120-15MG .....	17
<i>danazol cap 100 mg</i> .....	90	DESCOVY TAB 200/25MG .....	17
<i>danazol cap 200 mg</i> .....	90	<i>desenex cre 1%</i> .....	142
<i>danazol cap 50 mg</i> .....	90	<i>desipramine hcl tab 100 mg</i> .....	56
<i>dantrolene sodium cap 100 mg</i> .....	76	<i>desipramine hcl tab 10 mg</i> .....	56
<i>dantrolene sodium cap 25 mg</i> .....	76	<i>desipramine hcl tab 150 mg</i> .....	56
<i>dantrolene sodium cap 50 mg</i> .....	76	<i>desipramine hcl tab 25 mg</i> .....	56
<i>dapsone tab 100 mg</i> .....	22	<i>desipramine hcl tab 50 mg</i> .....	56
<i>dapsone tab 25 mg</i> .....	22	<i>desipramine hcl tab 75 mg</i> .....	56
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i> .....	105	<i>desloratadine tab 5 mg</i> .....	133
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> .....	105	<i>desloratadine tab orally disintegrating 2.5 mg</i> .....	133
<i>darunavir tab 600 mg</i> .....	14	<i>desloratadine tab orally disintegrating 5 mg</i> .....	133
<i>darunavir tab 800 mg</i> .....	14	<i>desmopressin acetate inj 4 mcg/ml</i> .....	99
<i>dasatinib tab 100 mg</i> .....	32	<i>desmopressin acetate nasal spray soln 0.01%</i> .....	99
<i>dasatinib tab 140 mg</i> .....	32	<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> .....	99
<i>dasatinib tab 20 mg</i> .....	32	<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i> .....	99
<i>dasatinib tab 50 mg</i> .....	32	<i>desmopressin acetate tab 0.1 mg</i> .....	99
<i>dasatinib tab 70 mg</i> .....	32	<i>desmopressin acetate tab 0.2 mg</i> .....	99
<i>dasatinib tab 80 mg</i> .....	32	<i>desonide cream 0.05%</i> .....	144
<i>dasetta 1/35</i> .....	86	<i>desonide lotion 0.05%</i> .....	144
<i>dasetta 7/7/7</i> .....	87	<i>desonide oint 0.05%</i> .....	144
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i> .....	27	<i>desoximetasone cream 0.05%</i> .....	144
DAYVIGO TAB 10MG .....	73	<i>desoximetasone cream 0.25%</i> .....	144
DAYVIGO TAB 5MG .....	73	<i>desoximetasone gel 0.05%</i> .....	144
<i>decitabine for inj 50 mg</i> .....	28	<i>desoximetasone oint 0.25%</i> .....	144
<i>deferiprone tab 1000 mg</i> .....	86	<i>desoximetasone spray 0.25%</i> .....	145
<i>deferiprone tab 500 mg</i> .....	86	<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> .....	57
<i>deflazacort susp 22.75 mg/ml</i> .....	94	<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> .....	57
<i>deflazacort tab 18 mg</i> .....	94	<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> .....	57
<i>deflazacort tab 30 mg</i> .....	94	DEXAMETHASON CON 1MG/ML .....	94
<i>deflazacort tab 36 mg</i> .....	94	<i>dexamethasone elixir 0.5 mg/5ml</i> .....	94
<i>deflazacort tab 6 mg</i> .....	94		
<i>delyla</i> .....	87		
<i>demeclocycline hcl tab 150 mg</i> .....	25		

dexamethasone sodium phosphate inj 100 mg/10ml .....	94	dexamethylphenidate hcl cap er 24 hr 40 mg .....	70
dexamethasone sodium phosphate inj 10 mg/ml .....	94	dexamethylphenidate hcl cap er 24 hr 5 mg .....	70
dexamethasone sodium phosphate inj 120 mg/30ml.....	94	dexamethylphenidate hcl tab 10 mg .....	70
dexamethasone sodium phosphate inj 20 mg/5ml.....	94	dexamethylphenidate hcl tab 2.5 mg.....	70
dexamethasone sodium phosphate inj 4 mg/ml .....	94	dexamethylphenidate hcl tab 5 mg .....	70
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml.....	94	dexrazoxane hcl for inj 250 mg (base equivalent).....	37
dexamethasone sodium phosphate ophth soln 0.1% .....	129	dexrazoxane hcl for inj 500 mg (base equivalent).....	37
dexamethasone sod phosphate preservative free inj 10 mg/ml.....	94	dextroamphetamine sulfate cap er 24hr 10 mg .....	71
dexamethasone soln 0.5 mg/5ml.....	94	dextroamphetamine sulfate cap er 24hr 15 mg .....	71
dexamethasone tab 0.5 mg.....	94	dextroamphetamine sulfate cap er 24hr 5 mg .....	70
dexamethasone tab 0.75 mg .....	94	dextroamphetamine sulfate oral solution 5 mg/5ml.....	71
dexamethasone tab 1.5 mg.....	94	dextroamphetamine sulfate tab 10 mg .....	71
dexamethasone tab 1 mg.....	94	dextroamphetamine sulfate tab 15 mg .....	71
dexamethasone tab 2 mg .....	94	dextroamphetamine sulfate tab 20 mg .....	71
dexamethasone tab 4 mg .....	94	dextroamphetamine sulfate tab 30 mg .....	71
dexamethasone tab 6 mg .....	95	dextroamphetamine sulfate tab 5 mg.....	71
DEXCOM G5 MIS RECEIVER .....	89	DHS TAR SHA .....	149
DEXCOM G5 MIS TRANSMIT .....	90	diaper rash cre 13%.....	147
DEXCOM G6 MIS RECEIVER .....	90	diaper rash pst 40% .....	147
DEXCOM G6 MIS SENSOR .....	90	diazepam inj 5 mg/ml.....	66
DEXCOM G6 MIS TRANSMIT .....	90	diazepam intensol.....	66
DEXCOM G7 MIS RECEIVER .....	90	diazepam oral soln 1 mg/ml.....	66
DEXCOM G7 MIS SENSOR .....	90	diazepam tab 10 mg.....	66
dexamethylphenidate hcl cap er 24 hr 10 mg .....	70	diazepam tab 2 mg .....	66
dexamethylphenidate hcl cap er 24 hr 15 mg .....	70	diazepam tab 5 mg .....	66
dexamethylphenidate hcl cap er 24 hr 20 mg .....	70	dibucaine oint 1% .....	146
dexamethylphenidate hcl cap er 24 hr 25 mg .....	70	diclofenac potassium tab 50 mg.....	2
dexamethylphenidate hcl cap er 24 hr 30 mg .....	70	diclofenac sodium (actinic keratoses) gel 3% .....	2
dexamethylphenidate hcl cap er 24 hr 35 mg .....	70	diclofenac sodium gel 1% (1.16% diethylamine equiv) .....	146
		diclofenac sodium ophth soln 0.1% .....	129
		diclofenac sodium tab delayed release 25 mg.....	2
		diclofenac sodium tab delayed release 50 mg.....	2

<i>diclofenac sodium tab delayed release 75 mg</i> .....	2	<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> .....	47
<i>diclofenac sodium tab er 24hr 100 mg</i> .....	2	<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> .....	48
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> .....	3	<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> .....	48
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> .....	3	<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i> .....	48
<i>dicloxacillin sodium cap 250 mg</i> .....	24	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i> .....	48
<i>dicloxacillin sodium cap 500 mg</i> .....	25	<i>diltiazem hcl tab 120 mg</i> .....	48
<i>dicyclomine hcl cap 10 mg</i> .....	99	<i>diltiazem hcl tab 30 mg</i> .....	48
<i>dicyclomine hcl inj 10 mg/ml</i> .....	99	<i>diltiazem hcl tab 60 mg</i> .....	48
<i>dicyclomine hcl oral soln 10 mg/5ml</i> .....	99	<i>diltiazem hcl tab 90 mg</i> .....	48
<i>dicyclomine hcl tab 20 mg</i> .....	99	<i>diltiazem hcl tab er 24hr 120 mg</i> .....	48
<i>DIFICID SUS</i> .....	20	<i>dilt-xr</i> .....	47
<i>DIFICID TAB 200MG</i> .....	20	<i>DIMETAPP CLD ELX /ALLERGY</i> .....	80
<i>diflorasone diacetate cream 0.05%</i> .....	145	<i>dimetapp liq nighttim</i> .....	80
<i>diflorasone diacetate oint 0.05%</i> .....	145	<i>DIMETAPP SYP CGH/COLD</i> .....	80
<i>diflunisal tab 500 mg</i> .....	11	<i>dimethyl fumarate capsule delayed release 120 mg</i> .....	76
<i>difluprednate ophth emulsion 0.05%</i> .....	129	<i>dimethyl fumarate capsule delayed release 240 mg</i> .....	76
<i>digoxin oral soln 0.05 mg/ml</i> .....	49	<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> .....	76
<i>digoxin tab 125 mcg (0.125 mg)</i> .....	49	<i>diocto syp 60/15ml</i> .....	120
<i>digoxin tab 250 mcg (0.25 mg)</i> .....	49	<i>DIPENTUM CAP 250MG</i> .....	101
<i>digoxin tab 62.5 mcg (0.0625 mg)</i> .....	49	<i>diphenhydram cap 50mg</i> .....	133
<i>dihydroergotamine mesylate inj 1 mg/ml</i> .74		<i>diphenhydramine hcl inj 50 mg/ml</i> .....	133
<i>DILANTIN CAP 30MG</i> .....	66	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> .....	26
<i>diltiazem hcl cap er 12hr 120 mg</i> .....	47	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....	99
<i>diltiazem hcl cap er 12hr 60 mg</i> .....	47	<i>dipyridamole tab 25 mg</i> .....	109
<i>diltiazem hcl cap er 12hr 90 mg</i> .....	47	<i>dipyridamole tab 50 mg</i> .....	109
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> .....	47	<i>dipyridamole tab 75 mg</i> .....	109
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> .....	47	<i>disopyramide phosphate cap 100 mg</i> .....	41
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> .....	47	<i>disopyramide phosphate cap 150 mg</i> .....	41
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> .....	47	<i>disulfiram tab 250 mg</i> .....	53
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i> .....	47	<i>disulfiram tab 500 mg</i> .....	53
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> .....	47	<i>DIURIL SUS 250/5ML</i> .....	49
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> .....	47	<i>divalproex sodium cap delayed release sprinkle 125 mg</i> .....	66
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> .....	47		

<i>divalproex sodium tab delayed release 125 mg</i> .....	66	<i>doxepin hcl cap 10 mg</i> .....	57
<i>divalproex sodium tab delayed release 250 mg</i> .....	66	<i>doxepin hcl cap 150 mg</i> .....	57
<i>divalproex sodium tab delayed release 500 mg</i> .....	66	<i>doxepin hcl cap 25 mg</i> .....	57
<i>divalproex sodium tab er 24 hr 250 mg</i> ....	66	<i>doxepin hcl cap 50 mg</i> .....	57
<i>divalproex sodium tab er 24 hr 500 mg</i> ....	66	<i>doxepin hcl cap 75 mg</i> .....	57
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i> .....	29	<i>doxepin hcl conc 10 mg/ml</i> .....	57
<i>docetaxel for inj conc 20 mg/ml</i> .....	29	<i>doxepin hcl cream 5%</i> .....	142
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i> .....	29	<i>doxercalciferol cap 0.5 mcg</i> .....	127
<i>docetaxel soln for iv infusion 160 mg/16ml</i> .....	29	<i>doxercalciferol cap 1 mcg</i> .....	127
<i>docetaxel soln for iv infusion 20 mg/2ml</i> ..	29	<i>doxercalciferol cap 2.5 mcg</i> .....	127
<i>docetaxel soln for iv infusion 80 mg/8ml</i> .	29	<i>doxorubicin hcl for inj 10 mg</i> .....	27
<i>docusate calcium cap 240 mg</i> .....	120	<i>doxorubicin hcl inj 2 mg/ml</i> .....	27
<i>docusate sodium cap 250 mg</i> .....	120	<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i> .....	27
<i>docusate sodium liquid 150 mg/15ml</i> .....	120	<i>doxy 100</i> .....	25
<i>dofetilide cap 125 mcg (0.125 mg)</i> .....	41	<i>doxycycline hyclate cap 100 mg</i> .....	25
<i>dofetilide cap 250 mcg (0.25 mg)</i> .....	41	<i>doxycycline hyclate cap 50 mg</i> .....	25
<i>dofetilide cap 500 mcg (0.5 mg)</i> .....	41	<i>doxycycline hyclate for inj 100 mg</i> .....	25
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> .....	54	<i>doxycycline hyclate tab 100 mg</i> .....	25
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> .....	54	<i>doxycycline hyclate tab 20 mg</i> .....	25
<i>donepezil hydrochloride tab 10 mg</i> .....	54	<i>doxycycline monohydrate cap 100 mg</i> .....	25
<i>donepezil hydrochloride tab 23 mg</i> .....	54	<i>doxycycline monohydrate cap 50 mg</i> .....	25
<i>donepezil hydrochloride tab 5 mg</i> .....	54	<i>doxycycline monohydrate for susp 25 mg/5ml</i> .....	25
<i>DOPTELET TAB 20MG (10 TABLETS)</i> .....	109	<i>doxycycline monohydrate tab 150 mg</i> .....	25
<i>DOPTELET TAB 20MG (15 TABLETS)</i> .....	109	<i>doxycycline monohydrate tab 50 mg</i> .....	25
<i>DOPTELET TAB 20MG (30 TABLETS)</i> .....	109	<i>doxycycline monohydrate tab 75 mg</i> .....	25
<i>dorzolamide hcl ophth soln 2%</i> .....	130	<i>DRAMAMINE CHW 50MG</i> .....	99
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> .....	130	<i>dramamine tab 25mg</i> .....	99
<i>DOVATO TAB 50-300MG</i> .....	17	<i>DRAMAMINE TAB 50MG</i> .....	99
<i>doxazosin mesylate tab 1 mg</i> .....	104	<i>dronabinol cap 10 mg</i> .....	100
<i>doxazosin mesylate tab 2 mg</i> .....	104	<i>dronabinol cap 2.5 mg</i> .....	100
<i>doxazosin mesylate tab 4 mg</i> .....	104	<i>dronabinol cap 5 mg</i> .....	100
<i>doxazosin mesylate tab 8 mg</i> .....	104	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	87
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	73	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .....	87
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	73	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> .....	87
<i>doxepin hcl cap 100 mg</i> .....	57	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> .....	87
		<i>DROXIA CAP 200MG</i> .....	109
		<i>DROXIA CAP 300MG</i> .....	109
		<i>DROXIA CAP 400MG</i> .....	109



DR SMITHS OIN DIAPER.....	147	ELIQUIS TAB 2.5MG.....	106
DRY MOUTH SPR .....	148	ELIQUIS TAB 5MG.....	106
<i>dual action chw complete</i> .....	104	<i>elite-ob</i> .....	124
DUAVEE TAB 0.45-20 .....	91	ELLA TAB 30MG.....	87
<i>duloxetine hcl cap 20 mg</i> .....	57	ELMIRON CAP 100MG.....	105
<i>duloxetine hcl cap 30 mg</i> .....	57	EMCYT CAP 140MG.....	27
<i>duloxetine hcl cap 60 mg</i> .....	57	EMFLAZA SUS 22.75/ML .....	95
DUPIXENT INJ 100/0.67 .....	137	EMGALITY INJ 100MG/ML.....	74
DUPIXENT INJ 200/1.14.....	143	EMGALITY INJ 120MG/ML .....	74
DUPIXENT INJ 200MG .....	143	EMSAM DIS 12MG/24H.....	57
DUPIXENT INJ 300/2ML .....	143	EMSAM DIS 6MG/24HR.....	57
DUREX MIS REALFEEL .....	87	EMSAM DIS 9MG/24HR.....	57
<i>dutasteride cap 0.5 mg</i> .....	104	<i>emtricitabine caps 200 mg</i> .....	15
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	105	<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 100-150 mg</i> .....	17
D-VI-SOL LIQ 400UNIT .....	149	<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 133-200 mg</i> .....	17
<b>E</b>		<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 167-250 mg</i> .....	17
E600 CAP 600UNIT .....	149	<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 200-300 mg</i> .....	17
<i>easy-lax pls tab 8.6-50mg</i> .....	120	EMTRIVA SOL 10MG/ML .....	15
<i>econazole nitrate cream 1%</i> .....	142	EMVERM CHW 100MG .....	13
ECOTRIN M/S TAB 500MG EC .....	12	<i>enalapril maleate &amp; hydrochlorothiazide tab</i> <i>10-25 mg</i> .....	38
<i>ed-apap liq 80mg/2.5</i> .....	11	<i>enalapril maleate &amp; hydrochlorothiazide tab</i> <i>5-12.5 mg</i> .....	38
EDURANT TAB 25MG.....	14	<i>enalapril maleate tab 10 mg</i> .....	38
<i>efavirenz cap 200 mg</i> .....	15	<i>enalapril maleate tab 2.5 mg</i> .....	38
<i>efavirenz cap 50 mg</i> .....	14	<i>enalapril maleate tab 20 mg</i> .....	38
<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i> .....	17	<i>enalapril maleate tab 5 mg</i> .....	38
<i>efavirenz-lamivudine-tenofovir df tab 400-</i> <i>300-300 mg</i> .....	17	ENBREL INJ 25/0.5ML .....	111
<i>efavirenz-lamivudine-tenofovir df tab 600-</i> <i>300-300 mg</i> .....	17	ENBREL INJ 25MG.....	111
<i>efavirenz tab 600 mg</i> .....	15	ENBREL INJ 50MG/ML .....	111
<i>effer-k</i> .....	125	ENBREL MINI INJ 50MG/ML .....	112
ELESTRIN GEL 0.06% .....	91	ENBREL SRCLK INJ 50MG/ML .....	112
<i>eletriptan hydrobromide tab 20 mg (base</i> <i>equivalent)</i> .....	74	ENCARE SUP 100MG .....	105
<i>eletriptan hydrobromide tab 40 mg (base</i> <i>equivalent)</i> .....	74	<i>endocet tab 10-325mg</i> .....	4
ELIGARD INJ 22.5MG .....	30	<i>endocet tab 2.5-325</i> .....	4
ELIGARD INJ 30MG.....	30	<i>endocet tab 5-325mg</i> .....	4
ELIGARD INJ 45MG.....	30	<i>endocet tab 7.5-325</i> .....	4
ELIGARD INJ 7.5MG .....	30	ENFAMIL MIS EXPECTA .....	124
<i>elinest</i> .....	87	ENGERIX-B INJ 10/0.5ML.....	118
ELIQUIS ST P TAB 5MG .....	106	ENGERIX-B INJ 20MCG/ML.....	118

<i>enoxaparin sodium inj 300 mg/3ml</i> .....	106	<i>eplerenone tab 50 mg</i> .....	39
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i> .....	107	ERBITUX INJ 100MG.....	29
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i> .....	107	ERBITUX INJ 200MG .....	29
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i> .....	107	<i>ergocalciferol cap 1.25 mg (50000 unit)</i> .	127
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i> .....	107	<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	74
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i> .....	107	ERIVEDGE CAP 150MG .....	29
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i> .....	107	ERLEADA TAB 240MG .....	31
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i> .....	107	ERLEADA TAB 60MG .....	31
<i>enpresse-28</i> .....	87	<i>erlotinib hcl tab 100 mg (base equivalent)</i>	32
<i>enskyce</i> .....	87	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	32
<i>entacapone tab 200 mg</i> .....	61	<i>erlotinib hcl tab 25 mg (base equivalent)</i> ..	32
<i>entecavir tab 0.5 mg</i> .....	21	<i>e-r-o ear dro 6.5% ot</i> .....	149
<i>entecavir tab 1 mg</i> .....	21	<i>errin</i> .....	87
ENTRESTO CAP 15-16MG.....	50	ERTACZO CRE 2%.....	142
ENTRESTO CAP 6-6MG.....	50	<i>ertapenem sodium for inj 1 gm (base equivalent)</i> .....	23
ENTRESTO TAB 24-26MG.....	50	<i>ery</i> .....	140
ENTRESTO TAB 49-51MG .....	50	<i>ery-tab</i> .....	20
ENTRESTO TAB 97-103MG .....	50	<i>erythrocin stearate</i> .....	20
<i>enulose</i> .....	102	<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i> .....	20
ENVARUSUS XR TAB 0.75MG.....	116	<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i> .....	21
ENVARUSUS XR TAB 1MG .....	116	<i>erythromycin ethylsuccinate tab 400 mg</i> .	21
ENVARUSUS XR TAB 4MG .....	116	<i>erythromycin gel 2%</i> .....	140
EPCLUSA PAK 150-37.5.....	21	<i>erythromycin ophth oint 5 mg/gm</i> .....	128
EPCLUSA PAK 200-50MG .....	21	<i>erythromycin soln 2%</i> .....	140
EPCLUSA TAB 200-50MG.....	21	<i>erythromycin tab 250 mg</i> .....	21
EPCLUSA TAB 400-100.....	22	<i>erythromycin tab 500 mg</i> .....	21
<i>epinastine hcl ophth soln 0.05%</i> .....	129	<i>erythromycin w/ delayed release particles cap 250 mg</i> .....	21
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i> .....	131	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> .....	57
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> .....	131	<i>escitalopram oxalate tab 10 mg (base equiv)</i> .....	57
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> .....	131	<i>escitalopram oxalate tab 20 mg (base equiv)</i> .....	57
EPIPEN 2-PAK INJ 0.3MG.....	131	<i>escitalopram oxalate tab 5 mg (base equiv)</i> .....	57
EPIPEN-JR INJ 0.15MG.....	132	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> .....	103
<i>epitol</i> .....	66	<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i> .....	103
<i>eplerenone tab 25 mg</i> .....	39		

esomeprazole magnesium for delayed release susp packet 10 mg .....	103	ethosuximide cap 250 mg .....	66
estazolam tab 1 mg .....	73	ethosuximide soln 250 mg/5ml .....	66
estazolam tab 2 mg .....	73	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg .....	87
estradiol & norethindrone acetate tab 0.5- 0.1 mg .....	91	etodolac cap 200 mg .....	2
estradiol & norethindrone acetate tab 1-0.5 mg .....	91	etodolac cap 300 mg .....	2
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) .....	91	etodolac tab 400 mg .....	2
estradiol tab 0.5 mg .....	91	etodolac tab 500 mg .....	2
estradiol tab 1 mg .....	91	etodolac tab er 24hr 400 mg .....	2
estradiol tab 2 mg .....	91	etodolac tab er 24hr 500 mg .....	2
estradiol td gel 0.25 mg/0.25gm (0.1%) .....	91	etodolac tab er 24hr 600 mg .....	2
estradiol td gel 0.5 mg/0.5gm (0.1%) .....	91	etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr .....	87
estradiol td gel 0.75 mg/0.75gm (0.1%) .....	91	etoposide cap 50 mg .....	37
estradiol td gel 1.25 mg/1.25gm (0.1%) .....	92	etoposide inj 100 mg/5ml (20 mg/ml) .....	37
estradiol td gel 1 mg/gm (0.1%) .....	91	etoposide inj 1 gm/50ml (20 mg/ml) .....	37
estradiol td patch twice weekly 0.025 mg/24hr .....	92	etoposide inj 500 mg/25ml (20 mg/ml) .....	37
estradiol td patch twice weekly 0.0375 mg/24hr .....	92	etravirine tab 100 mg .....	15
estradiol td patch twice weekly 0.05 mg/24hr .....	92	etravirine tab 200 mg .....	15
estradiol td patch twice weekly 0.075 mg/24hr .....	92	EUCERIN CALM LOT 0.1% .....	139
estradiol td patch twice weekly 0.1 mg/24hr .....	92	EUCRISA OIN 2% .....	143
estradiol td patch weekly 0.025 mg/24hr	92	EVAMIST SPR 1.53MG .....	92
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) .....	92	everolimus tab 0.25 mg .....	116
estradiol td patch weekly 0.05 mg/24hr ..	92	everolimus tab 0.5 mg .....	116
estradiol td patch weekly 0.06 mg/24hr ..	92	everolimus tab 0.75 mg .....	116
estradiol td patch weekly 0.075 mg/24hr	92	everolimus tab 10 mg .....	32
estradiol td patch weekly 0.1 mg/24hr .....	92	everolimus tab 1 mg .....	116
estradiol vaginal cream 0.1 mg/gm .....	92	everolimus tab 2.5 mg .....	32
estradiol valerate im in oil 20 mg/ml .....	92	everolimus tab 5 mg .....	32
estradiol valerate im in oil 40 mg/ml .....	92	everolimus tab 7.5 mg .....	32
eszopiclone tab 1 mg .....	73	everolimus tab for oral susp 2 mg .....	32
eszopiclone tab 2 mg .....	73	everolimus tab for oral susp 3 mg .....	32
eszopiclone tab 3 mg .....	73	everolimus tab for oral susp 5 mg .....	32
ethacrynic acid tab 25 mg .....	49	EVOTAZ TAB 300-150 .....	17
ethambutol hcl tab 100 mg .....	18	EVRYSDI SOL .....	75
ethambutol hcl tab 400 mg .....	18	EXCEDRIN PM TAB 500-38MG .....	73
		EXCEDRIN TAB MIGRAINE .....	11
		exemestane tab 25 mg .....	31
		ex-lax ultra tab 5mg ec .....	120
		eye drops sol 0.05% op .....	131
		ezetimibe-simvastatin tab 10-10 mg .....	44
		ezetimibe-simvastatin tab 10-20 mg .....	44
		ezetimibe-simvastatin tab 10-40 mg .....	44
		ezetimibe-simvastatin tab 10-80 mg .....	44

<i>ezetimibe tab 10 mg</i> .....	42	<i>fentanyl citrate lozenge on a handle 200</i> <i>mcg</i> .....	4
<b>EZFE FORTE CAP</b> .....	124	<i>fentanyl citrate lozenge on a handle 400</i> <i>mcg</i> .....	4
<b>F</b>		<i>fentanyl citrate lozenge on a handle 600</i> <i>mcg</i> .....	4
<i>falmina</i> .....	87	<i>fentanyl citrate lozenge on a handle 800</i> <i>mcg</i> .....	4
<i>famciclovir tab 125 mg</i> .....	18	<i>fentanyl td patch 72hr 100 mcg/hr</i> .....	5
<i>famciclovir tab 250 mg</i> .....	18	<i>fentanyl td patch 72hr 12 mcg/hr</i> .....	4
<i>famciclovir tab 500 mg</i> .....	18	<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	4
<i>famotidine for susp 40 mg/5ml</i> .....	101	<i>fentanyl td patch 72hr 37.5 mcg/hr</i> .....	4
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> .....	101	<i>fentanyl td patch 72hr 50 mcg/hr</i> .....	4
<i>famotidine preservative free inj 20 mg/2ml</i> .....	101	<i>fentanyl td patch 72hr 62.5 mcg/hr</i> .....	4
<i>famotidine tab 10 mg</i> .....	101	<i>fentanyl td patch 72hr 75 mcg/hr</i> .....	4
<i>famotidine tab 20 mg</i> .....	101	<i>fentanyl td patch 72hr 87.5 mcg/hr</i> .....	4
<i>famotidine tab 40 mg</i> .....	101	<i>ferate tab 27mg</i> .....	110
<b>FASENRA INJ 10MG/0.5</b> .....	138	<b>FER-IN-SOL DRO 15MG/ML</b> .....	110
<b>FASENRA INJ 30MG/ML</b> .....	138	<b>FERPRX 2-DAY TAB 1000MG</b> .....	86
<b>FASENRA PEN INJ 30MG/ML</b> .....	138	<b>FERRETTTS TAB 325MG</b> .....	110
<b>FC2 FEMALE MIS CONDOM</b> .....	87	<b>FERRIPROX SOL 100MG/ML</b> .....	86
<i>febuxostat tab 40 mg</i> .....	2	<i>ferrocite tab 324mg</i> .....	110
<i>febuxostat tab 80 mg</i> .....	2	<b>FERROUS GLUC TAB 324MG</b> .....	110
<i>felbamate susp 600 mg/5ml</i> .....	66	<i>ferrous sulfate elixir 220 mg/5ml (44</i> <i>mg/5ml elemental fe)</i> .....	110
<i>felbamate tab 400 mg</i> .....	66	<i>ferrous sulfate soln 300 mg/5ml (60</i> <i>mg/5ml elemental fe)</i> .....	110
<i>felbamate tab 600 mg</i> .....	66	<i>ferrous sulfate tab ec 325 mg (65 mg fe</i> <i>equivalent)</i> .....	110
<i>felodipine tab er 24hr 10 mg</i> .....	48	<b>FERROUS SULF TAB 140MG</b> .....	110
<i>felodipine tab er 24hr 2.5 mg</i> .....	48	<b>FERROUS SULF TAB 324MG EC</b> .....	110
<i>felodipine tab er 24hr 5 mg</i> .....	48	<i>ferrous sulf tab 325mg</i> .....	110
<b>FEMCAP MIS 22MM</b> .....	121	<b>FERROUS SUL LIQ 220/5ML</b> .....	110
<b>FEMCAP MIS 26MM</b> .....	121	<i>fesoterodine fumarate tab er 24hr 4 mg</i> .	105
<b>FEMCAP MIS 30MM</b> .....	121	<i>fesoterodine fumarate tab er 24hr 8 mg</i> .	105
<i>fenofibrate cap 150 mg</i> .....	42	<b>FETZIMA CAP 120MG</b> .....	58
<i>fenofibrate micronized cap 134 mg</i> .....	42	<b>FETZIMA CAP 20MG</b> .....	57
<i>fenofibrate micronized cap 200 mg</i> .....	42	<b>FETZIMA CAP 40MG</b> .....	57
<i>fenofibrate micronized cap 43 mg</i> .....	42	<b>FETZIMA CAP 80MG</b> .....	57
<i>fenofibrate micronized cap 67 mg</i> .....	42	<b>FETZIMA CAP TITRATIO</b> .....	58
<i>fenofibrate tab 145 mg</i> .....	42	<b>FEVERALL INF SUP 80MG</b> .....	11
<i>fenofibrate tab 160 mg</i> .....	42	<b>FIASP FLEX INJ TOUCH</b> .....	83
<i>fenofibrate tab 48 mg</i> .....	42	<b>FIASP INJ 100/ML</b> .....	83
<i>fenofibrate tab 54 mg</i> .....	42	<b>FIASP PENFIL INJ U-100</b> .....	84
<i>fenoprofen calcium tab 600 mg</i> .....	2		
<i>fentanyl citrate lozenge on a handle 1200</i> <i>mcg</i> .....	4		
<i>fentanyl citrate lozenge on a handle 1600</i> <i>mcg</i> .....	4		

FIBERCON TAB 625MG .....	120	fluorouracil soln 2% .....	141
<i>fiber oral powder</i> .....	120	fluorouracil soln 5% .....	141
FINACEA AER 15%.....	147	fluoxetine hcl cap 10 mg .....	58
<i>finasteride tab 5 mg</i> .....	105	fluoxetine hcl cap 20 mg.....	58
FINGERSTIX MIS LANCETS .....	121	fluoxetine hcl cap 40 mg.....	58
<i> fingolimod hcl cap 0.5 mg (base equiv) ....</i>	76	fluoxetine hcl cap delayed release 90 mg	58
<i>flecainide acetate tab 100 mg</i> .....	41	fluoxetine hcl solution 20 mg/5ml .....	58
<i>flecainide acetate tab 150 mg</i> .....	41	fluoxetine hcl tab 10 mg .....	58
<i>flecainide acetate tab 50 mg</i> .....	41	fluoxetine hcl tab 20 mg.....	58
FLEET ENE ENEMA.....	120	fluphenazine decanoate inj 25 mg/ml.....	63
<i>fluconazole for susp 10 mg/ml</i> .....	13	fluphenazine hcl elixir 2.5 mg/5ml.....	63
<i>fluconazole for susp 40 mg/ml</i> .....	13	fluphenazine hcl inj 2.5 mg/ml .....	63
<i>fluconazole tab 100 mg</i> .....	13	fluphenazine hcl oral conc 5 mg/ml .....	63
<i>fluconazole tab 150 mg</i> .....	14	fluphenazine hcl tab 10 mg .....	63
<i>fluconazole tab 200 mg</i> .....	14	fluphenazine hcl tab 1 mg.....	63
<i>fluconazole tab 50 mg</i> .....	13	fluphenazine hcl tab 2.5 mg.....	63
<i>fludarabine phosphate for inj 50 mg</i> .....	28	fluphenazine hcl tab 5 mg.....	63
<i>fludarabine phosphate inj 25 mg/ml</i> .....	28	flurbiprofen sodium ophth soln 0.03% ...	129
<i>fludrocortisone acetate tab 0.1 mg</i> .....	95	flurbiprofen tab 100 mg .....	2
FLUMIST .....	118	flurbiprofen tab 50 mg .....	2
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>		fluticas hfa aer 110mcg .....	26
.....	137	fluticas hfa aer 220mcg.....	26
<i>fluocinolone acetonide (otic) oil 0.01% ...</i>	149	fluticas hfa aer 44mcg.....	26
<i>fluocinolone acetonide cream 0.01% .....</i>	145	fluticasone propionate cream 0.05% .....	145
<i>fluocinolone acetonide cream 0.025% ...</i>	145	fluticasone propionate lotion 0.05% .....	145
<i>fluocinolone acetonide oil 0.01% (body oil)</i>		fluticasone propionate oint 0.005% .....	145
.....	145	fluticasone-salmeterol aer powder ba 100-	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>		50 mcg/act .....	139
.....	145	fluticasone-salmeterol aer powder ba 250-	
<i>fluocinolone acetonide oint 0.025%.....</i>	145	50 mcg/act .....	139
<i>fluocinolone acetonide soln 0.01% .....</i>	145	fluticasone-salmeterol aer powder ba 500-	
<i>fluocinonide cream 0.05%.....</i>	145	50 mcg/act .....	139
<i>fluocinonide gel 0.05%.....</i>	145	fluvastatin sodium cap 20 mg (base	
<i>fluocinonide oint 0.05% .....</i>	145	equivalent).....	43
<i>fluocinonide soln 0.05%.....</i>	145	fluvastatin sodium cap 40 mg (base	
<i>fluridab</i> .....	125	equivalent).....	43
<i>fluorouracil cream 5% .....</i>	141	fluvastatin sodium tab er 24 hr 80 mg (base	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	28	equivalent).....	43
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>		fluvoxamine maleate cap er 24hr 100 mg	58
.....	28	fluvoxamine maleate cap er 24hr 150 mg.	58
<i>fluorouracil iv soln 500 mg/10ml (50</i>		fluvoxamine maleate tab 100 mg.....	54
<i>mg/ml) .....</i>	28	fluvoxamine maleate tab 25 mg.....	54
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>		fluvoxamine maleate tab 50 mg .....	54
.....	28	folic acid cap 0.8 mg .....	127

<i>folic acid tab 1 mg</i> .....	127	FREESTY LIBR MIS READER .....	121
<i>folic acid tab 400 mcg</i> .....	127	<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i> .....	74
<i>folic acid tab 800 mcg</i> .....	127	<i>fulvestrant inj soln pref syr 250 mg/5ml</i> ....	31
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> .....	107	<i>furosemide inj 10 mg/ml</i> .....	49
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> .....	107	<i>furosemide oral soln 10 mg/ml</i> .....	49
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> .....	107	<i>furosemide oral soln 8 mg/ml</i> .....	49
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> .....	107	<i>furosemide tab 20 mg</i> .....	49
<i>formoterol fumarate soln nebu 20 mcg/2ml</i> .....	134	<i>furosemide tab 40 mg</i> .....	49
FOSAMAX + D TAB 70-2800.....	85	<i>furosemide tab 80 mg</i> .....	49
FOSAMAX + D TAB 70-5600 .....	85	FUZEON INJ 90MG.....	15
<i>fosamprenavir calcium tab 700 mg (base equiv)</i> .....	15	FYCOMPA SUS 0.5MG/ML .....	66
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i> .....	13	FYCOMPA TAB 10MG.....	66
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	38	FYCOMPA TAB 12MG.....	66
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	38	FYCOMPA TAB 2MG .....	66
<i>fosinopril sodium tab 10 mg</i> .....	38	FYCOMPA TAB 4MG .....	66
<i>fosinopril sodium tab 20 mg</i> .....	38	FYCOMPA TAB 6MG .....	66
<i>fosinopril sodium tab 40 mg</i> .....	38	FYCOMPA TAB 8MG .....	66
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i> .....	66	FYLNETRA INJ 6MG/0.6.....	108
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i> .....	66	<b>G</b>	
FRAGMIN INJ 10000/ML .....	107	<i>gabapentin cap 100 mg</i> .....	66
FRAGMIN INJ 12500UNT .....	107	<i>gabapentin cap 300 mg</i> .....	66
FRAGMIN INJ 15000UNT .....	107	<i>gabapentin cap 400 mg</i> .....	67
FRAGMIN INJ 18000UNT .....	107	<i>gabapentin oral soln 250 mg/5ml</i> .....	67
FRAGMIN INJ 2500/0.2 .....	107	<i>gabapentin tab 600 mg</i> .....	67
FRAGMIN INJ 2500/ML .....	107	<i>gabapentin tab 800 mg</i> .....	67
FRAGMIN INJ 5000/0.2.....	107	<i>galantamine hydrobromide cap er 24hr 16 mg</i> .....	54
FRAGMIN INJ 7500/0.3 .....	107	<i>galantamine hydrobromide cap er 24hr 24 mg</i> .....	55
FRAGMIN INJ 95000UNT .....	107	<i>galantamine hydrobromide cap er 24hr 8 mg</i> .....	54
FREESTYLE MIS READER.....	121	<i>galantamine hydrobromide oral soln 4 mg/ml</i> .....	55
FREESTY LIBR KIT 2 SENSOR.....	121	<i>galantamine hydrobromide tab 12 mg</i> .....	55
FREESTY LIBR KIT 3 SENSOR.....	121	<i>galantamine hydrobromide tab 4 mg</i> .....	55
FREESTY LIBR KIT SENSOR.....	121	<i>galantamine hydrobromide tab 8 mg</i> .....	55
FREESTY LIBR MIS 2 READER .....	121	GANIRELIX AC INJ 250/0.5.....	93
		GARDASIL 9 INJ .....	118
		GAS-X CHW 80MG.....	101
		<i>gatifloxacin ophth soln 0.5%</i> .....	128
		<i>gavilyte-c</i> .....	120
		<i>gavilyte-g</i> .....	120
		GAZYVA INJ 25MG/ML.....	29

<i>gemcitabine hcl for inj 1 gm</i> .....	28	<i>glipizide-metformin hcl tab 5-500 mg</i> .....	82
<i>gemcitabine hcl for inj 200 mg</i> .....	28	<i>glipizide tab 10 mg</i> .....	85
<i>gemcitabine hcl for inj 2 gm</i> .....	28	<i>glipizide tab 5 mg</i> .....	85
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i> <i>(base equiv)</i> .....	28	<i>glipizide tab er 24hr 10 mg</i> .....	85
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i> <i>mg/ml) (base equiv)</i> .....	28	<i>glipizide tab er 24hr 2.5 mg</i> .....	85
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i> <i>mg/ml) (base equiv)</i> .....	28	<i>glipizide tab er 24hr 5 mg</i> .....	85
<i>gemfibrozil tab 600 mg</i> .....	42	<i>glucagon (rdna) for inj kit 1 mg</i> .....	96
<i>gemmily</i> .....	87	GLUCOSE CHW 4GM .....	96
GEMTESA TAB 75MG .....	105	GLUCOSE URINE TEST STRIPS .....	121
<i>generlac</i> .....	102	GLYCERIN SUP 2GM .....	120
<i>gengraf</i> .....	116	<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i> ..	99
GENOTROPIN INJ 0.2MG .....	96	<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i> .....	99
GENOTROPIN INJ 0.4MG .....	96	<i>glycopyrrolate oral soln 1 mg/5ml</i> .....	99
GENOTROPIN INJ 0.6MG .....	96	<i>glycopyrrolate tab 1 mg</i> .....	99
GENOTROPIN INJ 0.8MG .....	96	<i>glycopyrrolate tab 2 mg</i> .....	99
GENOTROPIN INJ 1.2MG .....	96	GLYXAMBI TAB 10-5 MG .....	85
GENOTROPIN INJ 1.4MG .....	96	GLYXAMBI TAB 25-5 MG .....	85
GENOTROPIN INJ 1.6MG .....	96	<i>gnp suphedrn liq 15mg/5ml</i> .....	139
GENOTROPIN INJ 1.8MG .....	96	GONAL-F INJ 1050UNIT .....	93
GENOTROPIN INJ 12MG .....	96	GONAL-F INJ 450UNIT .....	93
GENOTROPIN INJ 1MG .....	96	GONAL-F RFF INJ 300/0.5 .....	94
GENOTROPIN INJ 2MG .....	96	GONAL-F RFF INJ 450/0.75 .....	94
GENOTROPIN INJ 5MG .....	96	GONAL-F RFF INJ 75UNIT .....	94
<i>gentamicin sulfate cream 0.1%</i> .....	141	GONAL-F RFF INJ 900/1.5 .....	94
<i>gentamicin sulfate inj 40 mg/ml</i> .....	13	<i>goodsense aspirin</i> .....	12
<i>gentamicin sulfate oint 0.1%</i> .....	141	<i>goodsense nicotine polacr</i> .....	79, 131
<i>gentamicin sulfate ophth soln 0.3%</i> .....	128	GOOD START LIQ W/IRON .....	81
<i>gentle laxat sup 10mg</i> .....	120	GOOD START POW NATURAL .....	81
GENVOYA TAB .....	17	<i>gordon-vit e cre 1500unit</i> .....	146
<i>glatiramer acetate soln prefilled syringe 40</i> <i>mg/ml</i> .....	76	<i>granisetron hcl inj 1 mg/ml</i> .....	100
<i>glatopa</i> .....	76	<i>granisetron hcl tab 1 mg</i> .....	100
GLEOSTINE CAP 100MG .....	27	<i>griseofulvin microsize susp 125 mg/5ml</i> ...	14
GLEOSTINE CAP 10MG .....	27	<i>griseofulvin microsize tab 500 mg</i> .....	14
GLEOSTINE CAP 40MG .....	27	<i>griseofulvin ultramicrosize tab 125 mg</i> .....	14
GLIADEL WAF 7.7MG .....	27	<i>griseofulvin ultramicrosize tab 250 mg</i> .....	14
<i>glimepiride tab 1 mg</i> .....	85	<i>guaifenesin-codeine soln 100-10 mg/5ml</i> .....	80, 135
<i>glimepiride tab 2 mg</i> .....	85	<i>guaifenesin tab 200 mg</i> .....	80
<i>glimepiride tab 4 mg</i> .....	85	<i>guanfacine hcl tab 1 mg</i> .....	50
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ...	82	<i>guanfacine hcl tab 2 mg</i> .....	50
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ...	82	<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i> .....	71

<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> .....	71	HEMLIBRA INJ 60/0.4.....	108
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> .....	71	HEMLIBRA SOL 12/0.4ML.....	109
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> .....	71	<i>hemorrhoidal cre</i> .....	12
<i>gummy vit/ chw minerals</i> .....	123	<i>hemorrhoidal gel 0.25-50%</i> .....	12
GVOKE HYPO 1 INJ 0.5/.1ML .....	96	<i>hemorrhoidal sup</i> .....	12
GVOKE HYPO 1 INJ 1MG/.2ML.....	96	<i>heparin sodium (porcine) inj 10000 unit/ml</i>	
GVOKE KIT SOL 1MG/0.2M .....	96	.....	107
GVOKE PFS INJ .....	96	<i>heparin sodium (porcine) inj 1000 unit/ml</i>	
GYNAZOLE-1 CRE 2%.....	106	.....	107
GYNE-LOTRIM CRE 1% VAG .....	106	<i>heparin sodium (porcine) inj 20000 unit/ml</i>	
GYNE-LOTRIMI CRE 3 .....	106	.....	107
GYNOL II GEL 3% .....	105	<i>heparin sodium (porcine) inj 5000 unit/ml</i>	
<b>H</b>		.....	107
HAEGARDA INJ 2000UNIT .....	115	<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	
HAEGARDA INJ 3000UNIT .....	116	.....	107
<i>halobetasol propionate cream 0.05%</i> .....	145	<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	
<i>halobetasol propionate oint 0.05%</i> .....	145	.....	107
<i>haloperidol decanoate im soln 100 mg/ml</i>		HIBERIX SOL 10MCG .....	118
.....	63	HIBICLENS SOL 4% .....	140
<i>haloperidol decanoate im soln 50 mg/ml</i> .....	63	HOLD CHAMBER MIS MEDIUM.....	137
<i>haloperidol lactate inj 5 mg/ml</i> .....	63	HUMIRA INJ 10/0.1ML .....	112
<i>haloperidol lactate oral conc 2 mg/ml</i> .....	63	HUMIRA INJ 20/0.2ML.....	112
<i>haloperidol tab 0.5 mg</i> .....	63	HUMIRA INJ 40/0.4ML .....	112
<i>haloperidol tab 10 mg</i> .....	63	HUMIRA KIT 40MG/0.8.....	112
<i>haloperidol tab 1 mg</i> .....	63	HUMIRA PEDIA INJ CROHNS.....	112
<i>haloperidol tab 20 mg</i> .....	63	HUMIRA PEN INJ 40/0.4ML.....	112
<i>haloperidol tab 2 mg</i> .....	63	HUMIRA PEN INJ 40MG/0.8 .....	112
<i>haloperidol tab 5 mg</i> .....	63	HUMIRA PEN INJ 80/0.8ML.....	112
HARVONI PAK .....	22	HUMIRA PEN KIT PS/UV .....	112
HARVONI PAK 45-200MG.....	22	HUMULIN INJ 70/30 .....	84
HARVONI TAB 45-200MG.....	22	HUMULIN INJ 70/30KWP .....	84
HARVONI TAB 90-400MG.....	22	HUMULIN N INJ U-100 .....	84
HAVRIX INJ 1440UNIT .....	118	HUMULIN N INJ U-100KWP .....	84
HAVRIX INJ 720UNIT.....	118	HUMULIN R INJ U-100 .....	84
HEALTHY KIDS CHW GUMMIES .....	123	HUMULIN R INJ U-500.....	84
<i>heather</i> .....	87	HURRICAIN SOL 20%.....	148
HELIDAC MIS THERAPY.....	104	<i>hydralazine hcl tab 100 mg</i> .....	50
HEMLIBRA INJ 105/0.7 .....	109	<i>hydralazine hcl tab 10 mg</i> .....	50
HEMLIBRA INJ 150/ML .....	109	<i>hydralazine hcl tab 25 mg</i> .....	50
HEMLIBRA INJ 300/2ML .....	109	<i>hydralazine hcl tab 50 mg</i> .....	50
HEMLIBRA INJ 30MG/ML.....	108	<i>hydrochlorothiazide cap 12.5 mg</i> .....	49
		<i>hydrochlorothiazide tab 12.5 mg</i> .....	49
		<i>hydrochlorothiazide tab 25 mg</i> .....	49
		<i>hydrochlorothiazide tab 50 mg</i> .....	49



<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....	5	<i>hydrocortisone tab 5 mg</i> .....	95
<i>hydrocodone-acetaminophen tab 10-325 mg</i> .....	5	<i>hydrocortisone valerate cream 0.2%</i> .....	145
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	5	<i>hydrocortisone valerate oint 0.2%</i> .....	145
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....	5	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> .....	149
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i> .....	135	<i>hydromet</i> .....	135
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> .....	135	<i>hydromorphone hcl inj 2 mg/ml</i> .....	5
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i> .....	5	<i>hydromorphone hcl tab 2 mg</i> .....	5
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i> .....	5	<i>hydromorphone hcl tab 4 mg</i> .....	5
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i> .....	5	<i>hydromorphone hcl tab 8 mg</i> .....	5
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i> .....	5	<i>hydromorphone hcl tab er 24hr 12 mg</i> .....	6
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i> .....	5	<i>hydromorphone hcl tab er 24hr 16 mg</i> .....	6
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i> .....	5	<i>hydromorphone hcl tab er 24hr 32 mg</i> .....	6
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i> .....	5	<i>hydromorphone hcl tab er 24hr 8 mg</i> .....	6
<i>hydrocodone-ibuprofen tab 10-200 mg</i> .....	5	<i>hydroxychloroquine sulfate tab 200 mg</i> ..	115
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> .....	135	<i>hydroxyurea cap 500 mg</i> .....	36
<i>hydrocortisone butyrate cream 0.1%</i> .....	145	<i>hydroxyzine hcl im soln 25 mg/ml</i> .....	133
<i>hydrocortisone butyrate oint 0.1%</i> .....	145	<i>hydroxyzine hcl im soln 50 mg/ml</i> .....	133
<i>hydrocortisone butyrate soln 0.1%</i> .....	145	<i>hydroxyzine hcl syrup 10 mg/5ml</i> .....	133
<i>hydrocortisone cream 0.5%</i> .....	145	<i>hydroxyzine hcl tab 10 mg</i> .....	133
<i>hydrocortisone cream 1%</i> .....	145	<i>hydroxyzine hcl tab 25 mg</i> .....	133
<i>hydrocortisone cream 2.5%</i> .....	145	<i>hydroxyzine hcl tab 50 mg</i> .....	133
<i>hydrocortisone enema 100 mg/60ml</i> .....	101	<i>hydroxyzine pamoate cap 100 mg</i> .....	133
<i>hydrocortisone lotion 2.5%</i> .....	145	<i>hydroxyzine pamoate cap 25 mg</i> .....	133
<i>hydrocortisone oint 0.5%</i> .....	145	<i>hydroxyzine pamoate cap 50 mg</i> .....	133
<i>hydrocortisone oint 1%</i> .....	145	<b>HYPO NEEDLE MIS 23GX1</b> .....	122
<i>hydrocortisone oint 2.5%</i> .....	145	<b>HYPO NEEDLE MIS 25GX5/8</b> .....	122
<i>hydrocortisone perianal cream 1%</i> .....	104	<b>HYRIMOZ-CROH INJ UC SP</b> .....	113
<i>hydrocortisone perianal cream 2.5%</i> .....	104	<b>HYRIMOZ INJ 10/0.1ML</b> .....	112
<i>hydrocortisone tab 10 mg</i> .....	95	<b>HYRIMOZ INJ 20/0.2ML</b> .....	112
<i>hydrocortisone tab 20 mg</i> .....	95	<b>HYRIMOZ INJ 40/0.4ML</b> .....	112
		<b>HYRIMOZ INJ 40/0.8ML</b> .....	112, 113
		<b>HYRIMOZ INJ 80/0.8ML</b> .....	113
		<b>HYRIMOZ-PED INJ CROHNS</b> .....	113
		<b>HYRIMOZ-PLAQ INJ PSOR/UVE</b> .....	113
		<b>HYRIMOZ SENS INJ 80/0.8ML</b> .....	113
		<b>I</b>	
		<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i> .....	85
		<i>ibandronate sodium tab 150 mg (base equivalent)</i> .....	85
		<i>ibuprofen jr chw 100mg</i> .....	2
		<i>ibuprofen susp 100 mg/5ml</i> .....	2
		<i>ibuprofen tab 400 mg</i> .....	2

<i>ibuprofen tab 600 mg</i> .....	2	<i>indapamide tab 1.25 mg</i> .....	49
<i>ibuprofen tab 800 mg</i> .....	2	<i>indapamide tab 2.5 mg</i> .....	49
<i>icatibant acetate subcutaneous soln pref</i>		INFANRIX INJ.....	118
<i>syr 30 mg/3ml</i> .....	116	INFLIXIMAB INJ 100MG.....	110
<i>icosapent ethyl cap 0.5 gm</i> .....	44	INFLUENZA VACCINE.....	118
<i>icosapent ethyl cap 1 gm</i> .....	45	INLYTA TAB 1MG.....	33
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	27	INLYTA TAB 5MG.....	33
.....	27	INSULIN PEN NEEDLES.....	121
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i> ....	27	INSULIN PEN NEEDLES/SYRINGES..	121, 122
IDHIFA TAB 100MG.....	36	INTELENCE TAB 25MG.....	15
IDHIFA TAB 50MG.....	36	INTRAROSA SUP 6.5MG.....	97
<i>ifosfamide for inj 1 gm</i> .....	27	<i>introvale</i> .....	87
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i> ....	27	IONIL LIQ.....	148
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i> ...27		IONIL-T SHA 1%.....	149
ILEVRO DRO 0.3% OP.....	129	IOPIDINE SOL 1% OP.....	130
<i>imatinib mesylate tab 100 mg (base</i>		IPOL INJ INACTIVE.....	118
<i>equivalent)</i> .....	32	<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>	
<i>imatinib mesylate tab 400 mg (base</i>		<i>mg/3ml</i> .....	132
<i>equivalent)</i> .....	33	<i>ipratropium bromide inhal soln 0.02%</i> ....	132
IMBRUVICA CAP 140MG.....	33	<i>ipratropium bromide nasal soln 0.03% (21</i>	
IMBRUVICA CAP 70MG.....	33	<i>mcg/spray)</i> .....	132
IMBRUVICA SUS 70MG/ML.....	33	<i>ipratropium bromide nasal soln 0.06% (42</i>	
IMBRUVICA TAB 140MG.....	33	<i>mcg/spray)</i> .....	132
IMBRUVICA TAB 280MG.....	33	<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>	
IMBRUVICA TAB 420MG.....	33	<i>mg</i> .....	40
<i>imipramine hcl tab 10 mg</i> .....	58	<i>irbesartan-hydrochlorothiazide tab 300-</i>	
<i>imipramine hcl tab 25 mg</i> .....	58	<i>12.5 mg</i> .....	40
<i>imipramine hcl tab 50 mg</i> .....	58	<i>irbesartan tab 150 mg</i> .....	41
<i>imipramine pamoate cap 100 mg</i> .....	58	<i>irbesartan tab 300 mg</i> .....	41
<i>imipramine pamoate cap 125 mg</i> .....	58	<i>irbesartan tab 75 mg</i> .....	41
<i>imipramine pamoate cap 150 mg</i> .....	58	<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	37
<i>imipramine pamoate cap 75 mg</i> .....	58	<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	
<i>imiquimod cream 5%</i> .....	141	.....	37
IMODIUM A-D CAP 2MG.....	26	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i> ..	37
IMODIUM A-D SOL 1MG/7.5.....	26	<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	
IMODIUM A-D TAB 2MG.....	26	.....	37
IMVEXXY MAIN SUP 10MCG.....	92	IRON CHW PEDIATRI.....	110
IMVEXXY MAIN SUP 4MCG.....	92	ISENTRESS CHW 100MG.....	15
IMVEXXY STRT SUP 10MCG.....	93	ISENTRESS CHW 25MG.....	15
IMVEXXY STRT SUP 4MCG.....	93	ISENTRESS HD TAB 600MG.....	15
<i>inatal gt</i> .....	126	ISENTRESS POW 100MG.....	15
INBRIJA CAP 42MG.....	61	ISENTRESS TAB 400MG.....	15
INCRELEX INJ 40MG/4ML.....	97	<i>isoniazid inj 100 mg/ml</i> .....	18
		<i>isoniazid syrup 50 mg/5ml</i> .....	18

<i>isoniazid tab 100 mg</i> .....	18	JENTADUETO TAB XR.....	82
<i>isoniazid tab 300 mg</i> .....	18	<i>jinteli</i> .....	93
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> .....	50	<i>jolessa</i> .....	87
<i>isosorbide dinitrate tab 10 mg</i> .....	51	JUBLIA SOL 10%.....	142
<i>isosorbide dinitrate tab 20 mg</i> .....	51	<i>junel 1/20</i> .....	87
<i>isosorbide dinitrate tab 30 mg</i> .....	51	<i>junel 1.5/30</i> .....	87
<i>isosorbide dinitrate tab 5 mg</i> .....	51	<i>junel fe 1/20</i> .....	87
<i>isosorbide mononitrate tab 10 mg</i> .....	51	<i>junel fe 1.5/30</i> .....	87
<i>isosorbide mononitrate tab 20 mg</i> .....	51	<i>junel fe 24</i> .....	87
<i>isosorbide mononitrate tab er 24hr 120 mg</i> .....	51	JYNNEOS INJ.....	118
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	51	<b>K</b>	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	51	KADCYLA INJ 100MG.....	29
<i>isotretinoin cap 10 mg</i> .....	140	KADCYLA INJ 160MG.....	29
<i>isotretinoin cap 20 mg</i> .....	141	KALYDECO GRA 13.4MG.....	135
<i>isotretinoin cap 30 mg</i> .....	141	KALYDECO GRA 5.8MG.....	135
<i>isotretinoin cap 40 mg</i> .....	141	KALYDECO PAK 25MG.....	135
<i>isradipine cap 2.5 mg</i> .....	48	KALYDECO PAK 50MG.....	135
<i>isradipine cap 5 mg</i> .....	48	KALYDECO PAK 75MG.....	135
<i>itraconazole cap 100 mg</i> .....	14	KALYDECO TAB 150MG.....	136
<i>itraconazole oral soln 10 mg/ml</i> .....	14	<i>kariva</i> .....	87
<i>ivabradine hcl tab 5 mg (base equiv)</i> .....	50	<i>kelnor 1/35</i> .....	87
<i>ivabradine hcl tab 7.5 mg (base equiv)</i> .....	50	KERENDIA TAB 10MG.....	97
<i>ivermectin cream 1%</i> .....	147	KERENDIA TAB 20MG.....	97
<i>ivermectin tab 3 mg</i> .....	13	KERI NRSHING LOT SHEA BTR.....	81
IV PREP WIPE PAD.....	141	<i>ketoconazole cream 2%</i> .....	142
<b>J</b>		<i>ketoconazole shampoo 2%</i> .....	143
JAKAFI TAB 10MG.....	33	KETONE URINE TEST STRIPS.....	121
JAKAFI TAB 15MG.....	33	<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i> .....	2
JAKAFI TAB 20MG.....	33	<i>ketorolac tromethamine inj 15 mg/ml</i> .....	2
JAKAFI TAB 25MG.....	33	<i>ketorolac tromethamine inj 30 mg/ml</i> .....	2
JAKAFI TAB 5MG.....	33	<i>ketorolac tromethamine ophth soln 0.4%</i> .....	129
<i>jantoven</i> .....	107	<i>ketorolac tromethamine ophth soln 0.5%</i> .....	129
JANUMET TAB 50-1000.....	82	<i>ketorolac tromethamine tab 10 mg</i> .....	2
JANUMET TAB 50-500MG.....	82	KEVZARA INJ 150/1.14.....	113
JANUMET XR TAB 100-1000.....	82	KEVZARA INJ 200/1.14.....	113
JANUMET XR TAB 50-1000.....	82	KEYTRUDA INJ 100MG/4ML.....	29
JANUMET XR TAB 50-500MG.....	82	<i>kidkare liq cgh/cold</i> .....	80
JANUVIA TAB 100MG.....	83	KINRIX INJ.....	118
JANUVIA TAB 25MG.....	83	KISQALI TAB 200DOSE.....	33
JANUVIA TAB 50MG.....	83	KISQALI TAB 400DOSE.....	33
JARDIANCE TAB 10MG.....	85	KISQALI TAB 600DOSE.....	33
JARDIANCE TAB 25MG.....	85		

<i>klor-con 10</i> .....	125	<i>lamotrigine tab 35 x 25 mg starter kit</i> .....	67
<i>klor-con 8</i> .....	125	<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg</i>	
<i>klor-con m15</i> .....	125	<i>starter kit</i> .....	67
<i>kobee tab</i> .....	123	<i>lamotrigine tab chewable dispersible 25 mg</i>	
<i>konsyl daily pow 28.3%</i> .....	120	.....	67
KPN PRENATAL TAB .....	124	<i>lamotrigine tab chewable dispersible 5 mg</i>	
<i>kurvelo</i> .....	87	.....	67
KYLEENA IUD 19.5MG .....	87	<i>lamotrigine tab er 24hr 100 mg</i> .....	67
<b>L</b>		<i>lamotrigine tab er 24hr 200 mg</i> .....	67
<i>labetalol hcl tab 100 mg</i> .....	46	<i>lamotrigine tab er 24hr 250 mg</i> .....	67
<i>labetalol hcl tab 200 mg</i> .....	46	<i>lamotrigine tab er 24hr 25 mg</i> .....	67
<i>labetalol hcl tab 300 mg</i> .....	46	<i>lamotrigine tab er 24hr 300 mg</i> .....	67
LAC-HYDRIN LOT FIVE.....	146	<i>lamotrigine tab er 24hr 50 mg</i> .....	67
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>		LANCING DEVICE.....	121
.....	67	<i>lansoprazole cap delayed release 15 mg</i>	103
<i>lacosamide oral solution 10 mg/ml</i> .....	67	<i>lansoprazole cap delayed release 30 mg</i>	103
<i>lacosamide tab 100 mg</i> .....	67	<i>lanthanum carbonate chew tab 1000 mg</i>	
<i>lacosamide tab 150 mg</i> .....	67	<i>(elemental)</i> .....	97
<i>lacosamide tab 200 mg</i> .....	67	<i>lanthanum carbonate chew tab 500 mg</i>	
<i>lacosamide tab 50 mg</i> .....	67	<i>(elemental)</i> .....	97
<i>lactic acid (ammonium lactate) cream 12%</i>		<i>lanthanum carbonate chew tab 750 mg</i>	
.....	146	<i>(elemental)</i> .....	97
<i>lactulose solution 10 gm/15ml</i> .....	102	<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	
<i>lamisil af aer 1%</i> .....	142	.....	33
LAMISIL AT CRE 1% .....	142	<i>larin 1.5/30</i> .....	87
<i>lamivudine oral soln 10 mg/ml</i> .....	15	<i>latanoprost ophth soln 0.005%</i> .....	130
<i>lamivudine tab 100 mg (hbv)</i> .....	21	L-CARNITINE TAB 500MG.....	127
<i>lamivudine tab 150 mg</i> .....	15	<i>leena</i> .....	87
<i>lamivudine tab 300 mg</i> .....	15	<i>leflunomide tab 10 mg</i> .....	115
<i>lamivudine-zidovudine tab 150-300 mg</i> ....	17	<i>leflunomide tab 20 mg</i> .....	115
<i>lamotrigine orally disintegrating tab 100 mg</i>		LENVIMA CAP 10 MG .....	33
.....	67	LENVIMA CAP 12MG .....	33
<i>lamotrigine orally disintegrating tab 200 mg</i>		LENVIMA CAP 14 MG .....	34
.....	67	LENVIMA CAP 18 MG .....	34
<i>lamotrigine orally disintegrating tab 25 mg</i>		LENVIMA CAP 20 MG .....	34
.....	67	LENVIMA CAP 24 MG.....	34
<i>lamotrigine orally disintegrating tab 50 mg</i>		LENVIMA CAP 4MG.....	33
.....	67	LENVIMA CAP 8 MG.....	33
<i>lamotrigine tab 100 mg</i> .....	67	<i>lessina</i> .....	87
<i>lamotrigine tab 150 mg</i> .....	67	<i>letrozole tab 2.5 mg</i> .....	31
<i>lamotrigine tab 200 mg</i> .....	67	<i>leucovorin calcium for inj 100 mg</i> .....	37
<i>lamotrigine tab 25 mg</i> .....	67	<i>leucovorin calcium for inj 200 mg</i> .....	37
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7)</i>		<i>leucovorin calcium for inj 350 mg</i> .....	37
<i>starter kit</i> .....	67	<i>leucovorin calcium for inj 500 mg</i> .....	37

leucovorin calcium for inj 50 mg .....	37	levofloxacin tab 750 mg.....	21
leucovorin calcium tab 10 mg .....	37	levonest .....	87
leucovorin calcium tab 15 mg .....	37	levonorgestrel & ethinyl estradiol (91-day)	
leucovorin calcium tab 25 mg .....	37	tab 0.15-0.03 mg .....	88
leucovorin calcium tab 5 mg .....	37	levonorgestrel & ethinyl estradiol tab 0.15	
LEUKERAN TAB 2MG.....	27	mg-30 mcg .....	88
leuprolide acetate inj kit 1 mg/0.2ml (5		levonorgestrel & ethinyl estradiol tab 0.1	
mg/ml) .....	31	mg-20 mcg .....	88
levalbuterol hcl soln nebu 0.31 mg/3ml		levonorgestrel-ethinyl estradiol-fe tab 0.1	
(base equiv) .....	134	mg-20 mcg (21) .....	88
levalbuterol hcl soln nebu 0.63 mg/3ml		levonorg-eth est tab 0.1-0.02mg(84) & eth	
(base equiv) .....	134	est tab 0.01mg(7) .....	87
levalbuterol hcl soln nebu 1.25 mg/3ml		levora 0.15/30-28.....	88
(base equiv) .....	134	levothyroxine sodium tab 100 mcg .....	98
levalbuterol hcl soln nebu conc 1.25		levothyroxine sodium tab 112 mcg.....	98
mg/0.5ml (base equiv).....	134	levothyroxine sodium tab 125 mcg.....	98
levalbuterol tartrate inhal aerosol 45		levothyroxine sodium tab 137 mcg .....	98
mcg/act (base equiv) .....	134	levothyroxine sodium tab 150 mcg.....	98
LEVEMIR INJ.....	84	levothyroxine sodium tab 175 mcg.....	98
LEVEMIR INJ FLEXPEN .....	84	levothyroxine sodium tab 200 mcg.....	98
levetiracetam inj 500 mg/5ml (100 mg/ml)		levothyroxine sodium tab 25 mcg .....	98
.....	67	levothyroxine sodium tab 300 mcg.....	98
levetiracetam in sodium chloride iv soln		levothyroxine sodium tab 50 mcg .....	98
1000 mg/100ml .....	67	levothyroxine sodium tab 75 mcg .....	98
levetiracetam in sodium chloride iv soln		levothyroxine sodium tab 88 mcg .....	98
1500 mg/100ml.....	67	levoxyl.....	98
levetiracetam in sodium chloride iv soln		LEXIVA SUS 50MG/ML .....	15
500 mg/100ml .....	67	lice killing sha 0.33-4%.....	147
levetiracetam oral soln 100 mg/ml .....	67	lice treatment .....	147
levetiracetam tab 1000 mg .....	67	lice treatmt lot 1% .....	147
levetiracetam tab 250 mg .....	67	lice trtmnt liq 1% .....	147
levetiracetam tab 500 mg.....	67	lidocaine hcl (cardiac) iv pf soln pref syr 50	
levetiracetam tab 750 mg.....	67	mg/5ml(1%).....	41
levetiracetam tab er 24hr 500 mg .....	68	lidocaine hcl (cardiac) iv soln pref syr 100	
levetiracetam tab er 24hr 750 mg .....	68	mg/5ml (2%) .....	41
levobunolol hcl ophth soln 0.5% .....	130	lidocaine hcl laryngotracheal soln 4%.....	148
levocarnitine cap 250 mg .....	127	lidocaine hcl local inj 0.5% .....	12
levocetirizine dihydrochloride soln 2.5		lidocaine hcl local inj 1% .....	12
mg/5ml (0.5 mg/ml).....	133	lidocaine hcl local inj 2%.....	12
levocetirizine dihydrochloride tab 5 mg ..	134	lidocaine hcl local preservative free (pf) inj	
levofloxacin iv soln 25 mg/ml.....	21	0.5%.....	12
levofloxacin oral soln 25 mg/ml.....	21	lidocaine hcl local preservative free (pf) inj	
levofloxacin tab 250 mg .....	21	1%.....	12
levofloxacin tab 500 mg .....	21		

<i>lidocaine hcl local preservative free (pf) inj</i>	
2% .....	12
<i>lidocaine hcl soln 4%</i> .....	146
<i>lidocaine hcl urethral/mucosal gel prefilled</i>	
syringe 2% .....	146
<i>lidocaine hcl viscous soln 2%</i> .....	148
<i>lidocaine oint 5%</i> .....	146
<i>lidocaine pain relief pat</i> .....	146
<i>lidocaine patch 5%</i> .....	146
<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	146
LILETTA IUD 52MG .....	88
<i>linezolid for susp 100 mg/5ml</i> .....	23
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	
.....	23
<i>linezolid tab 600 mg</i> .....	23
LINZESS CAP 145MCG .....	102
LINZESS CAP 290MCG.....	102
LINZESS CAP 72MCG .....	102
<i>liothyronine sodium tab 25 mcg</i> .....	98
<i>liothyronine sodium tab 50 mcg</i> .....	98
<i>liothyronine sodium tab 5 mcg</i> .....	98
LIQUID C 500 LIQ 500/15ML.....	149
<i>liraglutide soln pen-injector 18 mg/3ml (6</i>	
mg/ml) .....	83
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5</i>	
mg .....	38
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5</i>	
mg .....	38
<i>lisinopril &amp; hydrochlorothiazide tab 20-25</i>	
mg .....	38
<i>lisinopril tab 10 mg</i> .....	38
<i>lisinopril tab 2.5 mg</i> .....	38
<i>lisinopril tab 20 mg</i> .....	38
<i>lisinopril tab 30 mg</i> .....	38
<i>lisinopril tab 40 mg</i> .....	38
<i>lisinopril tab 5 mg</i> .....	38
<i>lithium carbonate cap 150 mg</i> .....	75
<i>lithium carbonate cap 300 mg</i> .....	75
<i>lithium carbonate cap 600 mg</i> .....	75
<i>lithium carbonate tab 300 mg</i> .....	75
<i>lithium carbonate tab er 300 mg</i> .....	75
<i>lithium carbonate tab er 450 mg</i> .....	75
<i>lithium oral solution 8 meq/5ml</i> .....	75
LITTLE REMED DRO 0.125% .....	139
LMX 4 CRE 4%.....	146
LO LOESTRIN TAB 1-10-10.....	88
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	
(80-20 mg/ml) .....	17
<i>lopinavir-ritonavir tab 100-25 mg</i> .....	17
<i>lopinavir-ritonavir tab 200-50 mg</i> .....	17
<i>loratadine tab 10 mg</i> .....	134
<i>lorazepam conc 2 mg/ml</i> .....	54
<i>lorazepam tab 0.5 mg</i> .....	54
<i>lorazepam tab 1 mg</i> .....	54
<i>lorazepam tab 2 mg</i> .....	54
LORBRENA TAB 100MG.....	34
LORBRENA TAB 25MG.....	34
<i>loryna</i> .....	88
<i>losartan potassium &amp; hydrochlorothiazide</i>	
tab 100-12.5 mg .....	40
<i>losartan potassium &amp; hydrochlorothiazide</i>	
tab 100-25 mg .....	40
<i>losartan potassium &amp; hydrochlorothiazide</i>	
tab 50-12.5 mg.....	40
<i>losartan potassium tab 100 mg</i> .....	41
<i>losartan potassium tab 25 mg</i> .....	41
<i>losartan potassium tab 50 mg</i> .....	41
<i>loteprednol etabonate ophth susp 0.5%</i> .....	129
LOTRIMIN ULT CRE 1%.....	142
<i>lovastatin tab 10 mg</i> .....	43
<i>lovastatin tab 20 mg</i> .....	43
<i>lovastatin tab 40 mg</i> .....	43
<i>low-ogestrel</i> .....	88
<i>loxapine succinate cap 10 mg</i> .....	63
<i>loxapine succinate cap 25 mg</i> .....	63
<i>loxapine succinate cap 50 mg</i> .....	64
<i>loxapine succinate cap 5 mg</i> .....	63
<i>lubiprostone cap 24 mcg</i> .....	102
<i>lubiprostone cap 8 mcg</i> .....	102
<i>luliconazole cream 1%</i> .....	142
LUMIGAN SOL 0.01% OP .....	130
<i>lurasidone hcl tab 120 mg</i> .....	64
<i>lurasidone hcl tab 20 mg</i> .....	64
<i>lurasidone hcl tab 40 mg</i> .....	64
<i>lurasidone hcl tab 60 mg</i> .....	64
<i>lurasidone hcl tab 80 mg</i> .....	64
<i>lutra</i> .....	88
LYNPARZA TAB 100MG.....	36

LYNPARZA TAB 150MG .....	36
LYSODREN TAB 500MG.....	31
<b>M</b>	
<i>maalox advan sus max st</i> .....	12
<i>magnesium citrate soln</i> .....	120
MAGNESIUM GL TAB 500MG .....	125
<i>magnesium gluconate tab 27.5 mg</i> <i>(elemental mg)</i> .....	125
<i>magnesium oxide tab 250 mg (mg</i> <i>supplement)</i> .....	123
<i>magnesium oxide tab 400 mg (240 mg</i> <i>elemental mg)</i> .....	125
<i>magnesium sulfate in dextrose 5% iv soln 1</i> <i>gm/100ml</i> .....	125
<i>magnesium sulfate inj 50%</i> .....	125
<i>magnesium sulfate iv soln 2 gm/50ml (40</i> <i>mg/ml)</i> .....	125
<i>magnesium tab 250mg</i> .....	125
<i>malathion lotion 0.5%</i> .....	147
<i>mandelay gel max str</i> .....	146
<i>mannitol iv soln 20%</i> .....	49
<i>mannitol iv soln 25%</i> .....	49
<i>maraviroc tab 150 mg</i> .....	15
<i>maraviroc tab 300 mg</i> .....	15
<i>marlissa</i> .....	88
MARPLAN TAB 10MG.....	58
MATULANE CAP 50MG .....	27
<i>matzim la</i> .....	48
<i>maxilube gel</i> .....	148
<i>mccarnitine tab 330mg</i> .....	96
MCT OIL .....	126
<i>meclizine hcl tab 12.5 mg</i> .....	100
<i>meclizine hcl tab 25 mg</i> .....	100
<i>meclofenamate sodium cap 100 mg</i> .....	2
<i>meclofenamate sodium cap 50 mg</i> .....	2
<i>medicated oin chst rub</i> .....	80
<i>medi pad</i> .....	148
MEDROL TAB 2MG .....	95
<i>medroxyprogesterone acetate im susp 150</i> <i>mg/ml</i> .....	88
<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i> .....	88
<i>medroxyprogesterone acetate tab 10 mg</i>	98

<i>medroxyprogesterone acetate tab 2.5 mg</i> .....	98
<i>medroxyprogesterone acetate tab 5 mg</i> ..	98
<i>mefenamic acid cap 250 mg</i> .....	2
<i>mefloquine hcl tab 250 mg</i> .....	14
<i>megestrol acetate susp 40 mg/ml</i> .....	98
<i>megestrol acetate susp 625 mg/5ml</i> .....	98
<i>megestrol acetate tab 20 mg</i> .....	31
<i>megestrol acetate tab 40 mg</i> .....	31
MEKINIST SOL 0.05/ML .....	34
MEKINIST TAB 0.5MG.....	34
MEKINIST TAB 2MG .....	34
MELATONIN LIQ 1MG/4ML .....	1
<i>melatonin sub 5mg</i> .....	1
<i>melatonin tab 10mg cr</i> .....	1
<i>melatonin tab 1 mg</i> .....	1
<i>melatonin tab 3mg</i> .....	1
<i>melatonin tab 5 mg</i> .....	1
<i>meloxicam tab 15 mg</i> .....	2
<i>meloxicam tab 7.5 mg</i> .....	2
<i>melphalan hcl for inj 50 mg (base equiv)</i> ..	27
<i>melphalan tab 2 mg</i> .....	27
<i>memantine hcl cap er 24hr 14 mg</i> .....	55
<i>memantine hcl cap er 24hr 21 mg</i> .....	55
<i>memantine hcl cap er 24hr 28 mg</i> .....	55
<i>memantine hcl cap er 24hr 7 mg</i> .....	55
<i>memantine hcl oral solution 2 mg/ml</i> .....	55
<i>memantine hcl tab 10 mg</i> .....	55
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg</i> <i>titration pack</i> .....	55
<i>memantine hcl tab 5 mg</i> .....	55
MENEST TAB 0.3MG .....	93
MENEST TAB 0.625MG.....	93
MENEST TAB 1.25MG.....	93
MENEST TAB 2.5MG .....	93
MENQUADFI INJ.....	118
MENVEO INJ .....	118
MENVEO SOL.....	118
<i>meprobamate tab 200 mg</i> .....	54
<i>meprobamate tab 400 mg</i> .....	54
<i>mercaptapurine tab 50 mg</i> .....	28
<i>meribin cap 5mg</i> .....	149
<i>meropenem iv for soln 1 gm</i> .....	23
<i>meropenem iv for soln 500 mg</i> .....	23

<i>mesalamine cap dr 400 mg</i> .....	101	<i>methotrexate sodium tab 2.5 mg (base equiv)</i> .....	115
<i>mesalamine cap er 24hr 0.375 gm</i> .....	101	<i>methoxsalen rapid cap 10 mg</i> .....	143
<i>mesalamine enema 4 gm</i> .....	101	<i>methscopolamine bromide tab 2.5 mg</i> .....	99
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i> .....	102	<i>methscopolamine bromide tab 5 mg</i> .....	99
<i>mesalamine suppos 1000 mg</i> .....	102	<i>methsuximide cap 300 mg</i> .....	68
<i>mesalamine tab delayed release 1.2 gm</i> .	102	<i>methyldopa tab 250 mg</i> .....	50
<i>mesalamine tab delayed release 800 mg</i> .....	102	<i>methyldopa tab 500 mg</i> .....	51
<i>mesna inj 100 mg/ml</i> .....	37	<i>methylphenidate hcl cap er 10 mg (cd)</i> .....	71
<b>MESNEX TAB 400MG</b> .....	37	<i>methylphenidate hcl cap er 20 mg (cd)</i> .....	71
<i>metaxalone tab 800 mg</i> .....	76	<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> .....	71
<i>metformin hcl tab 1000 mg</i> .....	82	<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> .....	71
<i>metformin hcl tab 500 mg</i> .....	82	<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> .....	71
<i>metformin hcl tab 850 mg</i> .....	82	<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> .....	71
<i>metformin hcl tab er 24hr 500 mg</i> .....	82	<i>methylphenidate hcl cap er 30 mg (cd)</i> .....	71
<i>metformin hcl tab er 24hr 750 mg</i> .....	82	<i>methylphenidate hcl cap er 40 mg (cd)</i> .....	71
<i>methadone hcl conc 10 mg/ml</i> .....	6	<i>methylphenidate hcl cap er 50 mg (cd)</i> .....	71
<i>methadone hcl soln 10 mg/5ml</i> .....	6	<i>methylphenidate hcl cap er 60 mg (cd)</i> .....	71
<i>methadone hcl soln 5 mg/5ml</i> .....	6	<i>methylphenidate hcl chew tab 10 mg</i> .....	72
<i>methadone hcl tab 10 mg</i> .....	6	<i>methylphenidate hcl chew tab 2.5 mg</i> .....	71
<i>methadone hcl tab 5 mg</i> .....	6	<i>methylphenidate hcl chew tab 5 mg</i> .....	71
<i>methadone hcl tab for oral susp 40 mg</i> .....	6	<i>methylphenidate hcl soln 10 mg/5ml</i> .....	72
<i>methadone hydrochloride i</i> .....	6	<i>methylphenidate hcl soln 5 mg/5ml</i> .....	72
<i>methadose</i> .....	6	<i>methylphenidate hcl tab 10 mg</i> .....	72
<i>methamphetamine hcl tab 5 mg</i> .....	71	<i>methylphenidate hcl tab 20 mg</i> .....	72
<i>methazolamide tab 25 mg</i> .....	49	<i>methylphenidate hcl tab 5 mg</i> .....	72
<i>methazolamide tab 50 mg</i> .....	49	<i>methylphenidate hcl tab er 10 mg</i> .....	72
<i>methenamine hippurate tab 1 gm</i> .....	23	<i>methylphenidate hcl tab er 20 mg</i> .....	72
<i>methimazole tab 10 mg</i> .....	98	<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> .....	72
<i>methimazole tab 5 mg</i> .....	98	<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> .....	72
<i>methocarbamol tab 500 mg</i> .....	77	<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> .....	72
<i>methocarbamol tab 750 mg</i> .....	77	<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> .....	72
<i>methotrexate sodium for inj 1 gm</i> .....	28	<i>methylprednisolone acetate inj susp 40 mg/ml</i> .....	95
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i> .....	28	<i>methylprednisolone acetate inj susp 80 mg/ml</i> .....	95
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> .....	28		
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> .....	28		
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> .....	28		
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> .....	28		



<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i> .....	95	<i>metronidazole iv soln 500 mg/100ml</i> .....	23
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i> .....	95	<i>metronidazole lotion 0.75%</i> .....	147
<i>methylprednisolone tab 16 mg</i> .....	95	<i>metronidazole tab 250 mg</i> .....	23
<i>methylprednisolone tab 32 mg</i> .....	95	<i>metronidazole tab 500 mg</i> .....	23
<i>methylprednisolone tab 4 mg</i> .....	95	<i>metronidazole vaginal gel 0.75%</i> .....	106
<i>methylprednisolone tab 8 mg</i> .....	95	<i>miconazole 1 kit 1200-2%</i> .....	106
<i>methylprednisolone tab therapy pack 4 mg (21)</i> .....	95	<i>miconazole 3</i> .....	106
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i> .....	100	<i>miconazole 7 cre tube/kit</i> .....	106
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i> .....	100	<i>miconazole 7 sup 100mg</i> .....	106
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> .....	100	<i>miconazole cre 2%</i> .....	142
<i>metoclopramide hcl tab 10 mg (base equivalent)</i> .....	100	<i>microgestin 1.5/30</i> .....	88
<i>metoclopramide hcl tab 5 mg (base equivalent)</i> .....	100	<i>midodrine hcl tab 10 mg</i> .....	51
<i>metolazone tab 10 mg</i> .....	50	<i>midodrine hcl tab 2.5 mg</i> .....	51
<i>metolazone tab 2.5 mg</i> .....	49	<i>midodrine hcl tab 5 mg</i> .....	51
<i>metolazone tab 5 mg</i> .....	49	<i>miglitol tab 100 mg</i> .....	82
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....	45	<i>miglitol tab 25 mg</i> .....	82
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> .....	45	<i>miglitol tab 50 mg</i> .....	82
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	45	<i>milk of magn sus frsh mnt</i> .....	120
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> .....	46	<i>mimvey</i> .....	93
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> .....	46	<i>mineral oil</i> .....	120
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> .....	46	<i>minerin cre</i> .....	148
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> .....	46	<i>minocycline hcl cap 100 mg</i> .....	25
<i>metoprolol tartrate tab 100 mg</i> .....	46	<i>minocycline hcl cap 50 mg</i> .....	25
<i>metoprolol tartrate tab 25 mg</i> .....	46	<i>minocycline hcl cap 75 mg</i> .....	25
<i>metoprolol tartrate tab 50 mg</i> .....	46	<i>minocycline hcl tab 100 mg</i> .....	25
<i>metronidazole cap 375 mg</i> .....	23	<i>minocycline hcl tab 50 mg</i> .....	25
<i>metronidazole cream 0.75%</i> .....	147	<i>minocycline hcl tab 75 mg</i> .....	25
<i>metronidazole gel 0.75%</i> .....	147	<i>minoxidil tab 10 mg</i> .....	51
<i>metronidazole gel 1%</i> .....	147	<i>minoxidil tab 2.5 mg</i> .....	51
		<i>mirabegron tab er 24 hr 25 mg</i> .....	105
		<i>mirabegron tab er 24 hr 50 mg</i> .....	105
		<i>MIRCERA INJ 100MCG</i> .....	108
		<i>MIRCERA INJ 120MCG</i> .....	108
		<i>MIRCERA INJ 150MCG</i> .....	108
		<i>MIRCERA INJ 200MCG</i> .....	108
		<i>MIRCERA INJ 30MCG</i> .....	108
		<i>MIRCERA INJ 50MCG</i> .....	108
		<i>MIRCERA INJ 75MCG</i> .....	108
		<i>MIRENA IUD SYSTEM</i> .....	88
		<i>mirtazapine orally disintegrating tab 15 mg</i> .....	58
		<i>mirtazapine orally disintegrating tab 30 mg</i> .....	58

<i>mirtazapine orally disintegrating tab 45 mg</i>		<i>morphine sulfate beads cap er 24hr 45 mg6</i>	
.....	58	<i>morphine sulfate beads cap er 24hr 60 mg6</i>	
<i>mirtazapine tab 15 mg</i>	58	<i>morphine sulfate beads cap er 24hr 75 mg6</i>	
<i>mirtazapine tab 30 mg</i>	59	<i>morphine sulfate beads cap er 24hr 90 mg6</i>	
<i>mirtazapine tab 45 mg</i>	59	<i>morphine sulfate cap er 24hr 100 mg</i>	7
<i>mirtazapine tab 7.5 mg</i>	58	<i>morphine sulfate cap er 24hr 10 mg</i>	6
<i>misoprostol tab 100 mcg</i>	103	<i>morphine sulfate cap er 24hr 20 mg</i>	6
<i>misoprostol tab 200 mcg</i>	103	<i>morphine sulfate cap er 24hr 30 mg</i>	6
<i>mitomycin for iv soln 20 mg</i>	27	<i>morphine sulfate cap er 24hr 50 mg</i>	7
<i>mitomycin for iv soln 40 mg</i>	27	<i>morphine sulfate cap er 24hr 60 mg</i>	7
<i>mitomycin for iv soln 5 mg</i>	27	<i>morphine sulfate cap er 24hr 80 mg</i>	7
<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i>		<i>morphine sulfate iv soln 10 mg/ml</i>	7
<i>mg/ml)</i>	27	<i>morphine sulfate iv soln 4 mg/ml</i>	7
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2</i>		<i>morphine sulfate oral soln 100 mg/5ml (20</i>	
<i>mg/ml)</i>	28	<i>mg/ml)</i>	7
<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i>		<i>morphine sulfate oral soln 10 mg/5ml</i>	7
<i>mg/ml)</i>	28	<i>morphine sulfate oral soln 20 mg/5ml</i>	7
<i>modafinil tab 100 mg</i>	77	<i>morphine sulfate tab 15 mg</i>	7
<i>modafinil tab 200 mg</i>	77	<i>morphine sulfate tab 30 mg</i>	7
MODERNA INJ 2024-25	118	<i>morphine sulfate tab er 100 mg</i>	7
MODERNA INJ 6MO-11Y	118	<i>morphine sulfate tab er 15 mg</i>	7
<i>moexipril hcl tab 15 mg</i>	39	<i>morphine sulfate tab er 200 mg</i>	7
<i>moexipril hcl tab 7.5 mg</i>	39	<i>morphine sulfate tab er 30 mg</i>	7
MOISTURE EYE DRO	130	<i>morphine sulfate tab er 60 mg</i>	7
<i>mometasone furoate cream 0.1%</i>	145	<i>motion sick chw 25mg</i>	100
<i>mometasone furoate nasal susp 50</i>		MOTOFEN TAB 1-0.025	26
<i>mcg/act</i>	137	MOTRIN CHILD SUS 100/5ML	2
<i>mometasone furoate oint 0.1%</i>	145	<i>motrin ib tab 200mg</i>	2
<i>mometasone furoate solution 0.1% (lotion)</i>	145	MOTRIN INFAN DRO 50/1.25	2
MONOJECT S/P MIS 35ML/REG	122	MOUNJARO INJ 10MG/0.5	83
<i>monoject sodium chloride</i>	125	MOUNJARO INJ 12.5/0.5	83
<i>mono-lyyah</i>	88	MOUNJARO INJ 15MG/0.5	83
<i>montelukast sodium chew tab 4 mg (base</i>		MOUNJARO INJ 2.5/0.5	83
<i>equiv)</i>	136	MOUNJARO INJ 5MG/0.5	83
<i>montelukast sodium chew tab 5 mg (base</i>		MOUNJARO INJ 7.5/0.5	83
<i>equiv)</i>	136	MOVANTIK TAB 12.5MG	103
<i>montelukast sodium oral granules packet 4</i>		MOVANTIK TAB 25MG	103
<i>mg (base equiv)</i>	136	<i>moxifloxacin hcl ophth soln 0.5% (base eq)</i>	
<i>montelukast sodium tab 10 mg (base equiv)</i>	136	<i>(2 times daily)</i>	128
<i>morphine sulfate beads cap er 24hr 120 mg</i>	6	<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
<i>morphine sulfate beads cap er 24hr 30 mg6</i>		<i>equiv)</i>	128
		<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	21
		MRESVIA INJ 50MCG	119
		MTERYTI TAB	124

MTERYTI TAB FOLIC 5.....	124
<i>mucus+chst liq 100/5ml</i> .....	80
<i>mucus-d tab 60-600mg</i> .....	80
<i>mucus relief tab 1200mg</i> .....	80
<i>mucus relief tab 400mg</i> .....	80
<i>mucus relief tab 600mg er</i> .....	80
<i>mucus relief tab dm cough</i> .....	80
MULTAQ TAB 400MG.....	41
MULTISTIX 10 TES SG.....	121
<i>multivitamin/fluoride</i> .....	127
<i>multi-vitamin/fluoride/ir</i> .....	127
<i>multi-vitamin/fluoride dr</i> .....	127
<i>multivitamin dro pediatrc</i> .....	123
<i>mupirocin oint 2%</i> .....	141
<i>muscle rub cre ultra st</i> .....	146
MYALEPT INJ 11.3MG.....	90
<i>mycophenolate mofetil cap 250 mg</i> .....	116
<i>mycophenolate mofetil for oral susp 200</i> <i>mg/ml</i> .....	117
<i>mycophenolate mofetil hcl for iv soln 500</i> <i>mg (base equiv)</i> .....	117
<i>mycophenolate mofetil tab 500 mg</i> .....	117
<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i> .....	117
<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i> .....	117
MYFORTIC TAB 180MG.....	117
MYFORTIC TAB 360MG .....	117
MYOFLEX CRE 10%.....	146
MYRBETRIQ SUS 8MG/ML .....	105
MYRBETRIQ TAB 25MG .....	105
MYRBETRIQ TAB 50MG.....	105
<b>N</b>	
<i>nabumetone tab 500 mg</i> .....	2
<i>nabumetone tab 750 mg</i> .....	3
<i>nadolol tab 20 mg</i> .....	46
<i>nadolol tab 40 mg</i> .....	46
<i>nadolol tab 80 mg</i> .....	46
<i>nafrinse drops</i> .....	125
<i>naftifine hcl cream 1%</i> .....	142
<i>naftifine hcl cream 2%</i> .....	142
<i>nalbuphine hcl inj 10 mg/ml</i> .....	7
<i>nalbuphine hcl inj 20 mg/ml</i> .....	7
<i>naloxone hcl inj 0.4 mg/ml</i> .....	78

<i>naloxone hcl inj 4 mg/10ml</i> .....	78
<i>naloxone hcl nasal spray 4 mg/0.1ml</i> .....	78
<i>naloxone hcl soln cartridge 0.4 mg/ml</i> .....	78
<i>naloxone hcl soln prefilled syringe 2</i> <i>mg/2ml</i> .....	78
<i>naltrexone hcl tab 50 mg</i> .....	78
NANOVM T/F POW .....	123
NAPHCN-A SOL OP .....	131
<i>naproxen sod tab 220mg</i> .....	3
<i>naproxen tab 250 mg</i> .....	3
<i>naproxen tab 375 mg</i> .....	3
<i>naproxen tab 500 mg</i> .....	3
<i>naratriptan hcl tab 1 mg (base equiv)</i> .....	74
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> ....	74
NARCAN SPR 4MG.....	78
NASALCROM SPR 5.2/ACT .....	137
<i>nasal relief tab night</i> .....	80
<i>nasoflow spr 50mcg</i> .....	137
NATACYN SUS 5% OP.....	128
NATAZIA TAB .....	88
<i>nateglinide tab 120 mg</i> .....	84
<i>nateglinide tab 60 mg</i> .....	84
<i>naturl fiber pow 58.6%</i> .....	120
NAYZILAM SPR 5MG.....	68
<i>nebivolol hcl tab 10 mg (base equivalent)</i> 46	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i> .....	46
<i>nebivolol hcl tab 20 mg (base equivalent)</i> 46	
<i>nebivolol hcl tab 5 mg (base equivalent)</i> ..	46
necon 0.5/35-28 .....	88
<i>nefazodone hcl tab 100 mg</i> .....	59
<i>nefazodone hcl tab 150 mg</i> .....	59
<i>nefazodone hcl tab 200 mg</i> .....	59
<i>nefazodone hcl tab 250 mg</i> .....	59
<i>nefazodone hcl tab 50 mg</i> .....	59
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i> <i>400unt-10000unt op oin</i> .....	128
<i>neomycin-polymy-gramicid op sol 1.75-</i> <i>10000-0.025mg-unt-mg/ml</i> .....	128
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i> .....	128
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i> .....	128
<i>neomycin-polymyxin-hc ophth susp</i> .....	128

<i>neomycin-polymyxin-hc otic soln 1%</i> .....	149	<i>nicotine td patch 24hr 21 mg/24hr</i> .....	131
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>nicotine td patch 24hr 7 mg/24hr</i> .....	131
<i>mg/ml-10000 unit/ml-1%</i> .....	149	NICOTROL INH .....	131
<i>neomycin sulfate tab 500 mg</i> .....	13	NICOTROL NS SPR 10MG/ML.....	131
NEORAL CAP 100MG.....	117	<i>nifedipine tab er 24hr 30 mg</i> .....	48
NEORAL CAP 25MG.....	117	<i>nifedipine tab er 24hr 60 mg</i> .....	48
NEORAL SOL 100MG/ML.....	117	<i>nifedipine tab er 24hr 90 mg</i> .....	48
<i>neosporin+pn oin relf max</i> .....	141	<i>nifedipine tab er 24hr osmotic release 30</i>	
NEOSPORIN CRE PLUS .....	141	<i>mg</i> .....	48
NEOSPORIN OIN ORIGINAL .....	141	<i>nifedipine tab er 24hr osmotic release 60</i>	
NEO-SYNEPHRI SPR 0.05% .....	139	<i>mg</i> .....	48
NEO-SYNEPHRI SPR 0.5%.....	139	<i>nifedipine tab er 24hr osmotic release 90</i>	
NEUPRO DIS 1MG/24HR.....	61	<i>mg</i> .....	48
NEUPRO DIS 2MG/24HR.....	61	<i>nikki</i> .....	88
NEUPRO DIS 3MG/24HR.....	61	<i>nilutamide tab 150 mg</i> .....	31
NEUPRO DIS 4MG/24HR.....	61	<i>nimodipine cap 30 mg</i> .....	48
NEUPRO DIS 6MG/24HR.....	61	NIPENT INJ 10MG .....	36
NEUPRO DIS 8MG/24HR.....	61	<i>nisoldipine tab er 24hr 17 mg</i> .....	48
NEVANAC SUS 0.1% OP .....	129	<i>nisoldipine tab er 24hr 20 mg</i> .....	48
<i>nevirapine susp 50 mg/5ml</i> .....	15	<i>nisoldipine tab er 24hr 25.5 mg</i> .....	48
<i>nevirapine tab 200 mg</i> .....	15	<i>nisoldipine tab er 24hr 30 mg</i> .....	48
<i>nevirapine tab er 24hr 100 mg</i> .....	15	<i>nisoldipine tab er 24hr 34 mg</i> .....	48
<i>nevirapine tab er 24hr 400 mg</i> .....	15	<i>nisoldipine tab er 24hr 40 mg</i> .....	48
NEXIUM GRA 2.5MG DR.....	104	<i>nisoldipine tab er 24hr 8.5 mg</i> .....	48
NEXIUM GRA 5MG DR.....	104	<i>nitazoxanide tab 500 mg</i> .....	23
NEXPLANON IMP 68MG.....	88	<i>nitisinone cap 10 mg</i> .....	96
NEXTSTELLIS TAB 3-14.2MG .....	88	<i>nitisinone cap 20 mg</i> .....	96
<i>niacin cap er 250 mg</i> .....	149	<i>nitisinone cap 2 mg</i> .....	96
<i>niacin tab 100 mg</i> .....	149	<i>nitisinone cap 5 mg</i> .....	96
<i>niacin tab 250 mg</i> .....	150	NITRO-BID OIN 2%.....	51
<i>niacin tab 500mg</i> .....	150	NITRO-DUR DIS 0.3MG/HR .....	51
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>		NITRO-DUR DIS 0.8MG/HR .....	51
.....	44	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>		.....	23
.....	44	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	44	.....	23
NIACIN TR TAB 1000MG.....	150	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	
<i>nicardipine hcl cap 20 mg</i> .....	48	.....	23
<i>nicardipine hcl cap 30 mg</i> .....	48	<i>nitrofurantoin monohydrate</i>	
<i>nicotine polacrilex gum 2 mg</i> .....	79	<i>macrocrystalline cap 100 mg</i> .....	23
<i>nicotine polacrilex gum 4 mg</i> .....	79	<i>nitrofurantoin susp 25 mg/5ml</i> .....	23
<i>nicotine polacrilex lozenge 2 mg</i> .....	79	<i>nitroglycerin oint 0.4%</i> .....	146
<i>nicotine step 3</i> .....	131	<i>nitroglycerin sl tab 0.3 mg</i> .....	51
<i>nicotine td patch 24hr 14 mg/24hr</i> .....	131	<i>nitroglycerin sl tab 0.4 mg</i> .....	51

<i>nitroglycerin sl tab 0.6 mg</i> .....	51	NORPACE CAP 150MG CR .....	41
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> .....	51	<i>nortrel 0.5/35 (28)</i> .....	89
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> .....	51	<i>nortrel 1/35</i> .....	89
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .....	51	<i>nortrel 7/7/7</i> .....	89
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> .....	51	<i>nortriptyline hcl cap 10 mg</i> .....	59
<i>nitroglycerin tl soln 0.4 mg/spray (400</i> <i>mcg/spray)</i> .....	51	<i>nortriptyline hcl cap 25 mg</i> .....	59
NIVESTYM INJ 300/0.5 .....	108	<i>nortriptyline hcl cap 50 mg</i> .....	59
NIVESTYM INJ 300MCG .....	108	<i>nortriptyline hcl cap 75 mg</i> .....	59
NIVESTYM INJ 480/0.8 .....	108	<i>nortriptyline hcl soln 10 mg/5ml</i> .....	59
NIVESTYM INJ 480MCG .....	108	NORVIR POW 100MG .....	15
<i>nizatidine cap 150 mg</i> .....	101	NOVAVAX INJ 2023-24 .....	119
<i>nizatidine cap 300 mg</i> .....	101	NOVAVAX INJ 2024-25 .....	119
NIZORAL A-D SHA 1% .....	142	NOVOLIN INJ 70/30 .....	84
<i>non-aspirin chw 80mg</i> .....	11	NOVOLIN INJ 70/30 FP .....	84
<i>nora-be</i> .....	88	NOVOLIN N INJ 100 UNIT .....	84
NORDIPEN 5 MIS DEVICE .....	122	NOVOLIN N INJ U-100 .....	84
NORDIPEN DEL MIS SYSTEM .....	122	NOVOLIN R INJ 100 UNIT .....	84
NORDITROPIN INJ 10/1.5ML .....	96	NOVOLIN R INJ U-100 .....	84
NORDITROPIN INJ 15/1.5ML .....	96	NOVOLOG INJ 100/ML .....	84
NORDITROPIN INJ 30/3ML .....	96	NOVOLOG INJ FLEXPEN .....	84
NORDITROPIN INJ 5/1.5ML .....	96	NOVOLOG INJ PENFILL .....	84
<i>norethindrone &amp; ethinyl estradiol-fe chew</i> <i>tab 0.4 mg-35 mcg</i> .....	88	NOVOLOG MIX INJ 70/30 .....	84
<i>norethindrone &amp; ethinyl estradiol-fe chew</i> <i>tab 0.8 mg-25 mcg</i> .....	88	NOVOLOG MIX INJ FLEXPEN .....	84
<i>norethindrone ace &amp; ethinyl estradiol tab 1</i> <i>mg-20 mcg</i> .....	88	NUBEQA TAB 300MG .....	31
<i>norethindrone ace-eth estradiol-fe chew</i> <i>tab 1 mg-20 mcg (24)</i> .....	88	NUCALA INJ 100MG .....	26
<i>norethindrone ace-ethinyl estradiol-fe cap 1</i> <i>mg-20 mcg (24)</i> .....	88	NUCALA INJ 100MG/ML .....	26
<i>norethindrone acetate-ethinyl estradiol tab</i> <i>0.5 mg-2.5 mcg</i> .....	93	NUCALA INJ 40MG/0.4 .....	26
<i>norethindrone acetate tab 5 mg</i> .....	98	NUCYNTA ER TAB 100MG .....	7
<i>norethindrone tab 0.35 mg</i> .....	88	NUCYNTA ER TAB 150MG .....	8
<i>norgesic</i> .....	77	NUCYNTA ER TAB 200MG .....	8
<i>norgestimate &amp; ethinyl estradiol tab 0.25</i> <i>mg-35 mcg</i> .....	88	NUCYNTA ER TAB 250MG .....	8
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i> <i>25/0.25-25 mg-mcg</i> .....	88	NUCYNTA ER TAB 50MG .....	7
<i>norgestimate-eth estrad tab 0.18-35/0.215-</i> <i>35/0.25-35 mg-mcg</i> .....	89	NUCYNTA TAB 100MG .....	8
NORPACE CAP 100MG CR .....	41	NUCYNTA TAB 50MG .....	8
		NUCYNTA TAB 75MG .....	8
		NUEDEXTA CAP 20-10MG .....	78
		<i>nu-iron 150 cap 150mg</i> .....	110
		NULOJIX INJ 250MG .....	117
		NUPREP 5% SOL POV-IODI .....	140
		NUTRICION TAB PORVIDA .....	124
		NUTRIENTS TAB PRENATAL .....	124
		<i>nyamyc</i> .....	142
		<i>nylia 1/35</i> .....	89
		<i>nystatin cream 100000 unit/gm</i> .....	142

<i>nystatin oint 100000 unit/gm</i> .....	142	<i>olanzapine orally disintegrating tab 20 mg</i> .....	64
<i>nystatin susp 100000 unit/ml</i> .....	148	<i>olanzapine orally disintegrating tab 5 mg</i> ..	64
<i>nystatin tab 500000 unit</i> .....	14	<i>olanzapine tab 10 mg</i> .....	64
<i>nystatin topical powder 100000 unit/gm</i>	142	<i>olanzapine tab 15 mg</i> .....	64
<i>nystatin-triamcinolone cream 100000-0.1</i> <i>unit/gm-%</i> .....	142	<i>olanzapine tab 2.5 mg</i> .....	64
<i>nystatin-triamcinolone oint 100000-0.1</i> <i>unit/gm-%</i> .....	142	<i>olanzapine tab 20 mg</i> .....	64
<i>nystop</i> .....	142	<i>olanzapine tab 5 mg</i> .....	64
<b>NYVEPRIA INJ 6/0.6ML</b> .....	108	<i>olanzapine tab 7.5 mg</i> .....	64
<b>○</b>		<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5 mg</i> ..	40
<b>OBTREX DHA PAK</b> .....	124	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5 mg</i>	40
<b>OBTREX TAB</b> .....	124	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i> ..	40
<i>ocella</i> .....	89	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5 mg</i> ..	40
<i>octreotide acetate inj 1000 mcg/ml (1</i> <i>mg/ml)</i> .....	81	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i> ....	40
<i>octreotide acetate inj 100 mcg/ml (0.1</i> <i>mg/ml)</i> .....	81	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i> .....	40
<i>octreotide acetate inj 200 mcg/ml (0.2</i> <i>mg/ml)</i> .....	81	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i> ....	40
<i>octreotide acetate inj 500 mcg/ml (0.5</i> <i>mg/ml)</i> .....	81	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .....	40
<i>octreotide acetate inj 50 mcg/ml (0.05</i> <i>mg/ml)</i> .....	81	<i>olmesartan medoxomil tab 20 mg</i> .....	41
<i>octreotide acetate subcutaneous soln pref</i> <i>syr 100 mcg/ml</i> .....	81	<i>olmesartan medoxomil tab 40 mg</i> .....	41
<i>octreotide acetate subcutaneous soln pref</i> <i>syr 500 mcg/ml</i> .....	81	<i>olmesartan medoxomil tab 5 mg</i> .....	41
<i>octreotide acetate subcutaneous soln pref</i> <i>syr 50 mcg/ml</i> .....	81	<i>olopatadine hcl nasal soln 0.6%</i> .....	134
<b>ODEFSEY TAB</b> .....	17	<i>olopatadine hcl ophth soln 0.1% (base</i> <i>equivalent)</i> .....	129
<b>ODOMZO CAP 200MG</b> .....	36	<i>olopatadine hcl ophth soln 0.2% (base</i> <i>equivalent)</i> .....	129
<b>OFEV CAP 100MG</b> .....	137	<i>omega-3-acid ethyl esters cap 1 gm</i> .....	45
<b>OFEV CAP 150MG</b> .....	137	<i>omega-3 fish cap 1200mg</i> .....	126
<i>ofloxacin ophth soln 0.3%</i> .....	128	<i>omeprazole cap delayed release 10 mg</i> ..	104
<i>ofloxacin otic soln 0.3%</i> .....	149	<i>omeprazole cap delayed release 20 mg</i> ..	104
<i>ofloxacin tab 300 mg</i> .....	21	<i>omeprazole cap delayed release 40 mg</i> ..	104
<i>ofloxacin tab 400 mg</i> .....	21	<i>omeprazole delayed release tab 20 mg</i> ..	104
<i>olanzapine for im inj 10 mg</i> .....	64	<i>omeprazole-sodium bicarbonate powd</i> <i>pack for susp 20-1680 mg</i> .....	104
<i>olanzapine orally disintegrating tab 10 mg</i> .....	64	<i>omeprazole-sodium bicarbonate powd</i> <i>pack for susp 40-1680 mg</i> .....	104
<i>olanzapine orally disintegrating tab 15 mg</i> .....	64	<b>OMNARIS SPR</b> .....	137

OMNIFLEX DPR .....	121	ORENITRAM TAB 0.25MG .....	52
OMNIPOD 5 DX KIT INT G7G6 .....	90	ORENITRAM TAB 1MG .....	52
OMNIPOD 5 DX MIS POD G7G6 .....	90	ORENITRAM TAB 2.5MG .....	52
OMNIPOD 5 G7 KIT INTRO .....	90	ORENITRAM TAB 5MG .....	52
OMNIPOD 5 G7 MIS PODS .....	90	ORENITRAM TAB MONTH 1 .....	52
OMNIPOD DASH KIT INTRO .....	90	ORENITRAM TAB MONTH 2 .....	52
OMNIPOD DASH KIT PDM .....	90	ORENITRAM TAB MONTH 3 .....	52
OMNIPOD DASH MIS PODS .....	90	ORFADIN SUS 4MG/ML .....	96
OMNIPOD MIS CLASSIC .....	90	ORLISSA TAB 150MG .....	90
OMNIPOD PDM KIT CLASSIC .....	90	ORLISSA TAB 200MG .....	90
ONCASPAR INJ 750/ML .....	36	ORKAMBI GRA 100-125 .....	136
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>		ORKAMBI GRA 150-188 .....	136
.....	100	ORKAMBI GRA 75-94MG .....	136
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	100	ORKAMBI TAB 100-125 .....	136
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>		ORKAMBI TAB 200-125 .....	136
.....	100	<i>orphenadrine citrate inj 30 mg/ml</i> .....	77
<i>ondansetron hcl oral soln 4 mg/5ml</i> .....	100	<i>orphenadrine citrate tab er 12hr 100 mg</i> ...	77
<i>ondansetron hcl tab 24 mg</i> .....	100	<i>os-cal + d3 tab 500-200</i> .....	123
<i>ondansetron hcl tab 4 mg</i> .....	100	<i>oseltamivir phosphate cap 30 mg (base</i>	
<i>ondansetron hcl tab 8 mg</i> .....	100	<i>equiv)</i> .....	18
<i>ondansetron orally disintegrating tab 4 mg</i>		<i>oseltamivir phosphate cap 45 mg (base</i>	
.....	100	<i>equiv)</i> .....	18
<i>ondansetron orally disintegrating tab 8 mg</i>		<i>oseltamivir phosphate cap 75 mg (base</i>	
.....	100	<i>equiv)</i> .....	18
ONE A DAY CAP PRENATAL .....	124	<i>oseltamivir phosphate for susp 6 mg/ml</i>	
ONE A DAY MIS PRENATAL .....	124	<i>(base equiv)</i> .....	18
ONETOUCH BLOOD GLUCOSE TEST KITS		<i>osmitrol viaflex</i> .....	50
.....	90	OSMOPREP TAB 1.5GM .....	120
ONETOUCH BLOOD GLUCOSE TEST		OSPHENA TAB 60MG .....	97
STRIPS .....	90	OTEZLA TAB 10/20 .....	113
ONETOUCH SOL KIT COMPLETE .....	90	OTEZLA TAB 10/20/30 .....	113
ONETOUCH SOL KIT FIT .....	90	OTEZLA TAB 20MG .....	113
ONETOUCH SOL KIT REFILL .....	90	OTEZLA TAB 30MG .....	113
ONETOUCH SOL KIT STARTER .....	90	OVIDREL INJ .....	94
ONGENTYS CAP 25MG .....	61	<i>oxaliplatin for iv inj 100 mg</i> .....	36
ONGENTYS CAP 50MG .....	61	<i>oxaliplatin for iv inj 50 mg</i> .....	36
OPCON-A SOL OP .....	131	<i>oxaliplatin iv soln 100 mg/20ml</i> .....	36
OPILL TAB 0.075MG .....	89	<i>oxaliplatin iv soln 50 mg/10ml</i> .....	36
OPSUMIT TAB 10MG .....	52	<i>oxandrolone tab 10 mg</i> .....	82
ORAL GLUCOSE REPLACEMENT .....	96	<i>oxandrolone tab 2.5 mg</i> .....	82
<i>oralone dental paste</i> .....	148	<i>oxaprozin tab 600 mg</i> .....	3
ORAVIG TAB 50MG .....	148	<i>oxazepam cap 10 mg</i> .....	54
<i>orazinc cap 220mg</i> .....	127	<i>oxazepam cap 15 mg</i> .....	54
ORENITRAM TAB 0.125MG .....	52	<i>oxazepam cap 30 mg</i> .....	54

oxcarbazepine susp 300 mg/5ml (60 mg/ml) .....	68	OZEMPIC INJ 8MG/3ML.....	83
oxcarbazepine tab 150 mg.....	68	<b>P</b>	
oxcarbazepine tab 300 mg.....	68	<i>pacerone</i> .....	41
oxcarbazepine tab 600 mg.....	68	<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i> .....	29
oxiconazole nitrate cream 1%.....	142	<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i> .....	29
oxybutynin chloride solution 5 mg/5ml...106		<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i> .....	29
oxybutynin chloride tab 5 mg .....	106	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i> ..	29
oxybutynin chloride tab er 24hr 10 mg ....106		PADCEV INJ 20MG.....	29
oxybutynin chloride tab er 24hr 15 mg ....106		PADCEV INJ 30MG.....	29
oxybutynin chloride tab er 24hr 5 mg.....106		<i>pain/fever sup 120mg</i> .....	11
oxycodone hcl cap 5 mg .....	8	<i>paliperidone tab er 24hr 1.5 mg</i> .....	64
oxycodone hcl conc 100 mg/5ml (20 mg/ml) .....	8	<i>paliperidone tab er 24hr 3 mg</i> .....	64
oxycodone hcl soln 5 mg/5ml .....	8	<i>paliperidone tab er 24hr 6 mg</i> .....	64
oxycodone hcl tab 10 mg .....	8	<i>paliperidone tab er 24hr 9 mg</i> .....	64
oxycodone hcl tab 15 mg.....	8	<i>pamidronate disodium iv soln 3 mg/ml</i> ....	86
oxycodone hcl tab 20 mg.....	8	PANOXYL-4 LIQ CREM WSH .....	141
oxycodone hcl tab 30 mg.....	8	<i>panoxyl wash liq 10%</i> .....	141
oxycodone hcl tab 5 mg .....	8	<i>pantoprazole sodium ec tab 20 mg (base equiv)</i> .....	104
oxycodone hcl tab er 12hr deter 10 mg .....	8	<i>pantoprazole sodium ec tab 40 mg (base equiv)</i> .....	104
oxycodone hcl tab er 12hr deter 20 mg.....9		PARAGARD IUD T380A.....	89
oxycodone hcl tab er 12hr deter 40 mg.....9		<i>paraplatin</i> .....	36
oxycodone hcl tab er 12hr deter 80 mg.....9		<i>paricalcitol cap 1 mcg</i> .....	127
oxycodone w/ acetaminophen tab 10-325 mg.....	9	<i>paricalcitol cap 2 mcg</i> .....	127
oxycodone w/ acetaminophen tab 2.5-325 mg.....	9	<i>paricalcitol cap 4 mcg</i> .....	127
oxycodone w/ acetaminophen tab 5-325 mg.....	9	<i>paroxetine hcl tab 10 mg</i> .....	59
oxycodone w/ acetaminophen tab 7.5-325 mg.....	9	<i>paroxetine hcl tab 20 mg</i> .....	59
oxymorphone hcl tab 10 mg .....	9	<i>paroxetine hcl tab 30 mg</i> .....	59
oxymorphone hcl tab 5 mg .....	9	<i>paroxetine hcl tab 40 mg</i> .....	59
oxymorphone hcl tab er 12hr 10 mg.....	9	<i>paroxetine hcl tab er 24hr 12.5 mg</i> .....	59
oxymorphone hcl tab er 12hr 15 mg.....	9	<i>paroxetine hcl tab er 24hr 25 mg</i> .....	59
oxymorphone hcl tab er 12hr 20 mg .....	9	<i>paroxetine hcl tab er 24hr 37.5 mg</i> .....	59
oxymorphone hcl tab er 12hr 30 mg .....	9	PAXLOVID TAB 150-100 .....	18
oxymorphone hcl tab er 12hr 40 mg .....	9	PAXLOVID TAB 300-100 .....	18
oxymorphone hcl tab er 12hr 5 mg .....	9	<i>pazopanib hcl tab 200 mg (base equiv)</i> ....	34
oxymorphone hcl tab er 12hr 7.5 mg .....	9	PEDIATRIC RESPIRATORY MASK ....	122, 137
oyst shell/d tab 500mg.....	123	<i>pedi-boro pow soak pak</i> .....	148
OZEMPIC INJ 2MG/3ML.....	83	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....	102
OZEMPIC INJ 4MG/3ML.....	83		



<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> .....	102	PERRY PRENAT CAP.....	124
PEGASYS INJ.....	22	PFIZER 5-11Y INJ 2023-24.....	119
PEGASYS INJ 180MCG/ML.....	22	PFIZER 6M-4Y INJ 2023-24.....	119
PEG-PREP KIT.....	102	<i>pfizerpen</i> .....	25
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i> .....	28	PHAZYME CAP 180MG.....	101
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i> .....	29	<i>phazyme chw 125mg</i> .....	101
PENBRAYA INJ.....	119	<i>phenazopyridine tab 95mg</i> .....	105
<i>peniclovir cream 1%</i> .....	146	<i>phenelzine sulfate tab 15 mg</i> .....	59
<i>penicillamine tab 250 mg</i> .....	86	<i>phenobarbital elixir 20 mg/5ml</i> .....	68
<i>penicillin g potassium for inj 20000000 unit</i> .....	25	<i>phenobarbital tab 100 mg</i> .....	68
<i>penicillin g potassium for inj 5000000 unit</i> .....	25	<i>phenobarbital tab 15 mg</i> .....	68
<i>penicillin g sodium for inj 5000000 unit</i> ...25	25	<i>phenobarbital tab 16.2 mg</i> .....	68
<i>penicillin v potassium for soln 125 mg/5ml</i> .....	25	<i>phenobarbital tab 30 mg</i> .....	68
<i>penicillin v potassium for soln 250 mg/5ml</i> .....	25	<i>phenobarbital tab 32.4 mg</i> .....	68
<i>penicillin v potassium tab 250 mg</i> .....	25	<i>phenobarbital tab 60 mg</i> .....	68
<i>penicillin v potassium tab 500 mg</i> .....	25	<i>phenobarbital tab 64.8 mg</i> .....	68
PENTACEL INJ.....	119	<i>phenobarbital tab 97.2 mg</i> .....	68
<i>pentamidine isethionate for inj soln 300 mg</i> .....	23	<i>phenoxybenzamine hcl cap 10 mg</i> .....	51
<i>pentamidine isethionate for nebulization soln 300 mg</i> .....	23	<i>phenylephrine hcl ophth soln 10%</i> .....	130
<i>pentoxifylline tab er 400 mg</i> .....	109	<i>phenylephrine hcl ophth soln 2.5%</i> .....	130
<i>perindopril erbumine tab 2 mg</i> .....	39	<i>phenytoin infatabs</i> .....	68
<i>perindopril erbumine tab 4 mg</i> .....	39	<i>phenytoin sodium extended cap 100 mg</i> ..68	68
<i>perindopril erbumine tab 8 mg</i> .....	39	<i>phenytoin sodium extended cap 200 mg</i> ..68	68
<i>perio gard</i> .....	148	<i>phenytoin sodium extended cap 300 mg</i> ..68	68
<i>permethrin cream 5%</i> .....	147	<i>phenytoin sodium inj 50 mg/ml</i> .....	68
PEROXYL SOL.....	148	<i>phenytoin susp 125 mg/5ml</i> .....	68
<i>perphenazine-amitriptyline tab 2-10 mg</i> ..79	79	PHEXXI GEL.....	105
<i>perphenazine-amitriptyline tab 2-25 mg</i> ..79	79	PHOS FLUR SOL 0.044%.....	148
<i>perphenazine-amitriptyline tab 4-10 mg</i> ..79	79	PHOSLYRA SOL.....	97
<i>perphenazine-amitriptyline tab 4-25 mg</i> ..79	79	PHOS-NAK POW CONCENTR.....	125
<i>perphenazine-amitriptyline tab 4-50 mg</i> ..79	79	PHOSPHOLINE SOL 0.125%OP.....	130
<i>perphenazine tab 16 mg</i> .....	64	PHOTOFRIN INJ 75MG.....	36
<i>perphenazine tab 2 mg</i> .....	64	<i>physiolyte</i> .....	131
<i>perphenazine tab 4 mg</i> .....	64	<i>physiosol irrigation</i> .....	131
<i>perphenazine tab 8 mg</i> .....	64	<i>phytonadione tab 5 mg</i> .....	127
		<i>pilocarpine hcl ophth soln 1%</i> .....	130
		<i>pilocarpine hcl tab 5 mg</i> .....	148
		<i>pilocarpine hcl tab 7.5 mg</i> .....	148
		<i>pimecrolimus cream 1%</i> .....	143
		<i>pimozide tab 1 mg</i> .....	79
		<i>pimozide tab 2 mg</i> .....	79
		<i>pindolol tab 10 mg</i> .....	46
		<i>pindolol tab 5 mg</i> .....	46
		<i>pinworm med sus 144mg/ml</i> .....	12

<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	84	<i>portia-28</i> .....	89
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	84	<i>posaconazole susp 40 mg/ml</i> .....	14
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	84	<i>posaconazole tab delayed release 100 mg</i>	14
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	84	<i>potassium chloride cap er 10 meq</i>	125
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	84	<i>potassium chloride cap er 8 meq</i>	125
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	84	<i>potassium chloride inj 2 meq/ml</i>	126
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	84	<i>potassium chloride microencapsulated crys er tab 10 meq</i>	125
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	25	<i>potassium chloride microencapsulated crys er tab 20 meq</i>	125
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	25	<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	126
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	25	<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	126
<i>pirfenidone cap 267 mg</i>	137	<i>potassium chloride tab er 10 meq</i>	126
<i>pirfenidone tab 267 mg</i>	137	<i>potassium chloride tab er 15 meq</i>	126
<i>pirfenidone tab 801 mg</i>	137	<i>potassium chloride tab er 20 meq (1500 mg)</i>	126
<i>piroxicam cap 10 mg</i>	3	<i>potassium chloride tab er 8 meq (600 mg)</i>	126
<i>piroxicam cap 20 mg</i>	3	<i>potassium citrate tab er 10 meq (1080 mg)</i>	105
<i>pitavastatin calcium tab 1 mg</i>	43	<i>potassium citrate tab er 15 meq (1620 mg)</i>	105
<i>pitavastatin calcium tab 2 mg</i>	43	<i>potassium citrate tab er 5 meq (540 mg)</i>	105
<i>pitavastatin calcium tab 4 mg</i>	43	<i>povidone-iodine oint 10%</i>	140
<i>PLENVU SOL</i>	120	<i>povidone-iodine soln 10%</i>	140
<i>PNEUMOVAX 23 INJ 25/0.5</i>	119	<i>POVIDONE-IOD SOL 0.75%</i>	140
<i>pnv-dha</i>	126	<i>POVIDONE-IOD SOL 1%</i>	140
<i>pnv-select</i>	127	<i>povidone-iod sol 7.5%</i>	140
<i>podofilox gel 0.5%</i>	146	<i>PRADAXA CAP 75MG</i>	107
<i>podofilox soln 0.5%</i>	146	<i>pramipexole dihydrochloride tab 0.125 mg</i>	62
<i>POLIVY INJ 140MG</i>	30	<i>pramipexole dihydrochloride tab 0.25 mg</i>	62
<i>POLIVY INJ 30MG</i>	29	<i>pramipexole dihydrochloride tab 0.5 mg</i>	62
<i>polycin</i>	128	<i>pramipexole dihydrochloride tab 0.75 mg</i>	62
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	102	<i>pramipexole dihydrochloride tab 1.5 mg</i>	62
<i>polymyxin b sulfate for inj 500000 unit</i>	23	<i>pramipexole dihydrochloride tab 1 mg</i>	62
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	128	<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	62
<i>POLYSPORIN OIN</i>	141		
<i>POLY-VI-SOL SOL 50MG/ML</i>	124		
<i>POLY-VI-SOL SOL IRON</i>	123		
<i>POMALYST CAP 1MG</i>	30		
<i>POMALYST CAP 2MG</i>	30		
<i>POMALYST CAP 3MG</i>	30		
<i>POMALYST CAP 4MG</i>	30		

<i>pramipexole dihydrochloride tab er 24hr</i>		<i>prednisone tab therapy pack 10 mg (21) ...</i>	95
0.75 mg .....	62	<i>prednisone tab therapy pack 10 mg (48) ..</i>	96
<i>pramipexole dihydrochloride tab er 24hr 1.5</i>		<i>prednisone tab therapy pack 5 mg (21) ....</i>	95
<i>mg .....</i>	62	<i>prednisone tab therapy pack 5 mg (48)....</i>	95
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>PRED SOD PHO SOL 1% OP .....</i>	129
2.25 mg .....	62	<i>pregabalin cap 100 mg .....</i>	68
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>pregabalin cap 150 mg .....</i>	68
3.75 mg .....	62	<i>pregabalin cap 200 mg .....</i>	68
<i>pramipexole dihydrochloride tab er 24hr 3</i>		<i>pregabalin cap 225 mg.....</i>	68
<i>mg .....</i>	62	<i>pregabalin cap 25 mg.....</i>	68
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>pregabalin cap 300 mg .....</i>	68
4.5 mg .....	62	<i>pregabalin cap 50 mg .....</i>	68
<i>prasugrel hcl tab 10 mg (base equiv).....</i>	109	<i>pregabalin cap 75 mg.....</i>	68
<i>prasugrel hcl tab 5 mg (base equiv) .....</i>	109	<i>pregabalin soln 20 mg/ml.....</i>	68
<i>pravastatin sodium tab 10 mg .....</i>	43	<i>PREHEVBRIO SUS 10MCG/ML.....</i>	119
<i>pravastatin sodium tab 20 mg.....</i>	43	<i>PREMARIN TAB 0.3MG .....</i>	93
<i>pravastatin sodium tab 40 mg .....</i>	43	<i>PREMARIN TAB 0.45MG.....</i>	93
<i>pravastatin sodium tab 80 mg .....</i>	43	<i>PREMARIN TAB 0.625MG .....</i>	93
<i>praziquantel tab 600 mg.....</i>	13	<i>PREMARIN TAB 0.9MG.....</i>	93
<i>prazosin hcl cap 1 mg .....</i>	39	<i>PREMARIN TAB 1.25MG.....</i>	93
<i>prazosin hcl cap 2 mg.....</i>	39	<i>PREMARIN VAG CRE 0.625MG .....</i>	93
<i>prazosin hcl cap 5 mg.....</i>	39	<i>PRENATAL+DHA MIS .....</i>	124
<i>prednisolone acetate ophth susp 1%.....</i>	129	<i>prenatal 19 .....</i>	127
<i>prednisolone sodium phosphate oral soln</i>		<i>PRENATAL 1 CAP .....</i>	124
25 mg/5ml (base eq) .....	95	<i>PRENATAL CAP FORMULA .....</i>	124
<i>prednisolone sod phos orally disintegr tab</i>		<i>PRENATAL CAP OMEGA-3 .....</i>	124
10 mg (base eq) .....	95	<i>PRENATAL DHA PAK MULTI .....</i>	124
<i>prednisolone sod phos orally disintegr tab</i>		<i>PRENATAL FRM TAB A-FREE.....</i>	124
15 mg (base eq) .....	95	<i>PRENATAL GUM CHW 0.4-32.5.....</i>	124
<i>prednisolone sod phos orally disintegr tab</i>		<i>PRENATAL MUL CAP +DHA .....</i>	124
30 mg (base eq) .....	95	<i>PRENATAL MUL CAP DHA.....</i>	124
<i>prednisolone sod phosphate oral soln 15</i>		<i>PRENATAL MULTIVITAMINS.....</i>	124
<i>mg/5ml (base equiv) .....</i>	95	<i>PRENATAL TAB .....</i>	124
<i>prednisolone sod phosph oral soln 6.7</i>		<i>PRENATAL TAB 27-0.8MG .....</i>	124
<i>mg/5ml (5 mg/5ml base).....</i>	95	<i>PRENATAL TAB COMPLETE.....</i>	124
<i>prednisolone soln 15 mg/5ml .....</i>	95	<i>PRENATAL TAB FORMULA.....</i>	124
<i>PREDNISON CON 5MG/ML .....</i>	95	<i>PRENATL MULT CAP + DHA.....</i>	125
<i>prednisone oral soln 5 mg/5ml .....</i>	95	<i>preparation pad h .....</i>	148
<i>prednisone tab 10 mg .....</i>	95	<i>PRETOMANID TAB 200MG.....</i>	18
<i>prednisone tab 1 mg .....</i>	95	<i>prevalite .....</i>	42
<i>prednisone tab 2.5 mg .....</i>	95	<i>PREVNAR 20 INJ.....</i>	119
<i>prednisone tab 20 mg .....</i>	95	<i>PREZCOBIX TAB 800-150 .....</i>	17
<i>prednisone tab 50 mg .....</i>	95	<i>PREZISTA SUS 100MG/ML.....</i>	15
<i>prednisone tab 5 mg.....</i>	95	<i>PREZISTA TAB 150MG .....</i>	16

PREZISTA TAB 75MG .....	15	<i>propafenone hcl tab 150 mg</i> .....	41
PRIFTIN TAB 150MG.....	18	<i>propafenone hcl tab 225 mg</i> .....	41
PRILOSEC OTC TAB 20MG.....	104	<i>propafenone hcl tab 300 mg</i> .....	41
<i>primaquine phosphate tab 26.3 mg (15 mg</i>		<i>proparacaine hcl ophth soln 0.5%</i> .....	130
<i>base)</i> .....	14	<i>propranolol hcl cap er 24hr 120 mg</i> .....	46
<i>primidone tab 250 mg</i> .....	68	<i>propranolol hcl cap er 24hr 160 mg</i> .....	46
<i>primidone tab 50 mg</i> .....	68	<i>propranolol hcl cap er 24hr 60 mg</i> .....	46
PRIORIX INJ .....	119	<i>propranolol hcl cap er 24hr 80 mg</i> .....	46
<i>probenecid tab 500 mg</i> .....	2	<i>propranolol hcl oral soln 20 mg/5ml</i> .....	46
<i>procainamide hcl inj 100 mg/ml</i> .....	41	<i>propranolol hcl oral soln 40 mg/5ml</i> .....	46
<i>prochlorperazine maleate tab 10 mg (base</i>		<i>propranolol hcl tab 10 mg</i> .....	46
<i>equivalent)</i> .....	100	<i>propranolol hcl tab 20 mg</i> .....	46
<i>prochlorperazine maleate tab 5 mg (base</i>		<i>propranolol hcl tab 40 mg</i> .....	46
<i>equivalent)</i> .....	100	<i>propranolol hcl tab 60 mg</i> .....	46
<i>prochlorperazine suppos 25 mg</i> .....	100	<i>propranolol hcl tab 80 mg</i> .....	46
<i>proctozone-hc</i> .....	104	<i>propylthiouracil tab 50 mg</i> .....	98
<i>progesterone cap 100 mg</i> .....	98	PROQUAD INJ .....	119
<i>progesterone cap 200 mg</i> .....	98	<i>protriptyline hcl tab 10 mg</i> .....	59
PROGRAF CAP 0.5MG.....	117	<i>protriptyline hcl tab 5 mg</i> .....	59
PROGRAF CAP 1MG.....	117	<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
PROGRAF CAP 5MG .....	117	<i>mg/5ml</i> .....	80
PROGRAF GRA 0.2MG.....	117	<i>pseudoephedrine hcl tab 60 mg</i> .....	139
PROGRAF GRA 1MG.....	117	<i>pyrazinamide tab 500 mg</i> .....	18
PROGRAF INJ 5MG/ML .....	117	<i>pyridostigmine bromide oral soln 60</i>	
PROLASTIN-C INJ 1000MG.....	131	<i>mg/5ml</i> .....	75
PROLIA INJ 60MG/ML.....	86	<i>pyridostigmine bromide tab 60 mg</i> .....	75
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>		<i>pyridostigmine bromide tab er 180 mg</i> .....	75
.....	135	<i>pyrimethamine tab 25 mg</i> .....	23
<i>promethazine hcl inj 25 mg/ml</i> .....	100	<b>Q</b>	
<i>promethazine hcl inj 50 mg/ml</i> .....	100	QUADRACEL INJ.....	119
<i>promethazine hcl oral soln 6.25 mg/5ml</i> 100		QUADRACEL INJ 0.5ML.....	119
<i>promethazine hcl suppos 12.5 mg</i> .....	100	<i>quenalin syp 12.5/5ml</i> .....	134
<i>promethazine hcl suppos 25 mg</i> .....	100	<i>quetiapine fumarate tab 100 mg</i> .....	64
<i>promethazine hcl tab 12.5 mg</i> .....	101	<i>quetiapine fumarate tab 200 mg</i> .....	64
<i>promethazine hcl tab 25 mg</i> .....	101	<i>quetiapine fumarate tab 25 mg</i> .....	64
<i>promethazine hcl tab 50 mg</i> .....	101	<i>quetiapine fumarate tab 300 mg</i> .....	64
<i>promethazine vc</i> .....	135	<i>quetiapine fumarate tab 400 mg</i> .....	64
<i>promethazine vc/codeine</i> .....	135	<i>quetiapine fumarate tab 50 mg</i> .....	64
<i>promethazine w/ codeine syrup 6.25-10</i>		<i>quetiapine fumarate tab er 24hr 150 mg</i> ..	64
<i>mg/5ml</i> .....	135	<i>quetiapine fumarate tab er 24hr 200 mg</i> ..	64
<i>promethegan</i> .....	101	<i>quetiapine fumarate tab er 24hr 300 mg</i> ..	64
<i>propafenone hcl cap er 12hr 225 mg</i> .....	41	<i>quetiapine fumarate tab er 24hr 400 mg</i> .	64
<i>propafenone hcl cap er 12hr 325 mg</i> .....	41	<i>quetiapine fumarate tab er 24hr 50 mg</i> ....	64
<i>propafenone hcl cap er 12hr 425 mg</i> .....	41	<i>quinapril hcl tab 10 mg</i> .....	39

<i>quinapril hcl tab 20 mg</i> .....	39	RELION KETON TES .....	122
<i>quinapril hcl tab 40 mg</i> .....	39	REMODULIN INJ 10MG/ML.....	52
<i>quinapril hcl tab 5 mg</i> .....	39	REMODULIN INJ 1MG/ML .....	52
<i>quinapril-hydrochlorothiazide tab 10-12.5</i> <i>mg</i> .....	38	REMODULIN INJ 2.5MG/ML .....	52
<i>quinapril-hydrochlorothiazide tab 20-12.5</i> <i>mg</i> .....	38	REMODULIN INJ 5MG/ML .....	52
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> .....	38	<i>reno cap</i> .....	123
<i>quinine sulfate cap 324 mg</i> .....	14	<i>repaglinide tab 0.5 mg</i> .....	84
QULIPTA TAB 10MG .....	74	<i>repaglinide tab 1 mg</i> .....	84
QULIPTA TAB 30MG.....	74	<i>repaglinide tab 2 mg</i> .....	84
QULIPTA TAB 60MG.....	74	REPATHA INJ 140MG/ML .....	45
QVAR REDIIHA AER 80MCG.....	138	REPATHA PUSH INJ 420/3.5.....	45
QVAR REDIIHAL AER 40MCG.....	138	REPATHA SURE INJ 140MG/ML.....	45
<b>R</b>		RESTASIS EMU 0.05% OP .....	130
<i>rabeprazole sodium ec tab 20 mg</i> .....	104	RESTASIS MUL EMU 0.05% OP .....	130
<i>raloxifene hcl tab 60 mg</i> .....	97	RETACRIT INJ 10000UNT .....	108
<i>ramelteon tab 8 mg</i> .....	73	RETACRIT INJ 20000UNI.....	108
<i>ramipril cap 1.25 mg</i> .....	39	RETACRIT INJ 2000UNIT.....	108
<i>ramipril cap 10 mg</i> .....	39	RETACRIT INJ 3000UNIT.....	108
<i>ramipril cap 2.5 mg</i> .....	39	RETACRIT INJ 40000UNT .....	108
<i>ramipril cap 5 mg</i> .....	39	RETACRIT INJ 4000UNIT .....	108
<i>ranolazine tab er 12hr 1000 mg</i> .....	51	RETROVIR INJ 10MG/ML .....	16
<i>ranolazine tab er 12hr 500 mg</i> .....	51	REVLIMID CAP 10MG .....	30
RAPAMUNE SOL 1MG/ML .....	117	REVLIMID CAP 15MG .....	30
RAPAMUNE TAB 0.5MG.....	117	REVLIMID CAP 2.5MG.....	30
RAPAMUNE TAB 1MG.....	117	REVLIMID CAP 20MG .....	30
RAPAMUNE TAB 2MG .....	117	REVLIMID CAP 25MG.....	30
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i> .....	62	REVLIMID CAP 5MG.....	30
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	62	REYATAZ POW 50MG.....	16
<i>reclipsen</i> .....	89	<i>rhinocort sus allergy</i> .....	137
RECOMBIVA HB INJ 10MCG/ML.....	119	<i>ribavirin cap 200 mg</i> .....	22
RECOMBIVA HB INJ 5MCG/0.5.....	119	<i>ribavirin tab 200 mg</i> .....	22
REFRESH LIQU DRO 1% OP .....	130	<i>rifabutin cap 150 mg</i> .....	18
REFRESH OPTI DRO 0.5-0.9% .....	130	<i>rifampin cap 150 mg</i> .....	18
<i>refresh p.m. oin op</i> .....	130	<i>rifampin cap 300 mg</i> .....	18
REFRESH TEAR DRO 0.5% OP .....	130	<i>rifampin for inj 600 mg</i> .....	18
<i>regenecare gel ha 2%</i> .....	146	<i>riluzole tab 50 mg</i> .....	75
REGRANEX GEL 0.01% .....	147	<i>rimantadine hydrochloride tab 100 mg</i> .....	18
<i>rehydralyte sol</i> .....	125	RINVOQ LQ SOL 1MG/ML.....	114
RELENZA MIS DISKHALE .....	18	RINVOQ TAB 15MG ER .....	114
<i>relief eye sol drops</i> .....	131	RINVOQ TAB 30MG ER .....	114
		RINVOQ TAB 45MG ER .....	114
		<i>risedronate sodium tab 150 mg</i> .....	86
		<i>risedronate sodium tab 30 mg</i> .....	86
		<i>risedronate sodium tab 35 mg</i> .....	86

<i>risedronate sodium tab 5 mg</i> .....	86	<i>robitussin sus 30mg/5ml</i> .....	79
<i>risedronate sodium tab delayed release 35 mg</i> .....	86	ROBITUSSIN SYP 7.5/5ML .....	79
<i>risperidone orally disintegrating tab 0.25 mg</i> .....	64	ROBITUSSN DM SYP .....	80
<i>risperidone orally disintegrating tab 0.5 mg</i> .....	64	<i>roflumilast tab 250 mcg</i> .....	137
<i>risperidone orally disintegrating tab 1 mg</i> 64		<i>roflumilast tab 500 mcg</i> .....	137
<i>risperidone orally disintegrating tab 2 mg</i> 64		<i>ropinirole hydrochloride tab 0.25 mg</i> .....	62
<i>risperidone orally disintegrating tab 3 mg</i> 64		<i>ropinirole hydrochloride tab 0.5 mg</i> .....	62
<i>risperidone orally disintegrating tab 4 mg</i> 64		<i>ropinirole hydrochloride tab 1 mg</i> .....	62
<i>risperidone soln 1 mg/ml</i> .....	64	<i>ropinirole hydrochloride tab 2 mg</i> .....	62
<i>risperidone tab 0.25 mg</i> .....	65	<i>ropinirole hydrochloride tab 3 mg</i> .....	62
<i>risperidone tab 0.5 mg</i> .....	65	<i>ropinirole hydrochloride tab 4 mg</i> .....	62
<i>risperidone tab 1 mg</i> .....	65	<i>ropinirole hydrochloride tab 5 mg</i> .....	62
<i>risperidone tab 2 mg</i> .....	65	<i>rosuvastatin calcium tab 10 mg</i> .....	43
<i>risperidone tab 3 mg</i> .....	65	<i>rosuvastatin calcium tab 20 mg</i> .....	44
<i>risperidone tab 4 mg</i> .....	65	<i>rosuvastatin calcium tab 40 mg</i> .....	44
<i>ritonavir tab 100 mg</i> .....	16	<i>rosuvastatin calcium tab 5 mg</i> .....	43
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i> .....	55	ROTARIX SUS .....	119
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i> .....	55	ROTATEQ SOL .....	119
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i> .....	55	<i>rufinamide susp 40 mg/ml</i> .....	68
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i> .....	55	<i>rufinamide tab 200 mg</i> .....	68
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> ..	55	<i>rufinamide tab 400 mg</i> .....	68
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> ..	55	<i>ryclora</i> .....	134
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> ..	55	RYDAPT CAP 25MG .....	34
<i>rivelsa</i> .....	89	<b>S</b>	
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> .....	74	<i>salactic fil sol 17%</i> .....	146
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i> .....	74	SANCUSO DIS 3.1MG .....	101
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i> .....	74	SANDIMMUNE CAP 100MG .....	117
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i> .....	74	SANDIMMUNE CAP 25MG .....	117
<i>robit cgh dm cap 10-200mg</i> .....	80	SANDIMMUNE INJ 50MG/ML .....	117
<i>robitussin cap cold+flu</i> .....	80	SANDIMMUNE SOL 100MG/ML .....	117
<i>robitussin liq</i> .....	80	<i>sapropterin dihydrochloride powder packet 100 mg</i> .....	91
ROBITUSSIN LIQ CGH/CONG .....	80	<i>sapropterin dihydrochloride powder packet 500 mg</i> .....	91
ROBITUSSIN LIQ TO GO CF .....	80	<i>sapropterin dihydrochloride tab 100 mg</i> ..	91
		SARNA LOT .....	147
		SAVELLA MIS TITR PAK .....	73
		SAVELLA TAB 100MG .....	73
		SAVELLA TAB 12.5MG .....	73
		SAVELLA TAB 25MG .....	73
		SAVELLA TAB 50MG .....	73
		SAXENDA INJ 18MG/3ML .....	1
		<i>sb itch relf spr 2%</i> .....	139
		<i>scopolamine td patch 72hr 1 mg/3days</i> ..	101

SCOT-TUSSIN LIQ DM SF .....	80	<i>sirolimus oral soln 1 mg/ml</i> .....	117
<i>sea-omega 50 cap 1000mg</i> .....	126	<i>sirolimus tab 0.5 mg</i> .....	117
SEBULEX SHA .....	139	<i>sirolimus tab 1 mg</i> .....	117
<i>selegiline hcl cap 5 mg</i> .....	62	<i>sirolimus tab 2 mg</i> .....	117
<i>selegiline hcl tab 5 mg</i> .....	62	SIRTURO TAB 100MG .....	18
<i>selenium sulfide lotion 2.5%</i> .....	143	SIRTURO TAB 20MG .....	18
<i>selenium tab 200 mcg</i> .....	127	SKYLA IUD 13.5MG .....	89
SELSUN BLUE SHA DEEP CLN .....	147	SKYRIZI INJ 150MG/ML .....	114
SELZENTRY SOL 20MG/ML.....	16	SKYRIZI INJ 180/1.2 .....	114
SELZENTRY TAB 25MG .....	16	SKYRIZI INJ 360/2.4.....	114
SELZENTRY TAB 75MG .....	16	SKYRIZI PEN INJ 150MG/ML.....	114
<i>senexon liq 8.8mg/5</i> .....	120	SKYRIZI SOL 60MG/ML .....	110
<i>senna tab 8.6mg</i> .....	120	SLO-NIACIN TAB 500MG CR .....	150
SEREVENT DIS AER 50MCG .....	135	SLOW-MAG TAB .....	126
<i>sertraline hcl oral concentrate for solution</i>		SLYND TAB 4MG .....	89
<i>20 mg/ml</i> .....	59	SMART RINSE SOL BBL BLAS .....	148
<i>sertraline hcl tab 100 mg</i> .....	59	SM CALAMINE LOT.....	148
<i>sertraline hcl tab 25 mg</i> .....	59	<i>sm eye dro</i> .....	131
<i>sertraline hcl tab 50 mg</i> .....	59	<i>sm fluoride sol mint</i> .....	148
<i>sevelamer carbonate packet 0.8 gm</i> .....	97	<i>sm lice lot treatmnt</i> .....	147
<i>sevelamer carbonate packet 2.4 gm</i> .....	97	<i>sm nicotine transdermal s</i> .....	79
<i>sevelamer carbonate tab 800 mg</i> .....	97	SM ONE DAILY MIS PRENATAL .....	125
SHARPS CONTAINER .....	90	<i>sm vit b1 tab 100mg</i> .....	150
SHINGRIX INJ 50/0.5ML .....	119	<i>sodium bicarbonate tab 650 mg</i> .....	12
SIGNIFOR INJ 0.3MG/ML .....	97	<i>sodium chloride hypertonic ophth oint 5%</i>	
SIGNIFOR INJ 0.6MG/ML .....	97	.....	130
SIGNIFOR INJ 0.9MG/ML .....	97	<i>sodium chloride hypertonic ophth soln 5%</i>	
<i>sildenafil citrate iv soln 10 mg/12.5ml (base</i>		.....	130
<i>equivalent)</i> .....	52	<i>sodium chloride inj 2.5 meq/ml (14.6%)</i> .	126
<i>sildenafil citrate tab 20 mg</i> .....	52	<i>sodium chloride irrigation soln 0.9%</i> .....	147
<i>silodosin cap 4 mg</i> .....	105	<i>sodium chloride iv soln 0.45%</i> .....	126
<i>silodosin cap 8 mg</i> .....	105	<i>sodium chloride iv soln 0.9%</i> .....	126
<i>silver sulfadiazine cream 1%</i> .....	141	<i>sodium chloride iv soln 3%</i> .....	126
SIMBRINZA SUS 1-0.2% .....	130	<i>sodium chloride iv soln 5%</i> .....	126
<i>simethicone dro 20/0.3ml</i> .....	101	<i>sodium chloride preservative free (pf) inj</i>	
SIMPONI ARIA SOL 50MG/4ML .....	110	0.9% .....	126
SIMPONI INJ 100MG/ML.....	114	<i>sodium chloride soln nebu 0.9%</i> .....	137
SIMPONI INJ 50/0.5ML .....	114	<i>sodium chloride soln nebu 10%</i> .....	137
<i>simvastatin tab 10 mg</i> .....	44	<i>sodium chloride soln nebu 3%</i> .....	137
<i>simvastatin tab 20 mg</i> .....	44	<i>sodium chloride soln nebu 7%</i> .....	137
<i>simvastatin tab 40 mg</i> .....	44	<i>sodium chloride tab 1 gm</i> .....	126
<i>simvastatin tab 5 mg</i> .....	44	<i>sodium fluoride chew tab 0.25 mg f (from</i>	
<i>simvastatin tab 80 mg</i> .....	44	0.55 mg naf) .....	126
<i>sinus tab max-st</i> .....	80		

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i> .....	126	<i>sotalol hcl tab 80 mg</i> .....	42
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i> .....	126	SOVALDI PAK 150MG.....	22
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i> .....	126	SOVALDI PAK 200MG.....	22
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i> .....	126	SOVALDI TAB 200MG .....	22
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i> .....	126	SOVALDI TAB 400MG .....	22
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i> .....	91	SPIKEVAX INJ 50/0.5ML .....	119
<i>sodium phenylbutyrate tab 500 mg</i> .....	91	<i>spinosad susp 0.9%</i> .....	147
SOD OXYBATE SOL 500MG/ML.....	77	SPIRIVA AER 1.25MCG.....	132
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> .....	102	SPIRIVA SPR 2.5MCG .....	132
SOFTCLIX MIS LANCETS.....	90	<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> .....	50
<i>solifenacin succinate tab 10 mg</i> .....	106	<i>spironolactone tab 100 mg</i> .....	39
<i>solifenacin succinate tab 5 mg</i> .....	106	<i>spironolactone tab 25 mg</i> .....	39
SOLIQUA INJ 100/33 .....	83	<i>spironolactone tab 50 mg</i> .....	39
SOLU-CORTEF INJ 1000MG .....	96	<i>spot acne cre 2.5%</i> .....	141
SOLU-CORTEF INJ 100MG.....	96	<i>sprintec 28</i> .....	89
SOLU-CORTEF INJ 250MG .....	96	SPRYCEL TAB 100MG .....	34
SOLU-CORTEF INJ 500MG .....	96	SPRYCEL TAB 140MG .....	34
SOLU-MEDROL INJ 2GM .....	96	SPRYCEL TAB 20MG.....	34
SOMATULINE INJ 120/.5ML .....	81	SPRYCEL TAB 50MG.....	34
SOMATULINE INJ 60/0.2ML .....	81	SPRYCEL TAB 70MG.....	34
SOMATULINE INJ 90/0.3ML .....	81	SPRYCEL TAB 80MG.....	34
SOMAVERT INJ 10MG.....	81	<i>sps</i> .....	97
SOMAVERT INJ 15MG.....	81	<i>sronyx</i> .....	89
SOMAVERT INJ 20MG .....	81	<i>ssd</i> .....	141
SOMAVERT INJ 25MG .....	81	<i>stavudine cap 15 mg</i> .....	16
SOMAVERT INJ 30MG.....	81	<i>stavudine cap 20 mg</i> .....	16
<i>soothe tab 262mg</i> .....	26	<i>stavudine cap 30 mg</i> .....	16
<i>sorafenib tosylate tab 200 mg (base equivalent)</i> .....	34	<i>stavudine cap 40 mg</i> .....	16
<i>sore throat loz cherry</i> .....	148	STELARA INJ 45MG/0.5.....	114, 115
<i>sore throat spr 1.4%</i> .....	148	STELARA INJ 90MG/ML .....	115
<i>sotalol hcl (afib/afl) tab 120 mg</i> .....	42	STIOLTO AER 2.5-2.5 .....	132
<i>sotalol hcl (afib/afl) tab 160 mg</i> .....	42	STIVARGA TAB 40MG.....	34
<i>sotalol hcl (afib/afl) tab 80 mg</i> .....	41	<i>stomach relf chw 262mg</i> .....	26
<i>sotalol hcl tab 120 mg</i> .....	42	<i>stomach relf sus 262/15ml</i> .....	26
<i>sotalol hcl tab 160 mg</i> .....	42	<i>stomach relf sus 525/15ml</i> .....	26
<i>sotalol hcl tab 240 mg</i> .....	42	<i>stool softnr cap 100mg</i> .....	120
		<i>stop lice kit complete</i> .....	147
		STRIVERDI AER 2.5MCG .....	135
		STUART ONE CAP .....	125
		SUBLOCADE INJ 100/0.5.....	11
		SUBLOCADE INJ 300/1.5 .....	11
		SUCRAID SOL 8500/ML.....	103
		<i>sucrafate tab 1 gm</i> .....	103



<i>sudafed 12hr tab 120mg cr</i> .....	139	<i>sunitinib malate cap 25 mg (base equivalent)</i> .....	34
SUDAFED CONG TAB 30MG .....	139	<i>sunitinib malate cap 37.5 mg (base equivalent)</i> .....	34
<i>sudafed pe sol cold/cgh</i> .....	80	<i>sunitinib malate cap 50 mg (base equivalent)</i> .....	35
SUDAFED PE TAB SIN CONG.....	139	SUNOSI TAB 150MG .....	77
SUFLAVE SOL .....	102	SUNOSI TAB 75MG .....	77
<i>sulconazole nitrate cream 1%</i> .....	142	SUPPRELIN LA KIT 50MG.....	97
<i>sulconazole nitrate solution 1%</i> .....	142	SUPRAX CHW 100MG.....	20
<i>sulfacetamide sodium lotion 10% (acne)</i> .....	141	SUPRAX CHW 200MG .....	20
<i>sulfacetamide sodium ophth oint 10%</i> ....	128	SUPRAX SUS 500/5ML.....	20
<i>sulfacetamide sodium ophth soln 10%</i> ....	128	SUTAB TAB.....	103
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> .....	128	<i>syeda</i> .....	89
<i>sulfadiazine tab 500 mg</i> .....	13	SYMDEKO TAB 100-150 .....	136
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> .....	13	SYMDEKO TAB 50-75MG .....	136
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> .....	13	SYMLINPEN 60 INJ 1000MCG.....	82
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> .....	13	SYMLNPEN 120 INJ 1000MCG .....	82
SULFAMYLON CRE 85MG/GM .....	141	SYMTUZA TAB .....	17
<i>sulfasalazine tab 500 mg</i> .....	102	SYNAREL SOL 2MG/ML.....	96
<i>sulfasalazine tab delayed release 500 mg</i> .....	102	SYNERA DIS 70-70MG .....	146
<i>sulindac tab 150 mg</i> .....	3	SYNJARDY TAB .....	84
<i>sulindac tab 200 mg</i> .....	3	SYNJARDY TAB 12.5-500.....	85
<i>sumatriptan-naproxen sodium tab 85-500 mg</i> .....	75	SYNJARDY TAB 5-1000MG .....	85
<i>sumatriptan nasal spray 20 mg/act</i> .....	74	SYNJARDY TAB 5-500MG .....	85
<i>sumatriptan nasal spray 5 mg/act</i> .....	74	SYNJARDY XR TAB .....	85
<i>sumatriptan succinate inj 6 mg/0.5ml</i> .....	74	SYNJARDY XR TAB 10-1000 .....	85
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i> .....	74	SYNJARDY XR TAB 25-1000.....	85
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i> .....	74	SYNJARDY XR TAB 5-1000MG.....	85
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> .....	75	SYNTHROID TAB 100MCG .....	98
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> .....	75	SYNTHROID TAB 112MCG .....	98
<i>sumatriptan succinate tab 100 mg</i> .....	75	SYNTHROID TAB 125MCG.....	98
<i>sumatriptan succinate tab 25 mg</i> .....	75	SYNTHROID TAB 137MCG.....	98
<i>sumatriptan succinate tab 50 mg</i> .....	75	SYNTHROID TAB 150MCG .....	98
<i>sunitinib malate cap 12.5 mg (base equivalent)</i> .....	34	SYNTHROID TAB 175MCG.....	98
		SYNTHROID TAB 200MCG .....	98
		SYNTHROID TAB 25MCG .....	98
		SYNTHROID TAB 300MCG .....	98
		SYNTHROID TAB 50MCG.....	98
		SYNTHROID TAB 75MCG .....	98
		SYNTHROID TAB 88MCG.....	98
		<i>systeme dro contacts</i> .....	130
		SYSTANE SOL.....	130

<b>T</b>	
TABLOID TAB 40MG .....	29
tacrolimus cap 0.5 mg .....	117
tacrolimus cap 1 mg .....	117
tacrolimus cap 5 mg .....	117
tacrolimus oint 0.03%.....	143
tacrolimus oint 0.1%.....	143
tadalafil tab 2.5 mg.....	105
tadalafil tab 20 mg (pah) .....	52
tadalafil tab 5 mg.....	105
TAFINLAR CAP 50MG .....	35
TAFINLAR CAP 75MG .....	35
TAFINLAR TAB 10MG .....	35
tafluprost preservative free (pf) ophth soln 0.0015%.....	130
take action.....	89
TALTZ INJ 20/0.25 .....	115
TALTZ INJ 40/0.5ML.....	115
TALTZ INJ 80MG/ML .....	115
tamoxifen citrate tab 10 mg (base equivalent) .....	31
tamoxifen citrate tab 20 mg (base equivalent) .....	31
tamsulosin hcl cap 0.4 mg .....	105
tasimelteon capsule 20 mg.....	73
TAVIST TAB 1.34MG.....	134
tazarotene cream 0.05%.....	143
tazarotene cream 0.1%.....	143
tazarotene gel 0.05% .....	143
tazarotene gel 0.1%.....	143
tazicef .....	20
TAZORAC CRE 0.05% .....	143
TEARS NATURA OIN PM .....	130
tears natura sol free op.....	130
telmisartan-amlodipine tab 40-10 mg .....	40
telmisartan-amlodipine tab 40-5 mg .....	40
telmisartan-amlodipine tab 80-10 mg .....	40
telmisartan-amlodipine tab 80-5 mg .....	40
telmisartan-hydrochlorothiazide tab 40- 12.5 mg .....	40
telmisartan-hydrochlorothiazide tab 80-12.5 mg .....	40
telmisartan-hydrochlorothiazide tab 80-25 mg .....	40
telmisartan tab 20 mg .....	41
telmisartan tab 40 mg .....	41
telmisartan tab 80 mg .....	41
temazepam cap 15 mg .....	73
temazepam cap 22.5 mg.....	73
temazepam cap 30 mg.....	73
temazepam cap 7.5 mg.....	73
TEMODAR INJ 100MG.....	27
temozolomide cap 100 mg.....	27
temozolomide cap 140 mg.....	27
temozolomide cap 180 mg.....	27
temozolomide cap 20 mg .....	27
temozolomide cap 250 mg .....	27
temozolomide cap 5 mg.....	27
tenofovir disoproxil fumarate tab 300 mg.16	
terazosin hcl cap 10 mg (base equivalent) .....	105
terazosin hcl cap 1 mg (base equivalent)	105
terazosin hcl cap 2 mg (base equivalent)	105
terazosin hcl cap 5 mg (base equivalent)	105
terbinafine hcl tab 250 mg.....	14
terbutaline sulfate tab 2.5 mg .....	135
terbutaline sulfate tab 5 mg .....	135
terconazole vaginal cream 0.4% .....	106
terconazole vaginal cream 0.8% .....	106
terconazole vaginal suppos 80 mg .....	106
teriflunomide tab 14 mg.....	76
teriflunomide tab 7 mg .....	76
testosterone cypionate im inj in oil 100 mg/ml .....	82
testosterone cypionate im inj in oil 200 mg/ml .....	82
testosterone enanthate im inj in oil 200 mg/ml .....	82
testosterone td gel 10mg/act (2%).....	82
testosterone td gel 25 mg/2.5gm (1%) .....	82
tetrabenazine tab 12.5 mg.....	75
tetrabenazine tab 25 mg .....	75
tetracycline hcl cap 250 mg .....	25
tetracycline hcl cap 500 mg .....	25
tgt apap dro infants .....	11
THALOMID CAP 100MG .....	30
THALOMID CAP 150MG .....	30
THALOMID CAP 200MG.....	30

THALOMID CAP 50MG.....	30	TIVICAY PD TAB 5MG.....	16
<i>theophylline elixir 80 mg/15ml.....</i>	139	TIVICAY TAB 10MG.....	16
<i>theophylline soln 80 mg/15ml.....</i>	139	TIVICAY TAB 25MG.....	16
<i>theophylline tab er 12hr 300 mg.....</i>	139	TIVICAY TAB 50MG.....	16
<i>theophylline tab er 12hr 450 mg.....</i>	139	<i>tizanidine hcl tab 2 mg (base equivalent) .</i>	77
<i>theophylline tab er 24hr 400 mg.....</i>	139	<i>tizanidine hcl tab 4 mg (base equivalent) .</i>	77
<i>theophylline tab er 24hr 600 mg.....</i>	139	TOBRADEX OIN 0.3-0.1%.....	128
<i>theraflu sev tab cold/cgh.....</i>	80	TOBRADEX ST SUS 0.3-0.05.....	128
<i>thera-gesic cre.....</i>	146	<i>tobramycin-dexamethasone ophth susp</i>	
THERANATAL CAP ONE.....	125	0.3-0.1%.....	128
THERANATAL MIS COMPLETE.....	125	<i>tobramycin nebu soln 300 mg/4ml.....</i>	136
THERANATAL PAK OVAVITE.....	125	<i>tobramycin nebu soln 300 mg/5ml.....</i>	136
THERANATAL TAB 27-1.....	125	<i>tobramycin ophth soln 0.3%.....</i>	128
<i>therapeutic tab.....</i>	123	<i>tobramycin sulfate for inj 1.2 gm.....</i>	13
<i>thioridazine hcl tab 100 mg.....</i>	65	<i>tobramycin sulfate inj 2 gm/50ml (40</i>	
<i>thioridazine hcl tab 10 mg.....</i>	65	<i>mg/ml) (base equiv).....</i>	13
<i>thioridazine hcl tab 25 mg.....</i>	65	<i>tobramycin sulfate inj 80 mg/2ml (40</i>	
<i>thioridazine hcl tab 50 mg.....</i>	65	<i>mg/ml) (base equiv).....</i>	13
<i>thiothixene cap 10 mg.....</i>	65	TODAY SPONGE MIS.....	105
<i>thiothixene cap 1 mg.....</i>	65	<i>tolmetin sodium cap 400 mg.....</i>	3
<i>thiothixene cap 2 mg.....</i>	65	<i>tolmetin sodium tab 600 mg.....</i>	3
<i>thiothixene cap 5 mg.....</i>	65	<i>tolnaftate soln 1%.....</i>	142
<i>tiagabine hcl tab 12 mg.....</i>	68	<i>tolterodine tartrate cap er 24hr 2 mg.....</i>	106
<i>tiagabine hcl tab 16 mg.....</i>	68	<i>tolterodine tartrate cap er 24hr 4 mg.....</i>	106
<i>tiagabine hcl tab 2 mg.....</i>	68	<i>tolterodine tartrate tab 1 mg.....</i>	106
<i>tiagabine hcl tab 4 mg.....</i>	68	<i>tolterodine tartrate tab 2 mg.....</i>	106
TICE BCG INJ.....	30	<i>tolvaptan tab 15 mg.....</i>	97
<i>tilia fe.....</i>	89	<i>tolvaptan tab 30 mg.....</i>	97
<i>timolol maleate ophth gel forming soln</i>		<i>tooth sol shield.....</i>	148
0.25%.....	130	<i>topiramate sprinkle cap 15 mg.....</i>	68
<i>timolol maleate ophth gel forming soln</i>		<i>topiramate sprinkle cap 25 mg.....</i>	68
0.5%.....	130	<i>topiramate tab 100 mg.....</i>	69
<i>timolol maleate ophth soln 0.25%.....</i>	130	<i>topiramate tab 200 mg.....</i>	69
<i>timolol maleate ophth soln 0.5%.....</i>	130	<i>topiramate tab 25 mg.....</i>	69
<i>timolol maleate ophth soln 0.5% (once-</i>		<i>topiramate tab 50 mg.....</i>	69
<i>daily).....</i>	130	<i>topotecan hcl for inj 4 mg (base equiv).....</i>	37
<i>timolol maleate tab 10 mg.....</i>	46	<i>toremifene citrate tab 60 mg (base</i>	
<i>timolol maleate tab 20 mg.....</i>	46	<i>equivalent).....</i>	31
<i>timolol maleate tab 5 mg.....</i>	46	<i>toremide tab 100 mg.....</i>	50
TINACTIN CRE 1%.....	142	<i>toremide tab 10 mg.....</i>	50
<i>tinidazole tab 250 mg.....</i>	13	<i>toremide tab 20 mg.....</i>	50
<i>tinidazole tab 500 mg.....</i>	13	<i>toremide tab 5 mg.....</i>	50
<i>tiotropium bromide monohydrate inhal cap</i>		<i>tramadol-acetaminophen tab 37.5-325 mg</i>	
18 mcg (base equiv).....	132	.....	10

<i>tramadol hcl tab 50 mg</i> .....	9	<i>triamcinolone acetonide dental paste 0.1%</i> .....	148
<i>tramadol hcl tab er 24hr 100 mg</i> .....	10	<i>triamcinolone acetonide lotion 0.025%</i> ..	145
<i>tramadol hcl tab er 24hr 200 mg</i> .....	10	<i>triamcinolone acetonide lotion 0.1%</i> .....	145
<i>tramadol hcl tab er 24hr 300 mg</i> .....	10	<i>triamcinolone acetonide nasal aerosol</i> suspension 55 mcg/act .....	137
<i>trandolapril tab 1 mg</i> .....	39	<i>triamcinolone acetonide oint 0.025%</i> .....	145
<i>trandolapril tab 2 mg</i> .....	39	<i>triamcinolone acetonide oint 0.1%</i> .....	145
<i>trandolapril tab 4 mg</i> .....	39	<i>triamcinolone acetonide oint 0.5%</i> .....	145
<i>trandolapril-verapamil hcl tab er 1-240 mg</i> .....	38	TRIAMINIC SYP CGH/CNG .....	80
<i>trandolapril-verapamil hcl tab er 2-180 mg</i> .....	38	TRIAMINIC SYP CHST/NSL.....	80
<i>trandolapril-verapamil hcl tab er 2-240 mg</i> .....	38	<i>triaminic tab 10mg</i> .....	134
<i>trandolapril-verapamil hcl tab er 4-240 mg</i> .....	38	<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg.....	50
<i>tranexamic acid iv soln 1000 mg/10ml (100</i> <i>mg/ml)</i> .....	109	<i>triamterene &amp; hydrochlorothiazide tab 37.5-</i> <i>25 mg</i> .....	50
<i>tranexamic acid tab 650 mg</i> .....	109	<i>triamterene &amp; hydrochlorothiazide tab 75-</i> <i>50 mg</i> .....	50
<i>tranylcypromine sulfate tab 10 mg</i> .....	59	<i>triamterene cap 100 mg</i> .....	50
<i>travoprost ophth soln 0.004%</i> (benzalkonium free) (bak free) .....	130	<i>triamterene cap 50 mg</i> .....	50
<i>trazodone hcl tab 100 mg</i> .....	60	<i>triazolam tab 0.125 mg</i> .....	73
<i>trazodone hcl tab 150 mg</i> .....	60	<i>triazolam tab 0.25 mg</i> .....	73
<i>trazodone hcl tab 300 mg</i> .....	60	<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i> .....	65
<i>trazodone hcl tab 50 mg</i> .....	60	<i>trifluoperazine hcl tab 1 mg (base</i> <i>equivalent)</i> .....	65
TRECTOR TAB 250MG .....	18	<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i> .....	65
TRELEGY AER 100MCG .....	132	<i>trifluoperazine hcl tab 5 mg (base</i> <i>equivalent)</i> .....	65
TRELEGY AER 200MCG.....	132	<i>trifluridine ophth soln 1%</i> .....	128
TREMFYA INJ 100MG/ML .....	115	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> ...	62
TRESIBA FLEX INJ 100UNIT .....	84	<i>trihexyphenidyl hcl tab 2 mg</i> .....	62
TRESIBA FLEX INJ 200UNIT .....	84	<i>trihexyphenidyl hcl tab 5 mg</i> .....	62
TRESIBA INJ 100UNIT .....	84	TRIKAFTA PAK 59.5MG.....	136
<i>tretinoin cap 10 mg</i> .....	36	TRIKAFTA PAK 75MG .....	136
<i>tretinoin cream 0.025%</i> .....	141	TRIKAFTA TAB.....	136
<i>tretinoin cream 0.05%</i> .....	141	<i>tri-linyah</i> .....	89
<i>tretinoin cream 0.1%</i> .....	141	<i>trimethobenzamide hcl cap 300 mg</i> .....	101
<i>tretinoin gel 0.01%</i> .....	141	<i>trimethoprim tab 100 mg</i> .....	23
<i>tretinoin gel 0.025%</i> .....	141	<i>trimipramine maleate cap 100 mg</i> .....	60
<i>tretinoin gel 0.05%</i> .....	141	<i>trimipramine maleate cap 25 mg</i> .....	60
<i>tretinoin microsphere gel 0.04%</i> .....	141	<i>trimipramine maleate cap 50 mg</i> .....	60
<i>tretinoin microsphere gel 0.1%</i> .....	141	<i>trinate</i> .....	127
<i>triamcinolone acetonide cream 0.025%</i> .....	145		
<i>triamcinolone acetonide cream 0.1%</i> .....	145		
<i>triamcinolone acetonide cream 0.5%</i> .....	145		

TRINTELLIX TAB 10MG .....	60	TYVASO SOL 0.6MG/ML .....	52
TRINTELLIX TAB 20MG .....	60	TYVASO ST KT SOL 0.6MG/ML .....	52
TRINTELLIX TAB 5MG .....	60	<b>U</b>	
TRIPLE PASTE OIN 12.8% .....	148	UBRELVY TAB 100MG .....	75
<i>triple paste oin af 2%</i> .....	142	UBRELVY TAB 50MG .....	75
TRIPTODUR SUS 22.5MG .....	96	<i>unithroid</i> .....	98
<i>tri-sprintec</i> .....	89	UPTRAVI INJ 1800MCG .....	52
TRIUMEQ PD TAB .....	17	UPTRAVI PACK TAB 200/800 .....	52
TRIUMEQ TAB .....	18	UPTRAVI TAB 1000MCG .....	53
TRI-VI-SOL SOL A/C/D .....	124	UPTRAVI TAB 1200MCG .....	53
<i>tri-vitamin dro</i> .....	124	UPTRAVI TAB 1400MCG .....	53
TRI-VITAMIN DRO .....	124	UPTRAVI TAB 1600MCG .....	53
<i>tri-vite/fluoride</i> .....	127	UPTRAVI TAB 200MCG .....	52
<i>trivora-28</i> .....	89	UPTRAVI TAB 400MCG .....	52
TROGARZO INJ 150MG/ML .....	16	UPTRAVI TAB 600MCG .....	52
<i>tropicamide ophth soln 0.5%</i> .....	131	UPTRAVI TAB 800MCG .....	53
<i>tropicamide ophth soln 1%</i> .....	131	<i>urea 20 intrn cre 20%</i> .....	147
<i>tropium chloride cap er 24hr 60 mg</i> .....	106	URINE GLUCOSE MONITORING SUPPLIES	
<i>tropium chloride tab 20 mg</i> .....	106	.....	121
TRULICITY INJ 0.75/0.5 .....	83	URINE TEST STRIPS .....	121, 122
TRULICITY INJ 1.5/0.5 .....	83	URIN-TEK KIT .....	121
TRULICITY INJ 3/0.5 .....	83	<i>ursodiol cap 300 mg</i> .....	103
TRULICITY INJ 4.5/0.5 .....	83	<i>ursodiol tab 250 mg</i> .....	103
TRUSTEX/RIA MIS NON-LUB .....	89	<i>ursodiol tab 500 mg</i> .....	103
TRUSTX NON-9 MIS RIB/STUD .....	89	<b>V</b>	
TUKYSA TAB 150MG .....	35	VAGISTAT-1 OIN 6.5% VAG .....	106
TUKYSA TAB 50MG .....	35	<i>vagistat-3 kit combo pk</i> .....	106
<i>tussin chest liq 100/5ml</i> .....	80	<i>valacyclovir hcl tab 1 gm</i> .....	18
TUZISTRA XR SUS .....	135	<i>valacyclovir hcl tab 500 mg</i> .....	18
TWINRIX INJ .....	119	<i>valganciclovir hcl for soln 50 mg/ml (base</i>	
TWIRLA DIS 120-30 .....	89	<i>equiv)</i> .....	19
TYBLUME CHW 0.1-0.02 .....	89	<i>valganciclovir hcl tab 450 mg (base</i>	
TYBOST TAB 150MG .....	16	<i>equivalent)</i> .....	19
TYLENOL 8 HR TAB 650MG .....	11	<i>valproate sodium inj 100 mg/ml</i> .....	69
TYLENOL CHLD SUS COLD FLU .....	80	<i>valproate sodium oral soln 250 mg/5ml</i>	
TYLENOL COLD TAB SEVERE .....	80	<i>(base equiv)</i> .....	69
TYLENOL INFA SUS 160/5ML .....	11	<i>valproic acid cap 250 mg</i> .....	69
<i>tylenol sinu tab 5-325mg</i> .....	80	<i>valsartan-hydrochlorothiazide tab 160-12.5</i>	
TYLENOL SORE LIQ THROAT .....	11	<i>mg</i> .....	40
TYLENOL TAB 325MG .....	11	<i>valsartan-hydrochlorothiazide tab 160-25</i>	
TYLENOL TAB 500MG .....	11	<i>mg</i> .....	40
TYMLOS INJ .....	86	<i>valsartan-hydrochlorothiazide tab 320-12.5</i>	
TYSABRI INJ 300/15ML .....	76	<i>mg</i> .....	40
TYVASO RF KT SOL 0.6MG/ML .....	52		

<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .....	40	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> .....	60
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	40	<i>venlafaxine hcl tab 100 mg (base equivalent)</i> .....	60
<i>valsartan tab 160 mg</i> .....	41	<i>venlafaxine hcl tab 25 mg (base equivalent)</i> .....	60
<i>valsartan tab 320 mg</i> .....	41	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> .....	60
<i>valsartan tab 40 mg</i> .....	41	<i>venlafaxine hcl tab 50 mg (base equivalent)</i> .....	60
<i>valsartan tab 80 mg</i> .....	41	<i>venlafaxine hcl tab 75 mg (base equivalent)</i> .....	60
<i>vancomycin hcl cap 125 mg (base equivalent)</i> .....	23	<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i> .....	60
<i>vancomycin hcl cap 250 mg (base equivalent)</i> .....	23	<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i> .....	60
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i> .....	24	<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i> .....	60
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i> .....	23	VENTAVIS SOL 10MCG/ML.....	53
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i> .....	24	VENTAVIS SOL 20MCG/ML .....	53
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i> .....	24	<i>verapamil hcl cap er 24hr 100 mg</i> .....	48
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i> .....	24	<i>verapamil hcl cap er 24hr 120 mg</i> .....	48
<i>varenicline tartrate tab 0.5 mg (base equiv)</i> .....	79	<i>verapamil hcl cap er 24hr 180 mg</i> .....	48
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> .....	79	<i>verapamil hcl cap er 24hr 200 mg</i> .....	48
<i>varenicline tartrate tab 1 mg (base equiv)</i> .....	79	<i>verapamil hcl cap er 24hr 240 mg</i> .....	48
VARUBI TAB 90MG .....	101	<i>verapamil hcl cap er 24hr 300 mg</i> .....	48
VAXELIS INJ.....	119	<i>verapamil hcl cap er 24hr 360 mg</i> .....	48
VAXNEUVANCE INJ.....	119	<i>verapamil hcl tab 120 mg</i> .....	48
VCF VAGINAL GEL CONTRACE .....	105	<i>verapamil hcl tab 40 mg</i> .....	48
VCF VAGINAL MIS CONTRACP .....	105	<i>verapamil hcl tab 80 mg</i> .....	48
<i>velivet</i> .....	89	<i>verapamil hcl tab er 120 mg</i> .....	49
VELPHORO CHW 500MG.....	97	<i>verapamil hcl tab er 180 mg</i> .....	49
VEMLIDY TAB 25MG .....	21	<i>verapamil hcl tab er 240 mg</i> .....	49
VENCLEXTA TAB 100MG.....	29	VERZENIO TAB 100MG .....	35
VENCLEXTA TAB 10MG .....	29	VERZENIO TAB 150MG.....	35
VENCLEXTA TAB 50MG .....	29	VERZENIO TAB 200MG.....	35
VENCLEXTA TAB START PK .....	29	VERZENIO TAB 50MG .....	35
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> .....	60	V-GO 20 KIT.....	90
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> .....	60	V-GO 30 KIT.....	90
		V-GO 40 KIT .....	90
		VIBERZI TAB 100MG .....	102
		VIBERZI TAB 75MG .....	102
		VICTOZA INJ 18MG/3ML.....	83
		<i>vigabatrin powd pack 500 mg</i> .....	69

<i>vigabatrin tab 500 mg</i> .....	69	<i>vitamin e cap 450 mg (1000 unit)</i> .....	149
<i>VIIBRYD KIT STARTER</i> .....	60	<i>vitamin e soln 15 unit/0.3ml (50 unit/ml)</i>	149
<i>vilazodone hcl tab 10 mg</i> .....	60	<i>vitamins a &amp; d oint</i> .....	147
<i>vilazodone hcl tab 20 mg</i> .....	60	<i>vita-plus e cap 400unit</i> .....	149
<i>vilazodone hcl tab 40 mg</i> .....	60	<i>vite/iron chw children</i> .....	123
<i>VINATE CARE CHW 40-1MG</i> .....	125	<i>VITRAKVI CAP 100MG</i> .....	35
<i>vinblastine sulfate inj 1 mg/ml</i> .....	29	<i>VITRAKVI CAP 25MG</i> .....	35
<i>vincristine sulfate iv soln 1 mg/ml</i> .....	29	<i>VITRAKVI SOL 20MG/ML</i> .....	35
<i>vinorelbine tartrate inj 10 mg/ml (base</i> <i>equiv)</i> .....	29	<i>VOLTAREN GEL 1% ARTHR</i> .....	147
<i>vinorelbine tartrate inj 50 mg/5ml (10</i> <i>mg/ml) (base equiv)</i> .....	29	<i>voriconazole for susp 40 mg/ml</i> .....	14
<i>VIOKACE TAB 10440</i> .....	103	<i>voriconazole tab 200 mg</i> .....	14
<i>VIOKACE TAB 20880</i> .....	103	<i>voriconazole tab 50 mg</i> .....	14
<i>viorele</i> .....	89	<i>VOSEVI TAB</i> .....	22
<i>VIRACEPT TAB 250MG</i> .....	16	<i>VRAYLAR CAP 1.5-3MG</i> .....	65
<i>VIRACEPT TAB 625MG</i> .....	16	<i>VRAYLAR CAP 1.5MG</i> .....	65
<i>VIREAD POW 40MG/GM</i> .....	16	<i>VRAYLAR CAP 3MG</i> .....	65
<i>VIREAD TAB 150MG</i> .....	16	<i>VRAYLAR CAP 4.5MG</i> .....	65
<i>VIREAD TAB 200MG</i> .....	16	<i>VRAYLAR CAP 6MG</i> .....	65
<i>VIREAD TAB 250MG</i> .....	16	<i>vyfemla</i> .....	89
<i>VISTOGARD PAK 10GM</i> .....	86	<i>VYVANSE CAP 10MG</i> .....	72
<i>VIT A FISH CAP 7500UNIT</i> .....	149	<i>VYVANSE CAP 20MG</i> .....	72
<i>vitamin a cap 2400 mcg (8000 unit)</i> .....	149	<i>VYVANSE CAP 30MG</i> .....	72
<i>vitamin a cap 3 mg (10000 unit)</i> .....	149	<i>VYVANSE CAP 40MG</i> .....	72
<i>vitamin b-12 injection</i> .....	127	<i>VYVANSE CAP 50MG</i> .....	72
<i>vitamin b-12 tab 1000mcg</i> .....	110	<i>VYVANSE CAP 60MG</i> .....	72
<i>vitamin b-12 tab 100mcg</i> .....	110	<i>VYVANSE CAP 70MG</i> .....	72
<i>vitamin b-12 tab 250mcg</i> .....	110	<i>VYVANSE CHW 10MG</i> .....	72
<i>vitamin b-12 tab 500mcg</i> .....	110	<i>VYVANSE CHW 20MG</i> .....	72
<i>vitamin b-1 tab 50mg</i> .....	150	<i>VYVANSE CHW 30MG</i> .....	72
<i>vitamin b-2 tab 100mg</i> .....	150	<i>VYVANSE CHW 40MG</i> .....	72
<i>vitamin b-2 tab 25mg</i> .....	150	<i>VYVANSE CHW 50MG</i> .....	72
<i>vitamin b-6 tab 100mg</i> .....	150	<i>VYVANSE CHW 60MG</i> .....	72
<i>vitamin b-6 tab 25mg</i> .....	150	<b>W</b>	
<i>vitamin b-6 tab 50mg</i> .....	150	<i>wal-fex chld sus 30mg/5ml</i> .....	134
<i>vitamin c liq 500/5ml</i> .....	150	<i>wal-itin d tab 24 hour</i> .....	80
<i>vitamin c tab 1000mg</i> .....	150	<i>wal-itin sol 5mg/5ml</i> .....	134
<i>vitamin c tab 250mg</i> .....	150	<i>wal-mucil pow 43%</i> .....	120
<i>vitamin d3 cap 1000unit</i> .....	149	<i>wal-phed pe tab 4-10mg</i> .....	80
<i>vitamin d3 cap 2000unit</i> .....	149	<i>wal-profen cap 200mg</i> .....	3
<i>vitamin d chw 1000unit</i> .....	149	<i>wal-profen tab cold/sin</i> .....	80
<i>vitamin e cap 100unit</i> .....	149	<i>wal-tussin liq cf</i> .....	80
<i>vitamin e cap 200 unit</i> .....	149	<i>wal-tussin syp 15mg/5ml</i> .....	79
		<i>wal-zyr chw 10mg</i> .....	134
		<i>wal-zyr chw 5mg</i> .....	134

<i>warfarin sodium tab 10 mg</i> .....	108	XCOPRI TAB 200MG .....	69
<i>warfarin sodium tab 1 mg</i> .....	107	XCOPRI TAB 25MG.....	69
<i>warfarin sodium tab 2.5 mg</i> .....	107	XCOPRI TAB 50MG .....	69
<i>warfarin sodium tab 2 mg</i> .....	107	XELJANZ SOL 1MG/ML .....	115
<i>warfarin sodium tab 3 mg</i> .....	107	XELJANZ TAB 10MG.....	115
<i>warfarin sodium tab 4 mg</i> .....	107	XELJANZ TAB 5MG.....	115
<i>warfarin sodium tab 5 mg</i> .....	107	XELJANZ XR TAB 11MG .....	115
<i>warfarin sodium tab 6 mg</i> .....	108	XELJANZ XR TAB 22MG.....	115
<i>warfarin sodium tab 7.5 mg</i> .....	108	XEPI CRE 1% .....	141
WEGOVY INJ 0.25MG .....	1	XOLAIR INJ 150MG/ML.....	138
WEGOVY INJ 0.5MG .....	1	XOLAIR INJ 300/2ML .....	138
WEGOVY INJ 1.7MG .....	1	XOLAIR INJ 75/0.5.....	138
WEGOVY INJ 1MG.....	1	XOLAIR SOL 150MG .....	138
WEGOVY INJ 2.4MG.....	1	XTAMPZA ER CAP 13.5MG.....	10
<i>wera</i> .....	89	XTAMPZA ER CAP 18MG.....	10
WIDE-SEAL DPR KIT 60 .....	121	XTAMPZA ER CAP 27MG .....	10
WIDE-SEAL DPR KIT 65.....	121	XTAMPZA ER CAP 36MG .....	10
WIDE-SEAL DPR KIT 70 .....	121	XTAMPZA ER CAP 9MG .....	10
WIDE-SEAL DPR KIT 75.....	121	XTANDI CAP 40MG.....	31
WIDE-SEAL DPR KIT 80 .....	121	XTANDI TAB 40MG .....	31
WIDE-SEAL DPR KIT 85.....	121	XTANDI TAB 80MG .....	31
WIDE-SEAL DPR KIT 90 .....	121	<i>xulane</i> .....	89
WIDE-SEAL DPR KIT 95.....	121	XULTOPHY INJ 100/3.6 .....	83
<i>wixela inhub aer 100/50</i> .....	26	<b>Y</b>	
<i>wixela inhub aer 250/50</i> .....	26	YONSA TAB 125MG .....	31
<i>wixela inhub aer 500/50</i> .....	26	YOSPRALA TAB 325-40MG.....	109
<b>X</b>		YOSPRALA TAB 81-40MG .....	109
XALKORI CAP 150MG .....	35	<i>yuvaferm</i> .....	93
XALKORI CAP 200MG.....	35	<b>Z</b>	
XALKORI CAP 20MG .....	35	ZADITOR DRO 0.035%OP.....	129
XALKORI CAP 250MG.....	35	<i>zafirlukast tab 10 mg</i> .....	136
XALKORI CAP 50MG .....	35	<i>zafirlukast tab 20 mg</i> .....	136
XARELTO STAR TAB 15/20MG .....	108	<i>zaleplon cap 10 mg</i> .....	73
XARELTO SUS 1MG/ML.....	108	<i>zaleplon cap 5 mg</i> .....	73
XARELTO TAB 10MG .....	108	ZEJULA CAP 100MG.....	36
XARELTO TAB 15MG.....	108	ZEJULA TAB 100MG.....	36
XARELTO TAB 2.5MG.....	108	ZEJULA TAB 200MG .....	36
XARELTO TAB 20MG.....	108	ZEJULA TAB 300MG .....	36
XCOPRI PAK 100-150 .....	69	ZELBORAF TAB 240MG .....	35
XCOPRI PAK 12.5-25 .....	69	ZENPEP CAP 10000UNT .....	103
XCOPRI PAK 150-200 .....	69	ZENPEP CAP 15000UNT .....	103
XCOPRI PAK 50-100MG .....	69	ZENPEP CAP 20000UNT .....	103
XCOPRI TAB 100MG.....	69	ZENPEP CAP 25000UNT.....	103
XCOPRI TAB 150MG.....	69	ZENPEP CAP 3000UNIT.....	103



ZENPEP CAP 40000UNT .....	103	<i>zolmitriptan orally disintegrating tab 5 mg</i>	
ZENPEP CAP 5000UNIT .....	103	.....	75
ZENPEP CAP 60000UNT .....	103	<i>zolmitriptan tab 2.5 mg</i> .....	75
<i>zenzedi</i> .....	72	<i>zolmitriptan tab 5 mg</i> .....	75
ZEPATIER TAB 50-100MG .....	22	<i>zolpidem tartrate tab 10 mg</i> .....	73
ZEPBOUND INJ 10/0.5ML .....	1	<i>zolpidem tartrate tab 5 mg</i> .....	73
ZEPBOUND INJ 12.5MG .....	1	<i>zolpidem tartrate tab er 12.5 mg</i> .....	73
ZEPBOUND INJ 15/0.5ML.....	1	<i>zolpidem tartrate tab er 6.25 mg</i> .....	73
ZEPBOUND INJ 2.5MG.....	1	<i>zonisamide cap 100 mg</i> .....	69
ZEPBOUND INJ 5/0.5ML .....	1	<i>zonisamide cap 25 mg</i> .....	69
ZEPBOUND INJ 7.5MG.....	1	<i>zonisamide cap 50 mg</i> .....	69
ZERVIATE DRO 0.24% .....	129	ZORTRESS TAB 0.25MG .....	117
<i>zidovudine cap 100 mg</i> .....	16	ZORTRESS TAB 0.5MG.....	117
<i>zidovudine syrup 10 mg/ml</i> .....	16	ZORTRESS TAB 0.75MG .....	117
<i>zidovudine tab 300 mg</i> .....	16	ZORTRESS TAB 1MG.....	117
<i>zileuton tab er 12hr 600 mg</i> .....	136	ZOSTRIX NAT CRE 0.033% .....	146
<i>zinc gluconate tab 50 mg (elemental zn)</i> 127		<i>zovia 1/35</i> .....	89
<i>zinc oxide oint 20%</i> .....	148	ZUBSOLV SUB 0.7-0.18 .....	78
<i>zinc oxide oint 40%</i> .....	148	ZUBSOLV SUB 1.4-0.36 .....	78
<i>ziprasidone hcl cap 20 mg</i> .....	65	ZUBSOLV SUB 11.4-2.9 .....	78
<i>ziprasidone hcl cap 40 mg</i> .....	65	ZUBSOLV SUB 2.9-0.71 .....	78
<i>ziprasidone hcl cap 60 mg</i> .....	65	ZUBSOLV SUB 5.7-1.4.....	78
<i>ziprasidone hcl cap 80 mg</i> .....	65	ZUBSOLV SUB 8.6-2.1.....	78
ZIRGAN GEL 0.15%.....	128	ZYDELIG TAB 100MG .....	35
<i>zoledronic acid inj conc for iv infusion 4</i>		ZYDELIG TAB 150MG.....	35
<i>mg/5ml</i> .....	86	ZYKADIA TAB 150MG.....	35
<i>zoledronic acid iv soln 5 mg/100ml</i> .....	86	ZYLET SUS 0.5-0.3% .....	128
ZOLINZA CAP 100MG.....	36	ZYNCOF SYP 20-400/5.....	80
<i>zolmitriptan nasal spray 5 mg/spray unit</i> .75		ZYRTEC ALLGY TAB 10MG .....	134
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>		ZYRTEC CHILD SOL 5MG/5ML.....	134
.....	75	ZYRTEC-D TAB 5-120MG .....	80